

With the Wind with [Dr. Paul](#) – Show 189: Pediatric Perspectives: COVID Corruption with [Peter McCullough, M.D.](#)

Speaker Time

- [Dr. Paul](#) — 20.47%
- [Dr. Peter McCullough](#) — 77.61%
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00:00:40:28 - 00:01:05:39

[Dr. Paul](#)

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00:01:05:53 - 00:01:16:16

[Dr. Paul](#)

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

00:01:16:16 - 00:01:26:48

Unknown

Do. You.

00:01:26:53 - 00:01:35:10

Unknown

Know.

00:01:35:10 - 00:01:56:51

Dr. Paul

Good morning CHC. Welcome to Pediatric Perspectives. We're looking at children's health challenges from a different point of view. One that includes critical thinking. We're not afraid to give you the honest truth. And I'm having back today my favorite doctor physician in the whole world, Doctor **Peter McCullough**. Thank you for coming back to pediatric perspectives. I'm not going to go over all your accolades here.

00:01:56:53 - 00:02:20:01

Dr. Paul

You've written so much. You stay up to date, you're still in clinical practice, and you've written a new book that is absolutely a must read, must own book. Vaccines, mythology, ideology and reality. Thank you for this masterpiece. And thank you for standing in the gap for all of us and educating us. I mean, when Covid hit, we didn't know what hit us and you jumped in very quickly and figured some things out.

00:02:20:11 - 00:02:29:50

Dr. Paul

What led up to this whole scenario? We went through with Covid and mandates and masking and all of that, because it didn't come out of nowhere. There was some planning. Something preceded this.

00:02:29:55 - 00:02:52:16

Peter McCullough

Well, it's so true. And probably like you, I had no idea this was coming. You know, I don't know anybody who knew this was coming, that, you know, nobody was posting things in 2015 saying, listen, get ready. There's going to be a virus coming from China. Now, looking back, you can find all kinds of planning documents on this.

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Peter McCullough

And it goes back to the Bioshield act of 2003. We chronicle this in our book, all the way through the Prep act in 2005. Moderna's work on SARS-CoV-2 vaccines. Doctor Ralph Baric and the USC Chapel Hill, Anthony Fauci, Peter Daszak seemingly in the creation of SARS-CoV-2. But nobody was paying attention until the whole country got sick. What I saw as a doctor, I was on, a big NIH call early on, I think, in February, and people were reporting what was happening at big medical centers and the one message I got, Paul, was once they got in the ICU and on the ventilator, you couldn't save and.

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Dr. Paul

Put in a greater, death rate once you were ventilated.

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Peter McCullough

Right. And I remember corresponding I was corresponding with to which Oladapo, who is a professor at UCLA, Jim Tomlin at Emory University. I was at Baylor. My colleagues at Baylor, Yale. We had a great team. We agreed, listen, we have to come up with an outpatient protocol that you can't let people go into the hospital with Covid. I don't care how old are sick they are.

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Peter McCullough

They're not going to survive. And while I was working on the protocols, the first author in, my dad got Covid 19 in April and had to use kind of an early set of principles there. He had dementia. He was in a senior home, had a pelvic fracture. He was a goner. And so I had to use to the best of my ability, guide them to treat them.

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Peter McCullough

One of the first cases in Dallas. But I remember getting into May in June of 2020, and there was no Harvard protocol. There was nothing from Michigan or Emory or down here in Texas. Paul, nobody had a protocol.

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Dr. Paul

Nobody. They don't they they didn't even want you in the hospital. Right. They said, go home and come back if your lips are turning blue.

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Peter McCullough

Right. And, you know, a very eerie interview was conducted and we we chronicle this in our book. And it was with vaccine developer Bill gates. Remember, he's a philanthropy capital. It's easier with a philanthropist, but he also makes money on things like vaccines and, he came out in April of 2020 and said, you know, this is not going to end until the entire world is vaccinated.

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Peter McCullough

Yeah. We mean, how do we know there wasn't even a vaccine? That I mean, it was still in development? And then there just was this running assumption that we weren't going to treat the illness. We were going to wait to be vaccinated. And in meanwhile, people were getting sick and people were dying of the illness. It wasn't real unknown.

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Peter McCullough

So McCullough protocol was published in August of 2020. The American Journal Medicine's most widely cited paper in the journal Six Letters to the editor, all saying I didn't have enough evidence to do it. I responses were overcome your fear and start taking care of

patients. It's something for these patients, but more people are going to die. And we just looked for drugs available to us that has signals of benefit, acceptable safety and use them in combination.

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Peter McCullough

When the, emergency use authorized monoclonal antibodies. And they were the star of Operation Warp Speed. Remember they came out before the Covid vaccines. When they came out, we used them widely. We found them safe and effective. So there was nothing wrong with the government response in terms of months on our antibodies. The shortcoming was they were taken off the market typically six weeks after they came on the market.

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Peter McCullough

So for a very poorly conceived reasons, and everybody was limited, even though our government bought enough to treat every single senior citizen. Paul. Sadly, only 15% of people who were admitted to hospitals got monoclonal antibodies. And those who got I'm including my patients, they survived. Those who didn't get monoclonal antibodies died. And then by December of 2020, we had the second version of a protocol published.

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Peter McCullough

It was already adopted by the Association of America Physicians and Surgeons. So we had a physician led, evidence based, consensus driven organization fully backing multi-drug treatment. Our CDC, you know, our CDC has 12,000 employees, a \$10 billion budget. They couldn't come up with anything for for people to do. There's only 12,000 people. The only thing they do is they're supposed to publish guidelines and results.

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Peter McCullough

And of course they're they're a non peer reviewed journal. And then this is astonishing. They literally fell down Harvard. All the all the blue ribbon organizations fell down. In fact I was in a Harvard consortium because I was a visiting lecturer there in 2019. I was in a consortium with them on Covid, and the name of the consortium consortium was Stop Covid.

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Peter McCullough

I said, this is a great consortium. What are we going to do to stop Covid? And then I realized, wait, but they're not going to stop Covid at all. They're simply going to observe what's going on. So I saw academic medicine. I saw the biggest letdown of my entire career. I just could not believe that divisions of infectious diseases couldn't get out in front of us.

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Peter McCullough

Medical centers could not open up early treatment centers. In fact, there was an active early suppression of treatment. And, you know, one of the most useful preventive things, Paul, was it masks. It was actually nasal sprays and gargle. So were dozens.

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Dr. Paul

Well, you know, you wrote about that.

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Peter McCullough

That was really, really important. I put it in the the color protocol. I didn't realize that the Federal Trade Commission started suing all the companies that made nasal sprays and cargos. So there was repression of all forms of prevention and treatment in order to clear the one runway for mass vaccination.

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Dr. Paul

So let's pivot from that. We have gone through several years of mass vaccination. And the results, you've recently published, you and Nicholas Hall share an article reviewing this. There's an article out of Japan. There's the APS article, Covid 19 injections, Harms and dangers and non exhaustive conclusion bring us up to speed where what's what's really going on now.

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Dr. Paul

What do we know?

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Peter McCullough

The covid 19 mass vaccination campaign worldwide Paul has been nothing short of a debacle. It's resulted in record injuries, disabilities and deaths in the United States alone. A solid estimate is between 500 and 600,000 Americans lost their lives with the vaccine. I mean, this is astonishing. It was far worse than the infection itself. And it's still going on.

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Peter McCullough

The vaccines, genetic vaccines install the genetic code for the damaging and potentially lethal spike protein. The spine on the surface of the virus with no ability to shut it off. But this is what's the most poorly conceived, reckless vaccine program I've ever seen. And, you know, you're talking to the only public figure in the world who put it in writing in the hell.

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Peter McCullough

I wrote serious about this on the Hill by invitation in August of 2020, I called it, I said, this is a gamble. This is a huge gamble. Yeah. No, no, no one. I saw this, honestly. No one else saw it, I saw it, it looked reckless. I didn't take it. It looked incredibly dangerous. And sure enough, people started dying immediately after the shots.

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Peter McCullough

Pfizer in the 90 day safety dossier had 1223 deaths that occurred. People were frantic. Their parents were dying after the vaccine. We've now even in the CDC records, which are underreported at least 30 fold. There's 19,460 well documented deaths reported by doctors like me. I have determined the vaccine causes death. That's the reason why I go through the application to the CDC and I report the case.

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Peter McCullough

I have patients die that's not related to the vaccine. I don't report it to that system. So everything that's inverse is causal. Paul. It's very important as cargo by proxy of reporting very important. So this has been a record disaster. The vaccines never should have come out in December of if I was president or, or CMS, HHS administrator or secretary or if I was the FDA commissioner, I wouldn't have let them come out.

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Peter McCullough

Yeah. If there was a proposal for vaccination. I was leading a vaccine campaign, by the way, with a module on vaccine for Operation Warp Speed. I had told, HHS in Operation Warp Speed no more than 2.7 million people should get a vaccine. And that that, that circumscribed, those, senior homes, those in congregate living and very frail people, otherwise younger, stronger people like you and I, Paul, and certainly young children, never should have received a vaccine.

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Peter McCullough

Never. And I was on national TV saying that from the very start.

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Dr. Paul

Thank you for that. Yet it's happened and the CDC put it on the childhood schedule starting at six months. So thankfully ACIP just met recently and made a new recommendation. I don't think personally they went far enough. You've been calling for a removal completely right? Which is what I, I would hope they would do. I mean, what what's it going to take to get a dangerous product off the market?

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Peter McCullough

Paul? You know, it took 60 years to get dangerous cocaine products out of the food supply, and I'm drugs. Gosh, it took, easily over 50 years, even for the AMA to recognize smoking was harmful, to get cigarets out of the clinics and waiting rooms and what have you. For 50 years. Yeah. So. So we're five years into this debacle.

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Peter McCullough

Remember, self participation is really hard. The vast majority of doctors, those at Texas A&M survey early on, I think was 96% of doctors who took the shots. They took the shots. It's very hard for them to to admit they made a personal health mistake. They had their family take the shots and sadly, their patients. Now we're seeing unprecedented rates of myocarditis, heart damage, blood clots, neurologic damage, immunologic problems and even cancers.

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Peter McCullough

The most common cancer in men and women are both very much on a rise right now. We don't know if this is all related to the vaccine, but every time we look, we find a genetic evidence of the vaccine having an adverse effect or the spike protein or both. Now, in a research study where one of my patients is involved, Paul, we have circulating messenger RNA from Pfizer and spike protein in his blood.

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Peter McCullough

3.2 years after the shot, he sustained blood clots and heart damage because of it.

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Dr. Paul

Yeah, and I read something you wrote recently where, people can now go and get their spike protein levels tested right? And then they would know. Maybe you can talk briefly about that, because I think so many people took this vaccine that wish they hadn't. What what should those people do?

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Peter McCullough

Right. So the mystery is, why are some people fine and other people are not after the vaccine? The answer is in the spike antibody levels, which is a proxy for how much spike protein exposure someone's had. And so now LabCorp and given so many people are requesting the test, LabCorp has made this, over the counter. You can just measure it yourself.

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Peter McCullough

You do not need to have a doctor's order. So go to LabCorp lab tests on demand infectious diseases and click on covid Antibody test. You pay \$63 and just go to LabCorp, get your blood drawn, and you get the answer. The next day, levels less than 1000 units per ML.

Every study agrees that my clinical experience agrees low risk should be no residual spike protein in the body.

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Peter McCullough

Over 5000. We start to see a circulating spike protein in the blood. We start to see blood clots and damage to the heart and brain at 10,000, 15,000, over 25,000. So everybody should have this important risk stratification test. Let me give you an example. So you know I have patients with myocarditis and their antibodies would be 15,000.

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Peter McCullough

My mother in law Paul, she took two Pfizer shots. She's 92. And you know what? She's never had a problem. She she lives with that. So I've been carefully observing mama. She's fine. We checked her antibody levels. Paul. Guess what? There are 200.

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Dr. Paul

Wow. So either her immune system handled that very well or, she got a lot. That was not very strong.

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Peter McCullough

That's so that that explains it. You know, Pfizer has 4500 lots. There's been at least one death in 25%, a lot, but 75% or less. No deaths reported. So the majority people are fine. The way to find out is get a Covid antibody spike test or this site, go to LabCorp, follow the instructions and get your test so you know where you are.

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Dr. Paul

Perfect. And for those who are over five or 10 or 15,000, what would you have them do?

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Peter McCullough

I, helped found the Wellness Company specifically to make solutions for patients. And the lead product is the ultimate spy detox from the wellness company. It's, medicinal grade, high dose combination of natto kinase problem and curcumin and some minor ingredients. But two capsules twice a day for at least a year under physician supervision. Sometimes we have to go to four capsules twice a day.

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Peter McCullough

It's the only evidence based approach that we're aware of that can help clear the spike protein out of the body. There are some data coming along for, augmented any signal system. There are some positive data, Paul, for sweating. You know, the spike protein comes out in breast milk, which is modified sweat. The messenger RNA may come out and that as well.

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Peter McCullough

So I encourage patients to go into saunas, exercise, sweat, have that as part of their detoxification program.

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Dr. Paul

Fantastic. So the recent ACIp committee meeting where they looked at the Covid shots, they did make changes. Are you able to report on those?

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Peter McCullough

Right. So they made changes, for the Covid shots where they said that, you know, healthy children and pregnant women, shouldn't take the shots, but they came up with a very liberal list of what they call, comorbidities or immune compromised states, including, you know, being relatively sedentary. As an example. And this exhaustive list, essentially, sweeps people back into this category of who should take a vaccine.

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Peter McCullough

And then the New England Journal of Medicine paper by Gray in person, they conclude, then a third of Americans should still be taking Covid shots in this, this year. And so this year, healthy people like you and me, if we were in the program, we'd be on shot number seven. If someone was immunocompromised, like I have some people on corticosteroids for certain conditions or I've had a transplant, you know, they would be on shot number ten.

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Peter McCullough

This is unprecedented for an adult to go through such a prolonged series. Now, the other ridiculous thing is all the studies show the vaccines in theory, if they do anything, only last for a couple months. And so Covid 19 is not a seasonal illness. It's not like influenza that occurs sporadically through the year. So no, it makes no sense to actually have an annual Covid shot.

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Dr. Paul

Right. And the studies some of them show negative efficacy. Right. So you're actually at greater risk of getting Covid. The more shots you have.

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Peter McCullough

Yeah, there's actually over a dozen studies now. The most notable one by Shrestha and colleagues, Cleveland Clinic. The more Covid shots the more likely one is to get Covid. But but what? What's being said by the other side? This came out in my Senate hearing on May 21st, 2025, is that the Covid vaccines saved lives. They saved millions of lives.

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Peter McCullough

Well, Paul, I can tell you we've looked at this carefully. They don't stop cases of Covid. In fact, they make it more likely you get Covid, they don't stop transmission. Our CDC readily admitted that they do not reduce mortality. In fact, there's, multiple studies that the vaccination actually increases population mortality. There's no randomized, double blind, placebo controlled trial, no valent observational study that show that Covid vaccines saved a single life.

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Peter McCullough

They did reduce mortality, reduce mortality was natural immunity, for sure. All the studies, the pre early treatment protocols like McCullough protocol for high risk patients and then the virus mutating and getting milder. So it's a false narrative that the Covid vaccine saved millions of lives. And you know the FDA agrees because in the package insert for the Covid vaccines and boosters, they make no mortality benefit claim.

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Dr. Paul

Wow. So our CDC, ACIP committee, the new recommendations that just recently came out, while they're not recommending the Covid 19 shot for kids, for pregnancy, actually for adults, except for those and all these various categories that you pointed out, they are still leaving it on the schedule, I believe, for six months and on and on, and for pregnancy to be given in consultation with your physician.

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Dr. Paul

Well, given that my peers, I'm thinking of pediatrics and you can speak to your peers are very much captured by vaccinology and the belief and in vaccines, I think they're going to push hard for children to keep getting this and for pregnant moms to keep getting it. And that's that. In consultation with,

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Peter McCullough

I don't know, I don't know, you know, what this seems to be. But the first thing I thought of when you said that this looks like a liability shift. So remember, the vaccines are immune from lawsuits, but doctors are not. So if this becomes a doctor's decision now, the doctor could be liable for making a malpractice decision.

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Peter McCullough

So well you know so if there's harm to the patient you'll say hey listen you know the guy who said that I needed a doctor's you know go ahead on this. I follow the patient basically. Yeah. So some route said a doctor's prescription. I think this is shifting liability. And you know what the doctors may say, but what what this is this is a very interesting point, Paul, is if this is shifting liability onto the doctors, it's going to force the doctors.

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Peter McCullough

That's the question. Are they really safe?

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Dr. Paul

And then when you dig into it and just read a few of your posts, you know, you have an incredible, Substack that I read daily.

00:21:03:11 - 00:21:22:28

Peter McCullough

Yeah. Well, everybody should sign up for focal points. Get, a free newsletter. You know, I just I just did off the record, in the Conservative Partner Institute in Washington. I was shocked how many senators and representatives came by for an evening program and their staff rates. So I just, you know, entered their names to receive focal points.

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Peter McCullough

But everybody's relying on in Washington, we produce evidence based citations with graphical abstracts. So if you want to get that study and the image of the study and the main findings, you'll get it every day, multiple posts. It comes out starting about 4 a.m. in the morning. Everybody should sign up for focal points. And so yeah, go to Substack, search for focal points, sign up.

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Peter McCullough

It's free. And, you know, just like PhD has got a great Substack, there's some great ones. Your Substack was a real savior because the medical literature became corrupt during this pandemic.

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Dr. Paul

Yeah. And censorship prevented people like myself and many others, the disinformation dozen, if you will, and even people like yourself that weren't for Substack, it was hard to reach people because we would be censored.

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Peter McCullough

It's true that censorship, including the very first, YouTube video I made on my color protocol, was simply showing the major figures from the paper in the American Journal of Medicine. And that's as good as you get how it is scraped off of YouTube in a day. I just couldn't believe it. I wasn't even paying attention. And then the phone rang and it was the US Senate and they wanted to talk to me.

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Peter McCullough

I said, you can treat Covid. I said, yeah, I've just published it and training comparative data analysis. We showed it reduced mortality considerably later on in prospective studies. So the bottom line is, censorship killed, censorship killed. And later on, Mark Zuckerberg. I know if you saw this, he went on Joe Rogan and Joe, who received the McCullough protocol.

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Peter McCullough

And Joe knew the two most lifesaving. Joe called Zuckerberg, but he said, yeah, the Biden administration was telling us to censor kind of critical information, information that you and I were trying to get out to America.

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Dr. Paul

Well, folks, in addition to focal points, you can also go to the CD online magazine, The Defender. They they publish daily, sometimes multiple articles a day also. And you can search that and get anything you need on on Covid or anything else.

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Peter McCullough

Yeah. Other good point about defender I want to plug that to Paul is they get commentary so frequently. McCullough Foundation, myself and the culture provide scientific commentary on the studies. And so, you know, we feel it's so critical to find these publications, find these presentations and bring them forward. So everybody should subscribe to the defender. It comes in, I subscribe to it.

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Peter McCullough

You know, and we're constantly providing that commentary. You're not going to get this column in the New England Journal medicine or Jama. But let me give you an example. I use artificial intelligence, and I asked artificial intelligence how many manuscripts have concluded that the benefits of Covid 19 vaccination outweigh the risks? Answer 380. Oh, okay. Well, let's flip that around.

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Peter McCullough

How many manuscripts have concluded that the harms of vaccination far outweigh the risks? I know these papers are published because I'm an author and many of them. And intelligence answer was zero.

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Dr. Paul

There you go.

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Peter McCullough

So there should my big concern.

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Dr. Paul

With artificial intelligence, it is censoring the narratives. And people aren't aware of that. I mean they're going to that thinking this is the authority and it's it's very censored.

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Peter McCullough

Paul. Artificial intelligence is corrupted. We've even tested it on a childhood vaccine schedule. And it's corrupted there each time we find evidence of, corruption. So, and, and every single time you'll see these, things like, well, these complications occur, but it's very rare. It's like I didn't ask you how common it is. I just want to know the complications.

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Peter McCullough

And so artificial intelligence on vaccines is very important. Is not trustable. It's not trustable. Yeah. And it's because of this, artificial construct called vaccine hesitancy. So the vaccine industry has created a variable called vaccine hesitancy. And they've essentially made it an artificial mind disease. So if one is hesitant to take a vaccine, they literally are label disease.

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Peter McCullough

Yeah, there's a disease. Published over 20 scientific scales of vaccine hesitancy, one by Oxford and Emory and others. And so, what the reason why the literature is so poisoned and corrupt is, is what they would tell you is we don't want to promote vaccine hesitancy. So therefore we must suppress the articles that are bringing the truth and safety.

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Dr. Paul

Yeah. You and I would be classified right up there is vaccine hesitant and all we are is looking at the literature and doing a, critical thinking analysis of what what's out there? I mean, we have enough information.

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Peter McCullough

It's true. Now. You know, looking back, I took 69 vaccines myself over the course of life. Now, I, I don't plan to take any more. And I feel, you know, fortunate that I didn't suffer any trouble. Like, my children were fully vaccinated. I feel fortunate there. But there's enough evidence coming out that some can't take all those shots, Paul.

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Peter McCullough

And, you know, with children now, before Covid, it was 72 dose administrations before it could be higher depending on, you know, other conditions. In what we're concluding and I think everyone is around the world is concluding is that it's too much. The other important conclusion and the Association of America Physician Surgeons declared this in 2000, Paul, 25 years ago, that no one should face a requirement to take a vaccine to attend school or military or work.

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Peter McCullough

That vaccination is like any other medical procedure or decision. It should be unencumbered, should have no pressure, coercion or self reprisal, no mandates.

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Dr. Paul

That's, I've got a lawsuit to the to, the CDC on that very issue. They need to move all vaccines to schedule B so there can be no more mandates.

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Peter McCullough

No more mandates. And, you know, 88 countries have no mandates. So, you know, that's the question. You know, why us? It's not mandated in Norway or Sweden. They're not any different than us. It's the same diseases, same risks. And they should not I think, Paul, I honestly I think if there were no mandates or requirements, I think the temperature would come way down and this would be depressurized.

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Dr. Paul

Right. And and what they keep saying, all these terrible diseases will come roaring back. Well, we will illustrate that. That's not the case. And in fact, I think since this genie is out of the bottle, there are so-called herd immunity. You know, we need this percentage, 90, 95% of people to be vaccinated, to have herd immunity.

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Dr. Paul

Well, you're not going to have that. You don't really have it anyway, because adults don't generally go in for boosters. So that whole thing is sort of. Yeah, but,

00:28:16:10 - 00:28:40:41

Peter McCullough

No, no, it's true. What people are fearful of is the idea if large fractions of children don't take vaccines, that they'll illnesses will come back. And the one that's brought up the most is measles, right? It's so contagious. In that, you know, it's a big report in the United States, if we had 1000 or 2000 cases of measles now, our CDC, I think it's very deceitful here.

00:28:40:46 - 00:29:05:40

Peter McCullough

They report on the US measles outbreaks that 95% are unvaccinated or vaccine status unknown. That's a bunch of people. That's the CDC. They should tell us in that 95% who took the measles vaccine and then they should know, okay, right. That was just wrong to do that. And I point out, you know, in Europe, Paul, like last year, there was well over 100,000 cases of measles worldwide.

00:29:05:40 - 00:29:24:13

Peter McCullough

There's 600,000 cases. Yeah. So the measles vaccine is not related to a measles death. Remember when a child gets measles, whether or not they took the vaccine is irrelevant. What determines survival or death is actually how they're treated. So there's even protocols.

00:29:24:13 - 00:29:26:30

Dr. Paul

Vitamin K status. Yeah. Right.

00:29:26:35 - 00:29:50:51

Peter McCullough

Vitamin A vitamin A is a randomized trial. Vitamin A is treatment secondary antibiotics. Steroids have been used for the latest in the pneumonitis very successfully. You know supportive care in the ICU. So people go from vaccine to mortality. And it's completely inappropriate because the processes of care in between. I would make the difference. Sadly, there was a death in this Mennonite outbreak in Texas, and it was analyzed.

00:29:50:53 - 00:29:53:59

Peter McCullough

You know, it's because you didn't get appropriate secondary antibodies.

00:29:54:04 - 00:29:59:25

Dr. Paul

It wasn't the measles that actually killed either of those kids that ended up being labeled as measles. Death.

00:29:59:29 - 00:30:14:37

Peter McCullough

And and Paul in the European report of over 100,000 measles, cases last year, there were 36 deaths. And the W.H.O. can't even determine a single one that was directly determined, you know, related to measles. So.

00:30:14:42 - 00:30:37:40

Dr. Paul

Wow. Well, there you have it, folks. You don't need to fear measles or any of these diseases for which we have vaccines. The risks of the vaccines are now pretty darn clear. Thank you, doctor McCullough, for bringing all of this to the forefront. And as you wrap it up, I obviously want to remind people to sign up for your, focal points and go to the defender and sign up for that from Children's Health Defense.

00:30:37:44 - 00:30:49:52

Dr. Paul

What would your parting wisdom be for our listeners both on Covid? And I want you to just mention something about how do we prepare for perhaps another pandemic.

00:30:49:57 - 00:31:10:44

Peter McCullough

Well, for Covid, make sure everybody, you know has access to the wellness company Twix Health forward slash courage. The ultimate spy detox for those taking the vaccine spike support for lower level cases. Make sure you're ready. Well this company offers emergency

treatment kits to get ready for our next pandemic. I think everybody should be doing what I'm doing, Paul.

00:31:10:55 - 00:31:27:58

Peter McCullough

And that. Use a nasal spray and gargle twice a day. That's the best way to prevent viral respiratory illnesses. There's not dozens of clinical trials. I was on the plane yesterday from Washington. I use, clear Xlll. A couple squirts up each side, sniff it back, but I did it after I got off the plane. I did it last night.

00:31:27:58 - 00:31:46:41

Peter McCullough

And then this morning. Gargle. I gargle with spray. Why is great gargle. And we need to do this religiously twice a day. I got so sick, Paul, a few years ago you saw me on Fox News. I was sick every month. I had a cold every month in 2020 and 2021, 2022 was terrible. I'm finally on this program.

00:31:46:41 - 00:32:00:16

Peter McCullough

I went a year without anything. They had a mount called, my mom's in a senior home right now. She got two restaurants in one, so I got her on the spring gargle. She's pulled through just fine. So remember to do that. That's very important. And they tell me.

00:32:00:16 - 00:32:03:56

Dr. Paul

Not whether you're well or sick. You're disease. It's your maintenance.

00:32:04:01 - 00:32:20:30

Peter McCullough

It's maintenance. It's maintenance. There's now too many randomized trials. Pilot show is very effective. And we can reduce the burden of all of these, infectious diseases. Don't wait until you get a sore throat by the time you get a sore throat, Paul, it's already been in the nose for about 5 to 7 days.

00:32:20:35 - 00:32:33:04

Dr. Paul

Wow. Awesome advice once again. Thank you, doctor McCullough. I know you've got to get to that pickleball game. So, we're going to wrap this one up. I want to thank you again for coming back to, pediatric perspectives.

00:32:33:09 - 00:32:33:34

Peter McCullough

Thank you.

00:32:33:45 - 00:32:46:32

Dr. Paul

Thanks for watching, everybody. You can find me also at Kids First forever.com. And I look forward to seeing you next week.

00:32:46:37 - 00:32:48:41

Speaker 3

Okay. We are live. Can you tell us your name please?

00:32:48:47 - 00:32:50:43

Speaker 4

My name is Anthony Russell and you are?

00:32:50:44 - 00:32:51:58

Speaker 5

I'm Cassie Gomes.

00:32:51:59 - 00:32:53:46

Speaker 3

And you are brother and sister. Yes.

00:32:53:51 - 00:32:57:22

Speaker 5

She says this is my daughter. Poppy Gomez.

00:32:57:27 - 00:32:59:51

Speaker 3

Poppy. That's a great name. And how old? Poppy.

00:33:00:02 - 00:33:01:48

Speaker 5

Poppy is three years old, I.

00:33:01:52 - 00:33:09:13

Speaker 3

So this is so about your dad. I think you brother and sister of your dad. My first question. Did your dad take the Covid 19 shot?

00:33:09:18 - 00:33:12:37

Speaker 5

No, no.

00:33:12:41 - 00:33:20:37

Speaker 3

Of course he didn't. Did your dad have one of those post, things on the finger that measured the oxygen?

00:33:20:42 - 00:33:25:19

Speaker 4

I believe so. I didn't get to see him in the air. They wouldn't let me in to see or not in the army.

00:33:25:21 - 00:33:27:51

Speaker 3

But why didn't you go to hospital first?

00:33:27:56 - 00:33:52:07

Speaker 4

What? He got sick. It just seemed like a normal cold. There wasn't anything too severe until a few days before he went, Just started. Started breathing really differently. Couldn't get to sleep at all and have been a few days going on that way. And, he had a hard time keeping anything down. And so by that third day, not sleeping, breathing funny, not eating.

00:33:52:12 - 00:34:08:29

Speaker 4

We figured it was time to take him in. After talking to my mom on the phone, it was like, yeah, we need to take him in. This is getting scary now. So, we took him in and, take him in, locked him in, and, they just admitted him right away, and, and that that was it.

00:34:08:29 - 00:34:29:27

Speaker 4

And, he didn't call me till the next day. They wouldn't let me in at all with him. They asked if I had been vaccinated. I told him no, so they wouldn't let me in. They said it'd be, 14 days after I got vaccinated. That I could possibly come in to be with him there. So I just was able to talk to them on the phone a few times, and they.

00:34:29:28 - 00:34:32:17

Speaker 3

Still refuse to get the.

00:34:32:22 - 00:34:33:58

Speaker 4

I don't think he got the shot there, but.

00:34:33:58 - 00:34:34:21

Speaker 3

You.

00:34:35:22 - 00:34:36:13

Speaker 3

You had 14 days.

00:34:36:20 - 00:34:53:28

Speaker 4

Yeah. I refused to get the shot. Yeah, I ended up getting it, six months later because I moved out here. And, another side of my family was very into the vaccine. It was pretty much. I could not live with them. I could not be in the house unless I was vaccinated. So it was very opposite. And I, I ended up getting the Pfizer.

00:34:53:29 - 00:34:55:44

Speaker 4

So I got that one twice, I got it twice.

00:34:55:56 - 00:34:57:13

Speaker 3

It fit in on.

00:34:57:18 - 00:35:19:40

Speaker 4

Actually, I wasn't really like, on top of my game. I thought it was just depression for my dad passing. And I've always been an active person, and, I went from weighing about 200 to 230, and, I've had to lately really, assess my health more and more. And even trying to get into marathon running more and just really focus on my health.

00:35:19:44 - 00:35:32:34

Speaker 4

I can tell in the last few years, I'm not the same guy. It was. I've definitely lost a step or two. And, it's been something that I've really had to mentally attach every day now. So it's something that I notice that I'm not the same guy I was.

00:35:32:38 - 00:35:34:47

Speaker 3

Oh, are you done with vaccinations now?

00:35:34:52 - 00:36:02:40

Speaker 4

At least for those that aren't as because what they consider vaccines used to be a smaller category. But now with the mRNA technology, from what I understand, the the description of a vaccine is so much broader, it seems like. And the technologies haven't been have really been looked into. So and from what I understand, they had a new survey that opened up about how many things were going wrong, and then they just closed the survey down because I don't know what that was, call the maps or something like that.

00:36:02:40 - 00:36:10:17

Speaker 4

Surveys. But yeah, no, probably not what they would call a vaccine. Now. Anything. I'm listening. No, I'm not getting those.

00:36:10:17 - 00:36:13:25

Speaker 3

Okay, remind me before we leave. I have a book for your science book.

00:36:13:30 - 00:36:14:20

Speaker 4

Thank you, thank you.

00:36:14:29 - 00:36:21:40

Speaker 3

Hi. Going back to the story. So he's in hospital. He's just communicated with it via text.

00:36:21:45 - 00:36:37:08

Speaker 4

Text mostly, some calling, but he really couldn't talk on the phone. The first couple days, I just let him rest. We didn't think too much of it. So he called me the next day, about 24 hours, and told me, he's like, yeah, but, you know, I'm really sick. You know, they they got me on some real special medication.

00:36:37:08 - 00:36:55:00

Speaker 4

And I didn't think to ask of it what it was at first or anything. I didn't think anything that lethal would be getting in minutes for him. I wouldn't know what he did. So, a couple days later, after that, 3 or 4 days later, he's calling me, letting me know he's really sick and he's on the air equipment at that point.

00:36:55:05 - 00:37:22:21

Speaker 4

And, and I'm talking to the nurses slightly, and they're saying, yeah, it sounds like he's maybe getting some staphylococcus and but we can take care of that. And, but yeah, it seems like, you know, he's doing okay. And so we just, we weren't really worried about day five, day six into it. And then, day six, day seven, he calls me and, tells me he needs a fever and he needs a lung transplant, and I'm just like, what's going on?

00:37:22:21 - 00:37:46:22

Speaker 4

Like, how do we get to this all of a sudden? And, so I call my sister and my mom, it's three in the morning, and they call the nurses, and they. They tell me it's nothing to worry about. Don't worry about it. He's doing okay. And then, well, we're getting a call a couple days later, and, he's being intubated and, from.

00:37:46:26 - 00:37:53:47

Speaker 4

It just didn't sound like an emergency. Even then. They just didn't tell me. It didn't sound like it. So, I don't know, maybe I was being naive about it, or.

00:37:54:02 - 00:37:58:55

Speaker 5

I think dad might not have made it sound as. Yeah, mental as an actual.

00:37:58:55 - 00:38:01:14

Speaker 4

Yeah, he might have been trying to protect me.

00:38:01:14 - 00:38:04:25

Speaker 5

Over the phone. I think he was trying to protect you for sure.

00:38:04:26 - 00:38:08:19

Speaker 4

Yeah. So that might have been some part of it. We were really close. Really close. So.

00:38:08:24 - 00:38:32:56

Speaker 5

So Anthony and my brother lived in Colorado, and then my mom and I, we live in California. So when my mom and I found out about our our dad being sick, it was around Thanksgiving. And, you know, it was kind of that typical. Oh, these men, they can't handle being sick. He'll

be fine. And then, like Anthony was saying earlier, all of a sudden it was like, no, he had to go to the hospital.

00:38:32:56 - 00:39:02:43

Speaker 5

And we're like, oh, like, well, he's he's at the hospital now. He'll be totally fine. And we're having discussions here and there, and it's getting more serious. And I think he was being more transparent with with me and my mom. Maybe because we were so far away. But I remember that call at 2:00 in the morning where it was the nurse calling and saying, your dad wants to talk to you.

00:39:02:47 - 00:39:24:56

Speaker 5

We're going to be putting him under, and he wants to talk to you before, before before he goes under. And it was just really wild that this was a reality taking place. And he told me that he wasn't ready to die. And I said, dad, you're too stubborn for God to let you die. Like, that's not going to happen.

00:39:24:56 - 00:39:52:37

Speaker 5

Like it's going to be okay. You're going to you're going to be better. You'll be fine. And he wasn't. And it wasn't until I started making I probably called about a dozen attorneys across this country in Colorado, outside of Colorado, because I was trying to find alternatives for him, because at that point, I had gotten Ahold of a doctor with Front Line Doctors of America, and I had told him, hey, this is what's going on.

00:39:52:37 - 00:40:17:23

Speaker 5

And he had said, well, has he taken remdesivir? And I found out that he was administered remdesivir. And the doctor basically said, there's nothing much that I can do for you. Your

father. I'm sorry, but this is state sanctioned government. They commissioned genocide among a government's own people. And I don't know, there's much we can do for your father at this point.

00:40:17:28 - 00:40:39:37

Speaker 5

And that was really devastating to hear that. And I think I was still in denial about that, because I'm a very big control person and I can control things. And so the next day, I flew out from California to Colorado, and I saw my dad. They did let me, into the hospital. I had to get all geared up in my PPE.

00:40:39:41 - 00:40:57:11

Speaker 5

He was there unconscious. I was talking to him. I was praying over him. And then next thing I knew, hours later, they were calling a meeting in for me, my mom and my brother telling us that his kidneys had failed and that he wasn't. He wasn't going to live.

00:40:57:11 - 00:41:08:42

Speaker 4

Yes, kidneys are failing. His lungs were filling up with fluids and his heart was failing. And I, I kind of knew that was it. There was nothing.

00:41:08:42 - 00:41:16:42

Speaker 5

The frustrating part for me was I was trying to find these alternatives available for him, and they were refusing the model.

00:41:16:42 - 00:41:16:55

Speaker 4

What was.

00:41:16:55 - 00:41:18:56

Speaker 5

That? The model of the monocle. Right.

00:41:18:56 - 00:41:20:35

Speaker 4

Yeah.

00:41:20:40 - 00:41:43:53

Speaker 5

Ivermectin. Those were like the ivermectin was the big things. I had just heard that another father had gotten hospitalized, and the daughter fought and fought and fought to get some type of judge order in to get the hospital to allow that medication or that that medicine to be, admitted. But it didn't. It had to take a judge making that order to force the hospital.

00:41:44:06 - 00:42:04:00

Speaker 5

And we were kind of in that same situation. But when I talked to a law firm in Colorado, they said, you know, all of this is really new to us, and we have no idea. We just don't know how to navigate these waters. And there was an attorney that could navigate the waters in New York, but it was going to cost \$10,000 for us to retain him.

00:42:04:05 - 00:42:16:59

Speaker 5

But my dad didn't have enough time for us to get the \$10,000 in time to try to reverse any of the the effects from that medication that had already taken its toll.

00:42:17:04 - 00:42:26:11

Speaker 4

Yeah. And, for me, the last, last week, I was just a complete shock and I didn't know what moves to make. I had no idea. And if it wasn't for her.

00:42:26:13 - 00:42:44:51

Speaker 5

Well, you were he couldn't do anything because he had. Because he and my dad lived together. So because they lived together, he could not go to the hospital. Am I? They didn't have anybody else that could go and advocate for my father on his behalf. He was the only person available. Me and my mom were in California. We both live out here.

00:42:45:00 - 00:43:10:07

Speaker 5

He and my dad lived in Colorado. There was it was it was just disgusting how the hospitals were not allowing loved ones to come and be with them and be able to say, what, okay, what medication do you want to give? I don't know what kind of state my dad was in to be making actually conscious decisions on what is okay or not okay for him to be taking.

00:43:10:10 - 00:43:11:32

Speaker 3

What hospital was us?

00:43:11:37 - 00:43:13:40

Speaker 4

I was Presbyterian.

00:43:13:45 - 00:43:15:02

Speaker 5

Know, in Colorado.

00:43:15:11 - 00:43:23:32

Speaker 4

Colorado Springs, Colorado. I want to say it was Presbyterian. That's what it was. I might be wrong about that. I want to say I was Presbyterian.

00:43:23:37 - 00:43:35:15

Speaker 5

And it seemed like the the nurses, the staff there that they were, I think they could tell that what was taking place was not okay. And that.

00:43:35:15 - 00:43:51:27

Speaker 4

Yeah, the distance of the nurses was something different. Usually we've gone to the hospital for surgeries and stuff and they're very, you know, just comforting. They're right there. But man, we were going into there and it was just like they didn't even want to look at us kind of thing.

00:43:51:27 - 00:43:53:53

Speaker 5

And I think they felt really bad for us.

00:43:53:55 - 00:43:54:55

Speaker 4

Yes.

00:43:54:59 - 00:44:14:47

Speaker 5

They I remember hearing them say like, oh, we I remember them making a comment during like when they were changing shifts about, oh yeah, we're like, we've lost, we've lost this money. And it was like a comment like, like, okay, that's kind of normal, so to speak. And I'm like, this isn't normal. This isn't okay. This isn't okay.

00:44:14:47 - 00:44:25:08

Speaker 4

Yeah. Just not being able to be with him near the end was so rough. And that's that's it breaks my heart is he was just alone. Nobody from his family was there.

00:44:25:08 - 00:44:26:22

Speaker 5

Nobody. Nobody.

00:44:26:22 - 00:44:27:40

Speaker 4

Not one person.

00:44:27:40 - 00:44:29:47

Speaker 5

Nobody. It happened so fast and crazy.

00:44:29:47 - 00:44:30:40

Speaker 4

Won't even let him.

00:44:30:41 - 00:44:33:11

Speaker 3

I don't know how many parts.

00:44:33:16 - 00:44:35:31

Speaker 5

We were there when.

00:44:35:31 - 00:44:37:47

Speaker 4

We were there. Like, yeah.

00:44:37:52 - 00:45:02:52

Speaker 5

We were there. And it was kind of. It was even we were just being. I felt I felt bad for the staff, but it was more disgusting for the families like us experiencing it. Where we had to get suited up still and get our PPE all donned on. And we we were there initially when they started the process and our mom was there too, but she just was having a real difficult time processing everything emotionally.

00:45:02:56 - 00:45:12:18

Speaker 5

And at the last minute she said she did want to be in and the nurses actually let her in the room, and they weren't allowed to let more than two people in.

00:45:12:25 - 00:45:13:04

Speaker 4

Yeah.

00:45:13:08 - 00:45:16:29

Speaker 5

So they just, they, they I could take.

00:45:16:35 - 00:45:17:33

Speaker 4

The calls or I could.

00:45:17:33 - 00:45:26:05

Speaker 5

Tell they didn't agree with it. I could tell they didn't agree with protocol. And but it's like their jobs. Where are they going to say no.

00:45:26:10 - 00:45:28:09

Speaker 4

Yeah. I mean, yeah.

00:45:28:14 - 00:45:34:16

Speaker 3

So what happened at the end that they ask you to take him off the ventilator? They give him a cocktail of.

00:45:34:21 - 00:45:50:07

Speaker 4

Yeah, they they just asked us, you know, do you know he's going to do it naturally or, you know, you kind of just want to take them off everything and see how it go. So for me, it was, I knew he was going to be on the machines the whole time. From what I understood that, that that was it.

00:45:50:08 - 00:46:12:29

Speaker 4

He was. He was done. So, I didn't want him to be in any pain. So the machines weren't going to do it for him? Then I just decided this is his time, and I didn't want him to suffer. We kind of talked about things, you know, about how he wanted to go, and I knew suffering was not not on the table for him.

00:46:12:34 - 00:46:19:18

Speaker 4

Not like that, I like that, yeah. So, I decided I decided Cassie didn't want to, but.

00:46:19:23 - 00:46:28:47

Speaker 5

Yeah, I wanted I wanted to fight, and I. I wanted him to at least get some ivermectin, get some other alternative. But,

00:46:28:52 - 00:46:51:20

Speaker 4

The kidneys failing in him not pushing anything through, and, his lungs just turning into liquid and his heart just failing. I, I just knew, I just, I, I known enough about health to know when, when someone's time is time and I've been wanting. I didn't want to admit it help that moment. I just didn't. So it wasn't for her.

00:46:51:25 - 00:47:10:20

Speaker 4

I. I couldn't have called anybody. I and I could talk to the nurses more than I did near the end because it was just I was getting into shock. I felt like I, I just didn't know what to do because, like, you were supposed to be there. Like, I ran through a scenario of my dad passing a million ways, but never did I think he was going to be alone.

00:47:10:25 - 00:47:35:09

Speaker 4

And, and and he was going to be from our own U.S policies or some something like that. And we've been very patriotic person. We believe in the Constitution. We believe in those ideals. We we believe in the forefather ideals. We believe in God in, in and country and family and self in that particular order. In a lot of ways, it's how we were raised.

00:47:35:10 - 00:47:58:40

Speaker 4

It's how he his ideals were forged and drawn into me. And then all of a sudden, because of the policies that we're following now and on his last end of life is being determined by that. And it's going against everything that we've kind of felt in pride and in our own country and just how we're supposed to be, at least choose how we die, to some degree, felt like it was stripped from him.

00:47:58:44 - 00:48:15:11

Speaker 4

And that's the last bit it did me. Anybody gets is at least get to choose how you go. And it didn't seem like you had a choice, and it didn't seem like we were given the different options or veils that were going to be coming across and how to take those. No, we weren't told that we weren't any good.

00:48:15:25 - 00:48:18:24

Speaker 3

So did you get his medical records afterwards?

00:48:18:29 - 00:48:23:13

Speaker 4

The medical records afterwards? No, I don't think we reclaimed any of that stuff.

00:48:23:17 - 00:48:28:34

Speaker 5

I think there was too much hurt from my mom and my brother. Yeah, I pursue that.

00:48:28:34 - 00:48:44:10

Speaker 4

I was in a place I just did not want to be mad. I knew there was going to be so many people like me that were going to handle this situation. I knew that something was so off and so wrong that I didn't have to be mad at this, because there was going to be people to take care of it.

00:48:44:10 - 00:49:02:40

Speaker 4

I knew God was going to take care of this. I knew people that believed in God. We're going to be shown a path that have this, this drive through them, this spirit, take over them. So I didn't have to do it. And and for me, I, I personally love the Christ. I believe in Christ now more than ever.

00:49:02:51 - 00:49:19:13

Speaker 4

And I fell out for a while, but as soon as he passed, it was something that just the next day it was just Christ came back into me. And my sister was a big part of that. And, I knew, I knew I didn't have to be, man. I woke up the next day just. And I remember telling her crying on the couch, I was like, I don't want to be mad.

00:49:19:17 - 00:49:37:19

Speaker 4

I don't want to be mad. And I know there's something else. I don't have to be mad. I don't have to be mad. So that was my thing. And so I just didn't get into the medical records. I knew that something was going to come up for me. It wasn't shortly after and seen on Google and remdesivir, and so I didn't have to be mad.

00:49:37:21 - 00:49:40:25

Speaker 4

I didn't have to take that sword.

00:49:40:30 - 00:49:57:55

Speaker 5

I did email them though, and they never responded back. And because my brother and my mom weren't really pushing for it, I just was like, okay, I'm going to just sit back. But at least I did try to email. And it was no response on how to get that. Yeah.

00:49:57:59 - 00:50:00:37

Speaker 3

So is there anything else you want to add to this?

00:50:00:41 - 00:50:19:18

Speaker 5

I just want to add that, I mean, if you look at Anthony and I, we obviously don't look like we're we're brother and sister. But just in memory of my dad, he came into my life when I was about two years old, and my mom, not that this sounds great, but she's been married three times. Our dad's husband, number three.

00:50:19:23 - 00:50:39:49

Speaker 5

But, he really. I think it takes a special man to be with a woman that already has two children from two previous men. And if it weren't for my father, if it weren't for my stepdad, if it weren't for him, I wouldn't be where I am right now. And I'm so thankful that he helped raise us to be a family.

00:50:39:54 - 00:50:59:28

Speaker 5

And, I just can't believe he's gone. Still, it's wild. And, I think he'd be really proud of us right now doing this and trying to just share our story and share him. But, he was he was he was such a great dad during our childhood. I, I'm so blessed that he was our father.

00:50:59:40 - 00:51:17:17

Speaker 4

That is the one thing that gets me through this is I know I'm lucky. I'm lucky. I'm so lucky. Even with this death of him, I am one of the luckiest towns I know. Because I got to do all the things you do. Baseball. He was always playing catch with me. I got older, got into cars. We built a car.

00:51:17:17 - 00:51:34:58

Speaker 4

We bought a house together, remodeled the house. All these things you do as men in growing up throughout the ages. I got to do that with him. So I got a lot of things in there. A lot of people don't in this world. And, I cherish that so much. And so,

00:51:35:02 - 00:51:45:37

Speaker 3

Well, if you will allow us, we'd like to have a photograph of him and put him in this memorial we have of all the others that were killed by hospital protocol, all this, I will.

00:51:45:38 - 00:51:47:46

Speaker 5

Remember him. Thank you.

00:51:47:51 - 00:51:48:56

Speaker 3

Thank you, thank you for joining us.

00:51:49:03 - 00:51:54:16

Speaker 4

Thank you.

00:51:59:35 - 00:52:01:11

Dr. Paul

I look forward to running

00:52:01:11 - 00:52:25:29

Dr. Paul

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00:52:25:35 - 00:52:32:51

Dr. Paul

I'm **Dr. Paul**.