The Global Suppression of Early COVID-19 Treatment Options:
A Special Interview With Dr. Peter McCullough

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. This is Dr. Mercola helping you take control of your health. And today we're in for a treat as we're going to have a dialogue with Dr. Peter McCullough, who is really one of the leaders in bringing truth to this whole nonsense that we've had with this pandemic in the last year. So Dr. McCullough is an internist, a cardiologist, and epidemiologist, and a full professor of medicine at Texas A&M College of Medicine in Dallas. And interestingly, he's pretty much a hardcore academic, well-credentialed physician. He's the editor of two peer-reviewed journals. He's the editor, So because of his position – and he works with the federal regulatory agency. So he's really the real deal. And what makes – he's one of the most significant physicians to come out against this nonsense with basic common sense strategies.

Dr. Joseph Mercola:

So it is just a real delight and a privilege to connect with him today. And before we connect, I want to mention that we were coming to this almost identical positions on this epidemic from two different starting points because I'm trained as a family medicine physician, and really for the last two and a half decades I focused on natural strategies and avoiding medications and drugs to help activate our intrinsic healing capacities to optimize our health. And Dr. McCullough is pretty hardcore conventional medicine, but what we both share, and this is beyond intriguing, is that we're absolutely committed to doing the best we possibly can for our patients. And when you have integrity and that type of commitment, you're going to come to the truth. And isn't it interesting that from such two wildly disparate positions, we've come to the same identical conclusions? So thank you so much for your bravery. And it took enormous bravery and courage to come out like you did in light of the truth. So thank you for that and for joining us today.

Dr. Peter McCullough:

Well, thanks for having me, Dr. Mercola.

Dr. Joseph Mercola:

Yeah. Isn't it interesting too, that when you say your last name fast, it sounds just like my name. All right. So let me see. I mean, we've posted your long video that you shared, I think about a month or two ago, it was almost two hours. And so, many of the people on our site have seen that already. But for those who haven't, and I'm wondering if you could summarize, I think the landmark article that you published, and I think it was the American Journal of Medicine in August of last year, which outlined and summarized an approach to treating COVID-19 as an outpatient. Because the crime, the malfeasance, as you refer to, that was created was that the entire conventional approach to this treatment as an outpatient was to go home, let the virus replicate until you're ready to die, come back, and then we'll kill you.

Dr. Joseph Mercola:

So you said, "No, this is nonsense. This is not the way the physicians were trained to help people. I'm going to do something different." So why don't you take it from there and tell us about the study that you published and the courage it took to do that.

Dr. Peter McCullough:

Well, thanks so much for having me. And I want to put an exclamation point on the real pandemic response that's occurred by clinicians. And it's been very much a multidisciplinary approach where relatively few conventional biomedical medicine doctors are involved far more at the level of a naturopathic medicine. Actually oral, dental medicine, and other related specialties have made a giant impact here. But it is our multidisciplinary effort that far and away has had the greatest overall influence in the pandemic with respect to two bad outcomes, hospitalization, and death. And to me, that was always a critical thing, to be able to frame the problem.

Dr. Peter McCullough:

The problem is people are getting this respiratory illness, it's moving in slow motion for at least a couple of weeks, and then some individuals get progressively ill and wind up in the hospital and some die. And it was clearly amenable to risk stratification based on age and comorbidities, meaning that not everybody needed a medical intervention or treatment. But to avoid the hospital, some clearly did. And as I worked through this over the year, it's been clear to me now that the public health agencies really had no role in the early ambulatory medical response. And they had very little role within hospital treatment. In fact, Americans never even hear mention of early outpatient treatment or hospital treatment anymore. And I had a recent presentation for a key group in Washington, and they basically said our government was responsible for two things, to try to slow the spread of the virus and then to help facilitate mass vaccination.

Dr. Peter McCullough:

And then everything else in between was really up to us. And I'm glad that I personally always treated all my patients. I wasn't going to have the virus slaughter one of my senior citizens. And it is, I think, a terrible statement to make that none of our major academic institutions innovated with a single protocol. In fact, to my knowledge, not a single major academic medical center, as an institution, attempted even to treat patients with COVID-19. But I did use my publication power and my editorial authority, and my position in internal medicine and some specialty medicine to publish the breakthrough paper called the “Pathophysiological Basis and Rationale for Early Ambulatory Treatment of COVID-19” in the American Journal of Medicine. It was an international effort, both community physicians and academic physicians. And to this day, Dr. Mercola, that is the most frequently downloaded paper in the American Journal of Medicine, one year running now.

Dr. Joseph Mercola:

Well, congratulations, that's a major achievement because that's not a fly-by-night journal. That's a very prestigious one.

Dr. Peter McCullough:

Well, we took it from there and we had really a rapid inflow of information. And when I was trying to communicate with the agencies behind the scenes, I said, "Listen, if you're going to be involved in this, we need weekly evidence reviews and monthly guidelines reviews." And the guidelines can't just be focused on inpatient care. We had the Infectious Diseases Society of America. They had three or four versions of guidelines. It was all about inpatient care. The National Institutes of Health was all about inpatient care. Their first set of governance was really late to the scene in October. So we already had key guidance out to the practicing community internationally in August, way ahead of both of those bodies.

Dr. Peter McCullough:

And then we punched it through in December with a critical update in Reviews in Cardiovascular Medicine message journal that I edit. I assigned a special COVID-19 issue. I had its own independent editor and sets of reviewers. And in that paper, what I did is I went for the fences and I recruited 57 authors, including myself, many who had a deep experience in treating COVID-19 as an outpatient. And we published. The title of that paper was “Multi-Drug Sequenced Medical Therapy for Early COVID-19.” And we included the emergency use authorization monoclonal antibodies, key updates on drugs like ivermectin, which had a greater building knowledge base, as well as colchicine, and inhaled budesonide.

Dr. Peter McCullough:

So that paper today, in Reviews in Cardiovascular Medicine in December of 2020 issue, is the most frequently downloaded paper from that journal, and also is the basis for the American Association of Physician and Surgeons’ COVID early treatment guide. We have evidence that the treatment guide has been downloaded now and utilized millions of times. And it was part of the early, huge kick that we had in ambulatory treatment at home towards the end of December into January, which basically crushed the U.S. curve. We were on schedule to have 1.7 to 2.1 million fatalities in the United States, as estimated by the CDC (Centers for Disease Control and Prevention) and others. We cut it off at about 600,000. That still is a tragedy. I've testified that 85% of that 600,000 could have been saved if we would have had all the knowledge and all the protocols in place from the start. But suffice it to say, the early treatment heroes, of which you're part of that team, Dr. Mercola, has really made the biggest impact. We have saved millions of lives, spared millions and millions of hospitalizations, and in a sense, have brought the pandemic now to a winnowing close.

Dr. Joseph Mercola:

Yes. Well, congratulations for all your work and effort. And even though I suspect there were probably others who attempted to publish similar guidelines, but because of the massive censorship and their lack of academic credentials that you had, they weren't able to get published. They were just squashed like a fly. But you got through and you made a difference. So one of the interesting conversations you've shared in previous interviews is the reluctance of physicians to come out and do something. I mean, we're all trained in med school to do the best we can for our patients. But to just tell patients to come with them whether they're sick, and to go home and wait to die essentially, is one of the most reprehensible behaviors that I can think of. I suspect to know the answer, and it involves probably the primary motivation that was used to

catalyze this pandemic, which is fear that the physicians themselves were so afraid of going against the grain, and being victimized, being criticized and ostracized. But I'm wondering what your thoughts are on and why you didn't succumb to that.

Dr. Peter McCullough:

I've been asked numerous times, how could more doctors didn't do what I did or what the early treatment doctors did? Because in the end we did have the right approach. We took an empiric approach. We look for signals of benefit in the literature. We didn't demand large randomized trials because we knew they weren't going to be available for years in the future. We didn't wait for a guidelines body to tell us what to do or some medical society because we know they work in slow motion. We knew we had to take care of patients now. And I think part of it is just the instinctual nature of some doctors who probably – probably in reality, I should be a trauma surgeon, or I should be an emergency medicine physician. It was really the types of doctors in primary care, family practice, internal medicine, some sub-specialists who really took charge. And that became the early treatment heroes of the United States. One of the very first was Dr. Vladimir Zelenko in New York City.

Dr. Joseph Mercola:

Yeah, I just interviewed him two days ago.

Dr. Peter McCullough:

Yeah. So, the question is, well, how come more people didn't do it? I can't speak for them because my mind doesn't think the same way but I couldn't let a single high-risk patient suffer. If I had somebody 75 years old in my practice and they were having an acute myocardial infarction or acute cholecystitis or acute pneumococcal pneumonia, I couldn't let them suffer. It's not in my ethical or moral DNA to just say, "No, sorry, I'm not going to take care of you." And believe it or not, many doctors actually adopted that personal policy, or they even adopted that group policy, but they didn't take calls on COVID-19, or they had standard responses like, "Just stay at home until you're so sick and go into the hospital."

Dr. Peter McCullough:

So what is behind that group think if you are, I think it ultimately became a trance that doctors went into some type of numb trance where they lost the Hippocratic Oath, they lost compassion for other patients and even for that matter, family members. People went into a total trance. I'll never forget I watched the news, and Elizabeth Warren, who ran for president, was talking about her brother who had died of COVID-19. No mention of treatment, no mention of what went on. It's almost as if the virus and the death falls out of the sky. So it was in a sense a very weird mental place that people arrived at with respect to COVID-19, unlike any other illness.

Dr. Peter McCullough:

So I think the mass psychology drivers, of which I'm not an expert but I'm working with experts to understand, was a grip of fear. So the first time doctors felt like they could get the virus themselves. So the last thing they wanted to do would become face-to-face with the virus, mano [inaudible 00:12:47]. That was just an absolute, terrifying thing. Also too, doctors in general and I'll speak for MDs, there's no checkbox for courage on the medical school application. And a lot

of doctors have really zero courage. And we've been dealing with diseases that we deal with in slow motion, largely chronic diseases, and the illnesses we can't get ourselves. So when I say... I just saw a ton of patients in the office yesterday, not a single one of those patients was a physical threat to me, but we know a red hot COVID patient in an outpatient clinic is very much a threat.

Dr. Peter McCullough:

So biomedical response became defense, and patients would be admitted. Everyone had personal protective equipment and we went from there. So from that point forward, we had so many things happen to almost make early treatment become a sin that those who committed early treatment in a sense were making those who refused it look bad. So we had all kinds of negative things, "Oh, don't use this drug. Don't use that drug. You're prohibited from prescribing this. We're going to review your license." And it happened some in the United States, but it was awful in other countries. I mean, just absolutely terrible. So part of this is this, remember this old game called Whack-a-Mole?

Dr. Joseph Mercola:

Sure.

Dr. Peter McCullough:

Where something pops up and they try to squash it down. I think part of this was Whack-a-Mole, where the good doctors were making the ones who weren't so good look so bad. In fact, failure to treat, as you know, is one of the two major reasons for a malpractice lawsuit. And I have a sick feeling that those are going to come in in a torrent. I mean, there are 600,000 deaths in the United States, the vast majority received zero early outpatient care. And I imagine the vast majority made calls for help and they were denied.

Dr. Joseph Mercola:

Yeah. So thank you for expanding on that. And it seems the intention, if you look it over, I think you've addressed this, specifically with the study that was published in The Lancet that discredited hydroxychloroquine. And it was ultimately turned out to be fraudulent because they used a data that was fabricated from Surgisphere. We've done extensive articles on that and you've certainly shared about it. So they were using strategies like that to discredit any approach, even medications. Full [inaudible 00:15:15], FDA approved medications that were on the books for years, billions of doses administered safely without mostly any complications. Like hydroxychloroquine, ivermectin, they were dismissed. Let alone common sense lifestyle approaches like, "Let's get you metabolically flexible. Let's optimize your vitamin D levels." I mean, we were censored for talking about vitamin D, which is just beyond irrational.

Dr. Joseph Mercola:

So you can just see these efforts to suppress and censor any competition to what their perception of the ultimate goal was, which was to move everyone in fear to get the COVID jab. And this just didn't occur in outpatient, which is your primary experience, just occurred to the inpatient setting too. We've got outstanding ICU clinicians like Dr. Kory and Dr. Paul Merrick who developed these protocols, which were highly effective yet were criticized. So you've got both

from the inpatient and the outpatient setting to essentially squash anything that conflicted with what their strategy was for the end game, which is to get people into the vaccine.

Dr. Peter McCullough:

Well, what's so interesting is how airtight the collusion was. It was extraordinary. Look at The Lancet paper. So you had a doctor from Harvard, you had a company, Surgisphere, that had data, you have the reviewers at The Lancet, the associate editor and the editor at The Lancet. How could they all collude together to publish a falsified paper? When that paper came out, we looked at it. I was checking the literature very carefully. In essence, I've actually done a fellowship in COVID-19 [crosstalk 00:17:00]. “Well, you're not a virologist, you're not an immunologist.” I said, "Listen, it doesn't matter, I'm better. I've reviewed more papers and analyze more data I think than anybody in the game." And I can tell you, I looked at that paper in two seconds, I knew it was fake. I mean, there was a huge gap-

Dr. Joseph Mercola:

Let me just stop there and just remind people that you are the editor-in-chief of two medical journals. So reviewing studies is nothing that's foreign to you.

Dr. Peter McCullough:

Right. I mean, I do this every day. I'm also the senior associate editor for the American Journal of Cardiology. That's the most venerated journal in our entire field. And I can tell you a paper like that, instantaneously would never get past my editorial desk because it was so obviously fake. It was a huge sample size that we knew was not possible at that time because COVID-19 really hadn't even [inaudible 00:17:48] to the point of generating that type of data. And it was people in their 40s hospitalized with astronomical mortality rates. It was just no way that that was legit. And The Lancet let that hang up there for two weeks, scared the entire world against hydroxychloroquine, which turns out to be one of the safest and most effective widely utilized in people with COVID-19 for two weeks. And when they took it down, it was unapologetic.

Dr. Peter McCullough:

They're just like, "Well, we couldn't verify the data, so we're going to go ahead and take it down. That's it." My interpretation of this is that was very intentional. And what happened with ivermectin and the use of it in the ICU was also very intentional and collusion. I set up the second set of hearings. So I had set up to have specifically requested the Senate to call for a peer court. But also Dr. Rajter had done way more than Dr. Kory in terms of using ivermectin in the ICU. And Dr. J.J Rajter had used it in Florida and had used it in hundreds and hundreds of patients and published in Chest, one of the best pulmonary journals, that ivermectin reduced mortality. And to this day, hospitals across the United States, and this was all U.S. patients, flat out, refused to use ivermectin. ICU doctors crossed their arms and say no to ivermectin. Desperate patients and families have to get court orders to order these doctors to use ivermectin.

Dr. Peter McCullough:

And so the mass mentality of almost intentionally harming patients. What can be in the minds of people with these simple drugs, which are safe and effective, to deny them and intentionally harm patients? Every single ICU doctor who failed to prescribe ivermectin, and actually

intentionally blocked ivermectin when the families requested and listen, I round in the ICU too. We negotiate drugs all day long with nurses and patients. “Oh, let's try this. Let's try that.” Oh, the patient prefers this. But we always are having a family conference in negotiating. A simple drug that we would use for scabies in a heartbeat, ivermectin is very versatile. What's great in the ICU?

Dr. Peter McCullough:

There's absolutely no grounds for doctors and administrators, and even with ethics consults called in these hospitals to deny patients ivermectin. There is a global collusion, I'll tell you specifically in U.S. hospitals, to cause as much harm and death as conceivable. It's beyond belief. When historians will go back and they're going to pick these cases where the families had to get court orders to force the doctors and administrators to administer a simple generic drug, these are going to be case studies in medical ethics for decades to come.

Dr. Joseph Mercola:

Yes, indeed. So what's your conclusion as to why this collusion existed? What do you think the endgame was?

Dr. Peter McCullough:

I think the endgame, I think the playbook all along was really what had become propagandized. Propaganda is a very important word. It's a tough word. We haven't really ever had propaganda, I think worldwide propaganda, in our lives since maybe World War II or the Cold War, what have you. But we have propaganda right now. So propaganda is the dissemination of false or misleading information by people of authority in a collusional manner. And that's exactly what's going on. We have a propagandized campaign for mass vaccination of COVID-19. There's no doubt about it. It's actually very overt, the trusted [inaudible 00:21:23] that they were going to link all the media companies, they were going to suppress anything on early treatment, suppress anything on vaccine safety, and just railroad the vaccine as the safe solution to the COVID-19 pandemic. And believe me, there are hundreds of millions of people under the propagandized spell that the COVID-19 vaccine is going to deliver us from this crisis.

Dr. Joseph Mercola:

And they're still there because this propaganda, manipulation, brainwashing essentially that has occurred has been very highly effective, unquestionably. So with that in mind, I think we'd need to... Thanks to you and many others of course, I think we've reached the... there's been a shift even despite this massive propaganda and censorship that there's an understanding that in fact the virus did leak out of Wuhan, whether it's accidental or intentional is really up in the air at this point. But it did leak, it wasn't a zoonotic transmitted infection. And that treatment is important. And I think that the bits and suppression, ivermectin are coming off, especially with Joe Rogan finally getting Dr. Kory and Bret Weinstein on in a platform that probably had over about 10 million views. So that was a significant dent in increasing people's awareness to this information.

Dr. Joseph Mercola:

So those are kind of under the rugs. I think we've been victorious. Now, the next and more important, I suspect the final challenge, is to dispel the confusion and the misunderstanding and

the propaganda that revolves around this vaccine. So you're very familiar with Dr. Robert Malone who's the inventor of the technology, the core technology that's responsible for these mRNA vaccines. And he's come out pretty vigorously against what they're doing, and especially, I wonder if you can address this, because this is such reprehensible medical malfeasance, is what it is. Is that these companies knowingly launched their product, which was untested only valid under emergency use authorization, bypassed by at least 10 to 15 years of safety studies, and they had no system in place prospectively to capture any complications, none, zero, by design. And I'm certain it was intentional. So why don't we address that first before going to some of these other issues?

Dr. Peter McCullough:

Well, I'll state that they had no system to catch the complications, but even worse yet, they had no plans for safety. They had none of the traditional mechanisms for risk mitigation, and these mechanisms exist in clinical trials. So when these products were in the registrational trials, these trials had critical event committees, Data and Safety Monitoring Board. They were under IRBs (Institutional Review Boards) or Human Ethics Committees.

Dr. Peter McCullough:

The public should know these are the structures that we have in place in biomedical research. And I led two dozen Data Safety Monitoring Boards. I'm leading Data Safety Monitoring Boards for the National Institutes of Health trial right now. So this is my book of business. And to roll out vaccines that are investigational. And the sponsor of the trial is the FDA (Food and Drug Authority) and the CDC. They are co-sponsoring the US vaccine program. They are the sponsors. It's their obligation to have in place from the very beginning, a Clinical Event Committee, Data Safety Monitoring Board, and the Human Ethics Committee with regular updates, because these committees are supposed to be identifying signals of harm potentially, and then making recommendations to the sponsors about how to make the program safer.

Dr. Peter McCullough:

So this was a giant abrogation of the fiduciary responsibility of the FDA and the NIH. Again, this is going to go down in regulatory history as one of the most colossal blunders of all time. How can you do the largest clinical investigation in the history of medicine and have no safeguards? You have no mechanisms to protect Americans from potentially what could happen with the vaccine program.

Dr. Joseph Mercola:

Well, thank you for that backstory. I was not aware of that. And that's even more shocking that this is a process that is regularly engaged in any type of similar bringing together ultimately to the consumer. So what do you think the motivation or reason was that they chose to ignore these pretty much standardized safety measures?

Dr. Peter McCullough:

How I read it is there had been such a suppression of early treatment. Really little focus on the hospital after the first few months and a complete propagandized campaign for social distancing, wearing masks, promoting fear, suffering, hospitalization and death. And to prepare the

population for mass vaccination, the last thing they wanted to do is have anything that could potentially restrict the population that would be taking the vaccine. And so, I don't think they actually wanted any safety safeguards. I thought their goal from the very beginning was to try to railroad this to every single individual with two legs. And the most important moniker was, "A needle in every arm."

Dr. Peter McCullough:

When those billboards went up in every city in the United States, the stakeholders, which are the CDC, the NIH, the U.S. FDA, and then Pfizer, Moderna, J&J outside the United States, AstraZeneca. Those stakeholders, they meant business. When they say "needle in every arm," that's not a joke. It's not a needle in every arm for who's appropriate, or a needle in every arm for medically indicated. No, that is a needle in every arm of every human being. And they mean it. And I think Americans should be frightened.

Dr. Joseph Mercola:

So I suspect at some point in the future we will be on the other side of this. And when we reach that point, do you believe that these criminals, and that is being kind, will ultimately be prosecuted under the Nuremberg Code of that was developed in World War II? Because these are absolute crimes against humanity.

Dr. Peter McCullough:

Well, crimes against humanity charges have been filed in international courts led by many individuals. Dr. Reiner Fuellmich would take mention there that they do qualify for crimes against humanity. How could one possibly have a large clinical investigation, ask individuals to sign consent, and then provide no safety mechanisms in place, really provide nothing with respect to safety of individuals? So everything about the vaccine is about safety. And the reports that have accrued are so voluminous that if the stakeholders wanted to make the case that the vaccines are safe, they should make it with data. They don't, they simply say on TV and through all the different messaging, the vaccines are safe. And the medical societies are justice complicit. So if you go to the AMA, American College of Physicians, American College of Obstetricians and Gynecologists, they say the same thing, "Vaccine is safe. No unqualified, vaccine is safe."

Dr. Peter McCullough:

Well, those organizations also, there's a large swath of individuals who are going to have to answer. Do we already have over 300,000 safety reports filed and certified by the CDC? We're approaching 6,000 unexplained deaths after the vaccination, occurring on days 1, 2, 3 and 4 in about 40%. We are approaching 20,000 Americans hospitalized. We have very good evidence to suggest that this is grossly underreported. This could only be 10%. This could be the tip of the iceberg. We have red hot problems, like children and young adults developing myocarditis or inflammation of the heart. I just saw such a patient yesterday. These are proven cases. This is not make-believe. This is for real. So you may ask the question, how in the world could this happen? Well, the first element of this happening is the vaccines as they exist today, either messenger RNA, or adenoviral DNA, the mechanism of action is not safe. The mechanism of action poses a biologic danger.

Dr. Peter McCullough:

So these vaccines all trick the body into making the spike protein of the virus. The spike protein itself is pathogenic. It's actually what makes the virus dangerous. It was the object of gain-of-function research. So it has a dangerous mechanism of action. Why? Because a spike protein is produced in an uncontrolled fashion. It's not like a tetanus shot where there's only a certain amount of protein that's injected. This is an uncontrolled quantity of spike protein. Probably each person's different, some may have a small production of it. They have very little symptoms after the vaccine, they're fine. Hopefully that's the majority of individuals, but there are unfortunate individuals who must have massive amount of spike protein, and that spike protein ravages the body. Wherever the spike protein is locally made, and we do know the messenger RNA and the adenoviral DNA gets distributed in all the organs.

Dr. Peter McCullough:

So if messenger RNA is up in the brain and we start producing spike protein in the brain, we cause local brain injury. So there are now well-described neurologic injury cases with the vaccine, many of them in the heart, the same thing that causes myocarditis and cardiac injury. Liver injury, lung injury, kidney injury. And very importantly, the spike protein damages endothelial cells and causes blood clotting. And so blood clotting, the dreaded complication of the infection itself is now caused by the vaccine. So a dangerous mechanism of action. And everything we found out about the vaccine since its release has been bad.

Dr. Joseph Mercola:

Well, thank you for expanding on that. And to take that to another level, we have other whistleblowers, I'm thinking specifically of Michael Yeadon, who is the chief scientist at Pfizer, before he – former chief scientist because he decided to leave them and has been blowing the alarm signals that his concerns are that nearly everyone has the potential and likelihood of dying from complications from this vaccine within two to three years. And there's two phases of that, of course, the acute phase, which you referenced earlier, where the people are having these reactions. And we've already got a minimum of 6,000 deaths reported as of time of this recording. You could add probably at least another zero to that to come closer to reality. And many of these reports are being suppressed. When I interviewed Dr. Zelenko, he reported that he personally knew himself and his friends had sought to report 20 documented deaths from the vaccine to the virus database and they were refused. They would not let them report them. And others have been scrubbed.

Dr. Joseph Mercola:

So it's a significant number that are out there, and this is the acute phase. But the question I'd like you to address is, what is your projection or prediction for the future, which is this year when we're probably close to 200 million people who have been vaccinated in the United States, or COVID-injected would be a more accurate term? And the physiological response that we're concerned about is something that I like to refer to as PIE because it's more accurate. It's this paradoxical immune enhancement. Other people call it pathogenic priming or ADE, antibody-dependent enhancement, which essentially results in this cascade of immunological reactions that rather than help treat the disease, they've actually wind up killing you. So what is your belief

that's going to happen in this fall and the following year or two to the people who've been injected with this vaccine?

Dr. Peter McCullough:

Well, there's great discussion on what is the future. We're so busy with the acute toxicity [crosstalk 00:33:48] to the vaccine. We're just absolutely overwhelmed. It's hard to imagine in three to six months where we will be. I mean, the only way we can stop the acute injury now is just stop taking the vaccine. I mean, that's pretty clear. And if there's any mother who's concerned about their child developing myocarditis, I mean, the way to avoid it is just don't bring your child to a vaccination center. And everyone's just going to have to learn to say no. I think RC the rapper, the young rapper, who's got this wonderful rap song, show it to the kids. It's just saying no. It's pretty simple. We cannot be harmed by the vaccine if we just decline it. And the vaccine is completely elective. The CDC, the NIH, FDA, they've all said it's elective. You don't have to take it. It's completely elective. Those agencies, by the way, themselves, they're not taking it.

Dr. Peter McCullough:

So nobody has to take it. And everyone's in a school or a university, or a workplace, where they're saying, “I have to take it, or I have to take it for travel,” and the answer is, “No you don't.” You do not have to take it for travel. And yes, you can show up to work without the vaccine. And yes, you can show up to school without the vaccine. These are forms of intimidation and almost every one of these institutions actually hasn't written a policy. And if they don't have a policy that's been vetted with fair exemptions, that's just intimidation. That's like saying you can't show up to work with a blue tie. If I want to wear a blue tie, I'm going to show up to work.

Dr. Peter McCullough:

I think Americans are going to have to have that type of backbone in order to break this wave of propaganda. And in a sense, ill intent that's levered on the American people. “I got to tell you what, I plan to, it's not going to stop me, and nobody can.” I think Americans need that type of gusto. I know so many people who are cowering here. I get emails every day, "Dr. McCullough, can you help me?" I said, "What have you done? Have you called the administrators? Have you filed your grievance?" "No, I haven't. I'm so scared." The fear, Dr. Mercola, is extraordinary. Well, what's going to happen in the future? There are hints right now that the messenger RNA doesn't break down in a few days.

Dr. Joseph Mercola:

Mm-hmm (affirmative).

Dr. Peter McCullough:

That the natural RNA ACEs, the natural disposal systems that we have for the messenger RNA doesn't work. Now, we don't know about the adenoviral DNA. And actually I have a more favorable view of the adenoviral DNA products in the sense that maybe the body, because it's an adenoviral vector, that the body can fight that off and dispose of it. And as we sit here today, the Johnson and Johnson, per number of injections, has the fewest complications. And most

Americans think just the opposite because of that misdirection activity. And I think the vaccine stakeholders intentionally picked on Johnson and Johnson in order to distract attention away from really the terrible safety events we've seen with Pfizer and Moderna. The vast majority of all the devastation we've seen is with Pfizer and Moderna.

Dr. Joseph Mercola:

This is in the acute phase?

Dr. Peter McCullough:

Yeah, the acute phase. And what you point to is what could be the future? Well, obviously adenoviral DNA is very different than messenger RNA. So many have said, "Listen, the real gift of the vaccines, the real payload must be in the nanoparticles, they must be in the matrix." Now, I don't know, I'm not an expert about that. What I do know is these products all generate a fairly thin narrow veil of immunity. And I've talked to several experts on this to try and get an idea. My understanding is that they all code for the original Wuhan spike protein, which actually wasn't more virulent form of spike protein in the past. They all generate antibodies at a very high level to the spike protein, actually way higher than the natural infection. That gives you an idea that maybe the dose of spike protein is way too high in these preparations, because the antibodies are so much higher-

Dr. Joseph Mercola:

Well, and the spike protein itself – excuse me for interrupting – is different. It's not the same spike protein that SARS-CoV-2 generates. It's actually engineered into a way that it doesn't collapse on itself. It's got two extra proteins in there, which just keeps it really stiff and open when it attaches to the H2 receptor. And the justification for that is to increase exposure to the body's immune defense so they could generate more antibodies. But who knows the consequences of putting this altered spike protein in our body, which we know is a metabolic poison? Cellular toxin.

Dr. Peter McCullough:

So that's a fair comment. So the spike protein was genetically modified with the gain-of-function research that was going on in the Chinese lab. And it looks like our National Immunology Allergy debating director through funding was playing a role as well as investigators at UNC (University of North Carolina) in Chapel Hill. So Americans were complicit in the generation of this bioweapon, if you will. And then you're right, the vaccine manufacturers and Pfizer and Moderna are a little different in terms of their coding. They actually tried to work and create a code, which they used the term “reactogenicity,” but they were in a sense tweaking this to see what type of antibody response they could generate from it. And yeah, when you generate a really strong antibody response, in this case, it's actually more pathogenic. The belief is it's more pathogenic than the natural infection because we're seeing syndromes in vaccine victims. That's way worse than getting COVID-19 itself. I mean, the syndromes are actually horrendous.

Dr. Peter McCullough:

I haven't seen neurologic blindness, cervical myelitis, cerebellar syndrome. It's absolutely awful. It almost depends where the messenger RNA goes and how it's going to damage the human. But

having said all that, once we have this narrow library of antibodies which has a higher spike, it does trail off, the estimates are about 50 or so antibodies that are generated. The natural infection, it is probably a library of thousands of including IgG, IgM, IgA, over a thousand or more as it changes in T-cells or T-cell recognition. What I know about the vaccine is the T-cell changes that we can see are very modest. And everything I can put together biologically and what I see clinically is that vaccines aren't going to work, but for a few months. And we have a hint at that because the trials programs are truncated at two months. The absolute risk reduction was far less than 1%. Meaning the clinical trials, recruited people, were not coming into contact with COVID, there was very little challenge to a vaccinated patient with actually being challenged with COVID.

Dr. Peter McCullough:

And when the challenge really happened in the community, the CDC recorded over 10,000 cases of breakthrough COVID-19. The vaccine failed. The CDC disingenuously divided that by the total number of people vaccinated. And that was a gross misrepresentations to the public. The CDC didn't call everybody vaccinated to see if they got COVID-19, that was just a 10,000 brought forward. Since that time there's been another 4,000 cases that have been described. So the vaccine is not working. It's not stopping COVID-19 right now. And it has acute toxicity.

Dr. Joseph Mercola:

And it was never proven as such to stop the infection. It was only proven to, as I understand it, and please correct me if I'm wrong because you're the person who has the COVID fellowship, is that the COVID injection was only shown to lessen the symptoms, not prevent infection.

Dr. Peter McCullough:

Well, they had a binary definition of COVID-19 that you'd have to come forward with a syndrome and have a test. And that became a case of COVID-19. But because the individuals in the trials, they knew if they got the vaccine or not because they had vaccine reactions in the arm or not, it was completely unblinded. So fewer people actually came forward to even be evaluated. And those who've got the vaccine because they thought they were protected compared to those who received placebo. And interestingly, at least in the Pfizer program, this has been subsequently shown in Israel and France and elsewhere. After the first shot of messenger RNA, one is actually more susceptible to COVID-19. This has been shown time and time again. My first rash of patients with post vaccination COVID-19 in my practice was always after the first injection.

Dr. Peter McCullough:

And the theory here is that the body has been hit with the messenger RNA. The spike protein is generated, it's damaging some endothelial cells, and there's an immature library of antibodies that are being formed. And those antibodies, instead of protecting against the next exposure to COVID-19, they actually facilitate entry. That's called antibody-dependent enhancement. And I think there is evidence for that, at least with that little two-week flurry of increased risk. What we can expect long-term it's anyone's guess, but with a narrow library of antibodies, and even the FDA says, “The immunity that the vaccine patients get is not good enough to even use for convalescent plasma.” That's what the blood banks know. The blood banks know the vaccinated

patient is not nearly as good as a natural patient in order to even recruit plasma for convalescent plasma. I think that should tell the listeners something about vaccination. But long-term, what we don't know is-

Dr. Joseph Mercola:

Yeah, let me just stop there for a moment, because isn't it true that the blood, was the American Red Cross, whoever's responsible for blood donations, they said they excluded anyone from convalescent plasma who's been vaccinated?

Dr. Peter McCullough:

Yeah, that's true. That's interesting because we've had communications, and I personally have with the American Association of Blood Bank and the American Red Cross, they will let a vaccinated patient donate blood at any time but they're excluding that blood to help others with convalescent plasma. But there's a problem of letting them donate at any time because we now know after the first injection of messenger RNA, the spike protein circulates in the bloodstream. A doctor from Harvard showed this. And half of that, we know the messenger RNA goes everywhere. It doesn't stay on the arm as originally purported by the Salk Institute. So we actually know now the blood supply is contaminated. It's contaminated with messenger RNA and spike protein. The blood banking and American Red Cross are looking at this. Others are theorizing that hopefully there's enough people who have generated enough immunity, that there's ambient antibodies that neutralize the spike protein.

Dr. Peter McCullough:

But we've got a giant mess on our hands because there's no attention to safety. We should have rolled this out. We're giving an experimental genetic vaccine. They are disallowed from donating blood. We should have rolled this out and said, "Listen, limited to only the highest risk individuals who can – because we don't know." We certainly wouldn't want to vaccinate anybody, let's say below age 50, or with less than a 1% chance of hospitalization and death. You can't make less than 1% more smaller than that and have it be clinically meaningful. That's the reason why the vaccine program will never have an impact on the epidemiologic curves. Dr. Brown from Canada has done the analysis. It's impossible. Someone sent me an email the other day, "Dr. McCullough, don't you think that the pandemic is being favorably impacted by the vaccination program?" The answer is no. We look at the clinical trials, less than 1% absolute risk reduction. It means mathematically it's impossible for mass vaccination to have a favorable impact on the population.

Dr. Joseph Mercola:

Yeah, but it does provide an immunity to one process that's very effective. You know what that immunity is? That immunity is immunity from prosecution and liability from damages from the vaccine manufacturers. They very cleverly constructed that into the equation.

Dr. Peter McCullough:

I thought you were going to say immunity from fear. I think one of the great impacts of the vaccine program is the relief of fear. Unfortunately it bolsters the false competence. All these patients that I've had who had COVID-19 [inaudible 00:45:22] fully vaccinated. They're furious,

because they say, "I took the risk of this vaccine. I took the risk of blood clots and now I wind up with COVID anyway." Of the 10,000 patients the CDC reported, and by the way, the CDC was so overwhelmed. They gave up. God knows how many tens or hundreds of thousands of Americans had gotten vaccinated. They get COVID-19 anyway. It looks just like regular COVID. In the data they had, it was at 9% risk of hospitalization and then 3% risk of death.

Dr. Joseph Mercola:

Jeez, this is from those who got the COVID injection?

Dr. Peter McCullough:

They were fully vaccinated and then they got COVID-19 respiratory infection.

Dr. Joseph Mercola:

Wow. That is amazing. In all that context, we skipped over the process. And I think this happened before you started medical school, was the swine flu vaccination in the mid to late '70s that was introduced to extensively reduce the risk of deaths from the swine flu. And they wisely at that time, and interestingly, this was prior to the massive censorship that exist in today's media, but they allowed Mike Wallace from CBS' "60 Minutes" to have an extensive interview. The really good investigative journalism that expose this very clearly, although for the most part, it's scrubbed off of YouTube, but you can find copies of that interview. And the basics of it is essentially they had established criteria that they shut down, I think less than 50 million and close to 50 million people were vaccinated with the swine flu, but they had I believe 53 deaths before they shut it down. And this was prior to 1986, where they had the vaccine injury compensation program.

Dr. Joseph Mercola:

So the government assumed responsibility, and wound up paying close to $4 billion in damages from deaths, and Guillain-Barre mostly complications. But the point is, they shut it down after 50 deaths. Now, if you accept 6,000, which is probably closer to 60,000, it could be significantly higher than that, that is hundreds of times higher than the number of people who died in the swine flu. And yet it's not only still going strongly, the government is paying almost $4 billion in money to the media companies to advertise for this vaccine. And states are giving millions of dollars away in lottery programs to encourage people to get the vaccines, and bribe them, encourage them. Bribe would be a better term. So I'm wondering if you could just comment on that observation.

Dr. Peter McCullough:

Well, let's just frame these standards of safety. So you mentioned swine flu, and you're right, that was about eight years before I started medical school. But in 1976, with the swine flu vaccine, we had vaccinated a quarter of Americans. There were 220 million Americans at the time, vaccinated roughly 55 million. That's what I know. And at the time they called it, I think it was 500 cases of Guillain-Barre, 25 deaths, of which there were a few more deaths that occurred after the call. But they stopped it for safety. What we know with the Vaccine Adverse Event Reporting System, over all years, all 70 vaccines, probably easily 500 million shots a year. I just

got two vaccines this year. I got flu vacs and shingles vacs. We all take vaccines. What we know-

Dr. Joseph Mercola:

Not all of us. Many of us do that.

Dr. Peter McCullough:

But roughly 98% of Americans take vaccines. 2% don't. But in general, most Americans do. What we know is that the number of safety reports that are certified by the CDC divided by all the years up to 2019 is about 16,000. We know all the deaths per year that gets certified by the CDC that happened to come in to the database and they have no temporal relationship to the shot, okay, is about 160 or so deaths. There's some vaccines Americans know well, all the kids get vaccinated for meningococcal vaccine before they grow up to college, 20 million kids, zero deaths. That's kind of the expectation of safety. I have reviewed the data for key leaders in Washington this week, and going back, I didn't call it at the time, but going back, we exceeded a threshold of safety for the COVID-19 vaccines on January 22nd. January 22nd, we exceeded a threshold that should have raised alarm.

Dr. Peter McCullough:

If we had a Data Safety Monitoring Report in place, they would have been having emergency meetings at the end of January, and said, "You know what? What we're seeing is not good. We're not good." Listen, I've shut down major pharmaceutical programs for exceeding that. We can actually calculate what's called the "competence interval." And when we exceed a competence interval for risks above a certain risk limit, we call it. And that occurred on January 22nd. And here we are full-blown, five months later, this is absolutely – will go down in history as the biggest biological catastrophe, the biggest medical, biological product safety catastrophe in human history, by far, there's nothing close.

Dr. Peter McCullough:

We're not talking about [inaudible 00:50:43], we're not talking about pacemaker lead recalls, we're not talking about [inaudible 00:50:49] or anything else. This is it. This is going to top it. This will go down in – schools of public health will have entire classes on this, about, "How did this happen?" How did all these things – there's discussions now that this is out of control. Everybody recognizes that something very terrible is going on, but no one knows how to shut it down. That the hubris and the momentum is so unbelievably strong. You can imagine how many heads are going to roll when this thing ultimately comes to its finality.

Dr. Joseph Mercola:

Yeah, that's a very powerful statement as to what's occurred to date. And as we're recording this, this is prior to the 4th of July holiday. So can you imagine if some of these projections, like Dr. Yeadon and actually the clinician... not clinician but this research scientist I've neglected to mention, Luc Montagnier, who is the discoverer and winner of the Nobel prize for identifying the HIV virus, that they project that the majority of people who've gotten this injection will be dead in two to three years. So can you imagine, because that's exponentially worse than what's already happened and you've qualified as the biggest biological disaster in humanity.

Dr. Peter McCullough:

Okay. So let me respond to that with the following. We only had safety data for 24 months. The prior FDA guidance was – we only had safety data for two months. The prior regulatory guidance was 24 months minimum. We would never let a vaccine get out of the gate unless we knew what happened for the next two years. That's in the guidance for vaccine manufacturers by the US FDA. That was truncated into two months. When individuals signed consent, it says, "We don't know if this is going to work, we don't know if it's going to last, and we don't know if it's going to save." They say that. And so anybody who takes the vaccine is going to have to think about this and understand that we don't know anything beyond two months. We know nothing beyond two months.

Dr. Peter McCullough:

So given all the short-term risks, if there is any long-term risk, any at all, it is absolutely compounding this unknown. So what I know in the literature right now is there could be a risk given the narrow spectrum of immunologic coverage here that without a broader-based polyvalent booster, that there could be such a narrow immunity, that a more virulent strain could overwhelm it. And in a sense, everyone's keyed up to a narrow immunity. That strain probably wouldn't occur by natural mutation, but it could from intentional bioterrorism. Okay. So the idea is the natural mutations continue to get weaker and weaker. The most recent variant is the Delta variant. That's the weakest of all the variants, most easily treatable. But if someone, let's say a nefarious entity created a specifically more virulent virus, it could easily be designed to scoot past a very narrow immunity that hundreds of millions, if not billions of people, will be keyed up to a narrow immunity.

Dr. Peter McCullough:

The other thing we have to contemplate is that if these genetic vaccines, if they do anything on terms to the human body, which is adverse, they don't probably get disposed of, what else could they do? It's been disturbing that there now has been enough studies to suggest there is some reverse transcription that in fact the RNA creates DNA and then DNA gets permanently put into the human genome. We know this from the natural infection. In fact, the T-Detect test actually checks the T-cells when it tracks the DNA. This is a commercial test you can get if you had COVID-19, and it looks for a minor chromosomal re-arrangements that code for cell surface receptors on T-cells. So we already know the natural infection in a sense puts a mark on our DNA. And the question is, if the synthetic messenger RNA or adenoviral DNAs, in fact, create some permanent change to the genome, we didn't ever have genotoxicity studies done, so we don't know. We do know that there's an interaction now. This is a recent paper that came out between two important cancer suppressor genes, PrCa and p53.

Dr. Peter McCullough:

This is disturbing because we're using novel genetic material and it's possible that they're oncogenic. We know actually some other viruses are oncogenic, including Epstein-Barr virus. So when that paper hit in my field, we said, "Oh no, we're setting up people for cancer risk of solid organ cancers, like breast cancer, colon cancer, lung cancer, et cetera. It is a sick feeling what we've learned there. We do understand now that there must be cell damage that's occurring with

this spike protein inside cells. And that if it's not turned off, that spike protein generation could end up with some type of chronic disease.

Dr. Peter McCullough:

So there's elements of the spike protein that are similar to prions that occur in neurologic disease, for instance. There may be intracellular changes as the body keeps cranking the spike protein, which you're not supposed to crank, that cause other problems in cells, accumulation, cell damage, dropout. The future development of heart failure comes to mind, gastrointestinal illnesses, pulmonary fibrosis, neurodegenerative diseases. We could be onto the start of a whole new genre of chronic disease in America due to this mass experimentation of genetic products in the human body.

Dr. Joseph Mercola:

Yeah. Thank you for expanding on that because that's like phase three. But I'm particularly curious about phase two, because when you look at the studies, developing coronavirus vaccines is nothing new, we've been trying to do, as I understand, for well over a decade, maybe 15 years. And in the early animal experiments, when they attempted to do that, they were able to produce a significant humeral antibody response from these early vaccines in the animals. So they've got the antibodies, they're all supposedly working, but when they expose them to the actual infection, virtually all of them died from this process called ADE, antibody-dependent enhancement. So I'm wondering if you believe that exposure of those who've gotten the COVID injection in the fall to the typical coronavirus infections that are about 30% of the common cold, if that is enough to trigger this ADE response in those who've gotten the injection.

Dr. Peter McCullough:

No, I listened to your question carefully and I'll tell you I think you're reaching the range of my knowledge. My intuition says no, that I don't think that's going to happen.

Dr. Joseph Mercola:

That's what others are concerned about.

Dr. Peter McCullough:

I know, but I don't think so. There's been some recent reports that even individuals who've had the natural infection and there's no measurable antibodies whatsoever, that if we do a bone marrow biopsy, in a sense plasma cells and pre-B cells that are already keyed up and ready to respond. No, I don't think that the antibody response is going to be long-lasting enough in the vaccinated individuals, unless they keep taking limited boosters. And I don't think the mechanisms of action are strong enough to explain it. There was a recent paper from Edinburgh in the U.K. where fully vaccinated people get the Delta virus. And it doesn't look like it's a serious infection or-

Dr. Joseph Mercola:

So even with a coronavirus infection, let alone, I mean the SARS-CoV-2 infection, as opposed to just a more generic coronavirus infection [crosstalk 00:58:42]. You're not observing that.

Dr. Peter McCullough:

I know where you're getting me. I'll make a prediction. No, it's not going to happen, so-

Dr. Joseph Mercola:

All right. Well, that's good. That's reassuring because the alternative is just beyond devastating.

Dr. Peter McCullough:

Okay. But here's the fair thing about this Joe, that Dr. McCullough can make a prediction, Dr. Yeadon, Dr. Vanden Bossche, Dr. Bridle, Dr. Mercola. But the idea is we're working as a team and we have a range of ideas. What America is not seeing right now is they're not seeing a team on TV, and they're not seeing a range of ideas. If we can't generate the range of ideas, then we can't possibly develop a biomedical response to it, right? So we're in the idea-generation phases. Our officials in Washington right now ought to be brainstorming about what bad could happen after the vaccine. Our American public servants ought to be doing role-playing and scenario-playing about what bad could happen because if we can't anticipate something bad, we can't possibly have it when it comes. And so we're having a range of ideas.

Dr. Joseph Mercola:

Yeah. The example of that would be the good version of Event 201, which for many are aware of was put together six weeks or so before the COVID-19 pandemic started in, I think it was in Johns Hopkins, sponsored it in New York City with the World Health Organization, Bill and Melinda Gates Foundation. But they were the people behind this, many believe. So you're proposing the good version of that. This challenge of implementing something like that is that the censorship would eliminate it on any major platform. So you're somewhat limited in exposing a larger number of people to these concepts.

Dr. Peter McCullough:

Yeah, I'd just say, as we get to the end here, that there is hope on the horizon. If these genetic vaccines are just basically rushed, botched biotechnology, and let's say that there's no nefarious intent, that it's just botched. No Pfizer, Moderna, J&J, Operation Warp Speed, CDC, and NIH is just grossly incompetent. It’s just gross incompetence. And they rushed out bad sets of products and thousands of Americans were killed. And let's say that's the explanation. Novavax has come forward, last week came their top line results, that's an antigen-based vaccine, that's the spike protein put in a matrix in the body it makes an immune response to it. It had 90% vaccine efficacy, actually had a little longer duration of follow-up than Pfizer and Moderna, and the safety looks much better. Only grade one, grade two safety events. Nothing grade three or grade four.

Dr. Peter McCullough:

Now we could get burned with Novavax, but on face value right now, it looks way better. And I think Americans have been so primed to take a vaccine that if we come at them and say, “Just say no,” I mean, there are mothers in a trance that literally are offering up their kids to the vaccine centers, maybe a shift towards saying, "Listen, let's see how Novavax comes out." But if there's a safer vaccine to potentially crosswalk too quickly, that makes you maybe more acceptable in the short term.

Dr. Peter McCullough:

My personal view is that I think the vaccine program has been a disaster. We should have just treated COVID-19 as an illness. We never should have shut down the schools or anything else, none of this wearing masks. We should have just treated the acute problem, and we would have gotten ourselves out of a pandemic. I was on with Sebastian Gorka this week and we went over it in detail. I honestly think that was the way to go. But having said this, as we've committed down this primary vaccination program, maybe if we could just get to a safe vaccine, that would be the next good step.

Dr. Joseph Mercola:

Yeah, that's certainly one option. So if you can pile a list of the interviews given into your works that you've done in a website that people can access, if they want further information?

Dr. Peter McCullough:

Yeah, I'm putting a fair number on America Out Loud, the McCullough Report. And I do have a podcast each week and I bring on experts like yourself — you're on the all-star list to come up in the future — to get people's viewpoints. And I'm going inside and outside the United States. I'm crossing a lot of different lines. I've brought dentists on, naturopathic medicine specialists, Canadians, Americans, people from the UK and Europe. I have somebody from Romania tomorrow I'm going to interview. Because what I've seen has been so disturbing, no interchange, no view to the outside world. Americans would not know that two hours south of us, Central America, they're passing out treatment kits, and they are breezing through COVID-19 down in Central America.

Dr. Peter McCullough:

Americans would not know. As Americans shudder in fear, waiting for the vaccine, people are skipping around Central America, taking some hydroxychloroquine and ivermectin and breezing through the pandemic. So what I want to do is I want to give a window to Americans about what's going on outside of America and innovative approaches. And we're spending a lot of time on vaccine safety. We're going over these issues. Everything we do on the McCullough Report is cited, we have data, everything can be backed up and the science is our barometer. It's not a matter of my opinion, you and I didn't give our opinions today. We're basically interpreting the evidence as it's coming forward.

Dr. Joseph Mercola:

Yeah. So how does someone get to that website?

Dr. Peter McCullough:

So it's America Out Loud, the McCullough Report.

Dr. Joseph Mercola:

Is that the domain?

Dr. Peter McCullough:

Yeah. So it's AmericaOutLoud.com/The-McCullough-Report.

Dr. Joseph Mercola:

Okay, AmericaOutLoud.com/The-McCullough-Report. Perfect. All right. Well, I'd be delighted to go on your program. I think my expertise is optimizing your biology to generate the most powerful and profound immune response. And as a byproduct and side effect is to get healthier and live longer with less disease. Imagine that.

Dr. Peter McCullough:

Now, that's a good side effect. That's the side effect we want, not the side effect of the vaccine.

Dr. Joseph Mercola:

Yeah. That's for darn sure. So I can't thank you enough for all you've done for bringing – for someone as well-credentialed in you and committed to the scientific method and the improvement of health. The true reason why people go to med school [is] to help people. I mean, you still retain this. So many physicians just abandoned that and they get corrupted with fear and others concerns that essentially impairs their ability to achieve that mission. So I thank you for all your efforts and help, and really mitigating and lessening the damage that this propaganda has inflicted in so many people.

Dr. Peter McCullough:

Thank you so much, Dr. Mercola. It's great to join you.

Dr. Joseph Mercola:

All right.