

# **Unraveling the Hidden Patterns Behind the Current COVID-19 Narratives**

## **A Special Interview With Dr. Ryan Cole**

**By Dr. Joseph Mercola**

### **Dr. Joseph Mercola:**

Welcome, everyone. This is Dr. Mercola helping you take control of your health. And today we are joined by Dr. Ryan Cole, who is one of the thought leaders and people on the frontline with respect to exposing the fraud of the COVID narrative. So we're delighted to have him today. And his background – for backgrounds, I just try to summarize it to two sentences, because most of the people I talk to, including me, have backgrounds that are pages long, so we like to highlight the most important ones.

And for Dr. Cole, it would be that he is well-trained as a pathologist. He's a graduate of the Mayo Clinic program, and he's done some postgraduate training. And I think his specialty's in immunology and virology, which gives him special expertise to give his insights in this area.

### **Dr. Joseph Mercola:**

And then additionally, which may be one of the most important criteria, not criteria, but characteristics, is that he has his own business. In 2004, he started his own company, which gives him the freedom and the flexibility, unlike many, probably most, and he can comment on this directly, of the other academic pathologists or people in leadership who are employed. And if they said a fraction of what Dr. Cole is saying, they would lose their job. Most choose not to lose their job. So he's gotten the freedom and the flexibility to do that, because he's self-employed.

Like me, I'm self-employed, so I'm in the same boat. I started my medical practice, but really shifted over to the website 25 years ago. So I'm really excited to discuss some of what Dr. Cole's been finding and expand on in it. Got a bunch of good questions for him. So welcome and thank you for joining us today.

### **Dr. Ryan Cole:**

It's an honor to be here with you, Dr. Mercola. Thank you for the opportunity.

### **Dr. Joseph Mercola:**

Yeah. But I neglected to mention, this is the first time I've met Dr. Cole, and I guess he knows of me, has been following some of our health recommendations earlier, so he's really fit. He's committed to a healthy lifestyle, and obviously he's lean and fit. And he doesn't need to do resistance training because he has a 25-acre – that's a lot of acres, folks – organic farm, and he has a lumber mill on that, so he's a lumberjack of sorts, so he gets a lot of good workouts.

So, all right, well, let's go into – actually, I'm going to ask you a question right off the bat, which I should have asked you before I hit the record button, but you are one of the thought leaders for sure, in this, and I'm just curious, and there is no right or wrong answer in this, but you can answer this later, as to who you think-

**Dr. Joseph Mercola:**

I just want you to reflect on it as we're talking, are the top 10 people that you would put in your group with respect to those who understand this and are brave and courageous and sharing information out there in the frontline doing it. Because you're a bit better network than me, you're in the travel circuit, I'm not.

And I'd just be curious to get your insights on that. So I'll let you think on it, because we'll answer that later. So I guess we could probably start with your journey, given your background, maybe walk us through when you first became aware of this and decided to take a stand. And was there any hesitation or concern about taking the outspoken positions that you have?

**Dr. Ryan Cole:**

It really, honestly, Dr. Mercola, began from the beginning. So when they announced that there was a pandemic, when the WHO (World Health Organization) finally said, "Well, looks like it's a pandemic," after we were watching what was happening in China, my hackles went up right away.

To your point, I'm an anatomic clinical pathologist. Subspecialty is skin pathology. I did Ph.D. work in immunology. I was very aware of SARS-CoV-1. I had studied that very well when I was at Mayo and in training and did a refresher when all of these announcements were made.

**Dr. Ryan Cole:**

I had studied MERS (Middle East Respiratory Syndrome). And my big concern came very early when they started talking warp speed. And I thought, wait a minute, you can't vaccinate against corona viruses. This family of viruses is not amenable to vaccination based on mutation rates. So, my concern was very high early on. And we ramped up testing early on here in the laboratory, set up a drive-through testing center. And every patient that would come along would say, "What can I do? What can I do?"

**Dr. Joseph Mercola:**

Well, let me stop you there for a moment, if I could.

**Dr. Ryan Cole:**

Yeah, yeah. Go ahead.

**Dr. Joseph Mercola:**

I'm just curious. On the testing center that you set up, I'm assuming that's a PCR (polymerase chain reaction) test, and if that is the case, what was the cycle threshold that you used?

**Dr. Ryan Cole:**

Okay. So, I got criticized in the media for this because the companies that got their emergency authorizations, they wanted to run cycles to 40. And I said, "No. You don't run cycles to 40." So I looked early on at the data out of Israel, Dr. Schwartz, and whatnot. They said, "Look, we can culture the virus up to cycle 33."

**Dr. Joseph Mercola:**

Okay, good.

**Dr. Ryan Cole:**

And then the other problem too, everybody-

**Dr. Joseph Mercola:**

[crosstalk 00:05:28] 33, or did you go even lower?

**Dr. Ryan Cole:**

Well, no, we went 35, but we went ahead and said, "Look, presumptive positive." And the one thing I tried to teach from early on is a spot PCR test means nothing. If you have a patient that comes in and their cycle was 33, but a week later or two days later, three days later, they're at 17, obviously they're going into higher viral copy and going into disease. And just the opposite. Say you test a patient at cycle 14, 15, and a couple days later they're up at 28 or 32, you know they're going out of disease based on semi-quantitation of viral load.

**Dr. Ryan Cole:**

So really, a single PCR test, because we know patients will test six, eight, 10, 12 weeks for particle, so I tried to educate early on with a lot of my clinicians, "Look, a single PCR may give you an indication if a patient's symptomatic, but this whole concept of asymptomatic testing post-exposure and getting a 33 and then a 17 or a 20 or whatever a couple days later, that's meaningful." So, I was trying to educate early on from a lab point of view, "Look, testing can be useful if you use it properly." And so much of our world has used it improperly.

**Dr. Ryan Cole:**

And to your point, the ridiculousness of cycling at 40 and 45 at labs around the world has been meaningless, and about 98% false positives in those cases. So as much demeaning and defamation as I've received in the media for speaking out, I've tried to educate. And that's the key in medicine.

Doctor obviously means teacher in Latin, and it's been our job to teach. So yeah, we did testing, but at the same time, every single patient, and I personally was face-to-face with thousands upon thousands of patients, they were panicked. I understand. It was supposedly novel, and they're trying to figure out, "Well, what can I do?"

**Dr. Ryan Cole:**

I said, "Hey, what's your vitamin D level? How are you sleeping? What kind of food are you putting into your body? What's your inflammatory state?" And then a lot of us learned early on before it became an evil word, knew about hydroxychloroquine as a prophylactic, and the studies from the NIH (National Institutes of Health) in 2005 that had shown chloroquines work against SARS (severe acute respiratory syndrome) viruses. So I would give that-

**Dr. Joseph Mercola:**

Do you know what the parent molecule is of hydroxychloroquine? What is the molecule it's derived from?

**Dr. Ryan Cole:**

Well, I know you can derive it from methylene blue, anything-

**Dr. Joseph Mercola:**

That's it. It's methylene blue. Parent molecule. 1876 they first figured it. Then it went to quinine and then chloroquine, then hydroxychloroquine.

**Dr. Ryan Cole:**

Isn't that amazing? And methylene blue, ironically, is one of the stains we use, traditionally.

**Dr. Joseph Mercola:**

I know. Do you still use it as a stain in the lab?

**Dr. Ryan Cole:**

On frozen sections we'll use it every now and then. At the Mayo Clinic, that was predominantly what we used in our surgical laboratories, was methylene blue. But yeah, it's amazing to have those precursor molecules in what's a dye. And historically is fascinating, because really before the era of antibiotics, the Germans were researching dyes as antimicrobials, so it has a fascinating history.

**Dr. Joseph Mercola:**

Yeah. Paul Ehrlich in 1890, I think, wrote the first paper that said methylene blue [inaudible 00:08:39] anti-malarial.

**Dr. Ryan Cole:**

Yeah.

**Dr. Joseph Mercola:**

So it's interesting, because malaria is a parasite, and most of the ivermectin and hydroxychloroquine clearly are targeting parasite diseases. So I have not had the opportunity to use methylene blue because I only recently became aware of it. But I wouldn't hesitate to use a hundred milligrams a day if I had the chance to, personally and with friends.

**Dr. Joseph Mercola:**

But I just want to insert one comment, because most people have a maybe a – best to determine as an inaccurate perception of a pathologist, which you are. They think that you're basically looking at tissue samples and biopsies, and while that's a large part of the job, another part of it is that you are, refers to your testing component, because most people don't know that the head of every major clinical lab is a pathologist. Isn't that correct?

**Dr. Ryan Cole:**

That's correct. We're the quality control of medicine. So, I like to point out that the pathologist is the most important doctor that you never meet, that you always hope is right. We look at patterns in medicine, and that was the interesting thing, just even over these two years, what were the shifts in patterns from infected individuals and people that were having long-haul symptoms and then after the rollout of the genetic shots, what were the side effects there?

**Dr. Ryan Cole:**

So the pathologist, we're constantly looking at patterns, be it under the microscope or be it in lab data. We're looking at those blood reports. We're looking at what's out of range on blood reports. We're looking at microbiology. We're looking at molecular biology. We're looking at cultures. We're looking at pap smears. We're looking across the board at, to your point, those clinical parameters in addition to tissue biopsies. And so those tissue biopsies certainly are bread and butter of the daily flow of the office here.

**Dr. Ryan Cole:**

But at the same time, my busy technical staff, I have 70 employees, if there's a blood smear that looks unusual, they bring it to me. If there's some parameters on a test that look widely out of range, they bring it to me. And I call and talk to the clinician, literally to the doctor, so we have a consultation practice with the clinicians so I can help them understand what's happening with their patient and then they can make those clinical decisions going forward.

**Dr. Joseph Mercola:**

So of those 70 employees, I'm curious as to how many of them are pathologists like yourself.

**Dr. Ryan Cole:**

I have one associate pathologist, and then I have multiple master's trained laboratory technicians, many bachelor's trained lab technicians. So there are two pathologists in the practice right now. And doc, Dr. Mory has been a godsend, I'll tell you, because [crosstalk 00:11:26]-

**Dr. Joseph Mercola:**

Yeah, you couldn't travel without him.

**Dr. Ryan Cole:**

Oh yeah, no, he's a wonderful young associate and he's also a triple-boarded pathologist. So he's very well trained as well.

**Dr. Joseph Mercola:**

Speaking of that, what is the status of your certifications because of your stance against COVID, some of the credentialing organizations that you're boarded in have taken action against you?

**Dr. Ryan Cole:**

Yeah, this has been really, a battle, shall we say, for speaking science?

**Dr. Joseph Mercola:**

It's a war.

**Dr. Ryan Cole:**

It's a war. Okay. It's a war. But yeah, I mean, I've been attacked. I have 12 state licenses. I've seen 500,000 patients diagnostically in my career through the microscope. So I have a long track record of diagnostics. I have not had a patient care complaint against me in 26 years of being a physician. I still don't. And this is what's fascinating. So of those 12 licenses, four were under attack, three are still under attack, not a single patient care complaint. All the attacks against me have been political complaints to boards of medicine, which is not legal for them to do.

**Dr. Joseph Mercola:**

Can you disclose the states?

**Dr. Ryan Cole:**

Yeah, you bet. State of Washington. I have one pending still in the state of Arizona. I think that one's finally fading. And one in the state of Minnesota. And again, not a single one of those complaints is from a patient.

**Dr. Joseph Mercola:**

I'm surprised that California and New York weren't part of it.

**Dr. Ryan Cole:**

Yeah, well, I don't have a New York license, so I [[crosstalk 00:12:55](#)].

**Dr. Joseph Mercola:**

Okay.

**Dr. Ryan Cole:**

I did do part of my training at Columbia in dermatopathology, but thankfully, no, I don't have a complaint there. And California, I do have a license and I've stayed quiet in the state of California, thankfully.

After this, maybe somebody will attack me politically, but – and then, really the egregious thing, was ex parte without me being present, without even sending a certified letter, the College of American Pathologists removed my fellowship status, which is defamatory because I went back and found their complaint and looked at what they did. And I actually have a wonderful defamation lawsuit against them, because everything they did was anti-scientific. They don't like what I'm-

**Dr. Joseph Mercola:**

But is that even legal?

**Dr. Ryan Cole:**

I don't think so.

**Dr. Joseph Mercola:**

It's like saying you graduated and completed training and then taking it back when you're certified by them. They can't [crosstalk 00:13:42].

**Dr. Ryan Cole:**

I was a fellow of their college. They removed that fellowship, which again, I have a wonderful lawsuit against them, so they can either restore it now or just pay me a big check down the road. One or the other.

**Dr. Joseph Mercola:**

Thankfully, it doesn't seem to impair your ability to operate in your business and [crosstalk 00:13:59].

**Dr. Ryan Cole:**

No, I'm still-

**Dr. Joseph Mercola:**

-revenue for yourself and your family.

**Dr. Ryan Cole:**

Well, I have lost half my business to be quite honest.

**Dr. Joseph Mercola:**

Oh, you have, really?

**Dr. Ryan Cole:**

Oh yeah, because-

**Dr. Joseph Mercola:**

I did not know that.

**Dr. Ryan Cole:**

Couple of the insurance companies, because of my "unprofessional behavior" for simply sharing science. And again, they'll attack the individual, they won't attack the science, because they can't. And I always offer in any interview I do nationally, I say, "Look, if you disagree with me, wonderful, that's great. That's medicine. Why don't you invite me to coffee or lunch? Let's sit down, look at data together. If the data I have is incorrect, show me better data."

**Dr. Ryan Cole:**

And for two years now, it has been crickets in terms of anybody countering what I've been sharing. So literally, insurance companies have canceled me, which has inhibited my ability. And again, that's another long, dragged-out lawsuit that's coming.

Then I had one of my best friends who I've worked with for 12 years and done surgery with, he said, "Well, I have too many patients complaining that you're in the media and controversial, and so I don't want it to affect my business." So he withdrew his business from me, all because of the defamation of the media. So, to tell the truth in this day and age is a dangerous thing.

**Dr. Joseph Mercola:**

Yeah, yeah. That sure is. Thank you for sharing the extent that you've been vilified and discredited and how it's impacted you personally. So, now we can probably jump into what you've been sharing that caused this action against you. There's so many places we can go to.

I guess, I'm particularly curious as your take on the increase in the cancers, which you've talked about. And especially if you can share the story of how the whistleblower with the military came out and then they froze the database and altered the data to hide the reality. This is just crazy. And how they were hiding the increase in cancers, because it was a pretty good database in the – I think it's the DMED (Defense Medical Epidemiology Database)?

**Dr. Ryan Cole:**

Yeah, it's one of the best databases in the world. So what happened for me, obviously during COVID, we saw some parameters change in blood tests. There was a concern about clotting. We saw some elevated clotting factors. We know that the early variants were pretty severe in terms of inducing clotting, which was a shame because the whole world should have been simply using anti-inflammatories and steroids and anti-clotting agents, and so many more people would've lived.

**Dr. Ryan Cole:**

Leave ivermectin, hydroxy out of the picture. My colleague, Dr. Chetty in South Africa was having phenomenal success with antihistamine steroids and anti-clotting agents, and was doing wonderfully. So anyway, the first year we saw drops in white blood cell counts, we saw decreases in certain subsets of T-cells. So, the first year that was that, but when the shots rolled out, things changed. And this is, at first I noticed a kind of an innocuous little bump that we see usually in kiddos. It's a little virus called molluscum contagiosum, little white bump.

**Dr. Ryan Cole:**

And usually by the time you're a tween or early teen you've built immunity to that, and you never get them again, or rarely get them again. So, after the shots rolled out, all of a sudden, an 80-year olds, 70-year olds, 60-year olds, 50-year olds, I started seeing literally a twentyfold increase in this little innocuous viral bump. And I thought, "Uh oh, this means they've lost immune memory." And what else is-

**Dr. Joseph Mercola:**

Where were you seeing those? What was the age group that they were in?

**Dr. Ryan Cole:**

Anywhere from 50 to 80.

**Dr. Joseph Mercola:**

50 to 80, you were seeing molluscum?

**Dr. Ryan Cole:**

Yeah. A lot of it.

**Dr. Joseph Mercola:**

Wow.

**Dr. Ryan Cole:**

And I'll give Dr. Mory credit for that as well, because we're both looking at each other one day, "Are you seeing more molluscum?" Said, "Yes I am." And he said, "Have you noticed the age group?" And I say, "I have. This is really odd." And so those subsets of T-cells that keep viruses in check are very important for keeping cancer in check. And this is where immunology jumps into the picture.

**Dr. Joseph Mercola:**

A lot of people don't know that there's an intimate connection between your immune response and your ability to inhibit cancers.

**Dr. Ryan Cole:**

Very critically important. And yeah, you bring up a great point. All of us have some atypical cells all day long and we have our marines of our immune system, is what I like to call them, our natural killer cells. They're on the frontline circulating while you and I sit here right now, we have about 30 billion T-cells circulating in our blood, many of which are killer cells and natural killer cells.

And then our other innate cells are our macrophages, monocytes and dendritic cells. Well, they're on that frontline, they're shaking hands with every cell in your body all day long saying, "Friend or foe, friend or foe. Oh gosh, this one has some mutations, it's now a foe." They'll poke a little hole in it, throw in a little enzyme called a granzyme, a hand grenade, blow up that cell, and we're good.

**Dr. Ryan Cole:**

But what happened after these shots rolled out, is many of those cell subsets started decreasing in number. And so the first cancer I saw, as an uptick, was cancers of the uterus, endometrial cancers. And usually I would see maybe two endometrial cancers a month. All of a sudden, a few months after the rollout of the shots, I was seeing two or three a week. And I thought, "Oh boy, this is concerning."

Then another subspecialty area of focus for me is melanoma. And I started seeing melanomas, not only in younger patients, as the shots dropped down in age cohort, but they were thicker, and

then the other fascinating thing was they're more aggressive in terms of how many dividing cells was present in each tumor. I'm still seeing this. Then to your point, when we had a meeting in January in Washington, DC, the Defeat the Mandates march, we also had a subcommittee hearing with Senator Johnson.

**Dr. Ryan Cole:**

And at that subcommittee hearing, there was a whistleblower that came forth with the Department of Defense Military Epidemiology Database, which is one of the most pristine databases in the world, because our military wants to know on a weekly basis what's happening in terms of threat assessment to the troops. Are we seeing more of this disease or that disease? Is there like a new toxic hydraulic fluid. They're looking for signal, they're trying to find signal in the health of the troops.

**Dr. Ryan Cole:**

Well, they noticed that there was a large uptick in visits for cancer, and it corroborated what I had been seeing, statistically. And then a week after this important hearing with Senator Johnson, the Department of Defense froze that database. And then a week later the data was all changed, and that's what was really shocking. And I think this is basically fraud to the level of Watergate, in terms of somebody behind the scenes, and then the private company that actually manages that database, I think.

**Dr. Joseph Mercola:**

Manipulate. They manipulated it.

**Dr. Ryan Cole:**

They absolutely manipulated it because-

**Dr. Joseph Mercola:**

And the interesting thing is, with time, people forget about it.

**Dr. Ryan Cole:**

Right.

**Dr. Joseph Mercola:**

They don't ever remember it, and their only risk of exposure is right at the time around the incident.

**Dr. Ryan Cole:**

Yeah. And we'll be like elephants, we won't forget.

**Dr. Joseph Mercola:**

Thank you so much.

**Dr. Ryan Cole:**

We'll bring those forward because it's so critically important. And I don't want people to be scared. So when you say there's an uptick in cancer, so say there's 1 per 100,000 colon cancer in the population every year. Now after the shots, let's say there's 2 or 3 per 100,000. Well, that's three out of a 100,000 people, so that's not like a ton of people, but it's still a 200%, 300% increase.

**Dr. Joseph Mercola:**

It's the same issue that the drug companies use. They confuse the people with relative and absolute risk. So we can use the relative risk to warn people, just like they use relatives to produce fear porn-

**Dr. Ryan Cole:**

Correct.

**Dr. Joseph Mercola:**

-to motivate people to their actions.

**Dr. Ryan Cole:**

Correct. And then beyond that, so as you know, and we've chatted about, I've been traveling the country and the world quite a bit, trying to help in different legislatures, trying to get different legislation passed. I've been doing educational sessions with the Global COVID Summit around the world.

And wherever I go now, I have doctors approach me and nurses as well, saying, "Look, what you're saying, we've been seeing." I was having a conversation with a chair of a large oncology department in Tallahassee about a month and a change ago, and he said, "I usually see an aggressive brain cancer in a young patient maybe every decade." After the boosters rolled out, he saw five astrocytomas, five aggressive brain cancers in one month.

**Dr. Ryan Cole:**

Then I'm in Jacksonville the next day, having a conversation with a family doctor. He said, "Gosh, it's strange, I usually see a kidney cancer in a young patient every decade or so. I've seen five in the last month." Then I was in the U.K. a couple weeks ago. I had a doctor from Ireland who's been practicing family doc, GP, been out in the country for 36 years. And he said, "I have seen more cancer in my young patients ever since the shots rolled out and the booster, than I have ever seen in my entire career."

Same thing, a nurse that works emergency department in the U.K., not only the heart inflammation in young children, but cancers in young patients and aggressive leukemias. So everywhere I go, I have doctors confirming observation. If it's here or there, then it's anecdotal.

**Dr. Joseph Mercola:**

Yeah, those anecdotal reports are 50 to 60 times, not two or three, that's 50 to 60 X.

**Dr. Ryan Cole:**

Correct. Correct. And that's when it all adds up to being observational medicine, like we've done for eons in medicine. You observe something works or you observe something's happening, now you have a legitimate finding. And what frustrates me is, really, it would be very simple for HHS (Health and Human Services) and CMS (Centers for Medicare & Medicaid Services) to go into their database and reveal to the American population. Maybe we could do this through FOIA (Freedom of Information Act), I don't know. Maybe we'll talk, but yeah, exactly. I know you're laughing for the same reason I am.

**Dr. Ryan Cole:**

But I mean, it would be so simple to aggregate this data and look at the age groups by decile and figure out, "Hey look, there's an uptick here. There's an uptick here. There's an uptick here." Because it really took – talking to Dr. Malone and a researcher out of Israel, it took a while to figure out the myocarditis signal because of how they were aggregating data. But once you look at the data properly, you can find those signals. I have no doubt on seeing it through the microscope. People will say, "Gosh, your observation's anecdotal." I say, "Okay, I see 40,000 biopsies a year personally. I noticed a change in pattern."

**Dr. Ryan Cole:**

But then I put it out there because I wanted to see is anybody else seeing it? And you brought up a great point earlier, Dr. Mercola, and that's the fact that my colleagues are kind of stuck in these academic institutions. So I've seen them at some of these national meetings and I've had many of them approach me and say, "Hey look, I'm seeing what you're saying. I can't say it because I'll get fired." And to that point, I've lost half my business for simply sharing science data and truth. And they're even in that worst pickle where if they say anything, they're fired.

**Dr. Joseph Mercola:**

It's a hundred percent.

**Dr. Ryan Cole:**

Yeah, yeah. A hundred percent for them. But it's not that I'm the only pathologist seeing it. There are other pathologists corroborating what I'm seeing, they're just afraid to speak out.

**Dr. Joseph Mercola:**

Okay. So, you obviously have special advanced educational insights that allow you to make a reasonable projection as to what this might mean in the future. Cancer, as most people know watching this, is the number two closely following cause of death in the United States and most of the Western world. But it's closely approaching, and many experts project that it will exceed heart disease in the future. Interestingly, I think a large part of that is related to our dietary change.

**Dr. Joseph Mercola:**

And I'm sure you would agree with that, because prior to 1900, I think the incidence of cancer was a half to 1%. And now it's 33% people dying from cancer. But that's a whole other

discussion, but nevertheless, these jabs have accelerated the process. So I'm wondering what your best guess is, and I'm not asking for quoted studies, because I know the research isn't out. It's going to take years to figure this out.

But if you could, with your exposure, your experience and the stories that have been shared with you, what do you think the timeline's going to be before it gets out of control? Is it going to stabilize or is it just going to get much worse?

**Dr. Ryan Cole:**

That's a great question. And one of the important findings I've heard from many of these clinicians is many of their patients who have been cancer-free for three, four, five years, their PET (positron emission tomography) scan looks great, no detectable disease. After that second or third shot, all of a sudden there's stage four disease, like wildfire. And this goes back to immune suppressive mechanisms, the damage that the persistent spike and the persistent modified RNA cause. So, aggressive cancers, very quickly, are one thing we're seeing.

**Dr. Ryan Cole:**

I think over time, I think the important thing is I'm not here to judge if you got a shot, didn't get a shot, just don't get another one. It's the wrong shot for the wrong protein for the wrong virus. Because it's a dose-dependent poisoning curve, in terms of the more spike you have circulating, the worse your immune system seems to be doing.

So, the number one thing is don't get another shot because it is causing that immune suppression that's allowing those cancer mechanisms. I think, over time, my concern based on the patterns and statistically, and again, I'm just looking into a crystal ball prognosticating, but I would say we're going to see a consistent two- to threefold increase in certain cancers, endometrials, breast cancers, cancers of the prostate, cancers that are testicular or ovarian, neurologic cancers.

**Dr. Ryan Cole:**

This spike has a propensity to cross the blood-brain barrier and invade neural tissues. We know what it does to mitochondrial activity in terms of inhibiting it, blocking it, ruining cytochrome C oxidase systems, decreasing ATP (adenosine triphosphate). Cancer is a hypoxic state. When you don't have good cellular activity and cellular respiration and hypo oxygenation, you end up with mechanisms that can induce more aggressive cancer.

So, I think at a minimum of two- to threefold, I think we're going to continue to see it at least over the next year or two. I can only hope that the immune system can normalize and we come up with enough interventions and treatments that will reverse some of this, what some people call spike-opathy or the different diseases that are being caused by this persistent spike. "I don't know," is the honest answer, but that would be my projection based on I've seen.

**Dr. Joseph Mercola:**

Of course. Yeah. No one knows.

**Dr. Ryan Cole:**

Nobody knows. Yeah.

**Dr. Joseph Mercola:**

It's just an educated guess. That's interesting to know. So more than likely, cancer will exceed heart disease in the relatively near future.

**Dr. Ryan Cole:**

I think so. But at the same time, to your point with heart disease, we know that this spike causes a lot of clotting. I mean, here's some of the postmortem clots that are just jelly-like.

**Dr. Joseph Mercola:**

What's the longest one you've seen?

**Dr. Ryan Cole:**

About 2 feet.

**Dr. Joseph Mercola:**

Oh, geez. Wow.

**Dr. Ryan Cole:**

They're just thick, rubbery clots. And we know we've seen a lot of micro-clotting with the-

**Dr. Joseph Mercola:**

And these are all in the veins? Or they're some [crosstalk 00:29:23].

**Dr. Ryan Cole:**

Well, I have some that are arterial as well, which is fascinating. You usually don't see a lot of arterial clots because of the pressure of the system, but it's fascinating. But the majority are venous, yes. But I've seen some arterial as well, so that makes me worried as well about heart disease, because I don't know if you've looked at the data from Ed Dowd and some of the insurance-

**Dr. Joseph Mercola:**

Oh I love Ed. I probably [inaudible 00:29:45].

**Dr. Ryan Cole:**

Ed is great. I can connect you if you need to.

**Dr. Joseph Mercola:**

Oh definitely. Could you connect me? Because I'm so impressed with him. He's another courageous guy out there. I mean, fortunately like you he's got an independent business, so he is relatively isolated from being impacted negatively from what he's saying, but he's really saying some things. I mean, he's saying things that literally – I'm surprised, because it seems like they'd want to take him out.

**Dr. Ryan Cole:**

Yeah. Yeah. I mean, he's bringing things forward that are critically important and that's the increase in all-cause mortality, especially in the young patient cohort, ages 18 to 64. It was OneAmerica out of Indiana that came forward. Their CEO said, "Look, we're seeing a 40% increase in death and disability claims and it's not COVID." And the majority of which happened quarter three and four of '21 after the mandates rolled out.

**Dr. Ryan Cole:**

And so, to your point about heart disease, a lot of that was cardiac death. We saw more strokes. And then after they came forward, additional insurance companies said, "Look, we're seeing anywhere from 30% to 50% increase in claims as well." So, really, when the actuaries start seeing the number, they have no horse in the race, they're just observing. And I say that as a pathologist, too. Look, I don't create a disease. I don't prevent a disease. I'm a reporter at the scene of the crash.

**Dr. Ryan Cole:**

My job is simply to report patterns, and then we can scientifically, across the board, confirm those data patterns. But these insurance companies and the all-cause death is increased in those who've gotten two, three shots. And the more shots you get, again, it's a dose-dependent curve, the more spike your body is making, the worse people tend to do over time. Even Walgreens came out a couple weeks ago and showed their data. Look, individuals that got shots are getting COVID at higher rates.

**Dr. Joseph Mercola:**

I was surprised they released that. I mean, I was actually shocked that they would let that out. I would've thought it wouldn't surprise.

**Dr. Ryan Cole:**

Even the mainstream media finally last week, I think it was Good Morning America, where they said, "Hey, it's looking like the boosters are a bad idea because it's immune-suppressing people." And like, yay, we're finally making some progress and getting traction in the mainstream where at least the narrative is cracking. There's a crack in the dam and it's starting to leak and hopefully it'll rush forward and people will go, "Whoa, this was a bad idea. Let's stop this chaos." But [crosstalk 00:32:04] trying to roll it out on kids of all things now.

**Dr. Joseph Mercola:**

Yeah. Well let's hold off on that-

**Dr. Ryan Cole:**

Okay.

**Dr. Joseph Mercola:**

-because that's probably one of the most egregious-

**Dr. Ryan Cole:**

Yeah.

**Dr. Joseph Mercola:**

-evils that perpetuated this. And I don't know if you know, I think it was just two days ago, I think the White House or the Biden administration has announced that they're going to approve it for under 5, June 21st.

**Dr. Ryan Cole:**

Yeah. And they've already started shipping, even though there's still some hearings coming up.

**Dr. Joseph Mercola:**

They don't mean anything.

**Dr. Ryan Cole:**

Of course, they don't. They violated every federal regulation there is, under the auspices of an emergency that doesn't exist in the youth, and they're literally going to harm a generation. And it's really tragic.

**Dr. Joseph Mercola:**

Yeah. So we'll touch back on that later. But with this increase in all-cause mortality, I'm wondering if your projection is that maybe cancer won't be number one because there's a parallel increase in the cardiac mortality, too. So do you think that they'll kind of parallel, go up together, and we will have essentially that there won't be a difference because they're both going up simultaneously?

**Dr. Ryan Cole:**

I think so. I think we're going to see a simultaneous increase. And the interesting thing, if you look at the studies from Stanford, Dr. Roeltgen and the journal Cell, we know that that modified RNA persists in lymph nodes for at least 60 days after the shot. Now keep in mind, a messenger RNA, our cells are making messages all day long so our cells can make proteins. A message usually lasts about 15 minutes to maybe a few hours, depending on how much protein a cell needs to make or cell membrane or whatever it's signaling for.

**Dr. Ryan Cole:**

Yeah, short brief period of time. These modified sequences are persisting at least two months. There's not a single study in the world that shows when the body stops producing spike protein or when this modified RNA degrades all together. Dr. Burkhardt out of Germany, their autopsy series, they showed deposition of spike protein 128 days after the patient's last shot. And then, journal-

**Dr. Joseph Mercola:**

So, it's still present four months out.

**Dr. Ryan Cole:**

Still present four months out. So to your point, in terms of these all-causes, we know the spike is the inflammatory aspect of the virus, as well as our bodies are turned into a spike toxin factory, our cells are made into a spike toxin factory. Studies out of the Salk Institute show that the spike is the cytotoxic aspect of this entire condition, so we're giving a shot that makes the toxic part of the virus that's persisting.

**Dr. Ryan Cole:**

And that's why I think we're going to see this consistent elevation of different diseases related to the spike, be it cardiac, be it strokes, be it chronic clotting conditions, individuals dying from pulmonary emboli. And the spike now is more toxic from the shot than from this – I call it “coldVID” and not COVID, because Omicron in majority of people, is much less thrombogenic because the S1 and the S2 don't split. The S1 really causes a lot of clotting.

**Dr. Joseph Mercola:**

For those who don't know, can you just describe the S1, S2?

**Dr. Ryan Cole:**

Okay. Yeah. So, the spike itself has a couple of sub units. The earlier variants, they have an S1 and an S2. It's kind of like a treble hook, if you like to go fishing. And then there's a little cleavage protein that helps them split apart. So when the virus would bind to our cell at our ACE2 receptor that you hear about, the S2 would bind, and the S1 would split off and go into circulation. Now that S1 instantly can cause proteins to clump and clot, even in the absence of platelets. Studies from Dr. Pretorius out of South Africa confirm that.

**Dr. Ryan Cole:**

With Omicron, there's less splitting of that S1 and S2. So Omicron, the reason it's been more of a cold, it doesn't bind in our lungs as easily for one. And number two, it doesn't cause as much clotting. I'm not saying it doesn't cause clotting at all. It's still not a bad idea to consider preventing clotting in patients with things as simple as aspirin, but that S1 of this spike, that S1 unit, causes so much clotting that, really, we're giving a shot now that still has that mechanism, where the S1 and the S2 do split, whereas, we have a variant of the virus, Omicron, that's present that doesn't do that.

**Dr. Ryan Cole:**

So literally, the shot is more dangerous than the virus now, in terms of causing cardiac events, causing stroke events, causing pulmonary emboli. And so, again, it's insanity to still have this product on the market, which really should have been pulled the first month on the market. You and I know that, and we can look at all that data, but it's highly concerning that we have regulatory agencies allowing the most dangerous medical product ever released on humanity to persist in the marketplace.

**Dr. Joseph Mercola:**

I want to get back to the mRNA, because I think this is a really crucial point. I've interviewed Stephanie Seneff a few times. I'm sure you know who she is.

**Dr. Ryan Cole:**

I know her very well, thank you. Yeah.

**Dr. Joseph Mercola:**

She's a great lady. And although she has no formal training in this, she's got an incredible brain, and she's pretty much committed most of it to learning about this last few years, and has published like a 40-page paper that would take a few hours to read about the vaccine.

Her projection is that mRNA is going to be there minimum of six months. And I know there's no studies to support this, but I'm just wondering if you've read her paper, or since you know her personally, if you've discussed it and dialogued, and if you have any comments on it, because I mean - and she thinks the minimum, and it could be years, and because of the substitute, a lot of people don't understand that spike proteins being made by manufacturing mRNA is, not completely, but it's radically different from the spike protein being produced by SARS-CoV-2.

**Dr. Ryan Cole:**

Yeah. That's an important point. And she brings that up. Proteins fold differently. And when they sequenced or engineered this sequence for these shots, they did something called putting it in a conformationally open position, so they put this open hinge, thinking that the immune system would recognize it. So literally, the spike isn't even the same as the viral spike, which is fascinating. So we're trying to induce an immune response, and we're literally doing a slightly different spike.

**Dr. Ryan Cole:**

But to her research, and this is what's very concerning, that spike protein can cause neurologic disease. And big concern is the folding can lead to, and there's a paper that came out of France in pre-prints, showing mad cow disease, Creutzfeldt-Jakob, in a high, I think it was 26 patients. She's talked about this in terms of being a prion, a folding disease, that spike folds in correctly because of the hinge they put in it, and a couple of other hinge points. Also, there's inhibition of certain cell cycle pathway genes and proteins that are concerning G proteins. And then the other concern she brings up, too, is micro-RNA array modulation, which can also lead to cancer, like we talked about earlier.

**Dr. Joseph Mercola:**

Can you break that down a little bit? Is this the micro RNA that is an artifact of the manufacturing process?

**Dr. Ryan Cole:**

Correct. These aren't pure products, and I think this is a very important point. So when Pfizer submitted vials to the European Medicines Agency to look at purity, and any product you're going to release onto the market, you want it to be pure, 98, 99% pure. Most products will have

some impurities, but they were in the 50% range, which means you have a lot of fragmented sequences of mRNA that don't have a stop or a start code on. They're not coding for what you think they're coding for.

They're coding for other tinier, shorter fragments. Are those mutagenic? Probably, we don't know. Can those reverse transcribe into our own DNA? Studies out of Sweden on liver cell life show yes, they can. Same thing, the TGA (Therapeutic Goods Administration) in Australia looked at it and they said, "Look, these are only about 60% pure." So the really important aspect here is these aren't pure products.

**Dr. Joseph Mercola:**

They're not pharmaceutical-grade.

**Dr. Ryan Cole:**

Not at all. Oh my gosh, no. And I have a [inaudible 00:40:31] colleague. He's brought an FDA (Food and Drug Administration) drug to market. It took them seven years to dial the manufacturing process for his product. So to ramp these up at warp speed was completely illogical because you can't – and at levels of billions of doses, there's no way any of these products are pure.

You look, Japan rejected what two million vials of Moderna because of debris and glass and gaskets and metal. Same thing, J&J, that manufacturing facility out of Baltimore, they threw millions upon millions of vials away. So really the question becomes, is there anything pure coming out of any of these factories? And then when they manufacture, they can't spin and agitate these, and so you get all these lipids that collect at the top of these big vats.

**Dr. Ryan Cole:**

And so now you get batches that get out into the marketplace that are – some are hyper-concentrated and some are hypo. So you don't know – it appears about 5% of the batches are responsible for about 80% of the harms, because I know there have been groups that have been basically tracking, "How bad is my batch?" And they're trying to figure out, because of the poor manufacturing – and it's not like they're making these all at one facility, they're making them, really, at so many places in so many ways, very impure, and those impurities can lead to all these other things we're talking about as well.

**Dr. Joseph Mercola:**

Yeah. So this is not necessarily conspiracy to target certain populations. It's just an artifact of the manufacturing process.

**Dr. Ryan Cole:**

Yeah. Yeah. For the most part. I mean, there are some aspects of what that spike will bind to. Certain populations have higher levels of ACE2 receptors than other populations. So if you look at certain mutations naturally in populations, the virus did have a propensity to certain populations, whether that was designed or not, I'm not even going to speculate. Plain and simple fact, that's just genetics and biology. Some groups are just different than other groups of people.

**Dr. Joseph Mercola:**

Yeah. I want to get back to this micro-RNA because it appears that it's a derivative of the original, bastardized spike protein they tried to replicate. So if it's a derivative of that, it has the same components that are going to lead to its persistence, like the pseudouridine cell.

**Dr. Ryan Cole:**

It does.

**Dr. Joseph Mercola:**

Yeah, so it's going to last for a long time. This is not something that's going to disappear in a short, brief time of minutes or hours.

**Dr. Ryan Cole:**

Correct. Correct. And that's the concern. So in normal RNA, you have uridine, and in these, in order to stabilize it, they used a pseudouridine. And when Karik ó and Weissman came up with this in the early two thousands, they made the observation, "Look, if we put pseudouridine in the sequence, it evades the immune system." They said that, thinking this was a good thing. Well, there's a reason 20 years later, there was never a successful mRNA product brought to market. There was a reason Moderna was zero for eight, bringing a product to market, because the persistence of these synthetic modified RNAs with the pseudouridine that persists caused too many problems in the animal trials.

**Dr. Ryan Cole:**

It caused too much autoimmune disease. It caused too much mutation. And even Bourla and Pfizer, Bourla said to a scientist, "Why are we using an mRNA shot? We've only been working on this for two years." And literally, the CEO of Moderna a couple years ago said, "Well, we have no guarantee that lipid nanoparticles will be safe in humanity."

So, we had this willy-nilly heads of companies saying, "Well, we're not sure this is a safe product. We have years of research showing that these fragments of modified RNA evade the immune system, suppress the immune system, allow viruses to wake up, allow cancers to take off. We knew from a research point of view that these were unsafe."

**Dr. Ryan Cole:**

And to your point now, now we have fractionated sequence of a modified RNA that doesn't break down, coding for things other than a complete spike protein, and who knows what those other little folded pieces are, because when a protein is present, it always likes to combine with a sugar.

So, all of these end up really differently shaped. And the immune system is going to do one of two things and say, "Okay, that's an invader. I better make an immune response to that." It may blow up that cell. But at the same time, if some of these are shaped similarly enough to human cells, now they may say, "Huh. Okay. That kind of looks like this cell's surface marker on my thyroid or my pancreas or whatever."

**Dr. Ryan Cole:**

And now the immune system wants to attack your own cells because it's similar enough to your own tissue. And this is just an unmitigated immunologic disaster, not only in the near short-term, but who knows in the long-term. Based on the animal trials, we know there were problems and we can only predict that that's going to happen in humanity. I want to be wrong, but from a basic immunology point of view, I don't think I am.

**Dr. Joseph Mercola:**

Yeah, I would agree. Seems like you're spot on. I had a technical question about the carrier nanoliposomes they're using, which is primarily composed of PEG, polyethylene glycol, and in itself is not the safest thing out there and should be avoided. But I'm wondering how long the PEG lasts. I mean its purpose and design is to get the messenger RNA into the tissues, and I think it's really effective at doing this. It's a very clever system. But does that dissociate or get metabolized relatively quickly, and leave the messenger RNA intact or does it hang around for a long time?

**Dr. Ryan Cole:**

It appears to hang around for a while because in the Moderna studies, they made it glow. You usually use a green gene from fireflies, and you can-

**Dr. Joseph Mercola:**

Luciferase, right?

**Dr. Ryan Cole:**

Yeah, luciferase, right. Right. And so then you can see where it has bio-distributed. And it intercalates into cell membrane because the goal is to fuse with cell membrane. And so they put multiple lipids together, two of which, if you look at the Acuitas data, literally on these lipid nanoparticles – Acuitas is out of Canada. They make, I think about 40% of the world's lipid nanoparticles for research. But it says in their data sheets, it says, "For research purposes only, not for human consumption." So to your point, there are some very inflammatory lipids, several of which have never been used in humanity before.

**Dr. Ryan Cole:**

The polyethylene glycol, another reason they put that in, is it keeps the mRNA from degrading. Because you have to keep these supposedly at very cold temperatures, which they changed the criteria on that down the road as well. Another problem with polyethylene glycol. So the PEG-2000 that they use in these, because of cosmetic products and other food products we've used over the years, about 70% of individuals already have antibodies against polyethylene glycol. When you see these acute anaphylactic reactions, and there have been thousands of people that have died acutely from these shots, it's because-

**Dr. Joseph Mercola:**

So within minutes, right, or hours?

**Dr. Ryan Cole:**

Within minutes, yeah. Within minutes to a few hours, they're unfortunately gone, and that's because they're already allergic to polyethylene glycols. And so when we're using this very inflammatory lipid nanoparticle, combined with other lipids, and they make it a positive charge, your cell membranes are made of fats, and so that positive charge will fuse, and now it just melds into that membrane of your cell and then drops its mRNA inside.

**Dr. Ryan Cole:**

It's very inflammatory for one. But two, we don't know how long that's going to persist. Probably months. Thankfully the dose is small, compared to the mass of your body, but it's still very – the problem with lipid nanoparticles, you probably heard me and some of my colleagues say, “It's like garlic, it goes everywhere.” So they advertise they're going to give you a shot in the arm, it stays in the arm. No, this lipid goes into the circulation, can go to the bone marrow, to the brain.

In fact, lipid nanoparticles were originally designed to carry chemotherapeutic agents across the blood-brain barrier into the brain. So we're literally putting a lipid with a spike toxin inside of it that will cross the blood-brain barrier and literally replicate in brain cells as well, which is insane from a scientific point of view.

**Dr. Ryan Cole:**

So here's the problem. The lipid nanoparticle plus an mRNA, really, is the nuclear bomb. It's this platform that's never been proven before in humanity, never been proven safe, and now the pharmaceutical industries are working on 30 different shots, influenza, RSV (respiratory syncytial Virus), TB (tuberculosis), HIV (human immunodeficiency virus), etcetera, etcetera, thinking they have carte blanche, "Look, we did it with this, we can do it with that." They don't have five or 10 years of human safety data at all.

**Dr. Ryan Cole:**

Yes, it's dangerous for COVID, as a COVID shot, this gene-based shot is dangerous, but now they think they're going to do it going forward. So now next fall, you may hear, "Gosh, we have your new flu shot already," and it's a lipid nanoparticle plus a sequence. Oh my gosh, no. Because that lipid nanoparticle is like garlic, it will diffuse and go anywhere. Somebody's cooking garlic in the kitchen with butter, everybody in the house knows somebody's cooking garlic. It diffuses everywhere. This lipid nanoparticle goes to the ovary, it goes to-

**Dr. Joseph Mercola:**

But what size is a nanoparticle? It's under a hundred nanometers, isn't it?

**Dr. Ryan Cole:**

Oh yeah. Very, very, very tiny.

**Dr. Joseph Mercola:**

40 or 20?

**Dr. Ryan Cole:**

Yeah, I think even – yeah, some of them. They vary in size, interestingly. I've looked at some under the microscope. They're very small and they vary in size and some of them congeal and some of them stay tiny. But because of the fatty nature of them, they will go to any cell in the body and they will carry their little mRNA and fractionated mRNA package to any cell in the body. And that's the biggest concern-

**Dr. Joseph Mercola:**

Yeah.

**Dr. Ryan Cole:**

-is now it's turned any cell in your body to potentially a target.

**Dr. Ryan Cole:**

And this is an important paper that came out of the European Journal of Immunology just about a month ago, Dr. Hagemann, and there's a condition called antibody-dependent cellular cytotoxicity. So what that means, is that sequence gets into your cell, whichever cell and whichever part of your body, that cell now becomes the spike factory. And that spike is on the surface of your cell.

Now your natural killer cells that I talked about earlier, say, "Huh. We better blow that cell up." So now, because there's that cell or that – I'm sorry, that spike on the surface, your immune system will destroy your own cells. And this is another one of the detrimental effects.

**Dr. Joseph Mercola:**

Which is another term for autoimmune disease.

**Dr. Ryan Cole:**

Yeah, exactly. Exactly. Self attacking self.

**Dr. Joseph Mercola:**

Yeah. But the interesting thing, I mean the nanoliposome is dangerous as you wisely described and articulated, but it doesn't multiply, which is the whole point of the messenger RNA fix. And just want to emphasize because some people may not truly understand what mRNA does, but it's an instruction set targeting your cells and hijacking your cells just to basically become a factory to reduce these bastardized toxic spike proteins. And that may go on for a while.

So, even though the liposome or the nanoliposome has some toxicity, it seems the messenger RNA is probably the bigger culprit because it multiplies itself exponentially.

**Dr. Ryan Cole:**

And that's a great point you bring up, because in studies we've shown that that modified RNA will produce more spike than a natural infection itself. And to your point is exactly correct, that lipid nanoparticle isn't going to replicate. But gosh, once that sequence gets in your cell, that's

going to replicate, and it's going to replicate a high copy and it's going to make high copies of that, to your point, I like the term, bastardized spike protein.

**Dr. Joseph Mercola:**

Yeah. Yeah. And even a better term, is a bastardized bioweapon, because the original spike protein was a bioweapon. That's well-documented. And now they made it worse and put it in your body.

**Dr. Ryan Cole:**

And put it in your body. Isn't it ironic that we took the sequence at face value from a laboratory in communist China that gave us the sequence, and then we, right away, said, "Oh yeah, we can trust that communist lab in China. And we'll just use their sequence."

**Dr. Joseph Mercola:**

No, we'll make it worse. We'll make it [inaudible 00:53:08], let it stick around for a long time.

**Dr. Ryan Cole:**

And then we'll put it into everybody and, yeah, it makes no sense whatsoever.

**Dr. Joseph Mercola:**

No, it does. It makes perfect sense, if you understand their motivations. It absolutely makes sense.

**Dr. Ryan Cole:**

If you look at the bigger force-

**Dr. Joseph Mercola:**

Makes no sense if you're rational and you're committed to helping humanity. I totally agree. But that's not the case here.

**Dr. Ryan Cole:**

Yeah, no, there are darker forces at work.

**Dr. Joseph Mercola:**

Yes, that's absolutely correct. No question about it, if you understand reality. So I wanted to dovetail back to the strokes. It doesn't get a lot of attention, but I mean, you see the media campaigns to say, "Oh, heart attacks and strokes are normal in children." No, they're not. It's not normal. It's not normal in anyone if you're living the right type of life. Maybe some small case of genetic mutations that might predispose you, but it's mostly a reflection of poor lifestyle choices.

**Dr. Joseph Mercola:**

But we've seen an explosion of this. And I just want you to walk us through that, the cardiovascular complications. I mean, the vascular part, the vascular system goes into your brain,

and you are going to have a lot of problems with strokes, and we see a lot of people die from. So if you can expand on that too, because it doesn't get as much of attention, I think, as it should.

**Dr. Ryan Cole:**

Yeah. And this is another sad aspect of this spike protein. So yes, it's tiny. Yes, it crosses the wall of those vessels in the brain. And so, one of two things can happen. So you can either clot off vessels, and that's an ischemic stroke where part of your brain isn't getting enough oxygen. This big, ugly, stringy, clot, there's micro-clots that will form in those vessels of the brain, that'll choke off circulation, and then tissue doesn't get oxygen. Well, another thing happens as well, and this was more with the J&J, there's something called vaccine-induced thrombotic thrombocytopenia, where all of a sudden this VITT, so like you heard about this cavernous venous clotting that wouldn't happen, so you have this one big area under the skull where you don't have valves.

**Dr. Ryan Cole:**

So the blood slows down in these areas, it'll tend to clump. And now you've got a big clump of platelets making a big mass. You start to consume your platelets to where they're all just formed globs all over the body. Now, you don't have platelets to stop from hemorrhaging into your other tissues. So, that's another mechanism of stroke. One, you have that ischemic or oxygen-starved stroke from a blockage, another, you don't have enough platelets in your body that now, your blood can just weep, literally, through the vessels and you have blood pouring into tissues.

**Dr. Ryan Cole:**

So the spike protein goes to the brain. The spike protein causes inflammation in the brain. The spike protein gets into the mitochondria and the cells of the brain, causes inflammation there. So in addition to the strokes, you also get this brain fog in many, many patients. And that's because you've induced inflammation in the neural tissues. So, that's not a stroke per se, but you can get really severe, like seizure disorders. I got a message from a colleague the other day saying, "Hey, how much epilepsy are we seeing? I have an F-16 pilot who's got his second shot and now has seizures permanently."

**Dr. Joseph Mercola:**

You think that's the mechanism for all these video testimonials we're seeing for the people who are just shaking uncontrollably?

**Dr. Ryan Cole:**

I do. I think that spike, because again, that fatty membrane, your neural tissues are rich in fats. And I know you talk about this healthy fats versus bad fats in our diet.

**Dr. Joseph Mercola:**

Oh yeah. It's a big, big focus of mine, recently.

**Dr. Ryan Cole:**

Because of neural tissue, it is really fatty. And so that charge on that lipid nanoparticle that's positive, it loves fatty tissues, and so it will hone to neural tissues. And that was the one thing in that Department of Defense database, one of the largest areas of injury, before they took that database down, was neurologic injury. And so they noticed, and again, I'm not going to quote the statistics because I know some of the statisticians that have re-crunched some of the numbers and looked at it, it's a high percentage. I'll just put it that way.

We know that the lipid likes to go to the brain. We know that S1 fragment of this spike likes to go to the brain. It is very inflammatory. It is very clotting. We know it inhibits respiration pathways. We know it ruins the signals from mitochondria.

**Dr. Ryan Cole:**

A great study out of Poland, Dr., I want to say Clegg, did that study. They looked at astrocytes, ependymal cells, oligodendrocytes. That spike got into all of them and it inhibited respiration to the degree that we see in a glioblastoma. So literally starving the neural tissues of oxygen to the degree that we see in brain cancers.

This is another one of these horrendous side effects of a very poorly chosen spike that is toxic to the cells, and especially neurotoxic. And yes, it causes strokes. Kids don't get strokes. Maybe a sickle cell patient, on occasion, will get a stroke. I remember seeing that in medical school. But no, kids don't get strokes and heart attacks. And these high-performing athletes-

**Dr. Joseph Mercola:**

[inaudible 00:58:29] what mainstream media's saying.

**Dr. Ryan Cole:**

Gosh, I know. Well, and there's this mysterious thing in society causing all these heart attacks and strokes. Oh, really? I wonder what that could be. And it's a toxic spike protein from system-modified RNA that's being put into our bodies against our will through coercion, that nobody on the planet needs another one of these shots, period.

**Dr. Joseph Mercola:**

That's the central message of this interview, is that you cannot, if you've had someone who know someone who has, you cannot get another booster-

**Dr. Ryan Cole:**

No.

**Dr. Joseph Mercola:**

Just, that's the last thing in the world you want. But getting back to the strokes, the neurological complications rather. So strokes are clearly one, but if you've got the microvascular clots, it would seem to me that would be another form, or another contributing factor in the long term to dementia. Because, I mean, microvascular infarcts are clearly one of the causes of dementia.

**Dr. Ryan Cole:**

Very correct. Very correct. And choking off that tissue over time, you get what's called a lacunar infarct. And a lacuna is a tiny little lake. So you end up having one little clot block off, say a little capillary region, but now you've killed all the brain cells in that region or this region or this region or this region. And so, you do end up with early onset dementia. We've seen a fair amount of this. Dr. Seneff's work, she's pointed out that the prion-like disease, that's the mad cow-like disease, that's what we call a spongiform encephalopathy.

**Dr. Ryan Cole:**

And that's a pattern we see under the microscope. So, this spike can do all sorts of horrendous things. So yes, it can block off oxygen because of those micro-clots, leading to dementia. Yes, it can get into the tissues, cause inflammation in and of itself. And that's why we actually, interestingly, with the disease and after the shots, fluvoxamine was helpful in many patients, as much as the FDA just won't approve it. And Steve Kirsch did a lot of the funding behind it.

**Dr. Joseph Mercola:**

So what's the mechanism? What's the mechanism?

**Dr. Ryan Cole:**

Very simple. So, it's normally an SSRI antidepressant. Well it upregulates a receptor called sigma-1, which blocks another receptor called inositol-requiring enzyme number 1, which is a precursor for cytokines. So fluvoxamine will block cytokine production in neural tissues. And that's why. It's not because of an antidepressant, anything. It's a cytokine precursor blocker. So you actually are decreasing a cytokine storm in neural tissues. And that's why [crosstalk 01:00:54].

**Dr. Joseph Mercola:**

Does Steve know that?

**Dr. Ryan Cole:**

Steve does, yeah. He and I have had many conversations, and I've kind of gone through that mechanism with him and that's why it works. And this is the important thing, is why one uses fluvoxamine. There's other SSRIs, but this mechanism is very specific to fluvoxamine.

So, some of these patients that are having this inflammation from the spike being present. It's a tough-to-tolerate drug for some people, makes some people anxious and agitated, but if you can tolerate it for two weeks, you can really tune down those inflammatory pathways in many patients. I'm not going to say everybody, but I've seen it work in many patients.

**Dr. Joseph Mercola:**

Yeah. I'm not a big fan of drugs and although it could work, I would use it as a last resort. Although I am a fan of methylene blue, as I mentioned earlier, the first drug ever discovered. Initially a textile dye to color blue jeans, but rapidly became used. And you also mentioned that mitochondrial compositions-

**Dr. Ryan Cole:**

Yeah.

**Dr. Joseph Mercola:**

-and to think that damage to the mitochondria and mitochondria respiration is probably one of the leading contributors for fatigue. And I want to connect that because the methylene blue, at about 15 to 20 milligrams a day, probably would go a massive long way to solving many of these issues.

**Dr. Joseph Mercola:**

To me, anyone who's gotten it or suffered it, I mean, it's obviously the sooner the better, but for – I mean, it's sort of a substitute for hyperbaric chamber, which also produces improvements in those with acute strokes. But the mechanism is really similar, that you radically increase the improvement of the mitochondrial respiration and electron transport chain.

**Dr. Ryan Cole:**

Yeah, you're literally helping bypass one of the steps in the electron transport chain with methylene blue. I mean, that's why, even in cyanide poisoning patients, you can bypass one of those steps.

**Dr. Joseph Mercola:**

Oh yeah. It's a WHO-approved drug. It's like in most emergency rooms.

**Dr. Ryan Cole:**

Yeah. So that methylene blue to bypass the loss of respiration can help in that mitochondrial repair. And to your point, I think hyperbaric oxygen is underutilized. So you add methylene blue plus hyperbaric oxygen therapy, I think you're going to help a lot of people.

**Dr. Joseph Mercola:**

And there's one more addition to that protocol. You know what it is?

**Dr. Ryan Cole:**

You'll have to remind me.

**Dr. Joseph Mercola:**

Near-infrared light.

**Dr. Ryan Cole:**

Oh yes. Near-infrared light.

**Dr. Joseph Mercola:**

Yeah. Because it also works on cytochrome IV and it's – and it also increases melatonin in the mitochondria where you need it, so it decreases reactive oxygen.

**Dr. Ryan Cole:**

Yeah. Intracellular melatonin. That's one most doctors-

**Dr. Joseph Mercola:**

Well, intracellular, inside the mitochondria, where you need it the most.

**Dr. Ryan Cole:**

Yeah, because it's a phenomenal antioxidant within your cell, that intracellular melatonin, helping it – well, inhibiting breakdown [inaudible 01:03:33].

**Dr. Joseph Mercola:**

Rider calls it subcellular.

**Dr. Ryan Cole:**

Yeah. Yeah. One of the best ways to get it is get outside. Most people don't go outside [crosstalk 01:03:41].

**Dr. Joseph Mercola:**

Oh yeah. You are spot on. And it's free. It's totally free.

**Dr. Ryan Cole:**

And it will penetrate eight centimeters into the skin. I mean, through skin, through bone, through muscle, into neural tissues even. So, get outside, get that near infrared light during the proper hours of the day. And if not, get into a sauna where you can get near-infrared light.

**Dr. Joseph Mercola:**

Oh yeah. Well, that is correct. Spot on. But only less than 5% of saunas have near-infrared light. Almost all the saunas in the U.S. are far-infrared.

**Dr. Ryan Cole:**

Right. You need to find an NIR.

**Dr. Joseph Mercola:**

Even though they claim to have full spectrum, they really don't. It's minuscule-

**Dr. Ryan Cole:**

Yeah.

**Dr. Joseph Mercola:**

-but there's a sauna by SaunaSpace that has specially developed bulbs. Because even most infrared bulbs that are used, heat lamp bulbs, they're about 40% near-infrared, but he's got a bulb he developed that's 40% near-infrared, which is like crazy. This is almost the same percentage as the sun. And you can get those.

So, I do those three or four, about four times a week-

**Dr. Ryan Cole:**

Wonderful.

**Dr. Joseph Mercola:**

-infrared sauna, and the sun, and then a photobiomodulation pill at night. And I personally do methylene blue, about 8 milligrams to 10 milligrams twice a day, because I think it's, even when you're healthy, it's a great bio hack, because outside, it's virtually none.

**Dr. Ryan Cole:**

And the one thing I do warn people on with methylene blue, is it does have some monoamine oxidase effects. So if you are on an antidepressant or another drug, you need to make sure you're careful with methylene blue.

**Dr. Joseph Mercola:**

Yeah. That's the standard thought, but if you – I interviewed Francisco Gonzalez-Lima, one of the top methylene blue researchers-

**Dr. Ryan Cole:**

Yeah.

**Dr. Joseph Mercola:**

-at the University of Texas in Austin, I think, and he really kind of debunked that, and said it really isn't an issue. He explained – I forget the details of why [crosstalk 01:05:24].

**Dr. Ryan Cole:**

I think you have to have high, high dose, 100-milligrams plus in order to get an effect.

**Dr. Joseph Mercola:**

I'd have to review the notes on it, but he wasn't concerned with it. But one thing he definitely was concerned as an absolute question is a G6PD deficiency, when you're short in NADPH. And it's very rare, but I actually know a few people who have it and they should not be taking methylene blue at all.

**Dr. Ryan Cole:**

Well, isn't it amazing? I mean three simple things that you just brought up. So hyperbaric oxygen, methylene blue, near-infrared light.

**Dr. Joseph Mercola:**

Yeah.

**Dr. Ryan Cole:**

Two of those three are readily accessible. Hyperbaric, I have a hyperbaric [chamber] at home. I use it probably four nights a week.

**Dr. Joseph Mercola:**

Oh great. That's a lot. I'll talk to you after this.

**Dr. Ryan Cole:**

Okay. Yeah, I know, I have to be careful with my oxygen.

**Dr. Joseph Mercola:**

And then there's some things you can do with respect to taking molecular hydrogen and make sure that you're not getting too much oxidative stress symptoms.

**Dr. Ryan Cole:**

Yeah, no, I do. I do a low pressure. It's a soft chamber, 1.3 to one-

**Dr. Joseph Mercola:**

Okay. Then it's not as dangerous.

**Dr. Ryan Cole:**

Yeah, 1.3 to 1.5.

**Dr. Joseph Mercola:**

I usually do a 3 atmosphere once.

**Dr. Ryan Cole:**

But this is another point I wanted to bring up real quick, in terms of neural damage and neurologic symptoms. So, the shots will downregulate some pattern receptors in our body, toll-like receptors. So, the one thing in the laboratory I've been seeing quite a bit, and many of my colleagues have been seeing. Because toll-like receptors seven and eight are downregulated by this modified RNA and the pseudouridine, we've seen a big uptick in herpes family viruses, especially herpes, HHV-4, which is Epstein-Barr virus, mononucleosis.

**Dr. Ryan Cole:**

So a lot of these fatigued patients, I would implore our medical colleagues, "Look, if you have a fatigue patient, yes, mitochondrial damage may be part of it." Some of these patients with MS (multiple sclerosis)-like symptoms, and we know about 80% of MS patients have high Epstein-Barr titers. Check in Epstein-Barr titer on these long-haul patients or these post-injection fatigue patients, because you will find that a lot of these individuals will have reactivated mono.

**Dr. Joseph Mercola:**

Yeah, that's a good, good point. And there's several strategies I could recommend for that. One would be the nebulized peroxide. But also, even increasing the dose of methylene blue, if that wasn't effective.

**Dr. Ryan Cole:**

Yes.

**Dr. Joseph Mercola:**

You can go to maybe 60, 80, a hundred milligrams, depending on body weight.

**Dr. Ryan Cole:**

I speak from personal experience. I had a sinus surgery three and a half years ago, straightened the septum, went ahead and broke my nose after it accidentally, but after my sinus surgery, I got reactivated Epstein-Barr, because it'll hang out in your lymphoid tissue, and it was in my adenoids. I battled it personally on and off. So when I talk to these vaccine-injured patients, I'm like, "Look, I understand to a certain degree because I wax and wane in terms of ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome) personally from reactivated mono.

**Dr. Ryan Cole:**

And I do all those things, the methylene blue, I'll do the hyperbaric, and I'll have some very good weeks, and then there are weeks I can't work the farm and I can barely lift my arms to the microscope. So I understand what people are going through from an empathetic, personal point of view. But that's one I would implore doctors to look at. Look for reactivated mono because we've seen a lot of it. We know the shots and the spike protein will block toll-like receptors and allow mono to reawaken.

**Dr. Joseph Mercola:**

Okay. So two more questions. One is your views on the impact of this spike protein jab on – the bastardized spike protein jab on fertility, and it its potential, really – I mean, you could be viewed in some circumstances is almost like an existential threat to the species, because if you knock out fertility, but fertility rates [inaudible 01:09:00], but it's radically decreased, before the jabs.

**Dr. Ryan Cole:**

Correct.

**Dr. Joseph Mercola:**

-And then you add the jabs on top of it, it's a big problem.

**Dr. Ryan Cole:**

Yeah. We have all these estrogen mimics in our society already through plastics and benzones and sunscreen.

**Dr. Joseph Mercola:**

Oh, and guess what's an estrogen inhibitor. You know what an estrogen inhibitor is?

**Dr. Ryan Cole:**

Zinc?

**Dr. Joseph Mercola:**

Methylene blue.

**Dr. Ryan Cole:**

Oh, methylene blue.

**Dr. Joseph Mercola:**

Yeah.

**Dr. Ryan Cole:**

There you go. Yeah, I'd heard that it could increase your testosterone by blocking some estrogen. To your point, yes, great question. I am existentially concerned as well. We know the lipid nanoparticle does – again, eggs are fatty, ovarian tissue is fatty. Just like that neural tissue. That lipid nanoparticle hones to the ovary. Think of how many women had menstrual irregularities after the shot and/or even being around women that had had the shot, and induced bleeding in those women that had not gotten the shot, but were around women who had.

**Dr. Ryan Cole:**

We know it hones to the ovary. We know it was causing menorrhagia. We know it was causing menstrual disorder. So we know that it was going to the ovary in order to do that. University of Chicago did a study. They tried to get 5,000 women enrolled. They had 140,000 women inquire. So, we know women are having ovarian problems. We know that the cycle on, in the average woman that's gotten a shot, they're bleeding one day longer on average. There was another study that showed that. It is dysregulating ovarian function. There is no doubt about it. If you go to the Department of Defense data, that was frozen, there was already a signal for decreased fertility, both in men and women.

**Dr. Ryan Cole:**

So again, when that data – again, when we do the appropriate hearings in Congress, when we have appropriate people that will actually look at this, hopefully, when we see that data –

anecdotally, on the road, okay, again, I was in Florida, Santa Rosa Beach, talking to a large crowd, and this one couple came up and said, "Look, all my siblings are trying to get pregnant. All of them got the shots. They've been trying for six months to get pregnant. Nothing, nothing, nothing, nothing, nothing."

**Dr. Joseph Mercola:**

Wow.

**Dr. Ryan Cole:**

So I hear it left in right now. I know the numbers in that DMED database prior to the freezing, they were very concerning. I know that the-

**Dr. Joseph Mercola:**

Do you recall what they were?

**Dr. Ryan Cole:**

Yeah. I want to say 279%, but again, I know that 279% increase in visits for infertility, so it's not a 279 absolute increase, but it was visits for.

**Dr. Joseph Mercola:**

So three times. Three times.

**Dr. Ryan Cole:**

Yeah. And there was already a strong signal for fetal malformation as well, and that was-

**Dr. Joseph Mercola:**

Even if you do get pregnant, it's going to be aborted, self-abort.

**Dr. Ryan Cole:**

Well hopefully, but because otherwise, what I worry about is mutation, because if you look at that [crosstalk 01:11:57]-

**Dr. Joseph Mercola:**

[Inaudible 01:11:58].

**Dr. Ryan Cole:**

Yeah. Yeah. And here we are telling pregnant women, "Oh, get your shot, get your shot." When they didn't, oh my gosh, they didn't-

**Dr. Joseph Mercola:**

That's almost as egregious as giving it to kids under 5.

**Dr. Ryan Cole:**

It is.

**Dr. Joseph Mercola:**

I mean, you're giving it to kids that are yet unborn. There is just absolutely no justification for that recommendation. I mean, that's a Nuremberg offense.

**Dr. Ryan Cole:**

Of course, it is. Of course, it is. And then the amount of intra-uterine fetal demise from this shot compared to all shots combined over the last 30 years, is more than all shots combined over 30 years. And then the first trimester, spontaneous abortions, the numbers are off the charts. And I don't know if you saw Naomi Wolf's article, "People, We Have a Genocide." I think she's right.

**Dr. Joseph Mercola:**

Oh yeah, I interviewed her last week actually about her article.

**Dr. Ryan Cole:**

Yeah, she's great. Yeah, she's a fireball. Love her. But she's on the truth path. She's on the warpath for truth, because what we're doing to society and humanity with a previously, never-before used modality and product, is causing horrendous harm to the human race with no regard for science, with no regard for scientific integrity, with no regard for – it's a machine gone amok. There are darker forces behind it. A lot of people are making billions, but they're killing people to do it.

**Dr. Ryan Cole:**

And it's just so unethical what we're experiencing societally. Yeah, we're causing infertility. Yeah, we're causing mutations in cancers. Yes, we're causing heart attacks and strokes. Yes, we're destroying the longevity of a younger generation. It is horrendous. There's no justification in any doctor that can look themselves in the mirror and say, "Oh gosh, I feel comfortable giving this experimental product to my patients all day long." They need to reflect and say they've lost their mind.

**Dr. Joseph Mercola:**

Well, the reality is they have lost their mind. They're almost, maybe not literally lost their mind, but they've lost all their critical-thinking skills.

**Dr. Ryan Cole:**

Critical-thinking skills.

**Dr. Joseph Mercola:**

They are hypnotized, a hundred percent. I'm sure you know Mattias Desmet's work-

**Dr. Ryan Cole:**

Yes.

**Dr. Joseph Mercola:**

-and this mass formation he consistently says is identical, not similar, identical to hypnosis.

**Dr. Ryan Cole:**

It is.

**Dr. Joseph Mercola:**

They're hypnotized. So what they're doing is logical and rational and justified from their perspective because they're hypnotized.

**Dr. Ryan Cole:**

Yeah. Yeah. And hopefully our job is to wake them up little by little with data information.

**Dr. Joseph Mercola:**

Mattias isn't too hopeful about that.

**Dr. Ryan Cole:**

I know.

**Dr. Joseph Mercola:**

Even in those, I mean, if you look at the totalitarian regimes, like in Nazi Germany and Russia, I mean, even after they crumbled, the people who were hypnotized, still remain hypnotized. Most of them.

**Dr. Ryan Cole:**

Well, and it took six years after, there were still hardcore members of the Nazi party and the SS. And our intelligence services went into Germany after the war. It really took six years to reverse that mindset.

**Dr. Joseph Mercola:**

It doesn't come slow. It doesn't come quickly. We all have limited time, so it's probably best not to waste your time on those.

**Dr. Ryan Cole:**

Yeah, no, we could go down, that's a long rabbit hole. I do want to bring up something real quick with all this vaccine injury. You had asked earlier who my main colleagues have been.

**Dr. Joseph Mercola:**

Oh yeah. That was one of the – that's the final question. But before you answer that.

**Dr. Ryan Cole:**

Okay, okay.

**Dr. Joseph Mercola:**

Let's get your information, because you're one of the key people. I would include you in the top list. Because here's the challenge, almost everyone that's credible in this area has been de-platformed and discredited.

**Dr. Ryan Cole:**

Absolutely.

**Dr. Joseph Mercola:**

And censored. So it's not easy to find them. You're not going to find them by putting in their name in Google search engine, unless you want to find out all the bad things about them, you will not find what they're talking about. So, in that measure, I want you to provide us with how someone could learn more about what you're doing and keep current on what you're finding. What's the best way to do that?

**Dr. Ryan Cole:**

Okay. The easiest way to reach me is the letter R as in Ryan, [RColeMD.com](http://RColeMD.com), [RColeMD.com](http://RColeMD.com). That's where I answer a lot of these questions. And then in addition to that, I can be found at [GlobalCovidSummit.org](http://GlobalCovidSummit.org). We have a forum there, and this is one of the points I wanted to bring up. The vaccine-injured, we have a blockchain based forum for the vaccine-injured to where you can share your experience and story, and it will never be taken down by the socials.

**Dr. Ryan Cole:**

You can't be de-platformed. So you have to type it in, otherwise, Google will redirect you, but [GlobalCovidSummit.org](http://GlobalCovidSummit.org), go to the forum, and there's a vaccine injured forum. I can be found there. And then we're also starting up another website, basically to counter a lot of these other platforms like WebMD that are pharma-bought and whatnot. And that's going to be [DMED.com](http://DMED.com), and that's [DecentralizedMedicine.com](http://DecentralizedMedicine.com).

**Dr. Joseph Mercola:**

Oh, nice.

**Dr. Ryan Cole:**

And I'll have a page on there as well. A lot of people can get information from people like Dr. Peter McCullough, Dr. Malone, me, Dr. Corey, Dr. Merrick, Dr. Urso, all these other thought leaders, Dr. Kirk Milhoan, pediatric cardiologist, and his wife, Dr. Kim Milhoan. These have been some of the wonderful leaders in this movement for truth and sharing science. Dr. Paul Alexander, what a brilliant aggregator of data. So, all of us are part of 17,000 medical doctors and medical scientists. That's who leads this Global COVID Summit. It's not like we-

**Dr. Joseph Mercola:**

Is that the one. Did Robert Malone start that one? Is that his?

**Dr. Ryan Cole:**

Yeah. Yeah, I was at the founding meeting. We were basically in a dark room with [crosstalk 01:17:39].

**Dr. Joseph Mercola:**

Who are the founders? Who are the founders? You, Robert.

**Dr. Ryan Cole:**

Yeah. So me, Dr. Malone, Dr. Urso, Dr. Brian Tyson, Dr. Heather Gessling was there. I'm embarrassingly going to. Dr. Kory was there.

**Dr. Joseph Mercola:**

Dr. Merrick, Paul Merrick?

**Dr. Ryan Cole:**

Paul wasn't there at that one. Let's see. I'm leaving – oh, Dr. John Latall out of Florida. He's up in Ocala. Excellent family doc who's been a warrior there in Florida for truth and legislation. He's a great fighter, great friend. So, that was kind of the basic group. I'm probably leaving one or two out. I apologize to my colleagues if I am. But we are 17,000 doctors strong and it's very important that people understand that.

I mean, that's more doctors than they have at the CDC (Centers for Disease Control and Prevention) or the FDA or the NIH. That is a group of thinking, critical thinking, people standing up for your health, your freedom and your right to your own bodily autonomy.

**Dr. Joseph Mercola:**

That's great. All right. Anything else you'd like to add before we sign off?

**Dr. Ryan Cole:**

No, just, I think we need to remember to be kind to each other.

**Dr. Joseph Mercola:**

Oh, I know one thing.

**Dr. Ryan Cole:**

Please, go ahead.

**Dr. Joseph Mercola:**

Don't get another booster.

**Dr. Ryan Cole:**

No. Okay. Don't get another booster. Please don't. And I think going forward, as people are starting to wake up and part of this narrative is cracking, let's come back together, let's communicate, let's be kind, let's help each other get back to more of a loving, peaceful, communicative society.

I think if we can forgive, obviously the things we don't want to forget, because we don't want this to happen again, but try to forgive people and try to help people come to again. Just come back together in community. I think the better community is, the better your immune health is, the lower the depression if we're back in community. I think it's important that we really try to circle the wagons again as humanity, and hopefully come back to our senses. So, that's a hopeful message I would like to share.

**Dr. Joseph Mercola:**

That's a good message. And I'd like to thank you for sharing that because I really believe that is the foundation. It is so easy to be angry and vicious at the egregious behavior and casualties that occurred as a result of that. But we're called to forgive and we're called to be in love. And if you're hating them, it is going to be a disaster.

In my interview with Mattias, he shared a story that I thought was particularly interesting, in that the people who survived the Holocaust, all the atrocities of the Holocaust, were the ones that held onto their humanity. That's what we're called to do. We're called to be the light. We're called to forgive. And if you fail to do that, it's not going to work well for you and for the society. So, I totally applaud those, and echo your recommendations.

**Dr. Ryan Cole:**

Thank you.

**Dr. Joseph Mercola:**

All right. Well, people know where to find you now, and thank you for all you've done for putting your livelihood on the line, essentially, and having a 50% reduction in your income as a result of sharing the truth. We need more courageous leaders like you.

**Dr. Ryan Cole:**

Thank you, Dr. Mercola. What an honor to be with you, I appreciate the opportunity. Thank you.