

Video: The Vaccine is More Dangerous than COVID-19: Dr. Peter McCullough

Why are we Vaccinating Children Against COVID-19?

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The following is a timely and critical interview with Dr. Peter McCullough

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Selected Excerpts

“From an epidemiology perspective for causality, we apply what’s called “The Bradford Hill” criteria. And they go as follows...

“The first question we’d ask is “does the vaccine have a mechanism of action, a biological mechanism of action, that can actually kill a human being?”

And the answer is yes!

“Because the vaccines all use genetic mechanisms to trick the body into making the lethal spike protein of the virus. It is very conceivable that some people take up too much messenger RNA.

They produce a lethal spike protein in insensitive organs like the brain or the heart or elsewhere. The spike protein damages blood vessels, damages organs, causes blood clots. So it’s well within the mechanism of action that the vaccine could be fatal. Someone could have a fatal blood clot.

They could have fatal myocarditis. The FDA has official warnings of myocarditis. They have warnings on blood clots. They have warnings on a fatal neurologic condition in some cases So the FDA warnings, the mechanism of action, clearly say it's possible. That's one of the first criteria.

"The second criteria is, "is it a large effect?" And the answer is yes!

This is not a subtle thing. It's not 151 vs 149 deaths. This is 15,000 deaths. So it's a very large what's considered "effect size" or a large effect.

"The third one is "is it internally consistent?" Are you seeing other things that could potentially be fatal in VAERS? Yes! We're seeing heart attacks.

We're seeing strokes. We're seeing myocarditis. We're seeing blood clots, and what have you. So, it's internally consistent.

"Is it externally consistent? That's the next criteria. Well, if you look in the MHRA, the yellow card system in England, the exact same thing has been found! In the Uterus system in the UK the exact same thing's been found.

"So we have actually fulfilled all of the Bradford Hill criteria! I'll tell you right now that COVID-19 vaccine is from an epidemiological perspective are causing these deaths in a large fraction!" Dr. Peter McCullough

Dr. McCullough was interviewed by Michael Welch.

Video

Selected Excerpts from Transcript of Interview

"There is zero tolerance for electively taking a drug or a new vaccine and then dying!

There's zero tolerance for that. People don't weigh it out and say, "Oh well, I'll take my chances and die!"

"And I can tell you, the word got out about vaccines causing death in early April, and by mid-April the vaccine rates in the United States plummeted! They absolutely plummeted!

"We hadn't gotten anywhere near our goals. Remember, President Biden set a goal by July 1. We never got there, because Americans were frightened of their relatives, people in their churches, and their schools dying after the vaccine.

They had heard about it, they saw it. There was an informal internet survey done where, several months ago, there was 12 percent of Americans knew somebody, who knew somebody in their circle who had died after the vaccine.

"I'm a doctor. I'm an internist and cardiologist. I just came from the hospital. In my practice, where I see patients a few days a week in the office, and I'm in the hospital and I do academic work.

I've had a woman die of the COVID-19 vaccine! And it was explosive!

She had shot number one. She had shot number two. After shot number two, she developed blood clots throughout her body. She required hospitalization. She required intravenous blood thinners. She was ravaged. She had neurologic damage.

She finished after that hospitalization in a walker. She came to my office. I checked for more blood clots. I found more blood clots. I put her back on blood thinners. I saw her back about a month later. She seemed like she was a little better. Family was really concerned.

"The next month I get called by the Dallas Coroner office saying she's found dead at home."

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"The CDC and FDA are running the program. They are NOT the people who typically run vaccine programs! The drug companies run vaccine programs. So when Pfizer, Moderna, J&J ran their randomized trials, we didn't have any problems! They had good safety oversight! They had data safety monitoring boards. They did okay! I mean I have to give the drug companies an okay.

"But the drug companies are now just the suppliers of the vaccine! Our government agencies are now just running the program. There's no external advisory committee! There's no data safety monitoring board! There's no human ethics committee! NO ONE IS WATCHING OUT FOR THIS!

"And so, the CDC and FDA pretty clearly have their marching orders. Execute this program. That the vaccine is safe and effective. They're giving NO REPORTS to Americans. No safety reports. We needed those once a month. They haven't told doctors which is the best vaccine. Which is the safest vaccine. They haven't told us what groups are to watch out for. How to we mitigate risks. Maybe there's drug interactions. Maybe it's people with prior blood clotting problems or diabetes.

"They're not telling us anything! They literally are blindsiding us, and with no transparency, and now Americans are scared to death! You can feel the tension in America. People are walking off the job! They don't want to lose their jobs! But they don't want to die of the vaccine!

"It's very clear! They say, "listen, I don't want to die! That's the reason I'm not taking the vaccine!" It's just that clear!"

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"Most of us don't have any problem with vaccines! Ninety eight percent of Americans take all the vaccines. I just took a vaccine two weeks ago for the flu. I know I'm not going to die of the flu vaccine. I take it. It's partially effective. I think that most people who are still susceptible take a COVID vaccine if they knew they weren't going to die of

it or be injured. And because of these giant safety concerns, and the lack of transparency, we're at an impasse.

"We've got a very labour constrained market. We've got people walking off the job. We've got planes that aren't going to fly. And it's all because our agencies are not being transparent and honest with America about vaccine safety."

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"No doctor should be considered a renegade when they order a FDA EU-Approved monoclonal antibody! The monoclonal antibodies are just as approved as the vaccines!

"I just had a patient over the weekend, fully vaccinated, took the booster.

A month after the booster she went on a trip to Dubai, she just came back, she got COVID-19! And she's had prior bypass surgery. That was yesterday, on a Sunday, she notified me. I got a monoclonal antibody infusion that day. And then today she started the sequence of drugs. Well, they call sequence multi-drug therapy for COVID-19. I am telling you, she is going to get through this illness in a few days. She will not be hospitalized. She will not die!

"You know a podcaster, Joe Rogan, just went through this. Governor Abbott was also a vaccine failure. He went through it. Former President Trump went through it. Americans should see the use of monoclonal antibodies in high risk patients, followed by drugs in an oral sequenced approach, this is standard of care. It is supported by the Association of physicians and Surgeons, The Truth for Health Foundation, the American Front Line Doctors, and the Front Line Critical Care Consortium. This is not renegade medicine! This is what patients should have! This is the correct thing!

"To this day, the patients who get hospitalized, are largely those who receive no early care at home. They're either denied care or they don't know about it, and they end up dying.. The vast majority of people who die, die in the hospital, they don't die at home. And the reason they end up in the hospital, it's typically two weeks of lack of treatment, and you can't let a fatal illness brew for two weeks at home with no treatment, and then start treatment very late in the hospital. It's not going to work.

"I'm telling you, there's been a very good set of analyses , one in the Journal of Clinical Infectious Disease, that's the journal for the international infectious disease site of American site of infectious disease, and that showed day by day one loses the opportunity of reducing the hospitalization when the amount of monoclonal antibodies are delayed.

"So, I can tell you my patient this week is going to have a perfect outcome. On the way home from the hospital, I got notified by two more patients -one is six days into it, the woman's eleven days into it - now they're younger, but you know she's still got a fever, of 102F on day 11. I can tell you, the virus is ripping her body right now! And that's where the monoclonal

antibodies come in. If we can't get the monoclonal antibodies, we certainly use Hydroxchloroquine, supported by over 250 studies, ivermectin, supported by over 60 studies, combine it with azithromycin or doxycyclene. ...

“I’m telling you, doctors should be taking this illness very seriously. We’ve had over 700,000 Americans die with inadequate treatment, and fortunately we have enough doctors now and enough patient awareness, particular patients who listen to your podcasts and your videos to understand that early treatment is viable, it’s necessary, and it should be executed!”

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