Transcript of virtual debate between Peter McCullough and Aaron Glatt

The transcript was edited for readability and some extraneous comments were removed or moved to the footnotes.

Shaul, moderator: Ladies and gentlemen, welcome to this evening's dialogue. This evening should be quite informative and engaging and if you would, if you can hold your questions until the end, [1]

Tonight's affair is going to include two, and possibly two additional guest physicians, if they're able to join us later. I do want to say that Dr. Glatt was reached out to, to facilitate a live discussion, to address the concerns within the community of the divergent information, about the need, the safety, and the efficacy of the Cov-2 vaccine or injection. Unfortunately, Dr. Glatt respectfully declined, so in order to facilitate a public dialogue and enable a good exchange of information to the best of our ability, we have accessed recent video of Dr. Glatt's positions because we feel the community is entitled to a balanced vision. So, I'm going to go ahead and introduce our two primary physicians of topic this evening. I'm going to start with Dr. Glatt. I have a short bio.

Dr. Glatt, who is also an ordained rabbi, is the chair of the Department of Medicine of Mount Sinai [hospital], South Nassau. He also serves as the Chief of Infectious Diseases and is the hospital's epidemiologist, and is in charge of the Infectious Disease Society of America designated Center of Excellence in Anti-microbial Stewardship. Previously, he has held senior academic and administrative positions including being the President and CEO and the Chief Medical Officer at other major institutions. Dr. Glatt is board certified in infectious disease and internal medicine. He completed a fellowship in infectious diseases at the SUNY Health Science Center in Brooklyn, New York and served as Chief Resident in Internal Medicine at Brookdale Hospital Medical Center. Considered an expert in infectious diseases and a spokesperson for the Infectious Disease Society of America, he has authored several books and journal articles that have appeared in the New England Journal of Medicine.

And now to move on to Dr. Peter McCullough whom everyone can already see up on the screen. I'm going to read the short highlights because there are pages here, not only of credential and fellowship, but some fascinating information. So, Dr. Peter McCullough is not only a medical doctor, but also a Master's in Public Health. He has several fellowships across a wide spectrum of medicine, which we don't have time to go into. He is a Professor of Medicine currently. He's a former Chief of Internal Medicine at Baylor University Medical Center. He's the principal faculty in internal medicine for the Texas A. & M. University Health Science Center. He is co-editor of Reviews in Cardiovascular Medicine. He is associate editor of the American Journal of Cardiology and Cardio-renal Medicine that involves kidney function; over 1,000 publications and 500 citations in National Library of Medicine. He's the author of 35, I believe the number's actually higher now, over 35 peer-reviewed publications specifically on SARS Cov-2 infections, and generally hails out of Dallas, Texas at Baylor.

A short bio. After receiving a Bachelor's Degree from Baylor University, Dr. McCullough completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. He went on to complete his internal medicine residency at the University of Washington in Seattle. Cardiology Fellowship, including services of Chief Fellow, at the William Beaumont Hospital, then a master's degree in public health at the University of Michigan. Dr. McCullough is a consultant cardiologist and Vice Chief of Medicine at Baylor University Medical Center in Dallas, Texas. He is the principal faculty in internal medicine for Texas A. & M. University and Dr. McCullough is an

[1] Moderator: We will moderate some Q & A at the end. We want to begin with beseeching our Creator. This will be done in English because our audience is much wider than just the Jewish community. We have been informed that many churches and other organizations are participating this evening, so I'll do my best to translate any terminology that would be in another language. So, we want to begin by beseeching our Creator to give blessings to all of us that the truth should be known and that the whole world should be safe and that we should all have blessings of *parnassa*, which is sustenance; peace in all of our relationships; *nachas,* meaning fulfillment, from our children and our grandchildren, and our community; and that tonight the truth should pervade and, ultimately, that we should all welcome the Redeemer once and for all.

internationally recognized authority on the role of chronic kidney disease as a cardiovascular risk state, with over a thousand publications, as we discussed before. His work included the interface between renal disease and cardiovascular illness, and I have to say, doctor, I don't want to cut into the Q &A time. Your credentials go on almost endlessly and we so appreciate your courage, your patience, and your expertise and compassion in this matter.

So, the way that we felt would be fair to proceed this evening is, we have collected a handful of questions from community concern. I will pose those questions one at a time and then we will see a short video clip of Dr. Glatt's position that was available to us explaining how he views these issues. Then we will give the floor to Dr. McCullough and patiently listen to his expertise.

So, Dr. McCullough, if you're prepared, I'm going to begin with the first question.

Dr. McCullough: Sure, go ahead.

Shaul, moderator: Thank you. Many countries across the globe started taking off their masks and easing up on the coveted mandates, somewhat returning to a normal state. It seems to coincide with the vaccine rollout. First, we're going to ask Dr. Glatt: Is there any correlation and could this relaxation of restrictions happen without the vaccine?

And now we'll hear a short clip of Dr. Glatt's position.

Dr. Glatt: But it is something that we have to understand that the reason why, *Baruch Hashem* [thank G-d], back in my *shul* [synagogue], many, many, many other shuls, people are sitting next to each other, people are unmasked if they choose to be unmasked if they're fully vaccinated. People are going to indoor activities, outdoor activities, almost the way it was, if not actually the way it was, before Covid. The only reason that we've reached this point, and you look at different countries in the world that have not been successful in vaccinating, and they have not reached this point then, unfortunately, are having still tremendous *tzoros* [troubles], the only reason that we've reached this point is because we have such a significant percentage of the population in our country, in *Eretz Yisrael* [Israel], and other countries that are vaccinated.

Shaul, moderator: Okay. Dr. McCullough, could you help us understand what we just heard and could you give us the data from your observation?

Dr. McCullough: Just in brief, there's been 12 randomized trials of masks, including the Dan Mask trial and, unfortunately, masks don't work. Public masking has not reduced the spread of disease, so the disease rates that we see are unrelated to masks. Now, I wear a mask as a doctor in the hospital and nurses do primarily to block a big sneeze onto a patient. So, I'm not against doctors and nurses and others at close range wearing masks, but public masking doesn't have any effect. The United States has 48 percent of persons fully vaccinated; in Dallas, Texas about 40 percent. So, 40 percent vaccinated doesn't really make an impact at all because the vaccines have less than one percent effect on the population. They have a less than one percent absolute risk reduction. What makes a difference is what's called natural or herd immunity. Natural herd immunity is robust, permanent and complete and so it's really immune individuals that are making the difference.

Shaul, moderator: Very well.[2]

So, I also want to take a quick second and frame for everyone in the audience the position that you, Dr. McCullough, have concerning vaccines in general. The authentic vaccines of yesteryear, and what your position was at the beginning

[2] Moderator: And, let's take care of a little housekeeping. There are many, many folks who cooperated to bring tonight's event to fruition and I can't thank everyone but we do have to give special recognition to Brian at wethepatriotsusa.org for doing such a splendid job of being patient and sorting out all of the technical aspects of allowing so many thousands of folks to access this balanced viewpoint

of this, let's just carefully call it a pandemic, and were you participating in recommending the Covid shots be taken by your patients, family, yourself, and so on? So, let's first comment on your position pre-2020, on what we have traditionally known as vaccines.

Dr. McCullough: Right. So, I've, you know, I personally have followed the routine vaccine schedule as a doctor. I have to have hepatitis b vaccination… annual flu vaccination… This year I took the flu vaccine and the shingles vaccine. So, I take all the vaccines. I've traveled to India and other places where I've taken additional vaccines. So, I don't have any problem taking safe and proven vaccines and nor does anybody in my family. When the clinical trials were done with Pfizer, Moderna, and J & J, coming out of the clinical trials, they were a novel mechanism. We didn't know if they were going to work 100% or if they were safe, but because I'm a cardiologist, I take care of older and sicker patients, I did recommend them for my patients in December, January, and February, and then, when the safety signals started coming after that time, I didn't generally recommend them.

11:27

Shaul, moderator: Okay. Thank you very much. All right. We'll proceed to the second community question.

Are there any treatments for Covid? If you do think they work, why would the NIH and the CDC not approve them, but even have studies proving against them? Could you also tell us about your personal experience with them?

First, we'll hear from Dr. Aaron Glatt.

Dr. Glatt: This document states there are preventions and cures which tragically are being suppressed and they write down that these are much more effective than the vaccine and once a week ivermectin is a hundred percent effective, hydroxychloroquine and ivermectin have cure rates of almost 100 percent. This is outright ridiculous, incorrect information. It is simply *sheker* [a lie] and as a result, if people read this and are concerned about why aren't we using these medications, so they need to go to the literature and they need to look at the evidence, and the overwhelming evidence and the official recommendations from the NIH body of super experts don't recommend the usage of either of those two medications, and they certainly are nowhere near 100% effective. In fact, they aren't effective.

Shaul, moderator: Okay, so a quick translation on the word *sheker*, it means craziness.[3] So, I will do my best to pick up on terminology that could be unknown to the audience at large.

Dr. McCullough, I'm sure you have response to that. I would like to repeat the question from its origin because I don't feel it was fully addressed there with Dr. Glatt and then if you would give us your answer as well as a response to Dr. Glatt's position.

Again, the question is: Are there any treatments for Covid? If you do think that they work, why would the NIH and the CDC not approve them, but even have studies showing that they don't work? Could you also tell us about your personal experience with any protocols for Covid, doctor?

Dr. McCullough: Well, the CDC, the NIH, and the Infectious Disease Society of America, they don't have any recommendations for the outpatient treatment of Covid 19. So, they really haven't offered anything. The Association of American Physicians and Surgeons endorses early treatment. Early treatment involves about four to six drugs used in the sequence combination. Many are familiar with the monoclonal antibodies - those are fully FDA approved; there's Regeneron and a Lily product, and so those are really kind of frontline treatments for monoclonal antibodies. And we have a pre-purchased 500 million doses of monoclonal antibodies. So, for high-risk seniors there are proven effective drugs, you know emergency use authorized by the US FDA, but they are not in any type of treatment guidelines because

[3] It is surprising that the moderator defines *sheker* as craziness since it actually means lie or falsehood.

those bodies don't have any treatment guidelines. I've published the only two papers that exist that teach doctors how to treat Covid 19 as an outpatient. They do feature the FDA approved antibodies. And then we move into other drugs. Hydroxychloroquine is supported by 200 studies; ivermectin 60 studies; the assistive use of doxycycline azithromycin, colchicine supported by a large 4,000 patient randomized trial, strongly positive; inhaled budesonide by a randomized trial in the UK, the Stoic Trial; oral prednisone, about six studies show, in randomized trials, show it's effective. We use aspirin full dose, from inpatient studies, as well as injectable Lovenox. These are in patients over age 55 who are seniors, but the sequence multi-drug of therapy as shown by Proctor and by Zelenko are associated with an 85% reduction in hospitalization and death. So that's the best science we have in probably many years, if at all. If those guidelines bodies that he mentioned would ever actually tackle outpatient treatment … those societies have only tackled inpatient treatment.

The question regarding prophylaxis, of using hydroxychloroquine to prevent Covid 19 or ivermectin to prevent Covid19, and I led one of the early studies of hydroxychloroquine that was FDA investigational new drug application, approved in March of 2020. Hydroxychloroquine reduces the risk by about 50 percent, ivermectin about 50, so they don't stop Covid 19 100%, but they do have a partial preventive effect and if patients do get Covid 19, it's a much milder illness

Shaul, moderator: Very good thank you Doctor. On to question three.

Does the covid vaccine prevent transmission of the virus?

Dr. Glatt: The shot doesn't prevent transmission. Contrary to popular belief the shot will not prevent you from spreading Covid to others. That's also ridiculous. The shot absolutely prevents the transmission of Covid. They misquote, intentionally, a statement that says we haven't proven as much as we would like, that 100 percent of the people will not transmit. It not only lessens the severity of symptoms, it absolutely prevents transmission.

Shaul, moderator: all right Doc this is pretty straightforward.

Dr. McCullough: Well, the vaccines as coming through the clinical trials of Pfizer, Moderna, and J & J, none of them are a hundred percent so, in fact, patients who are vaccinated indeed did contract Covid 19. In the Pfizer FDA briefing booklet, there was actually an increased risk of getting Covid 19 after the first shot and that was seen in Israel and France later on in observational studies. So, there's a slight increase before there's a decrease, but the rates of Covid 19 in the clinical trials amongst those in placebo or the active treatment was less than one percent. Now we fast forward. Today we know the vaccine must be transmitted through, the virus must be transmitted through vaccinated individuals. As we sit here today there's 90,000 patients in the United Kingdom that have been fully vaccinated and, I'm sorry, 90,000 individuals with the Delta variant of Covid 19, 42% have been fully vaccinated. The same data are coming out of Israel about 40% of those with Covid 19 are fully vaccinated. So, the vaccine doesn't work 100% and those who get sick, obviously, they've transmitted the virus.

Shaul, moderator: Very good Doctor. A follow-up question.

Do I recall correctly in reading the data sheets which, of limited availability, from each of the manufacturers of the different potential solutions that they propose, in the form of the shots, that the only claim made that I recall was a reduction in symptoms? Neither any protection from infection nor any claim made that it would decrease transmissibility? Do we have our facts straight here?

Dr. McCullough: No, that's not my understanding. My understanding is that the trials did show a rate reduction in the incident cases of Covid 19 defined as a positive test with some symptoms. They did do that. There was no reduction in severe disease, no reduction in hospitalization, or death.

18:53

Shaul, moderator: Okay. Very good. On to question four.

Is there any difference that the vaccine is now emergency youth authorization and it's not FDA approved?

Let's hear from Dr. Glatt.

Dr. Glatt: Shot is not yet FDA approved is irrelevant state. It works. It will get FDA approval. FDA approval has been submitted for the Pfizer, and the others will eventually submit as well. That is a technicality. That is of no significance whatsoever. They've been reviewed by the FDA, they're emergency use authorized and that is what is important.

Shaul, moderator: All right my friend, have at it.

Dr. McCullough: Well, the vaccines are emergency use authorized. That means it's a lower bar and if anyone's listening has taken the vaccine, the consent form says that they don't know if these vaccines are going to work and they don't know if they're safe and, so, when you sign the consent, you basically indicate that you're on your own. In fact, we don't know if they work. The standard FDA regulations is actually two years of observational data to see if they work. This was shortened to two months, so we don't know if they will work, and we don't know if they're safe, and the difference between emergency use authorization is they're simply offered voluntarily to the population. FDA approved means that the sponsors can actually advertise; that means Pfizer and Moderna and J & J can actually advertise the products, which they can't do now. And if they were FDA approved, they have to present fair balance information on efficacy and safety, so they have to tell you what could happen with the vaccine and many of you may know right now, if you look on TV, you'll see advertisements for the vaccine by the government that say it's safe, take the shot, but they don't give any information or any warnings on safety. Even the FDA warnings, and there are FDA warnings for Pfizer and Moderna causing heart inflammation myocarditis and FDA warnings for Johnson and Johnson causing blood clots, as well as Guillain-Barre syndrome or paralysis. They have formal FDA warnings, but if you know it on the commercials, there's no mention of those because it's EUA and it's not as strict as FDA. There are two citizens petitions in to encourage the FDA to not approve these products as being, not being effective and not being safe, one from a large group of nurses and one from a large group of doctors.

Shaul, moderator: Very good and could you insert some background information for us on what happened, where was the dichotomy in the process in FDA movement towards approval, where in the past we were very used to seeing distinct animal trials that appear to have been skipped over, and we even hear some information that in the past years in an attempt to develop a Covid predecessor vaccine, that the animals didn't fare well, and that all trials were stopped. Can you speak to this for us?

Dr. McCullough: Well, the current set of vaccines are called genetic vaccines or gene transfer technology. There were 24 platforms, nine of which were considered for vaccination, but most were actually considered for chronic diseases like heart failure, cancer, Fabry's disease and, so, these vaccines or these injections of genetic material were actually designed to last in the body for quite some time. They really hijack the body's genetic system to produce a protein. The goal of most of these was to produce a missing normal protein, but in this case, it was really the twist on the idea of having the body produce an abnormal protein called the spike protein. So that's what's unique about these. All tests for medical therapies such as a genotoxicity study, such as teratogenicity, does it cause birth defects, or carcinogenicity studies do they cause cancer, all of those steps were skipped. Now, the FDA and the sponsors appropriately, strictly excluded pregnant women, women of childbearing potential, the Covid recovered, and suspected recovered, because they knew they couldn't benefit, and they knew they would only be harmed by the technology.

Shaul, moderator: Yet Doctor, don't we now see almost compulsory injections for pregnant and nursing women and what type of results?

Dr. McCullough: The consent form asks women to indicate that they're not pregnant and they don't plan to get pregnant for quite some time, and the consent form indicates that it's completely elective to take the vaccine. So, any external forces that force individuals is paradoxical, because when they come to the vaccine center, they see the consent that actually they should indicate that they're not pregnant and they don't plan to get pregnant and it should indicate that they're doing it voluntarily.

Shaul, moderator: Okay, so it may this be anecdotal evidence that we're hearing, that so many women are having bleeding issues and menstrual flow disruption and irregularities, as well as spontaneous, loss of children. Is there any legitimacy to some of these numbers that we see coming out?

Dr. McCullough: Well, remember, pregnant women should not receive the vaccine and that's what the FDA and CDC say, although some pregnant women have actually received the vaccine, they've actually went ahead and they could do it and I think that's a mistake. I think the government should actually not allow them to take the vaccine, and we have seen worrying safety reports in the vaccine event reporting system of miscarriages, stillbirths. There was a worrisome paper published in the New England Journal of Medicine which look, appear to be high rates of fetal loss, although not a single woman was followed over the nine months. Also, women of childbearing age should not receive the vaccine and they were excluded from the clinical trials because we don't know if the vaccine will have any impact on fertility.

Shaul, moderator: Very good. On to our next community question.

Is there any significance in the fact that the vaccine companies have no liability for any damages that the product may cause? Why their vaccines, and does it affect the vaccine in any way?

Let's hear from Dr. Glatt.

Dr. Glatt: Vaccine companies are not liable for any vaccines, that's because none of the vaccine companies wanted to make vaccines because they were getting sued left and right with suits that are impossible to defend easily against. The government, therefore, to assure that there would be vaccines, put together the entire vaccine compensation and liability program. That's nothing to do with Covid, and it is irrelevant and totally incorrect as well.

Shaul, moderator: Wow. Dr. McCullough, we've heard much different information out there. Can you clear this up for us?

Dr. McCullough: Well, the current consent form does indicate that if one volunteers for the vaccine, they give up all their rights in terms of having any liability against the vaccine manufacturers or people in the vaccine center. Remember, there can be acute allergic reactions and patients have died right in the vaccine center, so even that, that event of the death or the attempted resuscitation is also indemnified and there's indemnification. But who's not indemnified is the entity that actually forces the person to get a vaccine, so if someone is forced by their work, or forced by their school, or if they receive any pressure, coercion, or threat of reprisal, and they get a vaccine, you know, on something other than a voluntary basis and something bad happens, then the liability can fall to the person who forced the individual to get the vaccine against their will.

Shaul, moderator: So, if I hear you correctly, they're actually taking steps in some arenas that negate informed consent.

Dr. McCullough: Well, I mean to my knowledge, informed consent is there, the consent form is there, and it should be read. It states it's perfectly voluntary, but one does give up their rights. What's a bit disturbing is actually having people below the age 18 consent; that is distinctly unusual and that's never allowed in research or clinical practice.

26:45

Shaul, moderator: Very good, very good. Our next question,

Could we rely on the numbers of deaths and hospitalizations that are reported to the VAERS system? Is it an accurate reporting system and are the numbers inflated?

First Dr. Glatt.

Dr. Glatt: Thousands of reported deaths and injuries is absolutely incorrect, as well. The VAERS reporting system reports everything, but that doesn't mean it's causality. If somebody gets hit by a truck after they got the vaccine it will get potentially reported if the person chooses to report it. Reporting something, showing after a vaccine that something happened; the people that will get heart attacks, the people that have monolithic cancer, they're going to get complications whether they're vaccinated or not. That doesn't have anything to do with causality and, as we have shown, with the J & J vaccine, the VAERS system can pick up very rare and unusual complications, and *Baruch Hashem* we have not picked up these complications with that one exception, and certainly not with the mRNA vaccines of anything significant.

Shaul, moderator: All right doctor, I'll repose the question again. Could we rely on the numbers of deaths and hospitalizations from VAERS and can you give our audience a little understanding of what VAERS is? Is it an accurate reporting system and are the numbers inflated?

Dr. McCullough: The VAERS reporting system gives an under reporting of what's happening and so it's called vaccine adverse event reporting system and it's available for all the vaccines. And what we know is that 83% of the time the report is filled out by a doctor or a nurse who thinks the vaccine caused the problem and so when a serious event like a death occurs, it's filled out by a doctor or nurse or paramedic who think it's related to the vaccine and then it's assigned a temporary VAERS number and then the CDC actually waits to get the death certificate and make sure, absolutely, positively, that that in fact death occurs, and then the CDC gives it the permanent VAERS number. So, the deaths that we're seeing in VAERS right now are permanent death numbers and the current number is 9,100 deaths that have occurred after the vaccine. And, because the vaccine data system is an open database that researchers do research on, an important analysis by Rose and Colleagues has shown that 50 percent of the vaccine deaths occur within 48 hours of getting the vaccine; about 80 percent of the deaths occur within a week. So, they're strongly temporally related to receiving the vaccine and we know that an analysis by McLachlan, et al, from London, has shown that 86% of the deaths are directly related to the vaccine.

So, the CDC on two occasions in March and June, has said, in a very brief statement, that they don't think any of the deaths are related to the vaccine, but they don't have an independent critical event committee, or data safety monitoring board, or human ethics board to actually make that determination. So, these external analyses appear to be valid and they're very concerning.

The highest number of vaccine deaths we see per year across all 70 vaccines, 500 million shots a year, is about 158 deaths and we had a signal of mortality come out of this program January 22nd, when we hit 186 deaths and those deaths have skyrocketed now to over 9,100 Americans that have died shortly after the vaccine. The vast majority of people walk into the vaccine center and they die within a couple days and I think it's very worrisome that the CDC and the FDA have not had a single press briefing on safety, and the minimum expectation would be a monthly report to America on deaths, hospitalization, and other serious safety reports from VAERS. VAERS is an under representation; a paper from Harvard in 2016 indicated that what's in VAERS may only be about 10% of reality, so at 9,100 deaths that the CDC is confirmed, it's possible we could actually have 91,000 deaths.

Shaul, moderator: Wow, that gives you pause. Well thank you for the inform. I'm a little speechless. That's a that's a big number; one is a big number, but that's an enormous number.

All right. On to the next question.

Are there any fertility concerns with the Covid vaccine?

Let's hear from Dr. Glatt.

Dr. Glatt: Scientists have great fertility concerns. Name the scientist. It's certainly not the Association of Reproductive Medicine experts; it's not the American College of Obstetrics and Gynecology; it's not published papers in the New England Journal of Medicine that show there is no such concern. It is an undocumented statement. It's based upon, probably, I'm assuming, one former Pfizer employee who has nothing to do with the Covid vaccine, who's a known anti-vaxxer. He has a postulated theory that has no substance to it whatsoever, and has been, in fact, not felt to be in any way a concern by the experts in the field.

Shaul, moderator: Wow. And what do you say to this Dr. McCullough?

Dr. McCullough: Well, as I indicated, all the tests with respect to human fertility or even teratogenicity were all skipped, so in humans we don't know, but there were papers on lipid nanoparticles that are relied upon with Pfizer and Moderna and J & J. The lipid nanoparticles in, you know, five or ten years ago, that demonstrated the lipid nanoparticles seemed to target the ovaries and the adrenals, the hormone-producing glands. And, then in the Pfizer application to Japan, the Japanese did not accept the Pfizer vaccine application and asked Pfizer to do a specific biodistribution study and so in animals they gave the lipid nanoparticles. They couldn't give the messenger RNA because it wouldn't be compatible with an animal, but they gave animals the lipid nanoparticles, and they demonstrated where the lipid nanoparticles go and in 48 hours they go through all the organs in the body and they do tend to concentrate in the adrenals and the ovaries, just like the prior studies, and then they progressively accumulate in the ovaries over 48 hours, and the study was truncated at that point, and the concentration in the ovaries was going considerably higher from that point. That study was obtained through a freedom of information act request to the Japanese authorities from the Canadian authorities and then it was reviewed and validated by Canadian scientists.

So, there's a concern that the messenger RNA is delivered to ovarian cells and the ovarian cells then start to produce the spike protein inside the ovarian cells, that damages those cells, and then expresses on the cell surface, and then causes the body to recognize the spike protein in an immune attack against the ovaries, and then the spike protein is launched from there into the bloodstream. So, the biological mechanism of action suggests that these vaccines could indeed hurt ovarian function. We've heard lots of reports of changes in menstrual periods and then, of concern, the European Medical Association asked Moderna to disclose fertility information in animals and indeed the Moderna vaccine reduced fertility in animals by about 16 percent. The threshold to actually not have the vaccines approved would have been 25 percent. So, we put together the information; the lipid nanoparticles we know concentrate in the ovaries; we know the spike protein is dangerous to these cells; and it's on a more probable than that basis that these vaccines and do indeed cause ovarian dysfunction or they may be sterilizing.

Shaul, moderator: Thank you Doctor.

I want to take a second and mention that I am stunned at how extemporaneously you can answer with no preparation, because I should reveal to the audience in no way were you prepped or given these questions in advance. Your ability to smoothly, professionally, and thoroughly answer is so deeply appreciated, and at the same time thank you.

Dr. McCullough: Thank you. Just in response to that though, I was called upon by the US Senate, Department of Homeland Security and Governmental Affairs to testify under oath regarding my opinions on pandemic response and then, as well, by the Texas Senate Department of Health and Human Services, the New Hampshire Senate, and the Colorado General Assembly and, at this point I've published 40 papers on the pandemic response, and I'm working very closely with experts all over the world. I've been asked to render my opinion on national audiences. I'm a regular

contributor now to Fox News at Night. I was just on TV last night and I take those appearances very seriously in my scientific interpretation of what's going on, very seriously.

Shaul, moderator: Well Doctor, it's very apparent how well prepared you are and how well informed you are.[4]

So, let's move on to our next question. The next community question.

There is a known fact that bribery will impair one's ability to view issues with impartiality. Is everyone speaking the truth about the vaccine? Is there anyone being paid to help promote it?

38:01

First, from Dr. Glatt.

Dr. Glatt: There are some nice sounding Hebrew quotes in terms of *shochad y'aver ainai chacham* [bribery will blind the eyes of the wise], bribery. Well, who is being bribed over here? Who is making money off some of the alternative therapies that are being proposed? Nobody is making money off this from the physician world. We don't get paid to vaccinate. We, in fact, in the hospital lose money on vaccinating because we don't charge for the vaccines; the CDC doesn't get money from the vaccine companies. The idea of *shochad y'aver ainai chacham*, is simply not appropriate as part of this discussion. There is no bribery involved here. I don't get paid one cent for any of the vaccine comments I've made, and the vast majority of scientists aren't involved in research or getting in any way compensated either through research grants or in any other way from doing their usually pro bono vaccination efforts. So, this is something that is again simply just not true and to accuse the entire medical community of essentially taking *shochad* is sad.

Shaul, moderator: Well, Dr. McCullough, I didn't intend that to be so targeted to Dr. Glatt individually, but can you speak to how finances influence opinion and viewpoint?

Dr. McCullough: Well as a term what we call conflict of interest is actually fine to receive money in terms of doing research or institutional salaries provided that's declared and it's vetted. I can tell you with respect to Covid 19, I won a large grant at my institution to carry out a study of hydroxychloroquine and that was all declared and patients did, hundreds of patients received hydroxychloroquine as part of the research study; the money was spent on research coordinators. And, you know, I received grants from a variety of sources, National Institutes of Health, as well as pharmaceutical and foundations. Many academic doctors do. With respect to the Covid 19 vaccine program, the CDC and the NIH are the financial sponsors, so they're actually paying for the vaccine centers, and all the implementation. And the federal government through operation warp speed, through appropriation, has directly pre-purchased the vaccines so the sponsors have actually already had the products pre-purchased, just like the monoclonal antibodies are pre-purchased. So financial incentives, I think, have largely been taken out of the system. The government is setting up these centers. The vaccines, by the way, are not given by doctors and doctors' offices. They're given at vaccine centers and then they're given through the commercial pharmacies and I don't know what their financial arrangements are.

[4] Moderator: Let's take a second right now, a little commercial interlude if you will, but for a good cause. As we stated before our deep gratitude to wethepatriotsusa.org for all they have done to set this up and assist us in bringing informed consent to the public. I want to take a second and let everyone know that wethepatriotsusa.org is, we would like you to consider supporting the organization. They are taking several major lawsuits against Covid mandates across the country, are in great need of funding, especially in the form of monthly donors. This way they can budget off a predictable stream of income even if it's a few dollars, whatever you can help. This is an awesome way to show our gratitude to some hard-working folks, especially Brian that leads the organization, for everything that they've put into making tonight a reality for tens of thousands of observers. As well, as I'm sure, many more that are going to hear this on replay. So, if you would go to www.wethepatriotsusa.org and at the top of the page, if you would click on donate it would be most appreciated.

Shaul, moderator: Thank you. All right, on to the next.

What about the medical ethics principle of first do no harm, or its Jewish corollary of better to do nothing than to do the wrong thing? Additionally, the death rate in New York which has a large religious Jewish population was one of the highest. Is that a reason that more people in the community should be vaccinating out of fear of catching Covid and dying

Let's take it to Dr. Glatt.

Dr. Glatt: *Shav v'al ta'ase* [sit and do nothing], it's better to do nothing, *nebach*. The rates of death, serious illness in the frum [religious] communities certainly tell us that *shav v'al ta'ase* is not the appropriate methodology and I won't say anything more about that because it is so sad how many people in the frum community have died and that our rates have been higher than in the non-frum and non-Jewish communities.

Shaul, moderator: All right. Dr. McCullough. If I could restate this for clarity. What about the medical ethics principle of, you know, the oath that almost all physician institutions have their candidates and graduates say to first, do no harm, and in the Jewish world we do have a comment of better to do nothing than to do the wrong thing. So additionally, the death rate in New York which has a large religious Jewish population was one of the highest in the death rate. Is that a reason that more people in the community should be vaccinating out of a fear of catching Covid and dying?

Dr. McCullough: Well, you know the term we use is called *primum non nocere*. That's in Latin and that does mean above all do no harm. So, it means no matter how enthusiastic we are about something, if we actually see that as causing harm we have to stop. And so, it doesn't matter how enthusiastic we are about vaccines, if patients start dying after the vaccine we should stop. *Primum non nocere,* above all do no harm. Because we know now that Covid 19 is, we're probably through the worst part of it, that it's on the way down, the strains that hit New York were very severe. New York has achieved herd immunity a long time ago, so there's very few susceptible people left in New York, so above all do no harm. So as soon as we started seeing people die after the vaccine we should have stopped.

Shaul, moderator: Wow. Thank you. Our next question.

Were there any adverse reactions to children since the trials in vaccine rollout? If yes, how come we're not hearing about it in the news?

Let's go to Dr. Glatt

Dr. Glatt: Say that eight kids have already died from the vaccine is *sheker*, it's out right wrong. Show the paper, show the publication, show the details. We can show details that that's not true.

The New England Journal of Medicine published a paper showing that the miscarriage rate was no different whatsoever than the expected miscarriage rate. You don't expect the vaccine to prevent miscarriages, you expect it not to cause miscarriages, and the overwhelming data as published in the New England Journal of Medicine shows that. For this document to state that there's an 81 percent risk of miscarriage, resulting in miscarriages 81 percent of pregnancies, is again outright *sheker*.

Shaul, moderator: Okay. To help our non-Hebrew speaking community, Dr. Glatt is referring to this concept as craziness.[5] So Dr. McCullough, what's your take?

Dr. McCullough: Well, is I'll take the obstetrics issue first. It is a principle in obstetrics to assume a product is dangerous until it's proven safe and we actually have pregnancy classes a, b, and c, and we would never administer a substance

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[5] See footnote 3

that's not proven to be safe. And with the Covid 19 vaccines, we know they're genetic vaccines, they produce the spike protein, the spike protein circulates, this is all known. It damages blood vessels, causes blood clots, and I've told you that the FDA has warnings on blood clots in women age 18 to 48. These are official FDA warnings on it. Now, they have warnings for heart inflammation as well as paralysis. So, these are official FDA warnings and the concern would be in a pregnant woman that has never been studied in a clinical trial and we don't know if these cause birth defects, that it would not be good clinical practice to ever have a pregnant woman take the vaccine. The consent form asks women to declare that they're not pregnant, to give you an idea how serious this is.

So in the New England Journal of Medicine, and I just published a paper in the New England Journal of Medicine, too, in the last few months, New England Journal of Medicine is fine, but there is a paper that looked at different windows of time and those individuals in the first trimester who lost their baby when divided by when they got the vaccine, indeed the rate of fetal loss was about 81 or 83 percent, somewhere in that range, but the authors divided it by all the time frame, so they actually included a denominator which included women vaccinated way later in pregnancy, and so immediately the academic community cried foul and said you know that paper is wrong and, so the letter, the New England Journal of Medicine has been absolutely pummeled with letters to the editor to correct that, that in fact the fetal loss rate is way too high in the first trimester.

46:57

Shaul, moderator: Thank you Doctor, and could we address the pediatric concerns of young children now being given the jab?

Dr. McCullough: Right. So, on May 10th, the FDA approved the emergency use authorization for ages 12 to 15, I believe, with Pfizer and that was before the release of the data, The data was released on May 27. May 27 the randomized trial in the New England Journal of Medicine randomized 2,200 kids, aged 12 to 15, to the Pfizer vaccine versus placebo and the net outcome of that is that the vaccine prevented about 18 mild cases of Covid, basically like a like a runny nose or a stuffy nose. There was no benefit in terms of, no benefit with respect to any serious outcome. The kids got really sick. About 60 to 80 percent of them got high fevers, muscle aches, required Tylenol, fever stage to 40 degrees [104 F] and then kids, about 30 percent had a stay out of school or, you know, or their activities. So, the vaccine program in children doing internal medicine didn't look too good, it still was approved, and some parents did take their kids for vaccination. What we know right now, as of, I think yesterday, the number of deaths in those under age 18, that number is 15 pediatric deaths, and age under 30 that number is, I think, 78 deaths, and nobody at that age range should go in for a vaccine and die in a very short period of time. Those are the current data from the vaccine event reporting system and the CDC asked doctors and patients to look at that system, that's reported so far.

Shaul, moderator: Thank you. Our next question is about efficacy. What is the efficacy of Covid vaccines? Does it protect against strains of the virus that are newly developing, as we're being told? Are the new strains of the virus any more dangerous for children?

Dr. Aaron Glatt:

Dr. Glatt: Based solely upon vaccination, we've seen wave after wave of Covid without vaccination; the predicted fourth wave has not come and *b'ezras Hashem* [with G-d's help] it will not. There's a lot of good information out there in terms of the efficacy of the vaccine now against any of the variant strains, but the concern is especially in children, that the Wall Street Journal just printed a document that shows that there are 593 pediatric deaths in Brazil and that's because they have the p1 variant there and the p1 variant has apparently more of a predilection to attack children and to hurt children. In the United States we've had over 300 pediatric deaths from Covid.

Shaul, moderator: Wow. Okay, it's all yours

Dr. McCullough: Well, you know, out of the clinical trials, the vaccines, are by the way designed, encoded against the original wild type, the Wuhan wild type spike protein, which is the product of gain of function research in the Chinese lab. So, the vaccines are all coded to the original wild type. So, once the vaccines are introduced, of course the virus is mutating, and by this spring we already had about two dozen different mutations and they've been labeled alpha, beta, gamma, delta, lambda, epsilon, as an example, and each time the virus mutates, the vaccine gets less effective against the mutation. And we knew this from the very beginning. For example, if the vaccines were 90% effective against the original wild type and now that that wild type is now gone, it makes sense that the vaccines would be less effective so, and they're a little less effective in older sicker patients. So even at the very beginning, the Pfizer vaccine, which is 90 percent effective in nursing home workers, was only about 70 percent effective in the nursing home patients in Denmark, that was shown very clearly. We knew that the Johnson & Johnson vaccine was only about 50% effective with the South African variant; the same thing with the AstraZeneca vaccine. So, none of the vaccines originally were protective.

Now we have the delta variant, the delta variant came out of in India it's got four mutations including one of the original ones from the UK variant or the alpha variant; here the delta variant appears to be completely resistant to the Pfizer, Moderna, and J & J, and AstraZeneca vaccines. When I mean completely resistant that means 42 percent of the delta cases in the United Kingdom have been fully vaccinated and 87 percent of people have been vaccinated in the United Kingdom. In Israel it's about 60 percent of people fully vaccinated and again 40 percent of their cases; they don't have many cases, but 40 percent of the cases, the delta cases, have been fully vaccinated, so it's becoming very clear. This weekend there was a family wedding in Houston and everybody had to be vaccinated and six people came away with the delta variant of Covid 19, so it's becoming obvious the vaccines are obsolete at this point in time. They don't work and in fact Covid 19 is on the rise in 46 US states, so, and I did, I've been on national TV, I was on last night, I told America we are going to see a little bit of a rise in cases but it's not going to be severe and as long as we apply early treatments it'll be okay but the vaccines at this point in time are failing, they no longer work.

52:15

Shaul, moderator: And, Doctor, if I could interject. Can you speak to the vaccine being so widespread as opposed to allowing herd immunity and how it may be playing a role in the vast number of variants that we really haven't seen in prior maladies?

Dr. McCullough: Right. So, the vaccine is influencing mother nature. So, we know this in a paper by Nissan and colleagues from Boston and Mayo Clinic; they've demonstrated that once we get more than 25 percent of the population vaccinated, that the number of strains actually reduces. So, I mentioned about six months ago we had about 14 strains in the United States. Now we're down to about six different strains, so we reduce the genetic variation. So far, it's working out okay. The strains are progressively weaker, but we do know for instance the lambda strain that's coming out of Peru, in a paper by Esovito at al, clearly shows that the mutation came because patients were vaccinated. We have the epsilon that's coming out of California. In a paper by McCallum et al, in Science [Magazine], has shown that in fact the vaccination is what has created this mutant strain to arise. It's like similar to putting everybody on narrow spectrum antibiotic, we're going to encourage these mutations. I'm not saying it's a bad thing, because they're becoming progressively weaker, but in fact the vaccines are not, are clearly at this point in time, not providing a 100% protection, they're not even providing probably 50 or even 30 percent protection. We now have delta emerging, is our predominant strain and here it looks like all the vaccines fail.

Shaul, moderator: Well, point taken. Thanks. Our next question

Is there any rationale for not taking the vaccine, you know, out of a concern of an unknown long-term complication it may cause?

Let's hear from Dr. Glatt.

Dr. Glatt: There is no rational reason to expect, there's no scientific basis to expect, some late complication from these vaccines. I cannot guarantee that something will not happen, but I can also tell you that the risk of Covid is real, and it's a risk benefit analysis and a person always has to do that. When you give your child Tylenol when they have a fever how do you know that that Tylenol will not have some impact 20 years down the line? Do that, prove that it won't. And your child is taking any medication for any reason, prove that that won't have some impact down the line. Most people say but right now my child is sick or right now my child needs this, and that hasn't been proven, and that's not a concern, and therefore I'm not going to take it into consideration. I can never prove a negative, while it's a very good question, while I am also concerned about potential long-term complications, I am equally and much more concerned about long-term complications of getting Covid.

Shaul, moderator: So, Dr. McCullough, he clearly brought up the issue of risk analysis. Is there any legitimacy to some of the numbers we're seeing, that they have skewed, the seesaw has tipped, and that we now have so many adverse reactions and deaths that it may change how we look at risk mitigation here.

Dr. McCullough: Well, I mean I have a different view. I've had Covid 19 so I know that my immunity is robust, complete, and durable, so I'm not afraid of Covid 19 at all. I could have somebody cough in my face. I can't get it a second time, so I don't have the same worry as that doctor, and he may not have had Covid, so he may be quite fearful, but I'm not and no one who's had Covid 19 should ever be fearful; they don't need the vaccine, they're completely immune, but, yes, I think there should be great concern. There's been 9,100 people have died after the vaccine, over 21,000 hospitalizations, over, I think we're close to 200,000 ER visits and office visits, that's prompted due to vaccine injuries, and we have a total certified 400,000 vaccine injuries at this point in time that the CDC has. I think everybody considering the vaccine ought to be very alarmed that they could have a vaccine injury or worse end up in the hospital or die after the Covid 19 vaccine. Almost everybody knows somebody in their family circle now that's either been died or injured due to the Covid 19 vaccine. So, the risk benefit equation now has swung where there's probably more an opportunity for harm than there is any benefit because the vaccines don't work, they don't cover the new strains, in that is a less than one percent chance that anybody comes in contact with Covid. We already have rates of more than 80% heart immunities. We're not going to have big rises in cases and so the risk benefit analysis falls against the use of the vaccine.

I'll give you an example, an extreme example. In Australia last year, in all of Australia they had one Covid 19 death, one because they were so good at the distancing. They've already had 300 vaccine deaths, so it's clear that just taking the vaccine, there's a finality in doing that. Once the vaccine's inside of you we can't stop it. With Covid 19, even if somebody gets Covid 19, we can treat it. We can have early treatment; we can reduce hospitalization death by 85 percent. That vaccine and vaccine injuries are very hard to treat and we don't know what to do with them

Shaul, moderator: Thank you Doctor. Our next question goes back to children.

Are children right now at risk for covid that it warrants giving them a vaccine considering what we've learned from the data about their susceptibility of and lack of death rate among children?

let's hear from Dr. Glatt.

Dr. Glatt: If we knew that their child would not get it, so then I would say it's true. We don't recommend that your child get smallpox vaccine, we don't recommend that, and 50 years ago, actually until the late 70s or so, it's already more than that, we did recommend that you get smallpox vaccination. So, it's a risk benefit analysis. Nobody gets smallpox, so yes it would be a mistake to give smallpox vaccination today to people. *Im yirtza Hashem* [G-d willing] I hope to be able to say that comment about polio vaccine in the near future, but we're not there yet, and I hope someday to be able to

say that about measles but we're certainly not there yet, certainly not there for Covid. There are still children in the United States getting Covid and if you're going to put your child in a camp where kids come from all over, and if you're putting your child in a camp where there may be significant numbers of unvaccinated staff or unvaccinated people that they're encountering, so then, yes, your child is at risk of getting Covid. *Baruch Hashem* the risk is much lower now than it was six months ago, but it's a risk. The risk of the vaccine, in my professional opinion, in the CDC's professional opinion, in all the departments of health professional opinion, in the Pediatric Infectious Disease Society's professional opinion, is that the risk of getting Covid still outweighs a theoretical risk of getting a vaccine-related complication that would be of serious nature.

Shaul, moderator: All right Dr. McCullough, let's revisit pediatric risk analysis.

Dr. McCullough: Yeah, I've looked at this carefully. I don't think anybody under age 30 should receive the vaccine at all and now that the vaccines really don't work against the variants, there's really no benefit in doing it, but having said that, you know Scott, Dr. Scott Jensen has done analysis of all the pediatric deaths that exist and it turns out that there's fewer than 10 of pediatric death in Covid where the child didn't have cystic fibrosis or some other underlying condition. There have been fewer than 10 kids that have died in the United States and there's obviously been hundreds and hundreds of, unfortunately died in car accidents, or died of the flu, or other things. The vast majority of children now are immune; they've passed it back and forth and so they have natural immunities, so there's no need for a vaccine there. There's never been any school outbreaks. You know, schools in Dallas where the public schools were out, we had the private schools stay in, there were never any school outbreaks among children there, were no cases where children passed it to their professors, and if children get Covid19, just like in the randomized trials, it's like a case of the sniffles. So, we would never take the risk in children of heart inflammation and the FDA says that children, in fact, get heart inflammation, the CDC has recorded 2,000 cases now, or a blood clot, or any serious risk. We would take zero risk with the vaccine in a child because Covid 19 is so mild and it's so treatable. At this point in time, to ever vaccinate a child, in my view, is unethical, it's immoral, it's clinically not justified at this point in time, but whatsoever.

Shaul, moderator: Thank you Dr. McCullough.

Our last medical question from our preset. We will take Q & A after a few moments … but let's pose the last medical question.

Are there people who died or suffered from the complications as a result of the Covid vaccine? Let's turn it over to Dr. Aaron Glatt.

Dr. Glatt: The only data that we have specifically linked to the vaccine is the J & J. People that have died because of the complications from the low platelet count and the clotting, those are the only ones that have been conclusively proven. There are no statistically increased states of death or complications; hundreds of millions of mRNA doses of vaccine given. We don't have people dying from them; nobody has died of anaphylaxis from these vaccines and that was the biggest concern initially. And, while people have gotten anaphylaxis, we don't see, thank G-d, people dying from that, they're treated. There's [sic] some people, a very small percentage that have gotten sick, most of them had underlying reasons that there was a concern, but we, thank G-d , have not seen reported increases of death from any medical problem at the vaccine. The vaccine doesn't prevent people from dying of anything other than Covid. People will get heart attacks; people will get all sorts of other medical problems related temporally, in time, to the vaccine. If somebody gets a heart attack three weeks after the vaccine it doesn't mean it has anything to do with the vaccine. Dealing with hundreds of millions of people, people get heart attacks, unfortunately, people get medical illnesses. It doesn't mean it's proven to be due to the vaccine. That's why they do these very, very intensive statistical analyses to look for very rare and certainly common complications and see is there an increased incidence, and yes there have been suggestions certain things but when they've looked at them, they haven't been born out. People are worried about getting

myocarditis or heart inflammation from the vaccine. Hammer just published on big ten athletes, healthy, s*htarka* guys for, 18 to 22 years old, probably ball players in college. Well, the incidence of *Covid* giving them myocarditis is higher than the theoretical concerns of getting it from the vaccine.

Dr. McCullough: Well, I've already covered the mortality data and the statistical analysis has been done by Rose and Mclachlan. There's been 9,100 deaths, 50 percent occur within 48 hours of the vaccine, 80 percent occur within a week. They're strongly temporally related; 86 percent of them are thought to be directly due to the vaccine. We know the vaccine has a dangerous mechanism of action by producing the spike protein; the FDA has official warnings on Pfizer, Moderna for myocarditis and there's been fatal cases of that; and the FDA has acknowledged that, and the CDC, and the FDA has official warnings on J & J for blood clots, some of which are fatal in women, as well as paralysis, Guillain-Barre syndrome in individuals. So, the FDA agrees that the complications are real and these published statistical analyses indicate that the vaccine has caused an alarming number of deaths. As a general rule, for the swine flu vaccine, the program was stopped after 55 million Americans were vaccinated; it was stopped at 25 deaths and turned out there were 53 total deaths at the end. We had at 27 million Americans vaccinated, we already had 186 deaths, we had way too many deaths, just at 27 million people vaccinated. Now at 180 million people vaccinated, we have an alarming 9,100 deaths and we don't know how many more deaths are going to be but, unfortunately, it's going to be thousands and thousands of more deaths. These deaths didn't occur by chance. They're due to the vaccine

Shaul, moderator: Wow. Thank you, Doctor. At this point we're going to give Dr. McCullough a quick breather before we get to Q & A, because the next question that comes from the community is about the rabbinate.

We all have heard some rabbis who and clergy members who adamantly say you must take the shot and then we've heard others that say the opposite you must not take the shot.

Let's hear from Dr. Rabbi Aaron Glatt on this topic.

Dr. Glatt: And finally, numerous rabbanim warn strongly the dangers of this vaccine. One *rav* is mentioned, no other *rabbanim* mentioned and the vast majority of *gedolai Yisrael* have come out strongly in support of vaccination, so this is a biased, incorrect, not substantiated, not substantive document.

Shaul, moderator: All right. I believe I just heard that only one is to the best of Dr. Glatt's knowledge, is coming out and saying and warning their community not to. We have a short slideshow of a compilation of *gedolim*, of what we call great rabbis, leaders of community, who take the protection and providing for their communities very seriously, and for those folks who don't have the benefit of video I will do my best to read to you their names and their statements. Let's begin.

Dr. McCullough: You know, I'm a guest at another house, in another presentation, so I was wondering how much longer do you think? Can I tackle some questions now and then go ahead and sign off?

Shaul, moderator: I believe so. Let me see if we can bring Brian to submit some of the questions he's been accumulating.[6]

What is your advice for asthmatic and severe allergies related to taking the inoculation?

Dr. McCullough: Okay. Well, I'll take these medical questions and I'll let you finish with the religious part of it afterwards, so I can finish with the program here. But in brief, at this point in time, the vaccine is not generally recommended. So, an

[6] Moderator: I want to mention again that Brian, who has done a wonderful job at providing us the technical support that we needed to produce this event, and I would encourage everyone to consider going to wethepatriotsusa.org to contribute to the efforts both legal, technical, and otherwise, to help people establish informed consent.

asthmatic or doesn't really matter what the condition is, at this point in time the risks outweigh the benefit, the vaccines basically have failed, and they're not stopping the newer variants, so you shouldn't take the vaccine.

Shaul, moderator: Very good. Brian, next question.

How are we still giving this vaccine if there are so many deaths? How many more will happen? I'm not sure the second one's answerable, but can you give us info on the first?

Dr. McCullough: Well, what you're seeing is what's called malfeasance. Malfeasance is wrongdoing by those of authority. It's very hard to see, but the CDC and the FDA should have been giving monthly safety briefings, and they should have worked to make the program safe for Americans. Instead, they're letting the program go unbridled and Americans have suffered greatly, so you're seeing malfeasance. We don't know how long, it's going on but one of the reasons why we're having the symposium, the reason why we're having this meeting in Dallas, is that citizens are alarmed that there's been so much damage due to the vaccine and no one seems to, no one seems to be in control in shutting it down.

Shaul, moderator: Very good. … Do you see the medical community moving away from recommending the vaccine where recommendations will not be a majority opinion of doctors as currently stated?

Dr. McCullough: You know I don't see it right now. Just like the doctor who is presenting, foctors seem to be almost kind of brainwashed by the propaganda and they seem to be in a trance where they have a belief, that no matter what they see, the vaccine is still good. So I don't think the medical community is going to shut it down. I think it's going to be the will of the people

Shaul, moderator: Thank you. Next question.

Why are the rabbis saying to vaccinate, if so many people have died? Well, I don't think that's a Dr. McCullough question and I think we'll address that in just a few minutes. Is there anything you want to contribute on this topic as far as clergy involvement or should we move to the next?

Dr. McCullough: No, there's a great concern that the propaganda has really extended to clergy and people of religious positions, so there is an organization called Truth for Health that's largely working with the spiritual community to see if we can start opening up people's eyes to what's happening.

Shaul, moderator: Thank you.