

# The Courage to Face COVID-19

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✓ Fact Checked

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## STORY AT-A-GLANCE

- › John Leake, a true crime author, and Dr. Peter McCullough have written a new book, “The Courage to Face COVID-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex,” revealing the crimes perpetrated by the medical industrial complex against patients, doctors and the public at large
- › What we’ve seen during these COVID years is a reversion back to a pre-scientific era of immutable orthodoxy, much like the counter reformation in Europe during the Inquisition in the late 1500s and early 1600s. There was no due process then and there’s no due process now
- › The American Board of Internal Medicine is threatening to revoke McCullough’s certification — which essentially would shut down his ability to be employed — because in fair-balance he “made public statements that may lead to someone not taking a vaccine”
- › The U.S. Food and Drug Administration and the Centers for Disease Control and Prevention need to be held to account for their reckless public health decisions, but the real power base behind these COVID crimes, which must also be held to account, is the medical industrial complex — a conglomerate of international foundations, the Bill & Melinda Gates Foundation, The Rockefeller Foundation, the Wellcome Trust and the World Economic Forum
- › In order for there to be a reckoning, a sufficiently large portion of the population must demand accountability, stay on-task, and not allow themselves to be distracted by the latest “emergency,” whether real or fabricated

In this video, John Leake, a true crime author, and Dr. Peter McCullough discuss their new book, "[The Courage to Face COVID-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex](#)." As noted by McCullough, the focus of the book is not really COVID; it's about crime. It's about the crimes perpetrated against patients, doctors and others.

*"I have been stripped of virtually everything in my career because I've tried to help patients," McCullough says. "And most of the stripping occurred even before the vaccines came about.*

*This is astonishing. I'm the most published person in my field, in the world ... I have over 650 citations in the National Library of Medicine; over 1,000 publications on the interface between heart and kidney disease.*

*I've lectured at the New York Academy of Sciences, the FDA [U.S. Food and Drug Administration], the European Medicine Agency (EMA). I'm in the upper echelon of academic physicians in the world.*

*But because I innovated – I got an investigational new drug application, I got large grant funding, I devised ways of treating patients, I worked with others, I demonstrated that it works, I testified in the U.S. Senate, helped the White House the best I could when they reached out to me – because of that, I was stripped of my job as an academic physician.*

*Fortunately, I changed employers and kept my practice going. I've been stripped of two major editorships, two professorships. I've been stripped of every NIH committee, every Industry Clinical Trial Committee. And the unique thing about the stripping is, there's no courtesy call, there's no due process, no explanation.*

*Anything contractually that indicates due process is completely violated. No faculty senate, no board meetings or approvals. So, when it happens, it's simply, 'You're stripped off this activity that you've done, or position held in some cases, for decades.'"*

As noted by Leake, what we've seen during these COVID years is a reversion back to a pre-scientific era of immutable orthodoxy, much like the counter reformation in Europe during the Inquisition of the late 1500s and early 1600s.

There was no due process then and there's no due process now. Someone accused you of being in league with the devil, and you were summarily declared guilty and/or tortured until you agreed.

Today, we have federal agencies and Washington bureaucrats, none of whom has ever treated a COVID patient, deciding what doctors can and cannot do for a COVID patient, and going outside those recommendations is a heresy punishable by excommunication.

*"Fortunately, I'm not in the gallows somewhere, physically chained to a stake," McCullough says, "but I can tell you, what's going on is a form of cyber warfare, professional warfare."*

## **Professional Warfare**

May 26, 2022, McCullough received a letter, simultaneously sent to almost every doctor who has spoken out and tried to help COVID patients, including Drs. Pierre Kory, Paul Marik, Denise Sibley and others.

The letter was a notice of professional review. McCullough is board certified in both internal medicine and cardiology, and has maintained those licenses for four decades, with a perfect track record. The American Board of Internal Medicine is now threatening to revoke his certification. He goes on:

*"They are attacking one of the top people in medicine, and in the attack, it says 'You have made public statements that may lead to someone not taking a vaccine.' That's actually what's stated in the letter. So, this is under the pretext that people should be taking vaccines, that there shouldn't be any fair balance or any discussion on risk and benefits."*

*And they picked out five statements that I made under oath in the Texas Senate. Let me tell you what, when you give Senate testimony ... you raise your hand and [promise to] say the whole truth, nothing but the truth. And you're going to answer the questions to the best of your ability, which is what I did.*

*I am now in a process of professional reprisal for sworn statements under oath. This should be a warning to every nurse, every engineer, every lawyer, everybody who now is trying to help America or [is] involved in some process where statements made under oath can lead to professional attack.*

*Of course, I've done a response letter. I have evidence to cite every single statement made. Sen. Johnson stepped up and he called out the American Board and said, 'Listen, let's just meet about this. Let's have a round table discussion on the issues at hand.'*

*The American Board of Internal Medicine (ABIM) has stonewalled him. The Association of American Physicians & Surgeons has filed a lawsuit against ABIM [for] this act of professional reprisal. I'm publicly damaged by the American Board of Internal Medicine.*

*As we sit here today, the American Board of Internal Medicine says they're going to do a closed review. They will not let me attend my own meeting or even understand the discussions that take place. To my knowledge, not a single person on this credentialing committee is an expert on COVID-19. They don't have the expertise that I have on the problem at hand."*

At present, McCullough is in private practice in Dallas, Texas. However, in order to be able to be on call at the hospital, he must maintain staff privileges, and to do that, he must be board certified. Without board certification, he cannot work with insurance companies. So, being stripped of one or both certifications would have severe professional consequences.

Even if the ABIM doesn't go through with it, a certain amount of damage has already been done. "People's lives are in our hands and we must maintain the most forward-

facing, beyond-reproach status with our boards," he says. "I've now been permanently tarnished, no matter what comes out of this review."

## History Repeating Itself

Leake has long been fascinated by the tragic story of Dr. Ignaz Semmelweis, which ended up serving as a foundation for the story in "The Courage to Face COVID-19."

Semmelweis was a Hungarian physician working in the Vienna General Hospital's first obstetrical clinic. For some reason, the maternal mortality was three times higher in the doctors' wards compared to the midwives' wards, and around 1847, Semmelweis intuited that the lethal puerperal fever (childbed fever) that was killing these women might be related to the fact that the doctors also worked in the morgue.

*"He proposed that anatomy students wash their hands with chlorinated lime, and quickly, the incidence of fever in this maternity clinic dropped down to less than 1%," Leake says. "It was a staggering mortality rate prior to this procedure. I think it was up to 18% at one point ...*

*So, professor Semmelweis makes this observation — he actually does some pretty solid documentary statistical analysis of what he's observing — and how do the medical eminence of Europe react at this time?*

*They say, 'You're crazy. There's no basis for making this postulation for any of your conclusions. You're nuts.' And he loses his professorship and ultimately dies in an insane asylum. That always haunted me. He was later vindicated, as we know, but not without suffering a massive penalty.*

*I had this story in my head. I even thought about writing a screenplay about it. Fast forward, SARS-CoV-2 arrives, and I began to perceive that it's the same thing as the Semmelweis story. Our so-called purported authorities are imposing an orthodoxy, and anyone who questions the orthodoxy, like Dr. McCullough, is stripped [of their credentials].*

*So that's the basic drama of the story. Pioneering doctors who had the courage to actually treat COVID, to learn as fast as they could, as much as they could, and then to advocate for the treatment of COVID, and like Semmelweis were heavily persecuted. And so, it's a true crime story based on this medical drama. It's part true crime, part medical thriller."*

Leake interviewed a range of people for the book, to get their first-hand accounts. And, again, as stressed by McCullough, these stories reveal a crime — perhaps the biggest crime of all time.

## **Follow the Money**

As noted by Leake, financial incentives clearly played a role in the hospital massacres that occurred:

*"The Cares Act, signed into law, I believe on March 26, 2020, created all of this pandemic response money that was generated out of thin air by our government. Overnight, with the stroke of the keyboard, about \$2 trillion were created for pandemic response.*

*And people who were admitted to hospital, even if they just had a positive PCR test but were admitted for other symptoms, injuries or other illnesses, were coded as COVID patients. And there was of a host of financial incentives to hospitals for doing that. That alone was rather disturbing.*

*But what I found extremely disturbing was that the hospitals received a 20% bonus on the entire hospital bill if the hospital used Remdesivir. So, a massive financial incentive, and this was the guideline:*

*If the patient required supplemental oxygen, the hospital received a 20% bonus on the full hospital bill for administering Remdesivir, which is an emergency use authorization product, a patented product that had grave safety concerns, particularly with respect to kidney and liver damage.*

*Even the WHO concluded it should not be used on patients. Nevertheless, this perverse incentive remained for U.S. hospitals. I spoke with many nurses who said it was like a well-conducted, trained schedule. About day six or seven, the urine output started to diminish. There were clear signs of kidney damage from the administration of Remdesivir. So that was extremely disturbing.*

*The other thing was, patients or their families who read the FLCCC protocol or the McCullough protocol, and started requesting things like ivermectin – even things that had been around forever, extra strength aspirin ... to reduce thrombosis – even these things were denied to the hospitalized patients.*

*The families would beg, would plead, 'Please administer ivermectin.' Nothing else is being offered by the hospital's own admission. The patient is headed for the ventilator and is probably going to die, yet the hospitals and their hired gun attorneys would fight tooth and nail, even in the face of a court order, [against administering] some of these McCullough protocol drugs, in some cases, going to the extent of flouting a court order.*

*A judge would say, 'You have to administer ivermectin, extra strength aspirin, whatever it is that the patients are asking for,' in the hearing. The patient's family would get a court order, but the hospitals would still refuse to administer it.*

*I heard numerous stories in different jurisdictions, some in New York, some in Texas, in which nothing was offered to the patients – on the contrary, denied, denied, denied until the end. And the outcome was death for the patient."*

## **Immunity Provisions and Organized Crime**

To date, no hospital has been held to account for ignoring a court order. There have been no legal ramifications whatsoever, even when it resulted in death.

*"So, there's an element in this story that I think the American people need to awaken to. I'm down here in Mexico and people talk about Mexican corruption.*

*If you get pulled over by a cop, you might have to grease his palm. In the United States, our corruption, I think, is multiple orders of magnitude higher, namely, it's not that we disobey the law, we just change the law.*

*There's this rule by pharmaceutical industry lobbyists, who have deployed an army on Capitol Hill. We see it in the Cures Act of 2005, and in the Cares Act of 2016 – there are all of these blanket immunity provisions in these massive emergency statutes where, should there be, by the judgment of federal health agencies, a pandemic ... if the Department of Health and Human Services declares an emergency, then two things happen.*

*An immense amount of money is generated out of thin air and distributed to the bio-pharmaceutical complex. That's the first thing. The second thing is, any medical professional who is the recipient of these funds is granted immunity for using these emergency use products. So, great work, if you can get it.*

*You get filthy rich receiving federal funds, if an emergency is declared, and if the patient is injured, then you're fully indemnified. So, it's a massive, organized complex that has resulted in what I think the reader can only conclude is crime. It's criminal conduct."*

## **Predictions and Prognostications**

Right now, it appears we're in a lull. Few communities are in lockdown. Mask requirements are rare, and efforts to push for COVID job mandates have stalled. The question is, what's next? McCullough weighs in:

*"We have implicitly moved from a COVID zero aim, where we would get to zero cases, to a COVID inevitable situation where it's inevitable everyone's going to get it. The question is when. When the Spanish flu swept through the United States, there wasn't any of these things that we talk about, and it took about two years. It basically exhausted itself.*

*The goal of so many things was to slow the spread. And I think, probably the spread was slowed and we've actually prolonged the agony. COVID does appear to be inevitable. There may be a small fraction who are spared. When I do large public programs, thousands of people attend, and about 70% to 90% of people raise their hand and say they've had [COVID].*

*June 27, 2022, in the Texas Senate, the dean of the University of Texas School of Public Health in Houston presented data from a large sample using a high-grade research assay for exposure to SARS-CoV-2. The conclusion is 99% seroprevalence. Everyone's been exposed to this [virus].*

*Now it's just the issue of who's going to have, essentially, the manifestation of a common cold, or a little bit worse. The hospitals are empty. I can tell you at this point in time, the emergency is long gone. I think the emergency or any threat of overrunning the hospitals ended in January 2021.*

*Yet the administration has extended the emergency claim. There are still large employers that have not returned to the workplace ... What I predict will happen is, we will have multivalent COVID-19 vaccines in the fall, and then we're going to see a change in the messaging.*

*The messaging is going to be, 'Listen, the first-generation vaccines weren't so good, but now the new ones are so much better. Everybody has to take it' ... The claim will be made, 'You have to take the vaccine to prevent COVID from coming back.' Watch out for that."*

## **Why Variants Don't Need To Be Feared**

As for COVID-19, McCullough predicts there will be additional variants, and that they'll become progressively milder over time, becoming indistinguishable from the common cold, which rarely needs prescription drug intervention. Viricidal nasal washes can help reduce viral load in the nose and throat, and nutraceuticals and supplements can help speed recovery. My favorite go-to is [nebulized hydrogen peroxide](#).

If you've had COVID and are fretting about newer variants that have mutated to evade natural immunity – relax. If you haven't gotten the jab and get reinfected with the BA.5 or other variant, understand that this exposure essentially works like an "immunization booster" and will radically improve your immune response to future variants.

As noted by McCullough, we're now learning just how important it is to have an intact immune system to be able to respond to this virus and all its variants. What the gene therapy program has achieved is widespread immune imprinting, which basically directs the immune system to the wrong target once a new variant arises.

This is why most of the serious COVID infections are now occurring in those who have received one or more COVID jabs. In a nutshell, their immune systems have been compromised. The unvaccinated, on the other hand, their immune systems are well-equipped to handle variants, and if one slips through, it acts as a "booster" that reprograms the immune system to be alert to an even broader range of variants.

## **Will There Be a Reckoning?**

Without doubt, crimes have been committed. The question is, will anyone be held accountable for what they've done? Will anyone be held accountable for all the people killed and injured?

Leake points out that, historically, large-scale psyops such as this one typically leave the population in a confused and weary state where they're unable to hold leadership accountable. And, as long as new emergencies keep coming, everyone just forgets about the wrong that was done earlier.

*"We know from the financial crisis in 2008, we know in the invasion of Iraq under false pretenses, in 2003, there wasn't really any accountability. What seems to happen is, there will be a certain critical mass of growing awareness of what happened, but then we lurch on to the next emergency. And the public's attention is then distracted ..."*

*It seems the American people are constantly having our attention directed from one crisis to the next. So, I'm not particularly hopeful. We hope that people will read our book in its narrative form. I think it will enable people to understand what has happened for the last two and a half years, and we hope that with growing awareness, maybe there can be a reckoning."*

## **Who's Really in Charge of Our Health Policy?**

While individuals within U.S. health agencies such as the Food and Drug Administration and the Centers for Disease Control and Prevention clearly need to be held to account for their reckless public health decisions, international players – the medical industrial complex – need to be held to account as well. That's the real power base behind these COVID crimes. Leake explains:

*"The medical industrial complex is a group of international foundations, the Bill & Melinda Gates Foundation, The Rockefeller Foundation and the Wellcome Trust, working in close orchestration with the World Economic Forum in Switzerland.*

*These international foundations – and this is not a theory, this is well documented – have assiduously taken over and are now driving international health policy.*

*All you have to do is look at their own documents and you'll see that what they completely, 100%, favor as a response to any emerging infectious disease, whether it's real, perceived, exaggerated, made in a lab – it doesn't matter what it is and what the true threat posed by it is – it's always the same monolithic response: vaccine development and deployment.*

*And the thing that we have marveled at in our research is that this is completely out in the open. None of these principled players has tried to conceal their agenda. They openly speak about it. They do pandemic planning simulations that are videoed and released to the world.*

*They have business plans that they circulate on the internet to prospective investors and their vaccine development programs. This is all just plainly out in the open. We know who is driving this. We know they are immensely well-capitalized and connected to the media, the pharmaceutical industry and the pharmaceutical lobbying industry in Washington. They're the ones that are driving this policy."*

## **Prepare, Prepare, Prepare**

The British National Health Service has already announced it's planning for the "biggest vaccination drive in history" come this fall.<sup>1</sup> The nations of the world are working in lockstep, so be prepared for a massive vaccination campaign after the U.S. midterms.

If you suspect your employer might impose a vaccine mandate, start looking for a new job now, to insulate yourself from unnecessary stress. So many have lost their lives by giving in to coercion. So, situate yourself in such a way that you don't have to submit to it.

*"I completely agree," McCullough says. "A method of staying healthy is to not take injections of the genetic code for the lethal Wuhan spike protein that was devised in a bio-security lab in China. Keep the foreign genetic material out of your body.*

*I think people should look at their vulnerabilities with respect to their investments, their civil liberties, their personal relationships. Things could get pretty rough this fall. There's no doubt about it. There seems to be no protection of civil liberties at this point in time. Freedom of speech is gone; due process is gone."*

Also, take steps to improve your overall health. In July 2022, the Journal of the American College of Cardiology<sup>2</sup> posted an update on the metabolic fitness or flexibility of the American population.

Previously, 88% were metabolically unfit. Now it's over 93%. Metabolic fitness includes things like blood glucose and blood sugar, blood pressure and weight. This means 14 out of 15 Americans could benefit from improving their metabolic health. Diet can also make a tremendous difference. McCullough comments:

*"There's a very good paper that specifically analyzed diet and categorized diet in a continuum from very healthy to very unhealthy, and those who had the healthiest diets had the lowest frequency of SARS-CoV-2 and the lowest risk of hospitalization and death.*

*That's a prospective cohort, well-done study. So, it's about survival of the fittest. If there's anything we've learned with SARS-CoV-2, it's that there's an opportunity for health redemption. Now's the time to get on the healthy train."*

In closing, be sure to pick up a copy of "[The Courage to Face COVID-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex](#)." It's a real page-turner. Leake has done a magnificent job of threading all the stories together, such that it reads like a novel while still being highly informative.

## Sources and References

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- <sup>1</sup> [Mark Crispin Miller Substack August 13, 2022](#)
- <sup>2</sup> [Journal of the American College of Cardiology July 2022; 80\(2\): 138-151](#)