

The Delusion Deepens Over COVID

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SPEAKERS

The Christian Worldview Free Resources, Host: David Wheaton, Program Director, Peter McCullough, MD, Sponsor: Samaritan Ministries, Featured Resource: Show Me Your Glory, Featured Resource: In His Image

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"The Delusion Deepens Over COVID". Dr. Peter McCullough joins us today right here on The Christian Worldview Radio Program, where the mission is to sharpen the biblical worldview of Christians and to proclaim the good news of Jesus Christ. I'm David Wheaton, the host, and our website is TheChristianWorldview.org. When you go there, be sure to find out more about our national sponsor Samaritan Ministries, who provide a biblical solution to health care.

Five months ago in April 2021 of this year, Dr. Peter McCullough, a high profile medical doctor, who's an internist and cardiologist came on The Christian Worldview to discuss an early treatment protocol for COVID-19 that he and other doctors had innovated, rather than the "get the vaccine and hope for the best" approach of the mainstream medical establishment and government leaders.

A lot has happened over the past five months. Dr. McCullough, despite being one of the most renowned doctors in his field and a leader in COVID treatment, was essentially terminated where he practiced medicine in Texas and then sued. Meanwhile, COVID injection coercion and mandates have reached fever pitch, despite the so called "vaccine" having low efficacy against contracting or spreading the virus and having many adverse health events including deaths. No matter, just this week the Biden administration has mandated the so called "vaccine" for businesses. This from Fox News, "President Joe Biden announced Thursday that all employers with more than 100 workers will be forced to require Coronavirus vaccinations or test employees weekly. The mandate is expected to

affect as many as 100 million Americans." The article goes on to say the roughly 17 million workers at health facilities that receive federal Medicare or Medicaid also will have to be vaccinated. There are the strings. If you're attached to government, here comes the coercion. Biden will have OSHA, which is the Occupational Safety and Health Administration of the federal government make a rule requiring employees of companies to be tested. Companies will have to pay for the testing, but they can pass the cost on to employees.

Biden is also signing an executive order to require vaccination for employees of the executive branch and contractors who do business with the federal government with no option to test instead. That covers several million more workers. According to Forbes, businesses that refuse to comply, government's favorite word, "comply" with a mandate, will open themselves up to hefty fines up to nearly \$14,000 per violation. In July, the article concludes "White House press secretary Jen Psaki told reporters that a federal vaccine mandate was, 'Not the role of the federal government.'" Well, I guess that was a lie. This is why we are having Dr. Peter McCullough join us again this weekend on The Christian Worldview to discuss many issues surrounding the virus treatment, the so called "vaccine," and what is driving the delusion and really sinister wickedness over a treatable virus with a very low lethality rate.

Now, just in advance of the interview, there's going to be lots of specific medical information given today. And so you might ask, what does this have to do with The Christian Worldview? Well, The Christian Worldview is about truth. When there are lies being told and believed that affect you physically, mentally, emotionally, spiritually, economically, or that affect the church and pave the way for the Antichrist, which we believe this is where this is going to this globalized government, which Revelation talks about, we want to bring out the truth.

There has always been a war on truth, but it has become even more intense right now in America. What you're going to hear today is diametrically opposed to the mainstream medical establishment and government, big business, the educational system and the media. They are all drinking from the same contaminated well of lies coming from Dr. Fauci, the Centers for Disease Control (the CDC) or the National Institutes of Health. All they say is "get vaccinated", or else. It doesn't work. It's dangerous, it's unscientific, and it's evil.

So why is Dr. McCullough to be trusted over them? Well, his credentials are of the highest level, but more important than that, he's had success treating patients with COVID. Many members of my own family have had COVID and use the treatment protocol that he and the Association of American Physicians and Surgeons recommend. So what he advocates for aligns with reality, which is just another word for the truth. So I would encourage you to take notes on the program today. If you can't write fast enough, cue the program again at The ChristianWorldview.org. You can download the transcript of the program that will be up fairly soon. We also have literature linked at TheChristianWorldview.org. It's sad to say that you're largely on your own for COVID treatment. You have to do your own research

theorists not following the CDC. That is the terrible state we are currently in in this country. But that's why we are doing this program today. To bring out the truth.

Let's get to the first segment of the interview with Dr. Peter McCullough. Dr. McCullough, it's been five months. Doesn't seem like too long of a time since you were last on the program. But a whole lot has happened since then. Both with this COVID virus and the mandates and things surrounding that, but also with you personally, as a result of being very outspoken and bringing out the truth on so much of what is going on. Let's just start with the virus. And you can talk about what's happened to you personally as well. We've had new variants come, infecting those who have gotten the COVID injection and those who haven't gotten it. You have injection mandates for a non effective vaccine (people with the so called "vaccines" who still get the virus). There's a lot of adverse risks, even death with getting this so called "vaccine." It had questionable FDA very quick approval, you can talk about that. That's been a ridiculing of the treatment protocol that you brought out. You were the one who was primarily responsible for the early treatment guide for COVID with Ivermectin and other medications. Most doctors, the vast majority of doctors won't even prescribe those medications. And there's authoritarian mandates, both in the US and abroad. So remind us about your medical background, your experience with treating COVID, and how you would describe the situation with COVID in the United States right now.



Peter McCullough, MD 07:22

Thanks for having me on the show. And what you described sounds pretty grim, but it's true. Over the last five months, things have dramatically changed. And as introduced, I'm an internist and cardiologist in Dallas, Texas. I'm in academic practice, I see patients every week. I also spend time editing the two major journals "Reviews in Cardiovascular Medicine", and "Cardiorenal Medicine". I'm the editor in chief. I'm the president of the Cardiorenal Society of America, a major multidisciplinary medical society. And I've recently taken on the role of Chief Medical Advisor for the Truth for Health Foundation, which is very much aligned with what we're talking about now. In the last 18 months, I have really thrown myself into the Covid 19 pandemic in terms of service, to serve the United States and to serve the world both as a practicing doctor, meaning I've tried to help as many patients as I possibly can, but also as an academic physician, and an author and an investigator. I have as a backdrop over 650 publications in the National Library of Medicine. I have over 45 now, on COVID-19, including the two pivotal documents teaching doctors how to treat COVID-19 before the hospital. The first one in the American Journal of Medicine and the second one in Reviews in Cardiovascular Medicine. These protocols, and flow diagrams are the most frequently used and relied upon in the world to treat COVID-19. And our CDC had sketched out for us that we were on target to lose 1.7 to 2.1 million Americans. And despite our two big waves in the wintertime, and now with the

Delta wave, we've kept mortalities at between 600,000 to 700,000. It's still too many. We know our methods. If we treat patients early with all the tools available, including the emergency use authorization and monoclonal antibodies and the drugs in sequence, we know we can reduce mortality and hospitalizations by about 85%. Sadly, those being hospitalized, nearly every single one of them has received no early treatment for COVID-19.

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Host: David Wheaton 09:20

Yeah, that is just really tragic. And as I mentioned earlier this year, my parents when they got COVID, were elderly - in their late 80s. You were very integral in their treatment and recovery from COVID-19. So we thank you so much for that. That was early on when some of these early treatment protocols were just in the last few months before that just coming out and now they've become much more well known since that time, in large part because of your early treatment guide with Ivermectin or Hydroxychloroquine, Z-Pak, Azithromycin, Prednisone, different supplements and so forth. There are others that you can talk about. Has anything changed with that early treatment protocol that you have found over the last five or six months? And why is it being so suppressed and ridiculed? I mean Ivermectin... our listeners contact us saying America's Frontline Doctors and other places where they've tried to get it, it's been very hard to get

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Peter McCullough, MD 10:18

The treatment has advanced. I can tell you that we have even more supportive data. So let's just start out with a critical update about reducing the viral burden in the nose and the mouth. And this is new. We've added it to our recent guidance in the Truth for Health Home Treatment Guide. It's been shown in studies from Singapore and all over the world, our American dentists, and it's supported in concept by the American Dental Association, that if we use dilute povidone iodine, you know Betadine, a brown solution we used to sterilize wounds, just a few drops in a juice glass of water turns the water brown, swish it and spit it, gargle with it and spit it out. Q-tip it up in the nose or spray it up in the nose, snort it out, that kills the virus on contact. It's almost like what hand sanitizer would do for the hands. And so this povidone iodine is very effective. It can be used twice a day to prevent the viral infection, especially if one's out in contact with others. Dentists personally and dental assistants have been doing this all year. They've been in the mouths of people all year long. And there haven't been any dental outbreaks. I've been in close communication with Paul Gossett in Chicago. He's a leading anti-infective dentist. He just let me know that he actually had direct contact with a COVID patient just the other day. And what he does is when he has direct contact - - and patients are very good, they'll tell them later on that day if they turn positive -- he increases that povidone iodine oral and

nasal program to four times a day to zap the virus. He actually did it in the patient themselves, so the patient who's acutely sick or just has incipient COVID-19 in fact, that really truncated the infection. The patient never really developed much in a way of symptoms and the dentist who came in contact, he never developed it.

Now if there is iodine sensitivity, the next in line could be diluted hydrogen peroxide. After that it can be diluted sodium hypochlorite, which is actually dilute bleach. You can put a couple drops of bleach in a glass of water, swish and spit it out that works. That doesn't go up the nose, however, and you certainly don't swallow any of these. And then third in line would be Listerine or just a form of a mouthwash. Regular Listerine or any of the brands of Listerine works, but again, not up in the nose. So povidone iodine is the best. So that's the first big addition.

After that, for patients acutely treated under age 50, we don't recommend any treatment except for a nutraceutical bundle, zinc 50 milligrams, vitamin D 5000 international units, vitamin C 3000 milligrams and Quercetin 500 milligrams twice a day. I've worked with some doctors from Ireland that have actually used higher vitamin D protocols and acute treatment up to 20,000 international units a day. And young people, they will get through the illness. Our CDC has a return to work policy 10 days from the onset of illness. If they have 48 hours without constitutional symptoms, they can return to work, no test needed. We know that early treatment for those at higher risk can shorten the viral shedding.

Those over age 50 do need treatment. We lead with what recently Joe Rogan had received and Governor Abbott and former President Trump. They all get this and Americans should demand it. High risk seniors should get monoclonal antibodies. We have the Regeneron compound. It's a combination of casirivimab and imdevimab. And it's a wonderful one hour infusion, one hour observation, go home after that, and then start the sequence multi-drug therapy. We can use hydroxychloroquine based protocols, 251 supportive studies given early very effective, has three mechanisms of action to combat the virus or ivermectin that has 61 supportive studies 31 randomized trials, two mechanisms of action that it has against the virus combined with doxycycline, azithromycin after that inhaled budesonide, oral prednisone, oral colchicine, aspirin 325 milligrams. And then for high risk individuals, blood thinners, Lovenox or oral anticoagulants. It sounds like a lot, but we have to use a lot of drugs, just like we would in the hospital, but we do much earlier to avoid hospitalization and death.

And as you point out in your parents, even very high risk seniors we've been able to bring through the illness. The doctor makes these decisions. A lot of doctors are on the sidelines because it takes really a terrific amount of medical skill to do this. This is not for the junior doctor. It's mainly senior doctors doing this. We need more to develop the skills and competence in treating COVID-19 as an outpatient. It is fully supported by the Association of American Physicians and Surgeons, Frontline Critical Care Consortium, American Frontline Doctors and Truth for Health Foundation. We have four major organizations supporting early treatment, fully supporting monoclonal antibodies, ivermectin, hydroxychloroquine all the drugs in sequence. And we've heard chilling statements as

American Medical Association, from the CDC, NIH, FDA and then major media, about these drugs. And one of the things that we heard that was, at this point in time, just irresponsible is costing American lives, we heard some negative words about ivermectin. And those negative words were reprehensible and are costing human lives

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Host: David Wheaton 15:23

They call that a horse de wormer. Is that what you're referring to?

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Peter McCullough, MD 15:27

Now can you imagine this? This is a drug. It's a drug used in humans. Now, a lot of drugs we use in animals we use in humans as well including, diuretics, lasix, steroids, other drugs, antibiotics, but in this case, ivermectin, human ivermectin comes in three milligram tablets. It also can be put in larger capsules by compounding pharmacies. It's a human grade product.

The drug itself has won a Nobel Prize, which is highly unusual and really amazing that a drug would be so effective. It's used for strongyloides, scabies, we've treated little children with it, those who have parasitic infections. It happens to work against COVID-19. It's perfectly safe. The only confusion or additional discussion about ivermectin is that it's weight based, so we have to know the weight of the patient.

So one of the false storylines that we heard is that poison control centers were being overwhelmed with calls regarding ivermectin. You know, basically implying that patients were overdosing or being harmed with ivermectin. Well, the trial site news really broke this up, and they got the data from the National Poison Control Center. And they found out the vast majority of the calls were just clarification on the dose based on the weight of the patient. There were no deaths. It was nothing serious that happened. We heard false reports that hospitals were overflowing with ivermectin overdoses, and the hospitals themselves had to come out and say, No, that's not true, that there are people who have bad intentions for the US public. And they're trying to harm individuals by confusing them, and dissuading them from using ivermectin, which is evidence based. So this really came to a head. The Association of American Physicians and Surgeons fired a letter over to the American Medical Association and basically said, "Stop this!" That if the AMA, CDC, FDA, NIH, if they don't address early treatment, get out of the way, and they need to basically be silent and let these organizations that have taken a role in early treatment do their job.

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Program Director 17:24

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



Featured Resource: Show Me Your Glory 17:28

Psalms 46 starts out, "God is our refuge and strength, a very present help in trouble. Therefore, we will not fear though the earth should change." The earth is changing. A strong delusion has bewitched the leaders and peoples of this world. So what's a Christian to do? Focus on the most important thing, God and His perfect and powerful attributes. Our new featured resource is Dr. Steven Lawson's book, Show Me Your Glory, understanding the majestic splendor of God. For a limited time we are offering Show Me Your Glory for a donation of any amount to The Christian Worldview. This hardcover book is 278 pages with a retail price of \$19. To order go to TheChristianWorldview.org, or call 1-888-646-2233 or write to Box 401, Excelsior, Minnesota 55331. That's The ChristianWorldview.org.



The Christian Worldview Free Resources 18:28

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.



Program Director 19:34

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.



Featured Resource: Show Me Your Glory 19:50

Dr. Peter McCullough with us today on The Christian Worldview Radio Program. An academic internist and cardiologist from Texas. You probably have seen him in the media over the last many months. He's been on the front line of treating COVID-19. I'd like to talk more about the so called "vaccine" and so forth, Dr. McCullough. I'd like you to describe what has personally happened to you and your practice over the last five months since

the last time we talked, for your courage in coming forward and encouraging people to do this early treatment protocol for COVID and all the things you've been advocating for.

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Peter McCullough, MD 20:29

You know, I maintain my board certifications in internal medicine and cardiology by the American Board of Internal Medicine. In fact, I just finished renewing my internal medicine boards. Now I'm in my fourth decade of practice. That's typically the peak of a doctor's career. Basically, there I'm the most published person in my field in the world in history. I now have about 18 months of dedicated study on COVID-19. I've reviewed 1000s of reports. I've led work groups. I'm a frequent commentator for The Hill last year. Now I have America Out Loud Talk Radio, The McCullough Report, I have a window to America every week, through the America Out Loud platform. I'm a frequent contributor to Fox News. I've had US senators, as well as individuals across many branches of government and the private sector reach out to me for my opinions. And that's valid.

Doctors are available and should give second opinions, we should have second opinions. No two doctors agree on anything. And medical and clinical and scientific discourse is really the lifeblood of medicine. And as I was treating patients with COVID-19, from the onset of the pandemic, innovating and publishing my observations, publishing the evidence, refining, and bringing America and the world an approach to avoid hospitalization and death, which has basically shown that we can reduce hospitalizations and death by 85%, I received some chilling messages from the health system where I was employed and things moved along. And towards the end of January, early February, my contract was not renewed.

Now, I had a stellar performance as a leading grant getter, leading publisher, thriving practice, all the metrics were excellent. And the explanation for the non renewal of my contract, which was tantamount to termination was no explanation, none whatsoever. So I negotiated a Separation Agreement. Doctors like professional athletes, good ones, can be picked up by another team. I got picked up by a private practice, worked very hard over two months to transfer all my insurance contracts, all my patient contacts to a new practice, basically an office in the same building downtown complex, a tremendous amount of work and effort, transferred to a new practice, I got going and the day, the prior health system that I worked for, announced their unwanted dreaded vaccine mandate that day, they were mentioned in a news article that came out actually, for me before even there was any court documents that announced that they were suing me.

That title of the newspaper piece was, Major Health System Sue's Vaccine Skeptic. The article is clearly defamatory. And then court documents came through and we said, well, really, what's the issue? And they said, the issue is you violated terms of your Separation Agreement that you were falsely representing yourself as an employee of the health system, that you were declaring titles that you no longer held. My opinions are always my own. But this lawsuit implied that I was putting forward my opinions as those of the healthcare system. And just on face

value, it looked like a frivolous lawsuit. And what it turned out is that when I looked on the internet, there were 800,000 profiles, professional profiles of me kept at other organizations. One of the most frequent ones that came up in a Google search was from Harvard. And so it basically was keeping my old profile from when I lectured there two years ago, so many of the media productions at post production would grab an old profile and put it on and, and it was unbeknownst to me. And so I think that was a part of the reason why the lawsuit was generated.

It was this idea of you know, the media was was playing a role in this. The lawsuit hasn't gone too far. I think the health system and various stakeholders are trying to silence me. They're trying to suppress our scientific interchange is what we're having now. This is of course illegal, that scientific interchange, as long as it's a topic of public health importance, as long as we're not talking about someone's personal life or private details. We're talking about COVID-19 this is what we're doing today we're talking about the pandemic response that is a topic of public health importance. All people have a right to interchange on this and no one can sue each other over it. Subsequently, without any explanation I've been stripped of my professorship at Texas A&M, as well as my professorship at Texas Christian University, University of North Texas. So I held two professorships, and those letters came in, again, no explanation. You're basically stripped of these titles. So there is a wave against medical freedom, academic freedom, scientific excellence, and there's no doubt about it. And I guess I am at the vanguard of that.

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Host: David Wheaton 25:32

Thank you for sharing that. That is just Orwellian is what it is. I mean what are they afraid of? I mean, what are you doing that is so dangerous that they think they need to silence you at all costs? It really is I think indicative of all that's going on. This is a big information war, over COVID. We hear from listeners all the time, you know, where do we get truthful information? As people have lost complete trust in media, they've lost trust in the CDC, NIH, leading medical authorities, even their local doctor. They ask their doctor about ivermectin, they look it up the NIH site - "No, that's never proven. I think that's no good. You don't need that." In other words, there's a complete lack of trust. It's like people are on their own, who aren't doctors trying to figure out what to do what they should do if they get COVID-19.

Dr. Peter McCullough joins us today. I just want to ask one more question about treatment. The hospital treatment that's being given, we've had some listeners contact us who couldn't get the early treatment protocol medication that you've recommended, and we've tried to tell them to get them in advance because once you get sick, it's hard to get them quickly. Then they have to go into the hospital. And I believe they're getting things like Remdesivir, dexamethasone an anticoagulant and so forth. Speak specifically about Remdesivir. I've heard some things that are very negative about that medication, that antiviral medication. Is that a safe medication to take when you

have COVID?

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Peter McCullough, MD 27:01

You're right. When patients are outpatients, it's possible for us to give very, very comprehensive multi drug therapy as outpatients. In fact, we can use oxygen concentrators, nebulizers and turn the house into an ICU unit. And there's very high quality care and it takes many drugs to treat COVID-19. We do that all at home. And when patients go into the hospital, there is a giant step down in care.

The hospitals basically follow the National Institutes of Health and other federal agency guidelines which are very minimalistic. Well, they are offered Remdesivir, which is a polymerase inhibitor, the data are very mixed on it. Many leading organizations think it has no fundamental effect because it's given too late. By the time someone comes in the hospital they've already had the infection for two to four weeks, the viral replication phase is long gone. And Remdesivir is a failed Ebola drug. Its patents and revenue ties back to China. And it's highly toxic. It's toxic to the liver and kidneys. Were supposed to give five days of infusion of Remdesivir. Hardly any patients can get through five days of infusion because of its toxicity. Another drug that's very odd is dexamethasone, but the dose given is six milligrams and that comes from one trial, which showed a signal of benefit but the mortality was very high in the dexamethasone group in that clinical trial from England. And when we use dexamethasone for anti inflammatory purposes, we use 10 milligrams four times a day. For COVID-19 do you know what the dose is? Six milligrams a day. And it's not a very balanced steroid. It's more of a glucocorticoid. It raises blood sugar, which is the last thing we want to do.

So I can tell you clinically in practice now we've actually never used dexamethasone as an outpatient. It's such an odd dose. Pharmacies don't even carry it. We use prednisone. Everybody here knows what prednisone is. We use it for asthma and for poison ivy. We use it for a variety of conditions. It works great. So patients get remdesivir and dexamethasone in the hospital which offers very little help. What they should be getting if they have low oxygen saturation is a full dose of aspirin, 325 milligrams and a full dose low-molecular weight heparin, Lovenox, or intravenous heparin, and many times they're not adequately anticoagulated. When the oxygen saturation goes down, it means their lungs are filling up with blood clots. And when autopsies are done, the lungs are filled with micro blood clots and time and time again, we do not see patients adequately anticoagulated. So we don't see adequate use of any type of antivirals at work. We don't see comprehensive anti inflammatories. You know, we would use inhaled budesonide, oral prednisone, oral colchicine. As an outpatient we can use oral montelukast or singulair. None of those things are done as an inpatient. And then for outpatient anticoagulation we do every bit as good as the hospital. So for many reasons, the only purpose of hospitalization would be mechanical ventilation.

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Featured Resource: Show Me Your Glory 29:53

Dr. Peter McCullough with us today on The Christian Worldview. I want to just transition quickly over to the injection or the so called "vaccine." With what you know now, if someone has not had COVID do you recommend they get this injection?

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Peter McCullough, MD 30:09

I don't think anybody had any problems with the "vaccines" back in December, January, February, we had great hope for them. With the older variants, they had about 90% vaccine efficacy, even though there was very little challenge to anybody in the trials with COVID. So the rates of COVID were way below 1% for active treatment and placebo. But they look pretty good coming out of registrational trials, we had a lot of questions regarding their mechanism of action.

And things really blew wide open by January 22. We already had 186 deaths that exceeded the 150 we would see typically for all 278 million shots, 70 vaccines. We were already passed a limit of concern. And that was only 27 million people getting the COVID-19 "vaccines" and it went from there. There was no stopping of this. There was no data safety monitoring board, no safety reviews, no report card on the vaccines. Here we are in September, and Americans have still yet to see a press briefing on vaccine safety and efficacy from the CDC and NIH who are leading the program. Imagine that. Nine months. We have three products. There must be a winner, there must be a loser. There must be somebody in between.

No mention of any data on the "vaccines" that the CDC tells us, go to VAERS, go to the Vaccine Adverse Event Reporting System. If we go there were alarmed with what we see. Over 13,000 deaths. Two separate reports, Rosa MacLachlan show that 50% of these deaths, which is astronomical again, you know, 150 would be the line. We're at 13,000 deaths after people have taken these "vaccines." The CDC has certified this. 50% have occurred within 48 hours, 80% within a week, tightly related to the administration of the "vaccine." 86% of the cases no other explanation for why they died. They walked into a vaccine center and they died a few days later. We have a couple 100,000 hospitalizations, ER visits, office visits 545,000 vaccine injuries and climbing. We have FDA warnings. The FDA is trying to tell us these "vaccines" have safety issues, myocarditis or inflammation with Pfizer and Moderna. We have over 5000 cases of that. That's not a not a small number at all. That's a huge number.

And now Johnson and Johnson warnings for paralysis, Guillain-Barré syndrome and blood clots in the brain of women across a broad age range. So we have a situation where the "vaccines" have a safety profile that's alarming. Americans stopped taking the "vaccine" mid April. The rates of vaccination in the United States had been flatlined for months now because the word is out. There's an internet survey unofficial on Twitter, but 12% of Americans knew somebody in their circles who died after the "vaccine." There's nothing that's going to cause more vaccine hesitancy than knowing somebody who died after the "vaccine."



Program Director 32:48

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



Featured Resource: In His Image 32:52

"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 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.



Sponsor: Samaritan Ministries 33:52

When it comes to your health care provider, what are some words you would use to describe your experience with them? Comfort, peace, confidence? Well at Samaritan Ministries, those are just some of the words our members use frequently, like Samaritan member, former long term board member, and now staff member Jamie Pyles uses to describe his 24 year relationship with Samaritan Ministries. It's hard to put words into the comfort and the relief and the peace that you have as you come to terms that Samaritan Ministries is real, it's viable and it's working and is there. We just thank God that he's allowed us to have that kind of peace to be in a situation where I can focus on things that are far more important than, What are we going to do about health care? Want to be part of a growing, caring community of Christians who faithfully share each other's medical needs each month, all without the use of insurance? Find out more at SamaritanMinistries.org/tcw. That's SamaritanMinistries.org/tcw.



Program Director 34:58

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.



Featured Resource: In His Image 35:13

Dr. Peter McCullough with us today on The Christian Worldview. There's a idea out there, a notion out there, it's being asserted that those who have received this COVID injection, that this is the reason that they're actually more dangerous with so called "shedding". This is causing the variants. The vaccinated people are causing the variants. They'll see what's going on in Israel where it's been a highly vaccinated population. Could you bring some clarity to those particular issues?

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Peter McCullough, MD 35:41

I think the big news after the safety story has evolved - I think Americans know there's giant issues with respect to safety. There's nobody in America that thinks these "vaccines" are safe. But what surprised us is what happened. So during the registrational trials, we heard 90% vaccine efficacy, absolute risk reduction is less than 1%, meaning the "vaccines" weren't going to have a population impact, but suggested they did do something beneficial.

What we've seen is once we get to about 25% of the population vaccinated as shown by Neeson (spelling?) and colleagues in a paper from Mayo Clinic in Boston, once we had 25% vaccinated, we actually allow a variant or mutant strain to move forward and be dominant. So we've always had the strains. The virus replicates, it makes mistakes. So we've always had alpha, beta, gamma, we can go through the Greek alphabet, we always have about 12 to 14 different strains. But when we vaccinate, once we hit more than 25% of the population vaccinated, here we go US were at 48%, we allow a dominant strain to move forward. In this case, it's Delta, Delta went from one or 2% early in the spring to 99.1%. Now, we've never had a super dominant strain of virus. Israel's been three months ahead of us. Israel, now, same issue with the Delta pandemic outbreak, they have over 80% of their population who has COVID-19, they're fully vaccinated.

They have no data, they keep doubling down on this, they exclusively use Pfizer, and in a report by Levine Tiffen Brahm (?) from Haifa, and Tel Aviv in Israel, they have a report of people with COVID-19. Listen to this: They have over 11,000 people in this sample. The unvaccinated are only 1,920. The fully vaccinated are 9,734 and 245, now, are people who have received a booster. So what do we know? We know that the Israelis, they must be individuals, are contracting COVID-19, the Delta variant, they're vaccinated. They must be spreading it to each other because they're all vaccinated who are eligible to get it and they are getting sick. So the majority of people in the hospital are vaccinated, the majority people dying are vaccinated.

Same thing is true in Iceland and Gibraltar, Singapore and the UK anywhere we look where the Delta variant is dominant, it looks like now the vaccinated are fully participating in a Delta outbreak. So a couple important papers one by Chow and colleagues from a unit in Oxford, Ho Chi Minh City, had fully vaccinated healthcare workers that had received AstraZeneca Oxford vaccine. They had an outbreak in June, they locked down the hospital, they wouldn't let the workers leave their quarters there in the hospital. And then they actually studied the workers who are passing Delta to one

another. 69 workers in an outbreak. And what they showed is that the viral load in the nose and mouth was 251 times that of patients in the unvaccinated era with prior variant strains.

Another paper by Louis and colleagues from Guangzhou China: same thing Delta 1000 fold carriage in the mouth and nose compared to an unvaccinated era with prior mutant strains. So we have a situation where we're nearly certain now... and our CDC directors come on TV and basically told America that those vaccinated can acquire and carry Delta. And in fact, it looks like the vaccinated are super spreaders that they probably contract Delta, they pass it and spread it to younger people, and the younger unvaccinated people are bearing the brunt of the Delta outbreak.

But it is a crisis of the vaccinated and there is some fraudulent reporting going on. I just made a drive from Dallas down to Austin. I saw a billboard that said over 90% of those in the hospital are unvaccinated. Now why would a hospital blow money on a billboard to make that announcement? That could be true for that hospital or health system. But I can tell you a nationwide CDC from the COVID net data, representative data, in June 23.4% of those in the hospital are fully or partially vaccinated. Haber and colleagues published their paper that was June. So I can tell you in July and August, the proportion of patients in the hospital that are partially and fully vaccinated will continue to grow. This is a crisis clearly contributed by the vaccinated?

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Host: David Wheaton 40:03

So the short answer to your question is you do not recommend if someone has not had COVID-19 or even if they have had COVID-19, of course for sure, that you do not recommend they get this COVID injection The answer is, "No, you don't recommend it".

P

Peter McCullough, MD 40:18

You know, I've never either recommended it or not. You know, it's a voluntary program and people can choose whether or not they want to get the "vaccine." One thing I can tell people is that the program has always excluded COVID recovered patients, suspected COVID recovered patients, those with positive antibodies, pregnant women and women of childbearing age. It always has because the FDA excluded them because they know the "vaccine" either wouldn't work or cause harm.

As things have fully evolved, it looks like the vaccines, clearly Pfizer, does not cover Delta. Dr. Venkata Krishnan and all have shown that there's what's called "antigenic escape". The vaccines don't cover Delta. When the Israeli health minister has Pfizer at 39% protection. Colleagues from Mayo Clinic and Boston have Pfizer at 42% protection. The react database from the UK has Pfizer in less than 40% protection. So I can tell you a vaccine that's less than 50% protection and can't last a year. Both Israel and the United States have basically said we have to give boosters now, in a time interval shorter than a year. Pfizer at this point in time is commercially a

dead vaccine. It's not. It's not commercially viable.

And what we saw on August 23, was one of the greatest examples of regulatory malfeasance. I think that'll go down in medical history. You know, they met the FDA met, they did not approve Pfizer, they looked at Legacy data. They didn't even look at the failing Delta data. They just looked at Legacy data. Pfizer was not approved, they got a continuation of the emergency use authorization. BioNtech, the German company, legally distinct and maybe medicinally distinct from the product doesn't exist the United States. That got a conditional approval, but a lot of post marketing obligations, including studies on myocarditis, and a lot of disclosures about no data and competence in use in pregnancy, etc. So the BioNtech package insert is not a very proud document. And what came out of that meeting was a false talking point that Pfizer was approved. Pfizer wasn't approved there is no approved vaccine in the United States. It even went up to the President of the United States with a false talking point. This got so bad that two of the FDA officials, one who signed the letter to BioNtech, right in the middle of this big regulatory season for vaccines, the head of the vaccine and biologic Products Division at the FDA, she resigns. Dr. Gruber resigns. So Americans should look at this.

When we have a big public program on vaccines, our stakeholders have not given America a single report or press briefing on vaccine safety and efficacy. We have a fraudulent August 23 meeting with a false talking point that there's a Pfizer approved and it's not. It triggers a wave of ill advised unnecessary vaccine mandates. And then a week later, our FDA officials resign. I tell you, we have a major problem on our hands. We have a crisis incompetence on the COVID-19 vaccines. Americans don't want them. We have about half of America taking the vaccine early before we really knew all this. The vaccine uptake has come to a screeching halt in mid spring.

And now nobody wants these vaccines, the mandates. None of them are welcome. And they are ill advised and we're coming to a great American showdown. Are people going to be forced into these vaccines which don't work well enough for everyone for sure. Which vaccine are they going to choose that they're going to force into it? Nobody knows. And then what are we going to do about those who will continue to be harmed or die after the vaccine once they're forced into it by their employers, which is an overreach. The CDC says the program is voluntary. So anybody mandating a vaccine is mandating something as voluntary. It's the oddest thing to be forced to take a vaccine. But then a consent form says, you're recognizing that you're doing this on your own volition.

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Host: David Wheaton 44:14

Does that apply to companies mandating it as well? Because that's been a big question we've been receiving is, "Well, what do we do? We don't want to take this so called 'vaccine'. I work for a company. I'm gonna lose my job. What do you recommend that person does?"

P

Peter McCullough, MD 44:28

Well, no job, no student status, no social status is worth risking one's life, right? So if we said, Listen, you got to jump out of an airplane without a parachute to keep your job, no one's going to do that. Over 13,000 Americans. You know, there is a federal lawsuit based on CMS data and extrapolation. I think the real number a month ago is 45,000. Americans have lost their lives due the "vaccine." That's like the sum total casualties for a war. No job is worth losing one's life. The injuries, the cardiac, neurologic, immunologic and hematologic injuries, some of them are permanent. And there's no permanent health injury that's worth it, worth trying to retain a job over. So what we're seeing is a great showdown. Americans are saying, Listen, we're not going to take the "vaccine." They're applying for medical and religious exemptions. If they're not honored, then they are filing disputes. They are seeking legal action. They're showing up to work anyway. And we'll have to see if employers wrongfully terminate employees and what the fallout of this will be. You know, one of the concerns is that with a legal justice system, there is no fairness. That the courts are equally as corrupted as the board of directors of these various employers. That there's a widespread corruption towards forcing an unsafe and ineffective "vaccine" on the population. So it may come down to what's happening outside the United States, a show of force, the mass will of the population to break the back of this "vaccine" cabal.

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Host: David Wheaton 46:05

Final question for you, Dr. McCollough. Thank you so much for coming on The Christian Worldview today. Taking it all together what you have described today, there is either a widespread delusion amongst those in leadership in this country, both political, medical and otherwise, or there is a purposeful disinformation campaign to have people take this so called "vaccine" that can harm them, to not tell them about drugs, medication protocols that can help them get over it. I mean, you can go to nefarious ends here pretty quickly. Is it just simply the money for big pharmaceutical companies for their investors for those pushing them in government like Dr. Fauci? Or is there something even worse, something like a depopulation scheme in terms of saving the planet from climate change? We have too many people. I mean, these things seem crazy. But everything we've discussed today, where does it take you? If you add all these things together, what is your conclusion to this delusion, this disinformation campaign? What is behind it?

P

Peter McCullough, MD 47:10

You know, when I went on with Tucker Carlson on Tucker Carlson Today, I was in the studio, and I started to explain what was going on back in May. This is before the mandates. And at one point in time, he just threw his hands up in the air, he looked at the

camera, he goes, What is going on? What is behind this? And I said, "Tucker, I'm just a doctor, I'm just trying to explain to you what I'm seeing and what I'm facing here. I'm not making this up. But this seems very real." And now, it is advancing forward. Now. As a menace, the vaccine program is absolutely a menace, the suppression of early treatment is immoral, it's unethical.

From a civil perspective, it's illegal. We're seeing malfeasance by multiple officials and agencies in positions of authority. We're seeing willful misconduct going on. We're seeing quite honestly fraud and fraudulent reporting in the media and intentional misinformation from those in positions of authority. And then you see the counter weight of people like myself trying to bring truth. All I'm doing is citing the data. And you see, I'm pinpoint. I know that fact, checkers follow me around the internet. And they're checking to see if I'm gonna miss a single citation or a single data and they can never find it.

But in terms of what's behind it, I point your listeners to a book that's coming out. In fact, you can buy it now, you can get the full transcript electronically, which is wonderful, then get the print book, which is at the printers right now. It's called, COVID-19 and the Global Predators, We Are the Prey. The first author is Peter Breggin, he's done it with his wife, Ginger Breggin. I've written one of the introductions of the forwards to the book, and it has 2000 references, 2000 references on the complicated relationships between what went on, how the pandemic was planned, where the virus came from, the response, how all this is coordinated, why the "vaccine" program has taken on the auspices that it has, and that book explains a lot. But the short answer is, it's enormously complicated. And there are a ton of stakeholders that are profiting from this.

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Host: David Wheaton 49:18

Dr. McCullough, thank you so much for coming on the The Christian Worldview and all of God's best and grace to you.

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Host: David Wheaton 49:36

We are very thankful for Dr. McCullough coming on the program. Again, if you missed any of it, or couldn't get all the information down, listen to the program again at The ChristianWorldview.org or download the transcript at our website. I also followed up with Dr. McCullough after the program to ask him about someone who has had COVID already. Are they immune from getting COVID in the future and including the variants? And his response was, "Yes, they are immune from the variants and probably for a lifetime." Now we are not advising you to not get the "vaccine." Let me be clear about that. That's your choice. It's not a sin if you get the vaccine. Our point is this. The "vaccine" is actually not a "vaccine" and quite ineffective. It's potentially dangerous. It should be your choice, not the government's or your employers coercing you to get it, that there is an evil worldview pushing it. That is our big point. So why why is there this evil worldview

pushing it?

Well, I think there's only three reasons that I can think of number one, profit. As Dr. McCullough mentioned in the interview, he said COVID is enormously profitable, with lots of stakeholders profiting from this. If you're a big pharmaceutical company producing a vaccine or an investor in that company or have any sort of financial stake in giving a medicine, a vaccine, "so called vaccine" to literally hundreds of millions or billions of people around the world. This is enormously profitable.

Number two, what's pushing this evil worldview, is control. This is what God rejecting man always wants control/authority. He wants to impose his godless utopia on the world. That's where a man always wants to go. And as we see in Revelation, that's where things will go with a globalized government and leader.

The third reason this is being pushed is they think the earth is overpopulated. There's too many people, they would say, they're ruining the environment. It's climate change. More people means a worse earth. So if you keep people from getting treatment that will save them, people die. Or if the vaccine you give them ruins their ability to have children, well, you're slowly depopulating the world.

So I think these are some of the reasons that this evil sinister worldview was being pushed forced on us. And I think it's going to get worse. Wait till they start advocating for internment centers for those who are unvaccinated or taking the children away from parents who are unvaccinated because you're endangering them.

Let's remember what the Apostle Paul said to the Ephesians in chapter six. "Our struggle is not against flesh and blood, but against the rulers, against the powers, against the world forces of this darkness, against the spiritual forces of wickedness in the heavenly places." This is Satan inspiring wicked men and women to impose his godless designs on this world. Paul goes on to say, "take up the full armor of God so that you will be able to resist in the evil day, and having done everything to stand firm." But to stand firm in the Lord, you must first be in a right relationship with him. You can find out how by going to our website, TheChristianWorldview.org and clicking on what must I do to be saved? Thank you for listening to and supporting The Christian Worldview radio ministry, until next time, "think Biblically, live accordingly", and stand firm!



Peter McCullough, MD 49:51

And thank you and God bless you and all your listeners.



Program Director 52:50

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