

Speaker 1 (00:00):

Why is it that it doesn't affect most people this way? If you look at the vast majority of people that have been vaccinated, then that's one of the things that we have to go on in this country. Is it literally, uh, what is it? It's over 200 million people, I believe have been vaccinated. That's an enormous amount of human beings. Most of them are fine. Is that an accurate to, you

Speaker 2 (00:21):

Know, it was, it's just, again, just like the respiratory infection, you know, we've had 146 million people who have had the respiratory infection less than 1% died.

Speaker 1 (00:30):

Right. But the ones that have gotten the injection and died or got myocarditis versus the ones who got the injection and nothing happened at all, what's the difference? What happened? Just again,

Speaker 2 (00:43):

Just like the respiratory infection. Remember you and I had the respiratory infection. We're perfectly fine. We're sitting here talking 99% of people who got the respiratory infection are fine. 99% of people who got the vaccine are fine. So were 200 million people got the vaccines and we have about 1 million people injured. So it's about, it's the same that they're the they're identically the same. It's the same concept. So

Speaker 1 (01:03):

What do you think is causing the damage in the 1%? Oh, just

Speaker 2 (01:08):

Like with the respiratory infection, it's all about susceptibility. Remember in the respiratory infection, it's the elderly, mm-hmm, <affirmative> those with medical problems, those with comorbidities, it's the same thing. So with the vaccine, it's the elderly it's with comorbidities for instant blood clotting those who have inherited proclivity to blood clotting are gonna be the ones who are likely to gonna form the fatal blood clots that happen with the vaccine. Invariably, there's gonna be some determinants of who develops the myocarditis. We have a lead on this, by the way, the myocarditis is not equal in terms of gender. It's running about 80% boys and 20% girls. So it must be some, some

Speaker 1 (01:46):

Relationship. Well, I'm glad you said boys and not men, because that's the, that's what I'm asking you about. Like, these are not people that have a susceptibility to a disease. They don't have a pre, uh, preexisting condition. They're young people and they're getting myocarditis. So what is causing the at,

Speaker 2 (02:05):

In a paper from, uh, Finland, an important paper done before COVID 19, where they collected all the myocarditis cases in Finland before COVID 19, they established kind of who got it. And what was the rate? And in that paper, I believe the first author to Chope, what it showed was that there is an age gradient that occurs as one goes from, you know, age 0 1, 2, 3, 4, 5, very, very little. And then once approaches puberty, it goes up after age 12, it really goes up 12 to 17 or 18. And it's runs about 80% boys, 90% boys. And, um, importantly, the number per million, you could actually calculate the number

per million per year came out to four cases per million per year. So if you figure that we have, let's make it easy math. Um, let's say we have, uh, 70 million kids in the United States and we do, you know, so 70 times four, that would be 280 kids of myocarditis.

Speaker 2 ([03:13](#)):

Some people say, add on some teenagers or other people we could get to 700, 800 cases of myocarditis per year. Do you know we're in affairs right now, Joe 13,000 certified cases of myocarditis per I know because I've reported some. So some kids have come to my clinic. They've had heart inflammation. We know in a paper by Tracy hog, from UC Davis, thousands of cases of myocarditis from VAs and V safe, 86% of these kids have to be hospital. They're sick. They have chest pain. They have SD segment elevation on the EKG sky height troponins. The, the blood test for heart injury is about 10 to a hundred fold that of a man having a heart attack. These are kids having significant heart damage, but a quarter have incipient heart failure as seen by echo. I've seen them in follow up in my clinic. We have to use heart failure, drugs, and very importantly, to treat myocarditis, no physical activity, physical activity can trigger sudden cardiac death. So no physical activity for sure. I've done this in my practice. The point I'm making Joe is this CDC calls me and says, Dr. McCullough, we wanna review this case with you and we go over it. And they, you know, we agree after we go over the labs and what have you, 13,000 certified cases of myocarditis. Pitis that number should be no more than 600 on a, on a background rate.

Speaker 1 ([04:27](#)):

So no physical activity. So when these people do have this hard inflammation and then they have physical activity, that's what's causing like, do you believe like there's, there's been a, a rash of cases of soccer players in particular. I'm sure you're probably aware of this that, uh, have collapsed and or died. And it it's, uh, much higher than normal. Do you, do you think that that's probably what's that this is what's attributable to that

Speaker 2 ([04:54](#)):

There is a montage of deaths on the soccer field, rugby field, particularly in Europe, overseas. It's interesting, not in the United States, but overseas that's concerning now course, you know, each case is his own case. Did they take a vaccine? When did they take a vaccine? Right? Could they have subclinical, could they have taken a vaccine in the last six months? Could they have some subclinical symptoms? It's hard when you're a young athlete and you're sore all over. You know, the chest soreness may not be that, um, demonstrable, right. And, uh, vigorous physical activity, particularly that start stop, especially soccer particularly, um, would make me think. But, you know, if that's the case and it was myocarditis, wouldn't we be seeing the NBA and NFL and elsewhere, it raises the suspicion, the myocarditis there's strict warning against this. Remember FDA, uh, has Onna and, and Pfizer, uh, warnings on myocarditis, Jessica Rose.

Speaker 2 ([05:49](#)):

And I published in current problems of cardiology, a paper from theirs and the upper tail of the myocarditis for men goes all the way up to age 50. So I'm telling you, I have somebody in my practice. Who's well above the teenage years who has myocarditis, we're gonna see more and more because it's now known. And the FDA agrees that the vaccines in fact, do go to the heart. They get distributed, distributed all in the body. And in fact, the Koreans, we, we had the first fatal case of MyCard I'm aware of reported from Washington university in St. Louis in an American who took the vaccine. And now the Koreans have reported one patient of a young lady got put on ECMO. She survived, she got 10 minutes

of CPR and got, put on membrane oxygenation. She survived, but sadly, another Korean man, uh, died and did an autopsy. His heart was loaded with inflammation. Know the heart swells gets to be about double the size in a matter of just a few days, uh, after taking, uh, the vaccine with myocarditis, it's explosive after shot number

Speaker 1 ([06:45](#)):

Two. Um, so two questions in regards to what you just said. One soccer, I think is probably one of the most cardio intensive sports, because it's an enormous field and they're constantly running. They, they, you have these long sprints. I don't think it's comparable in the same sense as the NBA. I think the NBA is a much smaller, um, playing field. And I, I just don't think it's obviously you have to be in great shape, but I don't think it's as cardio intensive. Um, the, the, the vaccine causing this, if it, why would it be that is, are they getting different vaccines in Europe where these, uh, soccer players are, are, are dropping? And if that's the case, are some vaccines more, did they lead people to be more susceptible to myocarditis? And then the other question is, do, does myocarditis reverse itself? Like if you have myocarditis, is that automatically gonna take years off your life, even if you recover from it, cuz you refer to it as a non-fatal, uh, adverse event. If that's a non-fatal adverse event, does one eventually get back to normal with myocarditis?

Speaker 2 ([08:02](#)):

Yeah, myocarditis again, uh, if we're at, uh, 400 to 800 cases in the United States, uh, per year and over the course of my career, I've seen one or two cases, uh, spontaneous MyCard before COVID and uh, one or two

Speaker 1 ([08:18](#)):

Or, or two that's

Speaker 2 ([08:18](#)):

At my whole career because it's rare obviously.

Speaker 1 ([08:21](#)):

And what would that be from what would be the cause of it? Well,

Speaker 2 ([08:24](#)):

The most fatal type is called giant cell myocarditis. It literally is idiopathic comes out of nowhere. We don't know what causes it, there's other forms, uh, adeno viruses, powerful viruses that can cause myocarditis. Uh, uh, and, uh, these are, uh, typically treated, um, just, uh, uh, supportively. There was a randomized trial and actually Dallas, Texas played a big role, um, in it called the myocarditis, uh, treatment trial, M I T T. And that did, uh, biopsies and showed routine cardiac biopsies were not useful outside of trying to diagnose a giant cell myocarditis. And then lastly, that routine corticosteroids weren't useful. Having said that when we try to treat patients, we end up using, uh, colchicine, uh, sometimes some other drugs I wanna get the right citations down. So the paper from Finland was by aroma and colleagues that came with the estimate of four cases per million per year as a baseline.

Speaker 2 ([09:16](#)):

Uh, so that means in the United States 400, 800 cases a year, we've already, uh, gotten to, uh, over 13,000 cases in the United States. And, um, uh, we've seen cases of myocarditis by the way, reported the us military, uh, been reported, uh, uh, from Israel, France and elsewhere, the paper that showed it directly invades the heart, the spike protein that was by Avol and colleagues in the parasites. And, uh, very importantly, the prognosis is what you're asking about. The prognosis paper was published by Carsten Chope and that was in circulation research 2019. And what it showed is it showed that 13% of myocarditis before COVID ends up with progressive heart failure and worsening. My fear is some of these kids who develop myocarditis will be in a 13% category where they have progressive left ventricular dysfunction and heart failure. So

Speaker 1 ([10:10](#)):

The myocarditis they're experiencing right now is damaged heart tissue and that, that damaged heart, she was not going to heal and that it in fact might get worse.

Speaker 2 ([10:20](#)):

The estimates are, and again, I I'm applying data from other forms of myocarditis before COVID yes. And COVID looks like a pretty severe form of it, to be honest with you because it's putting 86% of the kids in the hospital, you know, there's myocarditis that we actually don't hospitalize. We can treat MyCard about ASO myo pericarditis in the office, but these kids are sick enough to be hospitalized. I'm inferring that it's severe, uh, forms of it. Uh, this estimate from this paper would be 13% risk of in these kids of developing heart failure or, you know, needing things like, um, ICDs, heart failure, oral drugs later on cardiac transplant or death.

Speaker 1 ([10:58](#)):

When you say cardiac transplant, you're talking about a heart transplant. Yeah. Yeah. I, I read, we, we reviewed a horrible case of a 19 year old girl who was, uh, vaccinated wound up having, um, a heart attack, uh, heart failure, heart transplant. And then because of the immuno compromising drugs that they put her on to accept the transplant. Um, she got pneumonia and died

Speaker 2 ([11:22](#)):

19. I said on national TV in June when the FDA just had 200 cases, they reviewed FDA and CDC were 200 FDA. CDC said two things. I think that were irresponsible. I'll call 'em out on it cuz I can. Uh, and that is, they said, it's rare and that's mild. And I was on national TV saying, listen, uh, in safety research, we never say the word rare. We say, tip of the iceberg. This is probably just the beginning of what we're gonna see. And it's not mild because even in June 90% were hospitalized and sure enough, now we have 13,000 cases, 86% hospitalized. And do you know the Hogan analysis shows that a young boy is more likely to be hospitalized with myocarditis than ever be hospitalized with COVID 19 than respiratory illness? Yeah,

Speaker 1 ([12:07](#)):

We, we show that the Sanja Gupta he was incre, um, when your looking at this chart in front of you, what percentage of the people recover fully from myocarditis pre pandemic pre COVID 19,

Speaker 2 ([12:22](#)):

You know, 20 in this paper by Toi, this is good. This is like a medical grand rounds on Joe Rogan. I love it, Joe. So in this, um, figure one from the Jai paper, 27%, uh, never deviated from normal heart function.

So they were good all the way through. They were clinically hip myocarditis, 26%, uh, were categorized as recovered, um, fully, fully, uh, 34% improved, but never got back up to completely normal. And then 13%, uh, were, um, impaired. I mean they, they, a heart took a hit and they never recovered.

Speaker 1 ([12:55](#)):

There's a gentleman who is, uh, he holds, what is it? The world's longest tatic breath hold. Is that what he, he holds. He's done the 10 minute guy. You, you know who I'm talking about that we, we, we talked about him on the podcast before he's, um, he got myocarditis from the vaccine and, uh, it severely limited his ability to do that. He had extreme cardiovascular function, right? Because this is a guy who can hold his breath for 10 minutes. And uh, he says that it's caused somewhere. I mean, it's been, I believe he said it's been eight months plus since, uh, having myocarditis and still he's, uh, somewhere around 30% reduction of his abilities. Mm-hmm <affirmative>

Speaker 2 ([13:39](#)):

Well, getting back to your question of listen, 200 million people took the vaccine, why are so many people fine? Right. I think my answer to that, honestly, Joe, is that the body is a miraculous creation and the body can fight off all kinds of things. So you put some foreign messenger RNA in and with synthetic analog caps, Tony Carles and I have published on this by the way, the messenger RNA probably stays in the body for a few months. The spike protein Patterson is showing us, uh, lasts in the body at least 15 months. There's a paper by Bansal and colleague showing in the vaccinated that you have, not only the S one segment, but you have the S two segments. You actually get both segments in the vaccinator persisting in the body for a long time. Almost certainly beyond six months that if someone took a shot one and shot two in January and February and nothing has happened, I per I'm following my patients carefully. 70% of people in my practice took the vaccine. Again, a good doctors don't encourage don't discourage. It was purely elective because they're in vaccine research, fine, no harm, no fall. But if we start vaccinating every six months, I think the spike protein never gets out of the body. It accumulates progressive accumulation of the spike. Protein is very worrisome for these progressive organ injury syndromes.

Speaker 1 ([14:50](#)):

So if we're doing it every six months, the, the spike protein will never really truly have a chance to get out the body.

Speaker 2 ([14:56](#)):

In these cases that you're talking about, where it's still in the body for 15 months, 15 months is on the long side, let's be charitable and say it lasts in the body a year. That's what the Banzo paper and Bruce Patterson, uh, in his paper and in his interview on my podcaster called loud talk radio McCull report. What, um, based on this leading work, I'm telling you as a doctor, I think the spike protein is in the human body after vaccination at least a year. And so if you have a year to clear it out and you clear it out and nothing's happened, no harm, no fall, the vast majority of people in my practice, it did fine with the vaccines. Now, I don't know if they ever came in contact with COVID or not. They did fine. It is my practice experience that when they do get COVID that it's a milder form.

Speaker 2 ([15:40](#)):

It's easier to treat. Do I still give monoclonal antibody? Sure. Do they get ivermectin? Yes. And prednisone and, and all the other drugs anticoagulant. Sure. Sadly can vaccinated patients die of COVID

sure. The CDC has told us that CDC in, in mid-October had 41,000 full vaccine failure cases recorded by departments of public health. This is just spontaneous reporting. It's not the universal cases. And about a quarter of those were deaths. So the CDC has large numbers of people who have been fully vaccinated, who died. It can happen, but it's our experience. And I shared with you the data, the vaccines do, do something. They provide a modest protection against hospitalization and death. What we're getting to Joe is based on the safety profile we've described and based on the efficacy, is it compelling enough to actually mandate it in people? Or is it something that ought to be a free choice?

Speaker 1 ([16:32](#)):

I, and if it is a free choice and you do develop myocarditis, so let's say you have an adverse event. When you take the vaccine, what can be done to treat these people?

Speaker 2 ([16:43](#)):

Treatment of myocarditis would be three to six months of no physical activity,

Speaker 1 ([16:48](#)):

Six months, no physical activity, right at all, right? No, no rigorous walks, nothing

Speaker 2 ([16:53](#)):

Being, you know, outside of daily activities, uh, you know, going to class, going home, this and that, but we don't want any, you know, running weightlifting, soccer, nothing like that because the worry we, we trigger cardiac death. And then for when the heart pumping function is reduced and we see this by echocardiography MRI, we use what's called evidence based beta blockers, Carvedilol law, long acting Merool. And then we use, uh, what's called RA inhibitors as ACE inhibitors, angiotensin receptor blockers, or a new drug called Entrusto. And that's what I use in myocarditis. Patients who have impaired pumping function, cuz we're trying to prevent slippage and even worsened, heart failure. And then for the plural pericardial, uh, symptoms, we use a drug called colchicine and colchicine is a drug we actually use in the treatment of COVID 19 acute illness. Remember the acute illness is similar to the vaccine illnesses. They have so many similar cuz it's the same spike protein. Uh, we use colchicine, uh, in order to try to relieve some of the pericardial symptoms and our randomized trials suggesting that would help try to extinguish the inflammation in the heart.

Speaker 1 ([17:55](#)):

Is there anything that someone can take? Let's say if your, your job mandates that you get vaccinated, is there anything that someone can take that could potentially mitigate the negative effects of, uh, the spike protein

Speaker 2 ([18:07](#)):

Boy that that's kind of get into this idea of, of moral hazard and, and um, social contract. So people ask me all the time. Yes, doc, I'm gonna lose my job, my job, I'm losing my job. If I don't take the vaccine and I usually ask 'em, you know what I ask them? What's the social contract? What do you get if take the vaccine, what do you get? Are you getting 20 years of employment? 10, five

Speaker 1 ([18:32](#)):

A year? Are you even getting a guaranteed employment? I mean, they are you

Speaker 2 ([18:36](#)):

Next six months? Yeah. Are you getting three months? They say, I don't know. Nobody told me the social contract. I say, why don't you figure out the social contract before you take a spin with this vaccine and people are trying to say, listen, can I have my cake? You needed too. I take the vaccine and keep my job for some undeclared social contract and take some antidote while there are things that have been suggested on the website. Uh, Dr. Te Lowry from the United Kingdom, uh, who's one of the leaders in early treatment of COVID 19. She's one of the ones who did the great analysis on IM ECIN has, is, uh, uh, started a, uh, program. And I think it's called, um, world for health, something along these lines, you'll find it on the internet. It's got a, uh, yellow in pink kind of, um, montage color.

Speaker 2 ([19:25](#)):

And in there, there are some published approaches on web, not peer review. Of course there's no randomized trials of things. One could do to reduce the inflammation and the thrombogenicity and some of the organ injury syndromes. I'm leery of that approach because that's basically creating this, this moral hazard, meaning that it's okay to take the vaccine and you can just take this anecdote to prevent complications. And so this moral hazard, by the way, came up in a radio interview I had with, uh, Hugh Hewitt. And I have to tell you, I think it's one of the few difficult interviews I had and Hugh Hewitt came on. And when he invited me on Joe, he said, you know, I'm bringing on Dr. McCullough. And I wanna say before he gets on, he let us know. He let me know he's an attorney. And he said, I'm pro-vaccine.

Speaker 2 ([20:10](#)):

I think everybody said, take the vaccine. And I think it was how we end the pandemic quite a bit, but let me bring on this doctor. And then he asked me the question. He said, Dr. McCullough. He said, if somebody listens to you and they don't get COVID 19 and they don't take the vaccine and they get COVID 19 and they die, that's on you because they listened to you and they didn't take the vaccine. I said, Hugh. I said, if they listen to you and they take the vaccine, they've been pressured into vaccine research. And if they take the vaccine and they're one of the thousands of people who dropped dead within a couple days of the vaccine, I said, that's on you. I said, who's got the bigger moral hazard here. The bottom line is you can Dodge COVID forever. There's people who have never gotten COVID they're dodging.

Speaker 2 ([20:59](#)):

COVID fine. In fact, you can, you cannot take the vaccine and get treatment for COVID and survive it. I did. I got COVID or the vaccines for me. It's over with you got COVID after the vaccines, you got treatment, you got through it. So did Aaron Rogers. So did so many of us. The bottom line is there's no moral hazard for deferring on the vaccines because the vaccines are research and they're elective and the vaccines are only to protect the individual. There's no data suggesting the scenes protect others. This is very, very important. Uh, there are now studies, there is a recent study, uh, in the journal Lancet that is actually asked the question, do the vaccines actually protect others from getting COVID 19, because that is really what's going on. There's people in my circles that have said, listen, take the vaccine, protect other people.

Speaker 2 ([21:49](#)):

You don't do it for yourself. You do it for somebody else. That was a later, later narrative though. Right. I know, but so we need later research to apply to the later narrative. Yeah. Haven't you heard follow the

science. Yeah. Haven't you even heard that someone claims that they are science? Yes, I have. <laugh> now science is a process and you're laughing. You and I are pretty humble here, but let me tell you let's follow the science. So this paper is from Anika SINGA, ya ma. And this is published from the ATA C C study investigator group in the Lancet. And this paper just, I did in the Lance said, oh, I can't believe you got it. That's terrific. And you know what? The storyline here is 39% of this very careful, uh, uh, case contact studies. And it's up on, uh, Joe, it's on my, um, call it here on my slides.

Speaker 2 ([22:44](#)):

39% of transmission occurred from fully vaccinated to fully vaccinated individuals. I mean, that's pretty large number. Yeah. So the point is we now have abundant evidence. We had the barn, stable county outbreak in Massachusetts that clearly showed. And the CDC told us barn, stable county. They told us congregate settings, people got co at 19, it was Delta. Look at two thirds are fully vaccinated. We had the Naval cruise ship, 3,700 individuals fully vaccinated. They passed Delta to each other. Then we had these papers here. We have one from Haber CDC, COVID net network. We have Fillmore from the VA. This is data shading into June. This is before Delta. It kicked up. We had 23% of Americans in the hospital with who were vaccinated, but they had COVID 19. Remember in June, remember that talking point that was issued 99% of people in the hospital were UN vaccinated. Yeah. That's propaganda. That's false information. Put out by those in position of authority. There was one time and I was on Laura Ingram and they had a montage. Everybody saying 99% on vaccinated. Mm-hmm <affirmative> even the governor of Florida said that president of the United States said that that was a false talking point that was issued. And everybody said it, I think, designed to encourage people to get vaccinated. Well,

Speaker 1 ([24:09](#)):

There's certainly been a lot of encouragement to get vaccinated.