



Dr. Pete Peterson

Part 2 - David Wilcock:

Interview transcript

Home What's New	Mission Statement	Interviews and Reports	Round Table	In Tribute	The Big Picture	Shorts
Our Goals	High Praise	About Us	Get Involved	Questions	Contact	

Dr. Pete Peterson, Part 2 - David Wilcock **Interior US, June 29, 2009**

[Ed note: Normally the transcripts that had any parts in them that had been difficult for the transcribers to hear were put in "audibles" in square brackets in red for Bill Ryan to attend to, fix, then he'd post the transcript; however, due to unexpected interruptions in the normal working process in Project Camelot, this normal process was not able to proceed forward, so the audibles were left in the square brackets.]

DAVID WILCOCK (DW): Okay. Now, Pete, one of the questions that I had for you is that you had mentioned before that you didn't like the term *consciousness field*, and you would prefer the term *information field*. I was wondering if you could explain why that distinction was made in your discussion?

Dr. PETE PETERSON (PP): Because, to me, the *consciousness field* deals with consciousness and the *information field* is mostly unconscious.

DW: I'd like to double click on that and get more information on that link.

PP: Well, [laughs] the *information field* holds everything in the known universe, and, there's consciousness – each person has their own consciousness and their own *consciousness field*. It's one of the characteristics of individuality, or I'll say information field. It's one of the characteristics of the information field that I think the best English word for is the soul or spirit. The individual consciousness field of each person is very, very different.

The information field holds everyone's consciousness, while the consciousness field holds each individual's consciousness, or their... I guess we could say spiritual characteristic, though I use *spiritual* in a very different method than it's used by religions.

DW: My witness, Daniel, referred to *spirit* as the *intellect*. He said that the intellectual aspects of mind are non-local, that they're not happening in the nervous system at all. They're in the field where those cognitive processes take place.

PP: I absolutely agree with that. They're definitely non-localized. They're in the consciousness field, which is not localized with the person whatsoever. It's everywhere and every-when.

It's not a device. It's not a part of the neural or even non-neural anatomy. It's a *field*. It's like a magnetic field or an electric field in some respects – in the respects of a field – but it's non-local, even though it appears to be somewhat centered around the actual individual.

It may be what some people call the *aura*. But it also has tentacles, if you would, that extend through time and space to infinity.

DW: There's a Russian scientist named Budakovski who takes a holographic photograph of a healthy raspberry plant, shines that light into a raspberry tumor, and the tumor cells rearrange into healthy raspberry cells and it grows a new plant. Are you familiar with anything like that?

PP: Well, I am. I wasn't aware of that experiment and would very much like to be, because I'm looking for things that I can instrument and observe, to try to come to some conclusions. But

that to me is... it would be a necessity that things be that way.

DW: Right.

PP: I'd like to be familiar with the experiment; but, for example, I found out in human medicine, for example, I've come to the conclusion -- and feel I can prove that to any competent neuro-anatomist -- that the DNA is merely a factory that generates the physical part of the body. The DNA gets its information from the informational field in how to do that. So you find that the informational field is eternal and holds the *spirit* or the *being* or the *information* of the person in perfection -- whereas the perfection then runs through the factory. If the factory is missing the thing that puts the wheels on, the wheels are going to fall off, if you would.

And so, the DNA problems that you get with human health and anatomies are errors that are in the DNA, which it appears, are pretty much passed down through the family tree. But there's also information that comes down through the family tree, and that's shown by a lot of work that was done by Joseph Chilton Pearce, for example, reported by him in *The Magical Child*.

There's information that's transmitted to heart tissue -- actually brain tissue that's in the heart -- and that holds most of the person's information about emotional things, and a lot of information about taste.

For example, they found people with heart transplants all of a sudden loved mustard when they couldn't stand it beforehand. And they find that the person that was the donor loved mustard. They find that the person that was the donor was a very loving person, where the person who lost their heart lost it because of a lot of frustration and a lot of stress and they were a person that wasn't a loving person. Now they become a very loving person, and the people around them have no idea how to relate to them.

DW: Does each person have the same degree of contact with this information field, or consciousness field?

PP: I would doubt that they do because they're all individual. For example, there are people who just seem to be informationally troubled, if you would, which has nothing to do with being, you know, personally troubled. But they seem to have problems, even when you go in and correct things in their...

This is from a health field, because I spent many years in that field building medical instruments. They're all computerized and we had, you know, years and years and thousands of patient visits that we could go back and take a look at and correlate the long-term data. That was the instruments that have been out there now for 28 years in the marketplace, and some 16,000-plus instruments around the world, and well over a million-and-a-half patient visits.

So we correlated that data and have shown that much of this must be the way that things are. So, like the statement that you made was one that I absolutely agree with, that out of necessity there has to be an informational field, and out of necessity there has to be something that drives the DNA.

Now we've done some experiments showing that we can generate this field around the body and the body will act as if the DNA were perfect. If they had a genetic disease, the genetic disease goes away. Now with the advent of stem cell research, we find out that we can use a person's own stem cells in the body and heighten this field around the body, and the cells they had, that are replicable cells, that had a genetic problem, the genetic problem goes away because the informational field holds the perfect information rather than the flawed information of the gene itself.

DW: Well, that's like the Budakovski raspberry thing I told you.

PP: Exactly.

DW: The tumor was transformed. Yeah.

PP: Yep.

DW: How can someone strengthen their contact with this field that they have? Do you have any exercises, or ways, or technology perhaps, anything that they could do?

PP: I have technology that could do that, and that's one of the products that I intend to come out with once we get the laboratory and factory completely built.

DW: Well, that's tantalizing, but what have you done? What could you do? What could it do for someone?

PP: We'll know that once we get it done and do the testing on it, so... I know what I think it would do and, you know, we've been very successful with these instruments. The American Medical Association publishes every year the number of clinical diagnoses that their doctors, they feel that their doctors got correct. This year it jumped all the way up to 6% from 5% the previous year. We have 85% of the patients that use the medical equipment that I'm talking about, 85% of the patients feel that within two days they don't have what they had when they came.

DW: Do you believe in acupuncture points on the body?

PP: Well, I have to believe in them because they're there, and you can go to Radio Shack, or you can go to Harbor Freight and buy a \$4.00 or \$5.00 dollar meter and adjust the meter appropriately and run those on the body and find every one of the points, put a little dot there; go compare yourself to an acupuncture chart, and you'll look exactly the same.

I did find out how the acupuncture system works. There have been a number of people that postulated it, but they didn't show that it worked. I worked with Dr. Jean Claude De Roche at the French Institute of Science. He's a very famous acupuncturist. He taught the Chinese acupuncture. They did away with acupuncture in the '20s and made it illegal, even though it was practiced down every alley, and then during the Cultural Revolution they brought it back.

The reason for that was they had a huge plague and acupuncture wouldn't cure the plague but penicillin would. So the French missionaries brought in penicillin and so they did away with acupuncture and went with penicillin. But acupuncture has its definite uses, as does the sister of acupuncture, which is Chinese herbal medicine. It makes sense [that] if you put certain chemicals in the body and certain precursors, you're going to get certain chemical reactions out of the body.

So, anyway, the acupuncture system is very interesting. What we did is we injected radioactive potassium into each acupuncture point while the person was under a high-speed CAT-scan machine, and we found that the radioactivity moved directly to the organ associated with that point...

KERRY CASSIDY (KC): Oh, wow.

PP: ...for the 3,300 years that the Neijing has been around talking about it, and for the 6,200 years that Ayurvedic medicine has been talking about it.

So we found there was a direct correlation to, not only to the organ system, but to actual parts of it. For example, down the outside of the thumb you have a point that gives you information about the entire lymphatic system – just below the first joint. But above the first joint, it talks about the lymphatics that are in the tonsillary ring.

When we inject here [touching the side his left thumb], the radioactive material goes to the tonsillary ring. When we inject here [touching same thumb, but closer to bottom knuckle], it goes the whole lymphatic system.

You go down [indicating different points down the side of the thumb] and, you know, it goes on down the body.

The same thing, you know, if you work across the hand, you have lymph and lung and circulation and etcetera, etcetera, etcetera. [pointing to different places on his hand] You come over here and you have the heart and the small intestine. You can go down and inject here and it goes to the mitral valve. Here it goes to the aorta. Here it goes to, you know, this chamber, that chamber, etcetera, etcetera.

Then you go down on the feet, the acupuncture points are the same thing. We also found that the acupuncture points, the acupuncture meridians aren't veins, they aren't vessels.

The acupuncture *meridians*, as they're called, aren't really meridians. They're made up of a... If you've ever cleaned a game animal or a chicken, you'll notice that between the organs – or done surgery – between the organs there's a white filmy layer. That layer is built up like a baklava. It's built up in a number of layers, and each of those layers is a capacitive, conductive surface, not meant for conducting materials such as radioactive potassium, [laughs] but it works as does anything in the body.

The body is a biological mechanism. It works like the intestine does, peristaltically, like the heart does, peristaltically. It's ionic in nature, so it's polarized, so it pulsates and moves

information. So that system was an information system. The points are just above and below each joint, and you have them down each side of the hand. They're around an area that's about a 45-degree angle toward the finger. And you can take something like a ball point pen – I don't see one here [picks up a pen] – but you can take, not the point of the pen but the point of the case, and you can probe about a 45-degree angle just above and below each joint.

Most people don't know there's a joint just like this joint and this joint and this joint [pointing to the back of his hand with the pen], right down here at the wrist. You can probe those places, and on ones where you're having a problem with the organ or organ system, you'll find a little hard nodule under the skin, just above and below the joint, at about 45 [degrees].

If you rub back and forth past those, ones that aren't too bad, ones you don't have a bad problem, you'll feel the little nodule but it will actually palpate like it were a little grain of rice filled with coarse sand. You'll feel a grittiness or a graininess. And you go up below the joint and above the joint, and so you can tell where you have a problem.

Now, what acupuncturists don't want you to know is, if you take something that's a little milder rounded and rub that point, it'll feel really good if you have a problem there. And if you take a piece of metal and do the same thing, different points will feel differently because the metal thing tends to discharge an excess of electric field there, and plastic would tend to charge up a point of extra field there.

It turns out there's a type of material called an *electret*. An *electret* is to electric field like a *magnet* is to a magnetic field. So there's a way of putting a permanent electric charge on a piece of plastic.

All the microphones in little tape recorders you've ever seen, 99% of them are electret microphones where you have a little piece of film with a permanent charge. As the voice hits it, the film vibrates. Then there's a piece of metal next to it and you measure the voltage between the two, feed it into the device, and that's where the voice signal comes from.

So you can make an electret and rub the various points and it'll just feel really good. And you rub it one time or 50 times, and all of a sudden, it'll quit feeling good and you move onto the next point. If you do that on your fingers and on your feet, you'll feel really, really good. It'll normally alleviate almost any problem you have.

That's what an acupuncturist does. They can find where those places are that you need to have a treatment and do it that way. Another way to do it is use an acupuncture needle and stick it into the point to charge it or discharge it, and there's a way to put it in to do either.

So, one of the products that we came up with is two little pieces of metal that you can have little indentations on them and you can rub your points. Those pieces of metal have a number of holes in them, and people asked us what the holes were for, if it was critical to the use of the unit, and I said: *No. That's where you tie a shoelace, and if you loan it to somebody, you keep one hand with a shoelace around because they won't give it back to you, it feels so good.*

[laughter]

PP: So we have tooling to make those and I probably need to make another batch of them. But anyway, we found that these were there. Now, it turns out that these points – like this is the lymphatic system here [pointing to the back of his hand], and this is the lung system here, and if you go clear to the end of what... and there are points up the body. If you go clear to the end of where that meridian is, they all end at a tooth root. The teeth are piezoelectric. When you squeeze a piezoelectric material, it generates a voltage.

DW: Discharge.

PP: Or if you take a piece of piezoelectric material and apply a voltage, it expands or contracts. The teeth are piezoelectric. So that's why you should take very good care of your teeth and don't get a root canal unless you absolutely have to have it, and, not that you'll die, but your health will go down.

So there are some things that we have, these little devices, will make up for that and will charge you up. Especially people who are missing a lot of teeth get a real, real success from that, and they have very, very pronounced little nodules, and their nodules are usually hard like a rock. If they keep massaging them from time to time until it quits feeling... It feels as good as a scratch on a good itch, and when it quits feeling good, move to the next one. And after a period of time you'll feel the granularity, and after a period of time it'll just get softer and there won't be any little nodule under the skin.

DW: My mother had a large nodule right here and it finally went away, but she worked on it for

a couple of years. It was on the middle finger.

PP: I have one here, as a matter of fact. [laughs] And it comes and goes.

DW: So you're saying that the tissues around the organs have an ionic transfer system, which is...

PP: No. To the organ. They're around the organ, but they go all the way up the body. If you start stripping out neural tissue... in fact, it's kind of an interesting thing. Most people don't know that lions and tigers never eat muscle tissue; it's highly toxic. They strip out the blood veins, the vessels, the neural tissue. They eat intestines and they eat, you know, the heart and the internal organs. They don't eat muscle tissue.

DW: Really?

PP: Yep. If they feed 'em muscle tissue and they only give 'em muscle tissue, they'll eat it, but they get very ill. It's very highly toxic. But people eat all the muscle tissue and throw the good parts away.

BILL RYAN (BR): Does that mean that we shouldn't eat a good raw steak if you're a meat eater?

PP: Unfortunately. [sighs] It's very obvious that I eat anything that's slower than I am. [laughter] But that does mean that. As good as it tastes, it's not good for you.

DW: I'm just trying to understand...

PP: That's also why the kosher meats have a very specific way of sneaking up on the animal and not alarming them and very mercifully putting them out of their... demise. It's because they don't want that animal to get excited and release a lot of toxins into the muscle tissue.

DW: Hm. This is not...

PP: Whether they know it or not.

DW: This is not the typical nervous system you're talking about, with sodium...

PP: No. There's no nervous system there. It's what I'm saying.

DW: Right.

PP: It's a completely different system. There was a Korean fellow, Kim Bong Jung, who postulated that there was... He said: *I found the neural system and here are pictures of the little tubules that carry a yellow fluid*, etcetera, etcetera. And that's all been reported.

You can find that all over the Internet and you can find it all over medical literature. But what it doesn't report is that four years later he committed suicide and said he was sorry for perpetrating such a hoax. There isn't that system. People looked for it and couldn't find it and finally he just had to admit that he made it all up.

DW: Hm.

PP: And so, that isn't the system. We found how it worked because we injected the radioactive potassium and then we looked at it and watched it go through the body. And it goes exceedingly fast. If you took blood from the tip of this finger and traced it back to the heart, it doesn't move very fast. It moves very, very slowly. It doesn't race through your veins.

But if you inject the radioactive potassium there, we had to get a higher speed CAT-scan machine to even see it. It really races. It's the frequency of this. It's like milking a cow or a goat – it's a peristaltic action, and it really races through there. It's a very high frequency.

DW: Now, you're saying this is all happening, some interface with the consciousness field or the information field?

PP: The informational field.

DW: Okay. Could you explain that? What's the energetic component?

PP: I really... Yeah, that's a couple hour lecture.

DW: Well, could I get the elevator version? [laughter]

PP: There's not really an elevator version. It depends where it is, what it is, what the problem is, which meridian it is.

DW: Okay. If an organ is dysfunctional, why would it matter what's going on in your hand?

PP: It doesn't. It *makes* what's going on in your hand. It creates what's going on in your hand.

DW: Okay. So, because they're the extremities, somehow...

PP: Because we're built that way. KC: You're saying you can either heal it on the hand or you can heal it directly on the organ, right?

PP: No.

KC: No?

PP: No, I wasn't saying that at all. What I'm saying is that problems in the organ manifest themselves both physically and informationally at the appropriate points on the body.

Now, if you think about it, when you build a car; any car that you've had in the last 10 or 12 years has an electrical connector under the seat. You plug a computer in there and it'll say: *The oxygen sensor's bad. The brakes are getting weak.* It'll say a number of things.

So, let's assume that somehow, whether divinely or by genetics, we were designed. Why not design a system where you could test the thing? I mean, we don't come with an operator's manual, but maybe we come with a system that is very easy for us to find out what the problem is and then alter things.

Now, one thing we found out is that every substance has an informational field around it. We found out a way to take that substance, place it on a device, and from the device find a numerical signature for that information field. Then we found a way, therefore, to store it in a computer.

Now we can take the computer and run that information back out and *generate* an informational field. We can make that field large, so it surrounds the body. And we can then measure in real time at these points, some of which -- most of which -- are acupuncture points, and some aren't. There are some acupuncture points that we find don't do anything, even though they're classical points.

Now, you know, 6,000 years ago, or 3,300 years ago, they didn't have any kind of measurement instruments, so we now have a bio-feedback system that will actually do that.

DW: A lot of our audience is going to think of the Rife machine when you say these numerical signatures.

PP: That's very unfortunate.

DW: Okay?

PP: Because there's no correlation whatever. It has nothing to do with the Rife machine.

DW: Okay.

KC: Didn't you work for Royal Rife?

PP: I worked for Rife for a period of time, yes. I know how his instruments worked and it has no bearing on this whatsoever. This is a very gross, mechanical type of thing.

DW: Okay.

PP: And it doesn't work at all like anybody thinks. That's another story. But, anyway... threw me off a little bit here in my thinking about this.

DW: You can play a signature for a specific compound.

PP: Yeah, we can make a signature of a compound, and what happens is, the body will react to that informational field as if you had given the person that substance. So you can go to an acupuncture point and get information from it that you can graph and chart on a machine, and it will tell you whether that organ is in a type of inflammatory process, or in a degenerative process, and how much, how long it's been there, whether it's winning the battle or losing the

battle. Then you can put the person in an informational field from a substance that you think may solve that problem, and ask the body. The body will react exactly as if you've given that substance, so you can select a type of treatment.

BR: When somebody is given a placebo, are they affecting their own informational field?

PP: Absolutely. Placebos work 50 percent of the time, and it isn't because placebos have a physical effect. They have a mental effect in some instances, and they have an informational effect in some instances.

BR: So you should be able to affect your own informational field without a placebo.

PP: Yes. People asked me when I built these very complex computerized machines that do the diagnosis and selection of treatment, they asked me: *What's your goal for this machine?* And I said: *My goal is, when the doctor throws the thing in the Dempsey Dumpster, and just does it.*

That can be done. However, the machine takes away his emotional state and his emotional interference with it, and the patient's emotional state and the patient's emotional characteristics with it.

But, one of the machines that I want to come out with in the future is one that's a bio-feedback device that allows the patient to put himself in an informational or mental state that affects the problem with the body. That can be done. It can easily be done, and other than gross poisoning, or gross over-consumption of something...

For example, it's very beneficial to have vitamin A. We don't get enough vitamin A in our bodies. But, you take too much vitamin A and you'll find yourself gaining water and getting ascites, and some people die from it. Many people *almost* die from it. So, too much of a good thing is too much, no matter how good the thing is.

DW: A lot of people are going to want to know, is anybody using this technology? Are there any doctors that are using it?

PP: There are, right now, in the United States, that I know of, 18,000 clinics.

DW: Eighteen *thousand*?

PP: Eighteen thousand clinics using this technology. I taught seven companies how to make it. About five other companies came in and stole the information from them, which, if they'd come and asked me, I'd have handed it to them.

DW: Hm.

PP: Because I knew it was going to need 20 or 25 years out there before it got itself established. And so what I did was I let other people do it, and I ran around in front of them like the man that runs in front of a curling stone and sweeping a pathway for it. I went around in front of them sweeping a pathway in front of the FDA.

[Ed. note: Pete is talking about the Scottish sport of Curling, in which a Curling Stone is slid on ice. A man with a broom goes in front of it, sweeping the ice, smoothing the surface so that the stone can slide more freely.]

We got a very, very good publicity man whose mother had been given, I don't know, eight or ten weeks to live, and we kept her alive for another 17 years.

DW: Oh my gosh.

PP: He felt very happy about that, and so he jumped on our bandwagon. Out of that, it finally ended up, about 10 or 12 years later there's actually an alternative medical branch of the FDA, and that branch handles things like we have. In the meantime, I spent a lot of money, and a lot of time and effort, and got this device actually approved by the FDA.

DW: That was my next question. There must be publications. There must be documentation out there.

PP: Well, the only documentation I know is, when you put my name into a computer, it'll come up and tell what a fraud this device is, and how it's a quack device. But if you find out who put that in there, you'll find out that he says the same thing about a lot of other things that work. Then if you go and watch the man, you'll find that the checks that he cashes at the bank are from large pharmaceutical companies and from the government at times.

DW: Right.

KC: So, what name are they going to put into the computer for that device?

PP: I'm not going to say that. I'm not interested in thousands of people associating that and being able to show their friends that I'm a fraud. Anybody who wants to know if it's a fraud, come to me. I'll give you the closest doctor, and you can go there and ask the doctor whether his 3, 5, 7, 10,000 patients that went there, and two days later walked out without their problem, think that it's a fraud.

Now, I know it's not 100% placebo because placebos only work 50% of the time. And even though the medical people -- the AMA -- says their doctors only get 5% of their clinical diagnoses correct... If they only get, you know, 5% or 6% now this year, of their clinical diagnoses correct, what do you think they get correct with the treatment? You know why they say *practicing* medicine.

Or on the other hand, watch the TV show *House*, and in each incidence they tried five, or six, or seven treatments, almost killing the patient each time, and then find out what the solution is. You know, he's supposed to be the best diagnostician in the world, you know, on television. But it's very true to life. It comes out of Canada. They're a lot more frank there. And, you know, you get the picture of *practicing medicine*. They don't have an idea. They don't have a way to have an idea.

So I'm now ready, after 28 years of having this device out there and about somewhere between, oh, probably \$1.2 to \$4 million, or maybe more, patient visits behind it; all computerized. In the medical terminology, it's *anecdotal* because the patient can't tell you if they're well or they don't have the symptom any longer -- that's illegal.

But, I'm now ready to go up against any one of them, because I can prove that my diagnoses with this type of machine are absolutely correct, because when they go look with conventional diagnostic tools and equipment, I'll see the problem as much as 20 years before it manifests itself in the body where common medical things can test it.

How can I prove that? Well, I'll wait 20 years and prove it. That's what we've done. That's why I have 27 years of testing done on it. That's why I have people that came and thought it was a fraud and didn't accept the medication, but I watched them over a period of time and saw them eventually die of what I told them they would die from.

So I now have enough evidence. I'm ready to go and do that, except *I'm* not going to do that because I don't have any desire to be assassinated. I have people that have more testicles than I have that are willing to do it... pardon my 10 years in the Marine Corps.

DW: You said there's a lot of clones of this technology out there, people have stolen it from you and...

PP: They didn't steal it from me. They stole it from other people. I gave it away, so they couldn't steal it from me. If they'd come to me, I'd have given it to them.

DW: Is it variable in terms of how well they work, like...

PP: Oh, absolutely. The first thing I did was... in my instrument, when you touch the body, in the beginning, the person doesn't know where the points are, so I put a Point Locator. And the Point Locator made a tone, which almost everybody likened it to the sound of a cow that was dying. [laughter] Okay?

So, when I gave the people how to build this thing, they built it, and everybody says: *Oh, that sounds like a cow dying*, so they changed the tone. They eliminated 80% of the effectiveness of the machine, because the tone carried a lot of information, that, if the doctor had only persisted with it for a month, he could then hear that tone and he could cut down diagnosis time from 35 to 40 minutes to 2½ to 3 minutes.

DW: Wow.

PP: It just became natural. He'd: *Oh, I know what that means. I know what that tone means. Let me try this, let me try that.*

He can dial up on the machine now some 850,000 different substances that are in this world. All the medications of every medical system known; all the herbals of every herbal system known; all the magic healing potions of every magic healing system known; all the chemicals that are out there that are man-made; all the chemicals that you find in nature; all the vitamins; all the minerals; all the pharmaceuticals in the homeopathic pharmacopeia, and

in the allopathic pharmacopeia. Everything's there. So, you can do it; the machine will help you sort those out and find out exactly what will alleviate the problem.

And many times you'll find something that will alleviate a problem in the, for example, the small intestine, but find that it'll aggravate the neural system. So you say: *Oh, well there must be another medication that'll work and not counteract something here.* So you can go back and find that particular medication. Now you know what to give.

Now, you can ask it: *Okay, if I'm going to give this, how much should I give?* It'll tell you an exact amount. And like everything in nature, there's a bell curve produced, a curve that looks like a bell, and you want that medication that's right at the peak of the bell curve. You want just that amount that'll produce that reaction and – BANG – you give it.

Many times when we give the medications to a patient, they'll bounce up and down like they were at Disneyland on Mr. Toad's Wild Ride, and they'll say: *Ah, ah, I've had that pain for 20 years and now it's gone.*

Did we heal him? No. Did we cure them? No. Why do I say: *No?* Because it's against the law.

Do they believe they were healed? Yes. Did they believe they were cured? Yes. What makes the difference?

DW: One thing that I think is really important is, if this video is out there online, there's going to be a lot of people that want to claim that they have this technology to profit from it.

PP: Oh, absolutely.

DW: And it may not be the one you're actually talking about.

PP: Absolutely.

DW: How do we prevent against that? Is there any search term we can give people on Google?

PP: I don't know that we can prevent against it.

DW: Or doctors that are actually using the right one? Or...

PP: The problem is that the first, about 6000 doctors I trained, and they had machines that moo-ed like a cow and it was really good, and after that it went downhill. So, again, I'm building a laboratory and a factory where I will produce these, and instead of having to do, like you have to do today, pay between \$12 and \$50,000 dollars for one of the machines...

DW: Oh.

PP: I've got one that's built in a fountain pen and we'll probably sell it for around \$99.

DW: Wow.

BR: But there are similar healing modalities in existence, which is...

PP: Oh, there are some that work beautifully.

BR: Radionics, you know. Go on...

PP: Well, yeah. There are radionics machines that...

BR: I'm not saying it's the same. I'm just saying it's something that works...

PP: Yeah, it works very well.

BR: ...in the informational field.

PP: Oh, it works very well, and it works with, on... Exactly right. It works through the informational field.

DW: Have you heard of the SCANAR, the Russian SCANAR?

PP: I've definitely heard of the SCANAR, having spent about, oh, eight months with the people doing it...

DW: Really?

PP: ...and working together with them. There's another machine for pain. It's called the Acuscope, which was brought to this country by Tony Nebrinski who was the KGB man in this country looking for medical technology to send home to Russia.

DW: There's a guy named Dr. Hartmut Muller who built this LED thing that you put on your skin. Is that another one that you think works?

PP: No.

DW: It doesn't work?

PP: No, I didn't say that.

DW: Oh.

PP: I said there are things that work a lot better. That's what I meant to say.

DW: Okay. But people can also, as you said, massage these points on their hands.

PP: The best medical machine I ever invented were these two little things we call Acu-Combs [Ed note: did a search and did not find this device, so the correct spelling of this is unknown.] that you just rub your points with and get well.

DW: Is there a way people could build those on their own?

PP: They probably could as soon as they saw one, but it's easier and cheaper to buy one from me, because I paid thousands of dollars for the tooling and they stamp them out like...

DW: Great.

PP: ...shells coming out of a machine gun, and they put 'em in a tumbler and tumble them, and they actually have electric material that we invented to actually do the charging. It's interesting in that you can take one of the units and do it.

By the way, you can find out how you'll react to any food. One of the best things is that anything that goes in the body, you say: *How do my organs react to that?*

There's a reason that the highest-paid doctor is the anesthesiologist. It's because he has to pay the most insurance. And I think... I may be wrong. You'd have to check what it is these days, but when I was working on it, two out of every 100 people were killed by the anesthetic.

BR: That's about right. [overtalk]

PP: This thing will tell you exactly because this finger and the distal side of the middle finger tells you about food absorption here, and allergy here. It will tell you whether you have an allergic dispensation toward that medicine. That anesthetic, it'll tell you how your body will react to it.

KC: How does it tell you?

PP: By making an indication. There's an indication on a meter and on a chart. When you learn how to read the meter and learn how to read the chart, which can be taught in approximately one minute, you can tell whether you're going to have an allergic reaction or not.

Another thing we found was, out of a major university's animal husbandry department, we found that there are 33 substances that all humans and all animals are allergic to. Most of them are phenolic compounds that have a 6-sided benzene ring in the molecule, and a couple are hormones, and a couple are proteins.

We found out that we can measure here and we can find out *exactly* – if you have allergies, *exactly* what you're allergic to. Then we can take that material and prepare it homeopathically and give you a couple drops under the tongue and that allergy will disappear entirely.

Then, after a period of time, it may come back, and we'll find that you need a homeopathic remedy of a different, what they call potency or strength, and then you take that. Sometimes it takes you three or four days to chase this thing around and find out exactly what you need, but eventually you'll get to an end point, and you won't have that allergy. As far as I know, and we've tested people now for 28 years, nobody's ever had an allergy come back.

DW: Wow.

PP: And we're dealing strictly with an informational system here that modern science refuses to do. But it doesn't seem to make much difference to those people who had allergies and don't, that modern science doesn't like it. It doesn't fit their paradigm, which is wrong.

BR: I just want to say, on camera here, that what we are very clear about, having spent quite some time talking with you, that you're not trying to get rich through any of this. You want to make this technology available.

PP: No, I don't. No, I have no need to make any money. The only reason I want to build the things is so they're built right, and they moo like a cow [laughter] – a dying cow. Because that gives it... that lets the doctor do the treatment for much less, or the diagnoses for much less money.

And remember, the doctor only uses this to help him in making his diagnoses. The diagnoses can't be made by a machine, only made by a doctor.

BR: Yeah.

PP: That's why in the beginning, we only sold them to card-carrying AMA, card-carrying MDs. Then we sold a few to chiropractors. We sold a few of them to osteopaths, a few of them to naturopaths.

Then, the first person to have one that was a veterinarian was the Veterinary Commissioner for the State of Nevada, and she started using them. Then we have now... I quit keeping track when I started trying to keep in front of these people and keep them out of trouble for using them. And we've not had any trouble in using them, because we kept them out of trouble.

Anyway, at the time – all this was maybe 18 years ago – there were about 350 veterinarians using them and they were working perfectly. They could find out what problems animals had, and how to solve the problem.

BR: Folks, we're coming to the end of our third hour and there may be a number of other topics which we want to touch on before, well, while we have the opportunity. I know there are a number of other topics. I've had my share of the cherry. David, is there more things you'd like to pick up on? I know that Kerry's got some questions too.

DW: Yeah. I'm just sensitive to all the emails that are going to be coming in. People are going to want to know how to buy these little plates, so if you say you can machine them, once you're ready to do that, can you give us the information?

PP: If I had orders, I could probably ship within two weeks.

DW: Okay.

PP: I can't tell you what they cost. I know that one of the plates out of necessity needs to be copper. I know that one of the plates, the factory that used to make my electric material has gone out of business.

DW: Hm.

PP: So, either I'll have to make it or find a factory that does it. But we have tooling that fits in a machine called the Amada Punch Press that punches it out faster than you can even see, and then it just has to be tumbled in the right combination of things to make it smooth and easy to handle, so it doesn't have sharp edges on it.

DW: But it's not that expensive, is the bottom line.

PP: It's not really that expensive. The copper in it now costs about \$7.00 or \$8.00 dollars for the copper plate, and probably much the same for the electric plate. Then we have to stamp it and process it. It comes normally in a little carrying case with a separation between the two.

DW: Okay.

PP: And a little set of cards that you can fold out that shows all the points on the hand, all the points on the feet. So there are pressure points where there are things that you deal with; indigestion and headaches and that kind of thing.

DW: Well you have your first order right now. [video displays dr_peterson_orders@projectcamelot.org at the bottom]

PP: [laughs] Yeah. I've taken them to, oh, I don't know, maybe a couple hundred health fairs and Psychotronic Association meetings, the Global Science Congress and Tesla Society meetings and dowsing meetings and so forth, and I've never taken them... I started with taking 20, and then I'd take 50, and then I'd take 100, and I've never found the time that I didn't sell out before noon...

DW: Right.

PP: ...on the first day. Once I sell three or four, then everybody is... people can't put it down. So they're standing there doing it, people [saying]: *Well, where'd you get that? What does that do?*

And the guy is: *Here, let me try it.*

No. I don't have a shoelace. Then I'd start giving a shoelace with them so they'd get them back.

So, anyway, people like the way it makes them feel, they like the way it makes their hands feel, and they determine by themselves without any help from the government that they actually do something for them that they like and so they buy them.

DW: Hm. Well, yeah, I think it's really important to note that the healing is within. We all have this power to heal ourselves.

PP: Like I said, in any medical device that I've ever done... And I've also, by having the machine as a bio-feedback tool, I found a number of substances that do miraculous things for the body.

DW: Such as?

PP: Out of all those substances, and all the machines, the best thing I ever did was the plates; they're not expensive. What I tell people is: *If you think about this right, you can just throw the plates away...*

...which brings up another device that I'll be putting out that looks like a cigarette pack – that's a bad thing to use – like a pack of playing cards, and maybe that's even bad to use. But it's a little device that has a headband that you have a little electrode you soak with salt water in the front and the rear, and it...

DW: Salt water?

PP: Salt water, just regular salt water, table salt. You put that on and it makes a tone, and we give a little cassette tape that makes a tone, and you can learn to, with your brain, you can learn to match. It's like if I hum or whistle *Yankee Doodle* ten times, you can hum *Yankee Doodle*. And if I do *Mary Had a Little Lamb*, you can do *Mary Had a Little Lamb*. This makes a sound and you learn to generate that sound by holding your tongue right. Have you ever seen a watchmaker work?

DW: The position of your tongue changes the tone?

PP: No, no, that's what I didn't want to say.

DW: Oh.

PP: If you watch someone that's doing precision work, like an engraver or a watchmaker, they do it this way. [sticks his tongue out the side of his mouth]

DW: Okay.

PP: Yes, they have to hold their tongue in a certain way and it lets them do things. But you don't necessarily have to hold your tongue right, you learn how to hold your mind right.

DW: So this gives off an even pitch? But the pitch is varying?

PP: No. It's not an even pitch. It's a varying pitch. It sounds like whistling a tune.

DW: Okay.

PP: So you learn to make that tune by thinking right, and eventually you'll put it on and if you do different things mentally, you'll get different tones. So, you learn to hold those tones, so you get the tone that was on the little tape. And when you get to that point, you can then alter

these things without the plates. You can just do it mentally.

DW: This is going to make me sound stupid, but people in the audience are going to compare that the Monroe tapes, with the binaural synchronization in the ears.

PP: Yeah.

DW: Is there any relationship with those?

PP: None whatsoever.

DW: I didn't think so. Is this like an EKG, like it's a brain wave?

PP: No, no.

DW: Okay. What's making the tone?

PP: An electrical field that's generated by the body.

DW: So, why these two points then? [touching his forehead and center back of his head]

PP: Because those are the ones that work. [laughter]

DW: Okay. So, is it used only for healing? Or are there other...

PP: My favorite thing to do with it is find somebody that's into brainwave analysis and brainwave work, and go have them implement me, and then play *Yankee Doodle* for them with my brain. They immediately say: *Oops, the machine is broken. We've got to fix it, because nobody can learn to do that.* Sorry, I can teach anybody to play *Yankee Doodle* with their brain in two weeks.

DW: But, I mean, are there...

PP: And, once you learn to do *Yankee Doodle*, you can do *Mary Had a Little Lamb* in about ten minutes.

DW: Let's say you have a guy that can move things with his mind; he has telekinesis.

PP: Yeah.

DW: And he makes a song on this thing.

PP: He makes a song, and you buy the song from him, like buying an mp3 thing, and you make that song... chances are very good that you're going to run that little ball bearing around through the maze with your head.

DW: Really?

PP: Yeah.

DW: That's very interesting.

PP: [speaking quietly] I can tell you that government agencies have bought those by the thousands.

DW: How would you get an electrode on the back of your head? Isn't that going to go through your hair?

PP: Well, surplus-wise, I bought about 10,000 little fold-out razors that are used to scrape hair off the body when a surgeon needs to sew it up. You just put a little shaving cream on it and scrape a little piece off and...

DW: And there's a headband you wear?

PP: There's a headband you wear, and there's two little electrodes made out of a special metal, and they have a little cotton sock over them. You soak this; you take water and you put it in a little bowl, and you stir water and salt together until there's no more salt to dissolve, and you dip those in there and squeeze them out a little bit. Use a little wash cloth with some soap on it and wipe the grease off the area here [pointing to his forehead] and the grease off the area back here that you've *balded*. You put it on, and it works just fine.

DW: Wow. How precise do you have to be in placement? Does it have to be right smack on?

PP: No, within a couple inches.

DW: Oh.

PP: No, it doesn't go on the *third eye*. A lot of your people will ask that. It goes in a different spot.

DW: Okay.

PP: But it's very easy to tell where it goes because you put it on and it isn't making... we'll call it *brainwave noise*. That's not what it is, but then anything that isn't hooked directly to the brain isn't brainwave noise anyway.

BR: I have a 60-second question before this tape goes out. Why would the agencies be interested in stuff like this?

PP: Oh, I don't know that I can say that.

BR: Okay. We'll leave it to our imagination.

PP: Leave it to your imagination.

BR: Okay.

PP: I can tell you that there were a lot of them bought at SRI. [Ed. note: Stanford Research Institute]

BR: Uh-huh.

PP: And a lot of them were bought by...

KC: To teach remote influencing.

[music begins to fade in]

PP: I didn't say that. I didn't even hint that.

KC: I said that.

PP: I wouldn't do that if I were you.

KC: Oh.

PP: Not unless you'd like a visit. You *will* have a visit if you mention it. And you *won't* like it.

[fade out]

Music plays over PP's voice saying: *...been involved with trying to build flying saucers, you usually found with flying saucers, if you look at most of the movies, there always seems to be a robot involved with it...*

[Click here](#) **for the video interview**

****Transcript provided by the hard-working volunteer members of the Divine Cosmos/ Project Camelot Transcription Team. All the transcripts that you find on both sites have been provided by the Transcription Team for the last several years. We are like ants: we may be hidden, but we create clean transcripts for your enjoyment and pondering.****

Support Project Camelot - make a donation:

[Make A Donation](#)

Donations are not tax deductible for U.S. citizens.

Bill Ryan and Kerry Cassidy

kerry@projectcamelot.org

bill@projectcamelot.org

*Thank you for your help.
Your generosity enables us to continue our work.*