

The Courage to Face COVID-19

A Special Interview With John Leake and Dr. Peter McCullough

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. Dr. Mercola helping you take control of your health, and today we are about to embark on a journey for a new book on COVID-19, I believe it's "The Courage to Face COVID-19," is that right John?

John Leake:

Yes, sir. "The Courage to Face COVID-19," subtitle, "Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex."

Dr. Joseph Mercola:

Perfect. You just heard from John Leake, who is one of the co-authors who you probably haven't heard of before, but you have heard of the other co-author, which is Dr. Peter McCullough. One of the true leaders in the fight to battle the narrative that the global tyranny has put together to essentially enslave us and it was interesting because John has recently picked up this interest and wanted to write something.

And little to his knowledge, it turns out Dr. McCullough is his neighbor, literally a few minutes away from his house. So, they're essentially almost neighbors and they collaborated and wrote this book earlier this year. So, we're in for a real treat. Why? Because I've read the book and it's good. John is, as he'll explain shortly, is a really good writer.

Dr. Joseph Mercola:

I've read a lot of books on COVID-19, but most of them tend to be detailed and specifics and it's just difficult to continue to engage your interest. But John writes nonfiction novels, I think is the way he describes it. And because of that, he creates this story thread throughout the whole thing, which engages you, and really, it's just so much easier to digest that information through the story structure. And so, I really appreciated the ease of which was to read and I think you would love it too. So, welcome John and Peter, appreciate you joining us today.

John Leake:

Thank you for having us Dr. Mercola.

Dr. Peter McCullough:

That's a pleasure.

Dr. Joseph Mercola:

Yeah. So, Peter, maybe it might be nice just to get a catch up before we dive into the book where you're at with your status because you've been really targeted by a wide variety of agencies,

including – from what I understand your license still holds, but the board of internal medicine is going after your accreditation as is Dr. Pierre Kory and Dr. Paul Marik.

Dr. Peter McCullough:

Yeah. So let me say, I'm a practicing internist in cardiologist in Dallas, Texas, I'm in practice now, I always have been. And I've been battling diseases, I shouldn't be battling the bio-pharmaceutical complex, but in our book, "Courage to Face COVID-19," it's really not a COVID book. It's a book about a crime and it's a book about what's happened to patients, doctors, others in our circle. And in the chapter in the book Dr. Mercola, the name of the chapter's called "The Stripping."

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

Dr. Joseph Mercola:

Yeah.

Dr. Peter McCullough:

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

Dr. Peter McCullough:

I've lectured at the New York Academy of Sciences, the FDA (Food and Drug Administration), the European medicine agencies, I'm in the upper echelon of academic physicians in the world. But because I innovated, I got investigation in new drug applications, I got large grants, 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.

Dr. Peter McCullough:

Fortunately, I changed practices and kept my practice going. And then I'd been stripped of two major editorships, two professorships. I've been stripped of every NIH (National Institutes of Health) committee, every Industry Clinical Trial Committee. And the unique things about the stripping is, there's no courtesy call, there's no due process. Anything contractually that indicates due process is completely violated. No faculty Senate, no explanation. So, when it happens there's not even an explanation, it's simply, "You're stripped off this activity that you've done," in some cases for decades.

Dr. Joseph Mercola:

And most importantly, there's no due process, which is just shocking, as you mentioned.

John Leake:

I compare this from a historic perspective to the counter Reformation in Europe, the Holy Office of the Inquisition. If the Holy Office of the Inquisition deemed you guilty or under suspicion for heresy, you simply received notice from the Holy Office, a sort of subpoena, or you were simply arrested and there wasn't due process. There were these trials by torture and you would be examined by a kangaroo court. And if you were found guilty of heresy, you could be exiled, you could even be burned at the stake.

John Leake:

And that's obviously a very exaggerated form of this, but I see a reversion back to a pre-Scientific Revolution era of orthodoxy being imposed. And in this case, by federal agencies in Washington, as we discussed in our book, none of these people had any experience treating COVID-19. They'd never listened to the lungs of someone with pulmonary involvement from COVID-19, they'd never had any contact with COVID-19 patients. And yet they were handing this orthodoxy down from on high. And if a doctor like Dr. McCullough questioned this, then he would be stripped of his professorships and ranking position at an academic medical institution.

Dr. Joseph Mercola:

And what year did that occur if you could remind us?

Dr. Peter McCullough:

The very first sets of-

Dr. Joseph Mercola:

No. I know what year this is, but I'm the counter Reformation that John was referring to?

John Leake:

Well, it was after Martin Luther posted his [95] Theses in which he challenged what was going on in the church. I think the height of the counter Reformation was the early 17th century.

Dr. Joseph Mercola:

Yeah. So 1650 or so? Okay so, 600 years ago, almost?

John Leake:

There're two really notable cases of guys who the Holy Office really came after, then there's, Giordano Bruno who was burned on the Campo de' Fiori in Rome. And by the way, there's a monument to him now, so he was vindicated. He was burned at the stake. I believe in, don't quote me on this, but I want to say 1517. And then there was Galileo Galilei who, about a century later, was placed under house arrest for the last 11 years of their lives. And both of them for writing and talking about the Copernican model of the cosmos where the earth and the other planets are going around the sun.

As distinct from the Ptolemaic, which was the earth, is the center of things. Well, these guys were just scholars following the truth of their observations. And Galileo, I think he was

vindicated 400 years later. I think Pope John Paul II came out and said, "Well, we're sorry about what we did to Galileo." So, I'm hoping that Dr. McCullough's vindication will not be 400 years from now.

Dr. Joseph Mercola:

No.

John Leake:

But perhaps coming soon.

Dr. Joseph Mercola:

Yeah. I'm quite confident of that because significantly large percentage of the population is starting to wake up. And I think that is most clearly exemplified by the number of parents who have chosen to jab their 6-month-old to 5-year-old child. I think we're low single digits across the whole country so that is encouraging news. People are starting to wake up. So, Peter, why don't you, I guess, expand on what we were just discussing with respect to where they're at with the American boards before John so clearly gave a marvelous analogy of what happened in the 1600s to what's happening today?

Dr. Peter McCullough:

It's true. It's just fortunately, I'm not in the gallows somewhere, physically chained to a stake, but I can tell you what's going on is a form of cyberwarfare, professional warfare. And I received on May 26th, a letter, and it was simultaneously sent to almost every doctor who's spoken out and tried to help patients with COVID-19 myself, Pierre Kory, Paul Marik, Denise Sibley, people who've testified under oath on the pandemic response. We were hit. And I was notified of a professional review that I was actually in trouble. And I maintain my boards in both internal medicine and cardiology consistently. I'm in my fourth decade of doing so, I have a perfect track record. And some of the board exams rely on my research that I've published.

Dr. Peter McCullough:

I can tell you, 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 go and give Senate testimony, I've done twice in the U.S. Senate, multiple state senates, you raise your hand and say, "the whole truth, nothing but the truth." And you're going to answer the questions to the best of one's ability, which is what I did. And now that 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 being involved in some process where statements made under oath can lead to professional attack.

Dr. Peter McCullough:

Of course, I've done a response letter. I have evidence to cite every single statement made. Senator Johnson stepped up and he called out the American Board and said, "Hey, listen, let's just meet about this. Let's have a roundtable discussion on the issues at hand." The American Board of Internal Medicine (ABIM) has stonewalled him. The Association of American Physicians and Surgeons has filed a lawsuit against ABIM in this act of professional reprisal and damage. I'm publicly damaged by the ABIM. And as we sit here today, ABIM 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.

Dr. Joseph Mercola:

So, just from a logistical issue that I'm wondering if you could comment on the fact that it appears to me that certification, especially in the context of your new career really doesn't mean much because you can still practice medicine in your state, you're legally licensed, so it doesn't impair your ability to practice. I would think it appears to your ability to participate in certain professional organizations or hospitals, but you're not doing that.

Dr. Peter McCullough:

Well, no, to clarify, I'm in practice, I am in a large private practice in Dallas, Texas [inaudible 00:13:34].

Dr. Joseph Mercola:

But they don't need your board certification?

Dr. Peter McCullough:

No, they do. Listen-

Dr. Joseph Mercola:

They do?

Dr. Peter McCullough:

-I have to maintain staff privileges to be on call at the hospital.

Dr. Joseph Mercola:

Wow.

Dr. Peter McCullough:

So, I have to maintain my staff privileges by being continuously board-certified in order to participate with insurance companies, I have to be board-certified. So, no, this clearly has severe professional consequences to me. And I think everybody listening to this must understand that doctors are the most heavily vetted of any professional activity. And rightly so, because people's lives are in our hands and we must maintain the most forward-facing, beyond-reproach status

with our boards. And I've been now permanently tarnished, no matter what comes out of this review.

Dr. Joseph Mercola:

Yeah. Well, I hope it goes well because you certainly don't deserve this, but taking the brunt of the discrediting campaign. John, maybe we can circle back to how you started writing the book and explore some of the way that your thought process on it and putting it together.

John Leake:

Yes, sir. Well, as I mentioned, I come out of a true crime background. I lived in Vienna, Austria for about 15 years. Through my first book, got very interested in forensic medicine and actually, spent quite a bit of time at the [Center for] Forensic Medicine, where I did some translation work for a pathologist. And I was always haunted by this historic figure who has a strong connection with the [Center for] Forensic Medicine, a guy named professor Ignaz Semmelweis. This is in the year 1847 I believe, he makes this observation, that anatomy students who are performing dissections at the Vienna Institute are then going onto a maternity clinic and performing gynecological examinations of pregnant women.

And he begins to postulate well, "I wonder if they wash their hands with chlorinated lime, if perhaps that could prevent what he suspected was the transfer of corruption from the cadavers to the pregnant women, which was in turn causing what they called childbed fever." I believe the medical clinical name for that is puerperal fever.

Dr. Joseph Mercola:

Puerperal.

John Leake:

And he thought, "Well, it's just an observation, but let's give it a shot." So, he proposed that the anatomy students washed their hands with chlorinated lime, and quickly, the incidence of fever in this maternity clinic dropped down to less than 1%. It was a staggering mortality rate prior to this procedure. I think it was up to 18% at one point. Women didn't even want to be admitted to this clinic because the word spread that if you go there, you're going to die right after your child is born.

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.

John Leake:

So anyway, sorry for the long detour in history, but that always haunted me, the Semmelweis story. He was later vindicated, as we know. It was a pioneering observation and the germ theory of medicine. So, he was vindicated, 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.

John Leake:

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, and as much as they could, and then to advocate for the treatment of COVID like professor Semmelweis in Vienna were heavily persecuted. And so, it's a true crime story based on this medical drama. It's part true crime story, part medical thriller.

Dr. Joseph Mercola:

Yeah. Which is why it's such a good read. You did a magnificent job of compiling that. So, kudos to you for that.

John Leake:

Thanks.

Dr. Joseph Mercola:

So, Peter, would you like to give your perspective on putting that book together and how it was for you and what you perceive as some of the highlights are?

Dr. Peter McCullough:

Well, it's the first time I've been an author of a popular book, and I can tell you, I have deep respect for the whole authoring and publication process. It took a year. It took a year of John, interviewed people, he flew to different locations, interviewed people. We brought people to Dallas. We wanted to hear firsthand and not get it second and third hand what happened. It's an international story. It brings in Dr. Didier Raoult from France, the most celebrated microbiologist in history and his work in Marseille, where he opened up field hospitals, certainly myself and what happened?

“How did I respond when my dad got COVID? Was I going to follow the government narrative and let the virus slaughter my own father?” These types of stories are gripping. We have some in hospital stories of what happened. People who gave firsthand account, John met them personally and interviewed them.

Dr. Peter McCullough:

And anybody who picks up this book, who's been touched by this virus is going to be able to relate to this, is very important. What's going on is a crime, it's maybe the crime of all time. And it's such a complex reality that people for the first time are understanding our government and our agencies, and even our hospitals, our health systems, and our doctors are not acting in our best interest. And that complex reality is so difficult to come to grips with. The only way to do it is to read a story, to read a narrative and come to your own conclusion.

Dr. Joseph Mercola:

So, it was really great story with your dad and how you got him through that. But I'm wondering since the book was written, how's your dad doing now?

Dr. Peter McCullough:

He's doing great. My dad's in senior living, he's never taken a vaccine. He's been the victim of lockdown after lockdown. He's already had the virus. We know now that if one's had the virus, you can get it a second time. But if it is it's characteristically mild. Paper by [Hiam] Chemaitelly, Ph.D., and colleague shows 97% protection against hospitalization and death if you've had prior COVID, which he did, but still he's been forced to wear a mask, have meals in his room, be in solitary confinement. I'm telling you, for someone with cognitive impairment-

Dr. Joseph Mercola:

Not a good strategy, right?

Dr. Peter McCullough:

-this is absolute torture.

Dr. Joseph Mercola:

Yeah.

Dr. Peter McCullough:

My mom is in the same facility and my mom many times can't see my father. So, the victimization occurs. Fortunately, yes, we broke through and we got early treatment. Sadly, other people didn't, they were hospitalized or lost their lives, but the suffering through the pandemic response measures is immeasurable.

Dr. Joseph Mercola:

Yeah. I want to get to John in a moment about some of those stories, but I want to have another question for you, a scientific one, which relates to the re-exposure of the COVID variants, specifically the BA.5 and the future ones to come. It's my view and understanding, I just wanted you to comment on this. When you get this exposure, if you're not jabbed and you're essentially non-jabbed, that is the authentic, real deal booster that will radically continue to improve your immune response to not only that infection, but future variants?

Dr. Peter McCullough:

That's exactly right. It turns out that we need an intact immune system that's unperturbed to be able to respond to the virus and its variants. And in two papers, one by Aditi, the other one by Wheatley in 2021, the titles of the papers have the term, immune imprinting. And what that means is because of mass vaccination and vaccination that's narrow, directed immune response against an extinct spike protein, the body's immune system every six months is redirected against the wrong target.

So, when an infection does happen, it basically hits somebody from the flank and creates more severe disease. And so that's the reason why we see the vaccinated having longer durations of illness, higher risks of hospitalizations and deaths than the unvaccinated. Unfortunately, it's a mild illness. It's far milder than it used to be.

Dr. Joseph Mercola:

Yeah, it's [crosstalk 00:23:38].

Dr. Peter McCullough:

But it's a disadvantage now to have taken one of the vaccines.

Dr. Joseph Mercola:

So, another term for immune imprinting is original antigenic sin. And I'm wondering if those are the same physiological process that we were concerned about at the beginning or prior to the jabs, which is antibody-dependent enhancement, is that the same or are they different?

Dr. Peter McCullough:

I think they're separate terms. Antibiotic dependent enhancement suggested that the vaccines could backfire as it has with some other vaccines, dengue fever and others. And what that means is that in fact, the vaccines make the syndrome more virulent and more pathogenic. And it's largely because of the antibodies that bind basically to the Fc fragment of the receptor, the antibodies that are trying to field the virus. And we actually pull more virus into the system. There is a paper, a Chinese paper by, I believe the first author is Wang, that actually theoretically propose that if we saw that on a mass scale, we would be seeing large numbers of people vaccinated dying of acute COVID-19. We're not seeing that. I know people have said sooner or later it's going to happen, thankfully, I think it's progressively more mild. But this idea that the immune system is being distracted and people are having longer illnesses, boy, you can't have two better examples than NIAID (National Institute of Allergy and Infectious Diseases) director Anthony Fauci and our president Biden.

Dr. Joseph Mercola:

Yeah, I couldn't agree more. All right, John, thank you for the indulgence in addressing some of the science with Peter. So, I would really be interested in you sharing some of the highlights of these hospital stories because you do such a great job of providing the story and with that thread exposing some of the fraud behind what's been going on.

John Leake:

The thing that I found completely astonishing was on one hand, you had our federal agencies with this statute, the CARES (Coronavirus Aid, Relief, and Economic Security) Act, which was signed into law, I believe on March the 26th, 2020, the CARES Act created all of this pandemic response money that was generated out of thin air by our government.

I think, overnight, with the stroke of the keyboard about a trillion dollars were created as pandemic response. And people who were admitted to hospital, who even if they just had a positive PCR test, but were admitted for other symptoms, injuries or other illnesses, they were

coded as COVID patients. And there was of a host of financial incentives to hospitals for doing that. So, that alone was rather disturbing.

John Leake:

But what I found extremely disturbing was the hospitals received a 20% bonus. That is 20% of the entire hospital bill was paid to the hospital, if the hospital used Remdesivir to treat the patient. So a massive financial incentive and this was the guideline, if the patient required supplemental oxygen or was deemed to require 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 (World Health Organization) concluded, this should not be used on patients.

John Leake:

Nevertheless, this perverse incentive remained for U.S. hospitals to continue administering Remdesivir. I spoke with many nurses who said it was like a well-conducted train 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.

John Leake:

The other thing was patients or their families who read the FLCCC (Front Line COVID-19 Critical Care) protocol or the McCullough protocol, then started requesting things like ivermectin, even things that had been around forever, extra strength aspirin. This was something that Dr. McCullough recommended in his protocol for hospitalized patients, 325 milligrams of 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 not going to die, and yet the hospitals and their hired gun attorneys would fight tooth and nail, even in the face of a court order to administer some of these McCullough protocol drugs, in some cases, going to the extent of flouting a court order.

John Leake:

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. So, 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.

Dr. Joseph Mercola:

Was there ever a consequence for ignoring the court order?

John Leake:

No. On the contrary, I spoke with an attorney, she herself was a judge, a former judge in New York state named Beth Parlato. And she told me just horrifying stories of hospitals refusing to obey a court order issued by a judge and no consequences, none. It was almost at a certain point, there was one particular hospital in the Buffalo area, the attorney of which realized these court orders, they have no teeth, we will literally conduct ourselves in utter contempt of court and there will be no consequences.

Dr. Joseph Mercola:

Even if the result of ignoring the court order results in the death?

John Leake:

Was death. So, there 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 and if you get pulled over by a cop, you might have to grease his palm. In the United States, our corruption, I think, is an entirely multiple scales of magnitude higher, namely, it's not that we disobey the law, we just change the law.

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 that are included in these massive emergency statutes where, should there be by the judgment of federal health agencies, a pandemic, should an emerging infectious disease come to our shores, if the Department of Health and Human Services (HHS) declares this in emergency, then two things happen.

John Leake:

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 of immunity. 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.

Dr. Joseph Mercola:

It's reprehensible, criminal content.

John Leake:

It is. I think that particularly as we get into the second half of this, Dr. McCullough and I are working on a book now about these mandatory vaccine products, I think ultimately humanity will realize that particularly within the context of peace time, it's not an occupying army in Poland, the German army occupies Poland in the years 1939 to early [19]40s, where all just massive crime is committed within the context of a military occupation. This isn't the army, this isn't rogue police units. This is our elected officials that are committing a massive crime against

the citizenry. And I think it will go down in history as the greatest crime against humanity that has been documented that we've witnessed.

Dr. Joseph Mercola:

I couldn't agree more up to this point. What we don't know is what's coming in the future. It can make this look like small potatoes. I'm afraid we're in a lull now. Actually, let's get back to Peter. What is your take on the current state? Because as I mentioned, we're in a lull. Most communities don't have lockdowns. They don't have mask requirements, and it doesn't appear that they're progressing in the implementation of COVID jabs for requirements other than what they've already done. So, what's your take on where we're at and what's going to happen in the near future?

Dr. Peter McCullough:

What I've observed is, I think from a government public health agency, 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 and the question is, when? When the Spanish flu swept through the United States, there wasn't any of these things that we talked about. And it took about two years. It basically exhausted itself.

The goals of so many things was to slow the spread. And I think probably the spread was slowed and we've actually prolonged the agony of this. COVID does appear to be inevitable. There may be a small fraction who are spared. When I do large public programs now, thousands of people attend. And I asked the question as I did last night, about 70 to 90% of people raise their hand and they say, they've had it.

Dr. Peter McCullough:

Recently in June 27th, 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% zero prevalence. Everyone's been exposed to this thing right now. 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 has been long gone.

I think the emergency or any threat of overrun, the hospitals ended in January of 2021. Yet the administration has extended the emergency claim. There are still large employers that have not returned to the workplace. And so the absurdity is, workers are not going into these empty offices. They're doing Webex at home, and then they go out to crowded restaurants and bars at night into the usual nightlife.

Dr. Peter McCullough:

The absurdity now extends on. What I predict was going to 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, and Deborah Burkes, by the way, former COVID task force member has already come out and said, "Listen, oh, we knew the original vaccines weren't going to work." The new 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." And the reason why everybody has to take it with these new improved vaccines, without any proof, without any clinical trials, the claim will be made, "You have to take the vaccines to prevent COVID from coming back." Watch out for that.

Dr. Joseph Mercola:

So, it's been speculated that the emergency authorization will be extended until the midterm elections in November. So, still a few months away. So, these new vaccines of course, could be released under that authorization. But at some point there is no emergency. I guess they could continue to do it. It's just one of the additional crimes they're continuing to commit. But it's-

John Leake:

I think this is analogous to a mafia protection racket. We have a new product and in order to retain your job or to go to school or to accept your scholarship benefit at a university or your job as a pilot for an airline or whatever it may be, you have to receive this injection. And our friends in government have assumed responsibility for the research and development money, they pre-purchased the product, they've indemnified us of liability, so you have to get it courtesy of the U.S. government paying for it. And if you get injured, then we're indemnified of liability. I don't see this as any different from a mafia protection racket. No one would buy a new product under those terms unless they're being forced to.

John Leake:

Dr. McCullough was talking about it earlier, a new car with a new safe – the disc brakes are made out of ceramic or something. It's a new experimental material. And then you pull it off the parking lot, it's really fast, it's really sexy. You get a date straight off of the parking lot, but then the brakes fail and you crash and burn. Well, this would only have to happen a couple of times before there's a product recall. And you can bet that the manufacturer is going to be held liable for his product. We are now in this new Twilight Zone. I sometimes think Rod Sterling could narrate this where suddenly all of the rules have been turned on their head.

Dr. Joseph Mercola:

So, what's your projection for what's coming next? It is just hard to imagine that they've been able to get away with as much as they did, but they've done it. It's [inaudible 00:40:43]. The facts speak for themselves. The reprehensible actions that they've committed in the crimes are just shocking and the people they've killed. So, what's your best guess from your analysis and diving deep in this, and obviously taking a sincere interest in it?

John Leake:

Well, I think things of this scale are very characteristic. We were talking about this earlier of massive propaganda, massive what I would call a PSYOP. And we know from history that when a population is absolutely bombarded with propaganda, something like an organized psychological operation is being performed on the public. It is very difficult for the citizenry to work through this and to hold our leadership accountable. We know from the financial crisis in 2008. Well, we know in the invasion of Iraq, under false pretenses in 2003, we know 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 to the next emergency. And the public's attention has then distracted.

John Leake:

I remember when this attorney, Beth Parlato, who's been a COVID treatment advocate, she said, it was, I guess, in spring of this year, she said, "My phone has quit ringing. I feel like my practice seems to be winding down." I remember telling her in the phone call, "Well, you just wait, right as this crisis winds down, you can almost be damn sure that there's going to be another crisis that directs our attention somewhere else, probably abroad." And I think two days later, Russia invaded Ukraine, and there wasn't really any serious effort to diffuse that crisis between Russia and Ukraine that had been fomenting and growing tensions for many, many years, going back to 2014.

John Leake:

So, it seems that we, the American people are constantly having our attention directed from one crisis to the next. Peter has talked about this with monkeypox. It's like, suddenly monkeypox is emerging. So, I'm pessimistic. I'm sorry. That was a long-winded way of saying 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.

Dr. Joseph Mercola:

Okay. Peter, pretty much a similar question, but more from a medical perspective, obviously things are going to be changing, we've got the monkeypox initiative essentially, where Tedros [Adhanom Ghebreyesus] has declared a worldwide pandemic response or emergency, I guess, and then Biden followed within the next week, which was I think last week, but it is difficult to proceed that to escalating what it did with SARS-CoV-2, but certainly the variant issue that you alluded to earlier and the new vaccines that are coming out.

So, I'm wondering if you could paint a picture for us and give us your best recommendation on how to prepare ourselves for the immediate future, this fall or winter, and what we should expect, and what's the best action? Obviously, the strongest recommendation is just don't get any jab because these things are untested and they're the furthest things from safe that could be.

Dr. Peter McCullough:

Well, let's take the viral infection first. I anticipate there will be more variants. They'll progressively become more mild, like the common cold, indistinguishable from the common cold. What I've learned here is that there's very little need for prescription drugs. We can use virucidal, nasal washes, a variety of things work to reduce viral load in the nose and the throat, and then nutraceuticals and supplements and we're good there. So, I think the virus itself will be so easily managed, I don't see a compelling reason to do testing. And I think the government actually sent every household a bunch of tests, I think, to gin up the numbers and gin up the fear. But the best course of action-

Dr. Joseph Mercola:

Suppose they sent, did you get a test? I never got a test?

Dr. Peter McCullough:

I got 15 of them.

Dr. Joseph Mercola:

15?

Dr. Peter McCullough:

Yeah.

Dr. Joseph Mercola:

They must love you.

Dr. Peter McCullough:

They just arrived. And so many of my patients and others did too. So, the point is, you're probably off the grid, I'm not. But I think the best course of action is, when someone's already had it, you've been through it, that's the most important factor. If there's nothing else in the clinical history, no more testing, just behave like you've had a common cold, be prudent.

Dr. Joseph Mercola:

Do you perceive there's going to be this aggressive propaganda campaign to convince us to get this, or even some type of a coercion to get it?

Dr. Peter McCullough:

Yeah.

Dr. Joseph Mercola:

What's your prediction on the coercion? What do you think that'll look like?

Dr. Peter McCullough:

I think the coercion now is I think when the cases are low and it's indistinguishable from the common cold, there will be a messaging that say, "Listen, do you remember how bad COVID was? People lost their lives. Now everybody has to take one of the new improved vaccines." So, I think there's going to be a wave of school mandates, employer mandates, of course it's going to be varied, but a New York Times piece about two months ago, indicated that a third of America is either not taking the vaccine or they're not going to take a booster.

The CDC (Centers for Disease Control and Prevention) says "Overall, there's only 18% unvaccinated in the United States." Very few over the age of 65 by the way, something like 98% of people over 65 have taken the vaccine. I think America has basically had their fill of this vaccine. And there's going to be more and more resistance, more and more discord.

Dr. Peter McCullough:

And I agree with John, this introduction of a new problem, like monkeypox and declaring it a worldwide and national emergency. We're at 7,000 cases in the human-to-human transfers, clearly taken on a sexually transmitted disease mode; 98% in gay or bisexual men; 95% transmission is by gay sex or male on male sex; 41% have HIV and the immediate response is vaccination. The Bavarian Nordic Jynneos vaccine, a double stranded live attenuated vaccine which shouldn't be used in HIV and shockingly in the briefing booklet over 7,000 patients, it's never prevented a single case of monkeypox or smallpox. It has only been advanced based on antibody rises.

Dr. Peter McCullough:

There's an 18% rate of inferred cardiac injury with these vaccines and the highest in those who have concurrent HIV or those who have previously taken a smallpox vaccine. So I can tell you monkeypox and mass vaccination is heading for a disaster. The good news on monkeypox is, we have a very effective drug called Tpoxx or tecovirimat. We treat patients at home. Hospitalization is only needed if there's oral or anal pain, no U.S. deaths. This is a complete overreaction. And we just heard now, after SARS-CoV-2 and monkeypox, basically, the foreshadowing of announcing a climate national emergency.

Dr. Joseph Mercola:

Well, it's interesting. I didn't realize that for the monkeypox vaccine, they were using the justification. The only justification is the raise in antibody levels, which is curiously very similar to the only clinical justification they could offer for proving the jab in the 6-months-old to 5-year-old, because there was no clinical benefit in the trials, zero, none.

Dr. Peter McCullough:

Well now they've suspended clinical trials. So now for SARS-CoV-2, going forward, it's just going to be immuno-bridging sites, basically showing antibody responses. And I can tell you as a clinical scientist and a principal investigator, antibodies are an insufficient surrogate. They are not a valid surrogate for protecting somebody against disease.

Dr. Joseph Mercola:

There's got to be loads of studies that support that assertion. Why aren't they being used to knock a giant hole in their argument as justification for implementing this?

Dr. Peter McCullough:

Because the pharmaceutical companies-

Dr. Joseph Mercola:

Oh yeah. Okay. Of course. The drug companies.

Dr. Peter McCullough:

The pharmaceutical companies, the CDC, the NIH (National Institutes of Health), the worldwide governments, they're all aligned. They actually don't want any clinical data. The only thing they

want that's clear is they want a needle in every arm, every six months for every single human being down to a 6-month-old baby, their communication has been very clear. There's no exceptions. There is absolutely no exceptions. One can have a fatal contraindication and no one cares, the employer doesn't care, the military doesn't care, the school doesn't care. People should ask the question, "Why don't people care? Why don't people care that someone has an absolute contraindication to a medicine or a vaccine?"

Dr. Joseph Mercola:

One more question, John, is there any other country other than the United States that has approved the jab for 6-months-old to five years? Is there?

Dr. Peter McCullough:

I'd have to research that, but I have a general understanding that other countries are actually following suit.

Dr. Joseph Mercola:

They are. Okay.

Dr. Peter McCullough:

One of the things that's notable is the lack of consistency. The lack of consistency. So, the fact that things are the same virus everywhere, how come the governments aren't consistent on this from country to country?

Dr. Joseph Mercola:

So, John, I'm sorry, go ahead.

John Leake:

I was just going to say, we should be clear on who is driving this ship. And this is one of the things that we go into in our book. We call it the bio-pharmaceutical complex. Where actually, that's an analog to Eisenhower's warning of the undue rise of the military-industrial complex.

Dr. Joseph Mercola:

Or the medical-industrial complex.

John Leake:

Or the medical industrial complex. And this is a group of international foundations, the Bill and Melinda Gates Foundation and the Rockefeller Foundation, and the Wellcome Trust working in close orchestration with the World Economic Forum in Switzerland. These guys, this is not a theory, this is well-documented, and there have been multiple international observers to have drawn the same conclusion. These international foundations have very assiduously taken over and are now driving international health policy.

And 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 actually is, and what the true threat posed by it is, it's always the same monolithic response: vaccine development and deployment.

John Leake:

And the thing that we have marveled at in our research is this is completely out in the open. None of these principled players have 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 and the pharmaceutical industry and the pharmaceutical lobbying industry in Washington. They're the ones that are driving this policy.

Dr. Joseph Mercola:

What's your best guess on how to prepare for what's coming up in the fall? Obviously not to get the vaccine or any derivative of it, the new variant strains that are coming out, which I don't even think have BA.5, but just Omicron?

Dr. Peter McCullough:

Yeah. I think people need to assess their vulnerabilities. Are they in a larger employer best likely to roll out a new, vaccinate-everyone, no-exemption type of approach, or are they entrepreneurial and control their own destiny? 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.

Dr. Joseph Mercola:

It would seem we need to learn from what just happened. So, like you said, if you're evaluating your personal circumstances and you're at risk from your employer imposing a mandate, well, that may be a signal that you need to quit and find a new job or do something different. At least you'll be alive. So many people have lost their lives through coercion to take this job and they die. So what does it matter if you get your retirement? What does it matter if you have a paycheck? The key is to stay alive and in taking that job is going to increase your risk. So, it seemed to me that's part of the baseline strategy. You just got to be in a circumstance where you don't have to submit to it.

Dr. Peter McCullough:

I completely agree. 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 Wuhan, China. Think about this – keep the foreign genetic material out of your body.

Dr. Joseph Mercola:

It's hard to say it simpler than that. But thank you for reminding us that this is a bioweapon. We should never put it in our body. And if we have already, well, that's sad, but it's not an excuse to continue with the insanity. So, and we've got to get healthy too, we're approaching the middle of

the summer, we're coming in to fall pretty soon, but just getting out in the sunshine is one of the most powerful strategies you can do. And it doesn't cost anything.

You have to take your shirt off, or at least wear a sports bra if you're a woman and wear shorts, but getting the sun around solar noon, which is about 1:00 o'clock is one of the most powerful things you can do, because not only will it improve your vitamin D levels, but it increases subcellular or mitochondrial melatonin, and which is a really potent antioxidant to reduce oxidative stress overall in your body and increases testosterone, nitric oxide, serotonin, all good things that doesn't cost a penny, and you won't be able to do this in the winter. So now's the time to do it.

Dr. Peter McCullough:

Good point.

John Leake:

Yeah. I've followed your endeavors and encouraging general health, like what you just said, and this is another thing that we marveled at was, it quickly became apparent already in the spring and early summer of 2020, that there were heavily weighted factors that correlated with severe COVID-19. One of them was untreated high blood sugar, diabetes and morbid obesity. And these were strong correlations.

And so many of the people who I interviewed and their family members were very forthcoming, "My son was overweight, he didn't manage his blood sugar and so forth." We heard this again and again and again, and yet did our public health agencies once in the last two and a half years, make any vigorous statements about the imperative of the American people to get their weight and their sugar intake under control?

John Leake:

Maybe you could say that's beyond their mandates, but I don't think so. Dr. McCullough, what do you think about our federal health agencies becoming more active and encouraging just general health?

Dr. Joseph Mercola:

Before you answer that, Peter, I just want to comment on one study that was published, that you may have seen because it was in your area of expertise. It was in the Journal of the American College of Cardiology last month in July, where they posted an update to the metabolic fitness or flexibility of the American population. Previously, it was 88% were metabolically unfit, now it's up to over 93%, 14 out of 15 people in this country are metabolically unfit. That would include things like blood glucose, blood sugar, blood pressure, and weight. Fourteen out of 15 people could benefit from improving their metabolic health.

Dr. Peter McCullough:

Yeah. And it's not a leap of faith. There's a paper that's been published from Europe. It's a very good paper that analyzed diet, they actually 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 least risk of hospitalization and death. So, that's in a prospective cohort, well done study. So, it's all cohesive here. It is about survival of the fittest. If there's anything we've learned with SARS-CoV-2 is there's an opportunity for health redemption. Now's the time to get on the healthy train.

Dr. Joseph Mercola:

Yeah, I couldn't agree more. But we still have to deal with the practical realities and I can't express enough gratitude for your courage, your bravery, your commitment to step up, to tell the truth in spite of incredible actions directed towards you as a result of that speaking out. So, it's not many people who will do this, and you're one of the rarities and the world should greatly appreciate everything you've done and continue to do. So, my deepest gratitude for what you've been doing.

Dr. Peter McCullough:

Thank you.

Dr. Joseph Mercola:

So, the book is great. And you just heard a tiny fraction of what's in this book. And as I said, John has done a magnificent job of threading the stories together. So, it's very entertaining. It reads like a novel that captures your attention. It's a real page-turner. So, you want to pick this one up, "The Courage to Face COVID-19." And guys, you're in the process of writing another book. I don't know why I didn't get a copy of this before it was published. So, I would have had you on for the book launch, but please get me a copy of the draft so that I can digest it, and then we can have another conversation before your next book.

Dr. Peter McCullough:

Thank you.

John Leake:

Yes, sir. Thank you. Thank you very much.

Dr. Joseph Mercola:

All right. Well, you keep up the good work and it's been an honor and a pleasure to connect with you guys today.

Dr. Peter McCullough:

Thank you.

John Leake:

Likewise, Dr. Mercola. Thank you.