THE HIGHWIRE

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21 SPEAKERS
Del Bigtree
Rochelle P. Walensky, MD, MPH, Director of the CDC
Dr. Anthony Fauci, NIAID Director
Jay Bhattacharya, MD, Professor of Medicine at Standford University, Director, Stanford Center on the Demography of Health and Aging, Co-Founder, The Great Barrington Declaration
Joseph A. Ladapo, MD, PHD, Florida Surgeon General
Jefferey Jaxen
Female News Correspondent
Male News Correspondent
Multiple News Correspondents
Jen Psaki, White House Press Secretary
Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Professor Heidi Larson, PhD, Professor of Anthropology, Risk & Decision Scientist Director, Vaccine Confidence Project
Rizza Islam
Robert F. Kennedy Jr.
JP Sears, Father/Comedian
Pierre Kory, MD
Melinda Gates, The Bill & Melinda Gates Foundation
Female Speaker, Defeat the Mandates Rally, Washington D.C.
Male Speaker, Defeat the Mandates Rally, Washington D.C.
Richard Urso, MD
Robert Malone, MD

START OF TRANSCRIPT

[00:00:16] Del Bigtree
Did you notice that this show doesn't have any commercials? I'm not selling you diapers or vitamins or smoothies or gasoline. That's because I don't want corporate sponsors telling us what to investigate and what to say. Instead, you're our sponsors. This is a production by our nonprofit, the Informed Consent Action Network. If you want more investigations, more hard hitting news, if you want the truth, go to ICANdecide.org and donate now.

[00:01:00] Del Bigtree
Good morning. Good afternoon. Good evening. Wherever you are out in this crazy world filled with crazy little people hurtling through space, it's time to step out onto the Highwire. Well, we had an amazing show last week, and I think that the way you define that is when you get censored. And that's exactly what took place directly just seconds after we finished last week's show. Twitter locked the Highwire's account. This is it. They're asking us to delete the tweet. By deleting it we have to admit that we have made some sort of mistake. "Policy on spreading misleading and potentially harmful information related to COVID 19. We understand that during times of crisis and instability, it is difficult to know what to do to keep yourself and your loved ones safe," blah blah blah blah blah blah blah blah blah. Just I think we're all reaching a point now where as soon as something's censored, it's like a badge of honor. I start looking at it like, Geez, I wasn't going to pay attention to that, but maybe I'll watch it now, since I know mainstream media is lying and I know that, Twitter and Facebook and all of them seem to be in lockstep with the government of the United States wherever they're taking us. And so I think that if you missed last week's show, clearly that was one I think you should definitely check out who killed Ivermectin, an incredible exposé that took place there.

[00:02:20] Del Bigtree
It was just it was astounding. And so I want you to go and check that out if you haven't seen it already. Now, when we think about censorship and we're going to censor free speech, we're going to censor scientists, which is exactly what last week's show was about. You've got to imagine to yourself, if you reached a place where you're censoring and saying, that's dangerous information, you better have it pretty locked down, right? If you're going to say that anyone that does not agree with us is wrong and we are right, that means that you are sort of stating that you were the pinnacle of truth, that here is where the truth lies and there is no gray area whatsoever. Even under those circumstances, our Constitution still says, you know what, you still got to allow the other opinion. But let's be clear. If you've reached a place where you are censoring in the United States of America, you better be rock solid with your facts right? That's why this next video was, one of those moments where it's never been more painful to be right, which is what we're all experiencing here at the Highwire and me personally. This is the head of the CDC, literally the most important scientific mind that exists in the world during COVID as we know it. The head of the CDC, the most powerful health regulatory agency in the United States of America and arguably the world. This is what she had to say on how well they had it locked down when it came to the COVID 19 vaccine.

[00:03:50] Rochelle P. Walensky, MD, MPH, Director of the CDC
How can we have improved? Well, you know, I think I can tell you where I was when the CNN became that it was 95% effective on the vaccine. So many of us wanted to be helpful. So many of us wanted to say, okay, this is our ticket out right? Now we're done. So I think we had perhaps too little caution and too much optimism for some good things that came our way. I really do. I think all of us wanted this to be done. Nobody said waning when when you know this vaccine is going to work. Oh, well, maybe it'll work. It'll wear off. Nobody said, well, what if the next variant doesn't? It doesn't, it's not as potent against the next variant?

[00:04:34] Del Bigtree
Nobody said, what if the vaccine doesn't cover the next variant? Oh, really? Really, Rochelle? Because I know we said it. You remember I did a whole football analogy like over a year ago. Here's what that looked like. Everybody getting the vaccine is destroying their innate immune system, those immune antibodies that were nonspecific that could have handled any of those thousands of virus variants. We just saw you there designed for it. By being vaccinated, you just assured yourself that there are no antibodies inside of you to fight the variants. So if we have strayed far enough away from the vaccine induced variant that we were looking at, the original spike protein, everyone that is vaccinated is now in horrible, horrible trouble. They're going to be attacked by variants and their bodies will not mount a defense.

[00:05:31] Del Bigtree
What? What? You mean that here at the Highwire, we knew something that the head of the CDC hadn't even comprehended? No one even told us. Well, Rochelle, I thought you were the ones that were telling everybody else what you knew. Or is there actually people you're waiting for to dictate information to you? This is so shocking, she said the vaccine, we were so excited about it that perhaps we should have been a little more cautious. We were a little overly optimistic. You think? You think that was the case. But it doesn't end there, right? It's not bad enough that they flailed on the vaccine. The vaccine is nowhere near 95% effective. Israel on to its fourth booster. That's not working. We're on number three. Everyone across the world caught COVID, whether you were vaccinated or not. The restrictions are now lifting. We're all being told now you're just going to have to live with it. But look what else she said about how nailed they were on their facts.

[00:06:24] Rochelle P. Walensky, MD, MPH, Director of the CDC
And then maybe the other thing I'll say is this area of gray. I have frequently said, you know, we're going to lead with the science. Science is going to be the foundation of everything we do. That is entirely true. I think public heard that as, science is foolproof. Science is black and white. Science is immediate. And we get the answer and then we make the decision based on the answer. And the truth is science is gray and science is not always immediate. And sometimes it takes months and years to actually find out the answer. But you have to make decisions in a pandemic before you have that answer.

[00:07:03] Del Bigtree
Can you can you believe it? Here she's saying, right, well, I think the public misunderstood us when we said we were following the science. I think they thought that the science was black and white when really the case it was gray. Really? Was it the public thought that it was that where you were saying, like, how about Tony Fauci? Like, this doesn't sound very gray to me.

[00:07:23] Dr. Anthony Fauci, NIAID Director
As attacks on me, quite frankly, are attacks on science. Because all of the things that I have spoken about consistently from the very beginning have been fundamentally based on science.

[00:07:36] Del Bigtree
Fundamentally based on science. If you attack me, you attack the science. I am the science. There must be no questions. This is so incredibly dangerous what took place in this country and around the world that science told the world, we've got it figured out. Trust us, it's safe. It's effective. The vaccine will work. Lock yourself down. All of it has come crumbling down. And now Rochelle Walensky is admitting it. But how many people were censored? How many voices got it right? How about the Great Barrington Declaration? You remember that little thing, world renowned scientists that all got together and tried to make a difference in the world and said, you're making the wrong decision here. There's another perspective. While you're swimming in your soup of gray we actually have a different perspective here. So why don't we have a voice? Why don't we all get together and see if we can't work our way out of the gray morass that you apparently were in Rochelle? No, that can't be. There had to be an attack on the Great Barrington Declaration delivered by Francis Collins, who was caught in emails saying exactly this, "shut this down. We need the world to believe in us." Incredible. And here's where we're at. This is Jay Bhattacharya talking about how dangerous what took place is and how it should never happen again.

[00:08:54] Jay Bhattacharya, MD, Professor of Medicine at Standford University, Director, Stanford Center on the Demography of Health and Aging, Co-Founder, The Great Barrington Declaration
The lockdowns were an enormous, catastrophic mistake that should never be repeated. I believe that lockdowns should be a seen as a dirty word, that when we think about lockdowns, we should recoil with horror. Because what is the policies we followed have violated not just medical ethics, but also it's crushed the ability for scientists to discuss openly with each other facts and evidence. It's taken a great amount of effort, willingness to to face abuse in order for scientists to speak up. And many have been silenced. And so I think the restoration of the freedom for scientists to discuss with one another openly what the evidence actually says without this fear of of of repression that we've seen during the pandemic, in order to support the lockdowns, needs to end.

[00:09:44] Del Bigtree
It needs to end. This must never happen again. I mean, when we look at what took place here, Jay Bhattacharya and if you watch the Highwire, just go back and even just speed through every episode that we've done all through COVID, we have done nothing but feature here world renowned scientists and doctors and mathematicians, whistleblowers all coming out, sharing a scientifically backed up perspective that disagreed with the CDC, where Rachel is still waiting for someone to tell her that the variants might not be covered by the vaccine in the future. Really? Who are you waiting for? Pfizer that's making billions of dollars to tell you that? This whole thing is so incredible and it's so outrageous. And I know that the history books will get this right. They're going to look back on this as though it was some sort of Salem witch trial. But how far away is that moment coming? Where is the finish line on this stupidity? If you look to Australia right now, they just sent out a memo basically to all the doctors to watch out. You could lose your license if you decide to express a differing opinion. Take a look at this. This is outrageous. This is from the Medical Indemnity Protection Society in Australia, "12 Commandments to avoid AHPRA notifications," meaning sort of like here in America that'd be like coming after your license, right? This is what this is about. Let's just cut to number nine. You can go through the list. Obviously, you'll find this if you're on our newsletter, we'll give you the whole thing. Number nine, "use social media with caution. Be very careful when using social media, even on your personal pages, when authoring papers or when appearing in interviews, health practitioners are obliged to ensure their views are consistent with public health messaging."

[00:11:29] Del Bigtree
Look at this. "This is particularly relevant in current times. Views expressed which may be consistent with evidence based material, may not necessarily be consistent with public health messaging." Let me read that again. This is so mind blowing. "Views expressed, which may be consistent with evidence based material meaning facts," even though you have facts that doesn't matter, "may not necessarily be consistent with our public health messaging," which is going to fly in the face of the facts. And we will take your license if you decide to bring facts to this conversation. Alright number ten. "Engage regularly with a GP and or psychiatrist/psychologist. (See being the doctor's doctor) as well as maintaining good mental health, this can assist you if concerns are ever raised that you may have a health impairment which is affecting your practice." Again, it can be the difference between sitting on the sidelines and continuing to practice. Can you believe this? Keep going to a psychologist. And I imagine in Australia those psychologists report to the government that we can expect. Go ahead and just share any concerns you might have about the vaccine program so we can nip you in the bud. Absolutely, absolutely deplorable the fact that this is the state of science around the world. No wonder Jay Bhattacharya is shouting from the rooftops as so many that have graced this beautiful stage have. But I think that there is hope on the horizon. There is a new breed of doctors. In fact, there may be even a new breed of surgeon general, like the one in Florida who had this to say.

[00:13:07] Joseph A. Ladapo, MD, PHD, Florida Surgeon General
It's really been a tragedy that my colleagues, my physician colleagues have decided that it's more important to stick with whatever the CDC or Dr. Fauci is saying than relying on their clinical wisdom, experience and scientific expertize, which is what doctors usually do. So now doctors who practice medicine in the way that they think is most appropriate to their for their patients when they're when they receive pushback from hospitals, we have an avenue for them to to file a complaint with our Agency for Health Care Administration that they that the hospital is interfering with their ability and their clinical judgment in terms of what's best for their patients.

[00:13:50] Del Bigtree
I don't know what Dr. Joseph Ladapo is thinking there. I don't think Florida has enough landmass to handle the amount of Americans that want to move there right now, especially doctors who actually believe in the doctor patient relationship and the ability to treat them as they see fit. Given that that patient can move on to another doctor if they don't agree with the treatment they're getting. You see, this is the whole issue. We have got to be free to let our doctors treat us, not be dictated to by, bureaucrats who are swimming in the gray, but telling you it's black and white. What an amazing statement. I see a huge future for Dr. Ladapo out there. I think so many of us dreaming that he becomes maybe head of Health and Human services in the future or something like that. Can you imagine what that world looks like? That's what we're dreaming into here at The Highwire, a science that is back to, as Jay Bhattacharya put it and Dr. Ladapo is so well dictating there, you need to be able to stand up for science. The scientific method only works if we can be honest, if we can have conversations, if we can realize that every patient is different than the one that walked through the door before them, the scientific method absolutely demands, by its definition, demands challenge.

[00:15:06] Del Bigtree
That's how it works. You come up with a theory or you come up with a new product. Then science and all the best scientists in the world attack it with every concern they can think of. And if it makes it through that gantlet of being attacked from every side possible, then and only then can you say, "Hey, it proved to be safe and effective against the greatest minds who attacked it with everything they had in the world." You do not allow science to say "no one is allowed to touch my precious, my precious, stay away." Are you crazy? That is going to lead to something that could wipe out our species, if we're not already on track for that. Alright. Let me go ahead and move on with a really huge show coming up. For the first time ever live in studio, Dr. Peter McCullough is joining me. We're going to get into the details on this vaccine and obviously the myocarditis in issues like that and maybe a little sense of where he's at looking at this entire process that he has been thrown in the middle of. But first, it's time for the Jaxen Report. Alright, Jefferey Jackson, it just keeps getting better and better. It's just like, "I told you so" is water flowing like free beer here in the Highwire.

[00:16:30] Jefferey Jaxen
Free beer or free advertising? This is an exclusive from The Blaze. A lot of companies, a lot of media companies now are starting to push FOIA requests, Freedom of Information Act requests. So check out this headline. This is huge. "Exclusive: The federal government paid hundreds of media companies to advertise the COVID 19 vaccine, while those same outlets provided positive coverage of the vaccines." Gigantic. That says here in the article, "in response to a FOIA request filed by the Blaze, HHS revealed that it purchased advertising for major news networks, including," get your notebooks out and put a check by this if you're watching these organizations "ABC, CBS, NBC, as well as cable TV news stations, FOX News, CNN, MSNBC, legacy media publications including The New York Post, The Los Angeles Times and The Washington Post. Digital media companies like BuzzFeed News and Newsmax and hundreds of local newspapers and TV stations" goes on to say "These outlets were collectively responsible for publishing countless articles and video segments regarding the vaccine that were nearly uniformly positive about the vaccine in terms of both its efficacy and safety." Problem is, they didn't put a disclaimer on any of that reporting that it was paid for by HHS. And here we are. We're literally in an inverse universe here Del, like you mentioned. HHS as we know, the 1986 Act tasked HHS with vaccine safety. This is the organization Health and Human Services should be looking after vaccine safety. That's one of the primary, primary, goals.

[00:18:00] Del Bigtree
They're supposed to be the skeptical ones in the room, not the pompom cheerleaders, ad buying pushers, of the next drug made by a pharmaceutical company.

[00:18:09] Jefferey Jaxen
Right not literally selling it. So let's go to how much money did they have to deal with this? This is from the American Rescue Plan Act of 2021. All of these things are passed so fast, we probably forgot about this. This is H.R. 1319. And it says here in Section 2302, "funding for vaccine confidence activities." This is where this money came from. And it says here's, here's the number, "$1 billion" with a B, to, it goes on, "to carry out activities, acting through the director of the Centers for Disease Control and Prevention for, number one, to strengthen vaccine confidence in the United States, including its territories and possessions."

[00:18:50] Del Bigtree
Wow. $1 billion, folks. That's what we're up against there. Rochelle Walensky is waiting for someone to tell her that vaccines may not stop variants and they're using $1,000,000,000 to push everybody to get it. Meanwhile, we're telling the truth here. Just can I just take this moment, Jefferey? Just excuse me a second. Folks, do you realize that your life and the reality and the truth around the science that's happening here, is literally hanging like, I think, in our hands here at the Highwire. It's a scary thought. I get it. How is it, that some news agency on the Internet is getting all of these things right, when the CDC is getting it wrong and having to change the science on a constant basis because it's not black and white. I just want to take this moment. Do you realize how important those of you that have been donating to us, do you realize what we are achieving here? And believe me, it's not easy. We are not just this isn't just a room full of news people. We have international scientists on our team all around the world, the best in the world. Some of them you know, some of them are remaining anonymous. But they are helping contribute to this along with the great reporting by Jefferey Jaxen and into working with these people and using lawyers, not just ours here, Aaron Siri in America, but speaking with lawyers all around the world to have lawsuits going. All of this is taking place. It's a huge network and it's getting bigger every day, and that's only possible through your help. So please, if you're not one of those people that has become a recurring donor, then hopefully this moment when you realize you mean we are spending $1,000,000,000?

[00:20:22] Del Bigtree
Every news agency I'm watching is simply a propaganda machine? Yes, even FOX folks, even FOX. Propaganda machine, for the government that's locking me down, giving me a defunct product that doesn't work. That's the case. We want to continue this work. And believe me, we got big lawsuits ahead. We are not going to just let this just disappear. They want to walk off in the sunset and forget this ever happened. We will never let that be. So please, if you haven't already, just go to thehighwire.com, right where you watch this, click on that donate to ICAN. It's really simple. And in just 2 minutes you'll have this all done. Throw in your email phone number. All of that is being kept confidential and then just become a recurring donor. We're asking for $22 for 2022. If you only want to give a couple of bucks a month, then like a cup of coffee. Fine. If you want a cable bill, then it's more. Or if you want to just pitch in maybe one dinner a week, say, "you know what? Instead of going out to dinner, why don't we support those that are the only ones actually giving accurate science that is holding up and standing through the test of time?" Name another news agency that has the track record we have. You're making that possible. And thank you to all of you that are supporting the Highwire through these incredible times. We are not going away. This has only just begun. Alright, Jefferey, back to you.

[00:21:44] Jefferey Jaxen
Absolutely so. Health and Human Services was not shy about this campaign. In fact, they put it right on their website. This is what it looked like and it's still up there. "Covid 19 public education campaign is called 'We Can Do This.'" That's what they labeled it. And it says here in there, "the campaign uses products for paid and earned traditional digital and social media platforms." It also says, "the campaign uses both paid advertising and media interviews, presentations, radio, TV tours and other public events to educate people about the importance of vaccination." So remember all those times Dr. Fauci was on with those low information celebrities or those podcasts that there's nobody heard about when when everyone was lining up to ask some hard questions, he would dodge their shows, never go on them and go on this media tour of all of these people just to get some clicks and likes. This is what was being paid. This is where the money was coming from to give to those influencers, to push this message, to push the message of, quote unquote, "science" that he claimed to represent.

[00:22:39] Del Bigtree
Yeah. Remember that famous video where, like, everybody ends up saying the same script? Take a look at this.

[00:22:45] Female News Correspondent
Hi, I'm FOX, San Antonio's Jessica Headley.

[00:22:47] Male News Correspondent
And I'm Ryan Wolff.

[00:22:48] Female News Correspondent
Our greatest responsibility is to serve our Treasure Valley communities.

[00:22:52] Female News Correspondent
The El Paso, Las Cruces communities,

[00:22:54] Female News Correspondent
Eastern Iowa communities,

[00:22:55] Male News Correspondent
Mid-Michigan communities.

[00:22:57] Female News Correspondent
We are extremely proud of the quality, balanced journalism that CBS4 News produces,

[00:23:02] Male News Correspondent
But.

[00:23:02] Multiple News Correspondents
We are concerned about troubling one sided news stories plaguing our country.

[00:23:09] Female News Correspondent
Plaguing our country.

[00:23:09] Male News Correspondent
The sharing of biased and false news has become all too common on social media. More alarming, some media outlets publish these same fake stories without checking facts first.

[00:23:20] Female News Correspondent
The sharing of biased and.

[00:23:21] Male News Correspondent
False news.

[00:23:22] Multiple News Correspondents
Has become all too common on social media. More alarmingly, some policies simply aren't true without checking facts first. Unfortunately, some members of the media use their platforms to share their own personal lives and to control exactly what people think. And this is extremely dangerous to our democracy.

[00:23:44] Male News Correspondent
This is extremely dangerous to our democracy.

[00:23:46] Female News Correspondent
This is extremely dangerous to our democracy.

[00:23:49] Male News Correspondent
This is extremely dangerous to our democracy.

[00:23:51] Female News Correspondent
This is extremely dangerous to our democracy.

[00:23:53] Male News Correspondent
This is extremely dangerous to our democracy.

[00:23:56] Female News Correspondent
This is extremely dangerous to our democracy.

[00:23:59] Female News Correspondent
This is extremely dangerous to our democracy.

[00:24:02] Female News Correspondent
This is extremely dangerous to our democracy.

[00:24:04] Female News Correspondent
This is extremely dangerous to our democracy.

[00:24:07] Female News Correspondent
This is extremely dangerous to our democracy.

[00:24:11] Male News Correspondent
This is extremely dangerous to our democracy.

[00:24:13] Male News Correspondent
This is extremely dangerous to our democracy.

[00:24:16] Female News Correspondent
This is extremely dangerous to our democracy.

[00:24:18] Male News Correspondent
This is extremely dangerous to our democracy.

[00:24:21] Male News Correspondent
This is extremely dangerous to our democracy.

[00:24:23] Del Bigtree
Folks, that's that's how this whole thing works, right? I worked in television. There's a script being written. It's being written by your government health agencies, and you know who's writing it for them because actually they're not that smart? Pfizer, Moderna, they're writing the script. They're handing it to HHS and Tony Fauci and and Walensky, who's really good at waiting for someone to tell her what's actually going on. And then she hands it off to CNN, MSNBC, Fox and the rest. That is America, the beautiful and free speech and free media as we know it today.

[00:24:53] Jefferey Jaxen
And speaking of CNN, check out this headline we heard through the UK. We've reported on so many times that they use fear. Well, this is the "HHS vaccination ads use a new tactic to increase COVID 19 vaccination rates. Fear." These are the headlines coming out when the HHS received all its money. So they were using the same tactics that the UK was using that the people that actually they're called spy-b that they talked about using and they said there were worried that this is going to have a long lasting effect on the population. We never should did this. HHS is doing the same thing. So that's what's happening in the US. It was a coordinated response or a coordinated push to market these vaccines across the line and and the COVID measures in general.

[00:25:33] Del Bigtree
Right. On the one hand, you're advertising, on the other hand, you're paying God knows what to social media platforms to censor, just like we were this week, censor great scientists like Dr. Robert Malone, Dr. Peter McCullough. It was a multipronged effort, but let's remember that failed failed miserably.

[00:25:55] Jefferey Jaxen
Del I want to switch gears here in a big way, not only for our conversation right now, but really for some of the direction of the Highwire. In general, as everyone knows, we're not reporting in a vacuum here. There is there is situations happening right now in Europe and Ukraine, probably some of the most serious since World War Two. And there is ripple effects coming out from this. And we're going to report on some of that right now as we will continue our reporting going forward. So here's a headline of The New York Post. Skyrocketing food prices. It's talking about "food prices reach record highs, skyrocket by 20.7% across the globe." Now, this was compiled by the United Nations Food and Agriculture Organization. It tracks food staples and they were blaming this this rise on crop conditions, reduce export availability. Here's here's the kicker. This was put together before the war in Ukraine started. Let that sink in for a second. This was just really from the last couple of years of the lockdowns. So now we go to the the next headline here. Remember, Ukraine is really called the breadbasket of Europe. So "Putin's energy shock is broadening into a world food crisis. So brace for rationing" says here "roughly 33% of world exports of barley come from Russia and Ukraine. Combined 29% of wheat, 19% of maize, as well as 80% of sunflower oil." It goes on to say, quote, "Everything is going up vertically. The whole production chain for food is under pressure from every side, says Abdolreza Abbassian, the ex head of agro markets at the UN's Food and Agriculture Organization."

[00:27:33] Jefferey Jaxen
He says, "I've never seen anything like this in 30 years and I fear that prices are going to to go much higher in the 2022, 2023 season. The situation is just awful and at some point people are going to realize what may be coming." So we're going through this, we're unpacking this, but it's really important for people to be realistic about what possibly might be happening here. So I pulled some more data points on this story as it's moving forward and developing. So this is out of Bloomberg talking about Russian fertilizers. So "Russia jolts global fertilizer market by seeking an end to exports." So the Ministry of Industry and Trade in Russia has urged their Russian fertilizer producers to cut volumes to farmers due to the delivery issues because of what's happening there. And let's look at one of the one of the images from this article here, just to give you an idea. So here we have Russia is 9 million metric tons. Belarus is 8 million metric tons together, about 17 metric tons of of potash. It's the fertilizer that they are exporting. Interestingly enough, at the bottom there, Brazil is the world's largest importer of fertilizer. And so they they're they're one of they lead the globe in exports of soybeans, coffee, sugar. So that's that's on the docket, too, as. They do not get these fertilizers coming in.

[00:28:52] Jefferey Jaxen
The exports of soybeans, coffee and sugar are people are keeping an eye on that is expected to go up as well because this is all interconnected in this in this food chain as we as we the global food chain, if you will. And it's interesting at this point that governments, especially the United States across Europe as well, in Germany, they're not talking about victory gardens. They're not talking about maybe start planting gardens. You may just in case there are some food shortages here. So it's spring is coming. This is something I really do think everyone should consider. But let's talk about what these food prices could do to to countries that are a little poorer. In 2011, we had the Arab Spring uprising. That was because of wheat prices. And headlines are looking like this again. "Soaring wheat prices leave these countries susceptible to uprisings." And there's an image here just to really bring this home. We have Egypt at the top of the list as a as a wheat importer affected by Russia. That's 610.5 million. Indonesia, 543.2 million in Bangladesh. Bangladesh rounding out the top at 294.8 million as an importer of wheat. And these are susceptible if these wheat imports aren't coming in. There's a very fast burn rate for for unrest within the society. So this is what we're looking at here is a very serious, very serious times. And we're going to keep reporting on this as these stories develop.

[00:30:15] Del Bigtree
Well, and it's shocking because we've talked about even through COVID, we're all seeing empty shelves in grocery stores. Someone said recently, if you look up at Costco, where's the top shelves that used to be filled? And we always think we think in the United States of America that we're just buffered against any sort of crisis like this. But I think, it is time to think, well, I've got my gardens going to need to talk about other ways as we move forward in our conversations of how we live post-COVID in this post-COVID world, if such a thing actually exists. And really what I keep thinking about is the different bankers and people that have come on the show and telling us that Europe is already bankrupt, that all of this, that COVID and the Great Reset is just to try and hide the fact that you're all going to be renters because you're about to lose your homes, that the finances are going bust. I would imagine that under those circumstances, there's going to be huge food shortages and problems. And so I'm not going to venture into any sort of conspiracy theory space that anyone's like wagging the dog are trying to make these things happen. But boy, they sure are convenient, right? It would be very convenient to say, well, the reason there's no food on the shelves is because Russia invaded the Ukraine. The reason that, gas prices are so high as COVID, these types of excuses, there's certainly opportunistic moments, if especially we're not being told about a crisis that already existed inside of the stability of our banking and our infrastructure that they were never honest about. So I think we should be very concerned as we look at this, these headlines, whether or not they're actually tied to what they're saying they're tied to. I think we know that there are some tough times ahead around the world. And God help all of us that we get through this and find our way through and how to take care of our families in these crazy times.

[00:32:06] Jefferey Jaxen
Yeah, amen to that. And ahead of Peter McCullough, there are some policy changes that parents should really know about as it pertains to their schools, their student athletes at school. And we're seeing this here. Let's look first at Orange County public schools. This is their sports physicals page, and the sports physicals must be completed each year. So this is what they're seeing now on these pages and this is what they're seeing from their schools. New again, "NEW" in capital letters "for the 2021 2022 school year electrocardiogram ECG screenings are required for high school students wishing to participate in athletic programs. ECG screenings help identify athletes who are at risk of sudden cardiac arrest, which is the leading cause of death in athletes."

[00:32:53] Del Bigtree
Oh, my God. Again, folks, do you ever remember how? I got my physical every year for all the sports that I played, an EKG. Who ever heard that children have heart issues prior to this vaccination? The timing is outrageous. They're obviously not saying it there right? They're not telling you why. We just suddenly feel it's really important for all of our students to get an EKG before we decide to run across the lawn, which could be detrimental to your health.

[00:33:24] Jefferey Jaxen
Right. And so there's more to this story here. So let's go to Virginia. This is allegedly Jackson River PD Pediatrics, and this was on Facebook. This was posted here. It says "Student athletes, sports physicals are done primarily to make sure you are not at high risk for sudden cardiac death on playing fields. Covid Vaccination Affects Your risks" notice that's highlighted in yellow "in response to world wide experience in vaccine adverse event monitoring, we are adopting a more precautionary sports physical signoff policy" and this is also highlighted in yellow. "If you have received doses of any COVID shot, we will not be able to clear you to compete in sports without performing lab work and possibly an echocardiogram to rule out potential heart damage."

[00:34:12] Del Bigtree
That is outrageous. That is it's almost hard to believe somebody would post that. It's phenomenal if we're reaching that place where at least there they're admitting it, right? Orange County is not here. They're saying, we know why we are going to check the heart on your athlete and we're really going to be focused on those that receive the vaccine. Welcome to the new normal.

[00:34:34] Jefferey Jaxen
Well, you have to wonder if these doctor's offices are going to be liable if something does happen. And then the parents come back and say, why didn't you do these ECGs on my my child if you knew these were risks from the vaccine. So it's interesting to see individual doctor's offices stepping up, but something also just happened in in Florida. This is the headline coming out of Florida. "Florida recommends Healthy Kids Do Not Get COVID 19 Vaccines." This is again Dr. Joseph Ladapo, the Florida surgeon general. He says "the Florida Department of Health is going to be the first state to officially recommend against the COVID 19 vaccines for healthy children, Ladapo said. Shortly before the roundtable ended," he and Governor DeSantis did a round table. And it's interesting. Right after that, White House Press Secretary Jen Psaki was asked about it. Listen to this.

[00:35:21] Male News Correspondent
And then last, Florida surgeon general says that healthy children shouldn't get the COVID vaccine. Is that a good policy?

[00:35:30] Jen Psaki, White House Press Secretary
Absolutely not. Let me just note that we know the science, we know the data and what works and what is the most what the most effective steps are in protecting people of a range of ages from hospitalization and even death. The FDA and CDC have already weighed in and the safety on the safety and efficacy of COVID 19 vaccines for those five and older. The recommendations are vetted transparently through a process for with a purpose so that parents can have confidence after consulting with their pediatricians or doctors if they would like about the safety. But we also know through the data that unvaccinated teenagers are three times as likely to to be hospitalized if they get COVID than vaccinated teenagers. So it's deeply disturbing that there are politicians peddling conspiracy theories out there and casting doubt on vaccinations when it is our best tool against the virus and the best tool to prevent even teenagers from being hospitalized.

[00:36:32] Del Bigtree
And we didn't spend $1 billion on propaganda to push this product to walk away now. Wait a minute. Did I just say that with my outside voice.

[00:36:42] Jefferey Jaxen
And the majority, so we're talking about a harm benefit analysis here. And unfortunately, as we've covered so much in this show, the majority of the studies are unable to find healthy children who have died of COVID. They're unable to confirm that. And the small minority of children who have died of COVID have several comorbidities. So this is this is really a science based call by Dr. Ladapo in Florida there.

[00:37:05] Del Bigtree
I think the history will shine on him as it looks back at this. And there'll be so much shame upon this administration, upon our health agencies and upon every doctor that pushed it and those that are even turning around now and saying, after I recommended it, now we're actually recommending ECG because we might have hurt your heart. Jefferey, brilliant reporting, as always. Keep up the good work. Thank you.

[00:37:30] Jefferey Jaxen
Thank you Del.

[00:37:30] Del Bigtree
Alright.

[00:37:31] Jefferey Jaxen
You bet.

[00:37:32] Del Bigtree
If you liked what Jefferey had to say, you definitely want to check out the Jaxon report on the Highwire where he gets into more details on the topics we cover here on the Highwire. Just fantastic stuff and reporting by Jefferey Jaxon. Alright. Well, on that space of myocarditis, the doctor's oath is to do no harm, absolutely important that a doctor is only considering the patient right in front of them. How many deaths is Okay? How many deaths by a vaccination are acceptable? Well, there are a lot of doctors getting passionate about this conversation. None more, maybe, than my next guest, Dr. Peter McCullough. This is him in a Senate meeting with Ron Johnson just a few weeks ago.

[00:38:16] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I'm telling you, as a specialist, myocarditis is not mild. There are papers by Schauer and by now by Trong Irsay of Utah at Salt Lake. When they do MRI on these individuals with suspected myocarditis, 100% are having heart damage. There is the father of a boy here in this room who's died of myocarditis. One death is too many. One. One, we have 21,000 cases of myocarditis and climbing in the United States that the CDC has verified. One was too many. Under no circumstances, under any circumstances, should a young person ever receive one of these vaccines, let alone ever be pressured to receive a vaccine, let alone ever be mandated to take a vaccine.

[00:39:12] Del Bigtree
Passionate and powerful testimony by Dr. Peter McCullough that was at the Ron Johnson Senate hearing. It is my honor and pleasure to be joined now by Dr. Peter McCullough. First of all, we have had you zoom in and Skype in and and I've, of course, been with you out speaking on stages. But it is just so incredible to have you here inside the Highwire studio. So I want to thank you for making the trip in to talk with us.

[00:39:43] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Well, it's an honor to be here. Thank you.

[00:39:47] Del Bigtree
I want to just start out with take me back to just from the beginning. What would your perspective before COVID, before any of this happened, what is your perspective of vaccines and and medicine around that topic?

[00:40:03] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah, I'm a practicing internist and cardiologist. I'm trained as an epidemiologist and spend about half my time in clinical practice, have as an author and editor in clinical investigator. Vaccines were really never in my academic scope and I never questioned them and my parents never questioned them. So as a child, I took the vaccines according to the schedule. And when I was asked to take one, I took one. My wife and I went to India a few years ago. We took we went to the public health department. We took additional vaccines. And, you know, I had the general understanding that they were safe and effective and take them as offered. And I had the general understanding that they worked to suppress the recurrence of a disease like polio, that they work to suppress the frequency of a disease like getting tetanus. If I had a wound infection and that they offered some personal protection, I think of the vaccine in my life that came in as a new entry that was meaningful was hepatitis B. So I trained during an era where we were unprotected from hepatitis B. So if I would have gotten a needle stick from a patient who had active hepatitis B, I could have contracted it myself. So that was my general understanding.

[00:41:25] Del Bigtree
And can I just ask you in all of your education, how much of that education just going through medicine and a heart specialty, did you focus on vaccination? What would you say for someone that just doesn't know? We just have this assumption that doctors really have a deep understanding of vaccination because it's a foundational principle of modern medicine, is it not? So so what was the just describe the education system around it that that you had.

[00:41:55] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Well, undergraduate we have some courses in immunology and microbiology, general biology, pathophysiology. And then in medical school, again, we have not only microbiology, but we can have certain units in virology, have specific courses on public health. But, you know, I don't recall a distinct section on vaccines. I don't recall anything more than a test question here or there on vaccines. I think they're generally accepted as safe and effective.

[00:42:28] Del Bigtree
There is a Heidi Larson sort of one of the sort of head figures of the W.H.O., especially when it comes to the psychology around the work that they do. In a large meeting, she said to a group of doctors, "Let's face it, your average doctor or nurse in medical school are lucky if they get a half a day education on vaccinations."

[00:42:48] Professor Heidi Larson, PhD, Professor of Anthropology, Risk & Decision Scientist Director, Vaccine Confidence Project
Most medical school curriculums, even nursing curriculums. I mean, in medical school, you're lucky if you have a half day on vaccines. Never mind keeping up to date with all this.

[00:43:00] Del Bigtree
Do you think that's an accurate statement?

[00:43:02] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I agree.

[00:43:03] Del Bigtree
Alright. So then COVID, this pandemic, what was your first response and thoughts?

[00:43:12] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
You know, I had enough connectivity to what was going on in communications from New York and particularly from Milan and Tuscany, where while it wasn't certainly bad here in Texas, it was bad elsewhere. And I got very activated. In fact, my with my division chief, we decided to embark on one of the first hydroxychloroquine studies. We got a grant, we got the drug supply coming in. We organized my entire research team, which is focused on heart and kidney disease, to change their focus towards an infectious disease, SARS-CoV-2, the virus, COVID 19, the illness got an investigational new drug application with the FDA, did that over a weekend and it was for the use.

[00:43:53] Del Bigtree
What time period we're talking about?

[00:43:54] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
This is March.

[00:43:55] Del Bigtree
March,

[00:43:55] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I think the IND number was awarded my name March 30th.

[00:43:59] Del Bigtree
March 30th of 2020?

[00:43:59] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Of 2020. And so I got busy early. We embarked on this and I remember being on some health system task force calls and in fact, I was on one call with the National Institutes of Health, and the commentary was typically about the health care workers, about negative pressure rooms, personal protective equipment, hand sanitizer, use of masks. And I think on one of these calls, I remember asking the question, are we going to start treating this illness? And there was dead silence. Just no one had an idea. And I went home that night and I thought about it. I said, This is the opportunity. No one is thinking about treating COVID. No one is thinking about it. So communicated with my colleagues in Italy. And they said, well, you know, we think there are some drugs at work. I was watching what was going on in Marseilles, France, with Didier Raolt. I wasn't aware of Vladimir's Zelenko at the time. I wasn't aware of Pierre Kory and Paul Marik. But I embarked with largely with Italian colleagues, with Dr. Ladapo at UCLA, Dr. Risch at Yale, which we quickly bonded with some colleagues at Emory and put together the very first paper that says there is a rationale to treat COVID, to prevent hospitalization and death. And we worked on that in May and June of 2020. The paper was launched to American Journal of Medicine on July 1st, and then it actually was went through the peer review process, fully accepted and published August 7th of 2020. Now, I would have went to New England Journal. I had previously published in the New England Journal in Lancet, I thought a breakthrough paper could be there, but there were two things that happened. There was a fraudulent paper published in Lancet on hydroxychloroquine. And there was a fraudulent paper published in England journal Medicine and ACE inhibitors, which is another topic of interest from a fake database, a surgeon fear database. And I started to get a sense that, wait a minute, things aren't going right.

[00:45:47] Del Bigtree
And that's the paper that ultimately is retracted just for for the audience. The Lancet had to retract it, because, surges fear could not provide any data when doctors and I imagine you were one of them questioning where is your data coming from? What's happening here?

[00:46:01] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah, I mean, how could a database exist back from December, January, February, March, having tens of thousands of people claiming that people in their forties were being hospitalized with the mean age in the tables was 40. We're not, we're hospitalizing people in their eighties, not in their forties. So the whole thing looked like it was fraudulent. But the the fraudulent claim was that there was an excess risk, a slight it wasn't much actually in that paper excess risk with hydroxychloroquine, which turned out to be not to be proved proven correctly, but what was going on as we were communicating early in 2020, Henry Ford did a big early treatment study in the hospital with hydroxychloroquine. 3000 patients consented high quality data showing hydroxychloroquine associated with the reduced risk of mortality when used early in the hospital. I previously was a program director at Henry Ford. I had colleagues there. We were communicating and and I got a call from Peter Navarro in the White House in the spring of 2020 saying, listen, we are stuck, that there was an emergency use authorization put on hydroxychloroquine, effectively restricting it. In fact, if there was no emergency use authorization, it didn't need one. It was already a fully FDA approved drug.

[00:47:12] Del Bigtree
Let me understand this. So are you saying that, had they just left hydroxychloroquine alone and just never dealt with it, that it could have been used because it was already approved?

[00:47:22] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
A lot of us initially thought, emergency use authorization, oh it's authorizing us to use it, but then we realized, wait a minute, no, it's not. In fact, this is making it difficult to use as an outpatient potentially. And sure enough, then the FDA in the summer of 2020 let the hammer down. They said, no, we're not going to expand the emergency use authorization. In fact, hydroxychloroquine should not be used to treat COVID 19, should not. That statement came out in the summer of 2020. It was never revisited. There were now, since that time, hundreds of hydroxychloroquine studies that came in. It was never revisited. So I learned something. I learned something that our regulatory agencies were not going to commit to a regular review of new products. And actually, since this has happened, we have not had regular review on any products in COVID 19.

[00:48:11] Del Bigtree
Do you feel like that the EUA that was put on hydroxychloroquine was on purpose to restrict it? Or do you think it was just an accidental byproduct of perhaps just bad thinking?

[00:48:20] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I think it's accidental,

[00:48:22] Del Bigtree
Yeah. Okay. So so at what point so hydroxychloroquine you're involved that you watched this terrible study come out. Now, the media fairly early on is against it. Tony Fauci, the first time I hear, we were actually reporting on hydroxychloroquine, we're looking at Didier Raoult in France and talking about that. But the second Donald Trump says it, Fauci seems already bent on saying, I don't trust it. It hasn't been through double blind placebo studies and the media just always seem to have a bend against it. When you were one of the first you're one of the first doing the studies with it. You're recognizing that you're being told out of Italy there seems to be some success with this. Did something seem off with the media's sort of reporting on this?

[00:49:08] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah, it seemed clear that, of course, it's natural to be critical of smaller studies. But I distinctly remember a question was directed to Fauci and said if you had a patient right in front of you now with acute COVID 19, would you treat them with hydroxychloroquine? The historical newsreels will pull this one. Answer Yes.

[00:49:29] Male News Correspondent
If you're a doctor listening to me right now on a patient with coronavirus, feels like maybe they want to try that. And you're their doctor. You're not Anthony Fauci, the guy running the the coronavirus task force right now, would you say, alright, we'll give it a whirl?

[00:49:44] Dr. Anthony Fauci, NIAID Director
Yeah. Yeah, of course. I mean, particularly if people have no other option, you want to give them the hope. In fact, physicians in this country, these drugs are approved drugs for other reasons. They are anti-malaria drugs and they're drugs against certain autoimmune diseases like lupus. Physicians throughout the country can prescribe that in an off label way, which means they can write it for something that it was not originally approved for.

[00:50:15] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
And those words were uttered. Now, quickly, there was backpedaling. And you're right, it became political. But the interesting thing is it became political all over the world at once, you know, early in April and Australia got on the books may not use hydroxychloroquine if one uses hydroxychloroquine punishable by imprisonment or fine. In Marseilles, France was over the counter becomes prescription. Now it's not so readily available. Then there's more activity. A hydroxychloroquine plant outside of Taipei burns to the ground. Stockpiles were created Australia United States and then the hydroxychloroquine is never released. The United States Association of American Physicians and Surgeons sues to release the stockpile. Don't don't hog it. And to this day now it turns out hydroxychloroquine I published the meta analysis with Ladapo on this is still in the preprint server system. It has about a 25% effect size, about a 25% benefit. It's not a mega benefit, but it's about a 20. It's modestly beneficial, over 300 supportive studies now. There's actually a 28,000 patient study out of Iran observational study, but very well done, observant, demonstrating a large enough population. There is a meaningful reduction in hospitalization and death when applied in high risk patients when applied early. And it's safe. But it's interesting how hydroxychloroquine, which is now in over 30 countries in the official government recommendations to use it in probably about 50 to 60 NGOs that officially endorse hydroxychloroquine. How in the first few months in of so of hydroxychloroquine use, all we heard was hydroxychloroquine was dangerous for the heart.

[00:52:03] Del Bigtree
Right.

[00:52:04] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
And now two years later, we don't hear a word about hydroxychloroquine and dangers for the heart. But how I characterize it is, the first year of the pandemic was largely the year of hydroxychloroquine. The second year of the pandemic was largely the year of ivermectin. And the third year of the pandemic will probably be the year if we continue to have cases of the new EUA oral drugs, the Pfizer and Merck drugs. But this is natural in medicine. We use what's available to us at the time.

[00:52:33] Del Bigtree
Now, this whole time there's attack on hydroxychloroquine what we were reporting here is, we thought it was interesting that, too, we're being told this vaccine, that the vaccine I mean, Fauci is saying, the vaccine is going to be the only way to end this pandemic. We're hearing the same thing from Bill Gates and Trudeau and people all over the world repeating this statement are only way out of the pandemic is going to be a vaccine. When was the first time you heard that and what were your thoughts about that idea? You are obviously doing investigation into a repurposed drug. So this idea that there's going to be no drug that will work, vaccines are only way out.

[00:53:13] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
The landmark that I recall is I was a regular contributor in the Hill, which is a political journal, and I was asked by someone there to contribute, and I started contributing early on in the pandemic and making the case that we actually do need access for hydroxychloroquine, in fact, multiple drugs. But it was in the summer of 2020, I published an op ed in the Hill and I said, "The great gamble of the COVID 19 vaccine development program." So I put a stake in the ground before the clinical trials were ever done. And what I said is I said, listen, this is rushing through development. We don't have a great track record for vaccines against respiratory illnesses. And the chances are it's not going to be safe enough or it's going to be effective enough. And I think I was more levered on efficacy than safety. But the reason why I published this op ed is because we had technology coming forward for the first time that was genetic. That was not just an antigen based vaccine. It wasn't a whole virus vaccine. It wasn't a live attenuated or a an inactivated virus, that it was genetic and that the mechanism was going to load genetic material on lipid nanoparticles, which were known to go everywhere in the body.

[00:54:33] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
This was published beforehand and it was known that they were going to go to the adrenal glands, the ovaries, the reproductive organs, the brain lipid nanoparticles, cross the blood brain barrier for the first time we're going to have vaccines go in the human brain. This was known ahead of time and that there was going to be a genetic payload. And the payload this was the messenger RNA. It was interesting. It doesn't need the nucleus. The messenger RNA is going to come into the cells. It's going to go into the cytoplasm, the rough endoplasmic reticulum, and it's simply going to use the ribosomes that are there. The ribosomes are there. They're going to pick up this messenger RNA as the next piece. And they were going to transcribe and produce the spike protein. The bud on the surface of the virus. So once we started to realize that the pathogenicity of the viruses coming from the spike protein, the organ system damage, the cellular damage, the endothelial damage,

[00:55:26] Del Bigtree
The worst part of the virus, because I always say mostly vaccines as we look at them, sort of takes a weaker part of the virus. Should it spread? It wouldn't be. It's not like the there's not the weapon of the virus. This was the weapon of the virus being recreated.

[00:55:43] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
This was and actually, as the learning came out in 2020 and certainly 2020, when actually this was the lethal part of the virus. So the analogy could be tetanus the tetanus toxoid, the toxin. Well, if you gave a tiny bit of it in a controlled setting, you could form a immunity to it, but not overwhelm the body with tetanus toxoid. That's how the tetanus shot works with a hepatitis B, it's really nice. You pick A in a sense, the surface antigen. It's not going to cause any type of hepatitis surface antigen. It's just going to give you immunity. That's it. But this was the spike protein, which was, we were learning, was going to be, in a sense, the loaded weapon. And the the genetic mechanism means that we could not control where it was going to be, put us in the body, the quantity that was going to be produced or the duration that was going to be produced. That's the gamble. Think about that, where it's going to be produced, quantity and duration. So was

[00:56:44] Del Bigtree
So we are not, just to be clear for the audience so that we're not injecting the amount we want in the body, we're sending a message and letting the body produce as much of this as you see itself. How many cells do you just start producing it? No idea what cells are going to produce it. Where in the body and then how long it'll produce it until it stops. So total unknowns. Complete and total unknowns.

[00:57:05] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Think about the intellectual gamble. Think about explaining that to somebody a few years later. That we were going to give this a spin.

[00:57:15] Del Bigtree
Yeah.

[00:57:16] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
And we're not just going to do it in a small number of people and carefully control this and observe this. We were going to do this wide open.

[00:57:25] Del Bigtree
When it was finally starting to release and you're watching these trials, what was the first place you really felt like there was a red flag as far as safety?

[00:57:33] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
First thing was when the regulatory standards change. So vaccines, the conventional, so live attenuated, inactivated and protein based vaccines, two years of observational safety data. Anything related to genetics. So a small interfering messenger RNA gene therapy, which we've tried in my field before, five years, five years. So truncated to a two month clinical trial. You know, two months is not going to be enough to see safety. Now we have there's a preclinical paper that just came out. And first author, I believe is Roltgen, that has demonstrated the messenger RNA is physically in the human body and lymph nodes for months, for months. So to have safety observed for two months in a registrational trial, but have the product physically be in the body, the foreign product, which is the nucleoside analog caps and the RNA for beyond the duration of safety, is extraordinarily concerning. And then the data broke with Bruce Patterson, who leads in cell-dx, where Bruce showed in the respiratory infection, the spike protein, the the S1 segment is in human CD 16 positive monocytes for up to 15 months after the respiratory infection. Then Bansal publishes that the spike protein after vaccination is traveling in the body in what's called exosomes or small phospholipid packets. Now we know the spike proteins on the move in the body independently. And then I have Bruce come on the McCullough Report for America Out Loud talk radio. I said, Bruce, I need to know. Because he has a registry of people who've taken the vaccine and he has the ability to detect the spike protein. And I asked Bruce the question and it's in the recording. Bruce, what are you seeing? He's saying, I'm seeing the S1 and the S2 two segment in vaccinated people for as long as I can observe them. Months. And I asked him, Bruce, how long is this spike protein going to stay in the body? His best estimate is certainly more than a year now.

[00:59:44] Del Bigtree
Why is that a problem? Because I think your average person is listening right now thinking, well, I want my antibodies to last forever. We're not talking about the antibody, so why is it?

[00:59:51] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
We're talking about the dangerous spike protein. And the question is, where is it in the body? So when the autopsy studies broke of vaccinated people who had taken the vaccine and they died a few months afterwards, they came from Vienna and they came from Germany, the answer was it's everywhere. The spike protein is in the brain, it's in the heart. It's

[01:00:14] Del Bigtree
So we're not talking the antibodies to the spike protein. We are talking about the weapon of the virus, the dangerous, inflammatory, cytokine, inspiring,

[01:00:25] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Blood clot.

[01:00:27] Del Bigtree
Blood Clotting.

[01:00:27] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
It's the most.

[01:00:28] Del Bigtree
It's all over the body.

[01:00:29] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Right. So, I mean, you could take everyone understands this, blood clots in the body are a bad thing. The spike protein is incontrovertible. It causes blood clotting. Every single study shows that it damages endothelial cells. I published papers with Zeng and colleagues demonstrating the spike protein damages endothelial cells. People have the hardest time figuring out is it the virus with the spike protein or the spike protein alone can it damage things? And once we started getting the preclinical papers saying forget the nucleocapsid, just the spike protein alone, when we give that in models, does it damage cells? Does it cause blood clotting? Does it damage the heart? The answer is yes. Independently, the spike protein is pathogenic.

[01:01:12] Del Bigtree
And they brag essentially that the vaccine causes more spike protein throughout the body and thus to create ramp up the antibody production than in natural infection. Right? I's sort of, the load is much higher.

[01:01:26] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
It would be okay if the spike protein was benign. So it is true it is true that the antibodies in the natural infection have a blunted curve against the spike protein of the NUCLEOCAPSID. And then after the vaccines, the antibodies are 5 to 10 times higher. So it is true. So what we'd infer if the antibody response is so much higher after the vaccine, the human body systemically must have been exposed to so much more spike protein. That's concerning because in the respiratory infection, if we're able to battle off the virus in the sinuses and the upper respiratory tract, we don't get much spike protein exposure.

[01:02:05] Del Bigtree
Right.

[01:02:05] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Whether you get the respiratory infection or the vaccine, there is some degree of an installation of something foreign in the human body.

[01:02:12] Del Bigtree
So to your average person is trying to decide between those two things. What sounds like natural infection lasts a long time. The vaccine seems to have are they is it the same? Am I just, how do we make this decision? We're trying to fight something. I don't want to have it forever. People are getting the vaccine to try and avoid that, yet it's filled with the S1, the spike protein that's the bad guy and lasting forever.

[01:02:33] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
The first thing that comes to my mind is dose.

[01:02:36] Del Bigtree
Dose.

[01:02:36] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Is dose. It'd be best to not get any of this stuff right, so it'd be wonderful if you never got the virus. You never got exposed to the spike protein through the vaccine and that, you know, it was like before COVID. That would be great. I had a patient recently took the vaccines to because she had to for her job she's in her fifties, thin active and around December. So she gets COVID 19 and she languishes and she languishes. And so she's had the vaccine. She's fully vaccinated. She gets COVID, which is now understood to be common. She gets COVID and and I want to say between the second or third week, blood clot, she gets a pulmonary embolism. And now she's committed to blood thinners. The thought came into my mind. She's already been preloaded with spike protein, with shot one and shot two. Now she's got the third dose with the respiratory infection.

[01:03:29] Del Bigtree
Wow.

[01:03:30] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
And she ends up with a blood clot. It does make me wonder, in all these cases of complications after the vaccine, how many people have been preinstalled with the respiratory infection and they get additional spike protein with the vaccine. The thought has come into my mind is frustrating because I filled out these VAERS forms clinically and there's no checkbox to say the patient previously had COVID. So the CDC will never know.

[01:03:52] Del Bigtree
It maybe accumulating in some way. We can look at an infection as a dose and you're just sort of adding this accumulation of this dangerous spike protein. No matter how you're approaching it naturally or through an injection, you are stockpiling something that's really bad for your body.

[01:04:08] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I mean, everything we've just talked about, honestly, has become known within the last few months.

[01:04:12] Del Bigtree
Wow. Alright. Because we could probably sit here all day. Let me go ahead and dove really into what's got you on the talk circuit, speaking to news agencies all over myocarditis, pericarditis. First of all, just briefly, prior to the vaccine, how much interaction did you have with this concept of myocarditis?

[01:04:35] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
It came up rarely. In the last three decades, I can think of a handful of cases. I can think of one fatal case that was in my circles that happened to a dean at a medical school. So it can happen, myocarditis can happen. There are some viruses that can cause it. It's very much what we consider a a very rare condition. So there's a paper from Finland that's useful is published recently before COVID, but recently. Looking at myocarditis, which tends to be a problem of young people. You never hear somebody in nursing home getting myocarditis. It's a young person's disease. But they looked at people, I want to say, below age 20 in Finland, the whole country, they have very good national registry before COVID, how much myocarditis was out there? And they showed almost none in children before puberty. And then after puberty there's a rise. About 90% of it was in boys, 10% in girls. So there must be something with puberty and androgens related again before COVID. And the rate, though, was four cases per million. Four cases per million. So you can think of this in the United States. If we have what's the number of children? 70 million.

[01:05:51] Del Bigtree
I would say 75 million somewhere in there, 70, 75, 70.

[01:05:55] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Let's say 70. So that means 280 cases of myocarditis could pop up. It could be a parvovirus, adenovirus, rare cases of what's called giant cell myocarditis. That's the bad one. That one's fatal. I had one of those in my circles that's fatal. It's completely idiopathic. But people still ask the question, what happens when you get it? And there is a paper, a recent paper by Tacopina and colleagues in circulation research that suggests in these cases of myocarditis, again before COVID, that about a third took substantial damage to the heart and didn't completely recover. There was a hit and it didn't come back completely. And then 13% were really damaged, in fact, could get worse. So the point is, it wasn't one of these things that you get in and out of before COVID. So we knew that by from prognosis. Now fast forward to COVID and as the story broke in June of 2021, the CDC had a universe of cases of several hundred cases, let's say less than 1000 but 700 cases, but didn't have much data. Ultimately, it got down to around about 200 cases that they could adjudicate. And they looked at this and said, listen, that 90% of these people who got there were young people that they were hospitalized. So that's by definition, by regulatory definition. And that's a serious adverse event for.

[01:07:20] Del Bigtree
You're Hospitalized.

[01:07:20] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
SAE. A serious hospitalized or die. That's serious. That that about a quarter had abnormal echocardiograms inferring that they had reduced left ventricular function. They had changes positive troponins. They met a clinical definition and I was asked to go on national TV around about that time and the story broke. And the CDC and FDA, which they had actually a joint meeting, they used the terms rare and the use of terms mild. And I immediately bristled at that. And I said, listen, it can't be mild because they're hospitalized. So it's by definition is serious. We we cannot say something that's serious is mild. Anything that lands your child in the hospital series. The second point was that it was rare. I, I can't say it's rare. They try to divide among this giant population of adults who took the vaccine. I said, this is just becoming known and the children were just starting to be vaccinated.

[01:08:17] Del Bigtree
So basically it was affecting the children. We had millions and millions of adults who had all received the vaccine. And as soon as we started seeing this myocarditis issue, they put it in context of the entire body of people that had been vaccinated instead of focusing on the group that it was affecting. So they watered down the numbers essentially by distributing among people that were not having weren't at risk for myocarditis. If you just focus on the kids, like barely any kids have gotten this and we're seeing huge signals, you can't say it's rare.

[01:08:45] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Right. And that was actually in the CDC slides. I was on one of the calls and it just it was obvious there were attempts to minimize it. And so I use two words. I said it's serious and in data safety work, of which I've chaired over two dozen data safety monitoring boards for randomized trials, big ones for the National Institutes of Health, Big Pharma and I'm on DSCB right now. I am a chair of DSCB right now, I do this work. In safety research we use the term tip of the iceberg, meaning this first signal, because it's just been detected now, could be the tip of the iceberg. And fast forward. Oh, my Lord. Now we have over 200 peer reviewed papers in the preprint server system or in the National Library of Medicine, PubMed on vaccine induced myocarditis.

[01:09:39] Del Bigtree
And we're going to go through this. I want to get into those in just a second, but just this idea, you said, they were trying to minimize what they were seeing there. That should be so shocking because the CDC, the FDA, NIH in the United States of America, every country sort of has their regulatory agencies. But this idea, the scientific method is I understand it is you're supposed to challenge the hypothesis or sort of challenge the product with all the skepticism you can muster up. The best scientists in the world are supposed to take every pot shot at it you can. If it stands up against that scrutiny, then you know it's safe. It's why we keep these things in a small controlled study, allow people to really let's see the paper, let's see the peer review on it. Let's talk about it. This is a product that's being released to everybody. As you said, a brand new technology spelunking the immune system, messing with DNA, RNA, things we've never done before is going out to a gigantic population, hundreds of millions of people in America, maybe a billion around the world. And you're telling me the regulatory agency that should be incredibly sensitive to any little movement is quelling what looks like could be a very large signal.

[01:10:50] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Because they're in the wrong position. This use is really important for the audience to understand. The named sponsors of the US vaccine program are the FDA and the CDC. They they should never be the sponsor of a program. The FDA's role is not to be a sponsor. It is actually supposed to be a safety watchdog agency. The CDC is supposed to be an investigational outbreak organization. The NIH is supposed to be a government research organization. We should have had a separate vaccine administration committee come together. It should have had an independent data safety monitoring board type of stuff I do. A clinical event committee to adjudicate these critical events, and we should have had a human ethics board assigned to the actually office. Human resource protections in Washington would have been fine for that. That should have been the setup. So any time there was a safety signal, the FDA would say, listen, where are the safety watchdogs? Show us these cases.

[01:11:47] Del Bigtree
We're skeptical. We're not going to we're not going to buy this hook, line and sinker.

[01:11:50] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah, listen, the FDA's pulled 100 drugs off the market. They have no problem pulling drugs off the market. The FDA usually has a conversation with the sponsor and says, listen, things aren't going good so you can voluntarily recall it or we're going to tell you to recall it. And the FDA is good at it. The FDA is charged with protecting the safety of.

[01:12:09] Del Bigtree
But now they are the sponsor. They're going to say to themselves, you got a choice here. You pull it or you

[01:12:13] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
They're not going to. They've been told they've gotten their marching orders. Execute this program. It's a needle in every arm that the president of the United States has barked, a command saying get vaccinated. Do you think the FDA is going to say, wait a minute, we've got a safety problem?

[01:12:30] Del Bigtree
Let's talk about the safety problem now. We reported just a couple of weeks ago, some really you've been on before. So we've covered myocarditis. I think most of our audience recognizes you're a specialist here on this issue. You've been very outspoken at the risk. But there's a couple of studies that have just come out recently, and we covered them. I just want to sort of go over it to get your perspective. First of all, we have a study here. This is the JAMA network "Myocarditis Cases reported after mRNA based COVID 19 vaccination in the US from December 2020 to August 2021." "As a passive system VAERS, data are subject to reporting" That's VAERS vaccine adverse events reporting system. This is the CDC capture system for vaccine injury "data are subjected to reporting biases in that both underreporting and over-reporting are possible given the high verification rate of reports of myocarditis to VAERS after mRNA based COVID 19 vaccination, underreporting is more likely. Therefore, the actual rates of myocarditis per million doses of vaccine are likely higher than estimated," and it has some numbers. So we look at background rate in 12 to 15, we were supposed to be a background rate of 0.53% per million. This is like a half of one person per million might come away with myocarditis, but when vaccinated, the second dose 70 cases per million and then it goes up 1.34. In the 16 to 17, we saw 105 cases. I mean, these are astronomical jumps in in the rate of myocarditis. What are we supposed to learn from?

[01:14:03] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Let's just take this in context. This is from the vaccine event reporting system, VAERS. So that means that, in a paper by Meissner and colleagues before COVID. In the pediatric literature, Meissner asked the question, "Who reports to VAERS? Where does the data come from?" Answer 86% of the time it's a doctor, it's a nurse, coroner, health care personnel or the pharmaceutical company itself reports to VAERS. 14% of the time it's the patient or the patient's family. So VAERS right now should already tell you it's a serious form of reporting. It's not willy nilly. Now, there is a self reporting system that our CDC has for COVID. It's called V-safe. And you can do it on your phone. This isn't V-safe. This is VAERS

[01:14:49] Del Bigtree
Right.

[01:14:50] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Now VAERS is multiple forms filled out online or in a PDF. And I can tell you the average submission takes about half an hour. If falsified reports are done punishable by imprisonment or federal fine.

[01:15:03] Del Bigtree
Really?

[01:15:03] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
So it is the most serious thing as a doctor that I do. They want my name all over this. Who are you? Where's your office?

[01:15:11] Del Bigtree
Because we are told that VAERS is just the system. Anyone can report to it. You can't trust it. It's not reviewed, it's not verified.

[01:15:19] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
It's trustable with what's in there. And this type of research is done with those with a permanent VAERS number. So everything gets submitted to VAERS and it gets a temporary VAERS number. Then the CDC starts to look at it and when it looks legit, they convert it over to a permanent VAERS number. So all the queries that we do in the open VAERS data system and the direct queries we do is on those with permanent VAERS numbers. So if it's 0.5 per million and they come up with a rate of 70 per million after the vaccine, the CDC originally had 63 per million. Tracey Hoag from UC Davis using VAERS and V safe. She came up with a number of roughly 90 per million. And now we have the Scharff paper.

[01:16:06] Del Bigtree
We have the Scharff paper let's bring up. Pull that up. Alright. Risk of pericarditis following COVID 19 mRNA vaccination, a large integrated health system, a comparison of completeness and timeliness of two methods. And in this conclusions "we identified additional valid cases of Myo Pericarditis following an mRNA vaccination that would be missed by the VSD search algorithm, which depends on select hospital discharge diagnosis codes. The true incidence of Myo Pericarditis is markedly higher than the incidents reported to US advisory committees." This this matters. And here's the numbers, right? Here's where they show. And you can see that age group right here, that 537, 537 cases per million in 18 to 24 years old. We were just talking about 70. Now we're talking about 534 cases per million.

[01:16:56] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
So this is very important. So the age range, 18 to 24. 90% of these are boys or men. So interesting. That's actually consenting age. So the highest risk are people who give their own consent. This isn't a parental protection of child issue anymore. Assent to whatever legally authorized representative these are consulted consenting adults. Males age 18 to 24. Rate 537 per million. And when we add in a paper that Rose and myself published in Current Problems of Cardiology, we showed the age range extends all the way up to age 50 in VAERS now it's skewed it peaks at around 18 to 24, but it goes all the way up to age 50. Now there's two reports that just hit the the literature. And there they actually have two men in their sixties with pretty significant myocarditis. So it certainly can occur later. The point is of using all these different caption methods is use of ICD codes and automated codes versus self report and then clinical ascertainment. For someone who takes a vaccine, let's say a young person, we would expect they go to a vaccine center. There's no ICD codes generated. They should take the vaccine, go home, go to work, and they're fine. They should never generate any clinical ICD code.

[01:18:19] Del Bigtree
Describe what an ICD code is

[01:18:20] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
ICD code is, is the international classification of diseases when someone comes in to a ER, or a hospital there is coding that's applied and that coding generates bills for the generation of hospital basically. And so if.

[01:18:39] Del Bigtree
And every single ailment you can possibly have has it, has a code there

[01:18:42] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Right. So it's sensitive. So if there's chest pain, that's a code, if it's myocarditis, now that's a more specific code and then an elevation in troponin in myocardial infarction. It goes on and on. So

[01:18:53] Del Bigtree
All have their own code.

[01:18:54] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Right. So there's ways to use codes to identify diseases. So in a situation where someone takes the vaccine and they're expected to generate no codes because they won't go into the ER, using the methods that Scharff used are legitimate because these people are going to a health care provider with a problem and the codes look like it's myocarditis, rigt. Now, in the VAERS system, there's no ICD codes. They're largely the doctors, the nurses, the pharmaceutical companies. Somebody thinks the vaccine caused it. And in fact, they actually say it's myocarditis. Okay. And the CDC is calling to verify it's myocarditis. So what we have in VAERS and V- safe looks pretty solid.

[01:19:38] Del Bigtree
Yeah.

[01:19:38] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
What we have in papers that are clinical papers that have actually looked at vaccine myocarditis where they actually have the patients records, they have the EKG, the troponin, the echo or MRI and the clinical course that would be the shower paper, as an example, is a good one.

[01:19:57] Del Bigtree
All these other places do collect the data that VAERS isn't looking at

[01:20:00] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah. Where they actually have the clinical encounters. What we've learned from the clinical papers, not from the ICD co papers and not from VAERS, is that in the clinical papers. A, it looks very serious. It looks like the symptoms are deceptive. So some of these younger people, maybe they just have a little fever, they haven't had much chest pain, they have anything else. And they come into to to clinical recognition. And then, very importantly, the vast majority, far more than 95%, have major heart damage by MRI. That's the big shocker. That's the big shocker. So the clinical papers are worrisome that what they're finding very high cardiac troponins heart damage by MRI. And because of the enthusiasm for vaccines, which is universal among doctors, we really have to discount their conclusions.

[01:20:50] Del Bigtree
You've been talking about codes, and I think it's important because there's a study that, the pro-vaccine side of this, those that are really excited about it are pointing to this study that basically says the infection itself, having natural COVID, is worse than the vaccine when it comes to myocarditis.

[01:21:08] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Before you show this, let's let's let's establish the context.

[01:21:11] Del Bigtree
Okay

[01:21:12] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Again. If you get COVID 19, the respiratory infection, you go get it. You go to a community,

[01:21:17] Del Bigtree
You get the natural infection.

[01:21:18] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Natural infection. You go to a community testing center, you get a swab, you're COVID positive. You're told to go home. You do that. And you get through COVID. You will never generate anything of interest in terms of ICD because you're at home, you can't generate them. You only get generated when you go generate a hospital bill.

[01:21:34] Del Bigtree
Okay.

[01:21:34] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Now the question is, what if you're sick enough to be in the hospital? Now in order to get hospitalized with COVID and some of your listeners have been in the hospital and had COVID, theyknow that you've got to be really sick. When you're sick enough to be hospitalized with COVID or with pneumococcal pneumonia or gram negative pneumonia or any other types of serious pneumonia. The blood test for heart injury called troponin is commonly positive. In fact, it's known in my field that it's roughly positive above the upper limit of detection about 50% of the time. Because it's so stressful to be in the hospital. There is a release of troponin. It's typically not associated with EKG changes with MRI or Echocardiographic changes. There's an elevation component. What happened is this elevation in troponin was tripping off ICD codes because they are generating lots of codes in the hospital and the codes in the algorithm that positions codes for positive troponin was able to use ICD codes in these studies to declare myocarditis, even though it wasn't clinically validated myocarditis, it was basically troponin elevation.

[01:22:36] Del Bigtree
So they're looking at these codes and sort of triangulating them, saying this could have been myocarditis. Got it.

[01:22:41] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Right. So it's it's a it's an invalid use of ICD codes in hospitals because if they would do the same exercise with NON-COVID pneumonia, they come up with the same conclusion. So that's going to generate millions of billions of people who have these constellations of codes. And that's led to the incorrect conclusion that there's way more myocarditis with the respiratory infection than there is with.

[01:23:04] Del Bigtree
The let's show that study just so people know what we're talking about. This is the study that's being used to say "risk of myocarditis from COVID 19 infection in people under age 20 at population based analysis." Here's basically what it said "for the 12 to 17 year old male cohort, 0.09% patients developed myocarditis overall with an adjusted rate per million of 876 cases," obviously higher than the 537 we were just talking about with the vaccine "for the 12 and 15 and 16 and 19 male age groups, the adjusted rate per million were 601" so and 561. So obviously these are huge numbers and they're saying this is happening among the naturally infected. But what you're pointing out is you were looking at the worst case scenario of those that were naturally infected with COVID that ended up being hospitalized and that these aren't even confirmed. It wasn't that a doctor says you have myocarditis. They used all these different codes to say, well, if we group these codes together, there's a chance that was myocarditis. Let's just consider it myocarditis. And they have this explosive percentage rate that if it per million if we had millions of these people, this is how many per million there would be. But it's a very specific, concentrated group of very sick people sick enough to be in a hospital and then a use of codes that isn't really inaccurate.

[01:24:18] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
The point is, it's contrived, and I think it's contrived to try to make the case that this is normal, that this is acceptable. In my point is, listen, if you get hospitalized with COVID 19, the respiratory illness, that's a bad thing. If you take a vaccine, you should never be hospitalized due to the vaccine. No.

[01:24:36] Del Bigtree
No, for a perfectly healthy person, they're supposed to make you healthier.

[01:24:40] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah, supposed to make you healthier. No, the vaccine is not supposed to put you in the hospital.

[01:24:43] Del Bigtree
Right. You sent over a study. They've done an autopsy now of two young men who died after myocarditis. And so let's just take a look at this and maybe you can help me through it. "Autopsy history of pathologic cardiac findings in two adolescents following the second COVID 19 vaccine dose." "We suspect that the acute cardiac changes seen in these two boys are the result of epinephrine mediated effects on cardiomyocytes. These occurrences generally have a favorable prognosis. However, some patients may die from the underlying non cardiac cause of myocardial findings, such as with subarachnoid hemorrhage on the epinephrine mediated effects on cardiomyocytes." What does that mean?

[01:25:28] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
There are some conditions in human medicine where there's a surge of adrenaline and noradrenaline in the body. There's a kind of three, in a sense, chemicals the body makes that really are save the body in a fight or flight situation and their dopamine, norepinephrine and epinephrine. There are natural chemicals that we make. In fact, when we give somebody epinephrine, we're actually giving the mimic of the human, the human human body does make some drugs in a sense. They make those are drugs and there are conditions. So, for instance, a subarachnoid hemorrhage, a massive hemorrhage in the brain can cause such an outpouring of these catecholamines where they're toxic to the heart. And the heart can actually have a prolongation and have a cardiac arrest. There is a condition where where there's incredible stress, emotional stress, and there's an outpouring of catecholamines and the heart responds abnormally is called oxbow cardiomyopathy and stress cardiomyopathy. It's also called the broken heart syndrome, where there can be a cardiac arrest or a picture that looks like a heart attack in these cases what happened is boys there teenage boys, they took shot number one, they took shot number two. And on days three and four clockwork, exactly what Tracy Hoag showed in UC Davis. The boys are found dead at home. They're found dead.

[01:26:55] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Parents are obviously devastated. The coroner gets involved and they. University of Michigan pathologists get involved in Minnesota, pathologists get involved and they do a thorough autopsy. They don't find takasubo. They don't find subarachnoid hemorrhage. They find myocarditis in the heart and they show inflammatory cells in the heart. Interestingly, in the case number two, that's in the figures, there's actually inflammation of what's called the the cells around the capillaries called parasites. So that matches exactly what a folio and colleague shown in the preclinical paper that the spike protein in the human heart affects the parasites, the support cells around capillaries and cardiomyocytes. So there's clearly inflammation and there's this superimposed catecholamine effect, which I'm not surprised when these boys at home who had cardiac arrests and these are healthy boys, there must have been a massive surge of catecholamines. There must have been a struggle. Maybe they sought help. Maybe they were struggling to get on the phone or a cell phone. They knew something was going down. And then finally they just went down and they died. There was no one there. So the important point is there was no opportunity for CPR. There was no opportunity to call 911. It was cardiac death. Now, we don't know if the boys were previously that day playing basketball.

[01:28:13] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
We know in the site of myocarditis that physical activity is out and this triggering of cardiac death with exertion is well known in myocarditis. It's so well known that our guidelines say don't trigger it. But these autopsies are conclusive. They died of myocarditis. They died exactly when we thought it would after the vaccines. Now it follows on a paper by Choi that show that in a 22 year old Korean man who died after Pfizer, now he had chest pain for five days before he went into the hospital. He died within 7 hours in the hospital. And it follows on a paper by Vermeij from St Louis that was in the New England Journal of Medicine last summer with a fatal case. And they showed the histopathology. And I was on national TV recently asked to comment on this. And I can tell you my point is where are the FDA warnings now that upgrade myocarditis that it could be fatal? Shouldn't parents and young adults consenting for the vaccines know that they could get myocarditis? The FDA was already says this with Pfizer and Moderna, that in fact, the vaccines cause myocarditis. There's no controversy here. They're saying it. They need to say that it can cause myocarditis and it can take your life.

[01:29:22] Del Bigtree
This study was interesting in reading it because it basically said, though this isn't like the myocarditis we usually see, this seems to be induced by cytokine storm or cytokines. And do you do you know what it's referencing there?

[01:29:37] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
It's each different myocarditis is going to have their own signature. The most lethal is called giant cell myocarditis. They didn't find giant cells. There was adenovirus or parvovirus is going to be a bit different. This is lipid nanoparticles delivering the genetics for the spike protein. The spike protein shown expressed in parasites causing inflammation, which is exactly what was shown there. And then it shows the superimposed catecholamine effect. It's worrisome for many reasons because if the authors are right and there's a superimposed effect of catecholamines, boy, does this make this the set up for these sports cardiac arrests that we're seeing.

[01:30:17] Del Bigtree
All of those athletes, we see these we're getting attacked for having a video that we keep putting out. There's over 100 athletes now plunging face first into the turf.

[01:30:27] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
This is what the pathologist are basically saying. This looks unique that this could be the setup for a stress induced with catecholamines triggering a cardiac arrest. That's what they're pointing out.

[01:30:40] Del Bigtree
When we're seeing these numbers of 500 cases per million. Is your thought that we're not, do you think it's larger than that? Are there a lot of cases that are just going undetected? Or do you think that do you feel like that's going to be pretty accurate?

[01:30:54] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Boy, it's hard to tell. The VAERS system I think I've quoted at the US Senate was over 20,000 cases that they know about and there's an underreporting factor. So underreporting in VAERS for mortality based on CMS data that came through the whistleblower lawsuit to the FDA came out at about five is an underreporting factor for all cause mortality extended out to 20 weeks. The paper by Pentecost and Solomon from Columbia, that underreporting factor came out to 20. So let's for easy math, say that we have an underreporting factor of ten for myocarditis. Then if we have 20,000 cases in VAERS, that means the real number in the United States is 200,000 kids who have had myocarditis enough to become to clinical attention. We must be starting to see large hospitalization numbers. Now you see a Toronto recently had a paper come out, saying listen we've got we've got 100 cases. University of Utah at Salt Lake put together a case series, 140 cases. Can you imagine if we have we have 5600 hospitals in the United States, 2200 acute care hospitals. Can you imagine if each hospital can generate 100 cases? This is all tractable. We may have that many cases of myocarditis. So we need a ton of research on vaccine induced myocarditis. Who's at risk for it? Does the does previously having COVID set someone up? Is it actually the dose of the spike protein? What are the determinants? How to diagnose it? Obviously we need treatment. We haven't talked about that. But I try to just empirically use combination of colchicine and prednisone. And then if there's any signs or symptoms of heart failure by by clinical exam, by echocardiography, MRI.

[01:32:59] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
And there's three important biomarkers to measure not only cardiac troponin, but BNP, SD two and GALECTIN three. That gives us kind of this idea of is the heart under strain. And I've had some late cases of myocarditis where in fact, while the markers really show it and I have one right now who's about nine months into it is heart is finally recovered in terms of ejection fraction. But I really wonder, even though I got the heart pumping function back to normal, he doesn't feel normal. I really wonder long term, is this going to be okay? There's great uncertainty. The human heart is a precious asset. We would want no damage. We need this heart to carry us our entire lifetime. And to put the kids behind with an unnecessary insult to the heart is unthinkable. That's the reason why I say one case is too many. And so what I've said is that we need this is a crisis of compassion. We need people to recognize these are brand new vaccines. They weren't safety tested. Now we're seeing in the peer reviewed literature, we have 8000 papers overall, abut half in the preprint server system, half that are fully published, 200 on myocarditis is incontrovertible that vaccine injuries are happening. They are described myocarditis as officially recognized. Vaccine induced Thrombocytopenic Purpura is officially recognized partial venous thrombosis, a portal thrombosis with messenger RNA officially recognized, Guillain-Barre syndrome, officially recognized Bell's Palsy, cervical myelitis. It goes on and on. These as the medical literature evolves, this idea is going to have to get into the minds of doctors to be ready to receive these cases. They cannot deny these cases. Patients are furious.

[01:34:43] Del Bigtree
Are you at all concerned? You really you're really out warning signals saying certainly when it comes to the youth, do not vaccinate the children. Now, obviously, everything in medicine, it's a bet in some way. You're betting on what you're seeing as the outcome here. You're crunching the numbers. This is right in your wheelhouse. Is it accurate to say you're the most published heart doctor in the world? I've heard that statement made.

[01:35:12] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I am in this area of heart kidney interaction. So to give you an idea, an average professor of medicine would have 25 peer reviewed publications in the National Library of Medicine PubMed. That would be pretty solid. That used to be a standard know I have 660 plus peer reviewed publications in the National Library of Medicine, the editor of Reviews in Cardiovascular Medicine. For decades I published chapter in Braunwald textbook Cardiology and Harvard considered the Bible of of cardiology. And so I've chaired data safety monitoring boards. I've presented before the FDA and the US Congressional Oversight Panel. I have given lectures all over the world and York Academy of Sciences. I was the Endowed Lecture at Harvard two years ago for both cardiology and nephrology division and in COVID 19 now I have over 50 peer reviewed publications on COVID 19, or have been the author, blogger, contributor to including the two seminal papers on early treatment. I am telling you Del, I am not shy about telling you, I am in a position of authority when I tell the world I am concerned about this and I have legitimate concerns and they so far have not been handled.

[01:36:33] Del Bigtree
As this seems to be a growing issue or you do have a concern because you're really putting your butt on the line here that the powers that be were global interests. Who knows? As you said, we don't know really what's behind all this, that they'll be somehow able to sort of cover up all of these children that are being injured and all the various things and just say it never happened. Do you have a concern with that or do you just feel like it's just inevitable? It is going to be obvious to the world and there's just no way they're going to be able to hide it.

[01:37:02] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
It's going to be obvious. You know, Robert Malone said a really good on the steps of the Lincoln Memorial you and I both presented there, too, is terrific experience. But Malone said something that stuck in my mind. He said, The truth is like a lion. Yeah, don't worry about it. Let it out. The lion can defend itself and it's true. The truth can defend itself. This is so big. This problem is so big. I mean, think of it. We didn't start vaccinating the kids until midpoint of last year, just about 200 peer reviewed papers smoking in the medical literature within six months. This is going to be a torrent. There's going to be thousands of papers, thousands. There will be thousands of papers. There's papers of all the different permutations, myocarditis, conduction system destroyed needs a pacemaker. When I was on Joe Rogan, I was describing myocarditis and Joe goes, Oh, we've already reviewed a case of myocarditis of a young girl who had it, and it took her all the way to the point of transplant. And then she died with an infection. After the transplant, there is already Fabian Trump, the Olympic marathoner from Switzerland, who told the Swiss news agencies, Yeah, I took the vaccines and I took the booster. Now I've got myocarditis and I can't run. It will come out.

[01:38:26] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
All the athletes who are having these sudden death episodes, it's been calculated. What's the rate of sudden death before COVID and afterwards? And obviously there's been a big explosion, but sooner or later, people are people are going to put this together and figure out who took the vaccines and when. With myocarditis, it looks like it is temporally related. I think that's the agreement is and I don't want to scare people out there. You know, if someone took a vaccine, let's say a young man who's 30 took the vaccine and they took it a year ago, are they going to explosively develop myocarditis nine months from now? I doubt it. Now, could they have had subclinical myocarditis and have a problem later on? I do have people report this to me, say, listen, I took the vaccine in March, but I still don't feel right now. I have some effort in times I can't work out the way I used to. What do I think of as a cardiologist? I think, Oh my gosh, did they take some heart damage? They're young and they're otherwise compensating. And I think I think there's going to be a lot of cardiac evaluations for either acute myocarditis, subclinical myocarditis, and then something happens or actually missed myocarditis, and then they have a cardiomyopathy later on.

[01:39:30] Del Bigtree
Do you recommend people that have been vaccinated going in and getting that checked?

[01:39:33] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
I think it has to be symptom driven. I think people took the vaccine and they're perfectly fine. I don't think we should conjure up. I mean, that's a lot of people, you know, in the United States.

[01:39:41] Del Bigtree
200 million people go pouring into the hospitals

[01:39:43] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Yeah, we have 200 million people and we could raise a lot of people in my family took the vaccines and people in my social circles have taken the vaccines. The last thing we want to do is we don't want to. Covid 19 was enough of a fear storm in the United States. We don't want to conjure up more large numbers of fearful people, but at the same time, we want to protect people against what we think is going to be a scourge of vaccine induced injury syndromes. These look legitimate. The pathophysiology is there. We know the spike protein is dangerous and it makes sense for some people. Maybe it's the distribution of lipid nanoparticles. Maybe their import mechanisms are vigorous and they take up more genetic material. Explains why younger people may have more. That that where the spike protein is expressed, how the body responds to it. Maybe they've been previously primed with COVID 19 respiratory illness. Then they get the vaccines. Or maybe like the case I described, maybe she was primed with the vaccines and then she gets the respiratory illness. I have a feeling that repeated doses, respiratory illness and vaccines and boosters may play a role. That one, I think is going to be tractable.

[01:40:56] Del Bigtree
So we've covered myocarditis, I think, very thoroughly here, but a lot of myocarditis, people are going to live with it. It's going to be fine. It seems like the ultimate outcome that we have to be concerned about is death. We're seeing, you know, all cause mortality on the climb all over for many different reasons, these heart issues. But do you believe these vaccines are causing death? Now, I say that the CDC says there's no evidence that the vaccines are causing death. What is your feeling on that?

[01:41:28] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Well, we have two cases right here that Gill and colleagues clearly say the vaccines cause death in these two young boys and it's myocarditis. And Choi said that in myocarditis and Verma said it. So there is a published literature that says that these cases they're describing. The question is, are these large numbers of deaths are related to the vaccines? And we mentioned over 20,000 cases of Myo Pericarditis in the open VAERS's data overlay and in the same overlay, over 20,000 deaths in the CDC VAERS system when death is not only a checkbox but actually death or mortality is anywhere in the in the vignette or anywhere on the form. That's how open VAERS works. I did a query two days ago, directly on the checkbox of death that that's the typically the first submission to VAERS, did the doctor, nurse or pharmaceutical company, which is 86% of the time or in 14% of time the family member, did they actually check off death? Now, that's hard when you check that box, they died. That number as of a few days ago Del, was 12,670. So let's take that as a number that's in the VAERS system. Question is. Question on the table, did the vaccines cause those deaths? The first thing I'd say is, listen, the person who filled out the form thinks they did.

[01:42:57] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Let's just take that at face value. So then we look epidemiologically. I'm an epidemiologist. I trained in epidemiology. I use this every day. We have what's called the Bradford Hill tenets of causality. This is a criteria assessment we use in the absence of autopsy. What do we really have to determine? An exposure and death? The first thing is, do we have a large signal? Is it something we have two people die or do we have 12,000? So it's a large signal. We know with all the vaccines combined in the United States, I think the number I know is roughly 278 million shots a year. All the vaccines combined in VAERS each year, that number of deaths is round about 150. Typically no more than 50 per product. So in a single year to hit 12, six, 70 of somebody checking the box and then over 20,000 anywhere on the form, those numbers are huge. So big signal we meet that criteria. Second criteria. Is it conceivably possible? Is there a dangerous mechanism of action? Of course there is. We're installing the genetic code for the human body to produce a lethal protein.

[01:44:04] Del Bigtree
Right.

[01:44:05] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Got that one. That was indisputable. The next criteria, is it temporally related? Do you take the vaccine and is it just stochastic we die 30 days later? No. Two Analyzes one by Rose, one by McLachlan says that 50% of the deaths occur within 48 hours, 80% of deaths occur within a week. These two boys died within four days of the shot. I mean, so it's very tightly, temporally related. You got that. Is it internally consistent with other non-fatal syndromes that could have been fatal? Heart attacks, strokes, blood clots, myocarditis, Guillain-Barre syndrome, which can be fatal, right? The answer is yes. We're loaded with non-fatal syndromes internally in these databases. That could have been fatal. They could have been non misses, but the doctors saved them.

[01:44:56] Del Bigtree
Well, that's it's always amazing to me that they were expressed like, to that point, very early on, we know there's cases of anaphylaxis. It's why we're now taking 15 minutes with every patient in the waiting room. You're not allowed to go home yet. Yet, then they would say there's no death. I was like, how can there be no deaths when you you are saying there's a allergic reaction anaphylaxis. What is is known to lead all the time.

[01:45:20] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Some people on Twitter have videos of doing CPR in the vaccine center. So. So, yeah. Anaphylaxis, serious allergic reactions of which I think together those two numbers are over 50,000. Just to those. Okay

[01:45:32] Del Bigtree
Right. But none of them could possibly.

[01:45:34] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
So the next question is, is it externally consistent? Is it just just us? Is it just our database is quirky. We see the exact same pattern and the yellow card system in the UK, the exact same pattern in the uterus system in Europe, exact same. So it's externally consistent. The last criteria would be, okay, listen, this is just all observational. Do we have any randomized trial data? Yes, we do. The full Pfizer data set in randomized trials. The count that I know is 21 deaths with Pfizer, 17 deaths with placebo. There's an excess in deaths in Pfizer. We have clearly fulfilled all of the Bradford Hill tenants of causality. If this was a court of law. We would say clearly on a more probable than not basis, which would be a 51% probability that the indeed the vaccine for any given case caused the death. And then we may actually have clear and convincing, which would be an 80% probability. And then in some cases where we have autopsies, like in the Gill study, that's beyond a reasonable doubt.

[01:46:47] Del Bigtree
Right.

[01:46:47] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
So it's clear now the vaccines are causing death. The question on the table is, is it worth it? And can anybody really be mandated or forced to take a shot that will take their lives?

[01:47:04] Del Bigtree
Incredible point. I think we should end it there, because I think you've really laid it out. It is. We are so honored to have you here, but also have you in the world right now at a time where there's just so many moneyed interests, so much bias, a desire to push this vaccine, have this vaccine work. I get it. We all want the miracle cure, but we can't let it cloud our judgment when it comes to the health of people, especially when you're jumping outside of clinical trial space and now rushing it out to the public at large. I know you are one of the busiest human beings I've ever met. When you're out in the field, you seem to answer every phone call. You are there for every news program that wants you and for your work, we are all truly indebted and and I really pray that you are heard sooner than later by the vast majority of scientists and media that seemed to really be ignoring what is just glaring and blatant and just shining in our face right now.

[01:48:07] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
My phone is always open. My emails always open. We need dialog. We need constructive dialog. And I think doctors and scientists and government officials and agencies and countries that have dug in on this, I think it's going to be the hardest thing to come to some recognition that, listen, the vaccines haven't worked out for everybody to at least say that. And it's been said where there is risk, there must be choice.

[01:48:36] Del Bigtree
Thank you so much, Doctor.

[01:48:37] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Thank you,

[01:48:38] Del Bigtree
Peter Mccullough, What a pleasure. Alright. Well, obviously, we get really in depth. We get here, we get in the weeds on the Highwire. But a lot of you have friends and family out there that maybe have those short attention spans or don't like to take the whole thing in. And that is why we created Get Factinated. Take a look at this,

[01:48:57] Del Bigtree
Folks. It's time for you to get Factsinated. The Highwire is launching a brand new campaign to arm you with the facts in short videos you can share anywhere featuring the world's leading experts on COVID 19 vaccines and everything in between.

[01:49:14] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
Natural immunity appears to be robust complete and durable.

[01:49:18] Del Bigtree
These are the drop the mic fully sited facts to help you the superspreaders of truth in this real war of misinformation. Share the link, download the short video and post your favorite social media platform. All you have to do is go do theHighwire.com/getfactsinated for all of the latest short videos and make sure to grab your Get Factsinated merch at the theHighwire.com Click Shop for the latest in Highwire gear. We want you armed with the facts online and on the front lines. Get the facts. Lose the fear at theHighwire.com

[01:50:01] Del Bigtree
Alright, folks. Well, I've got, we keep breaking new ground and new territory and I'm about to break some new ground right here in front of you. I personally, Del Bigtree am going to sue the United States of America. This should be good. Here's what it says. Who am I suing? The United States of America. United States Department of Health and Human Services. Javier Becerra. In his official capacity as Secretary of the United States Department of Health and Human Services, the Centers for Disease Control and Prevention. Rochelle Walensky, in her official capacity as director of Centers for Disease Control and Prevention. And Cherie Berger in her official capacity as chief of staff of Center for Disease Control and Prevention. Plaintiff Del Bigtree brings this action against defendants. I just read them all. "The plaintiff seeks a declaration, an injunction against defendants mandate requiring individuals to wear masks while on commercial airlines conveyances and at transportation hubs, as provided in the requirement for persons to wear masks while on conveyances and at transport hubs. Two: It is an affront to all Americans that the federal government requires Americans to wear masks while not imposing the same requirement on themselves." Folks, I've had it. I am flying probably between 75 and 100 flights per year and I am tired of wearing this mask to come see you. And I'm tired of watching all of you have to go through the charade while I see photos of this country club filled with people not masking themselves at all. As George Carlin said, it's a giant club and you are not in it. Well, guess what? I'm going to sue that club. That's what we're doing.

[01:51:37] Del Bigtree
I've had it. I think that it is time that we put our foot down and all the science now shows that we've been right all along on masks. They're ineffective, haven't done anything to stop COVID and are only causing harm to us and our children and our and our mental stability as a nation. And it's got to stop. And we've also got to set a precedent that this never happens again. So I'm putting my name on the line and I'm going to work with Aaron Siri as my attorney. And we're bringing this lawsuit. For me? Yes. And for all of you. May God guide us through this experience. Alright. So the moment you've all been waiting for, for weeks, many weeks ago, we announced that we wanted to take the Defeat the Mandates rally that was such a gigantic success in Washington, D.C., and move it to California. And then we were going to line with the truckers. But then the truckers decided to leave early and we thought, well, there's no point in doing this out in the middle of a desert if we don't have to make room for thousands of truckers. And so we set about moving the location. Now, I'll be honest with you, and really, I say we we're just one of the sponsors among many. There's a very impressive team of specialists that have been working on this, and it's been very difficult. As it turns out, it is really hard to go into the belly of the beast where they're masking and social distancing and forcing vaccines on everybody that has blood pumping through their veins. It's hard to go into that space and get a permit, as it turns out, to tell them they're all wrong.

[01:53:04] Del Bigtree
So it's been very difficult. We seem to have made our way through the gantlet and it's going to happen. It's going to happen in Grant Park on April the 10th, on a Sunday, specifically because I wanted to make sure and those of us were talking about it, that the Hasidic Jewish community that is such a big part of this could join us also. So there it is. It's going to be in the heart and the belly of the beast, downtown Los Angeles in Grant Park on April the 10th. I'm telling you, we need to make this the biggest event of all times. We may think we can relax and we're all at the end of COVID and this is going away. But, there are other covid's and flus and whatever on the horizon and desires to control us and have vaccine mandates. This is a defeat, the mandate defeat all mandates, defeat passed vaccine passports, defeat childhood mandates. If you believe in all of that and want to stand for something, how about we go ahead and show what we can do here in the United States of America? Let's stop watching Germany line it up and Austria and Australia and France and all of these other nations that are rising for the cause. It's time for us to show the world we mean business. So I want every one of you, every supporter of the Highwire, every supporter of every nonprofit that has ever had this conversation. I'm telling you, if you miss this one, you will be kicking yourself forever. This is the big one.

[01:54:30] Rizza Islam
This is the example of what you get when you choose to attack all members of the human family. This is what you get when you decide to go after a person's child. And I have to make it very clear that they really didn't expect all of this.

[01:54:54] Female News Correspondent
Thousands from across the country rallied today in Washington, D.C., for a.

[01:54:58] Male News Correspondent
Rally against COVID 19 mandates.

[01:55:00] Female News Correspondent
The message for many on Sunday was not anti-vaccine, but the right to choose.

[01:55:07] Robert F. Kennedy Jr.
Thank all of you for coming out today to stand up for our children,

[01:55:12] JP Sears, Father/Comedian
Our grandchildren and our great grandchildren.

[01:55:15] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist
The determination to preserve medical freedom is in your hands.

[01:55:21] Pierre Kory, MD
We're fighting for ourselves, our patients and all of you. We are fighting against Big Pharma. They have always put profits before patients.

[01:55:31] Melinda Gates, The Bill & Melinda Gates Foundation
You know, here in the United States, really, it's going to be black people who really should get it first.

[01:55:36] Dr. Anthony Fauci, NIAID Director
To my African American brothers and sisters, the vaccine that you're going to take was developed by an African American woman.

[01:55:42] Female Speaker, Defeat the Mandates Rally, Washington D.C.
As an African American, I come here as one of the most vaccine hesitant group.

[01:55:47] Female Speaker, Defeat the Mandates Rally, Washington D.C.
If you choose to take the vaccination, then you take it. We should have a choice.

[01:55:52] Male Speaker, Defeat the Mandates Rally, Washington D.C.
The vaccine passports and the vaccine mandates take us back to the days of segregation.

[01:55:57] Female Speaker, Defeat the Mandates Rally, Washington D.C.
Back to the slave passports. Are you free or you're not free? You can't go there if you're not free or you're not.

[01:56:02] Male Speaker, Defeat the Mandates Rally, Washington D.C.
I'm tired of these people that sit in the White House that stimulate race wars.

[01:56:07] Male Speaker, Defeat the Mandates Rally, Washington D.C.
We're going to come together and we're going to fight these mandates together,

[01:56:09] Male Speaker, Defeat the Mandates Rally, Washington D.C.
Tired that we are being experimented on.

[01:56:13] Female Speaker, Defeat the Mandates Rally, Washington D.C.
We are the disease

[01:56:15] Male Speaker, Defeat the Mandates Rally, Washington D.C.
I'm tired that we are being manipulated.

[01:56:18] Rizza Islam
They used our artists. They used our athletes, our singers, our rappers.

[01:56:23] Male Speaker, Defeat the Mandates Rally, Washington D.C.
Celebrities are under a tremendous amount of pressure because they use celebrities to control the black community.

[01:56:28] Male Speaker, Defeat the Mandates Rally, Washington D.C.
Shout out to we the people. Oh yeah, I forgot they made that phrase racist too.

[01:56:34] Rizza Islam
But as you see in the audience, those who are Muslims, Christians, those in the Jewish community, Democrats, Republicans, white, black, everyone all in between. This is the example that they do not want to see, but they have no choice.

[01:56:48] Male Speaker, Defeat the Mandates Rally, Washington D.C.
This mall is so beautiful. Look at all of you. Look at you. The world sees us.

[01:56:53] Richard Urso, MD
We are 17,000 doctors.

[01:56:57] Female Speaker, Defeat the Mandates Rally, Washington D.C.
We are the last beacon of hope.

[01:56:58] Female Speaker, Defeat the Mandates Rally, Washington D.C.
We will not stop fighting for truth and for life.

[01:57:01] Male Speaker, Defeat the Mandates Rally, Washington D.C.
I believe in you.

[01:57:03] Male Speaker, Defeat the Mandates Rally, Washington D.C.
Are we ready to reclaim the dream?

[01:57:04] Del Bigtree
Now the people rise up.

[01:57:06] Male Speaker, Defeat the Mandates Rally, Washington D.C.
Let's reclaim our country.

[01:57:13] Robert Malone, MD
The truth is like a lion. You don't have to defend it. Let it loose. It will defend itself.

[01:57:23] Del Bigtree
The truth is so important in these times. And I just want to say that the rally in DC, though so many were afraid there would be instigators. It was peaceful, it was beautiful. Just as this is going to be, we're going to bring our love, we're going to bring our passion, but peacefully. We are going to stand there together, side by side with our children, with our grandparents, listening to brilliant speakers and brilliant musicians who now know the truth, that knowing the truth from the beginning, the world will know it. We are going to stand in solidarity together in California, April 10th, in the heart of Los Angeles in Grant Park. I look forward to seeing you there. And until that moment comes, we will continue to do this work here so that we are all filled with the truth that we are finding all around the world. We haven't been wrong. We have been on top of this. We didn't receive any funding from the government to try and lie to you. We're getting our funding from you. Thank you all. I love you. I'll see you next week.

END OF TRANSCRIPT