

The Truth about Covid Part 1

Transcript

Welcome to A Dose of the Healthy Truth podcast with Doctor Cecil Bennett. Learn more about this podcast and other episodes at cecilbennettmd.com. Now here's Dr. Bennett.

Thanks for joining me for the Truth About Covid on my podcast, A Dose of the Healthy Truth with Dr. Cecil Bennet. I'm glad you're with me. There is a lot going on in the news with Covid. I really believe it is important that we understand everything that's going on with Covid and I'm going to enlighten a lot of you out there about things you do not know. I'm going to make you pretty much a Covid expert, not just for your knowledge, but also for your health, to protect you and your family. Let's start with something that's been in the news lately; which are teachers going back to school, with or without vaccination. If you listen to what the CDC guidelines are now for children and teachers going back to school, they are requesting that there be mitigation standards and mitigation steps taken. That pretty much says that there are certain things that have to be done in order for schools to start back again as opposed to just vaccinating the teachers and the school workers. Getting our kids back in school. They would rather go down the road of mitigation, which involves ninety percent masking by everyone in the school, contact surface cleaning, ventilation systems upgrade, increasing testing, and also increasing contact tracing of anyone who is infected with Covid. Now I want you to think about that, what is easier to do? To just vaccinate teachers and school workers [to] get them in the classroom, teaching our children, or to try and manage all of those mitigation standards? You know this reminds me of conversations that we have as physicians with people who have high cholesterol, high blood pressure, or diabetes. We always talk about we need [a] diet, exercise, and weight loss. That's the way to control your blood pressure, your blood sugar, and also your cholesterol, but unfortunately, it's very hard for people to do those things on a consistent basis. What ends up happening is that they end up on the medication anyway, for instance, the patient that has high cholesterol, many of you out there, maybe taking a statin like Lipitor, Crestor, or Zocor. You tried [to] diet, you tried to exercise, you tried weight loss, you have some success and then you don't, you have some success and then you don't. The only consistent way to keep your numbers under control is to take your medicines on a regular basis. That we know is proven. That we know works. The only consistent way we know to ensure that teachers do not get Covid is to

vaccinate them before they go back to school and not have the schools try to maintain these standards, which are pretty much impossible to maintain. It seems pretty straightforward to me.

I also want to talk about something that's been in the news about double masking. It was a little bait and switch that occurred here with double masking. Let me tell you what I mean by this. You remember a few weeks ago the president was actually considering sending out KN95 or N95 masks to the general public, more importantly, to seniors and those at high risk. Now let me talk about masks a little bit. You have your cloth mask that you may get online, and I see a lot of people wearing those designer masks, those are okay. You have surgical three-ply masks, which are the blue masks that people wear, which [are] about on the [same] line with the cloth mask, about the same level of protection. Now the thing about those two masks is that they only protect someone from you. If you're wearing that mask you are protecting me, if I'm in the room, from you. If you have Covid those masks do not protect me from you. So, if you're wearing a cloth mask or you're wearing a surgical mask, you're in the room with me and I'm not wearing a mask, [if] I have Covid you're going to get Covid because that mask will not stop you from getting Covid if I'm in the room with you without wearing a mask. That's the story of the cloth or the surgical mask. The other masks are KN95 and N95. N95 is a mask, it's made overseas, we'll just say in general made in China or Korea, or some South East Asia facility usually. Most of the time they meet the standards that they need to meet in order to be on the US market. I say most of the time because, of course, you are going to have people try to get a counterfeit mask out there. We got to be careful with those, make sure you go to a reputable manufacture to get an N95. That mask will protect you from me and me from you. So, if I'm wearing an N95 mask it doesn't matter if you were in a mask or not. I'm protecting you from me and me from you. So if I'm in a room with you and I'm wearing a KN95 properly, you will not give me Covid, if I'm wearing that mask properly, the same as true for an N95 which has higher standards. It's probably the best mask that you can get will be the N95 mask. But the bottom line is this: If you have a KN95 and an N95 mask, you are protecting yourself and you are protecting others. If you are just wearing a cloth mask or you are wearing a blue mask if someone around you has Covid, you are toast. This is why the administration was going to send out KN95 and N95 masks to seniors and those with chronic illnesses. It made sense right. CDC Director objected to that. Her position was, you know the KN95 and N95 masks are uncomfortable, is one thing that she said. Well, you know what is also uncomfortable wearing a motorcycle helmet when you're driving

down the expressway. Guess what, you have to wear one in order to protect yourself. Her other point was what we have to do is to maybe get the other forty percent of people who aren't wearing masks to start wearing a mask. News flash! The people who are not wearing a mask do not want to wear a mask. It's been a year. Four hundred thousand people have died and they're still not wearing a mask. The likelihood of them wearing a mask going forward is zero. I just don't understand why she's so resistant to ensuring that everyone has a KN95 and N95 mask until we get at least seventy-five percent of the US population vaccinated. So all of a sudden, you started hearing about this double masking. All that stuff in the news,[about] wearing two masks Etc. Do they work? I'm going to tell you one thing: I'm going to tell you what came down from the CDC Director. Let's do that [the] CDC director says: Well if you wear a double mask, it decreases transmission of Covid. Excuse me, it decreases the transmission of the virus by another ninety percent, so double masking will protect you. We need to wear double masks so she's saying: Okay! Well, you don't need an N95, you can just double mask okay, but here's a problem with what she's saying remember what I said before that a surgical mask or a cloth mask will protect someone from you giving them Covid. Well, if you wear two masks it is true: There'll be more protection from you giving someone Covid, but guess what it will not stop them from giving you Covid. If you wear a two mask, as a matter of fact, there was a study done in 2005 on another coronavirus, the SARS virus. What they (NIH) did at that time. The NIH, the National Institute of Health had people wear two, three, four, and five masks to see whether or not it [would] stop them from getting the virus and guess what it didn't work. So, whether you wear one mask, two masks, [all the way] up to five masks if you're in the room with someone with Covid you're going to get Covid. So you see the little spin action that took place here, she was saying was that, if you wear a double mask you are doubly protected against giving someone Covid. That will not protect you from someone in the room with Covid. To do that you need to be vaccinated or you need to have a KN95 and N95 masks! It's that simple. So what I want everyone to do if you have not been vaccinated, you need to go find a proper mask, forget about that cloth mask or that that surgical mask unless everyone in the room is wearing one. If everyone in the room is wearing a cloth mask or a surgical mask you're all protected. But if you're going anywhere: If you going to the grocery store, into the supermarket, to the hardware store, [or just] going shopping, protect yourself by getting a proper mask, which is a KN95 and N95 masks. Double masking will not help you. So I want to make sure we're clear on that. About

a month ago, I wrote a letter to the CDC director and brought up my concerns about the KN95 and N95 masks not being distributed worldwide. Her response was what I just went through with you with this double masking stuff that she's putting out. That is protective. That's really not protective. Something else I want to talk to you about when it comes to the administration of the vaccine. If you noticed there's this big plan, to put up tents and to get churches, schools, stadiums, [use] the NFL,[and] the NBA. All these massive testing sites that they plan to put online. They need to hire additional healthcare workers to administrate the vaccine. They have all this logistical stuff going on with the Army back and forth. They don't have pharmacies involved to try and vaccinate people left and right. Let's talk about that for a second. The current healthcare system, through public health, is not set up to administer the vaccine to the general public in masses. This is why they have to create this massive infrastructure in order to do that. Now compare that to other countries. You know in my other podcast, I stated that I've traveled to over twenty-five countries [to speak] with their government or to the medical schools about medical education. Those systems are different from ours, their democratic systems but their parliamentary systems with a Minister of Health. That Minister of Health has branches in every parish, in every district, in every county, in every community of the entire country. They have a provider that is networked across the entire country. So if something happens, let's say they have to vaccinate the entire country. One call [to] the Minister of Health starts an entire network going to be able to get vaccines to everyone in that country fairly quickly because the system and the infrastructure is set up to do that very quickly. The US does not have that public health structure. Do any of you know even know where your public health department is? If I had to send you right now saying that your life is depending on it, drive as fast as possible to your closest public health department. Where are you going to go? You have no idea right. The only people who know anything about public health are those who are going on mission trips and need a yellow fever vaccine. That's pretty much [the] only people [who] go to public health. As well as some other minor things. Most of what we do today when it comes to vaccine administration is via primary care physicians, not public health, not pharmacies. You've seen a lot of things online about pharmacies vaccinate America! I told you there was a survey done by an online pharmacy. That was asking the question: Where did patients go in 2020 to get their flu shot. Twice as many patients went to their primary care physician as opposed to a pharmacy, and only four percent of people went to any type of public health facility. Four percent! Yet, when we're looking at

rolling out six hundred million doses of vaccine (Three hundred million people times, two doses: six hundred million vaccines). They're using public health that has no infrastructure [and the] website crashes every five minutes. Seniors can't get into it. Seniors have no place to go because again they can't get into the system to even find a location to go to. Using pharmacies than maybe, I would say if you combine all the public health sites [with] all the pharmacies. You may get six hundred thousand sites. The three hundred thousand primary care physicians in the United States of America. Let me say that again, three hundred thousand primary care physicians in the United States of America. But we are not a part of the vaccine administration plan. Someone explain that to me. Would you rather go online, spend two hours trying to get in on the website to eventually go to a stadium somewhere to get vaccinated, or would you rather just call your primary care physician? [Than] at your next appointment, go in and get vaccinated while we manage your diabetes or your hypertension? What is easier to do? But we are not a part of the equation and you have to ask yourself why? Now think about what primary care physicians can provide, not only volume, three hundred thousand primary care physicians compared to fifty thousand pharmacies across the United States, but we're in every community. One of the main parts of the vaccine administration has been to make sure you get to black and brown communities that suffer from Covid. Three times [the] death rate and three times [the] hospitalization rate and we to get to those communities. Well, guess what, a lot of these communities don't have pharmacies, but they have primary care physicians. There are primary care physicians in rural communities, in small towns, in the richest to the poorest communities, from the east coast across the midwest to the west coast, we are in hard-to-reach areas. Yet we are not a part of the process. We have relationships with patients. I said before that my average patient has been with me for anywhere from ten to fifteen years, for those patients who don't want to get vaccinated because of conspiracies. Who [is] better to talk them out of these conspiracy theories than their primary care physician? Think about how easy it would be for [the] patients. I have these patients [who] come in and say "You know doc, I don't want to get vaccinated. I heard that you can get Covid if you get vaccinated with the vaccine." I say "no well, that really won't happen. It can't happen. This is why you really need to get the vaccine because it will protect you, [it] can save your life. Let's just go across the hall and give you the vaccine." They could go "Okay, yeah, that's great all right." But I don't have the vaccine. So, I'll convince someone who doesn't want to get the vaccine to begin with to get the vaccine [but] then

[have to] send them to and get online to spend two hours trying to get into a site to get vaccinated. I have a senior [who is] seventy-five years old, she spent two hours clicking, clicking, clicking, clicking, clicking on the website trying to get in until she finally was able to get a vaccine appointment. I have another senior who drove four hours to another vaccination site in another city to get vaccinated. Do we really want seniors driving hundreds of miles to get vaccinated when they could just go to their primary care physician? You have to ask yourself: why are we not a part of the process and you know something? It comes back to the same thing: right money, Calvin Coolidge, president of the United States about a hundred years ago once said, the business of America is business, and it's something you have to understand. Everything in this country is based on a business decision. You know I used to be one of these feel-good people, everyone does things for the right reason and I'm in healthcare to help people, except which I am in Healthcare to help people. But then I realize that industry is in business in order to protect industry, think about this in terms of this, we are supposed to be really looking at preventive health. We're supposed to, try and prevent people from having heart attacks, prevent people from having stroke's, improve poverty, etc. If the job of this country is really to improve our lives or the government has planned to improve our lives through preventive health. Why [are] we building more stroke centers, more cardiac centers, and more cancer centers, than primary care centers, preventive health centers, where people can go and deal with their addiction, deal with their diabetes, deal with their hypertension on a global level in order to get them well. If we truly were into prevention, we would be spending a lot of money in those centers but where is the money spent, massive cardiac centers, massive stroke centers, massive cancer centers. But it is what it is: The business of America is business. So what does it have to do with [what] I'm talking about right now? Well, think about it, think about this package going through Congress, one point nine trillion dollars. Think about all the money and where it's going to be allocated to what states and for what purpose etc. That's where the answer lies because if they send the vaccine to three hundred thousand primary care physicians, you don't need infrastructure. You don't need to hire all these new people, you don't need to rent space. You don't need to revamp the entire public health system. You know any of that right? You send me a thousand vaccines and in eight weeks I'll have my patient population vaccinated. You do that times three hundred thousand doctors. That's three million people in eight to ten weeks and we're done right, but it comes back to money. Everything always comes back to money and that's

going to be my position until proven otherwise. I would like someone in government to step up and tell me where I'm wrong when it comes to that bottom line. When it comes to Covid, you have to take the bull by the horns and make the effort to get vaccinated. This can only be done by contacting your politician. I was going to say, but contacting your congressman or congresswoman, letting them know that you want your primary care doctor to get the vaccine [so] you can get vaccinated. If you don't, I can't tell you how long it's going to take before we actually get to herd immunity, which is having seventy-five percent of the population vaccinated. It's just very frustrating. You can imagine me every day talking to patients, "Do you have the vaccine, Dr. Bennett, do you have the vaccine?". My answer is no. "Do you know when you're going to get it? When are they going to send it to you?" My response, I don't know. "Well what do I need to do to get vaccinated? You know I meet the category. I'm seventy-five years old". The only thing I can do is send them to a website and hope that the website is working, hope that they can eventually get in, and hopefully, they can get an appointment. Hopefully, the weather is great that it is not snowing or raining, and they can actually go to their appointment. It's just really sad. Thanks for listening to A Dose of the Healthy Truth podcast by Dr. Cecil Bennett. Please join me for my next episode.

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