





A Cardiologist's Warning on Covid Vaccine Safety

This article is adapted from a speech given by Peter A. McCullough, M.D., MPH before the European Parliament in Strasbourg, France, on September 13, 2023.

There have been two waves of injury to the world. The first has been the SARS-CoV-2 infection, which preyed upon the frail and the elderly. The second wave of injury has now been the Covid-19 vaccines.

The role of the WHO [World Health Organization] appears to be adverse in both of these. The WHO appears to be operating within a biopharmaceutical complex, a complicated syndicate that has formed over time. It includes the WHO, the United Nations, the World Economic Forum [WEF], the Gates Foundation, the Rockefeller Foundation, the Wellcome Trust, Gavi, UNITAID, and CEPI (the Coalition for Epidemic Preparedness Innovations) that the Gates Foundation and the WEF formed. Also, the Department of State in the United States, the National Institutes of Health, the CDC [Centers for Disease Control and Prevention], the FDA [Food and Drug Administration], the MHRA [Medicines and Healthcare products Regulatory Agency in the U.K., the TGA [Therapeutic Goods Administration] in Australia, SAHPRA [South African Health Products Regulatory Authority] in South Africa, and the EMA [European Medicines Agency] here in Europe. This grouping of nongovernmental organizations with governmental public health agencies is operating as a unit. They're carefully coordinated, and the impact has been adverse from the outset of the pandemic.



AP Images







Coverup

There was an investigation by the WHO on the origins of SARS-CoV-2. That's when the beginning of the coverup began. Rear Admiral Brett Jarrar in the United States nominated three independent scientists to go to Wuhan and figure out what was going on. It has since come out in congressional hearings that Anthony Fauci; Francis Collins; Jeremy Farrar — previously at the Wellcome Trust, now the chief scientist at the WHO — Kristian Andersen, Ph.D. at Scripps; Dr. Edward Holmes in Sydney; and Dr. Peter Daszak at the EcoHealth Alliance all conspired in January of 2020 to cover up what they knew; namely, that the virus was engineered in a joint U.S.-Chinese collaboration in the lab in Wuhan, China. They deceived the world with 12 subsequent papers in the peer-reviewed literature. These papers were quarterbacked by Jeremy Farrar, who was rewarded with a new job as the chief scientist at the WHO. This is all documented in the series of reports in the House Select Committee in the United States by the U.S. Congress, led by Representative Brad Wenstrup.

The WHO has played an adverse role from the very beginning, deceiving the world on the origins of SARS-CoV-2. Doctors like us in clinical practice got behind on this because our governments and agencies weren't honest with us. Instead of helping us, or at least getting out of the way in terms of treating patients and saving lives, they got in the way and impeded our ability to treat patients. They effectively created an entire environment of therapeutic nihilism.

There are only two things that prevented hospitalization and death [from Covid-19]: One was early treatment, then the second was to acquire natural immunity with the first episode of the infection. Nothing else worked. There were only two bad outcomes: hospitalization and death. To this day, the WHO does not support, embrace, or promulgate early-treatment protocols for patients with acute Covid-19. That should tell you something. That should be a wake-up call. We're going on three years of this and still nothing to reduce human suffering from the WHO. Nothing. In fact, the WHO has made efforts to enhance human suffering since the first wave of the illness.



Peter McCullough (Photo courtesy of Dr. McCullough)





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I've testified in the U.S. Senate multiple times. My position remains that the majority of hospitalizations and deaths were completely avoidable in the highest-risk patients with early intervention, starting with virucidal nasal sprays and gargles, followed by intravenous and oral drugs administered at home to get people through the illness.

Now enter the vaccines. Since 2021, vaccines have ravaged the population in the world. Worldwide, two-thirds of people took a vaccine; the United States Covid Community State study shows 75 percent of Americans took an ill-advised vaccine. Thankfully, 25 percent didn't. I was the only public health ... figure in the United States to question [in writing] the vaccines before they came out. And I did it as loudly as I could with an op-ed titled "The Great Gamble of COVID-19 Vaccine Development" in *The Hill*.

Among those who accepted Covid-19 vaccines in the United States, 94 percent ... took a messenger RNA [mRNA] vaccine. It is the genetic code for the potentially lethal spike-protein part of the virus. It was the worst idea ever to install the genetic code by injection and allow unbridled production of a potentially lethal protein in the human body for an uncontrolled duration of time.

Vax Dangers

Everything we've learned about the vaccines since they've come out is horrifying. There's not a single study showing that the messenger RNA is broken down, because its pseudouridine is made synthetically. It cannot be broken down. There's not a single study showing it leaves the body. We now have papers by [University of Copenhagen microbiologist Jose] Castruita, who demonstrates the messenger RNA circulating for a month. That's as long as they've looked. We have the spike protein, the lethal protein from the vaccines, found in the human body after vaccination, circulating at least for six months, if not longer, as shown by Brogna, Patterson, et al. If people take an injection in another six months, there's another installation circulating more, potentially lethal protein [that] accumulates in the body.

The spike protein is proven in 3,400 peer-reviewed manuscripts to cause four major domains of disease. One is cardiovascular disease — heart inflammation or myocarditis. Every regulatory agency agrees the vaccines cause myocarditis. I'm a cardiologist. Before Covid, for years, we've had guidelines in cardiology when there is myocarditis, whether it's symptomatic or not. These guidelines include that people cannot exert themselves in athletics; it will cause cardiac arrest. And yet across Europe and across the United States, sports leagues were injecting young people who had no medical necessity, no clinical indication, with these vaccines. And we have seen a montage of cardiac arrests in young individuals. I'm telling you, as an expert cardiologist, these cardiac arrests are due to the Covid-19 vaccine, until proven otherwise.

Other cardiovascular diseases caused by the vaccine, proven: acceleration of atherosclerotic cardiovascular disease; and heart attacks, or cardiovascular arrest. Posterior orthostatic tachycardia syndrome, or POTS, or people passing out due to low blood pressure. You have seen montages of people in the media, one after another, passing out like you've never seen before. It is the vaccine, until proven otherwise. Aortic dissection. Atrial fibrillation. Other arrhythmias. Cardiac arrest in the absence of myocarditis has been described with the Covid-19 vaccines. The cardiovascular domain of damage in the human body from the vaccine is substantial, more than anything we've ever seen with cholesterol, high blood pressure, or diabetes.





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The second major domain is neurologic disease: stroke, both ischemic and hemorrhagic. Guillain-Barré syndrome — ascending paralysis that can lead to death, which *has* led to death with messenger RNA vaccines, agreed to by all of our regulatory agencies. Small-fiber neuropathy, numbness and tingling, ringing in the ears, headaches. These are common.

The third major domain is blood clots — blood clots the likes of which we've never seen before. The spike protein is the most thrombogenic protein we've ever seen in human medicine. It's found in the blood clots. The spike protein directly causes blood clots. The blood clots are larger and more resistant to blood thinners than we've ever experienced in human medicine.

I have patients with blood clots now going on two years and they are not dissolving with conventional blood thinners, due to these vaccines. We can't get these out of the body, we can't get the messenger RNA or the spike protein out of the body, as it is continually produced.

The fourth and last domain is immunologic abnormalities. Vaccine-induced thrombotic thrombocytopenia and multi-system inflammatory disorder are early acute syndromes, well-described and published. They have their own acronyms, all agreed to by the regulatory agencies.

So all of you are asking yourselves, will it be me, or my family member, next with a fatal event? Is it my loved one who is going to drop dead after a vaccine? We've seen cardiac arrests and blood clots now two years after these shots. Two years, and it could be even longer.

I'm the senior author of the largest autopsy study ever assembled of death after Covid-19 vaccination worldwide. We searched the literature, 600 papers, and all the clinical findings. We reviewed them with contemporary knowledge experts in pathology and clinical medicine. Our conclusion: 73.9 percent of the deaths after vaccination are due to the vaccine. When the cause of death is suspected myocarditis and the body is submitted for autopsy, in a second paper of which I'm the senior author, cause of death is the vaccines 100 percent of the time. Death is due to the vaccine, not Covid respiratory illness. The vaccine is the proximal cause of death.

The Lies of Public Health Policy

We have heard three false narratives. The first false narrative was that the virus is unassailable. We have to stay in lockdown and be fearful. The second false narrative was to take the vaccine, it's safe and effective. The third false narrative now is that it's not the vaccine causing these problems, it's Covid. It's Covid that we saw back in 2020 causing all these problems in 2023. Don't fall for the false narratives. The medical literature at this point is compelling. The Bradford Hill criteria for causality have been fulfilled. The vaccines are causing this enormous wave of illness, *not* Covid-19 respiratory illness in the past, or at present, with mild variants.

Now, could it be you or your family member who will drop dead next?

A few important papers to finish my comments. One is by Schmeling and colleagues from Denmark, demonstrating that about 30 percent of people who have taken a vaccine have zero side effects. Nothing. Not even a sore arm, not even a sensation that anything happened with the injection. Those people appear to be fine, forever, as if they didn't take a shot. The data are the same in the United States in our VAERS system. The second group is about 70 percent of individuals, and they have some moderate side effects, some trouble, but they don't seem to really have serious events. Then there's the small third-batch group of 4.2 percent in the Schmeling data. It's through the roof. Myocarditis, cardiac







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arrest, blood clots, hemorrhagic stroke, disabilities, sudden death at home, in bed, and the data are the same in the United States. 4.2 percent of people in Europe right now are in trouble, because they were unlucky enough to get a high-risk batch.

In the United States, our CDC V-safe data, which is self-reported data, by 10 million Americans, the number of people who have been unlucky enough to get a high-risk batch is 7.7 percent. Among these are people who got so sick with a shot they had to go to the hospital to be treated or be hospitalized. A Zogby survey from about a year ago, with a big representative sample in the United States, found 15 percent of those who took a vaccine have some medical problem that they're dealing with right now. So again, 4.2 percent, 7.7 percent, 15 percent. That's the penumbra of Covid-19 vaccine injuries, or worse, affecting vaccinated populations today. That is the Venn diagram that you're all going to be involved in the calculus for you and your family members.



Wrong treatment: Hospitalization was rarely necessary for Covid patients, and was a death sentence for many. Early treatments such as ivermectin and hydroxychloroquine, combined with common supplements such as zinc and vitamins A and C, were remarkably effective. (AP Images)

What's the path forward? The path forward is clear for no one to take another shot. No one.

Now, on June 11, 2022, the World Council for Health, which is a multinational, evidence-based physician and healthcare provider organization, issued a pharmacovigilance report looking at 39 safety databases, including the WHO, V-safe, and EMA databases, the U.S. databases. Their conclusion was to remove all the Covid-19 vaccines from the market for excess risk of death. I repeat, excess risk of death.

On the floor of the U.S. Senate, on December 7, 2022, I co-moderated a session and our expert panel in the U.S. Senate concluded all the Covid-19 vaccines should be removed from the market. All of them. No new boosters. Then on March 23, 2023, the Association of American Physicians and Surgeons, a factual, fact-based, evidence-based, consensus-driven organization, just like the two others, also concluded that the vaccines should be removed from the market. So I suggest to you that the Covid-19 vaccines and all of their progeny and future boosters are not safe for human use.

I implore you, as a governing body, the European Commission, and the European Medicines Agency, to apply all pressure and due urgency to remove the Covid-19 vaccines from the market.





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In the United States it's going jurisdiction by jurisdiction, probably state by state, to remove them from the market if the federal government doesn't do so. It's going to happen all over the world. But the WHO is standing behind these vaccines. They are far more of a problem than a help to the European Union.

It's my belief that the European Union, the United States, and all major stakeholders should completely pull out of the WHO, to leave the WHO to its own endeavors, so that this organization will not have any jurisdiction, authority, or dominion over what we do in healthcare. The WHO will never have a say over what I do as a practitioner with the patients in my practice.







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