

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

KAPONO: Join me in a word of prayer. Heavenly Father, blessed be Your name above all. We thank You for this time together to be here in this place that You so graciously blessed us with, Lord, and provided for us, that we can hear Your word being preached, Lord. And then tonight we can hear testimonies.

Would You be with Dr. Chris and Pastor JD as they have discussions? Lord, bless this time together. Would You open our eyes, help us to receive what it is that You want for us to receive this evening? In Jesus' name. Amen.

PASTOR JD: In Jesus' name. Amen and amen. Good evening and welcome. You can be seated I want to welcome those of you that are joining us online. So glad that you are. A few announcements, though, real quick before we get started. A lot of people have been asking about next Thursday being the 4th of July. Are we going to have our Bible study? Yes.

[ Laughter ]

Not only that — yeah, right?

[ Applause ]

Not only that, we're also going to have communion. So then you can go home and watch the fireworks at Kailua Beach if you want. So no, we're going to have our Bible study. We're in Daniel *Chapter 8*. Unbelievable chapter. I know I say that about every chapter.

Now, Tuesday, this Tuesday, July 2nd is our prayer meeting. And I want to do a brief teaching titled 'When I'm at Wit's End.' Because there are many that are, well, at wit's end. So — and I want to just talk briefly about that, and then we'll open it up for our all-church prayer.

That's this Tuesday. We'll start right at 7:00 like we are tonight. And that will be livestreamed as well and on our website and app and social media platforms. What's really interesting about tonight is that only the Lord could do this and time this, but Sunday's Update — listen to the title of Sunday's Update — 'Pagan Medicine Gods Are Alive and Well Today.'

Oh, you got to show my slide. Yeah. No, for real, we're — as God would have it — we're going to be in *Revelation Chapter 2* with the letter to the church in Pergamum, which is the

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

home. Well, I'm not gonna — so that's all you're getting out of me. Plus, we need the time with Dr. Chris tonight. So that's this Sunday's Update.

And then, we're also going to do what we usually do with the Update tonight, and that is end the livestream — for those of you online — not sure exactly what time but around 7:30-ish. Because the first half hour or so is going to be material that we'll discuss that will not be as censorship sensitive.

But once we get into some of the other parts of the discussion, we will end the livestream. And then we would really encourage you, though — so it's uninterrupted — to go directly to the website at [JDFarag.org](http://JDFarag.org). One more thing real quick. Tonight is in no way to be perceived as us giving any medical advice.

So let me say the same thing in a different way. In no way will tonight's discussion and conversation be medical advice. I have invited Dr. Chris, who's been a part of our church for many years now, a few years now, to come up tonight. And with that, if you would please give him a warm welcome.

[ Applause ]

Dr. Chris Debuque. I want to begin with a word of prayer, and then we're just going to get right to it. Yeah?

DR. DEBUQUE: Let's get to it.

PASTOR JD: I love this guy.

Father in heaven, we are readily admitting and acknowledging to You as the Great Physician, the God who heals the true and living God of medicine and science to direct our conversation and discussion tonight in the direction that You would have it to go. Lord, what You want said is what we want to talk about. And conversely, what You don't want said is what we don't want to talk about.

So would You guide this conversation by the Holy Spirit? And Lord, may it be a blessing and an encouragement and bring hope to the many who find themselves discouraged with — especially everything that's happening within the medical industry today. So much confusion, so much misunderstanding.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

And Lord, we know who the author of confusion is, and it's not You. So we're looking to You, asking of You to clear up the confusion. Speak clearly, in and through Dr. Chris and the conversation that we're going to have. So we yield to You and ask You to guide us tonight and let it be a blessing. We pray in Jesus' name,. Amen and amen.

DR. DEBUQUE: Amen.

PASTOR JD: All right. So let's start this way. I want to ask you if you would share briefly about why it is that you became a medical doctor. What were you thinking? No.

(Chuckling)

DR. DEBUQUE: Well, as most doctors would tell you and most nurse practitioners and physicians assistants alike we truly care about people, and we want to do what's right and help people out in the best way that our brains can help, I guess. And so I would say most of us get into medicine because we are talented in something, and we want to give it back to the people that we want to serve.

And so, for example, in my case, my dad had a heart attack when I was just a teenager. And you know, I literally watched him collapse in front of me. We were doing construction at the time, and seeing him in that much pain and anguish, clutching his chest, kind of the classic, the classic, textbook, I-feel-like-an-elephant-sitting-on-my-chest, kind of posture, the terror that I felt at the time was I'm going to lose my dad. What's going on?

The ambulance came, picked him up, took him to the hospital, and the surgeon said, "Your dad might not make it." But God.

Okay, so the cardiologist came out of the operating room and said, "We had to put some stents in your dad's heart, and he's going to be just fine." He actually did surprisingly well, miraculously well. And he's going to make a full recovery, so praise God.

But I looked at — I looked back at that cardiologist, and I, I don't even know his name, to be honest, as silly as it sounds that — as silly as it sounds that this cardiologist made an impact in my life, he did. And I thought this man was educated, and he was gifted, and he was talented, and he saved my dad's life. So I always looked at him as being kind of a hero.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

And as I got older and went through school, I did have a talent for science, but I also had a love for life a love for the creation of life and the sanctity of life also. I feel like, you know, God, there's no way that the things that — that we have in this life could be, you know, invented some way by a human being or by some kind of “higher power.” Only Jesus Christ, the Lord and King could fathom all of this in His wisdom and an eternal wisdom.

So I kind of knew that growing up — that the human body was really special. And I really wanted to become a part of that. You know, going through school, science was where my interest was in biomedical science.

PASTOR JD: And that's where your passion was. And then you pursued it. Can you share with us a little bit about how — well, I'm going to — let me have this one. Dr. Chris is one of the few, and when I say “few,” I mean few left that are out there that actually care about their patients.

Now, please don't misunderstand me. We don't want in any way to be derogatory towards medical doctors. I'm speaking, you know, generally just in the broad sense, most doctors today are there to get you in and out and write you a prescription. They're not there to help you or cure you.

And so it's been our profound privilege to have Dr. Chris be a part of our fellowship because I know of very few doctors, and when I say that, it's not hyperbole, I mean, literally that still actually care about their patients and will take time with them, much to their own peril, and sometimes at great cost.

Dr. Chris, am I — how am I doing? Pretty good? Do I —

DR. DEBUQUE: Excellent.

PASTOR JD: You're going to pay me as agreed? (Chuckling)

DR. DEBUQUE: That's accurate though.

PASTOR JD: Notice I'm not reading the script that Dr. Chris provided me to read. No. Here's — here's — I just want to say this is a medical doctor who is not looking for a way to, get you on prescription medication, He's looking for a way to get you off of prescription medication. How's that one?

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

DR. DEBUQUE: That's true.

[ Applause ]

PASTOR JD: Yeah. So that's sort of a dovetail into your practice as a medical doctor in internal medicine and how it's getting increasingly more difficult for you with the system the way it's been structured, or I should say restructured, which we're going to talk about more. But it's — you're having to go against a system that is the antithesis of why you became a medical doctor. Can you kind of expound on that a little bit?

DR. DEBUQUE: So what he's saying is that the reason why I got into health care was to help people. But the very system, when I say, “medical system,” I'm not pointing the finger at any one hospital or any one clinic. I'm saying that the powers that be behind the scenes, the principalities and powers that exist behind the scenes that are running the show here on the earth, they are forcing doctors into a conundrum.

They have to walk — we have to walk a fine line where we literally start each day saying, “How am I going to get through this day?” “How am I going to see my family at the end of the day, if I don't rush?” “How am I going to do any kind of shopping or life, adulting after work?” Because there's enough work to stay here until 10:00 at night, every single day. And this is primary care, but it goes the same for surgeons. It goes the same for hospitalists and intensivists and people who work in the hospitals.

There's — unless you're in a med spa or some other, like, private practice that is fortunate enough to be blessed financially most doctors are rushing to get through the end of the day because they want to see their family, to be honest. They want to have a life, too. And this medical system is set up to profit from you being sick. It's set up to profit from you needing medication.

And to be frank, when I was in medical school, I mean, 99% of what we were taught in the didactic portion of medical school is how to diagnose and how to prescribe. And the humanistic portion of medicine was not really taught.

So the part of me that makes me human and makes me want to care for you is just the part of a gift that I have and probably the gift that most doctors start with. And it's hard to keep

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

it through the medical training and through this medical system. It's really hard to keep that compassion because of the training.

You know, sometimes, physicians train and work a hundred hours a week. It's the average, like the — that's the minimum when we're training, and so it really burns you out.

PASTOR JD: Welcome to my world.

DR. DEBUQUE: You learn to — you learn to be fast, you know, when a person comes in and says, “Hey, Doc, I've had this, you know, ear pain for seven days now, and it's really bothering me.”

And I, “Oh, okay.” Well, the minute that someone says that, the first thing we're thinking of is it's probably an ear infection. I should probably look in their ear, and I should probably give them an antibiotic, and I should probably tell them how to make it better and to come back. And go as fast as possible.

That's usually what we're thinking. We're not thinking — trying to think outside the box because we want to get to the next patient because there's probably a lobby full of people that have the same problem, that don't know any better, or they don't know what caused it. And they want to know because “I'm in pain.” “I'm in pain, Doctor.” “I'm in pain.”

And that's just — that's standard. That's standard. A 20-patient — 20 patients per day is the kind of the minimum patient load for a primary care physician. Some clinics are seeing anywhere around 35 to 40 patients a day.

And when I was working in the Urgent Care, we were seeing 100 people a day. I was seeing 100 people a day. So and you can kind of just read between the lines. You can't really get good care when you're going that fast.

And so if someone has three or four complaints, “Hey, Doc, I need my blood pressure medicine refilled, I need my ‘this’ refilled, and I have this thing over here, and I have that over there, and my back's still hurting; what can you do about that?”

The doctors are going to cut you off at one complaint or two, max, and they're going to tell you to come back and make another appointment. And it's not really their fault. It's the system, okay, the principalities that — they want to profit off of you being sick.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

Doctors don't necessarily own the clinics that they work in either. They're usually an employee or a partner of some sort. But it's very difficult to work in private practice. The billing system, which is part of the Beast system, is profiting off of you being sick.

So I wouldn't say that doctors get into this for financial reasons. It's more altruistic, so to speak. But there's always — if you follow the money — there's always, you know, a money trail, a breadcrumb trail that you can follow. Yeah.

PASTOR JD: Can you speak to the shortage now of physicians, medical staff, nurses, just people in the medical community? They're leaving the island. They can't make it in this, system, which is just — it sounds like a pressure cooker.

DR. DEBUQUE: Absolutely. There is a major shortage of physicians on Oahu and in Hawaii in general, especially the — actually, the Big Island is also super suffering. But you have a situation where doctors are retiring, baby boomers are reaching that critical age where they're going to need a doctor or they're going to need a checkup. They're going to need a physical.

And there's just not enough doctors to go around for various reasons. Doctors pass away or doctors move on, doctors burn out. A lot of — a lot of doctors are closing practices here on Oahu. It's really sad, but, um — I can't name names, but I know four physicians in the last, six months who have left their practice and left their patients kind of high and dry and said, I have to leave for either for personal reasons or for retirement or stress or illness.

And those patients get shifted because there's a financial — there's a financial package that goes with every patient and their insurance. So they get shifted to another doctor or to another clinic. So some of the big corporate, corporate clinics and corporate hospitals, they pick up those patients because they're incentivized to pick them up.

And they just shovel, shovel the patients into a panel, and then that panel becomes really full and really packed. And then you're seeing, you know, a thousand, two thousand, three thousand patients on a panel for one physician or one group. Yeah.

So the emails, the text messages, the phone calls, it's really unsustainable for a private practice with one physician. Usually you have to have a group just to cover the phone calls. Yeah, and the worst part about it is that the billers and the coders, the people that have to

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

earn the — pay the rent, pay the overhead, and earn the money, that gets submitted to the insurance companies. You need a team of billers. That usually makes or breaks a practice from being successful.

And so this shortage that we see that's coming, it's going to get worse as the baby boomers reach kind of critical mass and need doctors. Meanwhile, you've got this tsunami wave of retiring doctors, and there's no shortage of sick people.

I don't know if you look around or, you know, talk to your friends or family or your children. Everyone's sick. Everyone is getting sick. And we're just talking about — I'm talking about acute things. So things that come up just, you know, every day, like, oh, I stubbed my toe — I need — I want an X-ray, or something like that. Not to mention the chronic illness, the burden of chronic illnesses, is where most clinics have their bread and butter because you have returning customers for their blood pressure, for their cholesterol, for their prediabetes or their diabetes, for their medication refills.

You know, you have to have a doctor that's going to diagnose and then prescribe. And the pharmaceutical companies and the pharmacies and the hospitals, they make money when you're sick. So if you're chronically sick, then you're chronically going to be taking medications for life or without a plan to get off of them.

And I think that's kind of where — where JD and I have a bond is that, you know, I think the people that know me know that I'm not out there to prescribe pills if it can be avoided. And in fact, if there's any way possible, you know, the doctor that you want is a doctor who's going to help you to get off of the medicine, or tell you why the medicine is necessary, and how to get off of it eventually if it's a long-term medicine.

So there are ways to get off of medicine. Your doctor just doesn't have time to tell you.

PASTOR JD: Wow, that's....yeah. And it's getting worse, right? I mean, this is a trend or a trajectory. Is it any better on the mainland, or is it that bad here on the islands?

DR. DEBUQUE: Yeah. Here in Hawaii or the islands, so to speak, the cost of living is at least 30% more than it is in the mainland. Meanwhile, the compensation or pay for physicians is about 30% less than it is in the mainland. So you have a squeeze where physicians —



**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

PASTOR JD: Wait, I'm sorry to interrupt. Thirty percent higher cost of living. And then that's added to a 30% less compensation. You're talking about 60%?

DR. DEBUQUE: That's right.

PASTOR JD: Net bottom?

DR. DEBUQUE: That's right. So a lot of times you'll have a new doctor, and you'll say, "Oh, I'm so glad to be here. I needed this new-doctor visit. Thank you for seeing me." The doctor will see you, and then, you'll find out later that they left.

And you'll ask around. And they said, "Oh, they moved back to the mainland," or "they moved back to wherever they came from." And when we do the root cause analysis on why they left, it's usually financial. The cost of living was too high, it's too much of a burden to be able to travel back and forth to see their family, or this and that.

So Hawaii is doing what it can to incentivize doctors to stay and to pay more, but most physicians, including myself, have a substantial amount of student loan debt. Mine is close to half a million dollars.. So when you try to do the math, you're getting paid less, cost of living is higher, and you've got this debt that's hanging over you. You really have to kind of weigh the pros and cons of staying in Hawaii.

And so, you know, unless you love your ohana here and you want to stay here, and you have a church ohana, you have a fellowship, you have a community that cares about you and you care about your community here, most people will probably get burned out and then leave.

PASTOR JD: Well, you're not — you know that you can never leave.

DR. DEBUQUE: I'm never gonna leave no.

PASTOR JD: We will hunt you down. We will find you. You will be in grave danger. You cannot leave.

DR. DEBUQUE: This is my ohana. Yeah.

PASTOR JD: So the morale within the medical community, it must be very low.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

DR. DEBUQUE: Absolutely. The morale: So being in the medical field, as any nurse knows, is a dirty job. There's — I can't say it. I can't say it on television. I'm sorry. I can't say it on online. But the medical field is a dirty job.

You know, you see blood and you see guts and odors and things that — things that no — no rational person would volunteer to see. So and then there's also this moral injustice that happens because, you know, you see what's going on with the world, and you're part of the problem in some way because, you know, you're giving a pill for something that, you know, they're probably not going to take it or not going to get better taking it, and they're going to come back for more.

And the system is not really set up to get them healthy. It's set up to do chronic sick care, not health care.

PASTOR JD: Yeah.

DR. DEBUQUE: So a lot of us burn out and get kind of tired of it. I don't I hate the word “burnout.” It's not really accurate. It's more moral injury. Just do you want to do what's right, but you can't. So then you're in this conundrum where you feel like you're not helping the problem. So...

PASTOR JD: Before we end the livestream, I had one last question. And then we'll kind of get into the meat of what we wanted to talk about tonight. So doctors, again, speaking broadly, are — maybe better said — see themselves as, you know, like you mentioned, having a skill set, a gifting, a talent as a medical doctor, as a physician. So that makes it harder when it comes to sharing Jesus with somebody like that.

Can you kind of give me a temperature read on — especially with how crazy everything is specific to the medical community. Is that — do you see any kind of an openness within the medical community to the Gospel, or do you see it going the other direction?

DR. DEBUQUE: (Heavy sigh) That's a tough question. I guess it depends on where you work and what you're willing to put up with. I can't name companies or corporations, of course, for lots of reasons, but I think that doctors don't want to share their faith or their stance because they don't want to be impartial or biased, and they don't want to sway a patient or offend a patient.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

But also, religion kind of needs to be separate from — from medicine for some reasons. But if a doctor can be open about their faith, it makes their practice so much more rewarding. Because like for me, for my example, in my example, I work for, a 501(c)3 nonprofit, religious-based practice. And so they openly recommend or welcome asking patients if they want prayer and if they want to be blessed in some way with that.

And so I think if doctors are enabled to be honest and be upfront about their faith, they would be super excited to do so. But the system really isn't set up to do that. The system — it's so rushed. And then also at the same time, I think a lot of doctors and nurses feel like they could get in trouble, or something could happen where, you know, they don't want to create a false hope and then have a patient get upset like, oh, that prayer didn't work. You know?

And you know our answer to that is, well, God's timing is perfect. So... His will matters. His will is everything. So... The right things happen to the right people, and sometimes people just need to be really open about what their goals are in their health. I like to ask patients if they — if they — when I meet patients, I'll ask them, you know, I'll go through their health history and one of the things in their health history, if it's their religion and they put down their religion, I'll ask them about it.

And I try to get to know the person and their health history that they provided me. And I'll say, you know, “Oh, you go to church” and “where do you like to go to church?” And I try to find out a little bit about them. And that helps me to be able to practice medicine better for them.

But I think doctors need to stand up and be more upfront about their faith, for example. And if they do have God's love and love Jesus, they should be, when approached or when felt led, you know, should be sharing the Gospel. And medicine is kind of like — it's an avenue, I think, for healing. And sometimes healing isn't necessarily physical.

And so when somebody has an issue that's looking like it's not getting better, things are getting worse, you fix one thing — it's like playing whack-a-mole. You treat the one thing, and then the next week they're back and you treat that, and then they're back again. And now you're whacking the mole here, and you whack the mole there, whack the mole there.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

And I'm scratching my head going, whoa, this person's getting sick all over the place. What's going on? Sometimes I'll even ask them. This doesn't seem physical. It seems kind of like spiritual. Like is there something going on in your life that I can pray for you for?

And a lot of times they break down and say, absolutely, this is what's going on, you know. And they run through their — the laundry list of things that are going on in their spiritual life that's causing them to be sick all the time. So...

PASTOR JD: Boy, the connection between spiritual and the medical, the physiological.

DR. DEBUQUE: Yeah, mind, body, and spirit is how I do medicine. They're all intertwined, and if you fix one without fixing the other, then oftentimes the circuit is still broken electronically, so to speak. Light bulb is off.

PASTOR JD: You know the — thanks for answering that. It's always been an enigma to me, especially for surgeons who operate on people, to not believe in the true and living God who fearfully and wonderfully made us. It's just mind boggling. And I think sometimes — you know you talk about the, the, the, you know, the intellectual aspect of it.

The intellectual is the enemy of the spiritual because they are operating on someone created in the image of God as they are fearfully and wonderfully made, yet they've numbed the spiritual aspect of it with the intellectual knowledge of it. That's the only explanation I can come up with.

Because in my way of thinking, which is — we won't go there — I would think that every surgeon would be a born-again Christian. You open somebody up. Wow! You know, I'd be on my face. And then I'd finish the surgery after I surrendered my life to Christ. Oh, my goodness! I'd probably do that in med school, I think.

DR. DEBUQUE: I think some do see it that way. And when, when you're looking at how most of the things in the human body and other mammals, for example, we'll just talk about the eye. I know of several eye surgeons who are Christian, who have faith in a higher power and the Creator because there's parts of the eye that could not have evolved separately at the same time to be created.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

So if you have an engine in a car, the pistons couldn't evolve by themselves and then the engine later or the engine block later, you know, the axle and the gear shaft and the belts and the carburetor. You can't just evolve those things separately. They had to evolve at the same time. And so evolution kind of doesn't really fit with the human eyeball because it had to have been created all at the same time. There's so many different moving parts for the eye and how it connects to the brain.

So I know several eye surgeons who talk about the human eye and how beautiful it is and how it couldn't — it couldn't have been created any better. So I do hear what you're saying about that, but you also have to go back to the texts, you know, go back to the Bible. And Jesus even said in His own words that, it's easier for —

PASTOR JD: A camel.

DR. DEBUQUE: — camel to enter through the needle —

PASTOR JD: Yeah.

DR. DEBUQUE: — the eye of a needle than it is for a rich man to enter the gates. So....

PASTOR JD: And knowledge puffs up. It's a — you can have knowledge and be a fool. Like the Psalm says, it's the fool that says in his heart there is no God. Interesting, lastly, about the eye. I have done some research in my own studies and preparation for teaching God's word. And the eye in particular is one of the most miraculous creations of God.

DR. DEBUQUE: Truly, truly it is.

PASTOR JD: The human cannot — man cannot even come close to replicating the human eye. It is so intricate.

DR. DEBUQUE: And yet we look at each other every day and we say, you know, oh, what is it that you love about your spouse? Oh, their eyes, you know, it's... Yeah. You know?

PASTOR JD: Well, it's the window to the soul, right? So... Okay, well, all right. It's time. We need to get to some real talk. So hopefully you're on the website. If you're not, we would encourage you at this time to go to [JDFarag.org](http://JDFarag.org) for the remainder of our discussion. And we will end the livestream now on YouTube and Facebook.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

Okay. Dr. Chris, we got to talk about the injection, and you have had two COVID-19 injections.

DR. DEBUQUE: Yes, I have.

PASTOR JD: So can you talk to us about that?

DR. DEBUQUE: Yeah. So...um... We're — you know, wow. It's already been so many years, right? So if we go back in time, I was working in the Urgent Care. Urgent Care Hawaii in Honolulu, Waikiki, Pearl City, Kapolei, and those locations were really busy. I mean, we would see patients 7:00 to 7:00, about a hundred people a day per provider.

And (Chuckling) 2019 came around, and we got these reports that there were, you know, cases of the strange virus in China and Wuhan. And being the state of Hawaii and how culturally diverse we are here — we have travelers from all over the world. But... but also, our neighbors — we have China, we have Japan, we have the Philippines, we have, you know, all these other outer islands in the Pacific.

So that was always on our mind, was we're probably next. (Chuckling) We're probably next to be visited by someone with the plague or whatever is going on in Wuhan. And so the fear already was starting then to kind of come up with a solution to the problem. It didn't help that the media kind of exacerbated the fear factor.

But um, let's go to the vaccine. You know, Operation Warp Speed produced this vaccine in miraculous time. And by the end of 2019, people were already getting sick on Oahu, and we were mass — we were trying to find any way to combat these people that were coming in with, like, the flu, basically.

PASTOR JD: This is the end of 2019.

DR. DEBUQUE: Yeah. End of 2019 we were already seeing cases. 2020 was pretty rough. We developed protocols, tents, swab, drive-by swab tents. We were wearing bunny suits with masks and goggles and triple masking and burning our clothes after work and going home. (Chuckling)

And of course, we did a lot of crazy stuff. But you know we were looking for solutions, and I was actually part of an ivermectin study that got shut down midway through. And we were

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

giving ivermectin to patients, and it was working. And we were so confused why it got shut down.

But I learned later that in 2020, January of 20 — or December of 2020, the NIH put out an article, a study showing that ivermectin is a great, future anti-cancer drug, and also, its anti-inflammatory properties for fighting and combating viruses was actually quite impressive as a repurposed drug.

Fast-forward to January of 2021. They had to shut that program down because it would compete with the Emergency Use Authorization Act for the vaccinations, which needed to be passed by the FDA, for administering to human beings without having a safety trial. So meanwhile, you know, the — if you watch the television, they're going over and over and over again COVID deaths, COVID deaths, COVID deaths, COVID deaths.

And so they said, hey, we finally have this great vaccine. You know, it's safe and effective. 95% effective, 95% reduction in transmission, 95% safety profile. And then we always kind of wondered, oh, what 5%? I mean, what actually happens to the 5%, you know? And how do they know that fast? You know what? They didn't really.

So I was actually surfing on the North Shore and was coming home from surfing, and my medical assistant from the Urgent Care messaged me and said, “Are you coming to the hospital? We're supposed to get vaccinated today, and you're on the list of the, the VIPs, the — you had the elderly and the people who are immune compromised, and then the health care workers who were the first to get vaccinated.

So I decided to. Uh, my wife had been telling me, “Don't get the vaccination.” And you know, you know how that goes. You should listen to your wife. (Chuckling) But I didn't.

So I pull into the hospital. And this particular day on the North Shore was a really big day. I was surfing at Chun's Reef, and the waves were really powerful, and my arms were super sore. And so, I kind of thought, oh, well, I'll just put it in my good arm, and then I'll rub it out later.

And so we kind of file into this, this office at the hospital, all of us health care workers from the Urgent Cares all lining up at once. And they have these nurses that are saying, “Are you sure you want it?” “Are you really sure you want this?” “Are you sure you want it?”

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

And we say, “Yeah.” “Okay, sign on the dotted line.” You sign, you sit in these chairs, and she slams the — she cleans the skin and then puts the needle in my arm.

And meanwhile my arm is still really sore from surfing, and she pulls the needle out after injecting it, and out comes this fountain of fluid out of my arm. And it just shoots out like a spray, like a squirt bottle. (Psssss)

And I looked at my arm, and I could feel the pressure releasing as it was spraying out. And the nurse said, “I’ve been working for 20 years, and I’ve never seen that. And I’m actually retiring next week. And I just wanted to say, that’s never — I’ve never seen that before.”

And at the time, I thought, well, is it a bad thing? I don’t know. I didn’t really want the vaccine anyway. So I was — she said, “Do you want me to give you another one?” I said, “Oh no, no, no, no, no, no. Never mind, no.”

But later I considered it a miracle because as my friend Tom put it it’s almost like the snake venom, you know, that went into my arm was able to get it out, basically. But I didn’t heed my wife’s warning. And I went for the second injection in January of ’22.

And this is where my journey down the rabbit hole with JD and our wonderful community church here, where the truth is pronounced boldly. Thank you, JD. So I went ahead and got the second jab, and within two days I was too short of breath to exercise. I had chest pain every time I did any kind of exertion. I was having headaches and body aches and fatigue and some fevers. I thought, wow, this one really was a lot more powerful.

And so I asked my friends in the emergency room to help me out and figure out what’s going on. And they said, well, it’s probably not your heart. It’s probably just your nerves, or you’re just, you know, anxious or some anxiety, you know? So don’t worry about it.

Well, it got worse. I started to have chest pain and shortness of breath just at rest. And I really was so, I was so scared, you know, that I wasn’t going to be able to exercise or surf again. (Chuckling)

PASTOR JD: Just to keep the priorities, surfing especially, right?

DR. DEBUQUE: I mean, I was so tired that I didn’t feel like surfing, which my friends will know that’s not like Chris. So I knew something was really wrong at that point.



**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

So about two weeks after the injection I was still feeling really lousy. I told my friends again who are in the ER, you know, “Hey, I need a workup because something's not right.” So we did some preliminary tests, and there was a little bit of inflammation and a little bit of — you know, the labs weren't completely normal, but they weren't terrible.

And I said, “This feels like the clinical signs and symptoms of pericarditis or myocarditis.” And so I'd had, some of the other testing done, and it wasn't also normal, but it wasn't pronounced as super abnormal. And they said, “Well, you're not going to go for a cardiac biopsy to find out.” And I said, “Yeah, I'm not really due for an autopsy anytime soon.”

A cardiac biopsy is where they put a needle in to take a piece of your muscle from your heart in order to confirm the diagnosis. And in medical school, we're taught that the heart is one of the few organs that doesn't regenerate tissue. So once you lose tissue, it's gone, which is why heart attacks and myocarditis are so dangerous. You don't regain new myocytes or muscle cells of the heart. You're born with the ones that you got.

So if you have a heart attack, your heart is weak. It's always going to be weak in that area where the tissue died. And so I was really afraid at that point because I thought that I truly had myocarditis. And it was looking like that was the case.

So thank God that He's merciful and that He was looking out for me, and He connected me with a church that prays and a fellowship with a community of other Christians that love God and fear God and will pray for you. And so I received a lot of prayer, and I'm probably more healthy now than I have ever been. So I praise the Lord.

[ Applause ]

PASTOR JD: Thank you for sharing that. We had talked about this prior, of course, for that very reason. We want to give hope to those that are believers that have received the injection or maybe more than one. It's not — you don't lose your salvation. You're still saved.

DR. DEBUQUE: You're sealed for the day of redemption.

PASTOR JD: Yeah, once you're born-again, you're not un-born-again. Now, to those who have experienced the adverse events like Dr. Chris have also been the recipients of God's

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

just grace and mercy and even healing touch as the Great Physician and has not paid many as the receiving of this injection has deserved. And you're one of them. So maybe you could just encourage those believers that have had the injection, like you, and that, you know, it's kind of a 'But God' thing that God is able.

DR. DEBUQUE: Absolutely. So there's some things that I did that were supplements, you know, but hands down, it's a miracle. So don't, don't do what I did and reach out to every supplement on the planet and every, every rabbit hole, every Google, Google search to try to figure out what's wrong and how to fix it.

Go to God first. Start there because He's the master physician. He's the Jehovah Rapha. He's the one that designed you, and He's the one that can fix you. And He can put you back together. But sometimes you have to ask. So I do recommend sit down and pray and have a conversation with the master physician and ask Him for healing, straight out. I wish I had done that first.

PASTOR JD: Can we sort of turn a corner now? Because since that time, now we're — you brought us to January 2022.

DR. DEBUQUE: That's right.

PASTOR JD: That was the second one. So bring us now to the present and all that God sort of revealed to you about the truth behind what this really is. And in layman's terms, explain to us why, first of all, it's not even a vaccine.

I've tried, you know, with my limited understanding on Sunday mornings in the Updates. You know, I've relied heavily on quoting those who do understand it, but even then, it's so complex when you start talking about messenger RNA and the spike protein and all of the above.

So can you kind of simplify it and explain why it is that your eyes have been opened to how demonic and dangerous and even deadly this thing is?

DR. DEBUQUE: Absolutely. So there's been so many episodes of evil in the world. I'm sure everybody can think of a handful of evil atrocities that were committed on humanity. Unfortunately, the medical field is one of the major perpetrators of several catastrophes.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

Think of all of the epidemics that we have in the world right now. You've got an opioid epidemic. Who created the opioids? Who created pain medications, addictive pain medications? Who created fentanyl, you know, fentanyl overdoses, right? Who created that? Oh, Pharma.

So to cut to the chase and not beat around the bush, a lot of these things that medicine does for humanity starts with a cause of wanting to help people, but Satan twists it and uses it for evil. He repurposes whatever that thing is that the doctor or the scientist invents to do helping somebody. It's created later to do harm or used to do harm.

So in the grand scheme of things, where COVID plays in is it was actually — there's quite a few published research documents and publications about COVID, or coronavirus being — Corona 1 being invented in the '60s and then being remarkably interesting virus that it was because it could be easily edited and modified.

PASTOR JD: (Off microphone)

DR. DEBUQUE: Yeah, like gain of function. (Chuckling) So there just needed to be a time for it to be unleashed, so to speak. And I think that when the anthrax scare came through in, I think it was 2006, there's this, there's this clause called the prep, the Prep Act. And you have to, you have to Google it or look it up.

But basically, you know, we weren't allowed to give genetic material to other humans without having a really good reason, or to have the laws changed. And so after the Prep Act in 2006, biomedical research was kind of — and genetic engineering kind of took off. And so you've got this situation where unfortunately, there's great evil in the world. And I go back to the principalities and powers in high places and the forces of evil.

You kind of have to look at it from that perspective. That way you're not like picking a person out of a crowd and saying, oh, condemn that person. You kind of have to just put it in God's hands and say, you know what? There's a force that's bigger than humanity, and it's trying to kill us.

Well, there was actually a — I forget if he was a CEO or if he was a high-level admin, but he, one of these guys admitted on recording, you know, these big pharmaceutical companies

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

actually, they make the virus, and then they make the vaccine for the virus, and then they can keep profiting off of that cycle, back and forth, like a revolving door, basically.

And I think that's kind of what we're dealing with actually is a revolving door of, you know, man-made viruses that have been unleashed, so to speak.

PASTOR JD: So it's that textbook Hegelian dialectic. You create the crisis, you control the reaction, and then you offer the quote-unquote final solution.

DR. DEBUQUE: Exactly.

PASTOR JD: So the medical industry, starting back at the turn of the last century, was completely changed by way of the Rockefellers.

DR. DEBUQUE: That's right.

PASTOR JD: And they couldn't make money on natural remedies, which was the medical treatment of the day. So they had to get rid of that and replace it with drugs.

DR. DEBUQUE: Yeah. So there's this little thing — I should say, it's a big thing. It's kind of the basis of modern medicine. It's called evidence-based medicine. And that's a quotation, evidence-based medicine because the Rockefeller and the Carnegie Report, the Flexner Report, they kind of reinvented medicine.

You can't do a randomized, placebo controlled, double-blinded study on exercise or food. You can't starve a human being and say, okay, well, the placebo was no food and control group was no food. You have to feed people.

So nutrition and — nutrition and exercise really kind of didn't have a place anymore and neither did supplements and natural ingredients that you could find in nature or that you could grow or that you could buy from the, you know, Whole Foods or something like that.

So Rockefeller, as you may know, was a large oil, large oil company. That's where most of the income for his empire was from. They had a lot of by-products, a lot of by-products from the oil refineries. And he really just wanted to repurpose some of those products. And so that's kind of where it gets kind of icky.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

So he was able to convince, using the Flexner Report, he was able to buy out and fund medical schools to grow all across the country and promote evidence-based medicine using randomized controlled trials in order to prove that things were legit and basically eliminated and kind of pooh-poohed and downplayed the importance of supplements, diet, nutrition, and exercise and supplements, and really emphasize these randomized controlled trials and also really emphasized breaking apart health into these silos or these compartmentalized diagnoses.

So instead of having a lack of exercise and a really bad diet and then having obesity and diabetes and high blood pressure as a consequence of all that, instead have a diagnosis of high blood pressure and a pill for that. That just kind of puts a Band-Aid on it. So you always need the Band-Aid because, as you know, if you stop taking your blood pressure medicine, the next day your blood pressure is high. And so you always need it.

So Rockefeller kind of invented this revolving door where you're always going to be needing chronic medication management. And the evidence-based medicine worked because you could prove that on a numerical basis, this pill in this person's body lowered their blood pressure by this amount, and a placebo or a sugar pill didn't have that same effect on another control group.

And so that would be considered evidence-based medicine. Person A: Blood pressure went down 20 points. Person B with the placebo: Blood pressure went down zero. It stayed the same. So you have this siloed compartmentalization of each diagnosis and a pill for each one that's always just a Band-Aid, that never really cures the problem, which was the person's lack of exercise, their diet, and their way of being, basically.

So that's essentially how the root of change happened in the past in medicine. And it was exploited with the pandemic in various ways. But I wanted...

PASTOR JD: Which is why the statement that the vaccine was not, so-called, was not created for COVID. COVID was created for the so-called vaccine because ultimately, Big Pharma, this evil Big Pharma — we're talking trillions of dollars. In the Update on Sunday, I'm going to be quoting an article that'll just — it's stunning. Trillion, trillions of dollars, with a T.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

So they have a customer for life. So they injure you, and then they already have the medication to give you for the injury that they injured you with, so that you're reliant now for the rest of your life on their medication, which you have to take because they're the ones that injured you in the first place.

DR. DEBUQUE: That's right.

PASTOR JD: So you enter 2020 and whatever this thing is, is released. And it is created to have people stand in line to get an injection that contains life-altering substances, toxins, poisons, and also has attached to it, something that reprograms your body. And so can you, again, keep it simple for stupid people like me?

DR. DEBUQUE: So you know, vaccines were created mainly, in a way, to help people, to prevent illnesses and things. Viruses and bacteria, some of them can be rapidly caught, and then they can make you sick.

And so we figured out that if you expose yourself to a part of a virus or a part of a bacteria, the part, the active ingredient, so to speak, you can create antibodies that will fight against it. And so if you give yourself a weak virus that's similar to the virus that you're wanting to make the vaccine for, you can make antibodies that will protect you for the main reason.

Well, that was how the original vaccines were created. You were given a weakened virus, attenuated viruses, you know, attenuated flu virus. You still got a little cold, you got a little sniffle, you got a little headache, and then you felt better, and your sore arm went away, which, we can go into that another time.

But that's how the vaccines were kind of started as a help in some way. But this new technology is a lot different. In fact, it's not really a vaccine. It's more of a gene therapy or a genetic therapy because there's this compound, which is an assembly, actually, of lipid nanoparticles called the lipid nano bilayer, which is a mimicry.

This is interesting; it's a mimicry of the human cell, the cell wall. And inside of that is a payload of genetic DNA, or I should say RNA that reprograms your cell to create spike protein. So the mRNA vaccines are more of a gene therapy that hard wires your cells to make the spike protein.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

And unfortunately, it's the very same part of the COVID-19 virus that makes you get sick. It's the very same protein on the surface of the cell — on the surface of the virus that made it so deadly. It's inflammatory. It's camouflaged. It's able to cause you to get sick really quick. And your immune system can't find it right away, so you develop a rapid infection and a lot of inflammation.

So why are we putting — I guess the question was, why are we putting the inflammatory portion of the COVID-19 virus that was so deadly, why are we putting that into a vaccine and then making our bodies make it like a vaccine, more like an mRNA factory?

Yeah. And you know, I guess one of the lies that we were told was that it doesn't go anywhere. It just stays in your arm. And they actually proved that when you inject anything into the body, you're actually going through, the skin, the subcutaneous fat, a bunch of blood vessels, and then into the muscle. So when you, when you inject the so-called vaccine, you're actually allowing it to go through the capillaries and absorb into your whole body.

And so this particular, the SARS 1 or the, the Coronavirus 1, the one that was created in the 1960s actually already had extremely toxic properties for attacking the heart, the brain, and the ovaries, and testes. So it already had kind of the ingredients for success for a bioweapon, which is where we believe that DARPA or the bioweapon properties of the virus came from.

And I actually have a two-minute quote from the Kansas Attorney General and what he said about the terrible effects of the virus and the — I'm sorry, the vaccination. And I was wondering if it would be appropriate to read that.

PASTOR JD: Yeah, it would be. And then also, like we talked about prior, there's something really strange going on right now with these pharmaceutical companies because — but it's really kind of suspicious too because it's like all of a sudden now, people are starting to come out that were so pro-vaccine that are now saying no vaccine.

DR. DEBUQUE: Right.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

PASTOR JD: And that's weird. That isn't — that isn't — there's — to me, it's like that's part of the overall plan. And yeah, read that and then let's talk about what we talked about earlier concerning where it's at now and where it's going —

DR. DEBUQUE: Right.

PASTOR JD: — in the days ahead. Go ahead.

DR. DEBUQUE: So this is from the Kansas Attorney General, and they're suing Pfizer, okay, for false claims. So he says to the Kansas Supreme Court, “Pfizer possessed reports for 458 pregnant women who received Pfizer's COVID–19 vaccine during pregnancy. More than half of the pregnant women reported an adverse event, and more than 10% reported a miscarriage, many within days of the vaccination.

Pfizer also possessed information from its own October 2020 study on pregnancy in rats, indicating that its COVID-19 vaccine was likely linked to infertility, loss of litters, and stillborn offspring. Safety relating to the heart conditions like myocarditis were also ignored. Pfizer consistently denied any evidence of a connection or safety signal between its COVID–19 vaccination and myocarditis or pericarditis.

Indeed, on January 18th, 2023, when asked whether its vaccine cause strokes or myocarditis, Pfizer Chairman and CEO Albert Bourla stated ‘We've not seen a signal, a single signal although we have distributed billions of doses,’ a signal that he was referring to as a safety signal, which refers to a negative consequence.

However, as Pfizer knew the United States military, foreign governments, and others had found out that Pfizer's COVID-19 vaccine caused myocarditis and pericarditis definitively.

Number 3: Effectiveness regarding the variants.

Pfizer also claimed that its COVID–19 vaccine protected against the COVID-19 variants, even though the data available at the time showed Pfizer's vaccine was effective less than half of the time against the variants. Lastly, regarding transmission, Pfizer urged Americans to get vaccinated in order to protect their loved ones, clearly indicating and claiming that the vaccine stopped transmission of COVID-19.



**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

Pfizer later admitted that it had never even studied the transmission of it or its recipients, or whether they received the vaccine, and whether they could say it stopped the transmission. So after making these misleading statements, Pfizer also engaged in some censorship attempts.

Emails revealed that Pfizer officials coordinated with social media platforms to censor any speech critical of Pfizer's COVID-19 vaccine safety and effectiveness. It should also be noted that Pfizer elected not to join the federal government's vaccine development program, known as Operation Warp Speed, and declined the development funding.

When asked about that, Pfizer CEO Albert Bourla said Pfizer did not participate in the program in order to quote, liberate, end quote, Pfizer scientists and to avoid government oversight of its vaccine development. He also said, quote, they want reports. I don't want to have any of that, end quote. Referring to 'they' when he said they he was referring to the federal government.

Pfizer's misleading statements contributed to the success and marketing of its vaccine in the state of Kansas. And by February of 2024, Pfizer had developed — delivered over 3.3 million doses.”

So this is just an eye opener of, like current, what's going on right now. This was a speech that was given by the Attorney General in Kansas who's suing Pfizer and will probably win. And Pfizer will probably be sued for, a mega lawsuit. Johnson and Johnson was pulled off the market. Their vaccination was pulled off the market for myocarditis, pericarditis, blood clots, strokes, and heart attacks.

And that was immediately — it failed right off the bat, right out of the chute, costing the company, you know, millions, if not billions of dollars. Just last month, AstraZeneca, which is was based out of Europe and some of the other countries outside of the United States, AstraZeneca was also pulled off the market for a safety signal for myocarditis, pericarditis, heart attacks, strokes, blood clots, and a really crazy kind of blood clot called immune thrombocytopenic purpura, and thrombocytic purpura — thrombocytopenia, sorry. It was basically a type of autoimmune disorder where your own blood cells will no longer clot, and you have brain bleeds and clots.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

So you've got J&J down. You've got AstraZeneca down. Now you've got Pfizer being torn apart, and they're going to lose, and they're gonna lose a lot of money out of that. Next is Moderna, okay, which is heavily funded by the government. So in your question, why is all this happening now —

PASTOR JD: Yeah. So why now? And are you as suspicious as I am being in the medical field as a medical doctor as to why are they sinking this ship? Do they have a bigger ship coming?

DR. DEBUQUE: Yeah, absolutely. So one of the major problems with this mRNA technology is the fact that, it basically becomes — these little particles become like you. And so for your immune system to target these lipid nanoparticles, they have to identify you from the lipid nanoparticle.

And sometimes our immune system gets confused and makes auto antibodies, antibodies to yourself, antibodies that target your own body. And so, the mRNA technology and the lipid nanoparticle technology is extremely dangerous for that matter. And they're going to be putting it in everything, okay? And that's what's crazy.

PASTOR JD: Go ahead and just kind of grocery list, no pun intended, some of the things that you've been talking to me about when you say that.

DR. DEBUQUE: So it'll be put into your plants, into the GMO foods. It may not even be labeled as GMO. It'll be put into your meats. The USDA meats will have, mRNA technology put into them. In addition to the water supply, we'll also have a form of mRNA. And so these things are going to be kind of all-encompassing. You'll have new vaccines that will come out that will all be mRNA technology. So instead of having the flu vaccine once a year, you'll have mRNA flu, and you'll have mRNA...

PASTOR JD: I'm talking about that Sunday. They're combining it.

DR. DEBUQUE: Yeah, they're going to put it together, so you get a double whammy. But I think where I was going with that technology and the auto immune problems that they have with it is that our own immune system tries to target cancer cells, and when it can't find a cancer cell, it becomes truly a metastatic cancer.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

And so by turning off the immune system, our T cells are the natural immunity that we have that targets cancer cells in our body but also targets viruses. The mRNA technology actually disables the mechanism that the T cells use to bind to the virus and to identify viruses, but it also turns off the ability for T cells to target cancer cells.

So we've actually seen, what we call a five-sigma event where the expected deaths that we would see on a typical annual basis are actually exponentially jumping up like 10 x. And so we're trying to —

PASTOR JD: Ten times more.

DR. DEBUQUE: — ten times more expected deaths per year. And we've actually done some of the root cause analysis. And we think that it could be either from the COVID-19 vaccines, gene therapies, or also from metastatic cancers like turbo cancers.

PASTOR JD: Which are also caused by the —

DR. DEBUQUE: Yes. And so, the immune properties of the vaccine actually can promote you to develop cancer, to have cancer reactivation if you were in remission, or also to cause new cancers to grow. And so we're seeing an unprecedented amount of breast cancers, and brain cancers, ovarian cancers and, just — I mean, I'm inundated. I've had my fill of cancer cases just in the last six months. It's kind of an unprecedented time, actually.

So that brings us to why, why now? And you know, where's Pfizer going with all this? And where are these companies going with all of this? Well, guess what? They have a solution to the problem that they created. They have a new study with a monoclonal antibody that actually treats cancer. And ironically, they also have a new technology that treats myocarditis. (Chuckle)

PASTOR JD: You mean the one they gave you?

DR. DEBUQUE: Yeah. So they create the problem, and then they've got a, you know, a backup solution that they can bill you for to fix the myocarditis. And then when you get turbo cancer, they've got a solution for that too. But I think that their, their CEO kind of says it all in this little quote.

PASTOR JD: This is Albert Bourla.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

DR. DEBUQUE: So he said — this is last week — Albert Bourla, the CEO of Pfizer, said in response to being asked by the Kansas City Attorney General about all this injury, vaccine injury, he said, “I truly think the best days for Pfizer are ahead of us because COVID was, for me, like a rehearsal, *prova generale*, how you can mobilize an organization and do the impossible possible against a main disease. We are after cancer and many other things in the years to come.”

You cannot make this stuff up, guys. So I might have misspoke earlier about the Prep Act. The Prep Act: people who are injured by a vaccine developed in response to the emergency use must bring claims under the Countermeasures Injury Compensation Program, CICP. The CICP provides blanket immunity to drugmakers manufacturing the COVID–19 vaccine unless there's a showing of willful misconduct by the manufacturer.

PASTOR JD: Which holds harmless the pharmaceutical industry. This goes back to The Act which then-President Ronald Reagan signed actually because Bush Senior... That’s another topic for another time. But the pharmaceutical industry was on the verge of bankruptcy —

DR. DEBUQUE: That's right.

PASTOR JD: — because they were paying out billions — this is in the '80s — billions of dollars to vaccine-injured claims, that were brought to court against them. And they were paying them out.

DR. DEBUQUE: That's right.

PASTOR JD: And they were losing billions of dollars. So they went to the government and the lobby, the lobby, lobbying of the government, and they got the government to sign The Act in 1986 so that if there is any injury due to a so-called vaccine, guess who pays the claim, the billions of dollars?

DR. DEBUQUE: Tax dollars.

PASTOR JD: We do with our tax dollars vis-à-vis the government. So basically the pharmaceutical companies, the sway was incalculable because they went from losing hundreds of billions of dollars — which in '86 was, you know, the equivalent of maybe even trillions of dollars today —

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

DR. DEBUQUE: Right.

PASTOR JD: — and they went from not having to pay that out to now being able to create anything they wanted, with impunity, knowing that if it hurt people or killed people, that they didn't have to pay for it.

DR. DEBUQUE: That's right.

PASTOR JD: In fact, not only did they not have to pay for it, they actually made more profit on it. So that gave birth to and rise to what we have today. So I am of the belief — and Dr. Chris and I have had this conversation — and time is evaporating — but I'll just, I'll try to squeeze it in — I truly believe and have experienced in my own personal family that at birth, an infant, a newborn is vaccinated and injured deliberately to create a Big Pharma customer for life.

DR. DEBUQUE: Yep.

PASTOR JD: So if you got a vaccine during a certain period of time, at birth, they call it vitamin K. I think the K is for “kill.”

[ Laughter ]

For real, at birth. There was a period of time: you remember SIDS: Sudden Infant Death Syndrome? That was from childhood vaccinations. So then they took them off the market. But it was — they didn't lose any money because the government paid it all out. For the people who sued the pharmaceuticals, the government paid it out.

And then now we have SADS: Sudden Adult Death Syndrome, where all of a sudden, people are dying suddenly. It's the vaccines. So I like how one said it. I'm not anti-vax because that just has the, you know, the connotation is, you know, it sends the wrong message. I'm not anti-vax. I'm former vax, former vax.

Because now, as — and we're going to see this next Thursday, Lord willing, in *Daniel 8*, he's told, Daniel is told to seal this up, this vision, this prophecy until the time of the end. And at the time of the end — this is also in *Chapter 12* at the end of the book — at the time of the end, it's going to be opened up.

**Topical Teaching**  
**A Medical Doctor Speaks the Truth**  
**Pastor JD**

Well, we're at that time, which is why now everything has been opening up. The knowledge will increase, prophecy in *Daniel 9*, I think it's *9*. It might be *12*. But it's not just technology will increase, but it's knowledge of Bible prophecy will increase. So right now, what I see happening is what Jesus spoke about in *Matthew 24* concerning the Great Tribulation.

DR. DEBUQUE: The earthquakes in strange places, the famines, and the pestilence.

PASTOR JD: Exactly. Then in *24:24*, He says it'll be so bad, the likes of which the world has never seen before, nor will ever see again, that unless those days were shortened, no flesh, human flesh, the human being would not survive if those days were not shortened.

And man, I tell you, I have heard numbers that nobody will — either they don't know, or they won't admit it, or both — the numbers of deaths is in the hundreds of millions of people, fast approaching the billion. And there's 8 billion people on earth.

DR. DEBUQUE: Right.

PASTOR JD: (Frustrated sigh)

DR. DEBUQUE: (Chuckling)

PASTOR JD: Anyway, so I just gave you, like, four minutes to wrap this up. Can you do it?

DR. DEBUQUE: To talk about the future?

PASTOR JD: Yeah. What's coming, man? I mean, besides Jesus. So I mean, actually, we won't be here for this. Where's this going?

DR. DEBUQUE: Yeah, it kind of does feel like there's no hope. But we have hope in Jesus Christ, so just hang on to that. Because, the future is very bright, okay? But for the rest of humanity, you know, you're looking at a medical system that's going to collapse in a hurry, without enough doctors to take care of everything. The prices of food and the prices of medical care is going to skyrocket to the point that's unsustainable. Only the wealthy will really get extremely great care.

There will be the centralized CBDC and universal basic income, and you'll have tokens to pay for your one visit a month, or one visit a year with your doctor because that's all that you'll be able to afford. And you're going to have to take whatever they give you for medicine.

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**Pastor JD**

I don't know how that's going to go. I know that right now, as we speak, there's a push to get AI into medicine. And so you won't really have a doctor taking care of you. You'll have an AI, and the doctors with prescribing licenses will hold the liability because we went through medical school and got the training.

We'll be more like overseers of AI. And then we will manage AI and say, "I approve," "I approve," "I approve," "I decline," "I decline," "I decline," "I approve," "I approve." And that way we can kind of streamline medicine and just go through the diagnoses that the AI comes up with, and either approving or denying, and then prescribe the medicine.

And it will be a lot more streamlined if an AI is managing it or is doing the grunt work. But that'll be the only way that I see that you'll be able to see a doctor in the future, not in the near future, but in the kind of maybe 5-year, 10-year timeline.

And there's other things, too. The cost of energy is going to go up a lot, too. And in order to power AI, there's actually this new technology where it's actually a Swedish company called Spark Industry where they're growing cloned brains in petri dishes and then powering them with very minimal power. It takes one millionth of the same energy that a regular computer takes to run one of these brains. And they can hook up all these brains together in a big network, and they're going to use that to power the AI of the future.

Because right now, as we are currently, ChatGPT and all these other AI companies, they cost a tremendous amount of energy. Like, I think by 2030, 4% of the — 4% of the energy that the world produces will be used to power AI. And that's about how much energy Switzerland itself, the country of Switzerland produces in comparison to the rest of the world. So that's a lot of energy, right?

So these cloned brains that they're growing, these supercomputers that are currently being studied and are very remarkably powerful, they only require a billionth — like a millionth of the energy. So they're going to be how we're going to try to save humanity in the future.

PASTOR JD: Because we're electro — we're electrical beings —

DR. DEBUQUE: Absolutely.

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**Pastor JD**

PASTOR JD: — electro — which is — yeah, I shared about a patent in 2020 by none other than Bill Gates to use the body's electrical energy to power cryptocurrency, data mining, which takes a lot of computing power. So they're actually, you're saying, cloning brains to create that power, that energy?

DR. DEBUQUE: The embryonic stem cells that grow the brains, they're basically clones of themselves. And then they grow each little brain into a vat. But it's all one stem cell. One little — one precious child's embryo, you know, they're just duplicating.

PASTOR JD: Which is the bottom line to all of this.

DR. DEBUQUE: It's pretty satanic.

PASTOR JD: It is evil to the core.

DR. DEBUQUE: It's pharmakeia, the dark side of medicine.

PASTOR JD: Yeah. So have a nice evening.

DR. DEBUQUE: Yeah.

PASTOR JD: How was that one for an ending? Whoa! Kapon, why don't you come up? Why don't we stand up? I want to — I want to pray. We need to pray. You know, would it be fair to say, and would you agree with me that just by sheer virtue of the advances in biotechnology and the medical industry, that one would be hard pressed to conclude anything other than this is it?

I mean, my goodness, what — by the way, I want to show them this. These are Chris' and my notes. Wait, wait for it. This is 12 font, Arial, Narrow. One, two, three, four, five, six pages of notes that we had, you know, discussed. And I told him we'll make it to the first part of page 1, which is about where we got.

DR. DEBUQUE: Yeah.

PASTOR JD: But some of the things in here about the technology and what's coming down the pike, as they say, is just absolutely breathtaking, no pun intended. And the conclusion, the takeaway is, is that this is exactly what we were told would happen in God's word at the time of the end, leaving us with no other conclusion than this is the time of the end.



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**Pastor JD**

So in a way, it's exciting. I can understand for those who don't know the Lord, this should be very terrifying. And so we're going to pray, and you might be watching online and, you're thinking to yourself, man, I need Jesus. Well, you do. And so we want to pray. And, as we do — then after we do, Kaponu will close us.

Oh, loving heavenly Father, thank You, first of all, for Chris, my brother, and him sharing with us tonight. It's just so much. We could have gone on for several hours. But there's no need because You already told us that this is what would happen at the time of the end, that just the — for the sake of humanity surviving, human beings' survival, with the onslaught of evil to destroy us because that's what the enemy seeks to do.

But You, O Lord, are good. You take that which is meant for evil, and You mean it for good, as only You can. Lord, maybe there's some here tonight or watching online that are a little unsettled. I pray that You'll settle their hearts.

And maybe some who were brought here by a friend or were sent the link to this by a friend, and — for a reason, and that reason is that — and they know it because You've been speaking to their hearts for quite some time, and they've put You off.

But tonight's the night. And I pray, Lord, that they would surrender to You because we're out of time. This is it. And it's getting so bad and so evil. And so, Lord, please, I pray that for any who don't know You that they would believe in You and call upon You, and that tonight would be the night of their salvation because of this. How many people have been brought to You because of the evil that is taking place and is so pronounced and prevalent in the world today?

Lord, I pray for Dr. Chris, Your blessing over him. Just the stress of being a medical doctor today and what he's shared with us, Lord, would You just strengthen him supernaturally and, Lord, give him that supernatural peace too, as well. Bless him, Lord, his practice, his family. And Lord, thank You for this time. In Jesus' name, Amen and amen.