



Written by [Paul Dragu](#) on October 10, 2023

Published in the October 30, 2023 issue of [the New American](#) magazine. Vol. 39, No. 20

A Pathologist Speaks Out

Dr. Ryan Cole was perhaps the first pathologist in America to sound the alarm on the immunosuppressive qualities of Covid injections. Despite threats to his medical license, censorship, and smear attacks, the Idaho-based physician has stayed true to his conscience and professional ethics. Dr. Cole was a keynote speaker at The John Birch Society's annual leadership conference that took place in Des Moines, Iowa, on September 8-9, where he was interviewed by Paul Dragu, communications director for The John Birch Society and host of *The New American Daily*. Below is a transcript of the interview, in which the doctor covers the various adverse effects Covid injections are having on people and gives advice on how to mitigate the damage. The video interview titled "[I Took the Shot and Regret It. Now What?](#)" is available at [TheNewAmerican.com](#). Presently, Dr. Cole is embroiled in a legal battle for his medical license with the Washington Medical Commission. The charges against Cole are not backed by a single patient complaint, but stem from his vocal criticism of Covid injections and advocacy for treatments such as ivermectin.



TheNewAmerican
Dr. Ryan Cole (right) with Paul Dragu

The New American: You've been looking at the data. What long-term effect are Covid shots having on people? What do you see?

Dr. Ryan Cole: Well, thanks for having the prescience of calling them shots or injections. They're not vaccines. They're gene-based injections. And of course, governments around the world, including our own CDC, changed the definition of the word conveniently so that they could play a confidence game with the American people to get them to submit to the injections. There's the problem with the long term. [These shots] get a deadly protein in our body with a little chemical that's in what we call an adjuvant or an irritant to wake up the immune system, be it a fragment of whatever pathogen or traditional vaccines, most people, that's what we had when we were kids, or if you get a tetanus shot, you're getting a tetanus toxoid or things like that. Here, we're injecting a gene. We don't know the long-term effects of this gene, and unfortunately, the gene that was chosen is the most toxic part of the Covid-19 infection, the spike protein. So, this gene codes for a toxic protein. Big mistake. [Here is something of] what we're finding. There's a paper that just came out a few weeks ago out of Europe by



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[Dr. Carlo] Brogna and colleagues that showed that the spike protein from the injections in half of the patients studied was still present six months later [after the injection]. So not only is it a persistent synthetic mRNA that, we know from studies out of Stanford and Dr. [Katarina] Röldgen, was staying in the body for months on end. We also know that the protein is sticking around for months on end. OK, that's the setup.

What's it causing? That spike protein, like I mentioned, is toxic. So, number one, it inflames the lining of the blood vessels. Heard of blood clots in the last couple of years? That's what that spike protein does. How much is necessary? Only tiny amounts can trigger it in a predisposed individual with genetic clotting disorders. So, the number one risk [is the] inflammation of the blood vessels, which can lead to clotting. Number two: It can lead to leakiness of those blood vessels, which can lead to spike protein getting across the blood vessels into the tissues.

Inflammation of the heart: So, everybody hears about myocarditis. That's certainly a risk factor, especially in younger, healthier patients. We've seen more and more of that now. Now, an interesting study out of Switzerland showed that both men and women are being affected equally. Everybody hears about the myocarditis risk in young men with these shots. I just came from Denmark last week, [where I] gave a lecture. Denmark was one of the first countries to say, look, these shots are not for our youth, and then they cancelled them for anyone under 50, and then other Scandinavian nations followed suit with that. So, there are some countries on this earth that actually have some decency and prescience to protect the youth of the world. Our United States government is still pushing these for babies six months old and up. The virus itself, for which these were formulated, is gone. It's extinct. The Wuhan variant is extinct. The booster variants B.A.4 and B.A.5 — extinct.

TNA: They don't even address whatever strains are going around?

Dr. Cole: No. And now we have an unfortunately senile president saying, "Everybody, get your booster this fall." Well, the dominant strain this summer was B.A.115, and that's almost extinct right now. It went from, like, 60 percent prevalence this summer, and it's down below seven percent now, according to the CDC's own data — the "Centers for Deception and Confusion." Now we're down to another shot that our governments are pushing with known risks and side effects to another extinct variant, essentially. By the time it rolls out in a couple of weeks, we're on to the new fluffy names, whatever they want to call them, but it won't cover the variant that's here. It never will.

Now, the one effect that you don't hear a lot of is neurological harm. And that's because lipid nanoparticles were designed to cross the blood-brain barrier. If you look at the material safety data on all these nanoparticles that have been injected into billions of people, it clearly states that these are not for human or veterinary use. Meanwhile, they got it into five billion arms. So the nanoparticles in and of themselves are inflammatory. Think of [these tiny nanoparticles] like a door that's open. In order for the virus to get through, you have to open the door. What they're doing is taking a tiny gene and a nanoparticle. These can get under the crack of the door. So, these can get through the blood vessels [and] into the brain. I have countless tissues in my laboratory with spike protein being expressed by brain cells, which leads to inflammation. I have countless images of spike protein in peripheral nerves and adrenal glands. So [this may explain] people [getting] this chronic burning in their hands and their fingers. Certainly, there are medical conditions that can cause that, but in individuals that have never had these things before and suddenly have these symptoms? Cognitive decline is huge if you look at the data sets.



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TNA: And brain fog?

Dr. Cole: Brain fog is being caused by the spike protein, absolutely. And then the [cognitive] decline. I mean, the increase in the absolute number of Alzheimer's cases and the decline of those patients is massive. I have a good friend in California at the Random Memory Center, and she said during the initial rollout of the shots, she watched 30 to 40 percent of her patients decline within weeks. And the data assets out of the Israeli government showed this early on, that of 100 people that got the shots, 4.5 percent had a neurologic injury of some sort, which is far greater than the myocarditis statistics. And then a recent paper [about] autoimmune disease. Famous reporter Megyn Kelly was complaining on the news just this week. [She] went to her rheumatologist [with the] new autoimmune condition, and her doctor said, "Yeah, after the shots, I've seen tons of this autoimmune condition," be it attack on the thyroid gland, be it attacks on the skin with multiple different types of rashes, the arthritis.



Take control of your health: Regular exercise, a proper diet, and maintaining proper levels of vitamin D are essential to a healthy lifestyle, according to Dr. Cole. (ProfessionalStudioImages/Getty Images Plus)

TNA: What about cancer?

Dr. Cole: Well, cancer is the one that got me in trouble for noticing. So, my job as a pathologist is to notice things. Pathologists [are] the quality control of medicine. So, if you see something, say something, you hear that in the airport all the time. Well, in this day and age, it's not popular to be truthful, I guess. But I saw something. And the first thing I noticed in the laboratory after the rollout of the shots were viral bumps on the skin that normally we get when we're kids. These little white bumps are called molluscum contagiosum. But concomitant with the rollout, I saw these same bumps in 80-year-olds, 70-year-olds, 60-year-olds, and 50-year-olds. And I thought, wait a minute, I never see that in these age groups. So, I knew we had immune suppression right away. We have B-cells and T-cells, [which are] some of our white blood cells, that attack infection. And I noticed these viral bumps, and I realized, OK, we are not keeping these lines of white blood cells that fight off other infections. Those are the same cells that fight off cancer, and after that rollout, I started seeing certain types of cancer uptick in the lab as well. And I thought, oh dear, we have the suppression mechanism. You have atypical cells right now. I have atypical cells. You have 30 billion little Marines — frontline T-cells — just circulating, shaking hands with every cell in your body, saying, OK, you look odd. I'm going to kill you.



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Throws in, you know, pokes a hole, throws in a hand grenade, takes that cell out.

If you lose this mechanism and some of these DNA repair mechanisms, those cells can go haywire. And so, [that may explain] what we're seeing around the world. My good friend [and a European colleague] Ute Krüger was the first to coin the term "turbo cancer." She's done breast pathology for years and started noticing larger lesions with a faster spread.

[Then, there are] data sets out of the United Kingdom. [Former BlackRock analyst] Ed Dowd [and] his group, Phinance Technologies, [looked into] the U.K. disability data sets because it's hard to get the data out of our own government, which we taxpayers pay for.... 2020: about 1.7 percent above the average expected rate of cancer. 2021: about 6-7 percent. 2022: 35 percent above expected. We're currently at 11.5 percent above the expected average for this point [according to] the American Cancer Society registry.

TNA: That's a big deal, right?

Dr. Cole: That's a huge deal.

TNA: You've never had that kind of increase over a year, have you?

Dr. Cole: We haven't. And some people will say, well, people missed their screenings during the pandemic. It was hard to see the doctor. I'm like, OK, I'll grant you that. Wonderful. What we don't see is 30-percent increases in cancer in the pediatric population historically — until now. And if you look at the insurance company data sets out of Germany in the pediatric population, [it shows a] 30- to 35-percent increase in pediatric cancers. I wonder why. We've altered the immune system. Really big paper that just came out this week as well, showing the persistent alteration of the body's ability to fight off other infections after these shots. What happened? There's a paper [...] out of the Netherlands [that] studied early on [the effects of] two shots of Pfizer [in children]. And these kids' immune systems didn't work properly; they couldn't fight off their infections. This was just confirmed by another recent big paper.... [With that] alteration of the immune response, we have an immune-suppressed population, leading to more cancers.

I've traveled over 400,000 miles in the last two years teaching, giving lectures, et cetera. But from village to town to city to country, doctors approached me left and right, [saying], "The cancers that I'm seeing are odd. They're fast-growing. I have patients that were in remission, and after that second shot, the third shot [cancers were] back like wildfire." A really good oncologist in England, Dr. Angus Dalglish, [who has] 40 years of oncology experience, wrote an open letter calling for the cessation of these injections, seeing all sorts of blood cancers, etc. The literature is now replete with the harms of these gene-based injections that are driving immune suppression, that are driving cancer-suppression mechanisms, and that are driving autoimmune conditions. This was the worst medical product ever released on humanity, the worst medical decision ever made by public health in the history of humanity.

TNA: Final question. I hear this quite often. People who've gotten the shots for various reasons, especially for business and whatnot. And they always want to know, or it seems like they always want to know: What can I do if I've gotten a shot? Is there anything I can do to cleanse my body of these elements that are causing so many of these problems that you just discussed and that we're seeing?

Dr. Cole: Yeah, that's an important question, I get it often. "So I took the shots. Now what?" — that's [the title of] my book I hope to have finished by the end of this month. Optimize your health. I like to



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say, What's the best medicine you can ever use or take?

TNA: Exercise?

Dr. Cole: The tip of your fork. What you do and don't put into your body. Fasting is so important to regulate your immune system. Moving your body. [There are] so many good studies on Covid about moving your body. Am I saying you have to go run marathons? No. Walk around the block, walk from the couch to the kitchen and back. But not with a doughnut and beer in hand [laughing]. And don't forget the occasional indulgence. I'm not judging anyone. Thinning the blood. You have to work with your practitioner. But I take nattokinase; it's an enzyme derived from soy. It helps break down clots. I travel a lot on airplanes, [which poses] a clot risk. So, I do that. Make sure your vitamin D levels are normal here in the northern hemisphere. We're going into fall and winter. Your vitamin D levels will drop. Your immune system will be more suppressed. 4,000 international units of vitamin D without ever getting a blood level checked is perfectly safe. Children need 1,000 units or 2,000 units because they're humans too, depending on the child. That's daily. [Take] some anti-inflammatories like turmeric, that's in curry and whatnot. And there are a lot of different supplements.

TNA: You've provided quite a few good tips.

Dr. Cole: Here's the good news: I don't want everyone to be afraid. Out of 100 Americans that received gene-based injections, 15 percent had a new chronic medical condition, [as found by] a large national survey.

TNA: It sounds like a lot.

Dr. Cole: That is a lot, but the good news is that 85 percent didn't. So, again, fear is probably one of the worst things for your immune system as well. You know, does that impact your physical behavior? It impacts your cortisol, your adrenal glands, your mental well-being. It affects your whole body. For those who are suffering, there are certain things that can be tried. Well, I've worked a lot with React19, the vaccine-injured [support group started by] Dr. Joel Wallskog and Brianne Dressen. In their phenomenal group, every penny that goes to them goes to an injured person for care. So, I've watched the different conditions they've had. Not everyone is getting 100-percent better, but people are improving. There's not one silver bullet because, just like you're an individual, I'm an individual, our bodies are going to be different. But don't give up hope. Stay positive. Don't give up hope. It's not everybody [who gets injured]. And there are still doctors that care, and we're still trying to get the answers to people.



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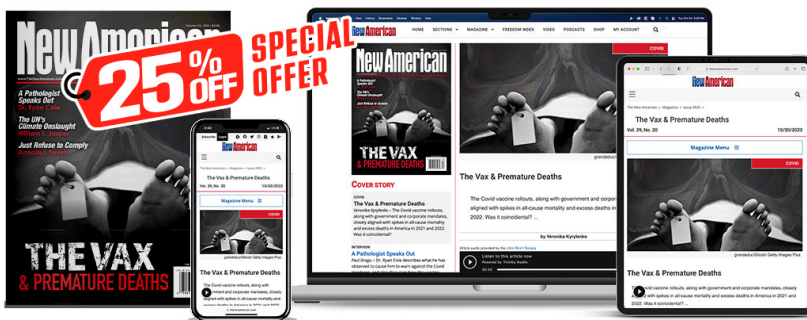
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