

Speaker 1 (00:00):

Right. Do you think that there can be, um, uh, an argument made that this milder form of the virus, this Omicron, which is apparently much milder there's as of today where, where December 8th is that today there is, as far as what I've read yesterday, I should say December south, there was zero us attributed to this. So if this is a milder form and it seems to just give headaches and body aches, would, would there be an argument that one should actually catch that? And that would be safer than even getting vaccinated. It's,

Speaker 2 (00:34):

Uh, a little early to say that, but I wanted to give you an update. Um,

Speaker 1 (00:38):

Oh, I don't wanna recommend that to people. I'm just saying, is that a

Speaker 2 (00:41):

Possibility there's a group in Boston that, and that is absolutely knocking out the park. It's a company called inference and the lead author is a VCA Christiann and a paper just came out in pre-print oh, by the way, people need to know who's listening. Our peer reviewed literature, uh, runs anywhere from a six months to four years behind reality. So when we actually published something in new England journal medicine, or we published something in these journals in my journal, uh, I told you I submitted something in June, the treatment paper, which is so important, it was printed online and August. It didn't appear in print until January that that's, that's a typical publication cycle in COVID 19. We all agree. That's too slow. So COVID 19 was fair. Game is called pre-print meaning that we get our data out early, before it's gone through peer review, just so people can make decisions.

Speaker 2 (01:32):

And so if I kind of Christian two days ago, just put this out on OCN. OCN is not a transformer. It's very important people. I I've been your kids think it's a transformer. You thought was a transformer. That's what I, Paul Alexander on his post and brownstone actually on the McCull report. That's what I did. I had to put optimist prime on there. It's not a transformer, Joe, it's actually the name. It's a, it's a name in the Greek alphabet, but it's interesting. <inaudible> Christian tells us there are 37 mutations in the spike protein. This blows off the socks off anything. There are six deletions, one insertion, and the insertion, by the way, uh, has some code that, um, is almost for an epitope of another virus. There are 30, uh, substitutions that are non-unique. You can find them in alpha beta, uh, Gama on the other ones.

Speaker 2 (02:22):

And 16 of the 37 are called surge mutations. So something happened in the surges when there was a lot of prevalence of disease and the virus was replicating being passed to people in these surge times where the virus made a lot of mistakes. So I was called on TV last week for Fox news. Laura Ingram said, Dr. McCull what's the update on <inaudible> said, I think it looks like an evolutionary mistake, the, uh, initial, um, you can actually do modeling studies based on once we know the code and the code is known really quickly, Dr. Fantini OT, France did modeling studies let it on our networks. We found out quickly the transmissibility to give you a perspective for the, um, for the, uh, Wuhan, uh, wild type, the original virus, the transmissibility number transmi index was about two, the, um, the transmissibility of Delta, which has really been hard to treat, I think has been way harder.

Speaker 2 ([03:19](#)):

What I had, you may have had Delta. I, I had alpha, you may have had Delta, you could have still had alpha, but transmissibility, Delta 10, you know what? The Transmissal <inaudible> is four. So for the first time we've actually gone down in transmissibility and probably because the spike protein and the receptor domain, where it binds to the ACE two receptor. So dysmorphic that it actually can't invade the body as much. Mm. So that explains, uh, you know, we haven't heard about these pulmon, uh, pulmonary syndromes. We haven't heard about these thrombo back. It's mild so far. Now cross our fingers. People always ask me, is this a mild milder variant? I remember what Delta is. Oh, is it mild? I said, wait a minute. What determines mild versus severe, who gets early treatment is being mild or severe is not a natural history. Variable. What early treatment is so transformational, that's what determines death or hospitalization, but what if

Speaker 1 ([04:13](#)):

Aron chose to be mild across the board, right?

Speaker 2 ([04:16](#)):

Even without early treatment, right? That's the key so far, just we can just assume no early treatment. And so far we're watching the reports carefully, but you're right. It looks like it's milder. And you know, this could be, I don't think it's gonna supplant Delta because Delta is more transmissible and is very successful in the vaccinated. Now <inaudible> has actually arisen from the vaccine vaccinated. You know, the kids that were passing the Botswana border, they were fully vaccinated. They asymptomatic, but they had, when you do, OCNs interesting. Uh, when you run a PCR test, there's four primers. There's an S protein. There's the nuclear cap, protein, the envelope protein and the polymerase. There's four. The spike protein is so mutated with a Omicron that, that actually primer drops out of the PCR patterns called S gene dropout. So this is the first time based on, you know, it depends on what PCR has done that actually the PCR itself could get a, give a hint that it's Delta, otherwise PCR, just tell you, you know, SARS, COVID two positive or negative.

Speaker 2 ([05:17](#)):

And then we have to wait for the public health labs to do the sequencing, to tell us what variant it is. This case the PCR test could give us a signature. So we'll know with <inaudible>, we'll know what I've predicted last week on national TV. And again, science is changing. A person is not science. I'm not science. I'm just a doctor interpreting data. And it's subject to being better informed with more data. But I'm predicting right now. I think it's gonna be like ADA in Lambda because it's less transmissible in Delta. I think it'll carve out its own ecological niche, but there would be no reason for it to supplant Delta, unless it basically becomes almost like a, an infection of preference for the vaccinated.

Speaker 1 ([05:58](#)):

Wow. Um, one thing that we've been talking about recently that concerns me and I wanted to know what your thoughts on this were seeing as you spent your life in the, the medical establishment. My concern is that corporations, their goal is to continually make more money every year. They'd like to make more money than the last this year for the pharmaceutical companies. It's been an insanely profitable year because of the vaccines. My con, I have a real concern. I wonder if you share this concern that they're gonna try to continue to make the same amount and the best way to do that is to continue to encourage people to be vaccinated and to create new vaccines. Even if they're not necessarily the right thing to do.

Speaker 2 ([06:49](#)):

If it's about making money, I'd almost prefer the vaccines get full FDA approval. You know, none, the vaccines are FDA approved, right? Even Pfizer's not FDA approved. That was a false talking point. Pfizer has a continuation of the EWA, uh Biointech, which is not in the United States, got a biological licensing agreement that still means they have to do a lot to get approved. They have to actually have a, a approved package, insert. They have to commit to post-marketing studies on myocarditis. They have to give safety warnings on pregnancy. They're not there yet. So no product is in the United States. They're all emergency use authorized. Everybody needs to know that another false talking point that Pfizer was approved on August 23rd, when all the way up to the president of the United States, since when in history, do we have false talking points issued out of FDA meetings that go up to the president of the United States.

Speaker 2 ([07:35](#)):

So they're not approved. Um, listen, everybody's entitled to make some money. What seems unfair about this? What seems unfair about this is the government paid for the development costs. The government prepurchased the products, even, even before they knew it was gonna work or not work. And we know that with, uh, a new pharmaceutical company, uh, a new product that was developed by a pharmaceutical company was a new company or existing company. We know a benchmark for a blockbuster drug would be a billion dollars of sales in its first year. That's a, that's a benchmark. And typically half of that billion is spent on the sales force. There's, there's a investment of billions of dollars in R and D. Do you know what the vaccines that Pfizer and his first hit 33 billion. And now I think next year 36 billion, no development costs the government, no Salesforce, because they don't have to sell the vaccine. Mm. They are just the suppliers to the government program. Is

Speaker 1 ([08:35](#)):

That a dangerous relationship?

Speaker 2 ([08:40](#)):

What's dangerous is not fair balance. If we had FDA approved products, you see 'em on TV. What's the last time you saw a drug commercial, let's say you have a drug that's for psoriasis. Oh, my psoriasis cleared up. Remember the people diving in a pool and they don't have any psoriasis. They live beautiful skin. They happy and they're dancing. Okay. You take a psoriasis drug, Joe. It says warning may cause tuberculosis, get a TB test warning. There's fair balance. That's the us drug and cosmetic act. That's the landmen act. We actually have the truth in advertising act. There must be fair balance. Every a product has a risk and a benefit. Every product has a risk can benefit. We can never propose a product to anybody in the United States without fair balance. You mentioned myocarditis. And I have to tell you, since you had 'em on the show, and since we're both graduates of the university of Michigan, which by the way is, you know, I think it's one of the better places in the United States.

Speaker 2 ([09:39](#)):

He went to medical school there. I went to graduate school there. I went to UT Southwestern. I finished top of my class. I'm alpha, omega alpha. You know, the, the doctors who are in the Noah COVID 19 were no Trump change. I went to university of Washington and Seattle, top medicine residency program in the United States. I'm the most publish person in my field and world in history. I have 51 publications in COVID 19. I have us Senate testimony. A judge just relied on my testimony and overturned the entire mandates for the whole country. I'm telling you, when I had an interview at Tucker Carlson, he started

getting worked up. He looked at the monitor. He goes, if you don't know who this doctor is, why don't you look at him? He goes, he has authority. And he's right. I do. You have authority, Joe. And the reason why I'm telling you this is because what's going on, uh, here is that we have a situation where we have people in positions of authority. The person you had on here in a position of authority was San Gupta. And I'm gonna pick on a little bit because San Gupta, uh, came on Sesame street and I wanna show the graphic. If I don't have it, he came on Sesame street. And, uh, what he did is with another CNN correspondent, he was actually seducing children into taking the vaccine.

Speaker 1 ([10:50](#)):

Yeah. I saw that.

Speaker 2 ([10:51](#)):

He's very disturbing. Okay. Seducing. I am telling you no good doctor would do that because there must be risks and benefits. Did he tell the kids and the parents there's FDA warnings that this can cause hard inflammation did the other CNN correspondent who's a mother. Did she show even show an ounce of concern? What Scott Atlas uses in his book Joes, he used the term he uses is off the rails where off the rails, people in positions of authority are doing bad things, trying to seduce children in a, taking a vaccine that has official FDA warnings on it. Without giving fair balance. That's malfeasance, that's wrongdoing by people in position of authority.

Speaker 1 ([11:31](#)):

Particularly when you look at the risk versus reward benefit for children, right? The risk of COVID is very, very low for children. When they talk about children being hospitalized for COVID, they almost all have severe co morbidities.

Speaker 2 ([11:46](#)):

I don't care if it's one case of myocarditis, right? If it could happen, the idea that we would not present something in a fair, balanced manner on TV, there should never be an official on TV that says the vaccines are safe and effective. Take 'em listen. They have to be proven. Show us the safety and show us the efficacy and let people make a choice. One cannot conclude that the are safe and effective without showing any data. I would never do that.

Speaker 1 ([12:16](#)):

And this is the only time that's ever been forced in the American people. That

Speaker 2 ([12:19](#)):

Way, where things happen. It's the only time it's ever been presented to the American people. You know, I could tell you what, we've got a history in this. If you go back to, um, this, uh, uh, if you go back to, um, there's NJ Gupta and the CNN corresponded. Yeah. I've seen, there was no fair balance there. I, I got, it was just, I got nauseated when I saw that. It's just

Speaker 1 ([12:40](#)):

Bizarre that he would do that. I don't understand it.

Speaker 2 ([12:43](#)):

Well, remember he paraded a talking point that our head of the national Ergen and immunology branch paraded, they said that there was no data for ivermectin. They said it was a horse dewormer. Now either they knew, or they should have known the 63 supportive studies and of the over 30 randomized trials. Hey, that's a court of law either. You knew, or you should have known a position in a person in a position authority, either new or sh or, or should have known Scott alas says they're incompetent. They don't know. That's what he says. Bring 'em on. He'll tell you. He thinks they're incompetent. I'm not so sure it's either they knew, or they should have known either. One of those is good. Either he knows, or he should have known either one is not good. Which one is it? Ask, ask him, give him a call. Which one is it? Do you, do you know about the myocarditis risks or should you know?

Speaker 1 ([13:41](#)):

He most certainly knows because I showed it to him on the show. I mean, that was a, a weird moment on the show, in fact, because he was trying to look at the results and spin it the other way. And we, I had to go over it with him again, saying, no, no, no, you're looking at this wrong. It's the opposite of what you're saying. There's a four to sixfold increase in myocarditis in children that are vaccinated versus the amount of children that are hospitalized from COVID for all causes. So they're four to six times more likely to get myocarditis than they are to even be hospitalized for COVID, which is crazy,

Speaker 2 ([14:24](#)):

Right? That's the ho analysis, not disputed by the FDA. You know, there's another point. This is a nuance. I wanna get this out. There is a, I wanna say basically misleading paper in the regulatory medicine that it says that if one gets COVID the respiratory illness, they're more likely to get myocarditis than take a vaccine. Okay. I can tell you, I'm a doctor I've taken care of hundreds and hundreds of COVID patients I've advised on thousands, by the way, none of the media doctors outside of myself, Steve Smith, and gosh, maybe there's one other on there. I know George fared, maybe I think there's three doctors that America has seen on TV. That's actually seen a COVID patient and actually treated COVID patient. That's it? You know, the minority witness in the Senate testimony, uh, Ron Johnson waited about two hours into the testimony after he was advising on America on how to, how to handle COVID 19.

Speaker 2 ([15:20](#)):

He said, doctor, have you ever seen a COVID patient? You ever treated a patient? And he said, no, I haven't. And he says, I have no more questions. I'm telling you. There is almost a, for fraudulent scheme to this, this new England general medicine paper said, it said that myocarditis more likely in those with COVID 19 than with the vaccine. What we know is that someone's sick enough to be in the hospital. Who's in the ICU can have a small rise in troponin. That's the blood test indicating cardiac injury. But if the people in the ICU have that anyway from pneumococcal, pneumonia, staff, sepsis, et cetera, it's just part of being in the ICU. Okay? The Chinese never called that myocarditis. They called that cardiac injury with COVID. The Chinese were right. It's just a troponin elevation. That's it it's largely inconsequential. There's not, we don't do anything about it. That's very different than the explosive chest pain, early heart failure, EKG and massive troponin rises. We see with vaccine induced myocarditis, they are two completely separate syndromes. What the new England general medicine paper is. They just use the numbers. If you have lots of adults being admitted to the ICU, you're gonna have big numbers of people who have a trivial rise in troponin. That's inconsequential. That's different than myocarditis after the vaccine, which has a lower recurrence rate. And

Speaker 1 ([16:36](#)):

Why is it myocarditis after the vaccine? Like why is the vaccine inducing myocarditis at such a high rate when they're both? It's the spike protein is responsible for both of

Speaker 2 ([16:46](#)):

Them, correct? I think it's the lipid nanoparticles and, and, and the lipid nanoparticles very important are parts of the body are more lipophilic. They, they like they take up lipids better than others. Uh, the heart is interesting. It relies on about 80% of its fuel is fatty acids versus 20% sugar. The skeletal muscles are just the opposite. They're, you know, they're 80% sugar, 20%, uh, fatty acids. So, uh, we know that the lipid nanoparticles are almost certainly taken up in the heart. Preferentially. They're definitely taken up in the ovaries and the Corpus luteum, the ovaries taken up in the adrenals. We know that they go to their brain. There's been enough autopsy studies of freshly vaccinated people. You can see what gets seeded. The vaccine goes everywhere in the body within a matter of hours, the vaccine seeds up in rain, into the heart, the adrenals, the ovaries elsewhere. And I think the vaccine actually loads the heart probably with more spike protein, that one would ambiently get with the respiratory infection

Speaker 1 ([17:44](#)):

Because of the liquid nanoparticles, the lipid nanoparticle, excuse me, lipid nanoparticles. This is obviously something that most people should know. What, what you're saying is obviously information that most people, when you're talking about a population of 300 plus million people and 200 plus million people have been vaccinated already, this, I would like to think that this is information that people want to know. I agree. How much does it disturb you that this is being censored? Because on every other platform, this, this conversation we're having right now would be censored every other online platform, social media, they would censor this for sure on YouTube. But what you're saying is incredibly important,

Speaker 2 ([18:35](#)):

Censorship that has suppressed for two years, information on safe and effective, early treatment and censorship on vaccine safety has led to large numbers of deaths, hospitalizations, and permanent disability joke. There is no bigger public health crisis than the impact of censorship in COVID 19.

Speaker 1 ([19:08](#)):

We just did three hours. Believe it or not. Isn't that incredible. Um, I wanna thank you. I wanna thank you for your courage. Thank you for your dedication. Uh, thank you for your time for coming here and, and thank you for explaining this so eloquently. It's, uh, it's very disturbing, but, uh, I think we're all better off having this truth. Thank you. Thank you. Um, if people want to, uh, do you have a website that people can visit with more

Speaker 2 ([19:34](#)):

Information? You can follow me on America, out loud, talk radio, the Mac call report. I issue a weekly report to the country.

Speaker 1 ([19:40](#)):

Okay. Thank you very much. Thank

Speaker 3 ([19:51](#)):

