

# Show 159 Transcript:

- **Dr. Paul:** 43.84%
- **Dr. Meryl Nass:** 56.16%

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## **Dr. Paul**

Good morning, PhD. Welcome to Pediatric Perspectives, where we are looking at children's health challenges from a different perspective, one that includes critical thinking and one that's not afraid to ask and give you the honest truth. I'm your host, Doctor Paul, and I am honored to have a very special guest known to some of you who are already watching HD programming.

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## **Dr. Paul**

Doctor Merrill Nass, thank you, Merrill, for joining me today.

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## **Dr. Meryl Nass**

Hi. Glad to be here.

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## **Dr. Paul**

So the reason we pulled you for this show is. Well, let me say first. I've admired your work from so long ago. You were, I think, the expert on an anthrax, use of anthrax as a bio weapon in Rhodesia, where I grew up. And so I was like, oh, man, I gotta get to know this woman.

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## **Dr. Paul**

But more lately, I mean, as an internal medicine doc, you are a real bioweapons expert. You have been following what's going on with the World Health Organization. And I love what your Substack says. Disentangling Covid, W.H.O. and global governance disinformation. You are a wealth of

knowledge. Thank you for joining us. I'm in Oregon, and on May 23rd, the OHSU, the Oregon Health Authority, had this announcement.

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**Dr. Paul**

Oregon Pride events begin next month. So now is a great time for people at risk for impacts to get vaccinated. The genius vaccine requires two doses four weeks apart, that take a total of six weeks to provide maximum protection, and anyone ages five months or older is eligible. I read that I'm going, what is going on? And when you heard that, you said, we have got to talk about this.

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**Dr. Paul**

So I, I just think maybe start off, some of us and I imagine a lot of our listeners don't know much about monkeypox. Maybe you can give us a little history and then we'll delve into what your concerns are about this announcement in Oregon.

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**Dr. Meryl Nass**

Okay. So, monkeypox is a disease that was only discovered as a disease, around 50 years ago, due to monkeys being imported to Scandinavia and apparently having a a blister illness caused by a virus. And it wasn't really, an issue in the United States until. So there were no cases in the United States until 2003.

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**Dr. Meryl Nass**

And at that time there were a bunch of rodents imported from Ghana. And they apparently had this virus. And the the the rodents were, placed near prairie dogs at a wholesale pet center in the United States and the prairie dogs caught the virus. And so a whole bunch of prairie dogs wound up, with monkeypox. And then they were sold to children, families.

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**Dr. Meryl Nass**

And so, there were over 40 cases of people getting monkeypox, which was a mild disease, you know, a little bit like shingles, a lot like shingles. At that time in 2003. And none of the humans transmitted it to anybody else. They all got it from an infected rodent. And then, they're in 20, I think 21 or 2020, there were two people that came back from Nigeria independently to either England or the U.S., and they both wound up with monkeypox.

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**Dr. Meryl Nass**

And again, they didn't spread it to anybody. Neither one. So that was the sum total of monkeypox cases. Now, at the same time, the United States government has been very worried about smallpox, both being used as a biological weapon and the possibility that it could come back from a lab because smallpox was eradicated from the world, in the 1970s.

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**Dr. Meryl Nass**

And the W.H.O. said it was totally eradicated in 1980. You know, there had been a big push, large vaccination programs in Latin America and Africa and Asia to sort of during vaccination to get around cases. So there's no more smallpox. There were a few cases of smallpox which had escaped from a laboratory in England in the 80s.

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**Dr. Meryl Nass**

And the second time that smallpox escaped from the same lab, the researcher committed suicide. You know, monkeypox was never considered a problem. It was just another ortho pox, similar to the smallpox virus and milder.

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**Dr. Paul**

Right. It was, my understanding.

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**Dr. Meryl Nass**

Much milder, like shingles. But it was said that some people in Africa died. And there was this claim with really without any data, really saying that there was a form of it in Nigeria in which 1% of the population died in a form in Congo where 10% of the population died. But I never could find a paper that actually had data showing that those numbers were correct.

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### **Dr. Meryl Nass**

So I think they were pulled out of the ER. What happened is the United States wanted a better smallpox vaccine. It was known that the old smallpox vaccine could cause heart attacks and myocarditis. And so I after smallpox had been eradicated, notices, decided to get rid of its old smallpox stockpile, which was primarily a New York Department of Health brand, and create a new smallpox vaccine that they hoped would be, cleaner and safer.

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### **Dr. Meryl Nass**

The old smallpox vaccine had been made by actually scraping the pus off of calves bellies after the, virus had been scratched onto the calf bellies. And so it was it was a very impure vaccine, as you can imagine. So they took, one colony of virus from the old vaccine and created a new vaccine around 2000, a little bit before called Occam 2000 and made that and everyone crossed their fingers.

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### **Dr. Meryl Nass**

This would be a better vaccine. It turned out not to be. It also caused myocarditis and heart attacks, and supposedly the rate of myocarditis was 1 in 175 people who were vaccinated who'd never been vaccinated for smallpox before with a Cam 2000, and supposedly, the rate of myocarditis in people who had gotten the old vaccine was 1 in 100.

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### **Dr. Meryl Nass**

So these are huge rates of a potentially serious complication, at least as far as we knew. Most people recovered from the myocarditis caused by these two smallpox vaccines. Well, so another smallpox vaccine was then developed, around again around 2000 between 2000 and 2003 to try to be safer than those two. And it was called at the time, MVA modified vaccine here.

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**Dr. Meryl Nass**

Ankara vaccine based on an old vaccine. You know, the, an old Ankara vaccine. And this was used in in 2003, the United States started vaccinating people in the military. So a couple million people in the military, as well as first responders in the United States with the AKM 2000 vaccine primarily and as you may remember, there were a lot of heart attacks, myocarditis and heart failure resulting.

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**Dr. Meryl Nass**

And so the civilian program crashed and burned after 30,000 people had been vaccinated. You know, there were deaths from the program, and everyone was watching closely because it was a it was a new program for a disease that didn't exist on the planet, smallpox. It had been eradicated, but it was on the basis that Saddam Hussein might have it and might use it.

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**Dr. Meryl Nass**

So, but this MVA, Ankara vaccine had also been developed and was being used for people who were immunocompromised at that time. So people in the military who had eczema, which increased their risk of a serious reaction or had certain other immune diseases, were being given the MVA vaccine. Okay. So after all of that, the U.S. government decided it was going to put its money on the MVA vaccine.

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**Dr. Meryl Nass**

And for some reason, they decided to change the name. So it got renamed as Immune using the same MVA letters, but Ymmv. Immune. Okay. And the US government and Barda started a 20 year program of financing the company that made this vaccine, called Bavarian Nordic, to make more and more of it and and to test it and to stockpile it, and then eventually to build their own what's called a fill and finish facility so that they could make it from start to finish now, during or during this 20 years, we spent over \$1 billion on this vaccine and about 40 million doses got stockpiled.

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**Dr. Meryl Nass**

Now the doses expire once you put them in a bottle, even if it's frozen, they would expire in three years. But if you left them in bulk storage, they didn't expire. So the vast majority of this was left frozen in bulk storage in Denmark. So finally, in 2008, the US government is paying Bavarian, Nordic, Nordic to complete the clinical trials and get this vaccine.

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**Dr. Meryl Nass**

This MVA vaccine information licensed. And they changed the name again. So now it's got a third name Giannios j y and n e o s. And the U.S. military did a lot of the studies and other medical schools, mass General Hospital and other clinical trial research centers were contracted to do studies on this vaccine to see if it led to antibodies and whether it was safe.

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**Dr. Meryl Nass**

Now, here's where the problem came in. It wasn't safe either, unfortunately. Now the US government had invested at that point between 1 billion and \$2 billion on it, which means they don't throw it away. Now, what were the safety issues? So it too was causing elevations of cardiac enzymes, troponin. And so it was causing myocarditis as well. But nobody wanted to know how much myocarditis.

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**Dr. Meryl Nass**

So in one study Substudy, there was an elevation of troponin of 1 in 10 people. See, in another substudy, there was an elevation of troponin of 1 in 6 people, 18% but instead of saying, look, we need to get some cardiac MRI, we need to get ultrasounds of the heart, you know, echocardiograms and see how much damage this is really causing besides temporary elevation of cardiac enzymes.

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**Dr. Meryl Nass**

None of that was done. None was. None of that was ordered by the FDA. Right. So we we can't we can't have a failure. Now, we spent too much money on this. But there's still is is some data here. So, let me talk about some of it. The company, had conversations with the FDA, had teleconferences starting in 2018 and early 2019 about what do we need to get this vaccine licensed for smallpox, because it was really a smallpox vaccine, and the FDA is going along and everything looks good.

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**Dr. Meryl Nass**

But then all of a sudden, in on March 14th, 2019, the FDA tells Bavarian Nordic, quote unquote. Cber. The center for biologics, which regulates vaccines, it FDA, stated that they have received inquiries from external stakeholders in the US government regarding the use of licensed vaccines for prevention of monkeypox due to recent monkeypox outbreaks in several places. Now, in 2019, there was no monkeypox in the US or in the West, but there had been monkeypox in Nigeria.

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**Dr. Meryl Nass**

Seven the FDA is currently considering whether the data submitted could support an indication for active immunization for the prevention of monkeypox infection in adults 18 and older. And they want to know, did the company consider seeking an indication for the prevention of monkeypox infection?

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**Dr. Paul**

And I'd like to know.

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**Dr. Meryl Nass**

Yeah. I mean this is this is the the, discussion of this teleconference. So the company Bavarian Nordic started scratching their head and they had another teleconference two weeks later. And the summary of this is we've received inquiries from external stakeholders in the US government regarding licensure of vaccines for prevention of monkeypox. And it would be up to Bavarian Nordic to decide whether they wanted to go ahead.

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**Dr. Meryl Nass**

All right. And here's another one. This one's April 15th. And this is in response to Bavarian Nordics question regarding the origin of the request for the inclusion of an indication for the prevention of

monkeypox infection for Giannios Sieber, the FDA indicated that the request came in from the government stakeholders. External channel to the FDA and cannot provide any further details.

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**Dr. Paul**

Curious.

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**Dr. Meryl Nass**

That means it comes from the intelligence community.

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**Dr. Paul**

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**Dr. Meryl Nass**

Okay. And Bavarian Nordic quoted data from the literature noting that other than the 2003 outbreak where kids got it from their pets, no other cases were ever reported in the United States. So what the heck do you want a monkeypox indication for? There's only been these cases in a few, you know, a few people. And Sieber agrees.

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**Dr. Meryl Nass**

The Bavarian Nordic made a compelling argument. What FDA had wanted them to do is test it in children and get an indication to use this vaccine in children in the here in the Nordics, said why it's not in any children in the United States, the only children it's in are in the jungles of the Congo. And, so there's no reason for you to require a, pediasure indication.

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**Dr. Meryl Nass**



And so FDA went along with that. And by September 24th, 2019, FDA issued a license. And at this point it was called the Smallpox and Monkeypox Vaccine.

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**Dr. Paul**

So never tested for children?

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**Dr. Meryl Nass**

No, not at that time.

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**Dr. Paul**

So this is I'm seeing a pattern. And you've been watching this whole world issue of infectious diseases and outbreaks and all that. There seems to be a pattern that they're working on a vaccine before a disease even appears.

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**Dr. Meryl Nass**

That's very interesting, isn't it?

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**Dr. Paul**

I mean, we certainly saw this with Covid, with patents and all this happening years before SARS-CoV-2 shows up. Now you're telling the story about monkeypox, when there was no monkeypox almost anywhere in the world, and they were working feverishly on a vaccine. But, there I was just checking the CDC website to see what they would say about monkeypox.

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**Dr. Paul**

And it appears there is some monkeypox around now 98% of it's in homosexual, bisexual individuals, mostly men having sex with men.

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**Dr. Meryl Nass**

That's another issue I'd like to get to if we can. So here's the CDC paper. This is from the CDC website. And what this says past U.S cases. There was there were the 2003 outbreaks, the first time human monkeypox was reported outside of Africa was 2003. All of them, were infected with pet prairie dogs.

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**Dr. Meryl Nass**

No instances of monkeypox infection were attributed exclusively to person to person contact. CDC restricts importation of African rodents, so there shouldn't be any more. And then there were two cases in 2021 that were associated with travel to Nigeria. So that's that was it.

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**Dr. Paul**

That's the history for the last 20 years.

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**Dr. Meryl Nass**

Yeah. So what.

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**Dr. Paul**

Changed? Because supposedly now we have quite a bit maybe.

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**Dr. Meryl Nass**

Maybe we do. All right. So does it even work against monkeypox. Well, here's one of the trials. The effectiveness against monkeypox was inferred from the immunogenicity in a clinical study and from animal challenge studies. What that means is we injected this so-called vaccine into animals and people, and then we measured antibodies, and we decided that those antibodies were going to be effective against monkeypox, because we don't really know how to find anyone in the West who's exposed to monkeypox, who has any chance of getting monkeypox.

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### **Dr. Meryl Nass**

So we don't know whether it works. So what do they have to do? They had to go to Africa, of course, to see if it works. And it turns out that in fact, the US government had been, planning to do so and did so. So here's a paper, published in Antiviral Research by CDC researchers and in 2016, 2016, no, 2016 before there had been any cases in the West outside of these prairie dog cases, they wanted to study vaccinating against monkeypox.

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### **Dr. Meryl Nass**

So so, Brett Peterson of CDC went to the Congo, made a deal, and they were going to vaccinate 1000 health care workers in the Congo, starting in 2017. And this paper discusses the start of that program. You know what it took, how they did it, but it doesn't discuss the results.

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### **Dr. Paul**

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### **Dr. Meryl Nass**

It was published. This paper was published in 2018. So what happens then? CDC sits on the results. CDC has never told us the results of that trial, whether it actually was. Still, they have told us to take the vaccine. You know, they have they have told us all these other things, but they won't tell us if it works in humans and they won't tell us what the side effects were in Africa when they gave it to a thousand people.

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### **Dr. Meryl Nass**

But we do know something about the side effects. When they gave it to people. In the US and in the West. So who did they test? Well, they wanted to they wanted to see if it would be problematic in people with HIV. All right. So they did. They gave it to in several studies. They gave it to people with HIV who have an impaired immune system.

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### **Dr. Meryl Nass**

Let's see if this damages them. Right. Because they're only looking for antibodies. These are people who are never going to be exposed to monkeypox. Probably this because this was published in 2013, right? There weren't any human cases outside of Africa in 2013, but they still wanted to know what it did to people with HIV. And they found out that, in fact, they did.

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### **Dr. Meryl Nass**

But so did normal people have elevation of components, cardiac enzymes. And they wanted to find out what happens if you give it to older people. So here's a paper from 2016. What happens if you give it to the elderly? Same deal. They weren't looking for efficacy. They you know, they couldn't tell whether it was effective because there wasn't any monkeypox, but they basically wanted to see what the side effects were and to just claim that it worked simply by measuring antibody levels, but never proving that those antibody levels had any relationship to protecting against monkeypox.

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### **Dr. Paul**

So the CDC is now saying that 95% of transmission is by sexual activity. Do you think that's factual?

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### **Dr. Meryl Nass**

In the early cases in the US, most of it was because it was in the Perry rectal, you know, in the penile area. So there so yes, it was transmitted apparently was transmitted human to human in those areas. And for most people there were very few lesions, but it could be painful. So the main problem with the monkeypox outbreak that we had, two years ago was pain in those areas.

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**Dr. Meryl Nass**

And in most in the vast majority of cases, the disease did not extend outside those cases. Or you might have gotten a couple of blisters, you know, on your arm or something, but it was not a generalized, infection. It was not, spread, you know, through the bloodstream or anything like that. It was topical.

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**Dr. Paul**

So we have a relatively non contagious disease, if you will. That is not a, threat to people who live a typical normal life, not a threat to children. And we have the solution being offered to us by the CDC of a very what appears to be a very dangerous vaccine, if you will. What? I mean, you've been following this.

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**Dr. Paul**

What's your recommendation for these poor Oregonian families that are reading? They're the their health authority is saying, you know, the sky is falling, monkeypox is here. You can go get your vaccines.

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**Dr. Meryl Nass**

Well, so the thing is, like the Covid vaccines and like the original smallpox vaccines, this vaccine does cause inflammation of your heart. And so it when that happens, you are susceptible to cardiac arrhythmias, to heart attacks, to sudden death. To heart failure. And, and we know people have developed all those things from this vaccine. Now, when it vaccine rolled out in 2022 for monkeypox, basically the federal government wanted to collect data on it.

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**Dr. Meryl Nass**

And so everybody who got it early on was enrolled in a clinical trial. And the government tried to find out what happened, you know, did it prevent monkeypox? And that's how your graph came about. They were showing that actually a lot of people who were vaccinated did wind up with monkeypox later. Although the government was so anxious to get people to take the vaccine at that point, there

were advising you to be vaccinated even after an exposure, and it might or might not work in that case, you know, probably depending how long after an exposure.

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**Dr. Meryl Nass**

But they were collecting data. There were lots of people who were vaccinated who got the disease. I never saw data to show how far out whether they were vaccinated before an exposure or after an exposure to really tell. But, with more searching, I came up with another paper, a study carried out by Army researchers at Fort Detrick in, monkeys.

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**Dr. Meryl Nass**

And it turned out that they had vaccinated monkeys, I can't remember 20 or 30 monkeys with this vaccine and then expose them to monkey pox. And none of them died, but almost every one of them, about over 90%, came down with monkey pox. So the vaccine did not work in the monkeys. I don't know if it works in humans.

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**Dr. Meryl Nass**

Now. Okay, so children hopefully don't have sexual activity. Certainly five year olds for whom, FDA has now advised the vaccine can be given to children as young as five years old or should not be having sexual activity. But obviously if someone has a blister, just like with shingles, you know, the blisters, the lesions from shingles contain the virus.

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**Dr. Meryl Nass**

So disaster or herpes zoster virus, and you can get chickenpox and potentially even shingles, although you're not supposed to. But many people have reported they've got shingles when exposed to someone else with shingles. Got got the virus. So, this is a disease that lasts usually 2 to 4 weeks and then it's gone. Probably you're going to be immune for life after that point.

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**Dr. Meryl Nass**

For most people, it's two or 3 or 4 little pimples, and they may be painful. And the CDC admitted that the people in the United States who needed to be hospitalized with this disease were hospitalized for pain control, not because they had a life threatening disease.

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**Dr. Paul**

They died with monkeypox, not from monkeypox.

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**Dr. Meryl Nass**

Yes. And any who died with we only have clinical information on do and they were both on death's door before they came down with monkeypox. You know, one I think had a lymphoma and the other had end stage Aids. So it's a dangerous vaccine. It's a completely unnecessary vaccine. And then this brings us to the question is where did the monkeypox come from and why did it start spreading person to person when it hadn't done that before?

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**Dr. Meryl Nass**

And it turns out that the version of monkeypox that appeared in many countries in Europe at the same time and and in the US and Canada at the same time, was pretty much identical to a lab strain that had been, saved in labs three years earlier. So the way people know that is there had been no mutations that took place in that three year period or four year period.

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**Dr. Meryl Nass**

So that means it came from a lab. Now, was it, you know, did it fall or was it pushed? We don't know that. But it it seems to me it wasn't probably an original outdoor, you know, a natural strain that was sucked away in a lab for several years and then came out. So I call it a lab strain, even though it was a natural to begin with.

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**Dr. Meryl Nass**

But it also has certain features now it's mutated, but it was very close to that original known strain. It's mutated in such a way that it, transfers human to human better than it did before and is said to be able to use a human enzyme, to help it mutate in certain ways that this these are very concerning findings.

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**Dr. Meryl Nass**

If this is another lab, pandemic, even though it's not much of a pandemic, there are very few people who are at risk. And it's a quite mild illness. If we've had two in a row that came out of labs that Covid and monkeypox, you know, what's next? And doesn't this tell us that the way we're handling potential pandemic pathogens in labs needs to change, and we need to stop doing that?

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**Dr. Meryl Nass**

So, I.

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**Dr. Paul**

Couldn't agree more. This is a pattern we're seeing. I don't want our audience to be frightened because fear is actually our one of our biggest enemies, right? I mean, it it messes with our immune system. And so one of the reasons I wanted you on was to actually, yes, wake people up to the fact that we have some very concerning things going on in our world.

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**Dr. Paul**

You watch it closely and, these bioweapons high. What are they? What do they call these facilities where they work with these organisms?

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**Dr. Meryl Nass**

They've changed. They keep changing the name. Gain of function, reset function.



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**Dr. Paul**

Yes. So it's happening in a lot of places around the world. And yes, we need to be concerned about that. But I really want you to reassure our audience about the fact that even if this was a gain of function thing or a bioweapons product, they, they failed to make something that's going to really be harmful. And what's going to be harmful is the vaccine, not the, monkeypox.

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**Dr. Meryl Nass**

Yes, exactly. So don't worry about the monkeypox. If you're on your last legs, you know, use a condom, you know, be careful. But, otherwise monkeypox is a mild illness. It's it's very curious why the CDC has refused to release data on its study and a thousand healthcare workers in the Congo with this vaccine who might have been exposed to monkeypox.

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**Dr. Meryl Nass**

We don't know why that whether they didn't see cases, whether, people were having bad side effects. We don't know why they're hiding that data, but it's a very and we do know that in the monkeys, the vaccine didn't even work. Nobody should get this vaccine. Nobody in the world. This is a disaster. Don't be fooled. The W.H.O. wants to bring us into an era of pandemics where they're rolling out one vaccine after another for us.

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**Dr. Meryl Nass**

Stay away from them until we have a regulatory system that actually works and isn't hiding information from us and isn't making, quixotic, illogical decisions about how to regulate medical products. You know, we have to be wary of of everything. We take pills and vaccines. But the thing is, at least with pills, you have, you know, your gut.

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**Dr. Meryl Nass**

You have protective mechanisms to protect you from bad, ingredients. But when you inject things into yourself, those protective mechanisms are all gone. You know, it gets in. And so avoid any

vaccines unless you're absolutely sure you need them and you're quite pretty sure that they're going to be safe.

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**Dr. Paul**

Thank you, Doctor Merrill Ness. Folks, you we're talking with one of the world's experts in this whole area, and you have a Substack. That is incredible. How do people get to your Substack and what else are you, would you like to direct people's attention to?

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**Dr. Meryl Nass**

Thanks. So my Substack is mirrorless. That's up seccom a year ago. So the W.H.O., as I said, is trying to roll out an era of pandemics and take over the management of public health for the whole world and tell us what we have to do, what drugs we can't have, what vaccines we must have during pandemics.

00:31:38:24 - 00:32:04:24

**Dr. Meryl Nass**

This is a disaster. They also want to control medical information worldwide. So far, there have been a lot of roadblocks, mostly third world nations have said, we don't really like this. The US is pushing for it. The US wants to give over powers to the W.H.O. and in September, to the U.N. to manage, emergencies worldwide. This is a step towards global governance.

00:32:04:26 - 00:32:33:08

**Dr. Meryl Nass**

Government. And I, founded an organization called Door to Freedom last year to try to put out lots of information about what the W.H.O. is doing, what the UN is doing, what the Great Reset is all about. Thank you. So it's Georgia Freedom, dawg. You can find lots of information there. And, we hope, everyone in the world will get to know what the plans are, and then we can all, avoid them.

00:32:33:08 - 00:32:59:26

**Dr. Meryl Nass**

We can save ourselves, we can educate other people and avoid these very dangerous medical products. Because basically, the medical profession, the fear about health, fear about infectious disease is a mechanism by which globalists have decided they can the most easily take control of us and our governments. So especially since they've already got control of many of our governments.

00:33:00:01 - 00:33:05:28

**Dr. Meryl Nass**

So I thank you very much. I've got a little cold today, but giving me the time.

00:33:06:00 - 00:33:19:14

**Dr. Paul**

Thank you Meryl, it is such a privilege and honor to have you on the show. We'll have you back next time they threaten with some other weird thing, I'm sure. We'll get you back on here to set the record straight. Have a wonderful week.

00:33:19:16 - 00:33:22:06

**Dr. Meryl Nass**

Thank you very much. You take care, Paul.

00:33:22:08 - 00:33:38:18

**Dr. Paul**

Thank you. 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.