

Dr. Peter McCullough Lecture

September 20, 2021

INSIDE THIS DOCUMENT:

- Information about Dr. McCullough
- A Synopsis of Dr. McCullough's Lecture, by Linda Blaha *BSN, RN (PMHN-BC)*
To watch the lecture: [click here](https://youtu.be/jQoMzwXRmvM) (https://youtu.be/jQoMzwXRmvM)

Information about Dr. McCullough

Dr. McCullough is board certified in internal medicine, cardiovascular diseases, and clinical lipidology. He cares for advanced patients with common medical problems including heart and kidney disease, lipid disorders, and diabetes. He has become an expert on COVID-19 illnesses.

After receiving a bachelor's degree from Baylor University, Dr. McCullough completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School. He went on to complete his internal medicine residency at the University of Washington, cardiology fellowship including service as Chief Fellow at William Beaumont Hospital, and master's degree in public health at the University of Michigan.

Dr. McCullough has broadly published on a range of topics in medicine with more than 1000 publications and more than 600 citations in the National Library of Medicine. His works include the "Interface between Renal Disease and Cardiovascular Illness" in Braunwald's Heart Disease Textbook.

Dr. McCullough is a founder and current president of the Cardiorenal Society of America, an organization dedicated to bringing cardiologists and nephrologists together to work on the emerging problem of cardiorenal syndromes. His works have appeared in the New England Journal of Medicine, Journal of the American Medical Association, Lancet, British Medical Journal and other top-tier journals worldwide. He is the editor-in-chief of Reviews in Cardiovascular Medicine and senior associate editor of the American Journal of Cardiology. He serves on the editorial boards of multiple specialty journals. Dr. McCullough has made presentations on the advancement of medicine across the world and has been an invited lecturer at the New York Academy of

Sciences, the National Institutes of Health, U.S. Food and Drug Administration (FDA), and the European Medicines Agency. He has served as member or chair of data safety monitoring boards of 24 randomized clinical trials.

Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection" the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and subsequently updated in Reviews in Cardiovascular Medicine. He has 35 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in TheHill. On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs concerning early ambulatory treatment of high-risk patients with COVID-19.

Dr. McCullough is a COVID-19 survivor himself and welcomes post-COVID-19 patients into his practice and will help them through the range of post-infection complications.

BOARD CERTIFICATIONS: Cardiovascular Disease; Advanced Lipidology; Internal Medicine

HOSPITALS: Baylor Scott & White Heart and Vascular Hospital, Dallas, Fort Worth; Baylor University Medical Center

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A Synopsis of Dr. McCullough's Lecture, by Linda Blaha BSN, RN (PMHN-BC)

INTRODUCTION

Three Phases of Covid

- Bio-replication
- Inflammation/Cytokine Storm
- Thrombosis (blood clots)

Since this is a three-phase disease, multiple drugs are needed in treatment.

Swine Flu vaccines were introduced in 1976 and were given to 55 million Americans to prevent Swine Flu. Ultimately 53 died and there were over 550 cases of Guillain-Barre Syndrome. The vaccine was taken off the market and hundreds of compensation claims from the Guillain-Barre claimants followed for years afterward. The government had to pay the claimants but only after long legal battles.

The CDC VAERS data base indicating death and injury from the Covid vaccines has reported over 16,000 deaths and hundreds of thousands of injuries—many of which are serious and life-altering.

Dr. McCullough also cited data that more than 45,000 Americans have died from the Covid vaccines according to government data bases.

General government guidelines are typically

- Black Box warning if 5 deaths occur
- Drug taken off market if 50 deaths occur

WHAT HAPPENED TO *DO NO HARM* with Covid vaccines?

VACCINE BREAKDOWN

Johnson & Johnson-adenoviral vector (crippled virus)/the genetic payload is the adenoviral DNA that *codes your cells to produce the spike protein*. Realize that the spike protein is deadly and IS THE GAIN OF FUNCTION RESEARCH PRODUCT FROM THE WUHAN LAB. The spike protein is a toxin. Naturally occurring Corona viruses have a spike protein but the artificial, lab-altered, spike protein is designed to instruct your cells to synthesize the spike protein/toxin.

1987—First work with: SPIKE PROTEIN IN THE NATURAL STATE + THE LAB-DESIGNED SPIKE

PROTEIN + mRNA with nucleoside caps to make it durable. This technology was with plan of using it to treat cancers. Now they applied this gene therapy to make the “vaccines” to treat Covid.

The original plan when rolling out the Covid vaccines to the public was with the anticipation that the spike protein would remain in the muscle where the injection was given but it ended up spreading throughout the entire body---and that is where the serious damage occurs. This is an unintended consequence of rushing a vaccine without proper trials.

CLINICAL CONCERNS

Mechanism of Action-mRNA or adenoviral DNA is production of the Spike protein

- cell, tissue, organ, endothelial damage—meaning cells lining blood vessels/certain body cavities
- Spike protein circulation (body fluids, donated blood)
- ❖ No genotoxicity studies
- ❖ No teratogenicity studies (birth defects)
- ❖ Concerning biodistribution study (Japan questioned if Spike protein will spread throughout the body. Japan more discerning/cautious/wise. Earlier studies indicated problems-Japan was aware)
- ❖ Concerning fertility study (Moderna, European Medical Association -EMA- questioned Moderna on fertility. Spike protein decreased animal fertility in earlier studies)
- ❖ No EAC, DSMB, Human Ethics Committee (independent monitoring boards—no one is monitoring the government NIH/CDC/FDA)
- ❖ No restriction of properly excluded groups from RCTs/Trials—ie: pregnant women, women of childbearing potential, COVID survivors, previously immune.
- ❖ No effort to restrict vaccination according to risk for Covid-19 hospitalization and death
- ❖ No attempts to present or mitigate risks to public

NO ONE IS MONITORING SAFETY AND EFFECTIVENESS. THE GOVERNMENT IS RUNNING WILD.

By January 22, 2021, VAERS data reported 182 vaccine related deaths and thousands of vaccine related injuries after 27 million were vaccinated. WE ALREADY CROSSED A DANGEROUS LINE BUT NOTHING WAS INVESTIGATED.

By July 9, 2021, VAERS data reported 9,048 vaccine related deaths and 463,456 vaccine related injuries. CDC/FDA DOCTORS REVIEWED AND DETERMINED THAT NONE OF THE DEATHS OR INJURIES WERE RELATED TO THE VACCINES. THIS IS LUDICROUS— AND CONCERNING.

By Jul 30, 2021, VAERS data reported 16,320 vaccine related deaths and hundreds of thousands of vaccine related injuries.

Still no admission of problems with the vaccine from CDC/NIH/FDA.

In 86% of the deaths THERE WAS NO OTHER EXPLAINABLE CAUSE OTHER THAN THE COVID VACCINES (Per McLachlan, et al. in U.K).

- Half of the deaths from Covid vaccines are within 48 hours of receiving the vaccine.
- 80% of the deaths occur within one week of receiving the vaccine.

Do some people clear the spike protein while others are unable--and hence suffer harm and even death? Sadly, our government health agencies -- CDC/FDA/NIH --have no interest in investigating this data.

GAIN OF FUNCTION RESEARCH AS DONE VIA THE WUHAN LAB WAS WITH AWARENESS THAT THE SPIKE PROTEIN WOULD CAUSE BLOOD CLOTS, STROKES, ORGAN DAMAGE, RAISES BLOOD PRESSURE.

THE SPIKE PROTEIN WAS DESIGNED TO KILL!

Who is dying? Mainly the senior citizens. Youth are suffering serious cardiac, neurological, immunologic, hematologic effects.

England is doing the best job through their **Yellow Card System** (equivalent to VAERS in the U.S.).

THEY ARE THE LEAD INVESTIGATIVE ORGANIZATION ADVISING THE WORLD HEALTH ORGANIZATION (WHO).

The verdict of the Yellow Card System is to STOP THE VACCINES BECAUSE THEY ARE NOT SAFE!

ETHICALLY THERE MUST NEVER BE:

- **Pressure** to take any medication or accept medical treatment, ie: peer pressure from teachers, coaches, etc.
- **Coercion** to take a medication, ie: threats to lose employment or rights.
- **Threat of Reprisal** for refusing medication or treatment, i.e.: take it or else.

WE NEVER PUT RISK ON SOMEONE ELSE. WE MUST RESPECT THE PRINCIPLE OF AUTONOMY

These principles come from the Six Cornerstones of Ethics in Research—Offices of Human Protection in Research are in Washington D.C.

- **Nuremberg Code**-trials against Nazis for using human subjects for medical experiments.
- **Declaration of Helsinki**-Fair informed consent.

For some reason our government and academia are only listening to the CDC and NIH.

The *CDC Morbidity and Mortality Weekly Report (MMWR)* data -----July 2021: Barnstable Massachusetts reported an outbreak of Covid infections--associated with large public gatherings— **in which 2/3 of those with breakthrough Covid were fully vaccinated.**

WHY? THE VIRUS HAS MUTATED AND THE VACCINES ARE STRAIN SPECIFIC. THE DELTA VARIANT GETS PAST THE VACCINE.

THE ISRAELI HEALTH MINISTERS NOW REPORT THE ORIGINAL PFIZER VACCINES ARE ONLY 17% EFFECTIVE CURRENTLY.

The vaccinated are carrying the virus and can be contagious.

The viral load being carried by the vaccinated are over 250 times that of the unvaccinated.

The CDC, July 26, 2021: "More than 163 million people in the U.S. had been fully vaccinated (all 3 vaccines) against COVID-19. During the same time, CDC received reports from 49 U.S. states and territories of 6,587 patients with Covid-19 vaccine breakthrough infection who were hospitalized or died.

- Female-----3,193 (48%)
- People aged 65 and over----4,868 (74%)
- Asymptomatic infections----1,219 (19%)
- Hospitalization-----6,239 (95%)
- Deaths-----1,263 (19%)
(CDC Control & Prevention, 7-26-2021)

So, 1,263 is 19% of the fully vaccinated population in that study who died according to the CDC report--- which is only one of many studies reflecting this recent occurrence.

Below information published from Mayo Clinic & a group in Boston: "Indiscriminate Vaccination is Reducing the Diversity of Strains and Producing Dominant Variants" (medRxiv preprint doi: <https://doi.org/10.1101/2021.07.01.21259833>; this version posted July 5, 2021).

Once infected the GI tract contains the entire genetic sequencing of the virus that infected the subject. This is the reason the Chinese were doing anal swabs to detect the presence of Covid.

As of August 2021, 83% of the variants in the U.S. are the Delta variant. The good news is the virus is becoming less virulent.

Great Britain is keeping the best records and now reports that there are 20 additional mutations of the Delta virus alone. The vaccines are not effective in stopping these variants.

Consensus: The vaccines are not safe. The vaccines are not effective.

The data coming out of the CDC reflects this but is not being reported.

Data reveals: You must be in a closed in area for 3 hours with an infected person to catch the virus. Transmission of the virus outdoors is not occurring.

Early treatment is the key. Treatment must begin at home. Sending people home with instructions to return to the hospital only if one has difficulty breathing is dangerous, negligent, and WRONG.

Call your doctor and demand **monoclonal antibodies—brand name--Regeneron**. These are antibodies taken from recovered Covid patients who have natural immunity from fighting off the infection via their natural immune system. Antibodies from vaccinated patients are not utilized for this.

The U.S. government purchased 5 million doses of monoclonal antibodies. WHERE ARE THEY? 80% ARE ON THE SHELVES AND NOT BEING USED BECAUSE THE GOVERNMENT PUSHES INEFFECTIVE VACCINES.

Finally:

- ➔ It is best to be treated at home. Once in the hospital, you have less control over the situation.
- ➔ Combination protocols are necessary depending on stage of the disease.
- ➔ While you are well, connect to a Tele-Physician who has real answers rather than mindless, rote, ineffective CDC/NIH protocols.
- ➔ Connect now, before you are ill because these physicians are overwhelmed with calls and getting a virtual appointment takes time. ---The physicians will order preventive/prophylactic protocols so you are less likely to catch Covid and they may prescribe medications to keep in your cabinet should you later test positive for Covid.

TELE-PHYSICIANS

- ➔ www.Americasfrontlinedoctors.com
- ➔ www.Myfreedoctor.com
- ➔ www.Insulinhub.com
(This is my addition based on my web search:)
- ➔ www.Truthforhealth.org (EXCELLENT & comprehensive)