

FULL EPISODE: Dr. Peter McCullough on Omicron Realities; VAERS Reports [Part 2] (Transcript)



previously on American thought leaders lots of messaging on the vaccine but zero mentioning on treatment none in

0:08

part one of my interview with Dr Peter McCullough an internist cardiologist and epidemiologist we discussed his

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extensive research into different covid-19 treatments including a preventative method that may have

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stamped out covid-19 in Bangladesh in the Chaudhary protocol they used to loot palpidone iodine they literally shut the

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virus off in the nose now in part two we discuss Omicron vaccine efficacy and the

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full body of evidence on vaccine-related Adverse Events 86 of the time there's no

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other explanation and why asymptomatic transmission of the virus is extremely rare asymptomatic spread became probably

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one of the biggest fallacies of the pandemic this is American thought leaders and I'm yanya Kalik

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there's never been a disease in the history of medicine where two people sit

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down with no symptoms and I magically give you a disease it is an imaginary thought that somehow the virus can magically you know emanate from you and me with no

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symptoms it's never happened in the history month so you can't shed virus okay so what's never happened in the history of

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medicine I'm just saying if it happens with this virus it's the very first time in medical history in the history of the

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world that asymptomatic transmission has actually happened so there was a false construct created

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and there were papers published on this 30 to 50 percent of spreads asymptomatic watch out we gotta shake with our elbows

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remember people shaking them with their elbows and these papers were published and there was a model uh constructed at

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University of Washington it's called the Murray model boy these models came out they were predicting a tsunami of cases

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is all because of asymptomatic spread it's spreading asymptotically Mario Cuomo mayor of New York said it's going

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to be like a tsunami in fact people relied on asymptomatic spread for planning

2:02

and so last year in Dallas Texas the Army Corps of Engineers moves in and they actually build a field Hospital in

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the K Bailey Hutchinson Convention Center they built a few thousands of cots IV bags ventilators it was all

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based on asymptomatic spread the model said it's coming it's spreading asymptotically and it's going to wipe

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us out I published an op-ed in the hill last year I'm an epidemiologist I'm a reasonable doctor

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I have reasonable experience in infectious disease and I've got a lot of experience now I said it's not happening

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now why would I take that risk I have nothing to benefit from that risk none

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the only thing I have is insight and understanding about how biological

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systems work and how organisms infect one another and I was right I talk to

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other people I talk to hospital officials I said you know what they're doing in Dallas they are blowing millions and millions of dollars hanging

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IV poles putting ventilators at the ready same thing happened in New York by the

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way right here in New York they floated in a a ship like the ship was going to be needed

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yeah you're right and what they do they delivered a few babies on the ship or what have you so this

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modeling this asymptomatic spread became probably one of the biggest fallacies the pandemic two big papers broke in the

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fall of 2021 by cow in China went by medwell in good synthesis

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basically showing asymptomatics but it doesn't happen they kept looking for it looking for it show us a real case where

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someone truly has no symptoms and magically somebody else gets the infection can't find it can't find it

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finally in the cow paper they were able to find 300 people who really had the infection and they truly raised

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symptomatic and they they contacted everybody did anybody actually get it and the answer is no and what they

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concluded is they're forming antibodies to it so if you truly have the virus and you're truly asymptomatic you're not

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you're not spreadable anyway but it's the minute you get a fever the minute you get a runny nose or congestion then

4:02

you spread it so when I went on with Joe Rogan uh Joe and I mentioned this I said Joe um you know we were in the lobby of

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his man cave in Austin and Joe and I had both had cover 19. what's the very first

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thing we do this this wonderful lady comes and she's going to do a covid-19 test

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I said Joe we've already had it uh why are we getting the test he goes well and well we're not really

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sure and this and that and we've got insurance policies and other things so we're doing testing

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for some other reason some nice scientific reason that some other entity picked up and that's probably the same

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reason why you know the airlines do it before you go to Hawaii that somebody somewhere said but nobody seems to know

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where these things come from it's not because the World Health Organization is doing this where the CDC is doing this

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or that or the scientists do it but my point is uh when Joe and I got into it he had a

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good point and I said asymptomatic spread basically is negligible it doesn't happen he says but people lie

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about their symptoms exactly that's what I was going to say people are going to hide it yeah and so he gave an example

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where he was out I think uh I think it's on the podcast where he was either you know playing pool or drinking beer or

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carousing around with other guys and there was one guy there and he was coming down with it but he didn't tell

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anybody else he was sick and that's how we spread it so my point is instead of

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wasting a massive amount of effort on time and generating 97 false positive on

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these why don't we just check our symptoms at the door why don't we just be perceptive on symptoms and

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one of the things I've learned in the last six months we've uh doctors at my circle are giving public programs

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we're going out to cities with Grassroots organizations and say listen we're just going to do a data review on

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covid we're going to give some insights into progress made nationally and internationally and America is hungry

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for this they haven't seen any of this there's been no monthly review of new therapies there's been no monthly review

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of data safety and efficacy for the vaccines nothing Americans for two years have been stonewalled on any scientific

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information on covid 19. so these public programs are wildly popular 500 to 5 000

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people come into these these programs typically held at nice hotel ballrooms people are willing to you know pay a fee

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to cover the food and expenses and we go over the data and one of the things I'll do in the

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middle of a lecture is I'll stop and I'll just let a pause come in come up for air and listen

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and we could have 500 to 5 000 people pin drop and I remind the audience what are we

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not hearing I don't hear any coughing I don't hear any sneezing I don't hear any old man in the back with a honking nose

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blow and a handkerchief that goes back in his pocket none Americans have learned if you have

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symptoms don't go out in public note that our schools are back full

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force this year full force all the schools in America millions and millions of children no school outbreaks none

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colleges are back largely meeting in person we've only had a few missteps we've heard about an outbreak at Duke

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University and it was with a Delta variant in a cluster of kids fully vaccinated very few unvaccinated so the

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vaccinated have contributed to a few of the outbreaks but there haven't been in these runaway outbreaks where meeting in

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football stadiums 99 000 people sitting shoulder to shoulder now you don't get it outside uh good

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studies from Singapore show you can't transmit aside because the air is too diffuse there's too much the virus just can't Target one person to another but I

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guarantee everybody at halftime goes to the restroom and that's where there's a lot of close spaces bad air movement you

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got you got tens of thousands of people hitting the restroom the chances of someone having coveted and transmitting

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it there we're just not seeing large outbreaks I think largely because people are responsible give Americans and

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people worldwide credit that they're responsible and they are not going out and just having these Mass uh

8:02

contamination events well so I want to I want to talk about this exactly because we are getting all sorts of reports that

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there's universities that are actually shutting down again because of this the new Omicron wave

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it's very interesting the media messaging around it is actually mixed some of the media are saying you know

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the end is nigh so to speak and other media and I'm talking about you know corporate large corporate media are

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saying well we're actually seeing data from the UK and from South Africa that suggests that it's actually the risk of

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hospitalization is like 50 to 70 percent lower it looks you know it looks like a

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lot milder case let's do the bird's eye view on Omicron yeah you may mean so

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there's different words so there is a transmissibility how easily does it move

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from one person to the other there's contagiousness that means among people

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how quickly is it picked up by someone else and then there is very less meaning

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like how how damaging it is to the body and so we're about month into this we're

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on the border of Botswana it was described some Travelers who had no symptoms who took a PCR test and the PCR

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test had a unique signature the PCR contest against four different primers the nuclear capsid the envelope protein

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the polymerase and the spike protein they had what's called s Gene dropout

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it's like wait a minute how can you how can you hit these other primers but there's no code for that sequence of s Gene and what was discovered is the co

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the RNA that codes for the spike protein a little segment of it was mutated

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and that's how the discovery was well geez this is a whole new version and so Omicron is the most heavily mutated part

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of a so far strain of the virus remember Alpha Beta gamma had relatively a few mutations

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Omicron has 30 mutations in the spike protein 10 in the receptor binding

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domain three deletions one insertion which is unusual is unusual to insert

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DNA new DNA new RNA into the into the RNA backbone of the code but it has all

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that and indeed individuals in the very first descriptions were uh that they could get

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sick with Omicron but it was a distinctly different syndrome it was a runny nose a little nasal congestion

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some body aches and then it was over with no pulmonary involvement which was wonderful and I was called on the

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national news early on and they said Dr McCullough what do you think and I said Jesus the most mutated we just haven't

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seen this before others were communicating on this I said it looked like an evolutionary mistake in viral

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epidemiology there's something called Mueller's ratchet and Mueller's ratchet means that a virus continues to

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propagate successfully and we knew Delta unlike the other variants became hyperdominant when we had the wild type

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we always had Alpha Beta gamma Epsilon ETA we always hit a blend but what was

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unique with Delta is because of mass vaccination once we got to more than 25 percent of a population vaccinated we

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encouraged a single variant to move forward and become dominant the variant that could best survive in the

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vaccinated as the vaccinated lived among unvaccinated that virus would predominate in fact that was Delta

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it arose out of mashtahara India my understanding is that was one state in India that had a higher proportion of

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vaccinated paper came out from a Nissan and colleagues from the Mayo Clinic and with in partnership with a company

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called inference out of Boston which has done incredible work and they again demonstrated that the viral

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diversity actually drops once we get start vaccination programs viral

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diversity means that there's always some strains just like there's diversity among human

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beings when we blanket a population and create

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a narrow immunity against a single Spike protein and

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that's what vaccination does it provides the narrowest of all forms of immunity that we invariably are going to

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encourage the virus to learn how to Prey Upon the vaccinated and that's what

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Delta did partially Delta uh it became clear there was an outbreak on a naval a

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cruise vessel from the UK there was a wedding down in Houston fully vaccinated

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the naval ship was fully vaccinated there was a lawmaker airplane flight from Texas to Washington everyone's

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fully vaccinated they give each other Delta they get sick I remember the vice president scrambling to Walter Reed maybe she got exposed to the lawmakers

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who got sick on the plane flight it became clear and then there was a paper by venkata Krishnan out of

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inference and then by farenhope out of Baylor uh medical school in Houston showing clearly Delta can infect a

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vaccinated and be transmitted among the vaccinated it was clear that the vaccine wasn't going to stop Delta transmission

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now there's a paper this fall by uh singha rajagan in the Lancet showing

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really careful case contact tracing study with the Delta showing 39 percent

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of all transmission reported in that study is among the fully vaccinated fully vaccinated to

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fully vaccinated so it became clear that the vaccinated

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um have basically become a feeding ground for Delta then a paper broke from ciao

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and colleagues from Ho Chi Minh City a unit of Oxford school public post school public health where there was a lockdown

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in a hospital there was an outbreak of cover 19. they locked down the workers in like a dormitory setting so they

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weren't seeing patients and they literally were stuck there in quarantine they were all fully vaccinated with the AstraZeneca vaccine it was about a month

14:01

or so they were fully vaccinated they were well within the six-month period and then they started passing Delta one another and they were studying they

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could actually do the the sequencing they could see who was spreading it to who so it was obvious and one of the

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findings from the child paper was that the viral loads which is the inverse of the cycle threshold the cycle count

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was about 251 times that of Prior variance in the unvaccinated era

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so it's wait a minute so it's not only that Delta can infect the vaccinated but the viral loads are Sky High then papers

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came in one by Ryan marisma from the Wisconsin Department of Public Health which demonstrated again equal and high

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viral loads among the vaccinated now this time they had data on the unvaccinated they were the same

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and they actually took samples from the nose and they used an in vitro model and they were equally as infectious

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so the viral loads were high in equally infectious and then a paper from a cherry and from UC California Davis made

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it clear that the vaccines were in Failure mode in terms of not stopping

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transmission people are easily getting Delta and transmitting it they were equally as infectious so all that became

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established basically in the last few months now we usher in Omicron and the

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question is well how could Omicron seek an ecological niche and that's the word I used on TV I said Mueller's ratchet it

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looks like it had been fulfilled that we got to an evolutionary bottleneck Delta was absolutely dominant and then

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suddenly we have a new strain in the South African reports there have been two I believe in the British medical

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journal last couple weeks make it clear omicron's on the move and it has basically taken over South Africa about

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90 percent of cases hospitalizations have plummeted which is wonderful it looks like it's going to be a less

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severe version for the first time but it's certainly moving in the population and then a report out of

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Denmark dated uh December 13th and one out of the our own CDC December 10th

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made it clear that Omicron is disproportionately affecting the vaccinated fascinating and so well

16:07

something just struck me as you're talking and I want to I'm going to just go back to this idea again of

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asymptomatic transmission if you if you can forgive me for a moment you know in

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these situations where you have vaccinated people who are not showing symptoms and have extreme very very high

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viral loads like you were just describing isn't that a situation where there can

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be you know like what what are the implications of having a very high viral load but not having symptoms is there

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well it's what we call the pre-symptomatic phase so the when let's say you were to have an exposure to

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someone today and you inhale let's say you know several billion viral particles

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in in an airspace and they start to replicate in your nose you're it's going to be findable in the nose but you're in

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the pre-symptomatic phase okay so as it's replicating replicating replicating it's going to get to a

17:02

certain threshold and then you're going to start to get some nasal congestion then you're going to start to get some

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sneezing some sore throat some runny nose there's going to be something that's going to allow that virus to get

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out of your nose and then then you're contagious so there's a pre-symptomatic phase for

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sure and the virus is findable there well so my question is however if you but again if you don't have symptoms

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even with this incredibly High viral load there's no way it just kind of you know sheds

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without symptoms or something you know we can never be there you know for the very first viral little virion that

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scoots out of the nose we we can't be there at the scene of the crime but the

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the general rule holds you can imagine if there was asymptomatic spread we would have been decimated I mean just

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absolutely decimated the computer models Como would have been right we would have needed the Army hospital in Dallas but

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thank goodness asymptomatics but it doesn't happen that is symptomatic person symptomatic person and so you

18:04

know this idea of quarantining is not a bad idea but for the sick people so this idea of quarantine people who

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don't have the virus was again one of these issues in pandemic response that doesn't have any support if two people

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don't have the virus why would we make them quarantine it's the people who have the virus that need to be quarantined

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not that not the well people well people need to be out doing their business and the only people who need to quarantine

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are sick so I think I told you I had covid 19. uh it was discovered in fact I felt a little bit

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pre-symptomatic I felt a little bit viral and I had met with somebody I sat across to them and I had a lunch with

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them and then later that day I was clearly sick and the next day I was sick and then the next day I got a test I went

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into a panic that that person I sat across from having lunch at a restaurant that I could have given it to him

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because when I look back on it I said yeah I felt a little sick I wasn't completely asymptomatic did I give it to

19:01

him no did he end up getting covered nine months later yeah he did so again I think you really have to have

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considerable symptoms before you really uh spread it to someone else right and again and I think this is so important

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you keep saying this right that the burden of proof is to demonstrate the cases where it does happen not the other

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way around yeah so any one of these uh assertions that uh so here's one

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assertion this is the first infection in mankind where asymptomatic spread is

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highly prevalent prove it we can't make these assumptions and then build Public Health policy

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around these false assumptions people call them false narratives how about this one

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this is the first infection in history where if we put masks on well people

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it's going to make the the problem get better if two people don't have the virus we

19:54

put masks on them everybody should know that can't possibly help things how about this one this is the first

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infection in history where if we lock down everybody including everybody who doesn't have the illness we're going to

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make things better no the Chinese told us that the virus spreads in the house so the worst thing we can do is lock

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people in the house if someone's got covered and we like everybody else all we're going to do is spread it to everybody in the house

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so so this idea so so all these kind of fanciful false

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assumptions which I think honestly could have been well intentioned because they're conservative uh they're cautious uh they

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led to uh Public Health measures that have basically been back breaking for

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countries for economies that have led clearly led to more harm than good so

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yeah I think the UK data I we were I think I said this before says it's uh 70

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percent less likely to need hospital care people who have Omicron variant it's hard to say that

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hospitalization is a natural history variable because it's so easily avoided

21:04

so it depends so people ask me all the time when Delta came out well is it is

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it a is it less virulent than than Alpha I said it depends if they get early

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treatment the single greatest variable that keeps people out of the hospital is early treatment not the strain of the

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virus so you see what I mean so you can't make that claim so oh this is a is an easier

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virus well it depends if people get treatment or not the treatment impact is too is too variable if I had uh two

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individuals with having heart attacks I say well this heart attack is the worst heart attack it really depends on how

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they're treated so the the treated now if everybody was uniformly treated with a sequence multi

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drug therapy and then we counted hospitalizations then we could attribute the hospitalization too or the flip side

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people are not treated which is more of their reality isn't it like what percentage of people don't get treated

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well if we had clean data where nobody received a scrap of treatment and they

22:04

got a blend of Alpha Beta gamma we actually then we could actually study it that's a fair point oh no but this is

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actually this is actually fascinating because there's probably a lot more people getting treatment and not talking

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about it because it's an anathema right well even more so it's interesting uh it's been my clinical experience those

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who take a vaccine are far more likely to seek early treatment because the same reason they took the

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vaccine is the same reason they seek early treatment they know Kobe can be a bad disease they're worried about themselves and they get activated it's

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just that they need to know that these things actually exist yeah and they do and so and they do but it's been my experience in my clinical practice those

22:41

who take the vaccine are early treatment Seekers those who have passed on the vaccine either don't care about covid

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not afraid of it and just honestly they handle it if it comes up you know so something that you've become a part of

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which actually a number of other people who have been on this show are part of is the unity project the unity

23:01

initiative in California basically arguing against vaccine mandates for

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children right so I want to talk a bit about that in general and then I also want to talk about this specific study

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that you published in a you know in a Cardiology Journal which was then

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removed later I want to talk a little bit about that these obviously these things are connected because it has to do with myocard cases in children a

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number of people have said right and this is in stark contrast to a lot of

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the messaging that we're seeing that the risk of death for children below I think

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it's 19 or 15 I can't remember exactly is statistically zero and I and I don't

23:45

know what the risk of severe disease is but it's also quite low um so is this correct and and I guess

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the other question is you know why why is it different for children you know I think we should always frame

24:02

covid-19 crisis and disaster it will always go down in history as a crisis among our

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seniors always it's always when we say covid-19 we should visualize someone

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who's 80 or 90 years old always and any discussion of any group takes

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our attention away from those who have suffered with covid-19 to a great degree covid-19 out of all the illnesses that

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I've ever been aware with is the most amenable to risk stratification according to age

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so covid-19 in a 90 year old could have a 20 fatality rate but

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covid-19 and a nine-year-old could have an infinitesimally small mortality rate

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age for some reason may be related to the density and distribution activity of

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ace2 receptors other susceptibilities Etc is absolutely the risk stratifier

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the break point is H50 over age 50 the risk of hospitalization and death as

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a composite endpoint is over one percent that's typically enough to take some action

age over 65 alone is enough to

25:07

take action and then we add on medical problems interestingly obesity is a big risk

stratifier why because the lead

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cytokine that damages the body in covenanting is called interleukin-6 where is it

produced fat cells makes ton

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of sense that obesity is a unique factor for mortality then diabetes heart

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disease kidney disease lung disease prior cancer blood disorders that's the package

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clearly respiratory disorders you can imagine a severe respiratory illness like emphysema

like emphysema like severe

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asthma allergic pneumonitis Etc pulmonary fibrosis it's a setup people with lung

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disease it's a brutal lung infection where in the end the lungs fill up with

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blood clots it is a micro blood clotting problem of the lungs the Italians showed this too

the early autopsy show

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universally people die of blood clots when the oxygen saturation is low that's not viral

replication that's

26:02

blood clotting people you know the international Institutes of Health guidelines say when

the O2 saturation

26:08

goes low give REM deserver I say give blood thinners from Desert has nothing to do

with blood clotting it's a micro

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blood clotting so this understanding of the pathophysiology is really important but in the unity project and a

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whole variety of these projects out here these are very pro-science projects this is important there's been terms that

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have put out Pro science and anti-science pro science science is the systematic study of nature and of data

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what organizations are doing is they are studying the data on vaccines that's Pro

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science now anti-science would be the complete

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elimination of any study or evaluation of the vaccines interestingly recently

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our overall head of the National Institutes of Health who's now outgoing has used the term anti-science in an

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interview he said I wish I would have studied human behavior more because there is a wave of anti-science in the

27:04

United States against the vaccines no it's actually Pro science people Pro science people are evaluating the

27:11

vaccines and you're right they are concerned about vaccines in children because of the idea that children risk

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stratify out as groups we don't even treat children for covid-19 it's so low risk so we had never vaccinate a child

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for a child we wouldn't even treat them with the con for the condition for uniformly so what the current standard

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of care in Pediatrics is children who to present with severe symptoms

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or if we have underlying medical conditions let's take a comment when like cystic fibrosis you know that child

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should receive treatment albuterol inhale budacnide oral azithromycin oral

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methylprednisolone weight-based aspirin children can always be brought through the illness now what we've learned since

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the onset of the pandemic is sadly there's about 600 children who die a year by the way about 600 die per year

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of other respiratory viruses whether it be RSV or influenza it's about 600. last

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year we had almost an elimination of influenza and we had almost covid-19 replaced those and it was about 600

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a year again that occurred with covid-19 almost in place of influenza largely

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children with cystic fibrosis lung disease congenital heart and lung disease Etc cancer the estimates are

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Marty macri from Johns Hopkins Scott Johnson Minnesota did analyzes they think maybe they can find one child who

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actually died of covid-19 who is previously healthy I mean that should be an incredible insurance I mean there was

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there were more children who died of of drownings and and accidents and

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homicides last year than covet 19. the the social determinants of pediatric death are much greater than covet 19.

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essentially covid-19 is not a public health threat in children period period

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and so for those reasons good doctors would never ever consider

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vaccination of a child for this type of condition neither would a well-intentioned parents who were

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informed and Discerning it just wouldn't happen just like we would in vaccinate children against any other common cold

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kids get four to eight common colds per year they pass it around we just are not going to have a vaccine program I got

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some we vaccinate children for horrible things like polio we vaccinate children for things where it's well worked out

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that a contagion can shut down a school like a chickenpox outbreak for instance mumps measles we we vaccinate from for

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that there's you know there is a sequelae of mumps it's called mumps or kitis it makes little boys become

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infertile when they get older so there's reasons to vaccinate against those we would never vaccinate against the common

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cold line Linus pollen is right in this case we would never expose children to a

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vaccine that didn't have a long-standing safety profile you know they they're FDA standards for just an antigen-based

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vaccine would be two years of safety profile we need a lot of assurances it doesn't cause a defects in growth that

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it causes a potentially long-term risks for autoimmune or cancer we would never do that never expose our children to

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that and clearly for genetic products Gene transfer technology

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which requires five years of safety review by the FDA under nerd circumstances would we ever allow our

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children to be injected with Gene transfer technology without the assurances that our children are safe

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and so when these vaccines went through clinical trials there were clinical trials ages 12 to 17 with Pfizer 30

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micrograms per injection two injections and then ages 5 to 11 10 micrograms of

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Pfizer messenger RNA per injection the clinical trials in aggregate papers by Franken colleagues and then by Walther

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and colleagues New England general medicine showed in about 4 500 children randomized to either receiving the

30:59

vaccines versus placebo that the total effect in thousands of

31:04

children was to prevent about two dozen cases of the sniffles that's it

31:10

no mention of spread no reduction in serious illness which didn't happen in either group nothing and about a third of the kids

31:16

got sick they got body aches fevers chills other things so just the clinical trials

31:22

short-term follow-up gave America no impetus to vaccinate

31:28

children for their benefit none but that wasn't the conclusion the

31:34

trials came to the conclusion was that they're safe right well you know in in this era of vaccine hubris all we really

31:42

can comment is on the data and results what the conclusions that the authors come to is irrelevant if they are

31:48

caught up in the hubris of vaccinating if they uh there have been papers that basically show no fundamental impact a

31:54

conclusion is vaccinate everybody it's just the conclusions are disposable we just will stick with the data

31:59

um so you know one from the clinical trials would conclude no no I'm not going to

32:05

vaccine it just doesn't offer anything now there was a dramatic reduction in severe disease reduction in mortality

32:11

something meaningful to the kids reduction of family spread something no nothing there was just nothing there

32:17

from the randomized trials then those randomized trials are then evaluated at the Pediatric meetings and the most

32:25

interesting comment came out by Dr Rubin who's one of my contemporaries he's also an editor he's the editor of knowing a

32:30

journal medicine uh Dr Rubin said he's on the advisory panel will never know if

32:37

these vaccines are safe in children unless we just go ahead and get them in widespread use

32:43

so in his mind as an editor of New England general medicine and an influential member of The Advisory panel

32:48

the test run for safety in American children is to absolutely vaccinate the

32:55

children in an uncontrolled manner with uncontrolled follow-up and let the

33:00

parents go into a frenzy on safety and so what's come out of this we learned in

33:06

June about the story of myocarditis where there's about 200 children became

33:11

sick after vaccination they developed chest pain signs and symptoms of heart failure dramatic EKG changes SD segment

33:18

elevation very high cardiac opponents blood test of injury cardiac troponins were 10 to

33:24

100 fold that of a standard heart attack massive amounts of cardiac injury there is a minor troponin elevation with the

33:30

respiratory illness in adults sick in the ICU but it's very modest there aren't the other concordant changes it's

33:36

not myocarditis the Chinese actually originally described that it's not myocarditis with the respiratory

33:41

infection it is a asymptomatic rise in japonin which is minimal it happens in pneumococcal pneumonia and other

33:48

pneumonia so it's not myocarditis that's actually been misconstrued in the literature but the vaccine-induced

33:53

myocardias is a form first myocarditis and it's serious 90 of these kids are in

33:58

the hospital the parents are concerned about a quarter of them have abnormal echocardiograms we know that the

34:05

guidelines for myocarditis means we need to use drugs to prevent heart failure ACE inhibitors and beta blockers that

34:10

can be of no physical activity for three to six months it is a big deal and when the FDA and CDC met at two occasions in

34:17

June they actually use these terms that it was mild and that it was rare

34:22

now mild was an incorrect conclusion because we know hospitalization is a

34:27

serious adverse event by regulatory law and standards so no public official can

34:32

say something is mild when it's serious that was a that's what we call malfeasance that's actually a wrong

34:38

statement it's being very incorrect on something very important and our Public Health officials is in all their meeting

34:44

minutes and notes did that as a safety expert on data I would never do that never and the second

34:50

thing I said was rare because they took 200 cases and they divided by the universe of people took the vaccines and

34:55

they you know made a very small number with a large denominator we never do that in safety work with in clinical

35:02

trials we use the term tip of the iceberg why because it's just the point of Discovery we had hardly started

35:08

vaccinating kids back in June now children are getting vaccinated over the summer our vaccine University event

35:14

reporting system as we sit here today has over 16 000 cases so I was correct when I went

35:21

on national TV and I said it's not rare it's tip of the iceberg I was right it's just there's 16 000 is a massive number

35:28

any number more than 50 is an unacceptable safety number for any Mass

35:34

Market program so you know 50 deaths after a diabetes product is gone off the market five desk black box warning 50

35:41

cases of hepatitis with a antibiotic it's gone it's off the market we would

35:47

never tolerate an antibiotic a a diabetic medication any we would never

35:52

tolerate a drug that causes myocarditis never and in a paper pie

35:58

aurolia from Finland before the covid-19 pandemic they captured all pediatric

36:03

cases of myocarditis for this entire population and the rate of spontaneous myocarditis that happens with a

36:09

parvovirus idiopathically is four cases per million we now have estimates from a

36:15

paper from Tracy Hogue University of California Davis that used the varis and v-safe data that her estimate the upper

36:22

limit of myocarditis in reality with these vaccinations in children's is 162 cases

36:28

per million way more than four the CDC from the original estimate says between 50 and

36:34

60. they were high but no is probably far higher and what

36:39

Hogue showed is that a boy for instance age 12 to 17 is more likely to be

36:45

hospitalized with myocarditis than actually ever be hospitalized taking their chances and not taking the vaccine

36:51

and getting covid-19 the respiratory illness it's a bad trade-off the CDC

36:56

heard that and the FDA heard that on two occasions in September and October in
37:01

the regulatory meetings and Hoke analysis was not disputed now an analysis by Ron
costoff published

37:08

in toxicology reports the title of the paper is why we vaccinating children but he actually
analyzed all the age groups

37:15

and concluded a similar uh finding for mortality and said at age 65 what you think the
37:21

vaccines would have a benefit that a 65 year old is more likely to die after the

37:26

vaccine than they are to die of covid-19 the respiratory illness because they may

37:32

not get covenanting the respiratory illness both the Hogue analysis and cost of analysis

37:38

come out that way because of determinism meaning when you take the vaccine it's a

37:43

hundred percent deterministic it's in your body it's unquestionable you've been exposed
to the vaccines and you're

37:48

going to be exposed to everything they do in the body including a vigorous exposure to
the spike protein if you

37:54

defer on the vaccines you may not get coveted you may not ever get exposed to

38:00

the spike protein again you may be naturally immune and you can't get covid-19 again
but

38:07

remember a naturally immune person who takes the vaccine they get another vigorous
run of the spike protein

38:12

and they're exposed again so being naturally immune is a double double Hazard if you
will so the cost of

38:19

analysis said that a 65 year old is five more time five times more likely to die the vaccine
than they are of covet 19.

38:25

the respiratory illness and now we have data on mortality that is absolutely

38:31

pouring in in the United States and I think this is important to point out we know from the
CDC vaccine University

38:37

event reporting system that as we sit here today the number of deaths that the CDC is
certified

38:43

are over 20 000 deaths analyzes by Rose and McLaughlin

38:49

have shown previously in the spring that fifty percent of these deaths occur

38:55

within 48 Hours eighty percent of deaths occur within a week 86 percent of the time

there's no other explanation we

39:02

know from the evidence-based Consulting Group in England that evaluated the yellow card system a separate system

39:08

they find the exact same analysis and now in a report that's just come forward

39:14

from Columbia University here in New York pentasatos at all has reported using

39:21

European data as well as U.S data and our U.S census information and the

39:28

vaccine Registries they know who's been vaccinated and who's died they estimate now that from February to August of 2021

39:37

sadly 146 000 to 187 000 Americans have lost their

39:45

lives shortly after receiving the covid-19 vaccines these numbers are

39:50

staggering I'll tell you the limit of acceptability is 50 deaths Within any Mass Market product we know that with

39:57

the swine flu pandemic we got to 25 deaths and and there was no tolerance for this we had 55 million people

40:03

vaccinated in 1976 for swine flu 50 deaths gone the dust Rose to 50. three

40:09

total 550 cases of gambray and America said they're sorry to the vaccinated it was bad enough the loss of life with a

40:15

respiratory infection but now to have this double Hazard of dying with covid

40:20

and accumulating these deaths of which were at 800 000 deaths I estimate 85

40:26

percent of them couldn't have been prevented with early treatment now we have 187 000 potentially deaths after

40:32

the vaccine none of which we could have prevented I don't think a single covid-19 vaccine death can be prevented

40:38

why because the vaccines Johnson Johnson AstraZeneca outside the United States Pfizer modern are genetic vaccines they

40:46

provide genetic material through lipid nanoparticles to a mosaic of cells in the body they hijack the cells in the

40:53

body to reduce the dangerous Spike protein the the production of the spike

40:59

protein occurs for an uncontrolled duration and quantity first time we've ever given a vaccine where we don't know

41:05

how much people are getting we don't know how much antigen they're getting the spike protein itself is lethal

41:12

it damages organs it causes a endothelial injury on blood clots it

41:17

gets into the heart that's the reason why there's myocarditis a paper by Aurelio and colleagues shows the

41:22

pericites the cells that support capillaries and cardiomyocytes is damaged by the spike protein there are

41:29

autopsy studies and people have taken the vaccine the spike protein is everywhere it's in

41:35

the brain no wonder there's headaches and blood clots that happen in the brain ringing in the ears cortical inocular

41:41

blindness seizures it damages blood vessels no wonder there is there are

41:46

rates of uh stroke heart attacks blood clots pulmonary embolism no wonder the

41:53

FDA has official warnings on vaccines for Central Venous and cavernous Venous Thrombosis they have warnings because

41:58

the neurologic system is injured of Guillain brace and official FDA warnings no wonder there are warnings the FDA is

42:04

telling parents the vaccines cause myocarditis warning Pfizer and moderna

42:11

cosmicarditis it can't be any more clear than this now in a paper that Jessica

42:16

Rose and I published in the current problems of Cardiology we really have historic efforts on censorship we had a

42:25

paper we analyzed the rare system and we simply are reporting what happened that's it we're just reporting the cases

42:32

of is one of the principal findings is while the peak is at about age 17 the

42:37

tail of it's It's a skewed distribution but the scale goes all the way up to age 50 and Men 90 of the victims of myocarditis

42:45

are men that means men your age with the vaccine can get myocarditis and that's

42:51

what we saw in Varys so this paper was invited it was welcomed by the Journal

42:57

there's a editorial correspondence Dr Rose is the first author it's submitted and it goes peer review

43:03

there are ultimately changes Galley proofs it's accepted publication fees

43:10

are paid I know it because I paid the fees as the senior author there's copyright agreements there is contracts

43:18

additional fees for color figures this is published by current problems of Cardiology

43:24

incited in the National Library of Medicine it's part of permanent medical history

43:30

and then five days before the U.S pediatric meetings on deliberation on

43:35

vaccines for children elsevier pulls the paper out of PubMed which which really is it

43:42

really can't be done and they said we're retracting it because we don't think we invited it

43:49

originally to begin with and I looked in the contract I said under what circumstances can they pull a paper

43:54

historically after it's published really the contract says it could only do it if it's scientifically invalid and elsevier

44:01

is not stating that is scientifically invalid so what we're left with is

44:06

you know five days before the Pediatric meeting where researchers and scientists are trying to understand what the

44:11

vaccines do how are the children being injured a critical paper is censored this is an act of censorship by elsevier

44:18

elsevier is now under a letter of intent for a lawsuit the lawsuit will be breach

44:23

of contract they kept the fees by the way interesting they kept fees thousands of dollars of fees didn't return them

44:30

they've pulled the paper with no due process no discussion and on top of that now they're

44:36

participating in tortuous interference meaning they are interfering with the scientific business of publication and

44:44

actually public dissemination of critical data so elsevier the world's largest publisher will be

44:51

under a highly visible lawsuit for this overt Act of scientific censorship

44:56

elsevier declined to comment on the lawsuit Dr McCullough has filed against them for removing his paper on

45:03

myocarditis I want to go back to this Columbia study that you just cited this

45:08

new one because I mean okay a couple of things

45:14

first of all you know all these things that we're talking about and this is actually really important I think are

45:21

rare events like people succumbing from covid is very rare

45:27

people succumbing from vaccines is very rare right all these things are rare events

45:33

and I and I I just want to make sure that's clear because I I think you know people can be imagining you know all

45:39

sorts of things giving the messaging that we have now the question is this that's still that's a lot of people

45:46

across a giant population of vaccinated people even if it's a giant population

45:51

so how did that study work how did how did it come up with this information it

45:57

strains credulity okay but I but I want to hear more since uh deaths are being

46:03

reported to the vaccine Universe event reporting system and since they are in a

46:09

very tight proximity to receiving the vaccine they're not spread out randomly

46:14

over time if deaths were just occurring and they had nothing to do with the vaccine we wouldn't see a giant Spike of

46:20

deaths right after the vaccine we just wouldn't see it just like we see a giant spike in heart attacks and strokes and

46:27

paralysis and blood clots all the other things all the other non-fatal they all are very tightly related

46:34

the vaccines we know trick the body into making a fatal protein that was manipulated and in a

46:40

sense Made Lethal in a lab in Wuhan China so they have a dangerous mechanism of action

46:46

there's a very very tight temporal Association at least one analysis that tried to

46:53

fairly evaluate all the vignettes say listen there's no other explanation outside of the vaccine in the vast majority of cases

46:59

it's the deaths are consistent with non-fatal events so are there things that could have been near misses like a

47:05

heart attack or a stroke yeah so so we have the internal consistency and the

47:10

same findings are in the yellow card system in the UK and the yudra system in Europe

47:16

so we have actually fulfilled all the Bradford Hill tenets of causality

47:21

so I'm a trained epidemiologist I you know this is my work

47:26

I am telling you without any uh doubt whatsoever that a large fraction of

47:34

deaths that we are observing in these safety systems are in fact due to the

47:39

vaccine so now when we integrate data on the roles of the census and we know when

47:46

people are dying and we know when they got the vaccines one can do an analysis

47:51

like I mentioned from Colombia that begins to try to put a handle on both in Europe and the United States how many

47:57

people are dying after the vaccines and even if a small percentage is

48:03

directly due to the vaccine it's a large number we also have ways of identifying this in the center for Medicare Medicaid

48:08

services now not everybody is on Medicare Medicaid but it's a solid system where we know when someone's received a vaccine and we know when

48:14

they've died and we can actually pick a window this is very important so if the Veris

48:20

system is spontaneous reporting where someone actually has to be alarmed and actually fill out the forms to report it

48:26

I've reported a death in Bears so I can tell you it takes a lot of effort takes about half an hour filling out multiple

48:31

forms under the threat of um a falsification of a form is is

48:37

punishable by imprisonment or federal fines I mean very serious these these deaths that the CDC's Tinsin is happening

48:44

after the vaccine I can tell you are real and we know from a paper by Meissner and colleagues before COVID-19

48:50

86 percent of these reports are done by a doctor a nurse Healthcare Personnel someone in the vaccine Center the drug

48:57

companies they believe actually the deaths are due to the vaccine we know 14 of the time is the family

49:04

members that do it but but anyway I can tell you there is no doubt in my mind that what's in theirs is real the CDC

49:12

verifies that they get a temporary various number they actually certified they say it's real twenty thousand deaths half of those are

49:18

known to be domestic because our system picks up reports reported through other countries as well so if we have 9 000

49:24

deaths in bears and we have the data from Columbia analysis that picks the

49:30

upper limit at 187 deaths we have a middle number that came out earlier in

49:35

the summer obviously the death rolls will continue as the vaccines are given the boosters are given but there is a

49:41

lawsuit filed against the federal government lead attorney is Tom Rentz and the estimates there were from CMS

49:46

that doing an extrapolation that the real numbers is 45 000. so when we have

49:51

the real number and we have errors we can actually calculate an Under reporting number what is the Under reporting and from The Whistleblower

49:59

lawsuit and CMS filed at that time lots of people are working on this we thought the Under reporting number was five so

50:05

everything we see in Varys is probably five-fold worse now with the Columbia paper that just came out the

50:12

underreporting relationship has been upgraded to 20. but it's clearly between the one percent and one hundred percent

50:17

that was previously established by a Harvard study for Under reporting in bears what I'm telling you is large

50:24

numbers of Americans are dying after the covid-19 vaccine large and what if you divide it by the entire

50:33

country I don't care you know a few months ago a condominium collapsed in Florida three

50:39

people were crushed at the bottom and America was outraged about construction safety standards America went to war

50:45

with about 2 000 people being lost in 9-1-1 187 000 should be an outrage and it is

50:53

outrage and you know the reason why it's an outrage is because now we are in a locked Battle of forced vaccination on

51:01

the population and people don't want the vaccine and what happened was once people started dying to the vaccine

51:08

they started talking and inexplicably in the middle of a big

51:14

vaccine program that should have been wildly popular and widely accepted vaccination rates plummeted in mid-april plummeted

51:20

people just said they're not taking the vaccines because they were seeing their loved ones dying and they were talking

51:26

so when the vaccination rates plummeted there was then suddenly a needle in every arm wasn't going to happen then we

51:32

started to see inducements you know have a beer have a donut uh how about a

51:38

Million Dollar Raffle how about a free college scholarship we actually trampled over the Nuremberg code remember initially

51:44

in December January February it was completely voluntary because this research vaccines are research the

51:49

Nuremberg code comes out of Nazi Germany where doctors participated in horrific research crimes against Jews and

51:56

non-Jews in the Holocaust including marching them all the way into the gas chambers at one point in time so the

52:02

point is the Nuremberg code the Nuremberg trials in Germany said never again will we ever do research where

52:08

there's any pressure coercion or threat of reprisal for participation or not

52:13

participation period so as a doctor people ask me Dr McCullough did you encourage the vaccines I said never I would never

52:20

violate the number code no good doctor would no good doctor and no good Medical

52:25

Society has ever encouraged the vaccines ever any doctor or any medical society or any

52:32

employer or any government that has actually put any pressure on anybody has

52:37

violated the Nuremberg code because all the vaccines are in research right I mean these specific vaccines just to be

52:44

clear right these specific vaccines but many have said listen even if they're not in research

52:51

that medical Freedom prevails there is the principle of autonomy and if I told you listen let's take this

52:57

diabetes pill it's good for you you've got to take it it's FDA approved you can say listen it's my decision if I take

53:03

this pill or not doctor you can't force this pill on me the principle of autonomy prevails as a closely linked

53:09

concept to the Nuremberg code there's a second very important principle in in

53:14

bioethics and research is called the Declaration of Helsinki which says Everybody Must receive informed consent

53:21

I'm telling you the varis system has been reporting month by month by month we have 20 000 deaths that's not in the

53:29

consent form of the next person who takes a vaccine in fact none of it is

53:34

so our program which is led by the agencies that have no track record in

53:41

running programs is violating the Nuremberg code the Declaration of Helsinki and the entire medical

53:46

establishment the entire medical literature the entire governmental

53:52

systems worldwide are trampling all over these principles of bioethics why do I say that FDA and CDC are the wrong

53:58

agencies the FDA is a drug Watchdog agency a drug safety agency that

54:04

adjudicates advertising claims with drug companies that's what they do they don't lead Mass vaccination

54:10

programs the CDC isn't an outbreak investigation agency the CDC doesn't lead large programs in

54:18

fact the CDC led a large program for a long period of time and it was a disaster it was called Tuskegee

54:24

and the Tuskegee program was in Macon County Alabama they recruited black men

54:30

with syphilis some with syphilis some without and they basically gave them a

54:37

placebo-like supplements to quote prevent syphilis and they chronicled what happened to them it started in

54:43

1932. around 1944 penicillin was known to treat syphilis

54:49

by 1948 widely available the CDC actively suppressed pharmacies from giving penicillin to these black men and

54:56

they passed it to their spouses and congenital syphilis and the children in 1972 it was thought to be such an

55:02

atrocious that this came to attention of the Senate and the house and those hearings some people from the CDC

55:07

stepped down CDC never said they were sorry the program was halted and finally
President Clinton in 1994 had to
55:14
basically issue an apology and reparations to the survivors the spouses and the children
harmed by the Tuskegee
55:20
program that was the CDC leading that program the CDC has no role in leading a mass
55:28
vaccination program and neither does the FDA people say well Dr McCullough how
should it have been executed we should
55:34
have had a separate U.S public vaccine leadership program that involved medical
55:39
experts it should have had a critical event committee to look at critical events coming up
and independent day
55:45
safety monitor people like me experts like me that basically have expertise in evaluating
safety and it should have had
55:51
a human ethics board the program should have always had a monthly review
Americans deserve to
55:57
understand how are the vaccines doing which is the best vaccine are they working and
are they safe
56:03
and month by month it came out no report our FDA and CDC said nothing the only
56:08
messaging American her Americans heard is vaccines are safe and effective take them
56:13
and then mid April America figured out people are dying after the vaccine no one took
the vaccines then the pressure
56:19
started the violation of bioethics and that wasn't enough and then the Mandate started in
the summertime and now the
56:25
mandates have created far more attention than a respiratory illness Americans know
that they may lose their job if
56:32
they don't take the vaccine or they may not be able to go to school but they also know
they can lose their life with
56:38
the vaccine or suffer permanent disability the various system has over 30 000
permanently disabled people in
56:45
the registry and Americans are seeing their loved ones and their family members and
the members in the church and school either being killed or being

56:52

injured by the vaccine in record numbers this is now basically the focal point of

56:58

what's going on in our country and it's worldwide the countries are at the point as we sit

57:04

here today Australians are walking themselves into in effect concentration camps that ultimately are for the

57:12

unvaccinated um you mentioned this uh CMS study that estimated 45

57:19

000 death as a result of these Adverse Events following vaccines I have to take a look at this Columbia

57:26

study uh that's it's just again it's almost unbelievable to to

57:31

Fathom um how did how is this estimate uh begotten it's 20 000 in the actual varis

57:38

data CMS says 45 000. how does that work okay so it sounds like there's three bins of of mortality data that that we

57:46

need to to position the Veris system has roughly 20 000 deaths half of which are

57:54

domestic so let's say 10 000 Americans have died someone's reported it the that

58:00

the CDC has verified it after the vaccine and most occur within a few days ten thousand got that number

58:08

now that is in December of 2021. in uh

58:13

the summer of 2021 let's say June of 2021 acms whistleblower was observing

58:20

the data and seeing CMS enrollees dying after the vaccine since it's known when

58:25

they took the vaccine and when they die and that CMS whistleblower came forward and said I don't feel comfortable with

58:30

this and Lead attorney Tom Rentz with a CMS whistleblower uh factoring how many

58:37

people are in CMS and the pattern of deaths that were happening in CMS came up with an extrapolation in the summer

58:44

that we were at 45 000 Americans total CMS and non-cms and

58:51

that would have included those in veres that have died after the vaccine they filed a lawsuit against the US

58:56

government saying shut down the program people are dying now in December of 2021
this paper from

59:03

Columbia hits using U.S census data and also U.S vaccine data and the Census

59:11

Data where people are coming off the rolls and you can at least find bins per month of
who got the vaccine who died

59:17

and is basically seeing these uh this relationship where they clearly report

59:23

vaccination and the density of vaccination is related to mortality we've administered the
vaccine now in

59:30

the United States to 200 million individuals we're largely a vaccinated

59:36

country at this point in time the pockets of unvaccinated are people

59:41

extremely unlikely to die which are children so we have 70 million children overall I

59:46

think we have uh 20 million or so under age 11. so they're extremely unlikely to die

59:54

who is dying to the vaccine in the McLaughlin analysis it showed the seniors it's the
same people who die of

1:00:00

the respiratory illness and so since most of the seniors took their vaccines early the
concern is now if we go into a

1:00:07

wave of boosters with our senior are we going to start to pick up on the mortalities again
now the numbers are

1:00:13

big and I think that's the the believability factor and this is the numbers that are big so
there was an

1:00:18

informal internet survey done this summer very informal not scientific but it asked a
question uh do you know

1:00:26

someone in your family or Social Circle School Church Etc who's died after the vaccine

1:00:31

and the answer was in that survey about 12 said yeah I've at least heard of

1:00:37

somebody you know I'm in clinical practice I have a panel of patients let's say I have a
thousand patients in

1:00:42

my panel and about estimate about 70 percent of the patients took the vaccines early
on again I didn't

1:00:48

encourage or discourage they took the vaccines out of patriotism just like people in my family took the vaccines I

1:00:54

mean everyone knows people took the vaccines in my practice I have one vaccine death that I'm convinced there

1:01:01

was a non-fatal thrombosis it was clear the vaccines caused this and you know three months later the patient's dead of

1:01:09

this illness that started uh clearly after the vaccine and so I certified

1:01:14

that death as a vaccine induced death and I reported it to Varys I reported the initial thromboembolic abnormality

1:01:20

and then I really had to work hard to report it to Bears I couldn't seem to upgrade it on the online system I had to go on the phone system I had to get them

1:01:26

to cover it to a permanent various number ultimately had to do the death certificate it was a lot of work to get that I can't imagine twenty thousand

1:01:33

deaths that amount of work going in so there must be an Under reporting relationship the under report according

1:01:39

to the Columbia paper could be as high as 20. and it fits so if we're at 10 000

1:01:45

deaths or nine thousand deaths 20 times that would be 180 that they're coming up with 187 somewhere between 1 30 and 200

1:01:52

000 deaths now if it's in our seniors and it's in individuals who are already susceptible to covet 19. people have

1:01:59

said listen there's a trade-off that you can die of covid or you can die

1:02:05

of the vaccines which ones are bigger or smaller number I've heard people a comment on this and we just have a limit

1:02:11

of unacceptability here we just don't ask people to take an injection and then

1:02:17

possibly die two days later in large numbers we don't do that it's beyond all limits except debate I don't care how

1:02:23

good these vaccines are I don't care if they stop Transmission in their tracks we would never ask people to do that and

1:02:30

I think the impetus to vaccinate children is clearly not for their behalf it's actually they're using children as

1:02:37

human Shields and so you know all this is all you open up a

1:02:43

whole nother you know a whole nother set of ethical questions here um and although I think you know other

1:02:50

guests on the show have kind of demonstrated how even if you were to be doing that vaccines wouldn't actually

1:02:56

the way the vaccines function wouldn't actually accomplish that right

1:03:01

in children if 39 if the paper in Lancet that I quoted is is right and 39 of

1:03:08

transmission is fully vaccinated fully vaccinated the horses out of the barn we

1:03:15

have what three reports on Omicron where it's 79 in the vaccinated or more the

1:03:23

vaccine is not going to stop transmission the question is what did the vaccines actually do do they actually do anything because we've had

1:03:29

no government reports month by month Americans actually didn't know the benefits of the vaccine Americans

1:03:35

figured out the safety because they saw people dying being hospitalized I saw vaccine injuries we're in a million vaccine injuries you can't hide that but

1:03:42

Americans couldn't see what good the vaccines were doing because the Delta wave was huge it was three quarters of

1:03:47

our pre-vaccination wave now we're heading into the omo crime wave worldwide we've had three waves we've

1:03:53

had our pre-vaccination wave we've had the Delta wave right into vaccination equally as high worldwide and now we're

1:03:58

in the omo crime wave it looks like it's going to be goes high so worldwide it looks like the vaccines have done nothing there is a and we knew this

1:04:05

originally there were papers by Browning colleagues that said listen the absolute risk reduction from the clinical trials

1:04:11

was less than one percent of the vaccines therefore they cannot influence the population dynamics of cover 19.

1:04:16

then a paper by subramanian was published showing listen they analyzed the most heavily vaccinated to the least

1:04:21

vaccinated countries and actually an inverse relationship vaccination seems to be making it worse and clearly super

1:04:27

meaning concluded that vaccination as the sole Public Health goal in response to the pandemic is you know not

1:04:34

supportable take another look at doing something else like maybe treating the illness and now uh we have a situation where

1:04:42

people have said listen it's a bad disease you can die the vaccine and we

1:04:49

just should do this for the good of society and I had a conversation one time where someone said listen I took the vaccine and it was early in March I

1:04:56

said gosh I'm concerned about the Dust he said well what are we at now I said it's March we've had 1600 deaths he goes

1:05:01

we vaccinated 60 million Americans 1600 deaths small price to pay

1:05:09

and I finished a thought in my mind and I said small price to pay for the Aryan

1:05:14

race that is the thought process of eugenics cleanse the population and if

1:05:20

you survive the vaccine and someone else dies that's not your concern and so that's what's going on this Mass

1:05:28

thinking that in fact covid-19 is a bad illness we need to vaccinate our ways to get through it and just tough it up and

1:05:35

vaccinate it if you are damaged by it or you get killed no one really cares it won't really be recognized it won't be

1:05:41

shown on TV in fact we have intentional censorship programs to conceal these we have the trusted news initiative to

1:05:47

announce December 10th worldwide saying that we will suppress any information on vaccine safety or does we're going to

1:05:53

suppress anything on early achievement in order to mass promote the vaccine it's all in the open this is actually

1:05:59

all in the open and so I went on TV with Dr Drew of a psychology Fame as a TV

1:06:06

doctor he had hit cover 19. I Had cover 19. we started talking about vaccine safety he took the vaccine he told Americans he

1:06:12

took it for social reasons he wanted to travel and he actually had a side effect of the Johnson Johnson he got really sick I talked to his wife afterwards I

1:06:19

said gosh he almost had impending Venous Thrombosis in the brain I mean that's very serious I said listen you can't get

1:06:25

coveted again you have natural immunity he would have been excluded from clinical trials and he talked about yes

1:06:30

I took an unnecessary medical procedure but I wanted to show America that I'm pro-vaxx I said listen I'm probax too I

1:06:37

took all the vaccines prior to covid we're equally prove action you don't have to prove it with risk in your life with a vaccine that's not medically

1:06:43

indicated and what he said is he said listen I said we are amassing huge numbers of

1:06:49

deaths this is in the summer of last year and he told me he said Peter America was ready for this they were

1:06:56

psychologically conditioned to seeing large numbers of deaths after the vaccine because covid-19 had created so

1:07:03

much loneliness locked down suffering hospitalization and death itself that America has been preconditioned to watch

1:07:10

their relatives die of the vaccine and that's the reason why we're not seeing the outrage right now given everything

1:07:17

that we have this reality I mean you've we've covered a lot of range here okay let's just say right today

1:07:25

given everything we know what is what is the approach CDC and others sketched out estimates of

1:07:33

how bad the pandemic could be initially these are memorialized in reports and in new newspaper articles that it could be

1:07:40

we could lose as many as 2.1 million people with the covid-19 pandemic 2.1

1:07:46

million Americans we're at 800 000. I've testified under oath now that I think 85

1:07:52

percent of those deaths could have been avoided 85 percent so we could be actually at a hundred

1:08:00

thousand lives lost due to the respiratory illness if we would have treated everybody maximally

1:08:06

through there's still going to be people despite early achievement I've had patients my practice they've received everything they still die but we could

1:08:12

have we cut it down to a hundred thousand if we could have got it down to a hundred thousand lives lost with the

1:08:20

respiratory illness and we're truly at 187 000 lives lost with the vaccine then in

1:08:27

fact the cost of analysis is correct it's actually worse off the vaccine is making things worse and the hog analysis

1:08:33

making things worse what do we have in favor of the vaccines with no monthly report on how the vaccines are doing

1:08:39

our government lost a chance to eat to get America engaged on vaccines what we found is in um a a a

1:08:48

mid-summer the CDC announced actually was made that they announced this a differential testing policy and they

1:08:56

said if someone took the vaccine they no longer needed tests for Hospital procedures they got admit to the hospital refrain from tests but if

1:09:02

you're unvaccinated keep getting tests keep getting tests so this differential testing went on the testing is way more

1:09:09

in the unvaccinated than the vaccinate according to the CDC Direction This created a bias so when people come into

1:09:15

the hospital whether it's due to covid or they happen to have concomitant covet they get counted as a covet

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hospitalization so with that tremendous bias we started getting very biased analyzes but having said them the

1:09:26

results are by self and colleagues September mmwr CDC data

1:09:32

high levels roughly 85 percent protection against hospitalization and death you know aggregating all the

1:09:37

vaccines that's a high number 1040 at all in Jama same thing 85 protection against hospitalization but 1040 gave us

1:09:45

an example of what happens when they get in the hospital there there was a 59 protection
1:09:51
for the vaccinated against progression of disease getting really sick that looked pretty good now it doesn't look
1:09:57
good to have any vaccinated in the hospital but in fact they're being hospitalized uh and then they asked the next question of mortality this is very
1:10:03
important of those vaccinated the mortality in the 1040 paper was between
1:10:09
six and seven percent the mortality for the unvaccinated in the 1040 paper is between eight and nine percent so there
1:10:15
is a mortality Edge the next paper to consider is Conan colleagues that's the VA 7 780
1:10:22
000 people huge study age over 65 there's a mortality benefit for vaccination even for non-coveted
1:10:28
illnesses because healthier people take the vaccine it's called selection bias but of those who had covert are tested
1:10:34
positive covert there was a 12 point absolute difference between their survival curve that's meaningful for age
1:10:41
over 65 cone that's at about two to three months after taking a vaccine
1:10:46
now we look age under 65 and that's what I showed Joe Rogan one percent benefit
1:10:52
one percent benefit and the coverage fell off the curve for coverage fell out completely in September for moderna
1:11:00
Pfizer and J J because in September it was about six month anniversary where all the veterans took the vaccine and
1:11:05
because the Delta variant shaded in and they're basically the Deltas you know
1:11:11
largely resistant to the vaccines so we've lost vaccine efficacy a giant study by Nordstrom and colleagues 1.6
1:11:17
million pairs of people in Sweden vaccinated unvaccinated showed 30 days after Pfizer moderna coverage protection
1:11:25
against the respiratory illness 90 percent after six months protection for moderna
1:11:31
was basically about 70 percent for Pfizer about 50 percent so to summarize

1:11:37

we have South 1040 in cone all showing some

1:11:43

degree of vaccine efficacy the vaccines do do something there is some benefit from taking a vaccine the data are clear

1:11:50

moderna seems to always have better efficacy on respiratory illness hospitalization and death because it's

1:11:56

100 micrograms of messenger RNA Pfizer's 30 micrograms message RNA so it must provide less protection and it does the

1:12:04

loser of the three is Johnson and Johnson recently our FDA has tipped their hat and said listen we're going to

1:12:09

de-emphasize Johnson and Johnson and more emphasize moderna and Pfizer and I think on efficacy honestly that's

1:12:14

important we're at a year in the program they could have declared a winner early on no one was taking the vaccines for

1:12:20

months we have an oversupply of them why not feature the one that has the most efficacy if we're interested in closing

1:12:26

out the pandemic finally they get around to that so the vaccines do do something but now

1:12:32

six uh Six studies 22 Studies have shown that the vaccines Wane in efficacy over

1:12:38

six months and the first set of meetings for boosters in September the panel voted against boosters then there was

1:12:45

some back negotiation a month later they're back at it and they say give boosters to everyone because there's an agreement now the vaccines don't last

1:12:52

very long they've never been adjusted to cover Delta they're certainly not adjusted to cover Omicron and they're

1:12:59

still vaccinating against the original Wuhan wild-type Spike protein it's basically gone the virus is largely out

1:13:05

mutated the effect of the vaccines to do anything and so here we are Americans now know

1:13:11

the vet the benefit of the vaccines is de minimis they're seeing their

1:13:16

relatives be fully vaccinated with boosters being hospitalized Israel is the obvious example all the uh American

1:13:24

Jews who have relatives in Israel and the Israeli Arabs are watching this they're being you know developing

1:13:30

covid-19 Israel's post-vaccination curve is worse than their pre-vaccination curve

1:13:35

and virtually everyone with covid-19 in the hospital and dying is fully vaccinated with boosters and Israel

1:13:40

starting at Round number four so we're doubling down into a strategy of giving a genetic vaccine set of genetic

1:13:46

vaccines that have largely failed uh in reducing transmission reducing hospitalization and death and if we get

1:13:53

to the majority of populations fully vaccinated and the covid-19 problem is just as big as it was before one could

1:14:00

easily conclude it's not the Public Health Solution so I've said all along

1:14:05

that we should always have and still should have early treatment as our Focus we should always pivot towards early

1:14:11

treatment because we have to treat the vaccinator unvaccinated anyway the vaccine status is irrelevant it is my

1:14:17

clinical impression that a vaccinated person is in a sense an easier case to

1:14:23

treat a milder case to treat I do ask about whether or not someone's taking the vaccine because it influences my

1:14:28

clinical decision making and I think that's supportable it is true more unvaccinated than vaccinated are testing

1:14:35

positive in hospitals but the data from CMS suggests those who actually sick with a respiratory illness in the

1:14:41

hospital that sixty percent of those over 65 are vaccinated so the vaccinated are predominant is clear in Israel the

1:14:48

UK elsewhere that the vaccinated are predominating in hospitals not the unvaccinated so it's a crisis of the

1:14:54

vaccinated the greater the proportion of the population vaccinated the greater the portion of the hospital cases it'll

1:15:00

just become clear and that's what we're seeing it's interesting the blind spot of our officials where the answer

1:15:06

is just take the vaccine and we've had one of the darkest statements I've ever

1:15:12

think we've ever heard from the president of the United States where President Biden said that we are heading

1:15:19

for a long deadly winter and holiday season for the unvaccinated

1:15:25

and get a vaccine and he cast that dark shadow Over America and unfortunately I

1:15:34

was quickly on national TV I was on radio that day with a comment and then on

1:15:39

national TV a few days later with a clear statement to America the saying listen as a doctor and a doctor of

1:15:45

authority in the country on covet 19. and someone whose opinion has been

1:15:51

relied upon by the U.S Senate multiple State Senate multiple media organizations and my opinion has been

1:15:59

trustworthy and accurate and fair balanced that I have a positive and

1:16:05

joyous message for Americans that the proportion with natural immunity is progressively growing the CDC interrees

1:16:13

believes 146 million Americans have been through it our treatments are even more

1:16:19

robust we have monoclonal antibodies now we have a drug from America a drug from Pfizer we have better oral drugs more

1:16:25

sophisticated approaches to handling the pandemic and our hospitals are not overloaded our hospitals are very

1:16:32

manageable our case loads are manageable and we have to get back to the basics of protecting our elderly remember the

1:16:38

pandemic is always about the elderly it's not about the children we cannot use children young people even

1:16:44

middle-aged adults as human Shields that's not working the death count and the injury account after of the vaccines

1:16:49

is unacceptably high and I've called on America at this point in time to ban all vaccine mandates

1:16:55

you know there's a tremendous struggle in the legal system for vaccine mandates Americans don't want them and they know

1:17:01

they could die with the vaccines to ban the mandates and we should pause Pfizer

1:17:06

moderna and Johnson and Johnson for a thorough safety review the European Union has just brought in novavax I

1:17:13

think we should do the same thing novavax is a antigen-based protein vaccine five micrograms of the spike

1:17:20

protein in a matrix even though the arm is quite sore after the injection it appears to be far safer than American

1:17:27

Pfizer at least the initial data they have more extended randomized trial data than Pfizer than moderna Pfizer and J J

1:17:34

better clinical trials and even data with boosters so I think I think the

1:17:39

vaccines play a role I think the vaccines Nova X should be brought in immediately offered to nursing home

1:17:45

residents and seniors nursing home workers as a limited type of universal booster program and then for everyone

1:17:52

else we go ahead and treat through the pandemic and go from there but under no circumstances ever I think American has

1:17:58

seen a very dark chapter in American history where there's been pressure coercion threat of reprisal and people

1:18:05

being forced into vaccination losing their life being damaged and permanently disabled this is a dark chapter in

1:18:11

American history I think we need to close it and take a much more positive View and a very constructive steps out

1:18:19

of the pandemic and I'm willing to show my leadership at all levels to make that happen well Dr Peter McCullough it's

1:18:24

such a pleasure to have you on thank you Pfizer moderna Johnson and Johnson and

1:18:30

Dr Eric Rubin the editor-in-chief of the New England Journal of Medicine did not immediately respond to requests for

1:18:37

comment [Music]

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