

Doctors vs Health Authorities. Clinically Proven Drugs vs the Jab. Who will Prevail?

transcript available

By [Michael Welch](#), [Dr. Stephen Malthouse](#), and [Dr. Peter McCullough](#)

Global Research, June 05, 2021

Region: [Canada](#), [USA](#)

Theme: [GLOBAL RESEARCH NEWS HOUR](#),
[Media Disinformation](#), [Science and Medicine](#)

"When doctors treat patients early who are over age 50 with medical problems, with a sequence multi-drug approach, the available drugs, 4 to 6 drugs that are available to them now that monoclonal antibodies are better, there's an 85% reduction in hospitalizations and death! 85%!" – Peter McCollough M.D. appearing before the Senate Committee on Health and Human Services in April. [1]

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After more than a year, the COVID pandemic has caused significant damage to societies around the globe. [2]

Whether or not you consider the virus be considered real, the world has seen a crushing blow to our liberties, our economies and even our way of life due to the lockdown and restrictions initiated in March of last year. Witness the shops, bars, and restaurants going bankrupt. Witness the museums, operas, concert halls and symphonies denied audiences. And free speech has been challenged as infestations of media disinformation, online censorship, social engineering and the fear campaign bombards us from all angles in favour of the cherished narrative of V the Virus. [3]

Now almost halfway into 2021, with the vaccine against our collective pet-peeve at our disposal now for 6 months, we are still hearing word of people continuing to die of COVID. [4]

People who got their shot are wondering why the lockdowns continue and for how long. Perhaps the sooner those nasty vaccine hesitant individuals get the shot, perhaps the sooner we vaccinate our children, the horror will all be over and we can return to our pre-plague lives once again.

So this is the point we come to now. Getting our kids vaccinated, even against the wishes of their parents. And forcing – I mean, persuading our corona colleague friends among the unvaccinated to screw their courage to the sticking place and take the shot as one of our most patriotic duties!

One notable character thrown into the mix that allegedly confuses the public with

'disinformation' and 'conspiracy theories' are the number of dissident thinkers questioning the rules of medicine and science that disrupt the army of COVID colonels to the rescue. And one set of non-conformists in particular.

We call them doctors.

While the media (present company excluded) has avoided all conversations with these men and women speaking out of turn, they are forming groups and their message still makes it into the minds of people in the U.S., Canada and around the world.

This week on the Global Research News Hour we will have nothing but guests who are doctors weighing in on what the facts tell them about the errors in the official COVID narrative, and what that says about those attacking their position.

In our first half hour, we will have a conversation with Stephen Malthouse MD, a Canadian family physician active with a group of doctors openly questioning measures taken in response to COVID-19. He addresses reasons why Canadians should not bring the risks associated with the vaccine to children as well as the concerns coming from the College of Physicians and Surgeons of British Columbia and other medical health authorities about punishing those medical practitioners looking to publicly counter official COVID 19 doctrine.

In our second half hour we speak to Peter McCullough MD, leading figure in the U.S., on the dangers the wrongful, he says, treatment of drug therapies for early COVID 19 relief, the dangers of the COVID vaccine and the wrongful measures imposed on the population by health authorities in the U.S.

We also hear clips from the experts among the Pro-COVID vaccine crowd including Anand Kumar MD and Allison McGeer MD.

Stephen Malthouse MD is a Canadian physician who has been in family medical practice for more than 40 years and a member of the College of Physicians and Surgeons of British Columbia since 1978. He is currently involved with the Declaration of Canadian Physicians for Science and Truth, challenging the College of Physicians and Surgeons of Ontario and other medical outlets for what they consider an unethical statement to the country's physicians.

Anand Kumar, MD is both a doctor and a professor of Medicine, Medical Microbiology, and the department of Pharmacology and Therapeutics. He has trained in internal medicine, critical care medicine and infectious diseases. He also co-signed an open letter to the Premier of Manitoba asking for a lock-down in the interests of limiting the exploding cases of Covid-19 hitting the urgent care centres hard.

Allison McGeer MD is a specialist in internal medicine and is a Canadian infectious disease specialist in the Sinai Health System, She has led investigations into the severe acute respiratory syndrome outbreak in Toronto and worked alongside Donald Low. During the COVID-19 pandemic, McGeer has studied how SARS-CoV-2 survives in the air.

Peter McCullough, MD is an internist, cardiologist and editor of two major journals and is one of the most published doctors in the domain of heart and kidney in the world.

(Global Research News Hour Episode 319)

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Transcript – Interview with Peter McCullough, June 1, 2021

Global Research: I first asked Dr. McCullough to explain the rise and fall of hydroxychloroquine and similar treatments rather than vaccines.

Peter McCullough: Well, we've learned a lot over the last year, and with respect to medical therapy, the first comment I make is that we've really learned that the viral infection is very treatable, and it can be treated with many different drug programs. The principles are that a single drug doesn't work. That drugs need to be given in combination, and no single drug is effective.

You mentioned hydroxychloroquine. We've learned that actually you can treat this illness without using any hydroxychloroquine. We've interviewed and worked with doctors all over the world. But in general, the Cadillac program would be like what President Trump received. Where he receives a monoclonal antibody infusion up front. And so did Rudy Giuliani. And then the other drugs are sequenced in. We can sequence in hydroxychloroquine or Ivermectin plus erythromycin or doxycycline. We can use inhaled steroids now, which are very effective. Pulmicort budesonide, oral corticosteroids, prednisone is perfectly fine. There's an anti-inflammatory medicine called colchicine very effective.

And then on the back end, we use full-dose aspirin 325 mg, and then we use forms of blood thinners like heparin, low-molecular-weight heparin or oral anticoagulants. In total it's about 4 to 6 drugs, it's really only in high-risk patients who need it, aged over 50 with medical problems, and the medications work in synergy with one another. A mild case, maybe only needs five days of treatment, the average person our age, about 10 days, and then some patients, seniors in nursing homes, those individuals over age 80, my experience is it takes about 30 days to treatment. But I've successfully managed many patients even up to age 90 years old. I've gotten them through the illness, they don't need to be hospitalized or go on the ventilator. This is really good news for Americans in that this overall approach results in about an 85% reduction in hospitalization and death.

But the interesting thing is what you mentioned, is some of these drugs become so politicized. I did a seminar with Dr Chetty in South Africa, and he said that hydroxychloroquine and ivermectin become so politicized he gave up on them. And he just treats the back end of the illness. So he uses a combination of inhaled steroids, oral cortical steroids, uses Singulair or Montelukast and then aspirin and heparin on the back end.

And he's able to prevent nearly all the hospitalizations in thousands of patients. So what patients in America need to know is they need early treatment. Get a hold of their doctor or quickly get to the telemedicine services. Don't waste time. We don't...the only way someone gets admitted to the hospital nowadays is they get no treatment. They sit at home for two weeks, they get progressively sicker, and they end up in the hospital. Doesn't have to happen.

GR: Someone with COVID goes through three phases: viral replication, inflammation, and abnormal blood clotting. I had the doctor go through the stages.

PM: You picked up on an important development, is that we understand the illness has three dimensions.

First, the very first stage is viral replication. So that's where drugs that impair the virus, like the monoclonal antibodies, hydroxychloroquine, ivermectin...if we could we'd give Remdesivir in the first day. That's where the drug really works.

But after the first few days of viral replication, what happens is the dangerous Spike Protein on the outside of the virus, that's the spicules structure that you see on the ball, that triggers blood vessel damage and inflammation. You're at very high levels, this virus has a cytokine signature we've never seen before. Very high levels of interleukin 6, it just knocks your socks when we see it. And that level of association is associated with high fever, patients don't feel good, muscle aches, sometimes GI disturbances, the microbiome gets disturbed.

And then, what is triggered is abnormal blood clotting. We've never seen a virus that causes blood clotting like this one does. And the blood clotting is unusual because it's the Spike Protein impales red blood cells and actually causes red blood cells to stick together. It's called haemagglutination, and it injures the platelets with a drop in platelet count and cause blood clotting at the same time

So we have a situation where we have viral replication, cytokine storm or inflammation, and abnormal blood coagulation. That's the reason why a single drug doesn't work. So I knew that right away. When people declared hydroxychloroquine doesn't work, or ivermectin doesn't work, we've heard that for every drug. Remdesivir doesn't work. Convalescent plasma doesn't work. Well of course, no single drug works because there's three complicated elements in the infection. And so, what doctors quickly learned, the leading doctors learned, is that we look for a signal of benefit in these drugs, acceptable safety, put them into multi-drug regimens, and that's how we save patients.

GR: Doctors who recommend this kind of treatment face punishment by the major health departments. Dr. McCullough provides me with some background.

PM: You know, it's amazing you bring that up, Michael. Millionaire Steve Kirsch has put out a challenge, and it's a two-million-dollar challenge. He's done this in the last month. And he says, I challenge anybody to show that the National Institutes of Health or the CDC has done anything right with respect to its treatment recommendations. He challenged that. Not a single person in the world has come forward claiming that the CDC or NIH was right about anything on treatment. That is a stunning revelation, that the entire world understands, that our regulatory bodies have been completely wrong.

So when they state, when they gave, the National Institute of Health put out its first set of guidelines in the fall, it says don't treat the patient. That is completely wrong. Let the patient get progressively sick. Completely wrong. Let the patient get forced into the hospital. Completely wrong. Once they get into the hospital, still don't treat them, wait until they require oxygen. Completely wrong. By the time they require oxygen, there are actually micro blood clots in the lungs. So that they recommended that stage to give Remdesivir. Completely wrong.

Remdesivir is actually for a viral replication two weeks earlier. So it is a colossal blunder. Our public health agencies right now, their houses are on fire. We have an absolute disaster

at the public health regulatory level, at all stations right now. And America right now is bypassing them.

America is going right to practising doctors, my phone is ringing off the hook, I've basically told them, listen, the doctor's judgment supersedes what our Regulatory Agencies right now. If your doctors tell you, you know, giving the best advice on COVID, we've got to go with it. So when a doctor prescribes a medicine for a patient with COVID, that decision reigns supreme. And so this idea that there can be a backlash, or there can be penalties or what have you to doctors, listen we take care of patients with all these different problems across the board all day long.

Am I suddenly going to get penalized if I prescribe a cholesterol medicine? Or if I prescribed a blood thinner for a person with atrial fibrillation? So I certainly can prescribe these medicines for patients with COVID.

GR: Do any of your colleagues listen anyway? People who, well I hear it, but I don't want to get punished?

PM: Well, you know, people have labelled me as being courageous. Well, I have to tell you, it's not courage. It's moral and ethical and fiduciary integrity. And I find it absolutely that anyone would threaten me with actions as I'm trying to take care of a patient using my best judgment with FDA-approved drugs that are prescribed appropriately off-label supported with the best evidence we've had. In fact, I published the most widely cited papers on how to do this in the world, and so, this idea is absolutely untenable. All of those who have sought to threaten doctors and intentionally hurt patients... one by one, justice will be served.

- intermission-

GR: In case you just joined us, our guest is Dr. Peter McCullough. He is an internist, cardiologist, epidemiologist, and Professor of Medicine at Texas A&M College of Medicine in Dallas. Also a major voice attacking the established agencies involved in fighting COVID.

I next put a question to him about the COVID vaccines.

In a clear-cut manner, based on concrete evidence, can you explain why this vaccine is not safe and effective even though Pfizer and Moderna provided evidence demonstrating 90% efficiency, and that while it's not fool proof, the risks due to COVID vaccine outweigh the risks to dying of COVID?

PM: I think everyone should understand that we're all participating in medical history. And so, what we know now is not the same as what we know last year or even six months ago. So we have an evolving knowledge. This is what we know.

It became known in May that the dangerous part of the virus is called the Spike Protein, the spicule on the surface. It's now known that the Spike Protein was the target of gain-of-function research. It was research done in a Chinese lab partially funded by the United States National Institutes of Health.

This gain-of-function research made the Spike Protein, instead of it being naturally cleaved by an enzyme, a human enzyme called a furin, the gain-of-function research made the Spike Protein impenetrable. It made it super strong. And because now, this virus which was easily

handled before by the human body, now the Spike Protein is super strong and it can't be broken down, it goes right into cells so it's far more contagious, and when the Spike Protein goes in cells, it's almost like a shard of glass. It goes through the blood vessels ripping the blood vessels, causing blood clots, causing organ injuries. It's all about the Spike Protein.

Well, the discovery was that the Spike Protein itself could be utilized to stimulate the body to make antibodies. So the great gamble of the vaccine development program was to trick the body, the human body, our bodies, into making this dangerous Spike Protein, this dangerous gain-of-function research Spike Protein. And that's what the vaccines are doing. So the messenger RNA vaccines which our Pfizer, Moderna, the adenoviral vaccines which are J&J and AstraZeneca, they all work to cause the human body to produce the Spike Protein.

Now, when the vaccines came out of the clinical trials, our understanding was, and what was in the FDA regulatory binders, is that the vaccination stayed in the arm, it locally stayed in the arm, it didn't circulate around in the body, that the messenger RNA or the adenoviral genetic material stayed in the muscle in the arm, and the Spike Protein was produced locally. That's what our understanding was and we formed our reaction to it.

The clinical trials were done in very low-risk people and instead of the standard 24 months of safety, it was truncated to two months, and they recruited very well populations of individuals. In fact, J&J, their clinical trials program recruited 60% of people who had no medical problems, and that's actually hard to find in research. And they found that whether the patient received placebo or the vaccine, the rate of getting COVID was less than 1%.

So it's important for Americans and people in the world to understand that the vaccines were developed even in the heat of the pandemic back in the fall, with a chance of coming in contact in less than 1%. And we believe this is true today, that people who get the vaccine they have less than a 1% chance of ever coming in contact with COVID.

So we know that the vaccines as applied today will have no impact on the epidemic curves. They can't because they have less than a 1% public health impact. The only thing that influences the curves is actually treating the virus and reducing hospitalization and death. Vaccines will never solve the problem because it's a less than a 1% public health impact.

Well having said that they still looked okay coming out of the gate, and as an internist and cardiologist as a medical doctor, researcher, I see patients everyday, like all other doctors, I recommended the COVID-19 vaccine. In my practice today, 70% of my patients have received the COVID-19 vaccine. I am very pro-vaccine, and I've received all the standard vaccines myself.

But what happened over time, Michael, is we started to see cases of patients dying after the vaccine. Seeing patients hospitalized after the vaccine, and in large numbers. And as we sit here today, we've had over 4,400 patients die after the COVID-19 vaccine. 40% of them die on Days 1 2 and 3-

GR: Did you say 44,000?

PM: I'm sorry, 4400 patients die after the COVID-19 vaccine. On days 1, 2, and 3, thanks for correcting me, 4400, and we've had 14,000 hospitalizations. In Europe, there's been over 10,000 patients die over the COVID-19 vaccine.

Now people have asked, well how does it stack up compared to other vaccines? Well, I can tell you, that the typical number for all the vaccines, all 70 vaccines in the United States applied to many hundreds of millions of dose administrations, the numbers of deaths or hospitalizations or severe reactions that would ever be reported on a scoreboard would be less than 200 a year.

So the COVID-19 vaccine program in five months has exceeded all the safety parameters and all the safety events of all vaccines administered to all patients in medical history. So people have already claimed that the COVID-19 vaccine program is the most dangerous vaccine program ever carried out in US history.

GR: Yeah. And when it does come up that this is violating protocols, they say well what it's an emergency use or something like that, that allows it to go ahead?

PM: There's several aspects of this that are working, I think, against safety. So the first thing is this is an investigational program. So when people take the vaccine, they are required to sign consent that says this is an investigation. That means it's research, so there should be an unbiased separate clinical event adjudication committee, they should be a data safety monitoring board, there should be an investigational review board or ethics board.

When we do research, there's always oversight committees that are separate from the sponsors or stakeholders, and here the stakeholders are Pfizer, Moderna, J & J, and AstraZeneca. We know that the World Health Organization, Gavi, Gates Foundation, the Centers for Disease Control, the FDA, and the NIH are all stakeholders. In fact, the National Institutes of Health holds patent positions on the Moderna patent.

So they're all stakeholders. So we can't have those people reviewing the deaths and the hospitalizations. America has to have separate panels reviewing these.

Astonishingly, as we sit here today, there are no review panels. There's no safety checks. There is no safety mechanisms on this program. And because the vaccines are not fully FDA approved, the manufacturers don't have to present important safety information to patients.

Normally when you get prescribed the drug and you pick it up, a folded sheet of paper that outlines all the safety information, so the patients can be thoroughly informed on safety. Normally when something is advertised on TV, they'll get the benefits of the drug or agent but they'll also tell you what the side effects are. Here, because it's emergency use optimization, there's no fair balance requirements in place, so the stakeholders are promoting vaccination wildly on TV but they're not fairly presenting Americans with safety. The only view of safety is to go to the Vaccine Adverse Event Reporting System VAERS And then see the data as they accumulate.

And that's the reason why these numbers are so shocking. I think they really snuck up on doctors. Doctors have largely been in a trance recommending patients get the vaccines, and when I talk to my colleagues and say, do you realize there's some 4400 deaths that have occurred? 14000 hospitalizations? It's really a shock. They're like where are you getting this information from?

I said these are the events reported to the CDC. I have reported some of these events myself, Michael, it takes about half an hour to do a report. I have to go through many screens, I have to put my doctor's information, my license, they're only capturing one of two

of the Pfizer Moderna shots, so they have to back-calculate, we have to have the vaccine card and the lot number to do it, they are not keeping track if someone's already had COVID and they don't need the vaccine, they're already immune, they're not keeping track of that, and so what we know, and there's serious warnings that say that it's punishable by imprisonment or federal fines if we falsify the reports. I can tell you all those over 4,400 deaths and over 14,000 hospitalizations, they've really occurred, I think they've really occurred, and they may be the tip of the iceberg.

GR: There's also the long-term risks like Bells Palsy or transverse myelitis, other factors, it takes a year or so to reveal. And I don't think there's been any significant testing. Do you expect that death could be an even higher priority a year or two from now than it is today?

PM: Well, each week we see more deaths coming in, so we have some states now that are getting to zero COVID deaths per day, in Texas, we've had a few of those, so we know on those days there is more vaccine deaths than there are COVID deaths.

I hope Americans understand this. There's a tremendous price that's being paid with American lives for this COVID vaccine. The long-term effects, there have been, I think over a thousand cases of Bells Palsy or paralysed of the face on one side reported in the safety database, we know the Spike Protein goes to the brain, the dangerous Spike Protein. It can damage astrocytes, oligodendrocytes, cells inside the brain, and there may be there certainly reports of headaches, blood clots forming in the brain, in fact, the FDA paused the program for blood clots in the brain of women.

In 18 countries in Europe, AstraZeneca was removed from the market for a period of time because of blood clots. Yet the vaccine program goes on and so one of the great concerns is that the vaccine program is offered as being elective by the CDC, it's simply an elective investigational program, you don't have to do it.

What's happened is now it's been weaponized from a sociological perspective of people feel forced to take this vaccine which they know has serious side effects, they know there are fatalities occurring and hospitalizations occurring during, and so the tension in America is rising every day. I've never felt such a tense time where in a sense there's this vaccine but it's been weaponized against the people.

GR: Wow. Maybe one more question. I know that there have been very high-profile people like Zelenko and Risch and Didier Raoult. They've all been attacked, and I'm wondering with, you're being very outspoken, and you have the unmitigated gall to be credible, I mean, what kind of threats have you encountered through all of this?

PM: Well I can tell you I'm an internist and cardiologist, I stepped out of my usual role to face the crisis because I did not see infectious disease doctors, allergists, immunologists, pulmonologists, I didn't see others addressing the millions of Americans who are developing COVID-19 at home. Everyone was focussing in the inpatient realm where we still have ICU mortality rates at 28 days of 38%. The in-hospital outcomes are not good. The opportunity was to treat patients as outpatients, and now there's such an overwhelming positive response from Americans, we have four national telemedicine services, 15 regional telemedicine services, 250 treating doctors. We have treating doctors in every state.

America has basically just bypassed the Ivory Tower large medical centres, and they're getting treatment. We had two Senate testimonies on this in the fall, huge breakthrough to

America, the treating doctors, in a sense have become American heroes, and as our agency staffers get on TV, and basically bumble on about masks and vaccines, what America... They don't care about masks and vaccines. They want to know how to get treatment to avoid hospitalization and death.

So what I told to my detractors is that any of my detractors who've attempted to personally go after me from an academic or professional perspective, I have over 600 publications in the National Library of Medicine. I have over 40 papers in a year on COVID-19. I have chaired or participated in 24 data safety monitoring boards for the FDA and for the pharmaceutical and device companies, and I've also seen and examined and treated patients with COVID-19. To my knowledge, in a single person, in a single person, I am the most experienced and qualified person in the world to opine on COVID-19, and if anybody wants to challenge me on that, bring it on!

GR: Dr. McCullough, it's been a pleasure and an honour speaking to you today. Thank you so much for your dedicated work and for sharing your analysis with my listeners.

PM: Thank you

GR: I first asked Dr. McCullough to explain the rise and fall of hydroxychloroquine and similar treatments rather than vaccines.

PM: Well, we've learned a lot over the last year, and with respect to medical therapy, the first comment I make is that we've really learned that the viral infection is very treatable, and it can be treated with many different drug programs. The principles are that a single drug doesn't work. That drugs need to be given in combination, and no single drug is effective.

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But after the first few days of viral replication, what happens is the dangerous Spike Protein on the outside of the virus, that's the spicules structure that you see on the ball, that triggers blood vessel damage and inflammation. You're at very high levels, this virus has a cytokine signature we've never seen before. Very high levels of interleukin 6, it just knocks your socks when we see it. And that level of association is associated with high fever, patients don't feel good, muscle aches, sometimes GI disturbances, the microbiome gets disturbed.

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GR: Doctors who recommend this kind of treatment face punishment by the major health departments. Dr. McCullough provides me with some background.

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It became known in May that the dangerous part of the virus is called the Spike Protein, the spicule on the surface. It's now known that the Spike Protein was the target of gain-of-function research. It was research done in a Chinese lab partially funded by the United States National Institutes of Health.

This gain-of-function research made the Spike Protein, instead of it being naturally cleaved by an enzyme, a human enzyme called a furin, the gain-of-function research made the Spike Protein impenetrable. It made it super strong. And because now, this virus which was easily handled before by the human body, now the Spike Protein is super strong and it can't be broken down, it goes right into cells so it's far more contagious, and when the Spike Protein goes in cells, it's almost like a shard of glass. It goes through the blood vessels ripping the blood vessels, causing blood clots, causing organ injuries. It's all about the Spike Protein.

Well, the discovery was that the Spike Protein itself could be utilized to stimulate the body to make antibodies. So the great gamble of the vaccine development program was to trick the body, the human body, our bodies, into making this dangerous Spike Protein, this dangerous gain-of-function research Spike Protein. And that's what the vaccines are doing. So the messenger RNA vaccines which our Pfizer, Moderna, the adenoviral vaccines which are J&J and AstraZeneca, they all work to cause the human body to produce the Spike Protein.

Now, when the vaccines came out of the clinical trials, our understanding was, and what was in the FDA regulatory binders, is that the vaccination stayed in the arm, it locally stayed in the arm, it didn't circulate around in the body, that the messenger RNA or the adenoviral genetic material stayed in the muscle in the arm, and the Spike Protein was produced locally. That's what our understanding was and we formed our reaction to it.

The clinical trials were done in very low-risk people and instead of the standard 24 months of safety, it was truncated to two months, and they recruited very well populations of individuals. In fact, J&J, their clinical trials program recruited 60% of people who had no medical problems, and that's actually hard to find in research. And they found that whether the patient received placebo or the vaccine, the rate of getting COVID was less than 1%.

So it's important for Americans and people in the world to understand that the vaccines were developed even in the heat of the pandemic back in the fall, with a chance of coming in contact in less than 1%. And we believe this is true today, that people who get the vaccine they have less than a 1% chance of ever coming in contact with COVID.

So we know that the vaccines as applied today will have no impact on the epidemic curves. They can't because they have less than a 1% public health impact. The only thing that influences the curves is actually treating the virus and reducing hospitalization and death. Vaccines will never solve the problem because it's a less than a 1% public health impact.

Well having said that they still looked okay coming out of the gate, and as an internist and cardiologist as a medical doctor, researcher, I see patients everyday, like all other doctors, I

recommended the COVID-19 vaccine. In my practice today, 70% of my patients have received the COVID-19 vaccine. I am very pro-vaccine, and I've received all the standard vaccines myself.

But what happened over time, Michael, is we started to see cases of patients dying after the vaccine. Seeing patients hospitalized after the vaccine, and in large numbers. And as we sit here today, we've had over 4,400 patients die after the COVID-19 vaccine. 40% of them die on Days 1 2 and 3-

GR: Did you say 44,000?

PM: I'm sorry, 4400 patients die after the COVID-19 vaccine. On days 1, 2, and 3, thanks for correcting me, 4400, and we've had 14,000 hospitalizations. In Europe, there's been over 10,000 patients die over the COVID-19 vaccine.

Now people have asked, well how does it stack up compared to other vaccines? Well, I can tell you, that the typical number for all the vaccines, all 70 vaccines in the United States applied to many hundreds of millions of dose administrations, the numbers of deaths or hospitalizations or severe reactions that would ever be reported on a scoreboard would be less than 200 a year.

So the COVID-19 vaccine program in five months has exceeded all the safety parameters and all the safety events of all vaccines administered to all patients in medical history. So people have already claimed that the COVID-19 vaccine program is the most dangerous vaccine program ever carried out in US history.

GR: Yeah. And when it does come up that this is violating protocols, they say well what it's an emergency use or something like that, that allows it to go ahead?

PM: There's several aspects of this that are working, I think, against safety. So the first thing is this is an investigational program. So when people take the vaccine, they are required to sign consent that says this is an investigation. That means it's research, so there should be an unbiased separate clinical event adjudication committee, they should be a data safety monitoring board, there should be an investigational review board or ethics board.

When we do research, there's always oversight committees that are separate from the sponsors or stakeholders, and here the stakeholders are Pfizer, Moderna, J & J, and AstraZeneca. We know that the World Health Organization, Gavi, Gates Foundation, the Centers for Disease Control, the FDA, and the NIH are all stakeholders. In fact, the National Institutes of Health holds patent positions on the Moderna patent.

So they're all stakeholders. So we can't have those people reviewing the deaths and the hospitalizations. America has to have separate panels reviewing these.

Astonishingly, as we sit here today, there are no review panels. There's no safety checks. There is no safety mechanisms on this program. And because the vaccines are not fully FDA approved, the manufacturers don't have to present important safety information to patients.

Normally when you get prescribed the drug and you pick it up, a folded sheet of paper that outlines all the safety information, so the patients can be thoroughly informed on safety. Normally when something is advertised on TV, they'll get the benefits of the drug or agent but they'll also tell you what the side effects are. Here, because it's emergency use

optimization, there's no fair balance requirements in place, so the stakeholders are promoting vaccination wildly on TV but they're not fairly presenting Americans with safety. The only view of safety is to go to the Vaccine Adverse Event Reporting System VAERS And then see the data as they accumulate.

And that's the reason why these numbers are so shocking. I think they really snuck up on doctors. Doctors have largely been in a trance recommending patients get the vaccines, and when I talk to my colleagues and say, do you realize there's some 4400 deaths that have occurred? 14000 hospitalizations? It's really a shock. They're like where are you getting this information from?

I said these are the events reported to the CDC. I have reported some of these events myself, Michael, it takes about half an hour to do a report. I have to go through many screens, I have to put my doctor's information, my license, they're only capturing one of two of the Pfizer Moderna shots, so they have to back-calculate, we have to have the vaccine card and the lot number to do it, they are not keeping track if someone's already had COVID and they don't need the vaccine, they're already immune, they're not keeping track of that, and so what we know, and there's serious warnings that say that it's punishable by imprisonment or federal fines if we falsify the reports. I can tell you all those over 4,400 deaths and over 14,000 hospitalizations, they've really occurred, I think they've really occurred, and they may be the tip of the iceberg.

GR: There's also the long-term risks like Bells Palsy or transverse myelitis, other factors, it takes a year or so to reveal. And I don't think there's been any significant testing. Do you expect that death could be an even higher priority a year or two from now than it is today?

PM: Well, each week we see more deaths coming in, so we have some states now that are getting to zero COVID deaths per day, in Texas, we've had a few of those, so we know on those days there is more vaccine deaths than there are COVID deaths.

I hope Americans understand this. There's a tremendous price that's being paid with American lives for this COVID vaccine. The long-term effects, there have been, I think over a thousand cases of Bells Palsy or paralysed of the face on one side reported in the safety database, we know the Spike Protein goes to the brain, the dangerous Spike Protein. It can damage astrocytes, oligodendrocytes, cells inside the brain, and there may be there certainly reports of headaches, blood clots forming in the brain, in fact, the FDA paused the program for blood clots in the brain of women.

In 18 countries in Europe, AstraZeneca was removed from the market for a period of time because of blood clots. Yet the vaccine program goes on and so one of the great concerns is that the vaccine program is offered as being elective by the CDC, it's simply an elective investigational program, you don't have to do it.

What's happened is now it's been weaponized from a sociological perspective of people feel forced to take this vaccine which they know has serious side effects, they know there are fatalities occurring and hospitalizations occurring during, and so the tension in America is rising every day. I've never felt such a tense time where in a sense there's this vaccine but it's been weaponized against the people.

GR: Wow. Maybe one more question. I know that there have been very high-profile people like Zelenko and Risch and Didier Raoult. They've all been attacked, and I'm wondering

with, you're being very outspoken, and you have the unmitigated gall to be credible, I mean, what kind of threats have you encountered through all of this?

PM: Well I can tell you I'm an internist and cardiologist, I stepped out of my usual role to face the crisis because I did not see infectious disease doctors, allergists, immunologists, pulmonologists, I didn't see others addressing the millions of Americans who are developing COVID-19 at home. Everyone was focussing in the inpatient realm where we still have ICU mortality rates at 28 days of 38%. The in-hospital outcomes are not good. The opportunity was to treat patients as outpatients, and now there's such an overwhelming positive response from Americans, we have four national telemedicine services, 15 regional telemedicine services, 250 treating doctors. We have treating doctors in every state.

America has basically just bypassed the Ivory Tower large medical centres, and they're getting treatment. We had two Senate testimonies on this in the fall, huge breakthrough to America, the treating doctors, in a sense have become American heroes, and as our agency staffers get on TV, and basically bumble on about masks and vaccines, what America... They don't care about masks and vaccines. They want to know how to get treatment to avoid hospitalization and death.

So what I told to my detractors is that any of my detractors who've attempted to personally go after me from an academic or professional perspective, I have over 600 publications in the National Library of Medicine. I have over 40 papers in a year on COVID-19. I have chaired or participated in 24 data safety monitoring boards for the FDA and for the pharmaceutical and device companies, and I've also seen and examined and treated patients with COVID-19. To my knowledge, in a single person, in a single person, I am the most experienced and qualified person in the world to opine on COVID-19, and if anybody wants to challenge me on that, bring it on!

GR: Dr. McCullough, it's been a pleasure and an honour speaking to you today. Thank you so much for your dedicated work and for sharing your analysis with my listeners.

PM: Thank you

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Notes:

1. www.globalresearch.ca/video-dr-peter-mccullough-warp-speed-went-full-tilt-vaccine-development-silencing-any-information-treatment/5743078
2. [Ceyla Pazarbasioglu](#) and [M. Ayhan Kose](#) (July 10, 2020)'Unprecedented damage by COVID-19 requires an unprecedented policy response', Brookings blog; www.brookings.edu/blog/future-development/2020/07/10/unprecedented-damage-by-covid-19-requires-an-unprecedented-policy-response/
3. www.globalresearch.ca/the-2020-worldwide-corona-crisis-destroying-civil-society-engineered-economic-depression-global-coup-detat-and-the-great-reset/5730652
4. covid.cdc.gov/covid-data-tracker/#new-hospital-admissions

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