

Early Treatment of COVID-19 and Getting to Natural Immunity

Peter A. McCullough, MD, MPH, FACC, FAHA, FASN, FNKF, FNLA, FCRSA
Chief Medical Advisor, Truth for Health Foundation
President, Cardiorenal Society of America
Editor-in-Chief, *Reviews in Cardiovascular Medicine*
Senior Associate Editor, *American Journal of Cardiology*
Tagline: <https://americaoutloud.com/the-mccullough-report/>

Dr. McCullough is an internist, cardiologist, epidemiologist. He maintains ABIM certification in internal medicine and cardiovascular diseases. He practices both internal medicine including the management of common infectious diseases as well as the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine in Dallas TX, USA. Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection” the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the *American Journal of Medicine* and subsequently updated in *Reviews in Cardiovascular Medicine*. He has 46 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in *TheHill* and on *FOX NEWS Channel*. On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, New Hampshire Senate, and South Carolina Senate concerning many aspects of the pandemic response. Dr. McCullough has had one full-year of dedicated academic and clinical efforts in combating the SARS-CoV-2 virus and in doing so, has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases, and has been considered among the world's experts on COVID-19.

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

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The great gamble of COVID-19 vaccine development

BY PETER A. MCCULLOUGH, OPINION CONTRIBUTOR — 08/17/20 10:30 AM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

86 SHARES



Just In...

Extremely rare orange lobster saved from grocery store

CHANGING AMERICA
— 4M 43S AGO

Election denialists smacked down by Idaho Secretary of State

STATE WATCH — 9M 38S AGO

Leveling the playing field for recycled plastics

OPINION — 10M 39S AGO

Ocasio-Cortez blasts Texas abortion law defender: 'Sometimes it takes years' to recognize sexual assault

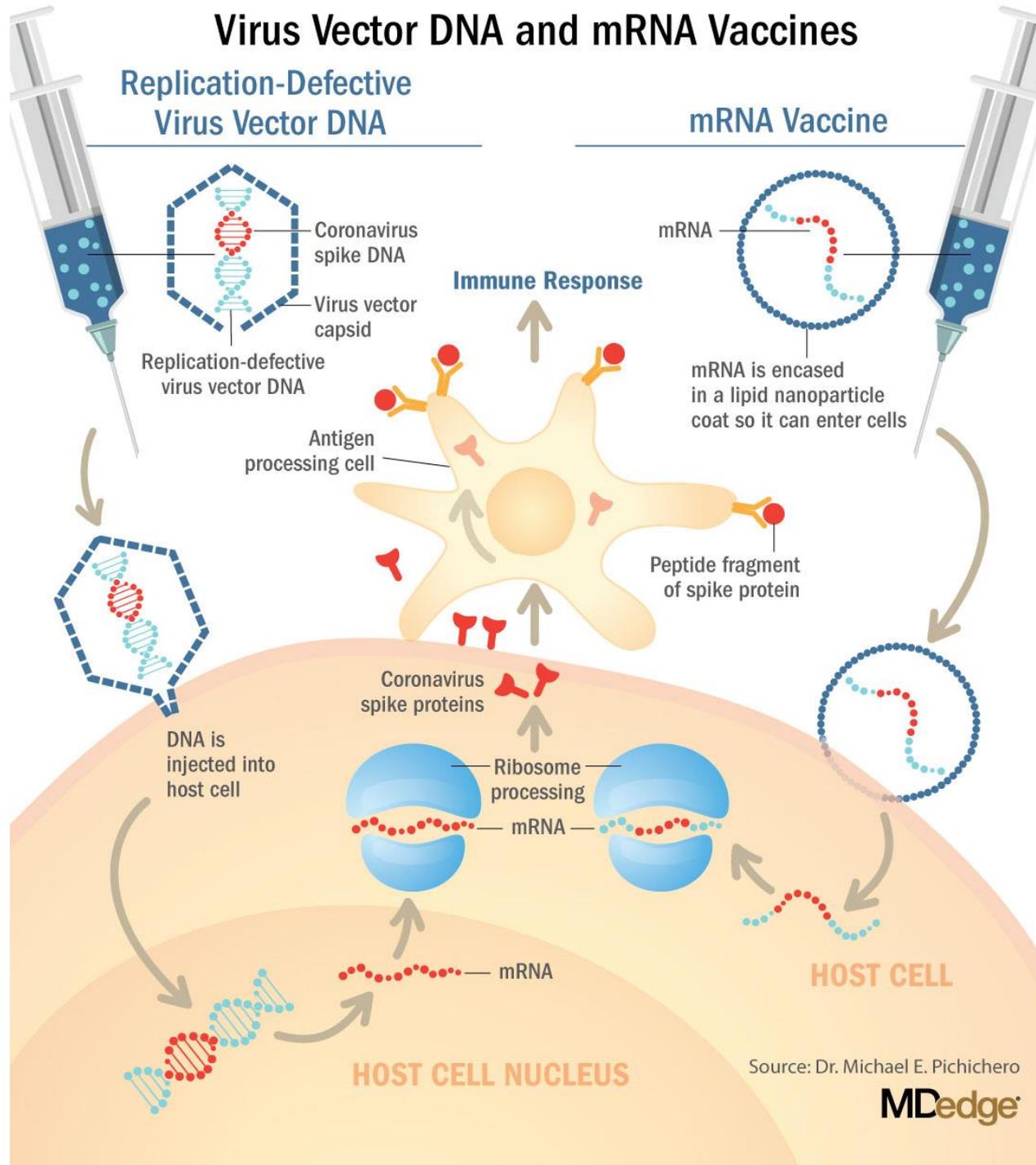


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We are over six months into the consequences of the SARS-Co-V2 pandemic in the United States. Patients, families and doctors are frightened, weary and frustrated by the lack of support from regulatory agencies — the National Institutes of Health, Food and Drug

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Virus Vector DNA and mRNA Vaccines



Clinical Concerns

- mRNA or adenoviral DNA induce production of the Spike protein
 - Cell, tissue, organ endothelial damage
 - Spike protein circulation (body fluids, donated blood)
- No genotoxicity, teratogenicity, or oncogenicity studies
- Concerning ovarian biodistribution study (Pfizer, Japan)
- Concerning reduced fertility study (Moderna, EMA)
- No EAC, DSMB, Human Ethics Committee
- No restriction of properly excluded groups from RCTs
 - Pregnant women, women of childbearing potential
 - COVID survivors, previously immune
- No effort to restrict vaccination according to risk for COVID-19 hospitalization and death
- No attempts to present or mitigate risks for public

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September 17, 2021



Crushing the Lifeblood of Medical Science

by **Dr. Peter McCullough**

In this issue of The McCullough Report, we have some grave news about a concerning set of developments that have taken the COVID-19 crisis response and its consequences to the world to a whole new level. With the backdrop that free speech and scientific discourse is...

MCCULLOUGH REPORT

Vaccine Report Card From CDC/FDA is Long Overdue!

by **Dr. Peter McCullough** | Sep 6, 2021 | [Healthcare](#), [Politics](#),

The CDC/FDA holds all the data on differential efficacy of the vaccines and at 8 months into the public program, the agency's vaccine report card to America is long overdue. Americans are frustrated with the lack of transparency and want to make the most efficacious choice of vaccines and seek to understand how to take a shot and avoid the disastrous safety events of neurologic damage, myocarditis, blood clots, and paralysis...



September 17, 2021

Covid-19, Social Standing, and the New World Order

by **Wallace Garneau**



The Unholy Alliance Between Big Pharma's Vaccines and Drugs and the FDA

by **Blaise Vanne**



COVID-19 Vaccines Not Safe for Human Use on Either Side of the Atlantic

by **Dr. Peter McCullough** | Jun 19, 2021 | [Healthcare](#), [Politics](#)

Since the majority of the deaths occur within a few days of the vaccine administration, if the vaccine did not directly “cause” the death, it was undoubtedly in the causal pathway of these temporally related fatalities. Common narratives include vaccine-induced fatal heart attacks, strokes, blood clots, and blood disorders. 5,888 Americans have died and confirmed by the CDC, and possibly tens of thousands not reported or still backlogged at the CDC...



URGENT PRELIMINARY REPORT OF YELLOW CARD DATA ON VACCINES ADVERSE EVENTS REPORTED IN THE UK

CONCLUSION:
"An immediate halt to the vaccination programme is required whilst a full and independent safety analysis is undertaken to investigate the full extent of the harms."
Dr Tess Lawrie



"I would, therefore, like to draw your attention to the high number of covid-19 vaccine-attributed deaths and ADRs that have been reported via the Yellow Card system between the 4th January 2021 and the 26th May 2021. In total, 1,253 deaths and 888,196 ADRs (256,224 individual reports) were reported during this period.

The nature and variety of ADRs reported to the Yellow Card System are consistent with the potential pathologies described in this paper and supported by other recent scientific papers on vaccine-induced harms, which are mediated through the vaccine spike protein product (2,3). It is now apparent that these products in the blood stream are toxic to humans."

Tess (MBBCh, DFRH, PhD), as director of E-BMC Ltd, is committed to improving the quality of healthcare through rigorous research. Her range of research expertise, based on research experience in both developing and developed countries, uniquely positions her to evaluate and design research for a variety of healthcare settings. Tess is a frequent member of technical teams responsible for developing international guidelines. Her peer-reviewed publications have received in excess of 3000 citations and her ResearchGate score is among the top 5% of ResearchGate members. This report is supported by EbMC Squared CIC.

The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects. As the mechanism for harms from the vaccines appears to be similar to COVID-19 itself, this includes engaging with numerous international doctors and scientists with expertise in successfully treating COVID-19.



FULL REPORT AVAILABLE: WWW.E-BMC.CO.UK



TRANSFORMATIVE HEALTH JUSTICE SUPPORTS THE CALL MADE FOR A DECLARATION, AND HUMANITARIAN EFFORTS TO SUPPORT VICTIMS

September 17, 2021

New Israeli Covid Data Destroys Anthony Fauci and the CDC

by [Dr. Joel S. Holmes](#)

New Israeli Covid data destroys Anthony Fauci and the Centers for Disease Control and Prevention with their lies that the unvaccinated are driving the pandemic. And as always, the Marxist media are all too willing to protect Fauci and the out-of-control CDC by not...



Citizen Petition Urges FDA Against Premature Full Approval of Covid Vaccines

by [Dr. Peter McCullough](#) | Jun 6, 2021 | [Healthcare](#), [Politics](#)

Please see the notice to the US FDA from prominent leaders indicating the products are not sufficiently safe nor effective for full FDA approval. There are several action links for you to take an initiative. Many open, unanswered questions surrounding the efficacy and safety of COVID-19 vaccines must be answered before the FDA considers granting a full approval...



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September 17, 2021

Money Can Buy You A Seat In Congress

by [Rob and Andrew](#) | Sep 17, 2021

Some would argue that money and one's last name are not contributing factors when it comes to an election. However, oftentimes regardless of a candidate's experience, money and having the right last name can make the difference between winning and losing an election....

What to Expect if the Tyranny in Australia Hits Home

by [Cathi Chamberlain](#) | Sep 17, 2021

If you aren't stockpiling food and supplies right now, you may be in for a very uncomfortable future. Just ask Australians. Like a thief in

By Pushing Mass Vaccination, Governments Have Created Evolutionary Pressures on SARS-CoV-2

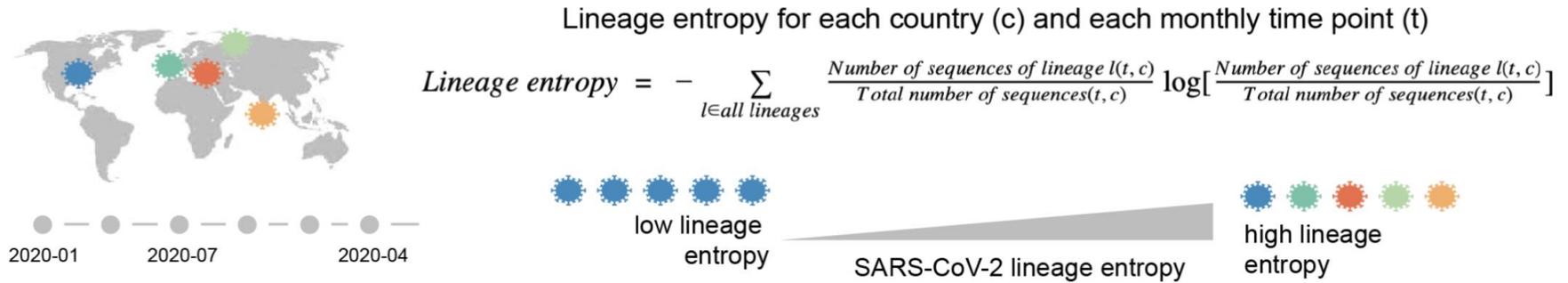
by [Dr. Peter McCullough](#) | Jul 20, 2021 | [Healthcare](#), [Politics](#),

Now fully vaccinated persons are contracting COVID-19 in large numbers, probably with the Delta variant. They cover vaccine safety, and when considering the failure of efficacy and the fatal and nonfatal serious safety concerns with all of the vaccines, Dr. McCullough concludes that we should shut down the ill-fated mass vaccination program...

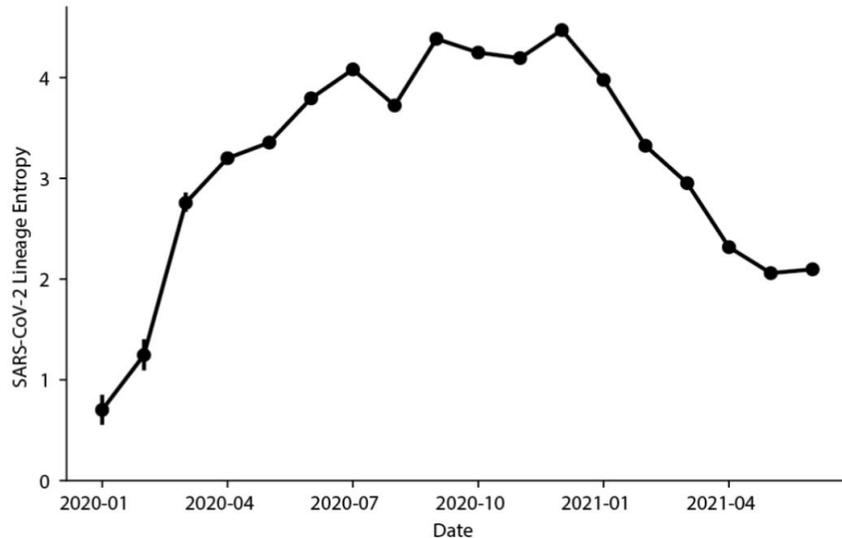


Indiscriminate Vaccination is Reducing the Diversity of Strains and Producing Dominant Variants

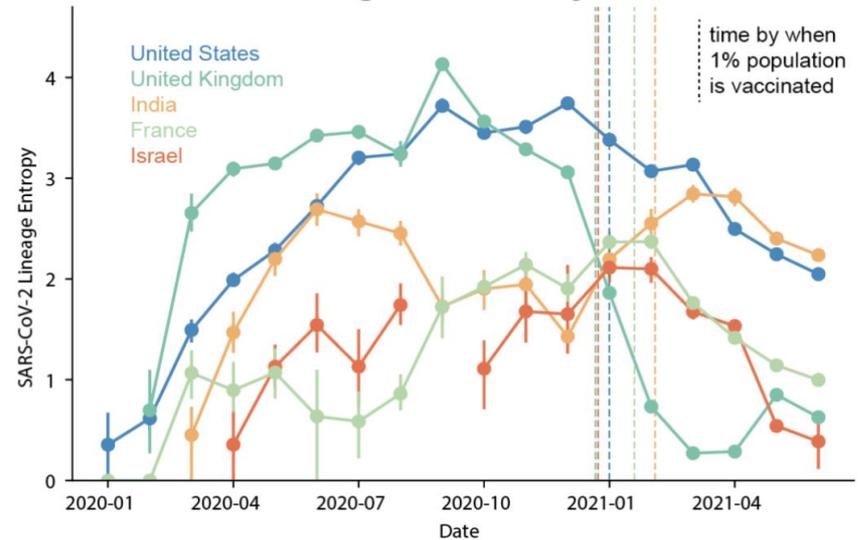
a Estimating diversity of SARS-CoV-2 genomes using lineage entropy



b The diversity in SARS-CoV-2 lineages is declining across the world



c The diversity in SARS-CoV-2 lineages is declining at a country level



September 17, 2021

Iran's Brewing Christian Volcano

by [Malcolm Out Loud](#) | Sep 17, 2021

The turning point of the Middle East may very well center around the Iranian people. Iran's population is about 85,000,000, of whom 58,000,000 (almost 70%) are below the age of 42 years who have not known any rule except the tyrannical theocracy of Islamic Sharia....

Governments Have Lost the War Against the Virus

by [Bryan Hyde](#) | Sep 17, 2021

The idea that the political class has leveraged fear over the Covid-19 pandemic into control over the public isn't just a conspiracy theory. Scott

Column

Don't Fool with the Diversity of Mother Nature

by [Dr. Peter McCullough](#) | Jul 10, 2021 | [Healthcare](#), [Politics](#)

Anytime diversity is reduced in biological systems, it leads to instability in ecological systems. It can be the breeding ground for large evolutionary changes, including large mutations and more aggressive variants. The Niesen report found that there was a much greater degree of immunity or "epitopes" on B-cells and T-cells among those unvaccinated, implying that immunity was far more robust than those vaccinated...



Antigenic minimalism of SARS-CoV-2 is linked to surges in COVID-19 community transmission and vaccine breakthrough infections

A.J. Venkatakrishnan^{1**}, Praveen Anand²⁺, Patrick Lenehan¹, Pritha Ghosh², Rohit Suratekar², Abhishek Siroha², Dibyendu Roy Chowdhury¹, John C. O'Horo³, Joseph D. Yao³, Bobbi S. Pritt³, Andrew Norgan³, Ryan T. Hurt³, Andrew D. Badley³, John D. Halamka³, Venky Soundararajan^{1,2*}

¹ nference, Cambridge, Massachusetts 02139, USA

² nference Labs, Bengaluru, Karnataka, India

³ Mayo Clinic, Rochester, Minnesota 55902, USA

Antigenic minimalism of SARS-CoV-2 is linked to surges in community transmission and vaccine breakthrough infections

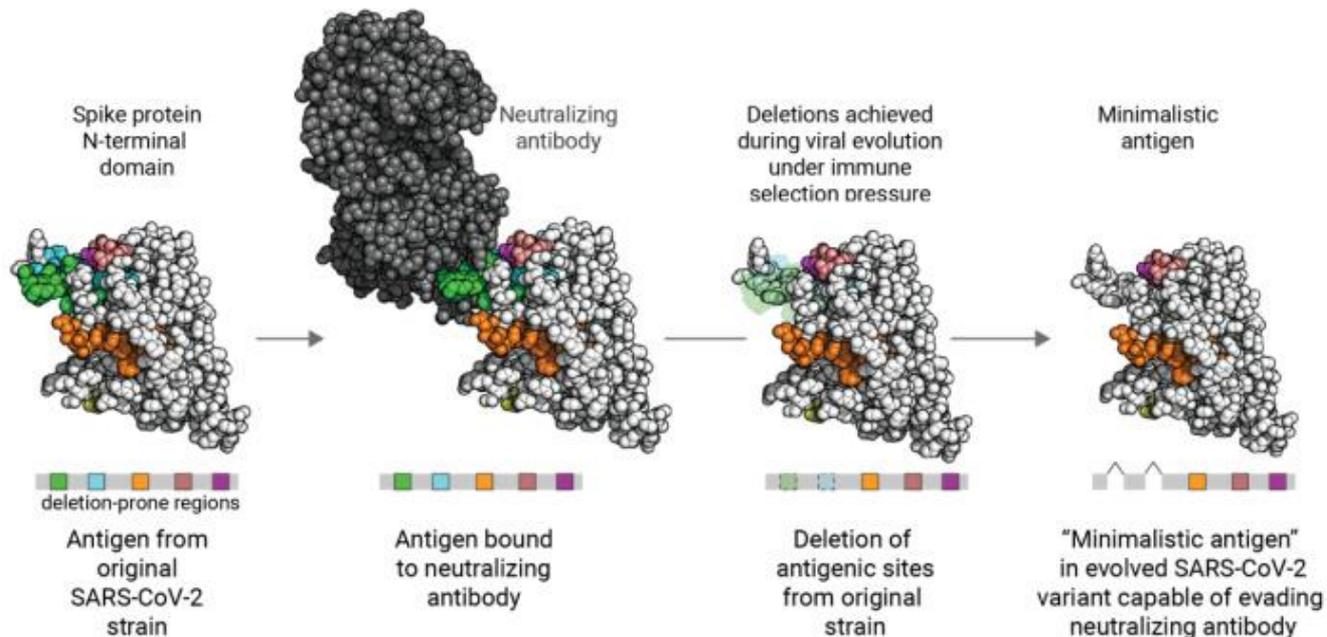
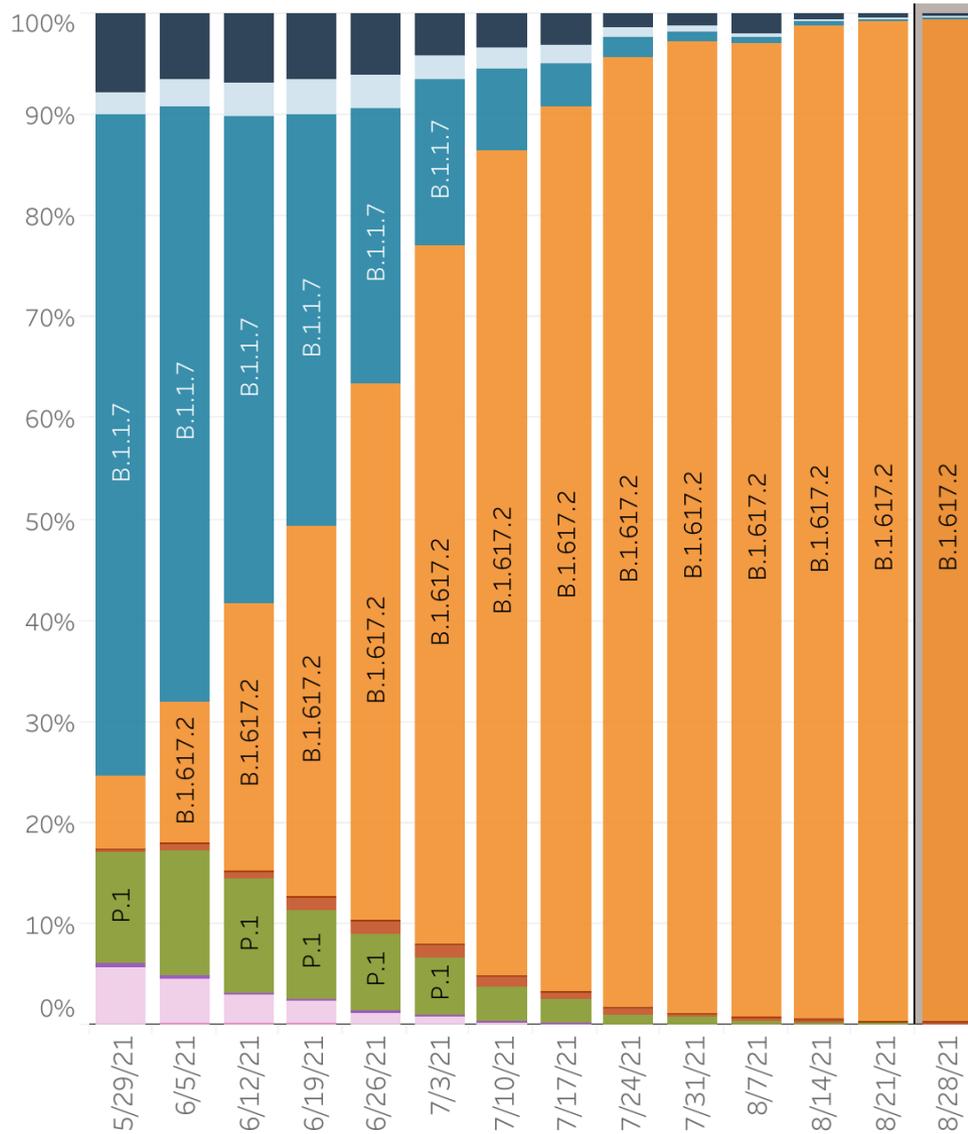


Figure 6. Schematic overview of the evolution of SARS-CoV-2 N-terminal domain using deletion mutations to evade immune response. The deletion mutations occur concurrently with other substitution mutations (not highlighted) in the background.

United States: 5/23/2021 – 8/28/2021

United States: 8/22/2021 – 8/28/2021 NOWCAST

** **



Collection date, week ending

USA

WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.1%	0.0-0.4%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.1%	0.0-0.4%
Delta	B.1.617.2	VOC	99.1%	98.1-99.8%
	AY.2	VOC	0.2%	0.0-0.6%
	AY.1	VOC	0.1%	0.0-0.4%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.0%	0.0-0.2%
Kappa	B.1.617.1	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.2%	0.0-0.6%
	B.1.617.3	VOI	0.0%	0.0-0.2%
Other	Other*		0.3%	0.0-0.8%

* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion. AY.3-AY.12 are aggregated with B.1.617.2

Delta Viral Load in Vaccinated and Unvaccinated Individuals

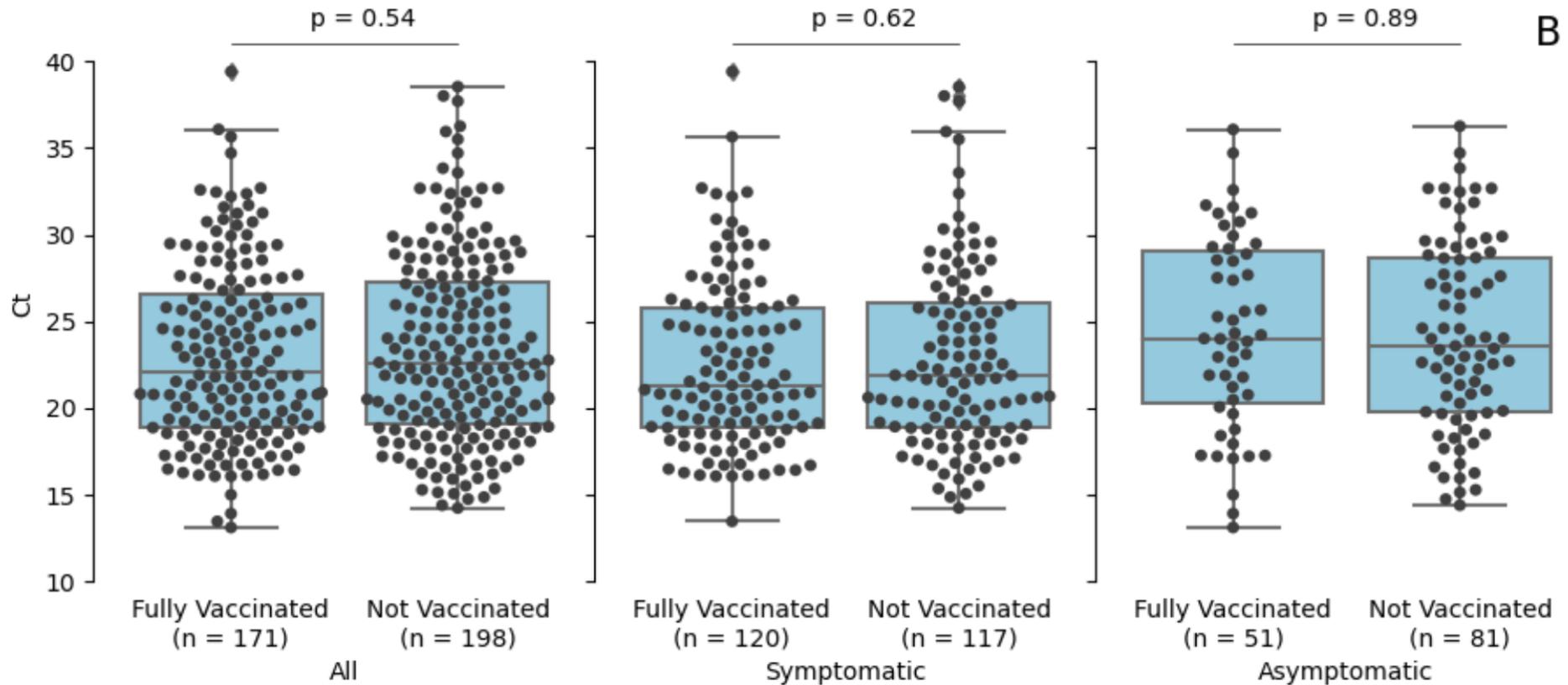


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase

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Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)



Contagion Control
"Stop the Spread"

Early Home
Treatment
Via Telemedicine "Safety Net for Survival"

Late-Stage
Hospitalization

Vaccination
"Herd Immunity"

↓ Hospitalizations/Death"

September 8, 2021

News Highlights

The War Between Nationalists and Globalists

by [Karen Schoen](#)



COVID-19 Investigation: Empirical

Vaccinated or Not, Acute COVID-19 in High-Risk Patients Demands Early Treatment

by [Dr. Peter McCullough](#) | Aug 17, 2021 | [Healthcare](#), [Politics](#),



Covid

SARS-CoV-2 infection and the COVID-19 pandemic: a call to action for therapy and interventions to resolve the crisis of hospitalization, death, and handle the aftermath

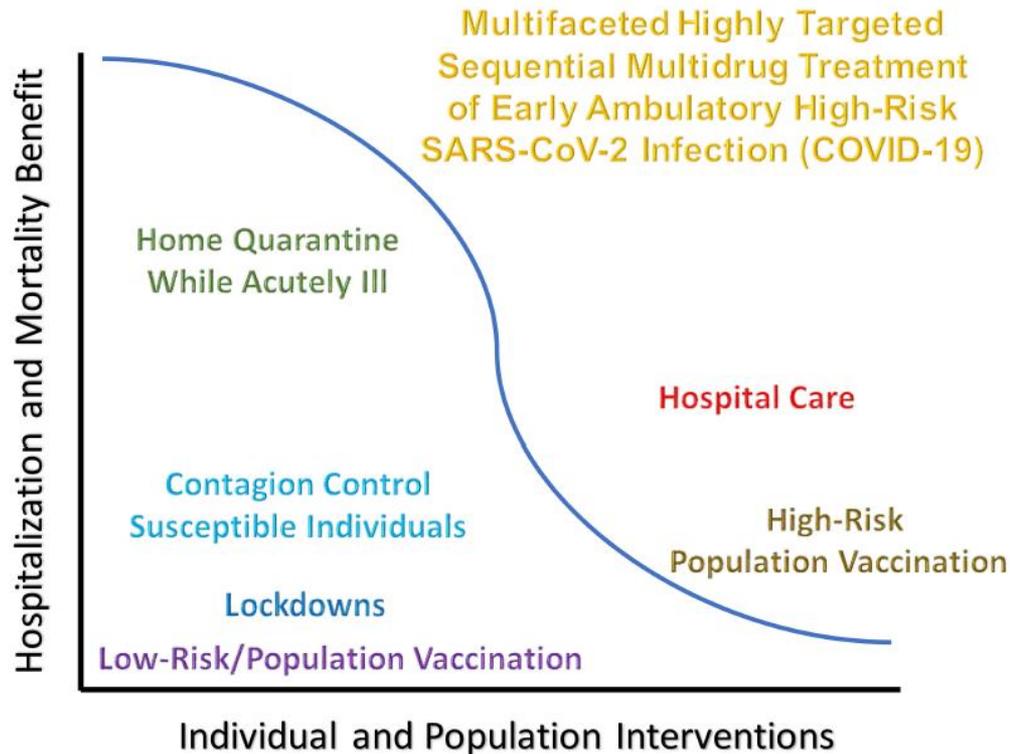


Fig. 1. Relative benefit of reduction in COVID-19 hospitalization for individual and population interventions taken as part of the pandemic response.

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Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

Peter A. McCullough, MD, MPH,^{a,b,c} Ronan J. Kelly, MD,^a Gaetano Ruocco, MD,^d Edgar Lerma, MD,^e James Tumlin, MD,^f Kevin R. Wheelan, MD,^{a,b,c} Nevin Katz, MD,^g Norman E. Lepor, MD,^h Kris Vijay, MD,ⁱ Harvey Carter, MD,^j Bhupinder Singh, MD,^k Sean P. McCullough, BS,^l Brijesh K. Bhambi, MD,^m Alberto Palazzuoli, MD, PhD,ⁿ Gaetano M. De Ferrari, MD, PhD,^o Gregory P. Milligan, MD, MPH,^a Taimur Safder, MD, MPH,^a Kristen M. Tescon, PhD,^b Dee Dee Wang, MD,^p John E. McKinnon, MD,^q William W. O'Neill, MD,^p Marcus Zervos, MD,^p Harvey A. Risch, MD, PhD^q

^aBaylor University Medical Center, Dallas, Tex; ^bBaylor Heart and Vascular Institute, Dallas, Tex; ^cBaylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, Tex; ^dCardiology Division, Regina Montis Regalis Hospital, Mondovì, Cuneo, Italy; ^eChrist Advocate Medical Center, Chicago, Ill; ^fEmory University School of Medicine, Atlanta, Ga; ^gJohns Hopkins School of Medicine, Baltimore, Md; ^hCedars Sinai Medical Center, Los Angeles, Calif; ⁱAbrazo Arizona Heart Hospital, Abrazo Health System, Phoenix, Ariz; ^jCarter Eye Center, Dallas, Tex; ^kCardiorenal Society of America, Phoenix, Ariz; ^lUniversity of Texas McGovern Medical School, Houston, Tex; ^mBakersfield Heart Hospital, Bakersfield, Calif; ⁿUniversity of Siena, Le Scotte Hospital Viale Bracci, Siena, Italy; ^oUniversity of Torino, Torino, Italy; ^pHenry Ford Hospital, Detroit, Mich; ^qYale University School of Public Health, New Haven, Conn.

ABSTRACT

Approximately 9 months of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly communicable nature of the SARS-CoV-2 outbreak has hampered the design and execution of definitive randomized, controlled trials of therapy outside of the clinic or hospital. In the absence of clinical trial results, physicians must use what has been learned about the pathophysiology of SARS-CoV-2 infection in determining early outpatient treatment of the illness with the aim of preventing hospitalization or death. This article outlines key pathophysiological principles that relate to the patient with early infection treated at home. Therapeutic approaches based on these principles include 1) reduction of reinoculation, 2) combination antiviral therapy, 3) immunomodulation, 4) antiplatelet/antithrombotic therapy, and 5) administration of oxygen, monitoring, and telemedicine. Future randomized trials testing the principles and agents discussed will undoubtedly refine and clarify their individual roles; however, we emphasize the immediate need for management guidance in the setting of widespread hospital resource consumption, morbidity, and mortality.

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KEYWORDS: Ambulatory treatment; Anticoagulant; Anti-inflammatory; Antiviral; COVID-19; Critical care; Epidemiology; Hospitalization; Mortality; SARS-CoV-2

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Conflicts of Interest: None.

Authorship: All authors had access to the data and a role in writing this manuscript.

Requests for reprints should be addressed to Peter A. McCullough, MD, MPH, Baylor Heart and Vascular Institute, 621 N. Hall St, H030, Dallas, TX, 75226.

E-mail address: petermccullough@gmail.com

The pandemic of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) is rapidly expanding across the world with each country and region developing distinct epidemiologic patterns in terms of frequency, hospitalization, and death. There has been considerable focus on 2 major areas of response to the pandemic: containment of the spread of infection and reducing inpatient mortality.

Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)

Peter A. McCullough^{1,*}, Paul E. Alexander², Robin Armstrong³, Cristian Arvinte⁴, Alan F. Bain⁵, Richard P. Bartlett⁶, Robert L. Berkowitz⁷, Andrew C. Berry⁸, Thomas J. Borody⁹, Joseph H. Brewer¹⁰, Adam M. Brufsky¹¹, Teryn Clarke¹², Roland Derwand¹³, Alieta Eck¹⁴, John Eck¹⁴, Richard A. Eisner¹⁵, George C. Fareed¹⁶, Angelina Farella¹⁷, Silvia N. S. Fonseca¹⁸, Charles E. Geyer, Jr.¹⁹, Russell S. Gonnering²⁰, Karladine E. Graves²¹, Kenneth B. V. Gross²², Sabine Hazan²³, Kristin S. Held²⁴, H. Thomas Hight²⁵, Stella Immanuel²⁶, Michael M. Jacobs²⁷, Joseph A. Ladapo²⁸, Lionel H. Lee²⁹, John Little³⁰, Vette Lozano³¹, Harpal S. Mangat³², Ben Marble³³, John E. McKinnon³⁴, Lee D. Merritt³⁵, Jane M. Orien³⁶, Ramin Oskoui³⁷, Donald C. Pompan³⁸, Brian C. Procter³⁹, Chad Prodromos⁴⁰, Juliana Cepelowicz Rajter⁴¹, Jean-Jacques Rajter⁴¹, C. Venkata S. Ram⁴², Salette S. Rios⁴³, Harvey A. Risch⁴⁴, Michael J. A. Robb⁴⁵, Molly Rutherford⁴⁶, Martin Scholz⁴⁷, Marilyn M. Singleton⁴⁸, James A. Tumlin⁴⁹, Brian M. Tyson⁵⁰, Richard G. Urso⁵¹, Kelly Victoria⁵², Elizabeth Lee Vliet⁵³, Craig M. Wax⁵⁴, Alexander G. Wolfkoff⁵⁵, Vicki Woolf⁵⁶ and Vladimir Zelenko⁵⁷

¹Baylor University Medical Center, Baylor Heart and Vascular Institute, Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, 75226, TX, USA

²Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, L8S 4L8, Ontario, Canada

³Armstrong Medical Group, Texas City, 75510, TX, USA

⁴North Suburban Medical Center and Vibra Hospital, Thornton, 80229, Colorado, USA

⁵Chicago Health and Wellness Alliance, Chicago, 60603, IL, USA

⁶Recipient of the Texas HHS Meritorious Service Award, 78751, Texas, USA

⁷PianoPsych, LLC, Natick, 01760, MA, USA

⁸Division of Gastroenterology, Department of Medicine, Larkin Community Hospital, S. Miami, 33143, FL, USA

⁹Centre for Digestive Diseases, Five Dock, 2046, NSW, Australia

¹⁰Infectious Diseases, St. Luke's Hospital, Kansas City, 64111, MO, USA

¹¹University of Pittsburgh, Department of Medicine, Pittsburgh, 15213, PA, USA

¹²Clarke Neurology, Newport Beach, 92660, CA, USA

¹³Alexion Pharma Germany GmbH, 80687, Munich, Germany

¹⁴Affordable Health, Inc., Piscataway, 08854, NJ, USA

¹⁵Eisner Laser Center, Macon, 31210, GA, USA

¹⁶Pioneers Medical Center, Brawley, 92227, CA, USA

¹⁷Privia Medical Group, Webster, 24510, TX, USA

¹⁸Hapvida HMO, Ribeirão Preto, 14015-130, SP, Brazil

¹⁹Houston Methodist Cancer Center, Houston, 77030, TX, USA

²⁰The Medical College of Wisconsin, Milwaukee, 53226, WI, USA

²¹Personal Healthcare Network, Kansas City, 64116, MO, USA

²²Fusion Clinical Multimedia, Inc., Philadelphia, 19019, PA, USA

²³Ventura Clinical Trials, PROCENABIOME, Malibu Specialty Center, Ventura, 93003, CA, USA

²⁴Stone Oak Ophthalmology, Immediate Past President, Association of American Physicians and Surgeons, San Antonio, 78258, TX, USA

²⁵Cardiosound, Atlanta, 30342, GA, USA

²⁶Rehoboth Medical Center, Houston, 77083, TX, USA

²⁷Complex Primary Care Medicine, Pensacola, 32507, FL, USA

²⁸University of California Los Angeles, Los Angeles, 90095, CA, USA

²⁹Emergency Medicine, Phoenix, 85016, AZ, USA

³⁰Family Medicine, Kissimmee, 34741, FL, USA

³¹Lozano Medical Clinic, Dallas, 75218, TX, USA

³²Howard University College of Medicine, Mangat and Kaur, Inc., Germantown, 20876, MD, USA

³³President, MyFreeDoctor.com Pensacola Beach, 3256, FL, USA

³⁴Department of Medicine, Henry Ford Hospital, Wayne State University School of Medicine, Detroit, 48202, MI, USA

³⁵Orthopaedic and Spinal Surgery, Private Practice, Lake City, 51449, IA, USA

³⁶Internal Medicine, Executive Director, Association of American Physicians and Surgeons, Tucson, 85716, AZ, USA

³⁷Taxhall Cardiology, PC, Washington, 20016, DC, USA

³⁸Orthopaedic Surgery, Salinas, 93907, CA, USA

³⁹McKinney Family Medicine, McKinney, 75070, TX, USA

⁴⁰Illinois Sports Medicine and Orthopaedic Center, Glenville, 60025, IL, USA

⁴¹Pulmonary and Sleep Consultants, Ft. Lauderdale, 33316, FL, USA

⁴²MediCity Medical College, 500005, Hyderabad, India

⁴³University of Brasilia, Brasilia, 70910-900, DF, Brazil

⁴⁴Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, 06510, CT, USA

⁴⁵Robb Oto-Neurology Clinic, Phoenix, 85012, AZ, USA

⁴⁶Bluegrass Family Wellness, Crestwood, 40014, KY, USA

⁴⁷Heinrich Heine University, Düsseldorf, 40225, Germany

⁴⁸Past Pres. Association of American Physicians and Surgeons, Tucson, 85716, AZ, USA

⁴⁹NephroNet Clinical Trials Consortium, Buford, 30518, GA, USA

⁵⁰All Valley Urgent Care, El Centro, 92243, CA, USA

⁵¹Houston Eye Associates, Houston 77025, TX, USA

⁵²Victory Health, LLC, 80487, Colorado, USA

⁵³Vive Life Center, 85728, Arizona & Texas, USA

⁵⁴Family Medicine, Mullica Hill, 08062, NJ, USA

⁵⁵CMO Emergency Hapvida Saude, HMO, Fortaleza, 60140061, CE, Brazil

⁵⁶National Healthcare Coalition, Family Medicine, Eagle, 83616, ID, USA

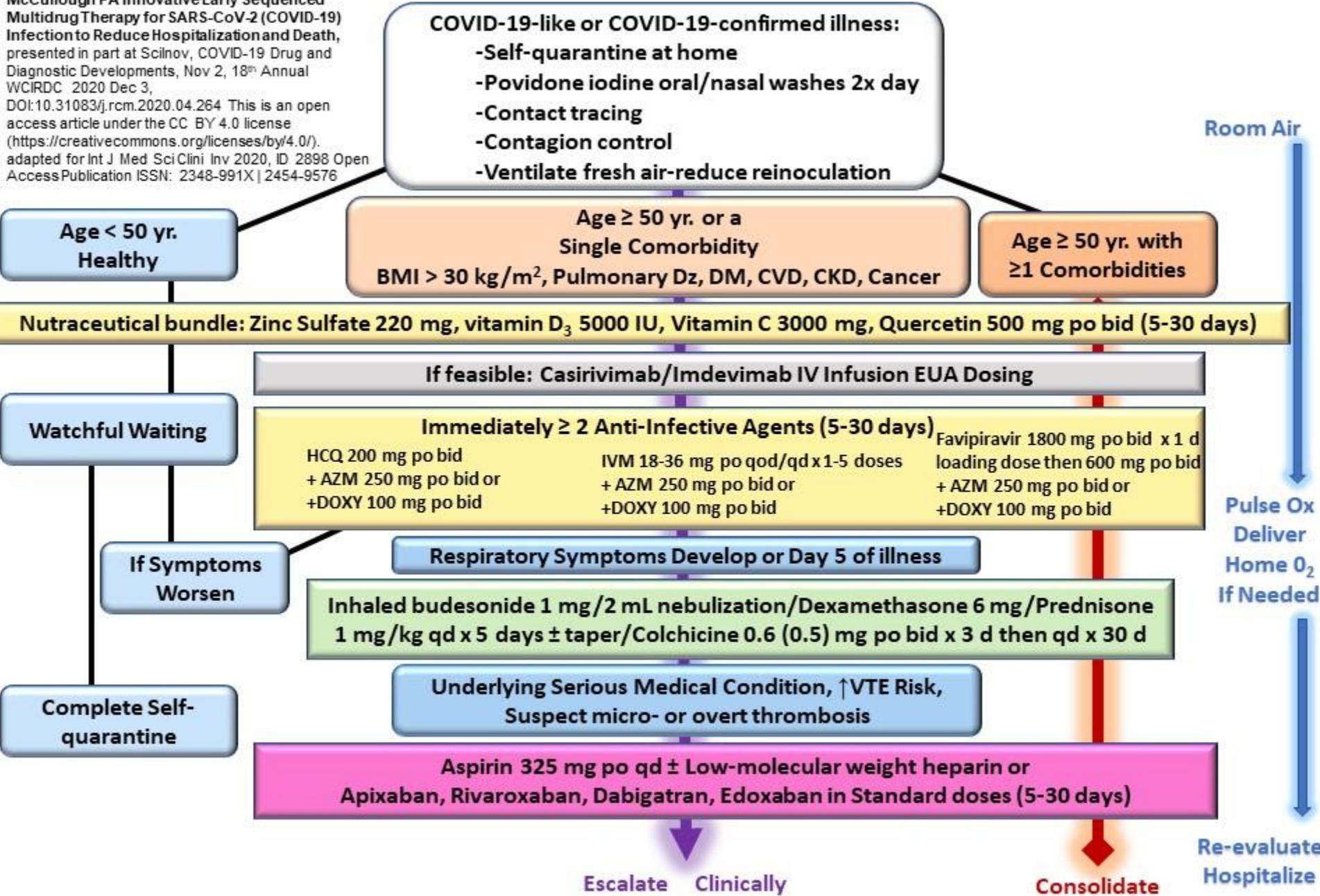
⁵⁷Affiliate Physician, Columbia University Irving Medical Center, New York City, 10032, NY, USA

*Correspondence: petermccullough@gmail.com (Peter A. McCullough)

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BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCQ=hydroxychloroquine, AZM=azithromycin, DOXY=doxycycline, IVM=ivermectin, VTE=venous thrombo-embolic, EUA=Emergency Use Authorization (U.S. administration)

Understanding Unapproved Use of Approved Drugs "Off Label"



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Use of Approved Drugs "Off
Label"

Has your healthcare provider ever talked to you about using an FDA-approved drug for an unapproved use (sometimes called an "off-label" use) to treat your disease or medical condition?



Content current as of:
02/05/2018

Why might an approved drug be used for an unapproved use?

From the FDA perspective, once the FDA approves a drug, healthcare providers generally may prescribe the drug for an unapproved use when they judge that it is medically appropriate for their patient. You may be asking yourself why your healthcare provider would want to prescribe a drug to treat a disease or medical condition that the drug is not approved for. **One reason is that there might not be an approved drug to treat your disease or medical condition.** Another is that you may have tried all approved treatments without seeing any benefits. In situations like these, you and your healthcare provider may talk about using an approved drug for an unapproved use to treat your disease or medical condition.

A Guide to Home-Based COVID Treatment

Step-By-Step Doctors' Plan
That Could Save Your Life

Editors: Jane M. Orient, M.D. &
Elizabeth Lee Vliet, M.D.



September 17, 2021

Crushing the Lifeblood of Medical Science

by [Dr. Peter McCullough](#)

In this issue of The McCullough Report, we have some grave news about a concerning set of developments that have taken the COVID-19 crisis response and its consequences to the world to a whole new level. With the backdrop that free speech and scientific discourse is...

MCCULLOUGH REPORT

Treat the Viral Infection, Handle the Pandemic Crisis

by [Dr. Peter McCullough](#) | May 11, 2021 | [Healthcare](#), [Politics](#),

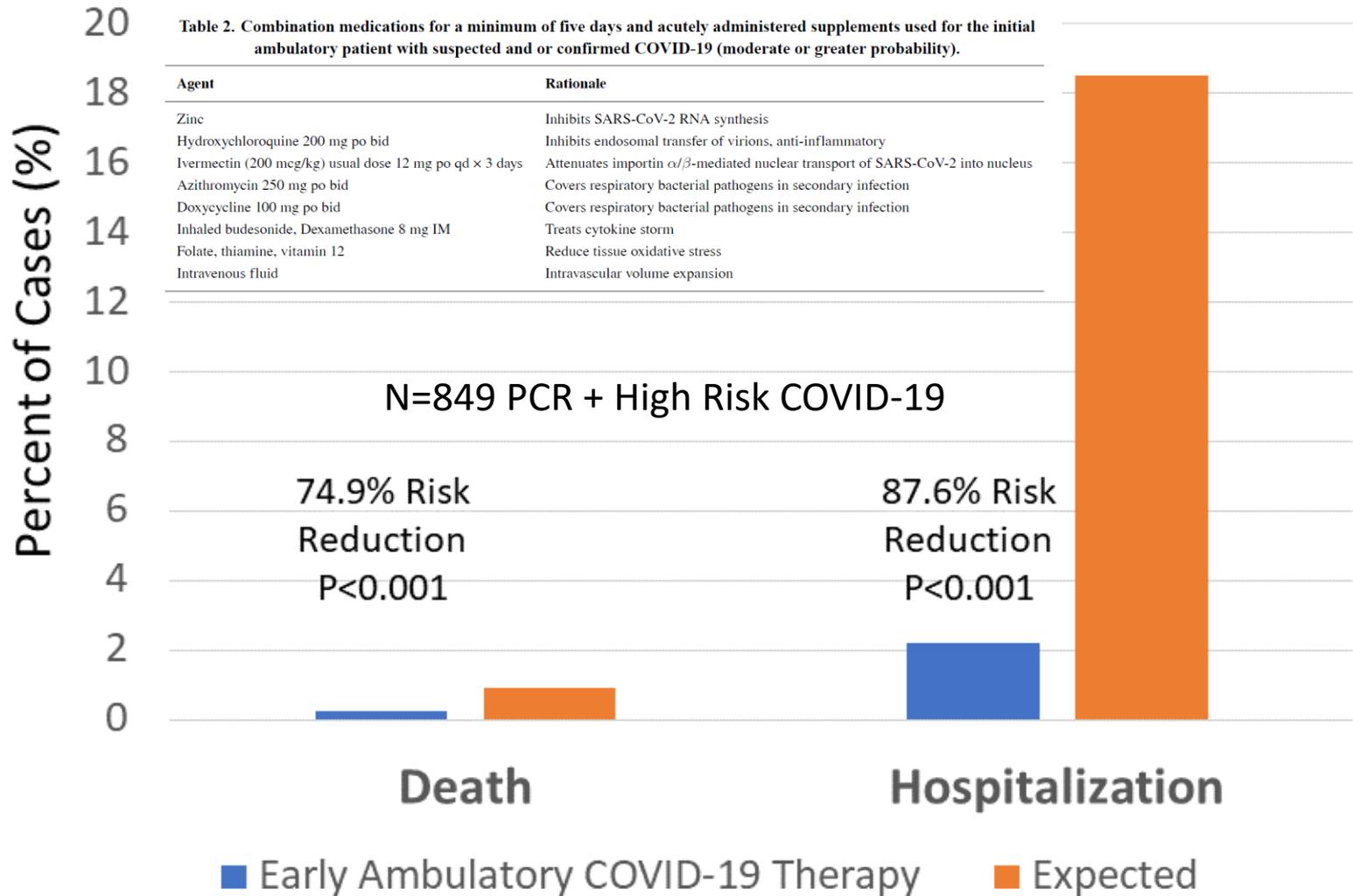
Sick COVID-19 patients don't feel better with masks and it's either too late or they have been failed by the vaccination. We need real doctors helping frightened patients in need to get through the crisis. We need to cut through all the fear, panic, hubris, and false narrative and getting to the truth of what is really going on during the pandemic...

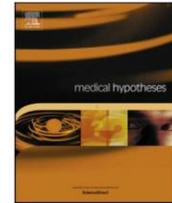




Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter¹, Casey Ross¹, Vaness Pickard¹, Erica Smith¹, Courtney Hanson¹, and Peter A. McCullough²

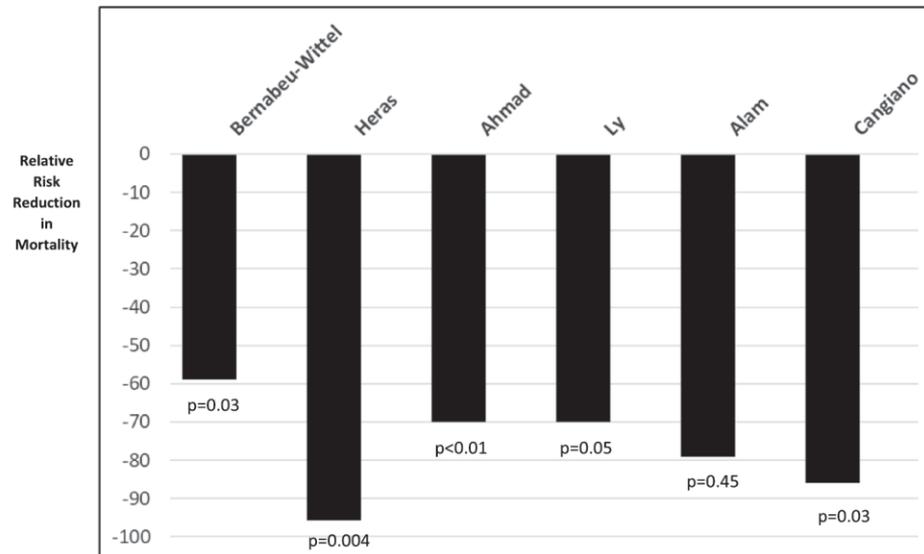




Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents

Paul E. Alexander^{a,*}, Robin Armstrong^b, George Fareed^c, John Lotus^d, Ramin Oskoui^e, Chad Prodromos^d, Harvey A. Risch^f, Howard C. Tenenbaum^g, Craig M. Wax^h, Parvez Daraⁱ, Peter A. McCullough^j, Kulvinder K. Gill^k

RR=0.41 (0.36-0.95) RR=0.044 (0.006-0.35) RR=0.30 (0.13-0.71) RR=0.30 (0.35-0.99) RR=0.21 (0.43-1.45) RR=0.14 (0.02-0.83)
 HCQ-based HCQ+/-AZM HCQ+/-DOXY HCQ+AZM DOXY HCQ + anticoagulants
 Steroids
 Anticoagulants



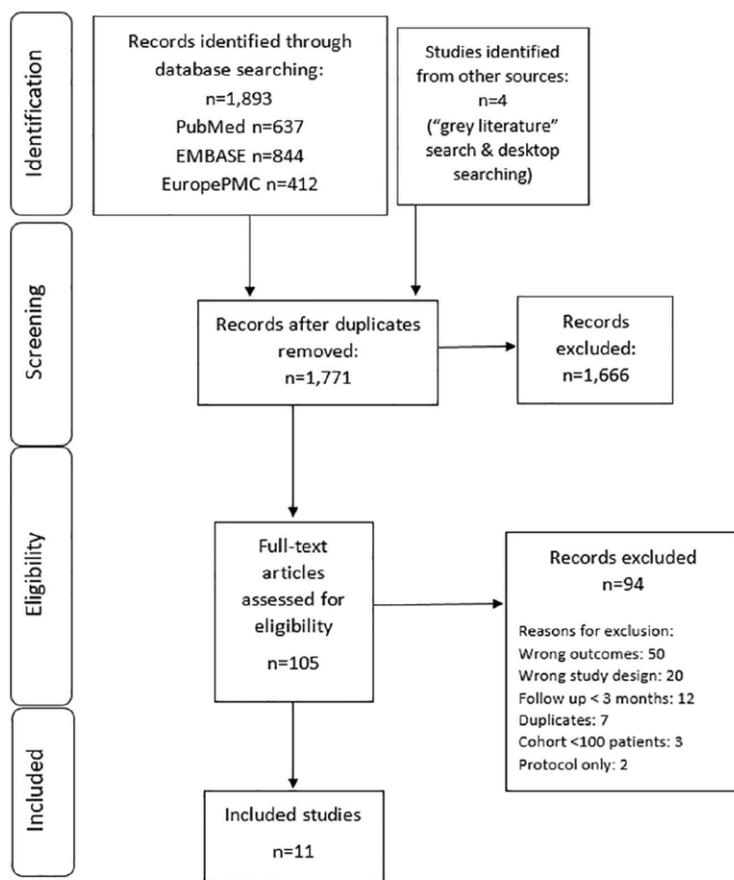
Note: p-values are comparisons to control groups, as per each study
 HCQ: hydroxychloroquine, AZM: azithromycin, DOXY:doxycycline

Fig. 1. Relative risk reduction in mortality risk in nursing home COVID patients using early prehospital combined and sequenced multi-drug treatment (SMDT).

<https://doi.org/10.1016/j.mehy.2021.110622>
 Received 6 February 2021; Received in revised form 25 May 2021; Accepted 2 June 2021
 Available online 5 June 2021
 0306-9877/© 2021 Published by Elsevier Ltd.

Quantifying the risk of SARS-CoV-2 reinfection over time

Eamon O Murchu^{1,2}  | Paula Byrne¹ | Paul G. Carty¹ | Cillian De Gascun³ |
Mary Keogan⁴ | Michelle O'Neill¹ | Patricia Harrington¹ | Máirín Ryan^{1,5}



4.1 | Summary of findings

Eleven cohort studies estimated the risk or relative risk of SARS-CoV-2 reinfection in individuals who were either antibody-positive or who had a history of PCR-confirmed Covid-19 at baseline, compared with those who did not, for up to 10 months. Across studies, the total number of PCR- or antibody-positive participants at baseline was 615,777, with a maximum follow-up of over 10 months in three studies. **Reinfection was a rare event (median PCR-confirmed reinfection rate: 0.27%, range: 0%–1.1%),** with no study reporting an increase in the risk of reinfection over time.

Of the six general population studies, only one estimated the population-level risk of reinfection based on whole genome sequencing in a subset of patients with supporting evidence of reinfection.⁷ The estimated risk was low (0.1% [95% CI: 0.08%–0.11%]) in this large cohort of 43,044 anti-SARS-CoV-2 nucleocapsid antibody-positive participants. **Importantly, the incidence rate of reinfection by month did not show any evidence of waning of immunity over the seven months of follow-up.** The remaining population-based studies (conducted in Austria, Denmark, Israel and the United States) also reported low absolute and relative risks of reinfection, and none reported an increased risk over time.



New York, USA

writingblock@protonmail.com Twitter:
@writingblock

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Published: 13 September 2021

Vaccinating people who have had covid-19: why doesn't natural

“If natural immunity is strongly protective, as the evidence to date suggests it is, then vaccinating people who have had covid-19 would seem to offer nothing or very little to benefit, logically leaving only harms—both the harms we already know about as well as those still unknown,” says Christine Stabell Benn, vaccinologist and professor in global health at the University of Southern Denmark. The CDC has acknowledged the small but serious risks of heart inflammation and blood clots after vaccination, especially in younger people. The real risk in vaccinating people who have had covid-19 “is of doing more harm than good,” she says.

A large study in the UK³² and another that surveyed people internationally³³ found that people with a history of SARS-CoV-2 infection experienced greater rates of side effects after vaccination. Among 2000 people who completed an online survey after vaccination, those with a history of covid-19 were 56% more likely to experience a severe side effect that required hospital care.³³

September 17, 2021

The Unholy Alliance Between Big Pharma's Vaccines and Drugs and the FDA

by [Blaise Vanne](#) | Sep 15, 2021

Today, Pharma companies underwrite three-quarters of the FDA's budget for scientific reviews (ProPublica) and fund nearly 50% of the FDA's total annual budget through PDUFA fees. In exchange, the agency increasingly fast-tracks expensive drugs and vaccines with...

The Taliban and the War on Terror

by [Malcolm Out Loud](#) | Sep 15,

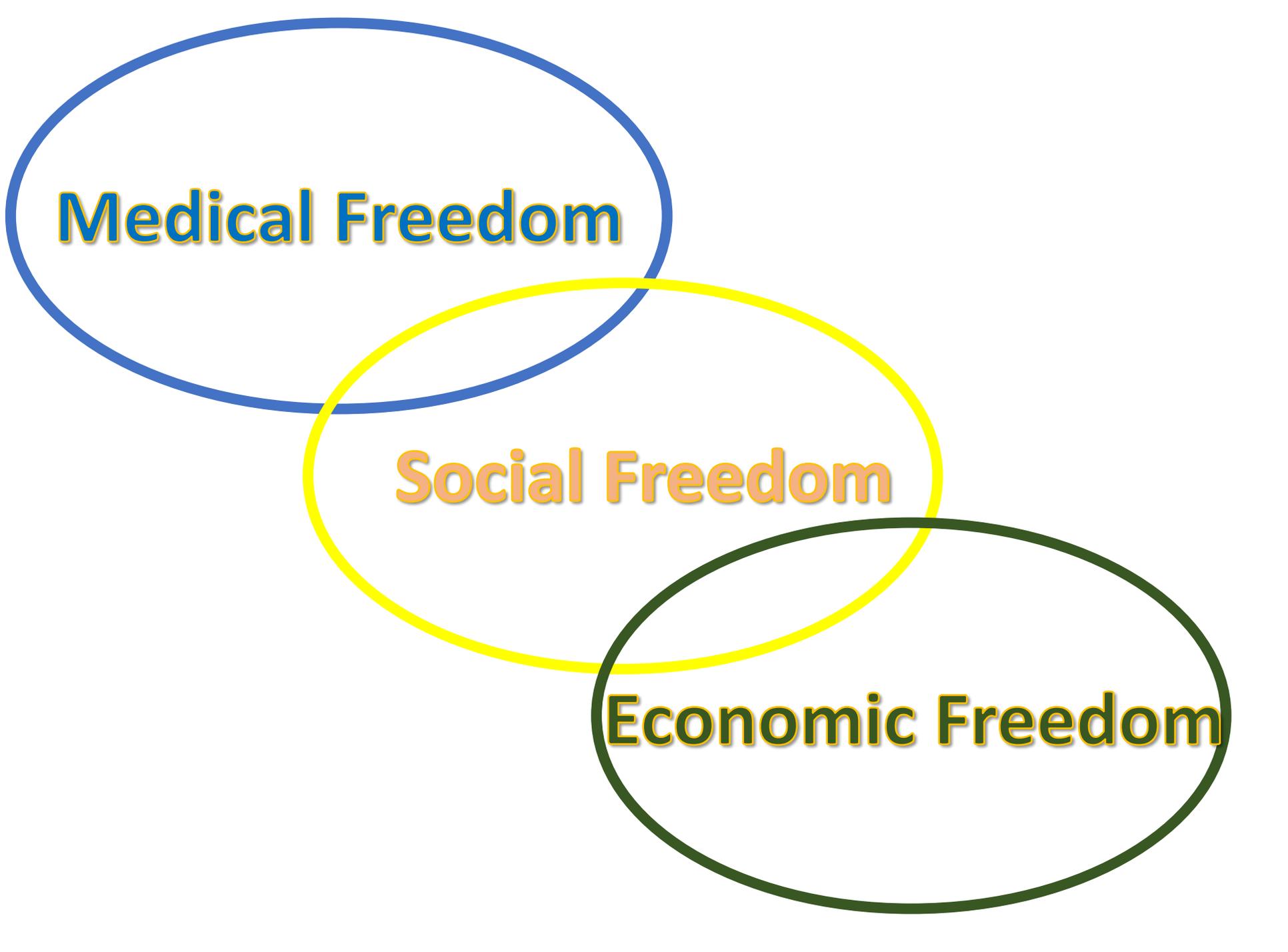
Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by [Dr. Peter McCullough](#) | Sep 12, 2021 | [Healthcare](#), [Politics](#)



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- **Freedom At Risk**
- Censorship of Scientific Discourse
- Conclusions



Medical Freedom

Social Freedom

Economic Freedom



The Bakersfield Californian

FRIDAY, SEPTEMBER 24, 2021 • BAKERSFIELD.COM

Woman sues Adventist Health to force ivermectin treatment for her husband

BY SAM MORGEN
smorgen@bakersfield.com

A local woman is suing Adventist Health to force the hospital to treat her husband with ivermectin, a medication for parasitic diseases that some have proposed as a treatment for COVID-19.

In a lawsuit filed in Kern County Superior Court, the plaintiff says her husband is sedated

and on a ventilator in the intensive care unit at Adventist Health Bakersfield. She seeks a judge's order to force the hospital to provide treatment she claims has been prescribed by a doctor.

"(The husband) is literally on death's doorstep and there (are) no further COVID-19 treatment protocols for the Defendant Hospital to administer to him and

(the plaintiff) does not want to see her husband die," the lawsuit says. "She is doing everything she

can to give him a chance to survive."

The Californian is not

publishing the patient and plaintiff's names in order to protect the family's medical privacy.

COVID-19
PANDEMIC



The lawsuit says Dr. See-Ru-ern Kitt prescribed ivermectin to the patient, but the hospital has not administered the treatment, claiming it is outside the hospital's protocols and would not help.

Ivermectin, a medication approved to treat parasitic diseases in humans and animals, has risen to prominence as a proposed remedy for COVID-19. The Cen-

ters for Disease Control and Prevention reports prescriptions for the drug have increased 24-fold since the beginning of the pandemic, reaching 88,000 per week by Aug. 13.

National health authorities say there is no conclusive evidence supporting claims ivermectin is

Please see **LAWSUIT | A3**

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September 17, 2021

SHOP TO THE RIGHT



IT'S TIME TO SUPPORT SMALL BUSINESS, LIST YOUR PRODUCTS OR SERVICES WITH SHOP TO THE RIGHT - STOP SUPPORTING THE AMAZON'S OF THE WORLD.

Covid Extortion by Bureaucrat Bullies

by **Paul Engel** | Sep 16, 2021

According to the Merriam-

U.S. Senators Pound Social and Mainstream Media on Censorship

by **Dr. Peter McCullough** | Jun 14, 2021 | [Media](#), [Politics](#),

Several U.S. Senators, including Homeland Security and Governmental Affairs minority Chairman Senator Ron Johnson, came out to pummel social and mainstream media for intentionally suppressing information to the American people that lead to the truth that SARS-CoV-2, a weapon of bioterrorism, was unleashed from a lab in Wuhan, China. This dramatic press briefing culminated in a call for Fauci to step down...



September 17, 2021

COVID and Your Health

Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by **Dr. Peter McCullough**

There is recent research on the fact that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and have recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by...



Podcast

Crushing the Lifeblood of Medical Science

by **Dr. Peter McCullough** | Aug 3, 2021 | [Feature 1](#), [Healthcare](#), [Politics](#),

The case at hand is the failure of the COVID-19 vaccines to stop the Delta variant and the emerging sources of data leading to the conclusion that the vaccines are not generally safe. So at a time of major moves by federal agencies, health systems, and schools to call for mandates of the COVID-19 vaccines, there is concern that the only voice left to discuss the risks and benefits...



MCCULLOUGH REPORT



Important: Joint Statement from ABFM, ABIM & ABP on Dissemination of Misinformation

Dear Dr. McCullough,

The Federation of State Medical Boards (FSMB), which supports its member state medical licensing boards, has recently [issued a statement](#) saying that providing misinformation about the COVID-19 vaccine contradicts physicians' ethical and professional responsibilities, and therefore may subject a physician to disciplinary actions, including **suspension or revocation of their medical license.** We at the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP) support FSMB's position. We also want all physicians certified by our boards to know that such unethical or unprofessional conduct may prompt their respective board to take action that could put their certification at risk.

Expertise matters, and board certified physicians have demonstrated that they have stayed current in their field. Spreading misinformation or falsehoods to the public during a time of a public health emergency goes against everything our boards and our community of board certified physicians stand for. The evidence that we have safe, effective and widely available vaccines against COVID-19 is overwhelming.

We are particularly concerned about physicians who use their authority to denigrate vaccination at a time when vaccines continue to demonstrate excellent effectiveness against severe illness, hospitalization and death.

September 17, 2021

Covid-19, Social Standing, and the New World Order

by **Wallace Garneau** | Sep 15, 2021

I have not had a Covid-19 vaccine. Let me open this article up right out of the gate by saying that. That does not mean I am anti-vaccine, or that I think the Covid-19 vaccines are unsafe or ineffective. I follow the science, and by that, I mean that I follow the...

COVID Q & A with Dr. Peter McCullough, #3

by **Malcolm Out Loud** | Sep 15, 2021

We, the general public are so confused and inundated with

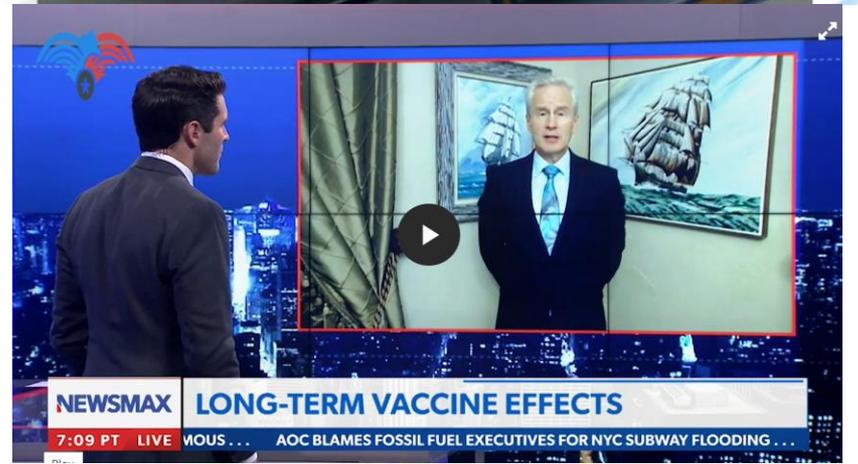
Column

The Hunting of America's Covid-19 Heroes

by **Dr. Peter McCullough** | Sep 11, 2021 | [Healthcare](#), [Politics](#)

The process of taking care of patients has become convoluted as heavy-handed public statements by the American Medical Association and public health officials have declared no benefit for hydroxychloroquine and ivermectin despite hundreds of supportive studies, randomized trials, and first-line use in many countries around the world...

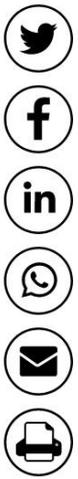




Dr. Al Johnson & Dr. Peter McCullough | The Jeff Crilly Show







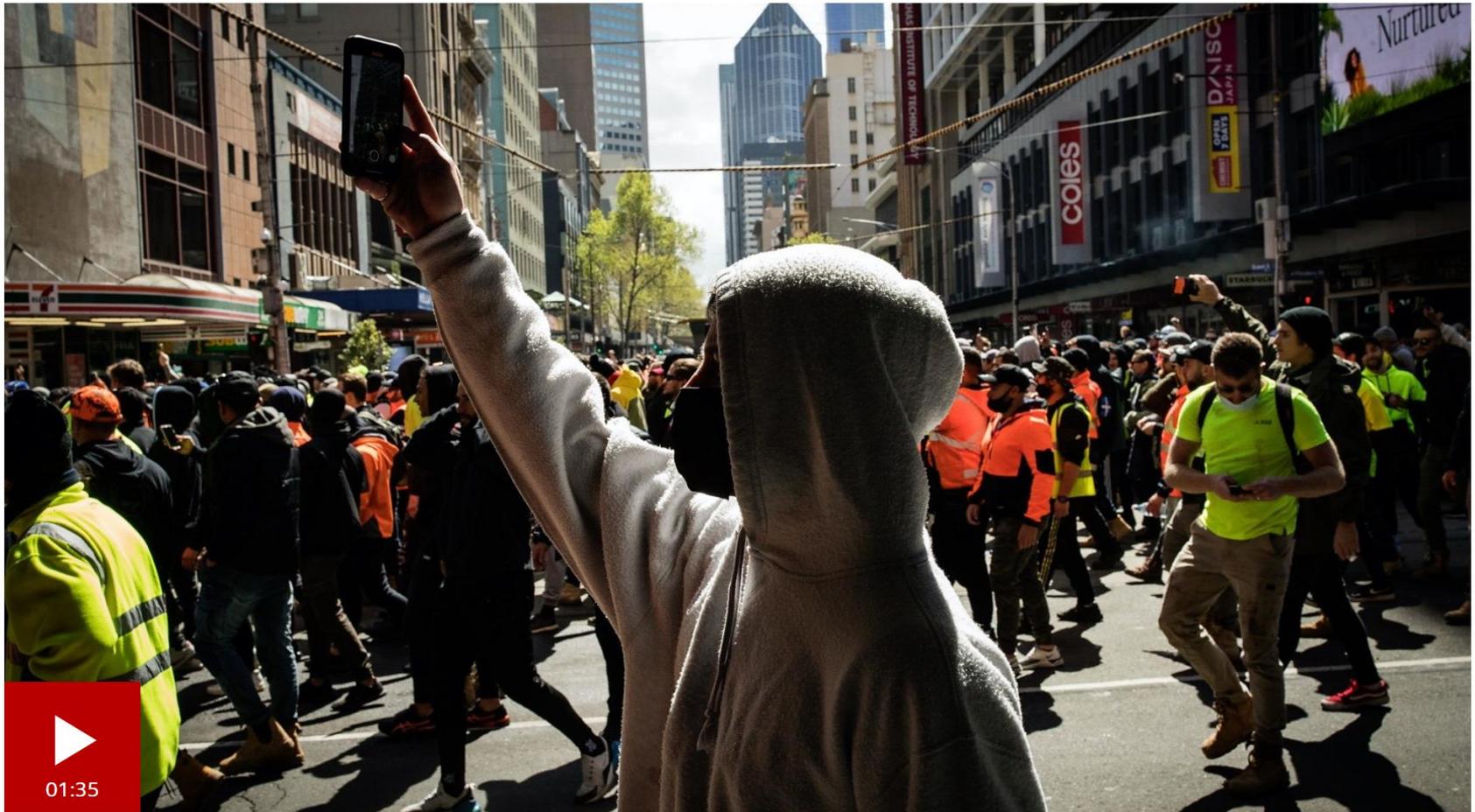
Australia riots over lockdown lead to pepper spray and 235 arrests

► One officer was trampled and several had to be taken to hospital



Anti-lockdown protesters clash with Victoria Police in the suburb of Richmond. Photo: Getty

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01:35

Melbourne protests: Third day of violent anti-vaccine demonstrations



COVID-19 AND THE GLOBAL PREDATORS:

WE ARE THE PREY

*With Introductions by
Leading COVID-19 Physicians*

Peter A. McCullough MD, MPH
Elizabeth Lee Vliet MD
Vladimir "Zev" Zelenko MD

**Peter R Breggin MD
Ginger Ross Breggin**

Bestselling Authors of
Talking Back to Prozac

Outline

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- Freedom At Risk
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- **Conclusions**

Conclusions

- COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to single drug
- The prehospital phase is the time of therapeutic opportunity
- Hospitalization and late treatment form an inadequate safety net with unacceptably high mortality
- Early ambulatory therapy with a sequenced, multi-drug regimen is supported by available sources of evidence and has a positive benefit-to-risk profile
 - Reduce the risk of hospitalization and death
 - More safely temporize to close the crisis with vaccination and natural herd immunity
- COVID-19 genetic vaccines have an unfavorable safety profile and are not sufficiently effective, thus they cannot be generally supported in clinical practice at this time
- Censorship and reprisal are working to crush freedom of speech, scientific discourse, and medical progress