On May 19, 2021, Dr. Peter McCullough was interviewed by Author John Leake in Dallas, Texas on the subject of Dr. McCullough's Treatment and Research of COVID-19.

I'm Dr. Peter McCullough and I'm an Internist and Cardiologist and Academic Physician, Professor of Medicine at Texas A&M College of Medicine on the Baylor-Dallas Campus. And in February of 2020, like many Physicians, I was really taken by storm with the news that a tremendously Contagious Virus was emanating out of Wuhan China. And it looks like the United States was in the crosshairs.

1-When you heard the 1st Reports of this Novel Respiratory Illness heading our way, what were your initial thoughts about how to prepare for it?

In the beginning, in my Clinical Practice, I really didn't have any viewpoint about prior Viral Pandemics. And some had mentioned prior Influenza Pandemics. We go back to the 1300s. There was, you know Plagues that occurred across Europe. But point, in fact we were largely and very quickly thrown into 'Emergency Mode'. And so, what happened was a whole series of communications within Health Systems that really dealt with protection of the Doctors and Nurses. And Americans were introduced to a term called PPE or Personal Protective Equipment. And most of our task force meetings and calls really didn't have to do with Sick Patients. It had to do with protection of the Health Care Workers and Doctors. So, I got a sense early-on, that 'Fear', 'Group-Fear' was a major driver in Behavioral Response to the pandemic.

My research endeavors in my research life, before COVID-19 centered on the interface between Heart and Kidney Disease. I'm the President of the Cardio-Renal Society of America. I'm considered the most Published Person on this topic in the world, in history. I Chair many FDA approved Clinical Trial Data Safety Monitoring Boards, In fact, I've probably seen and examined more Drug Safety Trial Data than any Doctor in current American Medicine. So, I'm well-grounded in Chronic Disease Epidemiology and Randomized Trials. But for COVID-19, our major viewpoint that we had early on or at least for me with my prior Cardio-Renal collaborations was with Italian Doctors. And so, we were starting to email each other in terms of what is going on in the metro Milan area.

In Milan and then down to Siena and Tuscany. And we quickly started to get an understanding, that this illness was like an Upper Respiratory Infection, like a Common Cold. And for a majority of individuals, it was like the Common Cold. However, in some individuals it could progress to what we call the Adult Respiratory Distress Syndrome. Where there's an overwhelming attack against the Lungs. Patients lost their ability to breathe and exchange Oxygen and Carbon Dioxide. And then required Mechanical Intubation. So, this was unlike any Common Cold. And it appeared to be very different than Influenza. Influenza in Elderly People can also cause the Adult Respiratory Distress Syndrome. But it's almost always because of a Secondary Bacterial Infection like Staphylococcal Infection. So, SARS CoV-2, the virus in COVID-19 appeared to have these 'special features'.

And then within a few weeks, we understood pretty clearly that the illness had 3 major Biological Features to it. One was Early Viral Replication where the virus replicates exponentially as other Viral Infections do. And that it has a 2nd Phase where the Immune System is tipped-off into a very Abnormal Maladaptive Pattern. So, instead of the Immune System defending the body, the Immune System sends out signals that begin to damage Organs, including the Heart, the Lungs, the Kidneys, the Brain, the Blood System. And then very importantly, the virus itself through the Spike Protein or the dangerous Spicule on the surface of the ball of the virus, the Spike Protein itself caused Coagulation or Blood Clotting. And a unique type of Coagulation.

It's because… it caused the Red Blood Cells to stick together. At the same time the Platelets stick together. So, this is a very different type of Blood Clotting that we would see with major Blood Clots in the Arteries and Veins. For instance, Blood Clots involved in Stroke and Heart Attack. Blood Clots involved in major Blood Vessels in the Legs. This was a different type of Clotting and in fact the Italians courageously did some Autopsies and found Micro Blood Clots in the Lungs. And so, we understood in the end, the reason why the Lungs fail is not because the virus is there. It is because Micro Blood Clots are there.

2-What were you seeing in the Initial Reports about COVID-19?

The waves of Reports and published Medical Literature, originally emanated out of China, the early ones. And the Public should understand that the typical Publication Cycle for an Academic Paper that's Peer-Reviewed and published can be anywhere from 9 months to 2 years. So, what happened was the Publication Cycles were too long to get any Rapid Information out. So, immediately our system collapsed into what's called ‘Preprints’. So, Publications would be Submitted Papers for publication but the Pre-Print would come out basically telling the world that the Paper had not yet undergone Peer Review.

But we need to get this information out now because people need to understand what's going on. So, we had a wave from China originally, which was difficult to interpret because of English writing. Because the Chinese Population is just so different in terms of its structure. And it was hard to make much out of what was coming out of China, outside of in some cases it could be Fatal. Italy was much more like the United States that was the next big wave. And we just collaborate more freely with the Italians. And what I had done is I reached out to what's called the Coracle Network in Italy as an American Doctor.

And I, you know freely said, ‘Listen, I am not a Virologist or an Immunologist, but I can tell you, every Infectious Disease Doctor in America is completely subscribed to In-Patient Care of Patients with COVID-19. And there's nobody able to kind of think their way through what's going on in the pandemic. And so, what we learned relatively early is that this illness was clearly and strongly amenable to Risk Stratification or that Baseline Risks were very, very strong Determinants. Even more so than the virus itself for Mortality. So, what that meant is the strongest Determinant of Mortality is Age.

And Age itself is an Underlying Determinant or a cause of Death, if you will in the General Population. Then we start adding on the typical things that put People at risk for Death of other causes: Heart Disease, Lung Disease, Kidney Disease, Cancer, Obesity, Diabetes. The interesting thing is that Obesity appeared to be a 'Super Loaded Factor'. And so, the virus seemed to really prey upon Patients, particularly who are Obese. And there are some reasons for this in terms of how the Cytokines and Immune Factors are generated in response to the virus that could explain it.

But we understood quickly that individuals under age 50, for example with no major Medical Problems could ride through this illness very easily. And in fact, the Swedes figured this out very quickly and said, 'You know, what we're not going to shut-down. We can just do this, is sufficiently understood that we can simply protect the individuals at risk. The best we can, the best that any Protection Measure can. And then we'll just have our economy and our schools move along in a usual fashion'. With the pandemic, what happened is there was a Global Shutdown on travel and a Global Shutdown in academic meetings.

So, for the first time in my career, we could no longer meet with our Colleagues in the United States or overseas. In Academic Medicine, its 'lifeblood' is meeting; an interchange of ideas. And so, for the first time, we could not freely interchange ideas as a group. In fact, I recall a teleconference early on held by the National Institutes of Health …strictly, actually by the division of Insulin of Diabetes and Kidney Disease. It was that Institute that I'm aligned with in terms of Clinical Trials. And it was led by Dr. Robert Starr, a terrific Scientist. And as I recall, there were hundreds of People on that call to just learn about what was going on in other Centers.

People were asking each other, 'Well what are you seeing out at UCLA? What are you seeing at Baylor? And what are you seeing at Harvard?' And so, we were literally just communicating to try to understand what in the world is going on with this virus. Who needs to be hospitalized? What happens when they're hospitalized? Who needs Mechanical Ventilation? All of these interactions had us settle on the idea that this was enormously amenable to Risk Stratification. People under age 50 without any Medical Problems, unless they presented with Severe Symptoms, they were going to be fine. Honestly, it was going to be like a Head-Cold. But over age 50, there became a real risk of Hospitalization and Death.

And the 2 important endpoints, the two important endpoints were Hospitalization and Death. You ask Americans what are you afraid of? Are you afraid of getting a cold and being at home for a few days or a few weeks? No, I'm afraid. I'm deathly afraid of being Hospitalized and obviously afraid of Dying. Why was the Hospitalization so frightening? Because for the 1st time, Patients would be Hospitalized. They were put into isolation. They could never see their Loved Ones again. Those who died actually never did see their loved ones again. The Workers were terrified, they were wearing Personal Protective Equipment. They had very reduced visitation to Patients in rooms. They started using Telemedicine Services where the poor Patients were in glass rooms. No one was coming in and seeing them. And the care that was offered was modest.

Honestly, it was Supportive Care until Patients needed to go on the Respirator. So, to sit in the Hospital on Oxygen terrified day by day, by day, no one being able to come in the room, not being able to see the family…these messages got out to other family members. And it put America on watch with 'extraordinary fear'. Now over the last year. I've published and I've managed to get this out despite the incredibly difficult Publication Cycles. I've published 40 Peer-Reviewed Papers on COVID-19. That may be more than anybody in America.

In one of my very 1st Papers, the title of it and the paper dealt with, 'What are the Important Outcomes?' That's Hospitalization and Death. And when I started to see that Scoreboard come-up on the major Media channels, where it listed Positive Cases and Death. And all the Americans remember this. This was up there almost instantaneously. It came from Johns Hopkins. Instantaneously it was Cases and Deaths. And I kind of wondered, how did they get that information so quickly? That was amazing! We don't have Death Certifications and other things that are very rapid at all. And who could be determining this?

But at any rate, it was up there. And what I said was, well really what we need to know is who's being Hospitalized? Because if we can't figure out who's being Hospitalized and we can't figure out where the Hospitalizations are occurring, we don't know where to allocate resources. So, I published a Paper on this in the Journal that I edit, Reviews in Cardiovascular Medicine. I immediately wanted to reach the American Public. I published an Op-Ed in The Hill, which is a newsletter out of Washington. And I said, 'Listen, there's an emergent need. We need the Hospitalizations'.

And I screamed as loud as I could to the Administration to say, 'Listen, get an Executive Order to get the U.S. Hospital Census every day. So, we could see what was going on. It never happened. We got an Executive Order to get the Positive Test Results to come in from all the major Laboratories. And through the Hospital Laboratories because all the tests for the virus were under the Emergency Use Authorization. So, it was linked to an Executive Order. So, the Positive Tests were just coming in to the Johns Hopkins Center. So, we knew he was 'Test Positive.

There was no control over duplicates, by the way. So, if a Patient had 1 or 2 or 3 tests? Unless the system had a way of actually filtering-out these duplicates, those piled-on. And it really didn't take into consideration who was sick and who wasn't sick. So, we just had Test Positive and then we had the Deaths which started to take on a cadence of trailing by about 4 weeks after the Positive Test Cases. But that whole Death Ascertainment was a real mystery to Americans.

And when I said I think was around March or April [2020], I basically made the statement relatively publicly. I said, 'Listen, there are 2 bad outcomes, Hospitalization and Death. I'm going to put together a team of Doctors and figure out how to stop these Hospitalizations and Death'. I felt compelled as an Academic Leader in Medicine. If no one in the White House could say that. No one in the White House Task Force could say that. If no one in the FDA could say that or the NIH or the CDC.

And Americans were pouring into Hospitals and Dying. No one could make that courageous statement uniquely and individually. And alone, I made that statement.

3-How did you Conceptualize the Problem of COVID-19 and how to deal with it?

We had as our country's Leadership, an inability to frame the problem. The problem was there was a virus. It was popping-up in clusters in the United States. And in most people, it was causing a cold. And they got through it just fine. And other People, it was leading to Hospitalization and Death. But we couldn't frame the problem that the virus in some People causes Hospitalization and Death. Let's stop it. Let's stop the Hospitalizations and death. Let's treat the virus. We could not frame that problem.

Our Leaders couldn't frame the problem. I personally didn't have any problem framing the problem. It's a bad thing. If there was another form of Pneumonia out there, I would have said the same thing. Another form of newly Acquired Asthma. Another form of a Urogenital Infection or Gastrointestinal Infection. Ebola had just been actually in Dallas a few years earlier. And I think Ebola hurt us in terms of our thinking. Because Ebola was so terribly contagious. And so quickly Fatal that there, the fear that Ebola created in Dallas was extraordinary. I'll never forget at our Medical Center, one time I tried to get in one of the usual doors that I go into.

And there was a Police Officer there. I said, 'What's going on?' He goes, 'We're here to block anybody with Ebola from coming in our hospital. We're going to shunt them to Presbyterian Hospital North of us.' When do we shunt Patients away from one Hospital? The fear that Ebola created, because of this idea was terribly contagious and Fatal, quickly, I think set us on edge. And with SARS CoV-2 virus, what we learned is the average person sits at home for 2 weeks. There's no immediate Lethality to the virus. In fact, we've got a long window of time to make a Diagnosis Organize Treatment and prevent Hospitalization and Death.

So, SARS CoV-2 was very different from Ebola. But we look at other conditions where we readily accept the fact that somebody can fall ill at home. But if we start Treatment early, with an Infection we can save the Patient. That exists for Community Acquired Pneumonias. It occurs for various forms of Staph Infection, including Staphylococcal Toxic Shock Syndrome. It occurs for Diverticulitis and Abdominal Conditions. It occurs for Skin Infections, various forms of Cellulitis. It occurs from Meningitis. For instance, if someone had a form of Meningitis. we wouldn't say, 'Listen, sit at home for 2 weeks and then if you're really, really bad and you're having Seizures and you can't even breathe anymore, then come in the hospital. Start Treatment.

So, the different unique aspect of the Medical Response to SARS CoV-2 and COIVD-19 was for the 1st time we had an Infectious Disease where the Medical Community settled into a Group-Think. And this was supported by the NIH, the CDC, the FDA, the American Medical Association; all the Medical Societies. It was supported by these Societies to tell Doctors, 'Don't touch this virus. Let Patients stay at home'.

Let them get as sick as humanly possible and then when they can't breathe anymore, then go to the hospital. In fact, it was shocking. October 8th when the National Institutes of Health came out with their 1st set of Treatment Guidelines. Because prior to that, none of the Societies had any Treatment Guidelines. They actually didn't tell Doctors how to treat the illness. Now there were suggestions about what should be done in the Hospital but Americans cared about what was going on when they got sick at home. And the 1st set of Guidelines said, 'You get sick at home don't do anything. Don't do anything. Come into the hospital when you really can't breathe. Still don't do anything until a patient needs Oxygen'. Then start doing something.

Like then actually give the 1st Anti-Viral Drug which was Remdesivir. Well, that's 14 days after the virus had already started replicating. By that time, the virus is long gone. When People can't breathe, the problem is Micro-Blood Clotting in the Lungs. So, the Federal Agencies, the CDC, the NIH, and FDA were enormously inept in terms of perceiving what this problem was. Incredibly inept in applying any type of judgment or direction to Doctors. And what had happened among the Doctors was we're, so terribly frightened we're not going to do anything unless we have the Intellectual Support from our Associations from our Federal Agencies, from our Medical Societies.

And it was just the opposite of what Medicine had always been. Medicine had always been Early Innovation by Doctors. Empiric Treatment, Small Studies Randomized Trials and then sponsored Large Randomized Trials, in that order. And then after Large Randomized Trials, then Guidelines Bodies would then look at all those Large Randomized Trials. Make determinations of what should be done. And then those Guidelines Bodies would issue Guidelines. And then the Federal Agencies would follow the Guidelines. That's exactly what we do for Mammography, Colonoscopy Treatment of Myocardial Infarction, Treatment of Pneumonia. It always started out with Early Empiricism then getting to Guidelines and Agency Statements, years later

4-Why was there an Assumption that Nothing could be done to treat People in the Early Stages of COVID-19 Infection?

It was a dangerous assumption to assume there's nothing that one can do for a Fatal Infection is enormous blunder. It's in a blunder by citizens. It's a blunder by Health Responders. And it's a massive blunder by Agencies. Can you imagine. Let's make an assumption. And could our assumption lead to the absolute Worst Possible Outcome? Which would be Hospitalization and Death. Or we can make another assumption. And say, You know what? It's treatable. We're going to try to treat it. Which is 'dangerous'? Which assumption is more dangerous? Absolutely, the dangerous assumption is to do nothing. The dangerous? You could take any example.

Let's make an assumption on Traffic Safety. You can assume that Traffic Safety Rules and Lines and Stop Signs and Seat Belts do something. Or you can assume, they don't. Let's try and let's have a free-for-all out on the streets right now and see what happens. Versus, pay attention to some rules. We never make assumptions that are dangerous to People.

And the thing that really worried me about this whole thing is this series of ‘Extraordinarily Dangerous Assumptions’. Can you imagine a Senior Citizen who has Heart and Lung Disease? Who recovered from Cancer? Has some Kidney Disease is handed a Diagnostic Test Result. And says, ‘Here, you have COVID-19. Now you have your Fatal Diagnosis. Our recommendations, based on the assumption we can't do anything, is go home and wait it out’.

And when that panic and that fear and that breathlessness and that fever is so overwhelming…When you can't bear it anymore, then go to the Hospital? And how do People go to the Hospital? They call Family Members. They contaminate all their Family Members. They call EMS, Uber Drivers, Taxi Drivers. Every Hospitalization in America was a ‘Super Spreader Event’. So, this assumption that there's nothing we could do in giving somebody a Fatal Diagnosis with no instructions led to a massive amplification of cases.

So, what we could have assumed and what I did assume, was that there are some principles we can adopt from other precedents. For example, every form of Pneumonia known to man does better if treated early, even Influenza. And that's the reason why Tamiflu, as an example. And there's an analogous product. Our FDA approved for the treatment of Influenza. They have some partial effect. Now do we ever use Tamiflu alone? No. We typically combine it with other Drugs to get Patients through the illness. There are Supportive Respiratory Drugs. There are forms of Inhalers, that's called Beta Agonist Inhalers and Steroid Inhalers.

We use those liberally in forms of Emphysema, Pneumonia, Asthma, Allergic Pneumonitis. There're other things that we can do to help Patients get through the Syndrome. They the Inflammatory Nature of the Syndrome became very interesting. We understand that Antihistamines, as an example Montelukast, Aspirin, Steroids, Corticosteroids play an important role. If I had an Asthmatic at home, I wouldn't say, ‘Listen, sit at home for 2 weeks until you can't breathe anymore and then go into the Hospital.’ Are you kidding me?

I’d put that Asthmatic on Inhalers. I probably would use some Empiric Antibiotics in that Patient and then some Steroids. And I’d prevent the Hospitalization, to the best I could. So, I approached COVID-19 Respiratory Illness like any other with the following thought. And we had pretty quickly put together our approach based on other precedents including Influenza, including Asthma, including Bacterial Pneumonia as follows.

That this was going to be amenable to Risk Stratification those under age 50 who had no Pulmonary Symptoms. They could simply ride through the illness. We had Data suggesting that Nutritional Deficiencies seem to increase the risk for Hospitalization and Death. And so that's where the Nutraceuticals came in early-on. That there was Supportive Data, not Curative but Supportive Data for Zinc for Vitamin D, Vitamin C and interestingly a Polyphenol Substance called Curceton or Quercetin.

There were some others that were considered, including Lysine and Acetylcysteine. They became what we call the 'Nutraceutical Bundle'. So is it kind of reasonable to do that in Patients, we'd say, yeah if it's linked to Mortality. We don't know anything else. There's no harm in these Supplements. They're readily available. People can buy them. So, we recommended the Nutraceuticals Bundle for those under age 50. And really no Medical Treatment. That amounted to roughly of People getting ill at the time, Probably 2/3 to 3/4 of Patients really needing no Treatment. However, if someone below age 50 or Medical Problems presented with Severe Symptoms or over age 50 with Medical Problems, it became clear that the rates of Hospitalization and Death were greater than 1%.

That was enough, greater than 1%, it's kind of a magic number in this whole equation That's enough to do something, that's enough to do something. We knew somebody at age 60 for instance, would face about an 18% chance of Hospitalization and Death. An 18% chance is too high. In my field, Cardiology, our Guidelines say anything more than 5% is High Risk. 1% to 5% is Moderate. Less than 1% is Low Risk. In general, for anything less than 1% we don't go after it. So, in this Low-Risk Group, we didn't go after it. But age over 50, young People presenting with Severe Symptoms, we went after it.

So, its Nutraceutical Bundle. What do we know next? The timeline was very interesting. We knew from SARS CoV-1 that's 80% similar to SARS CoV-2. We knew from Studies dating back to 2006 that Hydroxychloroquine, a Drug that's used for Lupus. It's used for Rheumatoid Arthritis. It's used for other Rheumatologic Conditions including Dry Eyes as well as Malaria, safe. Was effective in reducing the Viral Replication of SARS CoV-1. We knew that. And so United States knew that. In fact, that drug was stockpiled by the United States Government, Australian Government, some European Governments.

So, Hydroxychloroquine was on-boarded appropriately and ready to rock-and-roll. In fact, many countries front-lined Hydroxychloroquine for High-Risk Patients. And still do so today. If you go to Athens, Greece. Rome, Italy. Across all of Eastern Europe, Central and South America, Hydroxychloroquine is the lead Drug. India and East Asia, Hydroxychloroquine is the lead Drug. So, Hydroxychloroquine played a role. We also knew that with by the Summer [2020], we knew that Ivermectin played a role. This is an Anti-Parasitic Drug used for Scabies and other illnesses, safe and effective.

So, these drugs how, reason why they work against the virus, is they get inside cells. A lot of Antibiotics like Penicillin doesn't get inside the cell. But these, what's called Intracellular Anti-Infectives do. Japan had an Influenza Drug that had the exact same activity as Remdesivir, the 1st U.S. approved In-Patient IV Drug. That Drug is called Favipiravir. And the Japanese had Data, to suggest that FAVI Peer Review would play a role early on and it was readily approved by 5 countries, FDA approved. FDA equivalent approved in those countries to treat COVID-19. So, we had Hydroxychloroquine. We had Ivermectin, Favipervir. We combined it with either Doxycycline or Azithromycin. Those are Antibiotics. Americans know about.

They get inside of cells. They are also Intracellular Anti-Effectives. And they were slightly assistive in a couple ways. They cut down on some of the Bacterial Super Infection that would occur in the Sinuses and Respiratory Tract. And we knew from some Studies, that there was about a 3% overlap between COVID-19 and what's called Atypical Pneumonias, which would be Mycoplasma, Chlamydia Pneumonia. And these would also be responsive to these. So quickly, Hydroxy and Azithromycin, Ivermectin and Doxy. These were a common Favipiravir and Doxy outside the United States became common Intracellular Anti-Infectives. But those alone didn't carry the day. Because what happened is the Viral Replication tipped-off what's called Cytokine Storm or the Immune System going haywire.

And so, Doctors early-on in the Hospitals started using Steroids. And we had some confusing literature. Are they hurting? Are they helping? And the British helped out a lot with a study, an In-Patient Study called. 'The Recovery Trial' and the Recovery Trial picked an odd Corticosteroid, which is Dexamethasone in an odd dose, 6 milligrams a day. We typically use like 10 milligrams, 4 times a day. So, an odd dose but did show a small reduction in Mortality. And there was a Meta-Analysis published looking at Hydrocortisone Prednisone. It turned out, any Steroid worked in some reasonable dose.

So, in the United States, we quickly adopt using Prednisone, which we use in Asthma frequently. And then another trial in the UK was done called the Stoic Trial, using inhaled Budesonide. Now that was a very interesting development because there was a Maverick Doctor, former Military Doctor Richard Bartlett from West Texas. He made the National News by saying, 'You know what, I think inhaled Budesonide works.' And he said this early in the Spring. And he was on National News. He says, 'You know, I'm trying it. I'm a Doctor. I'm trying to help my Patients. I am using Empiric Treatment. I know there's no Randomized Trials'.

But he was doing the right thing. That's what American Doctors all should have been doing is trying to help their Patients by taking Empiric Choices on Drugs that made Clinical Sense. And he tried it and indeed it worked. The British did the Stoic Trial and sure enough, there was over an 80% reduction in Hospitalization. If we just used Inhaled Budesonide in Out-Patients with COVID-19. So, that made it on-board. The Montreal Heart Institute, one of the leading overall Randomized Controlled Trial Centers in the world. Got funding from the National Institutes of Health, Gates Foundation, Canadian Authorities and tested a Gout Drug which works against the Immune System.

Particularly works against the White Blood Cells and their ability to proliferate Toxic Granules and assemble Microtubules. That Drug is called Colchicine. So, Americans will recognize this as a Gout Drug. They carried out and conducted a Prospective Randomized Trial, Double-Blind for 30 days. The best quality trial done in all of COVID-19. And they demonstrated that there was a market reduction in Hospitalization and Death. So, Colchicine came on-board. And so the last thing that we really had to look at was Blood Clotting. And to this day, there has not been a single Out-Patient Study of Drugs to impair Platelet Aggregation or Antithrombotic.

However, we can learn from In-Patient Studies. And there's been very good analyses. They all agree. The use of Full-Dose Aspirin in the Hospital is associated with reductions in Mortality. And the use of full-dose Anticoagulation whether that be injectable Low Microwave Heparin, Full Heparinization, we can even use Oral Anticoagulants as an Out-Patient is associated with reductions in Mortality. So, what I had been doing, is I was working with the Italians looking at how these concepts are coming together. And I published a Paper in the American Journal of Medicine in August of 2020. And I have to tell you, when I looked at the Literature through the Spring, working with the Italians, there had been when a time I submitted the paper on July 1, [2020], there were 55,000 Papers in the Peer-Reviewed Literature.

Not a single 1 taught Doctors how to put Drugs in combination and treat the virus. And it seems so odd to me. We knew this was a Fatal Viral Infection. In Fatal and Viral Infections, single Drugs never work. We knew this in HIV. We knew that we needed multiple Drugs in HIV. We knew this for Hepatitis C. We knew this for all the other Fatal Viral Infections. We use Drug Combinations, never Single Drugs. And the only thing we could do at that time is look at Studies of Single Drugs and find Signals of Benefit, Acceptable Safety, and then assemble them into Regimens.

The Clinical Trials testing a 4 to 6 Drug Regimen. Those haven't even been planned yet. I mean the Mortality Rate would have been astronomical, if somebody didn't step forward and have the courage to publish the concepts. And I guess that's what my role is in World's history for this. I published a Paper called, ‘The Pathophysiologic Rationale for Early Ambulatory Treatment of COVID-19’. And it was published in the August issue 2020 of American Journal of Medicine. To this day, that's the most widely downloaded Paper from that Journal of all topics. And it went viral and literally it went viral because the world was thirsting for an approach to COVID-19.

Now quickly, after that was published, I was managing all different types of communications regarding the Paper, Scientific. And then, also Media related and we had Supportive Data now coming in strong for Ivermectin, for Colchicine, for Inhaled Steroids. And Operation Warp Speed had delivered Monoclonal Antibodies directed against the Spike Protein. The pathogenic part of the virus and they included a Product from ‘Lily’, another one from Regenerome. So, I needed to update the Algorithm. And I put that together and published that in the Journal that I edit, Reviews in Cardiovascular Medicine.

But with a separate issue in a separate Unbiased Editor that I didn't have influence on to make sure that was fully Peer-Reviewed and vetted. And which it was. And that was published in Reviews in Cardiovascular Medicine in August of 2020. By that time, there was a 100,000 Papers in the Literature. And outside of my 1st Paper, there wasn't a single other Paper that actually proposed a Regimen or a Protocol to treat Patients with COVID-19. It was almost extraordinary that we were over 9 months into a Fatal Pandemic influencing the world and no one could come-up with an original idea? Of how to put Drugs in combination to treat the virus? We didn't have the Harvard Protocol. We didn't have the Johns Hopkins Protocol.

We didn't have UCLA. We didn't have a World Health Protocol. So, this was extraordinary, that all the firepower we had in Academic Medicine couldn't. They just drew a blank, Matter of fact, if you look at these Centers across the United States and across the World, they never opened-up COVID Treatment Centers. They didn't have Out-Patient COVID Treatment Centers. They didn't attempt to study or help a single Out-Patient with COVID-19.

5-Why were there not more doctors speaking out of offering solutions for early treatment of COVID-19?

My contribution was, I think the ability to publish the ideas. 'OK'. This is very important. Others had the ideas. Vladimir Zelenko in New York City, an Orthodox Jew stepped-out of the box. He said, 'Listen, we need to treat this. We can use some Drugs in combination, Hydroxychloroquine and Anthramycin, Steroids, other Drugs'. And he started putting Drugs in the combination. Richard Bartlett in west Texas. Brian Tyson and George Fareed, former NIH Scientist George Free, came out of retirement. They went to really the crucible of COVID-19, down in the California-Mexico border.

And just opened up a Clinic and had, you know…opened up a tent. People started walking-up and they started treating him. Didier Raoult in Southern France said, 'Listen, we can treat this.' Him and a group of courageous French Doctors opened up a large Clinics in Southern France and started treating Patients. We had Yvette Lozano in Dallas. She took her a General Practice building on by White Rock Lake and turned it into a COVID Treatment Center. She converted all her rooms to treating Patients with COVID Oxygen Concentrators. Had all the Drugs.

There're pictures of Patients lining-up on the sidewalk to receive Treatment. So, it was interesting how the Innovators were all independent courageous Doctors. And the Academic Medical Centers drew a blank. They couldn't even pitch a tent to help People. And to me, it was stunning that the Academic Medical Centers or even the large Community Centers couldn't help a single Out-Patient. They couldn't even provide a Patient Brochure of what should be done. The CDC offered guidance like take some Tylenol and if you get really sick go to the hospital. The response to a treatable Out-Patient problem that gave us 2 weeks of opportunity to do something.

The lack of that anemic, that the lack of that response was stunning. And it had to do, in my view because of a whole timeline of events that put a chill on the attempts to treat COVID-19. Doctors in Health Systems and others, I think in a relatively short order became 'actively discouraged' from treating COVID-19. I can tell you; I never got an encouraging email or phone call saying, 'You know what, do the best you can for your Patients. Try to help them. These Hospitalizations are terrible. Please, we support you in using your best judgment. Or here's a few suggested things you could do.' I never got any of those emails from Medical Societies, from others. In fact, there was only one Medical Organization just like there's you know, a few courageous Medical Doctors. There was one courageous Medical Organization, the Association of American Physicians and Surgeons that saw what was going on.

And interestingly, that organization is an organization that represents Independent Doctors, not those employed by Hospitals or Big Medical Groups or Medical Schools, but Independent Doctors. And they saw what was going on and the first thing that they attacked was the stockpile of Hydroxychloroquine. So, what happened was the U.S. had an ample supply of Hydroxychloroquine. And the only issue was start using it. And start putting it into combination with other Drugs to treat COVID-19. It seemed terrific. And the 1st event in the timeline was the FDA Emergency Use Authorization for Hydroxychloroquine. So, the Listener should understand that an Emergency Use Authorization would be for a brand-new Drug or Product where there is a great unmet need.

There's not enough time to do all the Testing and that we would do an EUA for that. There's a Government Mechanism for that. It's under 'Emergency Circumstances' that wouldn't apply to Hydroxychloroquine. It was already fully FDA approved. It was out for 65 years. It was safe. We had used it in pregnancy. We knew all of its Safety Profile. Doctors knew how to use Hydroxychloroquine and I used it my practice. It was just not a big deal. It didn't need an EU way. But so, the EU way went out on Hydroxychloroquine and said, you know this EUA with language. And it says restricting Hydroxychloroquine to In-Patient Use. OK. And so, one of the 1st big Studies out of the block was done in thousands of Patients out of Henry Ford. And it was great news that Hydroxychloroquine was associated with a large reduction in Mortality if applied early.

But the later, it was applied in the Hospital stay. It didn't look like the Patients were too far gone. I wrote the Response to that in several Publications across the United States. And one was an Op-Ed in The Hill. Because as I saw this, I basically made the case that Emergency Use Authorization was an 'effective restriction'. It should be lifted and we should use Hydroxychloroquine and wide open. And then something really terrible happened. Keep in mind that the Henry Ford Data was very positive. We had the EUA. The U.S. had stockpiled it. The National Institutes of Health, the Allergy and Immunology Branch had commissioned a several thousand prospective Double-Blind Randomized Placebo-Controlled trials of Hydroxychloroquine and Azithromycin in Out-Patients with COVID-19.

They had funded the trial. They got the Drug supply. They got the Placebos. They set up all the Study Centers in the United States. We were all ready to go. That was in the Spring [2020]. Terrific. Everything's coming together. And then what happened was a Fake Paper was published in LANCET. A Fake Paper now, LANCET. The Listeners should understand that LANCET is like the New England Journal of Medicine. It's one of the most prestigious Medical Journals in the world. And when a Paper is submitted, there are so many checks on validity. Where is the Paper coming from? Where are the Data coming from? Validating the data. Then it's sent out to Peer Reviewers who are Independent. They check everything in the paper. They give comments about, you know was this reported? Was that reported? What have you. There're so many checks on Papers. And then it comes back. And then there's an Editorial Decision made on a Paper. And then it's published. That's called Peer Review. That ensures to the Public that Papers are not fake. It's very important.

It assures the Public that things are not falsified. Well, this Paper had Authors from Harvard. It came from a company called Surgisphere that no one really understood what this company was about. And the Data was a large Data Set of In-Patients with COVID-19 from all over the world that had in-depth Drug Exposure Data. We didn't have that back then. You know, that was from December [2020]-January-February [2021]. This was just emerging. We didn't have this. The average age in that paper was 49 years old. And the Paper implied that use of Hydroxychloroquine was ‘dangerous’. And LANCET published this Falsified Paper.

Somehow, it fell through all the other Peer-Reviewed and how could they possibly publish it? And as soon as it came out, I knew in 2 seconds that it had to be wrong. We don't Hospitalize People in their 40s. And Hydroxychloroquine, in fact is associated with benefit, not harm. This Paper and LANCET frightened the entire World. It was like a shockwave and there was a whole series of reactions. People started publishing Papers how Hydroxychloroquine could be ‘dangerous’. All these Academic Doctors. ‘Case closed! Hydroxychloroquine doesn't work. Stop using it.’ Hospitals started pulling it off the Formularies. It was extraordinary what happened with Hydroxychloroquine.

In fact, the U.S. FDA put out language that said, Hydroxychloroquine, shouldn't be used period. We're canceling the EUA for In-Patient Use. And it shouldn't be used period. So that FDA language then went to the AMA. And the AMA says, ‘Well don't use Hydroxychloroquine, period. In-Patient or Out-Patient. That went to the Pharmacy Boards. Pharmacy Board said, ‘Oh, Doctors shouldn't be using this’. So as Doctors we're treating Patients in the community prescribing Hydroxychloroquine. Next you know, Patients will show-up to the Pharmacy and the Pharmacist said, ‘Sorry I can't dispense it. My board says that I can't.’ And then Doctor's Licenses started to become threatened. And then you know, then also there was a cascade of events. Hydroxychloroquine being the lead that put a chilling effect on anybody's attempt to treat COVID-19.

6-Why did the Regulatory Authorities and Mainstream Media tell the Public that Hydroxychloroquine was Dangerous and Ineffective?

Hydroxychloroquine, I think the fair statement, are it’s the most studied and utilized Therapeutic Medicine for COVID-19 today. There are hundreds and hundreds of Studies. And Hydroxychloroquine was appropriately acquired and stockpiled by the U.S. Government. President Trump, whom I personally think was very weak in the response. He could articulate that how Hospitalizations and Death were a serious problem. He could not assemble a team of Doctors who were learning how to treat COVID-19.

Neither could the NIH, or the CDC or the FDA. We had gross failures from the U.S President and the major Agencies. Can you imagine, today, to this day, we still have not had a Doctor, in any position of Authority in the United States who has actually even seen a Patient with COVID-19 and treated them. None. It is extraordinary what’s happened! So, President Trump mentioned Hydroxychloroquine and let’s give it a shot. And the immediately he was bashed-down by his Detractors.

I thought it was a very weak statement to begin with. But he was bashed-down. People have always held him up, 'Oh, it was Trump. If had not mentioned Hydroxychloroquine, none of this would have happened'. I disagree. I think that there was an enormous effort to suppress Early Treatment. Hydroxychloroquine was the initial 'Lighting Rod'. Remember I mentioned that NIH trial? You know what they did after 20 Patients? Disingenuously, they said they couldn't find COVID-19 Patients. And they shut-down several thousand Patient Trials. They shut it down after 20 Patients. That never happens! They purchased the Placebo. They found the Study Centers. They had the binders. They had the Nurses hired. They had everybody ready to treat Americans with Hydroxychloroquine and Anthramycin. And they gave-up after 20 Patients. That was extraordinary!

The False Paper published in LANCET was extraordinary. We started to have an array of incredibly Flawed Papers publishing exaggerating Cardiac Effects of Hydroxychloroquine. 'Oh, it can cause dangerous Arrhythmias'. There was 1 that I mentioned in my U.S. Senate Testimony. I came from the Mayo Clinic. It said that 'Hydroxychloroquine can cause a scare in the Heart'. They actually drew…they had a Heart and a huge white scar. In fact, I ultimately hunted-down that Paper. Hunted down the Authors and Publishers and I demanded a Retraction. Ultimately, I got a Conciliatory Letter published saying, 'You know, we're sorry, it does not really cause a scar in the Heart.' So, People started to intentionally try and damage Hydroxychloroquine.

So, it would not be used in COVID-19. Yet had other countries that held with it steadfast. I mentioned all the countries to this day that use Hydroxychloroquine. And now we have Studies, for instance a study from Iran. In 30,000 Patients! A massive study and they treated about 25% of People appropriately with Hydroxychloroquine with a combination of other Drugs. And it had a massive reduction in Mortality. So, Hydroxychloroquine is a mainstay. The prospect of Reanimated Trials? We just isolate them; pre-Hospital Studies are all positive. Now, is it a Game Changer? No. I would say that it is about a 25% reduction in end points. But it is a very useful Drug to get started early. There's not a single Drug that would rely on it alone. But I think that Hydroxychloroquine itself is a Poster Child for what happened.

You know, early-on in this, I became of National Attention. I received calls from the White House. I was contacted by the U.S. Senate. I became known on Social Media, which I was never on Social Media before. I am not an Immunologist. I am not a Virologist. I'm not an Infectious Disease Doctor. But I am a good Clinical Doctor. And I understand Drugs. And I understand Drug Safety very well. Hydroxychloroquine had a single benefit, acceptable safety. I was contacted by Doctors in Africa, that anonymously told me, 'There are some Bad Guys raiding the Pharmacies at night and they are coming in to burn the Hydroxychloroquine'. I said, 'Who are these Bad Guys'? We do not know but they look like some sort of Mercenaries or Operatives. Mysteriously, the 2nd largest Hydroxychloroquine producing plant outside of Taipei burned to the ground. So, Hydroxychloroquine as a simple, safe and effective Drug to this day, seems to be 'Poster Child' for worldwide comprehensive efforts to suppress Early Treatment.

As of interest, as the Data came out, with Ivermectin, Ivermectin became the 'next Drug'. Now of interest, with Ivermectin, there was an associated group that formed called the Frontline COVID-19 Critical Care Consortium. It was led by Pierre Kory. I identified, him and Dr. Paul Marick and communicated with him. We had tele-conferences. I recommended that Dr. Kory testify at the 2nd U.S. Senate Hearings in December [2020]. Also Dr. JJ Rajter, from Florida. Dr. Rajter had tried Hydroxychloroquine and tried Ivermectin in all of his sick Patients in Florida's Hospitals and it was enormously successful in reducing Mortality. He published his Paper in CHEST, one of the best Pulmonary Journals. So, I give him tremendous credit for that.

So, Dr. Kory and Dr. Rajter presented what became a very compelling case for Ivermectin. If People were sufficiently turned-off by Hydroxychloroquine, we could focus on Ivermectin. Dr. Tess Lawrie, who is considered one of the world's most prominent Analyst in the UK, published and Dr. Andrew Hill as well published incredible analysis demonstrating that Ivermectin reduced Mortality in In-Patients and Out-Patients. So, a little different than Hydroxychloroquine. Hydroxychloroquine takes a little bit of time to work and probably doesn't work at the very end of the illness. But Ivermectin miraculously works through the 'Range of Illness'.

So, the Data starting coming on for Ivermectin and there was enough 'Push Power' for emphases on the National Institute for Health Guidelines where they made a specific statement regarding Ivermectin. They said, 'You know, we understand the Data of Ivermectin. We can't be for it or we can't be against it'. It is the same statement they made for the Emergency Use R. Eli Lilly Antibodies. The NIH said, 'We understand the Data. We can't be for it or we can't be against it'. But at least we got a Neutral Statement out of them. Hydroxychloroquine to this day has a Negative Statement on this.

And Doctors have literally had to fight for their Medial Licenses in order to prescribe Hydroxychloroquine. One, by one, by one, all those Licenses have been restored. All of those State Rulings have been overturned. All the Medical cessations. And Hydroxychloroquine is used today. Ivermectin is widely used today. Both Drugs can not only treat the Infection early but they can prevent infection! There are Prophylactic Studies that can prevents, if Patients take these Drugs periodically. Typically, once a week or so, they can prevent COVID-19 from becoming an illness. They are preventive. In fact, I led one of the early studies of Hydroxychloroquine here in Dallas to protect our Health Care Workers.

That these Drugs are about 90% effective. They are as about effective as the vaccines in preventing acquiring COVID-19. When someone is ill, I never prescribe these Drugs alone. But I prescribe in what I call Sequence Multi-Drug Therapy. But that is the approach that Independent Doctors have taken in the United States.
And uniquely, not a single Academic Center today or Community Center today treats COVID-19 Patients. As an Out-Patient as a goal of reducing Hospitalizations and Deaths. Why would these Centers not want to help their Patients?

7-Why Didn't more Doctors resist the Directives against providing Early Out-Patient Care for their Patients?

You know, Doctors clearly have a 'Group-Think'. And Doctors want Intellectual Support for what they do. That's the reason why we meet all the time. That's the reason why we go on rounds together. That' the reason we have Conferences every day. We want to Intellectually Support each other for making decision on Patients for the assurances that we are making the right decisions. And what happed was, with the pandemic, all of our meetings were dissolved. We could not meet with each other anymore. There was not much to have much Intellectual Support. And each Doctor one-by-one, had to make a decision.

When the next Patient called and said, 'Listen, I'm sick with COVID-19, can you help me?' There was a 'Binary Choice'. The choice was, 'No, I am not going to help, nothing works. There is nothing I can do. Wait until you get Hospitalized'. Or the answer could be, 'You know what, let me try.' And what we found was that Binary Choice was the 'Biopsy' of who really had Courage. And who had really had Excellent Clinical Judgment. And Doctors who were not confident in their Clinical Judgment quickly said, 'You know what, there is nothing I can do'. And they got into that Group-Think.

And that could have been 90%+ of Doctors. Had, A) A lack of Clinical Judgment. And a lack of Courage. But what If found in this whole thing is that those 2 things are rare. And for me, it was just very natural. It was very natural. My Father was one of the 1st Nursing Home COVID-19 Patients in Dallas. The very 1st one in Presbyterian Village. He had COVID-19. Had Pelvic Fracture. He is flat on his back. A scared PA says, 'Your Dad got COVID. He's in the Unit. We don't know what is going to happen'.

His Mortality, being completely bed-ridden, with Dementia and now COVID, I can tell you he was facing an 80% Mortality of just having COVID just rage him. So what did I do? Did I do the Binary Decision of doing nothing? Of course not! Of course not! If I could message any American Doctor, or any Doctor in the World right now, have some courage! And trust your Clinical Judgment. I did. And that is what real Doctors do. And I will never apologize for that. Of course, my Dad was treated with Hydroxychloroquine. He was treated with Azithromycin. He was treated with Aspirin. We put him on Lovenox, a Blood Thinner.

The full Nutraceutical Bundle. Zinc. Vitamin C. Vitamin D. Curceton. Open the windows. Get that virus aired-out there. And he got really sick. As expected, he had dementia. His wishes were to not go to the Hospital. Not to go on a Mechanical Ventilator. We treated him there. It took 60 days. And it was a long illness but he survived. And that was early. And that taught me, that if I am willing to do that for my Father, I have a Hippocratic Oath. And I have a Fiduciary Responsibility to my Patients. And I refuse to let my Patients die of this illness! And when I testified in the U.S. Senate, I told the American People, I have always treated my High Risk Patients. Always. And at the end of my Opening Statement, I held-up the Protocol. And I told the American People, I am not asking for 'Permission to do this'. I'm not. But I am asking for your help.

It is a very important Statement. Because my Patients were appropriately treated, to the best of my ability. And we have 600,000 died Americans that were not treated appropriately and not treated to the best of the ability of their Doctors. And that will go down in 'Historical Shame' for our country. I think it's a travesty we have 600,000 died Americans. The vast majority did not get an ounce of Treatment. In fact, there were Medical Groups that adopted Policies that they were not going to even answer the calls of COVID-19 Patients. And there were millions of Patients needlessly Hospitalized. We had Data that came in later from Dr. Zelenko from New York City.

Dr. Proctor here in Dallas who did the same exact thing, showing that our method could reduce Hospitalization and Death by 85%. And I am sorry, there are no Randomized Trials of 4 to 6 Drugs. There are none planned, so therefore, without any large trials, there's not going to be any Guideline Statements. And without any Guideline Statements, we will never have any Agency Support for this. But this is about Courageous Doctors saving Americas. And I would go farther than this. This is about Courageous Doctors saving the World. So now we have the Association of American Physicians and Surgeons. We have FLCC in the United State. We have 250 Treating Doctors.

We have 4 National Tele-Medicine Services and 15 Regional Tele-Medicine Services. We are treating 10-15,000 Patients a day. Forget the U.S. Government. Forget what anybody says about this. Americans are getting Treatment. Once our Treatment Message came with 2 Senate Hearings, headed by Senator Ron Johnson, the Hospitals started clearing-out at the end of December [2020], early January [2021]. Because Early Treatment markedly reduces the spread and dramatically reduces Hospitalization and Death. It is the only thing that does that.

The Hospital doesn't save all the Patients. I would say that the Hospital, honestly has a modest impact on anything COVID-19. It's all about Early Treatment. The Hospitals starting clearing out. The Curves came way down in the United States. That is way before anybody way fully 'vaccinated'. And I testified in the Texas Senate on March 10 [2021]. I said, 'Listen, by Standards, CDC Equations, we are at Herd Immunity! By March 10. No vaccine effect. That I actually just treating Patients. In Texas, we had 35 Treatment Centers. Our Protocols and Methods work. And I've learned over time that there are so many ways to treat the virus. I've had a seminar with Dr. Sangram Chadi in South Africa.

He said that Hydroxychloroquine and Ivermectin, just like in the United States, has become so politically charged, Doctors were losing their Licenses. In fact, some Doctor were jailed in trying to help Patients with COVID-19. And he gave up on them. He's treated 4,000 Patients. Fewer than 10% got Hydroxychloroquine or Ivermectin. He treats them. He times the illness. He waits till day 8 and then he starts the Inhaler, Oral Steroids. He starts Aspirin and other Anti-Inflammatory and Montelukast. And in the High Risk Patients, he uses Anti-Querulants on the back-end. And he has saved virtually everyone outside a handful of Patients out of 4,000; sick Patients in South Africa.

So, what I have learned about his virus, is that if Doctors do anything to try and help Patients, they can reduce Hospitalization and Death. And the only reasons why this is such a horrible thing in American History is because Doctors failed to act.

8-Why, when it came to COVID-19, did so many Doctors agree to depart from longstanding Medical Practice in terms of seeking and formulating early Out-Patient treatments for their Patients?

The U.S. FDA puts out thousands of Drug Warnings per year. In fact, Americans know this because they see a Drug advertised in TV. And it says, 'Warning! May cause death', may cause what have you. So, we get thousands of Warnings per year. The FDA recalls drugs. Puts Black Box Warnings on Drugs. Doctors still use these Drugs. They understand the Warnings. About 40% of Drugs are used 'Off the Advertising Labels' So, once a Drug is older, its original Advertisement Label doesn't really apply.

So, we use Drugs, quote 'Off-Label' all the time. That's common. But what happened in COVID-19 is because of the tremendous 'Fear' that settled in over our country, whatever statements came out by the U.S. FDA, the NIH and the CDC started to take more weight than they ever would in the past. So, if those Agencies said something like, 'Don't use Hydroxychloroquine'. That emanated down through the AMA. And each of the Pharmacy Boards where they actually denied Patients Hydroxychloroquine.

In fact, there are probably Patients who died because the Pharmacy did not dispense the Hydroxychloroquine to Patients or the Ivermectin. There are Doctors who started getting Warning Letters, stating…Dr. Richard Ursa from Houston. Another Doctor stepped out of his role, like I did to treat the virus. Got Warning Letters from the Texas Medical Board. 'We're going to examine your License. We understand you're prescribing Hydroxychloroquine and trying to help COVID-Patients.' OK, these Doctors, Dr. Robin Armstrong. Dr. Robin Armstrong in Texas saved dozens of Nursing Home Patients with Hydroxychloroquine, Azithromycin, Steroids and Blood Thinners.

The families think he's a hero. The Texas Medical Board tried to take away his license. And so, he had to go through Hearings and Reviews. And ultimately, he was restored, although he was…his Practice was just as damaged if not destroyed. Emails started coming down through Big Medical Organizations, 'Don't use hydroxychloroquine'. They later on came down, said 'Don't use Ivermectin.' In fact, there was you know flat-up 'Don't do it'. We were getting Official Messages that basically said, Don't take care of COVID-19. These are Codified in Policies and emails by major Medical Organizations.

And it went counter. Can you imagine getting an email saying don't treat Pneumococcal Pneumonia? Just let them die? Don't treat Meningitis, let them die? Can you ever? We've never seen this. The term that applies to what's going on is Wrongdoing by those in positions of Authority. It's called Malfeasance. We don't put down a chilling negative message that's going to result in harm. We don't do that. We don't do that in a civil society. It happened from the NIH, the CDC, the FDA, major Medical Groups. These chilling messages, but at the same time you had AAPS saying, 'No, this is wrong. 'Treat

Patients'. You had FLCC, a group that became very strong saying, 'No treat Patients' in the UK. We had the bird group that said, 'You know what, treat Patients. Use Ivermectin Based Protocols. We had Panda develop in South Africa. We had the COVID Medical Network developed in Australia. We had Treatment Domiciliary develop in Italy. So, listen, the 'Counter Argument' to this of, 'No, we should treat the virus'. That counterweight was there. And it's one of the reasons why you're talking to me today.

You're not talking to some FDA Official who basically wanted to throw a cold water on things. You're talking to me today because you're getting a sense of truth. You're getting a sense of reality that this virus is treatable. Everything that we've done for this virus we've made it far worse by not treating it, keeping patients in fear, isolation. We've done multiple things that have promoted Hospitalization. And we've done multiple things that have actually promoted excess Mortality. And it's a shameful time in America and in the world.

9-Where was the policy instructing Doctors to NOT trat their Patients coming from? Wo was giving these Orders?

Under the dark cloud of 'Fear', the Medical Administration's defer to the FDA the NIH and the CDC. Our 3 Governmental Agencies, they defer to that. In fact, they will state, 'We're following the policy. So, let's pick something less charged like wearing Masks'. How…you know what sets the Mask Wearing Policy? What the CDC says? Well, they say this, 'Let's follow it'. Same thing is true. If the Agencies say, 'Don't use Hydroxychloroquine or Ivermectin'. If that's what they say, that quickly gets down to Medical Administration. And they'll float-out an email saying, 'Don't do it.'

In fact, in a country we can pick on. In Australia they have the TGA. That's the equivalent of the FDA. They have Guidelines where they literally have dozens and dozens of Negative Statements: Don't do this, Don't do that, Don't do this, Don't do that. Interestingly, none of these groups actually say what to do. So, if you take any major Hospital and ask them what email or what policy came down that told Doctors what to do, you gave warnings on what not to do. But what did you tell them, to do…to take care of Clinic Patients with COVID-19? Most of them would say, 'Nothing'. We don't have…In fact, I testified in the Texas Senate on this topic.

And within on March 10th [2021] and within 48 hours it was Draft Legislation to at least give Patients some information. Say, listen, if the Hospitals and Doctors aren't going to do anything, we're going to give you some information. Here's some…When you get your Positive Test Result, here is some information on what you can do.
Here are the Treatment Protocols. Here are the EUA Monoclonal Antibodies. And again, if Hydroxychloroquine or Ivermectin is controversial? OK. But what about the Monoclonal Antibodies? We haven't talked about these. These are high tech. They're produced by Big Pharma. It's 'Big Money'. It was all NIH funded. Their Emergency Use Authorized by the U.S. FDA. How come America has no window to that? How come there's no Updates on how we're doing with that?
How come there's no 1-800 numbers; how Sick Patients can't find out where these

antibodies are? So, it is a ‘Global Suppression’ of Early treatment whether they're Generic Drugs or Newly Approved Drugs. There is a Global Suppression on Early Treatment. Americans will know. They watch the TV every night. The initial dialogue was, ‘We're scared’. ‘Wear a Mask’! ‘Go on Lockdown!’ ‘Hand Sanitizer’. Ok. Then there was some reports about terrible things going in the Hospital. Then the reports later on, ‘Wait for a vaccine’.

There were never Regular Reports or Updates from any Local or National TV source. They never gave Regular Updates of, ‘This is what you should do when you get COVId-19 at home. Here are the Drugs that work. Here are the Protocols. Here are the Hot-Lines so you can get an Antibody Infusion which is approved by the FDA. Here are the Hot-Lines so you can get in Research.’ Research is important. There's still no Hot-Line for Americans to get in COVID-19 Research at a State or a Federal level. Stunning.

There's been no Updates. When I’ve dealt with multiple Congressional and Senate Offices, I said, ‘Listen, weekly Updates to the American People, so they know what to do. So they're not so in Fear when they're getting these results. Weekly Updates through all Public Channels. Weekly Updates on Treatment and then Monthly Updates to the Guidelines.’ We have none of that. We are over a year of this and the Americans have been absolutely let down by the Government Agencies, by the Media. The Media? Why wouldn't it come into any local Broadcaster's thought process to give their Listeners an update on Early Treatment? It's a stunning oblivion.

10-Given that most medications are advertised as having possibly dangerous side effects, whey did regulators categorically dismiss early Out-Patient therapies for COVID-19, including FDA-approved Hydroxychloroquine, on the grounds of having possible dangerous Side Effects?

For Products to actually be officially advertised, they have to have somebody who's going to pay for the Ad, which is a Drug Company. And they have to be FDA approved. And they actually have to have an FDA Advertising Label. And because of the Monoclonal Antibodies, as an example don't have an Advertising Label, they can't be… Lily and Regenerome can't go out and advertise for them. But because they're EUA from a Public Health messaging perspective, they should be equally featured as ‘vaccines’.

Now vaccines are Emergency Use Authorized. All we hear about is vaccines, Morning, Noon and Night. Why do we hear a massive messaging about vaccines? Americans ought to think about this. Why are vaccines featured by the CDC, NIH and FDA, Morning, Noon and Night by the Media Morning, Noon and night? By every Medical Center, Morning, Noon and Night. I can tell you as a Doctor in Medical Center, all our emails are about vaccination. Why are they featured in every single Public Health Communication. ‘Needles in all the Arms’! In fact, shockingly in the Dallas area, in October [2020] this is long before the Vaccine Trials were ever completed.
If you were to call CVS or Walgreens, the Answering Machine would say, ‘We're proud to offer the COVID-19 Vaccine, when it comes available!’ We have never advertised for

a Product before it comes available. In fact, it's against the U.S. Laws regarding Drugs in Biological Products. So, things started to go off the rails very early on. And it seems like there was a ‘Playbook’. The Playbook was to suppress any hope of Treatment. A complete oblivion to Treatment through all the entities we've mentioned. And at the same time, prepare the Population for Mass Vaccination. These 2 are very tightly linked. And now with Mass Vaccination. we have seen things we have never seen advertising the vaccine before it's even available.

Massive Messaging for the vaccine far out of proportion to Treatment. You have 2 EUA Products. One you never hear about. Americans would, are starved of these Monoclonal Antibodies. In fact, they're grossly underused. They could have saved probably tens of thousands, if not hundreds of thousands of lives. And they're being squashed. The Lily and Regenerome practically squashed. But the Pfizer, Moderna and J&J Products are being massively promoted and advertised. Americans ought to be kind of wondering why is that happening.

Why are we defocusing on the Sick Patient and focusing on Well People. All the Messaging about Contagion Control and vaccines are about Well People. Why can we not focus on the Sick COVID Patient? That was my message to the Department of Health and Human Services in Texas. But it goes further than that. It goes further than that. The Vaccine Registrational Trials strictly excluded Pregnant Women, women of childbearing potential, COVID Recovered Patients, Patients who had prior COVID Antibodies’ strictly excluded them by Regulatory Science. If all the Registrational Trials excluded a group of Patients, we would never use that Product in that group once it gets on the market, never, never.

We never violate that. Why? Because we don't know if it's going to work. And we don't know if it's going to be safe. We never do that. There's another level with Pregnant Women, our special group in Research and Medicinal Products. It's very important for Americans to know this. In Pregnant Women for vaccination, we only vaccinate with safe Inactive Products. Inactive Flu, Tetanus, Diphtheria and Pertussis. That's it. We would never inject a Biologically Active Substance in a Pregnant Woman's body that could be dangerous, never. And with the vaccines as soon as they came out the CDC FDA. Media, everybody said. ‘Vaccinate them’! Vaccinate them.

11-Given our longstanding acceptance of vaccines for diphtheria, tetanus, polio and measles, ow is the development and deployment of COVID-19 Vaccines a departure from previous vaccine development and safety review?

Well, the USA, FDA Regulatory Guidance and vaccines. And there have been Modern Vaccines. You don't have to pick the old ones. I mean we've had Modern Vaccines: Shingles Vaccines, Hepatitis B, Meningococcal. Vaccines demand a minimum of 2 years of Safety Data, 2 years by Regulatory. In fact, these are kind of written and codified into the Regulatory Rules for the Manufacturers. That was all thrown out. And said 2 months for COVID, 2 months. So, 2 months of Observational Data. This idea that, we could vaccinate People that were not even tested in the trials that has never

been done before. We have never just thrown a vaccine at somebody without having any data, none. So, the very 1st Pregnant Woman that was vaccinated here in the United States. It was done with no knowledge of Safety and no knowledge of Efficacy. And the argument that we've heard is, 'Well COVID-19 is a bad illness. 600,000 People have died. The vaccine could help them. We should give it a shot. Come on, we should just give it a shot.'

While that 600,000 died, I've already told you. 85% [510,000 lives saved, so really 90,000 died from COVID-19 directly] of that was preventable with Early Treatment which was actively suppressed and squashed. And not only that, is if this vaccine can help them, the vaccine better be safe. It better be safe! And my comments on the vaccine are Safety, Safety, Safety. Let's see it. And Americans are just like… the Americans should have been getting Weekly Updates on Treatment Innovations. Americans should have been getting Weekly Updates on Vaccine Safety. Very important Weekly Updates from our Federal Officials on Safety. Super important.

Those 2 things are probably the 2 largest Acts of Malfeasance in all of Medical Regulatory History. It will go down in history of Malfeasance Wrongdoing by those of Authority. How come there was no Updates on Treatment and no promotion of Early Treatment to reduce Hospitalization and Death? And now when we release the vaccine, why are there no Safety Updates? Why are there no attempts for Risk Mitigation in terms of making the Vaccine Program safer? How do we have all these vaccines? How do we know we can vaccinate Pregnant Women?

We know because of years and years and years of Safety Data. Before a vaccine has ever been injected into a Pregnant Woman, it's probably been tested for decades before we tried a Pregnant Woman. We would never out-of-the-box take a brand-new Technology [mRNA] that's never been tested before, ever. And we know that the Vaccine Technology produces the dangerous Spike Protein. I it produced the Wuhan Spike Protein. The Spicule on the ball of the virus itself which damages Blood Vessels and causes Blood Clotting.

And all of them, do we would never unleash that into a Pregnant Woman's body? Americans have to understand something is very, very wrong. What's going on? What's going on now in the world? These are examples, are clear-cut examples of Wrongdoing that is at such a high level, the 'Group-Think' is in the wrong direction in such a consistent and overwhelming way that people are being harmed in in an extraordinary fashion.

12-How did you go Public with your finding about Early Out-Patient Therapies for preventing Hospitalization and Death? How was it received?

Well, when I published the 1st Paper in the New England Journal of Medicine, I taught Doctors how to treat COVID-19. It could have been someone else. If Dr. Zelenko had the publication power, he could have done it. Or Dr. Proctor could have done it. Or Dr. Drearier…We all could have done it. Or Brian Ferried, Brian Tyson or George Fried…

I turned-out that I was the person who had sufficient Academic Authority to do this. Ok? And I Authority. I take complete responsibility for doing this. I did it uniquely. The only person in the World to do this. Others may have been actually trying, and those Papers may have been suppressed by Editors. They probably were. Because we found suppression of Early Treatment Literature all over. It became impossible to publish a Paper. It was really hard. I may have been the strongest and the most courageous Doctor in the world to do that. But I did it. And the feedback I was getting was tremendous. It was like, 'Of course. This makes so much sense. I am so glad this got into the Literature'. It came out in electronic print in August [2020] and then it come out in hard print in January [2021].

When it hit January, and it landed in all the Medical Libraries in the World, that is when things really heated up. And I do have to tell you that I got Letters to the Editor that came into the New England Journal of Medicine. And Dr. Joe Albert out of Arizona is the Editor. Joe let everyone of those Letters come to me for a response. The tenor of the Letters is quite interesting. And they've come from Duke University. They come from McGill. From Monash University in Australia. They've come from Brazil. The tenor of the Letters is, 'Dr. McCullough, you can't do this' You can't treat COVID-19 Patients'. And it was the most interesting. And my response is, 'Doctor, please have courage'.

Let's do away with Therapeutic Nihilism. Let's join together and treat COVID-19 Patients compassionately to reduce Hospitalization and Death. And we can do this. I can do it. And we even have more Supportive Data. So, every time they say, 'Oh, this Drug doesn't work'. Well, then I'll say, here are 5 more Studies that do. With Hydroxychloroquine, we are up to 100s of Studies that shows that it works. Ivermectin, 100s of Studies. Steroid, dozens of Studies. Anticoagulants, at least a dozen Studies. We are so well supported, in the concepts of Treating COVID-19, that every time a Letter comes in, I have a little fun with it because the Position of Strength is enormous.

My thoughts and my positions and my statements over time are becoming progressively stronger. And progressively more powerful. And the Detractors sense that. The feeling of 'Fear', Intellectual Fear, from my Adversaries is palpable. I feel it every day. And when that Paper first came out in the New England Journal of Medicine, my daughter said, 'Daddy, why don't you make a YouTube video?' I said, 'I don't want to do Social Media, that is for Kids'. I don't have time for this. She taught me how to do it. It was just PowerPoint. I literally just recorded my face in the lower corner. I wore a tie. 4 slides.

Listen, its Americans, its Italians. We looked at Safety. We looked at Efficacy. I we looked at all these available Data. We think this is the best way to put together the Drugs. We had 4 slides on this. It got up on YouTube. It went absolutely viral; went absolutely viral. Then I got a message, 'You violated terms of the Community'. And it was struck down. Then I got a call from the U.S. Senate. So, I told you I knew something was going on. Because I have never been called by the White House before. Or have not been called by the Senate before. People in Washington were following this. They were 'Stakeholders'. In Washington, who in a sense knew that something is going wrong here.

That this Viral Infection can be treated but they were waiting for someone in the Academic Community to step forward and literally say, 'It can be treated!' I was the 1st one to say, 'We can treat this. We can do this!' So, it is very important to be able to make this statement that we can do it. Based on what? Based on my Judgment. Based on my Judgment, supported by the available Science. But more importantly, based on my Judgment. And so, I ended-up contracting COVID-19 myself. In October [2020]. My wife came home with it. She got sick. Before I know it, I got sick. I went into my Lungs. I was in Approved Protocols. I quickly got into a Protocol. It's hard. But I was able to find a Protocol.

I was on Hydroxychloroquine, Azithromycin, Nutraceutical Bundle Protocol. Later on, I need Steroids because of Lung involvement. But I wanted to show America that you can get COVID-19 and have some Medical Problems which I do. And be able to get through it without being Hospitalized. So, on Treatment Day 6, illness Day 8, beautiful sunny day in Dallas, Texas. I went out, far away from anybody else, I went jogging. And I was really short of breath. And I'll tell you, I am a pretty strong Runner. I was short of breath because of the COVID involvement in my Lungs. But I ran all the way to a Park.

I made a video in the Park and then I made it all the way home. And I had fun with it. In fact, I played that M&M music that said…the Recovery video if any of you watch M&M. It said, 'I am not afraid'. And you know, I videoed it myself. You know, 'I am not afraid of COVID-19'. That video was struck down. That ultimately got restored. Wait a minute. YouTube is playing a role here in addition to all the Stakeholders in suppressing any Early Treatment. In fact, the Early Treatment Doctors started to get scrubbed from Twitter. From YouTube. From Social Media.

And YouTube ultimately came out with a very clear message. They said, 'Listen, we are only going to have information that is in line with the CDC, NIH, and FDA'. Which say, 'Do Nothing'. And everything else is going to be considered, 'misleading'. They are making the Judgment. 'It is our call on what is misleading or what is not'. It is pretty easy to be in line with the CDC, NIH, FDA because they say to 'Do Nothing'. So, if the Social Media Platform is to, 'Do Nothing' for Early Treatment and suppress Early Treatment, which it is… The Major Media is to suppress Early Treatment. So, I still go back and say, who is responsible? I say it is the Government Agencies.

In this period of crisis, if we are going to revert to our Government Agencies and our Task Force, and if our Presidents can't be wise enough to even choose Doctors who have even seen a Patient, to know how to treat it. If they are not wise enough to pick Doctors who can treat COVID-19. We will never have Agencies that say, 'We can treat COVID-19'. And we don't have Agencies to do that, then nothing else is going to follow. If the Doctors and the People we pick have never seen COVID-19. They are scared of it. They don't know how to treat it. And the only thing they can come and done, is wearing Masks and Social Distancing, and vaccination. Then that is al America is going to have. So America's response to COVID-19, the Official Response has basically been to Well People. Wear Masks, get vaccinated. And America has offered nothing to the Sick Person.

They get into a Hospital. We've haven't seen much feature on that. The Drugs are pretty weak. Remdesivir, Convalescent Plasma…Steroids. Anticoagulants. You don't hear much about it. And it's honestly too late. Recently, a Harvard Group, …COVID Group had published those sick enough to get into the ICU. The 28-day Mortality Rate is 38%. Unacceptably high. Going into a Hospital is a nightmare. I get desperate calls from all over the United States. Thank Goodness, for the major Tele-Medicine and Regional Tele-Medicines Networks. They basically taken over. They are the real Heroes of the COVID-19 pandemic.

Hospitals are empty now. Hospitals here in Dallas, used to have 200-300 Patients at a time. Now they got 10, 5. The other day in Texas, we hit 0 Deaths. 0? So, Early Treatment is going to be one of the great, great stories that Historians…and they will reach out Ben Marble, who started, MyFeeDoctor.com. Ben Marble. That whole Tele-Medicine is totally run by Charity. People donate money and they get the Patients their Drugs. They prescribe Hydroxychloroquine, Ivermectin, Steroids and other Drugs. They put them in combinations. They follow Protocols. Terrific! They've seen 1000s of Patients by Tele-Medicine every day.

So, Americans are getting treated. So, the word is out. People talk to each other. Americans are interesting. They understand that the Media and our Agencies are not leveling with them. They understand that. I did a Seminar early-on because I had treated a very prominent African-America Minister here in Dallas. And He and his Wife were sick. He did not tell me about his Wife. And she was testing Negative. She wasn't a Patient of mine. He got what's called Sequence Multi Drug Therapy. I got really sick. He's got Heart Failure, Diabetes, Emphysema, Obesity, Kidney Disease.

Survives at home, sick for about 10 days. I am not saying the Therapy is perfect. But I saved him from being Hospitalized or Dying. His Wife? No Treatment. Hospitalized. Diagnosed late. She was in the Hospital for 5 weeks. Came home on Oxygen. Virus ragged her Lungs. It was awful. They had the same illness. So, he became activated. He said, 'Dr. McCullough, can you do a webinar for African-American Churches, Nationwide? I did the webinar and presented my approach. And you know what the comments where? They said, Dr. McCullough, we knew the Government is lying to us. We knew this was Treatable. We knew it all along. People knew all this.

13-Are more Doctors finally learning to overcome the Regulatory and Institutional Suppression of Out-Patient COVID-19 Therapies?

It's the individual finance way. There are Practices that have come on. I've gotten calls in Dallas, 'Dr Mccullough, can you share your Protocols?' We want to do this. We the Treating Doctors really have interdigitated. And we informally called, formed a group called C19. Where we get about 4 to 5 email updates a day of really critical updates on Treatment. It is international. We have former Heads of State involved in C19. We have Nobel Prize Winners involved in C19. Hundreds and hundreds of American Doctors. There now is a published list of Treating Doctors in the United States, 250 across all 50 States. Texas has 35 of them.

So, Americans are finding their way despite suppression of Early Treatment. It's one of the great stories and I'll never forget when I testified in the Texas Senate on March 10 [2021]. Myself and Dr. Richard Ursa, another leading Early Treating Doctor in Houston. The Chairwoman of the Committee at one of the side conversations said, 'Yeah. my Husband got COVID-19. And he got really sick and I'm so glad he got Early Treatment. We found a Doctor that was willing to prescribe Ivermectin and other drugs.' And I didn't throw out the zinger in front of the Texas Media.

But I felt like saying, 'You know, do you have to be a Chairperson of the Department of Health and Human Services to get some Treatment?' What about these poor People in south Dallas and San Antonio and Houston? What about People who are not so privileged? Do you know 85% of some of our Patients hospitalized here are Black or Hispanic? Who's helping them out? We should be having Early Treatment Centers. They've been denied Treatment. It's heartbreaking. Hispanics and African-Americans have doubled. They have double the Mortality that of Caucasians.

14-As a Doctor confronted with Sick People who need Treatment NOW, how do you evaluate what therapies are effective in order to help your Patients NOW instead of waiting for the Publication of largescale Studies?

We have actually a Law in America. It's called 'The 21st Century Cures Act'. And what it says is that the FDA, Doctors and others trying to decide on Treatment, evaluate the 'Totality of Information'. Including that little antidot about your Mom and the Care Taker. As well as Case Series, Large Prospective Cohort Studies, Retrospective Cohort Studies, Hospital Studies, Out-Patient Studies. And then, Large Randomized Double-Blind Placebo Controlled Trial. But in a virus, single Drugs themselves are very difficult to prove. If we require that of HIV, we will have no Treatment. HIV, we quickly realized that we need 3-4-5 Drugs. Everyone understands this.

With COVID-19, I never thought a single Drug was going to work. Hydroxychloroquine? No, not alone, but in combination. And it was that thinking. It takes kind of 'Superior Thinking' that somehow Doctors just lost their ability to think. You think a Cancer Doctor said, 'Oh there's 1 pill that cures Cancer'? Never. It's always Combination Cancer Therapy. So, with this…with Hydroxychloroquine, we're now at the stage, obviously…We have 100s and 100s of trials. We even have Large Randomized Trials. I have published with Dr. Ladipo, only Prospective, Randomized Control Trials show benefit.

So, at every level, we meet the Evidence Grade to use Hydroxychloroquine. At every level, we meet the Evidence Grade to use Ivermectin. Not so much evidence but good enough. And the Monoclonal Antibodies. We have the same for Steroids. The biggest and best trial in all of COVID-19 is called CoRona, I mentioned... Shockingly, CoRona. The best trial. 4000 Patients, Double-Blind Randomized Placebo Control Trial. The best quality that exists. Rejected by the New England Journal of Medicine. Rejected by JAMA. Rejected by LANCET.

There is a global suppression on any Early Treatment. I want the Listeners to understand how ‘Global’ this is. If we were to go North into Canada, Doctors are threatened that their Licenses will be examined or taken away if they attempt to treat an Out-Patient with COVID-19. They are told this in Canada. In Northern EU, the same is true. Dr. Didier Raoult who is trying to innovate with Hydroxychloroquine and Azithromycin in France has been under degrees of threat and arrest or partial arrest or house arrest. Almost as if we were back in the Dark Ages.

In Australia, in April [2021] they put on the Books in Queensland, Australia a Doctor who tries to help a Patient with Hydroxychloroquine could be penalized up into the point of going into jail for 6 months for helping. In South Africa, they have put some Doctors in jail for trying to help Patients with Ivermectin. Listen, the Powers that are out there that want to suppress Early Treatment and cause as much ‘Fear’, Suffering, Hospitalization, and Death are not by happenstance. These are powerful Forces that have created such Fear among Doctors that People are fearful they are going to lose their careers.

Their livelihood, their Medical License. People are fearful of going to Jail. In just helping their Fellow Man get through COVID-19. This is extraordinary! Historians should go look through the course of time. You know the very 1st Doctor who tried to help a Polio Patient survive Polio with the Iron Lung Machine, which became a very stable ICU device was thrown-off Medical Staff. ‘Throw him off Staff!’

15-Can you offer any investigative leads to researchers trying to discover WHY early Out-Patient therapies for COVID-19 have been suppressed?

I’d look very carefully at the work building upon other Investigative Reporters. So, Dr. Peter Bregen has a book called, ‘COVID-19, The Global Predators - We are the Prey’. And it has a Living Document. He's already pre-released the manuscript. He's releasing updates now. He's older. He's kind of worried the story won't get out at his age. But I believe he's up to 900 documents. The whole story is not put together but it is substantial and shows the interconnections of the ‘Stakeholders’ involved.

Dr. Nicholas Wade who was featured on a recent Tucker Carlson, as an Investigative Reporter, he has assembled quite a story. And then Whitney Webb, who's a young Investigative Reporter has published some striking things. All 3 of these and as well as many more are linking 2 important concepts. The suppression of Early Treatment and even probably the ‘Soft Attenuation’ of In-Hospital Treatment to make the problem worse than what it is.

To make the problem worse that what it is. Many methods to make the Case Count look higher than what it is. Make the Mortality Numbers look worse than what they are. Many methods to create the reaction out of proportion to the reality. So, Lockdowns, Fears, Economic Suffering. What have you. All of these things making the pandemic way worse than what it is, OK. To have that occur. More fear, suffering, hospitalization, Death, loneliness, Lockdowns. In order to promote Mass Vaccination. These 2 are tightly linked.

Now Mass Vaccination…at all costs! The world must be Mass Vaccinated. And human beings on Earth ought to understand at this point in time, what we're seeing is unprecedented. It became known the virus was going to be amenable to a vaccine somewhere around April-May [2020] at that point in time, Therapy was suppressed. Everything. Nothing could be published. Everything. The fake LANCET Paper squashed Treatment. And then prepare the Population for vaccination. Once the vaccines come out, they're short-tracked.

There're all kinds of enthusiasm regarding it. You know, needles and all the Army trucks rolling. Americans cheering. And then the Mass Vaccination Program starts off. And then before we know it, you know we're vaccinating Pregnant Women. Why are we doing that? That can't be safe! Now, we're going to vaccinate COVID Recovery Patients. Wait a minute. They have complete and robust Permanent Immunity. No one's ever challenged the Immunity of a COVID Recovery Patient. Why are we vaccinating them? And then it keeps going and going. At first, we vaccinated High-Risk People. I didn't really understand vaccinating young Health Care Workers because they weren't at risk.

There were never any Hospital Outbreaks in the United States. The only thing that was clear, Nursing Home Workers gave it to Nursing Home Patients. We knew that. So, Nursing Home Workers should have been vaccinated. And that may be High-Risk People and we should call it a day. I always estimated maybe, 20 million People [in USA] need to be vaccinated. But that didn't seem to satisfy the Vaccine 'Stakeholders', which are Pfizer, Moderna, J&J, AstraZeneca. And any others that come forward, the CDC the FDA and the NIH and the White House. Massive Vaccine Stakeholders.

You could throw in Gates Foundation, World Health Organization. You could throw those in as well Massive Stakeholders. And they wanted everybody to be vaccinated without exception. No one will escape the 'needle'. We've actually never had this before. And the Vaccine Process is extraordinary. There's a Consent Form. It says, *'This is Investigational. We don't know if it's going to work. There's only 2 months of data. The Side Effects could be a Sore Arm all the way to Death. And we don't know. Sign here. We need your Identifying Information. We need a Barcode on the Vial. We need you identified'. And now you're in a Database you're 'vaccinated'.* And so, this Mass Vaccination is extraordinarily concerning. We never vaccinate into the middle of a pandemic, never. We've never had an effective vaccine for Respiratory Virus including Influenza. It's only modestly effective.

We knew from the published data, that the Attack Rates in Placebo and the Vaccine Arms were less than <1%. So, we know that the vaccine can have a less than <1% effect in the Population. Why would it be any different than the Clinical Trials? We knew from the Clinical Trials that it didn't stop COVID-19. So, People can get COVID-19 anyway. What would be this incredible drive to vaccinate everybody? And now, oh my LORD, now the vaccine within a few months has been completely 'weaponized'. Now travel is related to the vaccine. People can't go to school without the vaccine. People are losing their jobs without the vaccine.

Believe me, there is something very, very potent in this vaccine. It should be disturbing to everybody. The word ‘vaccine’ ought to be the most disturbing word that they have seen. Now we have 12-year-old-Children who are told they can decide on their own, whether or not they could take a vaccine. So, you know, about 70% of my Patients are vaccinated. I’m very Pro-Vaccine. I’ve taken all the vaccines myself. About 70% and they were all vaccinated in December [2020], January and February [2021]. But as we sit here today, in May [2021] we have over 4,000 Vaccine Related Deaths and over 10,000 Hospitalizations. The limit to shut down a Program is about 25 to 50 Deaths. Swine Flu, 1976. 25 Deaths? They shut down the Program. It's not safe. The whole…all the vaccines in the United States per year, would …gets reported in the Database is about 200.

And we're talking about vaccinating probably, you know 500 million injections. Here in the United States, at 100 million People vaccinated, this is far and away the most Lethal Toxic Biological Agent ever injected into a human body in American history. And it's going strong with no mention of Safety by our Officials. With ‘wild enthusiasm’ by our Hospitals and Hospital Administrators. With Doctors supporting it. Doctors are saying now they won't see Patients in their Waiting Room without the vaccine. This problem, COVID-19 was actually from the very beginning. That's what Whitney Webb said. She said COVID-19 is actually about the vaccine. It's not about the virus. It's about the vaccine

16-Why has there been such a relentless focus on Mass Vaccination as the ONLY way back to Normalcy?

I think it's about what the vaccine means. And Whitney Webb gets credit for this. Back in April [2021] she said, *‘Aha, I figured this out. This is what is at stake. This is what the Globalists have been waiting for. They've been waiting for a way of Marking People, that you get in a vaccine, you're Marked’ in a Database’.* And this can be used for Trade, for Commerce, for Behavior Modification. All different purposes. And you've seen it right here in Dallas. They've announced, you know you can't go to a Dallas Mavericks Game unless you're ‘vaccinated’.

You've had People say, listen you have Passports. You had colleges today announced that they're not going to give any credit to Natural Immunity. Every Scientist in the world knows that the Natural Immunity is way better than the Vaccine Immunity. If it's about COVID, why don't we have COVID Recovered go to the Mavericks Games? Why don't we have COVID Recovery People freely go to college? Why do we, why do we have to have Faulty Vaccine Immunity be the priority and have Natural Immunity not count?

See these types of things make me think that Whitney Webb is correct. This is actually about ‘Marking’. The vaccine’ is a way of ‘Marking’ People. It's a way of starting to assert efforts to create Compliance, Behavior Control. Don't forget the vaccine is just a starter. Now there's going to be ‘Updates’. There's going to be ‘Boosters’. They're already prepping People for this. There's going to be more. The Vaccine Manufacturers are all linked.

They're all ‘Uniquely Indemnified’. What Medical Product is there Indemnification where something happens to you, you don't have any recourse? You know, a Woman gets vaccinated, a Pregnant Woman; She has no ‘Maternal Fetal Rights’. Something happens to her or her baby? She's out of luck? This is extraordinary what Americans are doing. It's absolutely extraordinary what's being thrust upon us now.

17-Are we entering a Brave New World in which a person who elects NOT to get ‘vaccinated’ will be punished through Nonjudicial Means by being forbidden to work, travel, and attend important Public Events?

I think that this whole pandemic, from the beginning was about the vaccine. So, I think that ‘All roads lead to the vaccine’. And what it means. There are already places in Southeast Asia and Europe. They are laying the ground for Compulsory Vaccination. I mean compulsory. That means, something pins you to the ground and puts a needle in you. That’s how bad Stakeholders want vaccination. ‘Listen, it’s not of cost, you don’t have to pay for it. It’s all provided’.

There are People or Stakeholders, they do want, ‘A needle in every Arm’. A needle in every Arm is a very important Moniker. Why? Why do you want a needle in arm? Let’s take COVID-Recovered. Can’t get the virus. Can’t receive it. It has nothing to do. Why would they ever want a needle in the arm of a COVID-19 Recovered Patient? Why? 3 Studies show higher Safety Events. See, the tension that Americans are feeling right now, as they are trying to keep their jobs and go to work is that they know they can die of the vaccine! That’s the problem. If the vaccine was like water, and you just got and no Side Effects, who wouldn’t take it. ‘Oh, I’ll comply. They got my Social Security Number anyway in a Database. I am already Marked. I’ll just get Marked’.

But there is something very unique about this vaccine. There is something about injecting something into the body that is so important to Stakeholders that it does not matter. Kids 12 years old, told they can make their own decisions on this?? And it can be their Fatal Decision? Think about that. North Carolina just passed, ‘Oh Kids can make their decisions on their own’. There are over 4000 died Americans. There are over 10,000 died People in Europe that died on Day 1-2-3 after the vaccine. Why are we pushing this in a way where People’s jobs and education and livelihood decide on a decision that’s potentially be Fatal? The tension? You can cut it with a knife. There are Parents that say, ‘Listen, I want my Kid to go to College this year but I don’t’ want to lose them to the vaccine.

They know what is going on. The Internet is full of these cases. Blood Clots, Strokes, Immediate Death. Now I’m fortunate. I’ve not directly lost a Patient to the vaccine. I told you, most got vaccinated in December [2020], January, February [2021]. Based on the Safety Data now, I can no longer recommend it. I can’t recommend it. It’s past all the thresholds to being a Safe Product. It’s not a Safe Product. None of them are. It’s not just Johnson & Johnson. In fact, more of the Safety Events in the United States have occurred with Moderna and Pfizer.

There are now Papers written by prominent Scientists calling for a worldwide halt in the program. There are prominent Virologists, many of them including Nobel Prize Winners who have said, 'Listen, if we vaccinate People and we create a very narrow incomplete Library of Immunity, which what the vaccine is. The vaccines are all targeting to the original Wuhan virus Spike Protein. Which is long-done. That's extinct. Patients are getting vaccinated for something that does not exist anymore.

That Wuhan Spike Protein is gone. I hoping the Immunity covers the other Variants. But that 'Narrow Immunity' is a set-up. It is just like giving everybody a Narrow Spectrum Antibiotic. If you did that, what would happen? We'd grow Super-Bugs. There are Warnings out there saying, 'Don't do this!' Don't vaccinate the entire world. All we're going to do is to set ourselves up for a Super-Bug that is going to really wipe out Populations. So, for many reasons, the vaccine, indiscriminate vaccination is a horrendous idea.

It's a horrendous Bio-Weapon that's been thrust onto the Public. And it's going to cause great personal harm. Which it already has, 1000s of People have lost their lives. I have never lost a direct Patient but I've had my Patients lose Family Members. Lots of them. I've filled out a Safety Report after one of my Patients developed Blood Clots from one of the Moderna Vaccines. And I'm telling you, it took ½ an hour to do it. There were many pages. And each page said, 'Warning. Federal Offense. Punishable by Severe Fines and Penalties', if I falsified a Report.

All those 1000s of Americans that have died from the vaccines and Hospitalizations, in the Database, I think there real. And they are far beyond anything we've ever seen. And as a Doctor and a Public Citizen, I am extraordinarily concerned about the vaccine. The Vaccine Center right here down the street is empty. I drive past it every day. Americans know. They are talking to each other. The vaccine is not safe. And now the Vaccine Stakeholders want Kids without Parental Guidance. And now they want to be within the Church. Americans and People worldwide should be extraordinarily alarmed.

18-Has any Agency or Individual tried to silence you through threats or other forms of Intimidation?

My personal situation, professional situation is a Position of Strength. And those who have attempted, in any way to pressure, coerce or threaten me with reprisal have paid an extraordinary price. And I think that's an important message to get out there. There is a Position of Strength based on Principles of Compassionate Care and of the Hippocratic Oath. And of the Fiduciary Relationship that a Doctor has to a Patient. And a Prominent Doctor has to a Population that supersedes all of those other ill-intents and what I say is, 'bring them on'.

Transcription by Luis B. Vega
www.PostScripts.org

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FALSE FACT CHECKERS
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