

Video transcript av en intervju med Joe Tippens

Introduction:

Hi everyone, welcome, our special guest this evening is Joe Tippens. He was diagnosed with terminal lung cancer and was given only three months to live but thanks to an unconventional treatment he made a full recovery. Joe's miraculous recovery offers hope, and highlights the potential unconventional treatment options. We are honoured to have him join "Word by Voices" to share his remarkable journey to help. Take away Joe.

Joe Tippens:

Thank you Angela. So let me try to give you the reader's digest version starting at the beginning in August 2016. I had accepted a partnership position with a private equity Firm in Switzerland. I had my Swiss green card. I had my house over there. I've already shipped all my clothes over there. And the weekend before my flight I had some chest congestion and bronchitis that I thought I just need some drugs for the long flight and I went into the weekend doc. in a box and the guy took an x-ray and he was the only guy in the office. It was Saturday night and he showed me the swirls in my lungs. and I didn't think it was anything. I said I'll just deal with it when I get to Switzerland. This guy probably saved my life because he would not take no for an answer and he handed me all day Sunday and all day Monday. And I was leaving early Tuesday morning and finally I acquiesced and did a CT scan on Monday afternoon and there was a tumor the size of my fist in my lower left lobe. Lo and behold it was biopsy and it was the worst news which is small cell lung cancer. And I don't know if everybody knows the different subtypes of cancer but small cell lung cancer is right up there with fourth stage pancreatic cancer in terms of survivability. So I had to cancel my gig in Switzerland and stay home and try to stay vertical. And I went to MD Anderson, which people, if they're in the United States, they probably know what that is. Probably number one cancer hospital in United States.

And I began a journey in September 2016 where they gonna kill this guy with chemo and radiation and along the way they fried my esophagus to a piece of bacon where nothing would go down or up, and I chose not to do a feeding tube. I decided to live off of my fat stores and my muscle stores, and just by way of background, Mahatma Gandhis longest, hunger, strike was three weeks. I went eight weeks with no nutrients and no water and so I had to have IV fluids two times a week to hydrate my body, but I had no water and no nutrients for eight weeks. I went from 220 pounds to 105 pounds. And I'm 5.11 so if you can imagine what 105 pounds looks like on a skeleton of 5.11. my esophagus finally healed and I was able to eat again and went to December 2016 and the pet scan showed that the big monster in my lower left lung was gone. For some reason they wanted to do another PET in January 2017 and when I went in for that scan, the small cell cancer had metastasized from head to toe. My PET scan looked like a Christmas tree in my neck, my stomach, my liver, my pancreas, in my skeleton, in my bones. It was everywhere and the doctors at MD Anderson said: look we've been at this for 45 years and nobody has survived what you have with wide metastasized small cell. You need to go home and get your affairs in order and consider hiring hospice. We think you have somewhere between three and four months. The very next day I got a phone call from a large animal veterinarian in Western Oklahoma. He dealt exclusively with horses and cattle and he told me a crazy story about a scientist at Merck on the veterinary side doing cancer research with approximately 400 mice. And she had implanted cancer in 'all these mice's bodyparts, in stomach, liver, pancreas, etc., And her mouse population later came down with intestinal parasites. So if you went to any zoo in the world, there will be a bin head high or higher and as wide as a car where they bring in the drug Fenbendazole to the zoo because they give it to literally every animal in the animal kingdom, both aviary and mammal from a tiny guppy, a tiny little fish, all the way up to the elephant. And they use it constantly because all those animals are constantly fighting intestinal parasites and Fenbendazole has been around for 40 years and it's widely known as you know "The intestinal parasite killer". And so, she decided when her mouse

population got intestinal parasite, and she was about to lose her research, she decided to give the mice the fenbendazole and two weeks later she came back and they no longer had intestinal parasite, but she also accidentally cured their cancer. And then the same scientist herself came down with fourth stage glioblastoma wrapped around her brainstem and was told the same thing as I was told: go home and get your affairs in order and die. So she decided 'what the heck', started taking it. And over a, I think, three month period she cured herself a fourth stage glioblastoma. So, I was told that story 24 hours after I was told to go home and die. And by the way, I back up, because there is another side story to this. The day I was told that, I can't explain why, but I was not even faced by it. I was so positive that I would figure out a way to kick this. It didn't bother me at all and I'll follow that up with how that ties into what I think is pretty important. So, I started taking this and in a reduced dose because there was some knowledge out there that may be Fenbendazole could affect the liver and could spike your liver enzymes and you should only take it three days a week. So I took it three days a week. I also took bioavailable curcumin and some other things. But in January February, March and April 2017 I felt fine. I had no idea what was going on inside my body. I went in for a PET scan the first week of May 2017 so four months later I was NED (no evidence of disease). The wide metastasis from head to toe was all gone and I had to tell you that in 45 years at MD Anderson, I'm the sole data outlier. Nobody has survived wide metastasis small cell lung cancer in 45 years. And so they were all dumbfounded. I didn't fess up to what I was taking, yet. I wasn't quite sure when to tell them. So I went in for my PET scan. That was April. I went in for a pet scan in July. I was all clear. I went in for a PET scan in September and I was all clear. And now they're all scratching their heads and I fessed up to them what I was doing. So that was 2017, six years ago.

And six years ago if somebody told their oncologist, they were following me and they were considering taking my protocol 90% of the oncologist would've said: don't listen to that guy. He's a complete quack and it doesn't work. It's just anecdotal wive's tale.

Today, seven years later, I'm pretty sure the number 75% of the oncologist will go winky winky. I can't tell you to take it. But it's not gonna hurt you and it might help. So I made a see change in the attitude of oncologists globally. So I went on a journey that I really never signed up for because I'm in retirement and I'm busier than I've ever been in my life. And because I do business in Asia and Europe and North America even without the Internet, my story went viral and I started getting hundreds of phone calls a week.

So, in March 2018 I was pretty naïve about social media. Not pretty. I was completely naïve about social media. And I decided, if I wrote a blog, they would leave me alone. And then the blog went viral in 96 countries literally instantly. Within 90 days we had 3 million views and my phone really started ringing off the hook. And my next line of defence is that, I thought, well, if I start a Facebook group and get some volunteer moderators, they'll take care of it and they'll leave me alone. And, you know, I made the decision with the moderators and I've been blessed with fabulous moderators in every time zone in the world. To keep the Riff Raff and the multilevel marketers, and pardon my French bullshitters, out and keep it focused only on fenbendazole in my protocol. And we've had over 300,000 people attempt to become members of that Facebook group. I think I looked yesterday it said about 45,000 members. After that, I continued to do research. I'm voracious researcher and I stumbled on a guy named Bruce Lipton. Dr. Bruce Lipton from Stanford University, and he's the only person that's ever actually scientifically connected the dots between positive thinking and what actually happens at the cellular level. And it's quite astounding what he's discovered. And I started thinking back and how much my success story was fenbendazole and how much my success story was the fact that I was internally positive and never thought for a second I wouldn't beat this. I don't know the answer to that but I think it's some combination. Except, I now have started chronicling success stories started coming in over the transom. And I started spending 40 hours a week between the blog and Facebook group and all of a sudden the traffic got to a level where I had SCO guys telling me that I could monetize this for 10

grand a month. Now 20 grand grand, now 30 grand a month, now 40 grand a month. And I made the decision to not do that. And it's not because I'm really wealthy and can afford it. I would love to have that money. But I decided that there is so many charlatans on the Internet. And one of the reasons I kept getting comments from all over the world, one of the reasons I was credible, was because I was not monetizing it. And so I didn't monetize it. And so then traffic started just really going crazy and in the facebook group new success stories started coming in over the transom just regularly, you know. I will tell you I'll jump space into the current time I'm at over 5.000 success stories other than me globally. And I believe that number is, has to be three or four times that that I don't know about because every week I hear about a new one that happened three years ago and I'm just now hearing about it, right. And I tell people that when you get somebody to call you and say that you saved their lives that's the only compensation one really needs. You don't need to be making money of this.

So, as the journey progressed I got frustrated that all of the success stories were anecdotal. You know I had to trust somebody saying that the protocol saved their life. I had to trust that they weren't crazy or that they... maybe it was a placebo effect. Or for whatever reason, it wasn't based in science. So, I asked a local Oklahoma City billionaire to fund a program at the Oklahoma Medical Research Foundation, which is not a small outfit. It is 420 PhDs. And they started auditing success cases.

After that, really some fun stories, a gynecological cancer specialist at Stanford had three unexplainable miraculous recoveries in one-two week period. So, she brought all three ladies in to interview them as to what the hell was going on and they all three said they're on the Tippens protocol. What the hell is Joe Tippens protocol? So she called MRF and joined that group. The same thing happened at the University of Washington in Seattle where they had some miraculous recoveries they couldn't explain. They brought him in. The guy said I'm on the Joe Tippens protocol. So they called and joined the group which culminated actually in, for

the first time ever, Stanford in Washington publishing a paper chronicling some very key cases where they were full stage cases and they didn't take anything but my protocol, and they became NED (no evidence of disease). So the journey then just kept kind of exploding from there and now. The success cases just keep coming in over the transom every week. Some weeks I don't hear any, some weeks I hear twenty in one week. And I'd say it's averaging five a week and those are the ones I know about. So, I got frustrated by the other items in my protocol not being something that's absorbable. Curcumin is the best example. I believe in all of my heart, after two years of research, that it's a wonder drug. The problem is that if you got any drugstore in the world and buy turmeric or curcumin, less than 2% of it's going to make it into your bloodstream. It's really a shame.

I had found a product that had raised that to 15% absorption and that's what was in my original protocol and then as factor stranger than fiction I stumbled on a company right here in my backyard called Ultra Botanica and they had licensed technology from two universities called liquid protein scaffolding where they can take anything that's not absorbable and they can make it absorbable. And so, they had taken curcumin from 2% up to my previous product 15% up to 85% which I think is a real game changer. Secondly, they had uncovered research from several different universities but primarily a PhD from China in the US. He, maybe I think this is a boring life, but he has spent 30 years researching the effect on **Frankinsence** on cancer and he had proven black-and-white that **Frankinsence** is a wonderful cancer killer. It has the same problem, it won't absorb into your bloodstream. So, after working with them for six months, I completely changed my protocol and I wanna make sure they knows I'm not making money off of them either. I just believe in their product. They changed three different pathways on their protocol and they also had done quite a bit of cancer research on **CBD** and then determined that not all cannabinoids are equal. And their research said that it was only certain acidic forms of the cannabinoids that affect cancer. So their onco 1 product that goes along with the fenbendazole is the right

cannabinoids with Frankincense in it. And then their onco 2 is their bioavailable curcumin with quercetin in it and some Frankincense in it and then their bio 3 is berberine which is just an over-the-counter natural path product that will just act like metformin. They are trying to reduce blood sugar. So along the way I became insatiably curious about why is this thing working. I had so many success cases in the hundreds by that time. And I talked to these people on the phone and I determined that they weren't BS-ing me and they were probably 30 or 40 of them that were fourth stage 'go home and die'. And in my protocol was the only thing they took and it saved him and so I was convinced I just didn't know why. And I stumbled on three PhD-scientists in India who spent their entire life on Finbenazole on cancer. It's just crazy and I'm not a conspiracy theorist, but there's things that I've learned in my journey that make me wonder whether I should be. For example, I have black-and-white proof that army doctors in Vietnam in the 60s were curing patients in Vietnam with cancer with Fenbendazole. And these three scientist in India called and I got them all on a zoom call together and they go "Joe, we read your story. Do you realize that 10 years ago we spent eight years at MD Anderson in Houston Texas on a research project on Fenbendazole and cancer". And I meant: MD Anderson knew all this time? It was just mind-boggling. So, I decided to a go deep dive on what these guys have learned and discovered and I think they've nailed it a 100%. So, there's really three pathways by which Fenbendazole is working and all three pathways I believe also explain why it's cancer agnostic. I was on a Q&A podcast three months ago. And one of the questions in the Q&A session afterwards was "have you seen any kind of subtype of cancer where it doesn't work?" And it kind like your show tonight it was people from all over the world, who could call in. And I said, well quite honestly I still don't think it works on triple negative breast cancer. And 30 minutes later three ladies called in and said I have triple negative breast cancer and it worked for me. OK, I didn't know that. So, I'm absolutely sure that it's cancer agnostic and here's why. The three pathways are: every cancer cell has some things called microtubules. Think of it as a pillar holding a wall up or a ceiling up. And those microtubules

have really two purposes. Number one, they do help to maintain the integrity of the cell wall. But more importantly the microtubules allow cancer cells to divide and multiply and for whatever reason they proved, black and white, that Fenbendazole is knocking those microtubules out, disallowing the cancer cell to divide and multiply. And the second one is really cool. They proved scientifically that, you know, I think everybody probably knows that cancer has a voracious appetite for sugar and can't survive without metabolism of sugar and they proved that Fenbendazole is interrupting the cancer cells ability to metabolize sugar. The third one which I find the most fascinating and why I also believe this should be a prophylactic drug for anybody who want to take it three days a week as a preventative medicine is everybody in this call that's healthy and has never had cancer. You have cancer floating through your body 365/24/7. And you also have a very healthy level of the cancer killing gene called p53. So what's happening as these cancer cells are floating through your body in a 24/7 and your p53 is knocking it out before it can metastasize. And for whatever reason those of us that get cancer two one of things is likely occurred- Probably in 20 or 30% of the cases your p53 for some reason the tighter levels of your p53 have dropped down below level which they can still fight cancer cells. Or probably in 70% of the cases those p53 cells have mutated to where they can't kill cancer anymore. And these PhDs in India proved that Fenbendazole is producing new healthy wild type p53 which is just insane. It's really, really cool. So, I now know why and how and then everybody always asks well, if Merck on the human side is selling immunotherapy drugs for 300,000 a month and Merck on the veterinary side is selling dog dewormer for five dollars a week, why is not anybody doing anything about this? With the thousands of success cases you have this is crazy. Why isn't something being done about it? And it's pretty simple. One of the headlines in my blog, if anybody's read it, was I act in a process I am covered an article in USA Today and the headline said: "Goldman Sachs says curing cancer is not a good business model." Think of that. It's insane. You know, a cured patient is a lost customer. And, I brought it up numerous times with my doctors at MD Anderson

and they say: look around the Houston Medical Center. If anybody is from Houston, they would understand. There are 53 cancer hospitals in the Houston Medical Center and 110,000 employees in that Medical Center. Nobody wants that to go away. And it's sad but it's true. But the other real reason is economic. Fenbendazole is 30 years removed from patent. So it's a generic drug and even though it's not human approved somebody would have to spend somewhere between 300 and 400 million dollars to make it human approved and not veterinary approved. And then that person, who spends 3-400 million dollars, has generic competition the very next day. So, unless somebody can figure out to alter the molecule, change the molecule, get new patenting on the molecule, it's just not in the cards. Now, I'm on a mission because there is one party that has an immediate payback for that 3-400 million dollars and that's the nice taste gum of Medicare. We're spending 50% of our Medicare dollars on cancer and it's in the billions so United States government spending \$300 million shouldn't be any big deal but I'm having a hard time getting traction because of Big Pharma. It's just that simple. So I think I don't know what the next journey is. I know that I'm kind of married to this for the rest of my life. My phone rings off the hook. I tell everybody I don't answer unknown numbers. So, if somebody that has a way to connect to me and there's a relationship that I need to know about, text me first. Tell me what the connection is and I'll call him back. About six months ago, because of that, I literally just see the number of phone calls I don't answer. And I haven't changed my phone number. It's just the same number. So, about six months ago I got a call from a China country code and out of curiosity I answered it. And a guy with a perfect Queens English British accent. tells me that his bosses wanted him to call me. And I said: Well, who are you and who are your bosses? He said: "Joe, I am the the editor-in-chief of the Beijing News." I said: "Oh, so your bosses are the Chinese Government?" He goes "da". "And so, why do they want to talk to me? This gets quite comical." He said a PhD student from China at Arizona State University decided to take upon himself to translate the blog into two different dialects and stood up to different websites in China. And he said: "Joe, each of those websites just had over 10 million

views in China." And I said: "Well, what are your bosses wanna talk to me about?" He said: "Well, we are fascinated with the uncle Joey protocol." And I went: "What?" And he started laughing. He said: "We got to the bottom of this". He said: "these Chinese people somehow figured out a way to see you on Facebook and your niece Casey referred to you as uncle Joey at some point in time and so the entire country of China calls you uncle Joey and I gotta tell you that in China uncle Joey is a rockstar. And he gets the further we are tracking it and we believe that there's as many as 50,000 people in China on the uncle Joey protocol." And I went: "Holy cow, I have an idea. China doesn't have Healthcare privacy information laws, the laws like we have in the US. Would they be interested in auditing those 50,000 cases, it could be one of the largest clinical trials in the history of the world." And he said: "that's actually a really good idea." And he's working through their complex system. Hopefully we can pull that off. That would be really cool. Some anecdotal stories, and I'm not exaggerating, this happens to me every single week. It used to be the first four years or five years. There were only pictures of me and it was usually pictures when I only weigh 105 pounds and I was unrecognizable. But over the last two years I've done a lot of Q&A:s and a lot of video, blogs, different sponsors around there and since is recognized. Three months ago I was in a Irish pub in Zürich, Switzerland. And 30 something bartender, she says: "You're Joe Tippens, as I see." -"Yeah, I am. How do you know?" She goes: "I know who you are." She gets up on a stool in the bar and she yells at the top of her lungs and tells the entire bar to shut up. And the bar got quiet and she said: "this man saved my mother's life." You can't make this shit up. Thirty minutes later mom comes with a cell phone, selfies and hugs. The following week the exact same thing happened in a hotel bar in London and it now happens virtually every week. I have people coming up to me and say I saved their lives. It's just bizarre. I mean, I can't even explain it. I don't know where to go from here. I could, I will recommend Bruce Lipton. And the name of his book was "the biology of belief". And now on YouTube he has varying length lectures from 30 minutes to 2 and a half hours. I recommend everybody go to the full 2 1/2 hour lecture called the biology of

belief by Bruce Lipton on YouTube and watch the entire 2 1/2 hours. Regardless of your religious faith or your beliefs, you will see a scientist connecting the dots between positive thinking and what happens actually at the cellular level. And I am a big believer. I don't know how much my story is because of that and the drugs, the dog dewormer. There are tons of people out there with 5000 cases. I'm not sure that all those people are positive thinkers. There has to be some success with that the positive thinking too, as well. I don't know. And one of the really unfortunate things is that there was never a way to capture this data in such a way I knew the denominator. Or I don't know. You know, really. If I've got 5000 cases and only know about 25% of that 20,000 cases, how many total attempts were there? I have no idea. There's really no way to know, right? All I do know is, and I can tell this to anybody and their loved ones. We now have data that there is literally zero risk. There are no side effects. You know, maybe 5% of people report mild diarrhea as a side effect. But I'd make the case that these people have cancer. And if it's only 5% there's gotta be other things causing diarrhea as well, not just my protocol. So, in anything in life I now got with 5000 success stories I now have black and white proof that there is upside. And now we know that scientifically in the human body there's literally zero downside risk. In terms of dosage I start at three days a week. I learned a year and a half in. I learned that the research that said it could affect the liver was so stupid. It made me laugh. The research was done at 5000 mg a day and I'm proposing 222 mg a day. And so, why would people do research that stupid, except just to scare people? I don't know. But thank God, Johns Hopkins they really couldn't figure out a way to do, they were doing clinical trials on the sister drug Mebendazole, which is human approved. And they decided to do toxicity trials on both Mebendazole and Fenbendazole and they came to the conclusion that you could take 500 mg a day long-term and never affect the liver. So now we have scientific evidence that this is safe, right? And which proves that we know now that there's zero downside risk and there's ample evidence of upside returns. So, the only question I would ask people that are skeptical is why not try. And I do know that many, many, many, many of the unsuccessful

cases, they weren't unsuccessful. People were so skeptical. Are you kidding me, take dog medicine? They were so skeptical that they waited until it was too late before they decided to try. And I have cases that will just blow your mind at least seven and I know there's more. In fact I just heard about another one this week. So, I know there's more. Seven fourth stage pancreatic cases. And in all seven cases for a year it didn't kill the cancer, but these people were given three months to live or less. It didn't kill the cancer, but it kept it at bay and allowed them to resume a normal lifestyle for months and months and months. And what's really weird? People asked me: How long does this stuff take to work? It's different in everybody and different in every cancer subtype. Before I learnt this about pancreatic cancer I told people: Earliest I've seen is six weeks, median three months, you know, outside median, maybe six months. And in these 7 pancreatic fourth stage pancreatic cases, these people kept taking it month after month after month after month because it was allowing them to live normal lifestyle long after they were supposed to be dead. And then all of a sudden at the 18 month mark it worked and all seven cases are in complete remission after full stage pancreatic cancer. That people, is insane. And I am insane. To this day, 45 year history of MD Anderson, I am the sole data at bar. Nobody has survived what I had and because of anything else than my protocol and Fenbendazole. I guess I could stop. I don't think there's anything else I need to cover. I'll stop there and ask for questions.

Thank you Joe. That was a remarkable story. We ask anybody who has questions to put them in gog cap letters in the chat and we'll fill them to Joe.

Q:

There was one question early on like "Do you know if there is a difference between Fenbendazole how it is compared to Ivermectin.

A:

Alright, now we're beginning to go down the rabbit hole of COVID-19 and all of that. I do believe Ivermectin is really, really

good for viruses is like COVID-19. I do not believe it is effective on cancer. Now, there's people out there that they say it is. But until I see the data I'm skeptical. The mechanism. Let's go back to those scientist from India and why these three pathways work. I think it's just a comical, serendipitous freak of nature. But if you look at the cell structure of an intestinal parasite and the cell structure of cancer, they're almost identical. And in fact, **Panacure** or **Fenbendazole** was invented to kill intestinal, parasites by knocking out the microtubules in the cell of the intestinal parasite. The similarities between a parasite cell and a cancer cell are astounding. And I don't think Ivermectin has that same benefit.

Q:

So, where is the best place for them? For everyone's there is lots of questions about your exact protocol.

A:

Alright, so because of the research that I've done on the curcumin and the berberine and the quercetine, over a year ago I completely changed the protocol and I put a new restructure in the blog to put a new tab. So, if anybody wants to know what the actual protocol is now you go to the blog www.mycancerstory.rocks. It's really cool that they came up with a replacement [for dot com](http://for.dot.com) and it's dot rocks and so it's mycancerstory.rocks. And at the very top of that blog there is a tab for the protocol. And you click on it and you can read all about it. And the dosages and everything. And by the way, I don't think we've got covered in Asia but Ultra Botanica now does have distribution in Europe as well.

Q:

So if someone is already taking traditional cancer treatment or radiation. Should they wait until they are done with that to start the protocol or is it Okey to do it simultaneously?

A:

With one exception and I'll tell you what the exception is. I tell people a hundred times a day: "it's cancer people. It will kill you. Why not throw everything but the kitchen sink at it? And I don't believe my protocol will contradict anything and everything that any other traditional oncologist wants to throw at it. There is one exception: curcumin. when you can absorb 85% of it into your bloodstream, you could take over the counter all day long every day and never affect anything else. But with 85% absorption it could have a negative affect on chemo. So we tell people very sternly that if you're on active chemo you don't take the onco 2, which is the curcumin product. You don't take it the day before, the day or the day after active chemo. Other than that, throw everything but the kitchen sink at it simultaneously, concurrently within parallel too.

Q:

And so, people are asking where can they get the Fenbendazole and do you recommend them using the horse paste or do you know a good supplier?

A: OK, alright, well, I'm very frustrated with this. But there's nothing I can do about it. There are three or four companies that solely because of me have started new companies selling over-the-counter Fenbendazole and I highly recommend nobody use, I mean because I've taken their products to labs and it's not what they say it is. I've asked them all all those companies repeatedly. I can make your company. show me that your are being made in a CMP qualified facility that is clean and FDA standards for making drugs and I will recommend you. They can't do it. They're making or buying this stuff in Eastern Europe and China and it's no good. It's not pending out in test results. So I tell people that if it's not made by the drug company Merck, don't ingest it. It's that simple. And two brands Panacure (Fenbendazole) and Panacure C and Fate and Safeguard. Now, I unfortunately don't know how to solve that in Europe and Asia. In the United States it's widely available online in tractor supply, in veterinary supply stores. (Q: "made by Merck?"). Yes, there are two brands and they're identical. It doesn't matter

which one you use and then you ask about paste. So Merck makes it in granular form for dogs. They make it in liquid form for goats. They make it in paste form for horses and all of them work. I will tell you the paste form is incredible for topical melanoma. It kills it instantly. It's amazing. And so, but if you use the liquid form you gotta adjust the dosage. I'm recommending 220 to 440 mg a day. Remember Johns Hopkins says under 500 is safe and the liquid form is 100 mg/mL. So you need to take 4 mL to get 400 mgs. So the dog product comes in 10 pound dogs, 20 pound dogs, 30 pound dogs, 40 pound dogs, and you know, and I'm recommending the 10 pound dog size but people all over the world have experimented with higher dosages, 2X recommendation, 3X the recommendation, 4X recommendation and they're not having any side effects. I'd love to also know how much of those success stories because people took higher doses. I don't know the answer to that either. But people are gonna do what they're gonna do. And in their report back to me later: "Hey, I took four times as much as you said and it really worked."

Q:

And do people see the parasites coming out when they start taking the Fenbendazole?

A:

No, I think there's a real big misnomer. There's a lot of people out on the Internet. Look, in my journey of seven years. I am 100% sure I can tell you that if you give me a position on any subject matter in any way, I can find support for it on the Internet. And even if it's crazy and wacky and completely stupid, I can find it for you. There may be a connection between parasites and cancer. But if it is, it's small. It's small in relationship to what's typically causing cancer. So this isn't about killing parasites to get rid of your cancer. Remember the three pathways at the cellular level, that this product is doing to cancer cells. not because of other things.

Q:

Thank you, that was very nicely clarifying, because I always heard

of Holden Clark saying, you know, cancer and parasites. So I love that you went for the research to find out why it works and can tell us that.

A:

I mentioned another lady that somebody in this group of 165 people may have heard of. Her name is Jane McClellan. She's in the UK and I highly, highly respect Jane and everything she's about. She has come at this about the same way I have but from a different direction. She has figured out all of the pathways, by which cancer, you know, can metastasize. And she wrote and she's a self-taught scientist. She's a genius in my opinion, and so she wrote a book called "how to starve your cancer" and if you got the time to read her book I would recommend "how to starve of your cancer" by Jane McClellan. And that has nothing to do with starvation or fasting. It's about starving the cancer cell of its needs at the cellular level and because of her a group in the UK formed a group called Care Oncology which is very close to my protocol. So Care Oncology they are repurposing for already FDA approved drugs. They're putting in a new cocktail to kill cancer and should they start in Europe and now they are in the US. They have a unique business model. You pay them like \$300 and they'll prescribe this cocktail to you. And it's Mebendazole which is the sister to Fenbendazole and I could go into why I think Fenbendazole is better than Mebendazole but their prescribing Me because it's already FDA-approved. And metformin which is my Berberine to reduce blood sugar and one of the statin drugs, which I'm not sure why it's in there or what it does. But it's one of the fourth drug. I don't really remember, which leaves me to another journey. I've gone down. I uncovered a husband and wife team at Harvard University. He was the Dean and chief scientist at Harvard medical school and his wife came up with over 125 already preapproved FDA approved drugs that should be studied in terms of varying cocktails for killing cancer. And most people in this call don't know that Mebendazole is a good example. It is FDA approved and any doctor can prescribe it even if it's for something that it wasn't FDA approved for As long as it's FDA approved a doctor can prescribe

it. So the whole idea of eliminating billion dollar drug development and billion dollar clinical trial cost is, if you can find the right cocktail of 3, 4, 5 drugs within this 125 that are already FDA approved. Boom, you're there. And so I'm working with this company. He since left Harvard and went to Emory University in Atlanta but I'm working with them. I'd like to figure out I do honestly believe that out of 125 candidates there's gonna be two or three cocktails that come out of that that are going to be very successful and available immediately and cheaply cause everyone of these 125 Drugs is a cheap generic that's already approved.

Q:

So Joe, many people are asking about the exact protocol and I put the link that you have from your site in the chat, so people see it. Can you speak a little bit about the actual drugs themselves, the actual protocol, the dosage and the products that you have recommended because I don't have it.

A:

I don't but up in front of me. So I have to memorize, but they are at that tab at the top. It is, we have now added a forth onco. So it's Fenbendazole, onco 1, onco 2, onco 3, onco 4 and they all have a different reason, a different purpose. Now, onco 1 is fairly expensive and I'm working on getting scholarships funded because there's a lot of poor people that can't afford onco 1. It's 250 bucks and it only lasts six weeks. And so 250 bucks every six weeks is too expensive for a lot of people. I will say that these people are unbelievably kind if somebody calls them and says "I really need onco 1, but I can't afford it." They'll send it to him. You know, so they're great people.

Q:

What's the name of that company?

A:

Ultra Batanica. And it's in that tab on the protocol tab at the top. Ultra Batanica.

Q: I put a link in the chat about the protocol, so people can find it.

A: Okey And by the way it's really cool. They just published last week in conjunction with the ovarian and cervical cancer people at the University of Oklahoma Stevenson Center and Ultra Batanica. They showed black-and-white that their onco 1 only with that Fenbendazole kills of the active cervical cancer cells and protects the healthy cells, which means that's the beginning of a whole lot of more research that needs to be done on just that product.

Q: Have people been having results like one with chronic lymphocytic leukemia and Fenbendazole?

A: Yes. So, that's one of the first questions that always comes up. What about the blood borne cancers? Leukemia, multiple myeloma. Johns Hopkins, I mean what's the baseball player? My brain went crazy and multiple myeloma. And the answer is yes. We know it crosses the blood brain barrier to the brain and we know it's effective on blood-borne cancers. I have to tell you a really crazy story early in the process process. I was only maybe three years in and I was at a country club. I've been invited to country club Sunday brunch and I was in the buffet line at the Sunday brunch and this man I had never met in my life tapped me on the shoulder and says: "when you get done eating, would you come over my table? I'm sitting right over there." - "Sure". So, after I finished eating, I went over there and he pulled his cellphone out and he showed me on the cellphone the pet scan of his 23-year-old son that had melanoma metastasized head to toe. And it looked more like a Christmas tree than mine did. It was insane. He was covered from head to toe with metastasized melanoma, and as you guys all know, that's a death sentence. He then swiped the phone to the right and showed another pet scan that's all dark. And he goes: "your protocol did this to my son." That's just unbelievable. You know, when you see it with your own eyes, you go well, cool. I didn't know I did that, but I'm glad I did.

Q: Do people take Fenbendazole like prophylactically, like if they have pre-cancer diagnose anywhere or on their asking team of private parts, but I would say anywhere like do people start taking it prophylactically?

A: Yeh, I don't know how many people globally are doing it prophylactically but it 's in the tens of thousands and I recommend all of the items in that protocol three days a week instead of seven days a week.

Q: And so, once the cancer is cleared people continue to do that?

A: Yes so I tell people if you're in, if you've had cancer and you're in remission, stay on three days a week. If you've never had cancer and you just wanna try it as a prophylactic - three days a week.

Q: And then if they have active cancer, they go for seven days a week?

A: Exactly.

Q: OK. And it's always the 222 mg, well, you're quite different.

A. Yes, it is again The Fenbendazole is 222 mg/day. But again, Johns Hopkins says 500 mg/day is safe.

Q: So, if someone has cancer, I'm just clarifying what you said since questions keep coming up, if they had cancer continue on after you've done and you're in remission you can continue on but you would continue at the three days a week.

A. Yes, I'm the good example. I've been in remission for six years.

Q: So you do three days a week and four days off?

A. Yeah,

Q. And then someone who is just doing it prophylactically they should only do the three days a week and four days off?

A. Right.

Q: So it's three days on and four days off?

A: Yes. Prophylactically it is and for anybody with previous cancer but are in remission.

Q: I had them spread out in my mind so let them go together. And, I haven't looked into your protocol. Angela is more talented than me. Your unco 1, onco 2, onco 3 is that what you would also take prophylactically or?

A: Yes. all of them.

Q: Yes, OK, Perfect.

Q: So, if someone's, I think someone's confused. They're asking. So basically it is every other day, it is three days consecutively and four days off consecutively. And I continue to post the protocol and the onco products in the ad, but just let everyone know. We also put it with the recording so you don't have to worry about grabbing everything. We have the recording, we have links to Joe's website, the Facebook group, things that you asked about. So we'll try to capture all for you.

Q: And Joe, your Facebook group. It's been a while but a lot of people asked each other for what have you done and they also give their results or what they're dealing with.

A: Yes. There's a hashtag within the group called "positive progress". And so if you just go to the, well, first of all, this may seem like a pain in the ass, but we don't let people come and join.

There are literally over five alternative cancer sites people can join and I was sure and I know I'm right if we didn't police it that this thing would go all over the map, all different subjects and million different tangents. And so, I wanted to keep it only about the uncle Joey protocol. And so, in order to get admitted into the group, you have to prove that you've read the blog cover to cover. It is only about my protocol. You have to opine as to whether you're a direct cancer patient or a direct caregiver of a cancer patient. And then you have to give a password which proves that you read the blog because the password is embedded in deep in the blog, right. And nine out of 10 people are too lazy to do that. I'm gonna say something, it may offend somebody, I'm amazed how many stupid people there are in the world, I'm not exaggerating. I get over a hundred emails a day on the blog where they email me from the blog asking me where the blog is, I'm not kidding.

Q: Did somebody ask: what about if a dog has cancer. Can they go do the same protocol?

A: Yes. Look, this is really cool.

Remember the lady that was researching this initially in Merck. She was on the veterinary side. She was doing that because dogs and cats get cancer, right. And so we have a separate page on the Facebook group and there's lots of success out there with pets.

Q. One other question somebody asks: You're only recommending the Fenbendazole from Merck, not any other distributor?

A: Yes. I think I have valid reasons for that. Now, those people hate me. I will tell you, those are entrepreneurs, that initially all started advertising that they had products for the Joe Tippens protocol using my name, without monetizing me, without my permission. I had to send them all seasoned desist letters to quit using my name. And then they wanted me to, they didn't want me to necessarily endorse them, but they wanted me to not lambast them. And I said OK. I'm gonna send your product off to a lab to have a test and

then you get approved to me that it's manufactured in a clean, clean room facility, that's healthy and safe for patients. And none of them have been able to do that. and they refused to do it, so I'm gonna lambast them and say don't use them.

Q: So people are asking where they get this stuff. I think for the short terms then Fenbendazole is not approved for human use , you really can buy the dog dewormer from

A: You can buy all of the forms, the paste, the liquid form, the granulars. You can buy all of them in the US at any location. I joke and tell people I'm such a good customer at 1800 [petmed.com](https://www.petmed.com) that I get a free dog bone with each order.

Q: So you mentioned Mebendazole as being the human approved. But that there were some reasons you recommend Fenbendazole instead.

A: Yeah, I can explain that. So when I went to those three pathways for Fenbendazole, the third one being the p53 cancer killing gene I do not believe Mebendazole does that. It only does the first two.

Q: OK and that's big deal.

A: Well, no I think Finben, I think Meben actually is effective or Jane McLellan wouldn't have it in her protocol. She has it there for a reason because it's FDA approved and she didn't need anybody else's help.

Q: And does it require a prescription to get Mebendazole as supposed to Fenbendazole?

A: Yes, it does require a doctor's prescription.

Q: Do you know anything about elbow chemicals and I'm only asking in case it is one of those that you said you don't use because they're not good.

A: No, I don't know elbow.

Q: You say only Merck, primarily Merck?

A: Well, is there a possibility that there's somebody out there in the world has figured out how to make Fenbendazole in a clean safe cGMP environment that's safe. Yeah, but so far I haven't found one that's willing to prove it to me.

Q: Which is, I think it's a great question to ask.

A. I think anybody that's buying something that's not from Merck should a, show me your lab results from an independent third-party lab of the contents of your product and show me your CGMP certificate where you are. It doesn't matter whether it's United States FDA, a pharmaceutical company. You know, the Swiss control the pharmacoindustry all of their manufacturing is CGMP. Globally, health products, pharmaceutical drugs are made in CGMP approved facilities and if somebody's not making it in a cGMP approved facility, I would not put it in my mouth.

Q: Many have asked: If they want to take the pathway one for prevention, why is medical supervision recommended?

A: I didn't know it was. Does it say that for pathway one medical supervision is recommended?

A: That a totally CWY on Ultra Batanicas partner and I wouldn't pay attention.

Q: So somebody is warning about different types of cancer. You said it works on a variety of cancers. So somebody who has female reproductive cancer. So you would think that Fenbendazole would work also?

A: Repeat that again.

Q: Female reproductive parts that get cancer?

A: Oh yes. So of course, That's why I'm saying the scientists at OU and the scientists at Stanford are both gynecological oncologists for both cervical and ovarian and they're active in this. So, a lady at university of Oklahoma happens to be the daughter-in-law of a very close friend of mine. And early in my journey, maybe six months in I tried to come in clear for the first time. I was having dinner at their house and she listen to my story and she's both an MD and PhD researcher. And she went to her boss and said: You got to hear this damn story, it's crazy. And her boss said: "hey, I got some money left over from this research project over here. Why don't you take your six hardest ovarian cancers to kill and do some testing on it?" And she came back like two weeks later and said she tried hundreds and hundreds of compound and nothing worked on those ovarian cancer cell lines like Fenbendazole. So that started a journey that's now a seven year journey.

Q: So, someone's asking, somebody mentioned you can get Fenbenazole and Panacure on big degs feds supply online. Anyway, somebody's asking if we can get a link to buy uncle Joey onco 1 booked for humanitarian group so that we can help out needy people. Do you have anything going on now that's helping to provide this?

A: No, I'll tell you what. My life is changed dramatically in the last nine months and I'm partnering with the very very generous man who's a billionaire and if you saw the movie Slumdog millionaire, he grew up in the slums of India and now he's a billionaire and he really cares about little people, because he grew up that way. And so I'm working quietly and slowly about how do I come up with a program to scholarship if you will this protocol for people. Even though it's cheap it can turn into a ton of money fast. because all of a sudden you've got millions of people wanting \$200 a month. You know, it's 200 a month I mean it just gets out of control fast. I don't know quite how, I am interested in doing that because I don't

wanna see somebody not be able to get it just because they can't afford it. But I don't know how to solve the puzzle either.

Q: Sounds like it's a good thing to put in a cc humanitarian project. I was just going to say, because we, many of our members have put in to be funded for humanitarian projects and all different kinds, lots of healing center ones. So if you get like when you start working that out or if you wanna know how to put it in through CC to be funded, but it sounds like you've got your funding.

A: What levels of funding are achievable there?

Q: We don't know yet. You know, it's coming. There's funding being provided to help change the world in a positive way. So that those guys that don't want to give you the cancer cure don't have their way anymore, so that we can bring out what really works. So, let us know.

A. I'm all ears. And I'm all in a learning mode myself. What this local Indian billionaire did do for me. He cares so much about the little people. He went to the local Hispanic Chamber of Commerce and he had me come speak to them and he said he would fund anybody in the Hispanic community and so it was astounding how few took him up on it. I mean, he offered basically free product for anybody in Hispanic community that was interested and even though the president of the Hispanic Chamber of Commerce had a tumor on his carotid artery and that was going to pressure him into a stroke and kill him if they couldn't reduce the tumor. And they couldn't reduce the tumor. We put him on the protocol reduce the tumor and saved his life and he's the president of the Hispanic Chamber of Commerce and he still couldn't convince our Mexican population to embrace it. So I don't know. It's hard. It's hard to figure out.

Q: With all the stories about the effects of the vaccine and of how the cancers have really been escalating or popping up all over the place. Have you noticed a change in the landscape with cancer over

the last three, four years?

A: No, because from my vanished point I only know about people joining in and watching and taking it? I don't know what this root causes of those cancers are. I wish I did.

Q: The truth is you wouldn't be able to tell if it's all a bigger group because you're getting a bigger group all the time, which I think it must be wonderful to know you're making such a difference in the world every time.

A: I get really, really frustrated and I wanna give up because I got other things to do with my life that I'm interested in. I mean I'm doing some other stuff that I think will change the world as well. I'm an investor in a company that I've been, there have been fifty billion dollars invested in nuclear fusion by billionaires and governments. Fifty billion dollars. And I believe I've covered the guys that are there today with less than 12 million dollars. And I'm running full steam ahead trying to bring nuclear fusion to the world cause it's an endless supply of green energy. It's the Holy Grail. And I'm working on an agriculture project that I believe will change global agriculture. I think we're gonna be able to reduce fertilizers by 25 to 50% and achieve the same yields and reduce need for water. So I'm working on a lot of things that'll change the world. This one is just kind of my sideline.

Q: I love your mind and your compassion and your desire

A: I'm 66 years old and I have no desire to retire.

Q: Beautiful. So, someone is saying: While people are treating their cancer with Fenbendazole have they been reporting that some other diseases or illnesses have been cured in the process?

A: That's a good question. I have not heard any. No, I don't think so. Well, I only hear about cancer. So there might be an auxiliary benefit that I don't know about but I haven't heard it.

Q: Well, it's funny because during the whole Covid thing a lot of people were taking Ivermektin, HCQ, Fenbendazole and having their cancers disappear. So, they were taking it for Covid so I just wondered if they asked that question?

A: I don't know the answer to that. I wish I did.

Q: Somebody is asking a question about joining a Facebook group. You've been very specific. They have to read your entire blog, have the password and follow all the steps that you have.

A: They have to be a direct cancer patient or a direct caregiver of a cancer patient. Now, people can lie about that and we can let them in. Now, you know I'll tell you: we've had a lot of charlatans, multilevel marketers lie their way into the Facebook group and then within a week after getting kicked back out because the first thing to do is start marketing some other product.

Q: Is there any last words you wanna leave us with? I mean, this has been an incredible amount of wonderful information. And I so admire your passion and all your heart that you put into this, knowing that you haven't monetized any but shows just what a great humanitarian you are.

A: Well, I want to tell you: it wasn't intentional. It is really all accidental. You know, I wrote the blog accidentally. I started the Facebook group accidentally and all of this is kinda happened accidentally and I've just kind of been along for the ride.

Q: I love it. I think it's great. Before you get last words, Angela. With those onco pathways do people just choose one? Do you have recommendations, which one.

A: No, no. It's all of them.

Q: OK, You do all of them at the same time? You do one first and

then you go to two or you do all of them?

A: Every day all of them.

Q: Thank you very much. I just wanted to clarify cause there are all sorts of questions.

A: Three days a week if you're in remission or prophylactic, seven days a week if you have cancer.

Q: If people have active questions, do you think the Facebook group is the best place to ask and get a response? Because we've tried to clarify things as much as possible.

A: I might recommend to your group if there's a bunch of follow-up questions if you guys take the time to synthesize them, send them to me and I'll answer them because that's the fastest way to get the right answer.

Q: Alright. I also noticed on your website that you have some videos that are Q&A.

A: Those are in conjunction with the Ultra Batanica people.

Q: So, if that would be a good place for our members to go watch some Q&A:s and then see what they don't get answered. It looks like you've got three or four or five of them available.

A: Yes so, when I started this I gently asked the Adam the CEO and founder of Ultra Batanica to set up a studio in his office so that we could do Q&A:s on a regular basis and then we're due for another one in the next couple weeks and so.

Q: And so how do you publicise do your Q&A:s when you have them?

A: Oh boy. I've built so much web traffic that all we have to do is

announce that there is a new Q&A coming up.

Q: And you announce it on your website?

A: Yeah. In the Facebook group

Q: OK. And people can sign up to get announcements like can they sign up to your website?

A: I don't manage that stuff so I don't know. I show up in the Q&A:s. I will say this I am terrible at managing the blog. The number of emails over the blog is in the thousands a week and I don't have any employees, so I don't answer them. I'm sorry it's really really crummy but it's really hard for me to communicate with 20 million people.

Q: Thank you so much, Joe. We'll gonna get you all the information. We gather the questions and we'll send it to you separately and we appreciate you.

A: If you list a hundred questions that I didn't answer. Send them to me and I'll answer them and send it back to you.

Q: Appreciate it.

A: Alright.

Q: We're also gonna take a lot of the stuff in the chat and summarize it and put it with the video so that when people watch the video they can see cause we put in a lot of things. Angela is the one, she's been catching all the things and putting it in there. And there are somebody offering to help pay for the protocol if needed. We will do. I don't know quite how we'll do that. We don't want that person's phone ring off.

A: One of the real issues here I thought about that. And the first thing I noticed after there was an offer made three months ago and

virtually everybody that was already a customer at Ultra Batanica called and asked for that. And I know 90% of them could afford to pay for it, but they just let it be, oh if it's free I'm gonna ask for it. How do you really determine who's really in need and who's not. I don't know.

Q: I know, I was eager to get the result. Like if they ask for it when they can afford it they get the result of that. I don't have to make that judgment.

A: I will say this and I'm not a shareholder or make any money out of Ultra Batanica. But their curcumin product outside of onco cancer is a wonder drug for pain and inflammation. I mean they have people that are because it's 75% absorbable people experiencing results in minutes not days. It's really a great product.

Q: I paid attention cause I love Turmeric. It's a God send information, so I paid attention and I'm going to check it out. We're also gonna send you the chat so you can see all the nice things people are saying, because they're very very grateful.

A: OK, well I appreciate it.

Q: Will that help postop? Oh, the Turmeric stuff will help a postop. patient, yeah.

A: Well, highly absorbable curcumin, differentiate that from Turmeric.

Q: Now you can do last words. I've caught up on all. I don't want to miss any questions.

A: Well, if anybody want to get hold of me, you guys have my contact information.

Q: Thank you for going about it so positively. I did note somewhere in your saying about how your goal was to make somebody in the

hospital laugh every single day.

A: And I've accomplished that by the way.

Q: I can see how and why.

A: Twenty years ago I did standup comedy in New York. So, making people laugh in a hospital setting is not very hard.

Q: I know cause they really want to be able to laugh. Thank you so much. You're an inspiration and absolute delight. You're changing lots of our members right now

A: I appreciate everybody. Goodbye.