

Perspectives on the Pandemic With Dr. Peter McCullough

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › Dr. Peter McCullough is an internist, cardiologist and epidemiologist who warns that COVID-19 vaccines not only are failing but are putting lives at risk
- › McCullough believes if the proper safety boards had been in place, the COVID-19 vaccine program would have been shut down in February 2021 based on safety and risk of death
- › By January 22, 2021, 186 deaths had been reported after COVID-19 vaccination – more than enough to reach the mortality signal of concern
- › In his practice, McCullough is seeing an array of neurologic syndromes in people who've been vaccinated, with symptoms including blindness, paralysis, difficulty swallowing, headaches, ringing in the ears, myocarditis and more
- › McCullough also mentions antigenic, or immune, escape, which he believes is driving the creation of COVID-19 variants and making the pandemic worse instead of better

Dr. Peter McCullough has an impressive list of credentials¹ – he's an internist, cardiologist, epidemiologist and a full professor of medicine at Texas A&M College of Medicine in Dallas and is the editor of two medical journals and published hundreds of studies in the literature. He's also among those brave and courageous persons speaking out about the dangers of COVID-19 jabs, and putting his medical license and future livelihood at risk by so doing.

“There's a hunting that's going on here that's very disturbing,” McCullough said in an episode of Perspectives on the Pandemic.² He was referring to state medical boards

hunting down doctors and their and threatening revocation of their licenses based on the spreading of unidentified “misinformation.”

“This is absolutely astonishing that this is happening over a fair exchange of ideas,” he said. What is Dr. McCullough sharing that the powers that be don’t want you to hear? It’s about COVID-19 injections and, to sum it up in a sentence, “It’s not working and it’s causing tremendous damage.”

COVID Jab Efficacy and Safety Overstated From the Start

In the U.S., Operation Warp Speed is the federal effort that fast-tracked COVID-19 jab candidates to market. Gene transfer technology platforms emerged as the frontrunners, including adenoviral DNA platforms or messenger RNA (mRNA) platforms designed to deliver genetic material to the human body.

Once the mRNA is injected, the body then takes up the genetic material and changes in some way. These technologies have been under study for years, in most cases being designed to replace a defective gene, which could potentially be used for cancer treatment, for example. Except historically, “all failed,” McCullough said.

In November 2020, however, Pfizer, in a joint venture with Germany-based BioNTech, announced that their mRNA-based injection was “more than 90% effective” in a Phase 3 trial.³ This does not mean that 90% of people who get injected will be protected from COVID-19, though, as it’s based on relative risk reduction (RRR).

The absolute risk reduction (ARR) for the jab is less than 1%. “Although the RRR considers only participants who could benefit from the jab, the absolute risk reduction (ARR), which is the difference between attack rates with and without a jab, considers the whole population. ARR’s tend to be ignored because they give a much less impressive effect size than RRRs,” researchers wrote in *The Lancet Microbe* in April 2021.⁴

Nonetheless, the jabs received emergency use authorization. By giving the emergency authorization, not approval, the jab administration constituted a research trial, with the

sponsors being the U.S. Centers for Disease Control and Prevention and the Food and Drug Administration. According to McCullough:⁵

“We’ve never had two government bodies together be a sponsor of a major research program. Shockingly, they did not have, and to this day they’ve never put together, an external critical event committee, an external data safety monitoring board or a human ethics committee. They had these committees in the registrational trials ... and these are standard.

Every large clinical investigation has these three committees ... I chair many of these committees for pharmaceutical companies and the National Institutes of Health. Americans should have had at least weekly, if not monthly, reviews of safety to ensure Americans that the jabs are safe.”

By March 2021, McCullough Was Worried

Initially, McCullough said, it seemed like the experimental jabs might be safe, and about 70% of his patients had received one by December 2020. But by March 2021, he was uncomfortable with what he was seeing. From December 14, 2020, through March 8, 2021, more than 92 million doses of COVID-19 jabs were administered in the U.S.

He cited data from the Vaccine Adverse Event Reporting System (VAERS) database, which showed that during that time, there were 1,637 reports of death in people who had received a COVID-19 jab. The CDC and FDA said none of them was related to the jab but, according to McCullough, by January 22, 2021, 186 deaths had been reported – more than enough to reach the mortality signal of concern to stop the program.

“With a program this size, anything over 150 deaths would be an alarm signal,” he said. The U.S. “hit 186 deaths with only 27 million Americans jabbed.” McCullough believes if the proper safety boards had been in place, the COVID-19 jab program would have been shut down in February based on safety and risk of death.

Such was the case in 1976, when a fast-tracked injection program against swine flu was halted after an estimated 25 to 32 deaths.⁶ Yet, despite a much larger death toll, COVID-

19 jabs continues. As of August 6, 2021, VAERS COVID-19 data showed 12,791 deaths related to the jabs, according to McCullough, and tens of thousands of hospital and clinic visits.⁷

In an analysis of COVID-19 vaccine death reports from VAERS, researchers found that 86% of the time, nothing else could have caused the death, and it appears the vaccine was the cause.⁸

The researchers noted, “The sample contains only people jabbed early in the program, and hence is made up primarily of those who are elderly or with significant health conditions. Despite this, there were only 14% of the cases for which a COVID injection reaction could be ruled out as a contributing factor in their death.”⁹

Further research shows, McCullough stated, and this is a very important point that I want you to understand and remember: that 50% of the deaths occurred within 48 hours of getting the shot, while 80% occurred within a week. An informal survey on Twitter, to which 10,000 people responded, also asked whether respondents knew someone who died after a COVID-19 jab.

Twelve percent said they did. “When people see others in their circle dying, you can’t stop that type of organic COVID jab hesitancy,” McCullough said. Other confirmed adverse effects of the COVID jabs include myocarditis and blood clots.¹⁰

An Incredible Violation of Human Ethics

Your body recognizes the spike protein in COVID-19 jabs as foreign, so it begins to manufacture antibodies to protect you against COVID-19, or so the theory goes. But there’s a problem. The spike protein itself is dangerous and known to circulate in your body at least for weeks and more likely months¹¹ — perhaps much longer — after the COVID jab.

In your cells, the spike protein damages blood vessels and can lead to the development of blood clots.^{12,13} It can go into your brain, adrenal glands, ovaries, heart, skeletal muscles and nerves, causing inflammation, scarring and damage in organs over time.

In his practice, McCullough is seeing an array of neurologic syndromes in people who've been injected, with symptoms including blindness, paralysis, difficulty swallowing, headaches, ringing in the ears, myocarditis and more. Other research suggests that the heart, brain, immunologic system and hematologic system may be most at risk from the jabs.¹⁴

Children, who are at extremely low risk from COVID-19, receive no benefit from the jab, nor do those who have already had COVID and have immunity, McCullough said, calling the situation "a catastrophe in real time" that's violating human ethics:¹⁵

"We've seen an incredible violation of human ethics. No one, for an investigational product, under any circumstances, should receive any pressure, coercion or threat of reprisal for not participating in the research."

The Pfizer-BioNTech COVID-19 jab received FDA approval on August 23, 2021, but prior to this, million-dollar raffles, free tuition, bonuses and other bribes like free beer and doughnuts were offered to entice people to get injected. When that didn't work, mandates increased, including for many health care workers, and hundreds of U.S. colleges¹⁶ are also requiring students to get jabbed in order to attend.

Vaccinated People Are Getting COVID Anyway

Media reports keep referring to the pandemic as a crisis of the unvaccinated, which is simply inaccurate, since COVID-19 continues to affect and spread among those who have been vaccinated. July 30, 2021, the CDC's Morbidity and Mortality Weekly Report (MMWR) posted online details of an outbreak of COVID-19 that occurred in Barnstable County, Massachusetts – 74% of the cases occurred in fully vaccinated people.¹⁷

So-called "breakthrough infections," which used to be known as vaccine failures, were reported by the CDC far earlier, though, including in their May 28, 2021, MMWR, which documented 10,262 breakthrough infections reported January 1 to April 23, 2021, across 46 states.¹⁸

This, they believed, was “likely a substantial undercount,” but rather than continuing to assess the situation, they stopped monitoring most COVID-9 infections among vaccinated people:¹⁹

“Beginning May 1, 2021, CDC transitioned from monitoring all reported COVID-19 vaccine breakthrough infections to investigating only those among patients who are hospitalized or die, thereby focusing on the cases of highest clinical and public health significance.”

McCullough also mentions antigenic, or immune, escape. If you put a living organism like bacteria or viruses under pressure, via antibiotics, antibodies or chemotherapeutics, for example, but don't kill them off completely, you can inadvertently encourage their mutation into more virulent strains. Those that escape your immune system end up surviving and selecting mutations to ensure their further survival.

COVID-19 has a high capacity for mutation but, if the virus isn't under pressure, it won't necessarily see a need to select mutations to, for instance, become more infectious. But if you put it under pressure, as is occurring during the mass vaccination campaign, this may change. McCullough stated:²⁰

“If we keep this up with the injections, there is going to be one variant after another ... We're playing with fire here with this mass vaccination ... My interpretation as an internist and cardiologist – I'm a trained epidemiologist, I've literally done a year of intense COVID research and training – I'm going to tell you, I think this Delta outbreak that we have right now is the product of mass vaccination.

If we didn't have the jab, we would have been better off. We had already treated this down to a very acceptable level.”

How to Break Through the Trance

McCullough believes many health care providers and the U.S. public are in a vaccination trance. It defies logic and commonsense how public officials and hospital executives

can see the vaccines failing to work, can see the rising cases of adverse effects and deaths, and yet increasingly issue vaccine mandates or recommend the vaccine to groups for which it clearly shouldn't be, like pregnant women. McCullough likens it to a form of psychosis or a group neurosis.

The U.S. public, however, has seen so much fear, hospitalization and death during the pandemic that they may have been prepared to accept casualties associated with the vaccines. Still, a sizable number of Americans aren't being fooled.

"We're at this pressure point, and I think right now, in talking to American people in my circles, they're ready to take a time out," McCullough said. If it means taking a sabbatical from work or delaying school for a year, many Americans are willing to do it to avoid getting vaccinated. "The only way to stay healthy right now is to stay away from this vaccine. If you get COVID-19, get to one of these treatment networks and get immunity on the other side."²¹

McCullough is a proponent of early treatment of COVID-19 and believes treatment options have been suppressed to allow for mass vaccination:²²

"I think we've completely suppressed any form of treatment or help to people in order to promote the vaccine. Now the vaccine doesn't work completely and it's, frankly, dangerous. We're down to almost one message: Take the jab or else ... It's the scariest time to be an American, and thank goodness half of Americans didn't take it.

We're going to have to see what this is going to look like. I think the next month or so is going to be incredibly interesting and it's going to be ominous."

McCullough believes that eventually people will break out of the jab trance and realize that the answer isn't these injections, while the handling of the pandemic, including mass jabs, will become a course in violation of human ethics and the Nuremberg code. With fear, isolation, hospitalizations and deaths still occurring, however, it may take years before the fog is lifted.

Sources and References

- ¹ [Linkedin Peter McCullough](#)
- ^{2, 5, 7, 14, 15, 20, 21, 22} [BitChute, Episode 20 of Perspectives on the Pandemic August 26, 2021](#)
- ³ [Pfizer November 9, 2020](#)
- ⁴ [The Lancet Microbe April 20, 2021](#)
- ⁶ [CNN April 30, 2009](#)
- ^{8, 9} [ResearchGate Preprint June 2021](#)
- ¹⁰ [CIDRAP August 10, 2021](#)
- ¹¹ [Clinical Infectious Diseases, ciab465](#)
- ¹² [News Rescue August 4, 2021](#)
- ¹³ [The BMJ March 11, 2021](#)
- ¹⁶ [University Business August 31, 2021](#)
- ¹⁷ [MMWR Weekly August 6, 2021 / 70\(31\);1059-1062](#)
- ^{18, 19} [MMWR Weekly May 28, 2021 / 70\(21\);792–793](#)