

TRANSCRIPT

A SOVEREIGNTY COALITION WEBINAR

PANDEMIC PREPAREDNESS: Who Can Prevent Another COVID-19 Fiasco and Protect Our Sovereignty?

*The Sovereignty Coalition Assesses
the Parker Appointment and One Health.*

Frank Gaffney with Dr. Steven Hatfield, Brian O'Shea, Summer Ingram and Dr. Robert Malone.

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[00:00:05] **Dede Laugesen:** Hello everyone. Thanks for joining us today. I'm Didi Laugesen for the Sovereignty Coalition. We appreciate your presence and we encourage you to visit SovereigntyCoalition.org for information on new programs, access to videos of our past summits and webinars, and tons of other very valuable content. Please subscribe to our Substack at sovereignty.Substack.com and follow us on X at @SovCoalition. Our moderator today is Frank Gaffney. Frank is the president for the Institute for the American Future, co-founder of the Sovereignty Coalition and host of Securing America on Real America's Voice Network.

[00:00:46] **Frank Gaffney:** Welcome, everyone, to our webinar sponsored by the Sovereignty Coalition, an informal group of medical practitioners of national security Experts, those [00:01:00] deeply knowledgeable about an assortment of issues involving sovereignty and public health and, well, public policy more generally. We are a band of patriots who care deeply about our country and the Constitutional Republic that guarantees us the freedoms that we cherish, even though a great many of us take them altogether too much for granted. We're going to be talking about the appointment by President Trump to the position of the director of the Office of Pandemic Preparedness and Response. Doctor Parker, he's a doctor of veterinary medicine as well as a PhD

and has an extraordinary record of public service, both in uniform for 26 years in the United States Army [00:02:00] and in a variety of civilian posts, and he is currently associated with a center on biosecurity and pandemic preparedness at the George W Bush School at Texas A&M. The program there is associated with something. We're going to spend a considerable amount of time talking about something called One Health and its various aspects to it that are to many, particularly in the sovereignty space, as well as, I think more broadly, the Make America Healthy Again community very concerning and the extent to which The appointment of Doctor Parker, and his [00:03:00] involvement with that program affords us an opportunity to both get to know him and the position to which he's now been tasked, as well as to shed a light on the One Health Agenda and initiative.

[00:03:17] **Frank Gaffney:** Originally, I believe, spawned by the World Health Organization, and we can expect to hear a good bit about that outfit as well, as it's one of the institutions of global government that has been very much a focus of work of the sovereignty coalition since its founding in 2003. We're going to begin the program. I'm very pleased to say, with remarks by a dear friend by the name of Doctor Steven Hatfill. He is one of America's preeminent experts on bio warfare, having spent much of his professional career defending our country against [00:04:00] such threats. He has been at the really at the forefront of efforts, in particular in the case of Covid 19, but other pandemics as well, to understand the nature of the disease in question and to provide guidance as to appropriate responses to it. Deeply grateful to him for his service in his various capacities over so many years.

[00:04:29] **Frank Gaffney:** He has more letters after his name than I can account for. He is an MD, a master of I believe it's Science twice and Master of Medicine is a former Senior Medical Advisor to the Executive Office of the president during the Covid 19 pandemic. I'm very proud to say he is also a member of what we call team TV3. The effort to assess what was actually the provenance of that [00:05:00] disease. We were satisfied that with his scientific help, it did indeed emerge from the Biowarfare laboratory of the People's Liberation Army in Wuhan, China. He is the author of several books, including Three Seconds Until Midnight and there's a new one out just at the printers right now, as a matter of fact, available for preorder, which I'm going to invite him to introduce because I don't have it in my notes. But we have asked him to introduce us to Doctor Parker, and then he has worked with and known very well for a long time about

his record of public service and his likely conduct on things like bird flu. One health and public policy. Doctor Hatfill, thank you very much for joining us. Floor is yours, sir.

[00:05:49] **Steven Hatfill:** Thank you, Frank. I've known Jerry Parker for two years while he was commander of USAMRIID, and [00:06:00] a finer officer and more knowledgeable scientist in this field would be very, very difficult to find. Doctor Parker's career spans the gamut from biological warfare, defense to pandemic defense to emerging infectious diseases, which remains a global threat all the way up to responses and following the science. A finer man you could not find for this position, and I'm so thankful he decided to accept this appointment. I've had two good bosses in my entire life men I worshiped. One was Peter Navarro and the other is Jerry Parker. He's a superior leader. He looks after his people extremely. He's tolerant. Very, very tolerant of his employees encourages discourse thinking outside the box. [00:07:00] And I trust him completely in this capacity, and the nation should be grateful that he accepted the post. With respects to some of the global aspects, there's some of that on my resume. This global one. Health. During my faculty appointment at GW, I in two departments. I had my students go through this. It was the up and coming thing that originally was designed to address this current, terribly serious threat of emerging infectious diseases, infections that have never entered the human race before. Sometimes we knew about them in animals. Sometimes we had no warning whatsoever to. They appeared in human Populations, and the reasons for this varied but consistent. And to have a thing such as global [00:08:00] one health come out was initially refreshing.

[00:08:04] **Steven Hatfill:** What it quickly morphed into within a few years was this globalist sort of way for these bureaucratic organizations like the W.H.O. to generate income. I can't see that they did a whole lot, as by 2009 it was a huge conglomerate. The World Health Organization for Animal Health, the W.H.O., Food and Agricultural Organization, the UN environmental program was even involved, and the CDC opened a one health office. This is back in 2009. American Vet Association was involved. The American Medical Association was involved, the American Public Health Association was involved. And what did it give us? A failed 2014 Ebola response where we couldn't even handle 11 patients on US soil. And [00:09:00] the Covid 19 debacle, which is all it can be described as where we ignored safe, effective early outpatient treatment with no cardiac involvement. We know that now over experimental, dangerous, non-effective messenger RNA vaccines. So what good did this one global health have. They did

nothing. It's a bureaucratic it's become a bureaucratic organization. Should we be interested in it. Yes. We need to hear what they have to say. But where was their expertise when the world needed it? They just followed the lemmings off the cliff. Terry Parker is the right man for the right job at the right time. And I trust him with my life and the nation's. It's about all I can say.

[00:10:00] **Frank Gaffney:** Doctor [00:10:00] Hemphill, thank you so much. This really helps set the stage for our conversation, both about Doctor Parker's attitudes on some of these issues, but also about this underlying phenomenon of World Health Organization induced one health agenda to drill down a bit further on all of that, and in particular how it is manifesting itself today. I'm very pleased to say we have with us Brian O'Shea, one of our very important members of the Sovereignty Coalition, a man with a background in special forces operations in the United States military and the intelligence community. He has been the host of unrestricted Invasion with the co-host JJ Carroll. His expertise in competitive intelligence and private sector private investigations, executive protection, as well as his [00:11:00] military background, I think has served him very well in coming to grips with this conglomerate, as Doctor Hatfill has described it. The World Health Organization and the extraordinary degree to which, with large amounts of federal money and I think some from other sources as well, is now widely insinuated into our public health and society more generally. And to talk about all of that specifically, what does it mean, this one health agenda for US public health? I'm delighted to have Brian O'Shea with us. The floor is yours, sir. Welcome back.

[00:11:44] **Brian O'Shea:** Oh, thanks. And thanks for having me. Quick correction. It's. We've changed the name to investigate everything, which seemed more of an apt title in terms of my podcast. So thank you. And Doctor Hatfield, thank you for your comments. Reading through. Doctor Parker's resume, I realize [00:12:00] the difficulty it is to not have all of those globalist and one health type of things in the field of global medicine. I'm very good friends with Doctor Harvey Risch, and it's the same thing. My biggest concern is with the one Health itself. And you know, as you all know, the One Health started as one medicine. It actually began way back in the late 1800s by a guy named Rudolf Virchow, who is famous for the line medicine is social science and politics. Nothing but medicine and politics is nothing but medicine on a grand scale, which in, in my opinion, frightens me from the get go. As I've seen one health. I came across one the first time in 2019 when I found the latest 2018 framework for the One Health

Architecture, and I was horrified. A year later, to realize that framework had been drafted by the EcoHealth [00:13:00] Alliance and the World Bank Group. Looking at the framework what I noticed, it seemed more of a surveillance type of financial type of a framework than it did about health in particular in this particular framework. They talk about how governments should manage their funding, how people should raise their animals. The basis of one health being that it is supposedly going to produce equitable global health outcomes for plants, humans and animals.

[00:13:40] **Brian O'Shea:** If you unpack that, it does show that one health has the potential to really permeate every, every facet of society in our lives. And it does create the potential, in my opinion, especially based on how far it's diffused into every county level, into the CDC in 2008, [00:14:00] they have a one health office. It covers everything. We saw the power of that with the Covid lockdowns and with the response to Covid. So that's my you know, as I know, one health in a nutshell. Is it being used that way in some countries? It seems like it is Vietnam, for example, where they tested an actual snitch network between neighbors who can report how their neighbors are raising their cows properly or improperly under the One Health framework. So that, for me, is what gives me pause, because Doctor Parker is a big one. Health fan. That That does give me a lot of pause about him as well. He's also and stop me if I'm wrong, you know, the man. And I definitely respect your comment saying you. But he does seem it seems like every solution to global health, based on my short research of Doctor Parker, seems centered around the creation [00:15:00] of a universal vaccine or vaccines. And so that's where I stand with Doctor Parker now, is I'm concerned about his affinity for one health and a global solution to everything. I'm also concerned about his championing of the Covid 19 vaccines from the onset.

[00:15:23] **Frank Gaffney:** This is important background, and we'll develop it further with our next presentation by Summer Ingram. She is a vice president at Liberty Counsel action another very important member. And incredibly energetic one at that of our sovereignty coalition. She is an ordained minister, the former vice president of legislative affairs and prayer outreach for the Congressional Prayer Caucus Foundation. And I'm proud to say a senior fellow of our new Institute for the American Future. We've asked her to [00:16:00] lay out for us some of the research and, in fact, a toolkit that Liberty Counsel action, I believe it is, has developed. She wears, I think, a couple of hats there at Liberty Counsel and Liberty Counsel action. She'll explain the difference.

But the point is that her team and she have been helping to equip those of us to understand what one health as an agenda, as an initiative, as a funding stream actually represents these days. And provides again further insight into what we might be seeing from Doctor Parker in this new capacity. So it's great to have you back. Welcome once again.

[00:16:52] **Summer Ingram:** Thank you, Frank, and thank you to the panelists. So far, the comments have been extremely helpful and informative. I am so I am with [00:17:00] Liberty Counsel and Liberty Counsel. Action. Liberty counsel is the law firm and Liberty Counsel Action is the public policy arm. So I'm also with the Covenant Journey, which is about taking people to Israel. I am going to go ahead and share my screen and share elements of the toolkit that we've created on this topic, this very important topic. Thank you, Brian, for what you said about the history. And we had similar research that identified Rupert Virchow, who was the originator of this. And essentially over three decades, we found that 75% of emerging infectious diseases among humans have been transmitted through zoonotic diseases that can be transmitted from animals to people. But the concern is, again, that that there's an elevation of animal and human rights, the same as animal and plant rights, the same as humans. And you all may know that just in January of this year, the Colorado Supreme Court ruled, thankfully, that elephants cannot sue to get out of the zoo. So there is this trend to try to elevate again. Animal [00:18:00] rights. Plant rights with human rights, which is problematic for our republic, right? Because we are a republic that believes that our rights are inalienable, alienable, and come from God. And that's where we're finding there to be some concern on multiple fronts. So the who's a reproach, again, is a fundamental change to our republic that empowers the government to take rights away, breaks the nexus between God and human rights, and essentially gives the state the power to take our rights away.

[00:18:30] **Summer Ingram:** Should there be some type of a situation and again, a global pandemic, once again, it's just the, the overarching umbrella that's impacting the globe. Now, that does not have the same underpinnings as we do as Americans. One health elevates government overreach and power to trigger that, to trigger a worldwide pandemic declaration the same or worse as Covid 19, simply because of a handful of plant or organism organisms are infected with the bacteria or virus. [00:19:00] One health appears logical until the whose solutions require human and again who, being

the World Health Organization, require human and animal vaccinations on a vaccine passport, a digital ID to engage in the public square. The original pandemic treaty that we're so thankful and the Sovereignty Coalition worked very hard on did not pass in May of last year the World Health Assembly made in June. This is still an ongoing issue as a pandemic treaty is still being negotiated. And this one health concept is core to that pandemic agreement. So again, this is something that we need to be continually watching as it relates globally, but also here nationally through what was known as the Global Health Security Strategy and the Biodefense Strategy, which is now going to be revisited by the Trump administration. But again, this this concept has infiltrated on multiple levels and is a core concept in that pandemic agreement. If the pandemic treaty does move forward in that same form [00:20:00] in May of this year, the power of the who would to could potentially do whatever it deems to be a health deemed to be a health emergency would be unprecedented. The approach threatens our national sovereignty, God given rights and personal freedom.

[00:20:17] **Summer Ingram:** The United States is already implementing, as it's been mentioned, the one health concept around the nation after Congress approved the One Health Framework through the federal budget in 2023. On page ten of this resource, there is a the pathway of how one health. Became ingrained, so to speak, in our nation. So if there's anybody who wants this information, they can get it. On the Liberty Council Action website. Under Act, there's a toolkit drop down. You can access this toolkit and see the specifics of the research that we've done on this. But again, it's already through a host of agencies, including the CDC, the US Food and Drug Administration, the EPA. And as I mentioned before, [00:21:00] during the Biden administration, it was integrated into the global health security strategy as well. There are obviously positive aspects to it. There always is. But there are some genuine concerns that we want to just make sure are addressed going forward. So we don't find ourselves in a pinch when we God forbid, have some type of a pandemic in the future. This again just shows the one health umbrella it is it is all encompassing and is just something to learn. I, we, I, we encourage people to learn more about this. And it sounds like there's some good resources being presented here as well. In addition to this toolkit. So with that, again, I just wanted to give some insight as to why we're concerned as it relates to national sovereignty. The, the elevation of animal and plant rights to human rights, considering that our rights come from God and not from the state.

[00:21:59] **Frank Gaffney:** What a relief [00:22:00] to know that the elephants and other animals aren't able to.

[00:22:03] **Summer Ingram:** Or a mountain.

[00:22:05] **Frank Gaffney:** Sue their way out of zoos. Or mountains - you know.

[00:22:08] **Summer Ingram:** There was literally a lawsuit with a mountain. It's it sounds outrageous, but it's something that they're seeking to advance and get some precedent set.

[00:22:16] **Frank Gaffney:** Yeah. It's, let's face it, the logical extrapolation of what's before us here. That's right. I'm very pleased. Mention was made of MRI and vaccines a moment ago by Brian. I think men who was instrumental to developing technology that has now been applied to that and other purposes, is our next presenter. Final one for the program. Doctor Robert Malone. And he has been a frontline doctor of very considerable renown. He has been spear catching for some time as he has stood against these [00:23:00] mRNA vaccines and warned that these were not the appropriate treatments for the respiratory problems like those caused by Covid 19. Something, by the way, that Doctor Hatfill was also arguing very forcefully inside the government at the time. The Doctor Malone is the author of Lies My Government Told Me and the Better Future coming. And the coauthor with his wonderful wife, Doctor Jo Malone of Psywar. We're anxious to hear what he has to say about one health bird flu and the Maha agenda. And insights you may have. Doctor Malone into what Doctor Parker's prescription might be based on his record in contending with these things. Welcome back. Sir. Over to you.

[00:23:56] **Robert Malone:** Thanks, Frank. Deeply respect my friend and colleague, Doctor [00:24:00] Steven Hatfill. In his point of view and his direct personal experience with Jerry Parker. However, Jerry Parker is absolutely one of the central players in the current infrastructure for biodefense within the United States government. He's been a long standing member of this infrastructure and is very much a product of the assumptions and underpinnings that have given rise to the culture as it exists right now. The culture of barter. The culture of Steve mentioned. USAMRIID. USAMRIID has had an interesting history. And anybody who has yet to read Bobby Kennedy's book on the

suppression of the lab leak. This is the book that succeeds the follows on [00:25:00] the real Anthony Fauci book. Will find an interesting journey through the history of USAMRIID and its basis post-World War two on importation of expertise from the former Japanese biowarfare infrastructure. Let's say gentleman Jerry Parker comes from this world. He's very much part of it. I have no insight into whether or not he is remains invested in the logic of one health. One health. Absolutely pervaded this entire sector and was avidly assimilated by most of the people who had leadership positions in this domain, in part because it was necessary to do so if you wish to continue to participate [00:26:00] in a leadership role within this sector. I'm not aware of Jerry Parker ever bucking that trend or speaking out against it.

[00:26:12] **Robert Malone:** I'm not aware of Jerry Parker really ever bucking any of the trends, assumptions underpinning logic behind our current biodefense infrastructure. He does come from DoD side rather than NIH side. I see that personally as a plus. NIH culture. As I just wrote today, emerges really from the yellow berets of the 1960s. Basically, the draft dodgers that joined the Public Health Service. Whereas DoD has always and USAMRIID have always been focused much more on getting things done, providing necessary information, [00:27:00] capabilities, infrastructure and solutions that are real world focused in particularly are designed to provide protection for the and information key intelligence for the warfighter. So the DoD space in this area has traditionally been much more focused on actually producing things that work. And I honor Doctor Parker and Doctor Hatfield for their service in this in this area, which is often maligned because the assumption is made that if it's DoD, it's somehow nefarious. Regarding the appointment the initial announcement by a young reporter with very little experience associated with CBS news was run to ground by a close colleague of mine who actually called the reporter and asked [00:28:00] for information about their sourcing and was told that the sources were on deep background, confidential, and could not be disclosed. And we're not apparently official sources within the current Trump administration.

[00:28:23] **Robert Malone:** They weren't authorized to say these things. I find it rather odd that such a key appointment and its linkage in this essay by this young journalist from CBS who is basically promoting what technically is gray propaganda because it's unsourced, it's referencing unnamed sources. I'm, I'm surprised that this article saw the light of day without any verification or validation from the current presidential

administration, [00:29:00] which, under Siouxsie Wiles, is being extremely close in holding information about appointments and controlling whether or not appointees are allowed to speak publicly. All of these that have yet to be confirmed are basically prohibited from speaking in any public role. So it's rather odd that this came out. As I think Frank has pointed out, there's been a link LinkedIn. Disclosure by Mr. Parker's dean confirming this, but that's all we have in terms of confirmation information. I've heard of a number of other appointments that are being claimed and yet are not confirmed and for which within government there is quite a bit of debate as to whether or not those individuals are truly representing the finalized status [00:30:00] of their appointments. Of course. In particular, there was the disclosure about Thomas Massie being appointed to head USDA is just one example. And that turned out to not be the case. The, the thing that influenced, I think, the final decision on Thomas Massie, so I'm told, is that he was identified during the vetting process as having spoken in, let's say, gently non-supportive ways of Mr.

[00:30:32] **Robert Malone:** Trump. And that killed the nomination. I don't have specifics, but I understand that Mr. Parker has not always been particularly supportive of Donald Trump. So I find it rather odd that he would be chosen for this position at this point in time. And I guess time will tell. So my fear is that this is not [00:31:00] yet a confirmed appointment by the administration. There has not been a formal press release or announcement of what would otherwise be a very critical position, particularly given all the press that is being heated concerning the risks of avian influenza A, a potential pathogen that is endemic in birds, has been for decades. In this particular variant is endemic in migratory waterfowl. The only way that it could be eradicated would be basically to eliminate the bird population. Chairman Mao tried that historically, and it didn't work out very well in China. And this logic that's being promoted right now in terms of USDA policy regarding avian flocks elimination of any [00:32:00] avian flocks that show any signs of having an infection from this particular variant in those flocks, which has decimated the poultry industry right now and is sweeping through now, starting to sweep through Europe resulted in the increase in the price of eggs and now resulting in a lot of hue and cry to vaccinate chicken flocks, which is impractical, would be enormously expensive, would also jack up the price of chickens and by the way, would mostly result in selection of vaccine resistant bird flu variants that may pose an even greater risk to humans in the event of a bona fide mutational crossover.

[00:32:50] **Robert Malone:** Is a hot topic, and one that I think is going to require nontraditional thinking. I don't see evidence of Mister [00:33:00] Parker being somebody who has been promoting innovation and advocating for revisiting or reconsideration of consensus policies. I see him as somebody who has been at. I take Steve's comments that he has been an excellent supervisor. I'm heartened by that. We all want a good boss. I don't think I could count any more than 1 or 2 in my history. So congrats to Steve for having two. But being a good boss does not equate to somebody that is going to provide innovative leadership in a key position that relates to pandemic preparedness and policy for the US government. System wide. When the existing policies have gone so awry. As, [00:34:00] as observed during the Covid crisis. So for me personally, in some what I see is a trial balloon that is not confirmed by the administration.

[00:34:13] **Robert Malone:** I in my opinion, we should not assume that this is a done deal until we see that formal confirmation. It's odd that it has been leaked in this way surreptitiously. It's it strikes me that this is a may well be a trial balloon, and that these people that are on deep background. Quote unquote, to this junior, junior, CBS journalist are in some way seeking to manipulate the process. I just find this highly unusual and irregular, given the close hold that is being held being placed on all information coming from the transition teams. I also hear that the transition teams are [00:35:00] in a state of considerable flux, that there's been some turnover in the public health enterprise transition team. The HHS Transition team and that most appointments are on hold and those that are believed to have been in the pipeline are, are not being disclosed. And in some of them are being disputed. So that's, that's kind of my take on this is I think that we should be cautious to not overreact. I, I'm heartened by Doctor Hatfield's comments and encouraged, but I have never seen evidence of Jerry Parker being anything other than an insider. That will continue to support current consensus and ways of doing business in this sector. Over.

[00:35:59] **Frank Gaffney:** Thank you, Doctor Malone. [00:36:00] And I think what we want to do next is invite Doctor Hatfield to respond to what's been said. Notably about both Doctor Parker and about some of the policies that he's been associated with a view to understanding. And maybe we can just agree to set aside for the moment the question of the status of this appointment. It has been I believe confirmed by this dean of the Bush school, and I misspoke. It's the George H.W. Bush, George W Bush. That that is a topic that we may or may not be able to shed further light on. But for the

purposes of this discussion, I think we ought to just proceed on the basis that this individual seems to be the one who is now going [00:37:00] to be the appointee to the white House Office of Pandemic Preparedness and response. And I think it's particularly helpful to have Doctor Hatfield's comments at this point because some of what was just said by Doctor Malone really speaks to how might Doctor Parker respond to the next pandemic, whether it's bird flu or something else? And I've learned a lot personally from Steve about what happened during his time at the beginning of the Covid 19 pandemic. In that office, working with Peter Navarro to try to contend with the outbreak the evolving understanding of it in the way that was prescribed by us, pandemic [00:38:00] preparedness and response policy at the time. And, Doctor Hatfield, I don't know if you'd like to comment on that, but just as a starting point, because I think it does. It does bear repeating in this audience that the train sort of left the tracks. And we want to be sure that we understand whether that's a prospect this time around as well. So back to you, sir.

[00:38:28] **Steven Hatfill:** Sure. We can talk on that. I just wanted to address Mr. O'Shea's comment on The Mr. Parker was after a universal vaccine and promoted the Covid vaccine. If and this is the big problem with respiratory RNA viruses, by the time you initiate any sort of mass vaccination program, the virus is already mutated. Covid [00:39:00] 19 was mutating twice as fast as the influenza virus. And we know that every year you have to have a new influenza virus. Areas. So, you know, I can understand this. You don't have a background in virology or medicine or public health. You're an investigator, so I understand that. But sometimes if you can find an invariant portion of a respiratory RNA virus that the immune system will recognize and you initiate a vaccine against that, this is a piece of genetic material making a protein that the virus has to have to be able to replicate. And if you're lucky enough to find this, and we didn't have it with Covid 19 or many other viruses or in RNA viruses, then you have a strain [00:40:00] that will cover these minor variations as time passes. Some of the of the vaccines are very good. The measles vaccine probably won't need a new vaccine for another 50 years because of its particular genetic structure, and the fact you need about five mutations to all be present at the same time for this to escape the immune system. So the concept of Operation Warp Speed, should it have been tried? Yes. Yeah. It was the understanding it was going to look for a universal area that would provide a universal vaccine. The messenger RNA concept is was totally wrong.

[00:40:48] **Steven Hatfill:** It was known from the start, and I had warned against this as early as February. Well, as early as 20th of September in 2020. It was [00:41:00] not mature technology. The failures occurred at the FDA. And nobody promoted the Covid vaccine. Operation Warp Speed was promoted. Yes. Looking for that universal genetic component that would manufacture a protein that the immune system would recognize, and that the virus couldn't exist without it being properly functional. As for USAMRIID, that had nothing to do with unit seven, three one or World War two, the United States had an offensive biological program up until 1969, when President Nixon shut it down for basically moral reasons and proliferative reasons. We always understood that other countries had biological warfare programs that our soldiers might face these agents on the battlefield. So USAMRIID [00:42:00] was established and it quickly found adaptability with regards to emerging infectious diseases. Everybody signed on to this concept of one health. When it started, I had my students study it. One of the things you want to do with some of these agencies, and we've done this with the W.H.O. for years, is keep some participation there so you know what they're doing and what's going on. And you want to fault an academic, which Doctor Parker became for doing this. His own departments were doing and everybody was doing it. George Washington was doing it. That doesn't mean that you approve it. Doctor Parker is well aware of the pandemic plan, which concentrates on early drug treatment [00:43:00] since we had the first vaccines back in the early 50s for influenza. There has always been a vaccine gap, and it's been about seven months from the time you can initiate or a vaccine for a new emerging pathogen until that can be produced and give it to the majority of the population.

[00:43:25] **Steven Hatfill:** You don't have to vaccinate everyone 60 to 80%, depending on the virus. So early drug treatment was always a feature. It wasn't until fairly recently that we had some antiviral agents that could actually cover this vaccine gap. And hydroxychloroquine, ivermectin, fit that role. The pandemic plan was there. If you want to investigate Mr. O'Shea, look at the FDA and look at the CDC and [00:44:00] what they've become. Also, you might want to investigate why an essentially a known communist is chief of staff for Mr. Kennedy. Her archive interviews with the USA Communist Party can be recovered. I'll send you a link for them if you want. These are things that need to be investigated. I think there's been an overreaction to Mr. Parker. And I think there's nobody agrees with this global health attitude. No one with a scintilla of information or intelligence believes that such a conglomeration of these world health

authorities is going to be able to accomplish anything. What we're seeing now, with the continuous, almost exponential emergence of infectious diseases This [00:45:00] is a result of man and nature increasingly encroaching on each other, animal species being lost at a at an alarming rate. A lot of their viruses don't expire with the species. They do what's called a viral trafficking into a new species. And this is what we're seeing. Nothing promoted by global animal health is really going to do anything.

[00:45:30] **Steven Hatfill:** What you want to do is stop having the agricultural community dump new antibiotics into the animal feed. This is where the resistance is coming from. For all these agents. You don't want to you're going to vaccinate chickens. Most of these influenza strains are non-pathogenic. When you've got the really high avian pathogenic influenza strains that are actually killing [00:46:00] the commercial chickens. That's a real worry for humans because you are risking a jump. What will happen with bird flu? Well. There's some things that should be underway, and I'm sure that Mr. Parker, doctor Parker is aware of these. Finding the ability of already FDA approved drugs to have antiviral capability is. It's amazing in itself. Who would think that spironolactone, a common diuretic used in heart failure, could actually stop replication? The Epstein-Barr virus, or some of the other things that are going on? We have a drug for the norovirus. Now we may have one for respiratory syncytial cereal bars. These are existing drugs already [00:47:00] FDA approved that cost pennies. There should be an emphasis on that. But Parker is aware of all this, and I have no doubts that he's compromised by anything. If you're going to be in academia, you're going to be forced to look at this global one health. That's just the way it is. They're very prominent. They're everywhere. Are they capable of doing anything? No, I think they're quite capable of doing the square root of nothing with respect to improving global health. It's a way for these organizations to maintain their credibility and to garner money and their and their employees to be paid.

[00:47:44] **Frank Gaffney:** Doctor Hatfill, thank you very much. The money point brings me back to Brian O'Shea. In your investigations, Brian, you've been looking into the amounts of money that have been allocated, disseminated, and I guess to some extent [00:48:00] at least. Expended in connection with what? It sounds as though everybody on the panel. At least recognizes is a somewhat, if not very dubious version string. Might I use the expression of one health? Could you comment on what your research has suggested is in the works here in terms of money?

[00:48:28] **Brian O'Shea:** I mean, the breadth of spending is not only huge, but the reach of one health has just grown exponentially since 2018, especially Miss Ingraham said earlier about some of the constitutional efforts being made to humanize animals, almost in a legal sense. You know, the one Health Commission has appointed a team of international lawyers to specifically figure out how to circumvent constitutions or, you know, countries [00:49:00] charters. And one of these solutions is to go through animals. This is why there's so many veterinarians in one health. Obviously, it involves animals. But what they talk about in some of these and I'll send you the links to these are on YouTube, where they talk about basically how if you're looking at an overall approach to an animal's health, you can enter the properties to see their entire environment, to see what might be affecting their potential sickness or you know, you know, influenza that they catch or something like that. And again, while I do agree that, you know, looking at animals to, you know, figure out human health, I totally agree with that. That makes sense. If I get bit by a tick, you know, obviously I want to find out where the ticks are and how to make them go away and more. Where it gets dicey is the fact that they have legal teams trying to figure out how to say, [00:50:00] in a nutshell, damn your rights. We're coming on to check out your pets. And, you know, overall. So that scares me, as.

[00:50:09] **Frank Gaffney:** You're saying that, Brian, that this is not restricted to, you know, poultry farms or cattle farms, this could get down to individual property owners and their pets.

[00:50:22] **Brian O'Shea:** Yes, it looks like the direction they're going. And if you look at some of the emails that were released from Peter Daszak, who is one of the bigger champions of One Health since about 2009, it's all veterinarians. And I'm not talking about farm veterinarians. I'm talking about, you know, Peggy's Petz's paws and these little vet's shops all over Baltimore and Rochester and Albany all going to personal events, holiday parties, everything like that. But that does seem to be the angle is to find a way to not only, I [00:51:00] won't say invade privacy, but to enter into to breach barriers that are formed by our legal instruments like the Constitution. But additionally, it's my contention that the pushing of the spillover theory, at least in this scenario with Covid 19, had to happen. They had to push it. And all the others had to push that because their bigger investment in time and getting investors was the one health

framework, which, as we know, underlies the entire pandemic treaty. So it has to have spillover to make it a viable thing to have a paradigm shift in global health. You have to have spillover to make one health even makes sense as a concept.

[00:51:53] **Frank Gaffney:** This summer you've been listening. I know, to this conversation, based on your research into [00:52:00] the One Health Agenda approach. I guess they call it at this particular juncture. It sounds as though there's general consensus that it has greatly deviated from the initial idea and that, as you've documented, has now been laced with a lot of globalist government, you know, empowering at the expense of particularly the rights of individuals like those in this country. Have you heard anything that might allay your concerns about whether Doctor Parker is actually immersed in this present form of the program? As opposed to a guy who just, you know, was sort of caught up in it at the outset and has remained involved but not committed to it.

[00:52:56] **Summer Ingram:** To be honest, I was not familiar with him [00:53:00] prior to his nomination or prior to his placement. So he. I learned the most about him from Doctor Hatfield today. I did some research on him, but I. I don't know enough about him to know where he where he stands on all of this. I know and I'm encouraged to know that Doctor Hatfield does have a close tie with him and is able to relay some of our concerns. And you know, obviously has the right, the right heart as it relates to this overall agenda. So I wish I did know a little bit more of where he stood on this, but it sounds like overall he's, you know, qualified, but maybe doesn't - maybe just needs a little bit of understanding on where things are advancing as it relates to the elevation of human, of animal rights and plant rights.

[00:53:56] **Frank Gaffney:** Doctor Malone, I wanted to ask you particularly about the bird flu piece [00:54:00] of this, because you've been tracking closely and writing at your Substack page. And please give us that address again about the evolution of this, whether it is, in fact, now you know, a threat to humans as well as to various animals, I gather there was a loss of someone, I think, in Missouri, if I'm not mistaken just in the past 24 hours. But knowing what you know about Doctor Parker and you seem to have some familiarity with him and what you know about pandemics and what specifically you're, you know, studying about this particular perspective. One bird flu. Avian flu? Do you do you feel that we might see on Doctor Parker's part propensity to respond to

another [00:55:00] pandemic, like bird flu in the way that the US government did Covid 19.

[00:55:08] **Robert Malone:** Short answer is yes. I don't remember that. Bird flu is not a pandemic. A bird flu is a potential threat. There are many potential threats in infectious disease that might manifest if certain conditions were met. In the case of avian influenza, this is a pathogen of birds which has been circulating for decades. Has yet to have it have a major crossover event into humans yet. We've had multiple prior rounds of fear. And promoted large scale government responses that have led to nothing. For many years now and the whole thesis of information [00:56:00] bioterrorism or psychological. Bioterrorism is a built upon observations about the bird flu injection and heating of. Narratives by within corporate media by other actors. Unknown is been the basis for. The observations that preceded the cascade of events that occurred with Covid which followed exactly the same script as did the monkeypox outbreak. Follow that same script. And there were abortive attempts to heat up similar fear around, say, leprosy in Florida. Etc. This also resembles the fear that was promoted around Zika, which again turned out to be a nothingburger. So bird flu is real if you're a bird. It is identified [00:57:00] by the CDC and many other mainstream organizations as not being a current threat to the human beings. It there is no evidence of sustained human to human transmission. There's no evidence to support the assertion of 50% case fatality rate.

[00:57:20] **Robert Malone:** That is a statistical artifact of reporting to the W.H.O. Bird flu is not a current threat. It is a potential future threat. That potential future threat would require a series of events to occur genetically, which have yet to occur. Historically, bird flu has not been previously widespread, subject to widespread testing in other species or really in humans. At the level that is now being promoted. The CDC has apparently just established a policy as [00:58:00] of February 7th at 9:13 a.m., they've released a health alert network bulletin requesting hospitals to subtype influenza A positive individuals to see whether or not they are infected with H5n1. Widespread testing will result in more cases of detection. Just as previous non-testing of various mammalian species like cows didn't disclose, you know, we didn't have evidence of bird flu in cows before because we had not implemented widespread testing in a variety of species for H5n1. We implemented that now. And no surprise, the more you test, the more you find. So in terms of Jerry Parker and public policy, I, I strongly suspect that he will advocate

for. [00:59:00] And I would be pleasantly surprised if this was not the case, if he is appointed to this position, that he will advocate for continuing the policies that have characterized the prior bird flu outbreaks, he, I suspect, will advocate for continuation in the half trillion dollar. I think it was outlay for maybe, I apologize, half billion dollar outlay to Moderna for manufacturing RNA vaccines for H5n1.

[00:59:39] **Robert Malone:** We already have H5n1 traditional vaccines that are in the stockpile. So right now where we stand is that this virus is been in North America, infecting bird populations for quite [01:00:00] a while. It swept through in 2022, and there were significant deaths in chicken flocks and in birds. Wild bird populations at that time. It continues to circulate. As I mentioned before, there is absolutely no way to eradicate H5n1 because it has a very robust animal reservoir. As most of you now know, the history of viral evolution tends to be when it stays with as it stays within a species, that it evolves to become more infectious and less pathogenic. That's a general truism. Not always the case. Certainly, one has to be diligent in monitoring. But. Absolutely. And I suspect Doctor Hatfill will support this observation which [01:01:00] we also observed. And which Peter, his former boss and mentor, also endorsed in our op eds in the Washington Examiner or Washington Times, I think. Yeah. That leaky vaccines will only result in selection of vaccine resistant mutant viruses. And influenza vaccines are notoriously leaky. I believe last year's variant vaccines were something like 10 to 20% effective. So if we were to implement avian influenza vaccination in humans, we can well anticipate that we will have an efficacy or effectiveness that will be well below 50%.

[01:01:52] **Robert Malone:** That means that we absolutely cannot achieve herd immunity even if we over vaccinate the entire population. And [01:02:00] if flu vaccines are deployed in animal species number one, it will destroy the ability of American producers to export their products because the rest of the world has prohibitions on vaccinated animal products for the most part. And the reason they have that prohibition is because when you vaccinate at best in, in animal populations in, in swineherds and birds, what you tend to get is an attenuation of disease, observed disease severity. And so you'll end up with chickens that are less likely to demonstrate their disease status because it will be potentiated by the inoculation, potentially, if it works at all. Just like Covid seem to have. The jabs seem to reduce disease severity [01:03:00] to some extent, depending on how long it was after you took it. And then, of course, the

notorious negative effectiveness kicks in after about three months. But in the case of the bird flocks, what you'd end up with is birds that were, you know, poultry flocks that would be less likely to show disease, which means that poultry handlers would be less likely to take preventive care and measures when handling these potentially infected animals. So you'd actually increase the risk of crossover into the poultry worker population. And you would absolutely select for vaccine resistant mutants that may have crossover vaccine resistance into other species that it might transfer to, whether swine or human.

[01:03:52] **Robert Malone:** And you would have offshore potential buyers refusing to purchase the products because the risk that it [01:04:00] might be contaminated with these likely emergent vaccine resistant strains. So we're in a box. I'm sorry to say. But here's another saw that I suspect that Doctor Hatfill will endorse. You can't vaccinate your way out of an outbreak once it's got its teeth in you. You kind of got to grin and bear it and hope that you can come up with some repurposed drug non-pharmaceutical intervention measures or other methods to reduce the risk of the disease that is spreading through whatever population it's adapted to infect. So that's the what do we say? Inconvenient truth of bird flu is that influenza A has been with us for as long as there's been in us, probably. And it also [01:05:00] has been with chicken and swine populations. It is highly evolved to escape immune surveillance. It's a constant battle between our immune systems and the this particular RNA virus. And it's one that we routinely fight to a draw for the most part. And the cost is something like a fraction of 1% of, you know, a fraction of a fraction of 1% of the population, typically people with preexisting conditions. Typically people that are suffering from the condition known as immunosenescence.

[01:05:44] **Robert Malone:** Aging of your immune system. Which is why it takes out the elderly. So if we want to spend money on birth in my opinion, we ought to be spending money on understanding immunosenescence and coming up with ways to deal with that. We ought to be promoting [01:06:00] vitamin D and other agents known to boost immune response. We ought to certainly continue with surveillance. But we need to really think through our USDA ag policies concerning our flocks that are being decimated by this knee jerk response. That if you have an infection, we're going to wipe out the entire flock. We did a deep dive the other day in the literature about looking for clear details on what is the case fatality rate of a current avian influenza in poultry

flocks. And not to make light of it, but the truth is that the case fatality rate right now is 100%, but not from the virus. It's 100% due to USDA policy because they kill the entire flock. We don't actually know what the case [01:07:00] fatality rate is in chickens and ducks because the research hasn't been done. So right now we're in this position where there's a lot of hype and promoted fear and frankly information or psychological bioterrorism being circulated and very little information and almost zero innovative thinking about how to deal with a long standing chronic problem. Over.

[01:07:28] **Frank Gaffney:** Thank you. That was a very detailed response to my question and I appreciate your doing so. We're nearing the end of our time together, and Doctor Hatfield, I wanted to give you a chance to both comment on what's been said and shed any further light you can on how Doctor Parker might respond to the kinds of concerns that are being expressed here. If you have any thoughts about that.

[01:07:55] **Steven Hatfill:** Thank you, Robert, for the extensive overview. Although [01:08:00] some of your statements are completely wrong and you've missed the point completely, we have a drug, it looks like for avian flu. Animal studies have been done showing for 100% lethal avian flu strain in mice. Hydroxychloroquine provides 80% improved mortality. The tissue cultures are the tissue slides made from their infected lungs looks almost normal. And the treated animals. And it's obliterated in the dead animals. So, Robert, you don't know how Colonel Parker would respond. So don't get on the one world kick in this type of thing. You don't have a clue how he's going to respond. I know the man. He will do the right thing and can be trusted to do the right thing. And [01:09:00] President Trump can be trusted to make the correct decisions. And if the guy isn't working out, he'll be gone the next day. Ask the former NSC director that got shown the door with one day's notice. This is a serious problem. It's made more serious by people that think they have a little bit of knowledge that want to get involved in it, that really don't understand the science behind it. Yes, you can't vaccinate your way out of this, but if you have a universal antigen, that is something you should explore. And we did explore. It didn't work for Covid.

[01:09:43] **Steven Hatfill:** Operation Warp Speed turned into a monster that should have been shut down. And if Trump had been reelected, those mRNA vaccines would have been gone. But you gave it to a demented president who was [01:10:00] not fit for office, who mandated taking an experimental vaccine with a side effect of death, which

is against international rules. And nobody said a thing. They all just followed him along. The CDC can no longer be allowed to exist in its present form. The FDA can no longer be allowed to exist in its present form. We are hoping that Mr. Kennedy can get a grip of this. What we find are what should have been superior. Appointments into senior positions have been ignored by promoting an essentially pancreatic surgeon to a vanity appointment of FDA commissioner and a failed politician that happens to be a doctor. As head of the CDC, this is not going to affect the changes [01:11:00] that we so urgently need. I assume. The president appointment of Jerry Parker demonstrates a superior ability to put the right people in the right position. Doctor Parker has my trust. Again, a lot of troubles have been caused by people with a little bit of knowledge wanting to get out there and stir the thing when they don't know what they're talking about.

[01:11:40] **Frank Gaffney:** Doctor Hatfill, thank you. I personally want to say that I believe that the people that we've heard from today are people who know what they're talking about. We may disagree on certain points. And if that's the case, as a layperson, I will be the first to plead that I can't evaluate [01:12:00] all of the comments, but I do think that the conversation has been helpful in illuminating some of the choices that will be before Jerry Parker, assuming he is indeed appointed to this position and brings to it the lifetime of both service, but also participation in some of these programs, including one Quitting One Health and Doctor Hatfill. I personally am very grateful to you, especially for your first hand testimony about his character and his skills and his reliability. And my hope is peripheral. Hope is that this will afford an opportunity for the kinds of concerns that have been expressed here, and that, I suspect, will also be expressed by others in the Make America Healthy movement, which is gaining force and almost certainly is going to be a factor in the [01:13:00] success of Secretary Kennedy, who will, I hope have that title shortly.

[01:13:06] **Frank Gaffney:** And others inside the Trump administration who may confront some of these very difficult choices and possibly even worse, if we are subjected again whether it's via China or some other source to man are adapted viruses for biological warfare purposes. A lot is riding on these appointments and the skills that the individuals who get them bring to the task, and our sovereignty coalition certainly hopes to be helpful in advancing sensible policies and strategies for addressing these various challenges, whether they're the kind we've discussed today or others that are in

other ways harmful to [01:14:00] our sovereignty and promotive of an approach to governance that is antithetical to that of our Constitution and the Republic based upon it. So with all that said, and with heartfelt thanks to Brian O'Shea A to Summer. Ingram to doctor Robert Malone to doctor Steven Hatfill. For your contributions to the program and for what we will do with this information. And hopefully so will our audience in the days to come. God bless you all. Thank you for your participation, and please stay in touch with us at SovereigntyCoalition.org. Dede, back to you.

[01:14:45] **Dede Laugesen:** Thanks, Frank. Thanks to all of you for being here today. A video of this webinar will be posted to SovereigntyCoalition.org within a day of the conclusion of our program. Please share this and our other programs with [01:15:00] your elected representatives, colleagues and other networks. And subscribe to our Substack at sovereignty.Substack.com. Follow us on X at [@SovCoalition](https://twitter.com/SovCoalition) for updates. And thanks for joining us today and goodbye.