



**NEWS**

# 'Under no circumstances' should a recovered patient get a COVID jab, expert MD tells LifeSite

'Natural immunity is the best of all forms of immunity,' Dr. Peter McCullough says.



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DALLAS, Texas ([LifeSiteNews](#)) — One of the world's most qualified and skeptical COVID-19 experts believes that people who have already recovered from COVID-19 should not take a vaccine against it.

“We do know that COVID-recovered patients have a higher side effect rate when they do get needlessly vaccinated,” Dr. Peter A. McCullough told LifeSiteNews, and cited research papers showing higher rates of vaccine injuries among the naturally immune.

“Really, under no circumstances should a fully-recovered patient receive a COVID-19 vaccine ... and authorities should accept that.”

McCullough, who is a cardiologist, internist epidemiologist, academic researcher, and journal editor, sat down with LifeSiteNews last Friday to discuss his work with and for COVID-19 patients.

LifeSiteNews quizzed the doctor about his qualifications, and McCullough stressed the multi-disciplinary approach he has taken throughout his medical career.

“I’m one of a handful—I’d say probably less than 4% of cardiologists—that maintained my board certifications in internal medicine, and ... I did three years of rural internal medicine after my residency at the University of Washington in Seattle,” he said.

“I handled common infectious diseases and always taught myself to be well-rounded. I’m a medical cardiologist,” he continued.

“I really focus comprehensively on patient care, and when COVID-19 hit, it really hit seniors, which is my patient population, with heart disease, lung disease and kidney [disease], so I felt very much in the crosshairs as a doctor to do everything I could to help patients with COVID-19.”

McCullough has directly managed the care of over a hundred COVID-19 patients, as well as advising on “many hundreds if not a thousand” cases worldwide.

### **Delta variant breaks through the current COVID-19 vaccines**

Regarding the recent *Washington Post* [article](#) reporting that the vaccinated are just as likely as the unvaccinated to spread the Delta variant of COVID-19, McCullough said that the report is supported by previous research he has studied. He cited such well-known examples as the Texas Democrat lawmakers who [flew together](#) to Washington, DC, and, despite being vaccinated, got COVID-19.

“As a matter of fact, this week the health minister for New South Wales in Australia reported that the number of patients in Australian hospitals there with COVID-19 was over 300, and ... all of those people were fully vaccinated, except for one,” the doctor told LifeSiteNews.

McCullough added that it appears that the Delta variant, which he said accounted for almost 100% of new COVID cases in north Texas, is resistant to the vaccines. What the authorities should do now, he said, is do a proper analysis of which vaccines really are most effective.

The expert has been struck by the data from Israel, which exclusively uses the Pfizer vaccine. Fully 80% of Israel's population has been vaccinated, but in a July 24 report of the last 5000 cases, 84% of them had been previously vaccinated.

“So it appears in at least exclusively Pfizer vaccinated populations that we're clearly seeing a uniform breakthrough of cases, or at least a uniform vaccination rate of those breaking through,” McCullough remarked.

In countries where a variety of vaccines have been tried, there are different results but still evidence of “breakthrough infections.” In the UK, of the over 200,000 people sick enough from the Delta variant to go to hospital, 42% had been previously vaccinated. Of that 200,000, 460 have died, 65% of them having been vaccinated.

“That's a deathrate of less than 0.2%, so Delta is clearly a milder strain—or less fata strain, but the vaccination—one would have to look at those numbers and conclude that breakthrough is readily accomplished with the Delta variant in forms of vaccination in the UK,” McCullough said.

Both the UK and the USA have been administering a variety of vaccines, and so patients have been asking McCullough which one is most effective against the Delta strain.

“We critically need that analysis from our leaders,” he said.

Speaking as a doctor, McCullough said that he has looked at studies of a vaccine called Novavax that does not use mRNA technology but is antigen-based, and he's very encouraged by it.

According to the pro-life Charlotte Lozier Institute, Novavax is not produced using cell lines derived from the cells of aborted children. It appears, however, that some tests of this vaccine have involved the controversial cell lines.

“I [saw] rates of vaccine effectiveness over 2 to 5 months of 90%,” McCullough stated, but he cautioned that the studies were carried out before the Delta variant became dominant. Nevertheless, he is still hopeful that Novavax could offer a “broader amount“ of protection and with less risk of vaccine injury.

“It would be my understanding as a doctor, that this could be less likely to have these internal organ effects that we're seeing with the other vaccines.”

Meanwhile, fewer people have been taking Pfizer, AstraZeneca, Moderna and other vaccines than you may think.

“We have less than 20% of the population that has taken any vaccine at all,” McCullough said.

“There are countries that are showing a lot of discernment and reservations, including Japan.”

Other countries have “drawn some lines,” he added, noting that the UK and Germany are not permitting the vaccination of children.

In the United States, 48% of individuals have vaccinated, and therefore 52% have not.

“Vaccine centres have been very, very under-utilized over the past few months,” McCullough told LifeSiteNews.

“There’s great concern in America about the efficacy and safety of the vaccines. Our rate of vaccination has slowed to a halt.”

### **The current vaccines ‘are not sufficiently fit for human use’**

The doctor stated that there has never been an official briefing from the US CDC and FDA on vaccine safety and efficacy. Although over 400,000 “safety events” have been reported to the CDC and the VAERS numbers are available, and the CDC produces a “variant report”, there is no advice about which vaccine is better.

McCullough believes that the current vaccines are “not sufficiently fit for human use” and they should no longer be administered.

“I’m in line with the evidence-based consulting group in the United Kingdom, and they’re the principal consultant to the World Health Organization,” he told LifeSiteNews.

“Their official report to the MHRA, the regulatory body in England, is actually not to move forward with the current vaccines, that they’re not sufficiently fit for human use and, in the absence of any of data and analyses, they should... close down the program. “

McCullough suggested that the next phase of the vaccination program will be to roll out the two-dose Novavax and other antigenic vaccines, in place of the mRNA vaccines, ones that currently have a better “safety profile and a broader coverage.” Nevertheless, he also reflected that the Pfizer, Moderna, and Johnson & Johnson vaccines all had a good safety profile in the short-term.

“Now, that we get these out in the broad population, that’s when we see the concerning events including death and then non-fatal injuries,” he said.

Who, then, should get vaccinated? From the beginning of the roll-out, McCullough has seen that patients aged over 50 have a rate of hospitalization and death of over 1%, with the rate increasing with patient age. Therefore, McCullough thinks that the over-50s are a group for whom a safe vaccine should be considered. He also sees 50 as the landmark age for the importance of early treatment of the disease and has written two papers about it.

### **Stopping COVID-19 over your bathroom sink**

Many people have been downing Vitamin D and over-the-counter medication in the hopes of warding off the coronavirus. McCullough told LifeSiteNews that there are “very interesting” nasal and oral hygiene protocols to prevent becoming ill with COVID-19. One can find medical advice about tooth-brushing, swishing and spitting with various solutions, including “anti-infective yellow Listerine mouthwash,” he said.

“Also there’s oral povidone-iodine that has been tested in clinical trials, successful,” he continued.

“Oral hydrogen peroxide. Even oral dilute sodium hypochlorite which is actually household bleach that’s diluted—5 ccs in 500 ccs.”

McCullough explained that the American Dental Association approves this dilute bleach as an anti-infective in the mouth, so long as it is just swished around and spat out [not swallowed], twice a day for other viruses. The early-treatment expert also said that there are anti-infective nasal sprays that could be used to guard against the coronavirus, as well as doses of oral ivermectin and oral hydroxychloroquine.

“Those protocols are available through the frontline critical care consortium,” he said.

“It’s got a nice offering of prophylactic protocols. In the United States, it is offered through telemedicine services. The lead one is MyFreeDoctor.com.”

McCullough acknowledged that he was hesitant when he first heard former President Donald Trump mention bleach as a prophylactic against COVID-19, but assured LifeSiteNews that he is impressed by the lack of COVID-19 transmission in dental offices, especially as dentists are near mouths and noses “all day long.”

Regarding early treatment of COVID-19, the doctor is still enthusiastic about monoclonal antibodies, which have emergency use authorization, especially the current Regeneron product. This was the treatment that President Trump received when he contracted COVID-19 in October 2020.

McCullough believes elderly patients who have just contracted COVID-19 should begin their early treatment by taking a monoclonal antibody infusion in an outpatient ER, which lasts for over an hour. The U.S. government has purchased five million doses of the treatment, he added, and it is being underused.

“It’s the best way to treat a high-risk case,” the doctor said, and added it was suitable also for those who have been “fully-vaccinated” but will get the virus anyway. Once the high-risk patient has had the monoclonal antibody infusion, then treatment with hydroxychloroquine (“supported by 200 studies”) and ivermectin (“supported by 60 studies”) can be “layered in.”

He also mentioned other drugs that are supported by coronavirus treatment studies, including the humble aspirin.

“In total it’s four to six drugs,” McCullough said.

“The doctor decides based on how far along the patient is into the illness, and what the symptoms are.”

Timing is important. McCullough said that the biggest mistake he sees is people reaching for monoclonal antibody infusions when the infection is so far advanced that the patient has low oxygen saturation. At that point, he explained, there is a problem with blood clotting, and the patient needs a large dose of aspirin and anti-coagulant injections.

This variety of treatment may astound COVID-recovered people who called their doctors for help and were told just to self-isolate and drink a lot of fluid. McCullough said that many doctors are reluctant to prescribe ivermectin and hydroxychloroquine because they fear “reprisal.”

“They’re actually afraid of having their medical licenses reviewed for trying to care for COVID-19 patients and help them,” he said.

However, McCullough has learned from other doctors who treat patients without either drug, for they “simply time the illness,” prescribe anti-inflammatories, and use blood-thinning agents.

“The bottom line is that they can still successfully treat COVID,” he said.

The doctor continued: “You know, 85% of the hospitalizations and deaths don’t have to happen.”

He believes that the “worst thing” in the case of a high-risk elderly COVID-19 patient is not to treat them at all and leave them to wait at home until they are so sick they need to be hospitalized.

### **Good news for the healthy under-50s**

But COVID-19 is not a threat to the majority of the population. McCullough told LifeSiteNews that the coronavirus has affected less than 1% of most populations. Doctors know who the high-risk people are: the over-50s and people with multiple medical problems.

Many young people who get COVID-19, particularly the Delta variant, which McCullough believes is the mildest strain, come through it “very easily,” he said, and get a “robust, complete and durable” natural immunity. The doctor says that natural immunity works better than the vaccines: the reinfection rate is negligible.

“Natural immunity is the best of all forms of immunity,” McCullough declared and said that those who have recovered from COVID-19 are “not of any harm to anyone else, and they don’t have to be careful.”

However, they do have to be careful not to get vaccinated. McCullough cited studies showing that people who have recovered from COVID-19 have a high chance of side-effects if they are vaccinated against it. He believes that naturally immune people should under no circumstances accept a COVID-19 vaccine. The doctor also stated that authorities should exempt naturally immune people from vaccination demands.

Sadly, McCullough has not escaped the punishments meted out to doctors who question the mainstream COVID-19 and COVID-19 vaccination narratives. Although he has been a leader in all the medical centers he's served in over the course of his career, McCullough has suffered the loss of contracts and a professorship. Currently he is even being sued by Baylor, who claims he has been misusing his professional titles and, "in a sense," represents Baylor and Texas A&M College of Medicine.

"My response to that is I've been very judicious in how I present myself in my spoken words and written words. I've never falsely claimed a prior title," he said.

Given the amount written by and about McCullough on the internet, with thousands and thousands of hits, it is impossible for him to erase every mention of his old titles and positions from the internet. He also has no control over how television media describes him in banners that appear onscreen

"That's actually the genesis of the lawsuit which is now financially and professionally damaging for me," he said.

"I'm being professionally damaged and humiliated largely for my hard work in trying to save lives from COVID-19 and my careful review of the data with respect to the vaccine."

*LifeSiteNews has produced an extensive COVID-19 vaccines resources page. [View it here.](#)*

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