

# WITH THE WIND WITH DR. PAUL - SHOW 157; Pediatric Perspectives: with Harry Fisher; Warnings from a Paramedic

## Speakers Times

Dr. Paul **32.94%**, Harry Fisher **67.06%**

00:00:59:18 - 00:01:22:07

**Dr. Paul**

Good morning. PhD. Welcome to Pediatric Perspectives, where we are looking at children's health challenges with a different perspective. One that includes critical thinking. That's right. We are not afraid to pursue the honest truth of what's going on. I have a very special guest today. My guest today is **Harry Fisher**. Harry, welcome to the show.

00:01:22:12 - 00:01:24:40

**Harry Fisher**

Thank you. I appreciate you having me on, doc.

00:01:24:45 - 00:01:58:09

**Dr. Paul**

I'm so excited to talk to you. You have a long background. You were a national registered paramedic since 2012, but an EMT since 1997. And so in my world in pediatrics, I'm a retired pediatrician. What was so vital to figuring out what's going on was to compare unvaccinated children to vaccinated children. And it occurred to me when I knew I had the opportunity to talk to you, that you were in a special position as a paramedic.

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**Dr. Paul**

You get to you're called to 911 calls, right? And that's just a standard thing. When there's a crisis, a health crisis in particular, people call 911. And so you have a perspective historically from back when you started doing that through the pandemic. And I'm just fascinated to have a chat with you. Just tell our audience just a little bit about yourself.

00:02:21:07 - 00:02:26:48

**Dr. Paul**

What got you into being a paramedic? Just a little bit about your your story.

00:02:26:53 - 00:02:54:49

**Harry Fisher**

I'm **Harry Fisher**. I've been a medic since EMT since 97. Originally started in Texas. From Texas originally. Been in the branch to the military Army Air Force. I was a medic in both branches. And then, I've been I've worked as ambulance, paramedic, EMT, EMT, intermediate, but inevitably became a paramedic. 2012 2013 and been a paramedic ever since.

00:02:54:49 - 00:03:13:20

**Harry Fisher**

I've been a contract medic for a long time now. Basically, I'll go to different states, different cities and work on the ambulance, er, ICU, the heart of Covid. I was working ambulance ER and ICU. And it's, it's been definitely a long road. It's been a long road to hoe.

00:03:13:25 - 00:03:37:58

**Dr. Paul**

Wow. Yeah. I wanted to dive in deeper to what you saw before Covid and then what you saw after Covid. Since we're focused on kids pediatrics. Tell me a little bit about what you used to see. So think about all the 911 calls you would go on prior to 2020. What things would you get called to that involved kids.

00:03:38:03 - 00:04:00:41

**Harry Fisher**

Kids typically injuries. Trauma. The prior to Covid and Covid shots. It was trauma, fevers. You'd have febrile seizures. You know, first, first time parents, you could always you can always count on first

time parents to call 911. Because, you know, I've been a first time parent. We get to I don't care how long you've been in the medical field.

00:04:00:52 - 00:04:20:03

**Harry Fisher**

If your kid's sick, it's just all your medical training almost goes out the window. Whenever it's your kid and you just you get scared. So it's typical for first time parents to get afraid. And if your kid's having a seizure, I expect you to call 911. And we ran a lot of those calls prior to Covid. And, you know, febrile seizures.

00:04:20:03 - 00:04:28:22

**Harry Fisher**

Normally they're running a fever. Hospitals typically treat the fever, and kiddo will be okay. Yeah.

00:04:28:27 - 00:04:49:09

**Dr. Paul**

On the seizures, you brought up a really good point. So as a pediatrician, we had definitions for a febrile seizure, and, you know, it had to be associated with a fever. You had to be a certain age. It had to be symmetric both sides. It wasn't like some weird one sided seizure. And there was no either obvious cause, like trauma or whatever.

00:04:49:14 - 00:05:11:25

**Dr. Paul**

And then we would just label it febrile seizure, meaning we don't really know what causes it. And I'm quite sure actually that there is a link between vaccines and seizures. I mean, I know that's a fact, actually, it's been documented in the literature, but I'm curious how often would you get called on a seizure call prior to 2020?

00:05:11:30 - 00:05:38:37

**Harry Fisher**

Prior to 2020? Oh, once every at once, every few weeks to, you know, one a month, maybe one every couple months. I mean, not that often. It wasn't like it was just all the time. I mean, the city's. I

was where the city I was working in prior to. We normally had 30 to 40 ambulances running at all times.

00:05:38:42 - 00:05:48:34

**Harry Fisher**

At that, at that time, prior to Covid, when Covid hit, we got down to about 13 ambulances. So I mean, it was very, very, very bad. But I wouldn't.

00:05:48:39 - 00:05:55:18

**Dr. Paul**

I don't to I don't understand why you would have less ambulances when Covid hit.

00:05:55:23 - 00:06:20:16

**Harry Fisher**

Well, you had a lot of people quit and then you had a lot of people. So you had anything from seeing mandates coming, so people just weren't weren't going to take the shots or people just burnout, tired, not wanting to risk their family's health. You had a we were already hurting for paramedics and for nurses. I mean, prior to Covid, it was already very difficult to keep staff, especially in your big cities.

00:06:20:21 - 00:06:44:00

**Harry Fisher**

So whenever you you threw on all these new protocols, these new mandates and everything else, I mean, you took a whole bunch of already burnt people and then tried to add a, a bunch of really terrible protocols, and a lot of people just gave up. They just couldn't, couldn't do it. So we were there were times I would show up to work, you know, expecting 30 plus ambulances and there would be 12 to 13 ambulances and that's it.

00:06:44:04 - 00:07:09:58

**Harry Fisher**

We would be nonstop all day long. That after after the the shots rolled out, it was it was very, very difficult to maintain. Couldn't have bathroom breaks, couldn't stop and eat. You were just constantly one after another, calls waiting. You would hear calls waiting, calls holding. So you'd be

having a patient on your court. You'd be taking a patient to the hospital, and you would hear over the over your radio, we need you out.

00:07:09:58 - 00:07:29:21

**Harry Fisher**

We need you out calls, holding calls. And we would have full arrest holding. There was one point after the shots rolled out where I literally it took me almost an hour to get to a full arrest because I was already on just one call after another. So fire department and fire department doing CPR on a patient for an hour, waiting on the ambulance to show up.

00:07:29:26 - 00:07:30:16

**Harry Fisher**

Sure.

00:07:30:21 - 00:07:57:13

**Dr. Paul**

That's. That sounds insane. So. So let's backtrack a little bit. As far as calls, you know, 911 calls on children when Covid hit. So round March, April, May of 2020. That's when the shutdown happened. You know we're all we're going to flatten the curve. This horrible deadly disease is is upon us. You know stay home blah blah blah.

00:07:57:18 - 00:08:04:49

**Dr. Paul**

I mean, if this was a really serious disease in children, I would expect your 911 calls would have gone up.

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**Harry Fisher**

They didn't. They had the those for children. They went away. You didn't have the traumatic injury as much anymore. They were staying at home. They weren't around other kids getting RSV and other things that we dealt with in the past. They put it in perspective. I was working Oklahoma City, part of Oklahoma City at the time, and had taken a patient to the Children's Hospital in the children's hospitals, normally busy, busy.

00:08:35:13 - 00:08:53:31

**Harry Fisher**

And it was it was empty. I mean, there was there was nobody in rooms. There might have been one patient, but I brought my patient in, and this patient wasn't even a respiratory patient. But I brought my patient in, and I started talking to one of the pediatricians there, or one of the doctors there in the E.R. and, I was like, this is wild.

00:08:53:31 - 00:09:08:38

**Harry Fisher**

I'm just never seen this place. This empty him. And they were. And they said that it's been that way because everybody's locked down and nobody's out there getting, you know, around the kids. And they're not all transferring, you know, cold and flus and viruses. And I asked them, I was like, so what's this going to do to their immune system?

00:09:08:39 - 00:09:27:46

**Harry Fisher**

Like, you would think that we need to build our immune system and that that doctor said, we're going to have a rush. He said, eventually, whenever we open back up, we're going to have such a rush that it's going to be hard to maintain because kids are going to start getting back together again, and then suddenly we're going to have a whole bunch of what should have been coming in, you know, the normal waves that we normally get them in.

00:09:27:51 - 00:09:33:21

**Harry Fisher**

He said, we're just going to get a huge rush and that is what happened. He called that quite well.

00:09:33:25 - 00:09:35:00

**Dr. Paul**

I saw that it was.

00:09:35:04 - 00:09:47:54

**Harry Fisher**

Oh, it was bad. It was. Whenever they finally released them, we had a just a big it's like a tidal wave of everybody that should have been, you know, trickling in through time. They all sort of hit it once.

00:09:47:58 - 00:10:11:10

**Dr. Paul**

So, I'm actually not totally surprised that when we had the shutdown and even though this supposed deadly illness, Covid 19, SARS-CoV-2 virus, supposed, yeah, same in my hospitals. I used to go see newborns, and there was other than babies being born, there was nothing happening in the hospital. And kids did very well with Covid.

00:10:11:10 - 00:10:30:14

**Dr. Paul**

By the way, for viewers who are if you happen to still be worried about Covid for your children, you don't need to be, I mean, kids did well with the initial Wuhan and even the Delta strain. That was a little rough on the very old. And people with, you know, underlying conditions. But what happened? What did you see once they started the shots?

00:10:30:15 - 00:10:52:06

**Dr. Paul**

Now, I know when they first rolled them out and 22 was at the end of 2020 or 2021, they started out with the the people like your colleagues. Right. The medical profession, the first responders that you were the first lucky, lucky ones to get the shot. And you you sounds like you lost a lot of people who just said no, thanks and quit.

00:10:52:10 - 00:10:59:30

**Dr. Paul**

And, you know, smiled on them. Really? When did you see this, change in calls for children? 911 calls for kids.

00:10:59:35 - 00:11:21:29

**Harry Fisher**

The seizures would would were were one of the big, you know, one of the big red flags because you would have you would have nonverbal, you would have kids, you would have kids that are having these seizures that, one the frequency, the frequency was was an obvious spike in seizure calls. And most of them weren't they weren't febrile.

00:11:21:29 - 00:11:38:00

**Harry Fisher**

They weren't having fevers. Some of them were even these absent, I would call them absence seizures. They were just these non typical seizures. And the frequency it was there was quite a few.

00:11:38:04 - 00:11:47:27

**Dr. Paul**

So you had said you were going about once a month, once every two months for one seizure calls pre-COVID when they were more frequent. How often were you getting calls for seizures?

00:11:47:31 - 00:12:13:18

**Harry Fisher**

Some days I'd have three calls in a day. I mean, it was it was it was an obvious spike. So obvious that, I mean, EMS crews when when we would actually finally get to get off work, because a lot of times you would be held because you just needed an ambulance on the road. If we ever passed each other in the break room where we used to have talks in the break room, you know, just talking together sometimes with now we would just how many, how many seizure calls did you run today or how many?

00:12:13:23 - 00:12:18:03

**Harry Fisher**

It started being talks like that. We could tell that something had changed drastically.

00:12:18:07 - 00:12:37:58

**Dr. Paul**

Wow. And I think, I remember I've, I've seen one of your interviews in the past, and you, you did something very unique that most other health care providers were apparently not doing. It seems.



And that is, you would talk to your your patients and ask them if they got a shot or if if something had changed. Yeah.

00:12:38:03 - 00:12:40:06

**Dr. Paul**

Tell us a little more about that.

00:12:40:11 - 00:13:06:30

**Harry Fisher**

I would I would ask all my friends to actually do the same thing, and most just wouldn't do it because it's an awkward thing to talk about. It's just it's just hard to ask the parents because, I mean, you can ask the kids, depending on their age, you know, have you had any, you know, Covid vaccines? One of the most more difficult ones was, a very young stroke playing kickball and, had a thunderclap headache, paralysis on one side.

00:13:06:34 - 00:13:35:03

**Harry Fisher**

Slurred speech. Got a call to the school where they were at playing kickball. And the parents, you know, showed up to the school was with me. And just denying that their their kid was having stroke like symptoms. So denials just using denial. I'm sure being a pediatrician sure denial is already there. And then whenever you bring up something like, like I did, you know, have that, you know, take any medications now have they had any of these vaccines, the new shots for Covid.

00:13:35:08 - 00:13:58:42

**Harry Fisher**

Well yeah. Just had their second, you know, Pfizer shot. And that's what the parents that just had their second. And they don't even equate that as a new medication because we're so brainwashed in the medical community. And this this parent just didn't want to believe that it was it was even possible to have a reaction, especially this type of severe reaction to to a vaccine.

00:13:58:46 - 00:14:27:39

**Harry Fisher**

And, the denial, you can see it in their face. And some, some patients, parents will get even angry with you if you bring it up because they've been told something safe. Safe. Safe. Safe, safe. And whenever their their child that they they themselves walked into a makeshift vaccine clinic probably in a parking lot or a gymnasium somewhere and got this experimental substance, they do not want to believe that they harmed their child or assisted in harming their child.

00:14:27:43 - 00:14:36:28

**Harry Fisher**

They just don't. And they'll shoot the messenger. They'll they'll come after you if you press the issue. But I would ask and, and then I would also read the room.

00:14:36:33 - 00:14:52:11

**Dr. Paul**

Yeah. So back to strokes. Then I in my entire busy career for 35 years as a pediatrician, I did not see a single stroke. How many strokes did you see in children prior to Covid?

00:14:52:16 - 00:15:09:19

**Harry Fisher**

Not none, unless I was working, like, in an ICU. And the child that already had, lots of health history prior to like multiple surgeries or, you know, something. But as far as running calls to strokes, now, that was, that was nonexistent.

00:15:09:24 - 00:15:15:19

**Dr. Paul**

Yeah. That's a, that's an old people disease that we're now seeing in kids. Did you see more than one stroke?

00:15:15:24 - 00:15:42:42

**Harry Fisher**

Yes. I've seen, I'll tell you that working in New York City and had a, quite young stroke so bad it was, you know, when they start to posture, we call it decor ticket or to celebrate, you know, whenever they. This is more like the the patient was actually posturing inward and obvious, you know, CVA, you know, symptoms.

00:15:42:42 - 00:16:18:31

**Harry Fisher**

I mean you had you had one pupil and one pupil constricted, just unresponsive. And I, I told the and I talked to the family members and I found out, you know, they did have their vaccine. And when I, when I was giving my, my report to the physician, I said possible vaccine injury. And I literally in front of the patient and the patient's parents as we were transport, you know, basically giving my hand off the doctor had the audacity to scoff and, and God basically, there's no such thing and sort of laugh it off.

00:16:18:36 - 00:16:24:57

**Harry Fisher**

And so I knew then 100% that these things weren't being documented because the doctors would just laugh at you.

00:16:25:01 - 00:16:46:05

**Dr. Paul**

Yeah. So I know in adult stroke situations, there's management that can actually, you know, it's a clot. Usually the blood clot that's blocking off blood flow to part of the brain. I think you can correct me if I'm wrong. As a pediatrician, I didn't see a lot of strokes, but they do have medications in hospitals to dissolve clots.

00:16:46:05 - 00:17:11:10

**Dr. Paul**

And so you can if you catch it early, you can improve the outcome significantly. What are the symptoms based on what you've seen now? I mean, you're one of the few people I've ever the only person I've ever talked to, actually, who's seen a pediatric stroke. Do they present? What what can parents look for? You know, what are they going to see first?

00:17:11:15 - 00:17:35:01

**Harry Fisher**

The faith, the. They should be able to be noticeably in the face. You're still going to have smaller your your your anatomy smaller. So it's a little more difficult to see. But but in the faith, you'll you'll

still see some, some edge, you know, eyes I would definitely, you know, look at the eyes. See if the pupils are both equal in reactive.

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**Harry Fisher**

You'll see babies will move, babies will or kids will. They'll move like, you know, when you when you stimulate a child, they'll they'll move. They should be able to grab at you. You'll only see one side grabbing at you. You won't see another. The other side, it'll stay limp. It will. It will be, you know, motionless.

00:17:55:45 - 00:18:20:46

**Dr. Paul**

Yeah. Perfect. Yeah. And obviously parents, if you see this, it from what we've experienced here, it would probably be in a child who got a Covid jab. And your first thought is get that kid to the hospital as soon as possible. Don't hesitate at all. So I'm curious about another, condition that I never saw in kids, and that's heart attacks.

00:18:20:51 - 00:18:24:24

**Dr. Paul**

So, did you see any heart attacks in kids?

00:18:24:29 - 00:18:54:39

**Harry Fisher**

Oh, yeah. Oh. Chest pain calls for children after the vaccines. That became a thing. You know, prior to, prior to. But before the Covid shots in my career, I saw one one myocarditis, and I was actually working at a heart hospital in the E.R.. And I saw the elevation, because whenever we do an EKG on you, we're looking for certain changes and abnormalities in your EKG.

00:18:54:43 - 00:19:15:24

**Harry Fisher**

And I saw elevation and, multiple leads. And I went to the physician that was working, and I was like, possible. Am I on this on this? Believe the person was early 20s and, the doctor, you know, we

started working the patient and we found out the person had myocarditis and the physician gave me a big conversation on myocarditis.

00:19:15:24 - 00:19:34:11

**Harry Fisher**

This was years ago. Only what I really seen in my career, other than till the vaccines roll out. And he was like, it's very rare. You're not hardly ever going to see it, but the person is going to have less life expectancy. They're going to need to change their diet. You walk me through how how bad myocarditis really is and how rare it actually was.

00:19:34:16 - 00:19:59:51

**Harry Fisher**

Right. And after the vaccine rollouts, I mean, you started seeing elevation in leads and in younger, you know, in kids, you started hearing the words myocarditis more often. I, I already knew that it was supposed to be rare. And now that they were saying, now that we're making this normalize, that we're trying to normalize something that used to be rare, what what I noticed was it up extremely rare.

00:19:59:51 - 00:20:02:05

**Dr. Paul**

I didn't see a single case in my career.

00:20:02:10 - 00:20:25:42

**Harry Fisher**

Yeah. It was it was rare. And what they've been doing, it seems as they've been going, can cause rare or myocarditis or what they're saying there is it used to be rare, but now it's causing it. So it can cause this used to be rare thing, but now it's actually causing it. They're using the word rare all wrong in that it seems to be they're doing it on purpose and it's it's very bad.

00:20:25:46 - 00:20:48:06

**Harry Fisher**

There's nothing good about myocarditis. But we we did start getting a lot more chest pain calls. Myocarditis calls. But still in the field, if you have elevation, I'm going to I'm going to work it. I'm

going to do my protocols. Basically, I'm going to do heart attack protocols. I'm going to call in the hospital, say I have elevation and, you know, lead, lead, lead.

00:20:48:11 - 00:21:00:24

**Harry Fisher**

And then I'm going to run you code or hot to the hospital nearest appropriate facility that can deal with heart attacks. Yeah. It's for them to determine whether or not it's a heart attack or myocarditis.

00:21:00:29 - 00:21:12:51

**Dr. Paul**

And what's the problem with, if that was a young person who had a possible myocarditis severe or the start of a heart attack, what symptoms would they have? What can parents look for their.

00:21:12:56 - 00:21:38:43

**Harry Fisher**

Excuse me? Chest pain? Yeah, a lot of a lot of times you're gonna have sudden onset chest pain. You might have shortness of breath. You might have what we call diet freezes. They'll be sweaty. The typical pain symptoms, it's a little bit tougher for children because if it's if it's gradual onset, kids are pretty good at being just resilient.

00:21:38:48 - 00:21:52:29

**Harry Fisher**

I mean, they're just they're they're good at compensating is what we call it. Your children compensate. Really? Well, the tough part about that is children will compensate, compensate, compensate. And then when they do compensate, they crack it.

00:21:52:34 - 00:21:53:10

**Dr. Paul**

Yeah, it's.

00:21:53:10 - 00:22:17:49

**Harry Fisher**

Super fast because everybody's been working overtime to maintain and it's kid calls are the hardest calls for me. I would say across the board that we would all say that because most of the time they've compensated for so long when we show up and their bodies finally done, their, their, their muscles have been working so much, their hearts have been working so hard that it is very difficult to get a, to, to, to revive a child.

00:22:17:55 - 00:22:21:26

**Harry Fisher**

It's just not it's not an easy task.

00:22:21:31 - 00:22:41:23

**Dr. Paul**

And that that's actually different than my pediatric experience of, say, a very, very sick kid, either with a raspberry condition, you get them oxygen and they perk right up, or even with sepsis, if you get on them quick and support their, airway and get them enough oxygen. Many, many of them recover quick. But yeah, you're absolutely right.

00:22:41:28 - 00:22:56:13

**Harry Fisher**

And kids probably probably different because they're in your hospital and I've still got 10 to 15 to 20 minutes to get to them. And they're they've been not breathing for ten to 15 to 20, you know, depending on how long it's going on. But yeah, if I'm right there and a patient cramps on me, it's a lot simpler.

00:22:56:18 - 00:23:14:14

**Harry Fisher**

I mean, I'm not saying it's not hard for you there because, I mean, you're having to deal with a lot of medications. Biggest thing with, pre-hospital medicine is our time. That's why we're all constantly trying to improve time, because the quicker we get there, the easier the help. Yeah, okay. Takes us long. I mean, it's it's just very hard.

00:23:14:19 - 00:23:31:16

**Dr. Paul**

Very good point. So I got another question for you. It appears from, from what I'm hearing and reading some of the literature that we are seeing a huge increase in cancer. Now, I don't know if that would affect 911 calls or paramedics. Have you had any run-ins with cancer?

00:23:31:21 - 00:23:46:11

**Harry Fisher**

Yes. And that tragic and something that you didn't run a lot of calls for back in the day? It was now the cancers though are there. It seems like they come on super fast.

00:23:46:16 - 00:23:47:48

**Dr. Paul**

Yeah.

00:23:47:53 - 00:24:08:40

**Harry Fisher**

And they're, they're terminal. I mean, you're, you're having these, like, almost like people are jumping past all the stages right in the stage four and, you know, just started experiencing headaches, a couple of weeks ago and then now diagnosed with this stage four cancer in their brain like it's I've, I've seen quite a bit of that.

00:24:09:51 - 00:24:20:23

**Dr. Paul**

So the brain cancer would obviously give you a headache, most likely as the main symptom. What what other symptoms might trigger a thought about cancer?

00:24:20:28 - 00:24:21:37

**Harry Fisher**

Oh.

00:24:21:42 - 00:24:26:05

**Dr. Paul**



Like like trigger A911 call. They would call for severe headaches, right. Well.

00:24:26:10 - 00:24:46:41

**Harry Fisher**

Most of the calls that I get for actually seeing the cancer would be the transfers that I do. Because like, because we're utilized 911 and then depending on what service you're working for, you're also you're not only utilized for nine on one, but say the hospital's two hours away and they don't have air lift because of whatever reason, bad weather they'll call ground units.

00:24:46:41 - 00:25:08:15

**Harry Fisher**

And if it's somebody who needs a paramedic because you have basic transfers, which the EMTs can do, basic transfers, they can EMT can supply oxygen and transport, you know, basic lifesaving techniques to, to hospitals if they require a paramedic transfer, and they can't get LifeFlight to come in, then they'll call like, my ambulance, and I'll go.

00:25:08:17 - 00:25:20:15

**Harry Fisher**

I'll take care of the patient to the nearest hospital and support them with, you know, more advanced life saving techniques if necessary. And that's where I would normally see most of cancer patients.

00:25:20:28 - 00:25:21:28

**Dr. Paul**

Got.

00:25:21:33 - 00:25:35:43

**Harry Fisher**

You can get calls for headaches, and you find out later that they ended up having, you know, what we're talking about. But my where I was seeing and knowing the diagnosis is because whenever I take a transfer, I have to get a hand off and they've got to tell me what's going on with the patient, what they found.

00:25:35:48 - 00:25:51:00

**Harry Fisher**

And then I still have to do my my assessment. When we get in the ambulance, I'll go back over my assessment, find out what their baseline is. You know, I want to know my patient when I'm transporting. I'm going to be with you for a couple of hours, and I want to know everything that's going on with you and how to best take care of you.

00:25:51:15 - 00:25:56:37

**Harry Fisher**

And then also, I want to be able to transfer transfer my, my care to the facilities. And I'm going to properly.

00:25:56:42 - 00:26:16:13

**Dr. Paul**

Right. So I think you also we're doing transfers from hospital to home for hospice. You know when people were dying. That talk a little bit about that. I mean, because I know you talk to these people, which is unique and thank you for doing that because it gave you insight into what's really going on here as difficult.

00:26:16:15 - 00:26:36:03

**Harry Fisher**

Some of these, some of them know that because whenever I would bring up because I'll ask them about the shots as well. Just so especially, you know, especially when they're used to be rare things and now they're, they're dying from it. I will ask them, you know, if they've had the shots, which ones they had, how many?

00:26:36:07 - 00:27:02:30

**Harry Fisher**

And you'll see in their eyes, you'll see in their eyes when they know, when they know that the shots have killed them or is killing them. It's very it's very hard to talk to someone that knows that they've been killed or murdered by by these poisonous shots. So, I've had I've had them actually just look at me and you can tell in their eyes that they're regretful.

00:27:02:30 - 00:27:22:00

**Harry Fisher**

And I've had them carry on long conversations about how they're mad at the government, how they're mad at the medical facilities, how they're mad that they were told something was safe. The younger they are, the, those conversations, you know, they're not as in-depth, of course, about the government and this, that and the other. They're just they're just very sad.

00:27:22:00 - 00:27:39:07

**Harry Fisher**

And it is, it's very difficult conversations to constantly keep in your mind because they just don't go. Those conversations don't really fade. You know what we try to in my line of work, you want a lot of this stuff to sort of fade away. We try to put it in the box in the back of our mind whenever it's really sad.

00:27:39:07 - 00:27:43:58

**Harry Fisher**

And a lot of the stuff, you just don't get the box up. It just it just stays there.

00:27:44:03 - 00:28:04:00

**Dr. Paul**

Yeah. We're you and I are in different ways. We're trying to reach people, right? We want to open up people's eyes. And I remember you in one of your interviews talking about, you know, this is so similar to abuse. And, you mentioned something that I had I had to look up. I've heard of it. And I used to know what it was, but I'd forgotten.

00:28:04:05 - 00:28:17:41

**Dr. Paul**

You said it's sort of like Stockholm Syndrome meets Munchausen by proxy. Most people may not know what those terms mean. Can you just describe for people what what you're talking about with regards to abuse and those syndromes?

00:28:17:46 - 00:28:39:51

**Harry Fisher**

Well, when Stockholm syndrome, a lot of people are held by, by some by, by an abuser and they, they become sort of like dependent or mentally dependent on that abuser. And with Munchausen, you have someone that's poisoning their children or someone who's actually trying to harm their kid for either be it, tension or some kind of gratification self-gratification.

00:28:39:56 - 00:29:07:05

**Harry Fisher**

Well, with our system, we, we, we seemingly have a system that is locking us down, trying to control us, tell us we have to take something or they're going to take our jobs. We know better than you do for your children. So you have this abusive, truly neglectful system that's that's trying to harm us and give us these medications that I would say we we either don't need or most don't need.

00:29:07:05 - 00:29:33:52

**Harry Fisher**

And they're trying to one size fits all. This new technology, this RNA platform to, to to to implement what they believe is best for us, even if it poisons us. And if those of us try to actually break free mentally from this abusive system and speak out about it, they further abuse you with censorship, with demonization. They may try to take your license, they try to take your job.

00:29:33:52 - 00:29:58:03

**Harry Fisher**

They have people online that are either a part of their system that work for them, or people that are so bought into this system, these abused people to attack you. So, so it's it's like Stockholm syndrome, it's Munchausen by proxy. It's like they just coupled it together. It's it's a it's a mental and physical abuse. And in, in all reality it's a form of mind control.

00:29:58:03 - 00:30:15:03

**Harry Fisher**

If you, if you abuse somebody to a to that kind of point, then you break a lot of people. And when you break people, you can mold them to however you want them to be. It's the whole point of the military basic training break you and then mold you into the soldier. They want you to be.

00:30:15:07 - 00:30:41:41

**Dr. Paul**

Wow. Amazing analogy was as we wrap it up, I've got two thoughts for you to to wind up with. One is, thank you for your incredible courage. I mean, you've been in the military. You're a courageous guy, obviously, but this is a whole new level of courage, because I imagine you're risking career and, you know, personal well-being by speaking out.

00:30:41:46 - 00:30:46:25

**Dr. Paul**

Why do you speak out? And, have you faced any censorship.

00:30:46:30 - 00:31:09:25

**Harry Fisher**

And censorship throughout? Since I started speaking out, I've been banned on every single platform. The only reason I'm able to talk now and when I call it venting, I'm getting to vent. At this point, I don't know if it's going to actually change anything. I don't know if it's going to make a dent in what's occurring, but at least thankfully, I'm getting to vent and speak to like minded people and I feel less alone.

00:31:09:25 - 00:31:31:34

**Harry Fisher**

Personally, I guess the self-gratification portion of would be I feel less alone because the system has tried to make us all feel so alone. And I'm also getting to talk to other people that have felt alone. So I'm I'm still getting to help and y'all are also helping me. So I appreciate that. And that's a godsend. But yeah, it's been censored so much.

00:31:31:39 - 00:32:01:36

**Harry Fisher**

It's it's been very, very difficult. That being said, we're, I'm not sure where it's going to go from here as far as, as far as making it all better. But I'm hoping and I'm praying that that God, God, you know, comes in with a miracle. And, and most people demand for number one, the shots to stop and then demands true oversight.

00:32:01:36 - 00:32:14:52

**Harry Fisher**

You know, individual all of us individuals come together and demand that we we start holding our governing bodies accountable for the bad things that have occurred. And I'm praying that that that happens.

00:32:14:57 - 00:32:32:16

**Dr. Paul**

Yeah. Well, I link arms with you on that one. And, **Harry Fisher**, you are you are now one of my heroes. I really appreciate everything you're doing. I want you to have last words for our audience as far as moving forward. What do you suggest people do?

00:32:32:21 - 00:32:57:19

**Harry Fisher**

I pray for every single one of y'all. I pray for all who have lost, know that you're not alone. And what we should all do from from this point on is find those that are in need. Be be the true church, the true church, or like minded people that have faith in God, love their brothers and sisters, and try to help where we can.

00:32:57:24 - 00:33:24:04

**Harry Fisher**

And I would say, you look for the people in the crowd, because right now you've got this massive amounts of people that are just hurting and look for the ones that are asking for help, that are that are out there needing either emotional spiritual assistance and I say we come together that way, and then we'll figure out a way to to take that, to take that mindset, to take that movement.

00:33:24:09 - 00:33:34:42

**Harry Fisher**

Spiritual movement is what that would be. And actually start pressing back, pushing back against a system that's trying to hurt every single one of us.

00:33:34:46 - 00:33:44:59

**Dr. Paul**

I couldn't have said it better. Thank you. Harry, you've been a blessing, to me. And I'm sure to many of our listeners, I really appreciate this chat with you.

00:33:45:04 - 00:33:45:40

**Harry Fisher**

Thanks, doc.

00:33:45:40 - 00:34:05:16

**Dr. Paul**

I appreciate you can check out my other show With the Wind at Doctors and science.com. And you can also take, coaching session with myself if you wish. Kids first forever.com. Those links are in the show notes. Thank you for your time today, and I look forward to seeing you next week.

00:42:20:52 - 00:42:46:46

**Dr. Paul**

I look forward to running together with the wind at our backs, revealing the science that gives clarity in our world that's full of propaganda and misinformation. Visit our website Doctors in Science Rt.com. Sign up, donate if you can. Your support makes a difference. And let's make this the weekly show the world has been waiting for. Thanks for watching.

00:42:46:52 - 00:42:54:08

**Dr. Paul**

I'm **Dr. Paul**.