

# THE REAL NUMBER OF COVID VACCINE INJURIES AND DEATHS

WHY **LESS THAN 1%**  
ARE REPORTED IN THE  
“OFFICIAL” FIGURES



**VACCINE SECRETS: COVID CRISIS**  
**THE REAL NUMBER OF**  
**COVID VACCINE**  
**INJURIES AND DEATHS**  
**WHY LESS THAN 1% ARE REPORTED IN THE “OFFICIAL” FIGURES**

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## DR. PETER MCCULLOUGH

**Jonathan Otto:** Yeah, I can see that because some people are going out and getting the vaccine with the basis that they feel like, well, it's going to become mandatory for travel, even though it is not that way in most cases. And then they're doing it preemptively. So then come to VAERS. We know that VAERS is an important reporting system. A lot of confusion is coming out around this. And there's a lot of fact checking that is completely ridiculous when it comes to people misunderstanding how this platform is supposed to be used. The importance of the data, the fact that under-reporting is the biggest issue in terms of that it's just a tip of the surface. It's like a fin on the top of a shark that tells you that it's a shark, but it doesn't tell you how big that shark is. It gives you a prospective measurement. Namely, the government-funded Harvard study that showed that only less than 1% of vaccine adverse reactions were reported due to how difficult that is. And I'd like to hear from you about that. And also why it's important for people to understand that VAERS has very important data that we need to be assessing. And the way that it's supposed to be consumed, that information, because it's been widely discredited. I'm sharing this with friends and family and they're getting used to giving these blanket statements. "Well, this is not proven", as if they're waiting for all the autopsies to be done, and they're not actually waiting for those autopsies to happen or expecting them to happen. And it's basically like shutting up your ears to all these people screaming at you. It's very inhumane, by the way, but I'd love to hear from you on that point.

**Dr. Peter McCullough:** Well, the Vaccine Adverse Event Reporting System, or VAERS, in the United States, and there's a Yellow Card system in the UK. I'll tell you about the United States since I know it well. The CDC tells the public, "Go to VAERS and study the safety outcomes." The consent form says, "Go to VAERS and review the safety." So VAERS is the way that the CDC is telling the public regarding safety. It's all through their web pages. It's all through the consent form.







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The VAERS reports start out as preliminary reports. So doctors and nurses largely fill these out and then they're submitted and then they actually have to be verified by the Center for Disease Control. I've done this myself, where I filled out a VAERS report, and then I get a phone call or an email from the CDC to verify what's going on before they accept it as a verified safety report. So what I'm showing you on the red box is that comes from OPENVAERS.com, and that is an overlay over the VAERS system that's updated once a week. And those are verified by the CDC. They use some search algorithms, for instance, to search for death anywhere in the report, and a few other things, so the numbers can be a little bit different than what others may quote, but those are basically demonstrating to the public that this is an extraordinarily unsafe set of products, an extraordinarily unsafe. We've never had 9,000 deaths that just happened right after receiving... If we had a drug that had 9,000 deaths that occurred after it, it would be considered basically a lethal product. The usual thing, if a new drug hits the market and there's five deaths, it gets a black box warning by the FDA. We get to 50 or 60 deaths, that product is off the market. And I've been involved in some of those market recalls and to be one of the adjudicators, to look at it. To blow past 186 deaths in January 22nd, we were far beyond any limit of acceptability. And now to run it up to the current numbers of 9,100 deaths is basically unacceptable. It is considered completely and totally unacceptable. Americans are going absolutely nuts about this. I just drove past the vaccine center coming home today. It's closed. I mean, people haven't been in the vaccine center for a couple of months. Every American knows somebody who's died, been injured, or been hospitalized after the vaccine now. And we're stuck at about 48% of Americans getting vaccinated.

**Jonathan Otto:** That is important news for people. Australia's had some issues there too, because we have a higher death rate of people that have died from the COVID vaccine than from COVID here in Australia. And the reports have been, up until a couple of weeks ago, it was 303 reported deaths, in comparison to one death from COVID, and then now allegedly it's two, and it was a 95-year-old woman. I'm talking as of July 14th. So this is important to know that a lot of people are seeing the credibility in voices such as yourself and the testimonies of others that is causing them to not go get the vaccine. That's good news. I see such mixed reactions. I see a lot of people, like, virtue signaling, making everybody else go get it, everyone, all that as well. But coming to this issue of the fact that all the warning signals have been ignored. It's full steam ahead. The fact that these companies have no liability. The fact that they've had over \$33 billion in lawsuits, criminal offenses, including falsifying clinical trials paid out to the Department of Justice. There seems to me, I perceive malevolence. I perceive. But some of these things could be explained by a pursuit for money. Some people talk about depopulation. Some people talk about bio weapons. I'd like to hear from you what you think about these subjects as to why the death rate could go so high and it's still full steam ahead.

**Dr. Peter McCullough:** Well, it's the perfect storm. So we had a pandemic. The pandemic created unprecedented amounts of fear, loneliness, isolation. Our governments and our major academic medical centers basically walked out on the public. They provided no early treatment approaches, no guidelines, no studies. You know, Harvard and Mayo Clinic and Monash. They just evaporated as institutions. They didn't do anything to help outpatients to prevent hospitalization and death. The public was wondering what happened. What happened to any help? Doctors quit answering the phone. I mean, it was really extraordinary what happened. So there was this kind of auto preparation for the narrative, and the narrative was, "You're going to be saved by a vaccine. Stay in lockdown, wear your mask, follow all the rules, and wait until you're saved by the vaccine. In fact, freedoms would be tethered to the vaccine. You can go out now and do something if you take the vaccine".



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Well, listen, the vaccine better be really good and really safe in order to pull off that type of policy approach. We know now that the vaccine basically doesn't work. So we had coming out of the clinical trials, Pfizer and Moderna were at about 90% effectiveness. Then we saw a paper from Denmark showing it was about 90% effective in the nursing home markers, but only 60% effective in the seniors who are sicker. We've had now reports of patients with immunodeficiencies. They get no antibody responses whatsoever. With AstraZeneca, we know that the South African variant, 50% of the time, it just easily got past the vaccine. Fast forward. Now with Delta, the Indian variant, born out of India when they started vaccination, we now have 90% of cases in the UK of the Delta variant. 42% were fully vaccinated, most frequently with Pfizer or Moderna. We have about a 60, calculated 67% efficacy rate in Israel. That means they have tons of people in Israel who are getting COVID-19 that are fully vaccinated. Now fortunately, the rates are low and these are small bumps off low rates. Okay? And not only that, but the subsequent variants are far more indolent. And so Delta is far less fatal or serious than the UK variant or even the South African variant or Brazilian variant. And now we have Lambda coming out of Peru. That was because of the Sinovac vaccine that was used there that actually prompted that variant. And now Epsilon from California, prompted because of Pfizer and Moderna. So the vaccines are reducing the genetic diversity of the strains, and they're kind of prompting these variants. Fortunately they're mild, but they escape the vaccine. The vaccine at this point in time is completely useless. It doesn't work well enough. None of them work well enough to actually take, because you're not going to get much of a benefit out of it. And again, they look so terrible in terms of safety. So leveraging the entire pandemic response on biotechnology that was destined to fail, basically it failed within six months, and that has racked up a safety record like this, is going to go down in world history as probably one of the biggest overall global blunders of public health authorities of all time.

**Jonathan Otto:** Wow. Yeah. That's true. And for those that live to tell the tale, because it... And that's the scary part... When it comes to the animal trials and animals dying, some studies where all the animals died and then, fact checkers try to say, "Well, the animals didn't die from the vaccine, but it was this issue that happened with the immune systems of the animals." And, for me, I've looked at blanket summaries over these that over 50% in general of the animals died and some of the studies where all the animals died. And I start to worry about what the future looks like for the vaccinated and what it looks like 6 months, 12 months into the future. What are your concerns there with people, and in regard to some of this data that came out with the animal studies?



**Dr. Peter McCullough:** Well, the temporal relationship with death, which is the most serious outcome, has been carefully analyzed by Rose and colleagues in the Journal of Public Health Policy and Law. It's clear that this mortality risk is in about a week and it is explosive. Patients die of these reactogenic deaths. The spike protein basically causes fever, chills, nausea, vomiting, difficulty breathing, and it's lethal in about 48 hours. Much more in seniors than younger people, people in their seventies or eighties. There can be immediate allergic reactions where patients die right in the vaccine centers. And then there are these late deaths at about two weeks that relate to blood disorders, blood clotting, low blood platelet count called thrombocytopenia purpura. There's actually names of diseases based on this called spike protein disease or vaccine-induced thrombocytopenic purpura. So believe it or not, we have diseases named for what the vaccine does in terms of these serious injuries.



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We'll never know on animals because the animal studies were truncated. We never had mutagenicity studies. We never had comprehensive animal studies. As you've mentioned, what was done in animals didn't look good. Many of the animals died in some of these models maybe because of wrong dose or because the cells couldn't take out messenger RNA. We know in the biodistribution study from Pfizer in Japan, that the lipid nanoparticles hyper concentrate in the ovaries and the adrenals. That's very worrisome. In fact, it was known several years ago that these lipid nanoparticles would be taken up in the corpus luteum of the ovaries and no surprise why women have disturbed periods. And almost certainly we're going to have impact on fertility. And then we have the Moderna study in the animals from the European Medical Association where they basically asked them to do a study in animals and it did drop fertility. Not to the level where it killed the program, but it was a substantial drop. So everything we've seen scientifically on the vaccines looks bad.

**Jonathan Otto:** Speaking of fertility, the rate of reduction in fertility, I've seen some studies suggest up to 80% or 82%. I am curious on these numbers. I know that Dr. Robert Malone was the alleged, I mean, I believe him to be the inventor of the mRNA technology. I know that that is being contended, but I believe that to be true. I'm curious on that from you, but with what he had presented with, I'll call it spontaneous abortion and heavy flow, often getting confused. Like, what can be happening is it's not just a heavy flow. There's these spontaneous abortions happening that are unintentional. What would you say for that and this issue that's happening?

**Dr. Peter McCullough:** Well, I'd say to the women listening that women of childbearing potential were excluded from the trials by Pfizer, Moderna, J&J and AstraZeneca in the USFDA. So listen, if they think you shouldn't get the vaccine, don't walk into a vaccine center and get it. They restricted these women from the studies, because they thought it would hurt fertility. So there's no reason for a woman of childbearing age to ever take the vaccine. If the manufacturers and the agencies thought it could impair fertility, and we see data supporting the idea that they can reduce fertility, a woman of childbearing age should never take the vaccine. It's a very, very important outcome. See, the agencies right now are saying, "Listen, this is completely voluntary. You can do what you want." And then all these external pressures are pressuring women. Women need to actually forget the external pressures and look objectively at it. And you've been told, don't take the vaccine. Full stop. And so we can avoid this hit on fertility. Almost certainly we will. There is a disputed paper in the New England Journal of Medicine that did show alarmingly high, first trimester fetal loss rates, but because no woman was followed through entirely nine months, we have these different windows of time and we can't get a straight story. The rate of fetal loss could be as high as 83% in the first trimester. Others dispute it. Suffice it to say, it doesn't look good. Pregnant women should not get the vaccine. Women of childbearing potential should not get the vaccine. Remember anybody under age 30, you're far more likely to actually have a serious complication of the vaccine than ever to be harmed from COVID-19. COVID-19 at this point in time is a mild cold. It's not something we want to take a dangerous vaccine for.







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**Jonathan Otto:** The future of humanity seems to be a very important subject here with not only female fertility, but also male fertility. There are anecdotal reports that have come from fertility clinics reporting that their patients are sterile. It's hard for us to verify some of these things because perhaps the people don't want to come forward, or it could be disinformation. But the point is that the people in the clinical trials were not allowed to have sex without a condom. So I'm supposing you might be familiar with that. But those things to me appear kind of very scary, because it was almost like it was intentionally avoided, whereas that should be very much observed to see whether is this going to have any issue with fertility.


**Dr. Peter McCullough:** No, I disagree with that a little bit. That's standard in clinical trials. Yeah. To basically guarantee contraception by two are more methods, just to try to keep the study clean. Let me just kind of give you a perspective. There's been a massive number of people taking the vaccine. They get a sore arm, they feel a little sick, and that's it. And they do fine, a massive number of individuals like this. I think what's happening is that the biotechnology, which is a gene transfer technology that has formerly failed... There were 24 of these platforms, nine of which they were trying to develop vaccines. They all failed. One of the reasons why they failed is it doesn't get taken up very much in the body. That's the reason why it doesn't transfer the gene. I think, believe it or not, the failed gene technology transfer, of which some people thought they were going to get the Nobel Prize for, actually has failed but the failed genetic technology is what actually gives a favorable result with the vaccine. You get the vaccine, maybe get some limited immunity, and you're done. It's when people actually take up too much of the messenger RNA or adenoviral DNA and they really get this gene transfer. That's what we're seeing the fatal reactions, the neurologic damage, myocarditis, immune system dysregulation, and then thrombosis, and blood clotting, and death. So believe it or not, when the gene transfer technology works really well, that's where we see these nonfatal and fatal events.

**Jonathan Otto:** So, basically I've heard it described that our bodies become a factory for the spike protein manufacturing. And then this is distributing all across the body and embedding itself in tissues all across the body, and hence, and the heart being, the brain, every organ. But then these cases of myocarditis with youth and all ages then is attributed to the spike protein doing its work that it's intended to. Yeah.

**Dr. Peter McCullough:** You get the right interpretation. The last thing you want in delicate heart muscle cells, which have to be striated right next to each other, is you don't want to have spike protein produced in the heart muscle cells and the satellite cells then cause inflammation in the heart. That's a disaster, and worse yet, actually have spike protein distributed to the heart. You would never want it distributed to the brain or the lungs or the endocrine organs or to a placenta. It's a disaster to think that a biotechnology was developed that makes the human body make a lethal protein as part of its mechanism of action. It's unthinkable. And just by that mechanism alone, honestly, it never should have moved forward.

**Jonathan Otto:** Wow. And that's a huge warning for people that the technology itself is flawed and that's something to be concerned about. I really do think about man trying to play God and how disastrous that becomes. And looking at all the other treatments that are available, harnessing the body's natural... Like it's...





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... natural way of processing and combating disease and strengthening immunity. Then the public has become obsessed with this idea that we could get inside the RNA. It was like, “How convinced are you?” And I’m like, “Okay. Great. I love the ambition here, but who wants to volunteer the entire world to be a part of this human experiment to see what could possibly happen? What could possibly go wrong?”


**Dr. Peter McCullough:** But let me comment on that, you look at that most of these platforms, they weren’t trying to treat a cancer, storage diseases like Fabry’s disease, heart failure. The design of these were for chronic diseases. These were designed to be a maybe once monthly or once every three month injections. I’m telling you this stuff was designed to stay around in the body a long time, and you do not want that for a vaccine. So there’s great concern that in fact, there is some gene transfer. If there is it’s by reverse transcriptase. And that actually means that the RNA allows some DNA to laminate against it and the DNA goes into a library in human chromosomes called the Herve region. And that in fact, now it joins Epstein-Barr virus and herpes viruses and others that’s in this library and actually potentially could allow the expression of other viruses. We’ve seen this a little bit, by the way, with shingles. So patients get this vaccine and they pop out with shingles and that was a little sign to some of us that, in fact, reverse transcription and actually having some retro viral DNA go into our permanent chromosomes, may in fact be happening. All of this we don’t want. None of this sounds good. It sounds like genetic manipulation. It could be thermodynamically unstable by the way. When we introduce a messenger RNA into cells and there’s a mosaic of cells, some normal cells, some that have taken it up, now those cells are asked to do something very abnormal, that doesn’t happen. The human body is always regulating genes and proteins all the time in response to things. We just don’t add on something and say, “Okay, go ahead and take a spin and make a lot of spike protein.” That’s a very, very diabolical thought, if you will. Some people thought they were going to win the Nobel Prize for this. They thought they were going to win the Nobel Prize for saving the world and I think a lot of them may be behind bars when it’s all over with.

**Jonathan Otto:** Yeah. Well, let’s pray that people wake up in time so that no more damage is done. And so now come to the myocarditis issue and youth. There’s a huge issue there. Israel was a rollout where lots of cases have been reported of young people having these issues. And I checked VAERS myself for the 12- to 17-year-olds and it was just really sad. I saw in one week, it was just this past a couple weeks. In one week it was 14 deaths and it was very sad to read all the different deaths. And there were some unusual things that were reported and one was a suicide- or two were suicides in that week. And then I also thought about, there was an actor, Ben Stein, talked about when he got the injection that he had severely irrational thoughts. And one of the youth were on medication and the other one wasn’t and both of them were suicide, and I did think about that as well. I did think about some of these other things that we’re not talking a lot about, the possibility of mental health episodes in connection to this. And then I’m thinking about other issues as well with cancer, because that’s not talked about. And for me, I think that it should always be a concern, especially when autoimmunity is concerned, because studies that I’ve looked at have shown that if you have autoimmune disease, you’re five times more likely to get cancer. Yeah. Please. Please. I’d like to hear.

**Dr. Peter McCullough:** I got to have you stop because you load up all these things.

**Jonathan Otto:** Yeah. Too many things. I love it. Please.






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**Dr. Peter McCullough:** Okay. Let's take myocarditis. There's an official warning by the FDA on the messenger RNA vaccines for myocarditis. The current number that the CDC has verified is 2,000 cases now, tip of the iceberg. A few weeks ago they thought they had 200. It tends to occur in younger people. Again, younger cells probably take up more of the messenger RNA spike protein produced in cardiomyocytes, satellite cells, causes inflammation, causes heart muscle damage. The clinical presentation is chest pain, EKG changes, elevations in cardiac troponin, a test of cardiac injury to a very high level, much higher than a heart attack, by the way, and then the signs and symptoms of heart failure. And we actually can see the heart beginning to fail on echocardiography in about 25% of individuals. The CDC, when they reviewed this in the week of June 23rd, had about 200 cases, 90% of the kids had to be hospitalized. They had reduced pumping function in about a quarter. They had to go on heart failure medications. That means no activities in school and heart failure medications for three to six months and a reassessment. I have seen these patients in my office. It's real. I've been on national TV. Now when I go on national TV, keep in mind, I'm the most authoritative doctor that America has, right? So I've seen and examined hundreds of patients. I've advised on many hundreds more, if not a thousand. I have the most peer-reviewed publications. I'm the most published person that you'll see on TV. I had COVID-19 myself. I've had family members- my family have COVID-19, including fatal cases. I think in a single person, I am the most authoritative person to guide people on this. And I've told America very clearly, no one under age 30 gets the COVID-19 vaccine, full stop. There should be no reason why a 13-year-old kid comes in, this was presented on national TV, where he gets fatal myocarditis in a few days. There's been a young African-American woman, a teenager, who goes all the way to heart transplant and dies. This should not be happening. Full stop, no kids get the vaccine, period. If they feel forced by their schools, dispute it and show up anyway and say, "It's under dispute. Sorry." Full stop, we just cannot do this. There's no other safe way around it. We can't fool around with this.

Now the neurologic complications, they occur: optic neuritis, blindness, a whole variety of cerebellar- cerebral symptoms, cervical myelitis, paralysis, Bell's palsy, half the face being paralyzed. Now yesterday, USFDA, official warning, puts out there that now Guillain-Barre syndrome, ascending paralysis is now officially associated with the Johnson and Johnson vaccine, but it doesn't stop there. Blood clotting, we know AstraZeneca and Johnson and Johnson have warnings age 18 to 48 for blood clotting, serious blood clotting, particularly in women. Where do the blood clots form? In the brain. It's called cavernous venous thrombosis, very difficult to deal with once it occurs. Again, women in this age group, age 48 and down, now this is even a broader group, under no circumstances should receive the COVID-19 vaccines. These vaccines, again, have no opportunity for benefit only the opportunity of harm.

And then lastly, these immunologic syndromes and what have we seen? It's called multi-system inflammatory disease, MIFC. This can be associated with the myocarditis, but it can occur independently and it's a real problem. It's organ inflammation throughout the body. It was initially reported by Kaiser Permanente in California. We have plenty of spontaneous event reporting indicating these are all tip of the iceberg. These are massive problems. Again, these are, in a sense tell-tale indicators that our federal agencies have basically committed malfeasance, this wrongdoing by those in authority to not be transparent on safety and not make the important product recalls early.





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**Jonathan Otto:** Wow. Thank you. I'm so grateful for this information, Dr. McCullough, I really am. I'm so grateful for people such as yourself standing up. That's really compelling. The cancer risk- that doesn't get talked about and perhaps we don't know enough about that. The ingredients concern me, even the fetal cell use, for me, I do feel the possibility around the fetal cell use having a cancer connection, as well as other ingredients that are in the vaccines. What would you say to that?

**Dr. Peter McCullough:** Yeah. So let me comment on that. So I mentioned that these products skipped what's called carcinogenicity testing. And that's traditionally not done for vaccines, but it is done for drugs. But this idea of do we know these drugs cause cancer or not? Well, when you think about it on the surface, we're causing the body to make a viral protein. Some viruses actually are cancer promoting like Epstein-Barr virus and others and human papilloma virus. But what's been found now is the spike protein itself independently interacts with key tumor suppressor genes, P53 and BRCA. These influence breast cancer and solid organ cancers. So if the spike protein is made for any duration of time, there is a plausible biologic explanation about why they could be cancer promoting. Now we're seeing a lot of reports of cancer within a few weeks or a few months, and people say, "Oh, could the vaccine have caused the cancer?" And the answer is, no. The cancer was obviously brewing for months and just the sickness of the vaccine caused the investigation and the cancer was found. But long-term, if cancers do emerge, particularly breast cancer in women, now we know that the vaccine distorts the breast in the woman to such an extent that the mammograms cannot be interpreted normally. So women are advised after these vaccines to not get a mammogram for a year. So we know that the material, it goes right up into the breast and the inflammatory material. All these ought to be lots of strong signals to women, don't take the vaccine, just say, no, file an exemption, file in a dispute. It's not worth your health to take one of these vaccines.

**Jonathan Otto:** And this is the ludicracy of what's happening because the chances of dying of COVID versus breast cancer for a woman? Man! What are we talking here? 99.9787% survival rate for COVID. Women getting cancer in their lifetime is one in three.

**Dr. Peter McCullough:** Well, I mentioned the unique female risk and sure breast cancer later on, but there was a commercial that was put out by the Australian authorities of a young woman, and she's an actress obviously, but she's playing as if she has COVID-19. And she has oxygen in her nose and she's squirming around, and she's really anxious and sweaty. And I was asked, "Well, what do you think about that, Doctor?" And I said, "Listen, she looks like she's 28 years old. COVID in someone like her, especially with Delta or the newer variants is going to be like a drippy nose. It's going to be like a mild cold," I said, "that person, she looks like somebody who had a blood clot that shot from her legs to her lungs. That person looks like a pulmonary embolism that would occur after one of the COVID-19 vaccines. That's what that looks like." And the announcers were stunned with that interpretation, but it's true. Women are far more likely to be harmed with the vaccine than be helped. COVID-19 is easily treatable. We just have to move on without the vaccine.

**Jonathan Otto:** Thank you so much. And I know you talked about the spike protein with the breast milk with a baby. And was it even the CDC that actually even made it clear that the spike protein was found in the baby, which showed that it was transferred through the breast milk? Is that correct?



**Dr. Peter McCullough:** Well, that was presented to Americans by Dr. Harvey Risch from Yale on one of the national TV programs, where there was a clinical vignette in VAERS where a breastfeeding woman, again, someone who should never take the vaccine should never take the vaccine. What does she do? She takes the vaccine. And then within a couple of days, she's breastfeeding the baby and the baby dies and analysis of the baby, and the baby looked like it developed a blood disorder that would be caused by the spike protein. So it looked like we had a straight line of the spike protein in breast milk killing the baby. This ought to be very strong information to women to stay away from these vaccines, no matter how much social pressure, no matter how much you want to travel, or you feel like your freedom or your employment's linked to it, it's not worth the death of a baby. It's not.

**Jonathan Otto:** Yeah. And now on conspiracies, I'd like to hear what you think about some of the top conspiracies. And when I say "conspiracy", let's get the definition straight. Conspiracy does mean secret, organized crime. Okay. Technically conspiracy would exist and does exist. There is secret organized crime. These things do happen, but I'm talking about either intentional misinformation or unintentional misinformation and that's what I'm meaning. And that is the way in which the word "conspiracy" gets used, so I'm using it in the way that it's used, not in the way that it actually means, which is we should be concerned about actual agendas going on. It's not like these companies don't have a record of doing such things already, but nevertheless, what are the things that maybe could derail people? I know graphene oxide would be one. I know that Dr. Luc Montagnier, the virologist that discovered HIV had allegedly had said that people die within two years and we need to prepare for the bodies to be incinerated. I even had one of my team members try to transcribe the video and we couldn't get... No. It does not appear that he said that from what I can see, but I could be proven wrong. I'd like to know about these things. Graphene oxide. I don't know any other things that are coming up. Maybe graphene oxide is true. I don't know enough about it. So I'd like to hear.

**Dr. Peter McCullough:** Well, let me just say a couple of things. I think there are some false narratives that we could take right off the table based on the science. One of the first false narratives is asymptomatic spread. When someone's well like you and me, it's impossible for us to spread the virus. It's impossible. Two good studies, one from Kau, 10 million Chinese, one from Madewell, published in very good journals, asymptomatic spread essentially doesn't occur. Meaning that when you feel well, you don't have the virus. Okay? The World Health Organization, on June 25th said, "Stop asymptomatic testing. Stop it. All this testing before going on planes and athletes," and, "they're going to test them in the Olympics. They've been testing kids every week. Stop it all." What happens is when we do asymptomatic testing, all we do is generate false-positive test results. And it's not that the case count is probably inflated by about 40% just because of the asymptomatic testing. So asymptomatic spread doesn't happen and asymptomatic testing doesn't need to happen either.

Another false narrative is this whole issue of masking. Masks don't work. There's been 12 randomized trials, the most recent one, the Dan Mask trial, clearly in COVID-19, it doesn't work. Public masking doesn't work. The virus is about one micron, the masks filter out about three microns. The virus goes in and out easy. I think the only people that need to wear a mask are doctors, nurses, maybe barbers or dentists, people working at close range, just for general hygiene and not necessarily for COVID-19. But this idea of children wearing masks at school, people wearing masks when they're running, or swimming and biking is just absolutely ridiculous. We should get rid of that false narrative.



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The next false narrative is that COVID itself is the cause of death in most cases. It's not actually. The CDC says that COVID-19 is a singular cause of death in only 10% of cases, so it means 90% there's other contributing illnesses. So if one is healthy and fit, that's your best immunity to COVID-19 mortality or hospitalization. Those are important myths to discourage. All those myths were created to make COVID-19, in a sense, look, more dangerous, look more ominous, create more fear, suffering, isolation, hospitalization and death. I think there has been some capitalizing on that potentially by stakeholders.

Now I've heard some interesting things about a theory. So one I wanted to say is a great rap song, RC Rapper in the United States. He's got a line in that song, but the name of the song's called, "Just Say No". And he has a line that says, "It's not a conspiracy theory if it keeps coming true." Another one I want to give credit to is Dr. Vladimir Zelenko as one of the earliest innovators in early treatment. He says, "It's not a conspiracy theory. It's a conspiracy." Okay? And the last one I heard is, "What's the difference between a conspiracy theory and a conspiracy?" And the answer's "about six months - as



things become unfolded". So I'm not an expert in the conspiracy. I do recommend that the viewers consider Peter Breggin and his book called, COVID-19 and the Global Predators, We Are The Prey. It's got 2,000 references, carefully chronicles the Chinese, the US National Institutes of Health, the other stakeholders, the globalists and how a lot of this was planned and was it wasn't conspiratorial, if you will. Peter Breggin and COVID-19 and The Global Predators. There are other investigative journalists, Whitney Webb comes to mind. There's a variety of others that are trying to get to the bottom line of this. There appears to be some nefarious activities going on. I think everybody senses that right now and I'll leave it up to the investigative journalists to really drill down and figure out where there was wrongdoing. There have been crimes against humanity. They've been filed against the major stakeholders. And the stakeholders all line up for the suppression of early treatment, the promotion of lockdowns and reductions in civil liberties and mass vaccination, all of those go together. Now the opposite side of that is the heroes. The heroes are pushing for early treatment. They're pushing for transparency of science and they're pushing for transparency and rational vaccination or vaccine safety. So there's the good guys lining up and the bad guys, and we'll see how things sort out.

**Jonathan Otto:** There you go, thank you so much. And that brings up this issue of the bioweapon. And I know that that's not necessarily your field, but I guess you're alluding to that per se, but why is it that some people believe this is a bioweapon?



**Dr. Peter McCullough:** We can talk about this. The virus is a ball. There are spikes on the surface. The spike normally has a limited functionality to it and there's an important site in it called the furin cleavage joint, and that's what was genetically modified. So when that interacted with human cells, it could actually allow the viral entry and become much more dangerous. And it was just some small mutations right around that side. There's also some RNA code in the spike protein that codes for HIV. So we know the spike protein itself had to be constructed by man. It wasn't naturally occurring. Probably in the Chinese lab with some intellectual property and financial assistance from the US and others. So there was some involvement there. And then obviously the virus itself getting out. To me, my interpretation is it probably got out by accident and became this global disaster. And now this follow on of using the vaccines, which are actually using this designer spike protein, if you will, is this next extension, maybe in a sense how its toxicity continues to roll at us. I think the very interesting thing is, is all the genetic variation in the virus once it left the lab. So the original Wuhan spike protein, that was tough. You saw mortality in Milan and New York and New Jersey, and this has progressively gotten weaker and weaker and weaker. We've had the UK variant for a long time, and now that's finally ebbing and in comes Delta. But all these successive mutations pepper right around that gain of function spike protein code. So that furin cleavage joint, that's where all the action is. So man made the spike protein a bad thing and nature is now rendering it much more benign. It's a very interesting observation. So nature is taking care of the bad misdoings of mankind in the lab.


**Jonathan Otto:** I love where you just went there and Dr. Peter Breggin is amazing. I've had him interview extensively on various issues, and I love the work that he did to really single-handedly come up against the resurgence of lobotomies. Could you imagine? You're familiar with what I'm talking about, right?

**Dr. Peter McCullough:** Yeah. But you know we should talk a little bit about censorship before we leave.

**Jonathan Otto:** Please. Please.

**Dr. Peter McCullough:** So I think our listeners should know that the censorship was pre-announced and it's very overt. I think everybody should know that there's been a set of rules that have been laid down. It's called the Trusted News Initiative. It was announced by the BBC. All the major media agreed that they were going to crush any information on early treatment, that they were going to suppress any hope of treatment to the public, because early treatment was not in line with the World Health Organization and the CDC. That was the agreement. And that they're going to crush anything on vaccine safety in order to mass promote the vaccine. They didn't want any vaccine hesitancy. There were public statements made by YouTube, the Medical Director and others on this. This is very overt. So we have very overt censorship and everybody should know this. Hey, this was announced back in December, it was going on through the second half of last year, but you know what happens? So when a very high quality scientific presentation comes out and it cites the literature pinpoint on, let's say vaccine safety or early treatment, it's immediately censored or scrubbed, and everybody wants content. So then people just follow the trail to where it comes up on an alternative platform. So actually to be censored in the scientific realm is a real mark of quality. And it's a real mark of integrity that one is really hitting the points. And so people should really follow these censored scientists. That means that they're on the right road. Things that don't get censored that just hang up there saying, "Oh, the vaccine's generally safe. Take it." Nobody wants to see that, they're getting that morning, noon and night. People actually want to find out what's happening, so they follow the censored information.





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**Dr. Peter McCullough:** In the United States it looks like we have one TV station that did not agree with the trusted news service, so that's Fox News. And Fox News viewership has skyrocketed. And so all through Hannity, Tucker Carlson, Laura Ingraham. Laura Ingraham has a segment every night, so I'm going to be on tonight and she calls it her "medicine cabinet". And she goes back in time and shows how her advisers, of which I'm one of a panel of half a dozen or more, how we were correct all the way through the pandemic, how she shows it. And then she shows the other media doctors. She shows them all and how they're just massively wrong. So they showed one of the media doctors on CNN. He's trying to sterilize groceries and pizza boxes, and everyone laughs at him, how they're just absolutely wrong on their prediction of things over and over again. And so it is interesting to see that. I've always said we need teams of doctors working in panels, no medical dictator. If I was in charge tomorrow, you would never see me on TV as a medical dictator. I'd always be working in teams of doctors, lots of international collaboration and lots of peer review. We're not seeing that at all right now. We're seeing, in a sense, medical dictatorships. We've had one here in the United States that survived two administrations and it's a runaway freight train. We don't have anybody board certified, and we don't have anybody with any clinical experience. We don't have anybody who's ever seen a COVID patient actually giving opinions on TV, outside of myself and a few people that I work with. Tonight I'll be on with Dr. Bhattacharya from Stanford. We're the highest academic brass that America is going to see right now. So it's really an interesting time.

**Jonathan Otto:** Wow. And it's not exactly a fair fight between you and say Bill Gates, who basically took all the airtime of 2020 and was the leading voice basically, as far as I'm concerned, on the COVID issue.

**Dr. Peter McCullough:** Well it's not a fair fight intellectually that's for sure. I was on Daystar and they asked me, they said, "Dr. McCullough, how many years did it take of your training to journey?" I said, "17 years." So can you think of anybody matching up? And the answer is, no. So no one's ever challenged me at any of the points I've made. No one will challenge me on a single point I made on your interview today. And the reason being is I'm pinpoint with the information. It's not my opinion, and pinpoint in accurately interpreting the information all the way through. I published a paper last summer in The Hill, it was called, The Great Gamble of The COVID-19 Vaccine Development Program, and I called it. I called it. I said, "They're cutting everything short. We don't want to vaccinate into the middle of the pandemic. We never do this. It ought to be very narrow. It ought to be very strategic and we could get burned." And we are.


**Jonathan Otto:** Well, you'll find this interesting. It so happens that the Roman Catholic Saint of Pestilence Disease and Pandemics is Saint Corona. I don't know if you've heard that before.

**Dr. Peter McCullough:** No, I just learned something!

**Jonathan Otto:** This was in the 13th century as well. And do you know what the secondary function of Saint Corona is? The Patron Saint of gambling.

**Dr. Peter McCullough:** Wow. You just gave me some great talking points. Thanks for telling me.





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**Jonathan Otto:** Yeah. Yeah. Check it out. Do the research on it. It's very easy to prove. It's not a conspiracy. It's legitimate. But it's this odd thing, is this reference intentional? Yeah. Okay. So this thing has the crowns on it, but is there an intentional connection here between this Patron Saint of Pestilence Disease and Pandemic? So it does fly off some of these signals, but it's fascinating. You have a look at the history of the Jesuit Order and the Jesuit Order were banished from 88 countries for inciting wars and destroying economies. So it's just strange. I just put it in the strange category. Just interesting. Just strange.

**Dr. Peter McCullough:** Medicine, by the way, in terms of innovation is very interesting. When we're faced with a crisis the answer never comes from the Ivory Tower. Remember I called out Harvard and Mayo clinic and Monash, how they've produced nothing. They've produced not a single protocol. They didn't help a single outpatient with COVID-19, zero. Do you know that the very first doctor who used the iron lung to try to save a polio patient, he was thrown out of the hospital, thrown off staff? Medicine is full of this, where the early innovators who are right initially are ridiculed. When I presented in the Senate, I was already really far along. There was an op-ed published in the Wall Street Journal, it showed Senator Johnson, myself, Harvey Risch and George Freed and said, "Snake oil salesmen of the Senate." And I'll never forget, Senator Johnson was enraged. He goes, "Doctor, what do you think about this?" I said, "I'm happy," I said, "because that tells you I'm on the right track. That tells you." Matter of fact, if everyone just said, "Aha, this makes perfect sense," I'd have the wrong idea. True innovators go against the current and they have this breakthrough. TS Kuhn, in the Structure of Scientific of Revolution, said, "Every major advance in science takes a bold leap. It doesn't just clunk along like this." And that's what we've seen. This is an incredible time to be alive. Everybody has become a closet epidemiologist, a closet virologist. Everybody has learned so much about this. Hopefully we've gotten closer. We're communicating. I'm meeting wonderful people like you and we're collaborating all over the world and we're getting smarter. And do you know what we're learning now as human beings? We're learning how to show some backbone. A lot of us have actually never said no to authority, but we are now. I can tell you, there are kids who are just been saying no to these vaccines and they've already paid their tuition, and they're going to show up to class and they're going to say, "Listen, try to do something about it," and nobody's going to be able to do anything.

I had a nice podcast with a nice fellow from British Columbia. He says when he crosses the Canadian border from the US, they say, "Why don't you come over here and pull over and take these nasal tests?" He goes, "I'll see you later, I'm going." He doesn't take the nasal test. He goes, "You can't make me. There's no law that says I got to take some unapproved nasal test." People have got to start showing some backbone. Let's see some real spirit worldwide. We'll get back on track, but it's going to come through human innovation. Basically, self-preservation and support for our own rights. We cannot be forced to take a fatal vaccine, that is absolutely unacceptable.

**Jonathan Otto:** I love the fortitude. We have to stand up, you're absolutely right. If you don't stand up now, you don't defend the people that needed to be defended. For example, aged care workers need to be defended in Australia because the law has now been passed, mandatory vaccinations for aged care workers. It was during the Holocaust that it was minorities first. I remember going through the Holocaust museum in Israel and looking at... Man, look at the sequence of events, it was minorities. This one author was saying, they went after this group, and then they went after this group and they said nothing, and then they went after this group, and they said nothing, and they went after this group, which is part of what I am a part of, and it was too late. Something along those lines. So we have to stand for each other.



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**Dr. Peter McCullough:** You reminded me of an argument that I've heard from the other side. So you may wonder, gosh, Dr. McCullough, you've been so hard on the vaccines. So many people have benefited. What do you hear in terms of a pushback? One argument I hear is that, listen, there's been 600,000 people who've died with COVID. So we've killed 9,000 with the vaccine, that's a small price to pay. I've heard that statement. Honestly, that sounds so similar to Hitler saying, "Listen, small price to pay for the Aryan race." You think about this, anybody's chance of coming in contact with COVID is less than 1% that was proven in the clinical trials. The rates of COVID even in placebo, in the vaccine trials, is less than 1%. So anybody getting vaccinated from the very beginning has a less than 1% chance of having anything happen. Then if they come in contact with COVID, the vaccines don't even work anyway. So we have a situation when you take the vaccine, a 100% chance, you got the vaccine, you did get exposed to it. Now you're just taking the roll of the dice on whether or not there's a complication. I think "small price to pay" is one of the most terrible arguments I've ever heard, ever. A single death, or a single hospitalization, or a single injury is too much for a vaccine here. It's too much. The vaccines should have been much safer and much more effective, because we always have early treatment.



**Jonathan Otto:** I appreciate you so much bringing up this point and it makes me sick to my stomach. I've addressed it so many times, exactly what you're talking about. I call this a sacrificial concept, where we offer somebody else. None of us are willing for that to happen to ourselves, so it happens to somebody else. Somebody else is going to get that injury and I feel that some way that this is okay, this is normal. It's to be expected.

**Dr. Peter McCullough:** But you know, I'm glad you mentioned it because remember in the United States, the CDC and FDA are co-sponsoring the program. They say it's purely elective. They say it should not be mandated. That's what they say. In fact, the CDC, FDA, NH, they're not taking the vaccine. They're not taking it. They've said, "Well, you can do it if you want to." And we have some colleges and universities, we have about 9% of colleges and universities that are mandating the vaccine. Many of them do not have policies. Many of them don't have fair exemptions. And many of them, the professors aren't taking the vaccine. So wait a minute, if the stakeholders aren't taking the vaccine, how can you force the vaccine onto more vulnerable employees or force the vaccine onto vulnerable students? You can see how the vaccine here, that this has been socially weaponized. People know this vaccine's no good. If it was so healthy for you, why are they offering million dollar raffles to take the vaccine? Why are they offering massive bonuses to flight attendants? Why these perverse incentives? It's so perverse and distorted what's going on right now to take the vaccine. People are saying, "You know what? Take the vaccine. Maybe you won't die. You could be in a raffle and get a million dollars." This is bizarre. This is almost like watching a Batman movie. You know, the Batman movie where there's the Joker and there's all these kind of weird guys dancing around in the streets and they start doing bizarre things? This is what's going on. That is bizarre. Americans know, and worldwide people know, these vaccines aren't safe. You know, the Japanese? The Japanese are having the Olympics, 18% vaccination rate and they have a much older population than everybody else. They are so skeptical. The Japanese have a lot of discernment. They're like, "Uh-uh (negative) we're not going to take the vaccine." I think Japan ought to be showing the world a lesson.



**Jonathan Otto:** Tell me about it, yeah. Wow, fantastic. That's riveting and I love that you're hitting these issues head on. You're talking about this... I was thinking about the line in Caiaphas, if you look in the biblical narrative. The account of Jesus and the crucifixion. It was Caiaphas, the high priest, he was talking to the Sanhedrin, he said, "You know nothing, or consider that it's expedient that this one man die lest the whole nation perish." It's this trade-off, it's expedient. "Stop talking to me about VAERS and the 9,000 people that have died up until July 7th. Stop telling me about that, it's expedient that these 9,000 people die. It's important, it's essential. This is actually part of the equation. It's a necessary means to a necessary end, and sacrifices must be made. It's so unfortunate for these people, but mind you, I'll never read the reports. I'll never watch the videos, because I'm not going to deal with the empathy that it takes to actually hear someone's story. And if I did, my heart would be so soft and I'd be so horrified at what's going on, I'd never take it and I'd do myself a great service." But this idea of sacrifice to me, I think, is barbaric. It's very antiquated. It has its roots in pagan ideology, which is to make an offering of blood. But these are the things I really want to warn people against because sometimes the war already is over, because you have an ideology that's destructive. But you step out of that and you step into these deeper principles of love and acceptance, and forgiveness, and mercy, and that we're concerned about every single soul. For example, those that are interested in the Bible and these types of things, you read stories about, there's a hundred sheep. One of them goes astray, the shepherd goes out to find that one sheep. It's not about discarding. How would that story read if we were reading it right now? And the one sheep goes astray and the shepherd cared nothing for that one sheep, that was astray. That was just one of the rare cases of reactions. Let's let the rollout continue.



**Dr. Peter McCullough:** Yeah, boy, you hit it just right. So we've got 9,000 stray sheep, and we don't want to talk about them. We don't want to help them and their families. The government and the vaccine stakeholders are indemnified. It is absolutely horrendous. When people die with the vaccine, a lot of them die at home. So unless somebody else gets the vaccine card and gets the lot number, it never gets entered into VAERS. The deaths that you see in VAERS are certified by the CDC. They really happened and the analysis by McLaughlin et al. suggests 86% of the time it's due to the vaccine. It's

just straight lethal. People are calling these "kill shots" and that's a very short term for what they are. And people said, "Well, I'm going to lose my job or I'll lose a year in school." I said, "Listen, small price to pay. Small price to pay. If you think you have to step out of your job or skip a year of school, let things settle down, fine." But boy, taking this vaccine, you can't take it back once it's in your body. I've had so many patients regretful. Right now, I have a couple, that the husband, they're seniors. He did not get the vaccine because he had prior reactions and he was skeptical. But his wife took the vaccine, she's a bit older. He got COVID, sure enough, she got COVID. The two illnesses look identical. They're upper seventies, they're treated the same way. They both got treated with Hydroxychloroquine and the sequenced multi-drug approach. Everything worked fine, but she's furious that she took the risk of the vaccine for no benefit, she got COVID anyway.



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I had another patient this week, a younger person who said, "I took the vaccine because I thought it was the right thing to do and I wanted to travel." She goes, "Can you tell me if I got any benefit?" I said, "Listen, the FDA tells me I shouldn't measure the antibodies." It's funny how the FDA, June 19th, says, "Don't measure antibodies. Don't take a look." But she convinced me, she was in my office, and she's had chronic headaches since the vaccine. She goes, I'm so regretful because I ended up with headaches after this vaccine, I can't get rid of them. They're not worrisome, the neurologic exam is fine. I didn't do anything because I think they're just forms of tension headaches, but she doesn't feel right.

Anyhow, I check the antibodies... Nothing. So here we go and she's so upset. She goes, "I took the risk for this. I'm stuck with these headaches now, and I didn't even get any immune response." So I wonder how many people have gotten no benefit out of these vaccines and they're just left with some chronic problem. The neurologic ones are late presenting, that's the worrisome thing. When Senator Ron Johnson held his presser on vaccine injuries, it was largely neurologic and they were late. People with paralysis, blindness. They had one young gal... These are people from the original trials that concluded last fall, now they're showing up injured six or nine months later. One girl on a feeding tube and she can't swallow. It's a total disaster, so who knows what type of neurologic injuries are going to happen later on. We would never give an experimental vaccine that goes up into the brain, never. Everybody should understand that is so violently wrong. We would never do that. So this is botched biotechnology. Again, people thought they were going to win the Nobel Prize for this. It turned out to be the biggest, botched, terrible biotech project of all time. Those people in those labs ought to be run out, and we ought to shut them down.

**Jonathan Otto:** Yeah. Ah, man. And dementia, Alzheimer's one in three seniors are dying of Alzheimer's or dementia. Past the age of 85, it's one in two. Again, it's often because another disease doesn't kill them first. Meaning that the rates for dementia and Alzheimer's are already so high, why add to that burden? It's such a risk. There is one thing just before we go. On the Novavax, I do personally have concerns on it. The reasons why I have concerns is in regard to this particular study, where I'm seeing, again, the severe reactions out of this group. It was 131 participants. This was May 26, 2020, this is Novavax. The group showed that 83 of the participants had severe adverse events, but these severe adverse events are headache, fatigue, and malaise. But malaise, that one sounds quite vague, so what was that? And then two participants, one in each groups, A and E had react... You help me with this, it's reactogenicity events, fatigue, malaise, and tenderness. But that's expected following a vaccination and so forth. And then group D had a severe local event, which was tenderness. Then one or two in each group had severe systemic events, the most common of the severe systemic events were joint pain and fatigue, which I get concerned about fatigue, because chronic fatigue syndrome is a big deal and there are links between chronic fatigue syndrome and immune breakdown. I believe it was 1978, the same year that HIV was announced, was the same year that chronic fatigue syndrome was announced and took on a name. So I don't know, and again, that's very speculative, but yeah.

**Dr. Peter McCullough:** Let me respond to that.





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**Jonathan Otto:** Yeah, please.

**Dr. Peter McCullough:** I want to be hopeful because we put such an effort into vaccines, and on my four pillars of pandemic response, I taught the world that we should be doing all four things and that does include vaccine development. So I don't want to discount it. I do like the idea of giving an antigen. In the Novavax program, they went ahead with twenty-five mics and five mics, and there wasn't much difference. So they got away with a much lower antigenic exposure. It is possible that this could be quickly modified to potentially handle additional strains in the future, just like the flu vax is modified



each year in some way. We know from tetanus, for instance, tetanus is one of the few vaccines where we give the antigen, the tetanus toxoid, this actually gives a stronger immunity than the tetanus infection itself. The overall vaccine efficacy rates for Novavax were 90%. Importantly, it did have these reactions but they really tended to be localized. When I read that the final phase three data, I thought the local reaction in the arm for Novavax was actually worse than Pfizer, Moderna and J&J. So the arm was worse, but the big systemic potential for neurologic, cardiac, and others is much less. We're hoping that spike protein doesn't circulate, it just gets a local reaction and that's it. I want to be hopeful at least regarding one of the vaccines. Now, I can't imagine how Pfizer, or Moderna, or J&J, or AstraZeneca can create a booster, because think about the booster, it was hard enough to get the body, to produce the spike protein. Can you imagine tricking the body to produce the Delta, or the Lambda, or produce the Epsilon? How do you build up all those mutations? Before you know it, the protein is going to fold in the wrong direction, or it's going to create some type of cellular problem. To create a booster is not going to be quick and it's not going to be easy, and it'll probably be unsafe. Whereas, I think, probably changing the antigenic component of the protein will be different. There is a failure of antigenic vaccines, and you should know about this in Australia. And that is, there was an antigen-based vaccine that was based out of an Australian university, it was tested on Australians. But it exposed too much of the HIV component of the spike protein and sure enough, it turned everybody HIV positive who volunteered for that study. So there's been a lot of misadventure in COVID-19 vaccine development. There are some nice Australians about your age walking around HIV positive. They didn't get HIV, but their tests turn positive from a botched vaccine.

**Jonathan Otto:** Wow. Yeah, I understand your optimism and your hope for such things like the Novavax. I do share in optimism, I want things to be better, I don't want things to be worse. Even though I'm personally not for the other vaccines, I share some similar views to a mutual friend of ours, Jennifer Margulis. But I always want things to be better so that there are less risks. Even though I would personally not say this is safe and that you should do this, I do hope that things get better because this is obviously entrenched in people's minds. But the key points you've brought up about early treatment and the fact that as to... whether this will actually work, and long-term. Again, even if it does appear to be good, people will still be volunteering themselves in the human trial, once again. And we don't want to be wrong on this one and...



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**Dr. Peter McCullough:** I wanted to make some statements called “face value statements”. What will historians say on face value when they look back on this 50 years from now? Okay, this is so interesting. Let’s take the pandemic response- so we have the National Institutes of Health, and the National Institutes of Health has divisions. It’s a research organization. It doesn’t give orders in the rest of the nation, it actually is the funder of research and it has divisions. A division director, it’s a good position, but it’s not the highest position at all. At face value, we have a division director who basically appears to be involved in the origination of the gain-of-function research in the spike protein. At face value, he appears to be involved. When the pandemic occurs, he actually becomes positioned at the top and quickly all the other people that could actually put in ideas are dispersed, and we end up with a medical dictator over two administrations, okay? Who is involved at the scene of the crime to begin with. At face value, historians are going to ask, what in the world were Americans thinking? What in the world? The analogy would be almost like somebody spilled a glass of milk in the kitchen and that person is now trying to mess it up and making the mess worse, and worse, and worse, and worse. That’s just a face value statement.

Let me give you another one, officially a statement. You have 24 of these failed adenoviral and messenger RNA platforms for decades. They have failed as medicinal therapeutics, okay? At face value, you take three or four of these, and in less than a year, you rush them into development. After they’ve already failed for decades, you rush them into development, and then you inject hundreds of millions of people. And with this failed platforms and injecting such a large number of people, you end up with thousands and thousands of relatively immediate deaths and hospitalizations. At face value, historians will say, “What were you thinking? What were you thinking? What was going on in your mind to make people think this way?” Okay, face value. You have an illness, which fortunately is amenable to risk stratification. Very old people, can be a very serious illness. Young people, not serious at all. The application of all the public health measures apply equally to everybody, wearing masks, social distancing, they’re still talking about kids not going to school, etc. Again, at face value people are going to say, “What were you thinking about? How come you just didn’t focus on the people who really got the disease?” That’d be similar to us treating everybody for high blood pressure when they really don’t have high blood pressure. We don’t need to treat kids, we only treat older people with high blood pressure. So at face value, historians are going to look back and look at what happened and ask these questions. “What could people have been thinking? How could the public have tolerated this? How in the world could the public possibly have digested this for a year or more?” In fact worse, now the public is letting this influence their lives, going to school, work, and travel. This entire complete misadventure by a relatively few number of people in charge. It’ll go down absolutely, as the most deadly, diabolical, poorly conceived, botched, inept set of responses you could ever have to a worldwide crisis.





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**Jonathan Otto:** Wow. It does amaze me to see what the human mind is capable of believing even against all obvious signs. That you can actually have something straight in front of your face and completely deny it if the authority is strong enough in your life and you've attributed it basically, power over you. "Jonathan, why aren't you listening to the consensus?" Well, I'm not listening to the consensus because it's not a consensus, and it's a con if it is. It's centralized. This is a directive order really, coming from the World Health Organization whose second largest shareholder is Bill Gates. That's where the command is coming from, it's not a think-tank and it's not people thinking for themselves. It's one thought that's coming down. It's so bizarre. One of the things that you bring up is the fact that doctors are going to have to deal with the fact if they injected a pregnant woman, and again it's... I feel like there's a mixture... if it's not your fault, I understand. Then the other side of me is, you swore an oath to do no harm, and the trauma that this will create for people. I say this empathetically, and I believe you do too, that people are going to need psychotherapy for this, and trauma counselling.

**Dr. Peter McCullough:** Yeah. I wanted to mention that the doctors are not doing the direct injections, so these are voluntary centers. In fact, interestingly, these are kept out of doctor's offices. Doctors are not doing any injections at all. These are done at these government centers or pharmacy centers, but doctors are at a distance. So doctors can only verbally recommend to a patient to do so. But, patients may or may not follow it.



**Jonathan Otto:** I think what's going to go down in history though, are the written things. The American College of Obstetrics and Gynecology, in writing, advises the COVID-19 vaccine. Never tested in a pregnant woman. Never proven to be safe. Assume that it's dangerous. Especially with the dangerous mechanism of action of spike protein, and now the early reports of miscarriages and all kinds of misadventures. That's going to go down in history. That document will go down as a scar on the field of obstetrics and gynecology as a massive case of malfeasance. I'll give you another one - National Institutes of Health treatment guidance for COVID-19, October 8, 2020. The advice: someone gets COVID a high risk senior, they get their diagnosis,

go home, do nothing, do nothing, do nothing. Day after day, after day. This is official NIH advice in writing. Get to the point where you cannot breathe, cannot breathe. Then go to the hospital. When you go to the hospital, contaminate your loved ones, contaminate Uber drivers and taxi drivers, EMS, just mass contamination. Then go to the hospital and still the advice, do nothing, do nothing, do nothing. Until the patient needs oxygen. Then at that point in time, the patient can get their first milligram of Remdesivir. I think we're going to look at that and it's going to go down in shame. Whose name was on that document? Really? What fatal viral infection do we wait 14 days where a grandmother can't even breathe? And what contagious virus would we actually promote spread of the virus, in this panic for survival, trying to get to the hospital? These types of documents are going to go down in history.



**Dr. Peter McCullough:** There's a video by the director of the CDC, that's on YouTube, and it's promoting vaccination in pregnancy. I'll never forget it. It kind of has clunky music in the background as Laura Ingraham's commented on it on Fox. But she says, "We have no reason not to believe it's unsafe." So it's this contorted triple negative. Meaning, you know what? It's probably unsafe, but we're going to tell you to have it anyway. People are going to look back on these. These are recorded in history as being reckless, as being just absolutely menacing with respect to human life. As a doctor, I took an oath, the Hippocratic oath to above all do no harm and to try to help everybody. So I care about everybody, I actually help a smaller subset, and I cure even a smaller subset than that. But I always do my best. I've testified under oath. I've treated all my high risk patients with my best ability to prevent hospitalization and death. I didn't deny a single patient. It's not in my ethical, moral, or clinical DNA to do that. In fact, every doctor who denied patient treatment by saying, "Oh, there is no treatment." Or, "I can't treat it." And there are millions of doctors who did that worldwide, all of those doctors are doing a walk of shame.

## DR. CARRIE MADEJ

**Jonathan Otto:** Dr. Madej, let's talk about the side effects or better yet, the direct effects people are having because of the Coronavirus vaccine. What are you seeing? Is it as bad as what people are saying or anecdotal reports that are coming in? Or is this being overhyped? Or are you seeing enough evidence both from clinical data and as well as anything you have seen as a physician and reports that you're getting from other physicians as to how bad, when it comes to wide spread. Is this something that is one in just a few or are we seeing a greater majority? What kinds of effects, how bad are these effects that we're seeing?

**Dr. Carrie Madej:** Well, the patients that I still see, it's a skewed population. They've known not to take vaccines, so my personal patients don't take them, but I can tell you I am analyzing the data coming from the VAERS, the Vaccine Adverse Events Reporting System. It's horrifying, because we're seeing... First of all, this database is three to four months behind in reporting the data of what's happening. Right now, there's 4,500 deaths being reported since the introduction of the COVID injections, which they call vaccines. That's a horrible number, because that's between 1-10% of all events are being reported, meaning under-reported. You can extrapolate that by 10 to 100 times more. That's an extraordinary number of deaths and then adverse events as well.

To put that into a reference for people, we pulled the Swine Flu vaccine back in 1976, because we rushed that vaccine. When they were doing this vaccine, a lot of Guillain Barre paralysis happened, and then about between 25 and 50 deaths happened from that vaccine. This was horrifying back then. They put a moratorium, they took the vaccine off the market and said, "Never again," and apologized, "We should have done more studies." 25-50 deaths. We are now at 4,500 deaths and again that's only 1-10% of the real number. What are we doing? Why are we not reporting that? Why are we continuing on with this? Again, we're in an experimental phase. It's a stage four research experiment. People are actually the lab rats and the guinea pigs and now we're introducing it to children, which to me are crimes against humanity. Children are not affected by this COVID-19. This is a tragedy, because here we are giving experimental agents to children without any reason. I don't understand this whatsoever.



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The reports I'm getting from my colleagues who are taking care of people who are getting these injections, is not good. In the hospitals, they're reporting that they have all COVID-19 vaccine injury wings. Entire floors of just the injuries from the COVID-19 injection, they call it a vaccine. Children getting horrible rashes, they're being really sick, sometimes having seizures.

Adults, they're getting extremely sick, they're having joint pain, they're having headaches, a lot of times they're having cardiac, they're having heart attacks and strokes right after, they're having seizures. Young women, young men 30s and 40s being taken in ambulances, having convulsions from the vaccine. You don't hear about this in the news. This is coming from reports directly from people who are working in the hospitals, the nurses, the hospital administrators, the paramedics, directly from them.

They're also being told not to report this to the Vaccine Adverse Events Reporting System. They say over half of the sick patients for any reason that they're getting, are people that had just got the injections called vaccines. Over half of all different kinds. We're seeing blood clots and bleeding disorders. This is unbelievable. I've never heard of this happening in medicine. Any other time in any other way we would have put a moratorium on this. Something isn't right here. We're not being told something and there's another purpose going on.

**Jonathan Otto:** Dr. Madej, these reports, how did you get access to them? How do you know about them, because if... What makes you think you can trust those sources?

**Dr. Carrie Madej:** Well, the Vaccine Adverse Events Reporting System has always been around since I've been a physician. That is the golden standard of reporting any problems with the vaccine issues, side effects for anybody. A doctor or nurse is supposed to report any vaccine side effects or deaths into the system. Also, the lay person can also report as well. However, this is the only way we know of vaccine adverse events or problems or deaths. This is what we do. Anyone can go on that website and they can look it up. Sometimes it's a little tricky in how to look for everything, but these are official reports as it stands. It's not hard to find that data online. It's strange that our own media, the major media won't report on these things, because this is hard and fast data, you can't refute it.



In Europe, they're up to 12,000 deaths right now. Hundreds of thousands of adverse events. There, they're protesting in the streets every day. This is just a tragedy. Then you look at Israel, where the Netanyahu, their prime minister signed a secret deal with Pfizer to sell those people's data, all of the citizen's data, and for all of their medical records for the next four years. I mean, this is unbelievable. How can you sign away people's information like they're chattel, like they're property? This is the reason why so many people were pushed into getting vaccinated there in Israel, because of this contract made with Pfizer. It's been made public now, you could look at that online, that they made that deal. Slovakia supposedly also made a deal with Pfizer with this kind of experimental injection.



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**Jonathan Otto:** Yeah, so that data is very conclusive and we were ignoring it and well, I mean a lot of the public are ignoring it. A lot of the people are very concerned about it. Now, in terms of this thing with the spike protein and shedding, what are you seeing for that? Is that a valid concern? Is it something that is time specific? Like for example, if someone is vaccinated, does that mean that they will do this for the rest of their life, or is it for a time period? What are the effects of that?

**Dr. Carrie Madej:** Well, something is going on. Let's put it that way. There are so many reports of people that have not been vaccinated, being in close proximity, close contact with people who have been vaccinated and they are reporting symptoms. Sometimes they feel like they're getting flu-like symptoms. Sometimes they're getting rashes but above and beyond what we're hearing is women complaining of having the worst mental cycles of their life.

## DR. MARK SHERWOOD

**Dr. Mark Sherwood:** Sure. Before becoming a naturopathic doctor, I was involved in a lot of different things, including police work, believe it or not. Doing a little bit of work on the SWAT team. So I have a background that's very diverse. And then that kind of led me down the pathway of trying to figure out why police officers and why my colleagues were dying so early. So I went on this mission, which led me down the pathway of naturopathic medicine. So I went back to school late in life against all advice. And so now my wife and I, Dr. Michelle Neil-Sherwood- she's a DO. We actually have the Functional Medical Institute in Tulsa, Oklahoma, where we really lead people down a pathway of true healing. We see two purposes behind what we do. Number one is to eliminate all self-imposed choice-driven diseases, and there are many, and then secondly, we want to eradicate all unnecessary use of medications. So now we get the opportunity to speak and teach and treat worldwide. So it's a real blessing.

**Jonathan Otto:** Awesome. What's your biggest concerns around the COVID vaccine?

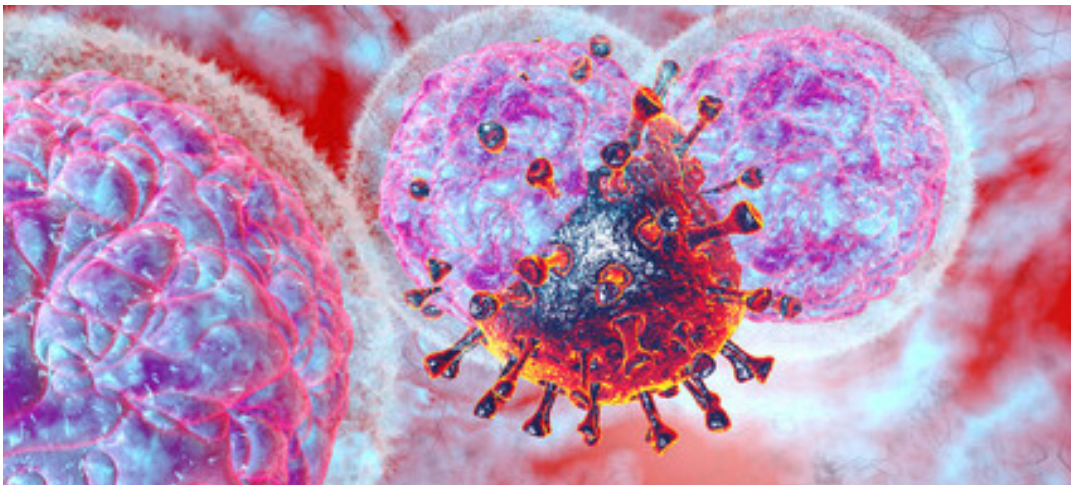
**Dr. Mark Sherwood:** Loaded question. There are several concerns I have with the COVID vaccine. First of all, the very premise of the COVID virus is concerning to me because when I look at the lethality of it, it seems to me that lethality has been created as well as the manipulation of statistics. And what I mean by that is you look back even in a retrospective study, looking back at New York City when it was at its highest or peak, supposedly, and you found an interesting statistic concerning some basic thing, like a Vitamin D, where a 4% chance of being hospitalized was evident with a Vitamin D level of 30. Well, 30 is pathetic. And so just to think that that's even out there and the usage of the ventilators and all of that, it didn't make sense to us at the beginning. We didn't buy it. We didn't believe it. So I think the whole concept of the lethality of the COVID-19 has been contrived, exaggerated to the point of manipulation. With that said, because of that, there is no need for a vaccine. The Vaccine Act of 1986 is I believe changed everything with vaccines in the sense that it made it protected from liability. So you went from five vaccines at that point in time that were being used for children to shortly thereafter within a year of 23.






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And that's not okay because no one is born with a vaccine deficiency and I've studied the immune system. And I happen to believe that it's created by the hand of God. And I believe that the immune system is the greatest war machine that's ever been thought of or conceived that it's outside of man's ability to understand. So it was more, we look at science and try to understand that we're not going to get it. And so that's going to be an exercise in utter futility to continue to search for understanding of the immune system. We have to accept it for what it is. There's an adaptive immune system that's so extraordinary. As evidenced, and this goes back to my statement on why we don't need the vaccine as evidenced by SARS Cov-1, which was back in 2003. We know viruses are naturally occurring in our environment and they've been around since the beginning of time. So grab on that statement for a second. Our bodies have learned how to adapt and live in a symbiotic together relationship with viruses instead of looking at them as negative. With that says SARS Cov-1 people were exposed recently to SARS Cov-2 with the hypothesis that they would actually build an immune system response from your adaptive immune system. And you know what? They did.



So 17 years later, the body had this memory that was fascinatingly, extraordinarily, incredible and was able to build antibodies against SARS Cov-2. So that statement alone right there with that one study tells me that we do not need vaccines. Further to hammer the point home, you look back at the history of the origination of this “quote unquote” pandemic, and you see that young people and athletes did not die. And so based upon that, the question that we had in our clinic and what we put into initiative is how do we make our immune system more youthful and more athletic with the hypothesis again that no one would die. And sure enough, we did that. We put protocols into place and nobody died. To the tune of we're now 8,400 to 0. 8,400 people treated and zero have died. And so we don't believe in lethality of that. We don't believe in the vaccine. The vaccine is ripe with problems. When you initiate the activity of the immune system inappropriately, all you're doing is asking for problems. We're creating an unusual protein called the spike protein inside of the human body. It's not normal and to create abnormality and throw it into normalcy is the epitome of foolishness. And so I don't think it's feasible to look at it from a long-term effective standpoint as safety, but I don't think it's reasonable and rational from what I just laid out to you from a logical standpoint. Yeah. The fascinating thing about athletes is my wife said something brilliant to me a year ago or so. She said, “Mark, you know what?” She said, “We work out.” And I said, “Yes.” And she said, “The immune system needs to be worked out too, to get strong, just like the physical body does.”





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And it occurred to me that the incessant hand washing, the bathing and toxic alcohol. Seriously, this doesn't even make sense. And the fear of touching other people... When I was a kid, we stuck our fingers in other people's mouths. We went to the playground. We shared each other's spit and sweat and all this stuff. And back in the old days, when someone had measles or mumps, the neighbors would call each other and they'd all get their kids together to sort of build the natural immune system. So to really hammer that point home one nail further in the coffin is if you look at history, it always teaches you something. We're going to look back at history on this. And as we've done in America, we have destroyed our health. We've destroyed our health because of money and it's all about money. And one of my favorite books in the Bible says, "You can't serve two masters. One's got to be God or the other money." And right now we have taken this wonderful nation we have where I live the United States of America. And instead of putting it one nation under God, we've made it one nation above God and one nation that worships money. And we're getting exactly what we asked for. We wanted God out, now we got vaccines in. We got nothing but chaos out of it. And my hope and prayer that as people watch this documentary and docuseries that they'll wake up and begin to make decisions based upon clear information, informed consent is all I want. I want people to have a choice and not be manipulated by someone just because they wear a white coat. This does not make a person a medical expert. As a matter of fact, our current system is clear. We don't have medical experts that know anything about health as evidenced by the trajectory of America's health crisis. We're going the wrong way fast. And the Centers of Disease out of control and lack of prevention is not to be trusted at all.

**Jonathan Otto:** Are you seeing credible evidence for life changing side effects, whether fertility, autoimmune disease, neurological, or even fatalities?

**Dr. Mark Sherwood:** Well, certainly in our clinic, we have a wellness-based practice. So we don't see sick people. And we've had, unfortunately, some people that have taken the vaccine, whether one shot or two, this is what we've observed. We've observed this erroneous impressive upregulation of the immune system based upon the foreign protein that's been created. Now, having said that, we have not seen anybody die, but we've seen people that get really, really sick for several days. And when I'm talking about sick, I'm talking nausea, brain fog, joint pain, GI disturbances, including diarrhea. And long-term, I'm concerned because we don't know several answers to several questions. Number one is when do we get the spike protein creation shut off? How long does that occur? And is it permanently affecting the DNA? Well, the question is always from some experts that says DNA can't work backwards. It goes from the nucleus, the DNA to the transcription RNA onward outward and to the cytosol, which is a messenger RNA, but there is something called reverse transcriptase, which actually goes in reverse. So the question becomes is, does it change your DNA? And does it stop? And I think the answer is clearly, "We don't know."

So this is going to go down in history as one of the worst medical mistakes that we've ever made, including statin drugs. That's another subject for another day, but the bottom line is this is a big deal. And we are seeing people that I've seen personally that have gotten really, really sick. And I hear cases all the time about this. And I don't know if this helps, but hopefully it does. When we've taken the vaccine, and some people that I know and love dearly have, and they've done it out of fear. They've done it out of ignorance. They've done it out of trusting sources that they thought were credible. And people are going to do that. But the bottom line is I've watched many of these people come back and say, man, "Mark, I wished I could take that out of my body."





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**Jonathan Otto:** What are the three biggest things you want the world to know right now?

**Dr. Mark Sherwood:** Number one is to just stop. Stop the damn madness and really understand that there is a God and he loves you. And he created you in a special way. And he created your immune system. He made it with the same logic, the same flawless logic he used to create your human body. And your immune system is not lacking one single solitary thing. In other words, you were made perfect by the hand of God, that's number one. Number two, no human being is born with a vaccine or medication deficiency. That whole idea is ridiculous. It's ridiculous. Am I knocking conventional medicine? Absolutely not. And we need conventional medicine and good practitioners for acute care situations. But that situation that we're talking about now is assuming that we're all idiots and even God was an idiot. And he left the body inadequate in its preparation to protect itself. That doesn't make sense. That would be number two. Number three is we've got to change our mindset into believing there's a pill for an ill. I'm serious about this because people are assuming that they're going to get sick. And if you're scared of COVID right now, stop it because it doesn't make a lot of sense.

I have people reach out to me literally every day and say, "Hey, I would like to have medication A, B and C on hand, just in case I get sick." Well, that's the problem. We believe we're going to get sick. We expect to get sick. We set our bar of expectation right here. It's mediocre. It's not an excellence. Instead of saying, "I don't plan on getting sick. I'm not worried about it." So number three is changing the mentality of a pill for an ill, a quick fix. Go to work, get yourself together, do what you got to do so you can become what you're supposed to become. Nothing in life is free. Health is not free. Go out there and live it and do it and be all you're supposed to be. Put the work in. The greatest thing that people can do is spend money and time on your own health. And I'm talking physical, emotional, and spiritual because the money you spend on that is far, far less than the money is spent on needless procedures, like a heart cath or things like that that can happen that are completely preventable. This is no different. So put those three things into practice, and I think you'll find that your life it's a whole lot better and a whole lot more encouraged and a whole lot more empowered. And you'll find yourself living healthy for longer, without worrying about this thing called COVID or the vaccines they're in.



## ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

He has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets, Autoimmune Secrets, Natural Medicine Secrets, Women's Health Secrets, and Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan's unceasing quest to discover the root causes of debilitating diseases by interviewing over 100 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created ***Well of Life***, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

Jonathan's greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, *Young Citizen of the Year* and *International Volunteer of the Year*, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.