

A COVID Treatment to Save Your Life and the Gospel to Save Y...

Sat, 4/10 3:07PM 54:00

SUMMARY KEYWORDS

vaccine, christian worldview, virus, treatment, patients, mccullough, masks, people, drugs, twila, called, early, government, guide, sick, symptoms, hear, illness, website, lungs

SPEAKERS

The Christian Worldview Free Resources, Host: David Wheaton, Program Director, Ryan Cole, MD, Peter McCullough, MD, Twila Brase, Featured Resource: In His Image



Host: David Wheaton 00:00

A COVID treatment to save your life and the gospel to save your soul. That is a topic we'll discuss today right here on The Christian Worldview Radio Program, where the mission is to sharpen the biblical worldview of Christians and to share the good news of Jesus Christ. I'm David Wheaton, the host, and our website is TheChristianWorldview.org. Well, thanks for joining us today on the program. And thanks to all of you who support the ministry of The Christian Worldview. Do you sense the level of pressure and propaganda from all sectors of society, whether government or news agencies or corporations, or even celebrities to get the COVID-19 "vaccine?" The message is this, get the "vaccine" while you can, and you'll be safe and life will go back to normal. In fact, the pressure to get the "vaccine" is becoming so strong that so called vaccine passports are being suggested, so that those who have received the "vaccine" will receive a card that will allow them to move freely in society, while those who haven't received the "vaccine" or don't want the "vaccine" will be restricted from doing certain things like flying in airplanes or going to events and innumerable other things that you could probably not even imagine right now. So while the "vaccine" and masks and physical distancing and lockdowns is the primary focus of government with regards to COVID-19, actual treatment of those who get the virus is hardly even mentioned. Have you noticed that? So this weekend on The Christian Worldview, Dr. Peter McCullough, medical doctor, a practicing internist, cardiologist and

Professor of Medicine and a national leader in the medical response to COVID-19 joins us to discuss critically important early treatment measures if you do get the virus. Also Twila Brase later in the program, registered nurse and president of Citizens Council for Health Freedom joins us to discuss this Orwellian vaccine passport that is being suggested by government and likely to be implemented by corporations. So let me start out with a question. Why do Christians proclaim the gospel? And the answer is pretty clear. Because we all as sinners are in danger of eternal damnation if we don't get right with God before we die on his terms, and we have this message of the gospel, the good news about Jesus Christ that can save souls. It's the most important message. I was reading in Romans 4 recently where it says starting in verse 4, Now to the one who works for their salvation or trust in their good works, his wage is not credited as a favor, but as what is due, but to the one who does not work but believes in Him who justifies the ungodly, his faith is credited as righteousness. Blessed are those whose lawless deeds have been forgiven, and whose sins have been covered. Blessed is the man whose sin, the Lord will not take into account. And here's the good news. In other words, we've sinned, we are at odds with God, we're alienated from him. We are under his judgment if we don't get right with Him on His terms. And so this is the biggest, most important message in the world. We're sinners. God is going to judge us. How can we be right with God? Well, here comes the good news of Jesus Christ, Romans 5. Therefore having been justified by faith, not good works, but by faith alone in Christ alone, we can have peace with God, through our Lord Jesus Christ, through whom also we have obtained our introduction by faith into this grace, in which we stand and we exalt in hope of the glory of God. In this message of the gospel of salvation is the Christians great hope, and this is why we share it because it's the best news to explain to someone how they can be rescued or saved from God's wrath on them. There's no more better or important news than that. And if you have not ever put your faith in Jesus Christ as your Savior and your Lord, confessed your sins to God, and put your faith, your trust, not in your own supposed good works to be right with God, but in Christ's work on the cross on your behalf, that He died for your sins, and then rose victoriously over it, so that we serve a living Savior today, do so today. Now, that is the most important news, spiritual news, and that's why we share it with others. If you had other kinds of news, news that could help people reduce their chance of dying not just spiritually, but through dying physically, from COVID, wouldn't you want to tell others about that? Of course you would. And so that is what the program is dedicated to today. But let me just give a little backstory. And while we're doing this program, my parents whom some of you know personally, but probably many of you know, through listening to our annual interview with them around Mother's Day or Father's Day in the program, got COVID-19 about Oh, I'd say four to six weeks ago. And they were tested for it and tested positive for COVID-19. My dad is 89. My mom is 87. They are in a very high risk group for death from COVID-19. My older brother, Mark, who is a medical doctor specializing in chronic pain here in the Twin Cities area, went to the Association of American Physicians

and Surgeons website where they put him in touch with Dr. Peter McCullough. And my brother knew that we can't just sit around and wait to see how this virus is going to take hold of our elderly parents. And they were struggling, and we were praying for them. But through the counsel of our guest today, Dr. Peter McCullough, to my brother, they were given and followed this early treatment protocol for COVID, which was a combination of some drugs and supplements. And I'm very thankful and happy to report to you that by God's grace, my parents were able to overcome COVID-19 and are now doing very well today. So that's why we're doing the program. What worked for my elderly parents can also work for you or your elderly parents. Were not giving guaranteed medical advice. Please know that. But I'm sharing with you what helped us. The government and media aren't making this known, but we will today in the program. So let's get straight to the interview. Dr. McCullough, thank you for coming on the Christian Worldview Radio Program today. Let's get into that guide that you are the editor for. It's entitled The guide to Home Based COVID Treatment. Step by Step Doctors Plan That Could Save Your Life. You're the consulting editor for that. This is an educational resource from the Association of American Physicians and Surgeons. Their website is aapsonline.org. And we also have it linked on our website, The ChristianWorldview.org as well. I'm just going to read a paragraph or two from that and ask some questions, follow up questions. It says in the guide that the vast majority of deaths from this COVID virus occur in those 75 years old and older with most of those already sick with other illnesses. A large percentage are in nursing care facilities, over 80 years old and with an average of 2.5 other medical conditions such as obesity, diabetes, heart disease, lung and or kidney disease. The chances of someone under 50 years old, with symptoms dying from COVID-19 is .05 %. To put it another way, approximately 99.9% of individuals who contract COVID will have mild to moderate symptoms and recover just like with the flu. The majority of deaths are coming from the .6 2% of the population who are in nursing home facilities. Dr. McCullough, could you explain those numbers a bit further and what they mean for the person listening?

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Peter McCullough, MD 08:30

Thanks for having me on the show. And these are my own opinions and not those of my institutions. The illness is survivable in obviously the vast majority of individuals. Now there are two bad outcomes. One is hospitalization and the other one is death. And most patients or most people I've ever talked to, they want to avoid the hospital as well. vast majority of deaths occur in the hospital. So the hospital doesn't save all the patients. So there's some important concepts. The first one is patients over age 50 start to have rates of death and hospitalization more than 1%. Once we're less than 1%, it becomes an imperceptible impact. So patients below age 50 without medical problems, most experts agree they don't need any treatment. But once individuals are over age 50 or with

medical problems or who present with severe symptoms, those patients should get outpatient treatment to avoid two bad outcomes hospitalization and death.

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Host: David Wheaton 09:26

Dr. Peter McCullough joins us today on The Christian Worldview Radio Program. He's a practicing internist, cardiologist, and the professor of medicine at Texas A&M College of Medicine at third Dallas campus. You say in the guide, this virus looks and acts very much like the flu but with one caveat. Unlike the usual seasonal influenza COVID-19 illness can become profoundly serious in unpredictable ways. COVID-19 can very rapidly become critical illness for two primary reasons. This virus triggers two responses in the body much worse than seasonal flu and an exaggerated inflammatory response causing damage to critical organs, and an exaggerated blood clotting response leading to multiple blood clots in the lungs, brain and other organs. Talk more, Dr. McCullough, about the stages and why early treatment, home treatment as you write about in your guide is critical.

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Peter McCullough, MD 10:24

It's way more contagious than the flu. And they sit at home typically for two weeks before they're sick enough to come into the hospital. It's way different than flu. And then when patients are hospitalized, that they received no treatment at home, they have no chances of preventing hospitalization. Once they're hospitalized, then what happens is there's a turn on of the immune system called cytokine storm. It causes very high fevers, it causes changes in the lungs that we can see on CT scan, it causes changes in the bloodstream, and it's tightly linked to the development of blood clotting. So in the end when patients die of COVID, the virus is long gone. They actually and there's no secondary infection, there's no staphylococcal pneumonia or no superimposed infection, they die straight up of an internal blood clotting problem, micro blood clots in the lungs, major blood clots go into the brains, blood clots in the major veins in the body. So it's very much a blood clotting death that happens with COVID-19. And given that situation, our treatment is way different than the flu. So we treat COVID-19 early on with drugs to reduce the viral replication, we use steroids and Colchicine to handle the immune system. And then we use blood thinners. And it takes all three dimensions to be treated for a patient to be saved from COVID-19. And that's true, whether they're outpatient or inpatient.

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Host: David Wheaton 11:43

And that's what I want to get into now. Dr. Peter McCullough with us today here on the Christian Worldview Radio Program. It says in the guide that you edited, consult your primary physician with the first onset of COVID-19 symptoms, flu like symptoms, fever,

shortness of breath, difficulty breathing, pressure in your chest, and severe cough. The most important reason to contact your physician right away is that studies show early treatment is the key to success with COVID. Early treatment is especially critical for people at high risk, which you say the older population, and you also say to keep a journal of your symptoms. This early treatment protocol that you and the consortium of doctors recommend, which is from the guide, I'll just summarize it, is good hygiene, getting sunlight, getting fresh air, lots of fluids, healthy food, immune boosting vitamins and minerals, vitamin D, vitamin C, zinc and others. And then you mentioned some of the medications as well. You can explain those too. How much of those things should people be taking to boost their immune system? And what if their primary physician doesn't think along the same lines, has more of the regular NIH way of thinking about this virus, you just wait till it gets bad, then you go to the hospital.

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Peter McCullough, MD 13:03

We knew early on from Wuhan, and we knew from Milan, Italy and New York, we'd learned from those three cities by the way, which are very similar. They're very vertical cities, they have lots of skyscrapers, lots of high rise apartments and condominiums that the virus loves to have, nice closed in small spaces. And it's known that the virus is transmitted largely by the air. It's not really transmitted by touching people's hands, even though there's been a huge emphasis on hand sanitizers, that's been fairly misguided. It's transmitted through the air. And if you could, if someone has the virus, and if you could actually make the virus be dyed green, you would have an entire room full of green smoke, it would be like smoky green air in your room with the virus. And so what happens is, when patients go to these small closed in rooms and high rise apartments and elevators, all they do is re breathe that air over and over again. And there were some early studies showing that the room fills up with a virus and that literally the air is holding the virus up for several hours. And so that explains why people walk into a public restroom, they breathe in some of the air and boom, they get COVID. You know, little small spaces that are poorly ventilated. So what we tell patients is say listen, instead of re breathing that virus in and keep re loading yourself with the virus, open up windows, get outside, front porch, back porch. it's all here away from people. Let the wind kind of blow off that virus so you're breathing less contaminated air. When someone gets sick with COVID-19, the last thing we want to do is have them stay in their house and then put on a mask and then just keep breathing the virus back into the lungs. So I published an op ed early on in The Hill last year trying to explain that to the public saying listen, fresh air is your friend. We've used it for all viral infections in the past including mumps and chickenpox. Get fresh air. Now, it's been shown that deficiencies in a whole variety of vitamins lead to worse outcomes in COVID-19. And so it makes sense to be fully fortified with vitamins and micronutrients. So vitamin D, vitamin C. Zinc, Quercetin, which is a poly phenol substance,

those are in what's called the nutraceutical bundle. Now, do they cure COVID-19? No. Do they prevent COVID-19? Probably not. But if you get it, they're going to make you more likely to hopefully ride through the illness without having serious complications. So the best resource to go is to go to aapsonline.org. That is the go to website. It's got the homepage patient treatment guide that's been used over 500,000 times. It has a list of treating doctors in every state and also has the telemedicine services. So a patient ahead of time ought to call their primary care doctor and ask them, you know, are you treating COVID patients? And if they say no, say do you have a local referral? So I can know if I get COVID-19, what to do. And hopefully they'll give a local referral. Almost every major city has several you know, treatment centers and doctors to refer to. If the answer's no. I don't treat COVID-19 and I don't have any place to refer you then the patient should be ready to go to one of the telemedicine services out there and they're listed in the back of the COVID Guide.

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Host: David Wheaton 16:35

Okay, and again that website is aapsonline.org. Or you can read this guide to home based COVID treatment that our guest today, Dr. Peter McCullough, was the editor for. We also have the guide linked at our homepage of TheChristianWorldview.org.

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Program Director 16:53

The Christian Worldview with David Wheaton returns in just a moment.

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Featured Resource: In His Image 16:59

I struggled with my identity all the way through my life, lived eight years is Laura Jensen, until I found the Lord Jesus Christ. . . The issues are unavoidable. . . They're on the news. . . The White House in rainbow colors. . . They're in our legislation. . . The Texas Bathroom Bill. . . In our schools. . . Drag queen story hour. . . They're even reaching into our churches. . . Let us be the church together. . . We're not just talking about issues, we're talking about people. The proceeding is from In His Image, a 103 minute documentary film that biblically and compassionately addresses the issue of transgenderism. You can order the DVD for a donation of any amount to The Christian Worldview. Call 1-888-646-2033, or write to Box 401, Excelsior, Minnesota 55331, or visit TheChristianWorldview.org. That's 1-888-646-2233 or TheChristianWorldview.org.

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Host: David Wheaton 18:00

David Wheaton here, host of The Christian Worldview. For over 15 years our mission has

been to sharpen the biblical worldview of Christians and to proclaim the good news of Jesus Christ. We pursue that mission on air through radio programs, in person hosting events, and online through audio, video, and print resources. We are an all volunteer ministry but have monthly operating expenses, the most significant being the cost of airtime on the station, website, or app on what you hear the radio program. We are looking for monthly partners so that each station or website is supported by its own listeners. The level of financial support for a given outlet is a key decision point whether we continue paying to broadcast there. To become a monthly partner of any amount, call us toll free at 1-888-646-2233 or visit TheChristianWorldview.org Thank you for listening to and supporting the Christian Worldview.

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Twila Brase 19:06

Welcome back to The Christian Worldview. Be sure to visit our website, TheChristianWorldview.org where you can subscribe to our free weekly email and annual print newsletter, order resources for adults and children, and support the ministry. Now back to today's program with host David Wheaton.

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Host: David Wheaton 19:22

Let's read one more short paragraph from that guide. You say the unique kinds of damage from the COVID virus mean that we must use a combination of prescription medicines. Now we're going beyond supplements to prescription medicines to rapidly block these dangerous effects. The use of prescription medications discussed in this guide should be considered clinically indicated, medically necessary, and appropriate off label use of these products. And you just have a few bullets here. Combination antiviral medicine starting as soon as symptoms occur. Number two, medicines to decrease inflammation. You mentioned that earlier. Number three, anticoagulant therapy to prevent blood clots that can cause strokes, heart attacks and more. Number four non prescription supportive treatments with zinc, vitamin D, vitamin C, you mentioned that. And the fifth one is home based, even oxygen support, such as with an oxygen concentrator. So educate us a little more on some of those bullet points of actually using medications early on in treatment of COVID.

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Peter McCullough, MD 20:26

So here's the action plan. So age over 50, or with medical problems or presenting with severe symptoms, those patients need treatment. So the nutraceutical bundle we've covered. The next thing the patient should ask for is to be referred for an antibody infusion. So there are FDA EUA approved, not FDA medically approved, but emergency

approved antibody infusions, one is still remaining on the market. It's by Regeneron. It's a combination of two antibodies. They are available at emergency rooms all over the United States and it simply takes a doctor's phone call. The cost of this is covered by the US government. So the first thing patients should ask for is an antibody infusion. This is what President Trump had Rudy Giuliani, I use it every day In my practice, it's a simple phone call, patients will typically get a time slot, they go into the emergency room and they get an antibody infusion, so that's a great start. Then after that, we move into the oral drugs. Now a lot of times patients can't get the antibody infusion or they just don't have access to it. We're going to rely on the oral drugs heavily here. But even those with antibody infusions who have severe symptoms, we go ahead and use the oral drugs. They include hydroxychloroquine or ivermectin is two of our intracellular anti infectives combined with either azithromycin or doxycycline. Those are antibiotics that also work inside cells. And together these drugs work in combination to reduce the replication of the virus. They also work to reduce some bacterial component of infection in the sinuses and in the throat. So it would be common to have these drugs in a pair, prescribed. Now on day five are pulmonary symptoms. We can use steroids prednisone is fine, we use that in asthma all the time, there's now an inhaled, steroid called Budesonide that we use from the start called pulmicourt and doctors that's an easy prescription covered by insurance. And then we add a medicine called cochicine or a gout medicine. And we run that through for 30 days. Each one of these components reduces the risk of hospitalization and death. For blood thinning, all the patients should receive aspirin, not a baby but a full dose 325 milligrams. And then patients where heart or lung disease, prior cancer, all those patients, I go ahead and put on either Lovenox injections, or an oral blood thinning drug called apixiaban or one of its relatives. So it takes about four to six drugs, the package in general cost less than \$40 for a generic, or they can even use free coupons to get some of these for limited supply. We go as short as five days in easy cases. In seniors, people in senior homes, we may need to go 30 days of treatment. And that's what brings patients through the illness. This combination approach reduces hospitalization and death by 85%. It shortens the duration of symptoms, it shortens how contagious someone is. So this is really important. We get treatment started early, patients are much less likely to spread it to others,

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Host: David Wheaton 23:38

Dr. Peter McCullough with us today on The Christian Worldview. And by the way, I know he just gave a lot of things to do there, medications and so forth. If you missed any of that, just go to our website, we have the recording or the audio of this program there right now, TheChristianWorldview.org if you need to hear again what he just said in that last answer about treatment protocol. Now, what you just said Dr. McCullough doesn't appear to me to be the mainstream recommendations like from the National Institute of Health, you

know, taking things like ivermectin and so forth. Why doesn't the mainstream medical community like Dr. Fauci and the NIH and so forth, World Health Organization, if I'm not mistaken, they're not advocating for that treatment protocol you just mentioned. Why not?

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Peter McCullough, MD 24:26

The National Institutes of Health, the CDC and the World Health Organization, they've had two major initiatives. One is to reduce the spread of illness by wearing masks and social distancing and lockdowns and the other has been mass vaccination. So neither one of those organizations has had much effort at all put on treatment. And if you notice, if you ever watch any updates on the news, you don't even hear about any treatments in the hospital or before the hospital. It's just treatment is really not on their radar screen. It makes a lot of sense because these organizations don't treat patients, the organizations that treat patients are doctors organizations like APS, for instance, APS is kind of the leading treatment organization. Having said that, there are treatment guidelines, one by the National Institutes of Health and one by the Infectious Disease Society of America. And they focus on in patients. So they haven't really started to approach out patients yet. So the treatment guide you mentioned by APS and based on the manuscripts that we published in the American Journal of Medicine, that really stands to fill the void on how out patients are treated. I think at some point in time, when things settle down the NIH and IDSA will address treatment of out patients but right now, it's just a void in their public offering.

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Host: David Wheaton 25:47

Okay, And again, we have the guide linked at our website, TheChristianWorldview.org, along with other resources on COVID-19. You mentioned two things in your last answer, Dr. McCullough, regarding masks, and regarding the "vaccine." Are masks, in your opinion effective at protecting someone or protecting others from contracting the virus? And maybe the "vaccine" deserves a question itself. So let's just start with masks.

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Peter McCullough, MD 26:15

While keep in mind that despite all the efforts on masks and hand sanitizers, the viral epidemic looks like it has a mind of its own. And so almost paradoxically, in the places that had the most severe lockdowns and the most severe restrictions had the worst overall brunt of COVID-19. Masks could play a role. It's pretty clear that rates of influenza are way down. So they're doing something in doctors and hospitals wearing masks and dental offices. I think it makes sense that we haven't had any major outbreaks among

doctors, no major outbreaks in dental offices, no major outbreaks in physical therapy centers or what have you, the major outbreaks have occurred in factories or some of these other settings. But fortunately, the schools have had no major outbreaks, as well as the physician offices. So I think masks play a role if people properly wear them. I think, in medicine, I know I wear a mask every day, I think in medicine, we're probably going to be wearing these for the rest of our careers. Now, are masks the same as treatment? No. And we should never have emphasized masks and de emphasized treatment. So every time we have a TV segment on masks, I think we should replace that by information on treatment. Because we have even at our low level right now, we still have 45 to 60,000 patients getting sick every day. And masks don't help those people. What helps them is the knowledge about treatment.

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Host: David Wheaton 27:47

Let's get into the "vaccines." The last couple questions for you. Is the "vaccine" actually a vaccine? Or is it as I've heard a gene therapy technology, maybe explain that, and then whether you actually recommend people get this "vaccine."

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Peter McCullough, MD 28:02

I published an op ed in The Hill last summer. And the title of the paper was called, The Great Gamble of the COVID-19 Vaccine. And so this is before these were released, and before we knew the results of the vaccine trials. But it became very clear that in the United States, and even worldwide, we put all of our resources into vaccine development, and we really took away resources from treatment. So we have not focused on treating sick patients at all. And so there hasn't been really any effort on research and development of oral drugs or other products to help people. This has been a gamble we took and in my view, the public health officials in our country and the National Institutes of Health gambled away hundreds of 1000s of lives for this "vaccine." So what we have is we have the messenger RNA "vaccines," you'll know them by their manufacturers Pfizer, and BioNTech, make one and then Moderna makes the other. The first thing to know about this is that these were developed with government support, large amounts of government dollars, and the US government through the National Institutes of Health, co owns the patent for the Moderna "vaccine." So, US government stakeholders FDA, NIH, CDC, they have an investment in the "vaccine," and they have in a sense a conflict of interest in the "vaccine." So I think the public should be aware of that. The messenger RNA "vaccines" are manufactured. So they are manufactured RNA ribonucleotide genetic material that is in a liposome, in liquid particles surrounded by polyethylene glycol. Polyethylene glycol is what's used in radiator fluid. So anybody who has a sensitivity to polyethylene glycol, those who've had cosmetic injections, etc., they should be wary of the

messenger RNA "vaccines." Now these "vaccines" code for just the spike protein on the virus, and the spike protein is a little spiky spicule, on the surface of the virus, the virus is like a big beach ball, it just codes for the spike protein only. The messenger RNA gets injected under your skin, and that goes into the cells of your body. And then the cells of the body produce the spike protein. So your cells are actually tricked into producing the spike protein. And then your body reacts against the spike protein to produce the immune response, both the antibody and cellular immune response. That's how the messenger RNA "vaccines" work. We've never had messenger RNA "vaccines" ever before in the history of medicine, so they are brand new. The other "vaccines" on the market, the Johnson and Johnson "vaccine," that's considered an adeno viral vector "vaccine." So that is a recombinant piece of DNA that's put into a known virus that is grown up from human cells. And that virus cannot create illness, but it effectively gets into your body. And then that delivers that DNA that goes into your cells, then your cells transcribe the RNA for the spike protein. And again, your body's temporarily produce a spike protein. Those are the "vaccines" available in the United States. So they all work by producing the same spike protein in every body for a few days. And then your body responds to it. So the first thing you think of is well, wait a minute, doesn't that give everybody the exact same immunity. The answer is it is true. Everybody who gets the "vaccine" in the United States, in a sense is an immune clone of one another. And it's different than the natural immunity because natural immunity, we've always had a blend of six to eight different strains of the virus. So from person to person, that immunity is different, and it has heterogeneity. The second thing is natural immunity has immunity not only against the spike protein, but the nucleocapsid. The enzymes with a lipid envelope. So the natural immunity is both complete and durable. There's never been a legitimate second case of COVID-19. So once patients have COVID-19, they've recovered, they literally can't get it again, it doesn't matter if you wear a mask or not, use hand sanitizers, nothing else matters. You're completely immune. With the "vaccine," what we know in the clinical trials is the rates of getting COVID with placebo, or with the "vaccine" were less than 1% for all the "vaccine" trials over two months. So that means that, you know, COVID-19 is pretty rare in people who choose the "vaccine" and has a less than 1% impact. So whether somebody chooses the "vaccine" or not, it's going to have an imperceptible impact with very low attack rates less than 1%. That's what we know about the "vaccine" right now. So on the on the beneficial side, it's a less than 1% benefit to anybody to begin with. So it's not a big deal if you get it or you don't get it. On the safety side that's a separate issue. There's been many safety concerns that have been raised with the "vaccines."

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Host: David Wheaton 32:57

Dr. Peter McCullough is with us today on The Christian Worldview. Just last 60 seconds, what would be your parting thoughts, summary thoughts on our conversation today? Your

your advice to those listening, trying to kind of wade through all the different messaging they're constantly hearing from all the different sources.



Peter McCullough, MD 33:15

My main message is that the top priority in this crisis is the sick patient. If we focus on sick patients, that's what the health care industry does. Doctors, nurses, other health care providers focus on the sick patient, don't get distracted on lockdowns and other social issues and don't get distracted on the "vaccine." Focus on sick patients. If we focus on sick patients, that's where we save lives and we avoid hospitalization. And we do that if we're able to treat patients at home,. Then we don't spread the infection anymore. We reduce the infectivity and then patients are delivered to natural immunity. Natural immunity is both complete and durable. We can be filling up football stadiums and basketball stadiums and baseball parks with COVID immune people, the COVID recovered patients cannot give it nor receive it. The safest people you can be around is COVID recovered patients. The patients who choose the "vaccine," and the 'vaccine' is fine for those who who want to take the 'vaccine" is going to have less than a 1% public health impact. The 'vaccine" is not 100% protective so patients do get the infection after the vaccine. And if they get the infection after the "vaccine," they have to again think about early treatment to reduce hospitalization or death.



Featured Resource: In His Image 34:38

Well, thank you so much. Dr. McCullough. We will have a lot of listeners go read this guide and they're going to be better informed after doing so. So thank you again for coming on The Christian Worldview. And all the best in your practice.



Peter McCullough, MD 34:52

Thank you very much.



Twila Brase 34:53

The Christian Worldview with David Wheaton returns in just a moment.



Featured Resource: In His Image 34:57

I struggled with my identity all the way through my life, lived eight years as Laura Jensen, until I found the Lord Jesus Christ. . .The issues are unavoidable. . .They're on the news. . . The White House in rainbow colors. . . They're in our legislation. . .The Texas Bathroom bill. .

. In our schools. . . Drag queen story hour. . . They're even reaching into our churches. . . Let us be the church together. . . We're not just talking about the issues, we're talking about people. The proceeding is from In His Image, a 103 minute documentary film that biblically and compassionately addresses the issue of transgenderism. You can order the DVD for a donation of any amount to the Christian Worldview, call 1-888-646-2233 or write to Box 401, Excelsior, Minnesota 55331, or visit TheChristianWorldview.org. That's 1-888-646-2233 or TheChristianWorldview.org.

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The Christian Worldview Free Resources 35:57

Be sure to take advantage of two free resources that will keep you informed and sharpen your worldview. The first is The Christian Worldview weekly email which comes to your inbox each Friday. It contains a preview of the upcoming radio program, along with need to read articles, featured resources, special events, and audio of the previous program. The second is The Christian Worldview annual print letter, which is delivered to your mailbox in November. It contains a year end letter from host David Wheaton, and a listing of our store items including DVDs, books, children's materials and more. You can sign up for the weekly email and annual print letter by visiting TheChristianWorldview.org or calling 1-888-646-2233. Your email and mailing address will never be shared. And you can unsubscribe at any time. Call 1-888-646-2233 or visit TheChristianWorldview.org.

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Twila Brase 37:03

Thanks for joining us on The Christian Worldview. Just a reminder that today's program and past programs are archived at our website, TheChristianWorldview.org. Short takes are also available. And be sure to share with others. Now back to today's program with host David Wheaton.

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Host: David Wheaton 37:18

Now again, if you missed any of the interview with Dr. Peter McCullough today, or you were trying to take some notes with his recommendations for early treatment of COVID, just go to our website, TheChristianWorldview.org. The interview in its entirety is there. And now I want to transition over to our conversation with Twila Brase who's a registered nurse and the president and founder of Citizens Council for Health Freedom. Twila, thank you for coming on The Christian Worldview today. We have watched a really, what I think, is an important video by a doctor named Ryan Cole out of Idaho. We have this linked at TheChristianWorldview.org and I'd like to play some of the salient sound bites from this presentation he made in the state of Idaho and then get your follow up comments. Here's Dr. Cole.

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Ryan Cole, MD 38:11

Is there a treatment for outpatient COVID? Is there a treatment? You know, unfortunately, the three letter federal government agencies have practice therapeutic nihilism, apathy, complete apathy. No, gosh, if you get sick, go home, if your lips turn blue, then go to the hospital. He can't breathe, go to the hospital. When in the history of medicine have we said to someone, "Oh gosh, you have pneumonia. But once you're sick enough to be hospitalized in the ICU, we'll give you an antibiotic for pneumonia." Insanity. Insanity. We as physicians have collectively lost our medical minds to say, "Well, gosh, you have an illness that we know is killing people around the world. Why don't you just go home, see how you do?" Insanity. The earlier you treat, the more complications you can decrease down the road. And you know what? There's a treatment. Unfortunately, if there's a treatment for a disease, the federal government cannot approve a vaccine by law, by rule. So the NIH who you know, is involved in approving medications, they call, hold the patent on the "vaccine" with Moderna. If the fox is not guarding the henhouse there, I don't know who is. That also is insanity to have the government in bed with a private company vending a product that they want to give to everybody.

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Host: David Wheaton 39:27

What are your thoughts on that soundbite?

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Twila Brase 39:29

I think it's so important for the public to understand how COVID-19 works, because what's really clear, and it was shown in the US Senate hearing, this one diagram said it really simply. There's like this early stage where the virus is replicating or where the virus is vulnerable and where the virus hasn't done a whole lot yet to the body and where there is an opportunity to take action and stop it from getting to the other two stages. Because the second stage is called the cytokine storm. And that's when the body essentially over reacts with antibodies in response to this overwhelming amount of COVID-19. And then if you don't catch it, then it goes into the into the part where you move to blood clots, little blood clots all over the body. And of course, that just gets in the way of everything. That's very dangerous. And so this whole idea of just treating people, this is how it's always been. You know, I think it's a crime against humanity, that early treatment has been denied, that medications have been banned, that doctors tell people just go home. And then if you start having trouble breathing, come back. Well, you know, you could have stopped it. You could have not ever gotten to that point where you had trouble breathing. And that's what we have to remember, this is a very treatable condition. But the government has helped to make it very scary by taking away the options of early treatment for many, many people that have already died.

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Host: David Wheaton 40:56

Let's get to Dr. Ryan Coles, back to his presentation where he talks about the importance of having a boosted immune system so you don't get sick in the first place.

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Ryan Cole, MD 41:07

The biggest lost message on this entire pandemic is vitamin D. There is no such thing, and if I can give one message to all of you for every winter and autumn for the rest of your lives, there is no such thing as flu and cold season, there is only low vitamin D season. If one has a level in mid range, you cannot develop a cytokine storm. Data shows, what kills people, cytokine storm. If you are in mid level range, you will not die from COVID because you cannot get a cytokine storm. How do we get D? Sunshine. You know, we synthesize it through our skin. Above the 35th parallel in the world or below the 35th parallel for four to five months of the year, you cannot synthesize vitamin D through your skin. The older you get, the harder it becomes as well. Vitamin D is critical. Every Idahoan, if you do not supplement, your vitamin D deficient. You are immune suppressed in the fall and the winter.

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Host: David Wheaton 41:58

Okay, so he really went into great emphasis about the importance of vitamin D. And there are others. I think it's vitamin C, zinc and a couple other ones. Basic supplements that anyone can get to try to boost your immune system because we're so suppressed if you live in the northern climates. What are your thoughts on that, Twila?

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Twila Brase 42:17

Well, because of course, I've listened to this, what I loved is that he told about the fact that up in the Scandinavian countries, they actually have about 30 different foods that they increase the vitamin D content of just to keep their people's immune response higher. And so that shows that there have certainly been other countries that have recognized the value of vitamin D, you know, for a long time. And it's so inexpensive and it's so easy to do that, you know, everybody should be looking at this and you know, right now I don't care where we are, I don't care where we are in the COVID endemic as he's calling it, rather than a pandemic. We should all be taking vitamin D and keeping that in mind for you know, past pandemic.

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Host: David Wheaton 43:03

Twila brase with us today on The Christian Worldview talking about the virus and the response. She is the president and founder of Citizens Council for Health Freedom, cchfreedom.org is an excellent resource for you, sign up for their email alerts. They're really good. Twila creates videos and so forth. Highly recommended you do that. She's also a registered nurse. So let's next go from the supplements Dr. Ryan Cole was recommending to now something that Dr. McCullough told us earlier in the interview about a drug that's very widespread across the world called ivermectin and how it is very helpful if used early on in the treatment of COVID. Here's his message on that.

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Ryan Cole, MD 43:46

Enter an effective prevention and treatment, ivermectin. So a lot of you may, you know, we're in farm country, horse country, you know, you give it to your dogs, your cats, your horses. It's an anti parasitic. But it's a molecule. It doesn't read the textbook and say I can only kill parasites. It's a molecule and fascinatingly, it works against viruses to. Not just Coronavirus, but a bunch of other viruses as well. So in August of last year, we found out that it killed Coronavirus, 99.9% in petri dish studies. The NIH, what did they do? For reasons I already explained, they recommended against it. And they did it on monkey cells instead of human lung cells. They're like, Oh, the dose would have to be too high. They fudged the data. Unfortunately, it works. It works. So what did the rest of the world do while we said everybody go home, let your lips turn blue and come to the hospital? The rest of the world said Well, let's try it. So what did the rest of the world do? A lot of trials. Four billion people on the planet have taken this medication since the 1980's. This medication won the Nobel Prize for the discoverer. It is that safe. It is on the world's safest and most essential drugs list. Four billion people have taken it with only one or two deaths out of 4 billion and those people had a genetic disorder. Super, super, super safe.

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Host: David Wheaton 45:01

Okay, I was just thinking as I was listening to that, Twila, how often have you heard that message, what he just said, Dr. Ryan Cole from Idaho, about alternate off label treatments? In other words, a drug that's designed for something else but still has efficacy against Coronavirus. Now, Dr. McCullough mentioned earlier about ivermectin. He also mentioned about using it in conjunction with an anti inflammatory and a couple other things. Why isn't that helpful bit of information right there being broadcast far and wide that ivermectin and other drugs can help the treatment of? COVID?

T

Twila Brase 45:34

I mean, you have to ask that question, because, you know, you just say that, and it generates hope. And when it generates hope, because you realize, my goodness, 99.9%, that it just kills, it just kills COVID in a petri dish. Well, even if it killed it 95% you know, in humans, you know, there's so much hope in that. And somehow, the government decided that they had to deprive us all of hope. Ivermectin has been considered a miracle drug. And one of the reasons it's a miracle drug is that nobody gets immune to it. It has all these things that it does, and nobody gets immune to it. So you know, there are definitely early treatments and people need to hear about them and have hope and be cheered. But that's not what the government wants to happen here.

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Host: David Wheaton 46:20

And that's really hard to imagine why they wouldn't want to do that. There has to be some ulterior motive behind it. Either power, control, financial, something. Now I want to be clear though, when we talked about ivermectin and other drugs, you should definitely check with your own physician, because you might be taking, you know, other medications that it might conflict with and so forth. So just, you know, your not just taking medical recommendations off the Christian Worldview, we're just giving you ideas and options that there is treatment out there, beyond just waiting at home. If you get COVID, to get really sick and then having to go in the hospital, you don't want to end up in the hospital, that's the worst place you can end up because that means you've gotten to a point where they may not be able to turn things around for you. Twila Brase with us today on The Christian Worldview, talking about this presentation by Dr. Ryan Cole in Idaho as a follow up to our conversation earlier with Dr. Peter McCullough. Okay, now this next soundbite is the one I've been waiting for just about the "vaccine" because everything you hear now, Twila, is about the "vaccine." You need to get the "vaccine." I've been vaccinated. It's it's like a virtue signal. I've been vaccinated, so therefore I'm safe. Or I'll never get Coronavirus and you know, I'm home free. And this is the the public service announcements, the president administration saying everyone's saying this. So here's what Dr. Ryan Cole says about the "vaccine."

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Ryan Cole, MD 47:39

By definition, a vaccine historically is giving a protein or an antigen or a part of a pathogen and or a whole killed pathogen. Injecting a sequence of mRNA into a human being is a medical device. Historically, what we're doing right now does not fall under the definition of a vaccine. They shifted the verbiage in some of the Federal Register back in October so they could approve this. So it was a slight of hand to change the verbiage. What we have right now is an experimental, biological gene therapy, immune modulatory

injection. We are injecting people with a synthetic sequence of nucleic acid. We have never done this on a large scale in human history. mRNA trials in mammals have led to odd cancers. mRNA trials on mammals have led to autoimmune diseases. Not right away. Six, nine, twelve months later. So what we're doing right now are not approved vaccines. And so everybody, how do you create demand, you create scarcity? Oh, gosh, we can't get a shot. We can't get a shot. Well, it's a beautiful marketing ploy to be able to say, gosh, there's a low supply. So everybody wants it now. Well, everybody may want it. But the long term safety data is not there. 50% of healthcare providers are absolutely not getting an injection. And that's the reason. We don't trust the data,. The fox guarded the henhouse. The companies did their own data. There were no independent observer groups looking at the data. You know, do the shots decrease severity of disease and hospitalization? Well, they seem to be, but they don't fall under the definition of creating pure immunity and preventing transmission. If you're immune after an injection, why in the world would you still have to mask or social distance.? That is an admission that they don't know that it's a vaccine. And that's an absurdity.

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Host: David Wheaton 49:25

Okay, that was Dr. Ryan Cole talking about the COVID "vaccine." Now again, before I toss it over to Twila to comment on that, I just want to say if you've had the "vaccine," it doesn't mean you're gonna die. It's been given to millions of people. It's just there's a question about whether this is a "actual vaccine." What are the long term effects of it? Twila, your comment to that.

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Twila Brase 49:47

Well, by calling it a vaccine, what the companies do is that the American people are prohibited from suing them. So they have gotten protection from liability even though it isn't a vaccine and the reason you know it's not a vaccine is because you just have to look at the CDC's definition of a vaccine. So a vaccine provides immunity, and then you have to look at their definition of immunity. Well, their immunity means that it prevents you from getting the disease. It doesn't just prevent symptoms, it prevents you from getting the disease. And we all know that that is not what this so called "vaccine" does. What this biologic does, apparently, is to decrease symptoms when you get the disease. And so that's why Dr. Fauci said, it prevents clinically recognizable disease. That would be symptoms, clinically recognizable disease. And so it's not a vaccine, but the companies have been protected because it's being called a vaccine. And of course, yes, nobody is home free. I just read something recently where it said, No, you're not home free that you don't have to wear masks, you still have to wear a mask and then you have to go well, why? And then what on earth did I get? Because you know, if you have a vaccine for

tetanus, you don't get tetanus. It's not like you get mild tetanus or mild lock jaw or medium lockjaw, you just don't get it. That's a vaccine. It stops you from getting the condition.

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Host: David Wheaton 51:11

There's lots of news now about a vaccine passport being required. Like you've had the "vaccine," you get a card. And now you can go on airlines, you can go to sporting events or concerts, whatever. You can kind of, "Buy and sell," if you have this vaccine passport. What are your thoughts on that? Is that going to happen? This seems to me to be a severe restriction of civil liberties, something that your organization Citizens Council For Health Freedom stands completely against.

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Twila Brase 51:41

Of course it's not just about the idea of a passport where you can't buy and sell, you can't freely engage in American life unless you have taken this biologic that the clinical trials aren't even going to be done until 2023. It's also the fact that, that it's something that could harm you. So it's like two things. One, the things that you can't do, and one of the things that might happen to you, if you decide to, to take what is necessary so that you can do those things. The idea that we would all have to have a passport, saying that we had taken the "vaccine" before we could do anything, go anywhere, you know, live life as a free American is the antithesis of being an American. And it may come that we'll have to do like the Wisconsin legislators did and have to take it to court. But hopefully, what will happen is there'll be more bans like in Florida and Texas and hopefully, you know other states will follow up with bans against the vaccine passport.

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Host: David Wheaton 52:43

We are out of time today on The Christian worldview. Thank you for joining us. Until next time, remember, Jesus Christ and His Word are the same yesterday, and today and forever. Think biblically, live accordingly, and stand firm.

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Program Director 52:59

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