



The Solari Report

June 22, 2017

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C. Austin Fitts: Ladies and gentlemen, welcome to The Solari Report. It's my pleasure to welcome back a man who needs no introduction, Jon Rappoport. We're going to be talking about unpacking the gridlock on healthcare reform.

We've watched as the Congress tries to develop a national insurance program or a national strategy to deal with rising healthcare costs. 20-30 years ago healthcare was 7% of the American GNP. It's now approaching almost 20% and rising, and Congress is struggling.

For many people, their inability to come up with a reasonable strategy is baffling. So I wanted to invite Jon today to help walk through what the obstacles are. Before I bring Jon on, I want to say that I know of no one individual who has done more in a lifetime to understand what is going on in the healthcare system – whether it's at the sub-molecular level or the galactic level. He's followed it from bottom to top and top to bottom. Nobody has done more to unpack it and communicate the incredible spread between official reality and reality.

Jon has found reality, has figured it out, and has done an incredible job of explaining that. If you review his writings and books over many, many years, there is an extraordinarily amount of information.



I don't think that there is anyone who has helped me understand the healthcare system better than Jon Rappoport.

Jon, it's been an incredible achievement that you've done, and I want to thank you because, in what I do as an investment advisor, this is the one area in a families life and a families budget where the harm that can be done to them by the difference between the official reality and reality is enormous, and yet their knowledge and action can protect them from that.

It has a very dramatic impact on their financial situation. So your work can make an extraordinary difference in many people's lives. I'm almost tempted to say that I wish I could put it in a pill and give it to everybody, but that is what the red pill and blue pill was all about.

You have certainly helped us take the right pill on healthcare. Welcome to The Solari Report.

Jon Rappoport: Thank you so much. It's always great to be here with you. I think that one of the places to start would be with an anecdote to shock people a little further into reality here.

There is now a lawsuit in Ohio. The state of Ohio is suing five pharmaceutical companies over the opioid painkiller epidemic, so to speak, that is sweeping Ohio. The one giant fact asserted in the lawsuit that is jumping out is that in the year 2012 – and we're talking about very serious drugs like OxyContin and so forth – 793 million prescriptions for opioids were written in the state of Ohio.



C. Austin Fitts: What?

Jon Rappoport: That would be 68 pills for every man, woman, and child in Ohio.

C. Austin Fitts: Oh my gosh!

Jon Rappoport: Yes, I posted this the other day. The lawsuit is all about false and deceptive marketing and so forth, and influencing treatment guidelines and inserting fake scientific articles in both journals and the press.

When I was working on my article, somebody I know in Ohio who is very smart wrote me back and said, “Yes. This is not fake news. I see these people all the time. Talk about a trance state – people walking around.”

So you can see among many other things that obviously these drugs are not being dispensed by doctors for painkiller only. There isn't that much physical pain in Ohio that would explain the number of these prescriptions. They're writing prescriptions because people are upset about something, they're depressed about something, they're already addicted and they must have the drugs and these drugs are highly addictive.

That is just a warm-up to what we are discussing. We're talking about an enormous number of medical drugs that are routinely prescribed for people for all sorts of different reasons that go beyond any conception of rationality as to their use, the reason for their development, marketing, treatment, and so forth.



In my opinion, that is probably the best starting point that people need to grasp here.

C. Austin Fitts: Yes. You're talking about the creation of addiction as a business model. The goal of the business model is to create an addiction. It's not to fill a need; it's to create a need and then fill the need that you've created. So they are in the need creation business, not in the 'filling a need' business.

It's interesting because you can't talk about drugs and pharmaceuticals without talking about fake news. I would like to point out to the audience that you're the one who invented the whole 'fake news' and your website has been called www.NoMoreFakeNews.com for a long, long time until somebody decided to pick up on it during this election cycle.

Recently, someone was telling me that Roger Ailes had told him that Fox News could never touch on vaccines because an enormous percentage of their revenues came from pharmaceutical companies, which I believe is true. Whenever I've been at a friend's house and Fox News is on, the pharmaceutical ads are nonstop.

Jon Rappoport: That was Robert Kennedy. I remember Ailes said, "If I had a news host who brought on somebody who started badmouthing the pharmaceutical industry or the vaccine industry, I would fire them because of the percentage of ad revenue we get from those companies."



C. Austin Fitts: In my opinion, the number one problem with drugs is the suppression of natural cures and supplements. If you study the targeting of people either doing natural cures or communicating natural cures – it’s a long history, and you’ve written a lot about this – it’s extraordinary. One thing that you need to make the healthcare system economic is to maximize natural cures and supplements because they are so much more economic.

I’ve watched a process over the last ten years where, as people lose their healthcare, they suddenly get the religion to go to natural cures, and start saving. They not only get well, but they’ve saved a tremendous amount of money now that they have to pay for it out of pocket.

Jon Rappoport: That’s right.

C. Austin Fitts: Let’s just touch on vaccines because, thanks to *Vaxxed* and some of the other documentary makers, vaccines have gotten a lot of attention recently. I see vaccines as something that does long-term damage to immune systems and consequently creates a platform for a much more expensive healthcare system.

Maybe you could briefly discuss vaccines and also drug toxicity.

Jon Rappoport: Sure. The study that I’ve cited for years about pharmaceutical drugs in general is the July 26, 2000 *Journal of the American Medical Association* with Dr. Barbara Starfield, who is now deceased, worked as a revered public health expert at Johns Hopkins School of Public Health.



She stated in her review that the US medical system kills 225,000 people a year, which would be 2.25 million people a decade. Roughly half of those deaths come from FDA approved pharmaceutical drugs, and the FDA approves them as both safe and effective.

I have also cited other studies and reviews that support this. That's not to even begin talking about the number of people who are maimed and severely damaged and injured by the drugs but manage to survive.

So that is a plague in itself. Then when you get to the vaccines, which were not even covered in the Starfield report, you are now talking about a whole speculative hypothesis that has been dumped on the heads of the public as official science that this is the way to prevent disease.

What we see instead is the injection of toxic chemicals like aluminum, in some cases still mercury, formaldehyde, and other such substances directly injected into the bodies of babies, children, adults, as well as untold numbers of germs which contaminate on a routine basis these vaccines. That's not even beginning to get into the question of what else they are putting in the vaccines that we don't know about.

On this platform, the amount of damage is enormous, and all you would have to do is talk to the mother of a brain-damaged child who was injured by a vaccine and their life changed completely after that. Just ask this mother how much money and time and energy they have poured into the lifelong care of their child since that tragic event, and you will see – in purely financial terms –



the insupportable cost that is being racked up by trying to care for people who have been damaged by vaccines. Nobody has really tried to add it all up, but it is sky high, and no system can deal with it.

C. Austin Fitts: If you review the projections, there is one mother in *Vaxxed* who said that if a heavily autistic child was going to cost present value to somebody – whether it was to the family or the government – it's \$5 million. If you look at any projection of the rise in autism in the population – and it's not all heavily autistic – if the healthcare system is approaching 20% now, with those two statistics meeting over the next 10-20 years it could approach 30 or 40%. It's unimaginable because you're talking about a very high portion of the population that has to be heavily subsidized.

As an economic matter, it's not feasible. It could actually implode the entire society and economy.

Jon Rappoport: First of all, the tragedy is human and spiritual and physical and emotional on every level. But when you get to the money, we're not even talking about the invisible, untold numbers of people who are walking around who have been somewhat damaged by vaccines where the connection is not readily apparent. For example, it might arise later in life, or there only seems to be what doctors would call a 'mild disability of some kind'.

When you factor that in, yes, the entire economy would crash completely. That's why we have this organization called a 'Federal vaccine court', which is set up to keep the vaccine-makers safe from any kind of liability.



The other part is that a parent with a vaccine-damaged child has appear before the Federal vaccine court to argue her case that she deserves some kind of compensation for the vaccine injury. In most cases, that is refused. So that is a way that the Federal government tries to avoid paying enormous sums. They've already paid out something like \$3 billion through that vaccine court since 1986.

That does not mean that the costs are not rising. Look at what happens when you have millions of people living in society who are disabled to some degree or another. Just try to factor in all the costs of that; you can't; it goes wild.

C. Austin Fitts: Right. People on our team say, "Stop bringing it down to money because it's much worse than only money."

But I want to keep reducing it to money because if we're going to get to something human, it has to be economic and it has to make economic sense. Clearly this doesn't. It makes economic sense for a limited number of people making all the profits on it. It's always extraordinary how much of the population is willing to go along with the 'making money' part.

I am going to keep bringing it down to money. Not to say that this just a financial problem, because you're right; it's a spiritual and human problem.

One thing that this takes us to is fake science. To achieve all of these different results, you need scientists and doctors saying things that aren't true. We are seeing a corruption of the scientific process emanating from this 'financial ecosystem', if you will.



Maybe you could comment on the fake science.

Jon Rappoport: Sure. This is big, folks. The argument, of course, from conventional researchers and medical bureaucrats and government and so forth is, “Well, we have studies that prove that these drugs and vaccines are completely safe and necessary.”

Of course, this is to presume that the science that they’re referring to is real as opposed to fake. So for years I’ve been documenting the fake. You can find in articles that I’ve written, for example, two prominent conventional medical people, Marcia Angell, who for 20 years was editor at the *New England Journal of Medicine*, and Richard Horton, who is still – as far as I know – the editor of *the Lancet*.

These are two of the preeminent medical journals in the world, and they both make statements to the effect that they can’t trust anything they publish or they’ve published in terms of clinical research and doctors’ statements and so forth because they recognize that the studies and reviews are fake. A large percentage of them are fake. This is from the horse’s mouth. This is not from some science blogger who is living in mommy’s basement. It’s not from some medical bureaucrat. It’s not from a doctor or a friend of your family who insists that he is a scientist and that science must be trusted. These statements are from people who have perused and poured over more medical studies in their years of working as editors than any doctor in the world, and they have come to these conclusions.

What is happening is an avalanche of fake science has been unleashed upon government, the press, and the public to convince everyone that the drugs and the vaccines are safe, effective, and even necessary.



In the process, it is very difficult these days to even have a conversation – much less a formal debate – about the reasonableness and usefulness of these medical drugs and vaccines because all the waters have been muddied by fake science. People are screaming at each other across the great divide.

This means that people have to make up their own minds largely about what is happening with the medical system and base their lives on their own conclusions.

C. Austin Fitts: I have to mention that in the 1500's somebody made a map of California showing California as an island. So if the explorers landed on the coastline of California, they would unpack their boats and carry them over the Sierra so that they could sail across the 'Bay of California' to the mainland. Of course, they all died in the desert because there was no 'Bay of California'.

So many people in the court of Spain insisted that they had sailed around the island of California or had experienced this because they were basically lying about their real experience. But so many people's reputation depended on the lie that nobody could get rid of the map.

Finally it took the king tearing up the map and saying, "I'm the king. I tear it up," which was probably the monarch version of Trump.

As a result, many people and their reputations get vested in the lie.

I want to continue because one of my favorite aspects of your work is the way you have brought transparency to what I call 'fake epidemics' and 'fake viruses'.



One of the great myths is that what is happening is solely because pharmaceutical companies want to make money. In my experience, there is a strategic goal way above the ‘make money for shareholders’ level, and it involves both the industry and government.

We see political ops and control ops who, instead of doing false flag terrorist events, have false flag epidemics and false flag viruses. Maybe you could talk a bit about that.

Jon Rappoport: Yes. This is very important. The real purpose in fake epidemics – and there have been many of them – is to tune up the public to comply, to obey, and to believe that at the slightest symptom they have to visit the doctor and do everything that the doctor says. If the doctor says to get a vaccine, you get a vaccine, or whatever it is. It’s based on fear proposition. “If you don’t do it, this could happen to you”. The epidemic is sweeping across the world, etc.

But this doesn’t only apply to epidemics and the covert op is really aimed in a more general fashion. It’s to get citizens to march in lockstep and obey and comply. In the medical arena, that would mean to comply with everything that the doctor says about anything – about diagnosis, about a treatment, about whatever it is. It’s a total dependence on that. That’s what these fake epidemics are all about.

For example, in 2003 something called SARS was announced. I’m sure that some of you remember that. It was another one of these terrifying things that could sweep across the world, and it came from somewhere in Asia – Hong Kong perhaps. The storyline was invented, and nobody knew what the cause was because nobody had ever seen this type of flu before. (That is usually the way that they are put together.)



The World Health Organization organized ten laboratories with a closed-circuit connection. No one else could see what was happening. These researchers went to work, and within a very short period of time they came up with something they called a coronavirus, which they said was the cause of this epidemic in which the symptoms, by the way, were completely the same symptoms as any kind of flu – any kind of mild, indistinguishable flu.

So I followed this, and wrote about it. I tracked it, and one microbiologist named Frank Plummer, who was working in Canada for the World Health Organization, suddenly wandered off the reservation. He began talking to the press, and said, “I’m really puzzled by what is happening here because it’s turning out that as time passes, more and more of these people who have been diagnosed with SARS show no trace of the virus. We’re getting to the point now where we can find the virus in less than one percent of the people. It’s approaching zero.”

Well, unfortunately, the public at large is too dumbed down to understand that it means these people don’t have SARS or anything except maybe a mild case of flu because, if you say that you’ve found the virus that causes the disease and then turn around and say that you can’t find the virus in anybody who has the disease, then they don’t have the disease. You’re cooking up a piece of fiction that has no connection to reality.

This happened, and it also happened with the Swine Flu in 2009 where the Center for Disease Control stopped counting cases in America.



They didn't tell anyone that they stopped because the overwhelming numbers of blood samples taken from the most likely Swine Flu patients were coming back from laboratories with no sign of the so-called Swine Flu virus or any other kind of flu virus. So the whole thing was a gigantic hoax and a piece of fakery.

Just to wrap this up, I went even deeper in several cases on the question of how these scientists actually prove that they have found a virus and have taken it from a human, isolated it, and identified it as a virus. It turns out that that process is fraught with corruption, hoax, and controversy even within medical circles about how you're supposed to actually isolate a virus. So you have cases of so-called epidemics in which it's quite likely that nobody ever really identified a virus. People would be shocked to discover the depths of that story, but it's true. People just accept, "We found this virus or that virus, and we know it's the cause of disease."

Well, it turns out that when you start to dig down into how they actually do this, they're not doing it in a way that any logical person would say, "Yes, that is going to be good. That is going to work."

It's somewhat of charlatanism.

C. Austin Fitts: My favorite fake epidemic was during the elections in 2014. There was a major fight to make sure that the Republicans got the Senate and maintained control. They were fighting for control of both houses and the politics were huge.

About four or five weeks before the election, it stayed very close, close, close.



Nothing the Republicans did could really throw them over the top. Then suddenly the Ebola epidemic occurred. If you watched the subliminals, I've never seen anything like it in the financial media. This was the first time that the *Wall Street Journal* started absolutely leading and engaging in a fake epidemic, and the subliminals were essentially, "The Democratic President is a black man and he's bringing in these black men and they are bringing in this horrible drug, and they are all going to kill you."

It was unbelievably racist and it was very much engineered, and it worked. It was very successful. But the thing that was the most amazing about it was that as a businessperson who listens and reads a lot of business media, there were private business newsletters saying, "You can ignore Ebola. Don't spend any time on it. It won't impact your business. Don't worry about it."

So they were sending a drumbeat saying, "This is a fake epidemic," and then literally the day after the election, it's on page ten; a week later, it's gone.

It was as if, "Wait a minute. This was going to destroy the Western world. What happened?" but it worked.

Here is the thing to understand: It worked. The Republicans achieved their political goals. It absolutely succeeded. These things – whether it's false flag terrorist attacks or false flag epidemics – are going to keep happening as long as they work.

This is very much tied up with fake news. When are we going to get smart?



My goal is, if you analysis how much time and money a family can lose to fake news about healthcare and fake epidemics happening or all of the pharmaceutical-driven injuries, etc., every person who becomes knowledgeable enough to know how to navigate the system well will come out okay. If you and I are in a car accident, we have to get into this system. The question is: How do we navigate the system in a way that we don't come out the other end with an opioid addiction?

Let's move on to food. Harry Blazer has been doing a Food Series on The Solari Report, and I think our subscribers are very knowledgeable about the fact that if you don't eat great, healthy food, there is no way that the healthcare system can be economic.

Jon Rappoport: Right.

C. Austin Fitts: We don't have to dwell on it, but I'm thinking that one of the biggest challenges for any legislator who is trying to make sense out of the healthcare system is that you can't get healthcare down to a reasonable percentage of the GNP unless you reinvent the food system.

Right now the food system is deteriorating and has been deteriorating in the United States for a long time. I'm in Australia today and if you assess the quality of the food here compared to the United States, it makes you want to cry. It's the same thing in Europe and it makes you want to cry.



Basically, Congress can't get an economic healthcare system without reinventing the entire legal and financial structure of agriculture, and that's a big one. You have written a great deal about how corrupt the entire food system is. Would you say a few words on the intersection between food and healthcare?

Jon Rappoport: Sure. To sum it up, because people are not eating healthy food and they're getting sick, they are told to eat drugs – medical drugs. So it's as if the doctor is saying, "Here is a better diet for you. I'm going to prescribe three drugs, and this is going to handle your health situation."

Do those three drugs substitute for carrots and string beans and good lettuce and fruit and so on? Of course not. How could they ever, and how could you ever solve the problem of healthcare through legislation if more and more people are getting sick because they don't eat nutritious food? It's impossible and it's working against itself.

Just knowing that alone would be enough to show that you can't pass a law that makes medical care work for people who don't eat healthy food. It's impossible.

C. Austin Fitts: Right. Absolutely.

Let me turn to another one. We recently did another Solari Report with Jason Bawden Smith on EMF radiation. We went through a series of, what I call environmental pollution, – both EMF radiation, dirty electricity, and entrainment and mind control technologies –



that work through digital devices and are designed to create addictions. Addictions to gambling, addictions to gaming, addictions to pornography, addictions to online shopping, addictions to sugar, and on and on. So it's addiction-creating technologies.

Needless to say, if you look at what is happening with all of these different environmental pollutions – and while I'm at it and I won't go into it, but I'll throw in global spraying. When you're spraying heavy metals over everybody's heads for 20-30 years and their toxicity levels are rising with heavy metals dramatically, I daresay that the healthcare expenses are going to rise from things like Alzheimer's. You know that the more toxic a population becomes, the more healthcare problems they're going to have.

If you're going to create an economic healthcare system, you not only need to re-engineer the entire food system, but you have to stop spraying heavy metals on the population, and to deal with what the impact is of EMF radiation and dirty electricity and all these other technologies that are actually inducing disease.

Jon Rappoport: You could look at the medical system as a somewhat cover story in general for these other things that we're talking about. That's the way that I see it.

The medical system is saying, "Look at us, look at us, look at us. We can handle disease and illness. We define disease. We define illness. We diagnose it. We treat it. This is what people are suffering from, and we are the only people who have the answer."



That is the giant cover story that hypnotizes people and puts them in a trance so that they don't look at all these other factors that are actually making them sick. So the medical system only comes in at a certain level of the storyline, so to speak, and overwhelms the entire conversation. Whereas, when you actually take apart that cover story, I frequently say to people, "When you see guys in white coats getting off airplanes in 3rd world countries bringing life-saving medicines and so forth, just know that is a cover story. That has nothing to do with reality because what is making the people sick there are things like hunger, starvation, no sanitation, contaminated water supply, stolen agricultural land, etc."

When you're living in that kind of soup, any germ that comes down the pipeline can kill you because you have no immune system left. So here come the guys in the white coats, and they're going to 'solve' all of this by giving people toxic vaccines and pharmaceuticals that are going to push them over the edge into worse situations and death. They're saying, "This is lifesaving," but it's only a cover story. It protects everybody else who is destroying health.

That is one of the reasons the medical cartel is so powerful and so ubiquitous because it has to be there in order to create this cover story that puts people in a trance and keeps them from seeing what is really injuring their own health.

C. Austin Fitts: This is why I love you. That is such a brilliant description of what is happening.



You know, I drive around the country frequently . I started to realize that every county was getting a new criminal justice center and a new hospital or medical facility. We were watching an expansion of the space in many of the stores for the pharmaceutical section. So the grocery store was killing two aisles of food and increasing their space for pharmaceuticals, and it was a rollout nationally across the United States. What I realized is that they bring in illegal drugs, and then process people out through the prisons, and then bring in legal drugs, and process them out through the hospital.

One of the reasons they don't get angry is because the legal – the pharmaceuticals and the honest, law-abiding citizens –giving them so much attention. What I discovered was I was unable to talk some of the people I love out of going into the system.

It was a fulltime job to go back and forth to the doctor and the pharmacy and the doctor and the pharmacy and so on. The more drugs they took, the more reactions they had, so the more trips they made to the doctor. It's an unending cycle that cycles down.

I go recall your other brilliant expression of Hotel Auschwitz, and I thought, "This is a liquidation plan."

You have two drugs coming in: One overt and one covert. So you have two drug flows, and then have this institutional pattern to process people out. All of it is a fulltime job for the people being processed out. It goes no place but it does go someplace– death or high lack of productivity – and it's absolutely a plan. The only way to navigate this is to get as far away from it as is possible.



Jon Rappoport: As far away from it as possible!

C. Austin Fitts: Right. Sometimes you can, and that's why I think it's so important if you're going to navigate the system to understand it. One of the great tragedies, in my opinion, in the medical system is having unbelievably caring, committed people who spend a lifetime learning to become a doctor, learning to become a nurse, learning to become a nurse practitioner, involved in all of this, struggling in the system to try to help people, and – of course – go crazy and are tortured to death because they can't fathom that it's a strategic orientation and that the system is as evil as it is. They're struggling to do the right thing.

There are people who need to use the system – and I keep returning to trauma. They're in a car accident, and have to go to the emergency room. They need help resetting the bones. So the question is: How do we find the honest professionals trying to struggle within the system to help us when we actually need the system?

I will say one thing about modern medicine: When you need an antibiotic, there is nothing better. That's another reason you should never abuse the privilege.

There are good things in it. The question is: How do you navigate a system at this point and at the strategic level if the governance level is not about making people healthy or helping people be healthy?

Enough of my rant.



Jon Rappoport: I think that what you are saying is extremely important because from a ‘cover op’ point of view, on the one hand, you have acute crisis/emergency medicine which, if deployed by very competent people, can certainly save somebody’s life in that crisis and put them back to square one.

Now what happens is that the medical cartel – so to speak – uses that as a propaganda tool to generalize across the entire territory of modern medicine and to say, “See what we can do when somebody who is lying in the middle of the highway after the car wreck? Therefore, everything we do is just as good as that. Everything we do should be complied with and obeyed to the hilt because we are the ones who can do that thing.”

That is where it all goes bad, and that is where people’s minds become confused. They don’t get that transition from the point where a good thing can be done by very competent medical teams in an acute crisis emergency situation to what the system is really all about, which is long-term chronic increasingly debilitating illness treatment. That is when you’re really in the system. That is when you get diagnosis treatment, symptoms from the treatment, new diagnosis that is a fake diagnosis, and more drugs and more toxicity all the way to the cemetery.

C. Austin Fitts: Right.

I want to briefly discuss bad habits because- if you look at the general population- Harry Blazer once sent me a list of grocery store sales. It was a selection of grocery stores in the United States – it was not industry-wide. It showed that our purchases of carbonated drinks were five times the size of our purchases of fresh fruits and vegetables.



When you review the statistics, there is no hope that this population can ever be productive economically, let alone be happy.

The reality is that we, as the general population, are also complicit in behaving in ways and doing things that makes matters worse.

In theory, if every person in the population said, “I’m going to figure out what reality is, and I’m going to start taking excellent care of my health,” and they did it, they could do it on a fairly economic basis, and what a difference it would make.

So the population has enormous power to shift this just by their own behavior.

Jon Rappoport: And they are shifting it as figures indicate when you examine the growth of organic food and agriculture business in America and so on. Absolutely, it is happening.

I would also say that, although looking at the general picture can be somewhat overwhelming when you consider the entire general population, for every person who opts out of the debilitating system and puts their health back together again and succeeds, there is a certain ripple effect no matter what people around that person say or think. Eventually people begin to catch on. They say, “Bill was really screwed up, and now look at him. What has he been doing? Going to a doctor?” No, he’s not going to the doctor. He’s exercising, he stopped eating tons of sugar, and he’s eating healthy. He feels good and he sounds good.



Then somebody secretly – without saying anything – will take a clue from Bill and they will try to do that themselves. That is certainly what has given birth to the whole organic food movement. People see other people and they say, “Let me try that. That would be a lot more of a straight line. I would be in control of my own health and I wouldn’t have to keep going to the doctor.”

So it is happening; we just need more of it happening.

C. Austin Fitts: The next category that I wanted to bring up is insurance. While Obamacare was going through Congress a couple of years ago, I was driving through Amarillo, Texas. I stopped to get breakfast, and sitting at the counter in a place to get in Amarillo, Texas. Everyone from the waitresses to the people at the counter and the people going in and out were talking about their healthcare insurance. All I kept hearing was, “insurance, insurance, insurance.” What I realized was that what we need is healthcare.

We don’t need healthcare insurance; we need healthcare. Why are we talking about healthcare insurance when this is adding an enormous layer of complexity and cost?

When you’re dealing at this level with 324 million people, it’s a no-brainer to kill the insurance and save 10-20% and only go with healthcare.

My ancestors have been on this planet for thousands if not millions of years, and they all got along without healthcare insurance until one generation ago.



So if they managed to survive throughout the generations without insurance, certainly we can too. What is this about?

Maybe you could briefly discuss about the financialization of healthcare.

Jon Rappoport: I know myself that I existed for many, many years without even thinking about health insurance. I didn't even know what it was. That's how far out I was. People would talk about it occasionally when I was in my 20's and I would check out. What are they even talking about? What do you have to do? They're paying how much money?

It occurred to me that if you had some kind of insurance and if you got into some very heavy crisis, it could fix you up. Maybe that would be worthwhile. But aside from that, what are they even talking about?

I think that is another brainwashing element where insurance companies make their money – as far as I can tell – by investing the money that people pay in premiums. That's how the actuaries calculate it. They're not making their enormous profits only through the premiums; they're taking that money and are investing it.

C. Austin Fitts: It's a float machine and they're playing the float.

Jon Rappoport: Exactly. They're playing the float. So that is the way it appears, and once I was employed after college, everyone said, "You're covered now."



I said, “What do you mean that I’m covered?”

“We have health insurance now. It’s great!”

“Well, I’m not sick.”

“But look! Here are the benefits...”

The plan was simply to build it into the system to such a degree that you couldn’t get away from it. People who are working for companies that don’t have health insurance benefits say, “That’s just a crime! They should demand that they get health benefits and unionize and do whatever it takes in order to get this thing that they need.”

C. Austin Fitts: I had a relative who was in Massachusetts when they passed the precursor to Obamacare there. They told me, “Look, here is how it works: I used to spend \$2,500 to \$3,000 a year on healthcare, and then this passed. Now I have to spend it on healthcare insurance, and I can’t afford any healthcare because I can’t afford to pay the deductible. So now I go without healthcare and I pay my \$3,000 a year to the insurance company.”

Jon Rappoport: Wow!

C. Austin Fitts: She said that one of the problems is that the laws were designed so if you called a provider and ask how much something costs or call a hospital to find out how much it will cost, they won’t tell you.



They don't have to disclose their cost. So you can't shop around and can't price anything. There is absolutely no market economics or transparency allowed.

She said that what that means is the \$3,000 all goes to the insurance company; they don't have to waste any of it helping me. It's actually a pure tax.

Let me keep going because I don't want to forget the lawyers and government regulations. What we've done is managed to enormously complexify all of medicine and hospitals and healthcare delivery with extraordinary levels of regulations. Of course, there is an explosion of litigation and other things that drive up costs, and I won't get into that.

What I would like to discuss is about something that happened to me in 2013-2014. Essentially, what happened when Obamacare was passed is the healthcare stocks literally lifted the S&P up. Now American companies are about 25% of global earnings, and yet the US stock market is 50% of the global stock market cap. That process was actually lifted and led by healthcare after Obamacare.

The first time that the Republicans tried to shut down Obamacare I said, "I know they're going to get their head handed to them because they're not fighting with the healthcare industry; they're fighting with the stock market."

This was very much a stock market play. As part of the stock market play, I was trying to understand it because all of the investment advisers were, of course, piling into all the stocks.



One of the leaders was the software company doing re-engineering of healthcare into software or online systems. Part and parcel of Obamacare was not, in fact, coming through Obamacare; it was a separate government dictate requiring digitizing everything.

What Obamacare did was required tens if not hundreds of thousands of different offices related to healthcare digitize everything.

I would go to a nurse practitioner in Tennessee and they would say, “I can’t treat your ‘whatever’ unless you tell me when your last period was.”

So I would say, “1492,” and they would put that into the machine, and they had to enter a number into the machine.

Jon Rappoport: Wow!

C. Austin Fitts: So what happened to me in 2014 was that one of my partners was talking to a software developer in Silicon Valley who explained that their industry projection was they could re-engineer one and a half trillion dollars of healthcare labor costs into software and online systems.

What that meant was, rather than use intelligence to make the system economic because people were having performance and taking care of themselves and we were doing things to make a healthy system. Instead we were trying to keep a totally unhealthy system and keep it going by doubling down and able to fire everybody so, that instead of being doctors and nurses, they could all be patients sucking up some digital device.



There is a real effort to achieve productivity, but if you look at the effort to achieve productivity – and there are a lot of good tools and techniques here, so let’s definitely use software and software systems to make things as efficient as we can – and if you look at this from an industry strategy point of view, the plan is basically insane.

Jon Rappoport: It’s completely insane. It may be happening already; I don’t know. Let’s say that the doctor’s visit that you were talking about; you go to that office and they say, “Give us your full name and your medical ID code,” and they type it into their computer.

Suddenly your entire medical history comes up no matter where you are or where you’ve been or what state you grew up in or whatever. The entire thing is now displayed for them.

So everybody then becomes digitized in the system, has a medical ID, which is a national ID card, and anybody in the medical arena can access your complete files and records and so forth. Not only is that an incredible invasion of privacy and digitizing your identity, but at the same time, it enables the doctor to look over all of this and cook up something that he wants to do to you, not simply based on what you tell him is bothering you at the moment, but on perusing the entire medical history.

“Well, I see you have a tendency to this. We should run some tests,” and suddenly that patient is now further embedded in the system than they ever wanted to be.



What they really wanted to do was to see a country doctor or have the country doctor come to their house and say, “This is bothering me, doc. Can you look at it?”

“I don’t think it’s anything serious. It’s probably just this and that. Get some rest. You let me know if you need anything else. Take a cold shower, etc.” which used to be the way that ordinary things were done – right in the moment.

No, now it’s all this other way.

C. Austin Fitts: Part of the tragedy in all of this is that most of the people I know whose vocation is government enter the government profession because they want to serve and want to help. Most of the people I know who enter the healthcare profession – whether it’s a nurse or a doctor – really want to help people.

When I have any kind of healthcare situation, I find somebody who is very intelligent and hard working who has been trained in all of this. In the worst case, they are in a trance and really don’t know and are trying to help people. They’re not looking to play ‘Hotel Auschwitz’; they’re looking to heal, and they’re struggling with ‘Hotel Auschwitz’ because they can’t fathom that it is, in fact, that bad.

But then you have many people who are scared to death of the government and the insurance companies. You’re between a population that doesn’t understand and a government with regulation and legal liability, which is very tricky.



Your risk is going up, up, up and are constantly in a dangerous situation. In my opinion, part of this is: In all aspects of the system, how do you help the people who are willing to learn and be educated, navigate the system? You need those people whether they're in government and doing the regulation or they're the attorneys caught up in the litigation or the healthcare practitioners who are trying to struggle within the system?

Jon Rappoport: That's a big one.

C. Austin Fitts: I've had some clients who went thru the training in the system and they realized that something is very wrong. They find The Solari Report, and start listening to and reading all your info, and start waking up. Then they say, "Okay, how do I navigate this now?"

It's very, very painful to watch. I've seen many healthcare practitioners who had to leave the practice of medicine or leave the practice of nursing because of the whole vaccine issue. They won't give people vaccines and won't take them themselves. So it was actually the healthcare practitioners who stopped the Swine Flu, and since then they've been coming down on the practitioners – the doctors and the nurses – like a ton of bricks. They've been doing it state by state, and it's getting ugly.

Jon Rappoport: I've been hearing the same thing. I've had people who were working in the system. They woke up, and most of them have just given up. That has been my experience.

When they try to figure out a way that they can stay in the system and operate – at least most of them – say, "I can't do it.



“There are too many things that I would be forced to do that I absolutely refuse to do, so I have to get out.”

Then some doctors become, what I would call, ‘natural’ doctors. They have to make sure they are protected because the heaviest hammer tends to come down on people who are part of the fraternity who start to rebel. So that is very tricky as well.

C. Austin Fitts: One great article I found is by one of my favorite people in healthcare, Karl Denninger, who is a very cranky person. When he writes about healthcare, there is nobody who is more humorous. He’s so good at unpacking the different economics.

He had one article about the Surgery Center of Oklahoma that announced they would only take cash, but they would be willing to do all their procedures at 20% of the Medicare cost. That was the economic advantage of getting out of the system so that they could afford to provide the basic services at 20% of the Medicare cost.

So let’s look back now. At one point you ran for Congress. I figured the fact that you lost probably saved your life; that was the universe protecting you.

Let’s say that next year in the Congressional district in your area the Congressman died, and the Governor came to you and said, “Jon, I’ve decided to appoint you to fill the term because you’re such a knowledgeable guy about healthcare and they’re working on healthcare reform.”



So then you go to Washington as a Congressman, and you're sitting in Washington D.C. If you examine the different things that we've described that make the entire ecosystem of healthcare uneconomic, we're so far away from market economics. We are so far away from transparency that allows people to make intelligent choices.

The corruption has ballooned the income statement. If we were to put together an income statement and balance sheet for the entire industry and related industries, it has ballooned by this corruption.

We found a way to make a lot of money by making people sicker. So our business is disease and growing disease, and we offset those costs by reducing life expectancy.

So how is a group of Congress critters supposed to fix this without massive change in the general population?

Jon Rappoport: I thought of these things when I was running for Congress.

C. Austin Fitts: I know.

Jon Rappoport: These questions started me seriously thinking. When I started to think to myself, "Suppose by some miracle I win, then what am I going to do?"

C. Austin Fitts: Exactly!



Jon Rappoport: I knew well what Washington was like. I thought, “I’m going to go there and propose a bill that is going to fix this situation? I’d be laughed out of court. There’s no chance of getting through.”

I will tell you the answer that I came up with; it was that we were going to rent big trucks, and on the sides of the trucks we’re going to put up large posters every week with the title, ‘Corrupt Congressman of the Week’ and would list the campaign contributions from whom and the votes that the Congressman had made with his big picture on it.

We would drive these trucks around Washington DC day after day after day until I was censured and exiled and who knows what else. That would be my strategy because I couldn’t think of any other thing. The corruption is so deep.

Decentralization is the theme. How do you do that? Well, the states have a better shot at it – at least some states. There was a movement at one time, which I don’t know what happened to it. The idea was that you would have a law passed in a state that said that any health practitioner could use a remedy on a patient – whether or not the remedy was licensed or allowed – as long as it was not more toxic than the standard medical remedy for the same condition. That was called ‘health freedom’.

If a state passed a bill like that, that state would be suddenly in an economic boom because all kinds of practitioners and people wanting alternative care without interference would move to that state. Money would flow and the economy would go crazy. Then other states would look at that and say, “Gee, if South Carolina did that, why can’t we?”



Then you might have something.

C. Austin Fitts: It would be amazing, but I return to the governance question: Who is really in charge of this thing, and what is their strategic goal?

Their strategic goal with the entire healthcare system, from my vantage point, is control. So you're looking, to a certain extent, to actively manage life expectancies and do it in a way where people are much weaker physically, much less able to understand what is really happening, and able to basically facilitate control.

The family that cannot be involved in any kind of political understanding or expression is one that has a heavily autistic child.

Jon Rappoport: Absolutely. That is the goal: To make people sicker, to control them, to make them weak, debilitated, confused, unable to take action, and totally distracted, etc. That is what the system produces. If you want to look at the highest level plan, that is it.

An individual knowing that can become very conscious and make choices and still has latitude to be independent.

C. Austin Fitts: The reason I wanted to review this with you today was, that if you perceive the difference between official reality and reality, there is no area I know that does more harm to families than this. But what is interesting is that there is no area where a family can take action that can get them back to a healthy place.



If you know how to take the various actions, which we've discussed a great deal on The Solari Report and which are available, you really can protect yourself both in terms of your health and your well-being and your finances. So this is an area where individual action can have a major impact for your well-being and the general system's well-being. So I very appreciate your going through this.

The last thing that I have to mention is: I think that one of the best sources of information to help you understand how this system is engineered at an intimate level, because that is what you need to see to protect yourself, are your interviews. Understand how it works at an intimate level.

I repeat, one of the best sources in the world are your interviews. I have tortured you for years to make all your back interviews available because I'm constantly recommending them to subscribers and clients. Once upon a time they would go to your website and say, "They're not available."

So I would call you and say, "You have to make them available!"

One of the reasons is because you have an incredible thirst to understand how this works at a very intimate, personal level. You have interviews with practitioners. You have one great interview with a nurse who helps people cure themselves of cancer. Of course, you have the Ellis Medavoy that gets into the complete fake news media that supports this subject.



You made an effort at the very intimate level to understand how these kinds of controls are instituted. You're talking about having a large number of people to act against their own and other people's best interests – many cases without knowing it.

So before we close, I would appreciate you talking a little about your interview package and some of your other writings and how people can get them. I think, if there is anything that really helped me understand this area of the world, it was your writings. Please tell us how we get them.

Jon Rappoport: Sure. Many, many, many of these interviews are now contained in my collection called "The Matrix Revealed". You can order that and find it and read about it at my website which is www.NoMoreFakeNews.com.

Just go there and you'll see the little banner about "The Matrix Revealed". Click on it, and you'll see a description of what's in it and you can order it.

To a significant degree, you were the person who inspired me to do that. I saw that it was time to put all these interviews in one place and I did. I had many that I never published before that I compiled, and that is where they are.

The purpose is to see what the apparatus is, how it's built, how it entrains the mind, and the nuts and bolts of it so that you can be aware of it and be free from it and that is where they are.



C. Austin Fitts: It's a very fabulous collection and I recommend it to everybody.

The other thing is that it's very humorous. If you've ever struggled with this entire system and tried to navigate it and the conflicts internally and the different agendas; I used to read some of those and laugh so hard I would cry. It's very healing.

In one sense, it's horrible to get clear about some of the things going on. In the other sense, it's very freeing. It's like, "Okay, I'm not crazy," and you have a marvelous sense of humor.

So it's 'The Matrix Revealed' at www.NoMoreFakeNews.com.

Before we close, I want you to give us your thoughts on looking at Congress struggling wildly to come up with a healthcare reform package. My take on what's happening now in Washington is that you have a President who is pushing a series of things; healthcare reform, tax reform, and infrastructure. To do any one of those requires spending real money on the general population. It is clear from the behavior of some politicians in Washington that the top 1% has said, "We do not want to do anything that spends any more money on the general population. In fact, we want to spend less."

So their political problem is all the things that they would do to help the general population, they are under orders not to do, but can't basically say, "Look, the oligarchs don't want us spending the money on you, so we want you to keep paying taxes but we're going to freeze you out."



What do you do? You have a witch hunt. A witch hunt is what you have when you can't be transparent about the real issues. A witch hunt is very entertaining for the general population. Many of them like it, but it doesn't cost money. You don't have to spend any money on the general population.

So with witch hunting they're compromised of how they entertain the general population without giving them any more money because with healthcare or tax reform or all those other things, they'll have to pony up real dollars.

That is my theory of what is happening, but my question and comment for you is: The President has promised healthcare reform. The Republican Tea Party has been grouching for years that they could do better, so there is a real political imperative to do something.

Predict between now and the end of the year: What in the world do you think is going to happen on healthcare reform?

Jon Rappoport: I don't foresee anything really significant happening in terms of helping anybody. I can see that there might be some piece of legislation passed that makes a few adjustments here and there and maybe increase the level of competition among insurance companies so that possibly the public can shop around.

I wouldn't bet on it, but that would be the only thing that I could possibly see. Otherwise, it appears like a shuffling of the same deck chairs on the same deck to make it look like something good has happened, but nothing has really changed.



That is where I see this going. I don't have a very good feeling about any of it. Everybody will claim a victory of some kind as a result of it. There will be more blame thrown around at the same time.

From what we've been talking about for the last hour, this is not getting to the heart of the problem, so what real difference is it going to make? The system basically stays in place. That is the system – making people sicker and everything that that implies.

If you don't do anything about that, then does it actually matter? I don't think so.

C. Austin Fitts: Here is the message that I want to deliver and the reason I wanted to go through the many aspects of that: The bad news is that you are on your own. The good news is that you are on your own.

The beauty of the system completely gridlocking – as it has at the centralization level – is that now you have to be your own doctor and have to be your own nurse. That's not to say that you can't access wonderful practitioners, but you should assume for the rest of your life that you are on a cash system, and you had better take good care of yourself. You had better figure out what the natural things are that you can do and what the things are that you can access from an economic basis that is going to make all the difference for you.

I'm grossly exaggerating, but I have to tell you that, when I got dumped out during the litigation and literally could not go to a hospital or a doctor because it wasn't safe, to my shock and amazement I discovered that as a result of not being able to access the system, I got much healthier.



Of course, I found wonderful practitioners like Dr. Laura Thompson who you know very well and introduced me to.

It's peculiar. One of my subscribers has been pointing me to studies of different times when healthcare systems and hospitals went on strike and everybody got healthier and life expectancies improved.

I'm not saying that is necessarily going to happen, but I think my message is: The bad news is that you're on your own. The good news is you're on your own. Try to take advantage of that because there isn't any help that is going to come from Washington, and I think that we need to stop hating all of the people in the system for that fact.

Why we're paying them enormous salaries to sit there and go in circles is more entertainment than governance in this instance, but I think the centralized system is going to fail. Whether it is slow or fast, I don't know. So we need to make other plans and that's not necessarily a bad thing.

Certainly you've done it in your personal life. I think everybody needs to face that and start to budget much more time to exercise their health freedom.

It takes real time and investment and if you've lived in the trance as I once did, to find your way out of the trance and learn how to take care of yourself in a complete different way. That's a big time investment and a big change. I went through it, and that is one of the reasons I look back and say, "Becoming an enemy of the state probably saved my life."



I was talking to a very knowledgeable healer one time. I said, “I calculated if the litigation hadn’t happened and I continued to do what I thought made economic sense, I would be worth \$39 million.”

They said, “Yes, but you would be dead.”

I realized that they were right; I would be dead.

Jon Rappoport: Being on your own is a good thing and I agree completely; that is a good thing. It does actually return. As much as people like to think, “We’re all living in this massive collective,” and so on, but if you try to eliminate the individual from the equation, you have nothing left. So the individual being on his or her own ultimately does turn out to be a very good thing.

C. Austin Fitts: Right, get powerful; you can. While you’re at it, are your imagination exercises in “The Matrix Revealed”?

Jon Rappoport: That is actually in another collection called ‘Exit from the Matrix,’ but they can also read about that. There are many imagination exercises in that one.

C. Austin Fitts: So they need both.

Jon Rappoport: I would say so.



C. Austin Fitts: Yes, they need both. I'm being really pushy about this because sometimes I will talk with subscribers who I've strongly recommended that they get those collections and go through it, I'll find they haven't. But they keep asking questions that would be answered by it.

I'm going to keep being very, very pushy and say, "You have to get 'The Matrix Revealed' and 'Exit from the Matrix.'" I'll be the hawker.

Jon, what a pleasure! You have a great day. Thank you so much, not just for this discussion but also for the many decades of incredible investigative reporting and journalism that went into giving you the power to be able to ultimately summarize. I love that: "Medicine is a cover story." That is brilliant.

Jon Rappoport: Thank you, Catherine, not just for this but for everything.

C. Austin Fitts: You have a great day and goodbye.



MODIFICATION

Transcripts are not always verbatim. Modifications are sometimes made to improve clarity, usefulness and readability, while staying true to the original intent.

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