



Dr Ron Ehrlich [00:00:00] Hello and welcome to Unstress. My name is Doctor Ron Ehrlich. Now, before I start, I would like to acknowledge the traditional custodians of the land on which I'm recording this podcast. The Gadigal people of the Eora nation who for over, well, tens of thousands, almost 65,000 or more years, have been the custodians of the land on which I am recording this podcast. The Gadigal people of the Eora nation. And I would like to pay my respects to their elders, past, present and emerging. Well, today we are going to reflect on the pandemic and all that led up to it, how it was managed and all that passed after it or something passed after it. I mean, the pandemic was an opportunity for global reflection, so I thought it would be a good opportunity to reflect on that because there are so many interesting lessons to learn, sobering lessons to learn about the pandemic and the way it was managed, the way it was perceived, and the way it is still being looked at. My guest today is Professor Ian Brighthope, now Ian's been a great mentor of mine for over 30 years. And has been a [guest on the podcast before](#). He has a lifelong interest in nature and health. He graduated in Ag science, agricultural science in 1965 and then in 1974 graduated with a Bachelor of Medicine and Bachelor of Surgery. So he's a medical practitioner. He's been a clinician for over 40 years and a passionate advocate for health and all that can promote our natural immunity. Yes, we talk about natural immunity in this podcast. It's still an important thing, even though you could be excused during the pandemic for wondering whether it existed at all. As a founding president of the [Australasian College of Nutritional and Environmental Medicine](#), ACNEM and he was president for over 26 years, Ian pioneered the first postgraduate medical course in nutrition and the Environment and Environmental Science, and its related fellowship in Australia. He's now an official ambassador for ACNEM. Ian has published extensively, appeared publicly as an advocate in front of governments, in front of conferences. He's been teaching literally thousands of dentists and doctors and health practitioners, nutritional and environmental medicine for over 40 years. We discuss many issues, including the pandemic. What emergency use authorisations mean, the significance of it in fast tracking experimental, medications like the mRNA vaccine through, to the public. You know, we congratulated ourselves on or the narrative in the media congratulated us on how quickly we had got

this vaccine out. Isn't it a wonder of modern medicine? Well, it's a wonder of modern marketing. The reason things take 5 to 10 years to get through is because we like to know that what we have is safe, and the beauty of an emergency use authorisation is that it absolves the manufacturer of liability. So hence, natural immunity could stand in the way of rushing through, a new novel, medication and a gene therapy medication of that. Look, we discuss a whole range of things. I hope you enjoyed this conversation I had with Professor Ian Brighthope. Welcome back again.

Prof Ian Brighthope [00:03:52] Thanks, Ron. Great to be back.

Dr Ron Ehrlich [00:03:54] Ian I always like to get some guests, not every guest, back for a regular chat and catch up. And I always look forward to our discussion. So I really wanted to share some of that with our listener. You know, when the pandemic occurred, I saw it in a way as an opportunity for global reflection on health, particularly as we were told that a lot of these diseases that are common would predispose us to serious, serious problems and death. So it was a way of really focusing people on their death. Yes. And taking their health very seriously. So I, you know, now we're a few years after it and I wondered if we might just reflect. Now, I was interested in your reflection of the pandemic, and I know you've been involved in a royal commission, which I'm hoping we can talk about as well.

Prof Ian Brighthope [00:04:46] Sure. I think, I mean, there's an old saying, you should take every opportunity, even if there is a crisis situation, because out of every crisis, you can create something better. I'm twisting words around a little bit here because it's my own little philosophy, but, I think, the emergence of a severe flu like illness to be called the pandemic, was something beyond the pale. And the response globally, was, an overreach that, has, long term adverse effects on, on society, on our culture, on our economy. Children and on our health as well. So, I'm quite controversial when it comes to, talking about this issue. As you probably are aware.

Dr Ron Ehrlich [00:05:45] Well, and, you know, not a small part of why I enjoy talking to you and wanting to share those views with our listener, because I don't think it's a view that is heard often enough. Yeah. Go on. Please.

Prof Ian Brighthope [00:05:58] Thanks, Ron. Well, there was right at the beginning. I knew something was quite wrong. Every epidemic that we've ever had has been badly managed, very badly managed. From bird flu, SAR's, pig swine flu, H1n1, all the flus, they, called epidemics. And yes, they are caused by a virus known as the influenza virus. We don't look at the individual when we are looking at public health. We're looking at the whole of the public, and trying to find a solution, for the entire population. That solution is usually a vaccine or an antiviral drug. But individuals, the individual health is ignored in all of this, and we're all treated the same. And that is we've got to have, a vaccine. If we get sick enough, we go to hospital and get a drug, an antiviral, and we end up in

intensive care, we end up with more drugs and other bad later possibly dying. Well, we've known for a long, long time Ron, a long time, that there is very, very good science on the importance of, you know what I'm going to say, vitamin D in the prevention and defence against these, but, these viruses, why does some people get, these viruses and get sick? Some die, some end up in hospital, some end up with complications, and the majority of the population just get a simple runny nose or a headache or a day of tiredness, or some people, no symptoms at all. The reason is genetics. Number one. Number two, lifestyle. And most important part of lifestyle is exercise, diet and exposure to sunlight. And if we've got levels of vitamin D in our system and other nutrients system, we just don't get these viruses, our mucus and our skin. The outside lining of our bodies is that skin. The inside lining is called mucous membranes. The mucous membranes, if they are in tact, they just don't let the virus stay healthy. We know that the things that make mucus healthy. Are your vitamin D, vitamin C, zinc, and so forth, all of these things that occur in nature. And so we overreact. But we've overreacted because we've been told to overreact. We've been told it's a frightening virus. When it wasn't, it emerged as just a severe flu like illness. And the authorities in the World Health Organisation, who are, bureaucrats and, elected bureaucrats who are running an organisation that I have severe and grave doubts about its integrity, its honesty, and its ability to look after the global health. The World Health Organisation has pandemic preparedness organisations attached to it, such as Cepi, the Committee for Epidemic Preparedness and Innovation and Cepi do not have qualified people to look after individual health concerns. They're looking at what are we going to do for the next so-called pandemic or epidemic of virus? And that is we've got to have vaccines available, to combat disease, which is an absolute nonsense. Vaccines, have never been shown to be safe. Yet we come out, they come out with, statements that these mRNA vaccines wrapped up in a lipid nanoparticle are safe and effective. Well, they were neither safe. And they were neither effective. We were promised, I mean we can go back to the vaccines a little bit later, if you'd like Ron. We were told lies by organisation, and we know that their lies because they're actually still, encouraging the lies to be told they're the most heinous lie, of history ever. Because, the, the vaccines, responsible for, an increased, unexplained, unexpected death rate, up to 20% in some, demography, around about 60% average now.

Dr Ron Ehrlich [00:10:21] And that point, that point which you've just said very quickly, I think we need to just pause there for a moment, because it's not a statistic that many people are hearing about, and yet it's very real. Just back up a little bit there and flesh that one out a bit more for us.

Prof Ian Brighthope [00:10:39] Sure Ron. Well, when we look at the statistics and the statistics don't lie. When we look at the statistics in, in the US, in Canada, in the UK, Australia, New Zealand, we see an increase unexpected death rate. And it started not during Covid. It's not due to Covid that Covid did not kill people at the rate we expected it to in 2020.

Dr Ron Ehrlich [00:11:01] Remembering Ian that in 2020 we had the most virulent strain, the Delta strain, which was the worst of all Covid. And that that was yeah. Yes. That wasn't the elevated mortality right then. No. In subsequent to it, the rates have gone up considerably.

Prof Ian Brighthope [00:11:21] That's right. Whereas subsequent to that. And if you mind, I'm just going to jump out of my chair for a second and grab something that is important for your, your listeners. Sure. This was a book. It was published not so long ago.

Dr Ron Ehrlich [00:11:38] And We're reading it because some people are on audio only, but it says '[Too many dead an inquiry into Australia's excess mortality](#)', which is not just Australia's. As you've said, there have been excess mortalities in between 15 and 20% in the UK, US, in parts of Europe and in Australia, go on.

Prof Ian Brighthope [00:11:57] Yes. It was published by the Australian Medical Professionals Associate Society, which is an alternative to the Australian Medical Association. These doctors who started MPS, the doctors are awake to what's going on with regard to these pandemics, so-called pandemics. The Australian Medical Association did absolutely nothing, as did the GP when it came to looking after the individual's health and actually helping people to stay alive. And preventing the need for, a vaccine that was told would stay in the deltoid muscle and it didn't. It spread to everywhere, including the gonads, the ovaries, testicles and brain and heart. And that's why we're seeing so much, sickness as well as, now seeing males without any sperm. And these are young males. So the excess death rate, is accompanied by all of these, illnesses and diseases, including neurological diseases, myocarditis, severe heart disease. Cardiac arrests in young men in particular, like young athletes. As well as, what we call turbo cancers or lightning to those cancer cases that come back very, very rapidly, and grow rapidly and kill people very quickly. And I'm sure some of your listeners, if not many of your listeners, will know of, people who have died unexpectedly, and died young, and died from unknown causes.

Dr Ron Ehrlich [00:13:27] And that's often now to play the devil's advocate here, that in the media is often described as this is a part of long Covid. And this is exactly why we have to be so scared of this, pandemic. You know, this is long Covid at work.

Prof Ian Brighthope [00:13:45] Well the media are telling a lie. All of the media are telling a lie. And I'll come back to that a little bit later, because it's important to understand where this lie is coming from. But. And I'm not, I'm not telling stories. I've got. We've got evidence for all of the things I'm saying now, the the. The Sorry Ron.

Dr Ron Ehrlich [00:14:08] Well the Australian, I know Ian for example the Australian government are currently conducting a royal commission into Covid and I know you have presented a lot of this this data which isn't just an opinion. You know, this is backed up. Tell us a little bit about that and the royal commission that's going on.

Prof Ian Brighthope [00:14:29] Sure. Well, look, there's a number of senators who are awake to what's going on. Who are aware of the, the adverse effects of the vaccines and aware of the fact that the government has turned a blind eye to, the, increased, unexpected deaths. The government has actually denied a number of occasions to have proper inquiries into these unexplained excessive deaths. And so the senators who are looking at all of the data from around the world, are calling for a royal commission. And the Prime Minister actually said, we've got into government that they would conduct a royal commission into Covid. Now they're backing out of it. We're trying to back out of it because of the exposure of both the Labour government and the previous Liberal government to the negligence, the absolute negligence that's occurred at government levels with regard to, looking after the Australian population and keeping them protected and keeping them safe. So these senators are calling for a royal commission, and, there was a, an opportunity, on the 1st of February for, us to present in the Senate, our terms of reference for a broad based royal commission, because we don't want the government to determine the terms of reference, because when they do, they'll be so narrow. We won't. We will never get to the truth about what's been happening. So, if people have a look, at the, I think that's on the, on YouTube in terms of reference and the, it went for seven hours during that entire day in which various organisations, including MPs and organisations that I was representing as well, as headed up by a lawyer by the name of Julian Gillespie, a number of experts on the panel presenting, arguments for particular terms of references. And that means examining every aspect, every aspect of the management of the pandemic in Australia because it was a disaster, an absolute disaster. It's turned Australia into a land of poverty where people can't afford to eat, people can't afford to buy, young people can't afford to buy a home. They don't realise that there was over half \$1 trillion wasted, on this pandemic and the ongoing costs of sickness and illness and people who are not productive anymore, people who can't work because of the adverse effects of the vaccines. That the level of destruction of our culture and society has been unbelievable and people are still picking on one another for being vaccinated and for being unvaccinated when people are innocent of all of this, they were made, I call it the most heinous crime in human history to inject an experimental, unproven, unsafe drug into the entire population, not only with not only a genetic material, a viral genetic material. It's synthetic, but wrapped up in a in a lipid nanoparticle. And lipid nanoparticles don't break down. They are highly inflammatory. They cross the blood brain barrier. They go into your brain that go into your heart. They go into your testicles, into your ovaries and your eggs. These lipid nanoparticles, are extremely dangerous. But not only are they carrying the messenger RNA to produce the spike protein, which is also toxic, there's no way of switching off the production of the spike protein once it's in your cells. But the lipid nanoparticles carry in each injection tens of billions of particles of the DNA the blueprint of life, DNA. It's not just mRNA it's DNA, the nucleic acids that make up our genes. And we know that these are now able to be carried into the nucleus of cells in our bodies. So we don't know God, nature, whatever. We just don't know what's going to happen. There may be no long term effects, but that's not the case in my life where people are coming to me saying, so-and-so died, so-and-so got cancer, so-and-so's cancer has come back. It's coming back with a vengeance.

Dr Ron Ehrlich [00:19:03] Well the increased mortality rates themselves require some serious investigation. I mean, I know that the mortality in Australia is something like 165, 160, 165,000 every year. It kind of tracks along and what you would expect for the percentage of the population. And in 2022 and 23 that jumped up to 190,000, which is a 30,000 people, jump. And you kind of have to wonder what is going on here. But Ian my concern is this, I mean, we were talking before we started

this conversation about a forum that was run by the Australian government in [April 2022](#), and this was the head of the health department, Professor Brendan Murphy, the head of the Australian Medical Officer and Deputy medical officer, Paul Kidd, Michael Kelly, the head of the TGA, Professor John Skerritt. And this was a forum and I am quoting for early treatment of Covid. Now, this was 22 months after Covid first appeared. So I wouldn't exactly call it early treatment. But anyway, the only thing that these key opinion leaders and product champions, I would argue, talked about was 5 or 6 newly patented drugs. Not a mention about natural immunity, which is another word that I that kind of stopped existing during the pandemic. Apparently, if you claimed natural immunity was an issue, you were a heretic. You could have almost been disbarred from practising. I mean, but these are the people that are going to be determining the scope of the royal commission. Really? Aren't they?

Prof Ian Brighthope [00:20:59] Well, hopefully not.

Dr Ron Ehrlich [00:21:03] Hopefully not. This is your namesake and Brighthope, you know there's something there, isn't there you live by that, but I, I do share a bit of I have a bit of concern about that.

Prof Ian Brighthope [00:21:14] Well, I do too. But there's not a single person in this country, at those levels who is qualified, trained and experienced in nutritional immunology or nutritional medicine. There's nobody. It is the most important approach to maintaining the individual's health and the health of the community and the population. Not one sceric of information was given to the public about how you could improve your resistance to this virus. This flu like virus causes no symptoms in a majority of people. And, serious problems in a very small and very susceptible few.

Dr Ron Ehrlich [00:21:58] Well, I remember Ian when you I mean, you know, in the as I mentioned in the introduction, you are the founder and president and a lecturer for the Australasian College of Nutritional and Environmental Medicine. And you drafted up some letters, which I was very proud to co-sign as president at the time. But we sent letters. Tell us about what you, what we but what you basically sent to and who you sent it to and what the response was.

Prof Ian Brighthope [00:22:26] Well, I started the trouble there on but a lot of other people joined me, which is.

Dr Ron Ehrlich [00:22:32] Well, with good reason. But go on. I think a lot of listeners would not be aware of this.

Prof Ian Brighthope [00:22:37] Well, before it was even claimed to be a pandemic, I wrote a letter to, the health minister and. I copied it to the Prime Minister and the Chief medical officer, the AMA, the GP, and others, because I suspected that there was something wrong with a virus that was all of a sudden just came out of the blue. When we know that the virologists in these laboratories around the world are playing with weaponized and kind of function viruses. I suspected something was wrong. Way back then, as I have with every other so-called pandemic when their badly managed. So I thought, we have decent people in our leaders, and, I wrote, appealing that they consider the use of vitamin D as a defensive mechanism. And I provided references for it. I suggested everybody be put on a C, D, zinc, which is vitamin C, which kills the viruses, as well as, supports the immune system and zinc, which is also very, very important in so many, biochemical pathways in our body, especially in, the immune system and the production of antibodies. And, I thought that was a reasonable thing to do. And, no, no response from any of them. I got a response from the AMA, but it wasn't very satisfactory. I wrote also to the unions and business leaders saying that we don't need to do these strange things like lockdowns and whatever. I wrote a number of letters. There's no responses from any. And this is this is bizarre and what's going on? And then, of course, it got worse. And the messaging and the narrative from the government and the government offices, got worse and worse and worse. But this is this is not. This is not right. We should be isolating and quarantining those who were at risk and letting everybody catch the virus because it's like every other cold, like virus. It is a cold blooded virus. It's not even a flu like it's not a real flu virus. Let them catch it. And, get natural immunity. Make sure they've got, the vitamin D levels up to a reasonable level. Easily test to a blood test. The GP's could do blood test and measure the blood levels of vitamin D, and if the vitamin D levels were low, then supplement, if they're very low give them an injection of vitamin D, it's painless virtually and back to back to normal normality that the catch the virus that probably, may not even know they got it. and then induce natural immunity, which means you've got immunity from the mucus, which is healthy and just knocks off the virus, to the deepest cells in your body, because that's where the vitamin D goes to. Vitamin D is a sunlight vitamin. So basically, it takes the vitamin D made in the skin from the sun, exposure to the deepest, cells in, in your body. So you've got a mechanism of defence at every level, every organ and tissue of your body. That is profound. It's long lasting. And as you know, Ron, our immune system has memory cells. So when you get exposed to the coronavirus, the next time when you reject it pretty well straight away because you've got IGA antibodies in your mucus, and IGA antibodies will never cut it in your mucus from injecting a vaccine into your skin, especially when it doesn't have the proper antigens. And is only a messenger RNA. The, I'll say it again, a toxic, genetic therapy.

Dr Ron Ehrlich [00:26:39] So I think a lot of people don't realise that even as they're going through their boosters, they're still part of a phase four clinical trial.

Prof Ian Brighthope [00:26:48] It's a clinical trial. It's a dangerous job.

Dr Ron Ehrlich [00:26:51] Yes, yes. I mean, it's I mean, you normally get disclaimers, you know, you normally get told, you know, we're not responsible for, you know, x, Y or Z, but, this is still a phase 4

clinical trial because we don't know the long term effects of this, which is another story, but go on. Sorry I interrupted.

Prof Ian Brighthope [00:27:09] You know, if I was still practising and I'm not, I'm retired. But if I was practising, I would tell people don't take it. If you're not told exactly what it is, how it's manufactured, what's in it, what are the side effects? What are the possible side effects? And make sure you get full informed free consent, from your doctor. Then don't take that drug. Because if you don't know what it's going to do to you, don't take it. And, this was a new platform, a brand new platform, but it was not a brand new platform when you look at the history of it. It's been around for 20 years. Messenger RNA has not been shown to be in any real disease of mankind. It's not been shown to be safe, but they used it. And here comes the conspiracy theories and a lot of conspiracy theories, coming, into fruition as conspiracy facts.

Dr Ron Ehrlich [00:28:10] Well, and I would argue beyond a conspiracy theory, it was an extremely good. In fact, I think one of the greatest business models in human history, because there's a thing called emergency use authorisation, which was the key. I mean, I remember getting the response or a response from the TGA to your letter and letter and saying, there is no evidence to show you.

Prof Ian Brighthope [00:28:36] But I didn't have anything to do with that.

Dr Ron Ehrlich [00:28:39] No, no. Well, I'm very proud to be part of it, I really was. And you sent 50 references from refereed journals. This was not a light paper. This was a really, I thought, a very great scientific paper. I was really proud to put my name to it. Humbled in fact. But the but the, the TGA wrote back saying, oh, there's no evidence to show this will have any effect on. In other words, and no evidence to show that natural immunity will have any effect on the virus or the response to the virus. That was essentially what they were saying. There was no evidence to show that natural immunity would have any effect on the virus. Extraordinary statement. But coming back, coming back to oh, and I want to preface one other thing about the TGA. They got 2 or 3 articles from the manufacturer on the antivirals like Paxlovid and Molnupiravir, and apparently that was more than enough to rush it through. But coming back to emergency use authorisation, because you're talking about side effects and the beauty of, and this is something I don't think a lot of people know either. The beauty of having an emergency use authorisation on your product is that your absolved of all liability.

Prof Ian Brighthope [00:29:56] Yes. Precisely. I mean, the vaccine manufacturers, have been absolved of, litigation and immunity, against litigation, since 1986, I think, when, it was President Nixon, actually, gave them the go ahead because the vaccine manufacturers said we're getting sued by too many people for, side effects, and deaths, as a consequence of the vaccines. So we're not going to make anymore. So they actually, blackmailed, the government into giving them, immunity

against prosecution and liability. And so therefore, these manufacturers just rubbing hands in glee, we can manufacture, products that don't have to necessarily be of high quality. We've shown the, Covid vaccines, commercially and, not of high quality. They contain contaminants. That is the DNA. And also endotoxin from the bacteria that make, the, in very nice, very hot and toxic substances. It can kill people and shock people. So they got away with it. And it's, as you say, the greatest business model that's ever been designed, because you can make people sick with these things, and then you come out with new drugs, such as the anti-cancer drugs that they're coming out with now, because the vaccines have been causing these cancers and they've got something else to treat the cancers with. So, I believe that this cartel, this, monopoly, that they've got has to stop. Otherwise we are going to continue building RNA factories here in Australia and Canada and elsewhere. And we're going to be producing RNA will be going into not only, us as adults, but our children in our food supply, you know, beef, pork and chicken, everywhere because they think this technology is going to save the world. This technology is going to cause more pollution than anything that you can imagine. Let's say, Ron, you and I have got pesticide and herbicide residues in this case. We know that. We know that we've got heavy metal residues in our systems. We now know that our cells inside ourselves, we can have microplastics. Well, what happens when these lipid nanoparticles, nanoparticles don't break down very easily? Go into the environment. And the spike protein or the breakdown products of the spike protein are going into the environment. This is a protein that is made by the environment. It has never, ever, ever existed in nature. So how in God's name isn't actually going to handle it? We just don't know. As I said before, this is the most heinous experiment of humankind. And also on the rest of the world, on the rest of life, on this planet. The end of my career. I never thought anything like this would ever occur. Ron. But there is a very dark side to humanity. And this dark side, is driving these, these experimental vaccines, these experimental, genetic, substances into the population. Why? Well, if you look at the the World Health Organisation, it gets funded by people who make it. I want to make a lot of money. People who are making vaccines or investing in vaccines. And it's also associated very closely with the World Economic Forum, common memberships, etc.. And the World Economic Forum. It started in the early 1970s. It was, was dreamed up by, a cabal of individuals, who put, a particular person in charge to develop it and grow it. Who is clearly, a Marxist or neo-Marxist and, basically somebody who wants to, set up one world government. That's what the World Economic Forum is, is one world government. And this is the way they're trying to achieve it through control of the population, through the World Health Organisation. And, compliance, especially of the West to, vaccines, treatments, lockdowns, and the rest. So, we know that the World Economic Forum, head, Mr. Klaus Schwab, he is, the nephew of a Nazi. He, and, others, proud to admit I believe in eugenicists of the. They believe in Genesisism and whatever it's called. And that is population control. And, some of the wealthy have claimed that vaccination will actually, be used to reduce the world population. So, I'm not going to mention names. People can look up the names, the very, very well known names. Billionaires, who, who don't care about individuals. They care about power and money, and influence. And, this is, as I wrote in one of my [substacks](#), it's the dark, very dark underbelly of humanity. And we do need to to look at ourselves, as spiritual beings and come back to, beliefs and philosophy of life. Everything should be good and clear and pure. We should be devoid of the seven deadly sins. I look to, either philosophy or religion or belief in, in something that's bigger and better than ourselves and try to aspire to that because money and power and what governments mean, we're going to end up being enslaved. And, we were in prison. And I call it, imprisonment when we were locked down. And if you lived in Melbourne like I do, you actually look in the eyes of those who locked us down. And these people are pure, pure evil. I'm sure there's some good in some of the leaders, but, taking orders from, directly or indirectly from the WEF, the World Economic Forum and

the World Health Organisation in terms of managing pandemics, our lockdowns. And the injections and then the, Schwab has said quite categorically these that we will own nothing, but we will be happy. That's. Yeah. That's not the way it is. Mr.. Mr.. Schwabe. Yeah. You're not going to win, because, humanity is far stronger than your beliefs and your system of control.

Dr Ron Ehrlich [00:37:00] Well, you know, and I mean, I've been following this story of how the influence of industry. And I did a podcast on it where I actually, had the speech given by Eisenhower of all people, the former general of the armed forces in the Second World War, who had been president for eight years, came out with the statement a little bit late. I think he'd already retired and just retired, saying the thing we have to fear most is the unsolicited, influence of the industrial military complex. That was in 1961. I did a whole podcast on that quote. And, and I've been following this story for all of my professional life. And so I've been and I've written about it and I'm aware of it, but even I was shocked by the extent of that influence, which I now extend beyond chemical, food and pharmaceutical industry to media and government, all acting as one almost literally with the same message, but literally word for word, the same message. So it was almost scripted. And, and I think this was coming back to our discussion about natural immunity. And I want to remind, well, the reason an emergency use authorisation is given. You know, we were kind of congratulated. Isn't that great? It used to take 5 or 10 years for a vaccine to get approved. We got this through so quickly. How good are we? Well, if there is an alternative treatment to a condition like natural immunity, like vitamin D, zinc, magnesium, vitamin C, ivermectin, dare I say ivermectin or hydroxychloroquine in a combination of all of those, if there was a treatment for the said condition, then there is no emergency use authorisation. There is no immunity from liability. So this is part of the whole story. This is you know, I ask people when I say the word to you, ivermectin, what do you what do you think of. And nine out of ten people will say, oh, that's the horse dewormer.

Prof Ian Brighthope [00:39:10] Yeah.

Dr Ron Ehrlich [00:39:12] Ignoring ignoring that it won the Nobel Prize for medicine in humans.

Prof Ian Brighthope [00:39:16] Yeah. Yeah. I mean, it's a substance that was derived from the soil fungus in Japan. As you said, this governor has got the Nobel Prize for it.

Dr Ron Ehrlich [00:39:29] It's 2015.

Prof Ian Brighthope [00:39:31] Yeah. Billions of billions of doses have been used in Africa to prevent killer diseases and serious diseases like river blindness and elephantiasis and many, many other, parasitic infections. But you mentioned the military industrial complex, Ron. It's the military industrial farmer complex. Now, and you could also add as you say, before food and media. But they're all in

lockstep, all the governments lockstep. You know why? Because they've all been infiltrated. They've all been infiltrated by, again, the great reset man, Klaus Schwab from the WEF. And he is just another, puppet of the the real dark underbelly of humanity, those who really, really want control. And they are the, the wealthy banking families, the extreme wealthy banking families that we don't see end to all these. These people are puppets, our politicians are puppets as well, their puppets of the WEF and the puppets of the World Health Organisation as, bureaucrats, because they can't speak for themselves. Their told what to do. Because this WEF and W.H.O., they've been established for a long time, and they have psychologists working with them who know how to manipulate the human mind to manipulate the human behaviour and human responses to situation. The best thing you can do as profiteers, propagandist Eichmann, said many, many times, all you have to do is repeat a lie many, many, many times. And the population will believe it. And we were told the biggest lie that this virus was it was killer virus. And that was that was going to kill us all, or kill 50% of the population. So many tens of millions of people from the epidemiologists in the UK was all rubbish, was all rubbish. But the media, were caught up in it as well. The media, have a lot to answer for. And that includes our national media that I've been told by. Again, it came from the W.H.O. and the manipulators within the organisations attached to the show through the British Broadcasting Commission, BBC, formed the Trusted Media Initiative for the TMI, as it's known, and the trusted media initiative is. We have a message, we have the narrative, we will tell you the truth, and everybody falls in lockstep. So all the media around the world followed in the Trusted Media initiative, including ABC. Yes.

Dr Ron Ehrlich [00:42:01] No, no, I was I was shocked. I'm not sure that he's a banker. I know he's involved in other things, but I do know that Bill Gates has a huge influence on the W.H.O., both in funding and influence. But on another note, you know, I if I reflect on a public health stepping away from the pandemic now, if I reflect on public health over the last 40 years and the trajectory that it's taken during our careers in, I would I'm going to make a statement where the medical profession and I think, you know, there are some amazing people in the medical profession and some amazing procedures that are lifesaving, incredible technology, incredible knowledge. I've been the beneficiary of that. So that's the caveat I put on my next statement, which is that I think the medical profession have presided over, unwittingly presided over the worst epidemic in preventable chronic diseases in human history. What would be your response to that statement?

Prof Ian Brighthope [00:43:04] I agree with you Ron. Okay.

Dr Ron Ehrlich [00:43:07] Well, you know, and you've been lecturing for 40 plus years on improving natural immunity, which is something we were all taught in undergraduate training as doctors, dentists, anybody doing a science degree or health degree would have been talking about biochemistry and physiology, which is exactly what you've been lecturing on for 40 years. And why hasn't that message been more embraced.

Prof Ian Brighthope [00:43:39] Because of opposition to it? And, you know, when you're playing a game, you play the ball, you don't play the man. Ad hominem is what is characteristic of our

professions, where if you come in with something a little different, a different idea, about things as an undergraduate or as a post graduate. They they shun you, that you're an outcast. You become, you don't appeal to your peers anymore. So most doctors and dentists are highly conformists in terms of their, their behaviour. They will tick all the right boxes, say all the right things so they can climb the, professional ladders and get to the top. And if you don't do that, you're left down at the bottom somewhere, or you're kicked out completely, like they tried to do with me and, and others who, had different ideas about how healthcare should be, managed.

Dr Ron Ehrlich [00:44:41] And did to many during the pandemic, too. And who had the audacity to suggest natural immunity was worth pursuing?

Prof Ian Brighthope [00:44:48] Yeah. Well, even if wrote a prescription for ivermectin, the horse paste which saved lives, including people who were sick in hospital. And I can guarantee that because, I've got, colleagues in, for example, in Africa who use it all the time for, you know, the, the severe diseases in Africa. And they, they found the people who took Ivermectin didn't get Covid and die, or giving up ivermectin ended up in hospital very quickly. You know, it's just.

Dr Ron Ehrlich [00:45:19] \$2.50 for a five day course Ian. Not not good, not good. I mean, that's not good economics.

Prof Ian Brighthope [00:45:26] Good for business, that is.

Dr Ron Ehrlich [00:45:27] Whereas Paxlovid and Molnupiravir was five, six, \$700 for a five day course. But I digress for a moment. Sorry.

Prof Ian Brighthope [00:45:35] And, you digress, but it's a good digression, I think coming back to.

Dr Ron Ehrlich [00:45:43] Why isn't it more embraced and the whole approach in question.

Prof Ian Brighthope [00:45:48] The public have embraced it. Well, when I started Blackmores, the, the vitamin manufacturer would not go into a pharmacy because they said pharmacy will put, you know, it will pollute philosophy. Because we are herbal, we are natural. But you know, I insisted that they go into pharmacy. At one stage I spoke to Marcus Blakemore and said, you know, a lot of people who would go to the pharmacy for the medication, know what the pharmacy, they have your product there. So, I mean, broke that, that, that, difficult situation. And, now you can see them everywhere.

They're in grocery and supermarkets, everywhere. So the public know what works. The public know what's good for them and the public are voting with their faith. And so my profession has been left behind. Unfortunately, they have been quite obnoxious. The leaders are quite obnoxious, and in fact, there's been no leadership in the medical profession for a very, very long time. And we know why. Because they are conflicted. The, the various colleges and associations are all part of Big Pharma. They either get funding directly or indirectly from pharma. So they're not going to break that mould. They're not going to say, look, we're going to go niche. Yeah. Because it's not part of the business model. The business model is established by Rockefeller and others in the 1930s, when they went to the universities and said, we will fund your medical schools, providing you, research and develop drugs now and the drugs, of course, based on petrochemicals. Okay. That's where most a lot of drugs come from. So that was the start of the, the, the pharma medical model. I.

Dr Ron Ehrlich [00:47:33] I think it got a real kick start in after 1980 where a lot of, universities were said, well, you have to find your own funding now, and things have to be commercially viable or, you know, for you to justify your research. Yeah. In other words, you have to make money from what you're doing. And good health. As our dear friend Andrew Schulz once said, good health makes sense, but it doesn't make dollars.

Prof Ian Brighthope [00:48:01] Yes, yes. God. God rest his soul.

Dr Ron Ehrlich [00:48:06] But, you know, I once did a, I once did a podcast with [Professor Julia Rutledge](#) from, from New Zealand, and she said something to me once which made me stop and I repeating this again and she said, it's perfectly natural for doctors to be sceptical, curious and sceptical. It's perfectly natural. And I said, I agree with you there. My question would be at what point of their education does that curiosity kick in? Because in my experience, you know, we just got over those subjects like anatomy, physiology, biochemistry. I mean, God, who needs to learn those pathways. That just so irritating. Get me into pathology and pharmacology, where I can identify a disease and I know what to prescribe for it. That's where medicine really is at. I mean, I don't think the curiosity kicks in early enough.

Prof Ian Brighthope [00:49:00] But it's I mean, I loved all basic sciences as well, you know, but when it came to, looking after human beings, the wrong questions were being asked. You know, my background was in science. I did research on nutrition. I knew what might help animals healthy. I knew what stopped the, diseases in animals. If you, if you or crops and pastures and plants. Sometimes you can't grow plants on soils that are deficient in trace elements. And sometimes you grow sheep on, and cattle on, soils that are deficient in selenium and they end up with white muscle disease and cardio magli and all of these other things. You know, I think people should have a broader education and a wider education. I keep on saying, you know, you take a child, you send it to kindergarten. Then for six years they're in primary school, six years they're in secondary school, six years at university, studying medicine in another 3 to 4 years or even more to specialise. They've got very little experience in the wider world. And you don't ask questions. You don't challenge the

teaching when you go through medicine. You accept what your professors say. So this inquisitiveness disappears very, very quickly if you're going to tick the boxes. You stop asking the difficult question. And if that's the case, you stop asking the difficult questions. You come out the other end. It's like a sorting machine. You just do what you're told to do. You follow the protocols and you don't think yourself, you know, and when somebody, for example, takes up a medical journal and says to the, to the, the ear surgeon, for example, look, there's a study here to show that if you take children off, dairy products, they don't get glue ear anymore. And, middle ear infections that surgeons are interested in that because he wants to he wants to operate on the middle layer and put grommets in or take the tonsils out the adenoids. And I mean, they're blind to any alternatives. They're blind to, the possibility that a basic building block like vitamin D, for example, can prevent infection. Not only that, but prevent certain cancers. Yeah.

Dr Ron Ehrlich [00:51:23] Yeah. You've heard of, John Ioannidis. [Professor John Ioannidis](#) from Stanford. I mean, I think to put it in perspective for our listener, if I, if you write an article and you get. Cited a thousand times. That's just incredible. John Ioannidis has been cited 200,000 times. And he made the point that evidence based medicine is difficult to distinguish from evidence based marketing. So I would argue that doctors who are so overwhelmed with not only patients, but the bombardment of information, that the influence of industry is a story that's very easy to miss. But once you hear it, very difficult to ignore.

Prof Ian Brighthope [00:52:05] Precisely. I mean, you know, this was spot on with regard to this pandemic as well as maybe epidemiologist he should not have been ignored. But, that's not, being in lockstep with the rest of the world. And in doing what you're being instructed to do from the powers that be outside of the country. And my fear now, Ron, is with regard to the international health regulations and the changes to those that we if Australia signed up to them and agrees to them, then we are probably going to lose our health sovereignty. That is, we as a country and we as individuals will not be able to determine whether or not, we're going to take a particular drug because, they will force it to pass. And, that is not far away from us at the moment. People here, who I'm working with as well, lawyers and others, to try, and convince the governments not to go ahead and sign up to this so-called treaty.

Dr Ron Ehrlich [00:53:06] And this is a W.H.O. initiative.

Prof Ian Brighthope [00:53:09] Is a World Health Organisation and initiative. It's the international regulations. And it was, voted up, recently by the World Health Council. The health association, I think it's, that, it would be accepted and they shortened the amount of time countries had to consider it to about ten months from about 18 months. So they're trying to rush it through, and there's opposition to it. There's a number of countries, including New Zealand, who are, not going to sign up to it. So, hopefully, a lot more will, refuse to sign up to it and, they won't be able to pass it, but, I don't think I don't have a very much confidence in the federal politicians in this country. I think that's what that's

been very successful. When he he said, we will penetrate every cabinet. That means every Parliament in the world, and has been very successful at doing that.

Dr Ron Ehrlich [00:54:03] What are the implications? I mean, it's not just the politicians. I'm afraid I think it's the key opinion leaders and product champions who lead our health departments, etc.. But to what are the implications of signing this treaty? Just so we're clear on.

Prof Ian Brighthope [00:54:18] That, the implications are that it will give the World Health Organisation the authority to determine the management of pandemics internationally, and every nation who signed up to it will follow the instructions for the World Health Organisation. And we know, that the World Health Organisation gave advice to our leaders that it was important to, lockdown. It was important to mask up faster and work with viruses like this. It was important to put these plastic shields up. Important to, close the schools with masks on children. All of these, instructions and recommendations from the W.H.O.. And also, we wait until we get a vaccine, but we use the drugs that they recommend. And, of course, the drug companies have major influence on the W.H.O. because it's all part of the funding. The future is when, there is a pandemic and they keep on calling it a pandemic. It's, it's I mean, the biggest epidemic or pandemic we've got in the world is obesity, diabetes, obesity. These things are real pandemics. And the costing us fortune, they will determine the, actions of the countries, with regard to all of the things I've just mentioned, like the, the lockdowns, but also they will determine what we take in terms of medicines and we will be forced to take the vaccine like we were forced last time. But the next time, it could be even worse. And then it is physical force. Not just, a few people, a small percentage, being vaccine, refusals deniers, but everybody, will be injected, and or given the drugs, the, wanting to force on us. And if we continue to be sleepwalking to this, neo-Marxist state, then everybody just sit down, do nothing. Keep watching your television, enjoying your life. Because the situation that we're finding ourselves in now has been created by these people and the WEF and. Who and their leaders mistakenly by elitist, causing it, pushing it in the huge debt. With regard to the cost of the pandemic, which has been the early couple of years was, just under \$500 billion, which is a half \$1 trillion. And we've got a debt. We've got to pay off the interest. And where is it going? It's again going to the wealthy, the world, the belt, the bankers where we borrow the money for. They sucked a lot of money out of the country when we bought those useless vaccines. And we have a population of people who are sicker and sicker and sicker. So many on the NDIS, so many of our productivity levels have sunken. We know that. We've been told that lift our productivity levels. People are becoming homeless. They can't afford to pay mortgages. People are living in the streets. Young people. We should be able to afford a deposit for a home. Can't afford a deposit to pay for a home . So now the people in Parliament here in Victoria are putting on somebody to, at half \$1 million a year to, create more homes, social, housing. Where is he going to get the raw materials from? So the only shortages of raw materials, we're talking about a couple of hundred thousand homes.

Dr Ron Ehrlich [00:57:59] I mean, if, if we would now, you know, just want to finish on a positive note here because ...

Prof Ian Brighthope [00:58:06] We can't Ron, sorry. You know, you got to go.

Dr Ron Ehrlich [00:58:09] That wasn't in the brief, was it? No. But no, let's be positive, because they're probably health practitioners and poor people who are just listening, thinking, gee, I wish my doctor was changing his way or her way of approaching health. So let's start with doc, because I want to give I want you to give us some advice for doctors and for patients. If a doctor was wanting to change the way they approached health rather than prescription based, managed chronic disease, what would you suggest they do?

Prof Ian Brighthope [00:58:41] I would suggest the doctor, leave the AMA, leave the GP and join the [Australian Medical Professional Society](#), which is an organisation that's growing. It's an organisation that's awake to what's happening to an organisation that believes in, bodily autonomy. It's an organisation that believes in, full and informed consent. It's a body, of doctors who believe in health care that's not necessarily filling out, protocols. And, they, an association they are association with a lot of, very good relationships with other organisations, including public organisations and professional organisations. They were the ones who, published the, the book. '[Too many Dead](#)'. They are the ones that are the doctors who really care. And I have a friend still a practising and they scratching their heads about what's going on. They don't know what's going on. The MPs and associated organisations can help them to learn about what's going on and help to learn about, better health care, refer people to them and, and AMA and, and other organisations that are doing the training, retraining doctors to think about how medicine can be practised as a science and as an art, and not just as a, super salesman for the pharmaceutical industry, because health is more than drugs and surgery and, radiotherapy. Health is, a lot more than that. And the general public are waking up to it. The general public, talking about health care, they're talking about mind body medicine and nutrition. The right sort of herbal medicines and supplements to take of various conditions and prevention of this, that and the other, condition. Not to say that, modern medicine, as you mentioned before, has got some very, very, very, high, affective, technologies, for serious illness and disease. But, let's try to keep the population healthier and stop making the drug companies richer. Because, the time has come, I think, for us to, to, to observe that inflection point in history where I think the pharma industry has overstepped its mark with regard to, its activities in, society and culture by, injecting this, genetic, toxic substance into the population.

Dr Ron Ehrlich [01:01:18] Well, Ian, that's a note to finish on. And, we'll have links to your [Substack](#) because I think people might like to hear more about your opinions and what you're up to in the Royal Commission. So thank you again for joining me today, sharing your wisdom and knowledge. And thank you for everything you've done in terms of promoting natural immunity and public health. Thank you.

Prof Ian Brighthope [01:01:41] Well, thanks, Ron. And, I like to thank your listeners as well, because it's not an easy subject to listen to. And, you've done a great job conducting this interview, and, I respect your opinion enormously, so thank you. Thanks.

Dr Ron Ehrlich [01:01:57] Well, there's always so much to think about when, I talk to, well, at any of my guests, particularly Ian, who always has an interesting perspective on things. Got me thinking. I mean, he was using the term Marxist and neo-Marxist. Well, I could go and look that up because my knowledge of political theory is not great. Marxism is social, economic, and political philosophy that analyses the impact of the ruling class on the labourers, leading to an uneven distribution of wealth privileges in the society. It stimulates the workers to protest the injustice. How interesting. I mean, I had heard that the 20 wealthiest people in the world earned more in the three years of the pandemic than they did in the 20 years before that. So that's an interesting one, a neo-Marxist. I wasn't quite sure what the difference there was. Believe that power in society is not merely held by those owning the means of production, but also by those who control the superstructure. This includes institutions like the media, education, legal systems and legal systems, which help propagate the ideology and culture of the ruling class. Well, I'd certainly agree with that, in the sense that I've always been aware of the chemical, food and pharmaceutical industries influence. But I would add media to that. And interestingly, although Ian alluded to the control of bankers, and I don't actually share the idea that it's a population thing because we're trying to reduce the population, because one of the things that I think is the success of the pharmaceutical business model, which, as I've said repeatedly, is worth US \$1.5 trillion. There are two criteria, and I think this is relevant to Ian's point about the population. There are two things that a pharmaceutical industry does not want to do. One, it doesn't want to cure anyone because then they lose a customer. And two, it doesn't want to kill anyone because again, they lose a customer. So I just I'm not sure that reducing the population, reducing your customer base, if you like, is conducive to the business model, which we are all subject to. And interestingly, when we talk about W.H.O. funding, I found this interesting article. Currently, W.H.O. has full control over only about a quarter of its budget. W.H.O. therefore isn't and can't set the global health agenda and has had to do the bidding of rich donors, which only rich nations in Europe and North America, but also not only rich nations in Europe and North America, but also rich philanthropists like the Gates Foundation. Over the years, the billionaire philanthropists the Gates Foundation have become the second biggest donor, making the health agency heavily dependent on their support to keep functioning. Now, I'm always intrigued by the Bill gates and his claim to try to, improve global health. Because if I had as many billions of dollars as Bill gates had, the most obvious thing I would do would be provide clean water and sewage for the 2 billion people in the world that don't have it. And immediately I would improve global health overnight. But now the focus has been on, vaccines. And I believe gates has invested over \$1 billion in vaccines. And I say invest because I believe the return on that investment has been tenfold at least. So there's a lot going on there. It's a story that is very easy to miss, as is the case for many, many business busy health practitioners who were inundated with chronic disease patients in the waiting room requiring their attention, being bombarded by what is supposedly evidence based medicine and is in fact, according to the most cited, researcher in the world, Professor John Ioannidis is actually evidence based marketing. It's a story that's easy to miss, but once you hear it, it's a story that's difficult to ignore. With that, I hope this finds you well, until next time, this is Dr Ron Ehrlich, Be Well.

Dr Ron Ehrlich [01:06:11] This podcast provides general information and discussion about medicine, health, and related subjects. The content is not intended and should not be construed as medical advice, or as a substitute for care by a qualified medical practitioner. If you or any other person has a medical concern, he or she should consult with an appropriately qualified medical practitioner. Guests who speak in this podcast express their own opinions, experiences and conclusions.