(00:00:14):

Well, thanks. Thanks for the introduction and thanks to each and every one of you for attending. I don't know how I can stand up to that introduction, but I do have to say, I think it is an amazing time to be alive right now, you know, for better, for worse. And it's been the worst for a lot of us. It's been the worst. It is something is going on right now in the world. In our little part of the world here at Michigan, I lived at Michigan a long time that everyone has to recognize that this is really different than all the other years of our lives. And I'll never forget when this started. And we were having these press briefings and Trump was getting up there and saying, you know, if we just get to Easter, if we just get to Easter, which is it's going to be over with.

(00:01:05):

And I was when this first hit, you know, I wasn't, I didn't really follow the SARS one pandemic very much, but I've talked to a couple of my colleagues in Canada, who I knew. I said, you guys were hit by SARS. How long did this last? I mean, we are wearing these smothering and 95 masks. He goes, oh, we had to wear N 90 fives for about 90 days when it was over with. I said, oh, Trump's pretty good. 90 days, that'll be Easter. It'll be over with boy. Was that wrong? So as introduced, I'm an internist and cardiologist, I'm an academic physician my entire life, but I see an examine patients every day. I'm the editor in chief of two major journals reviews and cardiovascular medicine and cardiorenal medicine. I'm the president of cardiorenal society of America. So as you may get an idea, I study the interface between heart and kidney disease.

(00:01:52):

And as part of my lifetime, I came to Michigan in 1991 and I was on a rural health supported program. I was up in grayling. I covered medicine with Chuck Wilkinson who came from duke. I came from years in Washington. I trained at Baylor and Texas, and then UT Southwestern. I did my residency at university of Washington in Seattle. I was really gunning away. Chuck, my partner had trained at duke. We were recruited to come up to grayling and we covered grayling Roscommon county. And we covered down to Gladwin and over to Kalkaska, we were kind of back in the early nineties, there was a physician shortage up north. And so we went up there in order to get our student loans paid back and we got great experience. Most people did. I feel like I'm echoing a bit. Most of us did service and after residency back then, so it was, it was not uncommon in Seattle.

(00:02:51):

A lot of our residents became CDC officers, which is interesting. Now, since we interact so much with the CDC, but after that, I went to thanks. That'll probably do it. After that, I went to UMC, Michigan school of public health. And I got my degree in epidemiology and went on in trained at Beaumont hospital in cardiology, which is now Beaumont school of medicine. And I had leadership positions here in Michigan for a long time. I was a division chief at William Beaumont and I was the chief academic scientific officer for all of Ascension health up here before I returned to Texas to finish my career at Baylor. But when COVID 19 hit and I had been focusing on chronic diseases, I realized that this was our medical Superbowl, and it didn't take me too long to figure this out. I said, listen, something is big happening.

(00:03:41):

There's this is probably bigger than anything any doctor had seen. And while I was trying to process what was going on, we had a calamity up here in our family, my wife's cousin, her daughter, Kim, was working at a CVS in Lavonia as a pharmacist early in March. And back then there were no masks and

probably people didn't know what's going on. Kim was seven months pregnant and she came down with a fever, had trouble. Breathing, goes to university of Michigan, delivers the baby at seven months precipitously. And then she goes on the ventilator and dies still to this day. We don't know if it's COVID-19 because the tests at that level, if the test could determine a level of positivity at 200 copies back then it was copies per volume of fluid. If the test was positive as 2000, that means that 1890, it was negative.

(00:04:39):

And so nowadays that test would have been clearly positive and she was, she died of COVID-19 and you know, she never saw her, never saw her husband and gentlemen. That's how this whole thing started. So I looked at this personally and I said, this is our medical Superbowl. And we better see some action. And we better see some mass casually units, places like mercy and Michigan and Beaumont and Baylor boy Dade. But our start to hit field hospitals and start treating people. Otherwise we're going to have a ton of people being admitted to the hospital and people going on the ventilator and dying. Where's the field hospitals, where are they? Wait a minute. Then things started happening. Patients started getting sick. They started calling their doctors. Their doctors say, well, there's no treatment for COVID. We can't treat this problem. We don't treat it. Then patients started at this the first time in my life that I've ever seen doctors not treat a problem.

(00:05:43):

And my interpretation was, it was out of fear that, oh, let's not get our offices contaminated less. We don't know how to treat this. Let's not get our waiting rooms. I was on a lot of these tactical calls for our center and the calls went something this, where do we get enough masks to protect ourselves? Where do we get enough hazmat suits to protect ourselves? How do we get people on the ventilator early? So we can cap off the air. So the virus doesn't spray all over the place. Let's put the patients on the ventilator early. These discussions were, they were just absolutely horrifying to hear. And it became clear within a month or two that we, that the medical, the biomedical complex was not going to treat COVID was not going to treat COVID. It was clear. Where was the field, hospital and Arbor?

(00:06:30):

I never saw it. Or how about Michigan state or how about Beaumont? No, it became this situation and it became memorialized actually on October 8th of last year with the national institutes of health said that treatment standards are that nobody gets treatment. Nobody until they get sick enough and they can't breathe. And then they come into the hospital and then even then they don't get a milligram of treatment. And only when they get on oxygen, can they get their first milligram of REM desert year? And when we figured this out, it takes about two to three weeks for a senior citizen to get that sick and end up. And by that time, the virus is long gone. REM designated doesn't do anything at that point in time. So something got into the minds of doctors and nurses and others in everyone to not treat COVID-19. I couldn't stand it.

(00:07:25):

I couldn't stand it. And so I worked feverishly and I had a lot of colleagues in Italy and we worked on this day and night, day, night, what's working, what's not working. And we realized that the virus has three major phases. At first, the virus is replicating like crazy. It trips off inflammation. And then that trips off blood clotting. And in the end, when the patients die, diets, micro blood clots in the lungs and the oxygen just can't get in there. The oxygen levels go down and the patient dies. That's what happens with those three phases. As you can imagine, viral replication, cytokine, storm, or inflammation and

thrombosis, no drug, no single drug is going to work. So of course, no single drug is going to work. Of course, we must use drugs in combination. We must. And in fact, we do that for HIV and hepatitis B.

(00:08:14):

We even do it for staph infections. We don't rely on a single antibiotic. We always use drugs in combination. So it was going to be combination drugs. And as we arrived at our conclusions, based on what we had, we said, listen, we can't wait for real large randomized trials. The ivory tower doctors were saying, listen, while we must wait for large randomized trials, which take two to five years. I mean, that's a long time. That's a lot of people dying over two to five years waiting for randomized trials. And when it became clear the national institutes of health, we're not going to do any treatment trials of people in the community. The NIH only had one treatment trial one, and they all the centers, they were going to use two simple drugs. They outfitted all the centers. They had it set up. They said, ready, set, go.

(00:09:02):

I think in may. And then by June 4th, they shut it down. They said, no, we can't find any patients. No patients. We were, we were swimming in patients. What do you mean no patients? So that to this day, there has been no earnest effort to try to treat Americans in some type of high-quality well-funded randomized trial to prevent hospitalization and death. There's only two bad things that can happen, right? If you get COVID-19, how many people here had it? There you go. It's about a third of us. What do you care about when you get COVID-19? I don't want it to be put in the hospital and I don't want to die. Right? It's those, it's very simple. Those only those two outcomes after that can, all of you take a severe cold at home, take some medicines, get through it. Have you done it before?

(00:09:47):

Yeah, I'll do that. I just don't want to be in the hospital in isolation and I don't want to die. It's that simple. We are government and other governments and the entire world has not lifted a finger to reduce the risk of hospitalization and death anywhere. And the aware since when, since when, if there was a pneumonia community acquired pneumonia, oh, we get you on antibiotics right away. How about a kid with asthma? Will we let the kid wheeze and choke for a week or two weeks before the kid has to go in the hospital? No, we give the child a medications. We get Medicaid. We, you know, we, we don't have randomized trials for every single thing we do. It's been estimated in my field and cardiology when we have about 6% of our decisions that are based on randomized trials. Medicine is an art and a science.

(00:10:37):

It takes judgment. And what was happening is out of, I think global fear, no judgment was being applied. No one looked at this as a mass casualty situation. I tell you somebody who did Didier Renault in France and Matthew Milan basically said, listen, this is they out in Milan. They set up a field hospital. They said, let's open up a tent and let's start treating French. Because if you go down to the French Riviera, it's all the retired French. There are a lot of seniors down there. Let's start treating the seniors in the tent and try some simple and combinations of medicines and see if we can reduce the risk of hospitalization in depth. You know what the French government did to him, house arrest. You can't make this stuff up and it just keeps going and going and going. You know what they did in Australia, they put on the books early in April, a new role.

(00:11:29):

It says if a doctor attempts to help a patient with COVID-19 with prescribing an outpatient medicine and the medicine was of interest, then hydroxy, chloroquine, that doctor could be punished with imprisonment. Since when does a doctor get put in prison to try to help a patient with a simple generic drug. You know what they did in France with real hydraulic Couric ones over the counter, they made it prescription. And then they restricted the ability to dispense it. Since that time, there has been a doctor put in jail in South Africa for using ivermectin. Another drug that looked promising since when do doctors face imprisonment in they're trying to help patients. Listen, we try with a lot of different drugs at first in medicine, until we figured out we did it with HIV. I remember I was in New Jersey, Washington and Seattle when HIV had, we tried a lot of stuff in combination.

(00:12:24):

I remember I was at Beaumont hospital. The very first time we put in stents, do anybody here has a stent. I have to tell you at Beaumont hospital, when we first started doing this in 1990s, we gave people six blood thinners because we are terrified that the stem was going to clog. And then we did studies this days, and then we narrowed it down. We got down to two that works aspirin and Plavix, probably somewhere you on it. Cause you've had a stent. And we figured it out that took about 17 years, by the way, to figure it out. At first, we don't have the research. We need judgment and we have to put drugs in combination. I published the first set of doing it as mentioned the American journal of medicine. It went viral. It's still the most heavily downloaded and relied upon paper in all of COVID-19 for outpatient treatment, period meat. You're looking at him. How come it wasn't somebody at GRC, Michigan. Wait a minute.

(00:13:14):

When I published that paper, when I published that paper, there were 55,000 papers in the peer, reviewed literature, not a single one, cleared up the confusion and just gave a program of what you should do. And then when I published the second one in December of 2020, we actually had data on monoclonal antibodies provided through us through operation warp speed. We had ivermectin, we had culture seen wonderful trial in Canada. So now we had a whole bunch of drugs we can use in combination. And that paper is now the basis of the home treatment guide. And for fortunately, we, now we have some physician organizations that have really become Dinova organizations to step up and treat patients where the ivory tower today still is not treating patients. The party line in my health system is, do not treat a COVID-19 patient as an outpatient, wait for them to get sick enough to win.

(00:14:08):

Because my health system in probably like years in Michigan and Michigan state and was follows the national institutes of health or follows the center for disease control period. So this was a lot of backdrop for what happened. So Americans waited for the virus to hunt us. And if some of us got sick and we had no treatment, we could get sick enough where we end up in the hospital and worse yet we would die. So we became conditioned after about may or so, wear a mask, wait in isolation and be saved by the vaccine and wait for the vaccine and wait for the vaccine. At all we could hear about is the vaccine. The vaccine is it's coming, it's coming. And then the randomized trials came and they were done and things look pretty good. Now we learned something about the vaccines because they were very new.

(00:15:01):

This wasn't going to be any tetanus shot. It's not like a flu shot. This is brand new technology, never, ever used on a broad scale in human beings. And before, so the vaccines came, can we have the sides up? I submitted some sides. If I don't, I can do verbally. Here we go. So let's get into this about the vaccines. So I publish a journal every week, what I needed and it became clear to me there. Wasn't going to be a lot of people who are going to step forward and do it. Now as mentioned, I have 650 peer reviewed publications in the national library of medicine. There may not be somebody at UMC, Michigan who has that. Matter of fact, I don't think the ribs and there definitely isn't at Michigan state or any other place in Michigan. And I have to tell you the reason why I have what I have is I simply outwork any human being on earth.

(00:16:01):

Okay. That's what it takes. I'm 58 years old and I am unstoppable. Okay. And unbreakable, and I tell you, when COVID-19 hit, I was not going to sit on the sidelines of the Superbowl. I was going to get in there and do my part. And so I needed a window. I needed a window. The publications were slowing down, something was wrong, something was wrong. We were publishing. We had valid papers, nothing was getting through to the ringer journal medicine. There was a falsified paper published. Atlanta says, when does that happen? Something disturbing started happening just like the medical institutions were not treating patients. The medical journals became now an unreliable source for how we could deal with things because things weren't getting through. So there started to become a panic. So for the last year, I had a window to America through the hill, through a journal in Washington for entire year.

(00:16:49):

What I predicted everything that was going to happen through the pandemic and was trying to forecast for a variety of people. At one point in time, I was advising I think, 12 different committees on the house side and heavily advising the Senate side behind the scenes because they weren't happy with what they're hearing from the NIH, CDC and other agencies. And so this year, the hill shut down. When they held basically said, listen, we're going to have to part ways here because December 10th hit and December 10th is a very important time in this whole history of things I told you, there was a thirst developed for the vaccine and there was a preparation above for the vaccine. And this is all in the open. This is in the open, I think around December 10th, that trusted news initiative was announced. Go look at on your website. You can look it up right now.

(00:17:40):

The trusted news service in the BBC is who's announced it, but everyone was on board, CNN, CNBC, ABC the media, the local media. And it said we are going to only produce information and publish information that promotes vaccines and the use of vaccines. And we're going to squash anything that could create vaccine hesitancy period. That means early treatment. We don't want to hear about that because that could make people, maybe look for other options, squash it. We're going to squash anything on vaccine safety. We don't want the vaccines cause a problem. We don't want to hear about it. And it's not allowed squash. And the medical director of YouTube came out and said, we're with it. Zuckerberg came out on how the social media, Twitter were with it, everybody. So this is wide out in the open. So the whole world knew they were going to get only one story on a vaccine.

(00:18:35):

It's good for you. Take it. It's in the wide open. So I needed a window and the window was America out loud. And I publish this once a week. And I have been telling America through this window about the

products. And the first one was a new biologic products. Of course, demands safety, safety, safety. If for the first time we're going to roll out a vaccine and we're going to literally ask the entire country to take it. It better be safe, period, period, nothing less than safe, nothing less than safe in medicine. We use a term called premium, no nursery. That means above all, do no harm, do no harm. It is unacceptable because we, there's no way that we can know in the short timeframe that we have. If the vaccines are going to work, we just don't know. We cannot know if they're going to work.

(00:19:34):

So if we're going to give it a shot, it better be safe. It has to be safe. That's the only option. It must be safe. And that's what the Genesis of that paperwork. And we had background. We knew from the swine flu pandemic, 1976, we tried this. We gave a vaccine for the swine flu back then it was an older technology vaccine. And we gave it in that time. We had 220 million people in the United States. We got to vaccinating 55 million Americans. And at the time this came out, deaths were being reported and we were keeping track of it. In the United States, we got to 25 deaths. We got to 25 deaths in 1976. Some of you remember this and after months of negative media coverage, then the story of Jamboree came out and that's an ascending paralysis that was happening. And president Ford was in office at the time.

(00:20:30):

And only 20% of the population was vaccinated 550 cases of Cambray 25 deaths. And the government offered liability coverage to cover the farmer pharmaceutical manufacturers. And there were hundreds of compensation claims and the program was shut down at 20. It turns out that it evolved to 55, 53 deaths. This became the standard. This is kind of the acceptability of deaths that we would ever accept with a medical product. Do you know if a new drug comes on the market and there's five unexplained deaths? The standard is to say, what's called black box warning. It says warning may cause death. Anybody ever see a TV commercial for some common drug. It says warning may cause death. It can happen. It can be a rare thing that happens, but that's fair. Five deaths, a black box warning, 50 deaths for our product is gone. That's our tolerance for our product, 50 deaths.

(00:21:23):

We can't explain it. Listen, we are premium, no nursery above all a drug or product will do no harm. Very, very important. Well, what do we have? These vaccines now are brand new technology. And I want you to be aware of it. The old technology was we could give a dead virus. We could give a crippled virus called the live attenuated virus, or we give a protein, which is dead. All of you have had a tetanus shot. That's just a protein. You can't be hurt by it. It's just a protein. We could get allergic reaction to it, but it's not going to do anything outside of produce immunity. So you get a protein shot. Hepatitis B, I get that in cardiology got 98% of Americans take all the vaccines. We have about 70 vaccines on the market, about 278 million shots a year. So listen, we know about this in 98% of us say, okay, we're going to do it as a cardiologist.

(00:22:14):

I got to take hepatitis B influenza. I took these shots these year. Fine. These are different. The shown on the left is the Johnson and Johnson vaccine. This is an ed, no viral vector. So this is actually kind of a crippled virus, but it's loaded with a genetic payload called adeno viral DNA. That codes for the spike protein of the SARS cov two virus, the spike protein was the subject of the gain of function research done in the [inaudible] lab in China. And the spike protein was specifically designed to be searched, has got a hinge joint, so that hinge would lock into a human receptor and then allow the virus to give that's

called the fearing Cleveland's joint. It was designed that way. The spike protein was designed to make the virus in fact and kill. It's pretty clear and ran. Paul is on this and he's on Fowchee and he knows it and you can see the tension.

(00:23:13):

Okay? So this, these, this genetic material here, if I can point to this screen, I don't know if I can, but the genetic material here, I guess I'll go forward. The genetic material is shown in their little spiral and go back, just go back one. That's the Baylor consent form. Yeah, the genetic material on the left. That's the code? That's the code for the spike protein. And it's the code for the original spike protein, the wild type spike protein, because it was made despite protein wasn't manmade, it was naturally occurring on the Corona virus. It basically was made to be lethal. Otherwise there's no way a Corona virus is going to be lethal. Okay. On the left is messenger RNA. Now this is a technology where now the message that codes for the spike protein is made synthetically. It has, what's called nucleoside caps on it to make it more durable.

(00:24:16):

Normally in your body, you unzip the DNA. You make some RNA, it goes out, it's a message. You actually have transfer RNA and it assembles a protein. And then the RNA is digested. You're doing that right now. Your body's making its own messenger RNA right now, tons of it. It's one and done. You use it, dispose it, use it as both. It's a wonderful, beautiful God-given system in your body. Okay? That's natural messenger RNA. But on the right there, that's messenger RNA that is made to last. And these, there were 24 of these platforms and the dream of this, this was dreamed up in 1987. It's very first paper on this. The dream of this is that it would last. And so we could treat a genetic deficiency disease like Fabry's disease. We could, we could treat heart failure, cancer, that it would last. Maybe we to give an injection once a month.

(00:25:07):

Maybe we can give an injection once every three months or six months, but it's long lasting. These nucleus ICAPS are long-lasting. So when these products were thought of for a vaccine, it was a way of tricking the body into putting them genetic material in the human body and like let the own body make the spike protein. So instead of giving like a shot of spike, protein will trick the body into making spike protein. And the thought was, well, maybe it'll just stay in the arm for a day or two. And then it makes some spike protein. You get a sore arm and you're immune. But thinking about it, there's no way this is going to stay in the arm for a day or two. If it's loaded on a lipid nanoparticle, this is going to be distributed all through the body. And in fact, that's exactly what happens.

(00:25:53):

So the consent form, this came, these, these came forward and after only two months of observation, instead of 24 months of observation, they, in a sense were rushed to market. It was an emergency. They skipped testing for Geno toxicity, whether they cause cancer birth defects, not that that sees our study specifically that way, but they're studied over the course of about two years by law, by regulatory law, to kind of know if there's any signals that was all skipped and a consent form. This is my hospital came out and they were opened up in December. They looked like they had, what's called 90% vaccine efficacy over two short months. But the rates of infection in both the placebo and the treatment group were way less than 1%. So they recruited patients that were very fastidious and they weren't coming in

contact with COVID. So we never really knew if they were, Jim says it's an investigational medicine investigation means research invest studied.

(00:26:51):

So those of you who took the vaccine and about 70% of my patients took the vaccine and my family members took the vaccine. They are participating in research that consent form, and this is a state and they may be a minor inconvenience, like a sore arm or fever. So this should be kind of a warning. And so the consent form to this day, kind of high risk group, and you're really, you know, COVID is going to wipe you out. I've always thought the vaccine program would be five, 10, maybe 15, 20 million people, maybe high risk seniors, nursing home workers, where there was clear outbreak and suddenly the virus spread. It just didn't work that way. Well, the concerns are that the mechanism of action of the messenger RNA or the adeno viral DNA is the production of the spike protein. The spike protein is now known itself to be dangerous.

(00:27:39):

When you have DNA come into your body or RNA and you direct your body to make a foreign, dangerous protein, it's going to damage the cells. It's going to be expressed on the cell surface. The body's going to attack those cells and for breaks free in the circulation, which it does. We've learned later on it circulates in the body freely for about two weeks before the second shot, tamps it down. We now have data suggesting it lasts longer a report. We got to confirm it, but it looks like they found it within cells. Nine months later, that means it persists. And it's passed down to daughter cells after cell division, it's starting to get uncomfortable, but these shots may be lasting way longer than what we thought. It's demonstrated that it's in blood and body fluids. So that means when someone donates blood spike protein, if they're recently vaccinated, we've alerted the red cross and the American association of blood banking there nobody's expressing large concerns, but I have one, no genotoxicity Teresa Giudice.

(00:28:35):

There's a concerning biodistribution study that the Japanese, when Pfizer approached Japan, you know, the Japanese are very discerning. When the Pfizer approached the Japanese, the Japanese said, well, where does this go in the body? And I said, well, the sock Institute says it stays in the arm. And the Japanese said, why don't you show us where it goes in the body? Because they were previous Chinese studies showing these lipid nanoparticles that all the vaccines are loaded on, that they distributed, why they through the body lipid nanoparticles, that they should go into the brain organ, especially the organs that make hormones. So the Japanese did the Pfizer, did a study in the animals that showed that it did distribute in animals and nanoparticles did. And they concentrated in the adrenal glands and washed out in ovaries. And they kept concentrating in the ovaries over time, very concerning separately, Medina, the emergence of the European medical association as Medina show us whether or not these influence fertility, cause you may want to vaccinate childbearing women.

(00:29:36):

At some point in time, FDA did not want childbearing women to be vaccinated. So they were excluded from the studies. So, but Madonna did a study in animals and it dropped fertility in animals. Make sense. Lipid nanoparticles go to the ovaries. They start producing spike protein there. All it's gonna do is damage the ovaries. So we put this together. Women are describing changes in their periods. It's very, very concerning for the bowel distribution and potentially for fertility. There's been no external critical

event committee, data, safety monitoring board or human ethics committee when there's a large clinical investigation. And listen, I do this for a living and I chair data safety monitoring boards for the big pharma and for the FDA and for the NIH, we always have independent safety committees. We always do. We have to have safety. If there's nobody watching safety, remember the CDC and the NIH and the FDA or the sponsors of the program, somebody has to watch them.

(00:30:28):

Somebody has to watch them. These people's careers are dependent on the success of the program. Pfizer and Madonna and J and J they're hands off right now. This is the government running a research program. Somebody needs to supervise the government. Where's the committees. They don't exist. There's been no restriction in the properly excluded trials. If we exclude pregnant women from a research study in the registrational trials, we would never use a product on a pregnant woman. Never navbar. If let's say there's a new seizure medicine and it looks promising, we just kind of wing it in a pregnant woman. No way we have pregnancy categories in ABCD, we actually, this was pre this would be pregnancy category X never appreci should be used in a pregnant woman by regulatory law. COVID survivors privacy, immune excluded from the study should not receive the vaccine, no effort to restrict the vaccination according to risk for COVID-19 that the, at the idea is that like any drug, do we just give a drug to everybody?

(00:31:29):

Or do we give it to people who really need it? Of course, we only give a drug to people who really need it. And there's been no attempts to mitigate risk Republic. I think this is the most disturbing thing today. I had a telephone call from the chairman of the federal reserve board who call me and said, what is the deal with these vaccines? We're trying to figure out a mandate. And I said, well, you would have to agree where we're eight months into this program. There is yet to be a press briefing and how the vaccines are doing by the FDA or CDC, no information on safety and no information on efficacy. We got three, we got three vaccines. If you're going to mandate them, what I told them, I said, if you're gonna mandate a vaccine, which one are you going to mandate?

(00:32:09):

Isn't there a winner? Isn't there a loser. They can't all be the same, which one's holding out the best, which one is the least safe, which one's the most safe Americans like to make choices. And so that doesn't make sense, right? We always make choices. But in this one where the idea is just take the shot and be quiet while and January 22nd. And so have you seen the scoreboard? This is called vaccine adverse event reporting system. This is an overlay called open VA. Ours is open. It's updated once a month. It's been critically reviewed and verified and vetted. So this scoreboard is real. I can tell you across, across all vaccines per year ambiently we would get 158 deaths reported into the data system in by January 22nd, we were already at 182 deaths with the vaccine and we had 27 million people vaccinated. We already crossed a line of concern January 22nd. And if there was a data safety monitoring board, I know, cause I do this work. We would have redheaded emergency meetings and say, wait a minute, wait a minute. People are dying. After the vaccine, we got to figure out why or we got to do an investigation. Who is it? Is it the old people, young people where we vaccinated people who weren't supposed to be vaccinated is a diabetics. Those who previously recovered people who had Parkinson's disease. People had heart disease. Who's dying after the vaccine, January 22nd, 182 deaths who's dying.

(00:33:36):

We didn't hear any word. So there was a great concern. I personally missed this. I personally didn't develop my concern because nobody else raised concern. I didn't hear anybody from DRC in Michigan. I didn't hear anybody from UT Southwestern or Harvard or Johns Hopkins. There was no mention. There was no mention of concern. I personally missed it, but looking backwards, the signal was there and you can see the other things that were happening 455 Americans in the hospital. Other people going to urgent care visits, there were 106 kind of severe reactions. We know people can have reactions after shots, and then you can see what happens. If you look at all deaths reported into vaccines per year, we're around 150 per year, but in Jakarta, this flu shot everything combined, all the vaccines combined. And then suddenly you can see here through July 9th, we have a skyrocketing of deaths reported after the vaccine.

(00:34:27):

This is something that we've never seen in human medicine, a new product introduced and just going full steam ahead with no check on why people are dying after the vaccine. Now on two occasions, the center for disease control has put out on their website without any fanfare in March and in June, they have said CDC and FDA doctors who are the sponsors of the program. It's not their role to determine this. That's always done by external experts like me, CDC and FDA doctors reviewed the deaths. And none of them were related to the vaccine. None, none, including the people who get the shot and have allergic reaction to their doing CPR in the vaccine center. And that's happened. That's happened none even that wasn't related to the vaccine. And that first one that came out at March. That's when I got a sick feeling in my stomach.

(00:35:25):

And I said, you know, something's not right here. That actually I think, I think that was actually, I honestly, I think that was, I think that was malfeasance. Malfeasance is wrong doing by those in position of authority, either they reviewed all those deaths and somehow they came up with some don't, you know how long it takes to review 1600 deaths. The labs, the x-rays the charts takes forever. It would be about a two year experience. How could they quickly review 6,000 deaths? And who are these unnamed CDC and FDA doctors? They actually don't hire a lot of doctors who are board certified in anything. So this was really concerning. Now we go fast forward. These are data from July 30th, 12,366 Americans have died after the vaccine 46,000 hospitalized, 68,000 urgent care visits. You can see these numbers, 52 36 heart attacks, 23,534 severe allergic reactions. We have lit up a scoreboard, a safety score board that is absolutely horrified.

(00:36:33):

Look at the temporary relationship to these events. These deaths, people walk into the vaccine center and there's a very tight temporal relationship. Previously with the vaccines, you would see vaccines reported on a timeline that was not really related to the vaccine. Cause some things be reported from a nursing home or for a clinic would have these reports. 83% of those reports are done by doctors and nurses who are watching this happen. And they think it's related to the vaccine. Otherwise it wouldn't get reported. The CDC it's a voluntary system. I've done some of these reports. It takes a half an hour to do a report. And when I had to go through the pages, it says, warning. Falsification is punishable by federal fines or imprisonment. Man, I'm going to put my medical license out there for imprisonment. You better believe every single one of these deaths were done by somebody who really, really thinks it's serious because they're putting their medical license on the line and it's strongly tight, tight brain-related.

(00:37:31):

So now people there's been outside analysis McLachlin from London has published an analysis in an early preprint journal where they reviewed the vignettes. What was described, what happened since the FDA and CDC had not given us a report on safety. People are starting to get the data and do the analysis themselves. 86% of the deaths had no other explanation outside of the vaccine. Okay? That means people walked into that. They were healthy enough to walk into the vaccine center and they died. Now when they first rolled out the vaccines and it was in nursing homes and people were really sick and close to the end of life. There was an analysis from Scandinavia that said maybe only 40% of the shots were really the cause of death. But maybe there are other things that contributed, but here 86%, there's no other explanation. They got the vaccine and they died within a very tight temporal relationship.

(00:38:21):

About half the deaths occur within 48 hours and 80% occur within a week. There's no medical product that has been so tightly related to death than the COVID 19 vaccines. And is biologically plausible. If a human body is able to take up more of the [inaudible], they're able to produce more spike protein. They're not able to clear the genetic material. And this just goes like a freight trade. This fake protein itself is lethal. Big. It damages organs. It causes blood clots. It causes stroke. There's a massive rise in blood pressure in the spike protein by design, from the gain of function mutation research done in the [inaudible] lab is a killer. The spike protein is a killer. It is designed to kill. And in fact, that's what it's doing. Now. You can see the ages who is dying. The CDC should have told this in January, who's dying.

(00:39:16):

We have to wait for McLaughlin to tell us in this analysis, you can see it's the seniors for some seniors. This stuff is too strong. And the vaccines are very different. Modernists got a hundred micrograms of messenger RNA. Pfizer's got 30 micrograms per shot. That's a giant difference. And then Johnson and Johnson is Edna virus. So you'll get, you'll get basically I think millions of adeno, viral particles. They're very different. Our agency should be telling us which vaccines are safest for seniors. We shouldn't be guessing at this. I get this question all the time. I get this question from my mom, my mom's in a senior home. She wants to know. I have a hard time presenting this data and trying to talk to my mom. And the CDC is not helping us. This report from rose, from Israel, American journal, public health housing and law says for the nonfatal events, the nonfatal events has shown in those colored bars skew towards younger people in largely cardiac neurologic, immunologic, and hematologic.

(00:40:20):

So people are being injured as the spike protein injures these organs after injection. So the evidence-based consulting group in England, which is the lead a contract consulting group to tool the world health organization separately analyze the yellow card system in the UK, which is similar to the VR system. The leaders, Dr. Tesler issues, a very, very well-respected scientists and colleague. They have concluded. The vaccines are not safe for human use poem off the market. Okay? Polo, pull them off the market. That's not me. That's not me. That's they leave consulting group to the world health organization separately. There is a physician group that has petitioned the U S FDA. Don't approve these separately. There's a nursing group. That's petitioned the FDA. Don't approve these now for all of you took the vaccines and my patients and my family members. And you got through it. Thank the Lord.

(00:41:22):

You got through it. Okay. You got through it. And if it's given you some immunity or some protection, wonderful, wonderful. But because you through it and it's okay for you, it doesn't mean the next person who takes it. Isn't going to be harmed and that's not right. That's not right. This idea of I took the shot. You just take it. We never put risk on someone else. Whenever we take an injection, the risk is on us. And only on us, it's very, very important. Principle of autonomy says no one under any circumstances will have anything forced into their body. Under any form of pressure, coercion or threat of reprisal. Pressure means any type of peer pressure from teachers or athletes or schools. Coercion means, listen, you take it or you're going to lose your job. Fed every prize of means, if you don't take it, I'm going to go get you.

(00:42:19):

Okay. Never that's in the Nuremberg code that actually comes from Nazi Germany, where this was done under Nazi research and people said the Nurburg code. There are six cornerstones of ethics in research, and they are coveted by the office of human protection and research in the United States, the office, we have an office in Washington, they sakes. There's the cozy Secora versus the Nuremberg code. Second is the declaration of Helsinki about fair consent. Okay. We will never allow those to be railroaded and people in the UK agree. Now the CDC, which so far, it looks like it's the only thing that academia is going to say. We're only going to listen to the CDC and the national institutes of health. Michigan has said that Michigan state has said that every medical school in the United States fine, let's go to the CDC website together, Barnstable county, Massachusetts, July of 2021.

(00:43:18):

Wait a minute. There's an outbreak. What's wrong with this curve. Two thirds of these people are fully vaccinated. The vaccine supposed to prevent COVID-19. It looked 90% effective. How in the world can we have an outbreak and have two thirds of people being fully vaccinated? This is the CDC publication, MMWR its third publication. I didn't make this up. Wait a minute. We've got a problem. The virus has mutated and it's sufficiently mutated through alpha beta gamma, and now Delta. So as we start vaccinating populations, the virus, the virus, there's always mutants in the background. We used to have 14 or so mutants, different strains, but we've vaccinated. Just like we give a single antibiotic, we're going to raise up a superbug. So the superbug now is Delta is responding to vaccination. Obviously the Delta varia can get past the vaccine in great numbers. The Mayo clinic now in a recent paper combined with Boston, they've got the protection from Pfizer down to 42%.

(00:44:20):

They still got Medina at 76%. I think that's a pretty big difference. Makes sense. Modernists three times the dose of Pfizer, how come nobody's talking about this? This is from, they have data from 25,000 people in Rochester county, Minnesota, Mayo clinic has pretty strong in their data. This is a pre-print in our CDC and our NIH or FDA and the media make no mention of it. So if you're going to consider a vaccine, are you going to ultimately be mandated, take a dose. You want to take one that gives you better protection, less than 50% protection on a vaccine is considered worthless and would not be approval that the Israeli health ministers have the Pfizer vaccine. Now currently at 17%, here are the Israeli data through the month of March. Third month of July. I'm sorry. They've had fully 15,634 cases. The Israeli peak now is as high as the first peak with no vaccine. Okay? Look at that. 86% of cases are fully vaccinated.

(00:45:27):

You don't have to be a doctor or an epidemiologist to conclude looking at this table. And we've tracked. We've checked multiple times with the Israeli ministry and they agree. They estimate Pfizer has 17% protection right now it's all Delta. The Delta variant is obviously resistant to the Pfizer vaccine is relatively clear is relative of care. And our CDC director has said, this they've come out and said, this we've had the wedding in Houston. We had the, the democratic lawmaker flight from Texas to, uh, Washington. And we had the British cruise vessel where these were isolated populations and they were all fully vaccinated and there was an outbreak. So it's pretty clear that vaccinated are carrying the virus and they can actually spread it to somebody else in separately. A paper from Lancet, from the tropical health division in ho Chi Minh city in Vietnam, they just locked down a whole hospital.

(00:46:24):

They had an outbreak of people when they're in lockdown, develop the Delta variant and the viral load in the vaccinated. People was over 250 times that of a regular infection of somebody un-vaccinated it makes sense. The vaccinated now can carry a huge amounts of virus in their throat. And that's probably what's fueling our Delta epidemic. We have 48% of people vaccinated and people, the vaccinated people must be contributing to the infection while our CDC tells us that's the case. The CDC on July 26 said that through spontaneous reports, this is an all they have. This is what was pushed up to the CDC. They have 65 87 hospitalized patients who are fully vaccinated. And look at that second to last line. 19% died. Last line, I'm sorry. 19% died. So some people said Dr. McCullough, is there a cancellation price for getting the vaccine? If it doesn't prevent COVID-19, does it at least reduce my chances of dying?

(00:47:27):

I don't think so. 19 is unacceptably high right now. Okay. The current accepted mortality rate in a hospital overall for COVID is under 10% people. Shouldn't be ripping 19% mortality in a huge sample size like this, the vaccine, and this is Pfizer Madrona and J and J mixed together. The vaccines don't stop. COVID-19 at least not completely. And they don't. They're not a shield against mortality. And our CDC is telling us, okay, it's very important. The vaccines don't work anymore. The virus has mutated and get passed. The vaccine, this paper recently published from the Mayo clinic and a group in Boston. Indiscriminate vaccination is reducing the diversity of strains in producing dominant variants. It makes sense if we have a whole bunch of variants and we have different different immunities, we're going to have a blend of strains. I personally had COVID. I was in a research study, which I was supposed to do.

(00:48:25):

I had the British variant. I knew I had it cause it was sequence do not. What do you know where we find that the whole virus in the body, the whole genetic code GI tract, the Chinese figured out the long time they do anal squads. They don't mess with these PCR stuff. They actually sequence it. So you can do it from anal swabs. So the vaccine is creating a different environment for the virus to start to work its way through populations. And unless the vaccine is sterilizing, unless the vaccine is like a bug spray that is just going to kill the virus cold. If it allows the virus to kind of live within the vaccinated body, we're in trouble and it looks like that's the case. So here are the CDC data on the different strains. Now back in may, as you can see, we started to get, we had the British variant, which became dominant previous to that.

(00:49:15):

It used to be a nice colored display. We, before vaccination, we used to have a dozen or more strains. And now look what happened with Delta from may all the way through end of or through August,

August 7th. We're now up to 83% Delta in the United States, Texas department community health says a hundred percent. Any of you have relatives up here in Michigan or gets sick with COVID. You can bet your bottom line is Delta. So what does that mean? The original we'll hand, spike protein, the spike, the spicules on the spine of the virus, the ball of viruses nucleocapsid the little spokes is a spike protein that gain of function. Mutation is interesting. Mother nature is peppering that gain of function and actually putting mutations in it and taking the starch out of that joint and is actually making the virus thank the Lord. Less injurious.

(00:50:04):

It is more contagious as less injurious. And so the other mutations, the British British variant was like one mutation. Gamma was one or two mutations. Delta is minimum seven mutations. Now there's Delta plus, which is another mutation aide. And then in a table from the British, the British are doing the best job. They put out a weekly technical briefing of what's going on and that's what we should have in the United States. They now have 20 additional mutations within Delta. So it's mutating wildly in order to escape the vaccines in a paper by Venkata Christianity, they show it that the spike protein used to look like this. Now it's kind of crumpled like this and the antibodies just can't grab it. You can't grab it. You can't stop Delta with the vaccines. And so you saw these data before about skyrocketing and these are some leftover slides, but this paper, which I'm an author on, was published in may.

(00:51:02):

And it basically went to all the world governments. We had 57 authors, 17 countries. We said, listen, if you can't get safety under control in may shut down the program. So there's been a lot of, I guess, maybe I'm going forward to have some redundancy, but we have a situation where the vaccines don't work and it looks like they're not safe. In fact, people have lost their lives to the vaccine and the counter arguments spend listen, Dr. Macola COVID is a bed illness, 630,000 people lost their lives. And you know what? If some people die with a vaccine, it's a small price to pay. I've heard people say that my next door neighbor said that it's interesting. He's Jewish. And I told him small price to pay for the area and race. We never do that. We never sacrifice people like that in such a cold hearted cold blooded way ever.

(00:52:03):

Well, the CDC has been telling us on their website, the CDC is a treasure trove. It's a historical treasure. Trove has been telling us since may the vaccines don't work in may. They had 10,000 vaccine failure cases. They had 10% were hospitalized and 2% died in may. Now separately. They tell us in July of those hospitalized, 19% die. So those proportions match up. Do you know, during that time period, they didn't have a single failure of natural immunity, not a one. And we have our, our surgeon general Murphy was on the thing. He goes, oh, vaccine immunity is way better than natural immunity. Fowchee has said this really not a single case of natural immune failing. And yet we have thousands and thousands of cases of failures, of vaccine immunity and dying. Okay. I've showed you that. So let's pivot to early treatment. If the vaccines don't work completely many, have you taken the vaccines?

(00:53:11):

My family has taken them. We thought it was the best thing we did. We tried to make our decisions for our family members and make our own decisions. If they don't work completely, it means you can get COVID. My brother texted me today. He goes means we're doomed. I said, no, man, we're not. We have treatment. In fact, there's a home treatment guide, all the work that we've done, there've been

physician organizations that have risen up. This is probably the most single relied upon slide. Now in the entire world. It's the basis in, in Sri Lanka and Thailand and Malaysia and east Asia and South Africa and the United States and elsewhere. This is called sequence multi-drug therapy. When someone does get COVID-19, I'll walk through it. If you're, if you get COVID 19, get it home. Quarantine. Do your contract tracing, ventilate your house, open the windows, open the windows, the hate's fresh air.

(00:54:05):

Do you know in Singapore, they did studies. If you're outside, you used to impossible to transmit the virus, but get in a close room. And you know, you have to be in a close room with somebody for about three hours to transmit the virus. It's not a little thing like this it's three hours. So 85% of transmission occurs in the home. Why? Because people spend more than three hours together in the homeless. The only place that you do it now, age under 50 helpful nutraceutical bundle the nutraceuticals, the vitamins, they don't save patients, but all the studies show, if you're a little bit deficient in these, the risks are higher. Vitamin D deficiency, the mortality skyrockets, zinc deficiency, people on diuretics. For instance, water pills that get zinc deficient. So it's one of these things where we can't prove the vitamins are helpful, but all the data suggests are supportive and why not?

(00:54:53):

They're cheap. So nutraceutical bundle under age 50, finish your quarantine, and then you're done. You're done. You can go back to work and enjoy life, go back to school. But if you're under age 50 and symptoms get worse, and this is important for kids, people say, what about kids? The only people being hospitalized in the United States are getting no treatment at home. Zero. If you look at the papers of people hospitalized and looked down the table of baseline characteristics, what treatment did they get? The answer is nothing. The answer is nothing. Treat the illness early at home. If a child develops severe symptoms, we move over to the middle category. Now the middle category for adults and seniors. We now can use a monoclonal antibody as shown here in gray, that we, the current one is called Regeneron. And if you've been vaccinated or not, if you're over 65 and you start having severe symptoms, call your doctor and demand an antibody infusion and figure out where these antibodies are.

(00:55:50):

United States. Pre-purchase 500 million doses of these. Where are they? How many does yours in Michigan have? How much does Bauman have? How about Providence? What about McLaren? Right? Come on. Where are these monoclonal antibodies? Where the public service announcements to show where these monoclonal antibodies are, seniors should be demanding. These president Trump gut COVID-19 what's the first thing they did monoclonal antibodies. He was there. He took some, you know, he's all bluster who took IP COVID-19 well, of course he did. I just got a phone call on the way here, informing me that Greg Abbott, governor of Texas has got COVID after his fully vaccinated. He just got him on a client of mine infusion. Terrific. I was on the phone with the DeSantis is ran WebEx with DeSantis group in Florida. I said, get these monoclonal antibodies out. So seniors can use them. 80% of them are going unused on the shelf because of this mentality of not treating COVID you go into a sterile room off the ER, get the infusion and go home.

(00:56:45):

You can do that in urgent care center. You can do that in nursing home demand, monoclonal antibodies, but that's not all after that we use what's called anti-infective intracellular agents. We can use hydroxy chloroquine hydroxychloroquine to this day is the most widely used drug to treat COVID-19. It is

supported by 250 studies. The FDA NIH gave up on it back in June the FDA. Shortly after that, after a fake paper, Atlanta FDA made a blanket statement. Don't use hydroxychloroquine. They never updated their statement in a year. That's gone by, there've been hundreds of studies showing hydroxychloroquine is beneficial. Hundreds. Randomized trials is outpatients, large observational studies. The only studies that don't show hydroxychloroquine has a big effect is when it's late and they're on a mechanical ventilator. It makes sense. It's too late to have an antiviral make a difference. And by the way, REM desert beer doesn't work there either.

(00:57:42):

So, you know, if someone says, listen, we don't want to give it to them. They're on the ventilator. I'd say fine. The studies are small, but then don't show a benefit. But all the early treatment studies of hydroxyl cork would show it works, or we can use ivermectin. Ivermectin is another drug that works inside the cell, impairs the nuclear entry of the virus. 60 supportive studies. We add doxycyclin or Scyther myosin. You've all taken notes because there is a bronchitis or sinusitis component to it due to bacteria. Importantly, after that, we use steroids. We can use inhale, be Dustin, which we should do and help you decide a Pulmicort inhaler. Any doctor can prescribe that Poma Corta, haler and load reduces the risk of hospitalization with COVID-19 by 87% shown in two randomized trials, two randomized trials. We have 12 randomized trials with oral steroids.

(00:58:34):

Now they're used in the hospital, but I've always said, listen, I don't care if the patient's physically in the hospital or home, use the principle. I'm not going to wait for the hospital to start stairways. That's ridiculous. I refuse to do that in Brazil. They don't do it. Others, other cities, I will use prednisone readily available. Probably half the people in the room was taking prednisone. Yeah, it's cheap. And we use it on day five or pulmonary symptoms for about five days and culture saying that's an anti-inflammatory drug. It's a drug that's used to treat gout. The Canadians did a large randomized prospective, double blind placebo controlled trial over 4,000 patients over 30 days. And there was a dramatic reduction in hospitalization and death. So what I've done in the protocol as I've taken things that show a signal of benefit, not relying on a single drug, but putting them into combination to treat this.

(00:59:22):

And then lastly, we address the issue of blood. Clots is very important. And a paper from UCLA shows that the blood clotting system is revved up. Particularly the playlists are revved up a thousand fold. That means a baby aspirin is not going to work. A baby aspirin works for heart disease because the platelets are not they're revved up, but in COVID, which actually makes the blood system go wild. We need full dose aspirin. One of the few times full dose aspirin, no questions asked Japanese, do it for 90 days to reduce these late risk of stroke or, or heart attack. I personally have some blockages personally. I do. I took it for 90 days, no questions. I was not going to end up with a heart attack or stroke. After that we use blood thinners. And if I get a high risk senior, my patients have pacemakers.

(01:00:05):

They have blockages stents. I am not fooling around with it. Anybody with a blood clotting disorder like factor five Leiden, it would have. You love an ax full dose, not half dose full dose. My dad got COVID in a nursing home. I had them put on Lovenox for a month. I was not going to have dad get hit with a blood clot and week three. That's how people die. I just lost a patient last night, a 39 year old guy in the ICU. And what happened is blood cuts overwhelming. And it's the saddest thing. Him and his wife got sick

together. About two weeks ago, the father is a pastor fathers' reached out to me. I was helped coordinate in Fort worth. The mother takes the monoclonal antibodies. She gets in a sequence drug program. He's a big guy. Who's 39. Who's going to be okay, but he's a big guy.

(01:00:55):

He delays treatment. He gets worse and worse and worse. Now we're behind and we start the drugs late. He gets one or two doses of drugs at home. He crashes in the hospital. He's in the hospital. He's on oxygen last night, 10 o'clock phone call, cardiac arrest. Follow-up phone call dead 39 years old. It can happen. That's Delta variant. It can happen. Easy to treat early can be fatal in the hospital. And we're going to have more deaths. If these patients are not treated, that's the reason why this algorithm is so important. So we use the drugs and combinations. The doctors have to decide. We can even use oxygen concentrators at home. We have pulse ox is patients where Paul Sachs seminars at home, like to see the oxygen saturation more than 92%. But we know with COVID it's micro blood clots in the lungs that reduce the oxygenation.

(01:01:42):

When the CT scan shows COVID pneumonia, that's actually COVID blood clots. And the biggest mistake is to say, oh, we're going to clear that up with some red REM desert, no rum disappeared. Try it, but put people on blood thinners, blood thinners is what saves people. And we don't have time for the large randomized trousers, several inpatient supportive gnosis for full dose aspirin and full dose anticoagulation demand it. And high-risk seniors. I have a young gal who was an officer at our church. I go to Methodist church in Dallas on the way here. I mean, my phone is, this is, this is my life. Now she is about 40. She's a little delayed on treatment, a little delayed in recognition. Her oxygen saturations are in the eighties. She doesn't go into the ER. I said, find demand a monoclonal antibody and get those Lovenox injections go home.

(01:02:25):

There's no advantage to being in the hospital, honestly, unless pap patients need a lot of oxygen or the mechanical ventilator, I'd rather treat them at home. It's just, we can do better. We have better control in the hospital. You lose control. If you don't the families, you can't visit your family members. How many of you had a family member in the hospital? Yeah. You know how hard that is? There's no more talking. You can't talk to the doctors on rounds. You can't figure out what's going on. There's no, there's no negotiation. So we can go with a phone call under president Trump. We can actually get an oxygen concentrator at home. You can order one on Amazon for about 900 bucks. It pulls oxygen out of the air and concentrates it. People who get this in the lungs. I had it, it got in my lungs.

(01:03:03):

I know what I'm talking about. You need help for about a month. It's a long illness, but we can get through it. So importantly, this has taken off. And I mentioned, we have organizations around the world. These are some colleagues in Italy, Tara, Pia, domiciliary COVID-19. They use drugs in combination. They use the protocols that we worked on together. Look at the celebration. They filled up entire plazas in Italy. And they basically said we can get down to zero hospitalizations in some major centers in Italy now, which got absolutely slaughtered with COVID-19. They have zero hospitalizations. They still have COVID, but they're treating it at home. Using the sequence multi-drug approach. I wish we would have had billions of dollars to invest in randomized trials. I would like, I'd like half a billion. I could have led those trials. I can do it. I can do it.

(01:03:52):

Anybody I couldn't put on my years in Michigan tie and say, listen, I can do it. No problem doing it. Nobody invested in the clinical trials. This was a time for doctors to use their judgment and win the game. And I'm telling you the drugs in combination win the game. We have data to support it. This is one of the analysis from one of the leading centers in Dallas by instituting early treatment. And this was an early protocol. It didn't have a lot of the bells and whistles. We can reduce the risk of hospitalization and death by about 85% compared to expected values or values from a reference group in surrounding counties, which is what we did in this analysis. Early treatment is what decides a severe case or not demand it. And you should call your doctor right now and say, listen, are you ready to treat me?

(01:04:36):

And if you're not, you know what, go to a telemedicine service. Cause I basically, I went nuts when I testified in the us Senate in November 19 and we had the follow-up on December 8th, those were historic Senate testimony. They will go down in history. Peer Cory led the second one PR showed up in the Senate with his lab Kodak. And he went absolutely nuts. He said, we are having Americans died with no treatment die. And he goes, it won't happen on my watch. And he was right. He was right. We should have always done this. We estimate today out of 640,000 Americans who died, 85% of them died. Needlessly. They were denied early treatment. We couldn't save them all, but we could have a huge impact. Paul Alexander in our group has shown in nursing home studies in the nursing home. If we do anything, any one of these early interventions in the nursing home, if we would have given a little bit of hydroxy, Couric, winter steroids, or anticoagulants, or just a little something, you can knock down mortality by 60%.

(01:05:37):

The only reason why the nursing home patients died there's nobody did anything for them. Nobody did anything for them. They sat in the nursing homes for weeks sick, and then they got shipped to the hospital. Or if they got shipped to the hospital early, nothing happened until they need an oxygen. They should have started something, do something early in the nursing home and all the nursing home intervention studies are dramatically positive. Why am I the only person who's ever brought this to you? Why weren't you updated weekly? Why weren't you updated weekly by our CDC in our national institutes of health. And how about the local news? Didn't anybody even ask a question? When's the last time the local news gave you an update on early treatment. Zero doesn't come into their mind. I'll never forget it. Elizabeth Warren gave this tear jerking presentation of her brother dying about her age.

(01:06:32):

Didn't didn't occur to her that maybe if he was treated, he would be alive today. It's not even coming into people's minds. People are in a trance right now. They are in a trance. I'm going to get COVID I'm going to die. That's all I can think of. Wear a mask. Give me a vaccine. It is, people are in a trance. It is a treatable illness. All the data suggests it's treatable. It's not a single drug. It's not perfect. I wish it was, but we can use drugs in combination. So I want to finish and conclude by saying COVID-19 pandemic is a global disaster and it keeps going. It's a gift that keeps giving. Unfortunately the vaccine program is making it worse. The pathophysiology is complex. It's not amendable to a single drug despite trying to wear a mask and control the contagion. There's two poor outcomes.

(01:07:19):

Hospitalization in depth. I think we're going to have to agree that we are going to get COVID. Most of us are going to get COVID. As long as we don't end up in the hospital or die, we can get through this natural immunity appears to be the savior. And in fact, thanks to Senator. I have my natural immunity, wristband. I mean, it's a wonderful thing to have nationally. I have as a doctor, I'm telling you, I am naturally immune. I've come face to face with one of these right in my face from a COVID-19 patient, nothing, nothing I'm counting. You don't have to be scared. You don't have to be scared. This is really important. This is a joyous message. You don't have to be scared. I did something for the better business bureau in Dallas, all these, these are small business owners. They talked to her. So we have a vaccine mandate. I said, listen, if you're going to do anything, figure out who your COVID recovered people are and make sure your shifts.

(01:08:15):

You have enough people on your shifts to make sure you have enough naturally immune people to carry out your small business. I've had teleconferences with the military. I should do an inventory of who's naturally immune that's who you want to know. If you're going to go on a mission, you're going to put a bunch of people on a boat or buy the tank, figure out who's naturally immune

(01:08:33):

CDC. When they conduct their vaccine program, they never ask if someone's natural immune or not. They never asked if they had COVID-19. When you fill out the safety form, when something bad happens, they don't ask. If they have COVID-19, there's a belief by the way, that all vaccinated on top of the infection, which you don't need to hit need the vaccine that that's actually causing all the problems. And it turns out about 25 to 30% of people taking the vaccine didn't need it. They're naturally immune they've already had COVID-19. The hospitalization rate and death rates are still unacceptably high, early inventory therapy with a sequence multi-drug approach is the best we can do at this point in time. There is no mention of this ever by our public health officials. And the same is true by the way, in the EU and in Britain and in, by the way in Italy, that group, I showed you in Italy, there they're a rebel doctor group that's breaking through. So it's the rebel doctors association of American physicians, surgeons, the truth of health foundation, the frontline critical care consortium, American frontline doctors. These organizations formed because of a failure of our public health response. We had to do something. When I tested

(01:09:44):

And the Senate, I told the Senator, I told America, I said, I can't,

(01:09:49):

I don't have it in my ethical or moral DNA to have the virus slaughter. And one of my patients, I can't do it. I can't do it. The virus was not going to slaughter my father and the virus. Wasn't going to slaughter one of my patients and the doctors, including probably the rank and file of every doctor in the state outside of maybe about 10 have let the virus slaughter their patients. And they, at some point in time are going to have to come out of their trans and people say, oh, Dr. McCollough,

(01:10:21):

Aren't you worried?

(01:10:22):

Aren't you worried? What are your colleagues say to you? I said, they can't look me in the eye. They can't look me in the eye. It's a walk of shame.

(01:10:31):

What the hell? They can't prescribe

(01:10:33):

Prednisone

(01:10:34):

Tonight. Lovenox. They do that all day long for their other patients. And suddenly COVID they can't do that. Joe and his poor sick patients. When their families go to the pharmacy to get their drugs, you know what the pharmacies do they say, is this for COVID the patients say, well, yeah, I'm trying to get it from my, my mom has got, COVID sorry.

(01:10:53):

Let me call the doctor and double check a dose. They do this little routine. Oh, I can't get ahold of the doctor. Sorry. I can't give you your medicines. Since, when, since when did they do that for asthma?

(01:11:05):

How about emphysema? How about diabetes? No, the medicines are flowing

(01:11:10):

Pharmacy, but suddenly for COVID nothing has given to patients. No, let them suffer. Let them suffer. It's in the minds of people. These are not bad people. They're not bad people, but their eyes are clouded and their hearts are hardened right now. And whatever's going on is going on everywhere in the world. It's not just here in Michigan or the United States. It's in the minds of people right now. And this tiniest islands in east Asia, the deepest places in the forest, I've done some stuff on the internet. I've had people contact me for the Africa. Same Dr. Macola. We can save these patients, but other doctors say, no, don't treat them. Hey guys, I got this distress call from Indonesia. They had these little Indonesian guys. They had them on their knees and they were putting it in the back of their vaccinating them. They don't next to them to cutting them off everything, cutting off their social security, their healthcare.

(01:12:04):

What have you? It's in the minds of people now, their eyes are clouded. Their hearts are hardened and people are doing bad things to other people. And it's in the context of this virus, the respiratory illness. And it's in the context of the vaccine. The vaccine is not a happy thing. Either. The vaccine now has in a sense, become a menace over us, right? People have the nation is about ready to lose their job in the next two months, including me since when really a vaccine is going to make us lose our jobs, a vaccine that doesn't work a vaccine, that's obviously not safe. It is what's in the minds of people by now there's families that once the other family members, cause they won't take the vaccine in the U S military. They're talking about by force other guys wrestling down, other guys in Jabin into them.

(01:12:54):

Things are getting disturbingly out of control. And it's in the context of the virus. You're a group of faith. Your faith leaders will help you try to interpret what's going on, but it is clear as I started out, we are in a very special time in mankind in the history of mankind whatever's going on. It is the entire world is involved in this. Every human being in the world, it appears to have a program. The program is everything I've talked about tonight has happening to promote as much fear, isolation, suffering, hospitalization and death in order to get a needle in every arm at all costs, that is what's going on. And no one in this room can disagree. There is no group that may be skipped spared from a needle in every arm. And you know that there's no exemptions. There's no recognition of natural immunity.

(01:14:09):

There's no. If you were going to die of an allergy, sorry, take the vaccine. If you die too bad. Listen, there's 200 nurses down at Houston Methodist hospital. They can't take the vaccine. They've had near fatal allergic reactions. They've documented this they're pregnant. They've got blood clotting disorders. They have hired core reasons not to take the vaccine. Houston Methodist said, fire him, fire him, take the vaccine, the military saying, get on your knees and take the vaccine. This isn't stopping and told people somehow come out of their trans my single most important phone calls I have right now is with psychologist. I am talking to psychologists about how do we deal with a mass psychosis? We're in a mass psychosis. The whole world is in a trance where most of them it's very cloudy to them. They actually just, they say the vaccine is good.

(01:15:13):

We say it doesn't work. And it looks, there's thousands of people die. They'll say, well, where do I take the vaccine? It's just, it's not computing to them. It's not computing to the administrators. And there's, there's almost a, there's almost a punitive nature to this. Do you know? There's some colleges that about 9% of colleges have chosen vaccine mandates. Do you know that some colleges, most colleges, by the way, don't have a policy which is wrong to begin with. You know, the CDC has said it's illegal to, to impose a mandate on an investigational vaccine. There's actually laws that say this, the courts are saying, we don't care. We didn't care about loss because the courts, the judges, their eyes are clouded and their hearts are hard. There's no justice. Oh, we're going to file a lawsuit. It's like, why, why there's a lawsuit to shut down the program right now at 45,000 deaths.

(01:16:06):

That's estimated out of CMS. The courts are saying, well, just vaccinate them. The only thing if there's no justice, if there's no, if there's no ability to have a rapid awakening at what's going on. The only thing left is to be unbreakable for you to be unbreakable. Every one of you to be unbreakable, whether you took the vaccine or not for you to be unbreakable for you to understand something deeply has been going on wrong in the world, it's easily been going on for 18 months. There are data suggesting this may have been going on for years. Okay? But there's something wrong. And now's the time to be unbreakable. People say, Dr. McCullough, are you going to take the vaccine? Or people say, listen, I don't want to take the vaccine. But if I have to take one, which one can I take? You talk about moral hazard.

(01:17:07):

I did something on the radio with Hugh Hewitt. Anybody know who Hugh Hewitt is? Okay. Hugh Hewitt. He decided he was going to go after me and Hugh Hewitt. He told me he's a lawyer. He made sure that radio is a lawyer. And he started asking me and I gave him my views on this. And he goes, well, don't you think this is controversial? I said, no, I'm just studying the data. You decide. If it's controversial, then he

kept pursuing. As he could be looking at, you tend to turn into a prosecutor. And finally he said, Dr. McCullough, what do you think if someone who my listener listens to you listens to you and they don't take the vaccine. And they die of COVID. Isn't that on your shoulders, Dr. McCullough. And he, he, I could have seen him. I bet he rested his case.

(01:17:48):

And I said, you know what? You bring up the issue of moral hazard and moral hazard means that you advise something to somebody and you take on the moral responsibility for that. And I said, listen, if someone didn't take the vaccine, that's the way it would have been. 10 months ago, we didn't have the vaccines. And if we didn't have vaccines, you know what people get sick with COVID-19 we treat them with drugs and we saved their lives. And you know, if someone has taken the vaccine and they get sick, I treat them the same way because they're pouring in, they've taken their vaccine. They're getting sick. Anyway. So for me, the moral hazard is not, it's not about deferring the vaccine. The moral hazard is about telling somebody to take the vaccine. And I can tell you what's going to happen half the population doesn't want it there.

(01:18:36):

They're talking to each other. They know what's happened. There's an internet survey where they ask people, do you know anybody who's died of the vaccine? 12% of people know in their circle or in their circles. They know somebody died of the vaccine. That's a lot, people talk in big churches, one or two people died of XC. My mom's in a nursing home. My dad's had COVID-19 he recovered. He's not going to take the vaccine. He's not mentally capable to make that decision. But my mom is, and my mom is, oh, she's watching all this. And she's studying like so many other people, her age, they get together and they may, they probably take three hours at dinner and they're going to discuss this. And she's not sure. And every so often, and she'd tell me, she goes, they come back. They came by again and asked me about the vaccine.

(01:19:20):

I said, I don't want it. I don't do good with flu shots. My mom exaggerates everything. Right. I don't do a good, I'm going to have an allergic reaction. I said, okay, mom, we can treat you if you get COVID-19 okay. Going along. And then one day in June, I said, mom, I said, are they still coming by with you about your, the vaccine? Oh no, no. They dropped it. They don't come by any more and push the vaccine. I said, why they go, oh, they had somebody die on the other side, right after the vaccine, listen from the CMS data, we think 45,000 Americans have died after the vaccine. Half of them die within 48 hours, 80% within a week. You know, most of them are seniors. COVID-19 preyed on the seniors. The vaccine is preying on the seniors with respect to the immediate risk of death.

(01:20:02):

This is not a joke. This is not a joke. The non-fatal injuries are going on. The young people on the way here. I sat next to a wonderful kind of pharmaceutical representative person who, as you know, if any of you are pharmaceutical representatives, they tend to be these incredibly personable people. And she immediately engaged. Are you a doctor? And you know, this whole thing, that's all. Yes, I'm a doctor. And we started talking and we started talking about the vaccine. She goes, why took the vaccine? And my husband took the vaccine. Their son actually plays for the Buffalo bills. So they're in Chicago for the game. Really, really cool. Couple anyhow, they talked about the vaccine and she goes, but you know, I'm

really, I'm really having worries because my son who's at the university of Texas. He took the vaccine. He's only 22 years old.

(01:20:45):

He was in the hospital for two days afterwards. So obviously he was one of the hundreds of thousands of Americans ended up in the hospital. A 22 year old kid should not be in the hospital for anything. When I was 22 years old, I was having a grand old time. I was not in the hospital. Okay. So the bottom line is he was in the hospital for two days. I said, what happened? She goes, well, we were away. And we don't know. We didn't really get a clear story, but understand. He's pretty sick. And now he has relentless headaches, relentless. He will. We think he's going to have to drop out of school. He'd have to drop out of school. And this is what's been described. There've been thousands of people that have these relentless neurologic, syndromes, paralysis, Twitch, a couple of patients like this.

(01:21:26):

They can't walk straight anymore. One of my friends who took the vaccine early on, we had dinner with him tonight and his head was going this. I said, Terry, when did that start? It goes on about two months after Madonna, interventional cardiologists. Cedars-Sinai a friend of mine. Former co editor with me, normal norm has got now incessant ringing in the ears. Tinnitus. It is relentless, relentless, relaxing. I can't sleep. When the products get in the brain and the tissues, the myocarditis they're like syndrome, fortunately for 168 million Americans, it didn't happen. You took the shot, you digested the stuff and get out of your body. Thank the Lord. But suffer some unlucky people. It went everywhere in the body and that spike protein damaged. The organs it's happened in 545,000 American people in total. That's what the CDC has certified. That's a medium-sized city we are going to have.

(01:22:19):

And it's just going to blossom. If we forced the vaccine on the rest of the population, you're going to see neurology clinics in internal medicine clinics are going to be overwhelmed with people. I've already seen it. I've already seen this mild carditis. The kids don't need the vaccine. Cause it's so mild. They get over it. It's like a cold. Most kids don't even know they have COVID. I've already seen this mild carditis and the CDC, when it had 200 cases, the CDC said 90% of these people, kids were in the hospital. Do you know what it takes to hospitalize? An 18 year old kid, the 90% were in the hospital. They had market EKG changes, positive proponent signs or symptoms of heart failure. I've seen this with my kids and I have college kids on heart failure medicines. They're trying to start their college career and they're on heart failure.

(01:23:03):

I can't get the macro diocese and there's no guidance is not the CDC. And the FDA said, doctors, listen, when the FDA said, myocarditis can occur today. Medina more mild carditis Rez. It could occur doctors. This is what you should do. What? Given no guidance. There's no playbook on handle, handle these vaccine injury syndrome. So I'm trying everything. I can't, I can't stop the, my carditis from stopping. So these Toponas typical heart attack. Proponent goes from negligible to one or two and goes down. This kid's proponents 50. His heart is rotting out in front of my very eyes. I'm telling you, I don't want to scare you away from the vaccine, but I am scared of this. I've seen enough firsthand to make me realize, wait a minute, we've got to, we've got to slow down here and figure this out. So I'll let those be the last words. And we can move into the next start of the session. Thank you so much.