

Winning the War Against Therapeutic Nihilism

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › Dr. Peter McCullough, an internist, cardiologist and trained epidemiologist, is now a “hunted doctor” who’s been threatened with disciplinary actions, including suspension or revocation of his medical license, by the American Board of Internal Medicine for the “dissemination of misinformation”
- › He stepped forward during the COVID-19 pandemic because he saw something very wrong was going on very early in 2020, and he felt compelled to do something about it
- › A Toxicology Reports study found COVID-19 injections are deadlier, statistically, than COVID-19
- › COVID-19 genetic vaccines have an unfavorable safety profile and are not sufficiently effective, thus they cannot be supported in clinical practice at this time
- › The data are clear that a pivot away from mass injections to early treatment for COVID-19 could save lives, and McCullough and colleagues recommend that you demand early treatment if you have COVID-19, whether or not you’ve been vaccinated

Dr. Peter McCullough, an internist, cardiologist and trained epidemiologist, not only sees patients every week but is the editor of two medical journals and has published hundreds of peer-reviewed papers. Prior to the pandemic, he was involved in the interface between heart disease and kidney disease – but that all changed.

McCullough is now a “hunted doctor” who’s been threatened with disciplinary actions, including suspension or revocation of his medical license, by the American Board of

Internal Medicine for the “dissemination of misinformation.”¹ He stepped forward during the COVID-19 pandemic because he saw something very wrong was going on early in 2020, and he felt compelled to do something about it.

In the video above, you can view McCullough’s October 2, 2021, presentation at the 78th Annual Meeting of the Association of American Physicians and Surgeons (AAPS) held in Pittsburgh, Pennsylvania.² I urge you to set aside one hour to view it in its entirety, as it’s packed with data that call into question the true motivations behind the mass injection campaign, which he believes should have been shut down in January.

Red Flags Showed Jabs Were Unsafe From the Start

According to McCullough, by January 22, 2021, there had been 186 deaths reported to the Vaccine Adverse Event Reporting System (VAERS) database following COVID-19 injection – more than enough to reach the mortality signal of concern to stop the program.

“I know data, and I know safety. The FDA knows I know safety. In fact, I’ve chaired data safety monitoring boards for the National Institutes of Health and Big Pharma,” he said.³ It’s standard to have an external critical event committee, an external data safety monitoring board and a human ethics committee for large clinical trials – such as the mass COVID-19 injection program, but these were not put into place.

“With a program this size, anything over 150 deaths would be an alarm signal,” he said. The U.S. “hit 186 deaths with only 27 million Americans jabbed.” McCullough believes if the proper safety boards had been in place, the COVID-19 jab program would have been shut down in February 2021 based on safety and risk of death.⁴

Such was the case in 1976, when a fast-tracked injection program against swine flu was halted after an estimated 25 to 32 deaths.⁵ “We are far beyond that now,” McCullough said.⁶

While many have been silenced, McCullough found a way to share his concerns via regular contributions to The Hill and, back in August 2020, he warned that putting off

early treatment in favor of waiting for an experimental injection was taking a gamble with people's lives:⁷

“Warnings and barriers have prevented hundreds of thousands of patients from being treated at home with appropriate non-labelled use of off-target antivirals (zinc, hydroxychloroquine, azithromycin, doxycycline), steroids (dexamethasone, prednisone, budesonide, colchicine), and antithrombotics (low-molecular weight heparin, oral anticoagulants).

It has become apparent that America has adopted a late-illness hospitalization model while waiting patiently and painfully for the panacea of a COVID-19 vaccine.”

The Jab's Spike Protein Is a Deadly Protein

The whole world seems to be in lockstep with one narrative – that an injection is the only way out of the pandemic. What's been kept quiet is the significant health risks that come with the experimental jabs. “Spike protein is a deadly protein,” McCullough said.⁸ It should be noted that McCullough is not antivaccine – he's recently had a flu shot. However, the COVID-19 jabs are different:⁹

“It's the first time in human medicine that we are injecting vaccines and we're asking the human body to make a potentially lethal protein. The hope is we make a small enough amount of it and it would create just enough of an immune test that we form immunity to this deadly protein.

The gamble was, what if we make too much? What if we make it for too long of a period of time? What if these lipid nanoparticles go to the wrong organs and don't stay in the arm, and we start to produce this lethal protein ...?”

In August 2021, a large study from Israel¹⁰ revealed that the Pfizer COVID-19 mRNA jab is associated with a threefold increased risk of myocarditis,¹¹ leading to the condition at a rate of one to five events per 100,000 persons.¹² Other elevated risks were also

identified following the COVID-19 jab, including lymphadenopathy (swollen lymph nodes), appendicitis and herpes zoster infection.¹³

Vaccine-induced immune thrombotic thrombocytopenia is another serious complication of COVID-19 injections,¹⁴ and fertility concerns have also been raised. Pfizer's biodistribution study, which was used to determine where the injected substances go in the body, even showed the COVID spike protein from the shots accumulated in "quite high concentrations" in the ovaries.¹⁵

In May 2021, McCullough was one of 57 authors to sign a paper demanding answers to urgent questions on the jabs' safety and calling for the mass injection program to be halted immediately if safety cannot be adequately proven and monitored.¹⁶

At the very least, McCullough noted, pregnant women, women of childbearing age and COVID-19 survivors shouldn't have been vaccinated, as these groups were excluded from the jabs' clinical trials because "they knew they weren't going to work or would cause excessive harm" in these populations.¹⁷

Even with all of these blatant risks, health officials haven't given any updates or regular briefings on the jabs, such as which one of the three — Pfizer, Moderna or Johnson & Johnson — works "best" or is preferred. A "vaccine 'report card' on safety is long overdue,"¹⁸ according to McCullough, who believes, "The disability that we are going to see due to these vaccines will go down in history as an unbelievable atrocity."¹⁹

Injection Deadlier, Statistically, Than COVID-19

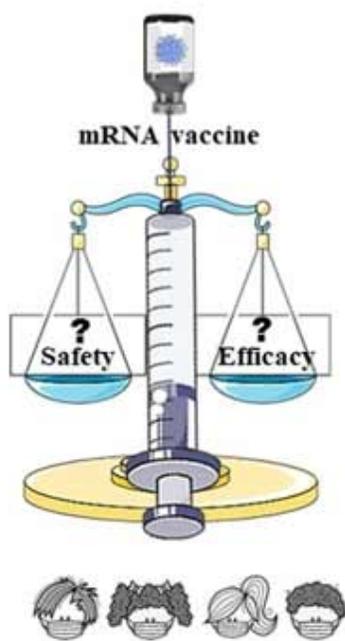
People are dying from COVID-19 jabs. In an analysis of COVID-19 vaccine death reports from VAERS, researchers found that 86% of the time, nothing else could have caused the death, and it appears the vaccine was the cause.²⁰ Despite this, the U.S. Centers for Disease Control and Prevention continues to say that no causal link has been found between COVID-19 and the deaths.²¹ That's malfeasance, McCullough says.

Even more shocking is a Toxicology Reports study that found the injections are deadlier, statistically, than COVID-19.²² "Because not everybody gets the respiratory infection, and

because the respiratory infection is treatable and manageable, in fact one is more likely to die after the vaccine than just take their choice with forgoing the vaccine and potentially getting COVID-19. Statistically, in every age group, that's the case," he stated.²³

You can see the data for yourself in the study's graphical abstract, below. The researchers explained:²⁴

"A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially."



Potential Side Effects

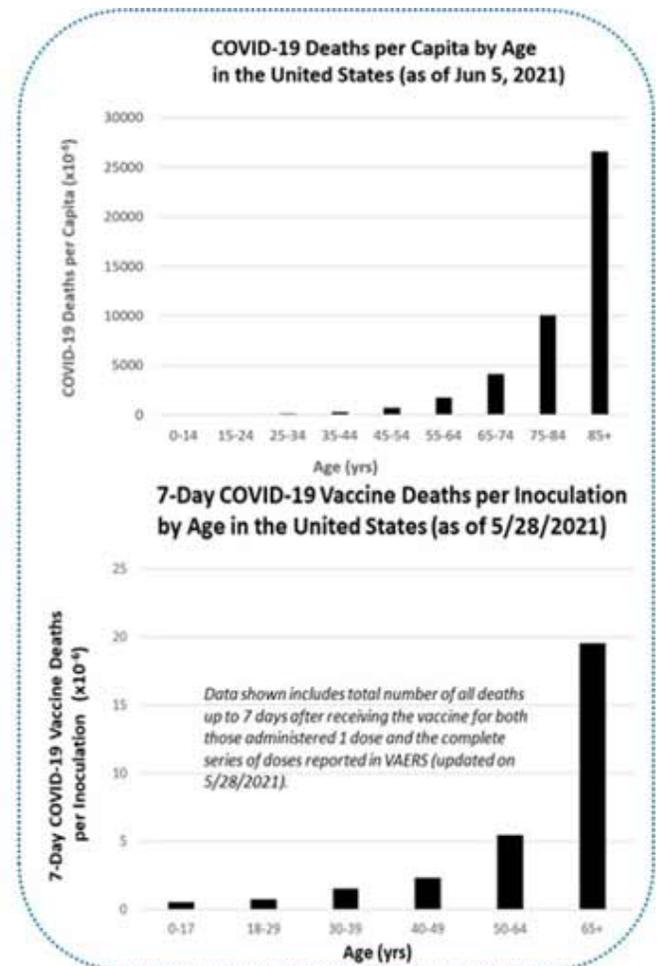


SHORT TERM

- Cardiovascular
- Gastrointestinal
- Neural
- Immune
- Endocrine
- Kawasaki disease
- Multisystem Inflammatory Syndrome

LONG TERM

- Unknown



Vaccine Failures Can't Be Denied

Along with the health risks are the undeniable cases of “breakthrough infections,” otherwise known as vaccine failures. As of October 12, 2021, the CDC stated that 31,985 people who were fully injected against COVID-19 were hospitalized or died from COVID-19.²⁵

Yet, media reports keep referring to the pandemic as a crisis of the unvaccinated, which is simply inaccurate since COVID-19 continues to affect and spread among those who have been vaccinated. The CDC’s Morbidity and Mortality Weekly Report (MMWR) posted online July 30, 2021, details an outbreak of COVID-19 that occurred in Barnstable County, Massachusetts – 74% of the cases occurred in fully vaccinated people.²⁶

With breakthrough cases on the rise, on May 1, 2021, the CDC stopped monitoring most COVID-19 infections among vaccinated people.²⁷ “The CDC started to do asymmetric reporting to start to craft a narrative that this was going to be a failure of the unvaccinated, a crisis of the unvaccinated,” McCullough said. “But the CDC data continued to come in showing us just the opposite.”²⁸

Pivot to Early Treatment Is Necessary

The data are clear that a pivot away from mass injections to early treatment for COVID-19 could save lives, and McCullough and colleagues recommend that you demand early treatment if you have COVID-19, whether or not you’ve been vaccinated.²⁹

McCullough’s early treatment regimen initially includes a nutraceutical bundle of zinc, vitamin D, vitamin C and quercetin. While you’re recovering at home, open your windows and get plenty of fresh air and ventilation in your home. If symptoms persist or worsen, he recommends calling your doctor and demanding monoclonal antibody therapy.

The treatment progresses to include anti-infectives like HCQ or ivermectin, antibiotics, steroids and blood thinners. If your doctor refuses to treat COVID-19 in the early stages, find a new one and/or visit a telemedicine clinic that will help, as “the prehospital phase

is the time of therapeutic opportunity.” You can also download McCullough’s and colleagues’ Guide to Home-Based COVID Treatment.³⁰ He states:³¹

“I have not let a single one of my high-risk patients get slaughtered by the virus. And any doctor who has – and there’s been a million doctors who have – is immoral, is unethical and, from a clinical and civil perspective, is illegal. And I think there is going to be a price to pay.

It’s going to be years in the future, but there’s going to be a price to pay for all of these patients who have died. And if you look through the records on all of them, I will tell you they were all inadequately treated. Every single one of them.”

Outrage Over Forced Injection Grows

With the injections causing harm and failing to protect as promised, frustrations are mounting worldwide due to increasing injection mandates. McCullough noted:³²

“The tension is ratcheting up all over the world as the Delta outbreak continues to flare in many heavily vaccinated regions of the world. When more than 25% of the population takes the ill-advised COVID-19 vaccine, this promotes a super-dominant mutant that can easily evade the vaccines’ weak protection, which has happened with Delta.

... Frustration is coming out in folk songs, and the pop music industry, as shown in Eric Clapton’s ‘Enough is Enough’ and ‘Waking Up’ ... Expect more to come as many wake up to the reality that our government agencies have failed us on the science, transparency, and safeguarding Americans from conflict of interest.”

McCullough is among a growing number of experts who believe COVID-19 injections are making the pandemic worse instead of better, while effective solutions are being ignored and intentionally suppressed.

“Early ambulatory therapy with a sequenced, multi-drug regimen is supported by available sources of evidence and has a positive benefit-to-risk profile,” he explains,

while “COVID-19 genetic vaccines have an unfavorable safety profile and are not sufficiently effective, thus they cannot be supported in clinical practice at this time.”³³

Unfortunately, “censorship and reprisal are working to crush freedom of speech, scientific discourse and medical progress”³⁴ McCullough calls on everyone to stand up against the propaganda, but especially doctors, who he believes can save lives by offering early COVID-19 treatment to their patients.

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