

Chris Cuomo: Is Covid just like a cold? Is Covid gone? Is long covid real? Was Ivermectin the solution? Was it kept from you? Was the vaccine a mistake? Is the vaccine poison? All these questions are out there and you rarely get answers that self-serving that help someone build a conspiracy or a platform or just ignoring them as nonsense. I deal with both all the time. Dr. Robert Redfield knows the answers and when he doesn't, he explains why he doesn't. He was the head of CDC for Trump during the pandemic in the early stages. He's been one of the top virologists in this country forever. He's one of the pioneers in helping us deal with what was dismissed as the gay man's disease back in the eighties, and of course then became HIV and aids and his work was pivotal. He's still working. He's now in a clinic that's all about long covid something that the government doesn't even really discuss as a reality.

Chris Cuomo: That's what we're doing. I'm Chris Cuomo. This is the Chris Cuomo project. Thank you for subscribing and following. We have the man who was in the middle understanding what's going on, his take on Tony Fauci on where there's criticism and where there shouldn't be on the questions that need to be answered and everything that's being ignored. And here's the headline. Covid isn't over, not just the 150 that we're losing a day still to this disease, but it's changing and it's making us sick and it's going to keep doing that and we're not even talking about it. So what do you say? We got Dr. Robert Redfield. Let's get after it. All right, let's begin at the beginning. The United States created the novel Coronavirus that we just suffered through. Yes or no?

Dr. Robert Redfield: I would say that they didn't create it, but they contributed to the research that led to it, and that's to say is that the US government was very involved in funding the Chinese lab that did this research, and there was US investigators that were very involved working collaboratively with that lab. And it doesn't make scientific sense to me that this Covid virus evolved from a bat to some animal that we've yet to find and then went into humans. I always remind people that when coronaviruses go from bats into an animal to humans, the one thing SARS and mers have in common, when they finally got to humans, they didn't know how to efficiently transmit human to humans. So when you look at the SARS outbreak, 2000, 2003, we had less than a thousand cases. And even today, now many years later, we have less than 10,000 cases.

Dr. Robert Redfield: Same thing with mers. So when COVID started, it immediately was one of the most infectious viruses that we ever had for humans. So I'm of the point of view as a virologist. The only way that really happened was that virus had to be educated and how to infect humans. And we know that the lab in Wuhan published a paper in 2014 where they said they were successful in teaching coronaviruses to bind to the H two receptor, a human receptor, which was able then to in fact humanize mice very efficiently. And then when you look at that work, it turns out that U-S-A-I-D-N-I-A-I-D, the Defense Department and the State Department all funded that laboratory. In addition, one of the major colleagues that worked with that laboratory was the University of North Carolina Chapel Hill. And so clearly the US was involved that some people who have dumped on me initially suggesting that I was somehow anti-Asian or something because I suggested scientifically, I believe this virus came from the Wuhan lab. I've always said that I'm not blaming the Chinese per se because this was a work that was done by the Chinese and the United States, which I think led to this pandemic.

Chris Cuomo: Why not blame the Chinese? They won't let us look in the lab. They won't cooperate with us. They allow this idea that maybe it came from the wet market to be as plausible as it being a lab leaked directly. Why not put more blame on them?

Dr. Robert Redfield: Yeah, I think it's really important. There's enormous culpability by the Chinese and the Chinese government. I was just saying for the lab work itself and the education, this virus infect humans. I hold China enormously accountable by not adhering to the international health regulations. They didn't adhere to it. They were supposed to allow people like me and the CDC and the WHO to go in within 48 hours and help figure this out. They didn't do it. I even had the president Trump called the president of China to allow my team to go in and that didn't happen. Pompeo called his counterpart, Azar called his counterpart. They roadblocked us from coming in. They roadblocked the WHO from coming in, all of that. There's a culpability there. They were not transparent. Secondly, I think they were very aggressive in setting up a roost hypothesis, which was the lab leak and the wet market.

Dr. Robert Redfield: I told you when I called George Gao, who was the head of the Chinese CDC, my counterpart on New Year's Eve in 2019, George told me he had 27 cases of new respiratory illness. It wasn't flu and sars. I asked him what his case definition was and he said, Bob, it's people with an undefined respiratory illness. It's not SARS and not flu that came from the wet market. And I said, well, George, by definition then everybody came from the wet market. Why are you trying to do this? I said, just like when the AIDS epidemic started, people used to say gay and drug users or Haitians and hemophiliacs. Nobody just said looking for the infection as I did generically and just people that were sexually active. So I asked him to go out and look outside of the wet market, which he did. And about two to three days later, he called me and he said, Bob, we have hundreds of cases and it has nothing to do with the wet market.

Dr. Robert Redfield: So the wet market was a roost, which again, I feel that again, there's culpability there and not being transparent about the thing. So don't misinterpret me when I said I'm not blaming them in isolation for the creation of the virus, but I am holding them accountable for their lack of transparency, the lack of adherence to the International health regulations, their entire response. We now know that the transmission of COVID-19 probably began between August and October of 2019, and clearly they knew it. They were well-informed. In the middle of September, the Wuhan lab had three things happen to it that raise high suspicion. One was they changed the leadership of the lab from the civilian leadership to the military leadership. It was a dual use lab, so it went under military leadership. They deleted all the sequence data that they had on historical coronaviruses, which is highly irregular, and then they put a contract in for a new ventilation system, and that's about the same time there's reports.

Dr. Robert Redfield: Some of the stuff is still classified. Hopefully eventually it'll all be declassified. But there clearly was some reports that made it out to the lay press that there was new infections being noted in late September in the area, and by October it was pretty widespread. They had the military games in Wuhan in October, and again, it's very odd that the Wuhan government didn't allow any spectators to those games, which tells you something was going on at that time. So yes, they're highly culpable and I do think they should be held accountable because as a consequence of their lack of transparency, in

probably August, September, October, November, December, January, the world lost the jumpstart in being able to respond to this. So that's a distinction between blaming them in isolation for the research, which I think was a cooperative situation where I've always said that yes, their scientists were involved. Yes, the US was involved and truthfully, I think the European scientists also have some accountability there. They were the big advocates of gain of function research in the first place, which I believe led to the COVID pandemic. Do

Chris Cuomo: You believe the nuance explanation of people from the US government who's told Congress nothing that we funded could have become COVID-19. We weren't working on anything that could become that.

Dr. Robert Redfield: I think again, it comes down to nuance. If you read specifically the research grant that N-I-A-A-D funded and I haven't been able to re all the other what U-S-A-I-D funded and what DOD funded and State Department funded, I just know they funded stuff. But the NIAD grant, that exact grant, that exact grant did not necessarily lead to covid. But that's not to say that the broad funding of this laboratory didn't lead to the Covid pandemic. As Peter Dik testified a couple weeks ago before Congress, when he was pushed in a corner, he admitted that there was thousands of viruses in that lab that they have no idea what they are. So people like Tony and others are right if they say the exact virus that they said in the grant and that sequence is not the virus that caused covid, but that's not to say one of the other thousands of viruses that they had wasn't the progenitor of it. And it's not to say that they didn't use money that came in from U-S-A-I-D, the State Department, D-O-D-N-A-I-D and NIH to actually do that research.

Chris Cuomo: Do you believe that COVID-19 was developed to kill as many people as possible and make us as sick as possible?

Dr. Robert Redfield: No. I believe, and this is again my own personal belief, I like to try to state to the facts, whereas I think a lot of my virology is very factual and I tell people there's absolutely no evidence for spillover. There's a lot of people that had the opinion that it came from spillover, but there's no real evidence. If you really want to play hardball as and a reporter investigator that you are, there is evidence for lab leak and you can argue, but there's a lot of opinions for spillover. Spillover

Chris Cuomo: Meaning the wet market,

Dr. Robert Redfield: Well spillover the wet market or an animal, but it's an opinion. There's no data, thousands and thousands of animals, no data. It's just opinion. Then it gets me mad when people say all the evidence is no what evidence, right? And I ask reporters like you to come back and say, what evidence? Just list me the evidence because there isn't. But when you ask me, here's what I think. I think this lab was involved in dual use research. I think this lab was trying to develop a vaccine vector that could be used to vaccinate the Chinese military and the Chinese people and maybe the world in general. In order for the vector to be useful, it needed certain characteristics. One, it would be a lot better if it could be spread by aerosol or droplets. It's a lot easier. It's hard to find enough needles to vaccinate billions of people, but if you can just spread it around by sneezing, you got something that could maybe be a vaccine it also and therefore making it more

transmissible, which we now know it is interesting, Chris, if you look critically, and I've always wondered why this wasn't pointed out in some of the interviews.

Dr. Robert Redfield: If you look at COVID-19, which my critics say came from bats to some animal and then to people and then became very infectious in people when even though it's not like SARS or mers because it couldn't do efficient transmission in people, but when you look at that virus that now is in people and take COVID-19 and ask the question, can it infect bats? It's very inefficient in infecting bats how that happen. Well, it was engineered to change its receptor, so its preferred receptor was the human receptor, right? The second thing, if you're going to make a vaccine vector for people, you want to make people not sick. So if you look at the virus, there's pretty good evidence that it also has been manipulated to knock out what we call the interferon response element. So when you get a cold or flu and you ache all over the place, that's not the flu virus doing it.

Dr. Robert Redfield: That's your interferon response element. They knocked out the interferon response element. The other thing they did, and there's some really good scientists at Livermore that have pointed all this out, there was a congressional hearing a couple years ago where they presented a group of virologists. It wasn't well reported on, but it was a very good hearing on the virology of this virus. They also modified what we call the immunodominant response so that when you get this virus, your body doesn't orchestrate an immunodominant response that would make it impossible to use the virus again. So this virus could be given over and over and over again. So I think it was developed as part of a vaccine program which was trying to develop vector, which could be then used for multiple antigens. So if you wanted to vaccinate the population against this disease or this disease or this disease, all you had to do is insert that antigen into this vector, and I think personally that's what they were trying to do. I can't prove it, that's just an opinion, but I think that's what they were doing as opposed to trying to create a virus. If you want to look at it from a military perspective, and I spent 23 years at Walter Reed in the US Army Medical Corps, the target population for let's say a bio weapon agent would not be those of us over 65,

Chris Cuomo: Right? You want to get the young ones.

Dr. Robert Redfield: The target population would be 18 to 30 years, and this virus doesn't do anything really to those people in general. I mean some people get sick, but in general, so I really think it was a vaccine vector part of a major vaccine vector program. I think the problem with what I call scientific arrogance about all the people that were doing this work, they never really realized that they were kind of unlikely being able to contain a respiratory pathogen, particularly in the laboratory situation that they were doing it. I've mentioned to people when I was CDC director, one of the most difficult decisions I made was I shut down Fort Dietrich. I had been at Walter Reed for many years. I had worked at Fort Dietrich, these are my colleagues, but CDC normally inspects these laboratories for their biocon containment adherence, and they had some problems with the inspection and then the follow-up inspections.

Dr. Robert Redfield: They had the same problems and I felt it was just inappropriate for them to go on doing those experiments, particularly for the people of Frederick and the area

around there. They had some very severe lapse in their biocontainment strategy and I shut 'em down. They were shut down for about six months. So I think there was a lot of arrogance here. We know that the containment in this laboratory was not optimal, but I'll also say, and maybe we'll talk about it later, I'm very worried about gain of function research that's being done in a lot of university labs that don't have the containment to do it.

Chris Cuomo: One sidestep into just your personal experience and your opinion, and then I want to get back into what, as a matter of fact, you've known Tony Fauci a long time. You guys have worked on a lot of very serious things for a long time. The idea that he was manipulating grants to make himself very wealthy and that that's what this was all about. Now I know as a matter of fact, nobody has shown that and the guy has to put out an income statement every year, but it's certainly jet fuel on social media about Tony Fauci. In your experience with him, has he ever been money motivated or someone who you were suspicious of being bought off?

Dr. Robert Redfield: I don't think there's any negative motivation at all by Fauci. Fauci is a friend. He may disagree with me and again, I would be nice if we could have disagreements and still be friends. He is obviously disagreed with me on a number of things. When related to Covid, I think Tony Fauci motivation was strictly that he believed what he was doing was protecting science, not protecting Tony Fauci. Him and Collins wanted to protect science. They were worried that if there was suspicion, I think of gain of the lab, then gain of function research that may hurt science. Now, I argued with Tony that by not being transparent, I wanted him to do an aggressive investigation of both hypotheses and to do it in a very transparent, open, aggressive way and bring in the people that are strong advocates for both hypotheses to argue them in a public display rather than unfortunately what him and Collins did was very rapidly in February, they kind of coalesced everybody to go with the spillover and people like myself were sort of pushed to the side and we had a lot of bad articles written about us talent calling us that we were racist and stuff like that.

Dr. Robert Redfield: We had death threats, all that just because we raised a hypothesis. Now, I don't think Tony did any of that, but I argued with Tony that he was going to hurt science if he wasn't transparent about all of this aggressiveness. But no, I don't think there was any ill intended motivation. I have a lot of respect for Fauci. I think he could have been more transparent than it appears he's been on this issue, but I think his motivation was not personal. I really do believe that it was a motivation to protect science. I think you remember one of his quotes that I think he was a little over the top when he said, if you disagree with me, you disagree with science. I don't think he really meant that that's how much he felt that he was such a standard bearer for science and so did Collins, and they thought people like me that were questioning whether it came from the laboratory that may be negative to the science they wanted to protect, and that science was of course the gain of function research that they felt very strongly needed to go forward, not for their own financial reasons, not for their own personal glory.

Dr. Robert Redfield: They wanted that research to go forward because they believe that it's important ultimately in preparing and being able to improve countermeasures to help

the human condition. I disagree with him. I think we don't need the gain of function research to do that, but I don't question his motivation.

Chris Cuomo: Is it true that Obama outlawed gain of function and that then people in government agencies found a sneaky way to get it done around the restriction in another country?

Dr. Robert Redfield: There's a couple things about Obama administration clearly did make it so that we could not do gain of functional research in the United States. Tony knows more of this even than I because he was, and people don't know this, but in 2002, 2003, the mission of Biodefense that we had in our nation, which was in the US Army in A for Dietrich was transferred to NIH under the direction of Tony Fauci. So he got somewhere like 40 billion to basically manage our biodefense program. I always argued that NIH had a different mission. I didn't see their mission was biodefense. I saw their mission was science to help improve the human condition, and I thought the defense department should stay in charge of the biodefense, but that all changed in 2002. I think most people don't know it, and I think it was a big mistake, but I think that, I'm trying to remember exactly your question. Now. I got off and the

Chris Cuomo: Question is that it was made illegal and that Tony or somebody said, let's go do it in other countries and nobody will know.

Dr. Robert Redfield: So what they did was they set up a series of committees that were allowed to grant waivers and approve it, and this is some of the controversy around the Wuhan lab research because it apparently never went through that committee and people argue a lot of it was semantics. I do disagree with Tony pretty aggressively and his testimony with Rand Paul when he says that he's never done gain of function research, NIH has never done gain of function research. What they did was, again, I think a stain on them because of the lack of transparency, Tony different groups, and he has a lot of influence on the groups decided they had commissions to define gain of function research since Obama had outlawed it.

Dr. Robert Redfield: And so the groups that came together to define it came up with a definition, which I don't personally agree with, but by the letter of the law, Tony can say that the Wuhan lab, even if it was research that was done, it didn't meet the letter of the law of gain of function, which Tony did was the groups changed and Tony didn't do this, but is the groups that he influenced did it. They changed the definition of gain of function research. So if you and I take a pathogen like COVID-19, which is not pathogenic for humans and we teach it to be pathogenic for humans, that's not gain of functional research because in order to be gain of function research by their definition, national academy and others, you have to start with a pathogen that's already pathogenic for humans and make it more pathogenic for humans. Well, I think that's, I get it. It's ludicrous. I get it, but on the letter of the law, when Tony tells Rand Paul, he didn't do gain of function research by the definition that is accepted in science needs telling the truth because the definition of science said if the pathogen wasn't a human pathogen, no matter how pathogenic you made it for, man, it doesn't meet their definition. I think it's artificial, it's misleading. And so for me, if you take a pathogen for humans and make it pathogenic for humans, that's gain of function.

Chris Cuomo: Do you know the man that came up in the recent hearings who had all the emails saying he was trying to hide his emails and stuff like that? Yeah,

Dr. Robert Redfield: Yeah. Moran,

Chris Cuomo: My understanding is that

Dr. Robert Redfield: I worked with him many years ago when I was at Walter Reed. He was a dengue expert in Hawaii. I knew him well back then, and he was actually at CDC for a while before my time, and then he was Tony's chief advisor for over 20 years. So I know him, I know of him.

Chris Cuomo: I am told, and you can please, you're going to have better perspective that his title was given to him as often happens in government where they can't pay you what you're worth, but they'll give you a title that makes it something more appealing to you to do and that he was never Fauci's main guy. He didn't work on any of the stuff that mattered around the pandemic with Tony. And people don't understand why he was saying the things he was saying about hiding and secrecy because he wasn't involved in anything that would've mattered.

Dr. Robert Redfield: That I can't answer, Chris, I just don't know. The only thing I can say about his relationship with Fauci that I know is what was in those emails. So I don't know anything independent that wasn't in public. I mean, the emails were pretty damning, but I don't know at all. I will say it's clear that Moran's had a very good personal relationship with Peter Dasik, right, which is problematic

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Chris Cuomo: Back to what people wonder about, and again, a lot of these will be obvious to you, but this is the state of play. Covid ain't shit, doc. It's just a cold, and we didn't need to do any of these things and it would've been just fine. This was all government overreach, and what Trump is most criticized for is actually a virtue that when he said, ah, it'll be gone in a couple of weeks, this is no big deal that he's blamed for underestimating something that needed to be jumped on that you wanted to jump on and others wanted to jump

on, but Trump was actually right and you guys are worrywarts and you made it all worse. COVID-19 is no big deal.

Dr. Robert Redfield: So a couple things first related to President Trump, just from my vantage point, he took this extremely serious because when I went into the Oval Office on January 31st and said to him that I felt we needed to immediately stop all air travel to and from China, and the Secretary of Treasury was there and thought I was off my rocker and chief of staff Mike Mulvaney was there, and I think that was the only ones in the room. Trump looked at me and he asked me a couple questions on why I felt that from a public health perspective. I articulated my rationale, and then he just said, if the CDC director says we need to shut down all air travel to and from China, contrary to what the Secretary of Treasury said, he said, Mick, we shutting it down. That's a pretty aggressive step for someone who didn't take this seriously.

Dr. Robert Redfield: At that time, we had probably less than 20 cases in America and no deaths, and yet he shut down all our travel and when I had him shut down all our travel to and from Europe, it was very similar. So those are serious things. I do think he did try to keep the American public from overreacting and some people are critical of that. Now, to your other step, was there overreach by the government? I think there's no question about it. I might even argue it got worse in the Biden administration, for example, absolutely never should have mandated vaccines, terrible decision. These vaccines do not prevent infection. They prevent serious illness and death and those of us at risk for serious illness and death, and that's predominantly those with us with significant comorbidities and over the age of 60 or over the age 65. So the rationale for mandating vaccine for healthy firefighters and policemen in the military and hospital workers, teachers was emotional and it shouldn't have happened.

Dr. Robert Redfield: We should have always honored individual choice on those vaccines. Secondly, we should have given more credit, and I tried to argue for this that immunity from infection has value too, to say that it was of no value, and we had people who lost their jobs who were immune by infection, short-term immunity, but they had antibodies directed against this virus from a natural infection, and they lost their jobs because they didn't get vaccinated overreach, the lockdowns overreach, I was more in the Pence category and I didn't get to meet with the president to discuss the lockdowns when they happened. It was Fauci and Burs and the president and probably the vice president that had the meeting to discuss that when they went ahead with the lockdowns. I was more of the 15 days to slow the spread and suggested that we take each type of activity that we want to do and try to learn how to modify it in a way so we continue to do it in a safe, responsible and effective way.

Dr. Robert Redfield: I was very much against closing schools. I thought the kids who were probably safer in schools, most kids were getting infected from the community and from the dinner table, not from the school. A lot of that was emotionalism with teachers. We only had a few states that listened to that point of view. Arkansas and North Dakota, most of them shut down schools. So all of that is no doubt, government overreach, and I think a big mistake, and we paid a big price for it, and I'm not sure people will accept responsibility to the people that really pushed it because it was unfortunate, it was emotional.



Chris Cuomo: There was also very little pushback at the time. I'm not saying that you didn't disagree and there weren't internal disagreements, but what my beef was was that, and I never included you in this and you know that I've always seen you as a resource. Doesn't matter who agrees, who disagrees. I just want intelligent voices at the table giving people food for thought. There were people who love that Trump was able to manipulate the system to get operation warp speed through and Republican politicians lauding his efforts and this is going to be great. And we had Kamala Harris infamously say, I'm not going to take any Trump vaccine. Remember that? Then those politics, I'm not blaming any one person. But then all of a sudden, Biden comes in and all the same people that were celebrating Operation Warp speed suddenly said they wouldn't take the vaccine. And it was my body, my choice, and people who had bragged about getting vaccinated and getting their wives and kids all of a sudden were saying, well, I don't know. I don't know whether we should be. The only thing that changed was who was empowered. Doc, what am I missing?

Dr. Robert Redfield: Well, a couple things. First, I want to give President Trump a lot of credit for operation warp speed. I've always tried to be honest that I think there was some major mistakes in the vaccines. They should have never been mandated. I also felt that people should have been more honest about the fact that there were side effects to those vaccines and some people were actually harmed. The other thing I thought there should be more honesty about the fact that the vaccines don't protect against infection. I remember Biden saying, this is an epidemic of the unvaccinated. When I was Hogan's chief public health advisor in Maryland after I left CDC, I was saying, wait a minute, two thirds of the people that I'm seeing infected in Maryland or have been vaccinated. So these vaccines don't last. They don't protect infection. What they did do is they prevented serious illness and death.

Dr. Robert Redfield: And where there was a big mistake, I think by a lot of the people is they didn't distinguish Berks and I felt that these vaccines really ought to be prioritized for nursing homes, prioritized for assisted living, prioritized for the elderly over 60, 65, and yet that's not what happened. There was this, everyone had to get vaccinated. Was it because of big pharma? Yeah, I think there definitely was a huge influence by the pharmaceutical industry, Pfizer, and I think did you pointed out that there was a big push? I think where the Republicans I think started getting upset about the vaccine more and more was the issue of mandating the vaccine, right? Mandating it. The Democrats seeing the Biden administration seemed to really push the vaccine. I remember I left office in January 20th and January 21st. McLean was on the news. I never usually got upset about it.

Dr. Robert Redfield: I learned how to just let these things go, but McLean got on the news and he said when we turned over the program to him, we left him a mess. That was his quote, a mess, and that he was rapidly that they were going to solve the problem and get up to vaccinated a million people a day. Okay, well, when Pence and I left on, I think it was in 19th of January, we were already vaccinated a million a day all. So it was just, there just wasn't honesty like congratulating us for what we accomplished and then taking it further. But I do think you're right. I think there was an under, I mean, I was upset with CD, C when I left because they stopped tracking people that were infected that were

previously vaccinated. So if you didn't track it well, because then you couldn't report that there were people vaccinated and got infected.

Chris Cuomo: But no, why did they stop tracking it?

Dr. Robert Redfield: I think there was a decision not to do anything that made the vaccine sound like it didn't work.

Chris Cuomo: I've been scratching my head about this, Bob. I'm fine with people demonizing me. I mean, you lived it the same way I lived it. Certainly. I wasn't reporting anything that wasn't widely reported. I don't know. I've gone back now and spent so much time that is so emotionally disruptive to looking at media accounts at the time from Fox and from Newsmax as it came into its own and got clearances and stuff. Nobody was saying, wait a minute, this vaccine has tons of side effects. This vaccine, nobody, Rachel Maddow is now held up on a pedestal for saying, you take this vaccine, you don't get Covid. Nobody corrected her at the time though, doc.

Dr. Robert Redfield: Well, and others were saying it too. I mean the president of the United States said it. Biden said this was an epidemic of the unvaccinated. Tony wasn't aggressive in putting this in perspective. The CDC didn't put it in perspective. The reality is this vaccine, listen, it's a short duration in which this vaccine provides some efficacy, maybe four to six months max.

Chris Cuomo: And they say, now, doc, the side effects we're not impressed. And I've been doing a lot of homework on this. I mean, you know, there's very

Dr. Robert Redfield: Significant side effects that is, I mean, I'd say, and I'll tell you if I can ever help you, my clinic is about 50, 60% now long, but of the patients that I have long covid, I would say probably 10% of 'em never had covid. It's vaccine induced. Right? And I can prove that they never had covid. I can do special tests in their blood and show they never had

Chris Cuomo: Covid. No, no, I believe it. The research I'm seeing, I know this is going to get me in trouble, but I'm not doing it to be controversial. This doesn't help me in any way to have this conversation to be honest. But I'm not saying what a lot of people on the internet are saying, which is that the vaccine is poison. The vaccine hurts more people than it helps. Everybody knew it at the time when it got the EUA Pfizer hid. Now, this is the one bad fact in my analysis, Pfizer wanted the data of their testing buried for over 70 years before people could see it. I don't know any good reason for that if it's in fact true. But unpack two things for me. The idea that you knew the vaccine was poison and you gave it to people anyway, you knew it wouldn't help anybody and you gave it to 'em anyway, and Pfizer knew it. That's why they hid or wanted to hide the research. What do you make of those three assertions?

Dr. Robert Redfield: I was on the board of operation work. I'm very proud of what we accomplished. So then

Chris Cuomo: The vaccine you don't believe is poison.

Dr. Robert Redfield: It's not, I don't believe it's poison. I believe this vaccine has saved many, many people's lives. That said, the people's lives it saved were the vulnerable people, people over 60, 65, 70, 75 nursing home people. So the benefit to them I think outweighs the risk, although they still should have the voice to say, I want the vaccine, or I don't want the vaccine. The benefit to the 30-year-old firefighter, I don't see the benefit.

Chris Cuomo: The benefit is that you don't get the 60-year-old person sick as easily. If you, as the 30-year-old have been vaccinated,

Dr. Robert Redfield: The 30-year-old happens to be very obese and have huge body mass index, there may be a benefit. But in general, there was no benefit to many people and the vaccine should have been prioritized. And mostly now I think it is being prioritized for the vulnerable. In my clinical practice, I use the vaccine for in the United States. To go back to your question about it's no big deal, just a cold in the United States right now, it's the third or fourth leading cause of death that's no cold right now. Who does it cause death in? Well, it causes death in people over the age of 60, 65, 70, 75. Covid is not a lung disease. People misunderstand it. Covid is a blood vessel disease. It causes micro coagulation of the blood vessels, which can then lead to myocardial infarction or a stroke or pulmonary emboli. I remember the president used to say to me when CDC showed a lot of the people who died of Covid really died of a heart attack.

Dr. Robert Redfield: And he said, Bob, you should list them as a heart attack, not covid. I said, no, Mr. President, they died of a heart attack because they had, it was causing their blood to clot. So covid is still a significant cause of death. We probably are still losing 150 people a day in this country. It's all preventable death. Nobody has to die of covid. If you are vaccinated and appropriately, which probably means every six months as a minimum, you are less likely to die. If you don't want to get vaccinated, at least get diagnosed. And if you go on Paxlovid or the Merck drug within the first 48 hours, you won't die. And it's very sad to me. When I was the head guy for Maryland, every morning I'd get up and see how many people died. Some days I'd have 35, 40 people died in Maryland.

Dr. Robert Redfield: And I'd say, why are they dying? We diagnosing them. Aren't we getting them into treatment? So it's still a significant issue for the vulnerable. It's not a big deal for the non vulnerable, and I think that's really important for people to grasp. I think it's an important, I mean I've been vaccinated eight times. My wife's been vaccinated eight times, but my grandchildren, who I all got vaccinated initially, I thought when the Covid virus came into them, since I knew you lost taste and smell, I knew that this was a virus that also got in the central nervous system. I wanted to minimize the central nervous system replication they had. So I thought it'd be better if they had some immunity. I was still hoping they'd go to the Ivy League schools after the recent stuff. I'm not so sure. That's

Chris Cuomo: Exactly right. Talk about a different virus.

Dr. Robert Redfield: Yeah, talking to a good state school. But the point is, so I don't advocate it at all on these kids anymore. They get reimmunized automatically by getting reinfected every year. But for the vulnerable, I still do. Now, I will say this, I don't think people have been as transparent as they should, and this includes the pharmaceutical companies as well as some of the public health leaders that have been the big cheerleaders for vaccines. There are side effects of these vaccines. And I have some patients whose lives have really been turned upside down because of vaccine. They've lost their ability to function to work, et cetera.

Chris Cuomo: But you know what the big shots tell me, Bob, is maybe we have a lot of databases. It's not showing up in a real way yet. There is BS and anything that side effects with this vaccine that we saw in the testing phase was nothing out of the ordinary.

Dr. Robert Redfield: Yeah, well, it's really important to get data. The way I do is person to person, patient to patient, and I've evaluated many patients that I have no doubt their symptoms and disease courses a hundred percent related to the vaccine. Now, what is it, Chris? Well, it's the spike protein is immunotoxic. You get infected, but when you give the vaccine, we make the spike protein. Now, this is my opinion. When I give you an mRNA vaccine, which I help develop and I've given to a lot of patients and I've taken it myself multiple times, I don't know how much spike protein you make because I give you mRNA and then your body goes, makes it so you make a little, you may make a lot, you may make it for a week, you may make it for a month. So I've come to the point of view now as I'm seeing more and more side effects, not to mention some of the other reports that you've seen about looking at the purity of nucleic acids in some of these vaccines.

Dr. Robert Redfield: While the mRNA vaccine was critical to me as a CDC director that was looking at a pandemic that could kill more than a million people and I normally would have to wait one or two years for a vaccine. The mRNA technology allowed that to happen very rapidly. I think it's a great benefit, but then how do you use that benefit? I'm now more of the point of view and I wish the country would switch more rapidly. I'm more of the point of view and in my clinical practice, I use the protein vaccine so I know exactly how much spike protein you get. Your body's not becoming a manufacturing plant. I give you a certain amount of spike protein that's not able to replicate, not able to reproduce itself. And I know the decay curve in the human body, and that's the vaccine I use now.

Dr. Robert Redfield: It's made by Novavax. I think it's, in my view, it doesn't have all the nuances that we don't understand about those individuals. That seems to get, looks like there's prolonged production or impact or negative consequence from spike protein in some people that get the mRNA vaccine. It's still rare, but it's real. And if you came down and visited me and interviewed my patients, you'd interview patient after patient after patient that did not have COVID but are very sick, you would say very sick, long COVID patients. And it's all from the vaccine. The good news is in general, patients do get better over time. Time. I have a couple that are out four years. I am starting to treat patients with some off-label stuff that I think is interesting in making some impact. But it's a mistake to say these vaccines are without consequences. I do think the protein vaccine should be used more. I'm disappointed that people haven't jumped more to it. I

think it doesn't have some of the unknown safety concerns that we're starting to worry about

Chris Cuomo: When it comes to, well now nobody wants to talk about it anymore. One of the things that I was very happy that you agreed with me on early on is we need a nine 11 style commission to look at all of these decisions that were made and get a full compliment of all kinds of different theories and people who believe different things. It worked after nine 11. There was a lot of diversity of opinion on that commission also about what happened. We didn't follow their directives very well, but I think that we need it because people want to move on from this. They only see blame and people making money from it online. I mean, we can't even get past the Ivermectin thing. I can't tell you how many people will say to me, ivermectin and hydroxychloroquine, you wouldn't have needed vaccine if everybody had just been taking that stuff. We would've been fine. And as you know, ivermectin is like one of the most studied things now because of all this.

Dr. Robert Redfield: We've had anti-parasitic drug for a long time, but

Chris Cuomo: Even the maker of

Dr. Robert Redfield: It, you saw how the press misused it too. They tried to say they were treating people with a veterinary drug

Chris Cuomo: Bottle they weren't using. I said that because that's how it was explained to us when people were making a run,

Dr. Robert Redfield: No human product that we were prescribing to humans.

Chris Cuomo: A hundred percent understood. But you'll remember at the time there was such a rush on it as it became a fad that they couldn't get it human grade. They had to get the veterinary grade, which comes in a paste.

Dr. Robert Redfield: EDC got mad at me, but I was a director. It doesn't mean they don't get mad at me, but I was the director when hydroxychloroquine came. I didn't know if it worked or didn't work, but I put in the MMWR, I asked the MMWR to do a report on everything we know on hydroxychloroquine because I wanted doctors that chose to use it to know, know what we knew. I wasn't recommending it. I wasn't not recommending it. I was just saying, here's what we know about this drug. Here's what we know about it, how it's used, what the side effects are. And the same thing. I didn't do it for ivermectin because I think most people understood it much better because it had been much more used. But I've always felt, and now I'm in the situation, I have lots of patients that I'm treating now with off-label therapeutic regimens, both for the micro coagulation and also for the cognitive dysfunction. Different regimens, but they're all off-label. And this is where it goes back to what you saw. You really have to get the answer from the doctors that are actually doing it. Not some guy that sits in an office at NIH and looks at some computer or not some statistician at Pfizer and Moderna that are looking at these case reports.

You really do. I've always, people kind of criticized me when I became CDC director because they thought it was really an odd choice.

Dr. Robert Redfield: I actually got some good articles saying I was a great AIDS doctor and that it would be a real loss for me to go to CDC. It made no sense. And my wife said, wow, these people really like you. I said, no, these people hate me. Okay, they just want to block my nomination. But what I tried to tell people when they attack me of not being having public health experience, I said, there's two approaches to public health. One approach is to come up with a concept and treat a population and it trickles down to the community, into the family, into the individual.

Dr. Robert Redfield: Another approach is to take an individual, a million individuals and trickle it up to the family, to the community. They're both public health approaches. I did it from the point of view of a doctor of getting it right, one patient at a time. And if I did it and one patient at a time, right? Then I infected the family, then the community, then the population, the public health guys learned more epidemiologically. They'd throw something into a population and then hope it trickles down and protect some of the population. That's the advantage of really good clinicians that really

Chris Cuomo: Understood.

Dr. Robert Redfield: You saw doctors in California and know that they lost their license. They prescribed some of these drugs. That's just not right. But

Chris Cuomo: What I don't understand is the politicization of it. Forget about the anecdote that when the former president Trump was sick, he said, I don't want any of the other stuff. I want the antibodies. Give me the good stuff that works. And in talking with people that were a part of the development, they were so frustrated. Merck who made Ivermectin put out a statement saying, we are not saying that this should be used as a baseline frontline weapon against COVID-19. What else do you need to hear? I'm on it right now as part of my long COVID protocol. My doctor has me on a low, what do you guys call the prophylactic dose? But it's one of a dozen things that I'm taking because of newer research about its use in long. I didn't take it any of the times I had covid because my doctor said to me, I just don't know that it works. It's been researched so much. The studies are all over the place. Why do you believe people need to cling to this idea that ivermectin and hydroxychloroquine were kept from them when they were cures?

Dr. Robert Redfield: I don't know the answer to that, Chris. I mean, I do feel unfortunately a lot of the scientific community has sort of an arrogance that it's their way or no way, and they're the purest way. I remember many years ago in the early nineties, Congress, Sam Nun and Warner decided to put a bill in that gave \$20 million to continue my research on developing a vaccine for therapy. I got destroyed. I got put under investigation. I got just clobbered that the academic community was so angry that I could get funded independent of IH. They finally made up some false allegations to get me accused of scientific misconduct. I went through six months of hell only at the end to have an NIH panel vote 17 to one that my research was rock solid and should continue. And finally getting a retraction, the Washington Post, I think on page, I think it was a 26 after being on that's on the front page forever. My wife wouldn't go to the swimming pool

anymore. My kids were ashamed to see their father accused of all of this. And it was all a lie. It was all set up. And so what happened at the end of the day was they finally agreed I could continue my research, but my boss, who was part of this effort to do negative things to me, they decided to put them 20 million into a panel and they distributed the money to themselves to do their own research. If you buck the establishment, it's brutal. Brutal.

Chris Cuomo: Yeah. Believe me, I'm getting it now. I said, I'm taking Ivermectin. I am taking Ivermectin. But again, it's one of a dozen things. I don't think it's a magic pill. And I got all these people, well first of all, talk about something being of no benefit for you to say, I have the anti-vaxxers saying, fuck, you should have said, take Ivermectin from the beginning. The makers of Ivermectin didn't tell you to take it in the beginning. And then the other side says, what are you taking ivermectin for? It's an antiparasitic. It has nothing to do with what you're dealing with. And it's like nobody wants to have a conversation. They just want to kind of take scalps

Dr. Robert Redfield: It. The right position for us to hold onto is to have all the information out there and support the ability of the doctor and the patient to make their own decision, right? Make their own decision. I will tell you, I had a woman who was the sickest patient I've ever seen since I came back. When I came back to practice after I left CDC, I did outpatient infectious disease, and I thought I'd do HIV and hepatitis and complicated id. And I walked into this internal medicine clinic where they took care of about a hundred thousand lives within the whole system. And I saw all these people that nobody was taking care of that had long covid. So I said, okay. It reminded me of the early AIDS days when I was at Walter Reed in 19 81, 82, 83. Nobody wanted take care of the AIDS patients. And I just raised my hand and said, I'll do it. I'll do it. I made my career around that decision. And so I said I'd take care of the long, and I started seeing them and then word got out that I was seeing long and people started coming in from different states. And I got a pretty full clinic now of long. So this woman is in, so you

Chris Cuomo: Believe in long covid, by the way.

Dr. Robert Redfield: Pardon me? You

Chris Cuomo: Believe in long?

Dr. Robert Redfield: No, I have lots of patients with, because

Chris Cuomo: The government doesn't talk about long covid very much. And I get people tell me, Chris, I totally get that. You don't feel right. But this long covid thing, it's not a thing. Exactly. We think it's a thing, but we don't know. And so go slow on it. So I just, it's

Dr. Robert Redfield: A big thing and it's real and it's really impacted lives. So as I tell this story, and maybe someday you and I will do more on it, I think it's really important. So this young woman comes in at young, she's 56 years old. She comes to see me. I've been doing this now for three and a half years. And when she talked, be tough, if it was you when she talked, she could speak in maybe three to five words, and then she couldn't remember

what the next three to five words were. Wow. She couldn't find them. And then she'd have to pause, and then she'd take a minute, she'd remember and then do that. And then so she talked in five word blocks and then pause for 30 seconds or a minute or three minutes. So she really couldn't communicate. And I said, Jo, how this has been going on for 18 months? And I turned to her and I said, joy, it's my wife's name also. I said, joy, you're the sickest person that I've ever seen from cognitive dysfunction in my three and a half, four years doing this. She immediately burst out in tears,

Dr. Robert Redfield: Waterfalls and awkward moment left with her friend, went home and told my wife the story. My wife said, Bob, come on. I thought you were better bedside manner. Better. Yeah, terrible. You brought this lady to tears. What's wrong with you? And I said, I feel real bad about it, but I just had to tell the truth. And so the next week she came in to see me and she was still obviously really debilitated. And in her own way, she said, I said, first I want to apologize for last week when I told you the truth, but I might've not done it in the most kindest way, I guess by telling you the sickest person I've ever seen. She stopped me. She said, Dr. Redfield, pause. I did not cry, pause, pause. Because you told me I was the sickest person you'd ever seen. What I cried. You're the first doctor that acknowledged I was sick. Yeah,

Chris Cuomo: I believe it, Bob. And not just because I believe you.

Dr. Robert Redfield: Every single one of my patients, Chris.

Chris Cuomo: Yeah. People tell you, you don't have that. I have

Dr. Robert Redfield: One guy has seen like 35 doctors.

Chris Cuomo: Yeah, I believe it. It was my experience

Dr. Robert Redfield: As well. And they all tell him he needs a psychiatrist or that he's trying to get off work or he's trying to get disability. And these people have long covid. A guy, very prominent guy, MD Anderson physician, came to see me and he had decided he was going to retire as a professor and leave medicine. He could no longer function. He couldn't remember stuff. I showed him how I used my phone and I have all my textbooks on the phone, and I just look everything up, even in front of the patient. I said, well, let me look that up, okay, because I don't want to get, well let look that up. I don't remember. Let me look that up. And I said, you can do that. You can put your books. I showed her how you put all your books on the phone. You don't have to worry about it. No, I got to retire. I can't do it. I said, I don't want you to do that because you're going to get better. Yeah.

Chris Cuomo: But we have to change the culture and we need the red fields and all the big brains to be part of talking

Dr. Robert Redfield: About this. The end of the story was he left me and he came back eight weeks later and he said, first thing, Dr. Redfield, I want to thank you. I said, Dr. so-and-So what are you thanking me for? I didn't do anything for you. And he said, yes, you did. You told



me that I was going to get better. And I told him how to keep a journal and what his issues were. And he said, while I'm not normal over the last two months, I can see I'm getting a little better and I've seen him since then. And now I'm treating him with a special treatment that I use for cognitive dysfunction. And he never stopped practicing medicine. He just paused and said, you can use this as time to read up and do some stuff. So he's back in practice. He's doing well. So it is really sad to me.

Dr. Robert Redfield: The saddest thing is these patients are people don't take time to listen to them. I did say for a while, for the first year and a half to two years, I felt like I was a psychiatrist because they'd come in, I didn't have to examine them. I really just would sit and listen to their stories and then at the end of it I'd say, well, you have long covid. They'd say, what? I said, well, you have long covid. You mean I don't need a psychiatrist? I said, no, you have long covid. You may be depressed. We can talk about that. But you do have long covid. And the problem with long covid, it has so many different ways it can affect the body. Yes, the micro coagulation. Who would've known Chris? I have one lady that I dearly love who came to me because she's her mid fifties because she felt like she was suffocating. Yes,

Chris Cuomo: I've heard this.

Dr. Robert Redfield: Suffocating, suffocating, suffocating. So we work up her heart and her heart is normal. We work up her lungs. Totally normal. Alright, great lungs, great heart. Why is she suffocating? So put my head and I met another great doctor for long, if you're ever looking for one of the best. His name's Dr. Jordan Vaughn. He's in Birmingham, Alabama. He's one of the best. He's taught me a lot. I've taught him a little, he taught me a lot. He's seen over 1500, 2000 patients now with long covid. And he's the one who developed a lot of the treatment with micro coagulation with three anticoagulants and stuff like that.

Dr. Robert Redfield: So anyhow, we checked her out and she did have a lot of microfibr clotting, but that still didn't explain her. Just inability to feel like she could breathe. And what he taught me was, had I evaluated her pelvic veins, I said, what do you mean her pelvic veins? I'm an infectious disease doctor taking her covid. What are you talking about? Pelvic veins? He said, mom, these patient's veins lose their tonality. So they kind of get like an overblown balloon. And you may know this, you may not know this, but 70% of our blood supplies in our veins, not in our arteries. And if our veins become like balloons, it could be 85% of our blood supply. And if it's 85% of our blood supply, there's less blood going in our arteries back to our right heart. If there's less blood going to our right heart, we're going to feel short of breath because we're not getting enough blood.

Dr. Robert Redfield: So anyhow, I study her veins, her pelvic veins. I could show you pictures of them. Unbelievable. What happens is the vein loses its tone. So when the iliac artery goes over the pelvic vein, it blocks it. So now the pelvic vein, iliac veins not getting the blood back into the vena cava, it's stain in the pelvis. So what does the body do? It starts making collateral veins. If I showed you a picture of her, she's got like 30 or 40 veins in her pelvis that have nothing to do with getting blood back to her right heart. Figure that all out. I send her to a interventional radiologist who puts a stent in her iliac vein and it's all corrected. Who would've ever thought of that? Long covid

Chris Cuomo: Never. But you know what? This will happen more and more the more we discuss that covid is a thing. Long covid is a thing, and we need to, because as you know, the virus is a phage, and I'm going to explain that to the audience. P-H-A-G-E. It's not going anywhere. It's going to keep infecting us and infecting us in different ways and we won't even talk about it because it's become a political football. Bob, let me let you go. I appreciate you spending all this time with me, Dr. Redfield. I really see you not just as somebody who's so important in the past and dealing with what was the largest public emergency in my lifetime, but what we're going to learn in the future because covid is not over. It's not going away. People are still sick. People like me, I'm just one of the luckier ones. So thank you very much for joining me.

Dr. Robert Redfield: You do me a favor, Chris. Yes, sir. At some time when you're open to it, tell me a little bit more about your journey so I can learn from you. I learn from patients. I am not critical of the multiple drugs and treatments you're on. We have a number of doctors that are in the trenches that are just trying different things and we learn what works with one patient. Sometimes doctors will try it for another patient. I'll

Chris Cuomo: Take you all through it. If you want to cheat, I'll send you a link to my substack. My doctor, I'm actually doing a couple with her this afternoon. She is, I've given her permission to take people through what she saw in my blood with all the micro clotting and the spike protein and all that and what she's going to do about it and why we're doing these things and why I'm taking all these things and the different phases and all this other stuff. So it's all there on the substack, but I'll call you and we'll talk about it and I look forward to continuing our conversation to help as many as we can with this. Thank you doctor.

Dr. Robert Redfield: Thanks, Chris. God bless.

Chris Cuomo: There's a lot there. You'll probably have to listen to it twice. I know, I will. And I keep having these conversations. We are going in the wrong direction with everything that matters because all we've done is use it as a point of division. You're bad, this is bad. This was wrong. This is a lie. This is that congressional committee. I'm sure some of the people on it are well-intentioned, but they're not going to really get to the origin of Covid because China's going to go tell 'em the fuck off and we don't have any leverage with them and they're not dealing with any of these other questions because it's just about politics of advantage. That's why they're making fauci a boogeyman in my opinion, because it's a way to blame the Biden administration, I guess, even though Trump was working with Fauci also, we need to do better.

Chris Cuomo: We need a commission and we need to have honest conversations. There's a reason that Redfield was willing to come on a podcast. He's a busy guy with a big pedigree. People aren't asking him about this stuff and he wants to talk about it. We all should. Thank you for subscribing. Thank you for following. Thank you for being an independent, being a critical thinker, being a free agent, wearing your independence, and I'm going to be talking about this on News Nation more than anybody else's. Not just because I have long covid, but because long covid is a thing and there are a lot of questions that need to be answered about what was right and what was wrong. Because we're not done learning the lessons. We've got to learn the lessons of the past because we're dealing

with new problems because of Covid. It is real and it's not going away. So let's get after it.