Story at-a-glance

Dr. Ryan Cole, an anatomic clinical pathologist with a subspecialty in skin pathology and postgraduate Ph.D. training in immunology, has been on the frontlines exposing the fraudulent COVID narrative.

Since 2004, he's been operating his own business, a pathology laboratory, which gives him rare freedom and flexibility to comment on what he's seeing. Most others would lose their jobs for speaking out the way Cole has.

Truth Telling Is a Risky Business

That doesn't mean he hasn't paid a price for speaking out about and defending real science though. He's triple board certified and has 12 state licenses, and because of his stance against COVID recommendations, some of the credentialing organizations have taken action against him.

> *"I've seen 500,000 patients diagnostically in my career through the microscope. So, I have a long track record of diagnostics. I have not had a patient care complaint against me in 26 years of being a physician,"* he says. *"I still don't, and this is what's fascinating.*

> *Of those 12 licenses, four were under attack, three are still under attack — in Washington, Arizona and*

> *Minnesota — [yet there's] not a single patient care complaint. All the attacks against me have been political complaints to boards of medicine, which is not legal for them to do. Not a single one of those complaints is from a patient.*

> *And then — really the most egregious thing — was ex parte, without me being present, without even sending a certified letter, the College of American Pathologists removed my fellowship status, which is defamatory.*

> *I went back and found their complaint and looked at what they did, and I actually have a wonderful defamation lawsuit against them, because everything they did was anti-scientific. So, they can either restore [my fellowship] now, or just pay me a big check down the road. One or the other."*

He's also lost about half of his business, as two insurance companies canceled him for "unprofessional behavior," i.e., for sharing and discussing the science of COVID, and one of his best friends, whom he's worked with for 12 years, canceled their business relationship as he didn't want Cole's outspokenness to affect his business. "All because of the defamation by the media, so to tell the truth in this day and age is a dangerous thing," he says.

Suspicions Arose Early On

From his Ph.D. work in immunology, Cole was very aware of SARS-CoV-1 and MERS, having studied both, so when the warp speed program to develop a pandemic SARS-CoV-2 vaccine was announced, he became immediately suspicious.

> *"I thought, wait a minute, you can't vaccinate against corona viruses!"* he says. *"This family of viruses is not amenable to vaccination, based on mutation rates. So, my concern was very high, early on."*

Cole's lab ramped up PCR testing, using a cycle threshold (CT) of 35, rather than the recommended 40 to 45, as he knew that high a CT would result in 98% false positives. On a side note, pathologists not only assess tissue samples and biopsies, they're also in charge of testing. The head of every major clinical lab is a pathologist. They're basically in charge of quality control.

> *"As pathologist, we're constantly looking at patterns, be it under the microscope or be it in lab data. We're looking at blood reports. We're looking at what's out of range on blood reports. We're looking at microbiology. We're looking at molecular biology. We're looking at cultures. We're looking at pap smears. We're looking, across the board, at those clinical parameters in addition to tissue biopsies,"* he explains.

> *"I have 70 employees, and if there's a blood smear that looks unusual, they bring it to me. If there are parameters on a test that look widely out of range, they bring it to me. And I call and talk to the clinician — [I'm the] doctor to the doctor. We have a consultation practice with the clinicians so I can help them understand what's happening with their patient, and then they can make clinical decisions going forward."*

Post-Jab Cancer Explosion

One of the apparent side effects of the COVID jab that Cole has been warning and talking about is cancer. He explains:

> *"Obviously, during COVID, we saw some parameters change in blood tests. There was a concern about clotting. We saw elevated clotting factors. We know that the early variants were pretty severe in terms of inducing clotting, which was a shame because the whole world should have been simply using anti-inflammatories, steroids and anti-clotting agents, and so many more people would've lived.*

> *My colleague, Dr. [Shankara] Chetty in South Africa, was having phenomenal success with antihistamine steroids and anti-clotting agents. So anyway, that first year, we saw drops in white blood cell counts, we saw decreases in certain subsets of T-cells. But when the shots rolled*

out, things changed.

At first I noticed kind of an innocuous little bump that we see usually in children. It's a little virus called molluscum contagiosum [that causes] a little white bump.

Usually, by the time you're a tween or early teen, you've built immunity to that and you never get them again, or rarely get them again. But after the shots rolled out, all of a sudden, in 80-year-olds, 70-year-olds, 60-year-olds, 50-year-olds, I started seeing literally a 20-fold increase in this little innocuous viral bump. And I thought, 'Uh oh, this means they've lost immune memory' ...

Those subsets of T-cells that keep viruses in check are very important for keeping cancer in check. And this is where immunology jumps into the picture. All of us have some atypical cells, and we have the 'Marines' of our immune system, our natural killer (NK) cells. They're on the frontline circulating. We have about 30 billion T-cells circulating in our blood, many of which are killer cells and NK cells.

Our other innate cells are our macrophages, monocytes and dendritic cells. They're on that frontline. They're shaking hands with every cell in your body all day long saying, 'Friend or foe? Friend or foe? Oh gosh, this one has some mutations, it's now a foe.' They'll poke a little

hole in it, throw in a little enzyme called a grandzyme — a 'hand grenade' — blow up that cell, and we're good.

But what happened after these shots rolled out is that many of those cell subsets started decreasing in number. The first cancer I saw uptick was cancers of the uterus, endometrial cancers. Usually, I would see maybe two endometrial cancers a month. All of a sudden, a few months after the rollout of the shots, I was seeing two or three a week.

Another subspecialty area of focus for me is melanoma. And I started seeing melanomas, not only in younger patients, as the shots dropped down in age cohort, but they were thicker. The other fascinating thing was they're more aggressive in terms of how many dividing cells was present in each tumor. I'm still seeing this.

Beyond that ... I've been traveling the country and the world quite a bit ... and wherever I go now, I have doctors and nurses approach me saying, 'What you're saying, we've been seeing.'

I was having a conversation with a chair of a large oncology department in Tallahassee, and he said, 'I usually see an aggressive brain cancer in a young patient maybe every decade.' After the boosters rolled out, he saw five astrocytomas, five aggressive brain cancers, in

> *one month.*

> *Then, I'm in Jacksonville the next day, having a conversation with a family doctor. He said, 'Gosh, it's strange, I usually see a kidney cancer in a young patient every decade or so. I've seen five in the last month.'*

> *Then I was in the UK a couple weeks ago. I had a doctor from Ireland who's been a practicing family doc, GP, for 36 years, and he said, 'I have seen more cancer in my young patients ever since the shots rolled out, and the booster, than I have ever seen in my entire career.'*

> *Same thing, a nurse that works emergency department in the UK, [said she's seen] not only the heart inflammation in young children, but cancers in young patients and aggressive leukemias. So everywhere I go, I have doctors confirming my observations ... I've had many of them approach me and say, 'Hey look, I'm seeing what you're saying, but I can't say it because I'll get fired.'"*

Cancer Spike Is Being Covered Up

Aside from what Cole has seen in his own lab, a military whistleblower has also come forward with data from the Defense Medical Epidemiology Database (DMED) database showing dramatic increases in medical visits for cancer,

neurological diseases, infertility, autoimmune diseases and several other conditions, post-jab.[1]

The DMED is one of the best databases in the world, as the Department of Defense keeps very close tabs on what's happening with our troops. This DMED data was presented during a hearing led by Sen. Ron Johnson. A week after that hearing, the DoD froze access to the DMED, and when it reopened a week later, the data were all changed to eliminate the data spikes.

> *"That's what was really shocking,"* Cole says. *"I think this is basically fraud to the level of Watergate, in terms of [there being] somebody behind the scenes, and then the private company that actually manages that database ... manipulated it."*

The DoD has tried to explain this suspicious activity claiming a "bug" in the system had resulted in underreporting of medical conditions in the five years prior to 2021. The number of cancers and other health problems were actually higher in 2015 through 2020 than initially indicated, they said.

However, how can a program error cause data corruption for five consecutive years and then self-correct, resulting in perfect numbers for 2021? And how did they not notice the error earlier? Again, this is one of the best-kept databases

in the world. And how come this "bug" only affected conditions that also just so happen to be known and/or suspected side effects of the jab?

Future Prognostication

Clearly, cancer has been on the rise for decades, thanks to dietary factors, but the COVID jabs appear to dramatically accelerate the disease process. There are no published studies to help us foretell the future, but based on what Cole has found so far, how long does he think it'll be before conditions like cancer spiral out of control?

> *"That's a great question,"* he says. *"One of the important findings I've heard from many of these clinicians is that many of their patients who have been cancer-free for three, four, five years, their PET scan looks great, no detectable disease, and after that second or third shot, all of a sudden there's Stage 4 disease. It's like wildfire.*

> *And this goes back to immune suppressive mechanisms, the damage that the persistent spike protein and the persistent modified RNA (mRNA) cause. So, aggressive cancers arising very quickly are one thing we're seeing. Because it's a dose-dependent poisoning curve — in terms of the more spike you have circulating, the worse your immune system seems to be doing — the No. 1 thing is, don't get another shot.*

Because it is causing that immune suppression that's allowing those cancer mechanisms. Over time ... I would say we're going to see a consistent twofold to threefold increase in certain cancers, endometrial cancers, breast cancers, cancers of the prostate, cancers that are testicular or ovarian, neurologic cancers.

This spike protein has a propensity to cross the blood brain barrier and invade neural tissues. We know what it does to mitochondrial activity in terms of inhibiting it, blocking it, ruining cytochrome C oxidase systems, decreasing ATP.

Cancer is a hypoxic state. When you don't have good cellular activity and cellular respiration and hypo-oxygenation, you end up with mechanisms that can induce more aggressive cancer. So, I think, at a minimum, [there'll be a] two- to threefold [increase] ... over the next year or two.

We can only hope that the immune system can normalize and we come up with enough interventions and treatments that will reverse some of this, what some people call spikeopathy, or the different diseases that are being caused by this persistent spike. 'I don't know' is the honest answer, but that would be my projection based on I've seen."

Excess Mortality Has Dramatically Increased

Abnormal blood clotting is another commonly reported side effect of the jabs. Post-mortem investigations have revealed thick, extremely long rubbery clots, including in the arteries, which is rare. The longest Cole has seen was about two feet. We're also seeing a lot of micro-clotting, heart inflammation (myocarditis), strokes and heart attacks — all of which can have lethal consequences.

> *It's highly concerning that we have regulatory agencies allowing the most dangerous medical product ever released on humanity to persist in the marketplace. ~ Dr. Ryan Cole*

In early January 2022, OneAmerica, a national mutual life insurance company, announced[2] the death rate of working-age Americans (18 to 64), in the third quarter of 2021, was 40% higher than prepandemic levels. And this excess mortality was not due to COVID infection. Many of those deaths were in fact cardiac deaths and strokes, which fits the injury profile of the COVID shots.

> *"After they came forward, additional insurance*

companies said, 'We're seeing anywhere from 30% to 50% increase in claims as well.' They have no horse in the race. They're just observing. And I say that as a pathologist too. Look, I don't create disease. I don't prevent disease. I'm a reporter at the scene of the crash.

My job is simply to report patterns, and then we can scientifically confirm those data patterns. And the all-cause death is increased in those who've gotten two, three shots. Again, it's a dose-dependent curve. The more spike your body is making, the worse people tend to do over time.

Even Walgreens came out a couple weeks ago and showed their data. Individuals that got shots are getting COVID at higher rates. Even the mainstream media finally, last week — I think it was Good Morning America — said, 'It's looking like the boosters are a bad idea because it's immune suppressing people.'

So, we're finally making some progress and getting traction in the mainstream where at least the narrative is cracking. There's a crack in the dam and it's starting to leak. Hopefully it'll rush forward and people will go, 'Whoa, this was a bad idea. Let's stop this chaos.' But the FDA is trying to roll it out on [infants] of all things now ... It's really tragic."

Why Was the Most Toxic Part of the Virus Chosen?

Considering autopsies have shown spike protein is still present at least four months after their last shot, it seems reasonable to assume that severe health problems can arise months or even years down the road. In fact, we still don't know if the body ever stops producing spike protein once this genetically modified mRNA is injected.

> *"We know the spike is the inflammatory aspect of the virus, and our cells are made into spike toxin factories,"* Cole says. *"Studies out of the Salk Institute show that the spike is the cytotoxic aspect of [COVID-19], so we're giving a shot that makes the toxic part of the virus, and it's persisting.*

> *That's why I think we're going to see this consistent elevation of different diseases related to the spike, be it cardiac, strokes, chronic clotting conditions, individuals dying from pulmonary emboli ... It's highly concerning that we have regulatory agencies allowing the most dangerous medical product ever released on humanity to persist in the marketplace."*

Neurological and Vascular Chaos

As predicted by MIT researcher Stephanie Seneff, Ph.D.,

we're now also starting to see reports of Creutzfeldt-Jakob — human mad cow disease — which is a prion disease that basically destroys the brain.

Strokes in young people and children are also on the rise. Media are now trying to convince you that this is "normal," but it is anything but. Historically, children and teens do not die from strokes. This is a brand-new phenomenon, courtesy of the COVID jabs.

Microvascular clots (microvascular infarcts) are also a known contributing factor, in the long term, to early onset dementia. So, that's yet another potential health avalanche in the making.

Four Helpful Remedies

I've quickly become a fan of pharmaceutical grade methylene blue, as it's been shown to improve mitochondrial respiration and aid in mitochondrial repair. At 15 to 20 milligrams a day, it could potentially go a long way toward resolving some of the fatigue many suffer post-jab and post-COVID. It may also be helpful in acute strokes. The primary contraindication is if you have a G6PD deficiency (a hereditary genetic condition), in which case you should not use methylene blue at all.

Another important remedy is near-infrared light. It triggers

production of melatonin in your mitochondria[3] where you need it most. By mopping up reactive oxygen species, it too helps improve mitochondrial function and repair. Natural sunlight is 54.3% near-infrared radiation,[4] so this treatment is available for free.

For neurological side effects of the shot, a selective serotonin reuptake inhibitor (SSRI) antidepressant called fluvoxamine may be helpful. Cole explains the mechanism behind it:

> *"[Fluvoxamine] upregulates a receptor called sigma-1, which blocks another receptor called inositol-requiring enzyme 1, which is a precursor for cytokines. So, fluvoxamine will block cytokine production in neural tissues. And that's why [it works]. It's not because of its antidepressant effects. It's a cytokine precursor blocker. So, you actually are decreasing a cytokine storm in neural tissues.*

> *This is why one uses fluvoxamine. There are other SSRIs, but this mechanism is very specific to fluvoxamine. It's a tough to tolerate drug for some people. It makes some people anxious and agitated, but if you can tolerate it for two weeks, you can really turn down those inflammatory pathways in many patients. I'm not going to say everybody, but I've seen it work in many patients."*

A fourth treatment suggestion is hyperbaric oxygen therapy (HBOT). This too can be phenomenally helpful for strokes, heart attacks, autoimmune diseases and neurodegenerative disorders. To learn more, see "Hyperbaric Therapy — A Vastly Underused Treatment Modality."

IMPORTANT: COVID Shots Are Not Pharmaceutical Grade

Seneff also warned about potential unknowns arising from fragmented mRNA and impurities, as tests have shown these jabs really are NOT pharmaceutical grade, as you'd expect. Cole comments:

> *"These aren't pure products, and I think this is a very important point. When Pfizer submitted vials to the European Medicines Agency to look at purity ... they were in the 50% range ... The TGA in Australia looked at it and said, 'Look, these are only about 60% pure.'*

> *This means you have a lot of fragmented sequences of mRNA that don't have a stop or a start code on. They're not coding for what you think they're coding for. They're coding for other tinier, shorter fragments. Are those mitogenic? Probably, but we don't know. Can those reverse transcribe into our own DNA? Studies out of Sweden ... show yes, they can ...*

> *And then, when they manufacture, they can't spin and agitate these, so you get all these lipids that collect at the top of these big vats. So now you get some batches that are hyperconcentrated and some are hypoconcentrated. It appears about 5% of the batches are responsible for about 80% of the harms."*

Autoimmune Diseases of All Kinds Are To Be Expected

As explained by Cole in the interview, there's a reason there's never been a successful mRNA gene therapy product brought to market, despite 20 years of research effort. The persistence of synthetic mRNA with pseudouridine always caused too many problems in the animal trials to move into human trials. It caused autoimmune disease. It caused mutations. The manufacturers don't even know if the nanolipid used to protect the mRNA is safe in humans.

> *"Based on the animal trials, we know there were problems and we can only predict that that's going to happen in humanity. I want to be wrong, but from a basic immunology point of view, I don't think I am,"* Cole says.

> *"The nanolipid particles vary in size, interestingly. I've looked at some under the microscope. Some of them congeal and some of them stay tiny. But because of the*

> *fatty nature of them, they will carry their little mRNA and fractionated mRNA package to any cell in the body. And that's the biggest concern. Now it has turned any cell in your body to a potential target [for your immune system].*

> *An important paper came out in the European Journal of Immunology just about a month ago by Dr. Hagemann. There's a condition called antibody dependent cellular cytotoxicity. What that means is that [the mRNA] sequence gets into your cell [and] that cell now becomes the spike factory.*

> *That spike is on the surface of your cell. Now your NK cells that I talked about earlier say, 'We better blow that cell up.' So now, because there's that spike on the surface, your immune system will destroy your own cells. This is another one of the detrimental effects."*

Pipeline Now Filled With Risky mRNA Shots

Making matters worse, even though the COVID shots have been shown to be a complete disaster, the drug industry is already working on dozens of different mRNA "vaccines," thinking they now have carte blanche to put out whatever they want using this platform.

And the reason for this continued insanity is because our health and regulatory authorities are corrupted to the core. They are completely dishonest. They're covering up the shocking harms, and unless something radically changes, they will allow dozens of equally dangerous mRNA gene transfer injections to be put out.

Reactivation of Latent Viruses

The COVID jabs also downregulate pattern receptors in your body called toll-like receptors. Specifically, toll-like receptors 7 and 8 are downregulated by the mRNA and pseudouridine in these shots. What does that do? It allows latent viruses to flourish that would otherwise have been kept in check.

"We've seen a big uptick in herpes family viruses, especially herpes EBV4, which is Epstein-Barr virus [aka] mononucleosis," Cole says. So, for those with post-COVID or post-jab fatigue, long-COVID and those with MS-like symptoms, he recommends checking for Epstein-Barr.

About 80% of MS patients have high Epstein-Barr titers. "You will find that a lot of these individuals will have reactivated mono," he says. For reactivated mono, methylene blue, HBOT and nebulized peroxide would all be indicated.

Fertility Under Attack

In the interview, Cole also reviews the potential impacts of the COVID jabs on the reproductive system. Menstrual dysregulation appears extremely common, as is the inability to become pregnant, despite trying for months, and spontaneous abortions are off the charts. The DMED database also showed a strong signal for fetal malformation before it was frozen and altered.

> *"What we're doing to society and humanity with a previously never before used modality and product is causing horrendous harm to the human race, with no regard for science, with no regard for scientific integrity. It's a machine gone amuck,"* Cole says.

> *"There are darker forces behind it. A lot of people are making billions, but they're killing people to do it. And it's just so unethical what we're experiencing societally. Yes, we're causing infertility. Yes, we're causing mutations in cancers. Yes, we're causing heart attacks and strokes. Yes, we're destroying the longevity of a younger generation. It is horrendous.*

> *There's no justification for any doctor who can look themselves in the mirror and say, 'I feel comfortable giving this experimental product to my patients all day long.' They need to reflect and realize they've lost their*

> *mind, [their] critical thinking skills."*

More Information

Sadly, almost everyone who's credible and trustworthy has been censored and deplatformed at this point, so finding them can be a challenge. To follow Cole's work, be sure to bookmark his website, RColeMD.com. You can also find him on the GlobalCovidSummit.org forum.

If you are vaccine injured, the Global COVID Summit has a blockchain-based forum where you can share your experience and it will never be taken down. You can't be censored or deplatformed. Cole is available to answer questions in that forum.

They're also starting up another website to compete with WebMD and similar pharma-run medical sites. It will eventually be available on DMED.com, which stands for "decentralized medicine." This site is not yet live, but you can try it later. Cole will have a page there as well.

Other thought leaders worth tracking down and following include Dr. Peter McCullough, Dr. Robert Malone, Dr. Pierre Kory, Dr. Paul Marik, Dr. Richard Urso, Dr. Paul Alexander, and Dr. Kirk A. Milhoan, a pediatric cardiologist, and his wife, Dr. Kim Milhoan, just to name a few.

"These have been wonderful leaders in this movement for truth and sharing science," Cole says. *"All of us are part of the Global COVID Summit. We are 17,000 doctors strong and it's very important that people understand that.*

I mean, that's more doctors than they have at the CDC or the FDA or the NIH. This is a group of critical thinking people standing up for your health, your freedom and your right to your own bodily autonomy.

I think, going forward, as people are starting to wake up and part of this narrative is cracking, let's come back together, let's communicate, let's be kind, let's help each other get back to a more loving, peaceful, communicative society. I think if we can forgive — obviously, there are things we don't want to forget, because we don't want this to happen again — but try to forgive people and try to help people 'come to' again.

Just come back together in community. I think it's important that we really try to circle the wagons again as humanity, and hopefully come back to our senses. That's a hopeful message I would like to share."