

Exhibit 603

COVID-19 Vaccines May Cause Harm Five Years after Injection

US Congressional Testimony
Drs. McCullough, Cole, Milhoan

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Transcript

Courageous Discourse with Dr Peter McCullough 0:00

Courageous Discourse with Dr Peter McCullough 0:19

of The Detrimental Effects of the COVID Vaccine that
the government forced on so many Americans. 0:38

And I want to thank all of the Americans watching
this hearing today. 0:45

So thank you for being engaged, including the
countless Americans who have themselves been
injured by one of these vaccines or have lost a loved
one to them. 0:49

That should have never happened. 1:00

The reason why I'm holding yet another hearing on
COVID-19 vaccines 1:02

Despite being a member of the COVID-19 Select
Committee is because our committee refuses to do
anything about what Americans actually care about. 1:06

We all know that COVID came from a Chinese lab in
Wuhan. 1:17

1:21

We don't need to investigate the origins of COVID anymore.

1:25

We need to look at the data of which there is so much that shows the vaccines hurt or killed thousands of Americans.

1:34

And then also what is COVID going to continue doing to people?

1:38

The Vaccine Adverse Events Reporting System has seen a massive spike in reports following the rollout of the COVID vaccines.

1:46

So many people have been affected.

1:49

Yet politicians here in Washington are too afraid to do anything about it.

1:53

Well, our job is to care about the issues our constituents care about.

1:58

For me, it's the people of Northwest Georgia.

2:00

For Senator Johnson, it's the people of Wisconsin.

2:03

Why is it that so many members of Congress are scared to talk about the issues their constituents care about?

2:10

Well, I'll tell you.

2:11

Many of them, including doctors, are afraid of generating vaccine hesitancy.

2:16

But I am afraid of the prospects of thousands, if not more, Americans getting injured or dying from these vaccines.

2:24

Given the overwhelming data, people should be hesitant about injecting unproven vaccines in their bodies.

2:32

Even though I'm not a doctor, I know that it's unscientific to ignore the data.

2:38

Some members of Congress are afraid to upset their friends in Big Pharma who sell the disease and then sell the cure and their friends in Congress in turn force Americans to pay for it.

2:51

This is how Washington works in many cases.

2:54

Courageous Discourse with Dr Peter McCullough

3:13

Who Are Sick and Tired of Being Exploited by Their Elected Representatives.

3:18

The work of restoring the people's voice in Washington continues right here and right now.

3:24

Today, I'd like to introduce our witnesses and gentlemen, I would like to go one at a time and give you a chance to introduce yourself for our hearing.

3:34

Dr. Cole, we can start with you.

3:36

Thank you, Representative Green, and it's an honor to be here.

3:40

And I appreciate everything you're doing for your constituents and for the American people.

3:45

I'm Dr. Ryan Cole.

3:46

I'm a board certified anatomic and clinical pathologist trained at the Mayo Clinic.

3:50

I've been in practice for over 20 years and ran an independent medical laboratory.

3:56

Courageous Discourse with Dr Peter McCullough

4:23

It used to be that we were a nation of the people, for the people, by the people.

4:27

And now we're of the corporation, for the corporation, and by the corporation.

4:31

Countless Americans have been harmed because people have believed biased media.

4:38

People have believed corrupt pharmaceutical narratives.

4:44

Countless people in this nation are hurting and being ignored.

4:49

Now, I'm a pathologist.

4:50

The pathologist is the most important doctor that you never meet that you always hope is right.

4:55

So we see a part of people every day, we see your blood, we see your microbiology, we see your tissues under the microscope, and the cells don't lie.

5:05

And what we've found in this unfortunate four years is we've been ignored.

5:11

We See the Damage.

5:12

And later in the hearing, I have some slides that I, if we have time, I'll share, because the picture is worth a thousand words.

5:20

But we see what's happening to the people.

5:22

And I'm tired of the American people being gaslit and being told, well, it's anything and everything, but it's not the, quote, vaccine.

5:29

This is a gene transfection product that billions of people have received.

5:33

And genetic products need to be monitored for a long period of time.

5:38

We have countless people injured that are being ignored.

5:41

And we can't do this anymore.

5:43

And, you know, I'm not here to judge people.

5:45

If you got one shot, two shot, three shots, whatever, I'm not here to judge.

5:49

I'm just saying don't get another one.

5:51

This is an unproven, unsafe product.

5:53

We need to acknowledge that there's injury happening around the world.

5:58

And we need to stop these products immediately, not just the COVID shots.

6:02

Any mRNA platform going forward is unproven and unsafe. 6:07

And this is about an oath that all of us took. 6:10

We took an oath to first do no harm. 6:13

Primum non nocere. 6:15

We take that oath seriously. 6:16

Most of us sitting here have given up almost everything. 6:19

So we're grateful to be here. 6:21

And I'm grateful for the opportunity to ask questions or answer any questions you may ask going forward. 6:25

So thank you. 6:26

Courageous Discourse with Dr Peter McCullough. 6:28

Thank you, Dr Cole. 6:31

Dr Peter McCullough. 6:31

Mr. Ms. 6:32

Madam Chairwoman and Senator Johnson, Mr Davidson.

6:38

It's a great honor to be here as I've been in Washington now several times.

6:43

I'm Dr Peter McCullough.

6:44

I'm a practicing internist and cardiologist in Dallas, Texas.

6:48

I'm trained in public health and have a master's degree in public health and epidemiology.

6:54

I'm very experienced in academic medicine.

6:56

I have over 780 peer-reviewed publications cited at the National Library of Medicine.

7:03

I have over 70 papers on the COVID-19 pandemic, both on many aspects of the pandemic including early treatment and now vaccine injuries, disabilities, and deaths.

7:16

I have been on data safety monitoring boards and interacted with the FDA and big pharma and device companies.

7:23

I've interacted with the European medicine agencies as well as the MHRA in the past, lectured at virtually every medical school in the United States.

7:33

I'm well known to all of them.

7:35

You know, we're four years into this.

7:38

And this is the first time that the US House of Representatives has heard from doctors who are directly treating patients with both COVID-19 and the vaccine injuries.

7:48

That's four years too late.

7:49

I think that's a very important lesson learned.

7:53

I never supported these vaccines.

7:56

I never told a single patient that it was safe to take a vaccine.

8:00

I didn't take a COVID-19 vaccine myself because it wasn't safe.

8:04

And I published an op-ed in The Hill in August of 2020 before they came out.

8:10

The title of that op-ed is The Great Gamble of the COVID-19 Vaccine Pandemic.

The reason why it was a gamble 8:15

is Because the Vaccines. 8:17

And of Americans who took the vaccine, it's roughly 8:19
75% of Americans took at least one shot, according
to the COVID states program.

Of those, 94% took a messenger RNA vaccines. 8:26

So we can restrict our comments to messenger RNA 8:30
vaccines provided by Pfizer and Moderna.

These vaccines are a brand new technology that 8:36
installs the genetic code for the lethal part of the
virus, which is the spike protein, the spine on the
surface of the virus.

This was an extraordinary gamble because there was 8:47
no knowledge of what was going to turn this off.

Once the genetic code gets in the body, there was no 8:54
knowledge of does the body get rid of the genetic
code?

What shuts it off? 9:00

9:02

Will some people produce too much genetic code and have it keep moving from cell to cell and too much spike protein?

9:10

It was known then that the spike protein was lethal.

9:13

Courageous Discourse with Dr Peter McCullough

9:24

was the most dangerous proposition our government agencies could have ever put forward to our country.

9:32

And what we've learned on this is extraordinary.

9:36

Castriutta and colleagues has published the messenger RNA is physically circulating in the blood for at least 28 days.

9:42

That's as long as they've looked.

9:44

Crosson and colleagues from Harvard has shown the messenger RNA is stuck in the human heart 30 days after the vaccine, when people die.

9:52

And There's Inflammation Around It Presumably Due to the Spike Protein

9:56

Rolkin and colleagues from Stanford have shown the messenger RNA is stuck in human lymph nodes for at least two months and that's as long as they've looked.

10:05

Now the spike protein which is produced by the messenger RNA is widely circulatory in blood and shown by Harvard, by Ogata and colleagues, Swank and recently Brogna in Germany.

10:16

Now Brogna in Germany looked six months afterwards and at least half the people who took the shots had vaccine spike proteins circulating in their bloodstream.

10:26

That's as long as they've looked.

10:27

And they can identify it because Pfizer and Moderna have an amino acid signature on their spike protein to let us identify.

10:34

We know that it's Pfizer and Moderna.

10:36

It doesn't come from the natural virus.

10:38

It's coming from the vaccine.

10:39

That's proven.

10:41

The spike protein now, in 3400 peer reviewed papers,

10:46

Courageous Discourse with Dr Peter McCullough

11:04

It accelerates atherosclerotic cardiovascular disease, causes tremendous swings in blood pressure and heart rate called posterior atherostatic tachycardia syndrome or POTS, causes neurologic injury, stroke, both ischemic and hemorrhagic, paralyzing syndromes including Guillain-Barre syndrome, small fiber neuropathy, ear ringing,

11:25

It causes blood clots.

11:26

The spike protein is physically found in blood clots.

11:30

The largest blood clots that we've ever seen in clinical medicine, typically a blood clot that someone would get after a hip surgery or on an airplane would be a centimeter or so.

11:39

It's common in my practice.

11:40

Yesterday, I saw patients with 15, 17, 2 feet blood clots in their legs.

11:48

After the Vaccine.

11:50

We see blood clots both on the arterial side and on the venous side.

11:53

This is distinctly unusual.

11:55

The body is set up after the vaccine to form blood clots.

11:59

And this is particularly harmful in people with a predilection to blood clots or other provocateurs, hip surgery, smoking, supplemental estrogens, prolonged immobility, etc.

12:12

The fourth major category where the vaccines clearly cause injury and damage is autoimmunity.

12:19

The human body recognizes the spike protein as non-human.

12:23

And so the body attacks its own cells in an attempt to try to fight this.

12:28

And because of this, the body then expresses markers of autoimmunity that now I routinely test in my practice, the antinuclear antibody, the ANA test, which is a test we do for systemic lupus,

12:39

The Anti-Citrullated Peptide Test for Rheumatoid Arthritis, and then the ANCA test, the Antineutrophilcytoplasmic Antibody Test.

12:47

These are now all proven in the peer-reviewed literature.

12:50

These blood tests turn positive in response to the vaccine, and people develop a variety of autoimmune syndromes.

12:58

This is what we're seeing clinically.

12:59

So my observations are based in terms of what I'm seeing clinically, what I'm reading in the peer-reviewed literature.

13:04

And in the peer-reviewed literature, large numbers of cases are being reported.

13:10

I want to cite one paper from the peer-reviewed literature, Lane and colleagues, that's assembled now a series of 18,204 patients with myopericarditis.

13:21

18,000.

13:21

Now I can tell you my whole career, I saw two cases before COVID-19.

13:27

Now I am seeing myocarditis on a daily basis.

13:30

The number of myocarditis cases in the United States before the pandemic was roughly 200 to 400 cases in the whole country per year.

13:38

Now we're seeing this in the thousands

13:42

Courageous Discourse with

13:59

The death rate has ranged from 0.41 for myopericarditis to 45.9%, 45.9%.

14:07

Halsher and colleagues, of which I am a senior author on this paper, has a paper in the preprint server and now it's been fully accepted to the European Society Cardiology Journal, has proven that myocarditis is fatal when autopsies are confirmed.

14:25

When the doctors suspect myocarditis, there's a 100% rate of confirmation that it's fatal myocarditis.

14:31

When there's general death that's occurred in a vaccinated patient, our data suggest that it's roughly 74% if an autopsy would be done, it would be confirmed that the vaccine was the cause of death.

14:45

Today a Rasmussen poll is out and the Rasmussen poll has shown that 53% of Americans think the COVID-19 vaccines are causing serious injuries leading to large numbers of quote unexplained deaths.

15:02

So the word is out.

15:05

I've made the call on the floor with Senator Johnson and a panel in the U.S.

	15:09
Senate, multiple state Senates, the European Parliament.	
	15:13
I'm making the call today.	
	15:14
The COVID-19 vaccines should be removed from the market.	
	15:17
They're not safe for human use.	
	15:19
Those are my comments.	
	15:20
Thank you.	
	15:21
Thank you, Dr. McCullough.	
	15:22
Thank you very much.	
	15:24
Dr. Milhoan.	
	15:25
Yes.	
	15:26
Thank you very much.	
	15:27
What an honor it is to be here.	
	15:29
My name is Kirk Millhon.	
	15:32

I am board certified in pediatrics and pediatric cardiology.

15:36

Before my medical degree, I got a PhD in cardiovascular physiology and pharmacology.

15:41

My thesis was on what causes inflammation in the heart.

15:46

Just so happens the pathway I was studying is exact pathway that COVID, the spike protein causes inflammation within our body.

15:56

I wanted to share what my heart is that I bring to this hearing as a physician and a scientist.

16:02

And it goes back to two basic historic ancient texts.

16:07

Dr. Ryan Cole already alluded to the Hippocratic Oath, which says, do no harm.

16:14

So as physicians, we are called, we have taken an oath to do no harm.

16:19

The second, and I consider this as I share my thoughts and my education and my experiences, comes from the Bible.

16:27

And it says, The goal of my instruction is love from a pure heart, a good conscience and a sincere faith.

16:34

We have, when I share what I'm seeing in my patients and throughout the literature, I share from a place of compassion, not of judgment.

16:48

When we see these patients, regardless of how they've been injured, we need to bring the loving and compassionate care to bear on these people who have been injured, and we have to find a way to treat them.

17:02

We can't just let them, there are too many of them, as Dr McCullough so clearly put out.

17:06

And I wanted, as he said at the end, at what Rasmussen was seeing,

17:12

I wanted to share because sometimes it's interesting when we're facing something, the non-scientists often show us and they look at data a little bit differently.

17:26

And a lot of times that comes from the financial, the insurance company, because the insurance company is basing their entire livelihood on well people not getting sick and knowing what percentage of well people should get sick.

17:40

So Ed Dowd is one of those financial guys and he's been looking at the insurance data.

17:46

And his research team recently evaluated the data out of UK.

17:52

And it was from the United Kingdom death and disability trends for cardiovascular diseases in 15 to 44 year olds.

18:02

What's important about that statement is you shouldn't have cardiovascular disease in 15 to 44 year olds.

18:09

So if this is now a spike, this is something we really have to look at.

18:12

So they found very concerning data, and I quote, we show a large increase in the morbidity and mortality due to disease of the cardiovascular system from 2021.

18:21

The increase in disability claims is consistent with the increase in excess deaths, and both are highly significant.

18:31

The data show a 13% increase in excess cardiovascular death in 2020, then a 30% increase in 2021, and a 44% increase in 2022.

18:43
Something significantly has increased excess cardiovascular deaths in 2021, and it continues.

18:50
As humans, physicians, and scientists, we should be curious with what has happened.

19:02
There's really only one major thing that happened in 2021.

19:08
And that was the rollout of this untested vaccine.

19:13
So as we go forward, I'll happy to answer questions and go into deeper explanations of and try to bring truth and transparency and honesty to this discussion.

19:25
But thank you for making this happen.

19:27
Thank you.

19:28
Powerful opening testimonies.

19:30
Thank you each.

19:31
I'll start with question and then we're all going to take turns up here and we really appreciate your honest and open answers.

19:39
I'd like to start out.

19:41
One of the things that's talked about is vaccine hesitancy.

19:45
Courageous Discourse with Dr Peter McCullough

20:05
The existing vaccines now they have grown in number and intensity over time and the mothers know this on the childhood schedules called the ACIP schedule.

20:14
ACIP is a committee charged by the CDC to recommend what American children should receive.

20:19
These conventional vaccines are either proteins such as the tetanus toxoid or the pneumococcal protein, hepatitis B protein,

20:29
And they're simply proteins that the body responds to.

20:32
The proteins themselves can't cause disease.

20:35
You can't get tetanus from a tetanus shot.

20:38
or they are killed viruses.

20:42
So for instance, influenza is a killed virus.

20:45
You get a flu shot.

20:46

You can't get flu from a flu shot because the virus is killed, but people get flu-like syndrome and they get confused with this, but it's a killed virus or it's a live attenuated virus.

20:58

That is the virus is alive, but it's crippled and it can't cause serious disease.

21:04

And an example there would be the shingles vaccine or the chicken pox vaccine.

21:09

And people will know that because if they've ever had the shingles vaccine, of which I've had, one will have a very serious reaction in the arm because the virus is alive.

21:19

It just can't cause full blown shingles, but it can cause a serious reaction.

21:23

Courageous Discourse with Dr Peter McCullough

21:42

that 1986 under the Reagan administration, the Congress and HHS wrote the vaccine injury compensation legislation, which said conventional vaccines have unavoidable harms.

21:59

So even the conventional vaccines that we trust, I've taken them all, my children have taken them all, they do have unavoidable harms.

22:08

And what's grown out of this is people have felt that if something has a harm, there must be freedom of choice on all forms of vaccines at every level.

22:19

So no vaccine should be mandated, in my view, at any level.

22:24

None of them are sufficiently compelling.

22:27

None of them completely prevent the disease.

22:30

The conventional vaccines actually have little data to support they block transmission.

22:35

Courageous Discourse with

22:53

Dr Peter McCullough, MD

23:11

the body's machinery to read the genetic called ribosomes and then they produce an uncontrolled amount of a protein, in this case the spike protein, for an uncontrolled duration of time.

23:23

So this is very different than a tetanus shot.

23:25

Tetanus shot is a specific amount of tetanus toxoid,
period.

23:29

The body digests this and goes away.

23:31

This is genetic code that produces the spike protein
it looks like potentially indefinitely.

23:38

The Human Body, to our knowledge, has no way of
breaking down the messenger RNA and has no way
of breaking down the spike protein.

23:46

There are no described enzymatic pathways for the
human body to dispose of this.

23:51

In my view, the COVID-19 vaccine program has
complicated this because people have taken
unprecedented numbers of shots.

23:59

If one was to follow the U.S.

24:00

government program right now, taking a shot every
six months with the primary series

24:04

Courageous Discourse with Dr Peter McCullough

24:23

We're not holding people responsible for this that
were forced to take the vaccine.

24:29

People that believed they were doing the right thing, they were told over and over again on the television, you're doing the right thing.

24:35

This is how you care for others.

24:37

But if these people are taking these vaccines and getting boosters and so forth, what does the spike protein do inside the body?

24:47

If our bodies can't break it down, what is the spike protein doing?

24:52

It's Found Circulating in Blood.

24:55

Recent paper by former NIH researcher David Scheim suggests, based on all the data, that 40% of it is actually linked to red blood cells.

25:04

So it's actually causing clumping of red blood cells.

25:06

And we see micro clumps of red blood cells now in multiple studies.

25:11

It's inside white blood cells.

25:13

Bruce Patterson at InCellDx has shown that it's inside CDC 16 monocytes.

25:18

And Dr Cole will share with us later on

25:20

The Spike Protein is penetrating all the tissues in the body.

25:24

So it's actually in tissue layers in the body and it appears to be accumulating.

25:31

Courageous Discourse with Dr Peter McCullough

25:54

Courageous Discourse with Dr Peter McCullough

26:13

In our CDC v-safe data, which over 10 million Americans volunteer in the data set, 7.7% of people really get sick and have to go to the emergency room or be hospitalized.

26:24

So what we've learned is the vaccines have been broadly applied.

26:28

Thank goodness most people are okay.

26:30

Courageous Discourse with Dr Peter McCullough

26:51

Courageous Discourse with Dr Peter McCullough

27:07

And again, I have some images I can show later, but we saw during COVID increased clotting markers in patients that were sick with COVID.

27:16

As Dr McCullough mentioned, the lethal toxic part of this virus, the spike protein, has a propensity to cause blood to clump.

27:26

These embalmers, I have many of these samples in my laboratory that we've looked at.

27:31

These are unusual clots and Dr Pretorius out of South Africa, Dr Kell out of the UK, Dr Jordan Vaughn in Alabama have researched this and the blood is forming a unique folding protein called amyloid.

27:47

And these clots are almost like a rubber band or a rubber ball.

27:51

And in pathology, you know, we use food descriptors for different things.

27:55

A normal clot is kind of jelly-like in terms of consistency.

27:59

These are very firm.

28:02

Another important thing to piggyback on what Dr McCullough said is compared to traditional vaccines, those you get in the arm, obviously there can be side effects from some of the chemical adjuvants.

28:16

These shots, the gene is wrapped in a little fat bubble, a lipid nanoparticle.

28:22

Now, if you look at the manufacturer's list of ingredients, all of these are not approved for human nor veterinary use, and yet went into billions of arms.

28:32

This fat bubble can go anywhere and everywhere in the body.

28:36

Courageous Discourse with Dr Peter McCullough

28:58

And so the first place they go is circulation.

29:02

And then they will, that little, like a magnet, a positive-negative charge, that fat bubble will attach to a cell, the gene will go in.

29:12

Human cells are meant to make human proteins.

29:15

Human cells are not meant to make foreign proteins.

29:19

And when our cells start making foreign proteins, our immune system goes on high alert and says, attack, attack.

29:28

And so our own immune system, our killer cells, our natural killer cells will go in and say, this is an enemy, start destroying those cells.

29:37

So we see liver damage, we see adrenal gland damage, we see brain damage, we see heart damage, we see damage of the blood vessels.

29:45

So these clots are because an inflammatory response is happening in the lining of the blood vessels first and foremost.

29:53

And then as the immune system reacts, there's this little waterfall cascade of this protein and this protein and this protein and this protein.

30:00

I won't get into all the clotting factors.

30:03

But because of this response, these clots form.

30:06

And as Dr McCullough mentioned, clinically he's seeing in patients clots that we have not seen historically.

30:14

And these are large clots, and these are firm clots, and these are hard-to-dissolve clots because that protein I mentioned, amyloid, is not easily broken down by the human body.

30:26

And there was a study that came out just last week or so showing in some vaccine-injured patients that there's amyloid even depositing in the muscles.

30:38

And that's because the muscle fibers are breaking down.

30:40

So these patients with chronic fatigue, it's like the perfect poison protein, the spike protein.

30:47

Does it cause clotting?

30:48

Yes.

30:49

Does it cause neurologic harm?

30:50

Absolutely.

30:52

An Italian study showed 19,000 patients, study showed that 30%, almost a third,

30:59

John Leake, MD, PhD

31:12

Courageous Discourse with Dr Peter McCullough

31:32

This gene doesn't have an off switch and it isn't mRNA.

31:36

It is synthetic mRNA.

31:38

Researchers out of Cambridge and Oxford recently published and showed that it's not just making spike protein.

31:46

It's this little message in code is slipping. 31:50

Courageous Discourse with Dr Peter McCullough 32:11

Courageous Discourse with Dr Peter McCullough 32:28

Courageous Discourse with Dr Peter McCullough 32:47

So is it fair to say then that these vaccine manufacturers created these vaccines with synthetic mRNA that has created diseases, heart disease, strokes, neurological problems, everything that you've talked about. 33:04

Do these same vaccine manufacturers sell the cures? 33:08

Courageous Discourse with Dr Peter McCullough 33:18

Courageous Discourse with Dr Peter McCullough 33:38

in my career. 33:40

Never. 33:41

I mean, this is extraordinary. 33:42

All day long, I'm confronted with blood clots of different scenarios. 33:46

A paper to cite by Wu and colleagues from the FDA, Silver Springs, Maryland, a scientist of the FDA published this paper.

33:54

Now it's with the Janssen vaccine, the Janssen vaccine, which is now off the market.

33:59

But to give you an idea,

34:01

Courageous Discourse with Dr Peter McCullough

34:32

Dr Peter McCullough, MD

34:46

to instead of replacing every so many uracils, to actually replace them all.

34:52

And they took a messenger RNA that would have been broken down pretty quickly and made it essentially indestructible.

34:59

And so that's what creates the messenger RNA is read by a ribosome, passed to another one, passed from cell to cell, and again the disturbing thing is the companies have not told us

35:11

When Does This Ever Get Out of the Body?

35:14

In order for a drug to be approved, it has to go through standard what's called pharmacokinetic and pharmacodynamic testing.

35:21
All of this was skipped.

35:22
They never told us, when does the body get rid of this?

35:25
When does the spike protein shut off?

35:28
It's a genetic code.

35:31
Now, the FDA prior to the pandemic has rules on genetic therapies.

35:35
The window of safety concern on a genetic therapy is five years.

35:41
Courageous Discourse with Dr Peter McCullough

35:56
Courageous Discourse with Dr Peter McCullough

36:26
Well, first of all, thank you, Congresswoman.

36:28
This is, I know, not a real popular hearing for you to hold.

36:33
It's not a real popular thing that these two, these three doctors have been doing over the last three years.

36:40

I've actually got the full list of all of the torment
you've gone through, but you've all been
investigated. 36:46

You've all been maligned. 36:46

You've been vilified. 36:47

Attempts to be decertified, licenses restricted. 36:51

It hasn't been easy. 36:54

And what I do want to quick point out is we have
three doctors in front of us that all had the courage
and compassion to actually treat COVID patients. 37:05

Think back in the early days of COVID, we had no
idea how deadly it was. 37:11

And so it took real courage to be a nurse or a doctor
on the front lines and do that. 37:15

And so we have three doctors who did that. 37:18

Dr. McCullough, do you remember Dr. Jha? 37:21

John Leake Podcast featuring Peter McCullough, MD
titled 37:48

He is, or was the COVID czar for the Biden administration.

37:52

So I know I've veered off course.

37:54

First of all, let me say the first 45 minutes of this has just been a fabulous primer.

38:00

And if no, if people watching the video, if you, if you've not watched anything else, watch that first 45 minutes, we've laid the groundwork.

38:08

The question that's going through my mind, I've got all kinds of medical questions as well, but I want to ask the basic question.

38:14

with all the peer-reviewed studies, with all the clinical analysis that all of you have seen.

38:23

It's obvious to you.

38:25

It's been obvious to me for years.

38:29

The Courageous Discourse with Dr Peter McCullough

38:57

John Leake Podcast featuring Peter McCullough, MD titled

39:19

I put this as a comparison, and you can see the difference.

39:23

These, by the way, the top lines here are the FAERS, the FDA Adverse Event Reporting System.

39:29

It just shows total deaths reported over 27 years for ivermectin, 37 years for hydroxychloroquine, flu vaccines, dexamethasone, Tylenol.

39:38

You see that the average deaths per year, again, everything could potentially be dangerous, but you compare that

39:45

John Leake Podcast featuring Peter McCullough, MD titled

40:08

By the way, I also just because one of the pushbacks in this one, we gave billions of doses.

40:12

So I finally did the calculation in terms of deaths per million dose.

40:16

So for the COVID vaccine in the US, the deaths per million doses for COVID vaccine is 25.1.

40:22

On average, it's hard to get this for flu.

40:26

So we assume 70% of the flu vaccine administered was actually injected.

40:30

The deaths per million dose for the flu vaccine, assuming 70% are injected is 0.46.

40:37

0.46 versus 21, that's a 55 fold higher death per million rate for the COVID vaccine.

40:46

So my question, I actually have a question.

40:50

Why isn't the rest of the medical community acknowledging this?

40:56

I mean, obviously we've got eminently qualified doctors.

40:59

I know how you've been vilified, how they've tried to marginalize you, but anybody who's listening to this panel realized these are highly qualified, compassionate doctors.

41:09

What is happening throughout our medical establishment?

41:17

I guess the honest, the honest thing to say is I have no idea.

41:24

We have jumped the rails.

41:30

We're used to a, I sort of as a pediatrician when I would give, I was comfortable with treatments if I

thought they were effective with about a one in a million for vaccines.

41:42

Courageous Discourse with Dr Peter McCullough

42:00

We met criteria that previous vaccines had been taken off the market, whether it was Roshield or whether it was swine flu and many others.

42:08

There are a whole bunch of times we make mistakes in medicine.

42:12

What the country counted on is that not only the doctors would speak up, but then the regulatory bodies would say, okay, you're right, that met signal.

42:25

We got up

42:26

pull it off.

42:28

I don't know what's going on.

42:29

Because when I look at the Cleveland Clinic data, when there are 51,000 employees that are looked at, and they study and they say, what's your risk of getting COVID?

42:37

And it looks at how many vaccines you had.

42:39

The lowest risk for getting COVID is if you've had zero vaccines. 42:43

As you add vaccines, your risk to get COVID goes up. 42:46

I've never seen a vaccine like this. 42:48

That's not the basis of vaccines. 42:50

They shouldn't have what we would call negative Efficacy. 42:53

That is a peer-reviewed, beautiful study from Cleveland Clinic, completely ignored. 42:54

I think that a lot of times, some of our colleagues, what I hear from most of my colleagues, Kirk, you're right, but I'm not going to stick my head out. 43:00

I'm going to work one or two more years and then I'm retiring. 43:09

I want to piggyback on Dr Millhoan's excellent comment. 43:14

Fear. 43:17

The simple answer is fear. 43:18

43:19

The
43:21
Body of the profession of medicine is almost all
employed now.
43:25
The number of people that have spoken out have
mostly been independent, and those who weren't
independent did pay that price, lost their jobs for
speaking truth.
43:35
And are our colleagues awake?
43:38
Are people getting these boosters?
43:39
No, they're not.
43:41
Because the people are awake.
43:42
They're still pretty quiet as well.
43:44
There's obviously a vocal 30% of Americans that are
speaking out.
43:49
We have a booster for something that's extinct.
43:53
And it's still being pushed by our government
agencies.
43:56
XBB 1.5 is now 0.0% prevalent.
44:00

We're on JN1, which is 62% prevalent.

44:03

We have a booster vaccine from Pfizer for something that doesn't exist, and we still have a government pushing it.

44:09

But we have physicians, and we have healthcare systems that are dependent on the government teat.

44:16

And they're nursing that teat for every dollar they get.

44:18

And anybody that speaks against that cash flow gets the hatchet.

44:23

So why are people not speaking up?

44:27

I don't know why they forgot the oath that we all took.

44:30

We took that oath and we paid the price.

44:35

Would I pay the price over again?

44:37

You bet we would because this is about humanity and it's about the long term health of humanity.

44:43

And so I just I encourage my fellow physicians around the world, speak up, don't be afraid.

44:50

Even if you're in the truth of one, be that voice of truth.

44:53

And that's what we're up against fear.

44:56

And how do you overcome fear?

44:58

with courage.

45:00

I want to add to that.

45:01

I think the body of practicing physicians and nurses and medical technologists and all the allied health professionals, the vast majority took the vaccines and were under mandates under Biden's mandates to take the vaccine.

45:17

They all have a deep conscious or subconscious fear themselves of what's in their bodies.

45:27

They likely had their families vaccinated.

45:31

They likely promoted these vaccines with their patients.

45:36

Think about how deep this is.

45:38

This goes back to doctors smoking cigarettes, advertising cigarettes, smoking in the operating

room, saying that smoking cigarettes is good for them.

45:48

It took 40 years before doctors reversed course and capitulated and said, oh, we were wrong on this.

45:54

And in this horror, as they woke up to recognize this, and *The Emperor of All Maladies* written by Mukherjee at the Dana-Farber Institute,

46:04

He describes the lead lung cancer surgeon for Johns Hopkins.

46:07

He was smoking as he was removing lung cancers and vehemently denied that smoking caused lung cancers and he himself died of lung cancer.

46:16

You know, these are historical types of observations that I think will go down in history.

46:23

There was an early Texas A&M survey done to show only 4% of doctors didn't take the vaccines.

46:28

These doctors are at a premium right now because patients want some fair evaluation.

46:34

As a doctor, I can fairly give somebody an opinion regarding an aortic valve problem because I don't have the problem myself.

46:43

I can actually be objective.

46:45

Once people, doctors have taken the vaccine, they simply can't be objective.

46:49

And what we're hearing from patients is that they're being ignored and what's going on is called gaslighting.

46:55

That they're told that this is in their head

46:58

because the doctors themselves and the nurses do not want to come to their own personal recognition that they themselves have taken the vaccine.

47:08

This is a unique problem that is going to bear out over time and I hope that these individuals in a sense become aware.

47:16

Now clearly I have doctor after doctor, nurse after nurse coming to me saying I've developed myocarditis, I've developed a blood clot, now I'm regretful.

47:25

But I'm hoping that they themselves don't have to develop a personal medical problem to become aware and be activated because they have a duty to warn others.

47:36

I'll definitely have another round, but I'll yield. 47:39

Thank you. 47:39

Congressman Davidson. 47:43

Thank you for organizing this hearing. 47:45

Thank you for those of you who've really risked your livelihoods and who knows what else to speak the truth. 47:53

Courageous Discourse with Dr Peter McCullough 48:15

Courageous Discourse with Dr Peter McCullough 48:41

It's a Risk Assessment. 48:43

And you're essentially saying, hey, the risk is great enough that, you know, the trade-offs merit whatever course of action you're deciding. 48:52

So fundamentally, the military is in the risk assessment business. 48:56

And right away, we knew, and we were briefed from the get-go, that this was a virus, the COVID-19 virus was something that affected young, fit, healthy people 49:11

In Much Less Risky Ways Than People That Were Older, Less Healthy, Anyone With Comorbidities.

49:18

And the very definition of young, fit, healthy people should be the active duty military force.

49:25

So nevertheless, the Biden administration mandated that everyone shall take the vaccine.

49:31

We thinned out our military, critical, critical

49:36

people that, you know, take years and hundreds of thousands of dollars to train.

49:42

That even if you wanted to find somebody, not everyone can be an army ranger, a Navy SEAL, a fighter pilot.

49:49

And nevertheless, they were expelled.

49:51

Now the administration is saying, Oh no, come on back.

49:55

Because they've kind of said, wow, we really do have some readiness consequences.

50:00

But the people who are dealing with the health consequences.

50:03

So I like that all of you have touched on the consequences of myocarditis.

50:07

Perhaps that's the most well-documented health case.

50:11

And we've seen that in the active duty force.

50:14

One of the amendments that we were able to get in the National Defense Authorization Act was a required study to say, what are the incidences of vaccine injury in the active duty force now?

50:27

I'll admit I'm a little concerned that we're going to get an honest set of data because of some of the things that you guys have shared today.

50:35

And frankly, the way the administration has politicized everything about COVID.

50:42

But here's one of the things we exempted the vaccine makers from liability.

50:47

All right.

50:49

We didn't exempt people who mandate the vaccine from liability.

50:55

So in the private sector, I don't know which trial lawyers are working on lawsuits against all the

private employers that mandated vaccines of their own will.

51:07

But in the federal government, the Department of Defense mandated these things.

51:13

And when you have injured veterans, because they were directed to do things, the Veterans Administration provides disability compensation and claims.

51:24

And so I'm working on legislation that would be presumptive if you are an active duty service member who was or a service member who was directed to take the vaccine.

51:34

And within one year of taking the vaccine, you developed myocarditis and then other things that they'll go through the rulemaking process to determine.

51:43

But specifically myocarditis, because the data has been so well established on it, the cause and effect.

51:50

that you would be presumptive, just like we did in the burn pit legislation, for example.

51:55

So I just wonder if you could talk about, you know, the responsible party there, if the government has

mandated that with the knowledge of the risks and the consequences for the veteran.

52:12

And then how do we take care of not just myocarditis, but building the data set to show the level of injury

52:20

Courageous Discourse with Dr Peter McCullough

52:39

Courageous Discourse with Dr Peter McCullough

53:00

And after the hearing we had December or January, a year or so ago, they froze that.

53:05

We had the data at that point.

53:07

We know who was being injured and we saw marked rises in all sorts of conditions.

53:12

And when he tried to request the information from them, they said, oh, we've got to update our database.

53:17

And then they basically, a glitch, a glitch, and erased it.

53:21

So yes, I mean, there should be, I mean,

53:25

John Leake Podcast featuring Peter McCullough, MD titled Courageous Discourse with Dr Peter

I get calls every week from medical physicians around the country reporting to me what's happening. 54:01

I appreciate. 54:06

Not only I love what you did with the defense authorization, but we should restore their back pay in addition. 54:07

Courageous Discourse with Dr Peter McCullough 54:16

Courageous Discourse with Dr Peter McCullough 54:44

And it's still being pushed forward. 55:08

I think a lot of us like Hanlon's razor when never attribute to malice what can be easily explained with ignorance. 55:10

Okay, there's no more any there's no more ignorance. 55:19

So I shared with you the Cleveland Clinic data. 55:22

It doesn't work. 55:25

So now we have, it doesn't work. 55:26

55:29

It doesn't work to decrease risk of infection. 55:32

So what are we using it for? 55:34

Because it does, it has no benefits. 55:36

So now all we're left with is risk. 55:38

And when I showed Ed Dowd's data, that's 14 to 15 to 44 year olds. 55:43

That's the military member. 55:45

These are the people we expect the most out of, right? 55:48

And so we have this blip on this new 55:53

Courageous Discourse with Dr Peter McCullough
John Leake Podcast featuring Peter McCullough, MD
titled Courageous Discourse with Dr Peter
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with Dr

56:22

Courageous Discourse with Dr Peter McCullough

56:53

I want to point out that we need a pathway.

56:57

I am caring for numerous people who are service
members, military contractors, and it is a complete
disorganized mess right now of who orders what
test, how are they going to get the care, who's going
to cover the next sets of tests, how do they get access
to specialists,

57:18

This is a giant problem.

57:19

The costs are skyrocketing right now.

57:22

I've never ordered so many cardiac MRIs and
echocardiograms and EKGs and recurrent visits to
the emergency room or the clinic for the service
members.

57:33

We need an organized approach to take care of them.

57:36
We have to recognize the vaccines have injured our
servicemen and we need a program.

57:42
Right now they are desperate.

57:45
Courageous Discourse with Dr Peter McCullough

58:13
Thank you.

58:14
I'd like to yield time to Congressman Biggs.

58:22
Thank you.

58:23
Thanks, Representative Green.

58:24
And thank you for organizing this.

58:25
And Senator Johnson, thank you for your leadership
and work on this as well.

58:31
And thank you to each of you for your long time
efforts in this area.

58:37
I wanted to go back

58:40
Courageous Discourse with Dr Peter McCullough

59:10

At that time, they found that there were more than 1,000 unique adverse side effects to the mRNA injections.

59:20

And I wanted to share with you some of the ones that were listed in those documentation.

59:27

And then I want to talk, and you've led us there, and I want to get down to a

59:36

try to resolve this because I really don't understand why we and then you've tried to explain it it's malice as perhaps it's evil it can no longer be considered unintentional but this is what the list includes acute kidney injury acute flaccid myelitis anti-sperm antibody positive brain stem embolism brain stem thrombosis cardiac arrest cardiac failure cardiac ventricular thrombosis

60:01

John Leake Podcast featuring Peter McCullough, MD

60:22

Emolidosis, generalized tonic-clonic seizure, Hashimoto's encephalopathy, hepatic vascular thrombosis, herpes zoster reactivation,

60:39

Immune Medicated Hepatitis, Interstitial Lung Disease, Jugular Vein, Embolism, Juvenile Myoclonic Epilepsy, Liver Injury, Low Birth Weight, Multisystem Inflammatory Syndrome in Children,

Myocarditis, Neonatal Seizure, Pancreatitis,
Pneumonia, Stillbirth, Tachycardia, Temporal Lobe
Epilepsy, Testicular Autoimmunity, Thrombosis,
Cerebral Infarction, Type 1 Diabetes Mellitus,

61:04

Venous thrombosis, neonatal and vertebral artery
thrombosis are among 1,246 unique medical
conditions arising because of this vaccine.

61:16

They had attempted to actually close this down so
these side effects would not be public for 75 years.

61:28

What drove it?

61:32

I mean, because it gets to the culpability, really.

61:35

What drove this establishment to basically say, we
don't care.

61:42

We just simply don't care.

61:45

And is it the drive for money?

61:49

And what I would just ask, is there a cause of this
that we

61:56

We were so scared.

61:57

It was so unique.

61:58

They thought the COVID-19 was so unique that we were going to put anybody at risk.

62:03

We didn't care as long as we got this vaccine.

62:05

And Dr. Cole, you mentioned something I wanted you to expand on this as we discuss why this developed and how we prevent this from happening again.

62:15

is

62:31

The Courageous Discourse with Dr Peter McCullough

62:52

Well, I always like to joke, what is an elephant?

62:55

An elephant is a mouse built to government standards.

62:58

So if we go back historically and look, unfortunately, at a lot of laws that have been passed over time, it builds up this machine that's almost unstoppable.

63:07

So we look at the PrEP Act.

63:08

The PrEP Act has some horrific parts of it.

63:11

Look at what it was at the Bayh-Dole Act that allowed, you know, universities to make a jillions of dollars off their patents.

63:17

So we go back and and does the government work for the people or does the government work for industry and so that that's the big question and you know there's so much lobby money yes the FDA is captured by pharmaceutical companies in terms of how much money how what percentage of their budget they get from pharma for drug approval and fast tracking

63:41

If you look at the CDC Foundation, they make billions of dollars off vaccine patents.

63:45

They hold the patents to 56, 58 vaccines now.

63:51

If you look at the NIH, NIH officials, if they have a patent on a drug that goes to market, they can make \$150,000 a year for the rest of their life if they, like several of the individuals at NIH that are on the Moderna patent under Tony Fauci.

64:05

So there are intertwining corrupted interests, financial interests certainly.

64:14

And when we as a nation value money over our freedom, and when we value our own self-interest over having a constitution that matters to each and every one of us and a bill of rights that we actually believe in and stand for,

64:28

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featuring Peter

64:58

That's my overview.

65:00

And the ACA, you know, the Obamacare started
consolidating systems.

65:06

And once you have a master over you, your willingness and ability to speak independently and freely falls under that curtain of fear.

65:15

And it shouldn't.

65:17

We used to be the freest nation on earth.

65:20

We used to not have medical commissions attack people for free speech.

65:24

We used to actually stand for individual rights and individual principles.

65:30

But it's been rolled up into these large corporations, machines, captured agencies.

65:36

And in my opinion, that's why we're where we are now.

65:39

That's my opinion.

65:39

Thank you.

65:42

In a book I've published with John Leake, my co-author here today, it's called *Courage to Face COVID-19, Preventing Hospitalizations and Deaths While Battling the Biopharmaceutical Complex*.

65:54

We actually describe a complex, a syndicate that's formed, a biopharmaceutical complex, which is powerful. 66:01

It's been years in formation. 66:04

Courageous Discourse with Dr Peter McCullough 66:22

Now it includes a lot of powerful non-governmental agencies that are not elected. 66:29

The United Nations, the WHO, the Gates Foundation, the Wellcome Trust, the Rockefeller Foundation, GAVI, CEPI, the Coalition for Epidemic Preparedness and Evasion formed by Gates and WEF. 66:42

Courageous Discourse with Dr Peter McCullough 66:55

Courageous Discourse with Dr Peter McCullough 67:24

You saw Scott Gottlieb, former FDA commissioner, now on the board of Pfizer on CNBC every day. 67:30

Guess what? 67:31

Promoting the Pfizer vaccine. 67:33

Now it's in the open. 67:35

Now we have FDA Commissioner Califf and one of the Division Directors, Marks, openly promoting the COVID-19 vaccines off-label.

67:45

They're promoting the vaccines for things they actually don't do.

67:49

They're promoting the vaccines to reduce hospitalization and death.

67:52

Not a single prospective double-blind randomized placebo-controlled trial ever showed the vaccines reduced hospitalization and death.

67:58

There's no valid observational study that shows this.

68:01

Courageous Discourse with Dr Peter McCullough

68:26

Listen, you said 75 years.

68:28

The attorney for the FDA didn't want to release it for 75 years.

68:32

The FDA is driving this conspiracy to cover up this drug safety problem that we have in the United States.

68:41

It's a drug safety catastrophe and the reason why we're here today is because our FDA has gone rogue.

68:49

Courageous Discourse with Dr Peter McCullough 69:02

Courageous Discourse with Dr Peter McCullough 69:31

Yeah, I'd like to take it as a really good question. 69:35

And I think it's so multifaceted, but I wanted to take it from the physicians, sort of this new corporatization of America. 69:42

And there was there's a carrot and a stick. 69:46

The carrot is, is if you get enough of your panel vaccinated, you get a bonus. 69:53

If you don't, you don't get the bonus. 69:57

That's all throughout. 69:59

When that came out, I'd never heard about that as a pediatrician before. 70:02

I told people that doesn't occur. 70:04

There's no way that happens. 70:06

Pediatricians don't do this. 70:08

Then I heard that if they had enough, they got a \$40,000 bonus.

What? 70:10

What? 70:16

70:17

And then if you speak out and you don't do it and you don't know because of the electronic medical record, they know everything that's going on and you have the green light or the red light and all these kinds of things.

70:27
Everyone knows that the practice, the practice governors know what's going on.

70:33
And so if there are incentives that are even beyond the doctor to doctor, but into corporate medicine, that's a pretty big carrot.

70:45
But there's also a stick, is that if you speak out about this, you venture to say, I don't, you know, this, whenever, whenever in medicine was I told what I could say, what should be exempted?

71:01
You could only exempt this vaccine for this.

71:03
No, I've exempted so many kids for vaccine.

71:06
Oh, you had a bad reaction?

71:07
Okay, I'm never going to give that to you.

71:09
This is basic.

71:10
Never in our history were doctors limited on what we could exempt if we said this is bad for our patient.

71:16
You can't say that.

71:17
And if you say it, you're gone.

71:21
So that's that.

71:22
The other part is what you were speaking to, Congressman Davidson, is the issue of when the doctors wake up.

71:31
And they realized the data were there and they caused harm to their patient.

71:38
There's concern.

71:39
Am I liable now because I ignored the data?

71:44
And if now I insisted and I told them, and maybe I didn't give them informed consent, maybe I didn't tell them of the specific numbers of myocarditis we know occur.

71:57

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Peter McCullough, MD podcast featuring Peter
McCullough, MD podcast featuring Peter McCullough,
MD podcast featuring Peter McCullough, MD podcast
featuring Peter

72:54

Catastrophic loss of trust in physicians and medicine
and pharmaceutical companies.

72:59

Is that a place?

73:00

I've never seen it.

73:01

It's a crisis because now I can't even get them to do
things that are not Risk at all and have great benefits
because they go.

73:10

Well, I don't trust what any doctor says now and I
don't trust what any drug all that's Gone, and that's
not an easy thing to get back once we've lost it

73:21

Yeah, we're in Congress.

73:22

Tell us about that.

73:26

I yield to Representative Green.

73:28

Thank you.

73:30
Boy, we could talk about that on all kinds of levels.

73:33
Senator Johnson, you had a question pertaining to something Dr. Cole was talking about.

73:36
Yes, thank you.

73:38
Thanks for yielding because that question leads right into where I was going to go with my next line.

73:45
Courageous Discourse with Dr Peter McCullough

74:14
Courageous Discourse with Dr Peter McCullough

74:38
And they're bemoaning the fact.

74:40
I mean, look at this video.

74:41
It's, it's very instructive and it's key.

74:43
They're bemoaning the fact that we don't have a universal vaccine program.

74:48
And the flu just hasn't done it.

74:49
We haven't been able to convince enough people.

74:51
And then they comment, it's going to take, probably going to take a pandemic.

74:55

This is a couple of weeks before event 201.

74:57

It was largely focused on how to censor misinformation.

75:04

In other words, the truth.

75:06

Okay, I mean, they planned the reaction to the response to a pandemic very well.

75:14

My question, because you had the mRNA patented from Moderna, what, within a day of learning the genome?

75:25

There's something unique about the mRNA platform within the whole vaccine world that's just way more profitable, right?

75:33

I mean, ordinary vaccines, you have to grow them in cultures and it just takes a while, you know, you identify a flu vaccine, it's like six months to nine months to later on, it's already that virus is gone.

75:46

mRNA, you can have that mRNA, the new mRNA vaccine overnight.

75:53

So I guess I'm wondering how, what is it about the, what these people want to do with this mRNA platform?

76:02
The Courageous Discourse with Dr Peter McCullough

76:31
Courageous Discourse with Dr Peter McCullough

77:01
and other major Western countries have had a love
affair with messenger RNA since 1985.

77:05
We have poured 10s of billions of dollars into
messenger RNA before the pandemic.

77:13
Before the pandemic.

77:15
There are over 9000 messenger RNA patents 9000
multiple most of the prominent people who have a
claim to invent messenger RNA are in Europe and
they work for these big companies.

77:29
But let me tell you, the big patent holders are Sanofi,
CareVac, Moderna.

77:36
Number four, the U.S.

77:38
government.

77:40
The U.S.

77:40
government is knee deep in messenger RNA.

77:44

In 2012, DARPA, our research unit of the military, declared a program.

77:50

It's called the ADEPT P3 program.

77:53

It said, we will end pandemics.

77:57

Courageous Discourse with Dr Peter McCullough

78:23

Effle Galactosidase in a patient with Fabry disease.

78:25

The companies tried this over time.

78:28

The messenger RNA technology failed for replacement of normal proteins because the human body figures this out and it has ways of basically just not having this take.

78:39

Now when Carrico and Wiseman won the Nobel Prize for this really creation now of synthetic messenger RNA,

78:47

It was historic that across all Scandinavia there were candlelight protest vigils about how evil and terrible this technology is.

78:57

This has never happened before, where a Nobel Prize was awarded and immediately people said, no, this is a global mistake for humanity.

79:06

This is playing out right in front of us.

79:08

You know, the Nobel Prize is not always a mark of human beneficence.

79:13

It's not.

79:14

In fact, there are multiple Nobels that have led to great disaster, including Nobel himself and dynamite, Dr Haber and poison gas that was used to get gas people to death in Nazi Germany.

79:31

The invention of the temporal lobotomy,

79:35

which was done for about a decade and a half in the United States.

79:38

It turned patients with schizophrenia into vegetables.

79:40

It was a total disaster.

79:41

That was minutes.

79:43

So listen, the Nobel Prize can be something that's horrible for humanity.

79:49

Messenger RNA was recognized as something horrible for humanity, and it's being protested real time.

79:55
Moderna's announced 40 different messenger RNA vaccines.

79:59
They've already tested a influenza vaccine.

80:03
They have an Epstein-Barr virus vaccine that they halted because of myocarditis.

80:10
And when I pointed out the Croson paper, which finds the messenger RNA in the human heart, to me that was a seminal paper.

80:18
This is Harvard Department of Pathology.

80:20
Because if COVID-19 messenger RNA gets stuck in the human heart and causes inflammation and damage there by producing protein, all messenger RNA vaccines will do that.

80:29
All of them.

80:30
And I agree with Dr McCullough.

80:31
Courageous Discourse with Dr Peter McCullough

80:57
My summation here is I'm asking my House colleagues, because the Democrats in the Senate won't touch this 10-foot pole.

81:03

I offer an amendment to deem any agreement with the HUA treaty.

81:08

Every Republican voted for it except for one.

81:10

Every Democrat voted against it.

81:12

So we need the House to step up the plate, understand what is happening right now in terms of the Biden administration negotiating with all these other countries in the world,

81:21

Amendments to the Who Agreement that could take away our sovereignty and we need to stop it.

81:27

We need to expose it so that we can stop it.

81:29

Peter McCullough, MD 100%.

81:31

And the WHO, we need to withdraw from the WHO.

81:34

And the WHO is primarily private funded by all those organizations Dr. McCullough mentioned.

81:41

Yeah, I can assure you you're looking at lawmakers up here that definitely want to defund the WHO and the UN.

81:48

I don't think we should be participating.

81:50

You guys agree with that?

81:52

I think I think we're on board.

81:54

Senator Johnson, I assure you we're totally on board and in agreement with you.

81:58

Can I just make a mention of this?

82:00

I think our body is fearfully and wonderfully made.

82:06

And when you decide to tinker with this beautifully designed body, for instance, what Dr McCullough brought up, the heart cell is really meant to do one thing, and that is to beat.

82:19

And so it has all the proteins it needs to beat.

82:22

When you ask that heart cell to do something else than just beat, you're going to have problems.

82:29

This platform goes everywhere.

82:32

So the way the beautiful body was designed

82:35

We're now tinkering with this beautifully balanced creation.

82:41

And I really believe this, that mRNA technology is really playing God.

82:47
And that usually ends up in a very bad situation.

82:51
I fully agree with you.

82:53
Speaking of playing God, I got to listen to Dr Fauci earlier this week.

82:59
Yeah, well, well said.

83:02
I want to bring up before the hearing today, just some of what he talked about and the and the deposition we had with him.

83:13
He wrote a paper back in 2012, where he described a scenario, and he was talking about gain of function,

83:20
Courageous Discourse with Dr Peter McCullough

83:43
In gain of function, he was talking about gain of function research allows the scientists to be able to do that.

83:49
Therefore, it's so necessary and important with the gain of function to create these viruses in a lab and then work on vaccines to combat the viruses.

84:01
Courageous Discourse with Dr Peter McCullough

84:32
Courageous Discourse with Dr Peter McCullough

84:54

Courageous Discourse with Dr Peter McCullough, MD
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85:24

Courageous Discourse with Dr Peter McCullough

85:44

We Have to Get Ahead of It, and we as lawmakers
owe the American people that.

85:49

I want to pivot to a question, and it's something that I've seen on the internet, and you know all conspiracy theories are all over the internet, so I don't know if this is a conspiracy theory or not, but I want to ask this question.

86:02

Serving on the committee, we've talked a lot about origins for COVID-19.

86:06

That's been primarily the focus of our COVID committee so far.

86:11

Now, I'm just asking this question because this is something I've heard.

86:17

Could COVID-19, it was created in a lab, could it have been created to target races?

86:23

Say, for example, if China wanted to put a bioweapon on India and they wanted to defeat India with a virus.

86:32

Can they make bioweapons, make viruses to target human beings based on something in our DNA, something in our genetics, say like our race or, you know, being one group of people.

86:46

Is that possible or is that strictly?

86:49

Technically it's possible.

86:50

And if you look at the affinity of the binding of the spike protein to the ACE2 receptors, there's a mutation called the K26R mutation.

86:58

And if you have that K26R mutation, spike doesn't bind.

87:01

And that happens to be a couple of ethnic groups.

87:04

And then if you go through, you know, the Scandinavians, it binds more strongly, and then, you know, blacks, and that binds less affinity in certain Asian populations.

87:14

So the spike protein does target a binding of more strength with different genetic profiles.

87:22

However, the spike protein also binds to a lot of cell surface proteins and can enter the cell through a lot of other pathways.

87:29

Is that biologically feasible to do that?

87:32

Well, ask MetaBiota and other laboratories that were in the Ukraine.

87:35

What were they tinkering with?

87:37

You know, this is the problem with bioweapons programs.

87:40

And, you know, you go back to, you know, Lyme disease research and development back in

87:47

There's a paper published by Farkas and colleagues in the journal Military Medicine

88:16

And it analyzed SARS-CoV-2 according to the criteria of a bioweapon.

88:23

And there are dozens of criteria and they check the box and does the virus have these capabilities.

88:29

The answer from the Farkas analysis, SARS-CoV-2 is a bioweapon.

88:34

Now there are two papers in the pre-print literature by Dr Xin Li, who also a Chinese investigator now in the United States, who's also concluded it's a bioweapon.

88:47

We don't hear about military defense systems and weaponry anymore.

88:54

We hear about biological threats and countermeasures.

88:59

So the biological threats are the viruses, the bacteria and fungi that are being developed in these biological laboratories, and the countermeasures are

89:09

Courageous Discourse with Dr Peter McCullough

89:23

products, huge amount of, we've seen this with SARS-CoV-2.

89:27

We've seen it with monkeypox.

89:30

We are now seeing this now, this is big, big business.

89:34

And what's happened is that companies have rushed in.

89:38

There's so much money there that no one can step back and say, wait a minute, what are we doing?

89:45

Gain-of-function is to modify an organism to become more infectious and more lethal.

89:52

In the paper, papers published by Menachery as first author, Ralph Barakat, senior author, Nature Medicine in 2015, Proceedings of the National Academy of Sciences in 2016.

90:02

These are widely read and cited papers.

90:05

They describe the creation of a Wuhan Institute of Virology-1 SARS-like virus.

90:14

In the papers, they thank the National Institutes of Health and NIAID, Dr Fauci, for supporting the research.

90:21

They thank Dr Peter Daszak for taking these plans and shuttling them over to China.

90:27

They thank Dr Xingling Li in China for doing the work.

90:31

They say in the papers it's gain-of-function research.

90:35

But because it started before the ban on federal funding for gain-of-function research, they say it's exempt and now it's being done in China.

90:44

They describe the creation of a virus that looks like it's prototypical SARS-CoV-2 in the lab.

90:49

This is published 2015-2016.

90:50

It means the work was done back in 2012-2013.

90:56

They never released the genetic code for what they produced to ClinGen, the bank for genetic code, which they're supposed to.

91:03

And Barrick says publicly, while we discussed with the NIH, we thought it's better that we not to do this.

91:11

This is the question, the COVID Select Committee should be all over these Barrick papers and say, where's the code for this?

91:19

Odds are it may match very closely, if not perfectly, the original strain that came out of the lab.

91:25

This would be proof positive that this was a U.S.

91:29

joint program of gain-of-function research.

91:31

It's all chronicled because when Fauci is going over the emails with Collins and Jeremy Farrar and Christian Anderson from Scripps and Eddie Holmes from University of Sydney

91:47

They say, oh boy, how are we going to deal with these papers?

91:52

And the decision by Fauci was to commission Christian Anderson to write the first deceptive paper on the natural origins of SARS-CoV-2.

92:02

In January, they all thought it came out of the lab and it was Barak's virus that came out of the lab.

92:06

But by April, Christian Anderson publishes *The Nature of Medicine*. 92:10

It must have come out of a Chinese fish market or wet market. 92:14

Courageous Discourse with Dr Peter McCullough 92:30

Not asking Fauci about six-foot distancing. 92:33

That's wasting Americans' time, quite honestly. 92:37

We want to see some hard questions. 92:39

Ralph Baric, who's been publishing on coronaviruses at University of North Carolina Chapel Hill since the 1990s, 92:47

should be on Capitol Hill every week being questioned. 92:50

Peter Daszak at Ethiopia Health Alliance, which is a richly funded NGO with dozens and dozens of employees, has publicly said that he wants to create a library of these coronaviruses and a library of vaccines. 93:04

He wants to hold the power. 93:05

It's his public aspiration.

93:06
It's on his website.

93:08
We ought to be checking out Peter Daszak pretty hard.

93:11
He just got another round of funding.

93:13
Now, he's not going directly to Wuhan.

93:16
He's taking his federal dollars to Duke University in Singapore to guess what?

93:20
To work on more coronaviruses.

93:23
Now, Fauci, Tedros at the WHO, Peter Hotez, a vaccine front man down in Houston, Bill Gates, they all say there's going to be another pandemic.

93:36
They all say this with great enthusiasm.

93:39
They say it's going to be way worse than COVID.

93:41
This is their public statements.

93:44
I think we should take them seriously.

93:46
There are way too many gain of function pathogens being created in these labs right now.

93:53

And all we need is a breakdown, whether it's intentional or unintentional and another release and the whole world could get sick again.

94:01

Well, I will tell you to the credit for the COVID Select Committee, they are, they have been focused on just what you're talking about.

94:09

So I can't, I can't let that go by and give, I have to give them credit for that.

94:14

But I hear from so many Americans that want to talk about the vaccines that has been forced on them.

94:21

I want to, I want to bring up one more issue and then I'll yield to Congressman Davidson.

94:27

Let's talk about something that people have a lot of fear about, and that's cancer.

94:31

And we're, I think it was just reported in the Wall Street Journal just a few days ago, talking about young people are now having high rates of cancer.

94:43

The Courageous Discourse with Dr Peter McCullough

95:04

Courageous Discourse with Dr Peter McCullough

95:18

I will take the heat for this one, because I was the first pathologist in the world to bring up this point.

95:22

After these shots rolled out, I started seeing an increase in the laboratory of certain types of cancer.

95:27

You know, I at that point misstated the percentage, and then it normalized, but it was still two to three fold above what I was seeing in certain types of cancer, endometrial cancers, melanomas in young patients, very aggressive melanomas in young patients confirmed by my colleague, colleague, Dr English DeGlish, one of the leading cancer researchers in the UK.

95:46

Confirmed by oncologists all around the world.

95:48

There's a paper that came out from Singapore from a pharmaceutical individual.

95:53

Every cancer drug off patent.

95:56

Look at the dose sales percentage increase in Singapore, where you can get the base level data.

96:03

All of them are up anywhere from 20 to 30%, and this is purchase per dose.

96:09

And they were one of the most highly boosted nations in the world.

96:13

If you look at dad's data, if you go to finance technologies with a ph.com, he has the data set from the UK, again, that healthy age 15 to 44 age group, 10 years of data, and then in 2021, huge spike in 2022, even a bigger spike.

96:27

The data don't lie.

96:34

If you look at even the CDC wonder data, and again, getting the actual base level data out of our government is difficult.

96:41

I want to congratulate the Informed Consent Action Network and Judicial Watch and others that continue to FOIA our government for information.

96:49

And I know Senator Johnson has done yeoman's work trying to get information out of these agencies.

96:54

But even in CDC Wonder data, if you look at every age decile, 15 to 25, 25 to 35, etc., there is a hockey stick inflection upward right now in all those data sets.

97:06

Now, do I want to panic everyone?

97:07

No.

97:08

Do we know mechanisms why the shot would do that?

97:11

Sure.

97:11

Spike protein binds to the guardian of our genome, the p53 gene.

97:15

The spike protein binds to the breast cancer and ovarian cancer BRCA gene.

97:19

And one thing we didn't bring up today that I know Dr. Malone brought up, every vial that's been examined of this mRNA product is contaminated with DNA from E. coli bacteria.

97:32

These are all contaminated products.

97:34

This isn't synthetic mRNA.

97:36

This is mRNA plus contaminated DNA because they grew these in bacterial cultures of E. coli.

97:43

Now what other lengths of segments are going to show up in these vials and shots that could bind upstream or downstream of a cancer regulating gene in any cell in your body?

97:53

We don't know.

97:54

Are there things we can do in the laboratory to look for that?

97:57

Yeah, there are some tests that could be developed at the NIH care to do that.

98:02

The problem is, is this contamination could be leading to these problems.

98:06

Are the turbo cancers real?

98:08

Well, go try to get an appointment in an oncologist's office right now.

98:13

You're three to four months out in those cancer offices to try to get in for an appointment.

98:19

John Leake Podcast featuring Peter McCullough, MD titled

98:37

No, it's not.

98:38

Every single one from every laboratory around the world that's done this so far, looking at these files, have had contaminating DNA.

98:45

Integrated DNA is a much higher cancer risk than synthetic mRNA itself.

98:51

So, I mean, I have a whole slide on all the mechanisms of injury that these can cause in terms of promoting cancer.

98:59

Every country I've been to, and I was in three parliaments before the end of the year, in Europe, Croatia, Romania, UK,

99:07

I've been testifying all around the world, everywhere I go.

99:10

Oncologists, physicians, family members, they all know of someone that after that second or third shot, boom, skyrocketing.

99:19

And there are some data sets, ask our government why they're hiding theirs, but there are some data sets where it's pretty clear.

99:25

And especially in the German insurance data sets, you can see the 36% increase in cancer peditrically after the rollout of the shots.

99:35

If you look at the UK disability data sets from Ed Dowd, in 2020 there's about a 1% increase, by 21 about 6-7%, by 2022 there was a 35% increase in disability claims for cancer in the UK, and about a 90 plus percent, 95% shot uptake in the UK.

99:55

So correlation is not causation, I understand that, but the signals are there.

100:00

Thank you.

100:00

Our CDC should immediately

100:04

Be Ordered to match the vaccine administration data to our cancer registry data, 100%.

100:10

Listen, these are publicly owned data.

100:12

CDC is not a private agency.

100:14

They can't hide Americans' data from it.

100:17

This is a potential emerging national emergency.

100:21

To summarize, our agencies and the data are clear that the vaccines cause cardiovascular side effects, neurologic, thrombotic blood clots, and immunologic.

100:32

Courageous Discourse with Dr Peter McCullough

100:48

Sutherland and Baylor published a critical paper.

100:51

It's called The Multi-Hit Hypothesis of Cancer.

100:54

Meaning, if something causes cancer, chances are it works by different mechanisms.

101:00
If a drug, for instance, or an exposure, a cancer, it works by multiple mechanisms.

101:06
Now the paper's been published, fully peer-reviewed.

101:09
Angus and Pastillo are the two authors.

101:11
It's called The Multi-Hit Hypothesis of COVID-19 Vaccination.

101:16
How does it work?

101:17
The Chinese have published that messenger RNA itself does somewhat impair our ability to repair our own DNA if we actually have a breakage in our DNA.

101:26
As Dr McCullough has pointed out, the spike protein produced in unlimited quantities in a paper from the University of Pittsburgh by Singh, and Singh shows that it impairs our cancer surveillance systems, P53, the other one's called BRCA, or B-R-C-A, that governs female breast and reproductive cancers.

101:45
The third mechanism is what Dr McCullough points out, is that all the labs that have actually examined the vials show these process-related DNA impurities.

101:55

Now, when the genetic code for the messenger RNA is installed in an E. coli, which Pfizer and Moderna are using, by the way, the genetic code has to ramp up the production of a piece of circular DNA called a plasmid.

102:10

They use a complex called SV40, simian virus 40 complex.

102:15

There's a promoter, an enhancer, and what's called an origin of insertion.

102:20

These fragments make it crank up and they actually have to produce an additional fragment called an antibiotic-resistant fragment because they're going to kill off the E. coli that don't have the coats.

102:30

That's how it survives.

102:32

So they harvest this.

102:33

So far, all the labs have found either the quantity of these DNA fragments, including SV40, is too high or the length of the fragments are too high.

102:44

This has become such a concern

102:46

that Florida Surgeon General Joe Ledapo has said, listen, this is the final straw, that you can't, the FDA

has not done its own inspection of the vials for this reason.

103:00

The FDA in 2022, recently some documents came forward where there were some inspections of the vials, but it was only for visible impurities, kind of crud in the vials, not actually for these DNA contaminants.

103:15

I told you the regulatory window of concern for a genetic product is five years.

103:19

That happens to be the window of concern for a cancer.

103:22

My hunch as a clinician

103:24

is that if there's a cancer risk with these vaccines, it's cumulative.

103:28

People, one or two doses, probably little risk.

103:31

Four or five, six doses, ten doses, more.

103:34

That's kind of how cancer works.

103:36

The first paper published of someone who took a vaccine and developed a fatal cancer where we think the vaccine caused it was published by Kara Goklas and colleagues from Greece.

103:46
I know, I'm a senior author.

103:47
It's a man, a little younger than me, takes the cancer,

103:51
John Leake, M.D.

104:06
And the conclusion is pathologically that this is the
first reported case.

104:11
I mentioned 3,400 papers on vaccine injuries,
disabilities, and deaths in the peer-reviewed
literature.

104:16
Let me tell you what, that is a gross underestimate
and I'll tell you the reason why.

104:21
To publish an academic manuscript, doctors are
typically at universities.

104:27
The vast majority of doctors at universities took the
vaccines.

104:30
The vast majority of universities worldwide
mandated the vaccines.

104:34
The publication policies at these universities require
university approval of the manuscript before it goes
out.

104:41

Do you think that doctors at an oncology department at Harvard or MD Anderson

104:49

Declaring that the vaccines cause cancer would ever get out the door when the doctors took the shots the institutions mandated the vaccines.

104:57

These manuscripts are dead on arrival.

105:00

We have seen since COVID a record number of retractions of vaccines.

105:05

So even if they make it in the peer-reviewed literature, and this has happened to me twice, valid papers that are published, contracted, copyrighted, and everything, the publishers and the editors pull these back after they're actually already published.

105:20

There's guidelines for when a paper has to be retracted.

105:23

They're called the COPE guidelines.

105:25

These aren't within the COPE guidelines to pull back a paper.

105:29

So we see bias, an intentional bias to understate the problem with the vaccines.

105:35

And I think it's particularly important as we interpret the cancer data.

105:41

Because the cancer data, we are largely reliant on the big universities here.

105:45

The independent doctors can't carry this.

105:47

And if there's a cancer risk emerging, we're not going to see it, unfortunately, until it's way too late.

105:52

And this is a real quick point I want to piggyback on.

105:55

Every attorney general in every state, their job is to protect consumer product safety.

106:02

These are contaminated products.

106:04

If a baby formula or a baby bottle of vegetables had glass shards in it or metal shavings in it or a chemical from agriculture, those would be pulled immediately.

106:16

And yet we still have vials sitting on the shelves of pharmacies all around the nation in the world that are contaminated, not listed as one of the and here's the problem.

106:25

You know, the FDA allows for 10 nanograms of DNA and other products.

106:30

These are wrapped in that little protective fat. 106:33

They're like, oh, you know, 10 nanograms, whatever. 106:36

These are protected. 106:37

They can go everywhere just like the mRNA can. 106:41

And so every attorney general in this nation, if they have one ounce of honesty, one iota of responsibility to their citizens should impound whatever is on the shelf of a pharmacy, send it to independent laboratories, have it tested, and they should be removed from the market post haste.

107:02

People are pretty good when something changes in their life.

107:06

They don't have to be a scientist.

107:08

They don't have to go to medical school.

107:10

When you hear something happening more this year than it did last year, you understand something changed.

107:19

What you bring up is people have noticed something changed.

107:23

Because they know, I've never heard of so many people who were in complete remission and now they suddenly appear back at their doctor in stage four.

107:32

Wait a minute, you've been in remission for 10 years and suddenly you're in stage four.

107:36

This is a repeating story that all the non-clinicians hear.

107:41

I'm a pediatric cardiologist.

107:43

I don't do the cancers, but I'm hearing these things.

107:45

And this is what I'll hear from the doctors.

107:48

I can't believe how many of these cancers I'm seeing, but it couldn't be from the vaccine.

107:53

It's the only thing that's changed.

107:56

So some of what we're fighting with in some of this is you hear us, we're asking for the data.

108:02

We're not just trying to make things without claims.

108:04

We have enough of a signal.

108:06

We want the whole data set because these questions can be answered.

108:10

They could be answered right now, but we have to have the data set.

108:14

We're not afraid to look at the data.

108:15

If we're wrong, we'll say, wow, we thought this, we were wrong.

108:19

We're scientists.

108:19

We really don't care.

108:20

We're just seeking truth.

108:22

But what we need are the data.

108:24

And that's what we're asking for.

108:26

And that's what you got.

108:27

I know you guys are fighting for this, but this is what we need.

108:29

Because this answer, this question could be answered basically in a week.

108:34

And we would know, but then there would be once again, no excuse for taking this off the market.

108:40

You just got me going as a mom when you said pediatric cardiologist.

108:44

Dr. Milhoan, are you seeing myocarditis in children, babies?

108:49

Is this something that's actually happening with children receiving the COVID-19 vaccines?

108:54

Yeah, so I'll tell you sort of the first case I saw I was called down to the ER to see this kid because he had a slow heart rate.

109:01

And he was this incredibly muscular, studly Texas player, or Texas football player.

109:07

And I walk in there.

109:09

And often what happens when a pediatric cardiologist walks into the ER is everybody leaves the room.

109:14

Oh, good.

109:15

Cardiology is here.

109:16

They just all leave, right.

109:17
But I walk in and this kid's got a heart rate of 25.

109:21
I'm thinking I wouldn't have left the room.

109:25
Story was second vaccine next day at sports.

109:29
He's not feeling so good.

109:31
They take him in.

109:32
They hook him up.

109:33
He's got a heart rate of 20.

109:37
He had really no risk from COVID at all.

109:39
Most of these kids, most of these healthy kids, most
of them never even knew they had COVID.

109:44
When we were rolling this out, the CDC believed that
85% of children had already had COVID.

109:51
We know natural immunity is very profound,
preventing COVID but also keeping the symptoms
very low if you get a new variant.

110:00
But we see it.

110:01

I will tell you some of the good news is even though the regulatory bodies have not told the parents, the parents know.

110:09

And so the parents who are willing to go down this road are decreasing.

110:12

The mandates have come off.

110:14

So as that has happened, I've watched the acute

110:18

Courageous Discourse with Dr Peter McCullough

110:32

But the study that came out of Thailand that was really concerning to us is when they perspectivevely looked at this, which is what the drug company should do before they even release a product.

110:42

And they should continue to be surveilling what has happened, which they promised to do, which was required under EUA, but they did not.

110:49

And if they did, they never would let that data out.

110:52

But they showed that

110:54

They had a 2%, 2%, 2 out of 100 kids, these healthy kids had myocardial damage.

111:02

When you look at those kids who had myocardial damage and you look at them 90 days with a cardiac MRI, 50% of them don't return to normal.

111:10

When your EKG, your echocardiogram, your stress test, your troponins, everything is normal.

111:15

Everything we would do in an office,

111:17

A lot of times the only way we do this is a very expensive test called a cardiac MRI with late gadolinium enhancement.

111:24

Insurance companies don't want to pay for it.

111:26

People, cardiologists are afraid to order these tests because if they give it as a rationale, this might be a vaccine injury that might get them in trouble.

111:35

Just to pick up on this, so the Mansukhin paper from Thailand and then another paper by Buren from Basel, Switzerland showed when they do the baseline blood tests,

111:46

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112:05

Pfizer-Moderna never did this, but when these independent studies were done, on shot number two, which was the Thailand study in children aged 13 to

18, the rate was exactly what Dr. Milhoan said, it was 2.3%.

112:18

In the Buren study, which was shot number three, largely in nurses and healthcare workers, the answer was 2.8%.

112:26

So average those out, it's about 2.5% heart damage risk per shot.

112:34

Now Only Half of Them Feel It!

112:37

The other half don't feel it.

112:38

So what I'm telling you is in a large, you know, when you apply this to billions of people, the data, as we sit here today is probably about 1.5% of people have suffered heart damage and they don't know it.

112:51

I can tell you as a cardiologist, is that normal?

112:54

Like the media is going to say, Oh, but this has always been the case.

112:58

Myocarditis has been normal.

113:00

Nope.

113:00

Myocarditis in a paper from Finland in 2018 published in circulation,

113:06
Courageous Discourse with Dr Peter McCullough

113:11
that we're talking about in the United States.

113:15
There are, you know, numbers of cases per million.

113:18
We are talking about a couple hundred cases in the
United States per year.

113:21
Giant cell myocarditis, Coxsackie adenovirus.

113:24
I'm telling you, peer-reviewed literature now, we
have tens of thousands of cases.

113:28
This is not, this is not like, oh, and COVID itself does
not cause myocarditis.

113:34
This has been one of the biggest false narratives that
have existed.

113:38
So let me just be clear.

113:41
2.5% risk per shot.

113:43
Half of them have no symptoms.

113:45
That's now in the peer-reviewed medical literature.

113:49

The concern is if there's a little bit of scarring that occurs, it can be the site of an abnormal heart rhythm that can suddenly land a young person in cardiac arrest on the playing field or at sleep.

114:01

And a paper by Kata Gianni and colleagues from Brazil hypothesized that it's the surge of adrenaline that occurs during sports

114:09

or during the waking hours of sleep 3 a.m.

114:11

6 a.m.

114:12

that triggers these cardiac arrests and that's exactly what we've seen paper by Gill and colleagues from Connecticut two boys aged 16 and 17 take Pfizer on days of three and four after the vaccine the parents find them in dead in bed no chance for CPR the parents are outraged they call in the corner they do an autopsy they bring in UNC Michigan, UNC Minnesota they conclude it's Pfizer

114:37

vaccine myocarditis that's fatal.

114:40

You know one case of this the FDA should have pulled this off the market.

114:43

You can imagine parents now having their children die in bed.

114:47
We've actually had a member of US Congress where
this has happened.

114:52
Okay, this is very, very sad.

114:54
People not coming to the realization and helping to
warn others.

114:58
This is what we know about COVID, the infection.

115:01
In 2020, there was a giant search for COVID, SARS-
CoV-2 infection and myocarditis.

115:08
Why?

115:08
Because Ralph Baric published in 1990s that if we
flooded a animal heart with enough human beta
coronavirus, we could cause myocarditis.

115:17
It was published in the journal that was edited in my
office, the American Journal of Cardiology

115:22
The Courageous Discourse with Dr Peter McCullough

115:43
Courageous Discourse with Dr Peter McCullough

116:03
So they weren't dropping dead before the vaccine at
a higher rate.

116:07

Right, okay.

116:08

So then Tuvalu from Israel studies this and said, listen, before the vaccine there's no higher rate of myocarditis compared to the background rate.

116:17

Singer and colleagues tries to characterize these cases, no hospitalizations and deaths.

116:21

So we have three papers.

116:23

What happens?

116:24

Patients sick with COVID in the hospital, we routinely get cardiac troponin laboratories, as we did with urosepsis, pneumococcal sepsis, what have you.

116:33

And sure enough, about 20 to 30% are ambiently positive in the critically sick ICU patients.

116:40

None of these are adjudicated for myocarditis, none have MRIs.

116:43

And so these sloppy papers come out and say COVID causes high rates of myocarditis.

116:48

The CDC takes off on this and says, oh, there's a much higher risk of myocarditis with COVID than the vaccine, so therefore we should take the vaccine and cause more myocarditis.

116:59

And the FDA chairman says this, he's a cardiologist,
Rob Califf.

117:02

This is the type of absolutely ridiculous thinking that
goes on right now.

117:06

I can tell you as a cardiologist, I've looked at the
literature, I contributed to the literature,

117:10

COVID-19 illness does not cause significant
myocarditis.

117:15

There are troponin elevations in the hospital in sick
patients, which are not myocarditis.

117:19

They're not adjudicated myocarditis.

117:20

COVID-19 vaccine is the major cause of myocarditis
we're seeing today.

117:29

Beautiful Study Out of the Nordic Countries in JAMA
Cardiology, Krasilek.

117:34

And what he showed was, is they looked at all the
cases.

117:38

They had 23 million cases to look at in terms of
people who've been vaccinated or not.

117:44

And then they looked at all their risk of myocarditis.
117:47

You know what they used as the control group?
117:49

The unvaccinated, because they had the lowest amount of any myocarditis.
117:54

As you increased
117:56

doses of vaccine you increase your risk of getting myocarditis that that is that should settle this whole thing that I'm going to get the vaccine so I don't get myocarditis the paper that the one we have problems with is it's from the CDC data set that looked at those who had been diagnosed with vaccine myocarditis at 90 days and they did all the studies

118:21
EKG, echocardiogram, all those by 90 days, you were usually down to normal.

118:27
That's what I can do in my office very easily.

118:30
But the one that Dr McCullough is bringing up is that 50% had abnormal cardiac MRIs.

118:36
I cannot assess your child's risk for sports participation if they've had symptoms of myocarditis following the vaccine without a cardiac MRI.

118:47

I just can't do it because all the other tests I would normally use to reassure myself, including stress test,

118:54

are shown to be normal.

118:55

So that's this potential silent killer that's out there.

118:59

But no one really wants to look into it because because it's about it's thousands of dollars to get a cardiac MRI.

119:03

One important paper has to be cited here.

119:06

There are cardiac arrests with normal cardiac MRIs.

119:10

Now, this is very important.

119:13

A paper published by Nakahara and colleagues, you'll see a Texas at Houston, Jagat Nirula is one of the prominent authors, very prominent cardiologist in the United States.

119:23

Hundreds of patients who took the vaccine versus hundreds of patients who didn't take the vaccine.

119:28

They all get cardiac PET scanning, not MRI, PET scanning.

119:32

This is very important.

119:33

A PET scan looks at the metabolic activity of the heart and they capture people early after the vaccine to six months after the vaccine.

119:41

The findings were 100% of people who took the vaccine, the cardiac PET scans turned abnormal.

119:49

that instead of the heart using free fatty acids as its energetic fuel, it shifted to a preference in using glucose.

119:57

And this was a distinctly abnormal pattern.

120:00

As a cardiologist, I use cardiac PET to see if there's a lack of blood flow to an area, what's called ischemia.

120:05

And that typically shows the heart muscle changes and actually prefers glucose.

120:10

That's called a PET abnormality.

120:14

Ischemic Abnormality.

120:16

What I'm telling you is people who take the vaccine to varying degrees, the hearts are not normal and we can't completely characterize it.

120:24

Now importantly in this Nakahara paper, those who had a sore arm had much more profound abnormalities in the heart.

120:34

And there's a paper from Germany by Schwab and colleagues pathologically that found arm inflammation

120:40

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121:09

Wow, thank you for that.

121:10

Congressman Davidson.

121:12

Yeah, thank you all.

121:13

I appreciate you and your work.

121:15

And, you know, just pick up on, you know, some of the comments, Dr McCullough, I think you mentioned about the FDA and the problems with it.

121:22

And I always think about really one of the, to me, great Americans, great president was Dwight Eisenhower.

121:29

His farewell address, he cautioned against two things.

121:32

The one that

121:33

as widely remembered as the military industrial complex.

121:36

But the other one is the scientific technical elite.

121:39

And perhaps no one illustrates that more than Fauci, the NIH, the CDC and the FDA.

121:46

And when you talk about the global nature of this, I guess, phenomenon, people were surprised by how quickly the mindset shifted and how globally it shifted.

121:58

And I go back to the

122:01

Courageous Discourse with Dr Peter McCullough

122:25

You mentioned the desire to have a universal delivery mechanism with a vaccine.

122:31

Well, the one thing for sure is everybody eats something and in particular meat.

122:37

So there's this fascination with some of these folks about trying to create synthetic meat, all kinds of other things, but the things that people give to livestock have caused some concern.

122:47

And I guess I wonder as a delivery vehicle for good or bad, you know,

122:56

What is the Food and Drug Administration doing that we should be paying attention to?

123:02

I think this is where a ban on all mRNA technology needs to happen now, not only for humans, but for animals.

123:09

This is a synthetic mRNA with the pseudo urination that Dr McCullough mentioned.

123:15

It's hard to break down.

123:17

Did the mRNA show up in breast milk in a JAMA pediatric study 48 hours later?

123:23

You bet it did.

123:25

Does the mRNA show up in every organ in the body?

123:28

You bet it does.

123:31

What about undercooked meat and a very difficult to break down synthetic mRNA in the meat you may be eating?

123:37

They've been doing this in pigs for several years now under kind of a pseudo under the radar program the FDA has, I guess, sidelighted.

123:47

So for certain bacteria in pigs, it's already happening.

123:53

And, you know, I don't know, China owns 80, 90% of the pork industry in the world.

123:56

So you might want to ask them about that, not me.

123:59

But yeah, showing up in the food.

124:01

Again, there are known knowns, there are known unknowns, blah, blah, blah, you know, the quote.

124:06

You can't find what you don't look for, plain and simple.

124:10

And so the easiest way and the hubris of much of science and the lack of humility in science is saying ex cathedra pronouncements, we declare this as safe and effective without doing the studies.

124:22

So going to your question about future vaccination and, you know, getting through the food supply and whatnot.

124:28

Sure, safe and effective if you never look.

124:30

But if you start looking, and that's why they cut a bunch of us off that are trying to look and research, you have to look for it.

124:37

Is it in the meat?

124:38

Is it in the products?

124:39

Are your regulatory agencies actually looking for what they should be looking for?

124:43

Are they just telling you through their hubris and lack of humility that because we say so, and you know, certain of these individuals make Mangala look like an amateur, I think we need to look before we push anything out on the market.

125:00

If we value life, if we value the next generation, if we value our children, if we value freedom, then we need to do the proper science to make sure we're doing the proper things for the citizens of this great nation and the world.

125:12

You know, we're not good creators.

125:15

The best scientists, the best, whatever we're trying to make, right, the best pharmaceutical, whatever.

125:22

artificial hip, artificial heart, can't make an artificial kidney, you know, it's a big box that has to go on, right?

125:29

We're not good at this.

125:30

And as we try, we make an enormous amount of mistakes.

125:35

And this is with great computer modeling with theoretical, we're going to have the perfect DNA sequence, we're going to have the perfect mRNA sequence.

125:45

What I would remind us is that all these things that we're talking about, the answer is usually

125:51

possibly unknown, because we haven't evaluated it.

125:56

But let's remember that in science, there are an enormous amount of unintended consequences.

126:01

So we haven't even perceived because we're tinkering in this way, changing the cells of animals that we eat.

126:09

What are the unattended consequences of our manipulation of what we previously didn't manipulate?

126:17

featuring Peter McCullough, MD podcast featuring Peter McCullough, MD podcast featuring Peter McCullough, MD podcast featuring Peter McCullough, MD podcast featuring Peter

127:23

Now, if you go on the USDA website, you'll see genetic project after genetic project.

127:28

And as Dr. Cole pointed out, DNA and RNA vaccines have been in pork now since 2017, self-replicating RNA and DNA vaccines.

127:39

Now, the animals don't live long enough, potentially, for us to see these complications, blood clots, myocarditis, etc.

127:47

We can only hope and pray that during the cooking and curing process that the genetic material is destroyed.

127:54

But beef and fish and in vegetables now there's a whole array of cooking techniques and we can't possibly understand if this is going to actually get in humans.

128:07

Now a small Chinese company published in December of 2022, Zhang is the first author,

128:14

that they were able to make a small piece of messenger RNA, actually that's related to the SARS-CoV-2 virus, and get it in a milk bubble and administer milk to animals and get the messenger RNA across the mammalian GI tract.

128:30

And there's been several examples where they're able to get genetic material through watermelon juice and other types of things into the human system.

128:39

So, we need an immediate, an immediate food safety supply task force here to assess the USDA is letting us down.

128:52

Again, these companies are running the table on this.

128:56

There are naturopathic veterinarians that tell me that with modern farming techniques and the cleanliness, we don't need any vaccines.

129:04

Now they've been using traditional for bovine, they have their standard pack, what's called a clostridial pack and a reproductive pack.

129:12

So they've got these series of vaccines they give the cattle.

129:17

But, you know, I can tell you right now we need experts on Capitol Hill to raise the issue about safety in our food supply.

129:24

Many in the room here, Dr Stillwagon, I'd like to recognize, has put in an important scholarship on this.

129:30

Personally, I'm concerned.

129:33

I think it's almost like Oppenheimer.

129:34

We are recognizing the dangers of genetic technology around us right now.

129:39

The food supply could be next.

129:41

Thank you all for that.

129:42

And, you know, you kind of anticipate my next question.

129:46

One of the problems with a lot of these things is the structure of Congress.

129:50

And I think people are mind blown to know that there's not a dedicated healthcare committee in Congress.

129:56

I mean, there's a select committee on COVID, but all of the jurisdiction is broken up amongst multiple committees.

130:03

And you could say, well, they'll eventually cover it.

130:05

And isn't that great.

130:07

Courageous Discourse with Dr Peter McCullough

130:35

A Dedicated Healthcare Committee.

130:45

And while we do as parties have differences of views on what the solutions are, I think we share some frustration about the problems.

130:53

And I just ask you guys with careers in healthcare, do you think we could actually do more good for solving some of these problems if we had a structural change in Congress where there was a dedicated healthcare committee?

131:08

I think that's a two edged sword because it depends on who sits on that committee.

131:12

I like to joke that no one of us is as dumb as all of us.

131:18

And so I think it's a great idea because you do have to have structure and organization to keep things flowing forward.

131:24

But again, it depends on how you man and woman
that committee and appropriately

131:32

Courageous Discourse with Dr Peter McCullough

131:49

Courageous Discourse with Dr Peter McCullough

132:06

Viricidal Nasal Sprays and Washes or Virostatic
Washes.

132:09

It turns out, you know, 17 prospective randomized
clinical trials showing a simple nasal sprays and
gargles reduce the risk of COVID-19, reduce the
intensity and severity of COVID-19,

132:22

Reduce the Risk of Hospitalization and Death.

132:24

You know, Congresswoman Nancy Mace, when she
found out about this in 2021, she went nuts.

132:29

There was a news piece saying, listen, why is our
government not telling us about simple nasal sprays
and gargles?

132:34

Well, in our audience today is Nate Jones, who's the
CEO of one of these companies.

132:39

He's been tied up in court with the FTC and the FDA, not allowing his company to do research and develop products to help people through this.

132:48

Now there is a move

132:50

Not just in the United States, but worldwide to restrict natural products from commercial use.

132:58

This is occurring all over.

132:59

Another manifestation of this biopharmaceutical complex.

133:03

You know, they want all the money spent on high dollar pharmaceuticals, not natural solutions that people can do it themselves.

133:10

You know, we have the FTC now as another agency, I'd say the USDA, the FDA, and the FTC.

133:18

Remember,

133:19

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133:44

Oh, thank you.

133:44

Um, Dr. Cole, you have some slides that we'd like to look at.

133:49

And if you could present those, and I would enjoy, of course, and I'm sure everyone would conversation on these.

133:56

And I am I'm going to fly through them real fast, because I know time is limited.

133:59

So this is a picture is worth 1000 words.

134:03

So whoever's got the computer over there, and I say next, have your

134:07

Hot finger ready.

134:09

Okay, here we go.

134:10

Next.

134:12

No conflicts.

134:13

Next.

134:15

Obviously, it's dangerous to be right matters about which the established authorities are wrong.

134:18

Next.

134:20

All scientists agree when you censor the ones who don't.

134:23

Next. 134:24

Okay, I'm going to get right to the pathology. 134:26

So skip, skip, skip, skip. 134:31

There's the Cleveland Clinic study. 134:32

More injections equals more infections, plain and simple. 134:35

Next, next, next, next, next, next. 134:42

Next, maybe I should come over there. 134:43

Okay, the cells don't lie. 134:44

That's what I'm going to show you. 134:45

Here are the cells. 134:46

Okay, that's a needle going into the arm. 134:48

That's a blood vessel next to that needle. 134:50

Next. 134:51

This is one of the late great Dr. Burkhardt. 134:52

That's a ruptured vessel.

134:53
Now those lipid nanoparticles can go everywhere.

134:55
Next.

134:57
That's by protein in the muscles of the arm being expressed all those little brown dots.

135:01
Can you describe a little bit more?

135:04
Yeah, so I'm not a doctor.

135:05
So we make a special antibody in the lab that will bind to the

135:10
John Leake Podcast featuring Peter McCullough, MD

135:30
However, we will see as we go on here.

135:35
Next, next, the lipid nanoparticles we talked about their harms.

135:39
Next, this is the lipid nanoparticles accumulating.

135:43
This is a Japanese study accumulating in the blood plasma, the whole blood bone marrow and see where that curve is going up.

135:50
That's lipid nanoparticles accumulating the ovaries.

135:52

Notice they cut that study off after two days. 135:55

It was still accumulating. 135:57

It was still going up. 135:58

You'd never stop a study when it's still going up. 136:00

Same in the bone marrow there. 136:02

Next. 136:04

These are all the chemicals that are in the lipid nanoparticles, not for human or veterinary use, went into billions of people. 136:10

Next. 136:11

This is the study that Dr McCullough mentioned. 136:13

This is the Rolkin study out of Stanford showing that the synthetic mRNA was still persistent 60 days later and still making spike protein. 136:20

Next. 136:21

Go back. 136:24

How are we seeing it still there? 136:26

Can you describe it?
136:27

So on the left,
136:30

You can see the pinkish color in each of those slides
magnified 400 times.
136:36

And you can see day 7, 16, 37, 42, and 60.
136:39

Now this wasn't every patient in the study that was
still making it, but a significant percentage of
patients were still making, still had the persistent
synthetic RNA 60 days later.
136:49

And on the right, you can see the little brown dots.
136:52

And that's the spike protein.
136:53

That's the spike being made 60 days later in these
patients after these synthetic injections.
136:59

Okay, next.
137:00

This is a study from Dr Brogna that Dr McCullough
mentioned where we know that the vaccinal spike is
circulating six months later in 50% of patients.
137:08

Next, next, next, next.
137:12

Okay, so that spike protein lining a small blood vessel in the body, every brown dot, this is after injection.

137:18

Like I said, it goes through circulation first.

137:21

That, you know, that initiates these clotting processes.

137:25

Next.

137:26

So how is that directly after a vaccine?

137:29

That's within a few days after.

137:31

Well, this patient was an autopsy series patient from Dr. Burkhardt, and this patient died a couple months later and still was expressed expressing spike protein in these tissues months after their last injection.

137:42

One of the patients up to 123 days after death was still making spike protein in multiple organs in the body.

137:51

Next.

137:51

And here you can see a normal blood vessel on the left.

137:54

Here you can see the immune system just collapsing
and attacking that vessel on the right.
137:58

Wait, no, I can't see anything but dots.
138:00

So help me.
138:02

All the red or red blood cells, all the blue are your
white blood cells, your lymphocytes, your
neutrophils, your eosinophils, etc, etc.
138:10

So.
138:10

Okay, so.
138:12

That's the tube.
138:13

Okay, thank you.
138:16

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138:34

Courageous Discourse with Dr Peter McCullough
138:54

It's Not Just in the Arm.
139:10

And because it goes wherever the blood vessels are
and it affects the blood vessels, the interior cells
called endothelial cells of the blood vessels, it goes
everywhere.
139:23

And this is the problem of injecting a gene with no off switch.

139:26

And in some people, you know, they may have gotten that almost placebo like batch and other people got a lot of the gene and DNA contamination and whatnot.

139:35

There is no regulatory mechanism.

139:36

We don't know who's making, who's a spike factory and who's not, who's making a lot of these atypical foreign proteins, who's not.

139:43

This is why it didn't happen to everybody, thankfully.

139:46

But there's still so many millions of people around the world that have been harmed.

139:50

And these are just some of the mechanisms.

139:52

Now there's three dozen autopsy studies.

139:55

People have taken the shot.

139:56

The doctors think the shot caused the death.

139:59

Autopsies were ordered.

140:00

The autopsies were performed.

140:02

The results were collated.

140:04

We performed a systematic review and reviewed 600 papers where we thought there were autopsies, got down to these three dozen papers, took all the individual data, dissected it all out, and had independent doctors review them.

140:20

The answer is 74% of the time we think what we're seeing here actually is the cause of death.

140:27

Now it's possible someone took the shot and they died of something else.

140:31

And in 26% of the cases, it was something else.

140:35

You know, a nursing home patient took the shot, but they aspirated and died.

140:39

And we looked at everything and said they died of the aspiration, even though there was, but there are other ones.

140:43

It was so clear.

140:43

It was a blood clot.

140:44

It was heart damage, an aortic dissection, a thrombotic or ischemic stroke.

140:50

Courageous Discourse with Dr Peter McCullough

141:10

Very, and that was Fauci early on, you know, through kind of dictates to the agency, oh, don't do autopsies.

141:17

Everybody was afraid early on, everybody was afraid, oh, gosh, you know, I'm gonna, everybody treated COVID like it was Ebola, it wasn't.

141:24

And so, you know, pathologists, you know, had the fear put into them as well.

141:29

And so it was any unexpected death in a young health, previously healthy patient, coroners, medical examiners, always do an autopsy in an unexplained sudden death.

141:40

Now we didn't, they're obliged to.

141:42

Now during COVID, I was at a major medical center and I, you know, was every week in the pathology lab.

141:47

We actually suspended autopsies because of the fear of contracting COVID from the autopsy.

141:53

And it was the Italians that first published the very valuable studies where they finally had the courage to do an autopsy.

142:00

And they found people who died of COVID, they actually died of blood clots in the lungs, these micro blood clots.

142:05

That was a very, very important finding.

142:07

Now these deaths are coming in after the vaccine.

142:11

Now prior to the pandemic, pull a typical obituary or pull a typical press release on a death of a prominent person.

142:20

It'll say they died of a long battle with cancer or they died in complications after heart surgery.

142:25

That's before the pandemic.

142:27

Early on in the vaccine program, there were deaths that occurred.

142:31

There was a CNN correspondent, legal correspondent who died.

142:34

It said she took the vaccines and she died of an allergic reaction to the vaccine.

142:37

That was in 2021.

142:40

Then there was a change.

142:42

And now all the reports are someone died. 142:46

It's a mystery. 142:48

There's no explanation of the death. 142:50

The cause of death is not known. 142:52

Let me tell you, before the pandemic, 142:55

The cause of death was always known. 142:56

In the United States of adults, 40% die of known heart disease, a known heart attack, a known long history of heart failure. 143:07

40% die of known cancer. 143:08

It's known. 143:09

They have cancer, long history of cancer, and 20% other known causes, drug overdose, suicide, car accident, trauma. 143:18

It's known. 143:20

People just don't die for unknown reasons. 143:24

Since the mass vaccination campaign is going on, we are inundated with report after report after report of just deaths with no cause.

143:35

Our data suggests that in fact the vaccine is the cause of death.

143:38

And I can show that real quick.

143:41

Courageous Discourse with Dr Peter McCullough

143:54

Cardiac death?

143:54

Yes.

143:55

Next.

143:57

Large vessel destruction?

143:58

Next.

143:59

This is the aorta, the biggest vessel in your body coming off your heart.

144:03

On the right, that's the gross picture of the aorta, that big brown line in the middle, that's where the wall of it has been blown apart.

144:12

And that's because all these all these fibers up at the purple on the left are being pushed apart by inflammation.

144:19

If we go to the next picture, please.

144:22

Every brown dot in the wall of this aorta, that's cells that have spike protein in them.

144:27

And then that's a foreign protein being made by these cells.

144:31

And then the immune cells, your killer T cells come in and your macrophages, they start destroying the tissue.

144:37

And then that aorta blows apart and you die instantly.

144:40

So if this person had not been vaccinated, we would see none of these spike protein cells, correct?

144:51

It's blatantly obvious to the most casual observer.

144:54

And you don't have to be a pathologist to look at this and go, gosh, one of these things is not like the other.

144:59

One of these things doesn't belong.

145:00

This is Sesame Street.

This is brown dots that are deaf. 145:01

In a basic situation, we know this is a horrible protein. 145:03

We know this virus is not that serious. 145:08

And we're asking our body, our public health strategy right now is asking our body to make a toxic chemical, a cardiac toxin that goes all throughout our body. 145:13

That's our, that's our strategy right now. 145:25

And we're going, guys, it's not working. 145:28

But again, we were told 145:32

Dr Peter McCullough, MD 145:34

Courageous Discourse with Dr Peter McCullough 145:44

Well, you have pharmaceutical companies sponsoring all the legacy media, big TV shows. 146:10

You know, there are two nations in the world that allow pharma to advertise on TV, New Zealand and the US. 146:18

146:23

The rest of the world doesn't allow it.

146:24

The BBC announced on December 10th, 2020, the
Trusted News Initiative.

146:31

And it said on December 10th, this is before the
vaccines are released to the public.

146:36

They said, we are going to have a very carefully
coordinated news content mediation program across
all major media in order to stamp out dangerous
vaccine misinformation.

146:50

How did they know the vaccines weren't released
yet?

146:53

How did they know there was going to be dangerous
vaccine misinformation?

146:57

Senator mentioned event 201.

147:00

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147:24

So, there is a coordinated program to suppress any
information on safety.

147:30

Recently, a paper that's been reviewed, it's on my
sub stack, analyzed YouTube.

147:38

And they analyzed YouTube's use of hashtags.

147:43
And YouTube had a coordinated, any hashtag that
would say vaccine side effect, they were suppressing

147:49
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148:18
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148:34
Courageous Discourse with Dr Peter McCullough

149:02
Courageous Discourse with Dr Peter McCullough

149:33
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149:58
The events I've had, I don't know if you invited
anybody, but I would always invite the heads of the
FDA, the CDC, or their representatives, you know,
Peter Marks, you know, come on.

150:08
You're saying these folks are spreading
disinformation.

150:11
Come and discuss it with them.

150:13
Challenge what they're saying.

150:15
Same with the heads or representatives of big
pharma.

150:17
They won't do it.

I think the more famous one right now is Peter Hotez. 150:18

What's the, what is it up to? 150:20

\$2.6 million? 150:21

Courageous Discourse with Dr Peter McCullough 150:24