

Speaker 1 ([00:00](#)):

We have some information we need to hear from the leader in the medical response to COVID-19 disaster, somebody that so many of us are so grateful for to bring us common sense, Dr. Peter Macola. It is an honor to talk to you for the first time. I haven't gotten to talk to you just yet. So, um, gosh, and I just told your seat, Dr. Mercola, cause I got some questions for you. I've been waiting for this. So I heard you talking to Mike Adams actually just earlier today, and you were talking about a new CDC report. Can you tell me what you were referring to

Speaker 2 ([00:37](#)):

On, you know, new CDC report was out on vaccine failures, the CDC through department of community health only reports to America, a, uh, a representative sample. It's not the entire number of cases, but the total, the reporting on their website is 24,000 individuals that have either died or have been hospitalized after being fully vaccinated strictly by CDC criteria. That is a large number. Everyone would agree. And sadly, over 25% of that composite is deaths. And the majority, I mean over 75% are in our seniors over age 65. So what America needs to know is that vaccines as they exist today, cannot be claimed to protect against hospitalization and death. We're starting to see wholesale failure of the vaccines.

Speaker 1 ([01:26](#)):

And sorry if I threw you off there a bit. What I meant to say was that I heard, uh, Mike Adams talking to a guest who said he had heard from you about this report. So I probably threw off a minute. It's like, wait, was I Mike Adams? No, it was actually his guests that had heard from you. I love how everyone's just connected and sharing the information, but, um, man, it just gets worse every day. And then just the other day, I had mentioned that you had this lawsuit, but this lawsuit was back in September, that it was filed against the FDA for the Pfizer vaccine data. Did you have any updates in regard to that lawsuit?

Speaker 2 ([02:01](#)):

Th that's really important, you know, that was filed by lead attorney, Adam Siri in New York, and Adam's done a wonderful job. He's had demand letters into the CDC, uh, demanding recognition of natural immunity. And, uh, he has taken the lead on this one and organized a class of what's considered public health and medical professionals, myself included. I'm part of this broad class, that's demanding through freedom of information, access to all the Pfizer data. Since the Pfizer vaccine has been used in so many Americans, Americans deserve to know all the information regarding the Pfizer vaccine and we have very specific questions, particularly contemporary questions that need to be answered. So for instance, the Pfizer clinical vaccine program was conducted doing during an era where the wild type spike protein, the alpha and the beta and some gamma variants were probably in the patient population, but I anticipate very close to zero Delta, very close to zero Delta. Now fast forward, the vaccines are failing in the summertime and fall and we have 99% Delta based on the most recent CDC report on the variants. So we need to understand why the Pfizer vaccines are failing even in the clinical trials. What was the prototype of a patient where the vaccine failed and how can we better protect Americans?

Speaker 1 ([03:26](#)):

And do you have confidence that, that you'll get the answers as you move forward with this? Because it gets discouraging for those of us watching, seeing that you're trying to do things, but then we don't see anything happen.

Speaker 2 ([03:36](#)):

You know, there is a lot of legal activity right now, even today, a lawsuit was named, uh, in a press release by lead attorney, Matt Staver of Liberty council, uh, against five branches of the military. Again, a broad class of, uh, plaintiffs, uh, against vaccine mandates with very good rationale. Uh, similarly there's been a lawsuit filed by lead attorney, Tom rents against the department of health and human services for vaccine mortalities and a request for a stay or a cessation of the vaccine program. Now there's going to be amendments based on the response from the DHHS, but there is a ton of legal activity going on as a proxy for a lot of wrongdoing going on by our public health agencies.

Speaker 1 ([04:25](#)):

We just can't keep up with it. Dr. Macola stick around. I am so excited to be talking to Dr. Peter McCullough, such a brave warrior for truth and justice, trying to hold the bad actors accountable. So let's get back into it. Shall we? Uh, so Dr. McCullough, I, I did get some information from my now dear friend, you might be familiar with her doctor ginger Breggin. And, um, she said that something's going on on October 30th. You want to tell me about this rally or what's going on in Spartanburg, South Carolina. Do you know,

Speaker 2 ([05:03](#)):

You know, there's going to be a whole series of rallies. Uh, in fact, there's one on Monday morning coming up at love field in Dallas with governor Abbott, pushing for some form of vaccine freedoms here in Texas, they've gone through a governor, issued an executive order. It went into special session, and now there's a lot of work being done to either, uh, ban private companies from having vaccine mandates. We can't have state, uh, agencies in Texas, uh, have vaccine mandates. Um, but if not that at least have respect for an affair, a wavering process for medical and religious exemptions, there's also rallies, uh, elsewhere around the country. I think towards the end of this month, I'm going to be in a Mississippi. Uh, and, uh, we're going to see a lot more, uh, activity as moving forward. You know, there's three important circles to think about.

Speaker 2 ([05:53](#)):

The first is the circle of medical freedom. And if we allow that circle to be broken instantly is related to social freedoms, like, uh, you know, going to school work employment, and that's immediately linked to economic freedoms. So we must preserve, uh, the circle of medical freedom. Everybody has a choice with respect to what medicines that goes in their body, what injections go in their body and everyone's responsible for their own health and in a paper by block and colleagues in the British medical journal, a wonderful summary, you know, we're at 120 million Americans that are COVID recovered. Now they have natural immunity. They fundamentally have no risk of developing COVID-19 that was through may is 44% of those aged 18 to 59. After the big Delta curve, those numbers are much bigger. We can breathe a sigh of relief. We're on the backside of the Delta curve and it's still 99% Delta. What we really have left is we have some vaccinated individuals who will get sick with COVID-19 and I wanna encourage each and every one of them to seek early treatment, especially those over 50 with medical problems and under no circumstances, should we allow any vaccine discrimination, whether someone who's elected to take a vaccine or someone who stood for it on the vaccine, because it's their medical choice.

Speaker 1 ([07:06](#)):

I think you're absolutely right there. And it's a good reminder. Do you know anything about this hospital in Spartan Burg, South Carolina, where nine out of 10 COVID patients are dying for lack of basic care, a

doctor having to travel 90 minutes each way daily to give meds for one of the patients. Are you aware of any of that doing?

Speaker 2 ([07:25](#)):

No, I don't know about it, but I can say broadly there's been a great concern among Americans that inpatient care. Isn't where it should be. American, see standards all over the world. Just south of us here in Texas and Mexico city, they're doing a wonderful job. They cleared out the hospitals by using ivermectin. They did the same thing in large states in India. They use a combination of ivermectin. Hydroxychloroquine other drugs here in the United States. We have monoclonal antibodies, which we can use as an outpatient, but they're not readily used as soon as the patient becomes an inpatient. And in fact, that should be done. Uh, we should extend all the drugs we're using as an outpatient, very effectively, including ivermectin hydroxychloroquine and azithromycin, doxy, cycling, colchicine, aspirin, and full dose anticoagulant. We should extend those to inpatient care. When patients get admitted to the hospital, there shouldn't be a step down in care. We should have a step up in care. Look at these data that you can see their patients being fully vaccinated in the hospital. They can really get in trouble and in fact, a large number of them can die. So, um, I'm fearful that patients who are getting vaccinated maybe, uh, uh, are delaying in seeking care or they think they're protected against COVID-19. And then the CDC data, as you just showed, is telling us that the fully vaccinated can get in trouble and they need our care just as much as the unvaccinated.

Speaker 1 ([08:44](#)):

Again, a good reminder, because I think that they try and divide us so much in the media that sometimes we lose sight of what we're really asking for is just choice personal choice and respecting others choices. Good reminder there. I don't know if you had a chance to see any of the interview between Joe Rogan and Dr. Sanjay Gupta at all. It's been very much in the news. Um, again, I'm sure you're so busy. Maybe you didn't have a chance to see it, but I was interested because I did listen to some of it. And when Joe Rogan brought up the whole concept of why are they pushing this on kids so much? We know that there's a risk of myocarditis, Dr. Sanjay Gupta. I believe I was trying to write some of this stuff down because it intrigued me. I believe he said that children are more likely to get myocarditis from COVID 19 than they are to get it from a vaccination. Do you have any idea where he would have gotten that data from, or is there even any truth to it?

Speaker 2 ([09:44](#)):

You know, there is a paper in the new England journal of medicine that tried to compare. I think two different processes. One is mild carditis with the vaccines, which is, uh, not completely reported. And they basically relied upon data from the CDC. And then the elevation into proponent that occurs in sick hospitalized patients with COVID-19 largely adults. And the conclusions were that, um, uh, that were false. In my view, they basically called both conditions, myocarditis, all the patients with COVID-19 in the hospital, they don't meet a strict definition of mild carditis. They have ICU sickness, we see proponent elevations for bacterial sepsis and other problems. The myocarditis we're concerned about is due to the vaccine and it's manifest by chest pain signs and symptoms of heart failure. Um, market elevations in Troponin, we're talking 10 to a hundred fold increases into blood component levels, indicating heart injury, dramatic EKG changes.

Speaker 2 ([10:40](#)):

Segment elevation globally, and then reductions in heart pumping function. We see by echocardiography, when the CDC looked at this in June, they put out statements that they thought it was rare. Uh, but, uh, importantly, they only had 200 cases. It's now explosive. The CDC has over 6,000 cases. They've certified in an, a paper by Tracy Hogan colleagues from university of California Davis. What she found is that a young person is far more likely to be hospitalized with vaccine myocarditis, then take their chances with COVID and being hospitalized with COVID. The trade-off is not even close. If a child gets COVID, it's like a one or two day cold. Even those with severe symptoms can be readily treated with easy to use drugs like azithromycin and prednisone. Buddhist denied aspirin is easy to get children through. COVID-19 let me tell you what, I'm a cardiologist. It is not easy to get these kids through myocarditis.

Speaker 2 ([11:35](#)):

And so there's great concern that we're going to lose heart, a muscle pumping function. We have to use drugs to prevent the development of heart failure, do serial testing, electrocardiograms echocardiograms. The kid has to have to have office visits. You know, these young children don't have any business seen in a cardiologist like me. They should go be having fun with school and in the fall, instead of being in doctor's offices with myocarditis. Now another disingenuous claim has been that it's mild. Well, we don't know that because the vaccines just started in children. We're not going to know if it's mild until months later to see if the kids indeed develop heart failure or have signs really

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

Just experimenting on our children.

Speaker 2 ([12:15](#)):

Yeah. Yeah. So one, can't say it's rare because, uh, when, when it was rare at 200 exploded to 6,000, so it's clearly not rare. It was the tip of the iceberg, as I said in the media, uh, back when they were first discussing this. And not only that, but it's not mild. We can't say it's mild. Every indicator we have suggests that this could be a major problem emerging in the children and the FDA agree. The FDA has official warnings on Pfizer. Madrona. Don't use these vaccines in young people because they cause myocarditis experimentally. We know now that they cause myocarditis. So I've gone on TV. I was on Laura Ingram. I told Laura this spring, I said, under no circumstances, should anyone under age, 30 days, take a COVID-19 vaccine

Speaker 1 ([12:59](#)):

Pushing it so hard. Why, what is the goal? What is, why are they pushing it so hard?

Speaker 2 ([13:05](#)):

No, they're not well supported. And, and I'm certainly not in the meeting rooms of the federal officials. Uh, they don't have a, uh, class of doctors, uh, that have hundreds of publications that are skilled in cardiology skilled than the medical specialties. Uh, so I think part of it's a competency issue at the highest levels. They certainly don't have doctors who are treating COVID 19 patients that are handling vaccine injuries. You know, we've had nearly three quarters of a million Americans that have been injured by the vaccines. Uh, the CDC and FDA ought to be ought to be opening up vaccine injury centers at this point in time, managing the injuries that are cardiac neurologic, immunologic and GI, sadly over 20,000 Americans have been permanently disabled by the vaccines,

Speaker 1 ([13:49](#)):

Peter McCullough, who has led the charge to come and sense of how we approached this Corona virus situation. And Dr. Macola, you have been so informative so far. So I got to ask you, what has it been like being that voice crying in the wilderness? I mean, does it ever feel like that or do you feel like you have so much support that you don't ever feel like that?

Speaker 2 ([14:13](#)):

Well, the support systems are strong. You know, America has about 500 doctors now that have enough courage to treat COVID-19 as an outpatient. They're trying to hold down the fort. We've got a million doctors on the sidelines, still half a million nurse practitioners in PA. So I can tell you, our phones are blowing up just at the break here. I took about four texts on various critical patients, uh, around the country. We're doing the best we can, but we need more doctors to come off the sidelines. I know it's terrifying to try to face COVID-19. Even if it's over the phone, they're terrified with how sick these patients are. It's clear they need early treatment long before the hospitalization. Uh, and people ought to be activated. Patients can help by knowing where to get monoclonal antibodies. We use monoclonal antibodies. You mentioned Joe Rogan, Joe God, our sequence multi-drug therapy.

Speaker 2 ([14:59](#)):

The way I drew it up for America, starting last year with monoclonal antibodies, nutraceuticals and supplements followed by ivermectin, additional drugs, steroids, and Joe Rogan got through it in a few days. Uh, and I can tell you if he would have followed the NIH guidelines, a big guy like Joe Rogan, the virus eats people like them alive. He would have been on the ventilator. So I can tell you right now, early sequence multi-drug therapy as, as fully supported by, uh, the tooth health foundation, the association of American physicians, surgeons, American frontline doctors, and the, um, uh, frontline critical care consortium. They have additional protocols. That's the way to go in America. America knows COVID-19 is true, is treatable. And so does the rest of the world. And no one should be denied treatment if they're at high risk over age 50, who come down with acute COVID.

Speaker 1 ([15:46](#)):

So my question is, is what does it like to hear somebody like Dr. Sanjay Gupta? Is he just out of touch? Why do you think that someone like you and someone like him can be so divided on your interpretation of what's going on?

Speaker 2 ([16:01](#)):

I think it's a clinical and academic experience. You know, I have, I'm coming up on 700 publications in the peer reviewed literature. I've 51 publications are in an author offer author black on 51 publications on COVID-19 I'm the editor of a major journal president of a major medical society. I've treated hundreds of COVID-19 patients advised on a thousand. I've had the illness myself. I mean, someone like Sanjay Gupta is a wonderful guy. He's a smart guy, but he's just kind of out flanked in this case. He's not somebody who's going to be in a position of authority. And, you know, I didn't ever use that word before, but when I went on Tucker Carlson back in May, uh, you know, Tucker started to get all worked up as I was basically telling him the story of suppression of early treatment in order to force mass vaccination talk, I started to get really agitated, looked up to the Camry.

Speaker 2 ([16:50](#)):

So listen, if you don't know who this doctor is, go look him up. I think he has authority. I said, holy smokes. I, I guess maybe I do have authority, uh, but I've been, uh, delighted to try to help America the best I can. I've testified in the U S Senate, multiple state senates. My advice has been relied upon, uh, I've had a whole series of op-eds in the whole last year that properly guided America through what was going to happen with the pandemic this year, I've been honored to be a regular contributor on Fox news. Um, very, uh, dedicated to just citing the data, um, giving the data and then everyone else can fairly interpret it. That's how we're going to get out of this pandemic crisis is by following the scientific data as it's published.

Speaker 1 ([17:30](#)):

But Dr. Macola, we have seen other doctors viciously, attacked, and targeted, and some have had their licenses threatened to be taken away. How have you been immune to that so far? Or have you, um, based some of that?

Speaker 2 ([17:46](#)):

Yeah, it's interesting. I have actually never had a face-to-face challenge or just a discussion with anybody about a topic. See if someone would kind of want to talk about vaccine safety and efficacy early treatment, uh, and it's, it's rarely been even an email exchange. Most doctors who don't treat COVID-19 or those who are just promoting the vaccine, uh, and ignoring the vaccine safety issues. I think most of them are right now, either confused. They look fearful, they look frightened, they look remorseful. Uh, and most of them, I honestly can't look us in the eye, you know, millionaire, Steve Kirsch. Who's the director of the COVID early treatment fund. He's basically put out a challenge. He said, listen, I'll put \$2 million on the table. If anybody will come to the table on the other side and just fairly discuss vaccine safety and efficacy, you know, when no one will come forward.

Speaker 1 ([18:38](#)):

Wow. Well, I mean, that speaks, speaks volumes, but I've, I've talked to so many just hometown doctors and things like that who have shared with me that, that they disagree with a lot of what it's put out there, but they're like, I can't say anything. I'm not going to show my face. I'll get my license taken away.

Speaker 2 ([18:55](#)):

Well, let me, let me give you a piece of good news. I was a featured speaker at a major symposium at the university of Nebraska Cornhuskers in Lincoln, Nebraska this week. It was just announced by the, uh, the Nebraska attorney general today that they will not in any way, try to injure or harm or investigate doctors for properly using ivermectin, hydroxy chloroquine in the treatment of COVID 19. I think it was great to see that come out by the attorney general.

Speaker 1 ([19:25](#)):

Wow. Yeah, we need to see more of that. And you haven't had resistance in, in using any of those medicines because they made the media makes it seem like you're just like not even allowed to use.

Speaker 2 ([19:38](#)):

We are seeing resistance. The major chains are doing all kinds of administrative ploys, uh, to try to block the prescriptions of these medications. And it's not just hydroxy, chloroquine, ivermectin it's even use of [inaudible] inhaler. We've heard stories recently about making betadyne, uh, you know, the dilute solution that we use in the nose and the mouth. It's so valuable in cutting down the viral load and

preventing COVID-19 even making a better dine, more difficult to, um, to access. So the pharmacies, uh, as they are part of the vaccine stakeholders, you know, they're a major administration arm for the vaccines. They seem to be, uh, really working against early treatment, but there's a lot of heroic community pharmacies that are stepping up and filling prescriptions for patients and patients are indeed getting early ambulatory treatment. And you know that because the hospitalizations are down and the deaths are down. And the only way that can bring that, the only reason why these curves go away is early treatment.

Speaker 1 ([20:36](#)):

How have they had so much control over the hospitals? Because my good friend, her, her dad was in the hospital and her dad had a prescription for ivermectin, but she couldn't get it to them because the hospital wouldn't allow it.

Speaker 2 ([20:48](#)):

Hospitals have been, uh, taken to court over and over again by concerned families, uh, demanding ivermectin, full dose aspirin, full dose anticoagulation families actually know how patients should be treated. And the hospital administrators and doctors, CCU directors, chief medical officers, they must be embarrassed when they're told by a court how to treat patients properly. So I'm sincerely hopeful that, um, our inpatient colleagues will start to get the message that they want to see a much broader, much more intensive treatment of our seniors in the hospital and bring these mortality rates down. They just can't go in the hospital and get REM desert vere, low dose DECA drawn and get put on the ventilator. That's wholly inadequate. We have so many more therapies that work as an outpatient and they clearly can be continued as an inpatient.

Speaker 1 ([21:38](#)):

All right, I'm going to have to let you go, Dr. Macola. It was such a great honor to talk to you so exciting. I hope it gets to do it again. Um, final, real quick word on, are we going to just yes or no? Are we going to see some action on these lawsuits? Yes. All right. That is what I want to hear. We want to see some action, some justice, some accountability. Thank you so much, Dr. Macola, and I'm sure we'll be talking to you again soon.