

# OpenTheo

## **Interview: Dr. Ben Edwards on Covid-19, Vaccine theory, and the Four Pillars of Health (part 1)**

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### **For The King** - Rocky Ramsey

This Wednesday I have the pleasure of interviewing brother Dr. Ben Edwards. Dr. Edwards M.D is a practicing physician at Veritas Medical with locations on the west side of Texas. He is the proprietor of the "You're the Cure" podcast/radio program and graduated from UT-Houston medical school. He started off as a conventional doctor but changed his mind after a life experience that left him clueless as to the current medical system. Our conversation was enlightening and fascinating on so many levels. It was amazing to have this podcast and have the opportunity to interact with him personally as the interviewer. I hope you enjoy the episode and the truth conveyed there within.

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## **Transcript**

Hey, before we get into the podcast, I want to make you all aware that this is part one of my discussion with Dr. Edwards. Part two will be released the following Wednesday and

you can hear that conversation wrap up. So enjoy the podcast and I just wanted to make you guys aware of that.

Thanks for listening. There was an American painter, George Kaitlin. He was recognizing and observing all this heightened mortality in the big cities during the Industrial Revolution, the late 1800s.

So he decided to travel west and find some natives. And he documented when he asked him how many of your babies die, they said none. Don't think I will even ask you to make Jesus Lord of your life.

That's the most preposterous thing I could ever tell you to do. Jesus Christ is Lord of your life. Whether you serve him or not, whether you bless him, curse him, hate him, or love him, he is the Lord of your life because God has given him a name that is above every name so that the name of Jesus Christ every knee shall bow and tongue confess that he is Lord.

Some of you will bow out of the grace that has been given to you and others will bow because your kneecaps will be broken by the one who rules the nations with a rod of iron. And I'll not apologize for this God of the Bible.

[Music] Hey everybody, thanks for tuning into the For the King podcast.

Appreciate you guys listening. I always start off with some scripture, so I'm going to read from Luke 531 because I think it applies to some extent to what me and Dr. Edwards that I have on today are going to be talking about. So that verse says, "And Jesus answered them, 'Those who are well have no need of a physician, but those who are sick.'" And Christ is obviously speaking about some spiritual realities here, but I want that same principle to stand obviously physically in our physical bodies.

But the big thrust here in the anchor of just this whole conversation is that the same crying out that we have with all the chronic diseases in our society should just be an analogy to us crying out internally because of sin that we need a savior. And I want that to be the backdrop of the conversation that every physical reality, God obviously can anchor it in a spiritual reality. So physical sickness when Jesus cures somebody of blindness, there's a spiritual reality of blindness that he's teaching us there.

And St. Augustine says, and one of his writings on the Christian doctrine, he says, "Every true Christian should understand that wherever truth may be found, it belongs to his master." So today I have Dr. Ben Edwards with me from Veritas Medical. I think there's what, two or three locations in the southern part of Texas, right? Kind of the western part of Texas. Where locations, Lubbock, Abilene, and San Angelo in January will be only a Odessa.

Okay, awesome. So yeah, Dr. Ben Edwards is from Texas and has his clinical is, was it

from Texas Tech or was it, I can't remember though, if you just want to get to it. I went to undergrad was Baylor, but medical school was at UT Houston.

Oh, UT Houston. Yeah, that's what it is. Okay.

So this is, yeah, those are his credentials. Any, I mean, you have, You're the Cure podcast. That's where people can hear anything else I'm missing.

Just a little more on the background. I mean, I did family practice residency training, which that was in Waco. I was chief resident there and my dream was to go on to be a small town country doctor is how I described it.

That's what my granddad, both my granddads were these small town docs. They could do it all, deliver babies, do surgeries, take care of the whole family, you know, make house calls, just that old school kind of doctoring. So anyways, went to do that out in west Texas in a little tiny town called Post.

I was the only physician in the county in this rural west Texas county. So I thought it was great. Super cool.

Just living my dream, raising my family, had my wife, Jamie, and at the time four kids, now we have six kids. And so I was doing all that, making house calls, taking care of the local, you know, nursing home, the county jail, just all the small town doctor and stuff. Did that for seven years.

And I tell people I did it very successfully and I put success in quotes because modern healthcare system is to success is defined as in financial terms. We were able to keep that county clinic open. And in a small town, that's hard to do because there's lots of Medicare and Medicaid typically.

And Medicare and Medicaid does not pay well. So these small town clinics, clinics and hospitals have a hard time staying open. So you overcome that by volume.

You've got to see a lot of patients. And so I was able to master the art of running patients through that system and doing it in a manner that was successful financially. So the Washington Post recognized that and put us on the front page and did a whole story on us back in 2011.

And I'm painting this picture to say that, you know, by the world standards, everything was going great financially. I was successful. The clinic was successful.

County clinic goes out of debt. Their new brand new clinic building was paid for now. So now we have fame and fortune and all this stuff.

But God had, you know, I'd raised my hand, my wife and I were believers. We've been raised in church our whole life. But it was about 20 2007 when we could not get

pregnant with our second baby.

And we had two years of infertility treatments and stuff. And we came across that verse in Matthew that said, seek you first the kingdom and then and its righteousness. And then all these things will be given unto you.

And of course, I'd read that verse a lot of times before. But that day, when I read it, it jumped out of those pages at me. And I went and grabbed my wife.

I said, Jamie, we we got to do this. Like we got to quit seeking this pregnancy. We got to quit making an idol out of pregnancy and another baby and having a big family and all that.

And it sounds simple, maybe, but like, our whole focus every month and you know how it is if you try to get pregnant and can't. It's every month waiting for your wife's cycle. And then it comes and you're disappointed and it's up and down emotional roller coaster.

And it can consume you. And we got convicted big time. We're like, whoa, what are we doing? We're supposed to be seeking the kingdom.

Anyways, that's come another story. But looking back, that's where I say it all started because things started getting put in motion at that point, which, by the way, we got pregnant right after that when we submitted to God's sovereignty and his plan, not our plan, both pregnancy. And now we have six kids.

But looking back, it's like that was it. God took me serious, not took him serious. Finally, his his ways are better than my ways.

His thoughts are higher than my thoughts and whatever his plan is for me. So he arranged circumstances for me to be introduced to what's called an integrative physician. Integrative just means you integrate other things besides pharmaceutical only, which I mean, that's a huge Pandora's box.

There's lots of things you could integrate. But long story short, I met this doctor, 10 of my sickest patients who had the worst autoimmune diseases, at worst, chronic diseases from lupus to fibromyalgia to horrible diabetes to, you name it. And they all came back better, like all the way better, like off their medications, not diabetic anymore, normal blood sugar.

That was in 2011 that opened my eyes. And I spent the next year wrestling with cognitive dissonance of how could this be? How could I graduate from UT Houston Medical School and walked across that stage and thought I had just learned all there is to learn and know to help people. I went to med school to help people and I got that diploma.

I got my white coat. I got my MD behind my name. And I thought I just learned it all.

These are really great professors. They're good people. I mean, they were nice and cordial, polite.

Some of them loved the Lord. Some didn't. But I mean, overall, they loved humanity.

And I mean, they taught me all this stuff and they're super smart. So you walk across that stage thinking, I just learned it all. And if they didn't teach me something, then it can't be true.

So if I have a patient come to me and ask me about some natural this or that, some herbs, some supplements, some anything, of course, that's not camp work or I would have learned about it. It's this automatic pride and arrogance built in. You didn't realize, I mean, I don't think I'm a prideful guy in general.

I thought I was kind of humble and didn't really think I was that smart ever. But you get this pride built into you automatically in medical school and see this assumption that this system of the world based in pharma Kia, we can get in that word later in scripture. But that it taught me everything that could benefit the people sitting across the exam table from me in the doctor's office.

And it's clear to me now that was not that was a false belief. That was not true. I'm to wrestle with that, but it was the testimony of these 10 witnesses, these 10 patients of mine that got better.

And it's ironic that modern medicine tells you that testimony of the people is not to be believed. That's called anecdotal reports in medical research terms, randomized controlled trials. That's the top of the evidence based pyramid.

And the very lowest is basically what we call anecdotal reports, just a one story. Oh, my grandma got better with Ivermectin. Well, that's just one story.

You know, you can't believe that. You can't trust that. So we're trained in medical school to deny the testimony.

But in revelations, it said the dragon is going to be overcome by the blood of the lamb and the testimony. So anyways, it was a testimony of these 10 patients that were my own sickest patients and they all got better. I couldn't deny it.

I saw it with my own eyes. So I went down this road of integrating the various modalities of healing that do include things that are considered, quote unquote, alternative to conventional standard of care medicine we learn about in medical school. So I've been doing that now for about 10 years.

It just grew exponentially by word of mouth. We never advertised. People just kept

coming.

And so I've hired nurse practitioners to under me because I can't obviously see everybody. So there we have the three different locations now, eight nurse practitioners. And we just do our thing with the goal being that patients come, learn how to steward their health and go away.

Get well and go away. Never come back. Don't ever be our patient again.

Never come in our building again. That's the goal is people get well, go be who God made you to be and live a life of wellness that He designed you to. I mean, He designed us to be well.

He did not so poorly design this human body. And I'm not saying we're going to live forever and be immortal and all that. I'm just saying there's some called stewardship.

Lack of knowledge and the love of money have combined to blind us all to this thing called stewardship of our health. And now we don't even understand you can be healthy. Chronic disease is just like normal.

We think in 54 percent of our kids, they have a chronic disease. So it almost is the new normal. But it's that's not that's a deception from the enemy.

So our goal is to teach people how to do what we call the four pillars, nutrition, hydration, movement and peace. And steward their health through those four pillars. The body is designed to take care of itself and it will if you can do these things in general.

I mean, there are some sometimes I think when maybe we need to jump in there and do some extra stuff, but that should be very, very rare. So that was way more than my background. But maybe that gives you a picture of what we're doing and who I am, where I came from.

Yeah, that is perfect. That is great. OK, so you were you were talking about in the journey as your life kind of progressed after 2011.

My question is, in terms of the American health care system, because you were saying there's this kind of I kind of know it all and what we've been presented is already assumed to be correct. Right. And that I would say that assumption is germ theory symptom based.

You treat the symptoms. You know, root cause protocol is not something that's taught. Right.

It's you treat the symptoms, which is all based on germ theory of pathology or how you get sick or whatever. I don't even know what that would fall under. But you've presented to me on your program, the terrain theory of health or the cellular theory of health.

So can you walk through that presupposition that a lot of physicians have in our country, although well meaning they want to see people get better. They have a presupposition that might bar them from ever actually doing good health care. Right.

Yeah. And I really honestly think it's all rooted if you really go deep enough. I mean, we are just all taught evolution, evolution, evolution all through higher education.

I mean, even my freshman biology professor at the largest, baddest institution in the world, Baylor University, told me day one, a freshman biology class, if you're going to be a scientist, you have to believe in evolution. And that was day one. And it was four straight years of being pounded with that.

And of course, higher education to be on that. So if that mindset comes in, then we're just a chemical accident that evolved out of a pond scum and we're just not highly evolved enough. And therefore we're survival of the fittest and all that.

There's just some of us are weaker and our systems poorly designed or not fully evolved. There's just going to be sickness and illness. That's pretty much what I thought.

I mean, I have a lady with reflux, acid reflux. And this is before I knew the truth. She came in one Friday afternoon with chest pain and I delineated pretty quick.

This is from reflux, not from angina or a heart attack. And so I wrote a prescription for a parabolic. This was years ago when it was still prescription.

And she looked at me and she wouldn't take the prescription and she said, doc, you're just treating my symptoms. And I was like, no, I'm not. I'm treating your disease.

Gastro esophageal reflux disease. GERD is the acronym, the D's for disease. This is your disease.

This is a treatment. Here you go. And she would not take it.

Nope. You're treating my symptoms. It did not register with me what she was even talking about.

There was this thought of symptom versus root cause. And I mean, I had no idea what she was meaning, literally. And so then I went and tried to scare her into it.

I said, well, you've got this acid coming up from your stomach into your esophagus. And your esophagus is not meant to see acid. And over time, if a chronic exposure to acid will change your esophageal cells, it will line your esophagus to become cancerous and you could die from esophageal cancer.

Plus just the pain and the misery and the agony and up all night, because you can't lay down without the pain. And, you know, she still, she wouldn't buy that. So then I went

biblical on her or what back.

I'll put that in quotes, not a deeper understanding now. But I'm like, you know, back in the garden, Adam and Eve, they decided to go their own way, do their own thing. Either the tree of knowledge of good and evil.

So boom, sin came into the world and death, disease and all this stuff is just a consequence of that. Lucky for you, there's doctors that, you know, smart and God gave us brains to figure out how to make Prilosec for you. And she didn't she didn't buy that either.

But that really was my mindset that there's just this disease state of man from the fall. And we're just that's the way it is. No, that's not the full story.

That's what that lady wanted me to do is figure out why was that little vow that God gave us that sits between the esophagus, your food pipe and your stomach? Why is that little valve that should be closed, tightly squeezed shut all the time, except when you swallow, it'll open, let your food in and then it shuts again. That valve will keep the acid where it belongs in your stomach. Why is that mouth not working in her? That was her real question.

She didn't know how to articulate that. I didn't even think as a physician that that thought process, which seems real logical, you know. But that's not how we're taught.

We are taught in medical school to match. It's a big matching game. You match someone's symptoms to a drug.

That's it. Period. Into discussion.

You would be amazed when in medical school, you can raise your hand and ask, where does hypertension come from? Where does migraine headaches come from? Where does fill in the blank? And many times the answer will be idiopathic. Idiopathic hypertension, which just means we don't know where it comes from. You don't spend hardly any time talking or thinking about where the root causes stuff.

If it's a headache, all you need to know as a physician trained in American medical school is you need to answer a few questions about the headache. Like, is it squeezing headache or is it more like an eye's picking an eye on one side of the face, like in one eye? Is it preceded by a feeling of doom and you get nauseated? It's better if you turn the lights off. You're trying to delineate a migraine versus a tension headache versus a sinus headache.

There's only three or four types of headaches. So you run some tests and ask some questions to match that symptom to a label. If it's a migraine headache, that's a certain pharmaceutical you'll get.



If it's a tension headache, it's a different pharmaceutical, just like the chest pain. If it's chest pain from reflux, it's a certain pharmaceutical. It's chest pain.

So it's just a matching game. One of the biggest moments in my life on the germ theory, back to your question, someone showed me a graph of infant mortality rates in the late 1800s, early 1900s. Infant mortality from whooping cough, infant mortality from measles, infant mortality from typhoid.

And these graphs, you go look them up. There's a 99% drop in infant mortality in the early 1900s in the United States and the UK both. Prior to any vaccine coming in.

So that told me right there, if you can drop 99% of infant mortality from infectious disease prior to vaccination, when you dig into that, what did they do? They cleaned up the terrain, the physical terrain of clean water, the sanitation. Just get the sewage going and get clean water in. And the big cities is where these big outbreaks were.

And it was just filth, total filth. So that was one thing. The second thing was when I realized E. coli is the germ that grows out in every single woman's urine that gets a bladder infection.

If someone comes in with a kidney or bladder infection, we take a urine sample, send it to lab, they culture it. Three days later, they send this report and they say, "Yep, it's E. coli." Almost always, it's E. coli. Well, E. coli is in every single woman and man right now in their colon.

It lives there normally and naturally. And this is the case, it turns out, when we did the human genome project, this was the late 90s or right around 2000. At that point, we had not sequenced the human genome.

We had done fruit flies, all these other little insects and animals. Fruit flies had like 20,000 genes. So we thought human beings are going to have like 200,000 genes.

So they did the analysis and what they found out was, "No, we have about 25,000 genes. Just a little more than a fruit fly." Well, how could this be? Well, the secondary finding in that study was 90% of DNA that was in us as humans was not human DNA. They had to remove all this excess non-human DNA just to get down to the human DNA to count our genes.

And it turns out this non-human DNA was microbes. Bacteria, virus, fungi, parasites, they live in us. They live on us.

Every orifice in our colon is where most of them are. We are one huge community, a corporate body interacting. And then when you dive deeper into these microbes and figure out, "Whoa, these microbes are talking to our cells, our DNA." There's an interplay between the bugs and us.

So all of a sudden it flipped from, "Man, the bugs are causing the disease and causing me to die to, oh no, the bugs are beneficial. They're helpful." And in particular, there's an 80/20 ratio of what we would consider good versus bad bugs, pathogenic bugs that normally we associate with disease. It turns out we actually need them at about an 80/20 ratio.

If you sanitize yourself up so much that it's 100% beneficial and 0% pathogenic bugs in you, then it's not associated with as much health as having that 80/20 ratio. There's something about having some E. coli and some salmonella and some sugar yellow and some of these other bugs. Background bugs.

Strep, staph and strep. Great example. Staph is on our skin and strep is on our skin all the time.

And people go in for strep throat infections. It's really not an infection. It's an overgrowth, just like E. coli in the bladder.

It's an overgrowth. They become overpopulated, so out of balance. They get out of that 80/20 balance.

So what allows them to get out of balance? Stress, processed food, lack of sleep, lack of sunshine, dehydration. The basic, basic, basic things that we call diet and lifestyle is what keeps that internal terrain from your micro population in good balance, to the pH, to your mineral levels. You go into stress mode, you burn through magnesium.

You burn through potassium. The sympathetic/parasympathetic balance, it's hugely impacted by stress, but also by diet. The modern American diet is heavy on sodium and it's very light on potassium.

It's heavy on calcium, light on magnesium. So we get these balances that just move, these ratios that shift. And the shift is not beneficial for our health.

So it really is all about the terrain. You know, it's like flies and garbage or cockroaches in your kitchen. How do you get rid of these cockroaches? Well, you go stomp on them every single morning, but they're going to be back every single morning.

And they come back because the terrain is attracting them, allowing them to come back. So what's the cure? You clean up your terrain, take out your garbage. The flies and the cockroaches go away.

That sounds real simple, but it's the truth. Get your terrain right. You don't need to worry about the germ.

Your body's designed to handle germs. Yeah, that was awesome. So two things to piggyback off that.

On how a virus might spread and be turned into like maybe a localized epidemic or pandemic or whatever, when you look at the Spanish influenza or in the 1400 of the bubonic plague, there was a famine. When you do the malnourished, the terrain was poor. There was bad sanitation.

People were congregating in cities and it was dirty. So I've just heard that. And you brought that up.

I would just say that we're probably looking at the turn of the century when we were just starting to really sanitize extremely well in our country. Well, you know, it's the same thing historically where we've seen outbreaks. It's always associated with poor terrain.

It's never associated with the germs. It's just too powerful. It was our bodies were just too weak or the terrain was just too weak.

Would you say that's correct? Agreed? Yes. Okay. Yeah, completely.

When you really dive into some of these historic pandemics and stuff, you can always trace it back to some major terrain disruption going on. Yeah. Yeah.

And again, all the comorbidities with COVID-19, all the comorbidities, I mean, that's why it's bad. I mean, it wouldn't it wouldn't nearly be anything like we've seen if people weren't had all the comorbidities, right? Exactly. I was talking to an ICU doctor the other day and he said, Ben, this is really not about a pandemic of the unvaccinated versus vaccinated.

It's a pandemic of the obese. Yeah. And for his particular ICU, he couldn't remember a single person that got admitted to the ICU that wasn't obese.

Yeah. So, yeah, it's the comorbid conditions are a huge factor in this. And I tell people, you know, I think most of us may be recognized now if you're paying any attention on the COVID thing, what really happens, the issue is inflammation is uncontrolled cytokine storm.

Inflammatory cascade kicks in, can't be rained in and you're just on fire internally. And that leads to the blood clots and everything else. Well, inflammation in and of itself isn't bad.

God gave us these mechanisms to we need to utilize these inflammatory factors. Here's how it works. If I was working on a project this weekend and hammered my thumb with a hammer and it got big and bruised and red and throbbing, there's tissue damage there.

So that's one scenario when there's trauma or tissue damage. The second scenario is if I breathe in a big, big breath of germs that actually are able to get down into my lung and replicate to a level that there's so many of them. They overwhelm me and trigger my

immune system.

So the immune system turns on with inflammatory chemicals are called reactive oxygen species. Think of them as, you know, bullets and grenades and rocket launchers and flamethrowers, all the ammunition, you know, laser guided bombs, all this stuff. Our immune system is amazing and all the different mechanisms and weapons it has.

Ammunition, it has at its disposal. We need to use those appropriately to deal with those germs that are overgrowing or to clean up damaged tissue from trauma. But we do that very, very effectively and efficiently.

So we have the snipers, we have the laser guided bombs, we do have the carpet bombing when we need it. We have all these things at our disposal to use in a very, very organized and controlled way. And then we can immediately rain it in and turn it down and turn it off.

So M1 versus M2. M1 is pro-inflammatory. This is at the cellular level.

When your mitochondria and your cell flips onto M1, you'll go into this pro-inflammatory, shoot out all these reactive oxygen species to burn up that germ and that damaged tissue. And then you flip, you shut it off, you flip to M2. M2 is full of anti-inflammatory chemicals, healing and regenerating chemicals, you know, calling in the stem cells and stuff to rebuild the tissue.

It's awesome. It's an amazing M1, M2 system. But the problem is if you are full of processed grain, processed sugar and vegetable oils, a standard American diet, if you are demineralized, if you're full of extra iron, which many people are because of iron fortification of our food, if you are depleted of magnesium, which a lot of people are because our food's depleted and stress depletes us, if you aren't oxygenated well, could you sit and chair for eight hours instead of getting up and moving? If you didn't sleep well last night and your growth hormone didn't get produced appropriately and your melatonin, which is antioxidant, didn't get produced appropriately, all these diet and lifestyle factors, but the hugest of the diet, it causes you to not be able to turn off M1.

You'll stay in a chronic state of inflammation always. That's what all these diseases are associated with. Google obesity and inflammation.

Google heart attacks and inflammation, cancer and inflammation, lupus and inflammation, autism and inflammation, depression and inflammation. Google any disease, any modern disease you want. And the word inflammation, there's a correlation and a connection.

We're in a chronically inflamed state because of our diet, lifestyle, and then you put COVID-19 into that type of body. It triggers that M1 to rev up even more and they can't rein it in. It can't flip to M2.

You're stuck in M1 and you go down this inflammatory cytokine storm pathway and now you are in trouble. And then the blood clots kick in and it's day 10 or 12 or 13 and you decide to end up in the hospital because maybe you didn't know it could be treated early. Or the doctors have told you, don't come back until you're so sick you need a vent.

There's no treatment. All the both of those are not true. But then you're in a pickle.

I mean, then it's tough. So yeah, 85, 90, 95% of all these deaths could have been prevented just with early treatment, which we can get into if you want to. But that's even without the baseline.

If we had a baseline of metabolic health, metabolic flexibility, able to flip between M1 and M2 easily, you know, and it would be correlated with a healthy population. When you have healthy diet and lifestyle, there is no diabetes, there is no hypertension, there is no obesity. All the things that make you at risk of dying from COVID, they're all consequences of our diet and lifestyle.

They're all modern diseases that Weston A. Price, a hundred years ago, didn't see in the world when they were eating ancestrally. So we've got to come to terms with incomes of groups with the fact that we were designed healthy. None of these diseases were around the first heart attack in America.

1912, there was one recorded in the medical literature. Today, 650,000 people are going to die in 2021 from heart disease. And every year, 600,000 people die from heart disease.

How do we go from one in the whole country to 600,000 in just the past hundred years? Lack of stewardship, lack of knowledge and the root of all evil, the love of money. And they will, people that are conventional Western medicine, that they would propel that into the public sphere, they will always say it's, there wasn't the higher amount of diagnosing, right? That's the only difference. It's not like there's more heart disease.

There just, there wasn't enough physicians to diagnose. They always will spin it like that. And it's just not true if you look at the data.

It's very much not true. And they even interviewed Sir William Osler, who all conventional doctors understand, he's the father of modern medicine, the founder of Johns Hopkins Medical School. He practiced in the late 1800s and retired in the early 1900s.

And they interviewed him and said, I mean, this is Hopkins. This is where, this is the guru. This is where all the people would have gone to get diagnosed with anything.

And they asked him, how many heart attacks did you see in his whole career? Zero. He had 20 cases of angina and zero cardiac infarctions, mild cardio infarctions. It's not a

lack of diagnosis.

If it was there, it would have been reported in the literature. Same with cancer. I mean, there's tumors, you can find them in some of these ancient people.

Very, very, very rare. When did it uptick? About 300 years ago, chimney sweeps. They were breeding in toxic chemical fumes from their occupational hazard.

And they were having nasal sinus throat cancers. So it's very clear when you look and some people say, well, the life expectancy was young back then. So people didn't live old enough to get a heart attack or cancer.

False. And I'll debunk that right now. It is true in the big cities in the late 1800s, 1900 turn of century industrial revolution, all the big cities, New York, Boston, Manchester, London, the infant mortality rate was 50%.

It was 50/50 odds of you making it to your fifth birthday. But if you survive that time, then the life, people live to be 80, 90 years old. There was an American painter, George Kaitlin.

He was recognizing and observing all this high mortality in the big cities during the Industrial Revolution, the late 1800s. So he decided to travel west and find some natives and interview them and ask them how many of their babies die. He ended up interacting with 200 different Native American tribes from Canada down into Mexico.

And I think you've been Central America. And he documented these interviews with the tribe, the chiefs and the elders of the tribes and consistently across the board. When he asked them how many of your babies die, they said, none.

What are you talking about? Babies don't die like you're an idiot. I mean, they did say are an occasional trauma, like a horse kicked the kid in the head or rattlesnake bite or something like that. Otherwise, healthy.

And it's the same thing West's name price found. He traveled the world in the 1920s, found 14 different people groups from Native Americans up in Canada and Alaska to the Orient, to the South Pacific Islanders. He went down into the Amazon rainforest.

Then he went across the Atlantic to the Swiss Alps. He went into Africa, 14 different people groups, diverse people groups all over the world. He documented the same thing, health, pure health.

And in one or one chapter of his book, his book's called Nutrition and Physical Degeneration. He describes, I think it was in the Swiss Alps, these guys were so physically perfect, like they were just beautiful. Their bone structure.

He was a dentist, Dr. Price was. So he really was talked about the jaw structure, the bony

alignment of the face and all that, the teeth, perfect teeth, perfect dentition, no cavities, perfect orthodontically aligned, tall jaw. I mean, the whole what you would consider beautiful facial structure, but physically fit.

He said they would put could hold 100 pounds in their left hand, 100 pounds in the right hand and 100 pounds in their teeth. And he described this perfect physical fitness all throughout the world. And all these people groups, there was no hypertension.

There was no obesity. There was no heart attacks, no malignancies until. In came what he called modern food.

Western missionaries or Western merchants at a seaport would get easy access to processed flour and processed sugar. That's the two things that he considered modern food within one generation of the villages that had access to this modern food. They would start to see a change in their dental structure and get cavities and crooked teeth, but also hypertension, osteoarthritis, heart disease, malignancy, all the chronic diseases were coming in.

And he described villages that were resistant to tuberculosis, which is way more deadly respiratory germ than Covid is. And there would be complete villages that would not succumb, not even get TB, where the villages right down the road would be decimated by it. And the difference, the one village that was sick was eating modern food.

The villages that were still eating ancestral diets, they were what he termed tuberculosis resistant. So I mean, there's just so much evidence that we've been healthy. We were always healthy until the food started changing and our terrain and our environment started changing.

And that allowed the germs and the metabolic dysfunction. And basically, we've become cellular trash, I mean, garbage at the cellular level, just full of inflammation, full of reactive oxygen species. We can't clear it.

A simple analogy here is your carburetor is either tuned up and get good miles per gallon and very little exhaust coming out your tailpipe or it's not tuned up. And you're very inefficient, meaning very low miles per gallon, tons of exhaust, tons of black smoke. We become a nation and more than that, a world, the Western world and wherever the Western diet and lifestyle has been imported into the world, you're exported.

It's all four miles per gallon and lots of dirty smoke coming out of the tailpipe at the cellular level. Reactive oxygen species, we can't clear them and gunks up for mitochondria. We get mitochondrial dysfunction, leads to inflammation, leads to what we call disease.

They're all consequences. They're not diseases. Yeah, wow.

Yeah, that's good. To piggyback off that, I always go to when I'm talking to people about this, you know, if you're Christians and you're able to... Moses literally, when he went to... when he... it was his time to die, he hiked a mountain. An old man, well into his hundreds, he hiked a mountain and then he died.

Like, yes, you die a whole day. You're not supposed to not be able to hike him. You're not supposed to not be able to hike as like a hundred year old man.

Like you're supposed to actually be able to walk around. So I think that's... I mean, that's just an easy one because usually I'm talking to people that have to share that worldview. And one sad thing that just happened, my dad just passed away and he died from a brain tumor at 46.

His body literally couldn't handle cancer cells. There was too much exhaust. He wasn't able at the cellular level to deal with any type of cancer forming in his body.

He ate processed foods, he smoked and he talked on the phone all day and had EMF radiation on his face. On his face. I think that is what did it in a combination of the three and it was just his time to go, obviously.

The Lord could have done something miraculous. He did not. But I'm just like, it makes me angry and why I'm happy that there's men like you and specifically Christian men like you that are standing up for the truth because like my dad, that's not normal.

46 and you're done. Like that's... You know, people don't understand our life expectancy. We're the worst of every industrialized country in the world.

We died younger than any other country. We used to be number one in all these health categories. Now we're dead last and everything, not just life expectancy, but across the board.

And I'm very sorry to hear about your dad, but it is not normal. It should not be this way. But it is, in my opinion, from the patients I interact with, is simply lack of knowledge.

They just don't know. And once the knowledge and the truth is presented, if they have a love for the truth in them, it'll resonate with their spirit. That spirit of truth resonates with their spirit and they'll be convicted and move in the direction.

But I mean, there can be other strongholds that keep people from that, like a discipliner, just whatever. And there are, I mean, the father of all lives and the great deceiver. He's put a lot of things up there that make us think, "Oh no, this can't be." Or, I mean, I've heard people say all the time, "I'm going to die anyways."

My will enjoy it while I'm here. I'm going to eat my Oreos and treat my nuts. This is big chocolate milk." You know, there's this mindset that's just, "Man." And I believe, I mean,



I'm not saying, obviously, I'm not God.

I'm not sovereign. Your day is your day. And it's sad.

But I think God knew we were going to sow Miss Stuart or everything. Miss Stuart Creation, Miss Stuart the Land, our food's going to be nutrient depleted. We're going to chase the almighty dollar and strip the nutrients out of the grain.

I mean, if you grind those wheat berries yourself and have fresh, milled bread, that's one thing. And not only is that one, I just had some last time, my daughter made some dinner rolls, but she ground that wheat herself and baked it. That's all.

There's nutrition in that. I slathered a bunch of butter on there. But if we would have just gone to the store and bought some wheat that can sit on the shelf for however many days, weeks, or months, there's zero nutrition in that.

And people just don't know that. They don't have that knowledge. So once you get the knowledge, you can do something about it.

Yeah. Yeah, definitely. There was something, I was going to bounce off of that with something, but we can just, yeah.

Well, I was going to say on your dad too, and again, I'm sorry. I mean, it's tough. And that's what drives me.

I know and believe, God knew each of us before we were in our mama's womb. He knew us, set us apart, put a call on our wife, gave us gifts to support that call. And so we as a corporate body, we're all here at this moment in 2021, almost 2022, we're here for a reason.

There's a purpose. God put us here. Well, I believe Satan knows it too.

So he's trying to get us off the bullseye of hitting that target perfectly where we're walking in who it is, where we are, and our destiny of and doing what God put us here to do. He's trying to get us off. And he puts lots of thoughts in our head, and these lies for us to buy.

But one of the biggest distractions, one of the biggest things to get us off target and to keep us on the wrong path, I think, is related to health. I mean, we're too brain fogged, we're too fatigued, we're too diseased of whatever. We need health insurance, and we can't leave this job that I hate and stresses me out.

Stress is your number one terrain disruptor, but I can't leave it because I got good health insurance. I mean, there's just so much in this system related to health that keeps us bound up. Instead of being released into being who God made us to be.

So that's why I do what I do, trying to educate people so that they can go do what they're supposed to do and be who they're supposed to be and not worry about health related stuff and surely not worry about succumbing to cancer. Yeah, that's awesome. I mean, that is, you know, it's not just the pastor that does holy work, right? I mean, there's no secular, sacred distinction.

I mean, this is the health, the way that God made all truth is God's truth, the way he made our bodies like that. That's that is, in a sense, right? We're made in the image of God and you know, this is the way he made things. So we don't want to believe lies.

One thing I was going to piggyback on from something you said earlier, like just that we're so blinded by Satan, you just won't hear an evangelical pastor in America preach on the sin of gluttony and then look at all the people that are overweight in the audience and be like, you are literally walking in something that's one going to kill your physical body, but also going to send you to hell, right? I mean, gluttons won't inherit God, right? If they're unrepentant, right? So yeah, there's that, you know, and I just you won't hear it. I've never heard a sermon on it personally. I've never heard it, right? I haven't either.

It's one of the worst places to go to try to find healthy food. Church fellowship kind of thing. It's awesome.

Be in the donuts, baby. Yeah, I mean, we sure don't look any different than the world. I'll tell you that.

Yeah. Okay, so that was really good. Appreciate all that information.

So I, you know, we've been talking for some time. I don't know how much time you have, but let's just as much as you need. Okay, let's just get through.

Obviously, the topic of our days, the past two years, I cannot believe it's been two years of worrying news headlines of a 0.01% death rate, you know, little virus, right? And that death rate honestly is impacted by what we talked about earlier, the comorbidities. It wouldn't even be even close to that, the comorbidities. So, you know, I have a few questions here, but like the, let's just do the big one is just vaccines.

Okay. So I've heard multiple times on your program, you know, this is not a vaccine. This is gene therapy.

This is in a totally different category. They redefined vaccine. Was it last year? They changed the definition of vaccine.

Like, okay, there's something sinister and odd going on here where definitions are changing and they're fitting in new technology into a definition of what people had already grown to trust in the past. And they piggyback on the trust from the public, redefine something, and then push some new experimental drug, which definitely is

against the Nuremberg code to mandate and enforce a vaccine that's experimental. There's not a lot of data on it, no long-term data, nothing like that.

So my first question is just conventional vaccines. You already showed a little bit of skepticism talking about the infant mortality stuff, how we saw before those vaccines came out, the death rate, mortality rate was dropping. So conventional vaccines, are there any of them that work, right? You said 95% of polio cases are asymptomatic on your program.

Are there any conventional vaccines that work? And then piggyback on that and then with the follow-up question, then what about the mRNA vaccine? Do we take the old and not take the new or do we not take both of them right, conventional or mRNA? Okay, so can you walk us through that? Because yeah. Well, it's a big topic. And I will say on our podcast, I've interviewed lots of kind of experts in this whole vaccine, even before COVID came.

And so people can go to [Veritasmedical.com](http://Veritasmedical.com) and look at our archive page and there's a vaccine section. To answer your question, do any of them work? We have to be careful with that word work. Well, what does that mean? Does it induce an antibody? Yes.

Does that translate to, does vaccination equal immunization? Does it confer immunity? Does it prevent you from getting that germ? Okay. And if it does do that, how long does it do that? And two secondary questions we should ask are, at what expense, what are the unintended consequences of introducing this piece of a germ through a shot into my arm or my thigh as a baby? Are there any unintended consequences? And the next question I've learned to ask is, is it actually beneficial for a small child to acquire measles naturally? Does that incur any long-term benefit for that person's immune system? So there's so many layers to that question. You could just say, oh yes, they work because they induce antibodies and they can even prevent some infection.

I mean, we've seen chickenpox pretty much disappear, right? So yeah, but was chickenpox deadly and was there any long-term benefit if you got it naturally? And now we're already seeing just in, you know, the past 10 years of it being out or whatever it's been tons of shingles cases in adults, young adults, middle-aged, even younger people. Well, it turns out God's design was perfect. You get chickenpox when you're little, when you're seven, eight, nine years old, it's a really annoying itchy rash and a little fever.

You get over it and you have immunity for life. Now that virus is still in you. The immune system's defeated it, put it in into submission and basically goes into hibernation.

It's inactive state, but it's still there in the background. Now, if you steward your health, keep your immune system strong, be the four pillars basically that we've talked about, it'll stay in check. But also what's now come to light, as we move into adulthood, we got a quote unquote booster every year.

Every year when chickenpox would come to your community and the little kids would get chickenpox and you would just be in the community at the grocery store at the post office at church, whatever, interacting with the community, you're getting a little low level exposure every single year to chickenpox. That's like a booster for you. So all through life, you're getting these boosters.

So the shingles, which is the same virus comes out of hibernation when you're old and your immune system goes down and you'll get shingles. So that's one example of how it's actually beneficial to keep this chickenpox going because you're giving the old folks basically a natural booster every season when it comes to the community. Another example, measles.

Measles was innocuous. The Brady Bunch, they had an episode that they just joked about measles and how if you got to be sick and out of school, it might as well be with measles. It was a cold.

It was no big deal at all for a seven, eight, nine year old. So that's when you would normally get it. It was basically a cold.

You're out of school for a week. Then you have a lifetime of immunity. Now you're 25 years old as a lady, you're pregnant.

Those same antibodies will pass to your baby in the womb and through the breast milk and that baby's protected in those first few months and even a few years of life when they're most vulnerable, they're protected by mom's antibodies to measles. Those antibodies will last about seven years. Well, that's about how long it takes for the immune system to mature.

So now at seven years old, you have a mature immune system. You're in grade school. You no longer have your mom's antibodies to measles.

You get your own case of measles, but you have a strong mature immune system and you handle that measles, no problem. And now you have lifetime immunity forever. So that's the original design.

That would have been perfect. We cannot replicate that now. Measles shot does not induce that same type of immunity.

It's a different immune response when you introduce a piece of this germ into your muscle through a needle as opposed to breathing it in through your mouth and nose. It's a whole different immune response. One creates a good robust lifelong immunity.

The other one creates a short term immunity. It also turns out there's something about the measles infection acquired naturally that trains the immune system in such a manner that you have less as an adult, less cancer and heart disease. Multiple studies

showed that early childhood illness acquired naturally decreases your odds of these inflammatory conditions known as cancer and heart disease later in life.

Next, the traditional vaccines. If I just chopped up a bunch of measles virus into little tiny little bits and pieces, so it's dead and it's chopped up and I put some of that in sterile water and I injected it into your deltoid muscle, basically nothing would happen. That's not a large enough antigen exposure to create a robust immune response.

So what they have to do is add in other ingredients. They're known as adjuvants. The purpose of an adjuvant is to purposefully irritate the immune system to a strong degree.

So it'll get aggravated enough and it will recognize there's an invader here. Let's go in and make antibodies to this invader. So they make antibodies to the parts of the measles, but also to the adjuvants and those adjuvants happen to be mercury and aluminum were the two biggest.

Those are toxic heavy metals. The amount of aluminum given to a baby through a hepatitis vaccine on day of life one is roughly, I don't have the numbers right in front of me so I'm going off memory, but roughly 200-fold greater than what the EPA says is a safe threshold based on weight. The EPA has a standard based on milligrams per kilogram exposure and it's 200-fold greater and we give this to the babies on their first or second day of life in the hospital.

Guess how hepatitis is transmitted? IV drugs and intercourse. If that mama who was tested prior to delivery doesn't have hepatitis and that baby's not doing IV drugs or having intercourse in the neonatal nurse in the hospital, then there's no reason to give that on day of life one or two, no medical reason. The blood-brain barrier is not developed to the eighth day.

This is a special filtration system God put in the blood vessels that lead to the brain to keep these toxins out of the brain in particular because the brain is so sensitive. What's not there on day of life eight? So you just loaded yourself up with aluminum, 200-fold higher than the safe legal limit, you have no blood-brain barrier to induce antibodies to a virus you're not going to even acquire potentially until 16, 17, 18 years old when you might start doing IV drugs and being promiscuous. Guess how many of those antibodies are still around at 17, 18 years old from that shot you got on the day of life one? 75% of these kids have zero antibodies detectable for hepatitis at the time when they would most likely even need it.

There is such a deception. I mean the thought, the general thought of let's throw a little bit of virus or bacteria in me to give my immune system a little heads up that this is what this looks like making antibody to it. So when I get in a full exposure down the road, I'll be better equipped.

I mean it's a decent thought I guess, but it doesn't work. They got to add the adjuvants and then that immunity through a deltoid muscle is not the same as immunity through your mouth, your nose, or your gut. It's so we you can't improve on God as a bottom line.

I know this sounds crazy to people who may not be have ever looked at this before or heard of this before and I've never heard of it. All my kids were vaccinated fully. My first three kids, my last three are not fully vaccinated and the last two in particular zero because I learned.

I learned the truth, the deeper truth that had been hidden. The truth has been suppressed and unrighteousness. So people need to go learn and I will say be careful there.

The scripture says come let us reason together. Together I take this with the Holy Spirit. There's got to be the discernment from the spiritual standpoint to be guided.

You know I'm not saying every single vaccine is off limits. You know if you're stewarding your terrain, I feel just fine about it personally, but you live out somewhere where there's a lot of I don't know potential tetanus and lots of the rusty nails under the soil and your kids are going to be planning that all the time and could be a deep puncture wound. You can make a case for that, but I would this is where I get really almost adamant that the routine vaccine schedule the CDC recommends resentsments.

I'm adamantly opposed to it. The reason why not beyond just my personal convictions and my personal discernment for my family and all that, but as I become educated and knowledgeable and I ran I've discovered this doctor up in Portland, Paul Thomas. He's got a book called the vaccine friendly plan.

He's the largest pediatrician in Portland and it was until a few weeks ago his license got yanked inappropriately and illegally in my opinion, but he had 10,000 kids in his practice for the last 20 years and he did a 10-year study. Kids that refused all vaccines versus kids that followed the CDC schedule versus kids that did a modified schedule such as let's not do the hepatitis vaccine on day of life one, let me wait until they're two years old and then I'm going to do it thinner. Let me wait till they're five or six or seven.

They're more their immune system is more mature. Let's not do it onslaught, you know, per the CDC schedule at month two, four, and six. So he published his data and what he showed was significant difference in overall health of kids who followed CDC's vaccine schedule versus a modified schedule.

We're talking increase in autism, increase in allergies to food and just dander and environmental allergies, increase in learning disorders and behavioral disorders, increase in autoimmune disease like type 1 diabetes, increase in asthma, all these different childhood diseases which we have seen skyrocket over the past couple decades since

the vaccine schedule exploded in 1986 after they identified all the vaccine manufacturers. They can't be sued. So there's plenty of evidence out there.

You have to go find it, go look for it, do your due diligence that this aggressive current schedule of vaccination proposed by the CDC does not infer health to children. So people need to be very, very careful, do their due diligence, get knowledge and then use their discernment and prayerful discernment on what's best for their individual child. And that's not even going into potential treatments that we could have for all these germs if you do run into an overgrowth.

And that's kind of a whole other subject of natural therapies that we're not even hard to be allowed to talk about because the FDA is the one who licenses cures. You can't say the word cure or even treatment. I view vitamin C is not a treatment for anything because the FDA says it's not.

You can't get approval to say that. So I'd be attacked, not attacked, I would be sent a letter by the Federal Trade Commission for false advertising. If I advertise to people that COVID-19 could be completely handled with ozone, ultraviolet blood irradiation and I intravenous vitamin C and nebulis hydrogen peroxide with a drop of iodine, if I claim that FDA and FTC would be all over me, I can't make that claim because I haven't gone through the trials necessary to prove to FDA that and therefore I could be a snake oil salesman in the Federal Trade Commission.

So I'm going to allow that. So that's a whole different discussion of what about all these germs of childhood illness and having natural therapies. But I will say do your own due diligence to research those things.

Wow. Okay. That was amazing information.

That was concise and lays it out that you can make a case for some things and then it's so balanced. It's such a balanced view because you'll have people that are, I mean, I'm on my podcast just talking about a biblical worldview. I've been labeled neo-Nazi, anti-vax, flat-earther.

Like anti-vax is one of those things that immediately gets thrown on you if you're just a rational thinking person that just says, "Well, maybe it doesn't work." Oh, just to say maybe it doesn't work automatically makes you a neo-Nazi. It's crazy. Yeah.

I tell people to be real, real careful with anyone who's using a term anti-vax quack or conspiracy theories. Those three terms to me are red flags for people who don't want to just discuss and have a robust debate. We've got to resort to these name calling things.

And even honestly, that's kept a lot of doctors on the sidelines who these kids are getting injured by COVID-19 vaccine and adults. I've seen tremendous injury and I've talked to doctors privately who privately don't nod their head in agreement, but they just

do not want to be labeled anti-vax so they won't say a word. They won't even tell the patient admitted to the patient.

It's awful. So that whole label and that identity of, "Oh, no, I'm going to be labeled something and I can't be seen as a crazy outcast." It keeps people's mouths closed, unfortunately. Yeah.

Yeah. Yeah.