

Is COVID-19 a Bioweapon?

A Special Interview With Dr. Richard M. Fleming

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. Dr. Mercola, helping you take control of your health in these crazy times and we've got an incredible author and physician and scientist and researcher, Dr. Richard Fleming, today, who's going to discuss with us his new book, "Is COVID-19 a Bioweapon?" that is an incredibly well-documented with respect to the assertions and the history that many of us aren't aware of. I mean, I knew that this was a bioweapon, well, that it was an engineered virus, which is the first step, a gain-of-function virus this year. But as Dr. Fleming will go into deeply, and this thing goes back not a year or two, it goes back two decades, two decades, which is crazy, that they've been working on it this long, and they finally brought it to fruition. So a lot of good information, and welcome and thank you for joining us.

Dr. Richard Fleming:

It's my pleasure to be here. Thank you for the invitation.

Dr. Joseph Mercola:

So, I would think rather than me trying to summarize your prolific career, why don't you give us a summary of your expertise, because you're a physician, a researcher, a lawyer, an attorney. So, you've got a lot of skill sets. A nuclear cardiologist, too, I believe.

Dr. Richard Fleming:

Right. Well, no, I'm originally a physicist. This is now, I think, year 53 for research for me, and began very early in life, just [crosstalk 00:01:32].

Dr. Joseph Mercola:

What about three or four years old, or what?

Dr. Richard Fleming:

Well, actually, seventh grade was when the JFK administration's program kicked in and kind of-

Dr. Joseph Mercola:

Really?

Dr. Richard Fleming:

So, I did some of us out of our normal life what we were doing.

Dr. Joseph Mercola:

Wow. What did you do in seventh grade?

Dr. Richard Fleming:

Well, I apparently offended somebody enough to be part of the program. Now, my area of aptitude, which we were being tested on long before the seventh grade turns out to be physics and calculus was just the mathematic language for that. But physics and particularly high-energy particle physics and something that I find very fascinating, very interesting. I eventually kind of wound up doing some of that later on in life as a nuclear cardiologist, so it's kind of hard to get away from a field that you find very fascinating and makes sense to you over the course of time. So, 53 years of research in physics.

Dr. Richard Fleming:

And in medicine, and as many people know, I actually developed the inflammation in heart disease theory and presented it American Heart [Association] in 1994. I joined American Heart [Association] in 1976 as the youngest faculty member at that time, and I got put in several standing committees as a result. Basic and advanced cardiac life support as well as the physician cluster education faculty. And I did a lot of the research on dietary influences and factors that are critical, not only for in the end, heart disease, but other chronic inflammatory diseases, be that cerebrovascular diseases or strokes, or diabetes, or cancer for a wide variety of problems that I know you and probably many of your listeners are aware of with the prior work that I know that you've talked about. And then-

Dr. Joseph Mercola:

Well, I want to learn more about that. But I want to add another credential to your list that you may not mention that I think I'm really proud of you because it shows you're a man of integrity. And that as a researcher, you were on the Editorial Review Board for The Lancet, and you quit in protest of the horrendous article they published to disparage hydroxychloroquine and the fraudulent data that was submitted by Surgisphere. So, thank you for doing that.

Dr. Richard Fleming:

Yeah, people either thought I was nuts or had some credibility, I think when I did that. But yeah, really, I research, review for something like 16, 17, 18 journals. And I'm editor on a couple and it just really, this is a violation of science. Scientific medical journals are not political journals. They're not, I mean, we do have opinion pieces, but those opinions are supposed to be in areas of science. They're not supposed to be in areas of politics. And as a cardiologist, I point out to people that this problem with hydroxychloroquine and again, I don't classify any of these drugs.

Dr. Richard Fleming:

The research that I did for finding treatments for SARS-CoV-2 and COVID had to do with the mechanisms of action or how the drugs work, not what category you want to lump them into. I mean, every drug works in more than one way and can be used for more than one purpose. And I think that that's something that apparently the FDA has forgotten for the physicians being able to use on off-label uses.

Dr. Richard Fleming:

But hydroxychloroquine actually was actually problematic for heart rhythms. You've seen Anthony Fauci and a lot of other people coming up and saying, "Oh, we got a case of

polymorphic ventricular tachydysrhythmia or Torsades de pointe." And you haven't seen that and the reason why you haven't seen it is because nobody's reported an actual rhythm problem with hydroxychloroquine. And that's kind of, what's the expression "egg on the face" for him.

Dr. Richard Fleming:

But yeah, I just couldn't continue. I resigned from The Lancet. I resigned from British Medical Journal Open Quality because of the same concerns that I saw going on. And, eventually we either stand behind principles or we acquiesce and become nothing more than what the German doctors of Nazi Germany did during World War II. And as history showed us, they eventually paid a price at the Nuremberg trials. After the original Nuremberg trials, there were both the doctors trials and the jurist trials or the attorneys and judges trial.

Dr. Richard Fleming:

So, these are things that, there are people powers that be that kind of think that they have things going their direction, but it's very clear to me that they're not as confident that they've got everybody under control. Because the way in which this is all being handled demonstrates that they're more worried about the truth coming out than not. And I think they're worried about the consequences and as well, they should be.

Dr. Joseph Mercola:

Yeah, it's an effective strategy. There's no question because I'm convinced now that part of their process is to get into masked psychosis that people around and I mean, they're doing with this propaganda. And part of the propaganda strategy is massive censoring, which, thankfully, you chose to not participate in.

Dr. Joseph Mercola:

So that was, but this is a good segue, because you mentioned the Nuremberg trials and how ultimately, the medical professionals that were working with Hitler were prosecuted. So, what were your motivations to write this book? And maybe we can dive into some of it because it is just a fascinating illustration. You did a great job of doing the documentation. I mean, some of it, I mean, it's really well-documented. You've got all the patent numbers, all the details that you've reviewed the studies that go back for two decades. So, why don't you tell us the story of what brought it together and your connection to what you believe might have happened to the equivalent 21st Century of Nuremberg?

Dr. Richard Fleming:

Right, well, so as 2019 did the same thing to me as it did the rest of you. It kind of changed my life and what I thought it was going to be doing. I had developed, I'd spent a couple of decades correcting errors in diagnostic imaging and developed something that I called FMT VDM or it's now come, many people know as Fleming method. It's a way of accurately measuring what's going on inside the body, so instead of giving you a yes, you think you have a problem, no, you don't. It actually measures what's going on inside the body.

Dr. Joseph Mercola:

And what does that tool or assay primarily target? What type of clinical conditions?

Dr. Richard Fleming:

Well, actually everything, the entire health spectrum. And that's one of the things that I've encouraged people to think of this as a health spectrum. So, it began with my investigation into heart disease, and then it evolved into cancers, and then infections like SARS-CoV-2. So, by using Fleming method, what we measure is, first off, we calibrate the camera, so they can accurately work because they're not accurately calibrated right now for quantification or measurement. And then it can distinguish dead from normal living from inflammation and infection to pre-cancers to cancers. And then coronary artery disease isn't really what people think it is.

Dr. Joseph Mercola:

What type of cameras are these? Infrared cameras or?

Dr. Richard Fleming:

No, so these are nuclear imaging cameras.

Dr. Joseph Mercola:

Nuclear? Okay.

Dr. Richard Fleming:

So, they could be plain or SPECT (single-photon emission computed tomography). They could be PET (positron emission tomography). So, I'm one of three actually certified in PET imaging and the only American. There's a lot of people who do it, but they're not actually certified in the way that they should be. And then, Yoshida is in Japan and Schneider is in Switzerland, and I'm here in the U.S., Dallas, in particular.

Dr. Richard Fleming:

So, it measures regional blood flow and metabolic differences and that allows us to determine what's going on in tissue. And then heart disease is the inability of the artery to relax to increase blood flow and that requires an equation that I developed a number of years ago, a proprietary equation to measure that. So, this test allows us to actually do a body image scan measurement of what's going on. And there are areas that you can define as inflammatory or infectious processes and what that allowed me to do was to say, "Well, what are the treatments for this? And let's set up a study."

Dr. Richard Fleming:

So, part of what I did at the beginning of 2020, was to do an exhaustive review. As a Fleming, I was hoping I didn't have to go into infectious disease like Sir Alexander Fleming did, but I kind of got dragged into it. And I really just did a literature review, which included about 300 to 400 papers of all sorts of different viral strategies, different viruses, whether that be Zika virus or HIV or any of a number of things. And to really look at how they reproduced themselves, what drugs might do what. And then I laid out a series of strategies, both for people as outpatients who might have been infected with SARS-CoV-2, the virus, and for people who get hospitalized with this inflammothrombotic response disease that I talked about first in 1994, the inflammation in

heart disease. But it's an inflammothrombotic response, where I also pointed out that bacteria and viruses cause this, it's one of the reasons.

Dr. Richard Fleming:

And so, I had the tool for measuring it and it was simply a matter of putting together a strategy. And so, I set up the study in seven other countries, 23 different sites with 1,800 people and we actually measured what worked and what didn't work over the time that the patients are in the hospital and pre-hospital-

Dr. Joseph Mercola:

These, you measured clinical interventions?

Dr. Richard Fleming:

What we actually did above and beyond clinical interventions, we measured something much more important, which is what's happening at the tissue level, which is what Fleming method allows us to do. So, you can every three days measure whether a drug is working or not at the tissue level, and how the infection and inflammation is responding. And what that allowed us to do was every three days for the people who came in the hospital with COVID, they would have Fleming method and a variety of other tests, and they would randomly be assigned to one of 10 treatment strategies. And then three days later, that would be repeated and if they got substantially better by definition, then they were kept on that treatment. If they get substantially worse, the treatment was stopped and another treatment randomly assigned. And if in fact they didn't get better or worse, they kind of held their own, then another treatment was randomly added to that.

Dr. Richard Fleming:

And so, those 10 treatments became 52 different treatment combinations. And so, the study got divided into two parts, so a Phase 1 and a Phase 2. Phase 1 was really sorting out what drugs work and what combinations and then Phase 2 was taking those combinations that have proven themselves and actually then applied them right up front. So, over the course of that study, we saw hospitalizations go from five to six weeks down to one to two weeks with turn around. And we were very specific in how the ventilators were supposed to be used because they're being used incorrectly. And we've known that the incorrectly is just nobody seems to be reading the papers.

Dr. Richard Fleming:

So on the website, FlemingMethod.com, one of the categories are published papers, and there's over 160 papers now on that site for people to look at the EUA (emergency use authorization) documents of the vaccines. How different drugs may treat these viruses. What do the vaccines do? Just do the genetic sequences of the drug vaccines actually get into human DNA? That type of thing. So, instead of asking opinions, because there's enough people giving enough opinions, my area is science. I'm a research scientist physician and I'm adamant that you kind of have to come up to speed and present a scientific proof of what you're talking about. And sometimes that means I'm not going to be first, but I'm going to be right or at least as right as humans can be with our science. So, that was kind of the goal.

Dr. Richard Fleming:

And then in the process of doing that research, I simply dug more and more and more and investigated what was going on and that led me into the background of the research that many of these people had been doing. The millions of dollars, tens of millions of dollars that had been funneled out of the U.S. and Anthony Fauci has helped with that. I mean, he's been on those committees. You can see it in the book. You can see the grant numbers in the book. You can see the gain-of-function, which is the research that tries to look at viruses or other infections. But in this case, viruses to say, "Well, if we could make the virus just a little more infective, maybe we could stay ahead of it." And that theoretically, sounds really good and I think as a research scientist is good.

Dr. Richard Fleming:

Unfortunately, the question becomes, "What happens when people go beyond the really good things or what happens when people start doing things that maybe have some nefarious motives?" And that's kind of what you see happening. You see real efforts to produce viruses, coronaviruses, in particular. Spiked proteins of coronaviruses to be even more specific, as I show in the book, paid for by the federal government by people who say that, "No, we're not involved in gain-of-function research. Well, their fingerprints are on the documents or on the published papers or on the grants or on the patents. You can't say that you're not involved in things when the documents show differently.

Dr. Richard Fleming:

And it shows the work that came out of the federal government that went to Peter Daszak, Ph.D., at Eco Health, that went to Ralph Baric, Ph.D., at the University of North Carolina, Shi Zhengli, Ph.D., at the Wuhan Institute of Virology, and other places. I mean, these aren't the only places involved, but there's certainly, big names that are involved in the process. And for me, as a researcher, obviously, once I start to investigate something about the only way you can stop me from doing that is to put a bullet in my head. And otherwise, I'm going to stay after it. And one thing led to another and we have been actively following this investigation.

Dr. Richard Fleming:

There are things obviously that are not in the book that are going to come out at international court that I'm saving for that, for the International Criminal Court because this virus is, by definition, a biological weapon. It violates the Biological Weapons Convention treaty. You just have to look at the definitions. It provides nothing useful to humanity. It's dangerous. When Fort Detrick is involved and the Department of Defense is involved and these guys aren't working with the Boy Scouts and the Girl Scouts. And you see these monies and you see the people who are involved, you realize that, as I put it to people, the United States was playing China, China was playing the United States, and you saw who got caught in between, and they're still playing the game.

Dr. Richard Fleming:

And it's, for lack of a better term, this book is an indictment. And that's now my attorney hat going on saying that I have provided in this book [inaudible 00:17:07] of evidence that I would take to a grand jury and say, "Ladies and gentlemen, a blind person, if needed, we could put it in

[inaudible 00:17:17] what's going on. And only if you choose not to do this, can it be ignored." But I'm not somebody who is going to give up on having these people dealt with because all the freedoms that we have, and the rights that we have as individuals, not to mention just the numbers of people who have died.

Dr. Richard Fleming:

And my argument is, if they got the virus, and they died with these diseases, they did die from the virus. The reason why they died is because they didn't get treatment for the inflammation and the blood clotting that I've shown works and other people, other doctors have shown that they have data that they believe works, right? And the ultimate argument is that you can't kill somebody more than dead, so if they don't have the measured data, which I think that they should have, and I would help them if they wanted. What we do know is that they can't do worse than kill the patient. And we've already seen what doing nothing does. It kills the patient.

Dr. Richard Fleming:

At no other time in American history have doctors looked at patients and said, "We can't do anything for you. Go home and come back when you get sicker." And we have always treated people with breathing problems with medications for breathing. We've always treated people with clotting problems with medicines to stop the clotting. And so, the reason why this is so critical to understand is because the same people who were involved in the funding of this bioweapon are the same people who have interfered with doctors providing treatment to patients, are the same people who have been involved in the development of these vaccines. And once you appreciate and it's up to you, the reader, "Is COVID-19, a Bioweapon? The Scientific and Forensic Investigation," it's up to the reader to decide, is it a bioweapon?

Dr. Richard Fleming:

But if you come to that conclusion and I think you will, then you have to recognize that the vaccines that are nothing more than the genetic reproduction of that bioweapon is a bioweapon. And now, what you see is the same people who made the weapon blocking treatment and disseminating more the weapon producing harm. And right now, the Delta variant is a classic example of pressurization, of selective pressurization of this virus to go that pathway because natural immunity gets you immunity to the spike protein, to the nucleocapsid, to the rest of the components of the virus and if you only target the spike protein, and that spike protein changes then the idea of a drug vaccine biologic is just laughable because it won't work. It's going to be too different from what you expose the body to, and it's not going to recognize it.

Dr. Richard Fleming:

So, we have taken this mass forced vaccination of a bioweapon, we have not provided informed consent because if you look at the package inserts, they're blank, intentionally blank. I've shown that at Event 2021, and other people have shown it. So, there is no informed consent for physicians to provide. So, if you're injecting someone with these drug vaccine biologics, you are injecting them with something that you cannot possibly give them informed consent for, which means you're violating your Hippocratic Oath, you're violating the International Covenant on Civil and Political Rights Treaty, you're violating the Nuremberg Code, you're violating the

Declaration of Helsinki. It's right across the board. It's not even something that you can pretend doesn't happen anymore. It's just in everybody's faces.

Dr. Richard Fleming:

And you can see that the powers that be are so stressed out right now that they are cajoling and coercing and manipulating and attacking. And in Italy, my friends in Italy, tell me that the behavior of the Italians from people feeling stressed, the vaccinated people are behaving in the same way that they did during World War II towards the Jews and the intellectuals. And let's remember, the first people that Hitler put in concentration camps weren't the Jews. The first people were the intellectuals because if you take the intellectuals and the doctors off the street, if you stop people from talking, you can control the people.

Dr. Richard Fleming:

So, the pressure being put on the medical community in this country, in Italy, in other countries around the world to simply go along is nothing more than the equivalent of what Adolf Hitler did and the SS did during World War II when they rounded up the intellectuals. And it's just one will lead to the next and there's nothing about this that has been a successful campaign to control an infectious virus and a manmade one at that.

Dr. Joseph Mercola:

Yeah, well, that's a lot of information. So, I would suggest that it's a bit different than what Hitler did because that was a while ago. We're talking 70, 80 years ago. So we've gotten much more sophisticated technologically, and the propaganda campaign is exponentially, exponentially more effective. So it's much easier to control the population through propaganda than it is through carting them off in trains and putting them to the concentration camps. So, I'm wondering what your thoughts are on the equivalent of this vaccine. I mean, many people are calling it the "kill shot" with respect to the equivalent of essentially getting people and putting them on the trains and sending them to the camps.

Dr. Richard Fleming:

Well, the answer to that question is, all you have to do is read the Emergency Use Authorization documents. And I'm just stunned at how many people have not read this. I'm stunned at physicians not having read this. I mean, I thought we always read the package insert or at least read the Emergency Use Authorization documents. And when you do that and you can go to FlemingMethod.com. I've got several presentations on there, PDFs, you can download, where I've done this. And you read the Emergency Use Authorization documents and you take the data out of those documents and you ask very fundamental scientific questions.

Dr. Richard Fleming:

Is there any statistical difference in the people, in the number of people who developed COVID or who die and the people who are vaccinated versus those who are not vaccinated? And you come to a very definite conclusion. There is no statistical difference in the two groups. The vaccines do not statistically reduce. There are fewer cases, but not statistically.

Dr. Richard Fleming:

And nobody in their right mind, I think, who's a physician would walk up to somebody and say, "Mrs. Jones, Mr. Jones, I have this drug that I want to give you to prevent you from getting heart disease. Now, it won't do anything more than a sugar pill, but I want you to take it." Physicians wouldn't prescribe that. And patients I think, if they fully listen to the statement, wouldn't take it. They would go, "Well, why would I take something that's going to have no better outcome for me than doing nothing, right?"

Dr. Richard Fleming:

So, you look at that and then you look at the fact that there are side effects, right? There are side effects. There's inflammation and blood clotting, like I've talked about and we're seeing it because when you look at these vaccines, and you look at Pfizer and Moderna and you look at how many mRNA are in there, it's about 13.1 billion, right? And you look at the double-stranded DNA with AstraZeneca and Janssen, which is what people call Johnson & Johnson, and that's 50 billion. So, after doing-

Dr. Joseph Mercola:

Are you sure?

Dr. Richard Fleming:

Yeah.

Dr. Joseph Mercola:

Excuse me for the interruption because some others are saying it's 40 trillion and I'm wondering where they come up with that number. I've seen that 40 trillion referenced a few times now, but you're saying 13 billion? I mean, they're both huge numbers, but [[crosstalk 00:25:49](#)].

Dr. Richard Fleming:

Right, so yeah, it is. Well, there are actually equations that you can use and I've put those references on the website as well. But you can actually go calculate based upon the size of the molecules and the size of what you're putting in how many versions you're getting at it, so that's where those-

Dr. Joseph Mercola:

Okay, so 13 billion.

Dr. Richard Fleming:

Yeah. It's 13.1 billion for the mRNA and 50 billion for the double-stranded DNA. So, here's the thing, when you have a person transferring from person-to-person the actual virus, even though it's a gain-of-function manmade virus, they're getting hundreds, thousands, I don't know, let's be generous and say 10,000? Okay?

Dr. Joseph Mercola:

Mm-hmm (affirmative).

Dr. Richard Fleming:

So, every one of those has to attach to a cell and they put in one genetic code sequence. Now, you give vaccines, so what happened was the people with the comorbidities, they already had heart disease and high blood pressure. They died, because they already had inflammation and blood clotting going on and this just made it worse. And unfortunately, nobody treated them for the inflammation and the blood clotting. Have they done that, I would argue that these people would still be alive. In fact, our study showed 99.83% success, which means maybe we had lost 20,000 people in the U.S., which is still a fair number of people, don't get me wrong. It's just not over 600,000, right? We lost three people in this study and those three people I still think about every day, because they're three people that we lost.

Dr. Richard Fleming:

So, you get that type of phenomenon and what you see is person-to-person only has problems if you have underlying diseases that don't get treated. Now, what you take is you mass vaccinate the population and you have people who are healthy. And that's what we're seeing, healthy people having reactions. Why are they having reactions? Because they're healthy. They're getting inundated with billions of genetic sequences making spike proteins that don't stay at the site of injection. We know Moderna did a study that we published, that's on the website, that Moderna published using lipid nanoparticle vaccines for influenza and they published it in 2017. And the animal models show that the lipid nanoparticles didn't stay at the site of injection. They were in the brain, the bone marrow, the liver, the spleen, every part of the body.

Dr. Richard Fleming:

So, for people to come up now and say, "Gosh, golly, gee whiz, we just didn't expect that" is a little disingenuous. And I think you kind of have to ask yourself the question, "Why does the cardiologist know about the 2017 paper, but the people responsible for the technology claim that they don't?" And so, what you see are normal healthy people responding to a massive production of spike proteins and those people should, healthy people should make a massive immune response. And what does that immune response do? It produces inflammation and blood clotting, and then the spike proteins go across the blood-brain barrier and causes prion diseases just like what's been shown in the humanized mice and the Rhesus Macaque models.

Dr. Richard Fleming:

Now, I'm willing to bet that the people who made this gain-of-function virus I already knew that because retrospectively, one of the things that I discovered, one of the things that had the government coming after me early on and Big Pharma coming after me in the 1990s, in the early 2000s, was the fact that the research that I was doing in dietary and inflammatory disease has the same neuro-5-AC raft receptor that the glycoprotein 120 of HIV that Shi Zhengli put in, in 2004, attaches to. So, the people that were doing this were paralleling my research, except stupid me, I was just focusing, I thought on something really good, inflammation and heart disease and that type of thing. But it turns out that that information is critical for getting this virus to be able to attach and to infect people like it's doing.

Dr. Richard Fleming:

So, it's interesting how you can be minding your own business and doing really good research and trying to answer some questions and it might just expose the people that are doing nefarious things, but it's very clear. And the question that the book asked is, "Is COVID-19 a bioweapon?" And the data is extremely, painfully clear. The next question is, "What are we going to do about it?" And I think the answer is very clear. Unless you think — these people did not develop this and stop. This is not the first go round. In fact, Li-Meng Yan points out very clearly that her work over in China that she knew very clearly that SARS-CoV-1 was the first bioweapon.

Dr. Richard Fleming:

And one thing that's pointed out in the book is that in 2006, the Chinese published a paper where they did a gain-of-function virus that they combined four viruses in, in 2006. Those viruses were HIV, hepatitis C virus, SARS-CoV-1 and SARS-CoV-2 and they labeled it that way. They labeled it that way. So in 2006, they had this, they were working on it.

Dr. Joseph Mercola:

Is it Baric in North Carolina?

Dr. Richard Fleming:

No. That was another group of researchers out of China, so the Chinese were putting this together. This was, so when I say that, more than Baric and Shi Zhengli, I mean, there's evidence to show that a number of countries were involved. It's just that the U.S. and China managed to excel at this. And I got a job offer the other day to try to recruit me to be the physicist imaging specialist for an NIAID (National Institute of Allergy and Infectious Diseases) project on viruses at Fort Detrick.

Dr. Joseph Mercola:

Nice.

Dr. Richard Fleming:

Yeah, yeah. When I got those email requests, I thought, "You have got to be kidding. Do you know who I am?" I mean, you know what I mean? This is a nice example of people looking out there for the right people with the right type of training to do things. But not asking that fundamental question of, "What are the ethics of these people?"

Dr. Joseph Mercola:

Yeah, well, that will be one of the major factors contributing to their ultimate downfall. I want to go back to a point you mentioned earlier with respect to the individuals having to decide about taking this COVID injection. I hesitate to call [it] a vaccine, because it really isn't by any definition, strict definition. Assumed that if the average individual knew that there was just no statistical difference and it was essentially a placebo why would they take it?

Dr. Joseph Mercola:

Well, there are external factors that can contribute to that. I mean, certainly, when people, many people have been in communities where they could have been part of a lottery, win \$1 million to \$5 million is one. And then the others, I mean, I think Biden administration is now considering, maybe it's implemented by the time this interview airs is \$100 if you get the vaccine. But even more importantly, it's mandatory for large segments of the population. And even though, and I'd like your comments on this, because in my mind, that is an absolute distortion of law, the rule of law because there's no way this could be mandatory. It's an absolute violation of First Amendment principles for the freedom of choice.

Dr. Joseph Mercola:

So, because like every government employee is now mandated to get it and I think they're the biggest employer in the country and large corporations, Facebook. CNN showed a nice little attack on me recently. They just fired four people who came to work who weren't vaccinated. And there are many large companies who are getting away with it and other than the justification that it's illegal to do. So, many of these people don't have that freedom of choice. They just, they literally don't. I mean, if they want to participate in society as they normally did.

Dr. Richard Fleming:

Right. Well, to begin with, I would argue there's several legal violations that are going on here and-

Dr. Joseph Mercola:

Yeah, yeah, but please expand. There's not many more people qualified than you to address this.

Dr. Richard Fleming:

Well, the biggest problem are all the private industries because the Constitution of the United States doesn't apply to private corporations, right? The Constitution of the United States applies to a contract or a compact actually, between the states and the federal government, but it's important to note that the federal government, in this compact that we call the U.S. Constitution is actually subservient to the states. The states are not subservient to the Federal government.

Dr. Richard Fleming:

And so, the states have the power and the authority to determine what happens. And anything that's public and cannot coerce people to do that. Now, how do we know that? Well, because Article III of the U.S. Constitution states that interpretation of what's constitutional is or not, is the right of the Supreme Court and the Supreme Court has already ruled that there are personal privileges and liberties that people have including sex, health care and family. And all you need to do to prove that, as far as the Supreme Court is concerned, is you need history, custom and tradition, which we have in this country.

Dr. Richard Fleming:

We have a history of patients being treated by their doctors and not coercing people to be vaccinated with experimental research. We have a history of doctors using off-label drug use,

which raises the question about how the federal government is violating the ability of physicians to practice medicine. We have a government, custom of the government not interfering with this doctor-patient relationship. We have several Supreme Court cases in which the Supreme Court has ruled that people have the right to health care as they wanted.

Dr. Richard Fleming:

Rochin versus California had to do with an individual who was forced to undergo emetic medications to force him to vomit, to bring up things in his stomach that the Supreme Court said, "You do not have a right to force this medication on people." Griswold versus Connecticut showed that the U.S. government cannot take away the personal rights of healthcare individuals unless there's some type of compelling and substantial reason and then it has to be put into law. It can't come out of the executive branch. Cruzan versus Director of Missouri Department of Health in 1990, specifically stated that patients have a right to refuse any treatment. You cannot force treatment on people.

Dr. Richard Fleming:

Well, this is forced treatment. This is coerced treatment. And Doe v. Rumsfeld proved in 2004 that investigational drugs could not be forced upon people unless there is a presidential waiver or informed consent. Well, here's the kicker on presidential waiver, which is what they're going to go to.

Dr. Joseph Mercola:

Is that the justification they're using to make this happen?

Dr. Richard Fleming:

Yeah, yeah, so here's the thing. Anybody who takes an oath of office, the President of the United States, senators, representatives to Congress, governors, police officers, judges, lawyers, administrative officials, anybody who takes that oath cannot violate the U.S. Constitution. If they do, they've committed treason, by definition. In the U.S. Constitution, it states that Treaty Law and the Constitution and statutes are the supreme law of the land. The International Covenant on Civil and Political Rights specifically states that you cannot force people to take a drug that they have to have informed consent, and that animal research has to have been done beforehand to prove it's safe. So, if a President including this one, issues an order that this is a mandate and required, then he is violating the U.S. Constitution by violating Treaty and therefore has committed treason.

Dr. Joseph Mercola:

It's an impeachable offense.

Dr. Richard Fleming:

It's not only impeachable offense, it is punishable by death because that's treason. You can't force U.S. citizens to undergo forced experimentation. And you can't get around that by doing something cute like having the FDA (Food and Drug Administration) say, "Whoa. Well, we've now approved it, okay?" Because the Supreme Court has already ruled that you cannot force people to take a treatment and the only party that can change that is the Supreme Court. And that

would require a court case taken to the Supreme Court where they said, "Well, we were wrong before."

Dr. Richard Fleming:

Has that ever happened? It's happened once in the history of this Supreme Court only once, only once. The Supreme Court is not going to turn around at this point in time and tell American citizens that you must be vaccinated. Because you can see right now the vaccines are showing for themselves, the problem is, is there's this increase in Delta variant, right?

Dr. Joseph Mercola:

But what about Biden packing the Supreme Court, an issue that he failed and refused to comment on prior to his election or that but appears to be at least as far as I've read, that that's his intention at this point. You're going to put a number of other justices on there to essentially totally unbalance the design of the whole system that forefathers have.

Dr. Richard Fleming:

Well, here's the obligation of the people that the forefathers expressed. You have an obligation to stand up and do what's right. If the people, if the elected individuals, which don't, the government does not tell the citizens what to do. The citizens tell the government what to do. The elected officials are elected and put there by the people. The government doesn't put the people here. The people have a right to tell this government what it can and cannot do.

Dr. Richard Fleming:

And that's one of the reasons why you want to silence the scientists and the doctors. If you can coerce them, so they will not talk to the people, if you will separate the people, if you will quarantine the people. We've never quarantined the healthy before. In the history of mankind, you don't quarantine the healthy. You quarantine the sick, which, gosh, my parents did that, right? "You're sick, you're staying home from school, you're not spreading this to others," right? That's what common sense intelligent people do. If you're sick, you don't go out in society and cough and sneeze on people. You're not going to get better as a result, you're only going to make other people sick, but you don't quarantine the healthy.

Dr. Richard Fleming:

There's also data that shows that natural immunity provides the memory cells to this virus just like it does anything else and it provides it independent upon how severe the infection was. All these vaccines do and they're drug vaccine biologics. They're designed to elicit an immune response, okay? And they're playing this game. All they do, and people don't understand this either, they do not prevent you from getting infected and they do not prevent you from spreading the infection. What they do is because you've been exposed to it, in this case, the spike protein, you will form an immune response to it. And then when you become infected, for real, it will shorten the amount of time it takes you to respond to it, so your symptoms will be less.

Dr. Richard Fleming:

Well guess what? Advil, Motrin, Aleve, ibuprofen, aspirin, all do the same thing and it didn't cost us billions and trillions of dollars to do and it didn't violate your rights. You get to go decide if you want to take those medications or not. So, a lot of-

Dr. Joseph Mercola:

Even though they may be associated with some risk. I mean, there's many professionals-

Dr. Richard Fleming:

Yeah, look.

Dr. Joseph Mercola:

-who are now recommending anti-inflammatories in COVID.

Dr. Richard Fleming:

Well, that's-

Dr. Joseph Mercola:

I mean, with the exception of severe disease and you have drugs like budesonide and methylprednisolone.

Dr. Richard Fleming:

Yeah, there's- so you could- yeah, you could use [crosstalk 00:47:32].

Dr. Joseph Mercola:

But, let's get back to your original argument because it's really good. You laid a strong argument, legal case for not having mandatory vaccinations, even though it appears that large segments of the population are undergoing that right now. So, even though you've laid out the case, how do we prevent this? Is there a revolution coming up or is it legal suits that need to be followed? What's the process?

Dr. Richard Fleming:

Yeah, so more than one thing, obviously. On the website, on FlemingMethod.com, you can go, there are exemptions. I've already put together a format exemption that covers medical, legal, religious and constitutional rights that people have. You're welcome to go there. Download the PDF. Add your medical information in there, your name, the people involved and send it into the people. That's first step. Okay? Taking action, not roll it-

Dr. Joseph Mercola:

Where do they send this form? Where do they send the form to?

Dr. Richard Fleming:

Well, they send it to whoever is mandating that they take the vaccine, right?

Dr. Joseph Mercola:

Okay. Giving them notice.

Dr. Richard Fleming:

So, if your employers do – huh?

Dr. Joseph Mercola:

Even in most, even federal employees can do that?

Dr. Richard Fleming:

Absolutely, absolutely. Yeah. And this is where I got to the place that the President would have to actually issue a waiver on what the Supreme Court has already done under Doe v. Rumsfeld. And doing so then violates the Constitution, which makes it an impeachable offense because he's violated his oath. So that's one thing. The second thing is for people to-

Dr. Joseph Mercola:

Before a second thing, is that Doe v. Rumsfeld, Donald Rumsfeld?

Dr. Richard Fleming:

I think so, yeah.

Dr. Joseph Mercola:

Yeah, yeah. Interesting.

Dr. Richard Fleming:

I'd have to go back and look at it. I'm not [crosstalk 00:44:03].

Dr. Joseph Mercola:

Yeah, it sounds like it.

Dr. Richard Fleming:

It had to do with the administration of the investigational drugs to military personnel.

Dr. Joseph Mercola:

Yeah, it probably was. All right. Sorry for the interruption.

Dr. Richard Fleming:

Yeah. No, that's all right.

Dr. Joseph Mercola:

He was Secretary of Defense, so.

Dr. Richard Fleming:

The other thing is to take legal action. So, I'm working with a number of attorneys to file suits in this country. I will also tell you that I am one of the experts in the International Court and Italian courts right now for suits being filed for crimes against humanity. So, the bottom line answer to this is going to be everybody deciding that they need to take action and they need to be held accountable. Yes, this may mean you lose your job.

Dr. Joseph Mercola:

Okay, so they can fire you for this?

Dr. Richard Fleming:

Yeah, look. The Founding Fathers knew this. If you read through the Declaration of Independence they dedicated their lives, their prosperity, their sacred honor to each other. And every one of them was gone after by the system, by the king, but they stayed with it because they did what was right. And you have to look at this, at this point in time and say what type of world are you leaving your children and your grandchildren? This is never about you. This is never about me. This is about the children and the grandchildren. And whatever we leave them, they're going to essentially be stuck with it. If we abandon them and the founding fathers did not abandon us, then we are responsible for allowing this to happen. It's on us, so there's no easy way.

Dr. Richard Fleming:

I mean, putting this book out, "Is COVID-19 a Bioweapon?" I'm not going to get pats on the back. The U.S. federal government is not going to say, "Richard, that was a good thing for you to do. Thank you for doing that. Thank you for being an honest, upstanding scientist, physician, attorney." They're not going to do that. I don't expect them to do that because you know what? These people committed crimes and criminals, real, real honest to God criminals don't want you to know what they've done. If you want to know if somebody is a criminal and I'd check to see whether they tell you about what's happened and if they do, they're probably not a criminal, right? Criminals hide stuff. These people have been hiding stuff for decades and they don't want you to know about it, and they don't want you to talk about it.

Dr. Richard Fleming:

You're going to have to accept responsibility that if you're a student, you may not go to that college you wanted to go to because they've decided they want to force things on you. I did a presentation in Fort Worth, a little bit more than a week ago here now. And this mother, so I was done and I was leaving, and I had security around me and I can see this woman in the back of my eye running down the street after me. And I thought, I don't think she's here to attack me. And I could see, she was, so I stopped.

Dr. Richard Fleming:

She ran up to me and she said, "I just I have to tell you, my son just gave up a \$200,000 sports scholarship to attend the four-year college that he'd always wanted to go to." And they were going to go to an in-state college, which wasn't going to be nearly the glamour, and he was given up \$200,000, right? But they made that decision. They made the decision. This comes with hard

questions that really kind of shakes the core of us, but it also answers that question to that sign that I'm sure you've seen copies of as well as I have. If you ever wondered what you would have done in 1930s Germany? Today, you know.

Dr. Joseph Mercola:

That's right. So, I want to go a little deeper in the legal proceedings that you're participating in or planning on overseas in Italy and in the U.S. and give us an update on what they can be. And I think you mentioned the bioweapons treaty. I think that was authored by Francis Boyle, who I've interviewed a few times already last year. He was my first insights. I mean, we kind of blew the whistle on gain-of-function in February of 2020, which was early on, or definitely early on. But he authored that specifically, the penalty is not death interestingly, if you violate that treaty. It's a lifetime imprisonment, because he's not a fan of the death penalty.

Dr. Joseph Mercola:

But is that the primary treaty that you're going to be looking at or is it the Nuremberg or the Helsinki? And what is the plan and where are we at and what are your projections as to the timing on it?

Dr. Richard Fleming:

Yeah, so to answer the latter part, the time plan is for anybody who's been an attorney or I guess, gone to court, where the answer it's always up to the judges how long they want to take.

Dr. Joseph Mercola:

Yeah, yeah, sure.

Dr. Richard Fleming:

You have that nice little privilege. So, it's actually all of the above. It has to do with the Biological Weapons Convention treaty. It has to do with the Nuremberg Code. It has to do with the Declaration of Helsinki. It has to do with the International Covenant on Civil and Political Rights as well as any other statutes that come up.

Dr. Richard Fleming:

But what you do initially is you file cases in the International Criminal Court (ICC). And the United States seems to think that just because it didn't ratify the ICC that U.S. citizens cannot be held accountable, and that would be incorrect. Although it's a nice fantasy if you're living in that world, and you think that's what's going to protect you.

Dr. Richard Fleming:

The court then and there's several cases that have already been filed with the ICC. The court gets to decide then what it wants to do if it wants to launch an investigation, and at this stage of the process, these people are referred to as perpetrators. Not exactly a very nice term when you think about it. And the goal would be to get the ICC to do their responsibility and recognize their place in history because-

Dr. Joseph Mercola:

And what does the ICC stand for?

Dr. Richard Fleming:

International Criminal Court. It's in the Hague.

Dr. Joseph Mercola:

And you do believe that they are impartial and objective, or have they been corrupted like much of the other judicial systems?

Dr. Richard Fleming:

I believe that there have still, look, if they're totally corrupt then there's not much we can do about that, from that point of view, okay? But that doesn't mean you've never seen me if you knew me as an individual, you realize I don't roll over on anything. This is where I proudly recognize my Viking blood heritage, bloodline and Vikings just don't roll over for you. I don't think any Viking ever rolled over for anybody. And I'm certainly not going to be the first one bloodline to do so.

Dr. Richard Fleming:

So, it doesn't really matter how long this takes or to whom this has to go, but I'm a firm believer that there are enough good, honest people on this planet that if the people communicate and work together, the tide on this can and will be turned. There's a group of Italian physicians that are meeting next week that I did a recording earlier for today. That has been sent to them, so they have enough time to put subtitles in Italian on the bottom of it. And it's a group of Italian physicians who feel like they're going up against this massive part of the Italian government and being coerced in the same way that we feel in this country.

Dr. Richard Fleming:

And I'll tell you that this is the same story all over the world. All the people that I talked to in the different countries that I've been working with have the same feeling. They're coerced. Their citizens are being bribed, which, as a side note, anytime the government has to bribe the people to do it, you have to say, "If it was really a good idea-

Dr. Joseph Mercola:

They'd pay for it.

Dr. Richard Fleming:

"-why would you have to bribe me? I wouldn't be lining up for it." I'm the ultimate, I think, research scientist. After 53 years, I really feel very strongly about being a scientist-physician. And I am incredibly offended when Anthony Fauci says he is science because he's not. I mean, I've met some of the very best people in science. I've been privileged to be trained by some of the very best people in the history of science and hopefully, would do them honor in the end.

Dr. Richard Fleming:

But the perspective that a scientist has to manipulate and bribe real science. If these things, if these drug vaccines actually worked and there was scientific evidence, I'd be on here telling you to take it. What you're hearing me tell you is, "Don't take it." These things are biological weapons. They're nothing more than a genetic code of a biological weapon that was made, that was paid for, and put together by nefarious people.

Dr. Joseph Mercola:

Just curious, prior to COVID, were you a believer in vaccines? And were you up-to-date on your immunizations?

Dr. Richard Fleming:

Yeah, I'm not anti-vax.

Dr. Joseph Mercola:

That's what I thought. And you've gotten them?

Dr. Richard Fleming:

Yeah. Many of them. I mean, I don't get influenza vaccines, because-

Dr. Joseph Mercola:

It doesn't make sense.

Dr. Richard Fleming:

Look, I mean, it changes year after year after year. I get exposed to people. I do what I did as a kid and then I develop my immune response to it, T-cells and antibodies and memory cells, and I'm good to go, okay. You know what I mean? I mean, my patients in hospitals have shared some of the worst diseases with me and pneumonias that I could ever not want to have gotten, but I survived it and, and moved forward because okay, functional immune system. I understand other people have immune problems and need to be cautious in other ways and should be so. But these vaccines are not doing anything for those individuals as well. No, I'm not anti-vaccine. I'm anti-stupid.

Dr. Joseph Mercola:

Okay. Good way to be. Well, it's interesting because Robert Malone, obviously the co-founder of the mRNA platform technology and Peter McCullough were both – I mean, Malone was vaccinologist and he reached a different conclusion on this, this whole process of what they're doing, so. And you're in his camp. So, you've done a great job by putting this all together. So, you're a wealth of information, and I'm just so excited that you're leading the charge to fight this thing in legal terms. How many other attorneys are joining you in this process?

Dr. Richard Fleming:

So, because of the fact that I'm the expert witness for the ICC, I cannot be the attorney filing the case. You can't be the attorney and the expert witness. It just turns out I'm one of the expert

witnesses, so there are 1, 2, 3, 4, 5, 6 attorneys and possibly, a seventh attorney. So, there are currently six countries coalescing for a joint case that they'll be able to tell more about. The Italians have their own case. I know that I've been working with several attorneys in the U.S. to try to get cases going on in this country.

Dr. Richard Fleming:

I've been very successful in getting a lot of exemptions for people using the form that I put on FlemingMethod.com. But there's only one of me, and I can't do this for all of you, so I put this exemption on there with bold font that says, "Insert your material here."

Dr. Joseph Mercola:

Yeah, yeah, great. Well, that's a great service, because a lot of people will use it. But ultimately, they may have to accept the consequences that they may have to decide not to attend the scholastic institution, which could be a blessing in disguise, even that one student who had denied or not accepted his \$200,000 scholarship. I mean, it may have been an institution that could have ruined them for life. You don't know, especially what they're teaching in colleges nowadays. It's just, it's not the same when we went to school. It really wasn't.

Dr. Richard Fleming:

Well-

Dr. Joseph Mercola:

Dramatically changed, dramatically changed.

Dr. Richard Fleming:

If you look at the funding of this vaccine, and this virus and the people blocking the drugs. And you ask the question, "Who's giving a lot of money to these universities?" Many times it's the same people. So, why would you want to go to a university that is being funded by people who are trying to manipulate you? And if they're manipulating you, they're manipulating your family, too. So, I realized that the kids going to university are in their 20s, but they're adults. And they care about their parents, they care about their siblings, they care about their grandparents and other people who are close to them and family and friends. And I don't think they want to see their friends manipulated any more than anyone else.

Dr. Richard Fleming:

One of the things I do want to make a comment on now is for the people that have not been vaccinated. When you're looking at the people that have been vaccinated, step back for just a moment and recognize that many of those people got vaccinated because they were told that this was the only way to protect the people that they loved. And what we need to do is have the intelligence and the compassion necessary to look at those individuals and say, "I got it. No judgment." If there's a shedding problem or something like that that you're dealing with, there are treatments that are available that you can look at. I put those on the website, too.

Dr. Richard Fleming:

But you come together, support those people because they were just doing what they thought was right. And for many of them, they are so scared, and they have been made so scared. By the way, what type of country, what type of world, but what type of country spends so much effort frightening the blazes out of its citizens? That says something.

Dr. Joseph Mercola:

Well, fear is one of the most absolutely powerful and motivating triggers for the limbic system, and it is absolutely essential if they're going to implement this strategy.

Dr. Richard Fleming:

Yeah. Amazing.

Dr. Joseph Mercola:

It's the most critical part of the propaganda campaign, is fear. There's no question about it.

Dr. Richard Fleming:

Yeah. May the odds be ever in your favor.

Dr. Joseph Mercola:

Yeah. So it's no surprise, and I hold no judgment against those individuals either because this is, as I said, it's likely, it probably, it is the most effective propaganda campaign in the history of humanity. And it's hard to blame someone when they're under that type of assault. I mean, an individual isn't enlightened enough to seek informed opinions elsewhere and they're just listening to the media. And the people they trust and the politicians and public health officials, they're going to get a consistent message that convinces them that they need to get this. And how could you argue with that? I mean, that's a rational choice, so.

Dr. Richard Fleming:

Yeah. The next time somebody tries to force you or your friends to get vaccinated, I would like your listeners to go to the website and tell them to pull out the EUA documents, and have the people read those EUA documents and prove that there's a benefit to these vaccines. And then, I want them to go to the book, "Is COVID-19 a Bioweapon?" And I want them to read the truth about where this came from.

Dr. Joseph Mercola:

Yeah. Well, the book, "Is COVID-19 a Bioweapon?" But I think even more importantly, because, I've always, I've written a large number of books now. And it was always, before I wrote my first one, I was always reluctant to do it because I had the website and it says, "I don't want to write a book because it's out of date so soon." I mean, but by the time you've written and published it, I mean, things have changed so pretty dramatically in many cases.

Dr. Joseph Mercola:

So, I think, in your case, I mean, it's great to have that as a resource and documentation of the fraud that's been going on. But your website is phenomenal, especially providing this form for people to at least have a hope of getting an exemption from these mandatory vaccines that are being forced upon them. So, thank you for doing that.

Dr. Richard Fleming:

Thank you. Yeah, thank you.

Dr. Joseph Mercola:

Yeah. And it's FlemingMethod.com?

Dr. Richard Fleming:

Right. F-L-E-M-I-N-G M-E-T-H-O-D, no space in between dot-com, so just one M in Fleming, no stuttering.

Dr. Joseph Mercola:

Yeah, yeah. There you go. It's good. It's very good. All right. Any last words?

Dr. Richard Fleming:

I'm sorry? You cut out for a moment.

Dr. Joseph Mercola:

I'm sorry. Any last words that you'd like to share or comments?

Dr. Richard Fleming:

No, I think-

Dr. Joseph Mercola:

Reinforce something?

Dr. Richard Fleming:

I think there's a lot of people that are very concerned that things have gone south, so to speak. And I'm actually encouraged. One of the things that I've noticed about being here in Dallas and in Texas, is that common sense has not died. And it may be that it's our most useful treatment for SARS-CoV-2 and COVID-19. And the vaccines and everything going on is the common sense that people want. I know that this is, sometimes people think of it as a complex topic, because people weren't aware of viruses really that much before all of this happened. But what I've repeatedly gotten from people is don't dumb it down.

Dr. Richard Fleming:

It's not a matter of turning people into Ph.D.s, MDs or whatever, it's a matter of just being truthful and honest with them. And people have a real good capacity, when they get away from

all the nonsense happening to look at the truth and realize it's the truth and to listen to nonsense being thrown at them and realize that it's just garbage and manipulation. So, common sense is a real useful tool for everybody to have. That and compassion. Real compassion, not this fake-pretend compassion that people talk so much about.

Dr. Joseph Mercola:

Yeah, I couldn't agree more, but unfortunately, it's a bit of a challenge to exercise common sense when you've been inundated with propaganda and it's actively engaged and responding to the fear of this constant pressure. And then compounded with in many communities being forced into isolation, which is another strategy for propaganda. They isolate people. And so it's not for the fear of contagion. This was done intentionally to amplify the propaganda impact.

Dr. Richard Fleming:

People from talking to each other, stop them exchanging ideas. Everybody knows that we used to, now I'm saying like, it's something that won't happen again, but it will. We used to frequently sit down and have conversations with families and friends where you'd argue back and forth and you discuss things. And I can't be the only person that would walk away from a conversation and go, "Well, I hadn't really thought about that. Let me think about that" because that's kind of a different point of view. But that exchange stopped when they quarantined people, when they isolated us, and then they put us in our homes. And they controlled what you could see on the Internet and on television, that stopped.

Dr. Richard Fleming:

Well, we've come far enough back out of it, that that exchange has started again, and people have had to fight, literally fight to get that information out. But it's that sharing of information and knowledge that is so critical to turning this around, and actually bringing all of this nonsense under control. Not just the virus, but the manipulation of people that has been going on and the lies and the deceit and the abuse of power and they used their money to do it. They used our lives to do it. They used our livelihoods to do it.

Dr. Joseph Mercola:

Yeah. Well, it's probably one, probably, I believe it is that the most significant challenge on almost every one of us will face. It was forced upon us and requires a response one way or the other. And we're deeply appreciative of the work that you're committing to this to help those of us who aren't as skilled as you in these areas to compile the resources to address this in some way. So, thank you so much for what you've done.

Dr. Richard Fleming:

My pleasure. Thank you.