Introduction and guest background

The very first lie is that this coronavirus was unassailable, untreatable. People were infected with a mind virus. They really were affected with fear.

Patients are not being treated. they're going into the hospital. It's way too late to treat virtually any pneumonia in the hospitals. The government agencies are not helping people.

There seems to be a license for corruption. And boy did we see corruption all over. It's unthinkable. We are going to do everything in our armamentarium to get you through the illness.

I want every American to have quality of care and we'll get through this pandemic. What's the biggest lie that was told to the public that still hasn't been corrected?

All the doctors and people involved in this research far and away the most common defense for everything they did was Hi, I'm Dr. Jess Petros and on my podcast, Dr Jess Unfiltered, we uncover the real root cause of most misunderstood symptoms with help from top experts and real patients who heal themselves.

Welcome to the Dr, Jess unfilterd podcast. Today is about the most excited I've been and it's because I have my dear friend and trusted colleague here with me today that is going to school all of us.

And I would love to give him a wonderful introduction. He is the most widely decorated and published cardiologist before COVID in the cardio renal aspect of health.

Now since COVID, he is of COVID and who I consider the utmost expert on this subject. Recently, he's gotten into autism research. So we will also be discussing that.

He is also a published New York Times bestselling author with both books here. Dr. Pierre McCalla, thank you so, so much for coming to visit me today.

Well, I'm so honored to come to your palatial home here in Florida and, you know, so many of my followers follow you because you're so interesting and fascinating.

All the neat things you do, your shopping, and then you are pointing out certain things. And then she pops into her bodysuit. How many doctors do that?

And she's doing exercises. It's so amazing. Thank you. I'm glad you appreciate it. There's some people that say, Dare I say, I'm not so professional all the time, but you know, if you take me a professional, you got to take a non-professional too.

I am a human, so. You know it's so hard, particularly in this, the limelight of being a public figure. The first time I testified in Congress was in 2007. Testified to the Congressional Oversight Panel on a product label extension.

That was on C-SPAN. And I had consultants and was heavily coached. And what I've learned over time is how you present yourself in public really matters.

And you know who influenced me a lot? You'd be surprised. It's the former quarterback of the San Diego Chargers, Philip Rivers. Really? And do you what Philip River is known for?

Philip rivers does not cuss. I said, why don't I just try to clean that part up of my vernacular? And I'm proud to say, for years, I've never cussed. Really?

You've done it. I have done. So I think there's things to conquer. You know, everybody wants to be different, my daughter included, and she's 30 now. And you know what her claim to fame is?

You're going to to shocked with this. What? My daughter has never even had a sip of a carbonated beverage. That's pretty good. Have you ever met anybody who did that?

I was going to say, I've never met anyone who's done that. So that's how you become unique. Yeah. Some people think they become uniquely, they get a tattoo or a nose ring or what have you.

It's the trend now, isn't it? But you know, have a different perspective just because when you start researching what's in some of that ink, it's not always good for your lymphatic system.

Well, you know what, every so often I go to the beaches here in Florida, and I have to tell you, I specifically don't have a tattoo on my body, but you why?

Why? because I want to stand out in a crowd. Oh yeah, you're unique now. You're a unique, if you don't have a tattoo, it's true. you look amazingly natural and you standout in the crowd, There's a new thing you can remove it with a magnet now, which is better because yes, because they're pulling it out with the magnet and they are pushing it back in lymphatic system, but it hurts.

It's really painful either way. But you know, I've seen people try and get their tattoo removed the conventional, the old school way without the magnetic where they push it in back the lymph.

And they end up with like swollen eyes and things the next day, because it's stopping up the lymphatic system as you push it back into the system.

COVID fear, censorship, and early treatment failures

It happened to my friends and patients. You know, there's one analysis linking tattoos to non-chodrogens lymphoma. Really? So that relative risk is not high.

I'm an epidemiologist. So when you see these risks, if you had a non randomized study, just a cross-sectional observational study. you'd want to see a fourfold risk before you really declared something.

And the relative risk, as I recall, was about 1.4 or so. So when you have a real risk let's say smoking and lung cancer, you know, that's like a quadrupling of risk.

That's enough that if we adjusted for other factors it still would hold. For sure. And you know, speaking of other things that make us unique, besides that we don't have any tattoos, we also didn't fall for the propaganda trap the last five, six years.

Oh my gosh. Are you unvaccinated? I am one of those people. Oh, man. You know, there's a whole dating club out there is called Unjected. Yes. Have you seen that?

I was a part of their dating hub for a while. I know all about them. My daughter's single. She's 30. she's unject and she held strong. Yeah. And she is an attorney.

It's actually an entertainment lawyer out in LA. And you have to say you would admire somebody who held strong. In the United States, 81% of Americans took one or more shots.

That's according to USA Facts. It takes the CDC tabular data, that means 19% held us strong, but how about among doctors? There was one Texas A&M study suggested maybe 4%. Wow.

So we're at a premium. Cause I can tell you a lot of patients, they want unvaccinated doctors. Not so much about the vaccine is they, want somebody, a doctor who demonstrated discernment.

Discernment is the ability to step back and look at things as opposed to just blindly accept. Yeah. Critical thinking skills. Important thing for a Doctor, I would say.

In the time of a crisis for sure. Wow. Yeah, I agree with you. You know, do we know there was a lot of lies told during that time? A lot, unfortunately.

Do you think there's, in your opinion, what's the biggest lie that was told to the public that still hasn't been corrected? Well, you know we actually have had some recent examples of lives being told.

And I think it goes back to whole construct of how our country and the world viewed a pandemic. It was viewed as a war. as a war. And this is very important in the 2004 BioShield Act and the 2005 PREP Act.

These were U. S. documents constructed by HHS and Congress that basically said we will have a War of a biological agent. It's going to happen. So we have to get ready for it.

We have prepare. That's the reason why it's a prep act. And it will be a time of war. The governments will respond. They'll be free of immunity. they'll make the calls.

It was war right now and tanks started coming down the street. you would be told to do things. And you know, listen, if they mowed over your shrubs and took out your front porch, it'd be like, sorry, this is war.

We've seen on TV a lot of bombing, a lots of destruction and people scrambling for their lives. It's been said that all is fair in love and war. This is very interesting.

All is fair in Love and War. So if it's war, lying is okay. If it is war cheating becomes okay, if its war there seems to be a license for corruption and boy did we see corruption all over.

But you know, I'd have to say I think probably the very first lie that was right out of the gate, it was almost a lie by assumption, is that this coronavirus was unassailable, untreatable.

From the very beginning, everyone in this inner circle that were managing the pandemics knew that it could not be treated. Interesting. Could not be treated.

Nope, this isn't going to work. That isn' t going work, even before it's even tested. Things were dismissed out of hand. No, that doesn't work! That's not possible.

Except for only one thing that everyone knew was going t work from the very beginning. And that was the vaccine. Right. It's what I heard. How did they know?

It s interesting, isn t it? How did they know? Well, what's different about you, though? Why did you see that this was a lie? That's a great question.

Listen, I was just minding my own business. I didn't have anything against vaccines. They had taken dozens and dozens of vaccines, and I had no experience with pandemics.

Well, that's an infectious disease. And I have to tell you, when I started seeing month by month what was going on, I remember I came home one time and I told my wife, and said I can't watch this anymore.

Patients are not being treated. they're going into the hospital, it's way too late to treat virtually any pneumonia in the Hospital. I mean, I can tell you, before the pandemic, there are what's called CAP or Community Acquired Pneumonia Guidelines.

And the guidelines actually say the time from symptom onset to the type of administration of an anti-infective like an antibiotic. That's a standard. Yes, it is.

So if we had pneumococcal pneumonia, I wouldn't say, why don't you wait until you can't breathe and you are so prostate, you know, that you're just in extremis, then I'll give you your first dose of penicillin.

It's unthinkable. And when that became the norm, in fact, that was memorialized October 8th of 2020 by the National Institutes of Health, which in its form of guidelines had its first set of recommendations for outpatients and the Infectious Disease Society of America, IDSA, they follow lockstep with NIH.

I just couldn't believe it. It's just weird to me. It was like I watched it too. When you're really bad, come to the hospital, you may or may not get put on a ventilator.

But we all know there are certain things as an outpatient you could do to prevent these scenarios sometimes. None of the major IV league hospitals provided any out-patient protocol at all that I know of.

Wasn't that the opportunity of a lifetime? Well, how could it have been? But wouldn't you think that everyone would follow the Harvard Protocol and the doctors at Harvard would claim that The Harvard protocol saved millions of lives or the Mayo Clinic or Emory University?

That's right. Or why didn't any medical center grab that prize? It was, I've never heard it put like that, but you're right. It wasn't opportunity. You see, it was a golden opportunity, or how about this?

What if a hospital saved every single COVID patient? Everyone in the country would want to be hospitalized there. And the hospitalizations were getting premium payment from CMS.

So why didn't any hospital claim to being a center of excellence for COVID? Not a single one. No, they didn't. Why are there no comparative statistics about who did better?

Did Mayo Clinic do better than Harvard or Stanford or Emory? Why, why are they no billboards that say we are excellent in COVID? you know, there are billboards that say we're number one in heart disease, usually some strong surgeon who's going to save people or, or we are the best at, at cancer care.

Yeah. You know all the hospitals want to be the. And actually that competition drives innovation. But why in COVID, despite the incredible reimbursement and the incredibly revenue to hospitals, why was there this really unspoken embarrassment and shame about how they handled the illness?

Well, it's all come to light now, I believe, about what really works and what doesn't. I mean, what do you think about the tomfoolery controversies about putting people on ventilators and making more money or coding deaths under COVID, when there were, you know, opposing diagnoses that actually caused the death, not COVID is what I heard.

Well let's just take ventilator use for one. And this is very important for the medical people listening. When there's a consolidative process, when the air pockets of the lungs, the alveoli are filling up with fluid with a bacterial pneumonia or heart failure, and the oxygen saturation drops, almost certainly the patient's going to develop respiratory failure and just not be able to keep up what's called the minimization.

However, when the air pockets are open and the problem is micro blood clots in the lungs and some inflammation there, the human body can tolerate much lower oxygen saturations, but the worker breathing is okay and mentation is fine.

We all know that you go to Pike's Peak and we have your oxygen saturation drops down. You don't go on the ventilator just because you're visiting Pike Peak.

And when we saw this, and I started making some observations myself and several other authors, we actually published several papers on this. It's called permissive hypoxemia.

So just as long as we're giving them a multi-drug protocol, the most widely one used is the McCullough protocol

which I published in the American Journal of Medicine.

As long people are getting the full gamut of treatment, We let the oxygen saturations go down. We gave supplemental oxygen and we said, as long as the worker breathing is okay, and as they can think and navigate.

And so we literally managed people and I personally manage people, oxygen saturation is in the seventies. Now in hospital, if it went down below 90, certainly below 88, they were being slammed on the ventilator.

That's right. And I'll never forget, I had a doctor and her husband, and they went down in the 70s for weeks. And they're about my age. For weeks, they said, you know, we're going into the 60s when we go in to the kitchen to try to make something to eat, but we have a little shorter breath.

But we are hanging in there. We gave them everything. Every drug possible, monoclonal antibodies, ivermectin, steroids, anticoagulants, everything! And they made it through.

And later on, believe it or not, I made a speech at the Lincoln Memorial at one of the big freedom rallies and they were in the crowd and came up to me and said, remember us, we survived.

Oh. If they would have went to the hospital with oxygen saturation in 70s, they wouldn't have gone on the mechanical ventilator. They would've lost all of their freedoms.

It would be paralyzed and sedated. Almost certainly they'd have gotten a secondary pneumonia. and they probably both would have died. So, the question on the table is how many people truly with COVID-19 unnecessarily died because of the use of a mechanical ventilator?

Do you remember when President Trump got out there and said, you know what, I'm going to have General Motors make mechanical How do you remember that?

We didn't need mechanical ventilators, we needed early treatment kits.

Ventilators, outpatient care, and the McCullough protocol

We needed, early multi-drug treatment kids. we need the McCullough protocol, basically put into a readily utilizable kit. And recently I had an interview with someone at the department of justice regarding, you know, some Senate testimony, I've testified in Washington multiple times.

and she said, Dr. McCollough, if you could meet Trump, what would you say? I'd say, why don't you call me? You saw me on TV every night. Why don' you give me a call?

I mean, didn't it sound intriguing? Mr. Trump, that doctors treated patients at home and avoided hospitalization and death. There are only two bad outcomes, Mr Trump.

It was hospitalisation and deaths. Don't want to stop both of them? I mean, just the blankness of this. And Scott Atlas, who I know Scott, Scott was a radiologist at Stanford.

I was at Baylor at the time. Scott and I were chosen by The Hill in Washington, the most widely read journal by the House of Senate and White House to write op-eds in The hill about the pandemic.

and Scott Was writing about masks and lockdowns, I Was reading about how it's spreading and then early treatment. And Scott was chosen by the White House to advise Trump.

He was in the white house for nine months. You met with him every day at nine, Anthony Fauci would have you, and he wrote a book about this. And, you know, in Scott's book, I read every sentence of that book.

Not once did they mention treating people at home to avoid hospitalization and death. So Scott drew a blank,

Faucy drew blank. Trump A blank. And so people said, well, Dr.

McCullough, you're too hard on Trump. I said okay, listen, if I was president, this is what I would have done. Remember Trump got COVID, I think in April or May, and Trump basically got the McCollough protocol.

He had been pre-treated with right at World Drugs, he actually got monoclonal antibody. You know, actually he got McCellough Protocol. Well, this is what I would do.

This is, what, I think a real leader would, do I'd come onto that and say, listen, just had COVID myself. I'm in my seventies. You know, got through it with the medications.

It wasn't that difficult. Every American my age to get that quality of care and we'll get you through the pandemic. He may not have said the part about being overweight.

Maybe you might have gotten him doing everything else. But he actually never expressed any empathy or any, he didn't have any type of energy directed towards saving Americans.

Essentially, his skin was saved and he could care less. He was on to other things. And I'll tell you the other thing I'd do if I was Trump, And this is early in the pandemic because I was doing it in my practice.

Do you know what happened is I'd be called, the clinics were all shut down. And I distinctly remember I had a young lady who had it mechanical heart valve in place, really at high risk for thrombosis.

She says, I'm really sick with COVID and what have you. I made a house call. So I make a home call and I went over. Now I already had COVID early myself.

Did I wear a mask or a hazmat suit when I saw her sick with COVID? No. So no mask, no hazmats suit. I went and I her and treated her. Now that would be no different than if she was in the hospital or the ICU.

Therefore, if I was Trump, this is what I would have done. Listen, take me to the sickest hospital with the sickness patients in New York City. And I would have walked into that hospital with a suit and tie on, no mask, No hazmat suit.

I wouldn't walked in, I wanted to go into the bedside. Would have held the hand of somebody sick and scared with COVID. And that's it. Listen, on the president of the United States and we are going to do everything in.

our armamentarium to get you through the illness. Now that would have been presidential leadership that wouldn't have won the day. Instead, we saw a collapse of not only our presidential, leadership, but leadership of all over the country.

I hear you. And I think what I'm hearing you say is that regardless of the good news that came out of this and the surprises, there seemed to be an agenda that they were following or that there was a lack of care.

I really think they really were infected with fear. Yes. Even if they got through the illness, they still were fearful. Do you know there were doctors and nurses who had COVID?

They went through it. It's not too bad. They still wore hazmat suits. And here we are on a podcast. And what we've learned through the pandemic is podcasts are very useful ways of getting information out.

How many podcasters had me on in 2020? Wait a minute, they saw, I was in the U. S. Senate. I on national TV giving a counter-narrative to Anthony Fauci.

You know how many podcasters have me on in 2020? Zero. And you know what the big news was? Two years into the pandemic is when I went on Joe Rogan. Mm-hmm, remember.

So the question is, well, where was Joe in Where were you, Joe? I mean, the thing is, everybody was absent. Everybody was gone. The podcasters were gone, everyone was good.

But to me, what was fascinating, was the uniformity of this. Do you know, let's take TV stations in the United States. There's about 4,000 different TV Stations.

Like here in Tampa, St. Pete, you've got Channel 4 or 7 or 8. But there's not 4000 of these. Did you there is not a single TV station that said, we're going to hold a practical show about what you should do if you get COVID.

What are some reasonable steps you shouldn't take? Not a single TV station, not a simple radio station. Do you know that not single hospital even held a community forum for this?

What are some practical things you should do? None of the public health agencies. But why is that, do you think? And you were censored, I watched it. I know, but this is true all over the world.

So now you just amplify this. This was just the United States. All over And to this day, our government agencies, public health agencies have never given a roundtable of what would be reasonable to do.

To me, it's mind boggling and so over the course of the pandemic, I've given hundreds of public seminars. Sometimes, as the only speaker sometimes in a panel, among thousands of people, hundreds of cities in the United States, and I've taken probably thousands questions from an open mic, do you know not a single public health official at the federal or state level has ever taken a question from a open mike on COVID-19 ever, including Trump and Biden and all the CDC directors, including Robert F.

Kennedy, who had no problem going to an open mic before he went into government, and now he'd never take a question on COVID. Isn't that interesting? Real interesting, isn't it?

I mean, I watched you were one of the most censored voices during the COVID era. You're the Most to Say, but I think they tried to silence you quite a bit.

What can come over the world all at once where no one can just these basic things. And even today, if you were to walk into an average hospital and say, how about we have a meeting about lessons learned through the pandemic, How we could do better in preventing hospitalization and death.

They would never. Never. In a million years. Never. It's just, it just never would happen. Like why not? This is the biggest thing that's happened to us in our medical careers.

This was when I went on Tucker Carlson, I said, listen, this is a Superbowl. This is, you know, infectious diseases doctors should have been waiting for this.

Public health officials should've been salivating. You know we have entire government units with billion dollar budgets and more for pandemic response.

This was it. These guys shoulda been heroes. They should of saved us from this, instead everybody disappeared. They were gone and they just followed suit in lockstep order is what I saw.

It was really quite disturbing to say the least I have to. But let me change gears really quick for all those people listening. You've mentioned the McCullough protocol a couple of times and I would love to hear and sure the listeners would too.

If there's not a vaccine that didn't work great, I think we can all admit that now. What does work if you get COVID or one of the other variants and can you reverse the messenger RNA shot if Well, let's just take the infection first.

So the, infection is still circulating. Do you know what the most recent variant is called? Oh, wait, they told us. Oh it's a good one. I can't remember telling me.

Cicada. That's right, like the bug. Does everybody know what a cicada is? The cicadas are those huge bugs. They're like as big as your hand. And you go to Kansas City or St.

Louis in the summertime. These things make so much racket. You can barely sleep. Rub their wings. The name actually stands for rebirth or resurrection.

Are you kidding me? It's like COVID. Rebirthed in cicada. It's almost as if these new variants are a vaccine marketing campaign. Well, you might be on to something there.

You know, so anyhow, it's still circulating. If you do an AI search, and recently I went on Theo Vonn's podcast. Yes. And Theo's a real crack up, but Theo fact checks everything on artificial intelligence.

I watched him try to do this and I thought to myself, listen, if you're gonna use AI, you better figure out how to use a AI. So if type in, how many people in United States had COVID?

The little baby response you get from AI is 70% of people had it. And then if you tell AI, listen, that's not good enough. Go search county databases, go search all the serologic databases.

And you just make it work. It'll come back and say, okay, I worked harder. You're right, it's 90%. So the answer is 90% of people have had COVID. So, the reason why it is so mild today, indistinguishable from a common cold is, Most of us have had it, so we have natural immunity, you can get it again, that the virus is far milder, it mutated to a mildder form, and because people get early treatment that reduces the risk of hospitalization and death.

At the wellness company, which we started in the pandemic, we actually have treatment kits. You just order a COVID treatment kit and follow the protocol.

But early on in 2020, And listen, if Harvard wasn't going to do this, I took the prize. Sorry, you guys. But I got together. I was working with people at Joe LaDepo, who's your surgeon general.

He was at UCLA at the time, he was on the team. Harvey Rich at Yale, your doctors at Emory. We had really a top brass group. And we started out with this idea of risk stratification, that this was illness affecting everyone.

But not everyone needed treatment, right? So yeah. So the risk stratification was, listen, if you're less than 50 and you presented with mild symptoms, you know, honestly, move down the left side and just observe and.

You're going to be fine. The vast majority of people needed nothing. Risk stratifications are very important, but over 50 presented was severe symptoms.

Add in diabetes, heart disease, kidney disease. Obesity. lung disease. There's enough risk factors here. We should start doing something. So, you know, what are the reasonable things that we recommended?

This isn't the very first version of the protocol. Open the windows and get fresh air. How about that? Think about this. open the windows and get fresh air because, you know, if you get sick with COVID, the whole room is filled up with a virus and you're just going to re-inoculate.

We looked at the literature about re inoculation with just continue to rebreathe it. That's the reason why the risks were high in Wuhan. Wuhan is a very vertical city.

If you go to Wuhan, You see tons of skyscrapers and the same thing in New York and even in Milan, it was, people, The people I worried about the most were people locked up in a, in high-rise condominiums.

And it's been said, if air doesn't get six full exchanges in an hour, which many rainy brooms don't, things are going to accumulate, in this case, the virus.

So we said get fresh air. We proposed early do some form of a nasal spray in a gargle. We weren't sure what, you

know, whether it be saline or a povidone iodine.

Initially proposed hydrogen peroxide.

Building the Wellness Company and treatment kits

Turns out that's a bit toxic. And later on we learned about xylitol or other products. But the point is the virus is landing in the nose. It was ample.

It needed a stable dry nose is very important for about seven days as it was replicating and building up and buildings up drains back through the lymphatics to the throat and the first first thing you feel is a sore throat.

Well, at the time you've had the sore throat, the virus has been here for seven days. So if you just use the nasal spray and gargle, you knock down the viruses enough, your mucosal immune system can begin to knock it out.

And there were randomized trials of doing this, just nasal sprains and goggles. Believe it or not, a nasal, spray, and Gargle randomized trial was done in the hospital and people that sick and it had a benefit and everything worked.

And we started looking at the literature early on and we said, okay, vitamin C makes sense. Zinc reduces one of the viral replication enzymes, that makes.

Cursitin, there was some supportive data and really critically vitamin D. We just could not believe how positive the vitamin was. That's interesting. Right?

There were seven randomized trials, so vitamin B actually helped prevent COVID. And then there were vitamin D acute treatment trials. Everything was positive for vitamin B.

So that went up in the kind of easy to do over the counter list of things. But we knew that for some people, this was a serious illness that we were not going to rely on a single drug or a simple vitamin.

The point is any serious thing, don't accept a miracle cure. Always look for things in combination. So we did wrist stratification, nasal sprays and gargles, over-the-counter nutraceuticals, and supplements.

And then we, then, we got into antivirals, but we noticed that what the world was doing is they were becoming hyper-focused on antiverals. So the first one tried was hydroxychloroquine.

Okay. We gave it a try. It turned out there was about 300 studies and it was modestly effective. Some showed benefits, some didn't. But, you know, if you were to say, on a relative benefit scale, it's about 25% effective, In the first year, that was our workhorse.

We used hydroxychloroquine. Huge surge in hydroxychlorquine sales. But at the time we published the First McCulloch Protocol in the American Journal of Medicine in August of 2020. One of our authors was John McKinnon, who's an infectious disease doctor in Detroit.

And John said, listen, I'm going down to Honduras, we're doing studies, We're working with ivermectin, an anti-parasitic drug. He goes, it's working miraculously.

I just don't think we have enough data to suggest it. So we didn't put it in the protocol. We were communicating with the Russians and the Japanese that were using favipiravir, another antiviral.

And so we had that in there because it was a worldwide illness. But within a few months, we had enough data on ivermectin and turned out ievermctin was far and away the most rapidly beneficial drug by far.

And it was farm more effective than hydroxychloroquine, which is slow to work. We just had to get to the right dose and we didn't even have the dose initially in terms of weight and how frequently to give it.

But ivermectin became a choice. So we had hydroxychloroquine was the choice, ievermctin. And listen, two years into it, Paxlovid was delivered, which was a nuffin, piravir, emirtanovir.

We said, okay, that's a, choice that can be up on the board. But so you're to choose an antiviral, fine, but don't stop there. Secondary antibiotics. There was an autopsy study showing of people who died with COVID, a large fraction had untreated bacterial secondary infections.

Oh, interesting. Yeah. So we said, listen, azithromycin could play a role, doxycycline. Okay, so those got up on the board. But then we didn't stop there.

Within several months, and I give Pierre Corrie a lot of credit for this. Ron Johnson, who's in Wisconsin, tapped Pierre Corry and said listen every government agency said do not use steroids to treat COVID.

every government agency know it's going to make things worse. And I thought about that for a second. I said, you know, if it shingles, we use steroids, even if its bacterial meningococcal meningitis we used steroids.

We use the steroids in a lot of infections because the inflammatory responses and overreaction. So I'm going say it was May of 2020. Johnson, his peer Corey testify.

He goes, listen, I mean, the ICU, taking care of patients. You know, big respect for someone who's at the bedside taking care of patients. And he said, stairways are working.

Really? And at that time, Anthony Fauci said don't take stairway. It's in every agency, the critical care groups, The Infectious Disease of America, and within several months of Pirakui's testimony, They all said, use steroids, you steroids.

So it just showed that they were behind on this. When McCullough protocol was published in August of 2020, we had steroids in there and dexamethasone, which is what was tried in the British trial at six milligrams a day was the oddest dose.

Like when we use that drug for intracranial swelling, We use 10 milligrams every four hours, not six kilograms a And when we treat asthma, we use a different steroid called prednisone or Medrol.

And we always use much higher for pulmonary applications of inflammation. I said, the British study was proof of concept, but it far and away was not the right dose of the drug.

So I recommended standard prednison. In fact, I started with 40 milligrams a day. Fine. Lots of data was coming in on a unique anti-inflammatory Colchicine, and probably the best done prospective randomized double-blind clinical trial, multi-centers, organized out of Montreal, it's called the Co-Corona Trial, used Colcicin.

And it clearly reduced hospitalization and death and shockingly it was stopped early for unclear reasons, but that drug was a winner. And that was used for gout.

By the way, now the FDA broadly recommends that to prevent corny heart disease. And also it's standard of care for myocarditis. This is all August of 2020. So colchicine was in there.

Now we are down to the last thing. What was killing patients? And the Italians had done a very, very courageous study early on of autopsies. What killed people with COVID was not the virus.

It was not inflammation, it was blood clots. And so I said, listen, anybody really sick, put them on blood thinners. Well listen in the hospital, people with pneumonia in hospital are at risk for blood cuts anyway.

Yeah, they are. So we'd put him on the blood thinner anyway, so we said listen somebody sick subcutaneous inoxaparin or even some oral anticoagulants or at the minimum at least some aspirin.

That became a color protocol and it far and away the most comprehensive multi-drug protocol, the only one that involved risk stratification and had a big arm of no treatment, and ultimately became copyrighted my name, mainly for accountability.

People say, well, where did this come from? So while it wasn't Harvard, it was at Mayo Clinic, It was Dr. McCullough. I took responsibility for this. Others came up with protocols less comprehensive, but the principles of all the protocols was use drugs with signals of benefit and combination, acceptable safety and start immediately.

Don't wait until someone is very sick. You know, and I treated, in the end, I've treated thousands of patients. I had my patients with heart failure, defibrillators, treated people in their nineties.

And you know sadly, lost a few patients, actually I lost two patients both I got a late start and we didn't have contiguous treatment. It matters. But you give me any sick senior citizen at home, i could pull them through the MyCallit protocol and when we looked at who got hospitalized and who died, Sadly, it was uniquely those who got no early treatment.

That makes sense to me, though. Pneumonia is similar. It's similar, you don't have to get early treat, but you know, now you have the wellness company and you'll have a lot of protocols and supplements.

I have one right here, actually. And this is the Ultimate Spike Detox. So, you know, what made you choose these holistic ingredients as compared to the conventional model you created?

We were talking about this early, fog of war with COVID-19. One of the great things that was born out of The Wellness Company two years into the pandemic was The wellness company.

So in 2022, I got a call from a colleague and he said, listen, there's a company forming, kind of an avant-garde Canadian, Foster Coulson, who said, listen, he doesn't like what he's seeing.

He wants to form a company. It's going to be a global company, we want to talk to you. And so we met here in Florida and he said I got a vision. This is ridiculous.

The government agencies are not helping people. We need to and break all these barriers. We got to get medicines to people.

Vaccine skepticism and natural immunity

And as we congealed as a company and initially like any new company, the company was negative financially for about six months and it turned positive and never looked back.

It's had now three years of positive financial growth. That's a worldwide juggernaut. And we adopted a philosophy, natural first, drugs last. If we're going to use drugs, we are going use them in protocols.

We made treatment kits available. Pharmacies are not going get drugs to people. The pharmacies will be closed and the government will do nothing. We're going to step in and we're gonna do it.

And so we basically took over and they said, well, the pharmacy's not going give you drugs. I said fine, we'll start our own pharmacies and will supply our drugs and basically we took it over.

We actually had a Zoom meeting with HHS, CDC and Robert F. Kennedy. And I'll never forget the meeting. There was all this, you know, it was about bird flu.

And there was this ringing of hands about what we should do with bird fluid. Basically said, listen, if the government's going to do nothing about Bird Flu, we're taking, We're stepping up.

We made bird-flu kits. we distributed them to all the farmers. Farmers. If you contract bird flu, this is what you

should do. Here are the steps. And immediately, the fear level on bird food dropped.

The farmers stopped slaughtering all the healthy chickens. the egg prices went down. You don't even hear about bird fluid anymore. Can you imagine that?

We've got the CDC has 12,000 employees, many people like you and me, very qualified, $9 billion. They can't solve a single public health problem, but yet you have a private company with bold leadership problem solved.

And I can tell you right now, if there's ever another pandemic, Don't look for BARDA, or don't for DARPA, don' for HHS, go to the wellness company. I'm telling you right now, I don''t know, it begs the question if the goal was to actually help people and cure the diseases.

It beg the questions what the ultimate goal is. That's pretty dark. Yeah, it is pretty dark, but you know, I can't deny my own lived experience in my eyes and ears as to what happened during this, this whatever it was experience.

You know? I mean, the people who were trying to tell the truth and help people and create outpatient protocols were absolutely silenced and censored. And people said, well, is Dr.

McCullis because of your stance on vaccines? And I said wait a minute. I was actually crushed before the vaccines. This is before vaccines, don't forget 2020, there's no vaccines and in a public venue, this is very important, when I testified in the US Senate, and there was a breakthrough testimony, I as the lead witness, it was about how we could treat patients at home with the early treatment protocol, McCulloch protocol.

I held it up in front of the Senate. At the very end, there was one final question. I'll never forget, I was being muzzled with this incredibly thick N95 mask in the US Senate.

It said, uh, There's a press release on the Pfizer vaccine. Do any of you have any comments on it? And all of us stayed completely silent because it was a pressed release.

So in 2020, you know, under oath, made no public comment about the vaccines. However, My last op-ed in the Hill, and I was never invited back after this, that was in August of 2020. And the title of it was The Great Gamble of the COVID-19 Vaccine Development Program.

So if I could have it back, I would have ripped off that mask. I'd say, listen, i've already called it a few months ago. These vaccines are not going to work.

i didn't know how dangerous they were going be, but we found out that they are grossly unsafe and that vaccination is the wrong direction for the country.

That's right, because our bodies are self-healing machines. We just move the roadblocks out of the way so the body does its job. And if the terrain of body is a mess, how can we expect it to fight at peak performance for us?

Sure, and natural immunity is powerful. Yeah, do tell about that because we've been told by science it's not. Well, at one point in time, the hubris around the vaccines is that The Pfizer or Moderna immunity is stronger than natural immunity.

That actually gets into this, our book, Vaccines, Mythology, Ideology and Reality. Do you know the hubris behind this? Is that man, man-made immunity beats God.

I did hear that before. Beats God! Vaccinology beats god almighty. That's how big this hubris is. Listen, it goes back to Cotton Mather and to Edward Jenner and Louis Pasteur and bring it on up to, you know, Francis Collins and Anthony Fauci and Peter Hotez.

You know Francis, Collins, who was Faucis boss. His book is actually, that he believes all of this understanding the genetics is the language of God. He believes he's close to God, That's how these people operate.

Remember when Anthony Fauci says, if you insult me, you're insulting science? I mean, I just want to quote Aaron Seary. Vaccines, amen. Yes, vaccines, Amen.

So it became a religion. Listen, one vaccine is good for you, but two will be better. And how about three? And about four? And you know, no one knew the safety of anything.

And listen, any drug will be unsafe if you take too much of it. So I had two of my patients in Dallas, husband and wife, and they're kind of retired early and the travel and do all these things.

They have plenty of money. It was during the pandemic said, Dr. McCullough, you We're getting a little housebound here in Dallas. So we decided to take a trip, you know, get on a plane.

We decided go to Cabo and said, You know we already took a couple shots, but you now we figured, listen, let's just play it safe. So the pharmacists could not care a bit if people took extra shots.

And so it got to a point where there was a man in Europe. I don't know if you saw this, but he had mental illness. but he had taken hundreds of shots.

He just went in from pharmacy to pharmacy. That is an example of the madness on vaccines. We would never do that for a drug. No, we wouldn't. Let me ask you, before the whole pandemic, did you feel this way about vaccines?

Yeah, honestly, I didn't have an opinion. I had never ordered a vaccine. A lot of people don't understand this. Doctors are essentially not in the vaccine business.

But vaccines are produced by companies. They get put on a government schedule.

Autism research and CDC surveillance data

And the nurses and pharmacists or the techs give the vaccine. The doctor has nothing to do with it. You know, when I see a patient, I have no idea what vaccines they took.

It's kind of in their intake as a question they ask when they come in in history and physical. Electronically. But vaccines are a nurse thing. Yes. So, you know, everyone said, well, the doctors aren't getting informed consent.

I said listen, if you want to make any progress on vaccine freedom, You got to start talking to the nurses. Now if the nurse has started to get queasy about giving all these vaccines and if nurses started reading the package inserts, what have you, but all this health freedom activism, there's a process called doctoring up.

And in medicine, people say, well, I'm going to move the needle in this and let me doctor up. Let's just go up to the doctor and hold the Doctor responsible for every bit of minutiae in Medicine.

It's wrong. Have you heard recently that RFK said that doctors are going have to get trained in nutrition? Yes, i have heard that. Okay. Well, every hospital has dieticians, and there's an American College of Dietetics.

And there are nurses, there're millions of nurses. Really? We're going to doctor up nutrition to doctors who are trying to figure out the best technique for cardiac surgery, or giving chemotherapy, doing eye surgery or what have you.

It's like, enough! Let's stop doctoring up. We've got a ton of people in healthcare. Let us hold other people responsible. The whole system is backwards, actually.

But if nurses were held responsible for the safety of vaccines as they plunged the needle in, boy, I think things would change pretty quickly. See, what's going to happen in this whole vaccine safety issue is that the nurses and the pharmacists are going say, you know what, we're just following orders.

Yeah, that's exactly right. And that is how the majority of Americans and citizens are. I'm just following, I am just doing my job, which is kind of a bypassing any accountability, right?

Well, it's at the corporate level. You know, a lot of companies have actually injured their employees by mandating the vaccines. Yeah. But I mean, a lot of doctors and nurses in the whole healthcare system is like that.

I guess my question for you was you seem to have potentially changed your stance on vaccines before COVID and after. Well, I blindly accepted them. The first thing I saw that violated everything I knew about a vaccine is I just had COVID.

No. Yeah, well, just COVID a month or two before I was at the hospitals at my office and they said, come get a COVID vaccine. I said, I just had it. Yeah.

In fact, at the time, the CDC said if you've had COVID within 90 days, don't take a vaccine. Yet the people administering the vaccines were saying to take one.

Yes. I never forget I came home from work that day and I told my wife, I said, you know, I go, but this is the line, actually. This is line. The line is, no, I'm not taking a COVID vaccine.

And so immediately I started to think, listen, if this vaccine is being pushed this hard, what about the whole vaccine industry? And it wasn't until someone else in the health freedom movement pointed out that we've got a five alarm fire going on with respect to autism.

Ah, that autism is skyrocketing. And I thought to myself, you know, I don't know much about autism, but I have this general awareness that, yeah, it's on the way up.

I started looking into this. Do you the CDC for 20 years has had an autism spectrum research network? No. This is astounding. So they have 16 centers in a research network and they are collecting every year how many kids are diagnosed with autism.

And then they verified that they had autism, they verify their special needs and all of this for 20 years. 27% of them have profound autism, meaning market reductions, intellectual capability, can't talk to their parents, screaming, repetitive behaviors, self-injury, banging your head.

Can't navigate in the toilet normally. We're talking all the way through childhood. The CDC has amassed over 25,000 of these children in 16 centers across the United States.

And it's a tiny fraction of the entire population of kids with autism. I started looking at this. There is no disease. that I'm aware of in medicine, and in particular pediatrics, that's rising as rapidly as autism.

It is an epidemic. I see one in 20 something now, I know it was one and 32 last time I looked. Yes, it's just going up asymptotically. And people said, well, It's because there's more emphasis on diagnosis and what have you.

and I said well I could accept that the kids are being screened more. But the profound autism, I mean, kids who can't even go to school, that's not something where, you know, increased subtlety and screening, and that is going up asymptotically.

And it ranges. So in the autism spectrum network, the city with the lowest rate of autism is Laredo, Texas, in a city where the center and highest is California.

Well, that doesn't make sense. So Laredo, I want to say the rate is 1.8%. But in California, it's 5%. 5% of children have autism spectrum disorder in California and 27% percent of that 5%, it's profound.

So what I'm telling you right now is 1%of all children in california right know have profound autism. They have 24 by 7 needs. They can't use the toilet themselves.

Can you imagine? And I've read the papers by the CDC from the Autism Spectrum Network. And when they come to the conclusion, the confusion is, well, we're just going to have to get ready with more special needs programs.

If this episode spoke to you, subscribe and share it with someone who can't find answers to what ails them. Please consider leaving a review. It helps others find our podcast and download the wellness care plan I made for you for free on my site, WellnessPlus.com.