

4-2 Joe Piscopo Show

In my third appearance on Piscopo, I said:

- There is no need, nor is their time, for randomized controlled trials on hydroxychloroquine. We know it is safe from decades of use. No one else was saying this.
- It is unethical to not offer hydroxychloroquine. No one else was saying this.
- The U.S. has to start making drugs in the country, not in China.
- The Fauci estimates of 200,000 deaths were based on no valid models. He was bluffing. No one else was saying this.
- The government-ordered house arrests are unconstitutional. No one else was saying this.
- The high death rates in New York are caused by atrocious care in Queens and Brooklyn hospitals. No one else was saying this.
- The virus patients need to be sent to the military hospitals
- I discussed the need for better care in nursing homes
- Everyone should wear a mask. Simple homemade cloth coverings are fine.

JOE PISCOPO: Hey, it's Joe on the radio. Good morning. Five minutes after 8 o'clock. We got this. Everything's gonna be okay, everybody calm down. I know it's a little crazy. You watch all the negativity, and, uh, thanks for letting us have some fun this morning. We got a great show for you today, and I'm so honored to bring to the airways Dr. Steven Greer. Practicing surgeon pioneering how hospitals care for the elderly, right? He also became a Wall Street analyst. How about that, and portfolio manager 20 years ago. He's the author of the book *The Medical Advocate*. Dr. Greer is the first man that you heard on any media anywhere talk about drugs that could possibly offset the effects of the Coronavirus. Talked about Redemsivir, talked about—this is a couple weeks ago—hydroxychloroquine, and Dr. Greer is kind enough to join us this morning. Dr. Steven, thank you for being on the show and-and-and so we're just very, very privileged to have you with us this morning, Sir.

DR. GREER: Hey, my pleasure. How are you doing?

JOE PISCOPO: Well, great, but man, you were way ahead of the curve. Dr. Greer, you said it a couple weeks ago. No one was talking about it. You talked about these drugs. I'm telling you, man, that was great! And then, all of the sudden, they didn't give you or me credit for bringing you to the airways, or Frank, our producer. You know, but, uh—

DR. GREER: Yeah, welcome to my world. I'm constantly giving people on Fox tips and they use it and they never give you credit. I should be used to it by now, but, uh—

JOE PISCOPO: Well, uh—

DR. GREER: Just to—

JOE PISCOPO: Yes, Sir?

DR. GREER: Just to—just to be a little . . . I'm not that great. I mean, uh, people . . . you mentioned the Wall Street job. We're always looking ahead. These drugs were well known to anyone who could put a little bit of effort into it, and so, uh, it just, you know, in Wall Street we're always looking ahead trying to predict what's gonna happen, because if you react after the news you won't make any money. So, I'm always looking forward and that's how I saw these things.

JOE PISCOPO: Well, you were right on the money, Sir. So, tell us about redem- . . . which drug is better? Is the hydroxychloroquine with the Z-Pak or Redemsivir; which one do you think works better, Doctor?

DR. GREER: Okay, that's a good question. Now, they're all, uh . . . the, uh, hydroxychloroquine is now an officially approved FDA drug to treat, uh, this Coronavirus, uh, so it's no longer controversial. Um, but when you want to answer questions of which is better that's going to take a big, multi-center, head to head trial. We won't know that for a long time, and you don't need to know it. You don't need to have randomized control trials for everything, and, uh, what we have is real-world, credible data collected by credible scientists showing prospectively that hydroxychloroquine and Z-Pak works, and so there's no re- . . . it would be unethical—it would be unethical to withhold that drug, uh, from use.

JOE PISCOPO: Thank you for saying that. Because if there's an element of proof that it shows up in a positive way, you should use it. And do we have enough of the drug—

DR. GREER: That's how—

JOE PISCOPO: Wh-Yes, go ahead.

DR. GREER: In clinical trials if you're testing A versus B and the, uh, option A is working so well, they will stop the trial because it's unethical to keep giving patients option B that doesn't work. So, that's the, you know, it's just basic clinical trial stuff. It's absolutely correct to use hydroxychloroquine. It's absolutely correct for the FDA to approve it. Sorry to interrupt you.

JOE PISCOPO: No, say and is it available? Is it readily available? Are we get- . . . cause everybody's complaining we don't have ventilators, we don't have this, we don't have that. I want to see the drug, you know, fast-tracked to these states.

DR. GREER: The hydroxychloroquine? That's interesting that I just saw a Wall Street report today where they're tracking the very generic drug makers. I think there's plenty of manufacturing supply, but in the hotspots of, uh, New York, uh, I don't believe it's too easily available. But the hospitals can get it. So, down here in Florida where I am right now, uh, it is available. So, I think . . . I haven't done a lot of homework on this, but I think it's pretty much available throughout most of the country unless you're in a big hotspot like Brooklyn or Queens.

JOE PISCOPO: Yeah. Dr. Greer, how important is it to manufacture the drugs right here in America?

DR. GREER: Oh, yeah, yeah. We talked about this last time. I said that ten years ago in an essay. Uh, it's-it's, um, it's just obvious, yeah. You've gotta be making the stuff here because I'll give you an example. Just yesterday, India, which makes—it's not just China, India makes a lot of our drugs, too—India is banning the exportation of hydroxychloroquine because they need it for themselves. Well, that's understandable except that exposes us. So, uh, fortunately China hasn't done that yet. I think it would lead to war or something, but, uh-uh, they could. They could easily just say, “hey, we need the drugs for ourselves.”

JOE PISCOPO: Yeah, yeah.

DR. GREER: Medical devices . . . everything comes from China, and that's crazy. Yeah.

JOE PISCOPO: Well, you know, we heard Senator Tom Cotton over the weekend, and he sounded a lot like you and talking about China.

DR. GREER: Yeah.

JOE PISCOPO: And, you know, and as it stands now what do we know about China's role in this pandemic, Dr. Greer?

DR. GREER: Uh, well, yes. I was gonna say that is I just threw out there, sort of half-guessing based on intuition that this sure seemed like the weapon in engineered virus, not some random mutation in the wild, and that's what . . . various senators are coming right out and saying that now. That's-that's what, and china has a bioweapons program, which is illegal. It violates all the rules, post-World War II rules, and they're doing it. Why they're doing it, I'm not exactly sure why. But, uh, they screwed up. They're sloppy, they're terrible at what they do, and they try to do sophisticated things and then, uh, they let a virus leak out which they shouldn't have been making in the first place. So, yeah.

JOE PISCOPO: Y-Y-You know what, Dr. Greer you're right on the money. Thank God, you are so on top of this. A-An-And just to be clear . . . and then, we have talked about this last time but just to reiterate if I may, the molecular structure of this virus, the way it attacks the lungs, i-i-it-is it man-made or did it . . . we talked about it last time, but just to reiterate: is it man-made or was it an accident that it came out the way it did?

DR. GREER: Well, uh, I can only go by . . . I-I started guessing and speculating and so forth, but now I believe the senators who sit on the intelligence committee and so forth, and they've got more information than I do; and it looks to be genetically engineered, man-made as a bioweapon. Yeah.

JOE PISCOPO: See, now I want everyone to hear that. Thank you for saying it, because it's, “oh you're conspiratorial, Joe, oh my gosh. Now you're being a conspiracist.” No! Th-I mean, it was just so coincidental, and also the timing of this whole thing. And, again, Dr. Greer you-you-you are so great, man. I gotta tell you something: we appreciate it so much. But-But are-are the deaths being, and I say this with the ultimate respect for those lives lost but are they-are

they overexaggerating on the deaths. Like, are they putting Coronavirus when someone had an u-had a really severe underlining illness when somebody dies just to be sensational any more. Am I being-Am I-Is that too dramatic when I say that?

DR. GREER: I-It's a definite political ploy to hype this. Just this week intentionally—I don't even blame Anthony Fauci, I think the White House is on board—he came out with this outrageous number. “There's gonna be . . . there could be 200,000 deaths,” and then the next morning—on Fox and Friends—said there would be 200,000. Well, I asked-I've had-I've had a conversation back and forth in writing. You can read it on my website. Anthony Fauci does not have any models to back that up. He's bluffing, guessing, uh, and no one questions him, uh, and they all take him as the unquestionable master; and he's making that stuff up. So, my estimations in my model for whatever it's worth is less than that. Now, uh, and then right now. . . look at the numbers that we have right now. I projected out . . . so, let's say we get 30,000 deaths. That's right up there on par with the regular influenza. So, this is . . . the bad news is it is a really bad virus to certain people who seem to be susceptible, whereas others just do fine.

JOE PISCOPO: Yeah, yeah.

DR. GREER: Um. . . so, yeah. It is a weird, scary disease that we haven't seen before, but the matter of fact is that the total death rate is not something—in my opinion—that warrants this absolute political overreaction across the country. The domino effect, when Cuomo does it everyone else does it, and, uh, it's unwarranted and its, uh, it's . . . I think it's unconstitutional. There-there's no constitutional right that makes us stay in our homes.

JOE PISCOPO: Yeah, yeah.

DR. GREER: And, um, it's violating our civil rights. You're seeing-you're seeing the Seattle Police Chief say that it's illegal and will arrest you if you, uh, say anything about the virus being related to China, and so our first amendment, our second amendment . . . all our civil rights are being destroyed by this crisis. There's people out there opportunizing on this crisis.

JOE PISCOPO: Yeah. I appreciate you saying Dr. Steven Greer, because when you think about somebody . . . my friend . . . Brian's a friend . . . Brian _____(s/l Killamee) is a buddy of mine, and when we hear . . . and-when, you know, if it's Brian _____(s/l Killamee) or it's Piscopo, when you hear Dr. Fauci say this you go, “wow! 200,000! That's what's gonna happen.” So, we-we say it, but it becomes a snowball effect, but you've been critical of Dr. Fauci, by the way, with great respect to Dr. Fauci of course, but the two of you had that . . . you went back and forth with an email exchange with him personally this week?

DR. GREER: That's right, yeah. And he just confirmed what I suspected, and, uh, I mean I know what variables are available. I know what data are available to drive the model, and I'm wondering, like, “well where's he coming up with his model? Because I don't have that,” and sure enough he doesn't. His reply was first he tried to point the finger at Dr. Burke and say she's the one who did it; and then I replied, “okay, well just show me the model,” and then he stopped replying to me, and . . . so, it's nonsense.

JOE PISCOPO: Oh, this is- . . . well, listen: I, so, it allays our fears a little bit, Dr. Greer, with what you're saying. A-And by the way, can we go from there to the ventilator shortage? I mean, uh—

DR. GREER: Sure, sure.

JOE PISCOPO: Is that manufactured as well?

DR. GREER: Yeah, the ventilator shortage is a total distraction. It's not an issue. Ventilators are the last resort. They're not even curing people. The focus should be on medications to prevent people from . . . because assuming you are tested positive, and you have symptoms, and you go to the hospital you should be getting one of these medications.

Here's the point that I wrote . . . I'm the only one to say this, is I have, unfortunately, experience of some of these Brooklyn and Queens hospitals back 20-some years ago when I was doing, uh, clinical trials at, uh, at NYU. As a surgery resident, I would go out there and . . . they were scandalous hospitals that, uh, over the last 10-15 years have been in so much trouble that Governor Cuomo considered shutting them down. And then . . . and it was ultimately decided to throw seven billion dollars at them.

So, these are not the best hospitals to be treating even routine medicine, okay? They're so bad they were almost shut down. So, here's what needs to be happening: in a-in a problem like this there's a term called, "centers of excellence."

Every single person testing positive should be sent, I suggest, to the Javits Center or some military-controlled place where you've got qualified people who can do this, and centralize them, and have a big, huge Javits Center treating all these people, give them the blood transfusions, the plasma from people who've already had it. Give them hydroxychloroquine. Give them Remdisivir, and the three other experimental drugs. Then, you'll prevent the death, you'll take the burden off of these hospitals that can't even do routine medicine that shouldn't be treating them, and that-that's what needs to happen, and, um, I'm pounding the table on that, and I don't know why that's not happening. Hopefully Trump and the military hear this.

JOE PISCOPO: Yeah, and the-they-they do, I think they sample a lot of the morning shows, so I appreciate you getting the word out. Dr. Steven Greer, this man is one of the brightest gentlemen out there in-in dealing with this Coronavirus, and also you're an ex-you're so experienced treating the elderly, Dr. Greer. We're seeing nursing homes being particularly hard hit by this epidemic. What could be done in nursing homes that's not being done now, Sir?

DR. GREER: Well, that's funny you mention that cause I didn't tell you to say that. Uh, there's already been 8 billion dollars approved early on for emergencies. So, I've reached out to the White House. I've got a company with a very famous doctor who's already advising the White Ho- . . . so, we've got this incredible team. We already have gadgets where you can do a remote pulse ox . . . to make a long story short, uh, I think we can immediately start using telemedicine because doctors are afraid to go in their patients, family members . . . so, they're

being quarantined in these nursing homes, and even if they're not sick they've been cut off from society. So, we need to do telemedicine. We need to get them iPads, screens where they can talk to doctors or even family members. That's step number one, and I have a proposal to do that, and I'm waiting for them to get back with me. But, uh . . . so, I think, uh, I . . . see, if you are a wound care expert or any other type of doctor—

JOE PISCOPO: Yeah, yeah.

DR. GREER: —you can advise the nurses and so forth what to do. You don't actually have to be there. So, um, so-so that's my . . . my recommendation is to, uh, start-start piping in some telemedicine to these nursing homes.

JOE PISCOPO: Wow. 8:19, and we're gonna let you go, Dr. Greer. We appreciate your valuable time and your brilliance, Sir. Uh, but I just wanna ask you about . . . you're a finance expert on top of being the great doctor that you are. Do you see the economy making any sort of comeback when this is all over?

DR. GREER: Well, not at the current rate. If they keep thinking more about their political careers and unnecessarily shutting down states and-and industries, no. That's-this is bad news. But if they, uh . . . and I have a hunch Trump's gonna wake up and change his tune, but . . . so, if it goes beyond April, I'm not too optimistic. Uh, but, uh, yeah. It's all up to the politicians.

JOE PISCOPO: And is it-is it okay to wear a mask to go out?

DR. GREER: Oh.

JOE PISCOPO: Huh? No mask or . . . to mask or not to mask?

DR. GREER: Yes! I forgot, thanks for reminding me. Is-Is I've been telling everybody to wear a mask, and here's—and this is not a conspiracy theory, it's absolutely true and it's provable—is they've been lying to us in a massive propaganda campaign, literally. It's not-I'm not using those words lightly, to prevent a run on the stockpile for, you know, first responders, nurses, doctors, and stuff. Well that's an understandable reason, but you can never excuse mass propaganda. It's a slippery slope, and you know. They've been lying to us. Masks, even if . . . it doesn't have to be a surgical mask. You can put a handkerchief around your mouth, which is what they're doing out in Los Angeles now. And it works for two reasons: it prevents you from touching your own face, and it prevents particles and droplets if you cough despite what people say. So, absolutely wear a mask and you have to go outside to get groceries and stuff. So, people are leaving the house, and when you leave the house put a handkerchief, a mask, anything around your face and wear gloves at the same time. And those will do two very effective things: prevents from spreading or contacting it.

JOE PISCOPO: Wow. Dr. Greer, this is the most vital 20 minutes we've done on the radio, and we're just so privileged to have you. The name of the book is *The Medical Advocate* from Dr. Greer, practicing surgeon that works with the elderly—does great work with the elderly—Wall Street analyst, portfolio manager. Dr. Greer, we're just so privileged to have you with us.

Come back again, keep us posted if you hear anything because you're making an awful lot of sense. Where can we find you online, Dr. Greer, if I may?

DR. GREER: You mean like social media? Yeah, I _____. I-I recently just deleted my Instagram app because I was spending too much time on it with my golf videos, but, uh-but, uh, just go to Healthcare Channel.

JOE PISCOPO: Okay.

DR. GREER: Healthcare Channel, or my little personal thing that's called GreerJournal.com. But, my-my . . . the Healthcare Channel was something I started back in '06. It was the first ever internet-based media platform where we interviewed experts like Dr. Fauci, and we sold it to Wall Street for subscription. So, I would rec-for this topic you should get to the Healthcare Channel.

JOE PISCOPO: Great, thanks. Dr. Greer, thank you. *The Medical Advocate* is the name of the book as well. Dr. Steven Greer, thank you so much. Let's talk soon, Sir, and really, really infinite thanks for your expertise, Sir.

DR. GREER: Yeah, my pleasure. Thanks a lot.

JOE PISCOPO: Dr. Steven Greer right there. Hey, James Rosen coming up on the Piscopo—

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