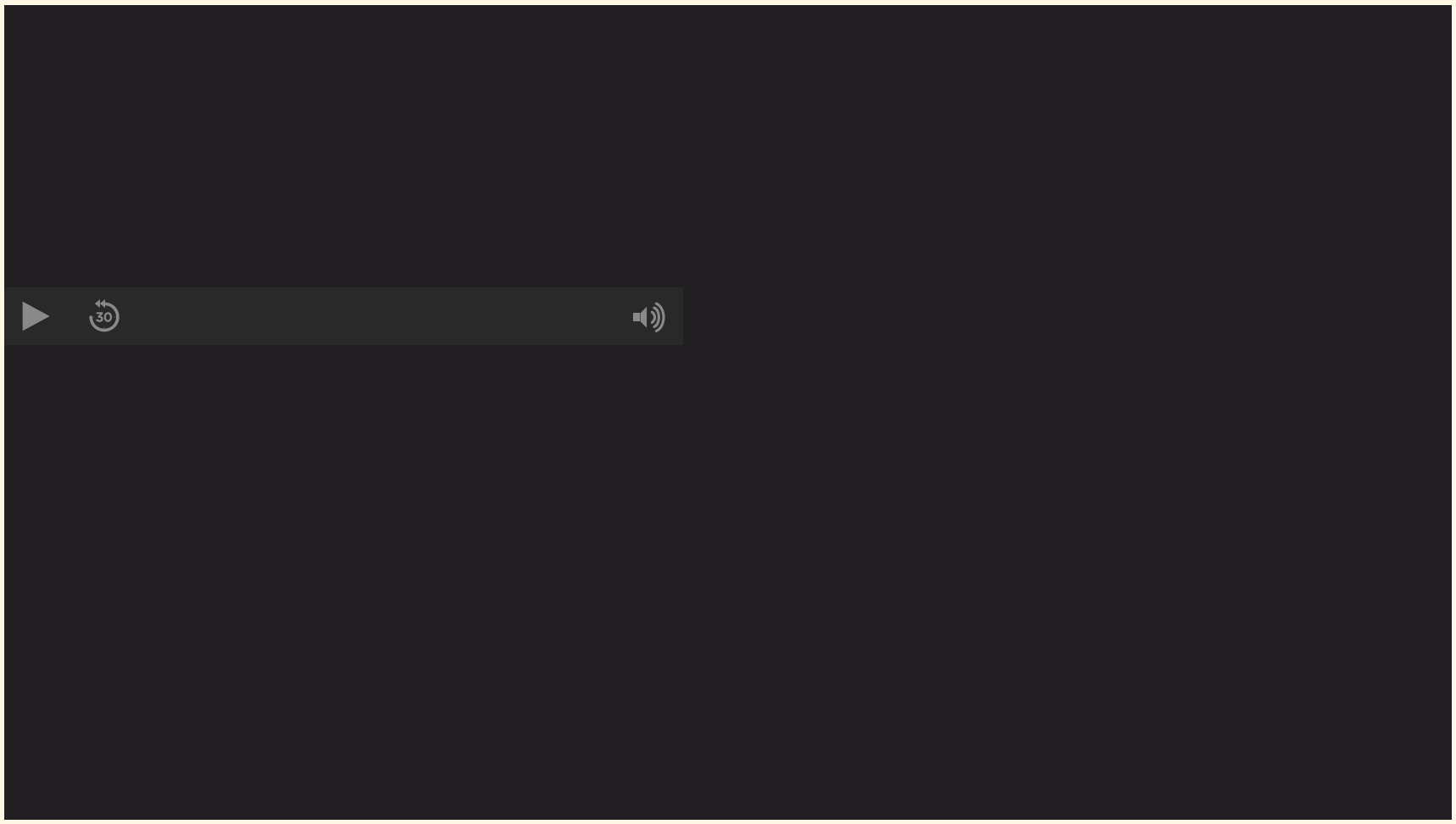
The Covid Worldwide Conspiracy

Tucker Carlson interviews Dr. Peter McCullough

On the mismanagement of the Covid pandemic, on the suppression of early treatment and on the mistaken or corrupt medical protocols and the shady policies surrounding the promotion Covid-19 "vaccines".

(Transcribed by José Angel García Landa at Ibercampus, June 6, 2021)



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[TUCKER CARLSON INTERVIEWS DR. PETER MCCULLOUGH ON WORLDWIDE CONSPIRACY TO SUPPRESS EFFECTIVE DRUGS THAT EFFECTIVELY TREAT COVID PATIENTS IN FAVOR OF 'VACCINES']

My quick transcription:

TC: ... every day of the past fourteen months talking about Covid. It's a conversation becomes tiresome pretty quickly because almost never do new facts enter the conversation, so today's conversation about Covid looks a lot like yesterday's conversation about Covid, which is the preview of tomorrow's conversation about Covid. It's a conversation about masks, and vaccines, and social distancing.... but it's *not really* a conversation about Covid *itself*. Almost nobody is talking about Covid itself—What is this virus? How do you treat it? Dr. Peter McCullough is an internist and cardiologist from Dallas, Texas; he has a long and fairly famed history in medicine which you can look up if you like, and you should, but more to the point, *he's treated Covid, a lot,* and knows a lot about it, that's why we're grateful to have him with us today. Doctor, thanks so much for coming up, we appreciate your being here.

PM: Thanks for having me.

TC: So let's be clear at the outset. Here's why you are here. You're here because someone sent me, last month, a videotape of testimony you gave before the Texas Senate, State Senate (HHS) Committee [Senate Committee on Health and Human Services] on Covid, and you asked a question that I have heard...—I don't think anybody asked, *ever,* and it really stuck out. Hear this:

> (PM on tape): The average person in Texas thinks there is no treatment. They honestly think there is no treatment. They don't even know about these (...) antibodies. You heard from a ninety-year-old gentleman who got up on a liver med —terrific! Where's the focus? There's such a focus on the vaccine—where's the focus on people sick *right now?* This committee ought to know where all these modicum antibodies are, where all the treatment protocols are, they ought to have a list of the treatment centers in Texas that *actually treat* patients with Covid-19.

TC: Amazing! Where is the conversation about the treatment of Covid-19? That's...—I've a big family, most of the members of my family have been infected with Covid-19, millions of Americans have. I still have never heard a conversation about how it's treated. Why aren't we talking about this?

PM: There's been a global oblivion to the idea of treating patients with Covid-19. And that's

everything that... that's what Americans want to know. They want to know, 'Doctor, what happens when I get Covid? How do I avoid two bad outcomes, hospitalization and death'. So I've looked at this, and... I've got to tell you, there's two bad....

TC: I love when you say that and I laugh, because it's so obvious!

PM: It's obvious; patients get sick, they are sick for about two weeks at home, until they can't breathe anymore, and then they become hospitalized, and almost everybody dies in the hospital. So when I testified at the US Senate I said listen, this pandemic response has four pillars: the first one is *try to control the spread,* that's fine, wear a mask, what have you; second one is *treat the problem,* and treat it early, to avoid hospitalization and death; if people go to the hospital, *treat them at the hospital,* that's number three. Number four is *vaccination*. So there's always a four-pronged approach, and what frustrated me is in the media cycle all we heard about was reducing spread, from our public health officials, and then later on vaccination. We never actually heard about treating sick patients!

TC: Before we get to what treatment exists for Covid—and there are treatments that some people including me, even people talking about it every day, aren't even aware of, before we get to that, —what is the answer to this question? Why haven't we discussed this? Why hasn't there been an emphasis on it?

PM: I think there has been an enormous amount of fear, and the first time in America doctors and nurses and others were confronted with the disease, that they themselves could contract, and die from... —and I think that fear drove everything. Remember early on, on the news cycle, remember Americans going on about a term, PPE, —what's that? Does that save a patient? *No,* that protects the doctors and nurses! We heard a lot about... certainly masks, and social distancing, what have you; again, that's protecting well people, that's actually fear-driven, like 'oh, we could be—we could actually get it!' Everything was fear-driven. I know actually a lot of doctors in hospitals that said, 'Listen, we... we don't treat Covid! If it comes in, we'll play defense, and we'll wear our PPE, and deal with it in the hospital...' —So... the real revolution was, early on in the spring, I was communicating with colleagues in Milan; you know I'm an internist, and a cardiologist, a trained epidemiologist, I'm not a virologist, but I handle simple things like asthma, pneumonia, upper respiratory tract infections, and we're communicating with the Italians and we said, 'What is going on?' and they said 'Listen, this is like a cold, *except* the immune system goes crazy in the middle part of it, and then there's blood clotting and thrombosis'—and so we have to—

TC: Right, and that's what can kill you.

PM: That kills you. 'So we're taking that job of the viral replication early, we treat the immune system disregulation, and then we manage the blood clotting, we can get people through the illness'—I said 'Terrific', we got together all of our findings, we published it in the *American Journal of Medicine* in the August of 2020 issue, the paper went viral, it's still the most downloaded paper in all of the *American Journal of Medicine* regardin Covid, I just got the listing yesterday, it's still number one, and... —I was never on social media, I was getting interdated with comcasts, and my daughter who came home from school said, 'Daddy, why don't you make a YouTube video?' —I said OK, I made a YouTube video —four slides, I wore a tie— and I can tell you, Tucker, there's nothing wrong about this video, it was simply a straight-up assemble— we looked for signs of efficacy in the literature, acceptable safety, and put drugs in the combination for a regimen. And in four slides I presented it in twenty minutes, it was up on YouTube, it went viral, and then it was struck down by YouTube. 'Violated terms of the community service...' —and I knew something was up.

TC: What terms did they say it violated?

PM: Didn't say.

TC: How long was it off YouTube?

PM: It was off and I— I think for several days, and then I fortunately got some help from Senator Johnson in Washington. Ultimately this led to my US Senate testimony on November 19, and a real, honestly, a real congealing of people that said Listen, something is up, there's an incredible suppression of early treatment in the medical literature—

TC: *Why* would that...??? It' *so dark,* it's hard to believe that it's real, but of all people *you* would know! —(PM nods)—So why would physicians, health officials, politicians, try to suppress information about the treatment of a disease they claim they want to prevent, or help America overcome? Why would they do that?

PM: I testified in the US Senate on November 19. We have seen things we cannot imagine in academic medicine. *Lancet* published a fake paper that came from a fake database that implied that hydroxichloroquine hurt people in the hospital! And we looked at it, in two seconds I know it's a fake paper! They had seventy thousand patients, in a database that had detailed drug information, back in december and going forward—we didn't have that back then, the mean age is fifty... —49, we don't hospitalize people age 49...! This went through peer review, it was (...) editors, it hung up on *Lancet* for two weeks and scared the bejevers out of the world about using hydroxychloroquine!

TC: I remember that really well.

PM: And this is the most frequently used, widely relied-upon drug inthe world, but something's going on—...

TC: But its, who...? —I'm sorry to back up, and pardon my ignorance, I didn't even know this happened. I remember the paper very well, because it had political uses at the time, because the then president had suggested maybe hydroxychloroquine might be a helpful therapy, and that paper was used to hit him over the head with, but who would write a fake paper? who did that? Do we know?

PM: Well, it came from a company called [SurgeSphere?] which rapidly dissolved; *The Lancet* published a retraction that said, 'you know, we just couldn't verify the data, and so we're retracting it'—no apologies, no explanation of how this could have influenced world events... It greatly influenced the FDA staffers, who wrote an FDA warning, which said, 'Listen, we think hydroxychloroquine causes harm, doctors shouldn't use this'—It was based upon a fake paper! This went to the American Medical Association, then the Board of Pharmacies...

TC: Is this a real story?

PM: This is a real story. And doctors who wrote medical prescriptions for hydroxychloroquine now see their medical licenses are being threatened. There have been cases all over the country of doctors trying to help patients, and hydroxychloroquine is one of forty-six drugs we use for Covid-19, it is extraordinary. Listen to this: April—...

TC: —Wait, to this day hydroxychloroquine is used to—....

PM: Absolutely, absolutely.

TC: But I thought... I heard on NBC News that hydroxycholoroquine was *poison*, it was like fish tank cleaner, and only quacks used it....!

PM: The best approach is, use—if we can—we'd use the antibodies that President Trump received, and those are e-way, listen, that was Operation Warp Speed, the current product, just the general product; we'd use that up front; we can follow it on high-risk individuals with two drugs that reduce viral replication, typically hydroxychloroquine or ivermectin with doxycycline or azithromycin; outside the United States they use favipiravir, which is oral remdesivir approved by regulatory agencies in five countries to treat Covid-19—no light of day in the United States for favipiravir—we can use these drugs early—*early,* it's very important—remdesivir two weeks later, not very impressive, and then very importantly inhaled steroids, and then oral steroids in that middle phase, and then we use aspirin and blood

thinners on the back and just as we do at the hospitals, it's called sequenced multi-drug therapy.

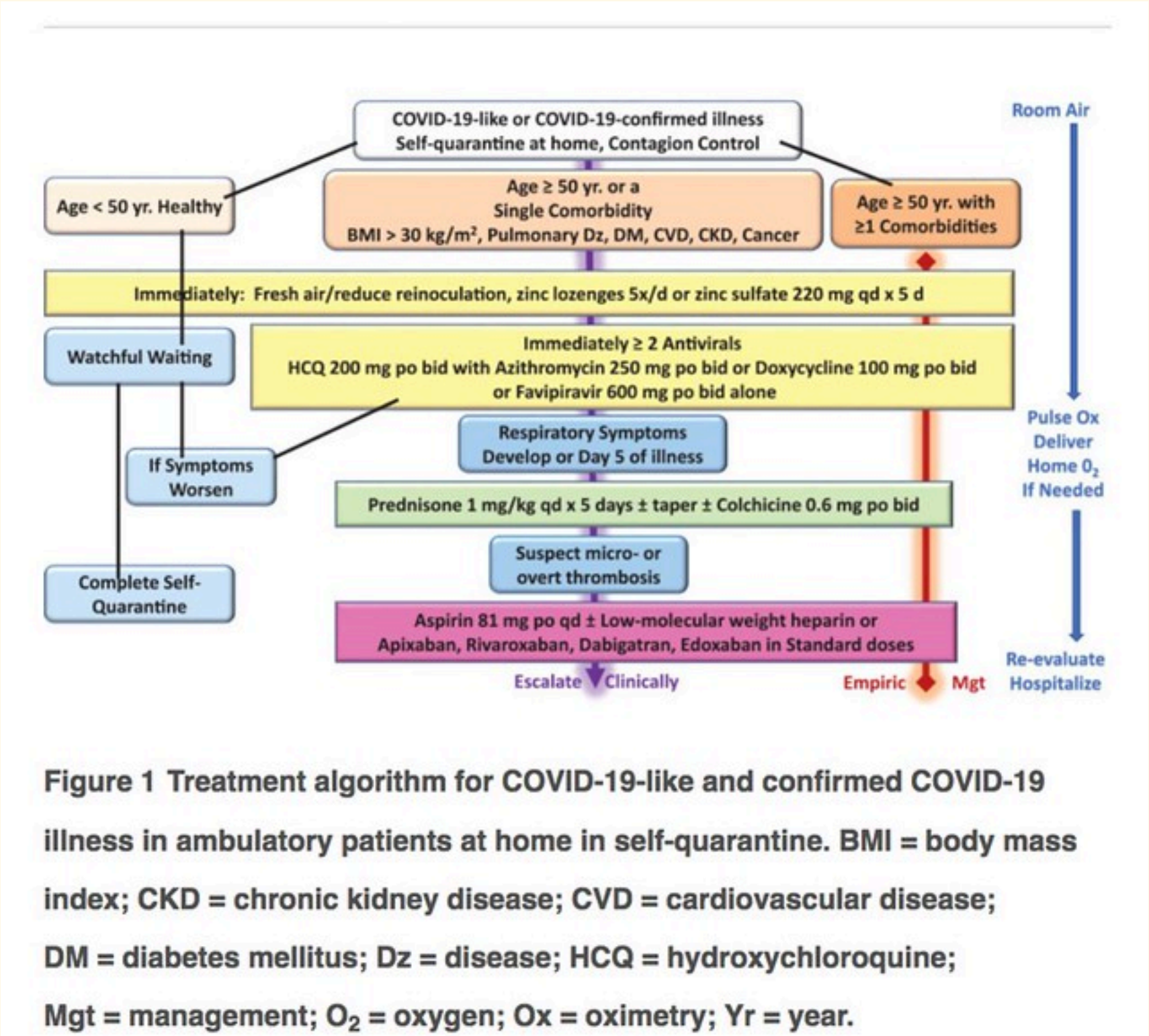

Figure 1 Treatment algorithm for COVID-19-like and confirmed COVID-19 illness in ambulatory patients at home in self-quarantine. BMI = body mass index; CKD = chronic kidney disease; CVD = cardiovascular disease; DM = diabetes mellitus; Dz = disease; HCQ = hydroxychloroquine; Mgt = management; O_2 = oxygen; Ox = oximetry; Yr = year.

https://www.amjmed.com/article/S0002-9343(20)30673-2/fulltext

I published the follow-up paper in *Reviews in Cardiovascular Medicine* in December 2020, the most widely cited paper from that journal for Covid-19, a dedicated issue. And this became the basis for the American Early Treatment Movement. In the United States today we have four national telemedicine services; that's fifteen regional telemedicine services, two hundred and fifty treating doctors; we restratify according to over age fifty or multiple medical problems—that means that only 10 to maybe 25% of people really need to be treated, young people don't, and we get them through the illness with avoiding hospitalization and death. And if you look at the data, we're on a pre-high plateau for cases in the United States of Covid-19,

and the hospitals are not overflowing, in fact hospitals have a very manageable workload. Our viewpoint is that early treatment is a very important part of the pandemic response. Vaccination will complement what we're doing. But this idea of scrubbing early treatment in favor of keeping the population in fear in order to potentially better accept mass vaccination, I think it has done a disservice; I testified—

TC: And do you think that was the motive? I mean, I'm not a scientist, I'm a Big Picture guy... —why is this happening?

PM: The two are so tightly linked it is unbelievable. So... the pressure to suppress any hope of treatment is *extraordinary,* it's in the minds of doctors, all over the world, through their medical societies, the journals, the public health committees.... How many times has anybody come on from the CDC, the NIH, the FDA... *ever,* and gone in front of America and said 'You know what, we have an early treatment approach', or 'See your doctor regarding early treatment', or 'We're going to support doctors to use their innovation and put drugs together in combination'... Listen, this is a fatal virus, single drugs don't work, they don't work for HIV, Hepatitis C.... everybody knew that. So the idea of 'Oh, we're going to do a single drug, and see if that saves the world'... *No,* we look for signals of benefit, then acceptable safety, use drugs in combination, what we showed is that doing this, two separate papers, Zelenko in New York, Proctor in Dallas—85% reductions in hospitalizations and death! But we have to start *early,* we can't just let people get sick at home.

TC: OK... Everything you're saying makes *sense,* I accept I understand it, as a non-expert. But I still just have to bring it back to the question of *why,* because I can't get past it. That's *so reckless,* and, well, *evil,* if you're suppressing treatment of a life-threatening disease, you're committing evil, you're ensuring people die, and yet clearly that has happened. You say it's in order to encourage people to take the vaccine—even before there was a vaccine, for one thing —but even after the advent of the vaccine, why the single-minded focus on the vaccine? What is that? [PM lifts eyebrows and shrugs] —by the way, don't make me a case against vaccines! But what is that about?

PM: I'm *very* pro-vaccine, I've received every vaccine that's evidence-based and indicated; my patients have gotten the Covid-19 vaccine, my family members have gotten—

TC: Of course, you're an American, all Americans get vaccines! I mean, no one's against vaccines!

PM: Right, right, when I'm against vaccines... I'd a publishing up there last summer, in *The Hill,* and the title of it was "The Great Gamble of the Covid-19 Vaccine Development

Program". And the point of that paper was, we are putting all our eggs on one basket. And it's pretty clear, all our intellectual eggs, we're going to stake *everything* on American and worldwide ingenuity, working together, with the World Health Organization and Operation Warp Speed, the Gates Foundation, all obligatory agencies, for a mass vaccination of the world. It was a stake that was taken. And you saw the tenor of this, 'Needles on All the Arms!', army trucks rolling out with men with refrigerated vaccines, and you know, 'get a needle into every arm', and—what I've been saying is, Listen, that's terrific, but we ought to have a tenor of *safety, safety, safety*. If we're going to put out a vaccine, and we are going to say we're going to mass vaccinate the world, *we had better be hawks on safety*. Independently of the safety of monitoring boards, we'd better be looking at every event being reported in the safety databases, and assure America that the program is safe, as we've kind of—

TC: And we're gonna get there, but I just want to back up a third time, because I can't control myself... *Why?* Why the single-minded focus on the vaccine? I understand completely someone puts a stake in the ground and that's the goal you can't avert your eyes from and you're all in on the goal. But why is that the goal?

PM: [Lifting eyes to Heaven...] I'm a doctor, I treat patients one by one, and I can tell you, and I testify to this, I have treated all my high-risk patients, I think it would be immoral, unethical, and from a civil perspective *illegal* not to do that; so that question is best posed to all the doctors and medical centers and groups that haven't been treating Covid-19. We're *a year* into this! Where's the Mayo clinic protocol? Where's the Harvard protocol? Where's Johns Hopkins?

TC: There isn't one, you mean???

PM: Do they have Covid treatment protocols? Have they helped people avoid hospitalizations and death, or have they just sat back and just received the cases as they've come in? I'm telling you, something is up. The entire world has been on defense. Maybe it's only driven out of fear, but we are not treating something that is a treatable problem *early*. We are making this so much harder than it should be!

TC: But people have *died* as a result of that, —obviously!!??

PM: I testified in the US Senate I thought, on November 19, I thought 50% of the deaths could have been avoided, because there is a learning curve of how we put this together... remember, there are no large running mass trials of multi-drug therapy; none are even forthcoming. And our NSA has said, 'Listen, Dr. McCullough, you don't have enough evidence!"—I said, Of course I don't have *enough evidence,* that's five years away! And the guideline would say

'Well, there isn't enough evidence to treat patients". Well, what would you have them do—*let them die?* Of course not! We have always treated patients—

TC: Remember we're giving out vaccines to the whole country on emergency authorization...! *HAHAAH!!* There is no testing of pregnant women!! —and what they're saying, 'the hydroxychloroquine is too dangerous'!!!! But —just to [*unintelligible*] —as of right now, we're in May 2021, fourteen months, fifteen months into this... There is no Mayo Clinic or Harvard School protocol for multi-drug treatment of Covid patients—*out-patients?*

PM: For *out-patients,* yeah. Nothing.

TC: So, OK, if you're a physician treating people who call you and say I've got Covid, I'm having trouble breathing, you can't... there's no established protocol for what to do next?

PM: That's correct.

TC: Well, that's... —*that's insane!!*

PM: For a problem that has affected *millions* of Americans—we're approaching six hundred thousand, and yet I am *the only* doctor who can get two papers published teaching doctors how to treat Covid-19? So we've organized into groups, honestly—

TC: Is this true for other diseases? I know there's a big push to get colonoscopy, it's fine, at 50, but isn't there no regimen for treating people who didn't get colonoscopies? And one is developing cancer, and we're just saying that Mayo Clinic does not have a view on how to treat that? —you know, like *What???*

PM: We have protocols for treating *everything,* in America. And actually different doctors come up with different ideas. In this case, in a sense it was the freedom doctors that did it. I was in an academic medical center and that' my base, but myself, in our group we call ourselves C19, we're maybe now five hundred people in the world, now, we put together ideas, we've published two papers; the Frontline Care Consortium, led by Pierre Kory, they've published their protocols, similar, in fact outs there's some overlapping, that's fine... —*we can't meet anymore,* we've been under lockdown, we can't exchange ideas anymore! Our major societies, the American College of Physicians, AMA, Infectious Diseases Society of America, National Institute of Health guidelines... *ZERO* for outpatients with Covid! In fact, National Institute of Health guidelines say something else: they say, *don't treat it*. They actually, specifically say, *don't treat it*.

TC: *Why* would they say that?

PM: They go further than this. They say, 'If you come to the hospital and you can't breathe, don't treat it until somebody needs oxygen.' That was the very first guidelines that were published October 8. I showed that to my colleagues in Washington, I said, 'This document will go down in history as the most nihilistic medical guidance as Americans are suffering... —'

TC: No, no. It won't be recorded by history. I talk about this every day and I never heard of that. I didn't know that. I do this for a living—not medicine, but reading about medicine, reading about Covid, and I never heard of that until right now. So, what would be the thinking there? If someone comes to the physician, to the emergencies, 'I can't breathe', but you don't think he needs to get hospitalized, you tell the doctor 'Don't treat him'. Why would you tell the doctor that?

PM: The innocent explanation is, it's driven out of fear. And the fear is, you know, we don't know how to deal with this, we don't have large clinical trials, we don't have the intellectual support to support our group think, and then, because of this, we are going to err on the side of doing nothing, almost as if we're dealing with some type of contagion like you'd read in that Michael Crichton book. It could be all fear-driven, but I've got to tell you as a doctor, that's not in my moral DNA to let people die with no treatment! Of course I'm going to try some steroids, or some ivermectin, hydroxychloroquine, I'm going to add Lovenox, or some other drugs, of course I am; and sure enough, myself and others found out over time we can get people through the illness! And now we have these groups in the United States, there's the BIRD group in England, [Pand] in South Africa, Treatment Domiciliari, which in Italian means 'treat them at home', in Italy, we've got the Covid Medical Network in Australia, we've got like-minded people who say, 'Listen, *treat this early at home!*' But we don't have a single bit of regulatory support, we don't have a single bit of your conventional medical society support. We have a society of American physicians and surgeons, APS, now they publish a home treatment guide, they publish a list of all the treating doctors, you know, so Americans have found this out, but I'm telling you, today, ten thousand sick Americans are being treated every day through these methods. The hospitals are *nearly* empty; they have got some Covid patients, but we're handling the problem *now*. We didn't have this back in August and July, but we have it now. The complexion of Covid-19 in terms of the dark nature of the United States completely changed with early treatment. This is an American success story.

TC: For sure! For the individuals who know it's there, and who have physicians who understand their options to just letting you die or get intubated.... But you are also describing a society whose big institutions are not capable of doing science anymore! When that's.... that's a story you just told! Science being, you know, the honest evaluation of reality, and the re-

testing of one's assumptions—I mean, that's science, correct?

PM: That's correct. And, Tucker, it's worldwide. Something's up! Listen to this. Queensland, Australia—you've probably been there—, April: they put on the books *as a law—AS A LAW!* "If a doctor attempts to help a patient with Covid-19 with hydroxychloroquine, that doctor will be put in jail for six months."

TC: *WHAT???!!!*

PM: Yes. In April they put it on the books, OK? *Something is up*. Look at the TGA. OK, let's not... let's not fry the U.S. agencies. Look at the TGA, the FDA equivalent in Australia. And Australia is interesting, they've been kind of spared of Covid-19, they've been in these draconian lockdowns, with this huge susceptible population, they are all distributed, they've been in *fear* for fourteen months. The TGA has some "guidelines" for Covid-19. It must be two dozen recommendations: *"(1) Don't use hydroxychloroquine! (2) Don't use ivermectin! (3) Don't use steroids! (4) Don't use anticoagulants! (5) Don't use...."* —They list everything you should *not* do, —*what should you do?* The answer: *Nothing*.

TC: OK— So.... Covid-19 became known to the West in January of 2020, so that was one year and four months ago. OK. So, how could, with such a short period of time, the health regulators of Australia *know,* to the point that they codified it on a regulation, that hydroxychloroquine is not an effective therapy against Covid-19... —how could that be known? *It couln't be know,* correct?

PM: It couln't be known, and in fact, there are pieces of the timeline that are suggesting that something is very wrong going on in the world, and whatever is going on, it is world-wide, it is not just the U.S. Things are worse in Canada. There are anguishing doctors and nurses in northern E.U. and in Scandinavia about euthanasia, and having the seniors literally just being euthanized. There are some horrible things going on.

TC: Yes, it completely blew my mind. I didn't expect this interview at all. [Laughs]. I saw your testimony, I saw you asked a really interesting question, I want to hear more about it. I did not expect.... This—this is really shocking, and by the way, for viewers who are wondering who is this guy, is it just one of those guys who is claiming to be a doctor—look him up, Peter McCullough, and I think you'll be *quite satisfied* after you Google search that you have the authority to say the things that you are saying!

PM: I testified under oath, I have six hundred publications in the peer-reviewed literature, I'm the president of a major medical society, I'm the editor of two major journals, I have headed up twenty-four (...) sixty major reports and major drug trials, and stopped drug trials early for

safety reasons... I'm telling you, I have no agenda but I'm deeply concerned that something's gone off the rails in the world. It involves science, it involves the medical literature, it involves the regulatory response, it involves populations kep in *fear* and in isolation and *despair...*

TC: So you.... —this is upsetting, but it's also fascinating, I think. You've alluded a couple of times to *something being up,* I think it's the phrase that you used. Can you put a... sadly finer point on that? Do you believe that NGOs, the enormous non-profits, that have a lot of sway it seems like on the public health arena, are exercising influence over Covid policy in the direction that you are describing? Is it that? Is it some international regulatory body? The WHO? I mean, like—what is this, do you think?

PM: That's really going to be the goal of investigative reporters to figure this out. There must be stakeholders, or there must be some fundamental drivers for a group think. Now, this is a group think: it's in the minds of people.

TC: Is anyone profiting from it?

PM: I have no idea. It's just... I have no idea. I'm just focusing on the sick patient in front of me, Tucker, I can't tell you; but I have seen things in the last year that I can't explain as a doctor. Why are other doctors not helping with a simple illness to help these patients avoid hospitalization and death? Why are they not doing this? There are cases—there's been three cases in New York where there have been some seniors struggling in the hospital and their families find out about ivermectin: a simple drug that is used in the early outpatient realm to reduce viral replication; it's an antiparasitic drug, very safe and effective; and they beg the doctors in the hospital—three cases—and the doctors say, '*NO,* we are not going to use it'. And then they say, 'Hey, what's the matter, give it a shot!' —'*No*'. They go to court, they get a court order, and the judge says, 'Listen to the family and give him some ivermectin'. In those three cases the senior survived. There's two cases going on right now. There's one in Chicago going on right now, where they even come with a court order, and the doctors say, "*No*. Not gonna do it. We're not gonna give it'. And then they have enforced the court order to give this poor lady some ivermectin, they were asking my advice, and I said 'I think it's too late, I'm not sure she's going to make it, but let's try and give it a shot!'; there's another one going on in Detroit.... *there's something in the minds of doctors.....!*

TC: What are they afraid of? I mean—getting fired? That would be my first guess! They work for a hospital, or a university, that won't tolerate... dissent, I guess? I don't... Is this an analogy to what we are seeing in the political sphere, where no one's allowed to deviate from a certain orthodoxy or else they get bounced, is that kind of what it is?

PM: That's a tractable explanation. There is great fear, I think, in the academic medical centers, medical groups and others—er...—to do anything that's not in line with —er...— the general approach that has been laid up by our public health officials. Now, it's more severe in countries outside the United States. So, for instance, in Canada, UK... For instance, I was interviewed the other day by somebody and something slippy came up, Dr. McCullough, what do you think about the most recent ruling from the CDC, I sad, 'Ruling? I think they're the Supreme Court? [Tucker laughs] Think about this! The CDC has always gien *recommendations*. And I use as an example, 'Listen, the CDC recommends all of us should eat less than 10% of calories in sugar and saturated fats, that's what they recommend. Is it a ruling?' Are we going to lose our job for that? You know, won't be able to go to NBA again if we don't follow the... ?

TC: [Laughs] The food pyramid is federal law! If that was a journalist who asked you that question let me just apologize on behalf of all of them; there are some... it's got to be the most low IQ profession, I mean, really—for real.

PM: Ruling? No. But that's on the minds of people; so our public health authorities, with more than a year of public fear of what's next, our public health authorities have really become larger than life in terms of their ability to create an environment of... —of loss of freedom!

TC: Well, also a subversion of science. I mean, I feel there are two different arguments maybe on different tracks, I mean, there's the question of what kind of society we want to live in, and what the Bill of Rights guarantees you as an American citizen, I think it's a very important conversation we have all the time. But there's a completely separate conversation about what's in the best physical interest of the patient, what medicines to give the patient, and that's on the realm of science, and that shouldn't be influenced by other considerations

PM: Well, it's in the realm of clinical judgement, and you have brought up a great point; public health officials make recommendations for a *population,* and they use generalities. But the next patient in front of me, if he says, 'Doctor, I've really got a bad allergy to this medicine', I say, 'Well, sir, it's recommended, but *for you,* you shouldn't have it'. The doctor weighs risks and benefits, and no matter whether it's a medicin, a vaccine, a protocol, it's our judgment reigns supreme, and... When I was pressured on the NIH guidelines, through some agencies, I talked to some agency officials, and they said 'Dr. McCullough, don't be too hard on us, look at page 8'—and I turned there—and it says, 'Even though these are recommendations, the doctor's judgement overall has the final word on what happens to the patient'—and I said, 'Thank you for that paragraph!', and I used it over and over again, I said, 'Even though the NIH says, Don't treat patients as an outpatient, it says here that I can use my judgement, and I am."

TC: Were you one of the many people who sort of bought in to the pro-choice rhetoric, not on abortion, but just on the idea that medical decisions were between a patient and a physician, and a family (...), and that the government should never intrude in the intimacy of a medical decision—that turned out to be a lie, I guess, they don't have any problem intruding, do they?

PM: There's the principle of autonomy, this is very important. It's written into the Nuremberg Code, and we live by it every day. It says the *person,* the *individual,* gets to decide what happens to *their body*. They can take advice, but what happens to their body, withouth pressure, coertion, or threat of reprisal. This is really important.

TC: Tell us what the Nuremberg Code is.

PM: The Nuremberg Code came out of World War II, where there were atrocities going on, and as we moved forward in research we'd had one alert for this Nazi research which was... which was awful... —we had a terrible situation in the United States with the Tuskegee experiments, where.... —for research, people ought to have informed consent, and they can freely participate or not, and we follow that in clinical medicine, this is really really important. If a Jehova's Witness says, 'Listen, I'm not taking a blood transfusion', we can't force it into their body! If we have a patient that says, 'Doctor, I'm not taking a vaccine', we cannot—*without pressure, coertion, or reprisal*— We can't have someone say, 'Listen, I'm gonna lose my job!'—that's pretty strong coertion, don't you think?

TC: Yeah, you can't make a living, you can' eat.... Yeah, that's about the strongest possible, I mean, short of physical harm, that's the strongest...

PM: How about 'I can't go to school'; 'I can't get my college degree'?

TC: Your children can't be educated if you don't obey? So that's... I think that's a point that all decent people have considered at some point in the last week or two, as we're learning that coertion is real, and that you will be punished unless you obey. My question to you, though, as a physician, is, that is direct contradiction of the Nuremberg Code. Is that something that all physicians are familiar with?

PM: Yeah.

TC: So.... (hah!) Why are they standing back and allowing this to happen?

PM: The groups... I think that's extraordinary, you know there are some doctors that have told patients, 'I'm not gonna see my... these patients unless they're vaccinated. They can't go into my waiting room unless they're vaccinated. You know, there's a hospital in Texas—Houston, Texas—they came out and said, 'Listen, if people don't succumb and take the vaccine, that...'

for months, they said, 'In order to encourage you, we'll pay you five hundred dollars'. If I tried to do that in an research study, the investigation review board wouldn't agree with that, that's coercive, five hundred dollars is coertion to low-income workers, but still it didn't convince them, you know, the workers were looking at the safety and saying 'Hmmm, I think we're gonna hold back...' And then they came out, a week or so ago and said, 'Listen, if you don't take the vaccine we're gonna *fire* you!' And then the workers got together and said, 'You know, some of us don't want, or can't take it...' And they said, 'You're fired', some employees started getting fired.

TC: It's interesting that people who work at a hospital wouldn't want the vaccine. These aren't people who work at a Goodyear plant, I mean, these are people who work around medicine, I mean, that's what they do for a living, they run medicine, they also run Covid, with a much higher chance of getting infected, in a hospital. But they still don't want it!

PM: No, but they know the clinical trials; this is very important. Because we participate in the clinical trials. The FDA, Pfizer, Moderna, J&J, AstraZeneca... strictly excluded, *strictly excluded* 1) Covid-recovered, 2) Suspected Covid-recovered, 3) Those with the antibodies, 4) Pregnant women, 5) Women with child-bearing potential, who couldn't assure contraception... That is a huge group of exclusions, that's a giant part of the healthcare workforce, so of course they lookes at that...

TC: That's a giant chunk of America.

PM: So, Tucker, if the weren't eligible for the randomized trials, and said, you know what, maybe the FDA and the sponsors thought there was a problem with safety, or they had no chance of benefit, no real... it's a small chance of these safety events... exclude them! —why would they electively go into an investigation program now?

TC: So, I don't think most Americans are even aware of that, I mean, the fact that pregnant women were excluded from the safety trials I think is fairly widely known; I think it's less known that Covid-recovered, and that... I don't know how many tens of millions of Americans fall into that category, but certainly tens of millions, have had Covid whether you know or not and recovered from it... —they were excluded from the trials! Why? On what grounds?

PM: Oh, very good grounds. Covid-recovered patients so far are racking up a terrific track record of freedom from reinfection. It's nearly air-tight. Think about, SARS Covid-1 is 80% homologous... SARS Covid-1 and 2 are 80% the same. The first SARS pandemic, people had durable and complete immunity—seventeen years so far. You don't get it twice. We've had a hundred million people in the world who've had this infection. If there was a chance for

double and triple infections in the same person, we would have seen them *by the millions—millions*. If you look in the literature, maybe you can find a hundred cases; someone says, 'Oh, I think they got reinfected'. And we look and almost always it's a misinterpretation of one of these PCR tests, which is commonly false positive (TC: Yes...) —and then someone's sick over here, the most recent one from France, and obviously it's a misinterpretation. One of the false narratives there is you can get the infection twice. It's a false narrative. And the FDA...

TC: Why are they... why would people say that?

PM: Oh, listen, the FDA and the sponsors knew that, of course they excluded Covid-recovered persons, they know they can't get it again, they're not having them in the clinical trial and have a clinical trial go to the null. They knew that. But when it came out, I think in an air of... caution—that should be the innocent expression—air of caution, they said, you know what, we'll make it available to everybody. But quickly *making it available to everybody* started to become a coercive thing, so now people say, 'I'm Covid-recovered', 'I'm pregnant, I wasn't ever even tested in the study, is this safe?' I mean, with pregnant women, the only thing we allow is the *inactivated* flu shot and the Tetanus, Diphtheria, and Pertussis, which is inactive; we never let anything pathogenic into a woman's body who's pregnant—never. *And we give the vaccine!* All the forms of the vaccine produce the viral spike protein—the previous one type, by the way, the Wuhan original type which by the way is long gone in the United States. We've got fourteen strains by now, Wuhan original is not one of them. But you produce that in a high quantity in the body. That is directly pathogenic. It causes blood clotting. It damages the blood vessels, causes fever... So we're actually having women's bodies produce a pathogenic protein for a few days.

TC: And we dont' do it with any other vaccine?

PM: Never.

TC: I'm trying not to use the effort on TV now. What, I'm getting upset hearing this! Why would we do that?

PM: I'm not a public health official, I'm a doctor. I don't think like public health officials. It appears to be out of an air of.... of.... We've had a year of this difficult time in America, of trying to make a new product through American innovation, available to everybody, and there was an idea of 'We'll make it available and then try to weigh benefit/risk later on under the investigation use e-way period'... *As a doctor,* I can tell you, I'm not recommending pregnant women take the vaccine; I'm not recommending actually *any* of the excluded groups from the trials get the vaccine: we have no information on safety, and we have no information on

efficacy. It violates a simple medical practice principle. We don't use things where we haven't got a signal of benefit or acceptable safety—we don't do it.

TC: And yet you are one of the very few physicians, particularly I would say *eminent physicians,* who is willing to say this in public. I want to put for viewers, I'm sure you have heard this a thousand times, the *other* perspective. This is the president of Mount Sinai, in Newark, pushing for *mandatory* vaccines—this is from a week and a half ago. Watch:

> (Video): Although it's always challenging in society to make things mandatory, perhaps in certain employment settings, especially where there is higher risk, we may as a society decide that mandatory vaccination is a reasonable thing to do in certain circumstances.

TC: Mandatory vaccination. So, ah... that is... *shocking,* on the one hand, because you thought you'd never live to hear someone say that, without shame, in public— but it's not shocking given the context we're living through now; that's not considered extreme!

PM: The CDC and the FDA have, in all the language around the vaccine program, the words 'volunteer', 'elective', 'to your choice', 'talk to your doctor', they defer to us all the time, remember, if you've had a vaccine reaction in the past, talk to your doctor, it may not be safe for you, they have resuscitation equipment in the vaccine centers, there's an awful lot of patients, you know, what's going to happen when I take it... Today they were trying to do it at one of the big concerts or basketball games, I mean, this is really driving forward here... I think America needs to take a deep breath and understand we're treating Covid, we've got it under control, it's manageable, let's see some deep dives on safety... I think we need an independent data safety monitoring board just to talk and look it, with all the safety events being reported the CDC, America can see them, it's in their VAERS program, if we go open, VAERS.com is right there, America can see the numbers racking up in the categories, and they ought to ask, let's have an independent safety data monitoring board, look at all the events with the eye of risk-mitigation. The idea that we are going to roll out products and get them right the first tim, how often does that happen in medicine? We've always got to tweak things, maybe there are certain groups that shouldn't get it, maybe their doses are too high, maybe their doses are to be weight-based... there's all kinds of things to consider.

TC: So, let me ask you, as a final question, specific, that I think some of our viewers can probably relate to... American colleges have decided, almost as a group, not all of them but we're including over toward that, *mandatory vaccines* for kids to turn into campus this fall. If you have a child in college hoping to return who has been infected and recovered from Covid, and that's many millions of people, how should you respond when your child's school says

you child *must* get the vaccine?

PM: Those letters are coming in from concerned parents all over, and I can tell you the first thing I encourage is get a copy of the policy, and get a copy of the exemption. Do you know that many of these institutions, they haven't even written a policy yet? They haven't even written a policy or have a set of exemptions. They haven't even thought through this. He's on the same, hah! *mandatory vaccines*. You've got to get together, you've got to...

TC: This guy's a lunatic and should be stripped of [his position]

PM: ... —but no, we've got to consider risks and benefits, there has to be a policy, there has to be exemptions.... Think about this: we always vaccinate for the purpose of protecting the individual, because the individual takes on the risk. We never vaccinate an individual to protect somebody else—*never*. Because that's asking the individual to take the risk for somebody else's benefit; so vaccinating kids....

TC: *Wait, wait, wait a second!* I'm hearing doctors, I heard a doctor on CNN yesterday saying *you're selfish* if you're worried about the risks to you, you get vaccinated *for society!* Barack Obama just said that exact same thing. That's not a precept of science, of medicine?

PM: Not in the middle of an active pandemic. Now, you could say, listen, we've eradicated smallpox, all the little kids, we vaccinate them because we haven't eradicated disease, so we're always protecting that person and we're protecting everybody else and not have smallpox come back; but when this is wide open, 45,000 cases a day, this isn't eradicated! The purpose of vaccination now, and I recommend it in my practice, is to protect people who, honestly, I think are going to die of covid. So it's got to be those vulnerable people: age over fifty, medical problems.... I've got a couple of patients that say 'Doc, should I take the vaccine? I'm worried!' I say, 'Listen, you wouldn't stand two hours with Covid, take the vaccine." The vaccine is to protect the vulnerable; it's not to just sweep through the population in the middle of the pandemic, it's the wrong approach.

TC: So, if your kid has recovered from Covid, and is healthy, and has, I mean... —clearly there is concern about risk in vaccinating someone who has active antibodies from Covid. Should you allow it? should you fight like an animal to prevent it, should you go along with that, I mean—what do you do?

PM: The Covid patients who recovered, they have antibodies, they have T-cell protection and innate emission, they have robust protection... The antibodies are a pretty nice indication that you are protected, but these T-cell tests are terrific, that's practically next-generation sequencing, that is permanent protection, that's your microbiological evidence of permanent

protection. And so I think the clinical diagnosis...

TC: Can you get that test? Can a citizen get that test?

PM: Someone can go and mail order it, and their medical judge approves it, so go to the lab and get it. No doctor needed; it's wonderful. I think what parents ought to know is that children who are Covid-recovered, their clinical diagnosis is good enough to confer immunity. I think the big question is *suspected* Covid-recovered—you don't know, you never got a test, or you are not sure.... *then,* get the antibodies or the T-cell test, or both, and show proof of immunity. I hope some rational thinking comes down on America to say, 'Listen, proof of having Covid or proof of being a survivor recovered would be good enough', Because otherwise, this is getting out of control. I said to these passports, people tell me their green passports, I say *why don't you give a gold passport to the Covid-recovered?* They should get first class! They can't give it. Remember the vaccines are not perfect...

TC: That's not under consideration. That's not even in the public conversation! I'm not sure our public health authorities have even mentioned that! Why?

PM: Our group think is amazing. I said at the SuperBowl, they sheepishly announced they would let in a hundred vaccinated health care workers into the stadium, and they were sitting miles apart... I said, why don't you fill the stadium with 80,000 Covid survivors, have them have hot dogs and beer, and cheer that America's back! Covid-recovered cannot give or receive the infection, we've got to get to that important conclusion!

TC: *Even I* understand that, and I've got a degree in Russian history from a third-degree college in Connecticut! So, *every doctor* must know that, right?

PM: There is an overwhelming cloud of fear and false narrative. There are studies out of Denmark where there was some ambient antibodies here, and people got Covid here [elsewhere!], you must be old to get reinfected, these little red herring cases.... I say, *listen,* look at your nursing homes! Is grandma going into ICU over and over again? *No*. Does it seem like everybody gets it one time? *Yes*. There's a lack of common sense. We just have to use our clinical common sense. The immunity is robust, complete and durable—let's move on.

TC: *Man!* Dr. Peter McCullough—one of the most upsetting conversations I have had in a long time. But much needed. Thank you very much. I really appreciate it. (To the audience:) Doctor Peter McCullough. *Look him up!*

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Another informed view from deep within the horse's mouth:

> Robert Malone MD, inventor of mRNA & DNA vaccine technology about Ivermectin pic.twitter.com/OqKNqA1XlV
>
> — Husserl (@husserl79) June 28, 2021

> Dr. Peter McCullough - shocking if true... pic.twitter.com/zMCozt8IIP
>
> — Husserl (@husserl79) June 29, 2021

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https://vanityfea.blogspot.com/2021/06/the-covid-worldwide-conspiracy.html
2021

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https://www.ibercampus.eu/-the-covid-worldwide-conspiracy-5407.htm
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