

Examining the Evidence of Safe Interventions for COVID-19

A Special Interview With Dr. Janci Lindsay

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. Dr. Mercola, helping you take control of your health. Today we're going to dive deeply into the continued craziness that's going around, and we're joined with Dr. Janci Lindsay, who is a molecular biologist and toxicologist. That's actually, if I was to go back and get a degree, it would be in molecular biology. It's really my passion because it's so foundational to figure things out in biology. So, I'm always excited when I get to talk to someone with that type of training, and especially as it relates to COVID-19.

Dr. Joseph Mercola:

So, welcome and thank you for joining us today.

Dr. Janci C. Lindsay:

Thank you. Thank you for having me. Good to be here.

Dr. Joseph Mercola:

Yeah. Well, I neglected to mention one of the reasons that brought you to prominence recently, which is that I believe in April you testified before the CDC's (Centers for Disease Control and Prevention) ACIP (Advisory Committee on Immunization Practices) committee, which is the advisory vaccine committee for or – Advisory Committee for Vaccines, it's vaccine practices, I think. So, you gave a three-minute testimony. I'm not sure how you got into that position to do it, but you really practiced it really well and were speaking very fast and got a lot of information in there before they cut you off in mid-sentence. So, that brought you out in the limelight.

Dr. Joseph Mercola:

We're going to go dive deep, because you've got a lot of knowledge and professional training that gives you specific expertise to comment on this area, specifically with a vaccine you developed for contraceptive in the '90s which backfired. So, we'll definitely talk about that in a bit, but I'm particularly curious as what brought you into this. Why did you become so passionate about this and how can you comment on this so freely without any fear of being discredited, or ostracized, or even professionally nullified.

Dr. Janci C. Lindsay:

So, there are several questions there. The first, how did I get interested in it? I became interested in the issue because science was not making sense anymore. To get to that, for instance, herd immunity was being redefined. Herd immunity has always been defined by a combination of the natural infection with vaccination practices that work. Suddenly, herd immunity was changed to only being attained through vaccination, and I knew that that was horribly wrong, yet it was being touted everywhere. It was certainly being touted by Fauci and others who know better. Other things were happening within the scientific world as far as two of our top-tier journals,

The New England Journal of Medicine and The Lancet publishing fraudulent hydroxychloroquine studies. Ostensibly, they had gone through peer review, and should've been easy to catch the errors in these studies, as well as many other studies that allow for the emergency use authorization of these gene therapies, and they weren't caught.

Dr. Janci C. Lindsay:

So, other things. Hydroxychloroquine and ivermectin are very safe. They've been used safely in pregnant women and children for decades, and suddenly they were being vilified as if they were not safe, and as a toxicologist I know they are safe. So, these types of things really piqued my attention along with all of the stuff going on in the background with respect to the New World Order and the agenda set by the World Economic Forum, and our joining into this along with so many other countries, despite their intent or their materials, which claim life will be changed as we know it, we will own nothing and be happy in just a few years. All of these things converged for me into a sense that something had gone horribly wrong, that our regulatory institutes were captured, that our scientific journals were not being honest anymore. That's kind of how-

Dr. Joseph Mercola:

Okay. I don't know why, but I'm just really intrigued as to why someone, a scientific professional as yourself, would come to this conclusion, which I totally agree with. But you have to understand, of course, that there's the large percentage of other professionals in your field have bought hook, line and sinker the propaganda and the brainwashing. Maybe they haven't and have just refused to speak out. So I'm just wondering, what in your history opened your eyes to this and immunized you to this propaganda? Because it is pure propaganda, nothing but propaganda. Do you think that the – I mean, what your guess is to the other professionals, the scientists in your community, in your network, as to why they aren't speaking out? Is it they bought the propaganda or they're just afraid?

Dr. Janci C. Lindsay:

Well, that's a question that's perplexed many of us that have analyzed this situation critically. I believe it's a combination of both. I think that there is definitely, in academia, there is a psychosis maybe to be beholden to those that are above you or groupthink, where if you get outside of academia, which I have been for a number of years, I've been consulting as a toxicologist in [crosstalk 00:06:00].

Dr. Joseph Mercola:

So, you're a private practice, so to speak?

Dr. Janci C. Lindsay:

I am and I have been. I also own my own company.

Dr. Joseph Mercola:

Perfect.

Dr. Janci C. Lindsay:

And have for years. People that go their own way, and I've always been one of those, and I've always been one to question the status quo. I've always been one to do things differently, to come up with different solutions, which have been helpful for my clients. I've never been an in-the-box thinker. So, I'm not afraid to look outside of the normal avenues for explanations to what's going on. I definitely don't not see what's right in front of my face or discount it because it doesn't go along with the group ideology.

Dr. Joseph Mercola:

Yeah. So, I think you answered the question indirectly in that you're an entrepreneur. As an entrepreneur you have a special skillset that really places you head and shoulders above others who have, not to diminish their intellectual thinking capacity or their skillset, but have chosen to remain in academia or in institutions, where they're beholden to the powers-that-be, and especially Fauci being the chief godfather in this whole mess, having been responsible for distributing not a billion dollars but one trillion dollars in funding over his career through the NIH (National Institutes of Health), or NIAID (National Institute of Allergy and Infectious Diseases).

Dr. Janci C. Lindsay:

Yeah.

Dr. Joseph Mercola:

So, that's a lot of power. If you choose to cross Fauci in any way, shape or form, you are just demolished, literally decimated and taken out of the profession. So, there is that creates an enormous sense of fear within the academic community. So, I mean, the fact that you're out of that gives you quite a bit of freedom that these other probably likely reputable and great scientific minds just are unable to go forward because they just don't have the flexibility and courage to do that.

Dr. Janci C. Lindsay:

Well, I think they're not even seeing the same ... I know with some of my colleagues, they don't even see what we're seeing. It's almost as if they're blinded to what's going on.

Dr. Joseph Mercola:

That's what happens when you're brainwashed.

Dr. Janci C. Lindsay:

Yeah. They truly, many truly believe that these vaccines are safe and are effective, and they come up with a million reasons why-

Dr. Joseph Mercola:

First of all, they're not vaccines, they're injections.

Dr. Janci C. Lindsay:

Right.

Dr. Joseph Mercola:

They're genetic therapy [crosstalk 00:08:34].

Dr. Janci C. Lindsay:

The gene therapies, right. Right.

Dr. Joseph Mercola:

Because when you call it vaccines, it sort of sanctifies them and it gives them the illusion that they're somewhat similar to the previous vaccines that have been implemented, which I have major problems with. I know we'll probably disagree on that because you developed vaccines in the past. So, but there's many people who are pro-vaccine, like Peter McCullough and Robert Malone, the co-inventor of the mRNA vaccines – he's a vaccinologist and both of these individuals, incredibly bright people, got the COVID jab and the injection. So, they believed in it, but they subsequently learned that there was a different strategy.

Dr. Janci C. Lindsay:

You're right. They're not vaccines, they are gene therapies, and it's a brand-new type of technology that we've never used in the population as we are using it. It's been used for high-risk cancer situations in some trials, but beyond that, no. I think that we've gotten into this thinking scenario that is really wrong. You can be pro standard vaccine and still be anti 20 vaccines before the age of 2. That's an important distinction. We've gone from just four shots given in 1950 by the age of 2 to 26 shots given by the age of 2 now, and 56 I think given by the age of 18. At what point does the number of injections contribute detrimentally to children? I think that's a valid question.

Dr. Janci C. Lindsay:

You can be pro-vaccine and still question whether the proper studies are being done to evaluate the combinatorial effect of multiple vaccines at an early age and multiple excipients and other things. So, this being characterized as an anti-vaxxer or something is really incorrect.

Dr. Janci C. Lindsay:

I also did not, I was not the developer of the vaccine, of the zona vaccine in the '90s.

Dr. Joseph Mercola:

Oh, okay.

Dr. Janci C. Lindsay:

That was my first laboratory job at Baylor College of Medicine and I was working in a reproductive biology lab where I was on a team that was working on the development of this vaccine. So, I certainly didn't develop it myself. Credit should not go [crosstalk 00:10:57].

Dr. Joseph Mercola:

Okay, well, thank you for that clarification.

Dr. Janci C. Lindsay:

Yeah.

Dr. Joseph Mercola:

But you participated in it.

Dr. Janci C. Lindsay:

I did, absolutely.

Dr. Joseph Mercola:

And it had some unintended side effects or consequences.

Dr. Janci C. Lindsay:

It did.

Dr. Joseph Mercola:

Maybe we can go into that now, because it was for contraception but it wound up causing ovarian failure and sterilization.

Dr. Janci C. Lindsay:

Right, right, and now it's used in that manner in animals, in dogs and cats and other animals. So yes, we were developing a temporary contraceptive vaccine, what was meant to be a temporary contraceptive vaccine, which was very attractive because it actually prevented fertilization rather than preventing implantation, or it should have, that was the idea. Unfortunately, even though quite a bit of analysis was done in different animal models to make sure that it did not have an autoimmune action, it did end up having an autoimmune action and caused complete ovarian destruction. So, that's a cautionary tale of how animal studies can help us to avoid mistakes in humans when they're used properly and when proper animal studies are done.

Dr. Janci C. Lindsay:

In the case of these gene therapies, these important studies were not done and I really feel that there is a – well now we know, that there is a danger signal from at least two publications that have come out. The New England Journal of Medicine publication on pregnancy lost in the first trimester reported to VAERS (Vaccine Adverse Event Reporting System) and V-safe, and then the Singapore study, the anti syncytin-1 study that came out of Singapore.

Dr. Joseph Mercola:

All right, we'll go in syncytin in a little bit, but I want to clarify the latest analysis with respect to spontaneous abortions. I believe the number was like 85% or so in the first trimester. Is that what the studies published?

Dr. Janci C. Lindsay:

Close to 82%.

Dr. Joseph Mercola:

Okay. Yeah. So, that is just crazy. Now, clearly there is a certain not threshold but baseline that's present in spontaneous abortions just without any variables introduced, and it might be 10%, 15%, 20%.

Dr. Janci C. Lindsay:

13%, yeah, about 13%.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

I mean, on the high end they say it can go up to 20%. We have to make sure to analyze the information properly. These were already cases in VAERS, reported to VAERS. So, of course that skews the population, but the important part of it was that amongst the cohort study, which I think was 827 women, 700 of which got the vaccine in the third trimester, and then 127 of which got the vaccine, they said before 13 weeks, so that really places it pretty much in the first trimester, maybe a couple in the second trimester. 104 of those 127 lost their pregnancies amongst the whole cohort.

Dr. Janci C. Lindsay:

So, instead of concluding in their final statement that there was a clear safety signal with vaccination in the first trimester, as 82% of the women lost their pregnancies, then they concluded very wiggle wordishly and very fraudulently, in my estimation, that it was safe to vaccinate in the third trimester and said nothing about the clear safety signal in the first trimester.

Dr. Janci C. Lindsay:

I mean, just so dishonest, so purposefully manipulative, and then concluded that it was still safe to give vaccines during pregnancy. I mean, shame on them.

Dr. Joseph Mercola:

Yes. So, at least safe from the perspective no noticeable deaths in the time of observation. So, as someone who studied this and familiar with the autoimmune component, and especially with the antibodies to syncytin, what do you believe the potential is for those who safely were given the COVID injection in the third trimester? There's likely some long-term consequences from that intervention.

Dr. Janci C. Lindsay:

Well, we just don't know, and that's the problem. There are all kinds of things that can go wrong with these types of therapies and have gone wrong in animal models. We don't know what will happen in the future for these women or for their children. This could be passed on. We're seeing now a lot of mention of constitutive expression, whether that's failure of the mRNA to degrade or integration into the genome. That's still being investigated. I think Bruce Patterson's group is doing some of that work. That's, again, ongoing.

Dr. Janci C. Lindsay:

We're discovering this during the time-

Dr. Joseph Mercola:

Sure, in real time. In real time.

Dr. Janci C. Lindsay:

-when we're giving these gene therapies. What's appalling to me is, so there was a report that the CDC came out with over 300 deaths in children ages 12 to 18 from myocarditis. Now, this was published in the news but not something that I had heard of. I know they're withholding a lot of cases. I'm not sure whether someone did a FOIA request and actually got this information, so they tried to come out ahead of it. We know that there are in excess of 50,000 deaths that they've held back that are not put into the system yet for whatever reason.

Dr. Joseph Mercola:

No, wait, wait. Is that from the CDC whistleblower that filed this lawsuit in Alabama?

Dr. Janci C. Lindsay:

Yes, but there's also other information from other databases. There's apparently 11 databases that are going into the CDC, VAERS counts. That was just from one database that the excess 50,000 deaths was reported. So, there's a lot going on there and a lot that we don't know, but I expect that that number is correct, the excess of 300, even though we're not seeing those numbers actually published into VAERS, otherwise they wouldn't have come out and said anything like that.

Dr. Janci C. Lindsay:

So, this many deaths, it's appalling and alarming. Peter McCullough, or Dr. McCullough says the safety signal for typical vaccines, other than this gene therapy, would've been around 186 total, and I think we're now up to 12,000 reported, but they haven't paused this in children. They have not paused this while they're investigating the myocarditis.

Dr. Joseph Mercola:

They've done the converse.

Dr. Janci C. Lindsay:

They're pushing it.

Dr. Joseph Mercola:

They're aggressively recommending it.

Dr. Janci C. Lindsay:

They're pushing it even more. Has this ever happened before? I mean, does this happen in a scenario where the population is at essentially zero risk for the disease, yet you know it's causing

heart failure, pulmonary emboli, cardiac arrest in healthy teenagers and you're not pausing to investigate the risk-versus-reward scenario. Something is horribly wrong.

Dr. Janci C. Lindsay:

Unfortunately, our regulatory institutions are not going to stop this. They've clearly been captured. It's something that we're going to have to do, vaccinated and non-vaccinated standing together to say, "No, you're not going to experiment on my children."

Dr. Joseph Mercola:

Well, you've brought up some really good questions, and I definitely want to dive into them, but I want to tie up the loose end on the syncytin and the antibodies. If you could just briefly describe that, because you understand it really well. How can it contribute to long-term challenges, especially as related to fertility?

Dr. Janci C. Lindsay:

Yeah, absolutely. So, there was a study that came out in Singapore, I think it was 15 women, two of which were pregnant. They did something that I had asked to be done a long time ago, which was to measure anti-syncytin antibodies in an ELISA (enzyme-linked immunosorbent assay) test. The syncytins are conformationally and genetically similar to the spike protein, this fusogenic spike protein.

Dr. Janci C. Lindsay:

So, the thought by several was that you could have an autoimmune reaction to the syncytins by developing an immune reaction to the spike protein, and then that would prevent successful pregnancy. But the syncytins are also important in a number of psychological diseases, bipolar depression. They're important on autoimmune disease, lupus, and multiple sclerosis. They are present in skeletal muscle. There's some association with breast cancer. The really important ancient retroviral elements.

Dr. Janci C. Lindsay:

So, what this study found was extremely interesting. It found that every single one of these women that had been vaccinated developed autoantibodies to syncytin-1. Now, the authors kind of dismissed this and said, "Oh, but we don't think that those antibodies were high enough to mean anything." And there was a clear, clear difference between the prior to vaccination sera and the post vaccination sera. Now, they didn't have prior vaccination sera, or prior gene therapy sera if we're being correct, in the pregnant cohort. They found out afterwards they were enrolled in the study.

Dr. Janci C. Lindsay:

So, what it shows is that there is an antibody response, and the significance of it, we don't really know. But it proves out what Dr. Ying and others had been saying, including myself, that people would develop – every single one of the women, developed an antibody response that was different from the baseline.

Dr. Janci C. Lindsay:

In the one-to-four-day group. So, the criticism of it is that people say, "Well, they already had these antibodies in the one-to four-day group that were similar to the antibody response in the six- to seven-week or three- to four-week group, therefore it's not a real antibody response." Well, that's silly. That's just silly. They did have an antibody response, they had a first line antibody response, and then they had a sustained response later as well that does nothing to disprove that they don't have antibodies, and it's just silly to say so. That's my analysis on it, and I think that's probably what's causing some of these pregnancy losses.

Dr. Joseph Mercola:

What's your suspicion with respect to the development of these antibodies, as how likely they may contribute to future challenges with infertility? And sort of the corollary to that, and I know you're not opposed to this concept that many people believe, is a depopulation strategy is one of the ultimate motivations behind this COVID injection strategy.

Dr. Janci C. Lindsay:

I certainly think that to discount that it is a form of population-wide contraceptive would be naïve. There's a paper that came out in the – let's see, it came out in 2004. It's called "Evaluation of fusogenic trophoblast surface epitopes as targets for immune contraception." This study of a finding-

Dr. Joseph Mercola:

That's a mouthful. That's a mouthful, so translate it for us.

Dr. Janci C. Lindsay:

Sure. So, this was a paper that explored trying to find contraceptive peptides in persons that had infertility problems already that were isolated to placentation. So, it was taking a backwards approach. Getting the sera from people that had fertility problems and trying to see what they had antibodies to that was causing the fertility problems as a way of working backwards and then forwards again to create sterility or contraceptive peptides. Now, this work was sponsored by the WHO and by the Rockefeller Foundation, no surprise there. It was then picked up by a company called AplaGen who took it to patent in 2007. These are 12-mer peptides and there's a series of eight of them that can be used to induce sterility, and when they patented it they also said that it could be used to ameliorate sterility. But interestingly, it was also associated with all of the things that we know that syncytin is associated with, they say lupus, they say skeletal muscle disorders, they say bipolar depression, they say a number of other things. So, I'll definitely send it to you, it's quite interesting. Even though they don't name syncytin proteins as the proteins that are targeted, they worked backwards from these peptides, and then said they were a series of other proteins. Sometimes we know that proteins can be called the same thing in different discovery realms. So, that's going to take more research, but it was certainly interesting to me.

Dr. Janci C. Lindsay:

What it really points out is that there were efforts to use peptides or immuno-contraceptive means at the placental trophoblast interface to cause sterilization. So, it wouldn't be outside of the realm, and it was sponsored by the World Health Organization, and it was sponsored by the

Rockefeller Foundation, and it was sponsored by the National Institutes of Health. So, it would be naïve to think that this was not on the plate for future use.

Dr. Joseph Mercola:

Yeah. So, it makes perfect sense. So, let's get into some of the other areas where you have particular expertise, especially in molecular biology. I understand, before I asked this question, that the true answers we don't know, because they haven't done the studies. That doesn't mean we can't postulate some hypothesis. You're well-qualified in that field to generate one. So, the question to you is, with your understanding of messenger RNA and the technology that they've deployed with this COVID injection, this nanoliposome with polyethylene glycol to protect it and stabilize it, and then not only that, but then to modify that messenger RNA, like 30% of it is genetically different than the mRNA for their actual spike protein. These modifications are primarily done to decrease the resistance to degradation-

Dr. Janci C. Lindsay:

Degradation

Dr. Joseph Mercola:

-because messenger RNA is very, very fragile. So, that was the whole intent.

Dr. Joseph Mercola:

So, based on that, that it's so damn sturdy, so to speak, and they've got this highly efficient delivery system, these nanoliposomes to get it into tissues, that we know spreads throughout the whole body, doesn't stay where it's put in the injection site, in the deltoid. What do you think, and again, I know this is hypothesis, but your insights are going to be useful, as to how long this messenger RNA is going to hang around? Then a corollary to that question is the ability of your body through reverse transcriptase to convert that messenger RNA to DNA and then it actually integrating into your own genome.

Dr. Janci C. Lindsay:

Okay. So wow, that's a mouthful.

Dr. Joseph Mercola:

Yeah, of course.

Dr. Janci C. Lindsay:

You certainly are-

Dr. Joseph Mercola:

I love [crosstalk 00:27:35] mouthfuls.

Dr. Janci C. Lindsay:

I'm going to forget to forget to answer something.

Dr. Joseph Mercola:

That's okay. I'll remind you.

Dr. Janci C. Lindsay:

Now, you have of course, you have an excellent understanding of what's going on, and you have the best resources by being able to talk to a lot of other molecular biologists besides me, and a lot of other people in the vaccine field. The answer is we don't know for sure.

Dr. Joseph Mercola:

I know. I know we don't know.

Dr. Janci C. Lindsay:

We have some-

Dr. Joseph Mercola:

But we can guess, we can guess.

Dr. Janci C. Lindsay:

Right. So, of course with the adenoviral vector vaccines they're more prone to integration into the genome. We know that from animal studies and past experiments. With the mRNA technology we've never stabilized something like this in this manner. What we do know is that a recent study has come out, again Bruce Patterson's group and then another group, both came out with the finding that the spike protein is being expressed, present on monocytes as far out as from the time that the people were vaccinated or given the gene therapy, however you want to term it. So, that gives us an indication that it is resistant for sure to degradation. The longer it stays around and it's resistant to degradation, the more like that genomic integration events can occur. So, I don't know the answer to whether or not it will become a permanent feature. There are certainly molecular biologists that are involved in this technology. Dr. Malone is [crosstalk 00:29:24].

Dr. Joseph Mercola:

Yeah, I forgot to ask him that question when I interviewed him because we really went to the tangent of bioethics as opposed to the mechanisms of the gene therapy intervention, but [crosstalk 00:29:32].

Dr. Janci C. Lindsay:

I'll ask him this afternoon.

Dr. Joseph Mercola:

Yeah, ask him, and please let me know. I was going to email him too, because he would be really well-qualified, especially with the delivery systems, because I think that's the key.

Dr. Janci C. Lindsay:

Yeah, and I don't work in [crosstalk 00:29:45].

Dr. Joseph Mercola:

Stabilizes so effectively.

Dr. Janci C. Lindsay:

Yes. I'm sorry to interrupt you.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

Yeah, and I don't work in that particular area anymore. I do toxicology consulting work, so I'm years out of actually working on a vaccine or working with any kind of genetic manipulation in the job that I do now. So, really picking the brain of someone who is close to it, and developed the technology, and knows all those ins and outs is the-

Dr. Joseph Mercola:

Yeah, yeah. [crosstalk 00:30:19].

Dr. Janci C. Lindsay:

-appropriate person, is the appropriate expert from my standpoint. I can only tell you what's been published in the literature, and then go off my education.

Dr. Joseph Mercola:

Well, that is a very honest answer. Thank you for sharing that.

Dr. Janci C. Lindsay:

Yeah, sure.

Dr. Joseph Mercola:

So, what are your – I mean, you've been looking at this and you're obviously concerned. You have some fundamental – well, first of all, your brain still works and it's not essentially brainwashed. I mean, it's just shocking to me what's going on. One of the things that become really obvious to me recently is maybe one of the primary motivations to getting everyone the COVID injection is it does something very, very clever, and essentially something that's been done in almost every other previous vaccine therapy, and that is they've eliminated the controls. There are no controls. Everyone got the injection.

Dr. Janci C. Lindsay:

I'm a control.

Dr. Joseph Mercola:

I'm sorry?

Dr. Janci C. Lindsay:

I'm a control.

Dr. Joseph Mercola:

I know, so am I, but I'm saying it could be one-

Dr. Janci C. Lindsay:

Yes.

Dr. Joseph Mercola:

-of the primary motivations to eliminate the controls, because if you eliminate the controls then you have no way to determine what the real damage of this intervention is.

Dr. Janci C. Lindsay:

What the safety signal is. Yes.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

You're right, you're absolutely right.

Dr. Joseph Mercola:

So, I think that's behind it, and this is the first intervention that they're not getting away with it. I mean, I went into practice in 1985, and I remember really clearly at that time that the flu vaccine was targeted for very specific subgroups, people with chronic pulmonary conditions, the elderly and health care workers. That was it, no one else got it. Now it's every human. The only qualification for being a candidate for the flu vaccine is you be able to breathe. So, they give it to newborns, so there's no controls.

Dr. Janci C. Lindsay:

There's not, and this came up recently in something that I wrote for a couple. Given that somehow the flu disappeared last year, which of course is extremely suspect, all right? We already know that masks do not prevent the spread of influenza or of the SARS-CoV, SARS anything. The size of the mask is a 1,000 times bigger, the pore size even in an N95 [crosstalk 00:33:00].

Dr. Joseph Mercola:

It is, but the speculation for that is that it rests on these droplet particles, which are in fact stopped. [crosstalk 00:33:06].

Dr. Janci C. Lindsay:

No, no.

Dr. Joseph Mercola:

I know, but that's what they're saying. That's what the common [crosstalk 00:33:10].

Dr. Janci C. Lindsay:

No, they're great for protecting against bacterial pneumonia if you change your masks.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

Because we know bacteria are much larger and it does protect against bacterial infection, but you have to change your mask. If you're rebreathing things that can cause bacterial pneumonia, as they found, then it doesn't help at all. I'm trying to think where I was going with this. On the masks, we know those don't work.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

So, this pushing that they somehow work. There's a paper that came out in 2006 and it was called, it's-

Dr. Joseph Mercola:

You like the oldies, right?

Dr. Janci C. Lindsay:

Well, I think it just – It's called “Disease Mitigation Measures in the Control of Pandemic Influenza.”

Dr. Joseph Mercola:

Yeah, yeah. Totally appropriate.

Dr. Janci C. Lindsay:

This paper is wonderful. It goes through World Health Organization and CDC guidelines on how to react during a pandemic and what works and what doesn't work, and it clearly points out that masks don't work. Back then they knew at that point they don't work. Travel lockdowns don't work. It's a wonderful paper to basically go through everything that we have done in response to this pandemic, and say that that's an inappropriate way to respond, and we have scientific data that proves it. So, I encourage everybody to go back to this paper, “Disease Mitigation Measures

in the Control of Pandemic Influenza,” it's Inglesby et al. Inglesby, 2006. Just to really see how crazy we've gotten in the mandates that make no scientific sense at all.

Dr. Joseph Mercola:

So, I'm curious. And your testimony to the CDC advisory committee on vaccines, what was the outcome of that, or the feedback, or the discrediting challenges that were thrown at you?

Dr. Janci C. Lindsay:

I never heard anything back. I think what we all saw was that they made a decision within minutes of the last testimonies. They couldn't possibly have considered any of what was offered reasonably, they couldn't have, and it was the same thing with the next ACIP meeting. In my estimation, this group has been captured. As Dr. McCullough said, he said, "Typically there would be other boards as well that would be assigned to review that were outside of the CDC that would be assigned to review a new technology, especially any new traditional vaccine, and they're completely absent from this effort."

Dr. Janci C. Lindsay:

Now, why would that be, especially this type of effort? Recently the American Medical Association came out and decided that gender was not important anymore to medicine a couple days ago. I have my thoughts on that with respect to communism and the removal of gender identity, but it's crazy.

Dr. Joseph Mercola:

Well, let's get back to the vaccine and why it was removed. McCullough, I had a chance to interview and dialogue with him, and he mentioned in the interview that he was actually headed up several data event monitoring boards on different trials before.

Dr. Janci C. Lindsay:

Exactly.

Dr. Joseph Mercola:

And it was essentially unconscionable not to have one of this for this intervention. He said if they had, with his experience, and he looked at the data, he said this whole "vaccine" COVID injection therapy would've been shut down mid of January of this year. I mean, literally [[crosstalk 00:37:05](#)].

Dr. Janci C. Lindsay:

186 deaths, yeah, I believe he said.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

Mm-hmm (affirmative).

Dr. Joseph Mercola:

So, it's just I want you to take off on this and the fact of a previous epidemic we had, which is probably prior to where you were doing any serious academic work, which was in the 1970s, where they had the swine flu, and he actually came up with the vaccine that they encouraged and recommend everyone to take. So, about almost 50 million people took it, it had 25 deaths, two-five, 25 deaths, and they shut down the program. There was no vaccine compensation program at that time. That was in the '70s, that didn't come into effect in 1986, so the government picked up the bill. It was over \$3.5 billion that they paid for these deaths and injuries, primarily neurologic like Guillain-Barré syndrome.

Dr. Joseph Mercola:

So, here's the point. 25 deaths. We are at an absolute conservative base of 12,000 deaths. Now, probably over 50,000 in reality, and we're still going strong, not even still going strong, we're giving bribes, and we're offering lotteries, a million, \$5 million, offering to pay everyone \$100 to get this injection, and we're doing the exact opposite. It couldn't be a more extreme contrasting reaction. So, I'll let you go on that one, because there is a lot to say on this.

Dr. Janci C. Lindsay:

Yeah. So, as you mentioned, Dr. McCullough pointed out that 186 deaths should have stopped, which would've been achieved towards the end of January, should have stopped this vaccine campaign. It ended up in the 1971 swine flu vaccine campaign, that although 26 deaths stopped it, they ended up with 53 after the fact being diagnosed. But yes, you're right, 26 stopped it. There's some argument about that. Some people say "Well, that was different because the reason why they stopped the campaign there is they found that it was only isolated out on Fort Detrick." I think it didn't spread. They found that it was contained within that area and because those deaths were all to that particular group. Of course, we have many, many more Guillain-Barré cases in this group. I haven't counted how many Guillain-Barré associated deaths, but the cardiac deaths alone in kids, perfectly healthy kids, and pulmonary embolism deaths in kids should've stopped this. They are at no risk. There is no reason to vaccinate them, absolutely zero reason to give them these gene therapies because they're at no risk.

Dr. Janci C. Lindsay:

So, if that doesn't tell you something, that they're still pushing to get everybody this gene therapy, and we have all these breakthrough cases too. If you look at Michigan, and I've actually been privy to some other databases of true death numbers in different states according to those who are vaccinated and those who don't, and I can tell you that the media is lying with respect to the unvaccinated being the 99% in the hospital. They're absolutely lying.

Dr. Joseph Mercola:

Let's put a hold there and go into it because it sounds fascinating, but I just wanted to tie up the swine flu, which was I believe in the late '70s when they ended the campaign. So, the interesting thing about that, this is when there wasn't massive censorship, where there wasn't – actually, social media didn't exist outside the normal channels we had historically, but essentially, I mean Mike Wallace did really true investigative journalism.

Dr. Janci C. Lindsay:

He did.

Dr. Joseph Mercola:

And that's when it was still tolerated. CBS would never, in fact, they do the exact opposite. They were promoting Peter Daszak and the EcoHealth Alliance as being the victors and the pioneers in this, when they actually were one of the major villains in this whole story. So anyway, that came off, and heads rolled. I'm pretty confident that at that time the head of the NIH was terminated, he lost his job. Do you know who replaced him?

Dr. Janci C. Lindsay:

Fauci.

Dr. Joseph Mercola:

Yes. Yes, it was.

Dr. Janci C. Lindsay:

Yeah.

Dr. Joseph Mercola:

It was Fauci. Maybe it wasn't the NIH, because I know he's not [crosstalk 00:41:35].

Dr. Janci C. Lindsay:

The NIAID.

Dr. Joseph Mercola:

Yeah, that was the role, but he got replaced, and that's when he started his career. That's when he started it, and then of course the AIDS epidemic came shortly after that, HIV. So, anyway, so I just wanted to get that as a tangent, because I thought that was really interesting that that [crosstalk 00:41:53].

Dr. Janci C. Lindsay:

Absolutely.

Dr. Joseph Mercola:

Swine flu is actually what vectored in Fauci.

Dr. Janci C. Lindsay:

Right, and with the RSV vaccines and with the dengue fever vaccines we had deaths in children that were much lesser on number that stopped those campaigns as well. It's very, very clear. If you don't get anything else out of this whole interview with me, understand that our regulatory and safety agencies have been captured, in essence. They're not doing their job and they're not doing their job to protect you or your children. You must not trust them, because they are not

doing anything according to practices that used to be adhered to. It's clear that they've been captured and compromised, and I hate to say that. I really hate to say that, but that's the only logical answer.

Dr. Joseph Mercola:

So, you've been diving deep into this and analyzing it from your perspective, and I'm wondering what some of the other lessons or I guess the lessons to learn from what we've been gathering, or highlights of things, pieces of information that you understand, that you believe may not be completely and deeply as appreciated as they should be.

Dr. Janci C. Lindsay:

Well, I think that we're still investigating the actual components of these gene therapies. People are doing laboratory analysis to feather out the questions of additional ingredients and contaminants, not only ingredients but contaminants that may have been there. You'll recall that for a couple of days different gene therapies they've been stopped because they found contamination at the facilities, and so they stopped. It's certainly interesting with respect to them and extending the time on the safe use of the vials that they're not expiring. They're extending them months out, and apparently they don't require the extreme refrigeration that they did in the beginning either with the way that they're being dispensed. So many things are not going according to typical safety parameters, informed consent of course being a huge one. You can't possibly have informed consent for something that you don't know the long-term consequences of and is not described within the material. Pharmacies are getting batches of vaccine that have absolutely no data sheets that go along with them, they have no ingredient sheets.

Dr. Joseph Mercola:

I would disagree. You could potentially have informed consent if you allowed an honest, uncensored dialogue on this and not eliminate and ban and remove all content on social media that says anything to the counter, then it's impossible, really or virtually impossible. But theoretically even though that sheet is blank, if there was enough information out there that the people could easily and freely read it, then they can make a decision.

Dr. Janci C. Lindsay:

Right, and there's so much misinformation going on. I want to give you an example, because it's something that I think is really important. Recently one of the physicians I know spoke out at a meeting in Pennsylvania, Bucks County, I believe, and she was trying to inform the board there of misinformation that was going out, and by misinformation what she meant to say is misinformation about the number of deaths and adverse reactions that were not getting to the proper health officials from the CDC. She wanted to promote that they had a weekly download of deaths and vaccine injuries, gene therapy in this case injuries, from the CDC so that they could analyze them in true context. At the end of her — minutes, seconds after she finished speaking, the head of the board quickly said, "But we don't want to stop people from getting vaccinated, and the vaccines are completely safe. The COVID-19," This is in her words, "Vaccines are completely safe. There have been no deaths from adverse-"

Dr. Joseph Mercola:

So they shot her, right?

Dr. Janci C. Lindsay:

Right, well they shut her, but this woman actually said-

Dr. Joseph Mercola:

They shot her dead.

Dr. Janci C. Lindsay:

-at the point when there were 10,000 deaths reported in VAERS at the time from these gene therapies, she said on camera, this health board official with Pennsylvania, said there have been zero deaths. Another doctor recently came out in Arkansas, I think his name is-

Dr. Joseph Mercola:

That's a classic illustration of incredible brainwashing. How else could you explain that?

Dr. Janci C. Lindsay:

It's lying.

Dr. Joseph Mercola:

No.

Dr. Janci C. Lindsay:

It's either that or they're not educating themselves, are completely ignorant of what's going on, and I can't imagine that they're that ignorant to get to that spot, so they're lying.

Dr. Joseph Mercola:

Imagine, this is the most sophisticated propaganda campaign in the history of the human race, no question. It's incredibly clever. Amazing strategies they're using, and you can see it. I mean, that is just an astonishing story, but I mean, maybe they're lying, that's a possibility, but they could truly sincerely believe that, because they've been so effectively brainwashed.

Dr. Janci C. Lindsay:

How could they not know? I mean, even on mainstream media they're publishing a few of the deaths.

Dr. Joseph Mercola:

They don't [crosstalk 00:47:39].

Dr. Janci C. Lindsay:

To actually say there've been zero deaths. I mean, come on.

Dr. Joseph Mercola:

Yes, yes, right. Yeah.

Dr. Janci C. Lindsay:

In that position, no. No, I don't believe that, I think they're lying. That's just my – I don't think you can be that stupid and get that far or that obtuse. The same thing with the doctor in Arkansas that's come out, Harrison on Facebook, and said that this long cry scenario about how so many patients have come into his emergency room with severe COVID and everybody needs to get vaccinated because he's seen it in real time, and then he also says, "There have been no adverse reactions that have come into my emergency room to the vaccines." They're just lies.

Dr. Joseph Mercola:

Well again, they could be so effectively brainwashed that a side effect could come into him and hit him over the head and beat him senseless and he still wouldn't see it. So, that's another possibility. I don't know which one is true, but I would not discount that one at all because they're very clever. So, yeah.

Dr. Joseph Mercola:

With respect to the COVID injections, I mean, the intention, and I've seen you discuss this in previous interviews, with a typical vaccine intervention is designed to actually stimulate our immune system and prevent the actual infection, but this one has never been proven to do that. But if you listen to the mainstream media, they will convince you that it not only prevents infections and prevents you from getting infected, when that's the furthest thing from the truth. All it does is lower the risk – not the risk, but the intensity of the severity of the side effects from the illness. So, why don't you expand on that, because I think it's an important point?

Dr. Janci C. Lindsay:

Yeah. There's two parts to that. One is whether or not you can ever make an effective vaccine of any type to coronavirus. Twenty years ago it was discussed that it was a non-neutralizable virus, basically, through vaccination. For whatever reason, any attempts that they made they found that it increased upon challenged the severity of the viral infection and-

Dr. Joseph Mercola:

Because it [crosstalk 00:50:09].

Dr. Janci C. Lindsay:

-it wouldn't neutralize. Yeah.

Dr. Joseph Mercola:

Yeah, there's no neutralizing antibodies, there's just nonbinding antibodies, I believe.

Dr. Janci C. Lindsay:

Right, and actually even the antibodies bounded in a conformation that allowed for greater entry of the virus into the target cells. So, that has always been a concern, and that's why it was never brought to market. They didn't prove otherwise before they brought it to market on the mass

human scale in any of the animal studies, so it's really perplexing to me. Well, it's not perplexing to me.

Dr. Joseph Mercola:

Yeah, I was going to say, it's not perplexing [crosstalk 00:50:43].

Dr. Janci C. Lindsay:

I have to think about whether [crosstalk 00:50:45].

Dr. Joseph Mercola:

You understand it, you understand it completely. You know why.

Dr. Janci C. Lindsay:

So yeah, so that's the first part, is that it was never made for that. What was the second part of the question that you had asked there with respect to the antibody approach of the-

Dr. Joseph Mercola:

Well, I don't recall it specifically, but the other component to this is, well, the protection against getting an infection.

Dr. Janci C. Lindsay:

Oh treatments, treatments yes.

Dr. Joseph Mercola:

Yeah, and then you mentioned earlier. There's obviously ivermectin, and hydroxychloroquine, and vitamin D, and a wide variety of other approaches.

Dr. Janci C. Lindsay:

Of course.

Dr. Joseph Mercola:

My particular favorite is nebulized hydrogen peroxide, which I think is the strongest of all of them, and then ozone therapy. So, those are things that are really discussed even in natural medicine circles, but they are highly, highly effective, and virtually nontoxic and essentially free, at least the peroxide is. So, it's crazy that these are ignored, and the safety is extraordinary. There's no one that dies from nebulized peroxide. There is zero deaths, 100% zero deaths. Unless you get drowned in the peroxide, I guess it's potential, but done the right way there's no damage, none.

Dr. Janci C. Lindsay:

Yeah, you are absolutely right. I'm less familiar with the hydrogen peroxide therapy or ozone therapy. I just don't know that much about it. I've heard of course that it's safely used. I know that

you're proponent of it. Being an MD, I'll trust that your analysis of it is correct on that [crosstalk 00:52:25].

Dr. Joseph Mercola:

Yeah. I've personally seen up to 300 people successfully treated with it. I just recently encountered the first person that it failed to respond. She was still doing pretty – she was a pretty healthy woman, failed after – I mean, almost invariably people, I'll say it's 80% to 90% people get better after one treatment, and then by the first day they're virtually everyone's better. This woman failed to respond for two days, so we suggested to up the ante and go to ozone therapy. She had problems finding it locally and didn't get in for another four or five days, but when she did get in, boom, the ozone works immediately, as you expect. This is a more powerful intervention. Essentially oxidative stress right on that organism with virtually no side effects, so.

Dr. Janci C. Lindsay:

Well, and we have to think, if you don't believe any of the adverse effect information, let's say you don't believe that anybody has had-

Dr. Joseph Mercola:

[crosstalk 00:53:21].

Dr. Janci C. Lindsay:

-an acute adverse effect to this, you have to consider reasonably and rationally that there are effective treatments, hydroxychloroquine, ivermectin, ozone [inaudible 00:53:32], I guess hydrogen-

Dr. Joseph Mercola:

Nebulized peroxide.

Dr. Janci C. Lindsay:

There are effective and safe treatments, and if all these gene therapies do is lessen the diseases, then they're not a vaccine, they are a treatment. They are a treatment that you don't know the mid or long-term consequences of that have already caused a number of adverse events, even if you don't think they've caused any deaths, there's clearly no one has said that they have [crosstalk 00:53:58].

Dr. Joseph Mercola:

Half a million documented in VAERS.

Dr. Janci C. Lindsay:

But let's just say you don't believe any of that.

Dr. Joseph Mercola:

Probably 2.5 million, yeah.

Dr. Janci C. Lindsay:

You have to use your common sense to say, “Why wouldn't I use a treatment that has been known safer over 70 years as opposed to one that is brand-new, that is experimental?” So, that's a takeaway from there. Other things, other safety signals that we're seeing in the hospitals, very interesting. De novo Type 1 diabetes in adults.

Dr. Joseph Mercola:

Oh, from the COVID injection is a consequence.

Dr. Janci C. Lindsay:

Yes, but we're also – so, this makes sense of course mechanistically too because of the biodistribution study, which shows that a spike goes to pancreas. We also see it with COVID, with the SARS-CoV infection, viral infection, we're seeing de novo Type 1 diabetes in adults. Now we're seeing de novo Type 1 diabetes in adults post-injection.

Dr. Joseph Mercola:

That's a terrible disease, I mean, because you're just so metabolically handicapped the rest of your life, unless you get essentially some future stem cell or stem cell equivalent transplant to get your beta cells back in the pancreas. I mean, you're just ruined to have Type 1 diabetes.

Dr. Janci C. Lindsay:

And some have even said that they've seen an increase in pancreatic cancer at their institutions. We're seeing some increase in AML (acute myeloid leukemia), with the pancytopenias and everything. These are all being investigated. Certainly acute myeloid leukemia is not something to be taken lightly post-inoculation. So, all under investigation right now.

Dr. Joseph Mercola:

Yeah. Most likely the reason they heavily censored all these other interventions was the requirement for emergency use authorization specifically indicates that there can't be any other effective therapies, otherwise it can't be implemented.

Dr. Janci C. Lindsay:

That's right.

Dr. Joseph Mercola:

They had to suppress that information and actively suppress it. I mean, by publishing fraudulent studies in prestigious journals like Lancet, where Surgisphere had a database that was 100% corrupted and essentially fake. They generated, it was [[crosstalk 00:56:33](#)].

Dr. Janci C. Lindsay:

It was fake, yeah, fake. And the massive hydroxychloroquine doses that were given.

Dr. Joseph Mercola:

Oh yeah.

Dr. Janci C. Lindsay:

Dr. Zelenko had a great little summary of those studies that he put out. I wish I could remember which cast it was, but he did a great job summarizing all of the studies and how they used doses, known toxic doses of the drug in order to skew the results and show toxicity that otherwise wouldn't have been present.

Dr. Joseph Mercola:

Yeah. So, essentially invalidating every other potential therapeutic intervention so they can justify the implementation of emergency authorization measures.

Dr. Janci C. Lindsay:

Absolutely.

Dr. Joseph Mercola:

Yeah.

Dr. Janci C. Lindsay:

But where do we go from there? So, here's the problem. You have all these-

Dr. Joseph Mercola:

That's a good question. Good question. Where do we go from here?

Dr. Janci C. Lindsay:

You have many scientists and physicians that feel as I do, that are trying to figure out where we go from here because our typical safety and regulatory agencies have been compromised.

Dr. Joseph Mercola:

[inaudible 00:57:42].

Dr. Janci C. Lindsay:

So, where do you go from here? I believe where we go from here is getting the information out and getting enough people that have taken these inoculations, and people take them to protect their loved ones, not even themselves most of the time.

Dr. Joseph Mercola:

Many times.

Dr. Janci C. Lindsay:

These are not some people to be angry at. I feel deeply compassionately towards these people who were trying to protect their loved ones. We need to stand together as one people and say we're not going to accept this, we're not going to accept this, especially not for our children, and

try to get to the bottom of this, and see what's really behind all these efforts. Is it really about a virus or is it more about other political motivations and campaigns, as it seems to be?

Dr. Joseph Mercola:

Yeah, that's a great optimistic viewpoint, but I think it's going to fail largely because of the effective propaganda campaign that they've waged. I mean, these people's minds are so set in cement with the wrong information. There is nothing you can do. These are individuals who are essentially "Walking Dead" zombies. They could have their brother, sister, mother, father get the vaccine and die with the needle still on their arm, and they would go out to get a booster the next day, because in their mind it's safe and effective, it's safe and effective.

Dr. Janci C. Lindsay:

There's a few people like that, but I think there are many, many others that-

Dr. Joseph Mercola:

I don't know.

Dr. Janci C. Lindsay:

I'm a glass half-full type of girl. I truly-

Dr. Joseph Mercola:

Yeah well, I'm realistic, and I've seen it too many times. I mean, it is like beating your head against a wall for many of these individuals. There's nothing you can do. I mean, [crosstalk 00:59:36].

Dr. Janci C. Lindsay:

We have to keep trying and we have to have faith.

Dr. Joseph Mercola:

I know we got to keep trying, but I just want to be realistic and let people know and warn them that you are up against the most effective propaganda campaign in the history of the human [crosstalk 00:59:47].

Dr. Janci C. Lindsay:

No, you're not wrong in that, but I still think that getting the word out in a variety of different ways.

Dr. Joseph Mercola:

Sure, of course.

Dr. Janci C. Lindsay:

And appealing to these people, just getting the information to them and having a rational discussion about not just these gene therapies, but all of the other things going on simultaneously around them.

Dr. Joseph Mercola:

No, you're 100% correct, but I'm telling you the end result in many, if not the vast majority, is going to be beating your head against a brick wall. It's just not going to move. You can tell there's no bit of information. It doesn't compute with their brain. They just are so blocked and insulated against the truth that it's just a waste of time. But you can't argue against trying, it's just that I want people to understand you have to be somewhat realistic that this is ... I mean, I've seen it so many times, my friends, and their parents, and their siblings, and loved ones, there's this barrier that just prevents any adoption or openness to new data information. They've made their decision. I think it was Mark Twain who said, "It's far easier to fool someone than to convince them they've been fooled." And this is so true. So simple, but so true.

Dr. Janci C. Lindsay:

And it's true. There's a psychological explanation for that as well, I've spoken about it before. Not that I'm a psychology expert, but.

Dr. Joseph Mercola:

So, what's the explanation?

Dr. Janci C. Lindsay:

So, once you have taken an inoculation like that, it's a safety preservation signal to yourself to not accept that you would have put yourself in danger knowingly, that you would've placed yourself or your loved ones in that position knowingly. So, it's almost like there's a disconnect in the ability to accept-

Dr. Joseph Mercola:

Yeah. [[crosstalk 01:01:42](#)].

Dr. Janci C. Lindsay:

-that you would've harmed yourself because we're wired not to intentionally harm ourself, so we can't therefore accept that we would've done so. Some people call it cognitive dissonance, whatever.

Dr. Joseph Mercola:

Yes, absolutely. Yeah, that's a good explanation.

Dr. Janci C. Lindsay:

And there is an amount of that there, but there are also many people who understand now that they could be in danger from these gene therapies and they do regret getting these gene therapies, and these are the people that will help those that it's more difficult for to by being able to say, "Hey, I did this too. I did this too to protect my loved one, and look what happened to me, and

look what happened to my family, or here's where I am now. I just want to warn you because I did the same thing you did." These will be the people that help get the word out, and I am a person of faith. I absolutely believe god has a hand in this and that he will help. I believe that, I truly believe that.

Dr. Joseph Mercola:

I think ultimately, but it seems from my perspective, being a pragmatic realist, is that the best strategy is to reinforce the people who never bought into it to begin with, because they already understand there's very little if any cognitive dissonance presence. As a result, we can preserve the control group, because ultimately the truth will come out. The truth will come out if we can preserve the control group, if we can prevent these 40% to 50% of the population that has not taken the jab, then we will know in a year, two years, three years, somewhere down the road how devastating this intervention was.

Dr. Janci C. Lindsay:

I mean, I absolutely agree. We have to preserve a control group. We also have to think of ways that we can help those that have been injured. I brought this out in a letter I recently wrote advocating for Dr. McCullough, but people that have gotten this inoculation, if they have mid- to long-term effects, if you deny that any adverse effects are really going on, then the efforts going into those treatments for people that are having health effects are not going to be there for them, or their children, or anybody. We have to accept that these are real in order to help these people that have already taken the inoculations, and I believe we have to try. Some people have brought up siRNA perhaps, it has its own dangers, but.

Dr. Joseph Mercola:

Well, I've discussed this with other guests in the past, and their conclusion was it's just simply implementing measures that optimize health because that will activate your body's systems to, I guess, not harmonize but – there's a specific term, I'm not recalling at the moment, but essentially it optimizes your system and self-corrects, essentially. So, things like vitamin D, optimizing your level, measuring, and not just getting it, measuring your vitamin D level, becoming metabolically flexible, seamlessly integrating between burning fat as your primary fuel and glucose, exercise, sleep, circadian rhythm [inaudible 01:05:04].

Dr. Janci C. Lindsay:

Yes.

Dr. Joseph Mercola:

So, all the basics that, I mean, even if they didn't do squat, which we know that's not the case, we know that it will optimize, help optimize your immune system. If it didn't though, you're still going to get healthier. So, what's the downside? There is no downside, but the conventional media, they won't accept it. They do not believe the hypothesis, the thesis that you have an immune system that was designed to address this. They believe that it's hogwash and it's the only thing that's going to work is their injection therapies.

Dr. Janci C. Lindsay:

Yeah. So, there's an immunosuppressive region on the spike protein that I personally believe is causing T cell immunosuppression. It's also present in syncytin-2 and it helps induce tolerance during pregnancy, immune tolerance. I think what's happening in the people that have received the injection is that their T cells are being suppressed. This has also been borne out in recent publications. So, the only thing left is their specific immunity to that very isolated region of the spike protein, and this is why they are more susceptible to the variant infections. They don't have the ability to respond with their normal T cell repertoire and they have a narrow window of immunity to just the original immunogen [crosstalk 01:06:31].

Dr. Joseph Mercola:

So, would interferon be some available treatment for these individuals?

Dr. Janci C. Lindsay:

So, in terms of ADE pushing the phenotype towards interferon one or TH1 type cellularity has been shown to be helpful in the animal studies where ADE was recognized. If you can push towards a TH1 rather than a TH2 phenotype, it does ameliorate.

Dr. Joseph Mercola:

Simple.

Dr. Janci C. Lindsay:

[crosstalk 01:07:08] the phenomenon.

Dr. Joseph Mercola:

Interferon has been around for a long time. I mean, time immemorial but it's a treatment that we've had for decades.

Dr. Janci C. Lindsay:

Yeah, I don't know. I have to pull the specific studies on how they skewed back to TH1, but that's an option for ADE. Yeah.

Dr. Joseph Mercola:

Which we didn't discuss, but that has the potential, actually even this fall in a few months, has the ability to know if we're really going to have a decimating effect on those who got the jab. It may not do anything, but we may have millions more die as a result. We don't know, we don't know. We have no clue.

Dr. Janci C. Lindsay:

We don't know, and I'm not one to jump on the bus of everybody's going to have this lethal effect within a couple of years, because we don't know. And I also think the human body-

Dr. Joseph Mercola:

A couple of months maybe.

Dr. Janci C. Lindsay:

Yeah, the human body is a lot more sophisticated than we give it credit for, and God made us grand in design. I think it might even surprise those that would think that this would happen or should happen based on animal studies, because we're not animals.

Dr. Joseph Mercola:

Well, technically we are, we're an important subset though, that's for damn sure.

Dr. Janci C. Lindsay:

Yes.

Dr. Joseph Mercola:

Yeah. We're much more sophisticated. So, I really appreciate you sharing your wisdom and your insights with us on this important topic. I'm sure it's helped many people. Is there anything else you'd like to add or recommend a place that people visit to learn more about your work?

Dr. Janci C. Lindsay:

I don't have my own webpage-

Dr. Joseph Mercola:

No Twitter feed.

Dr. Janci C. Lindsay:

-or anything. No Twitter feed. People have asked me about that before. I've started to post things on LinkedIn just because it's gotten to the stage where I believe it's that important to-

Dr. Joseph Mercola:

Yeah, LinkedIn is pretty good for censoring.

Dr. Janci C. Lindsay:

-educate.

Dr. Joseph Mercola:

They actually pulled Robert Malone off and then they had a response, and people came to rescue him, and they've reinstated him, but they pulled Robert Malone off of LinkedIn.

Dr. Janci C. Lindsay:

I know. Yeah, I think it's gotten to that point, and if I could say anything enough it's that there are other simultaneous agendas going on and people need to be aware of these and to educate themselves on these things going on, and make sure that they've prepared, and such as we're seeing in South Africa and the U.K. with food shortages and things like that.

Dr. Joseph Mercola:

Sure.

Dr. Janci C. Lindsay:

That's the only other thing I would say. Again, I'm a toxicologist in practice, and I practice in different ways that are not associated with these gene therapies.

Dr. Joseph Mercola:

Sure. Well, I'm a former Boy Scout and their motto was "Be prepared."

Dr. Janci C. Lindsay:

Yeah, as we should at any time, of course. In Texas, with the floods that we've had and everything else, and the power outages, I think people really got educated as to how having a backup generator and backup food supplies is really practical in terms of the unexpected. So, just buy the food that you would normally eat, have a backup generator in case of power outages and things like that, and stock up on your vitamins, and make sure to take vitamin D.

Dr. Joseph Mercola:

Well, you're looking at someone who hasn't taken vitamin D this century essentially, but my levels are in the optimal range, so. You can also get it from the sun, if you live somewhere nice.

Dr. Janci C. Lindsay:

You can. Men have a better time with that than women as they age though, because our ability to – and as you age [inaudible 01:10:59], your ability to get vitamin D from the sun, metabolize it appropriately decreases, so that's why [crosstalk 01:11:07].

Dr. Joseph Mercola:

Yeah, well, it's largely a reflection of your health status. So, I'm nearly 70 and I still have really – I don't take any oral vitamin D, and I think that many women don't get the high levels because they have breasts to cover. So, they tend to have less skin coverage when they go out in the sun, because the only way you get it, it's not be in the sun, you have to be in the sun with unexposed skin. So, there's variables. But anyway, you just got to measure it, there's no way around it. Whatever the variables are, you'll account for the differences if you measure it, then you know. If you need to take more, then take more.

Dr. Janci C. Lindsay:

So, with respect to that, how would you – would you recommend that people just do that through their physician or do they go out to one of these Quest or any lab test type places?

Dr. Joseph Mercola:

No, you can get it through a physician, if you have insurance coverage, it helps. We offer one in our site that is just you order the test and we send a little kit, which includes a little pin prick that you put drops of blood on this blotter paper or card.

Dr. Janci C. Lindsay:

Oh wow, okay.

Dr. Joseph Mercola:

And you send it in, and then you get the results back, and you can even measure omega-3 to omega-6 ratios too. But you got to know the number. In fact, it's GrassrootsHealth and they've done, I think they've done 15,000 people now and it's like a research study. So, [inaudible 01:12:20] they've been able to identify that because they measure all these different variables, they put it through a computer analysis, and they've concluded that the average adult, normal body weight, needs about 8,000 units a day, 8,000.

Dr. Janci C. Lindsay:

Wow.

Dr. Joseph Mercola:

It's many people to me that they seem that's like a megadose and they're reluctant to do it, but the data shows, unless you get it to that level it's not going to work for most people. Now, if you're a 50-pound underweight child, it's going to be a lot different dose, but if you're a normal-weight adult it typically tends to be around that [crosstalk 01:12:56].

Dr. Janci C. Lindsay:

I think even Fauci said he takes 6,000 to 8,000 units of vitamin D a day. Of course, he doesn't recommend it for anybody else.

Dr. Joseph Mercola:

Yeah, I know. That's a whole other story. I've got a bunch of podcasts coming up in the future about people who've written books about him.

Dr. Janci C. Lindsay:

Yes.

Dr. Joseph Mercola:

Very enlightening, very [crosstalk 01:13:12].

Dr. Janci C. Lindsay:

He's not well-respected within the scientific community by many of his peers.

Dr. Joseph Mercola:

Yeah. He's an inept researcher, but he's a brilliant politician, beyond brilliant. So, he knows how to play the game. All right, well thanks for your time.

Dr. Janci C. Lindsay:

Thank you, and you have a wonderful day.

Dr. Joseph Mercola:

Oh, that's easy to do. Thanks.

Dr. Janci C. Lindsay:

Yeah. Great. All right. Talk to you soon.

Dr. Joseph Mercola:

Bye.

Dr. Janci C. Lindsay:

Bye.