

THE MODEL HEALTH SHOW

EPISODE 564

**The Truth About
Pharmaceutical Companies &
The Pandemic Of The
Uneducated**

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SHAWN STEVENSON: Welcome to the The Model Health Show, this is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in to me today. On this episode we'll be covering one of the most important topics of our time, we're facing a tremendous health crisis that's really a global issue, and today we're going to really dive in on a root issue behind what we're dealing with, and the important distinction to start things off with is that awareness is really the first domino. It's really difficult for us to fix problems if you don't know where the problem is actually coming from.

What ends up happening is we'll be superficially treating symptoms. The problem might be, we're seeing on the surface, our house is being flooded right now and we're getting buckets and we're getting towels and we're getting mops and we're doing all these things to try to clean up the water, but not really understanding that there's a broken pipe that needs to be addressed, we need to go to the source of the issue or we're going to continue to be treating symptoms. And our society, as you know, has become obsessed with the treatment of symptoms, it's what our healthcare system is based upon. Very rarely do we actually address the root underlying cause of an issue.

For instance, right now in the United States, we have about 130 million of our citizens are type 2 diabetic or prediabetic and our symptoms treatment would be something like metformin, for example, to treat the symptom of high blood sugar, but our system is not really well-versed in addressing the underlying cause of the abnormal blood sugar management, is not very versed in addressing what's happening with the pancreas and the liver and insulin sensitivity of the cells and all the underlying metrics because that disease manifestation, the demonstration of diabetic symptoms is an adjustment that the human body makes to basically try to keep us functioning and to keep us alive under unideal circumstances, it's giving us feedback that we need to change and we have an opportunity to change, but if we just throw a drug at it, we're not really getting to the heart of the matter.

And right now, in the wake of this global pandemic, we've been taking much the same approach to treating the symptoms of the issue and not really addressing the underlying cause, and so today we're really going to dive in and look at who is responsible for managing these symptoms and are they doing a good job of it? We're going to kick things off by really diving into the world of our pharmaceutical industry, and we're going to look at some of their behavior to really get a feel for what type of entities we're dealing with.

Here in the United States we have about 70 million of our citizens are currently on prescription medications, we are the most drugged nation in the history of humanity, and yet at the same

time, we're also the most chronically diseased nation in the history of humanity, and all of this is making billions of dollars for pharmaceutical companies every single year, tens of billions of dollars, as a matter of fact, for many pharmaceutical companies annually and is predicated on the treatment of symptoms, and it requires sickness and oftentimes profiting from pain. And so let's check out some of their behavior as we kick things off here and really, again, get an understanding of who, as far as these entities, we're actually dealing with.

Well, it's really important for people to know, one of the glorified heroes during this pandemic has been the company, Pfizer. Now, what most people don't know is that Pfizer was ordered to pay the largest healthcare fraud settlement in the history of the Department of Justice, paying out about \$2.3 Billion after pleading guilty to a felony violation, corrupt practices by this entity that is being glorified as a hero. Now, was this a one-off situation? Well, it's important to also know that in another instance, Pfizer was the first drug company to be convicted of a RICO charge, a RICO litigation, that's referring to the Racketeer, Influenced and Corrupt Organizations Act, are laws that were created to help combat organized crime syndicates.

Alright, so we're talking about illegal drug trafficking, we're talking about mob activity, the mafia, all of those things we tend to tie to RICO litigation, but Pfizer is the first pharmaceutical company to be convicted of a RICO violation. In addition to that, Pfizer was also ordered to pay \$1.2 Billion to settle lawsuits stemming from their drug, Prempro, that caused women to develop breast cancer, healthy women to develop breast cancer, and although early evidence showed the increased risk of their drug, internal documents show that the company intentionally suppressed the information while profiting mightily and destroying the lives of countless innocent women. Now to stretch this out even further, Pfizer has been an international corporate as well. Pfizer was caught illegally testing an experimental drug on children in Nigeria. Lives were lost, children died, and it took 15 years for those families to be compensated. Now, as we started this episode off, we were talking about the accessibility that we have to information today, it can be a double-edged sword. We can be online looking up, where did Justin Bieber grow up? Or whatever the case might be.

Or we could be spending our time equally and investigating who are we putting our faith in, that's controlling our livelihood right now, under the guise that they're keeping us safe, are they really an ethical entity? The information, everything that we're covering is readily accessible, I'm going to make sure that you have access to every single one of these studies and reports from this episode, and also, of course, you can check out the video of this episodes, you can go along and you could see everything on screen as well. Now, in addition to that, Pfizer was caught bribing foreign governments and regulatory officials in other countries several times. Just one of these times they were caught, resulted in a \$60 Million fine for the

corrupt practices and bribery in countries that included Russia, Bulgaria and China, among other countries.

The corruption on both foreign and domestic slews runs deep with many other leading pharmaceutical companies, this is not just Pfizer, and one of the most pervasive offenders is Johnson & Johnson, another hero, or what's being framed as a hero in this pandemic. One of the times that Johnson & Johnson was caught committing corrupt practices resulted in a \$70 Million fine for driving doctors in European countries. Officials at the Securities and Exchange Commission, the SEC, said that Johnson & Johnson's bribes might have harmed public health in several European countries. For years, the company tried to hide its illegal activities by using "sham contracts, offshore companies and slush funds to cover its tracks."

This was a quote from Robert Kusama, Director of the SEC's Division of Enforcement. Now, this might sound like the premise of a blockbuster movie or a smash-hit novel with all of this manipulation going on behind the scenes with pharmaceutical companies, namely we're talking about Johnson & Johnson in this context, of using slush funds and offshore companies and accounts to try to hide the money as they're bribing officials in other countries, doctors in other countries, to make their drugs more prominent in those places. Now, here's another interesting part of this report, in the investigation, prosecutors said that Johnson & Johnson had provided "significant assistance in their investigation of other pharmaceutical companies who are committing similar crimes resulting in a reduced criminal fine for themselves." Alright, so not only is Johnson & Johnson committing crimes themselves, they're snitching, they're snitching on other pharmaceutical companies to reduce the weight of their own fines, where is the integrity? At least a dozen other major drug and device makers are under investigation for similar crimes, at least a dozen other pharmaceutical companies on foreign soil are being investigated, well, specifically from this particular investigation, this is just one of many.

So please understand, we're highlighting these names because these are the ones that are on people's minds right now, these are the ones that are on people's tongues, these are the ones whose drugs are predominantly getting into people's bodies right now. And I want to take it a step further to talk about Johnson & Johnson because one of the biggest issues that we're facing right now is this opioid epidemic, where here in the United States, at this very moment, as of this recording, the number one cause of death for people between the age of 18 and 45, what's considered to be our prime of life years, the number one cause of death is drug overdose, specifically from fentanyl, fentanyl is a synthetic opioid.

And this epidemic has skyrocketed in recent years, especially during this pandemic, where in 2020 we had the highest number of overdoses ever recorded only to be exceeded the next year in 2021, surpassing that number. And to give you some context, in 2015 we had about 50,000 Americans who died from overdose. By 2020 it was 100,000. It doubled in just a few

short years. How is this even possible? Well, the advent of opioids being so readily available was ushered in, thanks to the collective support and collective work of several pharmaceutical companies, and you hopefully know the story, we've done master classes on the subject, but Purdue Pharma was one of the forefathers of getting these opioids out and reframing their use, not just for very, very severe cases of people experiencing massive pain, undergoing chemotherapy and the like, but marketing it towards moderate, mild to moderate pain.

So, if somebody's experiencing some back pain or headaches, migraines, things of that nature, you know you can lean on some of these opioids because it's being framed as not being very addictive, which of course we know it's not just not true, it is absolutely criminal to state otherwise. How does Johnson & Johnson play into this? Well, Johnson & Johnson was ordered to pay part of a \$26 Billion lawsuit for their contribution to the opioid crisis that has now killed over half a million American citizens. Now, it's especially bad here, but this is a worldwide issue, and Johnson & Johnson was ordered to pay part of this massive settlement because they're the world's... Part of the issue is they're the world's largest producer of the genetically modified "super poppy" that's used to make these opioid-based narcotics. Johnson & Johnson is the kingpin, they're El Chapo. They're the ones who are giving product to other drug companies to then create products themselves and distribution themselves. Now, them paying part of this \$26 Billion lawsuit, this is, we have to understand, they construct... When they're coming out with new products, it's written in that there's going to be collateral damage.

They already have it calculated that these incidents is going to take place at some degree, and when these fines hit, it scraps to them, and often times they're able to make that up and then some when they have another thing that they can literally create, they can create a problem for them to solve it. So, there was a war on pain that was manufactured, it was just made up, a war on pain, that allowed these opioids to become so prevalent in our culture. So, in addition to that, Johnson & Johnson was also caught illegally promoting antipsychotic drugs to be used for children and people with developmental disabilities. The United States Department of Justice noted that their criminal and civil fines were a combined \$2.2 Billion for their, again, illegal criminal activity. Now, the keyword here is, I started this off by saying Johnson & Johnson was caught illegally promoting. The keyword here is caught, this is the small percentage of the time that these companies get caught committing crimes, crimes against humanity.

Fraud, bribery, manipulation of data that leads to, oftentimes, thousands of people dying, but you don't see the repercussions come their way. As a matter of fact, this is a good example here of how they're able... One of the many ways they're able to curve any severe retribution for their crimes, Johnson & Johnson was ordered to pay \$4.7 Billion to women and the families of victims who died, who developed ovarian cancer as a result of using their flagship baby powder. Internal documents revealed that Johnson & Johnson knew there was likely a very strong cancer-causing compound in their product nearly 50 years ago.

This wasn't last year or even five, 10 years ago, 50 years, they've known this. Thousands more people who developed cancer have come forward with lawsuits, but Johnson & Johnson used a clever bankruptcy maneuver to block their lawsuits and shield them from liability. We must hold a space that is possible for powerful entities to work ethically and to work in an altruistic way and provide a great service to humanity, we have to hold that space of this possibility, but when people show you who they are believe them. When companies show you who they are believe them or the blood will be on our hands, the problem will be on us, and this has been repeated over and over and over again, we have to learn from what's happened thus far. If we don't learn from our history, we're destined to repeat it.

Now, another company that's come forward during this time, these pandemic times when COVID-19 has become a dominant part of our lexicon is Moderna. Now, many people don't realize that Moderna has never had a drug authorized, ever. The mRNA formulation was their very first thing to get approved. They've been working on stuff for a long time, matter of fact, they were in the red. They were not doing very well, getting by on fumes, but man, they hit the jackpot with this one now. What's very questionable about this scenario with Moderna, they haven't been around long enough to really have the track record of corruption that the likes of Pfizer and Johnson & Johnson have. However, what most people don't realize is that the NIH, the National Institutes of Health, who we've been looking to for guidance on what we need to do during this time, specifically the NIAID division of the NIH co-owns the patent on the Moderna vaccine. Don't see any conflict of interest there, do you? Several current members of the NIAID, as of this recording, get financial rewards from the profits of Moderna sales. Do you not think that there would be a vested interest in them promoting this product? This is not supposed to take place within our government, and I'm just going to give you one example of the corruption that's just jumped out.

There's so many, but one of them that I noted very early on, I was just like, this is not okay for this to be taking place. One of the board members of Moderna at the onset of this vaccine campaign was Moncef Slaoui, and he was able to leave Moderna and become the Chief Scientist of the United States government's COVID vaccine development effort that we call "Operation Warp Speed" while continuing to hold millions of dollars in stock options with Moderna, this is not okay, this is not okay. Now, this poses a clear conflict of interest and to be given such a crucial role from our government in these instances, outside of COVID, this would have never happened.

Well, I take that back, you would think it would never happen, but it's more common than you realize. More recently, Moncef was fired from his position at GlaxoSmithKline for sexual harassment allegations. It's funny how these stories end up like that as well. Now again, there's a myriad of conflicting things that are taking place with all three of these seeming superheroes

in this campaign, but what I want to point our attention to is the quality of character of the organizations because beyond political affiliation, beyond our beliefs about the benefit that could be coming from pharmaceutical companies, which many drugs are life-saving in many context, beyond any of that, we have to come to a clear risk-benefit analysis and we have to have a clear understanding of the very entities that we're trusting in, that we're trusting the lives of our children to.

It's of the utmost importance because this is what's left out of conversations today that are the most important, which are the qualities of character, of integrity, of congruency, of honor, that we should be demanding from all of our political candidates and from the multi-billion-dollar entities that have so much influence over what our government is doing, which we're going to talk about more soon. We have to demand these qualities. If we don't, we end up in situations like we're in right now. Another drug company, massive powerhouse of a drug company, multi-billion-dollar drug company that's moving forward right now into the mix with a COVID-19 pill is Merck. Merck's new COVID-19 pill is projected to be their next multi-billion-dollar blockbuster drug. One of their former blockbuster drugs, the pain killer Vioxx, caused approximately 140,000 heart attacks in unsuspecting consumers and killed an estimated 60,000 Americans. This is fact.

And I take this one a little bit more personally, because back when Vioxx was on the market and available, I was dealing with some pain and some health issues, very young, I was in college at the time, and there were basically two options that jumped out that my physician could have prescribed me. And again, he didn't talk to me about not having to pay and doing anything to actually get to the root cause of the pain, which was a chronic issue, an advanced arthritic condition, and I was just a kid in college. How did it happen? Instead, he told me this is something I'm going to have to live with and he was going to give me some pills to help me to manage the pain, Celebrex and Vioxx were really beginning to lead the charge. He wrote me a prescription for Celebrex, which I had side effects from, but if it was Vioxx, I might not be standing here with you today. Again, killed upwards of about 60,000 Americans, and many young people having strokes and heart attacks, and yet again, what happened was, and even all the instances that we've covered thus far, dealing specifically with medication, Merck was able to manipulate their clinical trial data and hide the risk, which resulted in killing tens of thousands of people.

Now, this is getting into our conversation today in our education moving forward so that we're empowered and understanding what we're looking at when we hear about these wonderful studies purporting the benefit of various drugs coming from entities with a proven track record of felonies, a trail of dead bodies and a massive lack of integrity and honor. What we're seeing here is a situation where people think if something is published in a procedures peer-

reviewed journal, that the peer reviewer actually is analyzing the full clinical trial data, but that's usually not what happens.

Most of the time, pharmaceutical companies are able to provide summaries of their data, basically they can tell the peer reviewer whatever it is that they want to tell them, the peer reviewer isn't replaying and recalibrating, retesting their clinical trial. Basically, the pharmaceutical company gets to grade their own homework and turn in what they want the teacher to see, that's how it works, and so the way that they're able to promote their drugs to physicians, which they spend billions of dollars every year, billions, the bulk of their advertising money goes into "physician education." You think your doctor's trained by the university that they go to, we know that that university education, even at the highest level, becomes obsolete within a matter of months of graduation, if in the long term within two years that education becomes so obsolete because so much has changed in the field, not saying that that education cannot be viable, but we got to have continuous education to keep me forward and understand what's happening with peer-reviewed evidence.

This is why doctors, unfortunately have a culture of leaning on pharmaceutical reps who are not doctors or educated in this field to this degree for their education on what they need to be prescribing their patients, that's where the education is coming from, it's coming from drug reps, predominantly. And the drug reps are using the studies that they get published in peer-reviewed journals, and most physicians are not trained in analyzing clinical data, they're trained in whatever their particular specialty is in pharmacology, in surgery and the like.

More PhDs are more acclimated towards digging through peer-review data, working as a research scientist, that type of thing, it is incredible, undertaking a tremendous amount of time to go through the amount of data necessary to really be educated about these different drugs and to the like even today, as we're going through this and what we're going to cover today, it took months, it took months of investigation and study and research to put this together for you in this cohesive manner, it's a lot. When you've got a patient there in front of you, you're trying to help, that's what you got to focus on, and the system is created in such a way that it's a revolving door. Just to keep the lights on to make a profit, physicians are, they're forced to be in a structure where they don't have much time even to work with the patient to understand what the root cause is, even if they wanted to. More often than not, they're trying to give people relief and get them out the door and help them to stay alive, but this is a part of the problem. Now, physicians are the bridge for the pharmaceutical company to making its way to the patient's hand and the patient's body, and the result, oftentimes we're seeing the end result, we're not looking back upstream to where the root of the issue is, but let's talk a little bit about what the end result looks like.

Well, based on the way that our system is operating right now, the EJS Center for Ethics at Harvard University states that properly prescribed drugs cause about 1.9 Million hospitalizations every single year, nearly two million people end up hospitalized from properly prescribed medications. Another 840,000 hospitalized patients are given inappropriate medications that cause serious adverse reactions, put this together for a total of nearly three million serious adverse drug reactions annually, every single year. The Harvard Research has reported that nearly 130,000 of these people are killed each year from taking pharmaceutical drugs as prescribed every single year.

And add on to that another 70,000 people killed each year from prescription drug overdoses, we're looking at around 200,000 of our citizens, 200,000 deaths every single year at the hands of pharmaceutical companies. That, if we're looking upstream, where is this possibility beginning? The Center for Ethics at Harvard states, "The FDA does not acknowledge these facts and instead gathers a small fraction of the cases." This is pointing to where our conversation is driving today, because you would think with the nefarious activity going along with pharmaceutical companies behind the scenes, the FDA, our "watch dog" would be looking at making sure that these instances are not taking place, but the reality is much different from what our belief may be, because believing that the FDA has a proven track record of putting the American people above the interests of pharmaceutical companies is questionable to say the least.

Firstly, pharmaceutical companies, right now as of this recording, provide the FDA with nearly half of their multi-billion-dollar budget, pharmaceutical companies are literally funding the FDA, and specifically upwards of 75% of the FDA's scientific review budget is coming from the very drug companies that they are supposed to be policing. Now, this all happens, this is just like, how is that even possible? How is that a thing? Because it seems very bribe-ish right out of the gate, but this was done under the guise of helping to get drugs to the public who needs them faster and the FDA, many years ago, it's just like, "You know what, we can't handle... We can't get these drugs approved fast enough, we need more resources, we don't have the resources." And so collectively, there was an agreement that was done that pharmaceutical companies would pay for their drugs to be reviewed, user fees, so you have the resources now to review stuff fast so we can save more lives. That was what the illusion was of these user fees, but it's devolved into something very, very dangerous to where pharmaceutical companies now have so much influence over what the FDA is doing. Now the conflicts of interest don't stop there because nearly 30% of FDA employees leave the FDA and get high paying jobs at, guess where? At pharmaceutical companies.

This would logically make you question, what are the FDA employees doing to get in the good graces of these pharmaceutical companies and getting these high paying jobs when they leave the FDA? And why is that even a possibility in the first place, because this goes both directions,

many people who work for pharmaceutical companies leave and get jobs at the FDA. Just imagine all of the insider information that's getting passed around, you can't help it. If you have experience with a said drug company or with the FDA, you know how it works. Even the former FDA commissioner, the top office at the FDA, Scott Gottlieb, Left the FDA in 2019 and joined Pfizer. The top person at the FDA joined Pfizer just before the pandemic started.

Again, this revolving door goes both ways, and the fact that this exists, that this is even allowable is at the root of the issues that we're facing right now as a society and putting our trust into entities with a proven track record of nefarious activity, of literally crimes of killing our citizens. Now, the systemic conflicts of interest, the favor dealing, and the bribery don't stop there. We have more explicit examples of this. There's an approval board for physicians working at the FDA who are responsible for reviewing the drug companies' data for their drugs and to clear the drugs for approval if they choose to. So, there's a physician board who reviews the drugs that are submitted, who're reviewing the paperwork, because again, the FDA doesn't run the trials over to test, they don't go back and actually see, replicate things, is what this drug company telling me true? No. They just take their word for it. They take the drug companies word for it.

But this board of physicians in an analysis published in the Journal of Science found that nearly 40% of physician advisors on the FDA approval boards received payments from drug companies at some point after they approved a drug. Nearly 40% of the physicians on the review board for various drugs were then paid by pharmaceutical companies after the approval process of the drug was over. Now, this could have been from a competitor's drug, but more often than not, it was for that specific pharmaceutical company who's drug they were reviewing, at some point after the approval process, they got money directly, not to the FDA, but directly to the person on the FDA review board in the form of cash payments, in the form of grants, and this is documented to be thousands of dollars, hundreds of thousands of dollars, even millions of dollars, changing hands from a drug company to an FDA reviewer. Upwards of about 40% of physicians analyzing this study had partaking in this, and what this is called is post-Hoc payment.

So, this is after the fact. So that's what makes it legal or acceptable, like this isn't even hidden. "So let me go ahead and break you off for this... Let me slide you a little something, but not now, I'm not going to do this while the drug is up for review, six months from now you're going to get a check for \$100,000. We need you to pass this."

That's more like the scenario, but it can be framed differently because they're not currently working on that drug campaign. Now, what are the ramifications of this very sketchy FDA review process from drug companies, what is that resulting in? Well, just take a look at the

opioid epidemic that's killed now, again, about half a million American citizens, take a look at these instances, again, this is where they get caught with Vioxx, for example and Merck. And Merck, you would think they intentionally misled the reporting of their data that resulted in upwards of 60,000 Americans being killed. Somebody would have went to jail, somebody... Massive fines that just breaks the company or whatever the case might be or them not being allowed to participate in providing drugs that are going to be consumed by the American people, especially after they killed upwards of 60,000 people, but that's not what happened.

They hit a fine, they got hit with the fine, they had the fixers come on, they brought onboard to frame things a certain way, and the thing is, we often don't even know the details of the crimes that they committed because of NDAs. A lot of stuff you can't even talk about, if you're involved in that litigation process, you don't really know how dirty it is, and this is part of the process. A 10-year analysis published in the Journal of the American Medical Association, "Track the negative safety events for FDA-approved drugs." The research has found that nearly one-third of the drugs approved by the FDA has some kind of safety event after reaching the market, one third. What's most alarming is that the average time from approval to the first post-market safety event being acknowledged is over four years later, it's unbelievable, it takes years of proof, years of proof for it to be acknowledged. The weight is on us as the people to prove that they're hurting us, the responsibility off tops is not on the pharmaceutical company, because the system is created in such a way that it allows for the rapid approval of drugs, the likes of which we've never seen before. If we're talking about our current vaccine campaign, we've never seen a formulation go to market and into people's bodies so quickly, ever.

And the question is, understanding the integrity of these pharmaceutical companies, what's the real outcome? And that's what we're going to be talking about next. Again, if you're listening to the audio version of this episode, go to themodelhealthshow.com/C19report, C19 report, so the letter C as in COVID, C19 report, and you'll get access to the exclusive video and also the report itself that's going to succinctly cover the information that we're about to dive into right now, because it's a big part of the conversation that is not being talked about, and I just really believe that you deserve to know this. This is not about taking sides, because as I mentioned, we have to keep a space open for these pharmaceutical companies to act in integrity, we have to open ourselves up to believe that that's possible, but we don't want to be ignorant. Again, if there's a repeated pattern of behavior, we have to use our good senses and proceed with extreme caution, because right now things can be framed a certain way even easier because of our state of divisiveness and our state of fear. And so, I'm wanting to bring everyone together under an energy of empowerment and education and really look at how can we learn from this and find a healthy way forward.

So, in looking at this current vaccine campaign that has really become another point of divisiveness in our culture, we need to really take a good look at the actual results and

acknowledge if there's benefit and if there is potential harm, or at least the framing of benefit, and potential harm. Now, the COVID-19 vaccines were promised to do three things; Number one, they were promised to stop the transmission of COVID-19, number two, they would promise to reduce the viral load in COVID-19 cases, and number three, they were promised to reduce severe symptoms associated with COVID-19. Now, a study published in the Journal of the American Medical Association is one of many demonstrating that COVID vaccines did not successfully stop the transmission of the disease, they failed to do what they were promised to do, while an analysis published in The Lancet is one of many demonstrating that COVID vaccines did not substantially reduce the viral load either, they were unsuccessful in that promise as well. Now, two of the three promised benefits of the vaccines were proven to be wrong, is it that far of a stretch to suspect that the third promise could be highly questionable too. If you received two lies with no apologies, why would you expect the third promise to be true?

Now, to elucidate the third promise, we're witnessing the use of the most unprovable metric to demonstrate effectiveness. So, what I'm talking about is, when someone is vaccinated and then gets COVID, we can test for that, and when someone is vaccinated and then experiences a high viral load, we can test for that, but when someone is vaccinated and gets COVID anyway, and then says, "at least the vaccine kept me out of the hospital," how could you possibly know that without testing? When someone says, "I got COVID after I was vaccinated but at least it kept me from getting hospitalized or dying," you can't go back in time and remove the shot from the person's arm and then see how their natural immune response would be with COVID versus the perceived vaccine-derived immune response. You can't compare the two. It's impossible.

And what... It's impossible. It's impossible, it's impossible. The belief when an individual says something like that is completely theoretical, and that's the truth. Now we're going to look at the data, the hospitalization data today in depth, but I want you to know on a person-to-person basis, when someone says something like that, they have no idea what their outcomes would have been if they weren't vaccinated, to believe, to think that this vaccine, I got really sick but at least I didn't die.

How do they know is completely theoretical, because what's far more likely is that they are one of the approximately nine out of 10 individuals who didn't have severe outcomes from COVID in the first place, this is lost in the conversation? Most people had mild to no symptoms at all since before the vaccines were even in existence. It's far more likely that the person was in that guild. Now they could have been in that small minority for sure, and then we can lean on, hey, this vaccine saved my life, or whatever the case might be, but it's omitting the fact that prior to the vaccines being in existence, most people, the vast majority, upwards of 90%, nine out of 10 people had moderate to no symptoms at all.

And the person likely could have been in that, but illogically, the credit is given to the novel drug that failed to stop them from getting the disease in the first place. Now again, the credit goes to the drug based on a preconceived bias, a learned bias about what the drug is supposed to do, not based on it actually being provable beyond a reasonable doubt. Again, we can't test for it to see what the response would have been, versus we can test if somebody gets the vaccine, which was promised to stop transmission and then gets it anyway, so they get the disease anyways, we can test for that. It was promised to prevent high viral loads comparable to not being vaccinated, we can test for that, and again, that was proven to be inaccurate. So let me rephrase this statement more accurately for when somebody says, I got the vaccine and then I got COVID.

A matter of fact, a lot of the stories are, I got the two vaccines, then I got boosted, then I got COVID, and I got sick as hell, but at least I didn't die, that's the story for so many people, including the United States Surgeon General, as of this recording. As it is recording, double vax, boosted, got COVID, whole family. Now shout out, I hope everybody's good, as a matter of fact, he said everybody's good. But man, he said the same story, he had the same story, and we'll put it up for people to see, and he said he felt guilty because this is a common thread amongst our citizens, that it looks like you didn't do everything right and you still got COVID, like, "What did I do? Is this my fault?" He's portraying like, listen, I did everything right from my perspective, making sure that I'm adamant about wearing my mask, I'm double vaccinated and then I got boosted and we still got COVID anyways, and he's feeling guilty about it, but he also said, "Well, at least I didn't end up in the hospital." How the hell do you know that?

It's a completely theoretical statement. And I'm going to tell you this because this is our family here. His team reached out to me long ago before the pandemic kicked off to have him on the Model Health Show, because he had a book that was coming forward about what he deemed to be the number one epidemic in the United States, the number one health crisis, which was loneliness, being the number one health issue facing our citizens and the data he had was compelling. But you know, sometimes the universe wouldn't allow things that don't fit together, that are not resonate, so that didn't happen. I just... Stuff kind of just dissipated, never made that connection. They reached out multiple times, just didn't happen. If it's for the glitz and glamor, it's just like, "Oh, US Surgeon General, let me, you know, let me get his message out." I'm trying to find that congruency, I'm trying to find that... So, are you really about that life? Because he started to parrot a lot of things that were being said, loneliness is our number one epidemic, and now we're being mandated to stay away from other humans and his story disappeared. And then he eventually got the position back after this new presidency, he got back in this position as the US Surgeon General, because at that time he was...

He'd been transitioned out of that, and he was the former US Surgeon General. So I just want to say how common this occurrence is, I'm giving this big example, because this is somebody who is kind of in the spotlight, but also in my day-to-day life and yours as well, you probably know somebody, or it might be you, who vaccinated and then got COVID or vaccinated and boosted and then got COVID anyways, and many folks got very, very sick, even hospitalized, and we see the numbers shift from what the perceived metrics were, from what the perceived headlines were about who's actually having worse health outcomes, and again, we're going to talk about that today. Alright. So, this is what the statement would really be, "Listen, I got COVID after I was vaccinated, I.e., my vaccine didn't work, but at least it theoretically kept me from getting hospitalized or dying, because that's what the marketing told me, though, I don't have a time machine or an unvaccinated clone of mine to actually prove it." That's what the statement would really be, if it had a little bit more integrity in congruency based on reality and not a theory about what would have happened.

So, I want you to simply ask yourself a couple of logical questions.

Why is it that these vaccines don't stop transmission, they don't consistently reduce viral load, but yet they consistently reduce hospitalizations? And why do they reduce hospitalizations by enormous numbers predominantly in the United States and not in other notable countries with comprehensive data sets like Israel and the UK? Which we're going to cover today. Why is the US the outlier in hospitalizations? Now, these are very important questions for understanding whether at least one of the three vaccine promises are actually true and how our systems of analysis and reporting currently work. So, we're going to deconstruct the data by analyzing five specific points and deliver some much-needed helpful clarity for us as citizens, as a family, as a community moving forward. Now again, you'll have access to all these studies and a video walkthrough of everything we're covering and a shareable report that goes through all the data step by step at the [modelhealthshow.com/C19report](http://themodelhealthshow.com/C19report). Alright, now we're going to cover the data, the real-world data on what was framed as the pandemic of the unvaccinated. Number one, the causes of hospitalizations are not properly adjudicated and have not been since the onset of COVID, leading to rapid confounding factors in data collection and imprecise reporting. The proper reporting of the underlying reason for hospitalizations and death have been, a no more fitting of a description, a dumpster fire.

And it doesn't help that the data is solid by the fact that the United States population is so extraordinarily unhealthy. To put it in a sobering description, the United States is the most chronically diseased nation in the history of humanity. Here in the United States, approximately 250 millions of our citizens are overweight or obese, over 45% of our citizens are clinically obese right now, and this was actually prior to COVID. And the massive jump that has taken place since then in obesity rates coming from the CDC looking at obesity rates in children, let alone adults in children, children who are moderately obese, their annual weight

gain during COVID, during the shutdowns and their analysis nearly doubled. If their annual weight gain was, say six pounds, it doubled to 12 pounds. So, to say that COVID has assisted in us reaching that 50% of our society being clinically obese mark, it's not a stretch by any means. So that's specifically with obesity. Why does this matter? Obesity is related to about nine of the 10 leading causes of death in United States, overall, most years. It's a huge underlying risk factor for so many issues ranging from heart disease to cancer, to liver disease and the like.

In addition, as we mentioned earlier, 130 million, approximately 130 million Americans are diabetic or pre-diabetic right now, 70 million American citizens have digestive diseases, 60% of the population has some degree of heart disease right now, and in addition, we've had skyrocketing rates of cancers, of autoimmune diseases, about 50 million Americans, upwards of 50 million Americans now have autoimmune conditions that were once rare, extremely rare, and we have so many new conditions that have never even been seen before. So again, to hear this data, there really isn't a word to describe how troubling this all is. Now, there are a whole host of reasons why these matters, from our decaying quality of life, to our exploding economic burden because the United States healthcare System is a \$4 Trillion a year suck on our citizens, \$4 Trillion a year goes into US healthcare, and yet we are the sickest nation in the world by far. We spend the most money by far and we're the sickest by far, something isn't adding up. If we're spending the most, shouldn't we be getting the most benefit? Just trying to be logical. But why these matters in the context of COVID was highlighted in an analysis of over 800 US hospitals and over 540,000 COVID-19 patients, this was published by the CDC.

The report found that obesity is the number one risk factor for death from COVID, the number one risk factor. Again, we were talking about our issues with obesity being an underlying risk factor for death from chronic diseases, but also infectious diseases, and we've done classes specifically dedicated to this issue, we put for you in the show notes, looking at the connection between obesity, why? What are the underlying mechanisms that enable obesity to be such a huge risk factor for dying from COVID-19? But the second leading risk factor in their analysis, risk factor for death from COVID-19 was anxiety and fear-related disorders. Now, this one again is a very complex issue to navigate, we've done a masterclass on this one as well, but this one points to our tragic state of mental health, while the third leading risk factor for death from COVID-19 in the report, again, over 540,000 COVID-19 patients, third leading risk factor for death was diabetes and its related complications.

Now, our gumbo of deadly, predominantly lifestyle-related diseases makes accurate reporting for causes of death and hospitalizations an absolute nightmare. According to the CDC, nearly 95% of the people who died with a reported COVID-19 infection had an average of four pre-existing chronic diseases and/or co-morbidities. Four, not one, not two, not three but four. Nearly 95% of people who had COVID-19 on their death certificate, with the super majority of reported deaths being from a population of remarkably sick people with other deadly issues

besides COVID-19, it will inherently spark a clumsy debate about the causes of death and about how serious COVID really is. Part of the glaring issue, and this has become such a divisive issue, is the polarity that's taken place between people who believe COVID-19 isn't a big issue and people who believe that COVID-19 is the only issue. That's what's taken place. This polarity has made a logic and rationality that exists in the middle so difficult for us to discuss and to get out to the citizens who really need it.

It should never be an issue of whether COVID-19 is real or not, it's an issue of accurately studying and determining whether COVID is the actual reason for the hospitalization and poor outcomes or not, this has been challenging since the very beginning. Literally at the very beginning, I was talking about this issue because I'm talking with epidemiologists, I'm talking with my network, my colleagues who work in hospitals, I was getting the data. And here's the thing, now, even Dr. Anthony Fauci, the head of the NIH and the person who was really taken the lead on the coronavirus task force, him, as well as other health officials are now coming forward to call for clarity on someone being hospitalized for another reason but happening to have COVID versus someone who was hospitalized because of COVID.

Dr. Anthony Fauci: But the other important thing is that if you look at the children who are hospitalized, many of them are hospitalized with COVID as opposed to because of COVID, and what we mean by that, if a child goes in the hospital, they automatically get tested for COVID and they get counted as a COVID hospitalized individual, when in fact they may go in for a broken leg or appendicitis or something like that, so it's over-counting the number of children who are, "hospitalized with COVID," as opposed to because of COVID.

Now, what he's saying is not new, it's just new to most people, it's been almost two years, and he's saying this, he's admitting to this issue of confounding factors in the data collection of why people are actually being hospitalized in the first place, keeping in mind that nearly nine out of 10 people who've contracted COVID had moderate to no symptoms at all, it's a huge population majority of people who will be carrying COVID at any given time and potentially seeking medical attention for an unrelated issue because our largely unhealthy society that we're existing in, a vaccine does not change the fact that accurate reporting has been unreliable since the very beginning, at best unreliable and at worst, nefarious. Now, this leads us to number two, and number two is looking at the fact that since the beginning of the vaccine campaign, under the false premise that vaccine stopped the transmission of COVID-19, which was stated by everyone from the head of the CDC itself, Dr. Rochelle Walensky...

Dr. Rochelle Walensky: Our data from the CDC today suggest that vaccinated people do not carry the virus, don't get sick and that... It's not just in the clinical trials but it's also in real world data.

To the President of the United States.

President Joe Biden: The various shots that people are getting now cover that, you're okay, you're not going to get COVID if you have these vaccinations.

The very entities, the very figures that people are looking towards for guidance in this make these statements, these literally inaccurate, literally false, which would be misinformation, if it was tagged appropriately, for them to say that the vaccines stop transmission of the virus, but that's not what happened. What did happen was that that belief was then parroted incessantly by the media until it became accepted as truth, and it happened very quickly. The enforcement has been, since that, to test the unvaccinated and not the vaccinated, as it is the unvaccinated who are the real threat. When looking at whether or not there was a pandemic of the unvaccinated, we have to look at the issues around testing itself. A common requirement has been to quote, "Show your vaccine card or proof of a negative test" in order to work, to go to school and to attend events and so much more in our society. For instance, this was the requirement to attend the Super Bowl this year here in Los Angeles, while we are under a state of emergency by the way, there was a... Getting tens of thousands of fans in the building, unmasked, screaming their face off, drinking beer, eating wieners, having a good time.

I'm not against a good time, but the fact is the next day children had to sit in school with a mask on their face for seven hours just to get an education under the same state of emergency, and the rules are not applying equally to everyone, but that's neither here nor there because the fact is the requirement for individuals to attend the Super Bowl was to show your vaccine card or a negative test, never mind the fact that vaccinated individuals can carry and spread COVID just as easily, and at the stadium they actually had, of course, testing sites that said, quote, "Free testing on site in front." Now, it's not going to be the people who have a vaccine card, it's the unvaccinated folks who are getting tested. Healthcare and social systems suddenly pushed for lots of testing of unvaccinated citizens, the ones who need to provide proof that they're not a threat while simultaneously allowing vaccinated individuals to refrain from testing. In fact, the CDC thought so little of the growing number of breakthrough infections in vaccinated individuals that they openly shared they would no longer monitor COVID cases in the majority of vaccinated people.

Again, you can see this report for yourself, they stated, "The CDC transitioned from monitoring all reported COVID-19 vaccine breakthrough infections to investigating only those among patients who are hospitalized or die." This is simply not appropriate from a logical data collection perspective, because nearly nine out of 10 COVID cases are mild or asymptomatic in vaccinated individuals, which is nearly the same as a general population prior to the vaccines being in existence, by the way, I don't want you to forget that, but since they declared that

they would no longer monitor these breakthrough infections, we have no idea how much our vaccinated population contributed to the continued progression of the pandemic. Now to add injury to insult, they also note in the report that, "The number of reported COVID-19 vaccine breakthrough cases is likely a substantial under-count of all SARS-CoV-2 infections among fully vaccinated persons." Alright. So again, they're saying the number that we have is likely a substantial under-count of people who are vaccinated but getting COVID anyways, but yet they're outwardly saying they're not going to look into it further. They also noted that vaccinated people likely, "Might not seek testing." Why do you think that is?

It's the programming, which furthers my point of lacking urgency for vaccinated persons to be tested equally. Now to further befuddle the data and to have more ingrained discouragement for vaccinated folks to get tested or to talk about the fact that they are vaccinated, if they happen to end up hospitalized, is the fact that the program belief is, once you're vaccinated, if you get sick, you're protected from COVID, especially early on, in their early data when there was a pandemic of the unvaccinated, a proposed pandemic of the unvaccinated, people who are vaccinated, they then end up getting sick because that's going to be a side effect from the vaccine, could be, or it's going to be something else, anything other than COVID. The flu might surprisingly make a comeback. Alright, the flu is out here acting like Robert Downey Jr, after all the trouble he was going through in his life, coming back, and becoming Ironman. Flu's coming back. Alright, there's even headlines reporting the flu is back. One of them was from ABC News, such respected media organization, that's a little tongue in cheek there. But the headline reads that, "Flu is making a comeback in US after an unusual year off." I didn't know flus could do that.

It is like, "You know what, I'm just going to take some time off. I heard COVID was out here on the streets, I don't want to catch COVID." You don't want the flu to catch COVID, that would be crazy. So, carrying this ingrained belief that, I'm vaccinated, if I get sick, it's due to the vaccine, not COVID, no need to worry, discouragement from testing, and/or, even after my post-vaccine window when I'm "fully vaccinated" not realizing the severity early on when there was "a pandemic of the unvaccinated," that I'm protected. That's what the head of the CDC told me, can't be COVID. No big deal. My attention is somewhere else. Even if I get really sick and I got to go into the hospital, and there's not systematic testing, which we'll talk about in the moment, that's equal, people are going to have a preconceived notion, of course, that dissuades them, as the CDC mentioned, many folks are going to, who are vaccinated, "Might not seek testing" and they're saying this because they understand human psychology. Now unfortunately, this false belief that ripped through our society that these vaccines would stop transmission will inherently take place and be picked up, and it was parroted by our healthcare professionals. And the inconsistencies in testing as a result, in testing and reporting, are staggering, and we're going to get to this in number four.

Alright, we're in number two, we're going to wrap up number two here in a moment, but please understand, this is a belief system that has pressed for more testing, unequal testing of the unvaccinated versus the vaccinated and creating a huge disparity in what's actually getting reported to the public, Now the Achilles heel that I want you to know about moving forward so again, we don't make this mistake again as a society, is based on the fact that when we reach the hospital setting, the reporting system is incredibly unreliable because of this black or white distinction of vaccinated or unvaccinated/unknown. Many data sets are not denoting a clear vaccination status, in fact, the way the notes are written in a non-systemic way, across various hospital settings creates another troubling confounding factor. In a recent study conducted by researchers at the FDA, and they work with other researchers including operatives that IBM to create an algorithm that clarifies records from hospital notes to better discern vaccine status and adverse events, the analysis uncovered a 16.8% increase in the identification of vaccine administrations compared to using structured data alone.

This means that there should have been 16.8% more hospitalizations that were counted as vaccinated and 16.8% less hospitalizations counted as unvaccinated or unknown. This is more than a 33% shift from the numbers that were reported. This is not okay. They were spouting off 99% of the people hospitalized are unvaccinated, 99% of the people dying are unvaccinated, just this one analysis, looking at the data with a little bit more clarity and a little bit less bias, just putting in a more systemic reporting system. This one step alone helped to clarify the data, and again, shifting the numbers to be very different from what they were being reported as early on. In many ways, our current systems have created uneven, unreliable testing and outcome data, and that leads us to the most important discernment in this analysis today.

Number three, all of the data showing that these vaccines that don't stop transmission and that don't reduce viral load are somehow magically reducing hospitalizations and death are based on observational data. Observational data cannot denote causation, it denotes correlation, but it cannot denote causation, it cannot tell you whether or not a vaccine caused the person to not be hospitalized or to be hospitalized from observational data, that's not how observational data works. It does not confirm causation. By its very nature, observational data is subject to an enormous amount of biases and confounding factors, so the data that you're hearing, when you hear the headlines, pandemic of the unvaccinated, 99% of people who are being hospitalized are unvaccinated, this is observational data, does not show causation or lack of causation, it does not confirm that, and this should never be used. This is a basic scientific tenet to globally inform healthcare policy and the education of the public.

Dr. Anthony Fauci: Again, this is a very basic scientific tenet that seems to be completely abandoned in the scenario, and not only that, observational data that does not confirm causation has been propped up as unquestionable fact, it's been propped up as if it's infallible,

perfect data. This is the truth, anybody that says something other than this, it's fake news, its misinformation, when in reality we've got the head of the United States, we've got the head of the CDC on tape, on tape, saying that these vaccines stopped the transmission of COVID-19. What do we call that? When these folks do that, what do we call that? Where is the fact check on that? Now, I want to be clear, we cannot make this a political issue, let's not get into that. Right Wing, Left Wing, let's not talk about wings, it's the same bird. Remember, it's the same bird. Alright, now we want to keep this on the basis of science and of fact and of the data that we actually have, and we know that these individuals with their own mouths said a lie, they said a fibber, but it's not that they were necessarily intentionally doing that thing, but they informed a very susceptible public who was just looking for a solution with information that was blatantly false and they did not acknowledge it.

They did not apologize, they didn't say, "Hey, we got it wrong, they just kept doubling down on the stupidity." Alright. And the goal posts keep moving. "Oh, we were wrong about transmission, but viral load." "Oh, we were wrong about transmission and viral load, but hospitalization." Alright, so we've got two promises to our citizens that were blatantly wrong, and we're expected to believe the third just because. Alright. Now, again, if we analyze the data from an unbiased perspective and look at everything in its wholeness, that's what we should be doing to get a proper risk benefit analysis, this is not to say that this particular vaccine campaign can't reduce hospitalizations and death. It does not say that, but the way that the numbers have been skewed, the story is very different from the one that we were inundated with, the one that created so much more divisiveness with our citizens, and this very black or white thing, you're either one of us or you're one of them. Now the gold standard, again this was based on observational data, what's informing our healthcare policy, educating our citizens about outcomes and who's actually having poor outcomes is based on observational data.

Not appropriate to be an infallible act and to approach it that way. A randomized placebo control trial is considered to be the gold standard for drug testing, including vaccine testing, it's where you have a specific treatment, in this case, a vaccine, and you monitor for a specific outcome, and in this case, it would be a reduction in hospitalization and severe outcomes. To get the emergency use authorization approved for these novel vaccines, let's use Pfizer and Moderna's mRNA technology for this instance, the drug company submitted their actual randomized placebo controlled clinical trial data, so obviously the question would be, how did the vaccines actually perform under stricter conditions that eliminate biases? Did the vaccine significantly reduce the risk of hospitalizations and death? Absolutely not, absolutely not and you're about to find out how it was misconstrued. And this leads us to the important difference between socially accepted soundbites from health officials and the media, even if they're not intentionally trying to be deceptive, by the way, the difference between that, and a real

analysis of clinical trial data, because when the mRNA vaccine campaigns began, the promise of a 95% effectiveness was being touted to our citizens without context.

The 95% effectiveness and 94% effectiveness of the Pfizer and Moderna vaccines respectively were the perceived relative risk reduction in the clinical trials. The relative risk reduction can function as a comparative clinical figure that compares one group to another, for example, it's helpful, especially in a clinical context, but the relative risk reduction does not denote the reduced risk for an individual in the real world. The true effectiveness of a treatment for you as an individual in the real world would be denoted by the absolute risk reduction. The absolute risk reduction is well established to be the most useful and appropriate way of presenting research results. Multiple papers, published papers, demonstrate and denote this, and again, we'll put a resource for you, this is well-known and this is why for me, it's like, this is basic stuff, especially, again, the absolute risk reduction is the most useful and appropriate way of presenting research results, especially for the general public who have no experience in discerning the difference in clinical trial outcomes, and as detailed in this analysis of the mRNA vaccine trials published in March 2021 in *Medicina*, a peer-reviewed journal, "The absence of reported absolute risk reduction in COVID-19 vaccine clinical trials can lead to outcome reporting bias that affects the interpretation of vaccine efficacy."

So, what was the absolute risk reduction of the mRNA vaccines found to be in the clinical trials? In other words, what would be the effectiveness of the vaccines to protect you as an individual in the real world? Well, the absolute risk reduction of the Pfizer vaccine wasn't 95%, it wasn't 50%, it wasn't even 10%. It wasn't even 1%.

The absolute risk reduction offered to you by the Pfizer vaccine was an unimpressive 0.7%. The absolute risk reduction for the Moderna vaccine wasn't much better at a 1.1% risk reduction for you in the real world. This was far different from the lofty 94% effectiveness that was being promoted far and wide, but this is just a thing. It's not that the 94% effectiveness was a lie, it was the relative risk reduction found in their clinical trial data, but presenting that number to the public and policy makers without context is the problem. It's misleading to omit what a person's individual risk reduction would be if they rolled up their sleeve to get this new formulation injected into their body. What if the news anchors and health officials were to look right into the camera and say, "You can look forward to a less than 1% risk reduction from the new Pfizer vaccine, and you can look forward to a 1.1% risk reduction for you in the real world with the new Moderna vaccine," it would obviously not inspire many people to run out and get vaccinated, and at minimum it will likely inspire a lot more healthy skepticism and inquiry.

Now, this leads us to a really important and overlooked aspect of the clinical trial data and accurate data collection, because when you hear that the vaccines were offering a 95% effectiveness, it was a 95% effectiveness to do what exactly? It might be assumed that the

95% effectiveness is reducing your risk of catching COVID or 95% effectiveness in reducing your risk of having a high viral load or having poor outcomes from COVID. That's what the assumption might be, but none of those would be true. The 95% effectiveness demonstrated in the clinical trials for Pfizer and Moderna was for reducing your risk of mild to moderate symptoms.

The vaccine clinical trials did not show a significant reduction in your risk of contracting COVID-19, and they did not show a significant reduction in being hospitalized or dying from COVID either, the trials only showed a slight 0.7% effectiveness, in the case of Pfizer, in preventing you from having a mild to moderate COVID infection, that is all. Nothing more. And the trial data was actually affirmed in a real-world setting, if anyone cared to look. Now, I'm using this one because it is a cleaner dataset because as a country that didn't have a lot of "inter-mingling of vaccines," the Israeli mass vaccination campaign utilized the Pfizer vaccine. Although the study design and methodology are different from the randomized trial design, the researchers reported a relative risk reduction of 94%, which is nearly the same as in the clinical trial.

Now, the study that was published in one of our most prestigious medical journals, The Lancet, found that the absolute risk reduction for the Israeli population that was tested, the absolute risk reduction with their vaccine was 0.46%, which again was comparable to the less than 1% risk reduction noted in the randomized control trials, but not even providing individuals with a half a percent of protection in the real world. The bottom line, the original clinical trial data did not satisfy the primary claims made by health officials and regulatory agencies. The efficacy of the mRNA vaccines were based on prevention of mild to moderate COVID-19 infections. The control clinical trial data did not conclude that the vaccines prevented hospitalizations, severe disease or death, nor did the data conclude prevention of infection and transmission potential. This is precisely why it wasn't a surprise that the vaccines didn't stop the spread of COVID. There was nothing to indicate that they would. There was nothing to indicate that they would. They just got on TV and started saying they would. That's not okay. We cannot allow that to happen moving forward, because people who are susceptible, who... Again, any of us can be susceptible.

Lack of education, lack of exposure, fear, poor state of health, poor state mental health, whatever the case might be, our citizens are in a state where we're very impressionable. And so to hear from the head of the CDC that this vaccine is going to stop COVID, it's going to stop the transmission, you're not going to get the disease, wow, that's going to go right past your logic, is going to go right past any of your filters and get right to the heart because of fear, and it's going to lead to a deep seated belief about the thing, even when you hear otherwise later, you already heard, "Oh, this stops me from getting COVID," until it might be too late.

But also, this influences health care policy, it influences data reporting, it influences how we communicate with each other and it's not okay. The confusion arises when clinical trial data is ignored and then observational data with all of its confounding factors and biases becomes infallible fact. Even the early observational data from the Israeli campaign noted reductions in infection rates and severe outcomes in vaccinated individuals versus unvaccinated individuals, but suddenly and repeatedly, vaccinated citizens became dominant in those collective categories in their society, as did the rise of severe side effects like myocarditis in teen boys and young men. One report published in the The Journal of Science noted the incidence of myocarditis in young men in Israel after a vaccination was 5 to 25 times higher than the background rate without being vaccinated.

Again, if we were acknowledging that this was taking place because Israel has been ahead, pushing vaccination of their citizens, we could see this stuff coming. And despite Israel having one of the most vaccinated populations on earth as their vaccine efficacy plummeted and cases, hospitalizations and deaths and vaccinated individuals continue to hit record numbers, it's explained away as things like "waning protection," you just need another vaccine, you just need a triple vaccination, you need quadruple vaccination, that's what it is, that's going to solve the issue. Or because it's so many people that are vaccinated, that's why we're having more people hospitalized that are vaccinated, or it's because the vaccines are not effective against other variants. It's explained away.

But all of these things is true, or not true as they may be, are based on observational data that can be distorted in countless ways. And going back to the variance being the issue, there were multiple variants noted already when the vaccine campaigns began to be pushed. There was no clinical trial data indicating how they performed against variants. So why would they push this out to everybody as if this is some supernatural rescue force. Even this article, this was published in one of our major network news sources, CNBC, this headline, you can see this on the video, it notes the effectiveness of the Pfizer vaccine plummeting from 95% effectiveness to just 39% effectiveness in Israel, all the way back in July 2021.

Alright? Again, that's still relative risk reduction by the way, it's still without context, but what this report does is it also ignores the smoking gun of concern and pivots to more unsubstantiated series. In essence the article says, "Hey everyone, the vaccine effectiveness just tanked to 39%, but it's still 80% to 90% effective at preventing you from getting seriously sick," forgetting the fact that prior to the vaccines being in existence, 80% to 90% of COVID cases were mild or asymptomatic anyways. We got to get this, this cannot keep getting left out the conversation. There was a time when vaccines didn't exist. COVID vaccines were not a thing. They're using double speak. It's framing things for an uneducated trusting public to maintain a narrative. Now, if observational data is sufficient and headline-worthy, why has the public not heard about the report published by Public Health England on the alarming death

rate of hospitalized patients who were vaccinated. The death rate among fully vaccinated patients was 26 out of 4,087 patients, which equals 0.636% death rate. The deaths among unvaccinated patients was 34 out of 35,521, which comes out to be 0.0957%.

So, if you do the math on this, and again, we'll put this study for everybody to have access to, the death rate among fully vaccinated patients was 6.6 times higher than unvaccinated patients in this particular study. You didn't hear one peep about this, you didn't see one headline about it but it exists. This should be shocking, not only from the perspective of the outcome, but from the perspective that observational data can be so varied depending on where you choose to look. That's the point. Again, the clinical trial data for the COVID vaccines did not show that the vaccines reduced the risk of severe symptoms, hospitalizations and death, and it's an incredible manipulation on the part of health officials and regulatory agencies to make the public think otherwise, that was simply not demonstrated where most biases can be removed. Instead, the narrative leaned on observational data, which is inherently going to carry a lot more confounding factors and biases that can't explain why the outcomes are the way that they are. We can notice patterns, but we use those patterns to help to form our hypothesis that can then be affirmed through a randomized control trial. Or we have a randomized controlled trial denoting a certain outcome, then we prove it with observational data or support it with observational data.

The clinical trial data and the observational data did not match up from what most people heard about. And the instances that it did match up, like the Israeli community, for example, that type of data gets just pushed to the side and you don't hear anything about it. And that leads us to number four here, which is observational data is easily corrupted or blatantly misinterpreted. One of the reports that were cited countless times reporting that 99% of the people being hospitalized with COVID-19 were unvaccinated was published by the Associated Press. But if you're just caught up in a spicy headline, you'll miss the most important two sentences in the entire article, "The Associated Press analyze figures provided by the Centers for Disease Control and Prevention." The CDC itself has not estimated what percentage of hospitalizations and deaths aren't fully vaccinated people citing limitations in the data. They said, the CDC said themselves, "There are limitations in this data here" and they did not express these estimates themselves, the Associated Press took it upon their own strong shoulders to then put this out and to say, limitations on the data is an understatement, because they had no business putting together their hodge-podge interpretation of the data that the CDC itself cited multiple limitations on and then publishing it as if it were gospel, that's the problem.

They could still have their opinion piece, but you need to affirm it with some high quality data, but that gets turned into a soundbite that literally the head of the CDC says, the President of the United States says, the head of the NIH is saying, based on what biased observational data that specifically cites multiple, if you look at the report, multiple limitations in the data,

confounding factors that say, "Hey, we can't actually confirm that this is true or not." So then why tell everybody that it's true? The incomplete and easily misinterpreted data was very similar to another report on the effectiveness of vaccines to reduce hospitalizations published by the CDC in September 2021. The report tee things off with the applause where these stats of vaccine effectiveness against COVID-19 hospitalization. Moderna effectiveness was a glowing 93%, Pfizer showed a robust 88% effectiveness, and Johnson & Johnson's effectiveness was a respectable 71%. Again, relative, they're not saying that by the way. But there was something incredibly deceptive about the data. The people who had immuno-compromising conditions that can include anything from diabetes to heart disease, to cancer, to obesity, to dementia, to liver disease, to mental health conditions, and a myriad of other issues, basically any of the conditions that the vast majority of United States citizens have, even if they were vaccinated, those people were eliminated from the vaccinated count.

Not only did they eliminate more than half of the people hospitalized with COVID from the data count, they highlighted the fact that they did it like it was a good thing. Basically, they're like, "We don't want these sick people defiling our clean data." And to make matters worse, in order to maintain a narrative consistent, "vaccinated or unvaccinated classification," they even excluded people hospitalized who were vaccinated but just not to their liking. In their words, "Patients with immuno-compromising conditions were excluded. Patients were excluded if they received a COVID-19 vaccine other than Moderna, Pfizer or Janssen; Johnson & Johnson's. Or if they received one or more vaccine doses but did not meet criteria for full vaccination. Or received two doses of two different COVID-19 vaccine products."

Why does this matter? It paints a deceptive picture of who's actually being hospitalized with COVID. People with immuno-compromised conditions represent the majority of United States citizens, there's no ethical reason to omit them from the data if this were truly about informing the public and policy makers about who's at the greatest risk of being hospitalized. In fact, one of the dominant narratives of this vaccine campaign was about providing protection for those who need it the most, people who have underlying conditions, who are the most susceptible. What if that protection for people with pre-existing conditions wasn't working as promised? All you need to do is a slight of hand and collection of observational data to make the unfavorable numbers disappear.

Now, the next logical questions would be, how many of the people with pre-existing diseases did the vaccines fail in this analysis who ended up hospitalized? Are there vaccination statuses of the immuno-compromised people who are hospitalized with COVID noted in the report? Of course not. Of course not. But we can easily discern that a significant percentage of them were in fact vaccinated based on a collection of viable data that we have. In a report published in The Lancet by researchers at the FDA and several other prestigious institutions, they stated that because immuno-compromised individuals are highly vulnerable to COVID-19, they were

"prioritized for early immunization" and "plausibly, more likely to be offered and to seek vaccination." So again, the CDC in this study, they excluded the very people who were promoted to need protection the most, plus eliminated a huge chunk of people from the study who are vaccinated in various ways, and what is left is a misleading vaccinated versus unvaccinated hospitalization depiction that vaccines are working stunningly well. The truth is, of the people analyzed from this report, about 42% of the people hospitalized with COVID were unvaccinated, 6% were healthy vaccinated and a damning 51% were excluded.

There were 1,786 human beings who were excluded from the study, 936 of them for having an underlying health condition, who statistically speaking, had a significant probability of being vaccinated. And 566 more people were excluded who were vaccinated but did not meet their "eligibility criteria." The inclusion of the people who were excluded from the trial would have dramatically shifted the ratio of people who are hospitalized with COVID that the public is hearing about, plain, and simple. But the problem really is so much deeper than that. It's this very cookie-cutter vaccinated versus unvaccinated status that you can literally just make up what constitutes as being vaccinated or not. Under the criteria, in this published CDC analysis, you can have two shots in your arm be after your 14-day marinate period, catch COVID, end up in the hospital and still not be counted as a vaccinated hospitalization due to a crafty technicality. When the stakes are so high as they are right now, and everything is so contentious, there's simply no way that this mis-directive data is appropriate. Now, let's examine one more recent report published by the CDC on hospitalizations in California and New York, two hot spots.

This data, again, does not denote a causal relationship in any way to vaccines and hospital admissions as it appears to on the surface. And in the true form of observational data that's reaching with a preconceived narrative, this data is so sporadic and unreliable that it borders on being incoherent garbage. For instance, the report states that during the week of May 30th, 2021, COVID-19 case rates were 19.9-fold lower in vaccinated individuals without a previous infection versus unvaccinated individuals without a previous infection in California, and 18.4-fold lower in New York. Then shockingly, by the week of October 3rd, 2021, the difference between vaccinated versus unvaccinated case rates without a previous infection plummeted from 19.9-fold lower to only 6.2-fold lower in California, and from 18.4-fold lower to 4.5-fold lower in New York. Alright, so let's make some sense of this. The presumed protection against hospitalizations dropped more than three times lower in California in that time span from somebody being vaccinated, their protection dropped more than three times in California and more than four times lower in New York in that short time span. That's really remarkable, it's just a couple of months' time.

Now, with observational data, you can kick in with the excuses. Well, it's a different variant, well, the protection diminishes over time, etcetera. The clinical trial data never showed that

the vaccines protect against other variants as we talked about, and they never showed the perceived protection stays high over time, it was not seen. These are not "surprised outcomes," but that's how they approach it. These are observations of the expected idiocy from believing that something will do what it was never supposed to do. Now, here's where data like this gets even more incoherent and unreliable. During the week of May 30th, 2021, COVID-19 case rates were 7.2-fold lower in unvaccinated individuals who had a prior COVID infection versus unvaccinated individuals who didn't have a prior COVID infection in the State of California, alright? And it was 9.9-fold lower in New York. Then just four months later, the perceived benefit of having a previous infection, i.e., natural immunity, takes a gigantic leap. The perceived protection from having a prior COVID-19 infection jumped from 7.2-fold to 29-fold in four months, in the State of California and the perceived protection from having a prior infection jumped from 9.9-fold to 14.7-fold in the State of New York over that same time period.

Now the question is, the perceived protection from a previous infection jumped up four times higher in the State of California in just four months. It went up a little bit in New York as well, but here's the question, "How in the world is natural immunity 29-fold better in the state of California, while it's only 14.7-fold better in the state of New York?" What's going on when we take this four-and-a-half-hour flight where we have so much more robust natural immunity if we were in California. This leads to again, there are other confounding factors here, and it could be environmental issues, it could be administration issues, it could be reporting issues, there could be so many different things that happen in observational data that make this type of data lack context and lack certainty. But the bottom line is that this type of data published by the CDC, again the CDC, that all of our posts are getting directed to, where we're supposed to be getting our advice about everything, still proposes a magical benefit from COVID vaccines whose perceived effectiveness admittedly plummets dramatically in this study.

And here's the thing, they also, in this study, reluctantly are highlighting the fact that natural immunity rose above the effectiveness of vaccine-derived immunity. By October 2021, the case rates among vaccinated people who didn't have a previous infection versus people who are unvaccinated without a previous infection, it was 6.2-fold lower, while the case rates among unvaccinated people who had natural immunity were 29-fold lower; a 6.2-fold lower case rate, if you're vaccinated, versus people who are unvaccinated without a prior infection versus a 29-fold lower case rate, if somebody has natural immunity versus somebody who is unvaccinated. We're talking more than four times more effectiveness of natural immunity noted in this study. They might have done it on accident, but it's there, nonetheless. Again, this is still observational data, so we have to take it with a grain of salt, but that's a part of the data that is obviously not going to be talked about. Now this matters so much because the topic of natural immunity, even to say natural immunity when it's just immunity, natural has just been added on to it recently.

Immunity, natural immunity has been what has helped humanity to survive well over 99.999% of the things we face as a civilization throughout our evolution. It's not a question of whether or not natural immunity is a real thing, but it has been vilified and people have literally been banned from social media platforms, their posts are censored and platforms like Facebook and Instagram and even YouTube have really been hyper-aggressive in censoring information that was related to natural immunity, and it's the craziest thing that we have to validate natural immunity and not put that same level of validation, intensity into validating the effectiveness of these brand new novel vaccines that human beings have never interacted with before throughout our evolution, as if they're gospel, as if they're this magical thing that has all these wonderful benefits without any downside. And to say that this is taking place, and where the heart of this conversation really is, for pharmaceutical companies to profit in this instance and natural immunity to be literally buried as if it's not even a thing, "You can't have natural immunity to this thing, you have to have our drugs." It's not a coincidence that these same pharmaceutical companies provide billions of dollars every year to government agencies, to drug reviewers, even to individuals in our government.

Two-thirds of United States Congress members received a check from pharmaceutical companies in 2020, two-thirds of our congress members got paid from drug companies. It's not a coincidence that these same pharmaceutical companies spend tens of billions of dollars each year "educating our doctors," cajoling doctors into using their products that largely do not fix our health issues and often become a revolving cash cow for these drug companies. It's not just a coincidence that these same pharmaceutical companies provide billions of dollars in funding to major media outlets who significantly influence public perception. The tens of billions of dollars that were made from the first series of vaccines weren't enough. When they failed the first time, their framing just shifted to, "You just need another."

Our public health officials became DJ Khalid, "Another one, another one," that's what a booster is, that's just a cute name for another vaccine. We need to stop saying booster, it's another vaccine. Booster sounds cute. It sounds like something you pump up your... Reebok boosts, you get more performance. That's not... No, it's another vaccine exposure for your body that we don't know the outcomes for. And what happens is we keep this cash cow moving. Now, we're in the process of having seasonal COVID vaccines adding to the rotation. Still, here in the state of California where I'm at, there are so many mandates that are... Even right now, there's litigation that's working to be pushed forward to mandate COVID vaccines for people. One of the policies that's trying to be put in place right now is for all California businesses to require that their employees are vaccinated. Now, will it pass? It's a possibility, it's not probable, but the fact that this is even a thing, that we're at a place where many states here in the United States have already... They've done away with their mandates and all these policies that have proven repeatedly to be ineffective, because here we are, as I'm recording this right now, we're

about to hit the two-year anniversary of two weeks to flatten the curve. How'd that work out for us? But they're not admitting and saying, "Hey, you know what? What we said would happen didn't happen.

We made a mistake and we're going to take accountability for it." That's not historically what people who are working in powerful positions, in government positions do. They just shift to the next story, and that's what you're going to see. They're going to just shift to the next story, they're not going to acknowledge how much they messed up and all the people that have been hurt in the process, point your attention to the next story. Now, one of the ways that an observational study can actually provide more sound data is when it's a cluster and everyone is treated the same, when everybody is tested equally, and you don't start eliminating for all these different biases, you start taking out people who have an underlying health condition, because that muddies up the numbers. We test everybody equally and we give very clear distinction on their status, if we want to have a black or white status. An observational study was done like that, and it was published by the CDC, and this was looking at an outbreak cluster in Massachusetts. This was conducted by the Massachusetts Department of Public Health and other researchers, and what they discovered in their outbreak cluster after testing everybody, and they had about 469 COVID cases that were identified.

74% of the cases were fully vaccinated individuals and 80% of the people hospitalized were fully vaccinated individuals. Now, where are the stories about this from the talking heads in the media? Why didn't health officials or at least the head of the CDC, the very entity that published the damn report, come out and say, "Hey, guys, it looks like we might have gotten it a little bit wrong about the effectiveness of the vaccine stopping the spread of COVID," because this was early on. But you know what they did? They told people who are vaccinated, when they told them, "If you get the vax, you could take off your mask. Get the vax, you take off your mask." When this came out, they said, "Actually, I'm going to need you to put that back on. I'm not going to tell you that the vaccine didn't do what we said it would do, just put your mask back on. No, no questions, just... It's for your safety, it's for the safety of others." Yes, it's a shocking difference between the prevailing narrative, but we must remember that we cannot rely on any observational data to be the infallible law of the land regardless of how much it can refute or affirm our beliefs, because, number five, and our final piece here in this analysis is that the confounding factors and glaring holes in the vaccine campaign are bigger than you may realize.

If we rely on observational data alone, we'll never really know where any perceived benefit or harm actually comes from, there are often too many confounding factors at play, even strange, unexpected things can be fuddle outcomes in the data. In fact, any positive benefit or harm derived from a vaccine could have literally been from what the person believed about the vaccine. Researchers at Beth Israel Deaconess Medical Center at Harvard University detailed

how more than two-thirds of the rampant number of adverse events reported from COVID vaccines were all in people's head. The researchers proclaimed that it was a negative placebo effect, AKA a nocebo effect, that was to blame for the adverse events. Now, we could take the time to deconstruct how much conflicting data is actually in this study, but there's a pithy viral article that was, ABC News again, that has a wonderful sentence that highlights things for you. The report on this clinical trial states "Shockingly, nearly a quarter of the people, some who received the placebo shot, experienced side effects like a sore arm, also attributable to the placebo effect." So according to these researchers, having a sore arm from getting a shot in the arm is relegated to being a placebo effect.

This is a perfect example of how published data from even very prestigious entities can venture right into the ridiculous. In the clinical trial data itself, it describes the placebo group receiving saline injections as having significantly less adverse events than the people receiving the drugs, but the placebo group also experienced notable side effects such as arm pain and headaches. Interestingly, some of the most well-established side effects from a saline injection includes, you guessed it, sore arm, and headaches. But let's just glance over the fact from this study, that 61.4% of the people who received the actual drug had an adverse event after the second shot. We'll just glance over that part, we'll just glance over that part. Information like that doesn't beat the catchy headline that two-thirds of people experiencing vaccine side effects are manufacturing the effects with their mind. What's even more interesting about this is that just a month earlier, researchers from the very same institution at Beth Israel Deaconess Medical Center published data on the positive placebo benefits that can come from the belief in the drugs themselves.

They dig in on how the belief in the treatment and/or the act of getting the treatment alters our biochemistry in ways that can have a therapeutic effect. The mind-body connection are the very basis for the fields of Psychoneuroimmunology and Psychoneuroendocrinology. Your thoughts instantly create correlating chemistry in your body, including the function of your immune system is instantaneously influenced by the thoughts that you carry. Your state, your emotions instantly influence either in a positive way or in a negative way, the function of your immune system. Negative mental states based on fear and anxiety can have devastating impacts on our bodies, As noted in the CDC study we covered earlier, looking at 540,000 plus COVID-19 patients and finding that the second leading risk factor for death from COVID was anxiety and fear-related disorders.

The cascade of stress-related hormones being produced in the body can damage cells, increase systemic inflammation, and tear your system down from the inside out if fear and anxiety are not managed healthfully. Now, what happens when people are inundated with fear and anxiety for months on end? It dramatically suppresses their immune function. So, has the media and fear-mongering politicians been complicit in the poor outcomes that have been seen by our

citizens? You already know the answer to that. Fear can literally kill but getting back to the study from Beth Israel Deaconess Medical Center, positive belief can heal. The placebo effect, which is the belief that a drug or fake drug is having a beneficial impact is actually so strong that it constantly causes problems in clinical trial data.

As one report on the befuddlement that placebos cause in clinical trial states, "The placebo effect is quite troubling to the pharmaceutical industry as their drugs have to be better than placebo, literally better than nothing, to be approved for use and they often struggle to meet that mark." The placebo effect consistently produces significant results in clinical trials. Not just observational, in clinical trials. But the effect appears to get even stronger when the treatment is injected into the body. Several studies indicate that the placebo benefits of injections are even stronger than that of pills, like the study published in the Journal of Neurology on oral versus injected placebo treatments to reduce the severity of migraines.

Yes, injections were found to outperform oral treatments in the study, but the most astonishing aspect that can be easily overlooked is that the placebo injections reduce the severity or even eliminated migraines over 32% of the time. The belief that it would help them made it help them. And research cited in the journal, Frontiers in Psychiatry sought to explain this phenomenon by stating "The greater effect of placebo devices like injections from needles compared to placebo pills may be due to the additional physical contact or the tactile component of the intervention, which is minimally present with the use of pharmaceutical pills." Now the question is, has the placebo effect been a factor in the harms, benefits and even lack of effectiveness of the COVID-19 vaccines seen in the observational data?

Based on the decades of research we have on the placebo effect, it very likely has, but to what extent, we'll never know, because the nature of relying on observational data makes it impossible. The placebo effect could have had a major impact or a tiny impact, either way, it's impossible to prove or disprove it. We could have extracted more viable data on the placebo outcomes as things played out if we had the actual randomized placebo-controlled trials to refer to, but during the trial and after the vaccines were given emergency use authorization, Pfizer and Moderna broke the protocol and notified the control group who received the placebo, that they were not really given the vaccine. And they then offered the opportunity to be vaccinated, and the vast majority of them, damn near all of them, of course, decided to opt out and get the vaccine. So, under the guise that this was the righteous thing to do, to offer them this miraculous protection, even though it left essentially no viable randomized controlled trial data to measure long-term safety and effectiveness of the vaccines, it was gone.

It's gone. The clinical trial data, the gold standard in science, gone. Dr. Steve Goodman, a clinical trial specialist at Stanford University says, losing those control groups makes it more difficult

to answer some important questions about COVID-19 vaccines. "We don't know how long the protection lasts, we don't know the efficacy against variants for which we definitely need a good control arm, and we also don't know if there are any differences in any of these parameters by age or race or infirmity." His assessment of the high-quality data that we'd lose came months before we found out that the promised protection doesn't last very long, before we found out that there's terrible efficacy against the variants, before we found out that these vaccines don't actually reduce your risk of getting the infection and transmitting it to others. We could have seen it coming, but the clinical trial data, for whatever reason, was eliminated. They broke protocol, again, under the guise that we're giving... "You guys, it's ethical for us to make sure you get this vaccine, even though it eliminates our clinical trial data, our outcomes from the placebo-controlled trial. Now the question is again, if we had organizations that were operating in integrity throughout history, we could honor that maybe that was their intention, but we already know who we're dealing with here, that's what we started this episode off with, is focusing on that piece.

The report goes on to say that "Clinical trials that include a placebo group are the surest and most definitive ways to gather information about vaccine effectiveness." But by cutting the cord on the placebo-controlled trials, we're now forced to leave our policy and our education based on speculative, biased observational data. And one more thing to take note of, if we're going to allow observational data to be the law of the land in this pervasive vaccine campaign, the best observational data that we have has revealed a plethora of serious adverse events from vaccines on a scale that we have never seen before, from myocarditis in young people, to abnormalities in reproductive health in women, which is noted by the NIH themselves who are funding studies to see what's going on, why have so many women had abnormalities in their menstrual cycle post-vaccination? The data that we have is quite alarming and analysis of the Vaccine Adverse Events Reporting System, VAERS, that was conducted by viral immunologist, Dr. Jessica Rose, this database is co-run by the CDC and FDA, and it found there's over an 1,100%, 1,100% increase in adverse events from the COVID-19 vaccines in 2021, versus the number of adverse events from all vaccines combined for the past 10 years.

Obviously, one could say that the observational data in VAERS, does not prove causality. And if that's the case, I want them to remember that same scientific tenet the next time they hear a study presuming vaccine effectiveness from observational data as well. Our citizens deserve a comprehensive education. Our citizens deserve a fair risk-benefit analysis for true, informed consent. Our citizens deserve to make decisions that they feel good about. I appreciate you so much for tuning in to this episode. If you got a lot of value out of this, please, this is one to share. But make sure to go over to themodelhealthshow.com/C19 report. The letter C, the number 19 report, and get access to a full article with all the links in a shareable format that you can share far and wide. People need this education more than ever. And of course, you're going to have access, if you're listening to the audio version, you have access to the video of

this episode as well, get to see all the studies as we go through them and listen. This is something that is kind of a dark spot in our society's history right now, we are the sickest nation in the history of human civilization, and this is not something we want to prop up and be proud of.

It's terrible. And we're so much better than this, potentially. We're not demonstrating that, but we have the potential to be so much more. And we have to look at where we've been outsourcing our education, outsourcing our beliefs, outsourcing our potential, outsourcing our treatments to entities that have a proven track record of manipulation, of bribery, of fraud, of killing our citizens. We've got to wake up. No more. And to change it, we've got to acknowledge, we got to take a look into the darkness, that's what we're doing today, shine a bright spotlight on the darkness and we start to illuminate the room. You are light, and you take that power with you everywhere you go, that's why I appreciate you so much. And again, make sure to share this out with the people you care about. And we've got some epic episodes, interviews, master classes coming your way very soon, so make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.

And for more after the show, make sure to head over to themodelhealthshow.com. That's where you can find all of the show notes, you could find transcriptions, videos for each episode, and if you got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that this show is awesome, and I appreciate that so much. And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.