

## **Opening Statement of Dr. Peter A. McCullough**

Chairman Johnson, Ranking Member Blumenthal, members of the subcommittee, it is an honor to present my analysis, insights, and clinical experience on this topic. When I presented a peer-reviewed, published approach to treating high-risk patients with acute COVID-19 to the U.S. Senate Committee on Homeland Security & Governmental Affairs on November 19, 2020, my comments were prefaced by minority chairman Senator Gary Peters who said “what America was about to hear was misinformation.” The next day the New York Times published and OPED from the minority witness Dr. Ashish Jha titled “Snake Oil Salesman of the Senate.” This dismissive and defamatory treatment of physicians working in the field has persisted now 5 years into the pandemic and four years into the vaccine campaign. Approximately 80% of Americans have taken a COVID-19 vaccine, most in 2021, and most with mRNA Pfizer and Moderna. The vaccines failed as 97% have contracted COVID-19. Fortunately, hospitalization and deaths declined due to natural immunity, early therapeutics, and milder strains. The mRNA codes for the damaging and lethal viral Spike protein that was engineered in the Wuhan biosecurity lab. We have learned both mRNA and Spike protein last in the body months if not years. Both have been found in the heart at autopsy. Death after vaccination has been reported to the CDC by doctors who have determined the vaccine is the cause of death in nearly 20K victims, and this is likely under-reported 30-fold. I have examined hundreds of patients with vaccine myocarditis or heart damage resulting from the mRNA and Spike protein in the heart muscle. Early in 2021 the CDC and FDA delayed issuing a Health Alert Network (HAN) advisory on serious myocarditis resulting in hospitalization, impeding informed consent and risk mitigation. Today CDC and FDA warns this can occur but misleads the public by saying it’s mild and transient. I can tell you neither is true. I am deeply concerned about a much larger subclinical myopericarditis problem manifested by chest pain, palpitations, blood pressure instability, and heart rhythm problems which persist for months to years after the shots. When small patches of vaccine heart inflammation occur, it can be silent, leading to presentation with abnormal heart rhythms, cardiac arrest, or heart failure. Patients with weakened hearts at baseline are at even higher risk for catastrophic events including a business consultant with a prior bypass who crashed into cardiogenic shock 8 hours after a Pfizer shot. He was airlifted to Emory, was hospitalized for six months, and came out with a stroke and transplanted heart. I know his case well—he is my patient. When the first Moderna mRNA autopsy-proven mRNA vaccine myocarditis death was reported by Verma at Washington University in St. Louis in the New England Journal of Medicine, the American College of Cardiology, American Heart Association, and European Society of Cardiology should have held emergency meetings and called for a halt in mass

vaccination. They were silent until a 2022 ACC position paper stating the infection causes more myocarditis than the vaccine, so we should continue to vaccinate. The ACC was proven incorrect by subsequent studies, but never revisited their position on the vaccine. No ethical cardiologist allows heart damage in any patient for the sake of a vaccine. The Biden administration spent over \$1B on “Long COVID” but failed to study the Spike protein, mRNA, or how the vaccine contributes to illness, disability, and death in America. I believe we need a whole new approach with our government calling major stakeholders to the table for a critical review of the data at hand and to hear clinical impressions of doctors who recognize what is occurring. Rapid capitulation and corrective action(s) are the only hope in saving more lives from this ongoing biological product safety disaster.

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M. Nathaniel Mead, Jessica Rose, William Makis, Kirk Milhoan, Nicolas Hulscher and **Peter A. McCullough**. Myocarditis after SARS-CoV-2 infection and COVID-19 vaccination: Epidemiology, outcomes, and new perspectives. *INTERNATIONAL JOURNAL OF CARDIOVASCULAR RESEARCH & INNOVATION*. Jan-Mar 2025, VOL. 3, ISSUE 1, pp. 1-43, <https://doi.org/10.61577/ijcri.2025.100001>