

With the Wind with [Dr. Paul](#) – Show 193: Pediatric Perspectives: Biopharmaceutical Debacle: How COVID Still Haunts Us with Peter McCullough, M.D.

Speakers Times

- **[Dr. Peter McCullough](#) — 50.8%**
- **[Dr. Paul](#) — 15.0%**
- **Unknown — 33.3%**

00:00:40:34 - 00:01:05:39

[Dr. Paul](#)

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[Dr. Paul](#)

Get this book for your loved ones, for your family, for yourself, and let's get healthy.

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Unknown

Do. You.

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Unknown

Know.

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Dr. Paul

Good morning. PhD. Welcome to Pediatric Perspectives where we're looking at children's health challenges from a different perspective, one that includes critical thinking. One that's not afraid to give you the honest truth. And boy, do I have a truth teller with us today. My guest today is not other than Doctor Peter McCullough. Welcome, Peter.

00:01:54:04 - 00:02:03:49

Dr. Peter McCullough

Paul, great to be back with you. And in the children's health defense audience. So much to cover. So, I know it's not a packed agenda.

00:02:03:54 - 00:02:30:02

Dr. Paul

We'll jump right in. You are, originally an internist, cardiologist, epidemiologist. You've published over 1000 articles, reviewed thousands and thousands. You are a world expert on Covid. And for me, honestly, you are the most brilliant physician I've ever met, ever listened to. You have the ability to just understand and be able to share and teach in a way that I've never seen before.

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Dr. Paul

You had that landmark article in 2020. I mean, we got hit with Covid and none of us knew what to do. And you published Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2. That really established the first lifesaving protocol. And, Thank you. I mean, you're not just brilliant in your expertise, but you still take care of patients, which is pretty unusual.

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Dr. Peter McCullough

Well, thanks so much for those comments. I'm deeply humbled. But, you know, here we are five years into the pandemic. Paul. Isn't it astonishing that Harvard never laid claim to an early outpatient treatment protocol, or Mayo Clinic or Cleveland Clinic or any of the universities? I mean, this was the biggest opportunity in academic medicine for some center to claim an innovative approach and actually do it right.

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Dr. Peter McCullough

You know, no hospital to this day claims to be a center of excellence for the in-patient treatment of Covid, correct? This is the biggest problem that humanity has ever tackled. And I was on a podcast in Germany yesterday and I said, you know, the brilliant German hospitals, not a single one of them claims to have, you know, particular expertise in Covid.

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Dr. Paul

Right? And you used to do hospital based work, did you not?

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Dr. Peter McCullough

Sure. I was, you know, inpatient round on both cardiology and internal medicine, and now it's an academic setting. So we had residents and fellows, and I, you know, ran two clinics. One, well, you know, a private clinic and then one where I supervised the residents. And, you know, I was astonished in 2020 when no single center asserted leadership in the pandemic.

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Dr. Peter McCullough

It's not like we could look to one center and say, wow, look, you know, they're really paving the way. They are preventing hospitalizations and deaths. But they essentially shrank, and they stepped back and they looked for government protocols from the National Institutes of

Health or the Infectious Disease Society of America, IDSA, which mirrored NIH. And, you know, they only addressed the inpatient setting.

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Dr. Paul

It has to be frustrating. You have put together, you know, the initial protocol. I'm sure you fine tuned it since then. And what's your experience been with treating even the very sick who had Covid, even the high risk elderly? What was your outcome experience in contrast to what was going on in hospitals.

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Dr. Peter McCullough

You know, over time? You know, initially we did it remotely by phone and then in person. You know, I can tell you the physical exam of a patient with Covid, the pulmonary exam is very different than any other pulmonary exam. It doesn't sound like lobar pneumonia or heart failure. Do you know many infectious disease doctors to this day have actually never examined a Covid patient because they've only done remote work on inpatients?

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Dr. Peter McCullough

And there's no infectious disease doctor in America who claims to use an early multi-drug treatment protocol to treat Covid 19. So let me direct observation. I've treated thousands of patients, and the McCullough protocol clearly is associated with reduced intensity and severity of symptoms. And we've published comparative data in Dallas Fort Worth area, a big study myself as first author and and it's associated with about an 85% reduction in hospitalization and death.

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Dr. Peter McCullough

And that's what people wanted. Everyone got Covid. 97% of people got Covid, right. So everyone is going to get the illness. The whole issue was to avoid hospitalization and death. So McCullough protocol. As of today, the principles have been attributed to saving tens of millions of lives and sparing hundreds of millions of hospitalizations. The most rewarding thing I've done in my career.

00:06:20:37 - 00:06:31:12

Dr. Paul

Yep. And thank you for that. And where can people go? We may have doctors who are listening in, who aren't implementing or aware of where to get your protocol. So where do people go to get that?

00:06:31:18 - 00:06:54:24

Dr. Peter McCullough

They can go to Peter McCullough, MD. Com the McCullough protocol is the base of the Association of American Physician and Surgeons Home Treatment Guide. McCullough protocol is again the most widely cited in search for a protocol on the internet. Simply can Google search it. And, you know, it starts with simple things like opening the windows, getting fresh air, or using nasal sprays and gargoyles.

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Dr. Peter McCullough

That's something that our academic medical centers never mention, despite dozens of trials, even inpatient trials, the use of, over-the-counter nutraceuticals and supplements, and then into the oral antivirals, corticosteroids, anti-inflammatories and antithrombotic for severe cases. Now, there are very few severe cases. In my experience, virtually no one needs treatment now because natural immunity is present in 97% of us, and the virus has mutated to such a milder form.

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Dr. Peter McCullough

But occasionally we'll have a patient needs early treatment. Sadly, I had a patient severely immunocompromised, never had Covid before, and she actually contracted it in December. And she died here in Texas within 36 hours. So it still can be a serious infection.

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Dr. Paul

Right? I had my realized that natural immunity was up to 97%. That was incredible. Speak to the issue of the vaccine for Covid. If you even want to call it a vaccine. I remember reading the Cleveland Clinic data that was very powerful. The more shots you got, the more likely you were to get Covid. Speak to that. And whether or not this 97% natural immunity is because of the vaccine or because of the fact that we've all had.

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Dr. Peter McCullough

Covid now, I think we've all had Covid. So, there have been very good estimates, you know, even by the end of 2022, our CDC had an estimate they put out as, you know, a press release that 78% of the population by the end of 2022 had Covid. So now we're into 2025, it's about 97%. And that's what I observed in my clinic by a measure, antibodies against the nucleocapsid in the spike protein.

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Dr. Peter McCullough

And there's no antibodies against either one. That's somebody who's never experienced the the virus. If there's nothing against nucleocapsid. And it's about 3% of my population. So I, I think it fits, the Covid 19 vaccine campaign, I think will go down as the largest biopharmaceutical debacle in human history. I published an op ed in August of 2020, in The Hill, and the title of it was called The Great Gamble of the Covid 19 Vaccine Development Program.

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Dr. Peter McCullough

I was at Baylor at the time. Scott Atlas was at Stanford, where the two doctors invited to write op eds that were read by the white House, the, US House of Representatives in the Senate. And I called it out in August of 2020, four months before the vaccines went on the market, that this was a gamble. And, because the vaccines were novel genetic.

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Dr. Peter McCullough

I thought, honestly, they just weren't going to work. I was really focusing on efficacy. And boy, when we started to see the safety data, as they came out, you know, Pfizer within 90 days recorded 1223 vaccine deaths. This is stunning. And Pfizer tried to yeah, I tried to try to cover it up. And the FDA tried to cover it up, and it came out a year or two later.

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Dr. Paul

So why is this vaccine on the childhood schedule starting at six months of age?

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Dr. Peter McCullough

It was a grave error by the, ACIp panel, the CDC panel that decides childhood vaccines. Now, if the vaccines were safe and effective, the group that would need them would be, senior citizens and nursing home senior homes, those in congregate living, patients, older, obese, diabetic, heart failure, kidney failure. And, you know, I was, in 2020, a co-principal investigator of a Covid vaccine program, proposed Operation Warp Speed.

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Dr. Peter McCullough

It was with the a module on vaccine and now novel cellular based vaccine. And so when I proposed this to the CDC, NIH and FDA, I outlined at the most, 2.7 million Americans should receive a vaccine. And under no circumstances would a healthy young people or adults like us or children ever receive a vaccine. I went on Fox News and said this.

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Dr. Peter McCullough

And now as we sit here today, there's been an ultra focus on children. It's on the schedule. Nicole. She at McCullough Foundation has reported through, data sources that 9 million out of our 70 million children last year received a Covid booster. And in Brazil, they are mandatorily vaccinating all six month old babies. And if the parents refuse, the parents get a Paul.

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Dr. Peter McCullough

Basically, what's a \$30,000 US fine or they get put in jail. And there's been surveys of the Brazilian judges, and they all believe this is existential to the health of Brazil.

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Dr. Paul

Wow. Yeah. The vaccine industry is heavy in Brazil.

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Dr. Peter McCullough

But, Paul, listen, my mom is in a senior home in Dallas. And let me tell you what, she didn't take the vaccine to begin with, and she warned others about it. And let me tell you, my mom's a talker. You can't get her to stop. And you know what? They have not even brought out or discussed Covid vaccination for years in a very large senior facility.

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Dr. Peter McCullough

So if they're not vaccinating, senior citizens are even offering it. What in the world is it doing on the childhood schedule?

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Dr. Paul

Right? Especially, I mean, kids got Covid and hardly got sick. So that 97% immunity, I'm sure is exists for children and they absolutely don't need it. And it's basically all harm and no benefit.

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Dr. Peter McCullough

That's true. And, you know, there had been hundreds of children who have died directly after the Covid 19 vaccine. We should never have any deaths due to any vaccine. A single death would be absolutely unacceptable. We know that their bodies are being loaded with the harmful and disease promoting a dangerous spike protein. There's no way to shut off the messenger RNA.

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Dr. Peter McCullough

Remember, only Pfizer and Moderna are, emergency use, licensed for children. So even to this day, the boosters don't have full agency approval. They were ushered on the market just with animal data. They're not even appropriately pediatric dosed for children. And now we have grave concerns regarding cardiac, neurologic, immunologic, thrombotic complications. And maybe in the future, actually increased risk of cancer.

00:13:05:04 - 00:13:05:54

Dr. Peter McCullough

Yeah.

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Dr. Paul

I have no doubt about that. So how do we get this off of the childhood schedule? Do you have any thoughts on that?

00:13:12:29 - 00:13:34:43

Dr. Peter McCullough

Not a single country in the world has addressed this. This is stunning. Not a single country in the world has pulled the vaccines off the market. The voters made their voices clear. They voted for Donald Trump, I think, in large part because Robert F Kennedy joined him. So now we have Robert F Kennedy in office and they're still not off the schedule.

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Dr. Peter McCullough

You know, whether by executive order, a HHS order, this could have been done January 21st.

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Dr. Paul

I agree. I hope it happens soon. It hurts my heart to think of all these babies and young children being just sacrificed for no reason at all. I'd like to pivot to spike protein, because if you might speak on the issue of shedding and the fact that we're not done yet with the dangers of spike protein and how I know you've come up with some, some really good ideas you've published on this, you've got the clinical rationale for SARS-CoV-2 based spike protein detoxification.

00:14:13:12 - 00:14:20:09

Dr. Paul

Your article. I consider you an expert in the world on this. Talk a little bit about that.

00:14:20:13 - 00:14:42:47

Dr. Peter McCullough

We've learned so much, you know, all the agencies now, FBI, National Security Agency, CIA, they all agreed the virus was engineered in the Wuhan Institute of Virology. Here's the virus here. I kind of matches this FWD TV logo. You can put it right here. I'm saying we call the spike protein that is on the surface of the virus.

00:14:42:47 - 00:15:08:16

Dr. Peter McCullough

This is what was engineered. And there was an institute of virology. It's about 1200 amino acids. It's coded by about 3800 base pairs. And it directly docks with human receptors Ace2 and Tempus two receptors. The virus injects itself into the body and then replicates. Now, if you've had the natural infection, just the tip of the spike protein stays in the body is called the S1 segment.

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Dr. Peter McCullough

Bruce Patterson has shown that it stays in the body at least a year and a half just with Covid infection. No vaccine. Okay, so this is important. Now, the full length spike protein is held open in the prefusion conformation, with Pfizer and Moderna. Do the two proline inserts, by the way, they kind of copied each other on that.

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Dr. Peter McCullough

And the full length spike protein is circulating in the blood of the vaccinated, and it twists into groups of three trimerises at least for nine months, maybe longer. A paper by, bonus showed six months by mass fact. And then another one from Yale, showed it 709 days. Now, importantly, in both those studies, it was not everybody who got the vaccine, Paul.

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Dr. Peter McCullough

It was about 50% of the vaccinated had circulating spike. And, in the Yale paper, it was about a third. So there are some people who take the shots that are either rapidly clearing the spike protein out of the body, or they didn't get much, messenger RNA at all. In my practice, I measure the antibodies to the spike protein, and we use the Roche Alexis system.

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Dr. Peter McCullough

There, if someone's had the natural infection and just the tip, the antibodies against the spike protein are typically less than 1000 units per ML. But if they're vaccinated and or had Covid or both, they can be five, ten, 15, 25,000 or more units per ML. Antibodies against the spike protein has been my experience. People at five, ten, 15, 20,000, they're sick and so they have evidence of spike protein disease in their bodies.

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Dr. Peter McCullough

So it's a strong rationale. We had to do something to get rid of the spike protein.

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Dr. Paul

Yeah. The are you finding that the spike protein in the in the people who say got vaccinated that that half or two thirds who don't have spike protein that they're they don't have antibodies either or they're just lower.

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Dr. Peter McCullough

They're lower. So remember the antibodies lag the spike protein maybe by 6 or 9 months or so. And the antibodies are a immune memory. So, you know, they could persist for years. But we know it's a natural infection. They drop off pretty quickly. We knew that with this one

infection. But, you know, I what I infer is when the antibodies drop, for sure, the mass of spike protein must be reduced in the body.

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Dr. Peter McCullough

And I look for about a 20% drop. We know under a thousand years for ML. Every study shows that's low risk. In fact, we have a peer reviewed publication in the World Journal of Cardiology on that. That so the under a thousand is really good news 20% drop. And now, you know, there are assays emerging to directly measure spike in people.

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Dr. Peter McCullough

This is terrifying. But Yale has the spear assay still research? Brogdon can do mass Spect. And now a lab in Germany is offering this. And people want to send their samples. And the lab is called in Moldea. I and, Odia. So I've sent some patients there. We're going to quickly shift from measuring antibodies to the spike to directly measure spike in blood and in body fluids and tissue.

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Dr. Paul

What symptoms would clue somebody that they probably ought to reach out to you, or to somebody who can figure out if they are indeed suffering from spike problems?

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Dr. Peter McCullough

Well, let me tell you, it's, Again, it's so disconcerting to know. A paper by Crossan and colleagues found both Pfizer, Moderna, messenger RNA and spike protein in the human heart. It's physically in the heart. No wonder patients have chest pain, palpitations, swings in blood pressure. Recent paper from Japan found the spike protein in the lining around the brain, the meninges.

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Dr. Peter McCullough

So it's in all the tissues that we can imagine. An autopsy paper from the NIH by Churchill and colleagues, people who died of Covid, they found the spike protein and the virus at low levels in every tissue the eyes, the skin, the lungs, heart, liver, spleen, kidneys, reproductive organs. Paul is essentially everywhere, so no wonder people have symptoms long Covid symptoms.

00:19:27:56 - 00:20:04:40

Dr. Peter McCullough

So post exertional malaise, headache, loss of mental clarity or brain fog, chest pain, palpitations, swings in blood pressure, numbness and tingling. What's called the small fiber neuropathy. Obvious blood clots, in the arteries and veins. Loss of vision, loss of hearing, loss of taste, of smell. All of these have been reported autoimmune conditions. So, you know, at this point in time, Paul, I'm telling patients, listen, if they were perfectly healthy before the pandemic and now it's five years and something is wrong, it's almost certainly due to the spike protein.

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Dr. Peter McCullough

Yeah. I mean, think about it. What else could have changed it? But let's take an unvaccinated person. They're perfectly healthy now. We go through the pandemic and they don't feel well. Sleep disturbance, headache, visual disturbances, numbness and tingling. But what else is there if we do the antibodies against the spike protein, invariably we'll find them. I somebody who took the vaccine, I mean, this is the FDA agrees it causes myocarditis or heart damage.

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Dr. Peter McCullough

So anybody who took the vaccine who has chest pain, palpitations, difficulty breathing, you know, these are symptoms of what's called subclinical vaccine, mild colitis. And I put that in the chart. Clinical myocarditis is from first patients who have chest pain, dramatic EKG changes, huge elevations in cardiac troponin, a blood test for heart damage. And there are many with heart failure and arrhythmias that occurs in a week or so.

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Dr. Peter McCullough

That's terrifying. That's absolutely terrifying. But there's a bigger penumbra of patients that have subclinical vaccine, mild pericarditis. And now a recent paper again from Japan. And Jake, one of our best journals Cardiology. You know what it shows, Paul. It shows micro scars in the heart from the vaccine.

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Dr. Paul

Wow. I remember you talked about listening to the lungs of Covid patients. What were you hearing? What did it sound like?

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Dr. Peter McCullough

You know, it doesn't sound like the what rules of heart failure. And it doesn't sound like the dry crackles of a pulmonary fibrosis. It's a it's a very dense sounds, a dense kind of popping sound. And, I've examined patients several times. I could pick it out in a lineup tomorrow. Wow. And it's it's very, interesting.

00:21:46:32 - 00:22:06:42

Dr. Peter McCullough

And it's different than influenza. You know, influenza doesn't cause much pneumonitis. When people get sick with influenza, it's because of a lobar pneumonia. And we're seeing

that now with these measles cases in West Texas, it's really a pneumonia bacterial pneumonia process and not the virus itself.

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Dr. Paul

Yep. Okay. That fits with my understanding. So can people get tested for spike and how do they do that? Do they contact your clinic or office or how does that happen?

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Dr. Peter McCullough

Well, listen, LabCorp and quest both offer the spike antibody test. Now quest limits it up to 2500 units, and that's not useful enough. LabCorp extends it to 25,000, and they use the Roche Alexa system. So I think patients should go to their doctor and just demand it and say, listen, I felt sick. I want to get an inference on how much spike order the LabCorp extended range assay.

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Dr. Peter McCullough

I'll shoot you a little graphic. I actually. LabCorp. Yeah. This is one of the most popular tests they've actually made a graphic of exactly what CPT code and LabCorp order number it is for this test.

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Dr. Paul

Perfect, perfect. And then now to to wrap up this, this session, how do people deal with spike? Like, how can we get it out of our system?

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Dr. Peter McCullough

Well, let me say none of our traditional drugs that we've used to treat Covid actually physically get spike out. So hydroxychloroquine doesn't do it or ivermectin doesn't do it. People have tried low dose naltrexone, vitamin C, nicotine. Not that those are not useful adjuncts, but the core treatment is to get rid of the spike protein. That's McCullough protocol based spike protein detoxification.

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Dr. Peter McCullough

That's the combined use of natto kinase and enzyme bromelain, a family of enzymes, and then curcumin, an anti-inflammatory. I want people to know every day they should do it twice daily. Nasal spray and gargle preventively don't wait until you're sick. Anything from sailing to xylitol or, dilute iodine based colloidal silver based products are fine, but do it twice a day.

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Dr. Peter McCullough

Preventively. Because the virus is in the nose about five days before the initial sore throat. So you have to use the nasal spray, you know, preventively and gargle. That's going to cut down the whole burden of these illnesses dramatically. Probably prevents common cold, influenza and Covid. Based on the clinical trials, I am seeing brand new blood clots and cardiovascular problems now, four years after the shots in 2021.

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Dr. Peter McCullough

And I'm finding evidence that the spike protein is not getting out of the body unless they do detoxification. Now, after a year of detoxification, patients are gratified their spike levels are down in the body. They feel better. And it's a wonderful thing. I've never had a patient develop a new blood clot or a new cardiac problem. Once they've started detoxification, there are additional useful drugs, Paul.

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Dr. Peter McCullough

Colchicine mandatory for the mild pericarditis at any level. Ivermectin is useful for the craniofacial, pulmonary or skin rash syndromes. Hydroxychloroquine useful for the autoimmune syndromes. Supplemental nicotine, useful for the neurologic, symptoms. Follow me on my website Peter McCullough, IMDb.com, focal points, Substack, McCullough report, podcast. And of course, every time I can get an HDTV. So thanks for having me on.

00:25:20:04 - 00:25:51:40

Dr. Paul

Wonderful. Thank you, doctor McCullough. Brilliant. We're going to get you back. We're going to dive into pediatric issues and some other things. So thanks so much folks. You can also follow me at Kids First forever.com. And I look forward to seeing you next week.

00:25:51:45 - 00:25:58:47

Speaker 4

My son's name is banks, and this is never in a position that I wanted to be in to discuss.

00:25:58:52 - 00:26:22:18

Speaker 4

I never thought I would be in this place, but I have five children. My son banks is the third. My first two children were vaccinated, normally on the traditional schedule. Banks. The third one that was born every time we took him to the doctor, we held our breath. First of all, when I was pregnant with him, I had a friend whose son died of a vaccine injury.

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Speaker 4

So watch the funeral. And I knew not to give this child vaccines, but I thought I was being a good mother by delaying the vaccines. So we delayed them and every time we went to give this child vaccines, we held our breath and thought we were doing the right thing. The

pediatrician finally told us that we should go to the health department to get fresher vaccines, which was now we know is a joke.

00:26:49:32 - 00:27:14:54

Speaker 4

So what did they mean by fresher? They said that I was so worried about thimerosal, and I was so worried about shots that had the mask on them, and they told me that the health department would have fresher vaccines, so we wouldn't have to worry about that. So I took them to the local health department in Tennessee. And the nurse there was a friend of mine that I went to high school, a friend of mine's mother who I went to high school with, and she told me, your child is obviously over three years old.

00:27:14:55 - 00:27:42:21

Speaker 4

He's not autistic. You're crazy to worry about vaccines. You need to do this. You're not being. You're not responsible. You're not response. You're not. You're being very. Your child needs vaccines. You're not being a good parent because you're not vaccinating your child. You're hurting them. So he did it. And he got the MMR, the DTaP and the Hep all on the same day.

00:27:42:25 - 00:28:06:42

Speaker 4

The next day he couldn't walk and talk. This child who is so verbal and potty trained so early and just an absolute rock star was gone. Fricking gone. The next day. Gone. We rushed him to the emergency room. What's wrong with him? What's wrong with him? Oh. He's epileptic. You just didn't realize it. And no, he wasn't everywhere we went.

00:28:06:47 - 00:28:23:27

Speaker 4

And I knew it was the vaccines, the doctors that we went to. They kept telling us over and over that we just didn't realize it was there. That you just don't pay enough attention to him. You didn't. You just didn't realize it.

00:28:23:31 - 00:28:44:28

Speaker 4

I lost my train of thought he would talk about. Talk about the actual injuries your son had. I mean, what were we talking about? So you had a lively. So a year old. I had a wonderful, lively three year old who was bouncing around and so verbal and talking and just beautiful. Beautiful skin, beautiful eye contact. Let me back up a little bit.

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Speaker 4

He did not have beautiful skin. I'm wrong about that. When I was pregnant with this child, every doctor. Well, not every doctor. The doctor that I was seeing, I was on antidepressants, I had yeast infections. I had strep throat. I had all kinds of. I was on major antibiotics when I was pregnant with him. And then I would go on to, yeast infection medicine.

00:29:08:15 - 00:29:29:01

Speaker 4

And then he was induced. And then I had ten ultrasounds with this child. It was a perfect storm. Then when he was born, he had ear infections and he was on antibiotics and he was on, antivirals for yeast infections and all this stuff. And he had yeast around his neck, and then he had eczema. And they kept giving him vaccines, and they kept getting vaccines.

00:29:29:01 - 00:29:52:22

Speaker 4

And nobody ever, ever said to me, don't you have a gluten free diet or don't vaccinate him? These were all red flags. Then when he was, just around the time just after the time that he

had right before. I'm sorry, right before the time he had the vaccines, he got scarlet fever, which is very, very. He had strep throat so many times that it turned into scarlet fever.

00:29:52:27 - 00:30:13:01

Speaker 4

And this is all the perfect storm that happened. And then he was injected with the vaccine and that's what he was got everybody thanks. And possibly for those people have watched that's the thing I will all be safe if I vaccinate three years and over. You not I'm not doing this so much. Really way more than I want to hear it, that it doesn't seem to matter what age your child is.

00:30:13:12 - 00:30:31:14

Speaker 4

If they can't cope with the onslaught, they can't cope with clearly what happened to bang. So I tried that. I thought that that was what I was supposed to do. I thought that I was supposed to. I listened to Doctor Sears and I, and I laid it out and I did a delayed thing, and I was just delaying the inevitable.

00:30:31:14 - 00:30:52:56

Speaker 4

I was just delaying what was going to happen. And now fast forward to all we have now. We have a child that we spend more money than we can afford on treatments and collection, and we got a mess. We have a child that's never going to survive on his own, and we don't know what we're going to do about his future.

00:30:53:01 - 00:31:13:58

Speaker 4

I mean, some of you give birth to children. You expect. That you're going to raise them, and then they're going to be 18 years old, and then they're going to go off on their own. And now

we have a child. It's never going to leave us. And it's all because I thought I was doing the great thing of delaying.

00:31:14:03 - 00:31:35:01

Speaker 4

Let me back up to the health department and the where I thought I got the fresh air vaccines. I researched the vaccines and they had their mayor selling them because the health department that we went to bought discount and vaccines. So it's not illegal to buy vaccines that were manufactured before they did. If I'm so it's illegal to manufacture them anymore.

00:31:35:01 - 00:31:57:17

Speaker 4

So he got a dirty vaccine. His MMR was dirty. Did it as a point. Any point they acknowledge that never. How did you know? Then? How did you find that out? That what? The vaccines were dirty? Because I went to the health department and I said, give me the back, give me the lot number of the vaccine that he had.

00:31:57:22 - 00:32:14:07

Speaker 4

And they gave me the number, and I researched it on my own. And I saw when it was manufactured, it was manufactured back when they still did the, when I first took up pharmacy on them, because it's that easy to research. It was that easy. It's probably not that easy research now, but it was very easy to research them.

00:32:14:12 - 00:32:31:50

Speaker 4

They show the manufacturer it wasn't just the MMR anyway. You had to hit D to hit a, the fatal combination that there is no way I should ever have an MMR and a DTaP and a hit on

the same day, ever. There. So how old is he now? He's eight. Was this injury ever reported to the virus program?

00:32:32:04 - 00:32:51:17

Speaker 4

No, because I was told I tried to contact lawyers. By the time I wrap my head around it, the time had ran out and I could never find a lawyer to help me. I could never find a doctor to acknowledge that he did it. I mean, that's what happened to him.

00:32:51:22 - 00:33:18:22

Speaker 4

And I gave up. I was to concentrate on saving my son. I just couldn't. Everybody kept telling me it's an uphill battle. Don't even mess with it. So he's eight years old now. And he's doing what are the consequences of of what's happened to him. But what are we dealing with now because of these vaccines. He's. Hey your little boy who goes to school with an assistant all day long because fortunate.

00:33:18:27 - 00:33:37:15

Speaker 4

We're very fortunate enough to be able to pay for that. We pay for him to have an Ava with him every day. That stays with him 24 hours a day. He goes to a small private school because we don't the county that we're in wants him in a,

00:33:37:19 - 00:33:53:39

Speaker 4

Self-contained classroom that has very severe autistic kids. And he was running away from school when he was going a half mile away from school. And we're having to put tracking devices in his pocket to find him. And he was hiding behind buildings. So we pulled him out and put him in a small private school, and we pay for a shadow to go to school with him every day.

00:33:53:39 - 00:34:12:16

Speaker 4

And we also pay for a lady, a teacher with a master's degree to modify the program for him so he can learn. But it's a freakin mess. It's just a mess. That which got a Band-Aid on it right now and it's not working and it's not helping. Billy, Billy. Literally two minutes.

00:34:12:16 - 00:34:17:09

Unknown

I promise we can start the day with two. Just two minutes.

00:34:17:13 - 00:34:31:55

Speaker 4

You know, he just says no more. And you know what? He's right. We don't want to hear it. And I understand that. He hears a lot. You. We want to hear everybody. But no, I get it right. I don't want to hear it anymore either. I don't want to be sitting here doing. What I'm saying is that he's been with us for two days, and all he's heard is the same.

00:34:31:55 - 00:34:50:08

Speaker 4

I know, and I feel the same way. That's how I feel with my life. I don't wanna hear any more. Either way, it is so important. And, we all want to make sure you and I stay in close contact. We've already made that bond already? Because you exhausted. Utterly exhausted. And it's just a long, long journey.

00:34:50:08 - 00:35:15:35

Speaker 4

And you. But you're also really amazing person. And we need you. We need you in this fight. So don't give up, please. We need your support. Yeah, that's. The problem is you feel like

giving up every day because I don't feel like it's getting any better. And it just. No matter how many therapies and how much I try, it never gets better.

00:35:15:40 - 00:35:37:33

Speaker 4

And I feel so responsible because I knew every single time I took him in to get a shot that it wasn't working. And I knew, especially the very last time I took him in, that that was the one that did it. And I'm the one that was alone and did it that day. And I will never, ever forgive myself for that.

00:35:37:37 - 00:35:57:33

Speaker 4

And you're not alone in thinking that I'm not alone in your exhaustion. And everything you're going to. We, all of us, go through this, and. But please know that we we need you in our fight, okay? You're here to stay. We got your back. But once again, this is not.

00:35:57:38 - 00:36:15:19

Speaker 4

I thought I would just be an advocate for something else. I never thought I'd be thrust in this one, but I'm here, and I guess this is where I need to be. But it's a very painful place to be. An extremely painful place to be when you have children that you just can't fix. And I feel very responsible that I did it and I can't fix it.

00:36:15:24 - 00:36:36:57

Speaker 4

I feel like I did it and I can't reverse it. That drove him there that day. I did it, assigned the stupid paper and did it. And I can't take it back. And I will never forgive myself for that. And I go to therapy every Tuesday and it's still not working.

00:36:37:01 - 00:36:56:45

Speaker 4

Yeah. It's painful. It's painful. I'm not going to say to you, let's take that girl away, because that's the. We all know the guilt keeps me fighting, though, right? So it's a it's a very. And we all know it's not your fault anymore. And that was my fault or anybody's fault. We just did what we thought was right for our kids at the time.

00:36:56:49 - 00:37:14:46

Speaker 4

So now, cam, I know is a friend of yours now she is a rocking mama. All right. So she's going to hold your hand right here. But we're going to hold your hand around the country. I feel that and I think you're going to go to Autism One I am next. Yeah. You go with me. I think I probably will.

00:37:14:53 - 00:37:36:15

Speaker 4

Yeah, I think I probably will. And there's loads of other places that you need to go to. And Austin being one of them. Come see us. I'm excited about that. And, yeah, you're getting a load of love and hearts and hugs and you should sign on for this periscope. I need to figure that out. And you will know that you're not alone, because this is one big family.

00:37:36:20 - 00:37:53:28

Speaker 4

I think they will here just detecting each other. And you want to say that's like, check it out. There's hearts. See, I don't understand that. Let's see how this how it's going to understand this I the top this thing is showing the love that tapping the tapping the screen with hearts for you because they're trying to show you love.

00:37:53:33 - 00:38:11:02

Speaker 4

And that's how we can about that. So once you got once you see that you love you, love you. That was saying love you. We love you. Go back. This is your new family, okay? Right. Got it. And these people have been to the same pain you've been through. Okay. So I'm going to get a need to set you up on this person.

00:38:11:03 - 00:38:42:58

Speaker 4

I don't like ugly crying. It's not. You'll get to join. No. Everybody cries. It's fine. And, you're going to join us. Okay. All right.

00:38:43:03 - 00:38:44:32

Dr. Paul

I look forward to running

00:38:44:39 - 00:39:08:57

Dr. Paul

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00:39:09:03 - 00:39:09:50

Dr. Paul

I'm **Dr. Paul**.