Dr. Ari Ciment Q&A
What Happens Next – 02.06.2022

Larry Bernstein:
This week the music artist Neil Young demanded that Spotify censor and remove from its platform their biggest podcaster Joe Rogan after he interviewed the scientist, Robert Malone. For those who do not know Robert Malone, he is a biochemist and a physician trained at the University of California San Diego, Northwestern Medical School and Harvard Medical School. He was a pioneer of mRNA technology that was used to create the Covid Vaccine. Malone is currently chief medical officer of Alcheim Laboratories. On the Joe Rogan podcast, Robert Malone questioned the efficacy of the vaccine and its boosters among other controversial statements. Despite Neil Young's demands, Spotify decided to keep Joe Rogan as a podcaster for its platform. And as a result, Neil Young as well as Joni Mitchell removed their music from Spotify's platform to protest the company's unwillingness to censor Joe Rogan and Robert Malone.

Ari, you listened to the Joe Rogan podcast with Dr. Robert Malone, what did you think of the discussion and do you think it is appropriate to silence or censor Dr. Malone?

Ari Ciment:
I personally found it enlightening. Even though I don't agree with almost half of the things that Dr. Malone says, I think it is important to have an open society. We're living in America where we have the freedom of speech and I think the problem, once you start to censor people and kick them off Twitter and kick them off LinkedIn and, Instagram, you don't know who to trust and I think that's fair in North Korea, but in the United States of America, you could fight misinformation or disinformation in other ways, by promoting true, real information above and beyond their misinformation.

Larry Bernstein:
How do you distinguish misinformation from disinformation?

Ari Ciment:
Misinformation is just not knowing the right facts and you're just not aware of them. Disinformation is purposely giving over wrong information to lead people astray for whatever ulterior motive you have. So, when you read closely through the transcript or you listen to the podcast, Robert Malone seems like a brilliant man, and he's very smart. When you look at the fine details, you'll find areas where he is blatantly anti-vaccine and there is a danger to that if people believe it is true. So, I think that there's definitely truth to so many things that he saying because he is 100% right, we needed to focus on early treatment instead of hospital treatment early on. Why didn't they do that?

Larry Bernstein:
On one of Joe Rogan's podcasts on COVID, there was a discussion of the side effects from the vaccine like myocarditis in young men. Ari, we spoke about these risks on last week's podcast.

In particular, you said that 8 out of 100,000 young men who took the vaccine got heart inflammation but no one died and only two out of 100,000 had a serious case. You also speculated that getting COVID for a young man is likely much more dangerous in the long run than the vaccine.

Ari Ciment:
There are a lot of things that he says that make sense. But then when he goes into the vaccines and he talks about the myocarditis, which has definitely been recognized, if you look in the CDC, they recognize anaphylaxis, Guillain-Barre syndrome, all possibilities that you can get from a vaccine, and they're very upfront about what the problems are. Just to give you an example, in Peter McCullough's talk. They talk about the numbers when they talk about myocarditis, very elevated compared to what the reality is. One example, in the Peter McCullough talk is he says 18,000 fatalities related to the vaccine. First of all, that would be 539 million people vaccinated, and that's still a .0022%. But still, it makes you feel like you're doing something wrong if you take the vaccine. Also threat to reproduction, Alzheimer's disease. He is just sewing vaccine hesitancy.

Larry Bernstein:
Do you believe that if a podcast does not follow the advice of the medical establishment or the CDC that the podcast or the information should not be made available to the public? And if so, what should be the criteria for doing so?

Ari Ciment:
The only way to fight misinformation and disinformation is really to know what people are really saying so that you could verify it, look it up, research it. It only makes you better and understanding what the reality is. There are consequences to spreading misinformation. Instead of closing down free speech, you have to deal with the consequences of spreading misinformation.

Spotify, they wanted to have Joe Rogan. They lost two billion dollars in four days because of that decision. Kyrie Irving, great basketball player, decided he didn't want to get vaccinated, so he missed all the games so far this year. So, but you don't kick him off the team, that's not right. That's not freedom of speech, but you have to deal with the consequences of your actions.

Larry Bernstein:
We use expressions like you have to follow the science. But the reality is that we never really know the truth. Scientists create a hypothesis, then we create experiments, and the evidence matches the hypothesis or it doesn't. When evidence arises that pokes a hole at our theories, we go back to the drawing board. When COVID started, scientists and doctors were confused and there was a lot of guess work. Some ideas turned out to be right, and others turned out to be false. For example, doctors thought that zinc provided a benefit to Covid patients, but Zinc in controlled randomized experiments did not improve Covid patient's health, and then the treatment was abandoned. Given that we are still in the dark about many aspects related to the vaccine, boosters, treatments, and long-term effects of having COVID, why do you think it

makes sense to limit the conversation only to those ideas that are widely accepted by scientists right now instead of broadening the discussion to include views that challenge the orthodoxy?

Ari Ciment:
I think that's a beautiful point, and that's how you have to embrace people like Robert Malone and Peter McCullough, because even if vehemently disagree with them and I think that they're spreading anti-vax sentiment which has really killed many people, unfortunately many people have not taken the vaccines even if they themselves were vaccinated, they spread it, so, it's unfortunate. But that being said, they also do make the medical community more cognizant of the risks, which there are. So, for instance J&Jis not your first choice, right? Your mRNA vaccines are your first choice when it comes to, to getting a vaccine because the safety data is better.

Larry Bernstein:
Ari, you favor the use of vaccines, but I suspect that you favor the Pfizer and Moderna the most, J&J less so.

Ari Ciment:
Even the J&J overall vaccine safety data is there, it's just you might as well use the safer one. So, we've adapted and it's partly because there is a voice on the other side and instead of shutting people out, you have to be open minded and listen to them and say why they're mistaken. People like Vladimir Zelenko, I mean, they're so outrageous that I still wouldn't take him out. I would want to hear it because it shows a lot of people how insane it is talking about microchips in vaccines. It's sort of so obvious to most people that it discredits a lot of the other things that he says as well. So, it is important to just be open minded.

Larry Bernstein:
In a previous episode of What Happens Next, we had James Meigs speak about the Wuhan lab leak When this idea was first mentioned by Donald Trump and others, Lancet's magazine's editors condemned it and silenced this possibility before there was an investigation. Why would one of the leading scientific journals behave this way?

Ari Ciment:
Yeah, I think that's a huge mistake. And, it just makes you double down more. All these people probably wouldn't be as loud and wouldn't be as noticed, if they weren't shunned.

Larry Bernstein:
Ari, at the beginning of Covid, you recognized that COVID lives in the upper throat, and that it might make sense to rinse with Listerine or Iodine to kill the COVID to reduce the spread to others and possibly to help the patient as well.

Ari Ciment:
When you take somebody off YouTube, it's enraging. I was taken off in the beginning, just for posting that Listerine and iodine rinse might work. I wasn't saying to do it, but I, I sort of came around, and I understood. But, at the same time, it's really enraging when you're like, "Oh, my

God, I'm living in the United State of America and they took me down, they took my video down."

Larry Bernstein:
How should the leading medical journals respond to scientists, doctors or non-experts that disagree with the conclusions of the medical establishment?

Ari Ciment:
Lancet and the New England Journal of Medicine, what they probably should've done is they should have maybe not mentioned Robert Malone to give them notoriety, but write down the key points, and go one by one, why this anti-vaxxer sentiment is incorrect.

Larry Bernstein:
One of the points that Robert Malone made during his 2-hour interview with Joe Rogan was that natural immunity is superior to the vaccine. Meaning, getting Covid protects you better than the vaccine for future variants.

Ari Ciment:
He says, "Natural immunity is 13 times superior than vaccine-induced immunity." Well, then you could explain that in the beginning, vaccine-induced immunity was better natural immunity. Then after delta, things did change. Natural immunity seemed to be more protective than vaccine, but only by, like, two to four times as much. That would be much more useful than to attack these people directly.

It is important to demonstrate why, what ulterior motives these people have. I think there's a great article by Tom Bartlett everybody should read about Robert Malone, called The Vaccine Spreading Vaccine Misinformation. And he speculates as to why Robert Malone is perhaps bitter, because he was, he was not given the credit that he thought he was deserving of. He actually called what happened to himself, "intellectual rape."

Larry Bernstein:
Ari, what should the process be to censor misinformation about COVID, maybe we could use your own personal experience when you were censored for recommending using Listerine as an example.

Ari Ciment:
I think they have people assigned on the internet that are supposed to go out on Instagram, Twitter, YouTube, and their job is to, at that time, at least, any unverified treatment, unverified meaning it's not NIH approved we should censor, and block it.

I don't think it's the scientists looking at it, it's not somebody who knows that, actually, there was a publication in a journal about it. But I understand, at that time, that there were so many questions and I, I could sort of understand why it needed to be squashed. But what I think they should've thought about more is just putting a link, which now they have, but a better link

saying, "Hey, why this is not really approved yet," why it's not out there. So, they could've battled things much better by not squashing things.

They should have verified to show you exactly what is effective and what is evidence-based and let you say what you wanted to say, because there was, there was actually no therapy at the time.

Larry Bernstein:
What scientific evidence do you feel best justifies taking the mRNA Covid vaccine?

Ari Ciment:
Just looking at the latest data showing the hospitalization rate for unvaccinated adults is now 67 per 100,000. Vaccinated adults, it's five per 100 000. I mean, that just came out today. The rate of a vaccinated teen is one per one million. So, whatever side effects, and there are real side effects, of the vaccines, are outweighed by the benefits. And somebody like Robert Malone and Peter McCullough might distrust the vaccine leading to vaccine hesitancy that is still prevalent.

Larry Bernstein:
New topic: I want to talk about some of the latest COVID innovations that the audience should start to follow. There have been recent studies related to using the sewer system to monitor COVID in your community. Why are you excited about this?

Ari Ciment:
Because SARS is a respiratory virus, and it's shed into the environment through coughing, sneezing, speaking, and breathing, but it's also found in urine and feces. So, they have this dashboard called COVIDPoops19 Dashboard. Johns Hopkins has a dashboard of all of the cases of COVID from the very beginning. They also have this dashboard, where they have these places where they check sewage for the coronavirus viruses inside the sewage. So, it's pretty incredible. They look for viruses in the wastewater, and they have 58 countries, 3000 plus sites, and they could tell if there's a new outbreak going to happen based on the sewage viral levels. So, they were just researching the coronavirus in the New York City wastewater. They have been doing it over the past year, and they noticed weird sequences of the virus, and they call it cryptic lineages. And there are speculations that it’s either from people whose infections aren’t being sequenced, or from virus-infected animals like rats.

Larry Bernstein:
I didn’t realize that rats can get COVID, can they spread the virus to humans and can rats create new COVID mutations?

Ari Ciment:
And it could explain what we discussed last week, the saltational mutation where you can get weird mutations that are above and beyond the normal adaptive evolution.

Larry:
How can we use this sewer information to improve public health?

Ari Ciment:
New Zealand uses it primarily as an early warning system. So, it's new detections. So, in certain cities, they'll analyze it every week or two? And they'll see, if they see viruses that pop up, viral RNA, then they know that, boom, their city has an infection. I'm sure they do it in China, because China right now, apparently, is COVID free.

Larry Bernstein:
Since Omicron is not particularly dangerous, do you think foreign societies should lock-down to prevent the spread of Omicron at a significant economic and societal cost, or should they rip of the band-aid and return to a more normal life?

Ari Ciment:
I personally believe they should lift the band-aid off. Of course, China has an ulterior motive right now with the Olympics. But eventually it's going to break through. You can't be locked down forever. And we live in a society where people are traveling. So, it might've worked hundreds of years ago. But now it's inevitable that they'll have a break at some point. And it might be a mutation that's going to be more difficult, so.

Larry Bernstein:
Do you think lockdowns are effective at reducing death rates?

Ari Ciment:
I'm not a fan, and, and I don't know if you saw the article in the Johns Hopkins about the lock down not really being effective or just having, like, a 0.2% effect... But the lock downs were not that effective in mortality.

Larry Bernstein:
I know your also excited about the using your breath to do a rapid COVID test. Tell us about the efficacy and simplicity of using a breath test.

Ari Ciment:
Coronavirus has a specific breath print, and Ohio State University published an article, it was a few months back, how you could, with an 88% accuracy, tell the difference between COVID and non-COVID in hospital setting. They're working on an outpatient breathalyzer as well. They've had a rapid breath test called the SpiraNose in the Netherlands. That was employed, I believe, by the music festival that they had months back. And, Children's Hospital of Philadelphia has one, Rutgers University has one. I recently spoke to the CEO of Breath of Health in Israel. They've been working on a COVID breath test. Again, the advantage of having something like that, you can imagine, going into a basketball game. Instead of showing your vaccine card, you could just walk in with a breath test, and you feel more comfortable that you're COVID negative.

There's an article that's supposed to be published according to the Breath of Health CEO within the next two weeks in the European journals.

Larry Bernstein:
I want to change topics to the decline in the prevalence of COVID. I live in Miami Beach and today I passed by two outdoor COVID testing sites, one in Miami and the other in Miami Beach. For the past few weeks, there have been very long lines. Today, there was no one in line. This is purely anecdotal evidence but what are your seeing Ari?

Ari Ciment:
I went to the COVID center as well, because I had a severe sore throat, and I had coronavirus OH63 which is not COVID but I did get tested and the line was about three people.
Yeah, it's incredible. So, we're, thank God, at a down slope, and the hospital is seeing the same.

Larry Bernstein:
Ari, can you speak about another recent invention to protect yourself against COVID. Instead of wearing a mask, you would use an intranasal spray, that would be applied like you now use Afrin. The spray would be a prophylactic against COVID in the nose. What do you think of this idea?

Ari Ciment:
What are some of the intranasal options for, COVID? So, right now there are no approved intranasal prophylactic anti-SARS medicines. But let's say you're going to a football game or a basketball game, whatever, you want to be protected for four hours. You know, can you take something.

In the very beginning of COVID, there was an article from China which fascinated me. It was intranasal interferon. And it was a positive trial, what they did is they treated the healthcare workers in the certain hospital. They all got intranasal interferon, and the other group didn't, and they saw it was dramatic, the ones with intranasal interferon were less likely to have COVID. And that was really early on, in the first three months.

So that's why I was interested in the possibility of intranasal iodine, which we talked previously. There is this study out of the Netherlands. It's TriSB92, which is published in one of the journals recently, where it doesn't competitively bind with the ACE2 receptor, but it changes the confirmation of the spike protein so that the spike protein of the coronavirus can't attach to the ACE2 receptor. So, and it actually has shown to inhibit SARS-CoV-two in mice. So, they're going to be working on that nasal spray.

The other two nasal sprays, one of them, it was against the regular coronavirus studied many years ago, and it was published in the Journal of Nature. And what that would do is it would have a protective barrier, actually used cold trypsin from fish, cod trypsin. And it would be a barrier against the coronavirus from infecting the lungs. And you would be sick for one day less.

There is another intranasal spray called Taffix. It's in Israel. T-A-F-F-I-X. And this, I think, is very fascinating. Four months ago during the Hebrew New Year, the percent positivity at that time was 18 to 25%. And what they did is in Bnei Brak, it's a city where they're all crunched together in the synagogue. So 160 people did not use it, and about 80 people used it, and only two out of the 80 people who used this Taffix intranasal that's 2.4%, developed COVID whereas 10% of the non-users were infected. Taffix is an intranasal spray which is a powder. And it blocks the influx of COVID.

I'm just making the point that there could be future ways as a prophylactic measure, even if it's not for COVID, it might be for other respiratory illnesses. And they are going to be working on an intranasal COVID vaccine soon enough.

Larry Bernstein:
Why do you think intranasal spray prophylactics will be a potential game changer?

Ari Ciment:
It's a game changer because all these respiratory viruses have to get into your oral pharynx to infect you. And you're not going to have to deal with any anti-vaxxer sentiment. You just do a spray, and you're golden. And it's going to be good, hopefully, for the variants as well.

Larry:
And it will allow you to go in public without fear?

Ari Ciment:
Correct.

Larry Bernstein:
Thanks as always for joining us again Ari.

Ari Ciment:
I'll catch you later, bye.