

# **THE MODEL HEALTH SHOW**

**EPISODE 630**

## **America's Health Is Getting Scarier**

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**SHAWN STEVENSON:** Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today. The CDC just released their latest chronic disease numbers in a cute little infographic that fails to soften the blow of some jaw-dropping statistics. According to the CDC's own data, 60% of American adults now have at least one chronic disease. That's right, 60% of our citizens have at least one chronic disease, and at least 40% of American adults have two or more chronic diseases. They go on and note how the rapid rates of chronic diseases are the leading causes of death and disability in the United States, and the leading drivers of the nation's \$4.1 trillion annual healthcare cost. Every year, it's over \$4 trillion, with a T, dollars invested into US healthcare, and yet, compared to other developed nations, United States is lagging far behind. We spend by far the most money, and we have some of the worst health outcomes. So appropriately, on this Halloween, we're really going to help to pull the mask off and look directly at some of the most pervasive health issues in our nation today.

Now, keep in mind, nearly every one of the conditions that I'm about to name have doubled, tripled or even quadrupled plus in the last 40 years. For instance, since 1980, the obesity prevalence among children and adolescents has nearly tripled in the United States. Today, nearly one in three of our kids are overweight or obese. Something is seriously wrong. And again, this has happened in such a short time period, and we're really going to deconstruct how all of this happened, because truly, for us to really get to the solutions, sometimes we've really gotta look at the monster right in the face, so that we know exactly what we're dealing with, so that we can put a plan together in order to defeat that monster. So whether it's the vampire, we need to know if we need to grab that garlic. If it's a werewolf, we're going to have to get some silver bullets. All right? So oftentimes, we're fighting against something that we're ill-prepared to beat because we don't understand it. And so, this is why this information today is so vital. Now, what are some of the most widespread conditions in our population in the United States, of about 330 million US citizens? Well, of our 330 million population, approximately 250 million US citizens are now overweight or obese.

This is a significant majority of our population. And again, this has just taken place, this shift where obesity and being in a state of being overweight or obese has become normalized, become the societal norm. It's only happened within the last few decades. In addition, here in the United States, about 130 millions of our citizens have diabetes or pre-diabetes. Also, nearly 60% of the United States population has some degree of heart disease. And also, in a more recent epidemic, nearly 70 million American citizens have digestive diseases, plus upwards of 50 million US citizens now have an auto-immune disease. Conditions that were once rare have now reached epidemic proportions. Overall, an analysis published in the peer-review journal,

Metabolic Syndrome and Related Disorders determined that only 12% of American adults are metabolically healthy. And this is just for starters, because even with the numbers that I'm sharing right now, everything is still trending upward, they're not slowing down.

In fact, with approximately 43% of our population being clinically obese and trending up, we're set to cross half of the population being clinically obese within the next few years. There isn't a word to describe how troubling this is, because we know today that obesity is an underlying component in the majority of the top 10 causes of death here in the United States right now. So whether it's diabetes, whether it's Alzheimer's, whether it's heart disease, whether it's liver disease, kidney disease, obesity is one of the biggest risk factors for chronic debilitating diseases.

And also as you know, we've talked about this many times, it is the biggest risk factor for infectious diseases as well, specifically viral diseases, like the one that we've been facing the last couple of years. So it's creating a hyper-susceptibility because the state of obesity, when our fat cells which... The human fat cells are very, very miraculous. Again, we're oftentimes trying to fight something that we don't really understand. Our fat cells are simply... They've evolved over hundreds of thousands in this particular form, as this human species, homo erectus, but in this particular form, but stretching back in millions of years, we've really evolved to have these fat cells that are very intelligent in storing energy for when we need it. We were facing different times and terrains where food was not as accessible, and so they're really good at doing their job.

But we... Our bodies are storing energy for a rainy day that never comes, and so our fat cells can actually expand their volume upwards of about a thousand times. It's crazy how big and how much they can expand to contain contents. The problem is, when they're forced to hold so much, our cells start to send out essentially a false distress signal that is triggering this inflammatory response and is creating a state of kind of chronic underlying inflammation. Things are already on fire in the house, and then a viral infection comes along and just throws gasoline on the fire, all right? So we really have to understand how this issue... This isn't about a vanity metric, this is about protecting our family. This is about protecting our health. This is about protecting our future generations. We have to get our citizens healthier.

We're not talking about being some one-size-fits-all framework of a human being. There are many wonderful sizes and shapes and expressions of the human body. That's okay. That's what makes us so special. But when we're starting to transition into this place where we are deeply, deeply as a species, metabolically unhealthy, and we're a ticking time bomb for disease and degradation, that's where we have to draw the line. That's where we have to take accountability. That's where we have to support each other and support practices and policies that simply help to normalize us feeling good and being well. And not just for now, but as we

see our life expand, our lifespan growing, we want to see our health-span growing as well. So now, in addition to this, really understanding, taking a step back, disease and degradation becoming this bad this quickly cannot happen without powerful systems that perpetuate these diseases. Of course, there's the most obvious being the processed food industry.

They're really like the Dr. Frankenstein of this horror story, creating "Frankenfoods" that have become accepted as normal. Today, according to data published in the BMJ, nearly 60% of the average American's diet consists of ultra-processed foods, ultra-processed foods. We're not talking about minimal processing, turning olives into olive oil or turning a tomato into pasta sauce, we're talking about taking wheat and corn and turning it into apple jacks. We're talking about taking corn and turning it into a sweetener that's utilized in nearly every beverage that you're going to see walking down the beverage aisle. That's ultra-processed. It's lost any resemblance or connection to anything natural.

You can no longer recognize where it actually comes from. It's so distorted and denatured, not to mention the artificial flavors, artificial colors, additives, preservatives, all these things. And we've talked about this many times on the show, known toxicants and also many carcinogens and many compounds that are leading to issues ranging from cognitive decline to metabolic dysfunction. So again, 60% of the average American's diet consists of ultra-processed foods. Now, obviously, this is a shocking statistic, but the worst impact is happening to our kids. A new study published in the Journal of the American Medical Association analyzed the trends in ultra-processed food consumption by young people between the ages of two and 19. This is analyzing the data over the past two decades. The study found that from 1999 to 2018, the average American youth's ultra-processed food consumption went from a staggering 61.4% of their diet back in 1999 to an even more alarming 67% of their diet. Again, this was not normal just a couple of decades ago, and we see the consequence of this growing trend being childhood obesity has tripled since 1980. We cannot stand idly by and allow this to happen, and please understand that it's up to us. It's up to us as parents, because these little lives are entrusting in us to create conditions where health can be normalized, or we're going to create the conditions where disease is going to be normalized.

When we are allowing... Again, we're going to look at the larger scale. Matter of fact, let's do this right now because what's the large scale consequence of our devolved diet? Like, where does this actually show up as far as the numbers are concerned? Well, a massive meta-analysis that was published in The Lancet in 2019 titled Health Effects of Dietary Risk in 195 Countries examined the links between poor diet and our skyrocketing rates of chronic diseases in our world today. The scientists determined that poor diet kills 11 million people around the world every year. 11 million souls are lost every year due to poor diet. The researchers stated, "Our findings show that suboptimal diet is responsible for more deaths than any other risk globally, highlighting the urgent need for improving diet across nations."

Please hear this, because major media is not going to inform you about these facts. Our sick care system is not going to educate our citizens on these facts, that poor diet is the number one causative agent for mortality in our world today. It's the number one most lethal thing. It's not the thing that's getting the headlines, and there's a reason why that is. And though I truly, truly do wish this weren't the case, this is the situation that we now exist in. The numbers don't lie in this context. As much as I wish this wasn't the case, this is the situation that we currently exist in. All we have to do is take a step back and look at the results, look at what's happening to our society. At some point, we have to stop and just look at the results. We have a system of sick care that makes trillions of dollars in revenue, superficially treating the symptoms caused by the consumption of these fake foods. Notice that I said, "Treating the symptoms."

Why on earth would we have a healthcare system that educates and supports people on removing the cause, i.e, poor diet being the number one thing, of their symptoms, when it's a system in and of itself that depends on disease and ignorance to remain lucrative? If we have a society of healthy people, the system fails. Trillions of dollars that are invested into it go to other things instead of the pockets of those who are profiting from it. And we're going to get into, again... It's kind of a Scooby-Doo situation. We're going to pull off the mask and see who? We're going to see who's behind this mystery. All right, so today, we're hopping in the mystery machine together, and we're going to work together to unpack this issue. Now, let's take a look at a specific example of what I mean by treating symptoms rather than removing the underlying cause of a disease. Now, our bodies are very, very intelligent, but they're running on very specific programs, and these are programs that our genes expect of us in the way that we've evolved. And so we have a system that hasn't evolved with exposure to inordinate amounts of sugar and processed food, newly invented, packaged, ultra-processed foods. And so when the majority of our diet is ultra-processed foods and we're eating insane amounts of sugar.

Like right now, the average American, looking at added sugars and naturally occurring sugars, is eating well over 100 pounds of sugar per person, annually. When you're eating like this, your body is supposed to develop high blood sugar and insulin resistance. You're not deficient in a drug, your body is supposed to react like that. It's trying to adapt to these abnormal conditions. That's normal. That's normal for your body to respond that way. And also, a disease or pain is... That programming is to direct us to change, to move away from that behavior that is harming us, it's adaptive and it's survival programming.

We've created a culture that allows companies to extravagantly profit from our citizens' collective pain and suffering, not by helping them to remove the cause of their suffering, but by medicating normal, by medicating the body's normal response to abnormal conditions, by treating an isolated symptom while the underlying dysfunction rages on beneath the surface.

Because as you know, when we are diagnosed with Type 2 diabetes, we're put on metformin. Or we find ourselves in a place where we've become insulin resistant and we're given insulin, even though we're insulin resistant. Our bodies are adapting to abnormal conditions. A diagnosis of Type 2 diabetes, this isn't our body's way to try to take us out, it's our body's way to help us to survive when constantly exposed to such an abnormal input. It's adapting to survive. But by us treating the symptom, we're saying, "F\*ck that adaptation," we're going to try and force down superficially your blood sugar. All the while, all the mechanistic problems are happening behind the scenes still. And this is why diabetes is a leading cause of death, amputations, blindness, heart disease, liver disease, kidney failure, the list goes on and on. And something else is going to break down. The blood sugar is giving us that signpost that, "Hey, you might want to stop eating these f\*cking lucky charms." Alright, now let me reel it in a little bit, let me reel it in.

My passion is coming from this place where this is what I grew up with, and seeing... Losing so many of the people that I love, and almost losing myself, almost losing my life. I was just 20 years old when I was diagnosed with this so-called incurable spinal condition. I had an advanced arthritic condition of my spine when I was 20, and this was normal, and poor health was normal in my family, growing up with chronic asthma and allergies, and my little sister having eczema, my little brother, asthma, my mother... Pretty much about 90%... 85%-90% of my family members being obese. The list goes on and on. We're growing up, we don't know that there's a difference though, we're just inundated with low-quality food, we don't know that there's a difference. I had no idea that the food that I was eating was contributing to my health issues. I had no cognitive association just because I grew up in conditions where I wasn't given access to that insight, that education, and we simply just didn't know.

And so that's a part of the problem, of course, is lack of education, lack of access, and poor nutrition, accessibility, processed food, specifically. When I eventually started the process of transforming my own health, reversing that so-called incurable condition, regenerating the tissue of my spine, my advanced low bone density as well, where I broke my hip at track practice, when I started to reverse these conditions, I was living in Ferguson, Missouri, where I could not escape all of the ultra-processed foods. I was just surrounded by fast food.

As soon as I walk out of the apartment complex, right across the street, there's a liquor store. And then from there, every fast-food restaurant that you can name within a two-mile radius, I'm just surrounded by it. It's cheap, it's tasty and it's right there. It's all we know. And so, education, accessibility, these are core issues. But ultimately, again, we have to look at, what are the systems in place that are putting that food right in front of my face, and that are blocking me from seeing the fact that, there is better for you. There is better available. But again, one of the things that we do instead of providing this kind of education from healthcare providers, physicians, nurse practitioners, and all other manner of healthcare professionals

providing this education, this empowerment, this service, what we do instead is we give them a drug, and we tell the story that they're not going to listen anyways.

Or we give them superficial advice, "Hey, you really should lose weight. You should cut back your calories. Cut back on the fat." We have a system that's constructed that doesn't allow for practitioners as well-meaning as they might be, to spend time with patients, to find out what is behind their issue that's causing them to invoke this behavior that's causing their disease. And to protect our own egos, we could even lie to ourselves that this person isn't going to change anyways. I try to tell people that they really should make sure they're getting enough sleep, that they need to exercise. I try but they just don't listen. If you can't get somebody to listen, get the f\*ck out of the field. Why are you doing it if you're not good at it? It's a story. It's a lie that we tell ourselves to perpetuate the cycle.

The number one thing that we should be doing is education. That's what the word doctor is derived from, "Teacher." But we've allowed our integrity to devolve and what we really signed up for, which is to be of service, to help people to get better, to save lives. And instead of doing that, we're perpetuating the cycle of drugging. First, do no harm, of drugging our citizens, instead of helping them to remove the cause of the problem, giving them band aids to try to cover up a gaping wound and saying that they won't listen anyways. Or saying to oneself that we're acting in integrity. That's not integrity. It's not okay, but we get into this system. We have to feed our families. We only got seven minutes per patient. It's not enough time to find out what's going on in their relationship that's driving them towards this behavior, what's going on with work, what's going on with their children, getting to the core issue because every single human being is simply acting in the methods and modalities and the habits and the practices based on what they perceive themselves to be, who they perceive themselves to be.

We're all acting in a way that is in alignment with who we see ourselves to be. For us to change, we have to be able to see ourselves differently. We have to be able to see ourselves as valuable. We have to be able to see ourselves as being able to go from where we are to where we want to be. That life just isn't even. It's so blurry for most people because we've been so inundated with poor health, with degradation, with hardship, with struggle. And so, if we can't get to the heart of that and help people to feel empowered to stand on their own two feet, and if we really... The budget exists \$4 trillion, \$4 trillion? There's more than enough money that can go into prevention. But guess what? Prevention doesn't make money on the back end at... Not even remotely close.

We're looking at insurance companies, the pharmaceutical industry, the processed food industry, the people that are as we're going to talk about, really helping to construct a system where all of this exists in the first place. So my question to you is, what sense does it make to cure a disease and to help people remove the cause of their illness when they can have a

lifetime customer instead. It's just logical. Now, because of these exuberant profits, drug companies have infiltrated essentially every arm of our medical education and government regulation. The might of processed food manufacturers in conjunction, in lobbying and government influence is crazy. It's crazy how much processed food manufacturers and big food, big Ag is infiltrated into our system of government, but it's only outmatched by the relentless incursion of drug companies. And you know what we do? We're going through data. We're going through published facts.

I have got the receipts. I'm not here just throwing sh\*t at the wall, see if some sticks. We're really talking about that. We're really getting into the nuts and bolts of what's going on. In fact, specifically looking at the pharmaceutical industries, tentacles reaching into our government as part of their strategy to reduce oversight and to maximize profits, in the last 25 years, the drug industry has spent 50% more on lobbying in our government than any other industry in the United States, 50% more. The drug industry spent an average of 450,000 on lobbying for each of the 535 members of Congress in the year and a half prior to the 2016 election. For example, they also maintained three drug lobbyists for each member of Congress as well.

In 2020, two-thirds of United States Congress members cashed a check from the pharmaceutical industry. Our own government is the werewolf in our epidemics of disease. By continuously installing policies that support processed food companies, drug companies, and the insurance industry. Rather than protecting our citizens, they seem so helpful being a werewolf, they seem so helpful and charismatic. On the surface, they seem normal. But when the metaphorical moon rises, they howl at the dollar signs, and end up leaving a lot of dead bodies in their wake. The truth is our government is deeply influenced by corporate interests. It just, it is what it is. And if you're not awake to this, I promise you, One, Two, Freddy's Coming for You, alright, better wake that ass up.

The truth is, again, our government is deeply influenced by corporate interests, most notably, it works hand-in-hand with our sick care system at profits to the tune of again, trillions, trillions of dollars from our society's collective sickness. In particular, the integration of drug companies into our government system is startling. Let's look at this a little bit. We believe that the FDA is looking out for our best interests with processed food companies, with food and agriculture overall, what's coming out to the market with drug companies. That's what we believe on the surface, it's the gold standard, but we've devolved to accepting the fact that the FDA, the very organization responsible for regulating drug companies is now massively funded by those same drug companies.

Today, drug companies provide the FDA with billions of dollars annually, making up nearly half of the FDA's budget, and 75% of the FDA scientific review budget comes from the very same drug companies that they're supposed to be policing, and this is all under the guise that this is

for our collective good. Because with the advent of user fees, where drug companies... And this is just a recent thing. Funny enough, within this last 30-year time span, this is a recent change in government policy where drug companies can pay the FDA to get a faster review done on the drug. Let me... Let me just go ahead, let me break you off. Let me get that, let me going to get that approval right quick from you. This is a new thing, and if you look at the numbers in drug approvals and also the number of deaths, for example, the EJS Center for Ethics at Harvard University, recently noted that about three million Americans are hospitalized annually now for properly prescribed medication. There's something going on here, not to mention, well, over 100,000 people dying annually from prescription drugs. So the rise in approval of drugs that have later been deemed to be unsafe, that's taking place during this advent of user fees, more stuff to the market, more problems, more money, more problems, alright.

And so we've also seen some of the biggest tragedies in American History from the pharmaceutical companies in this time period as well, most notably right now with the opioid crisis that is still raging on. But again, the FDA itself is largely funded by drug companies, but that's just for starters, because the FDA and pharmaceutical companies also have a revolving door of shared personnel that we can no longer overlook. In fact, nine of the last 10 FDA commissioners themselves have gone on to work for drug companies. Nine of the 10 FDA commissioners. Well, guess what? They're taking their brain off, they're leaving their insider information, they're not bringing that with them to the drug companies, they're not coming here with no experience, and they're using that men in black thing.

They're men in black in them, so they don't remember how to manipulate the system. Nine of the 10 last FDA Commissioners, the head office at the FDA. Yes, nine out of 10 of them, the highest office at the FDA, spending nearly 40 years in command have transitioned into positions at drug companies inherently carrying their insider knowledge with them. Now again, there's no conflict of interest here, right? The dodgy things that have happened on their watch over the last 40 years, like the approval of opioids that have killed over half a million Americans, the approval of drugs that have been mass marketed like Vioxx that cause approximately 140,000 heart attacks and killed maybe 60,000 Americans. Just oopsies, it was like, oopsies.

When testifying before the Senate in the case of Vioxx, the Deputy Director, the office of the new drugs at the FDA, Dr. Sandra Kweder admitted the FDA was wrong for failing to make sure information about the increased risk of Vioxx causing cardiovascular events was "in the forefront of the consciousness of the prescribing physician." Oh, so she was saying we was wrong for not making sure that Vioxx risk was known at the forefront of the mind by the prescribing physician. How about this sh\*t isn't out there on the streets? How about it's not

approved? But this isn't just the FDA's fault. Merck who created and marketed this drug, who made a butt load of money, they were found. And this is all documented.

They manipulated the clinical trial data to literally hide the increased cardiovascular risk, and they got caught. They killed upwards of 60,000 Americans, f\*cking killed them, gave heart attacks to at least 140,000 Americans. No one went to jail. They killed, they didn't kill one person, they didn't kill 10 people, they didn't kill 30, it wasn't a mass shooting, they killed 60,000 people. The number is so unfathomable, we can't understand how tragic and terrible and evil that is. Halloween. Michael Myers right here. That's... You need to be scared of them. They're the ones who are chasing you down, constantly. Ask your doctor. They got the ads. You want to be in the wheat field, you want to be in the rocking chair, you want to go to the wedding and dance, come get your Vioxx. That's what I wanted.

I just wanted to be normal, I wanted to feel good, I wanted to get out of pain. 20 years old, I go to the physician. He tells me I have this so-called incurable condition, not to mention he was clinically obese himself, clearly a myriad of health conditions, and he's telling me how unhealthy I am. But not in a way that I can manage because he said... And I asked him, "Should I change my diet, change the way I'm exercising?" He said... These are his exact words. They ring true, I can hear it now. "This has nothing to do with what you're eating. This is something that just happens". Abandoning basic principles of physics, causality. Things don't just happen, that's... But you're a scientist, guy. But at the time I was so disconnected from my own body, I was outsourcing it to the opinion of somebody who literally... Not only did he not know sh\*t, he knew negative sh\*t. He knew things that would hurt me more.

Now, here's the thing. He said, This has nothing to do with what you're eating, but then he wrote me a prescription to eat some pills. That's the level of logic that I'm dealing with in this moment. And because I want to get out of pain, I'm going to do it. There were two hot drugs, NSAIDs, non-steroidal anti-inflammatory drugs that were available at the time. One was Vioxx. One was Celebrex. I was a prescription pad away from possibly not being here with you today. He wrote me a prescription for Celebrex, which, did it get me out of pain? F\*ck no. No, it didn't. It also led to side effects of restless leg syndrome, which I didn't know was a... Restless leg syndrome hadn't really got it's time in the sun and its own drug to come along with it.

But I go to bed at night and my biggest trauma at the time, well, these two years of suffering I was in, was trying to sleep at night. And this exacerbated that problem. Not only was the pain waking me up, but it felt like my legs are trying to get up and leave me. I felt like I was in that magic trick where they cut the person in half. They get him into the box, they cut the person in half and then the legs are like kicking on one side, no upper body. I felt like that, like my leg is trying to run off without me. I didn't know that was a thing. It's so weird, so weird. Restless leg syndrome. All right? But could have just as easily been Vioxx. The drug rep hadn't got to

him yet, apparently. So, this is why, again, I'm so passionate about this subject. And I'm asking for your compassion in this dictation because I really do want you to be empowered and informed. But most importantly, oftentimes to solve a problem we have to know what we're dealing with, and some of this stuff can get a bit scary. It can be a bit freaky-deaky.

But I believe that we have the power to transform this, we have the power to take control of our health, we have the power to shift what's happening in our education system, in training our healthcare professionals. There are pieces of these things already happening, and it can't be stopped right now with the advent of the internet, because the education accessibility is there. Platforms like this exist, and they so far outperform and outreach conventional medicine's distribution of information on these platforms, it's miraculous. So it's one of those things where a problem presents itself and the solution rises up as well. But the question is how quickly are we going to reach that tipping point to where we can normalize health and wellness again?

We've got a quick break coming up, we'll be right back. If you want a sure-fire way to damage your microbiome, then look no further than that dirty sword "s" word. Sugar. Data published in *Advances in Nutrition* uncover that excess sugar creates a clear pro-inflammatory environment in our gut. There's even recent data published by scientists at the University of Texas, Southwestern Medical Center showing that mice who are fed diets high in sugar developed worse colitis, this pro-inflammatory, very, very detrimental inflammatory bowel disease. And the researchers examined their large intestine and they found that more of the bacteria that can damage the guts protective mucous layer was driven by the increase in sugar consumption. Another study cited in *Science Translational Medicine* describes how sugar is likely making negative alterations to our gut bacteria. Again, having healthy, robust amounts of probiotic-friendly flora controlling our system and keeping in check the opportunistic pathogenic bacteria is key for all manner of health and wellness, from helping to reduce our risk of diabetes and obesity, to reducing our risk of autoimmune conditions. As it stands right now, the average American consumes about 100 pounds of sugar annually, mostly in the form of added sugars.

But what can we do to pivot from this? In fact, there's a sweetener that not only doesn't damage our gut health, it actually improves it. A recent study published in *Food Quality and Safety* found that in addition to having natural antibacterial effects against pathogenic bacteria, raw honey is able to improve overall gut microbial balance. How sweet it is when we're talking about the benefits of honey? Long renowned for its anti-microbial impact, we're talking about the external applications, but it has these internal applications as well. But the key here is making sure that your honey is not coming along with pesticides and heavy metals and all these other things that are common in bee products today. We want to make sure that we're dedicated to sustainable beekeeping as well, and this is why my honey, that I utilize,

that's in my cabinet right now is B. Powered Superfood Honey from Beekeeper's Naturals. Go to [beekeepersnaturals.com/model](http://beekeepersnaturals.com/model), you get 25% off, taken off automatically at checkout. That's B-E-E-K-E-E-P-E-R-S-N-A-T-U-R-A-L-S.com/model for 25% off. They do third party testing for over 70 plus pesticide residues, for heavy metals and...

Negative bacteria like E. Coli and salmonella to make sure that you're not getting any nefarious things along with your healing delicious superfood honey. Again, go to [beekeepersnaturals.com/model](http://beekeepersnaturals.com/model) for 25% off. Now, back to the show.

Now, stories like Vioxx and Bextra and Neurontin and opioids, these might seem like anomalies. You might think, "Well, those are just the occasional problem. Look at all the other amazing drugs that have been approved." Then you'd be failing to realize that the FDA has also become a transit station for "new drugs" that make drug companies hundreds of billions of dollars without being more beneficial. With the process of drugs going from this patent process to shifting to being generic, you've got to find a way to rekindle or to stay in control as much as you can with that cash cow.

And one of the ways that this happens is highlighted in a meta-analysis published in the peer-reviewed journal of Law, Medicine and Ethics. This is also supported by the EJS Center for Ethics at Harvard. And the researchers found that approximately 90% of all new drugs approved by the FDA over the last 30 years are little to no more effective for patients than existing drugs. Please understand, approximately 90% of all new drugs are not better than the drugs that are already on the market, but yet they're marketed as these new innovations. They're making hundreds of billions of dollars for drug companies, and what we've ushered in is the appearance of innovation from those who profit mightily from our collective sickness and ignorance. It's an appearance of innovation, it's not really better. They're not curing sh\*t, they're not actually solving problems. They're not coming up with new innovations in medicine because again, the premise of it all is ignorant. We're treating symptoms. "Let me see if I could treat this symptom a little better."

The long-tail effects? Poor health, rampant increases in chronic degenerative diseases, rampant increases in infectious disease. That's another thing that's a misnomer. We think that, "Oh, we've... Of course, our new innovations, we've reduced infectious disease." No, no, no, no, no, no. A study titled "Trends in Infectious Disease Mortality in the United States during the 20th century", and this is published in The Journal of the American Medical Association, JAMA, the study noted that until recently, it was assumed, this is directly from the study. Until recently, it was assumed that the epidemiologic transition, you know, new innovations in science, had brought about a permanent reduction in infectious disease mortality in the United States.

However, in the United States, mortality due to infectious diseases increased 58% in that study period, which was between 1980 and 1992, a trend that was unforeseen, as the researcher stated. We're seeing more and more epidemics of infectious diseases taking hold as well. What is going on? Why is this happening? Could this be due to our perversion in our association with nature and the natural order of things? Could this be our multi-pronged epidemics of chronic diseases that inherently increase our susceptibility, not just in chronic diseases, but also infectious diseases as well? Now, circling back to the entity that is so deeply profiting from our collective sickness, drug companies are really the vampires in this scary movie, sucking our citizens dry of their money while simultaneously bleeding people of their life force. On the surface, they seem so prestigious and attractive, yet they're able to hide their teeth.

But what I'm here today to share with you is that a vampire can't come into your home unless you invite them in. "Hmm. It's in the rule book. It's in the rule book. Stay out of the system. Do your best to stay out of the system where the modalities are cut, burn, poison." Where is health involved in any of those things? Come on, this is so... Again, at some point, this thing gets turned on in you where you realize, "Wait a minute, the premise of this entire system is flawed." We are literally not removing the... We are treating symptoms. We're not getting rid of the thing that's causing the manifestation of a symptom, we're just treating the symptom, and by doing that, we can tell ourselves we're saving this person's life. There are situations, of course there are situations where drugs are wildly appropriate, absolutely. But the vast majority of drugs that are prescribed today that people are utilizing... By the way, here's a little not so fun fact, just to look at, is all this drugging of our citizens, is it working?

A study published in the Journal Mayo Clinic Proceedings found that upwards of 70% of our citizens are already on pharmaceutical drugs at any given time. Using a representative population of Americans, the study reveals that 68.1% of our population received a prescription from at least, at least one drug group, while 51.6% of our citizens received prescriptions from two or more drug groups. Now, to be clear, this analysis, we're talking about entire classes of drugs, so many people can be prescribed multiple drugs within a single class, and I know that happened to me as well, and this doesn't show up in the analysis to see how pervasive this issue really is. Now, again...

Has our treatment of what's manifested with our health, has it been working? You know, the answer to this, we're not getting better because the way that we're treating our citizens is not working. There are wonderful, brilliant people working within healthcare, and some folks are trying to try to change this, but then there are other folks that truly mean well, and they get into the field to be of service and to help people. But if you take a very smart, passionate person and you teach them the wrong thing, you train them on how their high blood pressure, their hypertension, is a necessity for you to prescribe them Lisinopril, right? They have hypertension because they're deficient in a drug. Like, here you go. Just take this, take a statin, that's going

to help. We just did a masterclass, breaking down the data on the statin industry with one of the foremost experts in that space.

Dr. Johnny Bowden, so we'll put a link to that episode. Make sure to check out that episode for sure, very powerful. Again, looking at the real peer viewed data. And so we are training our best and brightest to think in terms of masking symptoms, it's just what we do. They might give, again, superficial advice on, "Hey, you really should cut your fat or watch out for the cholesterol in your food." Not act... Because they're not trained in this data. They don't know that dietary cholesterol influences very little of the cholesterol within your own biochemistry. Your liver is making the majority of the cholesterol in your body. Your brain is critically dependent upon cholesterol, but it makes it itself, it's making it on tap because it's so important for your cognitive function and your brain health, right? We always say the brain is mostly made of fats.

"Oh, what does that mean?" That's what we do here. We deconstruct these things, sphingolipids, alright? Phospholipids, cholesterol. These are the three kind of primary classes of fats that you're going to find operating in the human brain. Alright? And so, to vilify certain nutrient or certain natural compound that the human body creates, like cholesterol and say, "One is good, one is bad." Does your body not forever in the history of humanity made LDL? How are you just going to call it bad? And LDL, by the way, it's low-density lipoprotein. I didn't say cholesterol in that, it's a carrier and it's carrying the same cholesterol as the HDL. What's categorized as the good cholesterol, like there's so much cognitive dissonance, there's so much disconnection from understanding these principles because our healthcare workers simply are not given access to this kind of information unless they do this on their own dollar and because of the weight and the stressors of being in that system itself.

This is why we see some of the highest rates of mental health issues in healthcare, of suicide, of substance abuse. Also, if we're looking at the industry of nursing, we see some of the highest rates of obesity, some of the highest rates of breast cancer. The list goes on and on. We're not even educating our healthcare workers on taking care of themselves and then entrusting them to take care of the rest of us. It's such a crime, they deserve better. But we have a system that advocates sickness, it breeds sickness. It creates a circumstance where the healthcare professional is so distorted in their own body in their own mind, they're just going to be more programmable. So at the end of the day, again, we have power to change this, but it starts with us taking responsibility for our own life and then stepping forward and working with our healthcare practitioners as supporters, as coaches, and not parental figures, where they're the end all be all telling us what to do with our own bodies.

That body that you live in is yours, and yours alone it's the greatest gift. We live here, and we've been inundated with this idea that we outsource our bodies to others. And oftentimes this Dr.

Frankenstein mindset where they're separating us into parts and not looking at us as a whole being our body and our mind, separating the mind out of medicine in the first place. We have entire fields of psychoneuroimmunology, Psychoneuroendocrinology. We know how our thoughts in our mind and our exposures and our beliefs affect our health outcomes. It might be the most important thing, yet it's plucked right out when you sign up, when you get on that pre-med track, it's so strange. But again, these things are changing. There are teachers out there at some of our institutes of higher education that are changing things. I've been a part of many of these different things and different projects, you know, guest lecturing at places like, you know, NYU's, Neuroscience Department.

I've had some really remarkable opportunities and privileges to be able to help to change this. And I'm very grateful for that, but we're just getting started, we're just getting warmed up in what we're here to do. Now, getting back to our society's vampire problem, again, drug companies operating in that role, the list of crimes that drug companies have been convicted of is far too vast to name. But just to take a look at a couple of the drug companies that have really kind of risen as these symbolic heroes in the last couple of years. Let's take a look at some of their collective crimes. Pfizer was ordered to pay the largest healthcare fraud settlement in the history of the United States Department of Justice, paying out \$2.3 billion after pleading guilty to a felony violation.

Felonies require jail time, nobody went to jail. \$2.3 billion fine for... You know how much money they're making? This is scraps to them. It's a big scrap. But to them, guess what, Pfizer emerged... This was a few years back, emerged. They're healthier, they're more robust than ever. In fact, if we're talking about some of the crimes that Pfizer's committed, Pfizer was the first drug company to be convicted of a RICO charge. RICO litigation refers to the Racketeer Influenced and Corrupt Organizations Act. These are laws that are created to help to combat organized crime syndicates.

The fangs come out; Pfizer was also ordered to pay 1.2 billion dollars in a separate lawsuit to settle lawsuits from their drug Prempro that cause women to develop breast cancer. Although early evidence showed the increased risk, internal documents show that the company intentionally suppressed it while destroying the lives of countless people, 'cause it's not just the women it's their families. Pfizer was also caught testing an experimental drug illegally on Nigerian children, lives were lost, it took 15 years for those families to be compensated, but how could you be compensated if you lose a child? Pfizer was caught bribing foreign governments and regulatory officials in other countries several times. Just one of the crimes that they were caught doing resulted in a 60 million dollars fine for corrupt practices and robbery in Russia, Bulgaria and China, among other countries.

Now, the corruption on both foreign and domestic soil runs deep with many other leading pharmaceutical companies, one of the most pervasive offenders is Johnson & Johnson, J&J. One of the times Johnson & Johnson was caught committing corrupt practices resulted in a 70 million dollar fine for bribing doctors in European countries. Officials at the Securities and Exchange Commission said that Johnson and 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. It sounds like a movie, right? But this is real. Now, in the investigation, prosecutors said that Johnson & Johnson had provided, "Significant assistance in their investigation of other drug companies who are committing similar crimes resulting in reduced criminal fine for themselves".

It's so crazy, like textbook, like this is like a movie, like they're snitching to try to get a reduced charge to try to get out of it themselves. So they're snitching on other drug companies. Wow, Johnson and Johnson. Johnson and Johnson was also ordered to pay part of a \$26 billion lawsuit for their contribution to the opioid crisis that has now killed over half a million Americans. Johnson and Johnson being a leading supplier of this, "Genetically modified super poppy." Which was an essential compound utilized to make these opioids. Johnson and Johnson was also caught illegally promoting anti-psychotic drugs to be used for children and people with developmental disabilities. US Department of Justice noted their criminal and civil fines were 2.2 billion dollars for their illegal activities.

Keyword here, this is when they were caught though, but this is when they were caught. You've got to understand that entities that are operating like this with criminal intentions, with it's just that... It's a part of doing business, is committing crimes, and they also have money allotted, the most powerful legal teams in the world to get them out of these things, pay the fine and just keep it moving, they just keep making money. Nobody is facing any real consequences for killing our citizens for committing these crimes, and so the behavior is going to be perpetuated. If there's no real consequences, why stop doing it, if you're making so much money? Now, again, these are two of the perceived heroes in the last couple of years, but if we don't have the wherewithal to come into this with a certain level of hesitation or a certain level of skepticism, which is essential, it's essential just being human, but especially in the context of entities that are proven criminals, we're talking about killing repeatedly on several occasions, killing innocent people, not to mention a plethora of other crimes including fraud and bribery and the like.

If we don't come into this with a certain level of skepticism because of fear and we start to outsource our bodies and our thinking to these known criminals, that's not intelligent, it's not an intelligent move to make. Not saying that they can't produce a viable product that can serve and provide some benefit, but we have to come into this with extreme skepticism and have

them to prove to you, have them prove that they're doing something good, prove that they've changed their ways, and they're not lying this time.

Now, if you've seen any of the big news right now, Pfizer is now seemingly admitting that their vaccines were never shown to stop transmission of COVID-19.

**R. ROSS:** Plus, the Pfizer COVID vaccine tested on stopping the transmission of the virus before it entered the market. If not, please say it clearly. If yes, are you willing to share the data with this committee? And I really want a straight answer, yes or no and I'm looking forward to it. Thank you very much.

**J. SMALL:** We got to the question around, did we know about stopping immunization before it entered the market? No. These... We have to really move at the speed of science to really understand what is taking place in the market, and from that point of view, we had to do everything at risk.

**SHAWN STEVENSON:** Now, many people in the industry, the "fact checkers" are like, "Oh, that's old news. No one ever said that they stopped transmission of COVID-19." Well, here's the head of Pfizer, Albert Bourla, stating that it stops transmission.

**ALBERT BOURLA:** But there are a lot of indicators right now, that are telling us that there is a protection against transmission of a disease.

**SHAWN STEVENSON:** Now, you might have thought, "Hey, that was a fluke, maybe he just actually slipped, he slipped out." Well, here's him again, saying that it stops transmission.

**ALBERT BOURLA:** The efficacy actually in our free doses, vaccines in was 80%.

**INTERVIEWER:** You're talking about efficiency to prevent a severe disease or to prevent infection?

**ALBERT BOURLA:** To prevent infection.

**INTERVIEWER:** To prevent infection?

**ALBERT BOURLA:** Yes.

**SHAWN STEVENSON:** Well, that's just him. Alright, that's just the head of Pfizer. No biggie. Well, here's the head of the CDC saying that it stops transmission.

**ROCHELLE WALENSKY:** Our data from the CDC's today suggests 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.

**SHAWN STEVENSON:** Alright, that was the head of the CDC, Rochelle Walensky saying that it stops transmission, but it's got to stop there. That's not going to have effect on people's thinking. Well, here's the President of the United States saying that it stops transmission.

**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.

**SHAWN STEVENSON:** Now, here's the thing. We have to think about the influential minds in the state of our citizens hearing from folks like this and their different belief systems that are just getting layered with, "Okay, the head of the CDC is saying this, the head of Pfizer is saying this, the President of the United States, in such a position of power, regardless of what you think of him, it is the highest office in the land, to make this statement, it's going to affect the psychology of our citizens." And here's the thing, even though these people were lying, let's not say falsehoods, let's say what it is, they were f\*cking lying, or at least blatantly negligent in the information that they were giving to the public. The revelation that it doesn't stop transmission that fact-checkers are peddling is nothing new, really is nothing new. But the reality that it was never shown to stop transmission did not compel these fact-checking services to label the head of the CDC or the head of Pfizer as spreading misinformation.

That's the problem. Because it was misinformation. Instead, they were censoring researchers and scientists who shared data detailing how they didn't stop transmission from the very beginning. That's who they spent their time censoring. Because for example, here on this platform, I had on... This was May of 2021, right when all this was really kicking into high gear. I had on the author of the peer-reviewed paper on Pfizer and Moderna's vaccine efficacy, titled Outcome Reporting Bias in COVID-19, mRNA Vaccine Clinical Trials. This paper, this peer-reviewed paper, is literally on the NIH's National Library of Medicine site. I had on the author, 'cause that's what we do. We're going to the source. Here's epidemiologist, Dr. Ron Brown, explaining the study results. Dr. Brown, can you share the details of your recent peer-reviewed study on the COVID-19 mRNA Vaccine Clinical Trials?

**DR. RON BROWN:** I would be glad to, Shawn. I just want to say that this problem between getting the information about the relative risk reduction versus the absolute risk reduction has been known for decades. And I'll get into the details as you said, but I just want to, just outline the overall problem. So, people are not aware of this, it's not just the public, it's the practitioners, it's the clinicians, it's the doctors, they're not aware of this either. The people

who are the most aware of it are the actual researchers who collect the data on these clinical trials, and they use relative risk reduction to compare the efficacy of vaccines between trials.

So relative risk reduction, actually, that's the statistical version of what we call vaccine efficacy. Efficacy means how well does the vaccine work under experimental conditions as opposed to out in the population where you have unhealthy people, healthy people, and those conditions? So, vaccine efficacy is really relative risk reduction, and those are the numbers, as you said, that are usually advertised, for the Moderna and the Pfizer vaccines. The Moderna was 94.1%, something like that, and then 95.1% for the Pfizer. So that's pretty high. So the public, they say, "What do you got to lose? Instant protection." By the way, protection from what? It's not protection from death from the coronavirus. It's not even protection from hospitalization from the coronavirus, or even severe illness from the coronavirus, and it's not protection from asymptomatic infections from the coronavirus. All it is protection from mild infections.

In other words, you have a positive infection test plus at least one clinical symptom, that's it. That's a problem because what we have, what we call breakthrough infections, are infections in people who have been fully vaccinated. The problem is, if you've been fully vaccinated and you think you're protected, and you wake up one day with a sore throat, mild, how likely are you to report that and go back and get tested again? "Well, I'm fully protected. I just have a little sore throat." Now, I don't know the answer, but I'm just proposing that those breakthrough infections are probably under-reported, and the effect of that is that it makes the vaccines appear much more effective than they are.

So getting back to the vaccine efficacy, the relative risk reduction, before I describe exactly how that's calculated, let's talk about the absolute risk reduction. Okay. And to understand that, you're going to have to understand a little bit of how a trial works, so here we go. You have a randomized trial, that means that you take all the people who are going to be in the trial and you randomly assign them to two different groups, the vaccine group, and the group that gets an injection but it's not the vaccine, it's saline solution. So the placebo group. Now, why do we randomize people? We do that so that we evenly distribute all what we call the confounding factors between those two groups. Confounding factors are factors that give you the same result you're looking for but for another reason.

So how do you account for that? The best way to do that is to evenly distribute them between the two groups, at least theoretically, and therefore what the difference that emerges between the two groups has nothing to do with anything other than the treatment itself. So that's why a randomized trial is considered the gold standard. So let's say you have 100 people, just as an example, in the vaccine group and 100 people in the placebo group. And let's say you have one person in the vaccine group who gets an infection, 'cause remember what we're looking for in this trial is whether people get a SARS-CoV-2 infection, along with at least one

symptom, that's it. So let's say there is, in this case, this example, there is one person in the vaccine group that gets the infection, and let's say there's two people in the control group that get the infection, okay? So we call those infections events.

And the event rate in the vaccine group is one out of 100. So 1%. And the event rate in the placebo group is two out of 100. So that's 2%. So what's the difference between 2% and 1%? 1%, right? There's your absolute risk reduction. The reduction from the treatment reduced the risk by 1% compared to the placebo group. It's all you need to know. That's what... That's the clinically-relevant statistic, the absolute risk reduction. But that statistic is rarely given to the public. So where does the relative risk reduction come? Well, if you take the absolute risk reduction, divide it by the event rate in the control group, that gives you a relative risk reduction. In our example, that would be not just 2% or 1%, it'll be 50% because you're dividing 1% by 2%. See, there's a mathematical property about dividing by percentages. You divide a number by a percentage, which is really just a decimal or a fraction, you get a larger number, not a smaller number. Usually, when you divide numbers, you get a smaller number, right?

In the case of a number that's a fraction or a percentage or a decimal, when you divide a number by a percentage, you get a larger number. So there's... That's the mathematical magic behind converting an absolute risk reduction to a relative risk reduction. So why do we do that? Well, because technically, think of it this way, if you take the reduction in the risk of the disease from the treatment, that's the absolute risk reduction, right? How is that relative to the people who didn't get the treatment, the control group? So basically, you're dividing the event rate in the vaccine group, the 1%, that absolute risk reduction by the 2% in the control group. 1% divided by 2% is 50%. There's the magic, okay?

Now, the FDA and some other groups had said when you're dealing with the public, you have to let them know what both numbers are, not just the absolute risk. You got to let them know both and the relative risk. Why? Because the relative risk isn't really relevant to public health and clinical outcomes. It's the absolute risk that people need to know.

**SHAWN STEVENSON:** This is specifically what I want you to say. We know the relative risk. So the relative risk with Pfizer, 95%. Relative risk with Moderna, 94%. What is the actual absolute risk for both of those?

**DR. RON BROWN:** For the Pfizer, the absolute risk is 0.7%. And for Moderna, it's 1.1%. Now, I have to tell you, when I did the calculations for the Pfizer and I saw 0.7, I just stared at it like, "Wait, what is this? Is that 70%? No, is it 7%? No. It's seven tenths of 1%. 0.7. It's seven tenths of 1%. It's less than 1%.

**SHAWN STEVENSON:** So that's the absolute risk reduction of the Pfizer vaccine?

**DR. RON BROWN:** Yeah, that's right. And for Moderna, it's not much of a difference. It's 1.1%.

**SHAWN STEVENSON:** That's dramatically different from the 95%.

**DR. RON BROWN:** Tell me about it. You think?

**SHAWN STEVENSON:** That's marketed. But it's... The thing is the 95% is true as well.

**DR. RON BROWN:** Yes.

**SHAWN STEVENSON:** It's just what's being shared with the public. There's a part being left out.

**DR. RON BROWN:** Yes. Exactly. So you're misleading people by leaving out other information to put the information you get into proper context, right? There's a word for that, misleading by omission, something like that, right?

**SHAWN STEVENSON:** Yeah.

**DR. RON BROWN:** So yes, it's true, it's 95% and 94%. That's the inefficacy according to the standard way of doing it, the relative risk reduction. And by the way, they've done it that way for decades. Nothing new about that, except for decades the journal article editors and all these other agencies are saying, "We need more information than that, especially when you're dealing with the public." And for decades, it's been ignored.

**SHAWN STEVENSON:** Now, again, in the Pfizer clinical trials, what was propagated, Pfizer and Moderna, is that it was providing this robust 95% efficacy, right? 95%. That sounds amazing to anybody, like I want that 95% protection. But that was the relative risk reduction, which is more of a clinical endpoint where you can compare one clinical trial to another. That's a much more appropriate place for a number like that to be used. The absolute risk reduction, which is your risk reduction as an individual in the real world, it wasn't 95%, it wasn't 50%, it wasn't even 10%. It was less than 1% in the case of Pfizer's vaccine.

The absolute risk reduction offered to you by the Pfizer vaccine was an unimpressive 0.7% risk reduction. And the absolute risk reduction of Moderna, that was promoted to be 94% risk reduction, that's the relative risk reduction, not a lie, but it's not the appropriate number to give to an individual or in putting in public healthcare policy. The Moderna vaccine absolute risk reduction, your risk reduction for you as an individual is 1.1% risk reduction for you in the real world. This was a far cry from the lofty 95% and 94% risk reduction that was promoted so heavily. And it was given without context because here's the other part that was wildly

overlooked. That important parts of this dictation when talking about their clinical trial data, the 1.1% risk reduction in the case of Moderna and the 0.7% risk reduction for the Pfizer vaccine, what's so often overlooked is that, that obviously, wasn't a risk reduction in transmission of the disease, you catching the disease.

So again, that affirms that, yeah, this isn't new information. But it also wasn't a risk reduction for severe symptoms or hospitalizations. That's the thing that's getting talked about and promoted repeatedly over and over again. That was not shown in their own clinical trial data. What was shown in the clinical trial data was that it was a 1.1% risk reduction and a 0.7% risk reduction for having mild to moderate symptoms. That's what was shown in the clinical trial data. And this is readily available, but still people are not looking at the trial data.

So, the big conversation shift from, "Well, it wasn't meant to stop transmission anyways." Not true, that's not what they told us. Through this other thing we're going to get to it just a moment, to unpack the reality with that, but I want to also share, because there's a well-documented indication, because that was the clinical trial data. Observational data out in the real world, does this affirm what the clinical trial found? Well, this was real-world vaccine effective in this data from the Israeli mass vaccination campaign using the Pfizer product, and this was published in one of our most prestigious journals, The Lancet.

The researcher stated that, "Although the design and methodology are radically different from the randomized trial, the study reported that it had a relative risk reduction of 94%, which is essentially the same as a relative risk reduction of the phase three trial, but within absolute risk reduction of 0.46%." This was even less of a real world for you as an individual risk reduction, seen in the real world. Again, there's not a lot of intermingling of vaccine, so this is a great data set. So the researchers found an absolute risk reduction of 0.46%, which translates to an NNV, which is a Number Needed to Vaccinate of 217. So what does that mean? Well, with Number Needed to Vaccinate, or Number Needed to Treat, this is what we can extract from absolute risk reduction, so this means 217 people need to be vaccinated for one of them to receive that benefit of having mild to moderate symptoms being suppressed.

So we need to vaccinate 270 people for one person to get a benefit, and the benefit is not preventing them from going to the hospital, is preventing them from having mild to moderate symptoms. The absolute risk reduction noted by these researchers in the Pfizer analysis after they analyzed the data from their clinical trials and their analysis of the population study found an absolute risk reduction of 0.46% in the real world. The vaccine was nearly twice as ineffective in the real world than it was in a clinical trial. But again, should we be surprised by these kind of results and these manipulations of numbers and messaging to our citizens for such a poor performing product? At the end of the day, that's really what it is, because the promise was there to stop the spread. Stop the spread.

That was the promise, right? Getting to this place of critical mass, herd immunity. All these different things that were getting flung around, and then we just push that to the side. So the COVID-19 vaccines promised to number one, stop the transmission of COVID-19. Well, peer-review study published in JAMA, that was conducted in January and February of 2021, all the way back then in a nursing home at the very beginning of the vaccine roll out, the results of the study are summarizing the statement from the researchers, "This cohort studies finding suggests that an outbreak of COVID-19 can occur among fully vaccinated nursing home residents."

We knew, we knew. So when they say it's nothing new yet, we knew it was nothing new, but our citizens were not told this. Because the head of the CDC statement about this stops transmission came out later, that came out after this. From the president after this. From the head of Pfizer, after this. And this is using observational data to affirm clinical trial data, we need both. What about the other promise, so number one, stop the transmission of COVID-19, number two this promise to reduce the viral load in COVID cases, that was another big promise, well at least vaccines will help us to not carry so much of the virus.

Well, here's a paper published in The Lancet that analyzed nearly a year of COVID viral load data stating "Fully-vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection to household settings, including to fully vaccinated contacts." Third, promise, well, at least the stellar vaccine created by our best and brightest and these trustworthy drug companies will provide some lasting protection. We can get this and get this thing over. Oopsy!

Here is another paper published in The Lancet on July 21st, 2021, demonstrating how the perceived "Protection of the Pfizer vaccine rapidly declines within a matter of weeks." This is looking bad, the public can't be fooled that easily when we're giving them this needle-pointed treat or we're actually giving them a trick instead. So we've got to go into damage control. Let's say this instead, let's say that it stops you from getting really sick. But yet again, this was not an endpoint that was found when you actually look at the clinical trial data. All of the data showing that these vaccines that don't stop transmission, that don't stop or reduce the viral load, are somehow magically reducing hospitalizations and deaths are based on observational data. Observational data can denote correlation, but it does not confirm causation.

This is a basic tenet in science, I thought we were better than this. We can't use observational data to affirm causality. By its very nature, observational data is subject to an enormous amount of biases and confounding factors. Let's use an example of observational data to see how it can be incomplete and easily misinterpreted. And this was again, based on the performance of these vaccines to try to extract how it's reducing hospitalizations. And this was

actually published by the CDC in September of 2021, and this report on the effectiveness of vaccines to reduce hospitalizations. That is the point of this paper.

The report teed off with the applause where the stats of vaccine effectiveness against COVID-19 hospitalizations, Moderna's effectiveness was a glowing 93%. Pfizer showed a robust 88% effectiveness and Johnson and Johnson's effectiveness was a respectable 71%. But here's what's incredibly deceptive about this data, the people who had immunocompromising conditions that could 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 the US population have, even if they were vaccinated, they were eliminated from the vaccinated count. When these folks were hospitalized, they didn't count them.

Making the numbers look real good, pandemic of the unvaccinated. Making the numbers look real good, 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, we don't want these sick people defiling our clean vaccinated data and to make matters worse in order to maintain a narrative consistent. "vaccinate or unvaccinated classification," they even excluded people, hospitalized who are vaccinated, but just not to their liking, in other words, "patients with immuno-compromising conditions were excluded, patients were excluded if they received a COVID-19 vaccine other than Moderna, Pfizer or Janssen, received one or more vaccine doses, but did not meet the criteria for full vaccination or received doses of two different COVID-19 vaccine products." They were just taking out all these people out of the data set to create his clear data set that, "Hey, we're reducing hospitalizations." This is what happens when we rely on observational data, you can manipulate it how you want to get the picture that you want. We're done.

Now, on this Halloween, this is a time for us to really get clear on who is behind the mask and to be empowered enough to know that we can solve this mystery. We can look the monster right in the face and have the audacity to say that, "You know what? I'm going to survive this, not only that, I'm not just going to survive, I'm going to thrive. And I'm going to teach other people how to be empowered and to be educated and to help to transform the health of our society." But it starts with us. We have to come into this, any of these associations with these known criminals with a healthy amount of skepticism. It's just an intelligent thing to do not to say that they can't do the right thing or that these government agencies can't do the right thing. Of course, they can come through, they're good people that work at all these entities, but we have to at the same time know that these systems are deeply corrupt. And if you just look at the state of affairs in our society, even especially the last two years, how did things really turn out? And we're in a state where there's even more disease and dysfunction and

dissonance and polarization, and we have to get our citizens healthier in order to have healthy conversations.

That's a starting point. It's very difficult to see someone else's perspective or to be able to, when you so deeply invest your character, your livelihood into a certain narrative, your belief system, into a certain narrative, then you find out that the narrative really isn't as firm as you might believe it to be, it's very difficult if you're not able to process things. If you're not able to process your own thoughts and your own biases. And that takes... Not to say that we can't do that when we are not healthy, we're not mentally and physically healthy. It just makes it so much easier.

And so, my call to action for you today is to take the time, truly right now, more than ever, to invest in your health, to invest in your mental well-being, to invest in your education. We're pulling back the curtain, we're taking a look at what's happening behind the scenes, but most importantly, what are we going to do about it? Let's start to put some things in action, and it starts with simple principles. Making sure that we are getting in a few minutes of activity and walking each day, eating real whole foods that we can recognize where they come from, making sure that we're getting adequate amounts of sleep, having some management practices for the stressors in our lives, and of course, being very vigilant and having authority in where we're placing our trust. Because the most important trust for us to have is within our own heart, within our own spirit, and listening to that inner guidance system.

So again, we all kind of felt like something was really wrong or off these last couple of years, but it's that trick or treat vibe that's happening behind the scenes where they're giving us a piece of candy, here's your little treat, but in reality, it's a sleight of hand because on the back side, there's a ultimate trick going on where they're the ones profiting. It might seem like we're getting these little things, little nuggets of hope, little nuggets of advances in healthcare, but as we already discussed, it's the appearance of innovation. The real innovation is going within to get ourselves physically and mentally healthier, and I appreciate you so much for being a part of this and being a part of this mission. Please share this episode out with the people that you care about on social media, you can tag me. I'm @shawnmodel. You can send this directly from the podcast app that you are listening on, and we've got some epic master classes, powerful guests coming very, very soon, so make sure to stay tuned. Take care, have an amazing day, I'll talk you soon.

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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.