

### 3-23 Joe Piscopo Show with Steven E. Greer, MD

In this episode, I was the first to say:

- “Told you so”: Remdesivir was approved as I predicted last week
- Stop prioritizing ventilators. Once you are on a vent, the chances of death are high. Nobody was talking about this.
- The governments should be prioritizing cures and drugs to obviate vents.
- The virus was engineered by humans in a lab. Nobody was talking about this.

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**JOE PISCOPO:** Hey, uh, Joe on the radio, 7:28, Dr. Steven Greer. This-this is quite a gentleman right here. A practicing surgeon pioneering how hospitals care for the elderly. Also became a Wall Street Analyst and Portfolio Manager 20 years ago. Author of the book *The Medical Advocate*. Dr. Greer, with great respect, we welcome you back to the show, sir. Thank you so much for being with us.

**DR. GREER:** Hey, good to be back. How are you doing?

**JOE PISCOPO:** Well, we’re doing great, man. I gotta tell you something, Doctor. You got the j- . . . everything you talked about when you were kind enough to join us last week, you . . . every thing that you talked about, whether it was, uh, this hydrochloroquine, uh, uh, remdesivir . . . you got the jump on all of it, Sir. And we were dazed. So, thank you for that. Uh, i-i-and now we see possible clinical-not clinical, uh, possibly folks being able to get these drugs tomorrow, and, uh, you said it originally: this looks like, um, we-am I being too hopeful is the question that I want to ask regarding these drugs, Sir?

**DR. GREER:** Yeah, no, that’s correct. Um-um, that’s-that’s what . . . in Wall Street you always have to look ahead to the future, because you can’t make money after the news comes out. So, I’m always trying to be a future reader, and that’s what, you know, hundreds of analysts like that are looking forward to these events. But it wasn’t in the media at all. They-They wanted to scare you, and, like, “oh my god, but . . .” So, there are therapies out there. They’re all-they-they are working, um, and, uh, and **President Trump last week had his FDA rush them out. So, right now if you had the illness, um, you could get on, um, a compassionate use, the Gilead drug, Remdesivir, even though it’s not even FDA approved yet.** So, uh, I haven’t called around, but apparently that’s going to be available to people as well as the, uh, the malaria drugs, and then you combine that with, um, with, uh, Zithromax, um-uh, and antibiotics. There’s those two combinations to help prevent the lung damage progressing to pneumonia. So-So, there’s drug therapies out there now, and there’ll be even more within the next few weeks.

**JOE PISCOPO:** Oh, yeah, Dr. Greer, what was the other drug? We've gotta write that down. You just mentioned another drug that I have not heard about.

**DR. GREER:** Well, that's the antibiotic. It's also called Z-Pak by brand name.

**JOE PISCOPO:** Z-Pak, yeah Z-Pak is great. That-I gotta tell you, I mean if-if you have anything in your chest or anything it's great.

**DR. GREER:** Yeah.

**JOE PISCOPO:** There's hydrochloroquine, uh, redemsvir, and, of course, with the Z-Pak, and then what was the other . . . did you mention another drug, or did—

**DR. GREER:** Those are the three. Those are the three I mentioned, yes, so far. And, uh, and I think there's other trials coming out, other drugs promising . . . so, I wouldn't be surprised to see a whole new drug. So, there's gonna be multiple drugs to treat this. **That, more than ventilators, is what they really need to prioritize—**

**JOE PISCOPO:** Wow.

**DR. GREER:** —and-and get out there. **We hear all this ventilator stuff, but the ventilators aren't gonna save your life. A drug will. So, my advice is to really get whoever is making these drugs, say double-time, making more. Get them out there. I don't know if they're available well or not. I haven't called around to see if doctors are having trouble getting them or not.**

**JOE PISCOPO:** Yeah, is hydrochloroquine . . . that's been around forever, yes?

**DR. GREER:** Yeah. Yeah, yeah. It's an anti-inflammatory. It's-I have no idea why this works on this virus. I-It doesn't seem intuitive. It's not your classic anti-viral, but it somehow reduces inflammation. I-I don't know how it works. I don't think anybody does, but it's-it seems to be working. Um, and then the antibiotic is . . . see, what really kills you is you damage the lungs, and then that sets them up to be vulnerable for a bacterial infection, not the virus. You end up dying from a bacterial pneumonia, so that's why the antibiotic is helpful.

**JOE PISCOPO:** Yeah, sure. As opposed to the respirators. This is great. Dr. Steven Greer. Hey, Dr. Greer . . . so-so, I'm watching Dr. Fauci, and, you know, and, uh, I know he's on the task force. I'm watching him, and I like he's Italian, so I'm thinking, "oh, this is great. There's an Italian-American, and he's doing great things like that," but he-I can't . . . he just . . . he's so clinical, and the word—to quote our friend Laura Ingraham, she said—he's so anecdotal, whereas you're saying, "let's try something." Is he being too cautious? I mean—

**DR. GREER:** Yeah, well I—

**JOE PISCOPO:** I don't mean to be . . . yeah. Go ahead, please.

**DR. GREER:** Under so last week, I was the first one to point this out, and now it's all over the news.

**JOE PISCOPO:** Yes, you were. Yep.

**DR. GREER:** He-He is clearly antagonistic to Trump, trying to undermine President Trump, and-and he's just got a big ego. He thinks he's a scientist and he knows better, but he doesn't understand. This isn't a science issue. This is a national policy issue, and the way he would speak to a group of scientists behind closed doors is not how you speak to millions of people, and he doesn't understand that. So, he goes up there and he's pandering the they-says, and "no, we don't know what we don't know, and it could be this and it could be that." That's not what we want to hear. We want to hear, you know, facts, and we want to hear something optimistic, and I say again, that he has absolutely been the initial event for a domino effect that has led to an unprecedented overreaction that's going to shut down the global economy.

**JOE PISCOPO:** Gosh, this is . . . Dr. Steven Greer, and you know-you know the economy being a portfolio manager and a Wall Street analyst, you know what's funny, Doctor, just off the cuff, man: was-how funny was that when-when Dr. Fauci steps up and he said exactly what you said, and I'm watching this and it's like putting the breaks on and-and-and the President is trying to be so positive, and then Dr. Fauci gets on there. And President Trump turns to Mike Pence, and you see him whisper something like, "c-c-shut this guy up, please Mike." I don't know that he said that, but it looked like . . . I mean, yeah. Your point is so well taken, Dr. Greer.

**DR. GREER:** I tell you, I wish I was on that advisory panel because, first of all, Pence is doing a terrible job, okay?

**JOE PISCOPO:** Woah.

**DR. GREER:** He should not allow this mess on the daily pressings. He should have Fauci under control. He should, uh . . . one of the things, that Dr. Burkes lady is a great spokesperson. She should be leading the ship.

**JOE PISCOPO:** She's great. She's pretty—

**DR. GREER:** Yep. A-A-And they're not controlling Fauci, which I blame Pence for. And, um, so . . . yeah, yeah, yeah.

**JOE PISCOPO:** Not to-Not to criticize the guy, but your point is so well taken. Here we have you on our program last week, boom, and you're telling us now what might work. That's all we want to hear, and the fact that you said this, and I want this to resonate on the air, is that you said the ventilat-it's not the ventilator problem, it's a drug problem. Let's try the drugs first. You won't need the ventilators.

**DR. GREER:** Well, lemme-lemme just clarify: we do, you know, people coming in are sick. This drug, this disease is . . . I'm gonna make some comparisons statistically to the flu in a second, but clinically it is a serious disease that is affecting the lungs more than the flu. There-I think it's an engineered . . . I think it came out of a Chinese weapons lab, and they were engineering it. This is not your nor-it's a weird disease, okay? It's hurting the lungs, it's scary, that's why you do need ventilators. But my point is: I, as a doctor, would want the government to be prioritizing a cure, not a ventilator, because once you're on the ventilator, you're sick and you're gonna die. It's too late. Let's treat the disease, that's the p-should be the priority, number one.

And, uh, so, the Wall Street guide and so forth. So, I did the modeling. I did use some very statistic and best guess work, and how bad will this get? How many people will die? Well, if-at the current death rate of 1.3%, if 40 million people get tested, if the current posi- . . . we're talking about maybe like 30,000 deaths.

**JOE PISCOPO:** Oof.

**DR. GREER:** Which is what the flu is. This year alone—

**JOE PISCOPO:** Oh, I see.

**DR. GREER:** —the regular influenza is still 23,000 people. So-So, right now with my fairly worst-case statistics—cause I think that death rate will come way down—um, we're talking about 30,000 deaths. Now, we shut down the global economy for what would be a number of deaths that's insignificant compared to other deaths, you know? Hundreds of thousands die from car accidents. 70,000 die from opioid overdoses.

**JOE PISCOPO:** Yeah.

**DR. GREER:** 2 or 300,000 die from cancer. 600,000 die from heart disease. So, President Trump just tweeted a few minutes ago, “we can't make the cure worse than the disease.” So . . . and he's right. So, by this time . . . one week from now we're gonna see people changing their tune like, “are we overreacting?” and I-I don't know.

**JOE PISCOPO:** Yeah. Dr. Greer, before we let you go . . . I know we gotta break, guys. We gotta break, but let's just quickly and then we need you to come back, Dr. Greer, you're so helpful. The-I thought it was so peculiar how this happened, when it happened, and they had that bioweapons lab. And I don't—please forgive me if you're listening—I don't mean to be conspiratorial, but this is Dr. Greer. This is a very accomplished practicing surgeon. You think because of the-the way this di-disease unfolded, and just the whole breakdown in structure-infrastructure of this disease, it might've been developed in a bioweapons lab?

**DR. GREER:** Well, that's . . . I mean I am not one of these conspiracy theorists. I've heard so many—

**JOE PISCOPO:** No, you're not. I got it.

**DR. GREER:** That's just factual, and everyone's saying it. It came from a scientific lab, and then they don't have scientific labs in China for no reason. So, whether it was intentionally designed as a weapon or whatever it came from a lab, and, uh, this is not-this is not a normal disease. That's why it's unfair to-if we had evolved over the years as humans being interacting with this, our lungs would be able to defend it better. But this is a shock to the system. We haven't seen this before, so our lungs can't handle it, you know? So . . . uh, it's a very unusual thing that came out of nowhere.

**JOE PISCOPO:** Yeah.

**DR. GREER:** It came out of a lab. We don't know anything about it. That's why we have all these unknowns, and—

**JOE PISCOPO:** Dr. Greer.

**DR. GREER:** Yeah, that—

**JOE PISCOPO:** Dr. Greer, you gotta come back, man. We appreciate it so much, your expertise. I know-I know how busy you are, but we appreciate you jumping on the air with us. So, please, come back as soon as you can Dr. Steven Greer, and thanks for joining us this morning. Always great to have you with us, Sir.

**DR. GREER:** Sure, you bet. Thanks a lot.

\*\*\*END OF Piscopo 3/23 Show – 10:19\*\*\*