

Discussion #3

[Dr. Marissa Brand](#) | [Dr. Christina Parks](#) | [Kristen Meghan](#)

Topics include hydroxychloroquine (HCQ) and alternative treatments to the coronavirus, aborted fetal cell use in vaccines, family life and children during COVID.

Stephen Kohx Hello and welcome to another segment of the LifeSite News conference on the coronavirus. My name is Stephen Kohx and I'm joined today by three individuals who have extensive knowledge of the virus itself and about a bunch of whole other medical topics as well. I'm joined today by Dr. Christina Parks, Dr. Morris Abram and Kristen Megan. So I'll go ahead and ask each of you to introduce yourselves to us and tell us what kind of your background is in the medical industry. And, Dr. Parks, if you could go ahead and get us started.

Dr. Christina Parks I am Dr. Christina Park. I got my Ph.D. in 1999 from the University of Michigan Medical School. And at that time I studied cytokine signaling. And interestingly, the cytokines are the molecules that your immune system uses to signal. And so at the time, that meant almost nothing to me. But as the years progressed, I saw... And even at the time I saw some things that I thought, why did they make the decision to have universal chicken pox vaccinations when this is a mild illness that gives lifelong immunity and prevents adults from getting the shingles? And it just didn't make sense. There are some things that didn't compute at the time that made me think what's going on with the vaccine. And so as time progressed, I saw our kids getting more and more ill and for a variety of reasons. And just one of what is going on, what is going on with our children's health. And at the same time as I talk to people at first for a time, I was I was kind of out of the loop, but especially as I near the time when I was going to have my own children, I saw the vaccine schedule had just blown up. And I just thought, why are we giving children the vaccine to a sexually transmitted disease on the first day of life? That doesn't make any sense. So there were so many things that didn't make any sense and there were so many vaccines, I thought, before I had children. I really need to look into this. And so at that time, the Internet wasn't what it is now. And so I read some books and there was so many anecdotal reports of the MMR causing autism and other vaccines, contributing to what is now called vaccine injury. And most doctors said there's no mechanism here. There's no way these can cause. But because of my background and cytokine signaling, I absolutely knew that if you dysregulated the system, which we all assume that vaccines did, it was just a cost benefit that you needed. If you had a deadly disease, maybe like pertussis, then maybe the benefit outweigh the cost. But we always knew that this was going to cost some dysregulation immune system. So I immediately thought that there might be a mechanism here. And so I really took a deep dive into figuring out what that mechanism would be. And so I was eyeball deep into looking into that when the coronavirus came out. And because of my background and because we were all quickly at home, I did some much research into that as I could. You know, there hasn't been a lot of transparency and sometimes the paper would pop up in there. And so we're working what the best we can to figure out what's going on here.

Stephen Kohx Well, I have a ton of questions for you and we'll get to that in just a second. But, Dr. Brand, you're telling yourself tell us about your past.

Dr. Marissa Brand So I'm a doctor of natural medicine, a doctor of humanitarian services. And I also have a Ph.D. in natural medicine. My PhD research was on using radionics to transmit energy to improve the quality of life in children with autism. It's a lot of quantum physics based stuff. And I started on that path because my own health journey, I was really sick growing up and then it just progressively got worse until I really couldn't function. And I was having a really hard time taking care of myself. And in the process of healing myself, I learned a lot and started questioning a lot of what I had learned previously, which just sent me down a ton of rabbit holes, including vaccines and just health in general. So I've been researching for a while now. So everyone around me and I, knowing about the virus was really important when that came out, because I need to know as much as I can so I can tell my patients the best I can as well.

Stephen Kohx And you've done extensive research into aborted fetal cells, correct?

Dr. Marissa Brand Yes, yes. That was one of the big things that got me into researching vaccines as heavily because as soon as I learned that...that was earth-shattering, because how ... how did I not know this before, how do my parents not know this when I was growing up and how do people around me not know this? This is so important for anyone. I mean, for everyone, but especially those who are pro-life. This is such a big deal. And we need to be raising awareness about this.

Stephen Kohx Absolutely. Absolutely. Great. And Kristen, tell us about yourself.

Dr. Kristen Meghan Yeah, I'm Kristen Meghan. I have worked in the field of occupational and environmental toxicology for almost 19 years now. I act as a senior industrial hygienist, which is basically someone that has to understand preventive medicine and make sure that what happens in the workplace, people have the right to a safe and healthful work environment and make sure that what's done in the workplace and the hazards associated with that doesn't impact the average layperson or the environment. It's a lot of science, a lot of science, radiation, ergonomics, understanding all routes of entry and hazards from every front possible. So basically the core of my profession is constantly conducting health risk assessments and then determine how to control those down to a safer level. With that said, I spent nine years on active duty in the Air Force and I was actually vaccine injured from Gardasil, round one, I suffered a stroke, luckily was a small stroke. And from that moment that projected me to take my profession and kind of turn a little bit sideways and use the science that I know from my career field to really get into health freedom and make sure that people have informed consent, whether it's food they eat, health and beauty products they use, or just different protections that they have in the workplace to help mitigate hazards. When it's tied into this past year, part of my profession, actually a basic foundation of my profession when I talked about controlling those health hazards is PPE. So I personally have tested well over ten thousand masks and respirators. And I'm the person that conducts the health risk assessments to understand which type of respirator or mask can control what and when and in what environment.

Stephen Kohx I mean, yeah, it's ridiculous what's being said today. Now we need to wear two or three masks and everyone seems to be going along with it. And I have some of those questions for you as we go on. Everyone wants to know about that. Do they work? Do they not work? Do they cause bacterial infections? So a lot to get to today. But Dr. Parks, I want to begin with you on sort of the science of this so-called vaccine when the coronavirus itself was first kind of, you know, emerging, there was a lot of talk by various doctors of hydroxychloroquine, zinc, erythromycin being a possible treatment. That, in recent months, has sort of been labeled fake news. Now, what is... Why did that happen? What is the truth about hydroxy chloroquine? And why don't we hear about it anymore?

Dr. Christina Parks While some of your questions I can't really answer because they go way into conspiracy theory, like, why are they not allowing something that's scientifically supported? I don't know. But I can share the science and I can share what the science tells us. And then you can evaluate whether we're making wise choices or not. So what some people don't realize is that as scientists progress, as molecular biology has progressed, we have developed assays to test like thousands and thousands of medications at once or chemicals, whatever, possible drugs and medications all at once for antiviral activity from pretty much almost any activity that we want. And so what they did is they took a lot of these medications and they tested them for antiviral activity. And then you take the ones that has the highest and you do more research on them. [00:08:28] Well, hydroxychloroquine and also ivermectin has popped up on these tests. [3.6s] And so hydroxychloroquine popped up some number of years ago and so they knew it [00:08:38] was an antiviral. There is a review out there that basically says it has strong antiviral activity, antibacterial. It has been used as an antimalarial and given out like candy in third world countries for for 60 years. [13.1s] And so we knew that it had anti inflammatory activity. Malaria is an underappreciated scourge, much worse than coronavirus, right? It just destroys your system. And so for something [00:09:05] to be effective against malaria, it's really almost got to be a wonder drug on its own. [4.0s] And [00:09:10] the mechanisms that hydroxychloroquine work through, [2.7s] it works through about six, five or six different mechanisms, and two or three of those at least, are antiviral. All right. And some of them are both antiviral and antibacterial. The same mechanism can have both properties. And so what we don't also understand is some antibiotics

are also antiviral. And so some of these times when we're treating with hydroxychloroquine and maybe doxycycline, they're saying, well, that's for the secondary bacterial infection. Not necessarily. Some, we know now because we've tested them, some antibiotics are actually antiviral, too. And this is the big secret that now we have identified antiviral drugs. And so what is going on here is [00:09:51]the equivalent of denying everyone in America antibiotic. [2.5s] And then [00:09:56]freaking out because people start dying, [2.0s] right? And so doctors were trained that there are no antivirals and maybe there's a couple that they know about that are up and coming. But if you actually look at the basic research, there are many, many compounds that we've identified. In fact, [00:10:12]hydroxychloroquine was being promoted as possibly being used in third world countries because it has antiviral activity against HIV. [9.4s] And so our researchers know this and the question is [00:10:26]why hasn't this information been disseminated? [2.0s] And so as a researcher, I know it takes about probably 40 years for cutting edge research to make it down into the doctors' offices and to the point of care. And so that's what I thought was happening when this first happened. I said, well, because it's so important, it will be disseminated quickly now because we need it. Right? It's actually critical. And [00:10:50]then it was shut down for what I can only say is purely political reasons. And it's not even about how effective hydroxychloroquine, although Henry Ford right here in Michigan showed it reduced mortality by 50 percent. [12.9s] Other doctors have shown higher when it's used early, when it's used early. [00:11:08]So the primary mechanism that hydroxychloroquine works. It's a zinc ionophore. It lets zinc into the cells and zinc stops that virus from replicating. All right. And so there are other things like quercetin or green tea that you can actually get yourself that also do this. [16.0s] Quinine, which is in tonic water, which is the parent molecule of hydroxychloroquine. But [00:11:30]hydroxychloroquine's also anti-inflammatory and you can also use it extremely low doses and subclinical doses, and it will help prevent transmission and infection. [12.7s] And so but what they did is they took hydroxychloroquine stays in the body. It's half life is twenty-nine days, so it stays in the body 50 days. So it's protecting a really long time. But what they did is they gave people toxic doses. [00:11:56]They gave them like a dose and then another dose and another dose because those doses accumulative, they don't... They're not cleared from the body. They built up very quickly to a toxic dose. And then they said, well, this is a dangerous drug. [11.7s] And so you have to ask the quite the very basic question, are you a moron? Like, you know, like, why are you doing this kind of science? And so all you can assume is that any reasonable doctor would have done their homework and known better. And so [00:12:24]either they should be taking their medical license away or we need to ask who who is behind. [4.9s] And they gave them with five other drugs that also prolong the QT interval, which means that caused heart problems. [00:12:36]And so any any reasonable doctor would know that this was basically trying to kill these patients. [5.0s]

Stephen Kohx And there have been a number of reports in The New York Times just recently, there was a report of someone a Florida man having having an adverse reaction at that killed him to the Pfizer vaccine, Dr. Parks. And so it seems that there's a lot of reactions to these so-called injections, these these so-called vaccines. I know there's a lot of doctors who will say they're not actually vaccines. They don't treat the disease, the virus. What about that? What about the reaction people are having? And then we'll move on to other topics.

Dr. Christina Parks Right, yeah, I know I can go on and on about this. So I'll try to be brief. There are... [00:13:18]The vaccines are different. The Moderna and the Pfizer vaccines are about the same. And to me, they're almost a form of gene therapy, [6.1s] except for instead of putting in a gene your body needs, [00:13:27]they're putting in a viral gene. So it's almost like they're infecting you with the virus. [4.2s] This looks like a virus. It acts like a virus. [00:13:34]The only thing it doesn't do is replicate. [1.0s] And so what people don't realize is that viruses don't just cause symptoms by replicating. The very process of being infected activates your immune system. The proteins that are in the virus signal and can have pathogenic effects themselves. And so that's what's happening. First of all, the [indiscernible] that are used to put these in [00:13:58]are highly reactive. In fact, they've known this. They've used it in cancer therapy and they cause a very, very high rate of anaphylaxis so high that when they use them for cancer therapy, they actually pre-treat their patients with steroids and other medications to prevent this anaphylactic attack. And in the VAERS reports right now, there are over three thousand anaphylactic reactions. [20.4s] And that's such a short time to reaction. That's really hard to say that wasn't a vaccine reaction. So there's over three thousand. And if I don't know how many vaccine doses we've given, but let's estimate 10 million, that would be a one in three thousand rate of anaphylactic attack caused by

that liposomal formulation of that. What the virus is inside is just a little bit off, it's going to cause anaphylaxis. And so that's going to be batch dependent. Some batches might be good, some batches might be bad. Roll the dice and see how you do. Another mechanism is [00:14:54]that viruses... The viral protein itself, your body's going to make it and put it outside like a big flag saying, hey, I'm infected, even though it's not a true viral infected and your body's going to attack those cells. So you see some people with bruising and big rashes. [14.3s] Well, their body is probably attacking every cell that is making that viral protein. That's not how a regular vaccine works. Usually you just inject a little bit of the protein your body attacks that. It's not attacking its own self. Right? The last mechanism is that some of the viral protein is similar to your body's protein. [00:15:28]So when you make antibodies, because that's what happens when your body makes this viral protein, some of those antibodies will be of a portion of the virus that's similar to part of your body. And so when you see the virus again in six months or when you get a booster shot or for whatever reasons, you make antibodies again to that virus, you may make antibodies to your own self that attack yourself. [22.3s] So there's many different mechanisms by which this can potentially cause adverse reactions or long term chronic disease.

Stephen Kohx One of the issues a lot of pro-life Jews and Christians have with this, Dr. Brand, is that there seems to be a lot of aborted fetal tissue being used in these various vaccines. Can you clarify for us how that's being used in these different vaccines that are used and which ones to avoid? Is it all of them? Is it just a couple? What should we do here?

Dr. Marissa Brand OK, so when it comes to the covid vaccines, [00:16:24]the ones that are currently on the market, Moderna, the Pfizer, both of them use the cell line HEK-293 in the development and the research, but is not actually in the end product. [11.8s] However, Johnson and Johnson and the AstraZeneca vaccines, which are supposed to be coming out, they're estimating about March sometime, both of those will actually have aborted fetal cells or aborted fetal DNA in the end product because they're growing the virus on the aborted fetal lines. And there's no way that you can completely clean out all that DNA and just have the virus. Some of it's going to be left behind. The Johnson and Johnson vaccine is going to use DERC-6, which has never been used in vaccines that are on the market. That's a new cell line for vaccines. They have been using it in the Ebola vaccine, which they're still working on, it hasn't been released. And the AstraZeneca is going to use HEK-293 to grow the virus on it. [00:17:28]The current vaccines on our on the American childhood vaccine schedule that there's only two cell lines that are currently used. [10.6s] That's MRC-5 and WI-38. MRC-5 is from 1966 and is from a 14 week gestation male. And WI-38 is from a female at 16 weeks gestation from 1962. [00:17:56]And these cell lines are used in that adenovirus vaccine, MMR, which is your measles, mumps, rubella vaccine, the pro-quad which is measles, mumps, rubella plus varicella or chicken pox. And some of your other combinations like Quadrocell, Pantocell, all your HEP-A vaccine options contain aborted fetal DNA. Twinrix, which is a combination of HEP-A and HEP-B, also contains aborted fetal DNA because it has the HEP-A component in there. You can get HEP-B by itself and it won't have the aborted fetal DNA. But if you get them combined, it's going to have aborted fetal DNA. [35.1s] There is a rabies vaccine. One of them has aborted fetal DNA and there is an ethical option for that one. Chicken pox, all those options have aborted fetal DNA. Zostavax, which is on the shingles vaccines contains aborted fetal DNA. Well, there is an actual ethical option for shingles as well, which is the Shingrix. But so the two aborted fetal cell lines that are used currently in vaccines [00:19:02]for the rubella vaccine alone, which is in the MMR, there were at least ninety-nine abortions. At least that means there were probably more. But we just haven't been able to find the actual papers detailing how many abortions, and for WI-38 [16.0s] there were thirty-seven abortions just for that cell line alone. And the thirty-eight they started numbering them for like one baby they could take multiple specimens from. So just because it has 38 does not mean there's 38 abortions. That was thirty-two. MRC5 was five abortions. The five stands for five abortions. HEK-293 is two hundred and ninety three specimens. So it's not two hundred and ninety-three abortions for that one. The exact number for that one I don't believe is known. HEK-293 is from 1972 and that's from the Netherlands. The other big thing to note too is that we have these aborted fetal cell lines and seems like they're so old is not a big deal. But unless they're immortalized which HEK-293 was immortalized with Epstein Barr virus, the other ones are not immortalized, which means that they have a limit on how many times they can be replicated. And then at some point they're going to hit a point where they can't be replicated anymore. And then guess what? We're going to need more aborted fetal DNA. [00:20:25]And the most recent abortions that were done to get an aborted fetal cell line was actually in 2015. So that's not that

long ago. And if we keep using aborted fetal DNA in vaccines, we're going to need more. We're going to need more abortions to happen, which is really sad. [18.6s]

Stephen Kohx It's just shocking and appalling. And the fact that, you know, there are Catholic bishops out there taking this and endorsing these vaccines and saying it's okay, that's just really, really disturbing. And we just had know Pope Francis and Pope Benedict take this vaccine, which as a Catholic myself, it is just beyond unimaginable. So it's really disturbing. Kristen, I want to bring you in on this real quick. What are your thoughts as to what we're hearing of the vaccine and everything else that's going on with the virus?

Dr. Kristen Meghan Well, as I mentioned before, you know, my whole profession is you look at something and you follow like a hierarchy, and I personally believe, especially when you're dealing with a virus with a greater than ninety-nine percent recovery rate for most people. And there are things like vitamin D, ivermectin, zinc, selenium. There's all these natural supplements that you can take. I don't know why people would want to take an experimental, by definition, bio experiment to kind of play Russian roulette with their bodies. Now, as with my background in toxicology, I mean, this is how I view vaccines in general. Aside from the ethical issues of the ingredients listed, from my point of view, I will see a constituent or chemical that's in the vaccines. And I know that that vaccine in any other facet is something I have to control and employ from being exposed to. So all the things that are carcinogenic or neurotoxic, I have to protect an employee from. And now we're just injecting these in our body. And I get really fed up with society, arguing back with people like me and saying, well, it's a small dose, but it's not a small dose. When you're viewing the multiple systemic and synergistic impacts through what you're eating, your boosters you're getting, the environmental toxins in the air around us, what's in our...what's in our clothing that can actually, I mean, all these masks people are wearing, who knows what fabric and dye they're breathing in. It's you have to kind of zoom out and just look at why are we mixing these chemicals that have...some of them have the same target organs. So you're saying it's a small dose? It's not, because when six of the same chemicals impact the same organ, you're going to have a potential problem, not to mention your genetic factors, bio factors and human factors. But also to caveat from that, I would manage in hospitals their hazardous waste program. So if you spill the vaccine...you drop the vaccine, I personally would have to go... By the way, I have to DOT hazardous materials training and RCRA training. It's the Resource Recovery and Conservation Act. I would have to have that specific training to go take my equipment and use something called pig or hog. It's an absorbent little tool. And then I have to soak up the vaccine and I have to put it in a special waste bin, call a contractor, follow all these regulations to pack it correctly for them to come pick it up. But we'll just go ahead and put that in little bodies. See, this is where things don't make sense. But, you know, when you have all this propaganda around us telling us that, you know, we don't put hazardous materials in our body and call it preventive medicine, it just goes against everything that has to do with science and being healthy.

Stephen Kohx So I know you posted on Facebook recently an article about the number of deaths that are being counted. Are you buying the number of deaths that are out there? I mean, I'm seeing a lot of reports of, well, this person contracted coronavirus and then they died a couple of days later. And in fact, they had a comorbidity or something else. And it seems they want to jack up these numbers on purpose. Is that your sense of it?

Dr. Kristen Meghan Absolutely. You know you know, like Dr. Parks said, sometimes they can go into a whole conspiracy issue, but I'm the type of person I remove my emotion from things so that I can get the information out. And when you look at the fact that there are certain criteria the CDC has to follow in order to label certain causes of death, I mean, I'm... Part of my job, again, is root cause analysis. And, you know, you have someone who is already dying of heart disease or cancer or you have somebody who's super immunocompromised and then gets this. It's not necessarily covid-19 or sars-cov-2 that that contributed as a main factor to their death. I mean, and I know that this can come across as very lacking empathy. So I hope you take this as intended. But the bigger issue is, is everything that we've done besides inflated the numbers is that I don't feel like it's our individual responsibility to have to think about people that are elderly, immunocompromised, overweight and have diabetes, which are in minorities, which are the high...higher class of having adverse reactions to this. Now, that's not me lacking empathy, but let's think about it. How many people allergic to peanut butter in this world? We don't ban peanut

butter. We don't shut down businesses that have peanut butter. My point is, is like when we were sick back in the day, we stayed home, had soup, stayed away from people who are immunocompromised, babies, the elderly, and that's been taken away from us. We're no longer granted our own autonomous thought to do things selflessly and make the right independent decisions for ourselves. We're just expected to carry the burden for very low population that could be at risk of adverse events from this virus.

Stephen Kohx And we all we're all in Michigan, the four of us, and we have one of the worst governors when it comes to lockdowns in the whole country. We'll talk about her in a couple minutes, I think, before we we end the discussion. But I want to turn back to you, Dr. Parks. Two prong question. Did this, in your research, virus come from from China? And then secondly, as Kristen alluded to, they're wearing masks. And one thing that I have an issue with is 6 feet apart. This is based on herd immunity, social distancing rules. What is the science behind that?

Dr. Christina Parks So I'll address that one first, the herd immunity. So we're trying to make herd immunity into vaccine immunity and the two are not comparable, mostly because most vaccines only give between a couple of months and a couple of years of immunity. And most of us have been brainwashed to think vaccines give lifelong immunity. And except for maybe the flu shot. And then now we're learning, except for maybe coronavirus and we're going to need vaccines every six months. True herd immunity is you get the illness and you are no longer susceptible to it. It may only be for a year in the case of a virus that mutates a lot like the flu or coronavirus, or it may be a lifetime for measles. Now, with vaccine immunity, in fact, even things like measles or chicken pox, that only gives you like maybe 10 or 12 or 15 years immunity. So we have a whole adult population that's actually susceptible to shingles, which is chicken pox and to measles. And if measles is allowed to spread, a lot of our adults will get it, because if they had gotten it when they were three or four, that's the time when it's the mildest. When you get lifelong immunity and there's very low incidence. Like there's this idea that people were dying like flies of infectious disease, before we came in with this magical measles. There were like five children a year dying of measles when the vaccine came out. Right? I would imagine that there were probably more vaccine deaths now that we're vaccinating every single child than there were children dying from measles. So instead of asking the common sense question, what was compromising these children to the point where they could not fight off this virus? We are...we're injecting toxins and aborted fetal cells into all of our children. It makes no sense. So true herd immunity...and so here's another thing I really want to stress. We are probably right at the cusp of herd immunity for this. All right. They're telling us about twenty-five percent of the population have this. That's a lie because independent studies have shown when they actually took the antibodies, that 10 to 15 times that number of people because not everybody goes and gets tested. Not everybody knows they have the virus. Ten to 15 times the number of people that are actually recorded as being covid positive have actually had the infection. And so in Michigan, we have about five hundred thousand cases reported. Ten to 15 times that is over five million. So there's only like eight million people or, I don't know, eight to 10 million people in Michigan. So that puts us right at the cusp of herd immunity. And so what they're trying to tell us is, no, no, we're not at herd immunity. And I think that's a lie. The curve goes up and then it comes down. We're right here at the bottom that tells us generally that we're at herd immunity and the virus is not going to be able to propagate. This lie... They don't even know if the vaccine gives more than two to three months immunity. And so how is that ever going to provide herd immunity unless we're all lining up every second week to get another vaccine? And the other thing they don't tell you is, generally speaking, [00:29:26] booster shots do not provide immunity. That the antibodies go up and they drop within days or weeks, and so they'd like you to think those booster shots are effective and they're not typically for like hepatitis B or hepatitis C or MMR even. [14.9s] So, to go to your other question, which was the origin of the virus. Instead of did it come from China, I'd like to focus on did it come from a lab? So we here the novel coronavirus and everybody thinks it's new, but bats have had coronaviruses for decades, centuries, millennia. I don't know. And they've actually been studying those coronaviruses in labs for decades and they've actually created chimeric coronaviruses to study various different things. So what novel means is that our system hasn't seen it yet. Now it has, obviously. So it's not novel. Doesn't mean that it wasn't in the animal, and it doesn't mean that they didn't create and study it in the lab for decades, which they were doing. So the question then becomes, is it more likely that this came from an animal that somebody ate and jumped three species into humans? Because bats are so unlike us, it's very unlikely to jump from bats to humans. Would have to go through some sort of primate or monkey or something

first because...or is it more likely that they grew this virus in human tissues, which allowed it to be able to infect humans and it either escaped or was released intentionally, intentionally released. Now, who first studied it? I believe we were studying some form of it in the US. We were teaching it to grow in human cells. Our Congress and our government said, no, you can't do that. We made it against the law. So then my understanding is that Fauci, who was the head of NIAID, actually funded the Wuhan Institute of Virology to continue those studies. So looking at this, not been a transparent process at all, but there appear to be HIV, little segments of the HIV protein that causes AIDS in that spike protein. And where they are, they're functional. So that's not a random mutation because you can't just mutate something and make it functional. And so that suggests that... And then when those papers came out, they came out, people jumped on them and they said, no, no, that's wrong. And they retracted them. So there's a lot of politics involved in this. But if that's true, that means this was created in a lab. For what purpose? Some people think, well, maybe to create an HIV vaccine, who knows? But the bigger question is, is it ethical to do these studies? Is it ethical to teach Ebola to infect human cells or to infect cells in a way that it's spread like the flu? Is that a good idea? Would we be better off if we just had a little humility and didn't try to know everything about everything and then create viruses that we're going to destroy the world?

Stephen Kohx Right. And that's what I want to kind of shift into right now, in a related sense, is [00:32:22]the issue of families and children in all of this. [2.6s] Kristen, I want to go back to you. Talk about children and wearing masks. We're here in Michigan, like I said. A lot of parents are being forced to do home schooling. A lot of children, I'm seeing when I'm out in public, are wearing masks. And I know the governor's mandating this. Can you talk about the effect this has had on children, on families, on your own family? How do you see this impacting all those areas?

Dr. Kristen Meghan Well, I will first address how it's affected my family. One is I will absolutely not ask my children. I have a 16 year old daughter who's virtual all year. She does have a mask exemption for a medical issue for stores going out to stores. And then my youngest, who is a kindergartner, goes to a private school that shall remain unnamed, who does not mandate masks. And I signed a waiver and I was given that choice. And ironically, there's not really been outbreaks versus the public school that my oldest daughter does go to. But yeah. So the problem here is and this is the madness, people always say, well... First I need to address that, when people say that there's studies saying masks work. No, there's not. Those are opinion pieces. And anyone that works in science knows the difference between actual RCT studies or real certified studies versus an opinion piece. It's like a Wikipedia page anyone can contribute to. So there is no studies ever that address a reason for children to wear masks. I know sometimes in oncology wards, you know, they have the little Mickey Mouse ones they used on and off just because they didn't want people to be infected with bacteria that were getting chemo. But with that said, there's no respirators that are designed for children. There's no need for PPE as respiratory protection for children. And the reason is, is because one: masks can, in its effect, reduce oxygen content by up to 20 percent. And you're saying, wow, if that's real, why aren't we hearing about it? Well, you're not hearing about a lot of things, but it's exactly why there is a law when it comes to the workplace and masking up wearing respirators that mandates you must be medically cleared to wear something depending on what you're working around, because nothing's the same. But when you're dealing with children, their brain is developing. And when their brain is developing, that constant deprivation of oxygen can impact things that are occurring in the front brain and in the back of the brain. I've talked with a lot of MDs and pediatricians about this because I've had to study how this stuff impacts adults, but it gets way worse with children and aside from the physical aspect of it, it can cause a lot of bacterial infections. It can cause perioral dermatitis that is like somehow jokingly called "maskne." It's not a joke. It needs medical attention. But also it can cause asthma. It can cause major respiratory issues, issues that mimic the exact things we're trying to protect people from by wearing these masks. But there's more to it. I think the more detrimental issue here is that the mental health impact it's having on children. This is getting a little edgy, but this is very important. You keep mentioning we're here in Michigan. We're one of the highest rates for sex trafficking in the state. And what we're doing is we're teaching and this is no disrespect to teachers because they're being strong armed to do something that they most of them don't want to do. But our children are learning that anyone in authority, whether it's a governor or a teacher or doctor, telling them to do something that they actually don't want to do, that maybe their parents even tells them isn't right. They're forced to do it in an environment around authority figures pushing it upon them. We're grooming our children to

learn that they must comply with things that they're uncomfortable with, that harm them and cause anxiety and different things that you have to just shut up and color, so to speak. That is not good for our children. And that's why we have this constant mental health decline here in the state, not just the increase in suicides. I just talked to a doctor the other day who's a surgeon who told me he has a colleague that works at a mental health facility that's very well known here, that it's overflowing and now they're having to send people up north in the UP of Michigan because they don't have enough inpatient treatment options for our youth. So this is like a whole myriad affect, because I heard a horrific story of a young child who was at home still wearing their mask, and their mom came home and said, why are you wearing your mask? And the child got really upset and said, I'm afraid. To forget my mask because they forgot their mask the day prior, so they figured if they wore it and slept in it, they wouldn't forget it. This is absolutely horrific to our youth. This is not what God intended. This is not natural. And there's no amount of science that can tell you not only should children be in masks, but overall they do not protect you from a virus in either direction. It's not even possible.

Stephen Kohx You know, the harm it's having on children, it's it's very, very dangerous. It reminds me, actually, of these people who drive around in their cars with their masks on. I said, what is going on with that person? How how could they be doing that? But now, Dr. Brand, what is your thoughts on how this is sociologically harming our families and children? But but also, can you speak more to the science of the vaccines that we're giving our children? I know you earlier you talked about the vaccine schedule. It seems we're just pumping our children just full of things and ingredients that not everybody knows about. And I know you spoke about this before about how it can be linked to autism.

Dr. Marissa Brand So if we look back at the points when the autism rates change, we noticed that [00:37:57]the autism rates increased when we introduced the first MMR vaccine, [4.0s] which MMR contains aborted fetal DNA and [00:38:04]then next change point in autism rates was when the second dose of the MMR vaccine was introduced [4.8s] and [00:38:10]then a third is when the chickenpox vaccine was introduced. [2.1s] So each of [00:38:14]these vaccines contains aborted fetal DNA and it's known that in autistic kids that about thirty five to 40 percent of them have antibodies to human DNA. [11.7s] And what's the purpose of vaccines? But to cause you to create antibodies to what's in those vaccines and when the vaccines are containing one hundred and forty-two to two thousand nanograms of DNA per dose? But what's going to happen, I mean, logically, they're probably going to create antibodies to that DNA and even the FDA limit for a aborted fetal DNA in a vaccine is only 10 nanograms, but we're still seeing one hundred forty-two to two thousand in the independent research. And if [00:38:58]we look at the schedule of vaccines from before 1986 when... In 1986 they passed the Childhood Vaccine Injury Act, which basically got rid of all the liability for the vaccine manufacturers for any vaccine that's on the childhood schedule. And after 1986, was when the schedule just blew up because they don't have any liability. They have no reason to make sure that what's going on the schedule is safe. These [28.2s] vaccines aren't tested for how they react when they're given together. I mean, how many times does a parent go into the pediatrician? The pediatrician says they're due for five vaccines. Those vaccines aren't studied together. We have no idea what the effects of those altogether are going to be. And then you also add that you look at [00:39:45]the ingredients, even on a single vaccine, and you've got aluminum at higher levels than what the FDA approves for that child at that age. [7.0s] You've [00:39:54]got thimerosal in some vaccines still at what are supposed to be trace amounts, [5.3s] but they're still at levels higher than what the EPA approves to be in our water. You've got animal DNA. I mean, there's just so much stuff in our vaccines. Like Kristen had said earlier, [00:40:11]that she would have to wear special equipment and use special equipment to clean it up. [5.0s] But here we are injecting it into our children regularly.

Stephen Kohx Yeah, definitely seems that we're not there's no human respect. There's not respect for the individual as a temple of the Holy Spirit, the body that we've been given. And it's just a lot of different things being pumped into us. And and Dr. Parks, before we were on the call today, we were talking about how your daughter was being required before she went and got dental treatment to get a test for...was it the virus? Was it for the antibodies? Can you explain what that was and how that is going to probably continue going forward?

Dr. Christina Parks Well, first of all, my daughter has special needs and she has PTSD from...she had a brain abscess, a brain trauma when she was very young. So it's not related to vaccines, but

she has had a cavity in one of her teeth that we've been watching it over the course of the year. But because we didn't want to have her tested and with all the covid everything, we were just sort of waiting. So we finally decided, OK, we need to do this. We went to the dentist and because of her medical conditions, she's epileptic and some other complications, they wanted to have it at the hospital, but they have to have covid testing. And I said, well, can they work with us? And of course, the dentist's office was very open to exploring all options that would allow her to have treatment. First of all, they said because of covid, they're actually booked out six months. Like six months? She could have an abscess by then. And also they said that basically their experience is that the doctor's office has not been very flexible. They have a one size fits all rule and it doesn't matter who you are or what the negative consequences of you not getting treatment are going to be. And so I just have to wonder, how is that compassionate care? Because I said, well, can we get her a pin prick? Can we test for antibodies? I'm pretty sure we've had this. And so she should have antibodies to it. What can we do? I will even do an anal swab because she has PTSD. She was given...they changed her IV when she was in Ethiopia every two days for four months. All her veins collapsed and they had to hold her down and stick her for forty-five minutes to an hour to try to get an IV. Well, after having that done to her for four months, which was necessary to keep her alive, she has extreme PTSD about being handled. And so she's twelve now. It would take six people to hold her down and stick that thing up her nose and we would never get her into another doctor's office again. But they don't care. How do we put her out under anesthesia to take the nasal swab just to get a test? It's just insanity. Yeah.

Stephen Kohx And we're seeing more immunity passports being demanded by by it seems countries are going to go in that direction if you want to travel and engage in commerce and a whole bunch of different things going on. But we have about ten or fifteen minutes left. I do want to go around one more time and see if you have any final thoughts, words of advice. We'll begin with Kristen. I know you've been active in the state of Michigan. You were just in Lansing the other day. Could you tell us about that and any other final thoughts you have?

Dr. Kristen Meghan Well, actually, talking about PTSD, I'm very open. I have PTSD. And because of that, I can't wear a mask. So I was waiting to hear back from the Senate's ADA committee and they did not write me back. So I was unable to testify in that as planned last minute. But I think the most important thing to remember is, first off, what you have here. What you did here with us, sir, is you brought us together and you showed the public what a multi-disciplinary review and approach looks like. You have three women from different walks of life, different credentials in science that are all kind of saying the same thing. And we are the ones that are silenced. I've already I lost a Facebook page I had since 2007 because I was doing Facebook lives, just talking about how masks cannot and will not protect you against a virus. And I just want the average layperson to understand that if a year ago today and I even give you an example, a year ago today, let's I'll just give a grocery store an example. If I was an industrial hygienist contracted to do a hazard analysis or oversee the OSHA programs for Meyer, a grocery store, if I ever put the employees in masks because of a virus, when you know that there's a health hazard and it's an inhalation hazard. You must have proper respiratory protection rated to protect you against that hazard. If I put people in masks, I could have actually faced jail time. I would have been fined and I probably would have been fired. And actually, three weeks, literally three weeks before the mask mandates started coming down, there was a home health care type company that would, you know, kind of hybrid, have impatient and then go visit people, maybe would have PIC lines and stuff like that at home after surgery. This organization put all of their employees in N95 respirators. OSHA found out about it, came in and fined this company thirty-three thousand dollars because they put their employees in an N95 without all the legal qualifications, which are a health physical or a medical questionnaire. What I mean is some answers on the medical questionnaire trigger a physical, a fit test, knowing how to use it, training. And there's just and not just so you know, there's not just one brand work. So I have to fit test you when you might fit in a Honeywell, but not a 3M. So this company thought they were doing something correct and actually faced a thirty-three thousand dollar fine. Now, right now, if that same company put their employees in N95 respirators, they'd get away because you have people now saying everyone needs to wear an N95. If you wear two masks, it's an N95. I want to squash that rumor right now. Not only should nobody be wearing a mask for a virus. I hear the argument, if you have it, you should wear one. No, you shouldn't wear one. If you have it, you should isolate yourself because you can increase your own viral load. And then are you going to dispose of that thing properly? Probably not. You're going to set it on the counter. But the difference between someone saying if you put on

two masks, or three, you have close to the same protection as an ninety five respirator, that is so false for so many reasons. One, people aren't wearing them correctly, they're not, excuse me, clean-shaven or medically cleared. But you have to understand the science behind an N95, which is that it uses electrostatic charge on the outside, not just mechanical filtering through the fibers but it uses a static charge. I always tell children what I've been talking about masks in schools, take a balloon and rub it on your head. You know, your hair sticks to it. The little tiny virions, the small micron size sticks to that. So when you're wearing an N95 and you're wearing it longer than five to six hours, it doesn't work anymore like that because you've lost the charge. See, these are the very technical aspects of respiratory protection that I'm sure many of you may not have heard this. And it's sad because it's the most basic aspect of respiratory protection and the average citizen is not learning about this. So let me tell you that if masks work, I would be the first one to tell you they do. And in fact, I'd probably donate, from my own income, a bunch to schools. They don't work. You're going to create long-term health impacts that we have yet to see. And you're already seeing children falling out while playing in sports. There's a child that just the other day fell out and hit his head playing basketball in a mask. I am an expert witness in countless litigation around the country right now, for people who have been adversely impacted by these mask mandates. So I just think collectively people need to understand that this is not new information. The information exists. You're just being...it's being suppressed from your social media feeds and your Google feeds. And you just need to pay attention to more events like this and follow people like us because we will selflessly promote this information. And in doing so, we're actually demonizing ourselves. I'm sure we all get made fun of or gets any sort of, you know, people questioning our credentials or mocks. But this is our ethical duty. And I'm just glad to know these women outside of this conference call. And yeah, we definitely need to continue to unite and just speak out no matter if we're at risk of losing some of our social media accounts.

Stephen Kohx Amen to that. All right, Dr. Brand, your thoughts?

Dr. Marissa Brand [00:48:19] **Everyone needs to research, research, research. It is just so vitally important.** [6.6s] I mean, I know that all of us just barely scratched the surface. There's so much more to everything that we talked about. And I'm sure all of us are also, if anyone has questions, reach out to us. We would love to help more people learn about this stuff. And I think the other important thing is, as a Catholic, I share your frustrations with some of the things that have been said by bishops, priests and our pope. And we all need to remember that we need to be compassionate, too. We need to be praying for them because a lot of this information, they don't know. And that's not really their fault. They don't have time to do a lot of this research, so if you can help them out, pray for them, talk to them, give them information, that's really important. One of my favorite resources for information about aborted fetal cells is cogforlife.org, which is COG for life dot org, which stands for Children of God. [indiscernible] really awesome. She's done a lot of work on this, but there's just so many documents on there. There's also a quick little reference guide right on the first page that goes through, if you're thinking about getting a covid vaccine, here's the four most common ones that are coming out. And this is how they used aborted fetal cells. If they did, if they didn't. All that's right there for anyone who's wanting to know that information. And they also have a wonderful little spreadsheet that gives you all the vaccines and even goes through all their medical treatments for like rheumatoid arthritis, cystic fibrosis. And there are medications out that use aborted fetal cells, that's right on there. So you can reference that as well.

Stephen Kohx So thank you for that information. It's wonderful. Where can people find out more about you, Dr. Brand.

Dr. Marissa Brand You can follow my website, which is Dr. Scaler dot com, or you can find me on Facebook, just search Marissa Brand and hopefully I will pop up. You can always message me. I try to check my messages regularly and get back to people.

Dr. Christina Parks Great. And finally, Dr. Parks.

So it's really disappointing to me that we say we're Christians, but what we're really worshiping is what we think is science, not even science itself, but what we've been told is science. We're worshiping the idea that man is the measure of all things and that he can create this utopia through the power of his own intellect and power. And we are woefully inadequate and all when

we have that kind of hubris, we're just acting. We're asking for destruction. And I kind of want to give an example that I think a lot of what we're seeing is a cover up. And so there's a reason why they started using aborted fetal cell because the first vaccines were grown in animal cells. And so what most people don't realize and most scientists don't think about, we always assume somebody else has our same ethical standards and that if there was a problem, we know about it. That's the problem with a lot of these doctors. They figure if there was a problem, they'd know about it. We grew them in a lot of kidney cells of animal cells that do not have antiviral defenses. So these kidney cells were basically a Disneyland of different viruses. Viruses from the monkeys. Any viruses that might have accidentally got into the cell line over time. And so basically what they found was like with the polio vaccine that they pulled out a monkey virus, simian virus, 40, SV40, that promotes cancer; that contributes in a significant way to cancer. And they knew that there was something in there that caused cancer, but they injected millions of Americans or gave them oral polio vaccine anyway. And so we're finding more and more now, there has been Judy Mikovits found that people who work with mice in a lab like I did for years with mice cells or they grew vaccines, the initial polio vaccines, again, in the US and mouse cells, and they had mouse retroviruses in them that were then spread to humans, which developed things like chronic fatigue syndrome or prostate cancer or other idiopathic thrombocytopenia, all of these different things. And then they shut it down. They don't want you to know that by growing these viruses in animal cells, we got the animal viruses into the vaccines and then injected them into millions of people, maybe many of them were dead. MMR is a live vaccine. So the virus wouldn't be dead. And then they spread among humans, and that is a significant contributor to chronic disease in the US and it's something that is not talked about. Many people are very, very ill. They cannot figure out why they're ill. Their doctor has no idea. And this is the cover up that's going to continue to happen because no one wants to broach this mistake. And what other mistakes are being made because we have chosen to worship man rather than God that are also going to continue to be covered up at the expense of our children?

Stephen Kohx Well, very well said, and I agree with you wholeheartedly, and that's exactly why we have to keep fighting. And we at LifeSite are holding these sorts of conferences and really digging to the bottom of this. And we are facing, as Kristen said, major censorship on all our different platforms. And that's going to continue to happen, I think, for everybody, not just for Christians, but for anybody who speaks out against the sort of tyrannical, you know, medical, quote unquote, dictatorship that they're really trying to establish, it seems. So I got to thank you all so very much for participating in today's conference. And we'll pray for you and hopefully you'll pray for us and all of our viewers. Thank you again for tuning in today. It's been a pleasure. And God bless and take care.

And that part, I just want to apologize again, everyone I have do assume probably 30 hours a week and this has never happened to where my computer just decided to have a black screen and tell me wants to update. And I.