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The Solari Report

February 10, 2021

What is the Real Cost of Vaccines? Part I with Professor Dolores Cahill



Summary: The marvelous Senta Depuydt, who leads Children's Health Defense-Europe, suggested that Professor Dolores Cahill and I start to map out the real economic costs of vaccines, vaccine injury, and, what I call, "the injection fraud." And so we began with this first discussion.

Bio: If you are not familiar with Professor Cahill, this is someone you want to know and follow. She is a world-renowned expert in high-throughput proteomics technology development and automation, high content protein arrays and their biomedical applications, including biomarker discovery and diagnostics. Prof. Cahill pioneered this research area at the Max Planck Institute of Molecular Genetics in Berlin, Germany, and holds several international patents in this field with research, biomedicine, and diagnostic applications. Prof. Cahill has over 20 years of expertise in high-throughput protein & antibody array, automation, proteomics technology development & biomedical applications in biomarker discovery, and diagnostics & personalized medicine.

From 2005 to the present, she has been a full professor of translational science, School of Medicine, University College Dublin, and an academic, researcher, lecturer, and module coordinator in pathology teaching, School of Medicine & Conway Institute. She also spent 15 years as an Irish, EU, & international expert & advisor, including a seconded national expert to the European Commission. She is the company co-founder & shareholder (1997-2019) of Protagen AG in Germany

(<https://www.protagenproteinservices.com/>). Protagen Protein Services (2012-2019) contract services to the healthcare sector & pharmaceutical industry (<https://protagenproteinservices.com/>)

Since 2016, she has been co-founding shareholder and advisory board member of Prof. Stephen Pennington's UCD School of Medicine/Conway Institute spin-out company, Atturos Ltd. working to improve prostate cancer diagnosis (<http://atturos.com/>). Prof. Cahill has a total of over 5940 citations, H (Hirsh)-index of 35, i10-index of 48. She has successfully obtained and project managed as Principal Investigator eight EU Programme funding grants from FP4, FP5, FP6, FP7 and Horizon 2020, Science Foundation Ireland, Enterprise Ireland, Health Research Board funding in companies and universities.

Catherine Austin Fitts: Ladies and gentlemen, welcome to *The Solari Report*. It is my pleasure to introduce you to someone I've watched for a long time, but I just met in person in December. She is world-famous. My nickname for her is 'Yes' because every time I watch her videos, I'm always saying, "Yes! Yes!"

She is Professor Dolores Cahill from Ireland, as you will know soon by the beautiful accent (for the listeners). She is a molecular biologist and an immunologist. If you look at her resume, which I am going to link to the commentary, this is a woman who has very significant experience, not only in science, but in many different fields, including as an entrepreneur, in government with not-for-profits, and cross-cutting research and collaborations.

I think that one of the reasons she has emerged – if you look at our *2nd Quarter Wrap Up* – as one of the 'Pandemic Heroes' is that her ability to integrate across different industries and worlds is astonishing.

She also has experience in politics in Ireland, and is now one of the leaders in the World Freedom Alliance. Freedom fighters are coming together from all over the planet.

Dolores Cahill: That's right; I was elected President of the World Freedom Alliance.

Fitts: That is how I met you.

I know how busy you are. I should also mention that you are starting an Air Alliance because I signed up as a participant. I think it's a wonderful idea.

Cahill: It's called Freedom Airway, and is at www.FreedomAirway.com. Thank you, Catherine, for enrolling as a member. We were so honored!

Fitts: It's the only way I can travel, so here we come!

I was talking with the wonderful head of the European Children's Health Defense on Friday, and she said, "You've got to map out the financial ecosystem. Whenever I talk to legislators, they say that vaccines save so much

money and lives. I tell them that is not true, and it costs money and lives. You've got to help map it out."

I said to her, "Senta, I am the least qualified person in the world to do this. But at the same time, it has never stopped me before. Why don't I lay out a conceptual framework to help people understand the things that need to be researched, costed out, and figured out?"

She said, "Who is the best person in the world to do this with?"

I said, "Dolores Cahill. We have to get Cahill."

She said, "Fantastic!"

So, thank you very much. I know how busy you are.

Cahill: Of course, Catherine. It's an absolute privilege, and I admire you and your astounding career at *The Solari Report*. I've been a very big fan, and so it's a huge honor. We really appreciate it in the World Freedom Alliance when you gave us a weekend of your time in December.

Fitts: Oh, it was my pleasure. I met the most fabulous people. As I said, and I think I said this during our video, the quality of the people is much better than the Bush Administration – although I did meet some lovely people in the Bush Administration.

I want to lay out a conceptual framework of, what I call, 'The Injection Fraud' is costing us. This includes vaccinations in general, but also whatever this experimental gene therapy is that is being done for COVID-19 as well.

Cahill: 'Gene therapy treatment' is exactly what it is; it's a medical device, not a vaccine.

Fitts: There are ten areas that I want to cover, and I will quickly outline them:

1. Family Economics
2. Doctor and Healthcare Economics

3. Community Economics
4. Historical Footnotes
5. Wall Street-Washington Game
6. Costs on COVID-19
7. Making This Injection Fraud Go
8. The New Variable of the Smart Grid
9. Questions
10. Next Steps

I really hope that this encourages other researchers and interested parties to dive in and start flushing out the economics of these different areas.

We are going to talk at a very high level, and the thing that I can say about our mutual backgrounds is that we have many different areas on our resume. So, in a sense, we are in a good position to do a first high level.

Let's start with **Family Economics**. I want to begin with Dr. Paul Thomas' study of the children in his practice. Have you had a chance to see that?

Cahill: Yes, I did. I suppose we should put it in context, as well. I sent you a small two-page article that I wrote at the end of 2018. To put it into context, the OACD came out and reviewed these statistics of families and people living in the OACD 30 countries, and they said that one in ten people died from adverse events and medical errors. It's one of the highest causes of death in people under 55. So that is the context, and 80% of those deaths are preventable at a saving in cost to the world.

Fitts: One of my subscribers is a patient of Dr. Thomas, so I have heard about him for many years. Dr. Thomas kept very detailed records of children who came into his practice, and he kept records of some who stayed unvaccinated, some who did light schedules of vaccination, and others who did heavy schedules. He was able to track them and have someone come in and audit. He shows significantly higher levels of ongoing chronic disease resulting from the heavy vaccinated. So, the heavy vaccinated have more ongoing chronic diseases than the lightly, and the lightly have more than the non-vaccinated.

This kind of study is hard to find because there aren't many direct comparisons

between these groups.

Cahill: Exactly! And for people to understand the areas of adverse events, he showed in some cases that there were 20-30 times more illnesses in the children who were vaccinated according to the schedule, and the areas of chronic illnesses make complete sense. They are things like allergies, food allergies, autoimmune diseases, cognitive decline, and issues like autism. It's actually allergy, autoimmune disease, neuro-cognitive decline, and neurological issues and behaviors.

There are 20-30 times more illnesses in those various areas in the children, especially those who were fully vaccinated on time. So, it is a vaccinated versus unvaccinated study.

Fitts: As soon as he published it, they pulled his license.

Cahill: That is quite common, and is a huge issue. I think that I mentioned to you in my reply email that the costs of addressing this issue are the burden on many healthcare professionals and in the judicial and policing systems and university and academia and nursing and the care of children in social care settings. People who try to address these issues are often either bullied in their work or are not promoted or made unemployed, and the issue is not addressed.

Fitts: I wrote an article earlier last year called 'The Injection Fraud'. I described the fact that I came to this issue as an investment advisor. I had a 'flood' of clients coming to me who were dealing with and struggling with vaccine injury of various kinds. I lived more through the financial ramifications of what this was doing to different types of families.

I was focused, not just on money, but also on time. The first damage was the huge time it took to figure out what in the world was going on. The medical system – more often than not – would 'gaslight' them and send them in circles or into dead ends. So, you would see parents lose thousands of hours before they finally figured out what was going on and started to get the help they needed.

The destruction of their trust in the medical system and in their society was

profound.

Cahill: You see that as a real example in the HPV vaccine and the issues with that. What is really shocking and detrimental is that has been ten to twelve years now. There is a whole spectrum of adverse events associated with it that are very common in girls worldwide, including paralysis or not being able to stand up or chronic fatigue. Often it is girls who were really sporty, such as on Olympic teams.

These girls also would have been very well-adjusted, and within weeks they would be collapsed and unable to get up. Their autoimmune disease or their neurological disease and even their inability to stand or to sleep came on.

What was really undermining for the medical professions – as we see now – is that the GPs across the world were saying to individual girls and their parents, “No, this is not associated with the vaccine. This may be something to do with the child,” as if she has neurological issues all of a sudden, or as if they are psychosomatic. It’s exactly as you say: This is undermining the bond that we have with our healthcare professionals, and we see that now in the pandemic.

I’m saying that I’ve been establishing a new way of looking at health, which we are calling ‘custodian’. What that will be is to look at people and try to detoxify them, including trying to rebuild their immune system with vitamins D, C, and zinc, and do a complete study of toxins.

The other issue is that doctors don’t take the symptoms; they immediately say, “No, there is no issue here.” They don’t look at the symptoms.

When I was researching this, there were around 88 autoimmune diseases, but the classification in the medical terminology for things like chronic fatigue and various autoimmune diseases, are not well-characterized at all. This is what the doctors use within the financial system for reimbursement.

So how do you work it? It is also true that many of these symptoms are the adverse events associated with the injection and the vaccines. So, if the doctor can’t classify your twelve symptoms that are on the spectrum of emerging new adverse events or new clinical symptoms, then they can’t be categorized. If you

can't categorize them properly, you can't suddenly identify an emerging spectrum of immune and neurological and chronic fatigue issues that could be associated directly as emerging in the same three months or five months after an HPV vaccination.

If the doctors can't classify it, the parents can't realize that this is a syndrome, and they can't claim it on their insurance so that the child can benefit from the insurance they've been paying for as a family. It can't be classified to go to the doctor who can say, "Actually, this is a spectrum." It can't be written down as an adverse event, and then it can't be correctly diagnosed or treated.

This is a kind of an insidious spectrum that I have been looking into, and it culminates in, what is called, 'post-marketing surveillance' or the correct reporting of adverse events related to a product that is already on the market.

Fitts: The one that we haven't mentioned is infant death syndrome. We suspect that there are also a fair number of children who are getting vaccines early and then dying. It is attributed to Sudden Infant Death Syndrome.

Cahill: I've looked into this as well about ten years ago. Obviously, I was aware of this in 2002-2003 as a real issue that started back in 1997. But for approximately 10-15 years, I've been looking into Sudden Infant Death Syndrome. In my roles within the various committees that I've been on for 20 years, I've been saying, "If death is an adverse event associated with the medical intervention, including vaccines, the word 'death' should be there."

They don't explain in the patient information leaflets across the world what SIDS is, and SIDS includes the word 'death'. Often that can be common, or maybe one in 100 to one in 1,000. So, it turns out insidiously that in the American vaccine schedule, there have been 32 ways of mentioning death related to a childhood vaccine, but they have 32 different acronyms. So, you can have Sudden Unexplained Death Syndrome or Sudden Infant Death Syndrome.

I'm saying that if you are a parent and you are going to make a decision about whether your baby is injected with a vaccine or not, you would want to know that death is an outcome, and if you find out later that SIDS means death, it's not explained, it's just 'SIDS'. It's not 'Sudden Infant Death' if it's just an

acronym. So insidiously, they have multiple ways of saying ‘death’ as an adverse event in babies, and then they report each of these. You have a different acronym for a vaccine as a separate reporting in the adverse events system so that the death is not easy to track.

When I was looking into this, I realized that someone like me could do an analysis because the babies often get vaccinated at week eight or week sixteen. All I would have to do is look at how many deaths there are on average of babies in America in week five, six, seven, and then compare that with week eight or nine.

About twelve years ago, they changed the reporting from how many days alive the babies were to ‘under one’. So, I knew that they were about eight years ahead of me. They had changed how you report babies’ deaths so that someone like me couldn’t investigate this.

When I was doing the initial analysis about ten years ago, I found out that a baby in Africa under one has a higher chance of surviving than a fully-vaccinated baby in America.

Fitts: Absolutely. So once the parent realizes that their child has essentially been poisoned, then it’s a matter of finding the right treatment. It’s getting easier and easier to find the right treatments, but it still takes a long time – even once you decide to overthrow your current doctors.

You get online, find the help, and try things. Much of it is trial and error. So, this is a very time-consuming process, and a very alienating process and a very expensive one. One thing that happens, depending on the severity of the injury, is at least one parent may have to quit their job.

Cahill: Exactly, and that is the cost. What is also tragic is that many of the parents who are detoxifying their children are ridiculed, and they can be reported to the Child Protection Services worldwide so that the state can threaten the parents to take the children away if they are not fully vaccinated. They are required to be vaccinated to attend education, which is an entirely unlawful and unethical thing to do.

Fitts: They are in the position of being required by the system to continue to poison their child.

Cahill: Exactly, and also, much of the middle and lower-middle class and poorer people will not have the financial wherewithal to have only one parent work, or they may live in a single-parent family. So those children have to go to daycare or a full-time education, and they have to be fully vaccinated.

It is well-known that people of African and Asian origins have a higher (maybe three or four or five times higher) adverse event ratio, and they often may be across the world in lower socioeconomic groups. So, it has been shown as well that 70% of the vaccines for children under four contain aluminum. For every one dose of aluminum, it lowers the IQ by about one. So, if the average IQ was 100 and there are 72 vaccines now on the children's vaccination schedule – and most of them are when they are under five – that if you lowered the IQ below 80, you could not employ someone in the Army, for example, with an IQ below 80 because they think they won't be able to be functional in the world.

If the adverse event ratio is much higher for people with African and Asian backgrounds, then it is a vicious cycle. They are getting this huge load of toxins and aluminum, which will lead to neurocognitive decline. That means that those children, when they grow up, will not be financially independent and will need a family member or a sibling to care for them for their entire lives. That means that sibling will not be able to enter into society to work full-time. That will also reduce the number of children because often, a parent who has a sick child will not have other children, and their siblings will not have children.

It has huge socioeconomic consequences.

Fitts: One of the things that I saw personally – and I've never seen statistics on this – is that the pressure on marriages is enormous. It leads to divorce and separation, and it has devastating consequences for the siblings. The siblings really lose their future in many cases, too.

There was a mother in *VAXXED* who had one child who was heavily autistic, and one child who was healthy. She estimated that a heavily autistic child would cost the family (present value), \$5 million.

The numbers- guessing from the experiences that I've watched-I would say are \$1 to \$5 million, and the big expense is: How do you provide for the child after you can no longer care for them? We are talking about teenagers and adults who are not 'potty-trained'. So, you are talking about an extraordinary level of care.

I don't know if you've seen the McDowell Triplets interview that Polly Tommey did. There were triplets – beautiful children – who were vaccinated at the same time, and they all became severely autistic. She describes what it's like. They are both violent and not 'potty-trained', and they explain what an extraordinary job it is to be a caregiver for the three children, all the time knowing that they were perfectly healthy before the vaccine.

Cahill: And I suppose this is why many of us who are speaking out are being censored. Many doctors who are speaking out are also professionally censored. As we see in the spectrum around COVID-19, these doctors lose their job.

I think that we are building momentum around the vaccine injury because there are many parents and medical professionals who saw with their own eyes the danger and exactly the transformation of their children that happened in the hours, days, and weeks after the vaccination.

I've seen it with my own eyes as well. You cannot be bullied into it. What people are doing now is dedicating their lives to have healthy children in the future. Even though you are name-called or lose your job or reputation, we are trying to get the message out.

I think the babies born in 2021 and going forward will be healthier because we have to say that the generation from 1989 to 2020 is the vaccine-injured generation. We now have to dedicate our lives so that babies born from 2021 onward will be even more healthy, their fertility and cognition and their immune system will be protected so they can be the healthy generation that we can reach through. We, the generation older than those sick generations, and the ones coming behind, can help protect them, but we also dedicate our lives to protect the immune system and the cognition and fertility of the babies born now.

Fitts: Let me quickly summarize: If you are a family and have \$5 million of

financial capital, you could use that capital to educate and launch your children to build more family wealth and to build the family forward. Or you could spend that money taking care of a heavily vaccine-injured child, and your family legacy ends.

Cahill: Yes, because they probably will not have children, and the caring sibling – who may be a daughter because it turns out that girls seem to be less vulnerable to the aluminum load- will have less children because they will be dedicating their lives to looking after the family.

So, yes, I think that \$5 million per child is an underestimate. But I suppose, rather than \$5 million paying out now, there are well-known ways to detoxify those children.

Obviously, in the most severe ones, they may not be able to be detoxified. But for some of the children who may be ten or 12 or 16 now-I went to Dr. Chris Exley who has shown that just with silicon water you can get rid of aluminum. If you rebuild the colon and the intestine, and you give people high doses of vitamin D, C, and zinc and really nutritious food, and make sure they don't have glyphosates and their food is healthy, you can actually recover teenage children. So, children who have been born in 2010 onwards, can be healthy again because there was more information for the parents, and many parents, after one or two vaccine injuries, did not plow on to do the whole vaccine schedule. So, we can potentially recover those children.

I would say that in this 'removing toxicity movement' like we want to do in the custodian movement that I'm building, we may be able to recover more children that are between one year old and 30 years old.

Fitts: I have a couple of points to add to that. Part of the challenge with understanding the vaccine impact is that this is part of a 'cocktail of toxicity.' We have toxicity coming from the food and other directions.

Cahill: And water.

Fitts: I watched a Dr. Wakefield interview recently, and he says that we don't know how to detox the COVID-19 injections. The mRNA technology, we don't

necessarily know how to detox that.

We know how to detox heavy metals, but is there something coming up in the COVID-19 injections that could be difficult to detox?

Cahill: Yes, there is. That is why I have been calling since May 2020 for a biorepository of the vaccines. We need to store randomly one in 100 or one in 200 of every batch of vaccines because there are about 50-60 different mRNA vaccines in trials. Maybe five or six of them are already under emergency legislation or something so that they can be used.

The CDC reported between December 14th and December 18th in America, there were about 130,000 vials given, and there were 3,500 adverse events after five days. It was so much so that the person was unable to work or function normally after five days.

What I've been saying all my life is: For any intervention, we need a harm benefit analysis. Clearly, the harm of this gene therapy or intervention treatment – so-called mRNA COVID-19 treatment – does much more harm than good. Morally, ethically, and legally it shouldn't be given.

But to answer your question, to figure out how to detox people, we need to know what is in the vial that they have been given.

Fitts: I know that Pfizer won't disclose some of their ingredients. Does Moderna disclose their ingredients?

Cahill: It's not clear. Part of the thing happening with people getting vaccinated is they are entering into, what is called, a 'post-marketing surveillance clinical trial'. The pharmaceutical industries are saying that they will make all of the results available two years after. It's quite difficult to get access to the vials legally.

But to answer your question about the mRNA: If the mRNA in the gene therapy treatments or interventions is the spike protein, that goes into your body and is expressed as a protein. It can integrate into your DNA. Essentially, it is not a vaccine, but it is actually causing an autoimmune disease. So, it is

triggering this protein that should be in a virus. That sets off the whole cascade of the immune system, but now the virus protein is made in the 'machinery' in your cells. Once the immune system recognizes that it is different, it will keep attacking your own cells.

So, these things should not be given in two treatments (or two 'vaccines'). One in 40 people have adverse events after the first dose due to anaphylaxis from whatever is in it. That happens within the first few days. That is too quick for the immune system, so there is something else in that gene therapy treatment that is making people have an anaphylactic shock.

The second dose will be even worse. If that happens in two or three weeks, you will have a combination that is like a peanut allergy of injecting you with what would cause you an anaphylactic-type immediate adverse event, plus now the immune system will see this virus protein, and it is estimated that about one in ten people could have severe reactions. This is priming people for when they meet whatever the mRNA is, which could be the common cold-it could be coronavirus in a month or two. And up to half of all of the animals died, if not all of the animals.

So, my prediction is that people over 70 with comorbidities, about 80% of them will die (huge numbers) when they meet the coronavirus circulating again in March and April of 2021. So, you are setting up an autoimmune disease prime for anaphylaxis, and you don't really know when you are going to get super-sick. It is also setting up this chronic autoimmune disease as well.

When you are asking, "How can we detoxify?" essentially, you have to get rid of that mRNA out of every cell in your body, which is very tricky to do.

The other thing is in younger people – who don't need this kind of treatment at all because the average age of people affected by COVID-19 is over 80 –the spike protein has a myology, which binds the ACE-2 receptor in the testes, and also to a component of the placenta and implantation. So, it looks like younger people may not be fertile, and it is very tricky because the mRNA has gone into your body, and it is now part of who you are. You are a genetically-modified organism. It will be very tricky to stop, and it looks like the infertility could be multi-generational.

Fitts: In a perfect world, just to finish up, if someone looked at informed consent for an injection, in my world, it would describe what the statistical chances are that you would have to spend 5,000 hours and \$5 million dealing with vaccine injury.

In other words, it is one thing to say ‘material event’, and it’s another thing to say ‘death and a material event on average will cost you \$500,000 to \$5 million’ or whatever the numbers are.

Cahill: I would say much more than that, and many more hours than that.

Fitts: So, if you look at an informed consent and you see the word ‘material event’, I don’t think that parents realize in terms of time and money, no one else is liable – the doctor is not liable, the pharmaceutical company is not liable, and the government is not liable – you are 100% liable for this time and money. I don’t think they have any idea.

Cahill: I suppose that part of the reason I went into this was when we got the envelope in the school for my daughter about the HPV vaccine, there was no patient information leaflet in it. It wasn’t there at all, and I knew that under natural law, which is an area of interest of mine, that is unlawful. That made me decide that I would dedicate ten years to get the patient information leaflet.

The reason it goes through the school in Ireland and in many countries – which, for such a serious medical intervention, they should not do – is they do not give the patient information leaflet, which is the legal product of the clinical trial of the licensing. The reason I think they don’t give it is that has the list of adverse events. So in the HPV, it was one in 50; 2.3% of people on the clinical trial had serious adverse events. One in 50!

It also lists things like juvenile arthritis, multiple sclerosis, and chronic fatigue. So, it means that if the parents saw that and then suddenly their very healthy 12-year-old deteriorated-to break down the immune system and the neurocognitive system from a healthy child takes about three to six months, up to a year. So, the parent would make the connection when suddenly, their healthy child would get juvenile arthritis or chronic fatigue or not be able to stand up.

But if you have never seen the patient information leaflet and have never seen the list of adverse events, you will not make the connection. By the time you get to your GP, they won't make the connection. They will say that there is some psychosomatic issue or some mental health issue, and it takes two or three years for the individual or parent to figure it out. But it means that they have lost the most effective time to detoxify that child. Then that child is infertile and has chronic autoimmune diseases.

Fitts: I've been trying to write an article about informed consent because under the securities law, if I encourage you to take an action – such as an injection – and I fail to disclose any information relevant to that decision, that is a violation of the securities law, and you can go to prison for it. It's called a material omission.

This entire process under the securities law would be a criminal process because you are engaged in massive material omissions.

Cahill: An area that I have been researching for over a decade now is around natural law and the rule of law.

I don't know if you have seen how I have approached correcting the death certs (certificate) here with the doctors and coroners. We have managed to reduce the number of death certs of people who died from COVID-19 in Ireland to under 100 between December 2019 and September 2020 when the government is still reporting that there were 1,800 COVID-19 deaths in that timeframe.

I am supporting families in Northern Ireland. This is an area of law called natural law and the rule of law, and this is the basis of English Constitutional Law. In Ireland, we have a similar one, Brehon Law, also called Common Law.

I've been saying that the Common Law offense of malfeasance, which is still in the law, but actually many barristers and solicitors do not know about it. Malfeasance is when you misrepresent something. It is so powerful because an individual person can be held to account if they knew or if they should have known. The beauty is that individual families can personally sue individual coroners and doctors – which I have been facilitating – and their indemnity

insurance for misrepresenting or if they should have known.

So, I am exposing the ministers and prime ministers in my speeches. There is more evidence that there are treatments for COVID-19 (vitamins D, C, and zinc), and they are not informing those treatments which at the time were available. So people died when they needn't have, but the doctors also should have known, as should the regulators and the science committees. So those deaths were preventable.

Now we have another situation where it's clear that the mRNA vaccines are causing more harm than good. Under malfeasance, the crime is 5-10 years in prison, and any of their indemnities do not apply when they commit the crime of malfeasance.

I came out on May 11, 2020, with the publications because it clearly shows that this viral interference was happening with the influenza vaccine from 2017 to 2018, which was reported by Dr. Greg G. Wolff regarding Department of Defense personnel. That is what happened in Bergamo, Italy. They were vaccinated with that influenza vaccination in October of 2019, and with the pneumococcal vaccine, and the large number of deaths in Italy happened because of viral interference. I was saying in May 2020 – as was well known – that people should be asking, “Why are there so many deaths in that region, and not in the rest of Italy, and not between Italy and China?”

I gave the publications, and it was well-known.

So, what is happening now with Boris Johnson and various people recommending these mRNA vaccines is actually the crime of malfeasance in public office because the science advisory committees legally should know. In fact, we can see that they skipped the animal studies, even though on March 19, 2020, the U.K. said that SARS CoV2 was not highly infectious, and therefore autopsies could happen.

In May, I said to them, “You can figure out the difference between people dying from viral interference by autopsy,” and now, they are not doing autopsies. So that is covering up the causes of death.

Fitts: In the financial world, we would call that fraudulent inducement. It's amazing how many laws are being broken.

Cahill: That is really important for ordinary people. Ordinary people don't have to go to the police and they don't have to go to the courts. If an individual is harmed, they can sue doctors and ministers directly without requiring the police or the courts. That is what families are doing in Ireland, and it means that those individual people can be held accountable.

Fitts: There is a similar process going on in North America.

Let me turn to **Doctor and Healthcare Economics**. These injections are very profitable for the pharmaceutical companies since they are free of liability – according to the law in the United States. I don't know if that applies in Ireland.

Cahill: Unlawfully people say that, but it's not lawful. The claims that you are making don't actually stand up.

Fitts: What do you mean by that?

Cahill: They are claiming that they are indemnified, and therefore highly profitable. But if you look at malfeasance, because the pharmaceutical industry has skipped certain steps, the indemnification is not lawful and would not stand up. Therefore, they can be sued.

Fitts: That is what I believe, but to date, the use in the United States of the compensation fund is a way of keeping people from suing them and acting against them. You see a process where the more they mandate the schedules, the more money they make.

Cahill: I know you are talking about the vaccine court. I think it's not only the profit from the vaccines, and it's well-known in many publications that our generation never went to see a doctor. But if you inject something that gives people chronic diseases like allergies or autoimmune diseases, it's not just the profit that you make from the vaccine, but it's that suddenly, you and the whole family are interacting with the doctor.

Because they changed the way of reporting deaths and things, I found that a simple way of looking at the adverse events of vaccines or anything injected is: How many times did that child or family visit the doctor before the vaccination, versus in the months and years after the vaccination?

Fitts: When you look at Paul Thomas' study and extrapolate, "How much per year does the lightly-vaccinated pay for medical and pharmaceutical services? How much does the heavy-vaccinated pay for medical and pharmaceutical services?"

It's quite easy to extrapolate that the expenses are extraordinary.

Cahill: Absolutely. There have been books like *Bad Medicine* and *Bad Science*. In them, a CEO of one of the pharmaceutical industries said that when all of the clinical trials were failing around Alzheimer's in the 1990's, they said, "Why are we trying to treat diseases people have? Why don't we give them something that we have treatments for?" That would be chronic diseases like autoimmune diseases and neurocognitive decline.

It really is setting up families and individuals to require interaction with the medical people. More or less, they are setting up lifelong customers because people are not healthy. Then what is also insidious is if you look at the cardiovascular committees in America. They have reduced 'high blood pressure' to just under what would have been normal so that if you interact with your doctor, practically everyone has a 'white coat effect' because they say, "You might have a bit of high blood pressure."

When you go in and interact with the doctor, they give you medications. We see with people over 50 or people in care homes that they are on multiple medications. If you are on a high blood pressure medication, the side effects of that could be arthritis or whatever, and then two months later, you get treatment for arthritis, which gives you a whole cascade of other issues.

So, what they are doing with the children going to the doctor and the parents going to the doctor-you have all of these chronically unwell people.

It's a real cash cow for the pharmaceutical industry. It's not just the profit on

the vaccine and the fact that they haven't successfully been sued, but they set up entire families. You also see with mental health issues that they put on weight as a side effect of the drugs, so you have chronically overweight and malnourished people and have difficulty working.

Fitts: I've described, on occasion, COVID-19 as the 'insurance relief act'. One of the things that I've discovered is that you can't understand interacting with a doctor without understanding their insurance incentives and the new layers of regulation – both the healthcare industry and the insurance companies – that the government is putting on them. So, you have to understand their incentives and control.

You literally see doctors all over the United States kicking patients out of their practice because, unless they have a certain percentage who get the injections, they lose their incentives.

Cahill: Exactly. They get a huge cash cow if 80% of their patients are fully vaccinated.

As a funny story to finish off on the **Family Economics**, in ancient Chinese medicine, over thousands of years, the doctor would visit the family, and they would pay them if they were completely healthy. So if someone was sick, you didn't pay the doctor.

I think that in this beautiful new world of healthcare, what people want are healthy children, and they want to be healthy themselves, and they want to live to an old age. For example, if you have the proper dose of vitamin D in your body, which you can have measured, you can get eight years of healthy life just by having the correct dose of Nobel Prize winning vitamin D.

The beautiful world of health will mean that if you say to someone with a baby, "Do you want to have your baby have a chance of dying, or would you like to have a healthy baby?" It turns out that with just breastfeeding and healthy food and clean water, they don't need to interact with the healthcare system at all. You really should be investing your money in clean water, nutritious food, and making sure that you have all of the supplements, and you and your baby will have lifelong health.

We know that anyone who is over 50 knows that they grew up in a world where people were very healthy. Many of the diseases that we have now are only packaged into the last 40 years. That is what the medical industry wants us to forget – that common sense, good food, clean water, and no stress, and you are actually healthy, and don't have to interact with doctors.

Fitts: I think for the discerning parent, you need to understand that when you enter the Western healthcare system – or any healthcare system – that there is a world of incentives and government regulations that means your professional may not be in alignment with you and your long-term goal of health.

Cahill: I want to dedicate myself to have a mutual insurance company. You would pay for insurance where you say, “I'm actually going to spend a lot of money and potentially not vaccinate.”

In other words, you would have to say, “Have you been vaccinated?” for example, to a cigarette smoker. You could either have insurance that would rate people on the number of vaccines they have had and give a lower insurance rate for people who have not been vaccinated and have not vaccinated their children because they have a higher probability of being healthy.

I think we need to incentivize as in in the Chinese medicine model, people who will engage with clean water and clean food. You could have a brand for food because it is really simple because you can look at the soil. If the soil is missing zinc and selenium – important elements – then that food will not be nutritious. But you could have a brand for healthy foods.

We are working in our country one day a week through taxes to pay the healthcare system that is actually making people sicker. They are not giving cancer treatments because people are scared in the hospitals, and they are not providing for cardiovascular disease. So, I think a pivotal point this year is that we need to build up this new breakthrough the narrative around real health and real health for babies. You can save money in the insurance you pay, in the taxes you pay, and in your expenses that you pay for the doctor and the drugs.

Fitts: Particularly in the United States, if you look at the numbers, they are

worse, but the skyrocketing health expenses can absolutely be reversed.

Cahill: That is what I'm saying. The other thing is I think the combination of the vaccines set up children for diabetes and autoimmune disorders.

I haven't heard anyone else talking about this, so this might just be my idea, but when you realize that it's probably the toxic load of the nickel, steel, titanium, mercury, and aluminum – which shouldn't be there at all – it is dysregulating the immune system. So, all the doctors and teachers are failing. They say, "We have these children who have diabetes."

But actually, if you weren't vaccinated; if you look at the Amish community who are not vaccinated, they don't have those issues. So, this huge industry around diabetes is actually one of the adverse events of the vaccine schedule in America.

If you don't vaccinate at all, you will probably have a much lower chance of having diabetes and all these other chronic diseases as well.

Fitts: One of the things that happened when I first moved to Tennessee was a neighbor who had just left teaching. She had been a teacher for many years and loved teaching. The reason she left was that the schools were incentivized to get children on Ritalin, and the parents would lobby her to say that their children had ADHD because if they could get them designated that way, then they could get a social security disability check, and they needed that check to feed their children. They didn't have enough money to feed their children, so they wanted their children drugged so that they could get the money.

She just said, "I'm tired of being in the middle of this."

Cahill: It's all wrong and they know that. You can get orange juice in aluminum containers in schools, and children closest to those machines have much more neurocognitive decline, but they are still in the schools even though they know. It's the combination of aluminum and the acidic orange juice that makes more aluminum, and because they are already primed with the vaccines, they will have more neurocognitive decline. The education system is still putting those kinds of drinks in the schools.

Fitts: Moving on to **Community Economics**.

The number one cause of local economic decline before COVID-19 was as follows: We raise our children, and we educate our children – which is a huge investment of time and money – and then they leave and go off and work for big government, big corporations, big military, and a machine that does everything it can to drain and put our businesses out of business.

We are on a treadmill where our most valuable asset, which is our human talent, is being siphoned off. Now what we are watching with what we've just described with the family in healthcare economics is this: A family has three children. One goes to the city to work for Facebook, and two stay home and are vaccine-damaged or hurt by food. So, our businesses on Main Street have nobody to get up and take them over.

Cahill: This is true. Also, those children have less children themselves.

Fitts: Right, and they have a lower IQ.

Cahill: Exactly, because every level of aluminum is at least one IQ number lower.

Of course, related to that as well, we see how difficult it is to set up businesses like in the European Union. I would be an expert on the EU regulations. In 20 years, they have half a million regulations.

I know plenty about farming, having grown up on a farm. In farming, they have 45,000 regulations. If you want to live in rural areas related to farming, you can't find them anywhere on the EU website; it only shows you 10,000. But someone can come in and give you a piece of paper saying, "You have missed one regulation," but they don't tell you which one, and then they take away your money. There is no way that you can actually challenge it.

It's a combination of the vaccine injury and also the lack of access to justice and accountability and depopulation.

Fitts: And complexity. I've heard Kennedy say that the IQs have fallen seven points. That seven points is the difference between being able to deal with the kind of complexity you are describing and not able to deal with it.

Cahill: That is it, and it's insidious. When you look at these things, it is so shocking. Insidiously, they have set up systems from about 1913 or 1920 until now, but the IQ is actually based on the average test results. As the average results lower, the education system with John Taylor Gatto is actually 'dumbing people down'. But to cover it up; it's a bit like the fluoride in the water being covered up or the age of babies when they die. We don't know which week they died.

To cover it up, the IQ may still be at 100, but the questions on the IQ test now are much more 'dumbed down' than they would have been 20 years ago. They are functionally not able to create jobs or survive, and I think that is partly why we have COVID-19.

If you see who they are vaccinating first – I don't know if you have looked at that in America – it's many people from socioeconomic backgrounds. They prioritize vaccinating disabled people, which would include intellectual disabilities. They are first, even though this COVID-19 disease is supposed to affect people over 80 in the care homes. Because the adverse events and deaths are so high, it will result in many deaths in those communities who are being vaccinated first. I would say that they may be vaccinated first so that the illness and death will happen in those communities before these vaccines are stopped from being given out when the huge 'waterfall' of adverse events comes.

Fitts: I believe, and this is just a guess, but time will tell, that they are prototyping something that they haven't figured out yet how to. So, this is an experiment that they are prototyping. The way they are prototyping is to target the most expendable first.

If you want to develop the equivalent of what Moderna calls 'the software of life', this is all very experimental. The FDA hasn't approved this; this is just being given under emergency authorization. It's an experiment; they are experimenting on the people they perceive as the most expendable.

I would describe this as a retirement system and an insurance company relief process. Let me describe what I mean. First, you target people who are sick, and those people are costing the insurance companies plenty of money. People continue to pay their healthcare insurance premiums, but they can't go see their doctor and they can't go to the hospital. So, you are dramatically improving the profitability of the healthcare insurance industry. Then you are causing more deaths in the nursing homes, so the insurance long-term care industry is getting relief.

So, there are all sorts of different insurance industry applications here that are getting relief if those death rates rise.

The big one, of course, is the retirement systems.

Cahill: That is what I emailed you about as well. Did you see that article on pensions? It was the pensions and social welfare systems as well. You are on the right track.

Fitts: The healthcare expenses have been exploding in the United States. If you look at the burden for corporations or the state and local retirement systems or the Federal retirement systems, they literally can't afford it. So the question is: How do you reconcile the promises of the retirement, including the healthcare systems, with the people and what is now their life expectancy?

Particularly a big swing has been that the interest rates have gone down. So as interest rates go down, the pension funds haven't been making and meeting their targets. So there is a gap.

The biggest gap comes not from all of the reasons we might suggest; the biggest gap comes from the financial coup in America. We have seen \$50 trillion moved out. We bubbled the economy and moved \$50 trillion out, and now the money is gone. The leadership doesn't want to say, "We took your money to do space programs," or whatever it is, "So there is no money for nursing homes. You are just going to have to be destitute or whatever."

It's much easier to have a magic virus.

Cahill: I would track that happening in real time on September 17, 2019, when the banking system really ground to a halt. I said, “Okay, here we go,” and I was wondering why it didn’t actually happen.

Fitts: Do you know what actually happened? On August 22, 2019, all the G7 central bankers got together in Jackson Hole, Wyoming, and approved the Going Direct plan. Then they proceeded in September to do what they did.

Cahill: I was tracking it, and I noticed that was when it stalled. I bought my castle to set up my custodian (holds customers securities) a week later. I said, “Okay, I made my investments,” and I expected a financial crash. For me, between September and October and November, I was watching. I watched Event 201 (pandemic exercise) in October in real-time. I saw that there had been eight of these so-called ‘pandemics’ since 2002. So I thought, “This is it,” and it was so blatant when you look at how they did that.

Do you mind if I go back to something else? This is important. You might think that they don’t know where they are going. I became aware in 1996 or 1997 of this whole issue because I developed and patented a technology that was able to look at the antibodies and diagnostic tests in the world. It was granted worldwide and seemed to be groundbreaking, and I received many awards for it.

I was able to look at the antibodies and tools used in diagnostic tests, and I showed that they were entirely incorrect. When we were trying to straighten the record in science, there was huge resistance.

Then I was able to look at autoimmune diseases and adverse effects. I realized that everyone really knew that the vaccines were causing huge illnesses and death, and when I was trying to raise awareness about this, there was quite a significant stonewalling. So, I was looking at the financial aspects of it, and in 2002 and 2003, I started reading *Harvard Business Review* and journals about how the pension industry shares were going to go up because of the increase in deaths that would happen, including the huge increase in deaths from 2020 to 2025. This was in 2002.

The stocks and shares in the pension industry and the social welfare industry was increased because they were saying that the burden of the illness of the

pharmaceutical industry adverse events would ensure that the life expectancy, including in America, would be reduced. The average life expectancy would go down enormously so that the number of investment countries and the industry would do in pensions would be much less because the life expectancy would go down.

I've been advising governments since before that, but when I had opportunities to get access to information in the EU, and when I was in the European Commission and working with all of these international agencies, there was the very blatant assumptions that life expectancy would go down. To do that, they would have to make the information not available and not make it easy to do the analysis of adverse events and connect adverse events to interventions. That is why I studied the legal basis around natural law and rule of law and malfeasance to hold these people accountable.

It is much more insidious than you think.

Fitts: You can't imagine how insidious I think it is!

Cahill: I think they know. When you are reading in 2002 that there will be a huge increase in deaths between 2020 and 2025, that was 18 years ago!

Fitts: This is how I knew it in 1998: I ended up in a serious litigation with the U.S. Federal government because, long story short, they were basically dropping SWAT teams into poor neighborhoods and rounding people up and throwing them in prison. Slave labor camps is what they were doing.

I've written an online book about it called *Dillon Read and the Aristocracy of Stock Profits*. We tried to do a balanced budget deal in 1995, and it collapsed. A decision was made at that time by the leadership to move all of the money out of the country. I describe that in the Dillon Read book and the people who told me about that.

If you can't raise enough money to add every year to the retirement system to make it solvent, your only other choice is to bring down life expectancy. It is a mathematical formula.

Literally, the month after that deal busted, the FDA approved oxycodone, and the same neighborhoods that were flooded with predatory lending were flooded with oxycodone starting on the same day. That is when they began to do the student loan debt.

Regarding the combinations of the legalization of usury, student loan debt, and oxycodone, in 1998, there was a money manager from the City of London. I was struggling to understand what all these different things indicated because they meant depopulation. Their way of dealing with what they were doing financially with the retirement system would be to lower life expectancy.

This person flew to America, and he had asked if he could see me because I was writing about some of this. We went to lunch, and he said, "I'm looking at the following things." He was a very high-level portfolio strategist. He named about 20 different things, and said, "If you look at all these different things in these various industries and other things, they are planning on significant depopulation to balance the books.

I said to him, "I never talk about this, but here is my number," and it was exactly what I was looking at.

I went home that week and spent a week thinking about, "Can I stay alive and have a productive life knowing this?" because no one would believe me. He was the first person to believe me.

Cahill: I did a very similar thing. When I was saying it to some people, when I would mention it, I would be stonewalled by many committees. Then, obviously, I found a network of people behind the scenes (confidentially) over time. Some of those people who may have gone public would have died in their 30's.

What I did at that time was invested, since 1999, in commercial property because I was getting huge pushback in my career. People were saying, "You won't get promoted. You won't get grants," or whatever. So, in order to have a separate source of income, I invested in real estate, but also using financial advising tax experts. I realized that Agenda 21 (action agenda for the UN) and the European Union were how this system of not having access to justice and

trying to pretend to people that civil servants were not accountable. So no matter who you elect, you will not change the system.

Under the insidiousness of Agenda 21, it was around the depopulation, making it very difficult to own property. Also, the banks are not lending in rural areas so that you can't live there. Also related to this, is the infertility agenda associated with the vaccines which came out with human chorionic gonadotropin hormone (hCG) in tetanus vaccines. So they have a vaccine preventing implantation, which really is a crime against humanity.

If you are getting a tetanus vaccine, it is absolutely outrageous that you would have a hormone in there that would prevent the implantation of the fertilized egg in women. That is huge.

So as well as 'depopulation', they have done every aspect of making people chronically ill with autoimmune diseases and allergies, neurocognitive decline, setting up the banking system unlawfully so that it doesn't come from the nation, and then obviously, huge taxes. Finally, there are the regulations and pretending that they are supporting small businesses and innovation, but in reality, they are not doing it.

I've been studying this. When I was on the European Commission Unit for the global coordination of the world in 2013 and 2014, through those interactions – including with the UN and the OECD and NATO and the European Commission – you get access to future plans for the next 50 to 70 years.

The insidiousness of how they are doing it is so well-thought out that this mRNA vaccine is a critical component to chronic death. They will call it 'COVID-19'. There will be no autopsies next year. That is why we need a viral repository. I expect there will be other mRNAs in those vaccines. That way people will potentially be primed for decades in the future so they can come along and instigate massive deaths potentially in the middle of a financial crisis or a weather crisis or a food crisis.

Fitts: Does it have to interact with a biological or chemical agent, or can it interact with cellular technology and EMF radiation?

Cahill: That is an area that I have researched as well for 15 years. I don't discuss it very much, but I think what we need to do – because forensically, I was involved behind the scenes – is look at the metals in the combination of vaccines. The combination should not be there at all. We have titanium and steel and nickel and aluminum, and they, of course, resonate at different frequencies depending on the size. If it's less than 100 nanometers, it will get into the cell. If it is less than 70 nanometers, they get into the nucleus. But they are metals; it's like having a 'ball bearing in a melon'.

If you were to target EMF at a particular frequency, they would resonate. They are chemically inert, so in the EU they are considered safe. But how they cause damage is that they are like steel ball bearings. You can get them to move, and they will move and then potentially shear your chromosome or the internal structure of the cell. We can see when people are cremated that they now have much more metals in their body than they would have decades ago. But you can essentially shear somebody's internal organs. Different metals will shear at different frequencies, and you could potentially die from your internal organs being sheared, and you would only know that if you did an autopsy.

So, having a tradition now of autopsies not being done means that you could not distinguish someone who died from a real virus versus someone who died from sepsis because of an adverse event of a combination of vaccines and a virus versus someone who might potentially be exposed to EMF and their organs are sheared, or their brain is sheared.

Another deal breaker, as well as the airline, is an independent autopsy service. So, I am proposing that people could pay in to say when they interact with anyone, "Oh, by the way, I prepaid for an autopsy in the next year or two. So if I die, I have already given my data to a data repository, and I have signed that I will be autopsied. Under notice of liability, constitutional law, and natural law access to justice, I am going to pay for an autopsy. If I die from viral interference or shearing, I give full permission for all of my body and DNA to be sequenced, including what you have given me. If it is because of your intervention now, including vaccine or gene therapy, my family will sue you."

Fitts: Alright! How do I sign up?

Cahill: That is another interesting avenue that I want to do. Most of the combination is mutual insurance plus the autopsy service plus having the lawyers to do the litigation. All of the pathologists are unemployed now. It's a bit like the airline industries and airports are worth nothing now. It costs more to keep an airline and to store kerosene planes. So, I knew that those people would give us the airplanes at cost, which they are doing, because they are going bankrupt. But all the pathologists in the world are bankrupt.

We couldn't get a pathologist to do autopsies around the world for precedent cases, so I said, "Okay, these guys are going to be unemployed because there is no point to keep hiring them for a private autopsy service."

Now that you know from my paper on adverse events of medical error, if you are under 60, your highest cause of dying is visiting a healthcare professional. That is your source. It has nothing to do with the disease. But if you can go in with a little badge that says, "I have actually paid for my autopsy," you will ensure that they will give you the best treatment because their indemnity insurance will be sued.

Fitts: I see the unemployed as a whole new army for our team.

I want to dip into the next section, which I call '**Historical Footnotes**', because there are some historical issues that I want to bring up that I think are very relevant. One is that all of my life, I've heard, "Well, but the polio vaccine worked."

This year I had the opportunity to read Forrest Mearns's book, *The Moth in the Iron Lung* on the polio vaccine to discover the insurance relief function once again.

What did we have? We had pesticides that caused great toxicity. That toxicity, rather than admitting, "Oh, they are toxic," they said, "Oh, it's a disease caused by a germ."

We invented a 'vaccine' which, of course, made money for a variety of people. We injected the population just as we were stopping the use of the pesticide. People stopped getting sick because we stopped using the pesticide, and

everybody declared the vaccine a huge success.

When you look at the economics to the insurance industry of covering up the liability that way, it is a financial genius; it is just financial genius. You could save the insurance companies from going bankrupt because the liability was so enormous, and you can't believe that this scam worked, but it did.

Cahill: It did, and it's the same as the narrative around the Spanish Flu and polio; it is setting up a propaganda machine to make it visually convincing to a generation that this is true. They were setting it up for other vaccines in the future, whereas now we have a situation in India where three-quarters of the people who have polio now actually got it from the vaccine. There are almost 400,000 people who have serious life-limiting issues in India from the polio vaccine because the polio strain is different from the 'wild' strain.

Fitts: I had a shocking experience over Christmas after I saw you, and I want to tell you about it.

I was reading a book called *The Edge of the World* by Michael Pye, and it's about the development of all the cultures that traded on the North Sea. It is Ireland and Britain and Scotland and the Netherlands and Germany and France and the Scandinavian countries. It's all the North Sea traders.

Throughout the book, they go through the different cultural and economic developments – how they developed science, how they developed education, books, and on and on.

I got to the second to the last chapter called 'Plague Laws'. I said, "Plague laws?"

Essentially, this chapter described with the bubonic plague and a series of other plagues every 75-100 years, the leadership was able to build an authoritarian government, control travel, control labor (what job you did), centralize control of the financial and intellectual capital, and build the great cities with this enormous consolidation of power and money.

I went online and started to look at the history of plagues and plague laws and

the history of moving the currency, and there is the pattern. Every 75-100 years, you have a plague, you centralize control of capital, and you move the reserve currency.

I'm starting to wonder whether part of this is getting control of the real estate in the place where they are going to move the reserve currency to.

Cahill: Absolutely, and Suzanne Humphries has a great book as well, *Dissolving Illusions: Disease, Vaccines, and the Forgotten History*.

Fitts: That is a great book!

Cahill: When you look at the plague, most of the death toll occurred during Julius Caesar's time (Antonine Plague). I've looked over 2,000 years of the plague. I did this years ago, as well.

Much of the time you get a plague when there is an issue around food. It is usually around two years before. So, you can see when it is not instigated by the powers that be. It is often relative to a volcano eruption, and you can see that would darken the skies and cause dust. So, the people may have reserves of food in ancient times for one or two years, and the plagues usually come three or four or five years after a volcano – especially the bubonic plagues that we've seen over the millennia.

You are right. You can see that we can engineer food shortages, which is what happens with the famine; it is entirely engineered. I hadn't made the connection with the currency, but if you are nutritionally poor; even back then, everybody may have the cause of these plagues or diseases, but if they have good nutrition and good sunlight, they are fine.

If you combine starvation with something that prevents the absorption of vitamin D, then it looks as if the plague comes out of nowhere. They knew that. But I had not made the connection with the currency. That is interesting.

Fitts: I need to do more research, but I think there is no doubt that there is a relationship. Whether the plague is natural or induced, there is clearly a pattern of the use of it to centralize political, economic, and intellectual capital.

Cahill: We don't need to go into the Spanish Flu, but that was actually three viruses. So, there was never such a thing as a 'second wave' – if it even was a virus. But the first one affected the elderly. In a period of two years, you had a virus that affected the elderly, then one that affected the young – or was a causative agent – and one that affected the elderly. There were also issues that were well-written up at the time as adverse events of medical treatment and potentially EMF. But there is no such thing from an immunological perspective as a 'second wave'; you are immune. But it could be that at that time, some of those were adverse events to vaccinations that were being done on the militaries.

You know the so-called vaccinations done on the military at the end of World War I in America. That is a bit like the scenario with the polio vaccine and TB and all of that. They were engineering propaganda to set up as they did in 1913 with the Rockefellers and with the banking system. This was really a way of setting up a story that was not at all true. It's like *The Truman Show* – what we are living in.

Fitts: Let's turn to the **Wall Street-Washington Game**.

In my online book, one of the things that I discovered when I started to speak publicly about what was going on was that many people didn't understand how the Wall Street-Washington economics work.

At the beginning of my book, *Dillon Read and the Aristocracy of Stock Profits*, it has a quote which is, "Make a law, make a business."

This is something I'm sure you've seen in government many times. Essentially, the government passes laws or regulations that create a business. The private prison industry is the one I used in *Dillon Read*.

Cahill: PCR testing.

Fitts: There you go! The government, in this case, puts out big contracts, and Wall Street takes those contracts and sells stock in a company that has those contracts.

Let's say if they have \$1 million of profits from their government contracts and their stock is trading at a multiple of ten times earnings, then the stock market value is \$10 million. So, it's \$1 million in profits times ten.

So the key to the Wall Street game, which I call a 'pop' as in the capital gains increase that you get from doing something that makes the price-earnings ratio go up – so ten instead, goes to twenty – or you want the profits to go up.

If you look at the stock market and the S&P 500 as we were beginning COVID, the stock market was going up, but the profits were going down. What do we see with COVID? We see a massive effort to take all of the small business and small profits and move them into the publicly-traded stocks to buoy them. It's a giant 'sucking sound' into the stock market using the government.

When this happens, the government starts a business with regulations or laws, but they put out contracts. The company now has a \$10 million market value. Concerning the capital gains that the investors make; let's assume the government gives them another contract, and their market value goes up to \$20 million. The \$10 million in capital gains that the investors make is then the basis of kickbacks to the politicians and campaign contributions.

Cahill: Also, often property price. So the nominal value goes up, and then the local mayor or whoever can increase the taxes based on the rates. It artificially looks like the economy is booming even though it's not.

Fitts: There is a whole kickback system, and it is interesting that the model that is used is, what I call, a negative return on investment. So you have a tremendous amount of economic activity, and it looks like everybody is making money, but you are shrinking the pie because people are getting sicker and sicker, and the environment is being damaged. It's somewhat of a liquidation model where you are liquidating people and living things.

You have a negative return on investment, but it looks like Wall Street is making all of this money.

Cahill: Also, the government employs maybe half of the people as civil

servants, and in these NGOs (non-governmental organization), and administrating this system. That is why in the real world when you need the plumbers and the carpenters, I say to them, “You guys are paying the taxes.” The farmers are, too. I say, “There are very few people who are actually paying in real money, and yet you are dealing with 20 agencies and 10 NGOs and 17 government departments and ministers, and then you have the EU, the United Nations, and the World Health Organization. You have all of these advisors and experts are living off of you guys.”

Fitts: My nickname for them is ‘the tapeworm’ because it’s a parasite. It is interesting that what has been called populism in the last four to eight years is really the independent producers who have to earn money, and they are getting angry and getting tired of feeding the tapeworm and the people who print the money and give it to themselves.

Cahill: Exactly! I have a simple solution to it all. I have been thinking about this since I was a child. We had our first banking crash when I was about seven or eight, and my dad was a farmer. He had perfect sense. When we were little, if we milked the cows each day, he paid us in gold and silver and in bank shares and in fiat money. He would explain this to us. We had the oil crisis in the 1970’s, and we had petrol stations that imported oil.

So I understand the financial system. Even though he was only a farmer and I was just a little child, we actually had a good feel for what was going on.

I’ve been interested in this area, just observing the politicians and the banks over generations. In the farming community in Tipperary that I came from, we used to have 40 or 50 families, and we all knew each other. We were a huge community. Now there is hardly anyone living there. You have people who are in their 60’s or 70’s or 80’s, and all the children have gone. It’s an empty community, and it is ‘hollowed’ out, whereas before, it was one person working, and you could have a wonderful life eating healthy food, and you could send your children to the university.

That is what is called ‘populism’. People who are over 40 know, “You guys can intimidate us and call us whatever names you want, but we know what is going on. It doesn’t make any sense, and there is a better way.”

So, a very simple way to do it is to go back to the rule of law, which is English constitutional law and the basis of American law, which is natural law. It is ‘do no harm, but hold people accountable’ under the natural law or the rule of law with proper jury trials.

In that system, anyone – including civil servants and politicians – can, under constitutional law with a proper jury and trials, which cost very little, actually hold civil servants accountable. That is the law; that is where malfeasance comes from.

Fitts: I think that to devolve the game we need to bust the monopoly on printing money and circulating it.

Cahill: Exactly, but I was going to say that the second half of it, where the key is, is actually to say that the people bring the nation into existence. In every nation, the nation should be the only source of printing money. The nation can then issue money at very low or no interest. But what I think is somewhat of a game-changer is: They have their private Federal Reserve systems and, in every nation, like in Ireland, one bank is called a ‘passport account’. The Bank of the Nation (which is not the state) can issue money.

So, the way they print out \$2 trillion in paper money, you could have the Ireland Bank from the nation (not the state) issue \$2 trillion and give it to them in their paper money and say, “We are paying our debt of Ireland, and if we are all working for one day a week as citizens to pay the artificial interest rate, then instead, one day a week of our taxes can go to rebuilding our nations.”

Fitts: This is a much longer conversation. I want to stay on estimating out the system.

Cahill: I know, but it’s somewhat of a way to cover the countries: The rule of law and printing money.

Fitts: Right, but I think that we will have to get the money printing and circulation below the national level. I don’t think that you can leave it centralized.

Cahill: You are the expert, but part of the reason people are so busy and don't have time to do concentrate on their food and their health is that they are paying so much tax, and there is so much unaccountable law and regulation that they feel they have no access to justice.

Fitts: I will say this: They are paying tax to finance their enemy to destroy them.

Cahill: You are right.

Fitts: It's not only that they are paying too much, but it's that it is financing an operation which is tapeworming them.

Cahill: Also, because there is no accountability. The whole idea about 'trial by jury trial' means that you can annul in the English constitutional law in a court case or in a jury case, a law that is against the natural law and the rule of law. That act or statute is removed. Therefore, you can change an individual person, and an individual judgement can change the law.

Part of the thing is that we are all so busy because of the convoluted regulations that are keeping everyone busy without access to real justice in a timely manner as well as the money-making machine, and we are too busy paying the taxes to survive. But if you were to simplify the money-making, which you know better than I do, and the access to justice – holding civil servants and ministers to account – then we could simplify the legal structure so that people would have more time and wouldn't be wasting this money.

Fitts: I think that the challenge for a busy person or two busy parents is that the corruption is so widespread and flows through so many different functions, that the question is: Where do I begin? That is one of the reasons I focus on health. If you do a time budget for the year, the best investment of your time is to make sure that you are healthy.

If you have a healthy mind and a healthy body, you can deal with all the rest.

Cahill: I know it seems like a bit of a distraction, but the vaccines are coming

in under the guise of this confusion of regulations and unaccountability. So, if we can show people that you can change the law to be accountable, then we would have less of this mandatory vaccine or health intervention for people if they were recommended something that was causing more harm than good. Within a shorter period of time, we could remove those recommendations and hold the regulators and the people in these institutions that are recommending vaccine schedules to account. That is why this is relevant.

Fitts: One of the challenges that I have when we talk about this – getting back to Wall Street and Washington – is right now, I am not doing public speaking because of the restrictions, but if I were in front of an audience of 100 people talking about the general corruption, and if I were to look into their pocketbooks and look at all of their retirement savings and stock portfolios, they are all making money financing the pharmaceutical companies, financing the media companies that are doing this. They are financing the governments that are doing this, or they are going to work for those companies, and that is where they get their paycheck.

I keep saying that if we are all making money building the prison, how is it that a few of us are to stop the prison from happening? I believe it's essential that each person 'connect the dots' because we have the power to stop building the prison; we have the power to stop financing the prison. However, I daresay – certainly in America – most Americans, one way or another, have money, whether it is in the banks, the media, the pharmaceutical companies, or the tech companies. They could pull the plug on this tomorrow if they simply withdrew.

Cahill: I think that it's good that we talked. The three keys of our society that we can address are the money system, which you are the expert in, the health system, and it is also important to look at this rule of law.

Fitts: Absolutely.

Cahill: It is much simpler than people think. So natural law, the rule of law, and constitutional law hold people to account under malfeasance, and therefore, individual ministers. So just like the mRNA vaccine, in Ireland and England, because of our law set-up, we can implement that now. I could instigate a process to hold the Prime Minister in Ireland and people in England to say to

the Prime Minister, “These mRNA vaccines are a crime of malfeasance, and malfeasance in public office now.”

That can stop the mRNA vaccine so that we don’t have two or three generations having a societal burden from the mRNA vaccine now. That is why it is quite relevant to understand the significance of the rule of law in England and Ireland and that basis of holding individual civil servants and ministers to account. It is lawful today to do it.

Fitts: It will work if you have enough people willing to do it together.

Cahill: And that is what the World Freedom Alliance is all about. We have a banking pillar as well.

Fitts: I will keep working on the estimate.

We talked about the capital gains and the kickbacks to government. There is another form of kickback that I think is very interesting to understand. I just did *Money & Markets* with John Titus, who explained that Pfizer’s fraudulent marketing model is, in fact, a long-term model. They have had settlements with the regulators in the Department of Justice many, many times for fraudulent marketing.

I don’t know much about the pharmaceutical industry compared to the financial, but I know the settlements that someone like JP Morgan Chase would do. I would describe them as the royalties going back to the government for participating in the scheme.

You are talking about a business model of fraudulent marketing and kickbacks to government to help make it go.

Cahill: Yes, and the CDC gets 40% of its income from the licensing of the vaccines.

Fitts: When I first heard Kennedy describe that, I ‘fell off my chair’. If you look at how much money the CDC and the different governments signed, the conflict of interests is beyond belief; it’s a violation of all the traditional

governance.

Cahill: That is why they are not held accountable; you cannot sue them or expose that. That is why the accountability piece and access to justice have signed people for 40 year – like the National Vaccine Information Center and Barbara Loe. Very clever people have been there for 40 years.

Unlike the way that you fundamentally understand the money system and the government, there are very few people who understand the complexity from a particular perspective. They are on the outside, and they see bits, but they are not looking ‘behind the curtain’.

Fitts: That’s why what I think we are trying to do – and you are certainly doing this with the World Freedom Alliance – is to gather all the clans, and we are all trying to put down our pieces of the jigsaw puzzle so that we can see what is really happening across the whole ecosystem.

Cahill: All I want to add today is that I am saying that when you look at what you are saying about the money machine and the CDC and the regulators, and we see huge regulators. I have talked to heads of institutions and heads of these committees and said, “Did you vaccinate your own child?” and they say, “No.”

“Did you give your child the HPV vaccine?”

They would be saying to me, “Why are you coming out against the HPV vaccine?” I would say, “I didn’t give it to my daughter. I’m not a medical doctor, but I felt that it was wrong. People don’t have the information to make informed consent. Did you give it to your children?”

“No,” and they make their living from this.

I think it is important to look ‘behind the curtain’ at health and business and banking. I think that for 40 years, we haven’t been successful. There is this vaccine court that is totally wrong; it doesn’t give justice. But this whole thing about the rule of law malfeasance – holding individual civil servants and politicians to account, which you can do in America and England and Ireland – having studied it for 20 years, is going to be how we actually shatter their system

to give accountability and to say that what is going on with COVID-19 is absolutely ideal, in a way.

All the 'stepping stones' show that the ministers knew that there were issues. In Ireland and in England, they stopped recording every month the number of suicides after April since they knew that because of the lockdown, there would be more deaths from suicides than there would be from COVID-19. That shows malfeasance.

That is a simple way to go, and it is doable. I'm trying to have solutions, and I think that is an easy way we can try in the next year or so to undermine the stranglehold between the politicians, the media, the pharmaceutical industry, and the legal system.

Fitts: One of my favorite solutions is shunning. I've found shunning to be one of the most effective political tactics. One of my favorite books on real solutions is Robert Axelrod's *The Evolution of Cooperation*.

He shows that where you have transparency, you can produce shunning, and shunning really works. This brings me to some of the characters that I would most propose to shun, and that is the private equity and leverage buyout investors – the money managers who play this game.

On COVID-19, we are seeing the making on the pump-and-dump of the pharmaceutical stocks, and the big plans on Going Direct and all the quantitative easing, and programs and money behind the scenes on Wall Street. And our *Hero of the Year* are Russ and Pam Martin, who have done a great job of documenting the corruption on that. But we also see, I believe, private equity picking up real estate and acquiring businesses who have been slammed by COVID-19.

This is a dump. When you use COVID-19 to dump an economy, then the sharks come in and play vulture capitalism, and they pick things up cheap. That is part of the game here, and it's one that can be very responsive to shunning.

Traditionally, those characters have been considered celebrated people in our society.

Cahill: Absolutely. You are right.

Fitts: They are successful, they are fashionable, and I think that it's time that we understand that many people running this thing are foundations – whether it's the Harvard Endowment or the Rockefeller Foundation or Gates Foundation – and those are big investment syndicates. People say, “They are foundations. They are here to do good.”

No. They are investment syndicates that run billions, if not trillions, of dollars behind the protection of not having to pay tax, and they are ‘driving the train’.

Cahill: I don't know if you've been following Amazing Polly (Polly St. George), but she has been uncovering how the Bill Gates and other foundations have insidiously been funding research. Many of those researchers have ended up on the advisory committees to governments who are supporting a number of the mRNA ‘vaccines’.

I think the other solution would be that we need an international media channel along the level of *Sky News Australia* or the *UK Column*. I think that to shun, most of us now don't have access to communicate at high quality levels. I think very practically, if there are wealthy people listening or reading this, we do need a high-quality world-wide media channel that would expose and have deep discussions around what is going on.

Fitts: I think that is happening. What is interesting is you are watching the audience leave the corporate media and go to independent media, and that needs to continue to happen.

Whether you are shifting eyeballs or you are shifting dollars, it's that shift that has to occur.

Cahill: I think we need a satellite channel. Everybody is scattered, so need a satellite channel where 24 hours a day all the people from all around the world that you have good quality so that you can put it on as a source of information. At the present time, it is actually distracted and dissipated over twelve different platforms.

Fitts: This is a longer conversation, but many of the biggest story suppressions were suppressed through the satellite system from the military saying, “No, we will cut off your satellite feed.”

Cahill: It doesn't have to be satellite; I'm only using that as the term, but maybe that is old-fashioned. But we do need some kind of a media channel.

YouTube was very informative 20 years ago. Many of us learned a great deal from it. Now we need some type of a more sophisticated way of getting good quality information.

Fitts: I would say it this way: What we need are hardware systems and encryption that allow us to function on these platforms and build up far more capacity. I'm not looking for another centralized system. That is my prejudice.

Cahill: I think that one of the things going for us is we have an innovation pillar. There are huge innovation opportunities now to find solutions, and that is one of them.

Fitts: I want to get into the fact that one of the corporate media's greatest sources of revenues is the pharmaceutical industry.

Cahill: Ninety percent of all the media channels in America are owned by the pharmaceutical industry.

Fitts: Owned or financed?

Cahill: Controlled by funding. They control the news and the programming.

Fitts: I used to have someone in my network who had worked as the assistant to the chairman of Disney. Every night she would get the headlines from ABC, and would bring it in, and he (Chairmen) would mark up the headlines. He would delete them or mark them up.

Then it was revealed that the Disney affiliate had spiked the Epstein story. I don't know if you remember that Amy Robach came out and said that it was the

ABC executive, but I know that it was the chairman of Disney who spiked it. That will show you their concern for the health of children.

Cahill: ‘Under the veil’, all of these ministers and civil servants act like they are trying to help people, but it should come out that if they had given these COVID patients vitamin D or hydroxychloroquine, less people would have died, we wouldn’t have had the lockdown, and we wouldn’t have had the destruction of the small businesses.

Fitts: The next sections are the **Costs of COVID-19** and **Making This Injection Fraud Go**. We’ve covered much of it. It is the lockdowns and it is the economic warfare and it’s the central bank and governments’ stimulus.

We are basically looking at the leverage buyout of a planet. That is what it looks like to me.

Cahill: It is, and the thing is that we all have these beautiful natural immune systems, so if you just eat well and have vitamin D and get treatments like hydroxychloroquine and ivermectin, this whole thing goes away. Also, for the elderly, you don’t need influenza vaccines because this works on the influenza virus as well.

So we are on the cusp of a new era of health. Hydroxychloroquine for a year would only cost \$10 per person, and ivermectin is only a once-off treatment, either on one day or four days, and it tends to get rid of numerous issues of viruses in your body. It won a Nobel Prize in 2015, and Vitamin D won a Nobel Prize. Hydroxychloroquine is on the World Health Organization’s essential medicine list.

So, what has been obfuscated and has not been communicated by doctors is that all of those things act on the feeble, too. You have symptoms of prevention, so your immune system is what makes you well, and there will be less deaths in the future.

Fitts: Back to economic costing, let’s look at this: I’m a healthy person; I take good care of my health. That is no more expensive than not taking care of my health. Let’s say that I get whatever this thing going around (COVID-19) is, and

I spend \$10 on medicine.

Cahill: Ivermectin is \$0.40 a dose; you only need three tables of ivermectin.

Fitts: I've had doctors tell me that they are paying \$40 to \$60 for it, but suppose that you pay \$100 or less, and you go to the doctor. Let's assume that is \$200. Then you take two days off of work. The worst-case scenario is \$500 to \$1,000. So that is the cost.

On the alternative, you can take an injection that could make you chronically diseased.

Cahill: And there is a one in 14 chance of that.

Fitts: What is the cost of that?

The cost of that is you could lose your job; you could lose the ability to work for a short period of time or a long period of time. Whatever we are talking about, it's fantastically greater than that \$500 to \$1,000.

Cahill: Dr. Zelenko (Vladimir-"Treat Covid-19 Early and Live") had about 800 people in the middle of February and March. He had 800 elderly, and it cost them \$20. He gave the hydroxychloroquine zinc through the letterbox, so they didn't even need to go to the doctor, and not one of them died. Twenty of the elderly out of 800 ended up in the hospital.

So, the actual cost that you are talking about in prevention is around \$20, right? That is the Zelenko Protocols.

Fitts: One of my favorite quotes of last year was when Dr. Stella Immanuel was giving everybody hydroxychloroquine, and she kept saying, "There is no pandemic! Why is everybody continuing to pretend that there is a pandemic? It's over. There's no pandemic."

They sent a reporter from the Houston TV station who was like a hitman; he was very slick. He was trying to intimidate her, and he said, "You know, if you keep saying this, you could lose your license. If you keep giving people

hydroxychloroquine, you could lose your license.”

She leaned over and smiled at him and said, “How many people should I let die so that I can keep my license?”

He backed off.

Cahill: Of course, it’s hydroxychloroquine and zinc because it’s the zinc that actually helps. The other thing for people to be aware of is in Australia, if a doctor prescribes hydroxychloroquine – one of the essential medicines for 60 years with no adverse events – you get six months in prison for prescribing it. This is today – January of 2021 in Australia.

Fitts: Because they want to make the injection go.

The next section is **The New Variable of the Smart Grid**, but we will not do that now. I’m will try to persuade you to come back, and we are going to dive into the smart grid and the economics and financial aspects of the smart grid. I think that one of the reasons they want these injections to go is because they need it for the smart grid. That is my prejudice.

Cahill: The other reason they are curtailing vitamin D and hydroxychloroquine and everything is that there are legacy issues with the vaccination around calcification of the pineal gland, which makes you less courageous and clouds your thinking. Small doses of hydroxychloroquine means that the pineal gland functions better, and that gives you courage and makes you braver so that you are not prone to fear.

The whole thing about propaganda is around fear; people die from loneliness. The hydroxychloroquine and ivermectin in combination can reduce chronic fatigue caused by parasites and other viruses. Hydroxychloroquine decalcifies the pineal gland.

Fitts: That is fascinating because the doctors who I’ve talked to tell me that their number one problem is not COVID-19; it’s fear. They say that fear is killing more people than COVID-19.

Cahill: Absolutely; it's quite magical. Even only with the small number of treatments, it decalcifies the pineal gland, and that allows you to be more calm and less subject to fear, and it allows you to have more courage. It is very interesting.

Fitts: I won't even ask you about the hydroxychloroquine plants that have blown up recently.

Cahill: I looked at that in real time. I think it was exactly to the minute from Trump's statement. There was one recently, but I don't know if you know that two plants caught on fire – one in Illinois and one in Puerto Rico or Mexico – exactly at the same time. That is a signal to people like us; that doesn't happen by accident.

The two billionaires who produced hydroxychloroquine in 2019 were murdered. Actually, they were posed after their murders, and rigor mortis set in in an undignified fashion. Also, this was done as a signal to people in the know that they were definitely murdered. These men were trying to distribute hydroxychloroquine.

Clive Palmer in Australia had bought 30 million doses of hydroxychloroquine as a wealthy person to distribute to Australians, and the Australian government wouldn't allow them to be distributed. He also wanted to make them available for free to prevent death in the rest of the world, and the Australian government still impounded his property and didn't allow it to be distributed. So, the 30 million doses of hydroxychloroquine could not be distributed to save lives in the world.

This is the kind of thing that is going on around hydroxychloroquine.

Fitts: I believe one of the great breakthroughs will come when enough of the general population will realize that the leadership is not in alignment with their best interests.

Cahill: The last thing I want to say is that hydroxychloroquine and zinc will work for other viruses every winter, and if you just get one tablet a month, the shelf life is three weeks.

Assume you are now listening to or reading this at the age of 70, 80, 90, or 100, you could start in October, and you would take one hydroxychloroquine tablet every three weeks with zinc, and then you won't have the symptoms of influenza in real-time. Or if you get it, you can do Zelenko's Protocol over four days. So, you won't go into the hospital, and there will be fewer deaths, and people will be healthy.

That is very good news, as is ivermectin.

The last thing that I will say is that if we want to think about the financial aspect, much of the time people are making hydroxychloroquine unavailable or not recommending it because of very low adverse events. So, I'm saying that the whole pharmaceutical industry can't have it every way.

In Ireland and Australia, they are not recommending it because of adverse events. Any pharmaceutical drug with more adverse events than hydroxychloroquine – which is nearly all of them – should by the same rationale not be prescribed as well.

Fitts: But that is using logic.

Cahill: Then we can bring in new registry systems to look at the efforts.

Fitts: Here is the thing: The goal of this system is to engineer the system to where it wants to go, which has nothing to do with us being healthy, and may not have anything to do with many of us being alive.

Let's talk about the **Smart Grid** in Part II because the system's goals are not our goals. That is the fundamental political tension.

Cahill: I suppose my guiding principle is R. Buckminster Fuller. The principles of the World Freedom Alliance, the World Doctors Alliance, and the Irish Freedom Party custodian are that we build and visage the world that we want and make the old one obsolete. When we are talking, all your solutions and my solutions are more like Chinese medicine – that you interact with, but only if you are healthy. Then we pay less taxes.

Fitts: I think the most positive thing I've seen over the last year is tremendous talent breaking free from the old system, realizing that you can't ever be in alignment with it. So, it's that talent breaking free.

Part of this is that the more we can fathom that it is that unacceptable, the faster we can all get out.

Professor Dolores Cahill, thank you very much. I look forward to Part II. Have a great day.

Cahill: Thank you, Catherine, to you and your listeners.

MODIFICATION

Transcripts are not always verbatim. Modifications are sometimes made to improve clarity, usefulness and readability, while staying true to the original intent.

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