

Speaker 1 ([00:08](#)):

Hi, Dr. Peter McCullough. Thank you so much for talking to me today. Um, I'd like to talk to you a little bit about your report, uh, on the myocarditis adverse events in the US, uh, a paper you co-wrote, um, that was recently removed from, um, the, uh, Elsevier website that it was published on. It could, could you give me some insight into, into this recent event?

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

I'm delighted to join you. I'm an academic internist, cardiologist and trained up the embryologist in Dallas, Texas. I'm also the editor of a major cardiovascular journal and prior editor of an international multiorgan system journal. And I have over 650 peer reviewed publications in the national library of medicine. So I know editorial as well as authorship rules and regulations. And I can tell you, I am shocked at what's happened. Uh, this is a paper in original analysis paper from the US CDC vaccine adverse event reporting system, or there's. Now this system is a valid source of data that is open access for epidemiologic analysis. And we restricted our analysis to domestic cases of, uh, individuals who developed mild carditis. So these are reports, uh, into the system for my, our carditis. We knew from prior work published in the pediatric literature that only 14% of these reports are done by family members or the patients themselves.

Speaker 2 ([01:48](#)):

In fact, the vast majority are reported by doctors, other healthcare personnel, as well as, uh, pharmaceutical companies or vaccine manufacturers who are concerned that indeed the vaccines have caused or are strongly associated with the event of interest in this case, my carditis, which just heart inflammation that occurs. Uh, and we know now from a related paper by, um, Tracy Hogan and colleagues from University of California Davis, where, uh, after the second shot of one of the two messenger RNA vaccines, either Pfizer or Moderna there, an explosive increase in the counts of myocarditis and in the original CDC investigation of this in June, the CDC reported 90% of these young individuals required hospitalization. And now Hoag, uh, several months later has reported concurrently. 86% of these cases require hospitalization. So the clinical presentation includes chest pain signs and symptoms of heart failure, very concerning to the parent and the child.

Speaker 2 ([02:58](#)):

Uh, there clear cut evidence of heart inflammation with a global ST segment elevation on the EKG, uh, elevations in cardiac troponin, uh, which in many circumstances is far higher than we'd see troponin elevations with a heart attack, or a far higher than the troponin elevations we would ever see in COVID-19 and respiratory illness in the ICU. So these are dramatic elevations in cardiac troponin. And we know from the CDC data that was reviewed in June, that about a quarter of individuals have an abnormal echocardiogram. Most likely now reduced heart pumping function of the left ventricle. And this is incipient heart failure in these young individuals. So they require hospitalization care over several days. And for those with reduced heart pumping function, many need medications to either treat or prevent heart failure. And then they need follow-up with a cardiologist with repeat blood testing and imaging over several months until the syndrome can be resolved or, uh, in fact complications can be managed. So I'm telling you as a cardiologist myocarditis is serious. And so this report by Jessica Rosa, myself, that was, uh, published in Current Problems in Cardiology was a very high importance and public health, uh, value, uh, not only to patients and family members, but also to cardiologists who are now seeing cases such as this in their offices.

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

Yes, no, thank you for all that information. And as you're saying that there's plenty of evidence of these myocarditis cardiotoxicity events that are happening. And I briefly read your report and the findings were that 19 times, I think after the second shot, uh, in predominantly males, uh, this is 12 to 15, uh, age cohort. You're seeing a 19 times more paces of, of myocarditis. Am I correct in picking that out from your report?

Speaker 2 ([04:57](#)):

Yeah. So mild carditis has a background problem in children is quite rare in a while. All, uh, events that occur after vaccination are rare, both the respiratory illness and, uh, myocarditis. It's all about the relative occurrence and in the analysis by Tracy Hogan colleagues, uh, her, her results are clear that a child is more likely to develop myocarditis and be hospitalized than ever get COVID-19 the respiratory illness and become hospitalized. So the vaccination or the prevention is far worse than what it's trying to prevent now in our paper, in current problems of cardiology, which is a lead journal in cardiology, it's important for the listeners to understand that this, um, uh, paper has a, um, author submission editor dialogue, where the hello clearly indicated the paper was welcomed at the journal. It was administratively processed, it was reviewed, and then it was accepted for publication. And when he paper is fully accepted for publication, there is a correspondence that, uh, there are copyright assignments, there's a publication contract.

Speaker 1 ([06:09](#)):

So what journal did it actually get into which, which journal is this?

Speaker 2 ([06:14](#)):

The paper was fully published in current problems, uh, in cardiology. And this is, yeah, this is a lead review journal, uh, in cardiology, the, um, dialogue between the first author, Jessica Rose, Emmy editor indicated that the paper was welcomed. It was processed, it was reviewed and it was fully accepted. And in the acceptance process, uh, in the decision for acceptance, which is final, that there is a copyright agreement, there's a publication contract. There was even extra charges applied for the production of color figures. All those contracts were signed. Uh, all the payments were made, uh, to the journal. And then the paper was published online in a PDF format and fully available, open access. Uh, and it was cited, uh, in indexed in the national library of medicine. Pub med paper became part of medical history and began to be widely used because this week is the current, uh, FDA review for vaccination, uh, with the Pfizer vaccine in children, age five to 11.

Speaker 2 ([07:28](#)):

So there couldn't be more important time to have a peer reviewed paper available for the world, as well as us leaders in COVID-19 to review. So we were shocked and actually appalled that current problems in cardiology and its parent publisher Elsevier, uh, uh, temporarily took the paper down, uh, from its, uh, publication site and indicated that the paper was going to be, uh, temporarily withdrawn. And now we've been notified by Elsevier that the paper will be permanently withdrawn and papers can only be withdrawn according to their, um, uh, according to their, uh, rules. And according to the, uh, publication contract, they can only pull down if they're scientifically invalid or have incorrect information, or in fact, there's actually been a typesetting error or some other problem. None of those things existed in this paper. It was scientifically valid. There were no typesetting errors. We approve the final galley proofs.

Speaker 2 ([08:39](#)):

Um, and in fact, the reason that they gave for pulling it down is that they indicated they didn't feel the paper was fully invited by the editor, every disingenuous claim. Uh, this is basically an attempt at censorship, and I can tell you the paper was fully invited. It was fully welcomed. We have the dialogue between the editor and Dr. Rose as evidence. This is censorship, and this is legally, this is torturous interference. Severe is illegally attempting to censor this paper right at the moment that it's needed most when a vaccine manufacturer is going to the U S FDA and seeking approval for emergency vaccination of children, age five to 11.

Speaker 1 ([09:31](#)):

Um, this is totally shocking. It is. It's absolutely appalling. I aye. Yes. Uh, oh my goodness. Um, and obviously you're not a stranger to yourself to, to censorship, um, Dr. Mikaila, and just looking at, uh, your, you know, I know you've been very vocal with, with, uh, regarding the, um, obviously for early treatment proponent phobia, you know, um, and, uh, I know you had a video that went viral, um, and also, um, the backlash you've had about, you know, criticizing the vaccines. Um, do you care to maybe cite a few examples of how you've been censored? I'm sure there's so many, if you can.

Speaker 2 ([10:11](#)):

Well, I'll just say that my, my advice has been sought, uh, by offices within the white house, from the us Senate, multiple states, Senate, as well as leaders around the world. I'm not proactively messaging anything, but my advice is relied upon by governmental bodies, uh, because I have, uh, many original publications in COVID 19, including this paper. I just mentioned, I have over 50 original papers and I have a base of publications that tells the world that I understand how to interpret data. I certainly understand, uh, validity and invalidity, and I have a great understanding of how to apply a scientific findings and reduce them to practice. And I was the first to bring to the world organized protocols, to treat COVID-19 and prevent hospitalization death. And that's culminated in testimony under oath to the us Senate and multiple state Senate. So, uh, so today I have still not had a single person, uh, confront me, or challenge me on any of these findings or these sources of data.

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

No, one's engaged in a direct conversation and a round table, or even an email exchange. The only thing that's happened is, uh, events like this one with Elsevier, where they are in a sense almost cowardly acts of censorship, where, where the individual attempting to sensor or discredit, uh, is doing it, um, from a position of, uh, being afraid, uh, understanding that they're wrong, understanding that they're either breaking the law or they're attempting a defamation. Uh, you can tell that this is not anywhere close to collegial scientific interchange, that there is clearly a position of strength that supports early treatment that supports, um, uh, making decisions based on signals of benefit and acceptable safety. And there's clearly a strength in the fair, balanced evaluation of vaccine safety and efficacy. And those individuals who are attempting to sensor information, understand the strength of, of basically my position and the position of those in my circles,

Speaker 1 ([12:32](#)):

Right? What are your next steps? Now? You you've asleep. It's shocking what you've experienced, what will be your next steps with, with Elsevier going forward,

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

Elsevier, the world's largest medical publisher, uh, now we'll, um, be, um, uh, engaged, uh, and named in a lawsuit and they will actually be sued for this act. And, uh, there'll be tremendous consequences to Elsevier. And, uh, I can't imagine, uh, the amount of negative press that Elsevier will receive with this overt act of censorship. That's timed perfectly to try to influence a decision regarding vaccination in children, particularly when the data indicate that the V the children will be harmed by the vaccine more than they will be held.

Speaker 1 ([13:23](#)):

Yes. And, um, in obviously it seems obvious to us why this is all going on, but to people that are not aware, I mean, why do you think, um, why do you think there's such a suppression censorship against, um, clear evidence that these, um, injections are causing, you know, uh, real harm and obviously, uh, recorded, uh, events of, of myocarditis and other events as well? Uh, why do you think, why do you think there's such a war against, uh, sort of information going on right now, Dr. McCullough,

Speaker 2 ([13:59](#)):

It's very clear that there are vaccine stakeholders. There are entities that have staked everything in the pandemic response on the vaccines. And this includes world governments, uh, uh, departments of public health, uh, all over the world, uh, uh, a large consortium and powerful consortium of vaccine manufacturers, entities that are related to the vaccine manufacturers, they're investment bankers that are supporting these companies, the stockholders, uh, the major media. Uh, in fact, this was announced December 10th with a trusted news initiative, which basically stated that this consortium was so powerful that it was going to overtly censor, any information that would lead to vaccine hesitancy, no matter how unsafe the vaccines were that they wanted no vaccine hesitancy. So that meant squashing effectively, the information as a vaccine safety and squashing, any information on treatment of COVID 19. So individuals could not understand that there was a treatment option.

Speaker 2 ([15:08](#)):

Uh, so the trusted news initiative was a railroading of the world into mass vaccination, uh, which now is pretty clearly against the will of individuals with vaccine mandates and other measures. So this is, uh, a clear attempt since December, uh, very early, when the vaccines were released to force mass vaccination on the world, uh, without any ability to escape, uh, vaccination, without any ability to understand, uh, safety and efficacy. And now, sadly, we're learning that the vaccines don't stop hospitalization and death, they don't stop transmission of the virus they've created, uh, now emergence of dominant strains, including the Delta variant, which is largely resistant to the vaccines. And we are seeing record numbers of hospitalizations and deaths in those who are fully vaccinated. Now, the majority of individuals in Israel and the United Kingdom who are hospitalized with COVID 19 are fully vaccinated, and we have data emerging in the United States that United States is following right behind Israel in the United Kingdom.

Speaker 2 ([16:17](#)):

Uh, this week in, uh, October 19th, the center for disease control has reported, uh, to America, a shocking statistic as of October 18th, 2021, there are 40 1001 21 7 patients that are spontaneously reported through departments of public health. So this is not the total by any means, but these are completely qualified cases of vaccine failures, according to CDC definition. So they received a, if with messenger RNA, they receive shot one and shot two. They've had a two week period to develop immunity after shot two, or they've received the ad, no viral Johnson and Johnson vaccine, and had a

full month to develop immunity. So they've actually passed these landmarks, they're fully immune individuals, 41, 1 27 that have either died or been hospitalized. And of those deaths, 85% of those are over age 65 and 66% of the hospitalizations are over 65. So while, uh, the world, uh, and the public health agencies are setting their sights on the children, the vaccines are failing among the elderly. And it's always been, always been the elderly who have been the victims of COVID-19. Uh, and now the vaccines are failing in this group and, uh, in a very misdirected fashion, the public health community is preoccupied with children.

Speaker 1 ([17:49](#)):

Um, and I I'm sure you would say, I mean, obviously the, the, the risks of these injections far outweigh any benefit, um, that an individual would get. And, um, and I have spoken to Dr. Garrett Vandenbosch as well. And, um, how the, uh, you know, the spike proteins they don't match right now, what's in the vaccine. It doesn't match what the, uh, the spike protein and the circulating virus and the variants that we're seeing right now, would you, would you agree with that?

Speaker 2 ([18:20](#)):

The vaccines all code for the original wild type spike protein, uh, which is now extinct and, um, uh, in a paper by Venkata Krishnan, uh, and, and co-workers, uh, they have clearly shown that the Delta variant has what's achieved, what's called antigenic escape. It can escape the effects of the antibodies generated by the vaccines. So it's clear that mutations in the spike protein have the, uh, largely reduced or eliminated the ability of the vaccines to, uh, stop the Delta variant. And we have abundant information, a paper by Rymer charisma from the Wisconsin department of public health, and another one by a Cerian from the interstate California Davis has shown that the Delta variant can, uh, in a sense, grow and thrive in the nose and mouth of the fully vaccinated, just to the same extent as the unvaccinated in the preclinical phase. And then in a paper by ciao in colleagues from Oxford in ho Chi Minh city, that, uh, the vaccinated in the case of the Oxford report with the AstraZeneca vaccine, the vaccinated in a completely locked down situation, carefully monitored can spread and pass the virus to one another fully vaccinated.

Speaker 2 ([19:47](#)):

And, uh, in fact, get themselves sick with COVID 19. So the child paper's important because it clearly shows the vaccines are completely useless in among the fully vaccinated, uh, sequestered, uh, in doing anything. And we have a report from Lee, you in colleagues from [inaudible] China showing the same thing. In fact, the estimated viral loads in Louis paper are a thousand fold higher than with prior variants in the unvaccinated era. So we have a situation when that the vaccines, it looks like it made things much worse with the Delta variant, and now our elderly are bearing the brunt and the children are in the crosshairs of the ill-advised vaccine.

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

Yes, no, I hear everything that you're saying. And I, I just was curious to know the science. Why do you think it's mainly males that are young males that is experiencing the carditis? Um, I know it's probably a complex scientific kind of mechanism, but if there's any kind of, um, kind of for let for the layman, why do you think it's in males and why young males are experiencing it?

Speaker 2 ([21:01](#)):

There must be a interaction between the spike protein and human androgens or male hormones. And we have a hint of this with the clinical effects in COVID-19 the respiratory illness with anti-androgen drugs. And our south American colleagues have actually used anti-androgen medications temporarily to treat respiratory COVID 19. And now one of the leading treatment groups, the frontline critical care consortium, uh, is, uh, has incorporated, uh, short-term anti-androgens into their treatment protocol. So now we've seen this with the, um, uninhibited production of the spike protein in young males, which, uh, you're right, the Hoka paper, as well as the CDC analysis. And now the rose paper, all show that young men are attacked, uh, by this mild carditis syndrome at a much higher rate than women also points out that it's not exclusively. The young that the tail of the, um, the counts extends all the way up to men in their fifties.

Speaker 2 ([22:13](#)):

So, um, this is not just a problem, uh, in childhood or adolescence. And I think we should all be on our guard for individuals, men, more than women who are, uh, developing chest pain and other cardiac symptoms after COVID-19 vaccination. Uh, our concern is this may be grossly under reported and, uh, and even the, the numbers that we have now may be, uh, an underestimate. And, uh, I can tell you the current numbers that are, um, reported to America by the centers for disease control, with respect to myocarditis as of October 15th, 2020 21, the, uh, current case count for myocarditis is, uh, and it's listed as mild carditis slash pericarditis is fully 10,304 individuals. And I can tell you, this number is shocking. I told America on national TV back in June, when the CDC and FDA had roughly 200 cases, I told America that this, uh, was not rare and that, uh, it was, uh, not mild.

Speaker 2 ([23:39](#)):

I was right because those 200 cases exploded to 10,304 cases. And the Hogan analysis shows still fully 86% are hospitalized as a proxy of how severe this is. And I think it was disingenuous that our public health officials from the CDC and the FDA, uh, characterize the syndrome as both a rare and mild. And we, we never do that in safety, um, work in, in data safety, in human clinical investigation, and all the vaccines are in research. They're under clinical investigation. We never assume that something is mild and we never assume something is rare, uh, because we want to be conservative. We don't want the products to continue to hurt people. So we always take the stance of thinking that the first few reports are probably the tip of the iceberg and that we always, we always take safety events seriously, particularly, particularly hospitalizations from because from a pharmacovigilance perspective, they are considered serious adverse, cardiac events, serious adverse events SAEs. And so for that reason, SAEs are never characterized as mild. And for our officials to characterize [inaudible] as mild, uh, is, uh, an example of, um, uh, of, of regulatory malfeasance. It's actually wrongdoing. Uh, and I, I take my data safety monitoring work very seriously. I would never characterize an SAE as mild SAEs are serious because they either result in hospitalization, death, disability, or they could have caused death.

Speaker 1 ([25:27](#)):

Yes. Yes. And they're definitely not rare because like you said, when you said the original number was 200 around what time, uh, could you date that when they were

Speaker 2 ([25:39](#)):

June of 2021?

Speaker 1 ([25:41](#)):

So June of 2021, and you're saying, um, opt October, as of October 15th, this year, it's jumped to 10,304 cases. Wow. That's a staggering, uh, statistically significant increases in it and it can't be ignored. And it definitely can't be said that it's rare because it's becoming more and more of a problem.