(man faintly talking) (child faintly talking) (dramatic music)

- I'm Dave Martin and I'm the Founding CEO of M.CAM International. I have been involved in evaluating and analyzing intellectual property for the purpose of using patents and copyrights and trademarks and things like that in international finance and business since 1998. For the decade preceding that, I was involved in doing clinical trials at the University of Virginia for FDA clinical trials on medical devices.

Well, to make sure that somebody has a proprietary right, whether that's a patent or a copyright, to try to understand what they actually have, it's important to build a mechanism, to detect inside of language, whether the thing that you have is unique and novel, or it's unique and novel to you, or in the worst instance, the possibility exists that it was never unique and novel to you. Maybe you took the idea from somebody else and you just substituted key words or key phrases and made it look like you invented something that you didn't invent. So it's important to have a means by which you can examine language, such that you can detect metaphoric or plagiarized or any other perversion of language, to know whether somebody actually says they have what they have before you start putting financing around it.

The linguistic genomics technology maps the intent of communication by looking for language and word order pairings and combinations, to look for normal and non-normal patterns in communication. The primary application is any corporate communication, which is intended to control some part of a market behavior, whether that's the price of a product, whether that's the innovation that's inside of a product, regardless of what the controls are, what we're trying to do is say, does a person or does a company have the ability to control what they represent they have?

Beginning in 1999, we started taking a very active interest in a number of things that appeared to be anomalies in the patent system and in the global innovation system. And a huge amount of those had to do with what appeared to be violations of biological and chemical weapons treaties that are an outgrowth of limitations following the Second World War. And so beginning in 1999, we started monitoring everything that potentially could either explicitly cross the line or potentially blur the line of biological and chemical weapons manufacture, research, anything that looked like it was potentially outside the either legal or ethical rules of international conventions.

- [James] Okay, for what purpose, sir?

- Well, when you're looking at the entire archive of human innovation, you obviously see things that are splendid and wonderful things. You see people, you know, trying to solve big problems, you see people trying to come up with unique gadgets, you see people coming up with all kinds of interesting things. But you also see potentially some of the worst behaviors and the worst actors doing what they're doing. Because the patent system, unfortunately since 1980, has been corrupted into a place where you can hide some pretty bad acting in plain sight, whether that bad acting be taking someone else's idea, trying to misappropriate a technology, whether that be promoting or potentially distributing information that ultimately will harm humanity.

All that information is out there. And the number of times we found what appeared to be people doing things that certainly crossed the line of ethical or moral research was pretty compelling. So in 1999, we just started tracking every single program in 168 countries that appeared to be blurring the line of ethical and moral research.

Well, I'm fascinated with the audacity of some of the worst forms of human behavior. I think that there is always a fascination, whether we talk about a serial killer, whether we talk about a corrupt researcher, I think it's fascinating when people do unethical or illegal behaviors, and then almost as a challenge to humanity, they leave a talisman or they leave a token behind as though they are challenging someone to find them. And so I look at what happens in the innovation space, around biological and chemical weapons and toxins and munitions, as kind of the same way I'd look at a serial killer who leaves an artifact behind at the crime scene to almost taunt you into finding them. And I think there's a lot of people who are quite proud of the fact that they have been able to get patents issued on things that probably should never have even been the subject of research, much less commercial controls and market manipulations.

One of my favorite examples of the kind of thing that just shouldn't happen is the much fact-checked, and, unfortunately, never fact-checked correctly, patent that the CDC filed in April of 2003 on the genome of coronavirus isolated from humans, which they represented to be the thing that was associated with the severe acute respiratory syndrome or SARS. We all know that we were told in the latter part of 2002, going in 2003, there was an outbreak of coronavirus stimulated pathogen in Asia that ultimately gave rise to about 800 deaths and number of people that got ill. But it was very fascinating that in April of 2003, the CDC decided to patent the coronavirus isolated from humans, and specifically they wanted to patent the SARS version of coronavirus. They reportedly did it because they wanted allegedly to make sure that the virus was not available for commercial exploitation and it could be used for research.

However, tiny little problem with the storyline, is that it flies in the face of the actual written record. Because if you look at the written record, it turns out that in2005 and 2006, the United States Patent Office actually rejected-

- [James] Yeah, can you point it out to us?

- Yeah. I'm sorry. In 2005 and 2006, the Patent Office actually rejected the CDC's patents. In fact, it specifically said that the claims are rejected under 35 US Code, section 102, because all of the genome that allegedly was being patented by the CDC was already publicly available in GenBank accession number submissions. And they actually go through and list the fact that this alleged novel coronavirus, this alleged novel virus isolated from humans, was somehow different from the fact that there was already a public record, a published record, and therefore, all of this information was already in the public domain. It would have made a patent on this illegal, and, not surprisingly, the Patent Office came to that very conclusion.

Despite that, the Center for Disease Control appealed that rejection. And then they got a final rejection in 2006.

- [James] Can you show that to us?

- And so, in 2006, May 26th, 2006, the Patent Office issued a final rejection on CDC's patent. Once again, restating that you cannot patent a thing that's already published and in the public domain. But despite the fact that the Patent Office rejected it, and then rejected it again, the CDC continued to fight for a patent.

And one has to ask the question, if the public story around this is that the CDC was doing this to allegedly make sure that researchers could research this without limitation, why did they insist that the Patent Office was wrong by saying it already was free for people to use, it was already in the public domain, no one was entitled to a patent on this? You actually look at the patent filings and you do the detailed analysis of patent filings. What you find is at least 80% of the patents that we have reviewed, the 70,000 plus patents that we've reviewed since 1980, that have been issued to large pharmaceutical companies have either non-final or final rejections in which the actual application as submitted to the Patent Office is found to be an illegal patent filing, not conforming to patent law.

In my congressional testimony back in the late 90's, early 2000s, I made the point that about a third of all US patents are functional forgeries. And by that I mean that they do not contain any unique information. They're essentially the recapitulation of something someone else has done or already said, already patented. And as a result of that, they should have no basis in being issued. But when you look at the pharmaceutical patents specifically about 80% of them, out of the roughly 70,000 that we've recently examined with respect to the current drugs that are in the market, vaccines and other interventions that are in the market, about 80% of those have both non-final and final rejections, meaning that the patent examiner, looking at what has been sought by the company in question, actually comes to the conclusion that the patent as submitted is actually not legally grantable. And in many instances, there is a negotiation between the examiner and the patent applicant to come up with what ultimately the Patent Office will grant.

But very very seldom do the actual objections get overcome. What happens is that there is a negotiation between the patent examiner and then the applicant, and it goes back and forth. And very often, like in the case of the CDC patent, the patent examiner is left with a conclusion that says that the patent should not be granted. And then a supervising examiner or some other administrative practice is engaged to overturn the determination of the patent examiner. And so it's very common within the patent landscape that enormous numbers of patents ultimately get issued, even though the statutory and legal basis for granting that patent are not met by the application.

- [James] And can you just list a few of the reasons why they would be rejected?

- Well, there are three basic reasons for rejection. So the most fundamental is a 35 US Code section 101 rejection, which is non-patentable subject matter. When somebody tries to patent nature, for example. One of the criticisms of the coronavirus isolated from humans patent, which is the actual sequence ID, is in fact nature. It is not a human manipulation, it's not a human effort. It's actually just a fragment of nature. And therefore, not legally patentable under section 101 of the law. Section 102, which has to do with anticipation, meaning that somebody already has published the information, they've already disclosed the information, and in that case, there's really no basis for granting a patent.

And then section 103 and several other sections that have to do with whether or not you've disclosed adequately something that can actually be practiced. Because at the end of the day, a patent is supposed to be educating the public on useful arts and sciences, to quote the constitution. And in exchange for that disclosure, you're supposed to then be able to get a limited market right in the form of a patent that you can exploit in the marketplace. If you don't have a disclosure that tells somebody how to do what you say you've invented, if you are claiming to seek a patent on something that's already been in the market or already been disclosed by someone else, there are a whole bunch of things which stand in the way of what's called double patenting or the failure to disclose, an enabling disclosure, which actually gives you the ability to practice the invention.

There's a bunch of other statutory reasons. But when it comes to CDC, when it comes to the coronavirus, when it comes to a number of these particular patents, the real fundamental question that we try to raise is that, if in fact, the CDC was trying to file a patent on a naturally-occurring virus, that application would be an illegal application because you are not allowed to patent nature. If the virus had been tampered with, or if the protein sequence, the nucleic acid sequence, which is actually what the patent claim is about, in fact was manipulated and wasn't natural, then there's a whole cascade of other issues that definitely need inquiry, which is how did we go about getting coronavirus? Which in the CDC's own patent, they state that historically coronaviruses have not been associated with significant illness in humans.

How is it that suddenly in 2002, going into 2003, we have this magical alteration in betacoronaviruses that suddenly makes them lethal? And that question is the fundamental question that is behind an inquiry that we've been on since 1999 and Ralph Baric and NIAID's first efforts to figure out a way to increase the pathogenicity of betacoronaviruses. In 1999, there was a grant given to Ralph Baric at the University of North Carolina, Chapel Hill. And in that grant, there was an effort to figure out how to amplify a certain pathogenicity of what was called recombinant technology around coronavirus. Ralph Baric had a decade plus history in working with coronaviruses generally, had done a lot of work in veterinary science, around cardiac conditions for rabbits. There was a huge amount of research on cardiomyopathy in rabbits that had something to do with coronavirus. But in 1999, NIAID funded a project in which we first see the amplification of pathogenic components of the betacoronavirus.

And it's very important to understand that that happened in 1999, and the work that was done between 1990 and 1999, and then published in 2002, in 2003, actually started suggesting that there were parts of the coronavirus that could be modified. Specifically, the ACE2 receptor and the S spike protein that could be modified to increase the degree to which coronavirus could represent a health threat to humans.

I want that to settle in for a minute. Three years before we have the first SARS outbreak, we have researchers who are working on amplifying the pathogenicity of the things that make coronavirus extremely harmful to the human system.

- [James] So you find that suspicious? - Now that feels like that should invoke in at least one or two people, a set of questions. Which is, how is it that we went for allegedly whatever our evolutionary timeframe is, where we were coexisting with coronaviruses, and suddenly we start manipulating them with recombinant technology in 1999, 2000, 2001, and suddenly nature figures out a way to make these things also highly pathogenetic using the exact same mechanism that we've done in the lab in 2002, in 2003? Possible? Yes. Plausible? Not a chance.

What makes it even less a chance is if we actually look at what was being patented at the time, because we're actually looking specifically at the sections of coronavirus that are those sections that are specifically modified in the laboratory, which happened to also be the things that allegedly become modified by nature. Suspicious? Yes. Possible? Of course! Nature and humans could have been just following this exact same trajectory. Plausible? Not so much.

And what makes it less plausible is that we start seeing that the coronavirus, in its alleged zoonotic and alleged, you know, kind of natural pathogenicity enhancement happens to be happening at the exact same place that researchers are doing the same work. That seems to be a highly implausible story, regardless of who is telling it. But what we saw in the wake of 2003 was the Department of Health and Human Services, remember, the umbrella organization that controls the Center for Disease Control, National Institutes of Health, NIAID, and the funding mechanisms that ultimately go to laboratories across this country and around the world, what we saw was an increased amount of funding going into coronavirus research. And the research was specifically focused on not only the detection of, but also the amplification of the pathogenicity of SARS coronavirus.

Now a number of people have not paid attention to the evolution of this. But what you have in the written record, in the published record from Ralph Baric's lab, in the public record from a number of other laboratories, you see from 2003, right up until 2012, a proliferation of work around the amplification of attributes of coronavirus that are specifically targeting tissue that is going to be highly susceptible in the lungs and potentially susceptible in the kidneys. Because the ACE2 receptors seem to be something that has an enormous amount of attraction in terms of the research. But we see all of this work being done, and we've been told that the Department of Health and Human Services was doing it because they were very interested in making sure that they could control a response to potential outbreak somewhere down the road.

But during that entire period, there was no vaccine, there was no treatment, and there was no diagnostic developed. And that is because the Center for Disease Control also filed patents on the detection of coronavirus and on the treatment for coronavirus. In other words, they built a patent thicket around betacoronavirus stimulating SARS. And they built a thicket through which independent inquiry could not happen, outside of the important exception, which is people who would play their game.

- [James] So to inquire tests and measure the coronavirus, you'd be infringing upon their patent?

- That's exactly right. We're in a situation where you control the actual thing to test, you actually control the means of its detection, and you control the mechanism of doing anything that actually involves the treatment of that. And it turns out that the patents held by Ralph Baric, the patents held by the Center for Disease Control, and ultimately the 5,111 patents that were issued across the period from 2003, right up until 2019, the 5,111 patents that were issued were all issued within this interesting funding and research and interrelated directorates and interrelated corporate, private, public partnership, kinds of relationship, all of those patents issued around the core platform that said that the CDC was going to adjudicate who could or could not make an independent inquiry.

- [James] And all of these facts still hold today for this sort of scope too?

- So that's where the story becomes an interesting one. And this is once again where fact-checkers fail to read the record. I have on the screen here, the map which actually is the map from the ICTV or the International Committee on the Taxonomy of Viruses, this is the map of what constitutes SARS and SARS-CoV-2. And what every fact-checker has gotten wrong ever since they started fact-checking statements around this, is they have decided that SARS-CoV-2 is distinct from what the CDC patented. And that's almost true. We have to give them credit for almost getting it right. Because it turns out that the SARS coronavirus, which was published prior to the CDC's patent and all of its variants, have a number of points where there are subtle distinctions between the actual published record of what SARS was and what the CDC patented. So technically, when they say that SARS-CoV-2 was distinct from the CDC patent, they're almost right, except for a tiny problem.

For this coronavirus to be a SARS coronavirus, as evidenced by the ICTV itself, this is the committee that has the taxonomy definition role of saying something is a virus, by their own admission, the SARS-CoV-2 virus and the SARS-CoV virus, and several other variants of this virus, have over a 90% homology with each other. What does that mean? Well that means that to have the actual nucleic acid sequence which is described in the CDC patent, that is a criteria to land in the SARS subclade. So one of two things is the case, either the ICTV got it wrong, and it turns out that SARS-CoV-2 is a coronavirus, it's a different coronavirus, and it's not a SARS virus; or they've got it wrong in that the SARS-CoV-2 is a subclade, a variant, a mutation of the coronavirus, and most importantly, the actual viral strand that makes SARS SARS is in fact the same.

Now, that's not my opinion. And this is very important to point out. There is actually publication going back from 2012 to 2016 that makes the observation that the SARS attribute, in other words, the ACE2 receptor and the S spike protein is an area that has known homology across the multiplicity of SARS coronavirus classifications. And so if you actually look at their own data, and by their own data, I mean the publications coming out of members of the ICTV committee, the International Committee on the Taxonomy of Virus, if you actually look at their own publications from 2012 to 2016, one of the comments that is made in many of the papers is that the region associated with ACE2 receptor largely is unaltered across multiple different subclades of SARS coronavirus. And the S spike protein has a high degree of known variability, including actual natural variability, as well as a significant amount of synthetic variability, where researchers have in fact amplified the degree to which the spike protein has a pathogenetic effect in human cells. And so the known regions of alteration have been targets of research funded by NIAID since 2012.

And so this idea that somehow or another a magical new strain appeared, which had no similarity to anything we've seen before is actually patently false. And it's evidenced as being false by the committee's own work.

- [James] So in a word you're saying, this is not a novel anything?

- Well, in a word, what I would say is that the model of betacoronaviruses and the specific model of SARS coronavirus is known to have an enormous number of mutant strains, if you will, that have been detected in nature, and a huge number of mutant strains that have been manufactured in the laboratory. So the idea that a novel virus exists is patently false. Even in SARS-CoV-2, there are over 800 known variants of sequence identities that are distinct even within the SARS-CoV-2 model. So if we actually look at what we're calling a novel virus, the simple modifier, “a” novel virus, is false in its use because there is no “a” virus. There are components of viruses that have different lengths of homology and different lengths of what appear to be mutations or alterations. But if you actually examine the root, which is actually the nucleic acid sequence that makes a betacoronavirus a betacoronavirus, there is nothing about SARS-CoV-2 that is substantially clinically distinct.

And that's a very important thing. It's not clinically distinct. We can't say that some change in that genomic sequence is the reason why we have a particular clinical expression that is any different in what we say is this alleged natural SARS-CoV-2 variant. There is nothing about that that we have not seen altered in labs intentionally to make this more virulent. Since 1999, humans have been manipulating properties of the betacoronavirus model, and they have manipulated them such that they've become more pathogenic to humans. We saw that emerge in the 2002, 2003 outbreak. We saw it kind of resurface in the MERS outbreak in 2012, going into 2013. And we saw it again in 2019. And the very specific things that allegedly have altered in the genome of the betacoronavirus model called SARS-CoV, whether it's SARS-CoV-1 or MERS or SARS-CoV-2, those things that have allegedly altered are things that have equally been altered in laboratories. The amplification of the spike protein, the amplification of the ACE2 receptor. Those are all things that were anticipated and done in synthetic exercises in laboratories. And, we are told, are the same things that nature figured out at the same time.

Now I'm willing to accept that there is a statistical possibility that that could have existed. Everything I just described could have happened, that could have been a natural, just happened to be co-occurring humans were doing their manipulation, nature was doing its manipulation, they both figured out exactly the same target to manipulate. And I think that's implausible. We know that Anthony Fauci has been pouring a lot of money into this since he took over NIAID. The public record indicates that he has had about $191 billion of money that has flowed through NIAID, and that money has come not only from the national institutes of health appropriations, but it's also come from the Department of Defense and the bio weapons and bio terror programs that were instituted after 2001. So there has been a lot of money going through NIAID. A lot of it's gone into HIV, some of it's gone into influenza, and an enormous amount of it has gone into coronavirus and other pathogens. What we found interesting was that in 2016, there was a publication that came out involving people who are very intimately involved with the current situation, which in fact stated that there was a SARS-like Wuhan Institute of Virology--CoV poised for human emergence.

Now just sit with this for a minute. March 15th, 2016. We actually have a publication in which we are told that there is a Wuhan Institute of Virology pathogen poised for human emergence. Let me just say that one more time. In 2016, we have researchers who say that a Wuhan Institute of Virology pathogen is poised for human emergence. Do you think it was any surprise to a person who's been monitoring this since ? That when I heard in December of 2019 that there was allegedly a novel pneumonia strain happening in Wuhan, do you think it was a surprise that I actually thought, "Huh, nature. Yeah, nature must have done that," when I actually have not only the article that states that Wuhan Institute of Virology coronavirus is poised for human emergence, but I actually see that the individuals associated with that are individuals that since 2012 have been working in collaboration with DARPA and the USAMRIID and other agencies, and have been funded significantly by a number of foundations to work on development of vaccine templates and platforms and treatment templates and platforms for, are you ready for this, SARS coronavirus outbreaks.

And they have gone as far as to make statements about the accidental or intentional release of a respiratory pathogen. Is it a wonder that there is an outside chance that when I heard that there was allegedly a group of patients in Wuhan, China, that allegedly were starting to have atypical pneumonia, do you think that there was any chance I didn't think that, oh maybe Wuhan and a 2016 Wuhan Institute of Virology virus that was being manipulated in North Carolina, at the University of North Carolina, Chapel Hill, any chance I could have drawn the dots and said "I wonder if these have anything to do with each other?"

And isn't it ironic, isn't it ironic that the very individuals who were put in charge of manufacturing a synthetic chimeric coronavirus that had increased pathogenicity, the lung tissue, which increased the targeting of a pathogen into the respiratory system, isn't it interesting that those same individuals were the ones who were given charge of adjudicating whether there was in fact a novel virus?

- [James] It's nice, isn't it?

- It's so cool to know that the only people who can actually know the facts, the only people who can actually verify any of the information are the people who are the architects of the scheme in the first place? Which then asks the question, how did this happen? How did we get here? And what on earth is going on? Which makes it so compelling that any question about the source of this pathogen, any question about how it may have come into circulation in the public, any question about the appropriateness of not just the absence of a test, but listen very carefully, the RTPCR is not testing for coronavirus. It's testing for the fragment that US and Chinese and European researchers amplified.

We knew this pathogen had the capacity to be harmful in 2016. And whether or not this was accidental or natural or willful, why is it that on March the 25th, 2016, when we knew that the Wuhan strain of coronavirus could become a pathogen of consequence to society, why is it that we did nothing? Why is it that we didn't develop tests to detect the emergence of this in a population? Why is it that in 2016, we didn't come up with something better than the RTPCR test, which has no capacity to measure or detect the full virus? Why is it that we sat and did nothing for three years and then pretend in December of 2019 to be surprised?

And why is it that during that same period of time, a few other things seemed to be going on? Like a co-founder of Facebook investing in Sherlock Biosciences. Yes, so if Event 201 is another thing which allegedly has nothing to do with anything that's going on right now, and what I find interesting is that while it allegedly has nothing to do with anything that's going on right now, the person who paid for Event 201 had a commercial interest in having a pathogen that then created the Emergency Use Authorization to get technology into the market. Let's talk about that.

Dustin Moskovitz, a co-founder of the wonderful social media platform we all have come to know and love as Facebook. So Event 201 has been numerously dismissed as having nothing to do with the current COVID-19 or SARS coronavirus-2 kind of situation, except for a tiny problem. Event 201 was funded by Dustin Moskovitz, so co-founder of Facebook, an associate of Mark Zuckerberg, and the owner of two very important associations, Open Philanthropy and Good Ventures. Now Open Philanthropy was the organization that actually funded Event 201. And Open Philanthropy used the Gates Foundation, used Johns Hopkins University, and used the World Economic Forum as foils, as hosts for the event. But if you actually look at who wrote the check by their own admission, that was Open Philanthropy.

It turns out that Open Philanthropy also had a vested financial interest in doing something to stimulate a condition in which the Department of Health and Human Services would activate the Emergency Use Authorization because they invested $17.5 million dollars into a company called Sherlock Biosciences. Sherlock Biosciences has CRISPR technology, which is actually a technology that has been introduced as a possible way to very rapidly detect genetic and viral and bacteriological and other fragments of materials to do rapid diagnostics with a high degree of accuracy. CRISPR technology is the heart and soul of Sherlock Biosciences. And, giant shock, it was in fact Good Ventures and Open Philanthropy and Dustin Moskovitz who actually funded the event that gave rise to the simulation that ultimately led us to Event and led us to the events of the fourth quarter of 2019.

What you have in this is actually a very interesting picture that actually goes back a little bit further. Which is if we examine everything looking forward from September of 2019, when the Global Health Preparedness Monitoring Board, part of the World Health Organization, a board on which Anthony Fauci sits, a board on which the director of the Chinese CDC sits, and a board on which the Medical Director of the Gates Foundation sit as interlocking directorates, that same organization in fact gave rise to the phrase, the intentional or accidental release of a respiratory pathogen into a document saying that there needed to be a global simulation of a pathogen event, an accidental or intentional release of a respiratory pathogen, and it had to happen by September of 2020.

- [James] Yeah. So show the world at risk, right?

- So, here is the action step. Required actions. (David vocalizing) That's release, find the respiratory. (mouse clickings) There we are.

- [James] Can you highlight it? (David faintly muttering) (mouse clickings) What page is that?

- Page eight. Do you need me to highlight it?

- [James] Can you read the line?

- Oh, I'll read it on camera?

- [James] Yeah.

- So in the publication of "A World At Risk" on page eight, the Global Preparedness Monitoring Board stated that "Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen, whether naturally emergent or accidentally or deliberately released poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for the public health purposes along with the means to share limited medical countermeasures across countries. Progress indicators by September 2020. Donors and countries commit and identify timelines for financing and development of a universal influenza vaccine, broad-spectrum antivirals, targeted therapeutics. WHO and its member states develop options for standard procedures and timelines for sharing of sequence, data, specimens, medical countermeasures for pathogens, other than and influenza."

That was published September of 2019, three and a half months before allegedly nature unleashed a respiratory pathogen. And it turns out that all of the individuals who were associated with this publication are also associated with the control of the data regarding this publication. That includes Michael Bloomberg, that includes the Zuckerberg Foundation, and that includes the Gates Foundation. The same people who architected the events of September and October are exactly the same people who now control 100% of the data narrative because the COVID tracking project, which has willfully conflated RTPCR tests with alleged COVID- counts, despite the fact that the RTPCR test does not measure for SARS-CoV-2.

In fact, it has no ability to measure for SARS-CoV-2. And SARS-CoV-2 has not ever been established as a causative agent for COVID-. It has been associated in certain clinical settings, but it has never been isolated as the causative agent for COVID- in any patient ever. We have no evidence that SARS-CoV-2 causes a disease. That statement cannot be made by anyone. Equally, there is no basis to suggest that somehow coming up with a gene therapy that is passed off under the guise of a vaccine, has any ability to disrupt infection with a virus or disruption of the transmission of COVID-. There is no evidence at all anywhere for any of that. And the people controlling the narrative happen to have financial invested commitments to make sure this narrative is promoted.

- [James] And can you describe the roles of these four people and foundations a little bit further?

- Well, it's interesting when you think about the role that each one of these plays; obviously the Bloomberg Foundation granting an enormous grant to the Johns Hopkins University School of Public Health. Somewhat ironically, the Johns Hopkins School of Public Health is the US headquarters, if you will, for allegedly the independent information that is reported to media around how this disease is progressing across the country. Together with the University of Washington, these two institutions have been central in building the fear and terror narrative that keeps the death count and the infection count and the RTPCR count going as a daily drum beat to terrorize the public.

The Gates Foundation has been very insistent and has been one of the principal investors in a vaccine-only approach to medicine around the world. And once again, the universal influenza vaccine, which they and NIAID have been trying to promote for years, hasn't taken off for a very simple reason. It hasn't been effective in stopping influenza. At best, it may limit certain individuals' exposures to certain strains of certain experiences of influenza, but it has been a catastrophic multi-billion dollar failure.

And you have the means of communication, the Zuckerberg Foundation, not only controlling what is shared on social media, what is shared across the community, but more importantly, they are also instrumental in being the arbiter of the information that can be made available with respect to anything going from commercial or social or any other intervention where the majority of people are getting their information about events, about the control of their own lives and their own liberty. Through social media platforms, they're controlling not only what can be said, but they're expressly suppressing any piece of information that goes against the narrative, not dictated by science, not dictated by public health, but dictated exclusively by the people who have established financial interest in the control of a population.

All of which goes back to the September, 2018, and September, 2019, minutes of Anthony Fauci's NIAID Advisory Council meetings, where he lamented the failure of his HIV AIDS program, endorsed the, what he called infant imprint, universal influenza vaccine program, which he desperately wanted to get off the ground, and despite making every effort to get the influenza vaccine going. He had to come up with a new pathogen because it turns out that the influenza vaccine program wasn't working.

And now we have a program where we manufacture a pathogen that we have not been able to independently verify. We measure it with a diagnostic device that is neither diagnostic nor a device. The approach that is being used in the RTPCR is something that can give you whatever outcome you plug into it. Because the fact of the matter is, it's not measuring a virus, it's measuring a protein fragment that is amplified so many times that if you want to run the amplification cycle throughput enough, you can actually manufacture a positive or negative test based purely on how many times you run a sample. And we now have a single treatment that is the only treatment that can be discussed in public. And that is a treatment, where as recently as today, January the 14th, 2021, CNN publicly lied by stating in a video that the vaccine for COVID- is 95% effective against infection. That is a lie. They know it's a lie because infection has to do with the presence or absence of a pathogen, it has nothing to do with the presentation of symptoms.

And the clinical trials for what is being passed off as a vaccine albeit it is in fact a gene therapy, not a vaccine, by the legal statutory and patent definitions of vaccines. Despite all of that, we are being told that the very metrics around which this particular treatment has been measured, have nothing to do with infection, have nothing to do with transmission, and have everything to do with the individual experience of symptom control in less than 2,000 individuals out of a 40,000 person clinical trial. In the clinical trials for both the Pfizer and Moderna alleged vaccine, the primary endpoint, the primary criteria for success was diminished symptoms of COVID-19. Now remember, COVID-19 is not a disease. It's a family of symptoms, it's a family of clinical presentations. There is no requirement within this trial to confirm that coronavirus or even a positive RTPCR was present. All there is, is a symptom mitigation program.

And conveniently, many of what were recorded as adverse events for the clinical trials, which were not included as clinical outcomes for the actual effectiveness scores, were, are you ready for this, COVID symptoms! Fever, muscle pain, aches. A number of the things that were called adverse events in the trial were excluded from being measured as COVID symptoms. So when we are told that these were 90% or 95% effective, they are effective based on the design of the clinical trial that made it impossible for them not to be effective. But they were not effective in stopping infection. They were not even measured in whether or not they did anything for transmission. And the majority of individuals who received the vaccination or the placebo went through life, just like the rest of us, not having any symptoms at all, except adverse side effects in the vaccine population, which were considered to be normal vaccine side effects of moderate to mild severity.

So the fact of the matter is there has been no vaccine clinical trial as defined by what a vaccine is. And the intervention itself, the gene therapy intervention itself, from both Pfizer and Moderna, does not have as its primary objective, the stimulation of immunity. Its primary objective is to insert a synthetic mRNA fragment into the cell so that the cell actually manufactures the S spike protein equivalent. In other words, this is not a device to stimulate a primary outcome of immunity. It is to stimulate a primary outcome of making a toxin express within your body. And the hope of this therapy is that once your cell is making the pathogen, making the toxin, then your body will respond with an immunity. But that is a secondary, not a primary effect. And that's important for everyone to understand.

- [James] So what is your concern with that?

- Well, my concern is very simple. Your body should not be turned into a toxin manufacturing machine. Period. That's a horrible idea. It's a horrible idea to say that the way we treat a person for a disease they don't have is to create the toxin within their own body where their body is co-opted into producing the toxin with the hope that an immune response follows. But the actual intervention is not an immunity intervention. The actual intervention is to get your body to create a toxin, against which you hope the body then develops an immunity.

- [James] Okay. Yeah. And do you think there could be other purposes to it?

- Well listen. Anyone who willfully lies about outcomes, designs clinical trials that are, on their face, failing to meet a modicum of scientific discipline, any clinical trial that refuses to measure the pathogen for which a treatment is in fact the primary objective of the intervention, the fact that we do not have even the problematic if not defunct RTPCR data, if we don't even have information on whether or not individuals in this clinical trial did or did not have positive or negative RTPCR tests, this information, which would be a baseline for a decent clinical trial is non-existent. What we have is we have trials that were designed to succeed for the outcome that we wanted. The outcome we wanted was to fast track a vaccine model that is unproven, untested, and in previous experience has not worked. But we wanted to fast track it and the only way to do it was through an Emergency Use Authorization.

Can anything go wrong with that? Can anything go wrong with something where the only way you can get a product into circulation is to shield it from any liability for any manufacturer of that product? Could anything ever go wrong with that? I'll leave that to you to decide.

- [James] Okay. So some people are claiming that the virus hasn't been isolated. What would you say about that?

- Yeah, so that's an interesting problem because the way we now examine the model of viruses is analogous to a jigsaw puzzle where you don't have the picture in front of you. And all you have is the shapes. And it turns out that if you took a jigsaw puzzle and you flipped it on its back and all you saw was the gray bits, you could put the pieces together, mostly. And most of the pieces would find a home. And if, God forbid, you flipped it over, you may or may not see a picture as a result. Now, the reason I'm giving you that metaphor is simple. The way we distinguish what we call viruses or mutations of viruses or modifications or alterations of viruses is analogous to exactly what I said. We take fragments, we do not take the whole thing. And we actually take fragments and we line them up with computer simulation, probabilistic models that say that we think this fragment and this fragment and this fragment and this fragment line up with something that we have in a database. And when we get to a certain number of similarities, we go, yep, we now know what the thing is.

The problem that we have is that we actually are not isolating a physical structure called a virus. We're not understanding its core of its own genome, and we are not making sure that the thing that we've isolated is in fact, something that also transmitted to someone else. We have a simulation and a model, and then we are fitting biological fragments into a model without knowing what the picture is.

- [James] So could you refer to some of the language in these papers that make you say that? (mouse clickings) Okay, so what are we looking at here?

- So, this is the paper, the "Genome Composition and Divergence of the Novel Coronavirus, 2019, Originating in China," this is the paper that was used as the basis for calling this a novel coronavirus. And what you see when you actually read the paper, is that what they've done is they've done a series of comparisons of genomes and inside of those series of comparisons of genomes, they are trying to figure out which fragments are the same and which fragments are different. The tiny problem is there is no standard to actually figure out which piece of a viral fragment is or is not belonging to a particular location. We have a model.

- [James] So can you refer to the line that says model?

- Yeah, so, let's unpack this a little bit.

- [James] Okay.

- Okay? Right here, let's start with the opening line, "The genome of coronaviruses whose size range approximately 26,000 to 32,000 bases," okay, "include a variable number 6 to 11 open reading frames." Let's just start with that. The coronavirus may be anywhere from 26,000 to 32,000 base pairs. That means there's a 6,000 base pair question mark, which says some of them have it some of them don't have it. In that there are 6 to 11, meaning that there is a plus or minus five open reading frame that could or could not exist. That's why I'm using the analogy of jigsaw puzzle. We know that there are pieces and we know how many pieces there might be, but we have no idea where those pieces fit. So what we have to do is we have to take fragments. We have to compare those fragments to other known fragments, and then guess that we compared those correctly.

We do not have a full genome that says that SARS-CoV-2 is this particular genetic sequence. What we have are a series of fragments that we've put together, like that jigsaw puzzle turned over on its back. We put those jigsaw pieces together and we say we think that the thing we're looking at matches mostly the thing that we think we've already seen. Never mind the thing we already saw was also built the same way. So we're building an unknown jigsaw puzzle on a previously unknown jigsaw puzzle on a previously unknown jigsaw puzzle. So you have a tiny problem. We don't have a picture of the original picture. (laughing)

- [James] So in the original Baric paper, you're saying it was based on a computer model?

- Yeah, and what we have here is a series of computer models where we have all kinds of fragments which we're comparing to each other. But what's particularly interesting in this one is that in this one, it actually says that the ACE2 receptor, the clinical significant piece in what's called SARS-CoV-2, is actually nearly identical to the previously known SARS. So it's fascinating that the thing that has a high probability of potentially having clinical significance happens to be the same as what we've seen before. And certainly is within 90 to 99%, depending on which paper you read, the same as what has been done in the lab in 2016 report. So the fact is that the part that has clinical significance appears to be largely unaltered and largely the same.

And the spike protein, which has high degrees of variability in all of the laboratory studies and in all of the synthetic and chimera combination studies, happens to be a thing that has so much variability, that there is not consensus on what that spike protein thing looks like because every paper and every subclade of the published version of this alleged SARS coronavirus has a series of known mutations. Which leads to this craziness where we have in their paper, the whole genome. But what we have is all kinds of fragments where we have similarities, but differences, but mostly similarities. Most papers would say that the SARS-CoV-2 that we are allegedly being confronted with in the alleged statement that somehow or another this particular pathogen is unique and novel and something that's been just new to our experience, somewhere along the line, it is about 96 to 99% the same as what we made in a lab and saw in a lab in 2016.

- [James] So in a word you're saying that there was some biological weapon made in the lab and then that has infected or-

- Yeah. Let's talk about this the way we're supposed to talk about it. If you're Ralph Baric or if you're Anthony Fauci, the story that you're gonna tell yourself goes something like this, nature has these pathogens out there and they are potentially hostile to us and nature or a bad actor could mutate that thing. And that thing could become dangerous to human existence. So, and just stay with me on the moral and ethical justification for what we're doing, so what we need to do is we need to simulate what could go wrong so that we can anticipate what nature or a bad actor could do so that we can then imagine or build out a template for how we would respond if nature or a bad actor did something. So, with that as our moral and ethical template, we then imagine what nature and bad actors could do and replicate them. Clearly, we are not bad actors in our own narrative of this version of the way we're going to tell the story, right? Because we're only doing this for the good of humanity. We are anticipating how terrible things could get. And we're doing that purely for the benefit of humanity. But let's think through that. We've developed an ethical framework that says we are going to somehow be above what could go wrong. An accidental or an intentional release, a hostile or a non-hostile act. We have decided in this model that somehow or another, we have transcended the risk that anything could go wrong. And we are capable of making sure that our synthetic experience of the horrible things that might unfold is so well managed and controlled that nothing bad can happen.

Except bad things do and bad things have happened. We have graduate students who come from, are you ready for this, the Wuhan Institute of Virology. We have researchers who exchange their way across the globe. We have funding agencies who launder public funds through non-profits and other organizations to make sure that the public appropriation of funds, which should have accountability and should have transparency doesn't. And then we make sure that those individual actors, who allegedly are doing this in the best interest of the human experience, are also the ones that are given charge of controlling their own morality. They're also responsible to control the ethics of their own behavior. And then when a problem emerges, they are given the opportunity to control the narrative, including being the ones to investigate where something went wrong. Nothing about that could go wrong, right? Nothing about that could ever go wrong.

(James laughing) So to interrupt or disrupt what's going on right now, unfortunately, all of the actions that are being taken right now in courts around this country, unfortunately, at best will restore rights and remedies to a few individuals. But until we stop the criminality of what's going on at the core, nothing, unfortunately, is going to ultimately change. This is going to require actions taken by attorneys general in states, it's going to require actions taken by US attorneys in states, or it's going to be actions taken by the Department of Justice. And I will leave it to you to decide how likely any of those three actors are to move.

But the laws that are violated are very, very clear. There are a family of laws under 18 US Code, sections 2339, 2331, subsection 802 of the Patriot Act, and section 1001, which have to do with funding acts of terror. And acts of terror is interesting. It's actually anything that is meant to coerce and intimidate a population into doing a behavior that ultimately harms them or could result in loss of life. There is no question that the actions that have been taken by the USFDA, by the CDC, by NIAID, and by their conspiring parties and affiliated foundations have in fact resulted in the loss of lives and livelihoods for hundreds of lives, potentially thousands of lives and millions of livelihoods. So the 18 US Code sections on terror and terrorist financing and the participation in terrorist acts are in fact open and shut situation with respect to what's unfolded.

The antitrust laws of the United States have been violated certainly since the early 2000s. The Department of Health and Human Services, the Center for Disease Control, NIAID, NIH and others, have violated at least three sections of 15 US Code, section 133, section 8 and section 19. The first one is the collaborating to commit a criminal conspiracy. The agreement that is made by corporations and individuals to conduct something where the intention of the thing that is being done is, in fact, a conspiracy. The very simple situation is, and this is in the public record, Dr. Anthony Fauci has decided that vaccines are the way to manage health. He has actively suppressed any actions, he has defunded research, and he has stood in the way of anything that does not meet the vaccine agenda as defined by himself, period, full stop. That is a violation of section 1 through 3, of 15 US Code, sections 1 through 3.

Second, section 8 of 15 US Code is interesting because this is where not only has that conspiracy been set up, but there has been an active market allocation that's been taking place. And what does market allocation mean? That means that preferential financial incentives have gone only to organizations and individuals who are willing to go along with the common narrative, actively defunding anything that could stand in the way of a project that meets the conspiratorial definition under sections 1 through 3, and actively allocating resources in non-competitive grants to individuals who are advancing the program of this particular campaign of terror.

And then 15 US Code section 19, this is a very important one, because this was the one that came out of the revisions of the Sherman and Clayton Act in the early part of the last century. And what that looks at is what's called interlocking directorates. It's when individuals have the ability to control or manage both information and decisions by companies or organizations that are in fact potentially either part of their own supply chain or known competitors. Now it turns out that in the case of Alex Azar, Dr. Anthony Fauci and others, not only did they allocate market to companies, we can all remember very famously the breathless enthusiasm for Gilead Sciences' Remdesivir or Anthony Fauci's relentless promotion of Moderna without ever disclosing the fact that there are in fact interlocking directorate problems where the person who's making a decision is actually ultimately also going to be responsible for the economics of that same decision. The reason why the Sherman Act and the Clayton Act were developed was specifically for the very actions that Dr. Anthony Fauci and Chris Elias from the Gates Foundation and the Chinese Center for Disease Control directorate were not supposed to be able to control everything from the creation of the demand, all the way to the price of the supply. That is an antitrust violation, that is a criminal offense, that is jailable criminal offense, and it should be the thing for which Anthony Fauci is arrested and tried and ultimately convicted.

- [James] So he sits on the board?

- Yes.

- [James] Okay.

- Now, there are also-

- [James] Maybe, describe that a little bit the boards he's sitting on?

- Well, we know that Anthony Fauci has sat on the Gates Foundation board with respect to advising on their public global policy, as well as on their vaccine program. We know that he sits on the Global Preparedness Monitoring Board together with the Gates Foundation's Dr. Chris Elias. These are interlocking directorates. These are directorates which control an entire program of both the invention of an epidemic, the promulgation of the campaign of terror, and the interventions required to solve these. There is no question that the interlocking directorate breach has occurred.

With respect to civil law, there are a series of civil laws that have been broken. First, 15 US Code section 41 to 52. Now, interestingly enough, this is the very section of law that the Federal Trade Commission has used for years to shut down complementary and alternative medicine. But specifically what the law says is that you cannot engage in deceptive marketing practices. Specifically, you cannot say that something treats, diagnosis or cures a thing that has not been established, and let's use the language, that has not been established with independent research, validated clinical studies, and the standard of science. If you don't have that, you're not allowed to promote diagnosing, treating or curing a disease.

Guess what? As of April, 2020, JAMA said that face masks had no evidence, zero, no evidence of supporting a healthy population. There is no evidence. To this day, there is still no evidence that they support a healthy population. As a matter of fact, the only evidence that's been presented are simulated models of ballistic exhalation, coughs, sneezes, singing, yelling, but all of those are done by environmental science studies that are looking at simulations. There has not been a single study showing that a face mask has done a single thing to stop the transmission of an actual measured virus from one place to another place. That study has not been done. The closest there have been are studies that look at the degree to which aerosolized droplets may carry pathogens within a certain distance. But even that was an environmental study that showed no infectivity at all as any measured outcome.

So we've had face masks promoted, we've had social distancing promoted, and now we're having RTPCR, something that has never been approved for diagnosis that is being used to manage the numbers of how many people allegedly are somehow infected with the alleged fragment of the alleged pathogen that allegedly is causing all this. There's no basis at all for RTPCR as a diagnostic. And RTPCR itself is explicitly not a diagnostic by its own admission. So we're not diagnosing anything but we're saying that when you have a positive RTPCR outcome, you are now conflated to have COVID-19. Pathologically, patently false, and a violation of subsection 52 of 15 US Code. That's a very important thing because it is the long arm of the law that has controlled the promotion of any alternative treatment. And so it is being used against alternatives, but it is actually being willfully abused by the people promoting face masks, social distancing, RTPCR, and most notably gene therapy that is allegedly supposed to treat and potentially cure a thing. Which it's done nothing to do and has not even been measured to do. This is not treating or curing any disease. So a violation of 15 US Code section 41 to 52.

A violation in almost every instance of 35 US Code section 206. And this is an important one, because in over half of the patents that NIAID has produced, there is no disclosure. In the patents that make it into medical products, there is no disclosure of federal government interest. That is a violation of the Bayh-Dole Act. Every government agency who funds a piece of research has to be disclosed inside the patent as giving marching rights or provisions to the United States government. And in over half of Anthony Fauci's own patents through NIAID, his patents and patents actually issued to NIAID, that disclosure does not occur. Section 101 of 35 US Code, the patenting of nature we've talked about before, which is something which has been recklessly ignored by NIAID for years and not just with coronavirus but also with Ebola, with Nipah virus, with Zika virus, with a bunch of other pathogens, section 101 has been run roughshod over of 35 US Code.

And the last but not the least at all is the 21 code of Federal Regulations. Section 50.24, and this is the one that's probably most impactful to every person watching this film. And that is that it is unlawful to conduct a clinical trial without informed consent. And specifically under 21 CFR, informed consent must involve an institutional review board that is empaneled by individuals who have no financial interest in the outcome of the study. That institutional review board has never been established. Period. So, whether it's face masks, whether it's social distancing, whether it's-

- [James] Just back on the review board, now this was done under an Emergency Authorization?

- It's not. Under 24, even in the case of emergency.

- [James] It says in there?

- That's straight out of the law.

- [James] Can you read that there?

- So 21 CFR section 50.24 and following says, "It is unlawful to conduct medical research, even in the case of emergency without a series of steps taken.

- [James] So the Emergency Authorization is unlawful, you're saying?

- I'm saying that every intervention for every medical countermeasure that has been taken has been done unlawfully under 21 CFR section 50.24.

- [James] Okay.

- So everything.

- [James] Yeah.

- Everything that has been done has been a violation of 21 CFR.

- [James] Okay.

- So this is an open and shut. By the way, this is an open and shut case. This requires no discovery, there is no information that we are lacking. This is a violation because every state, every county, every non-elected official, every governor, every public health authority, period, has put the public population into an unlawful clinical trial.

- [James] Yeah, it's pretty heavy, huh?

- Well, here's the problem. Those are some of the laws, criminal and civil that have been willfully broken. Yet we are supposed to accept that these criminals and these people who have neglected the civil laws are still somehow acting in our best interests. I dunno if you've ever done a background check on an employee or, I don't know, maybe checked out a babysitter before you have them watch your kids. These people are criminals. The people who are controlling the narrative have violated at least six criminal statutes, at least. They have violated at least five civil statutes, at least. And we're still listening to them. Think about that, people. Criminals are actually running the asylum. This is not Dave Martin's opinion. This is facts substantiated by federal records that I have actually produced and you'll be able to read and review on your own. These are not my opinions. And we have to make something abundantly clear.

Just because someone has not been convicted, just because someone has not been tried, and just because someone has not been even arrested does not mean that they are any more or less a criminal. Just like when you get in the car and you drive at 70 miles an hour in a 55, you're breaking the law. Now, you may not be caught, but that doesn't mean you haven't broken the law! Similarly here. Just because these individuals are not arrested, just because they're not tried, just because they haven't been convicted, just because they haven't been found guilty of these things, does not make them any less criminal. And we need to be very clear on this. We are being controlled by a criminal organization and our lives are being crashed into the rocks by individuals who have willfully engaged in criminal actions since 1999.

- [James] Okay.

- There have been 5,111 patents filed that include claims or descriptions around SARS coronavirus in the United States and around the world. But that's the tip of the iceberg. We have also identified a number of other pathogens that have been equally prepared for this type of activity. Things like Zika virus, things like Ebola, and most problematic, things like hemorrhagic fevers. Other real pathogens that cause real problems using the pathogen model around the world. Where amplification of pathogenicity and amplification of distribution have been explicitly the subject of funded research. Much more troubling is that we've also seen in the minutes of NIAID's own annual Advisory Committee gatherings, we've seen mention of the fact that there needs to be preparation for bacterial and fungal infections associated with the respiratory tract. One of the reasons that people cite for bacterial and fungal infections of the respiratory tract is the inappropriate use of masking techniques, which may amplify bacterial or fungal risks to the respiratory system. Isn't it ironic that the very organization that's been telling us to damage the free flow of air through our respiratory tract has already in their own minutes, anticipated an outbreak of bacterial or fungal infections associated with improper breathing.

This is not just a campaign that has been designed to inflict this first round of terror on the population. But the very individuals organizing this set of actions has contemplated your future harm and is equally positioned to commercially exploit that as well.

- [James] So in a word you're saying you're seeing the same suspicious activity around coronavirus as you are in Zika, Ebola?

- And many, many other pathogens.

- [James] And do you think it's likely we'll live through one of those?

- I think it's very probable that the same perpetrators who saw how easy it was to pull this stunt off are going to try to pull it off using other alleged pathogens until we, the people, stand up and draw a line and say we're not going to tolerate it. I've often said we have the future we deserve. If we allow surrogated agents, whether they be governments, whether they be religious leaders, whether they be experts or authorities, if we allow surrogated third parties to take control of our best interest, this is in fact the outcome that we deserve. Until we understand that anyone who uses the agency of dominion and fear is in fact an actor that we should not appropriate, we should not elect, and we should not endorse.

If you're using the agency of fear, you've got no business being a leader. If you believe that somehow or another, the way you inflict your will on a population is by the suppression of access, the suppression of information, the suppression of conversation, the suppression of assembly, you are not qualified to be a leader. And if ultimately you seduce a population by willfully lying to them and say, "I will trade your liberty, I will trade your freedom, I will trade your access, if only you bow the knee and take the shot," you have no basis to call yourself a human. Because humanity is not about coercion, it's not about manipulation, and it's not about fear. And we, the people, must collectively now stand together and examine our own lives, examine our own experience and say are we somehow fueling the very system that is harming us?

If you have fear, root it out. If you've decided someone or something is so important that you give up your liberty, re-examine that decision and claim your liberty over whatever that thing is. And before you take a devil's bargain that says in exchange for this shiny object, maybe air travel, maybe venues for concerts, maybe whatever that thing is, you get it only if you take this industrial chemical intervention. Ask yourself the question, will you be a fully functioning human being at the end of that transaction?

We're not asking that question, and we should be. Because it turns out that if you're at a concert and you're having muscle spasms, if you're at a concert and you can't think straight because you have encephalitis of some sort from a intervention, if you're on a plane traveling to a destination but you can only get the handicap room because you can't navigate because your muscles don't work, was it a worthwhile transaction? See, think through the whole transaction. Because the fool will say, in exchange for my potential wellbeing, I'm going to allegedly get this benefit of access down the road. But think about who you're going to be when you get that benefit. Because it turns out that the data's already in. You might have Bell's palsy, you might have spasms, you might have an inability to think or concentrate. You might lose certain control of your body functions. But that's okay, you'll be on a plane going to a venue. Is that a deal you want to make? Think about it, people. This is your choice. This is your choice whether you are going to supplant your wellbeing, your life, and your livelihood for the interest of someone who pays no concern at all for that very same thing.

Courage is a funny thing, isn't it? I think that many of us mistake the notion of courage for some form of a kinda hero epic story that we're telling ourselves that somehow or another there's this great force of darkness or there's a great force of evil and it's so powerful and it's so huge and it's so gargantuan and how on earth do we stand against the tide of darkness and how do we stand against these giant forces of evil? And I think that we do ourselves a disservice when we think of our incompetence or our impotence against the scale of the problem.

I think if we really want to understand courage, we have to understand integrity. Because for me, it's really simple. When I get up in the morning, I know what I am going to encounter in the day. What I'm going to encounter is challenges that might be presented, and those might be large challenges or small challenges but I know who I am. I know that I am going to bring all the tools that I have, all the experience that I have, and all the decisions that I've made up until now, and I'm going to bring that into whatever I'm going to encounter in the next day.

When I have a conversation like the conversation we're having right now, I don't see this as an act of courage. I see this as the inevitable next step of how I've always chosen to live. I've always chosen to live this way for a simple reason. Not because I'm courageous. In fact, I would argue it's exactly the opposite. I think it's unbelievably courageous to allow someone else to make decisions for your life. I think it's unbelievably courageous to actually live in an illusion that says that individuals who have already evidenced that they have no concern for you are actually out for your best interest. I think that's courageous. I think it's courageous to believe a narrative that you know to be false and think that somehow or another you're going to survive the outcome of whatever unfolds. I think that's courageous. I think what I do is not courage. I think what I do is integrity. I examine information. I inquire to the point of getting source facts. I make sure that before I open my mouth, I have actually considered the consequence of the things that I say. And whether I'm on camera, whether I'm around a dinner table, whether I'm in front of a lectern in Capitol Hill, it doesn't matter where I am, the same information has the convenience of being easily delivered because it happens to be verifiable and true. That's not courage, that's integrity. And I think it's time that we stopped looking for heroes. I think it's time we stopped looking for the crazy Marvel comic version of the world where this is some sort of cosmic battle between good and evil. It may be.

But I can tell you that the most important interaction I ever had around this topic was a story that I'm going to close with. I had the good fortune of meeting the head of the Zoroastrian faith in Tehran, in the middle of the 2000s. And I was asked to meet with this individual and I had the great opportunity to have a conversation with him. And I was ignorant of his faith. But I had a general awareness and I said, "Help me understand something. How do you have a faith that involves a story in which, as I understand it, when the end comes, everything goes dark? The light goes out. Not a story of hope that somehow there's the, you know, city of light and golden streets and all of those kinds of things. In your story, it ends with darkness." And he looked at me and he smiled and he said, "David," he said, "the darkness may win one day." But he goes, "The purpose of my life and the purpose of my faith, is to make sure I add to the light so that the darkness can't win on my watch." What a beautiful gift. It's not about winning, it's not about losing. It's about making sure that your light is brighter on your watch so that at the very minimum you've pushed back the darkness for one more day. Add to the light, don't add to the darkness. (somber music) (somber music volume increasing)