Winning the War Against Therapeutic Nihilism and the Rush to Replace Trusted Treatments with Untested Novel Therapies

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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.
For New Biologic Products, Demand Safety, Safety, Safety

by Dr. Peter McCullough | Jun 5, 2021 | Healthcare, World

This product of gain of function research in the Wuhan lab is what made SARS-CoV-2 super infectious and damaging to the body resulting in organ damage, respiratory failure, and blood clots. The CDC has verified a record 262,521 safety reports including 4,406 deaths, and 14,986 hospitalizations. These exceed the numbers for all previous vaccines in all years combined in history—making the COVID-19 the most dangerous vaccine of all time...

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

by Malcolm Out Loud | Sep 15, 2021

We, the general public are so
After months of negative media coverage, the Guillain-Barre reports brought an overdue end to the swine flu affair. Ford's programme was suspended in December 1976 with only some 20% of the US population (55M) vaccinated leaving 550 cases of Guillain-Barre and 25 deaths. And since the US government had offered liability coverage to the pharmaceutical manufacturers that summer, hundreds of compensation claims from Guillain-Barre claimants followed for years afterward.

Before it was cut short, the program's goal was to vaccinate every American by the end of 1976.
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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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
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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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...
Emerging COVID-19 Vaccine Mortality Signal by Jan 22, 2021 (~27.1 M)

VAERS COVID REPORTS

All vaccines before 2020
~158 total deaths/yr

182
DEATHS

455
HOSPITALIZATIONS

1702
EMERGENCY ROOM OR URGENT CARE

969
OFFICE VISITS

106
ANAPHYLAXIS

78
BELL'S PALSY

37
STROKE-LIKE SYMPTOMS

COVID-19 U.S. VACCINE TRACKER

8.3% of the U.S. population received at least one dose (272 million people)

2.6% received two doses (104 million people)
Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

Jessica Rose, PhD, MSc, BSc

Figure 1: Bar plots showing the number of VAERS reports (left) and reported deaths (right) per year for the past decade. (2021 is partial data set.)
Historical PreCOVID ~280M Injections/year:
All ~70 vaccines average expected 16,320 VAERS total reports/yr, ~158 total deaths/yr
Day of Death after COVID-19 Vaccination

VAERS Registered Deaths From Day of Vaccine
June 11, 2021
86% of deaths had no other explanation than the vaccine

Much has been made in the media and academic literature about the need for protection and early vaccination of those aged 65 years and over. We believe this focus is the primary reason that 80% of the post-vaccination decedents reported are in this age group. Almost one-tenth (9%) expired within only 6 hours of their vaccination and 18% died in less than 12 hours. Over one third (36%) did not survive through to the following day.


https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis
Why are We Vaccinating Children against COVID-19?

Ronald N. Kostoff, Daniela Calina, Darja Kanduc, Michael B. Briggs, Panayiotis Vlachoyiannopoulos, Andrey A. Svistunov, Aristidis Tsatsakis

PII: S2214-7500(21)00161-X
DOI: https://doi.org/10.1016/j.toxrep.2021.08.010
A Report on the U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid (mRNA) Biologicals

Jessica Rose, PhD, MSc, BSc

Table 3. Percentages of individuals reporting AEs following 24- and 48-hour periods

<table>
<thead>
<tr>
<th>AEs within 24 hrs</th>
<th>AEs within 48 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of cases)</td>
<td>(% of cases)</td>
</tr>
<tr>
<td>Death</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>44</td>
</tr>
<tr>
<td>Hospital</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>47</td>
</tr>
<tr>
<td>ER</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>47</td>
</tr>
</tbody>
</table>

Analysis suggests that the vaccines are likely the cause of reported deaths, spontaneous abortions and anaphylactic reactions in addition to cardiovascular, neurological and immunological AEs. Based on the precautionary principle, since there is currently no precedent for predictability with regards to long-term effects from mRNA injections, extreme care should be taken when making a decision to participate in this experiment. mRNA platforms
Editorials

COVID-19 vaccine-induced immune thrombotic thrombocytopenia: An emerging cause of splanchic vein thrombosis

a) In the event of significant post-vaccination symptoms like severe abdominal pain, nausea/vomiting, melena or hematochezia, persistent high fevers, especially for > 2 days, further investigations should be performed, intentionally looking for unusual sites of venous thrombosis like SVT.

b) Complete blood cell count with peripheral blood smear, D-dimer levels, coagulation profile, fibrinogen, and if clinically indicated, pertinent imaging studies such as venous compression ultrasound, or contrast-enhanced computed tomography of the abdomen should be performed to objectively document VTE or thrombosis of unusual sites.

c) If venous thrombosis (e.g., CVST or SVT) and thrombocytopenia (platelet count < 150,000 x mm$^3$) are confirmed, immediate consultation with an expert in clinical adult thrombosis/hematology, to further guide diagnostic and therapeutic approach, including more specific testing for HIT and VITT [11,12]. In this regard, the involvement of a VTE rapid response multidisciplinary team may be a suitable option, if such team is available.

d) If the initial screening test of PF-4/heparin antibodies by ELISA is positive, then a classical heparin-induced platelet activation (HIPA) assay or a serotonin release assay (SRA) should be performed as a functional confirmatory test for VITT.

e) If the diagnosis of VITT is made, consider high doses of IVIG for 1-2 days, non-heparin anticoagulants, and avoid platelet transfusions unless active bleeding is present; once thrombocytopenia has resolved (platelet count > 150,000 x mm$^3$), consider switching to either DOACs or vitamin K antagonists for at least 6 months, with a close follow-up in a designated venous thrombosis/anticoagulation multidisciplinary clinic.
Stage III Hypertension in Patients After mRNA-Based SARS-CoV-2 Vaccination

Sylvain Meylan, Françoise Livio, Maryline Foerster, Patrick James Genoud, François Marguet, Grégoire Wuerzner, on behalf of the CHUV COVID Vaccination Center

explicitly as an adverse event in both safety/immunogenicity trials. However, both phase I/II and III clinical trials for the mRNA vaccines included predominantly younger populations with a mean and median age of 31 and 52 years for the BNT162b2 vaccine and 31 and 51 for the mRNA-1273 vaccine. Although more data are needed to understand the extent and the mechanism of hypertension after mRNA-based vaccination, our data indicate that in elderly patients with a history of hypertension or significant prior cardiovascular comorbidities, prevaccination control of blood pressure and post-vaccination monitoring, including symptom screening, may be warranted.
Weaponized COVID-19 Vaccine: Knife to the Heart
by Dr. Peter McCullough | Jun 16, 2021 | Healthcare, Politics,
COVID-19 vaccine-induced myocarditis or heart injury is a real and significant risk for young persons under age 30 years who are needlessly vaccinated. Many people this age have already had COVID-19 and are immune or maybe in the childbearing years where the vaccine...
DISCUSSION

Principal findings

The main finding of this study was the cardiac adverse event (CAE) rates of 162/million and 94/million post-Pfizer-BioNTech BNT162b2 vaccination dose two for the 12-15- and 16-17-year-old boys, respectively. Approximately 86% of these resulted in hospitalization for both age groups. We included a case-finding method in VAERS which utilized the symptom “chest pain”

Conclusion

Our report found post-vaccination CAE rates following dose two of 162.2 and 94.0/million for boys 12-15 and 16-17, respectively. For boys with no underlying health conditions, the chance of either CAE, or hospitalization for CAE, after their second dose of mRNA vaccination are considerably higher than their 120-day risk of COVID-19 hospitalization, even at times of peak disease prevalence. The long-term consequences of this vaccine-associated cardiac inflammation are not yet fully defined and should be studied. In lieu of pediatric vaccination mandates, the US and adverse reactions
Figure 1. Cardiac Adverse Event (CAE) rate per million vaccinated persons, by age and sex and vaccination dose
Without Protection from Pharmaceutical Laws, Vaccines Will Do More Harm

by Dr. Peter McCullough | Jul 5, 2021 | Healthcare, Politics.
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 bloodstream are toxic to humans."

Tess (MBBCh, DFSRH, 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.
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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The findings in this report are subject to at least six limitations. First, this analysis did not consider children, immunocompromised adults, or VE against COVID-19 that did not result in hospitalization. Second, the CIs for the Janssen VE estimates were wide because of the relatively small number of patients who received this vaccine. Third, follow-up time was limited to approximately 29 weeks since receipt of full vaccination, and further surveillance of VE over time is warranted. Fourth, although VE estimates were adjusted for relevant potential confounders, residual confounding is possible. Fifth, product-specific VE by variant, including against Delta variants (B.1.617.2 and AY sublineages), was not evaluated. Finally, antibody levels were measured at only a single time point 2–6 weeks after vaccination and changes in antibody response over time as well as cell-mediated immune responses were not assessed.
Failure of Vaccines and Truth Revealed
by Dr. Peter McCullough | Jul 19, 2021 | Healthcare, Politics,

The HMS Queen Elizabeth reported an outbreak of 100 COVID-19 cases among 3700 fully vaccinated, socially distanced, and masked sailors. The lessons are clear for the military: they should reserve testing for only sick sailors and not put any stock on the vaccines as they clearly have failed. Mass vaccination, when it hits...
Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM; Johanna Vostok, MPH; Hillary Johnson, MEIS; Morgan Burns, MPH; Radhika Charpure, DVM; Samina Sami, DrPH; Rebecca T. Saha, MPH; Naomi Hall, PhD; Anne Fetterman, PhD; Petra L. Schubert, MPH; Glen R. Gallagher PhD; Timella Fink;
Lawrence C. Madoff, MD; Stacey B. Gabriel, PhD; Bronwyn Machinis, PhD; Daniel J. Park, PhD; Katherine J. Sidelle, PhD; Vaira Harik, MS;
Deirdre Arvidson, MSN; Taylor Brock-Fisher, MSc; Molly Dunn, DVM; Amanda Kearns; A. Scott Laney, PhD

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status — Barnstable County, Massachusetts, July 2021

- Fully vaccinated
- Unvaccinated, not fully vaccinated, or vaccination status unknown

Multiple events and large public gatherings

Increase in COVID-19 cases reported to MA DPH
Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

Arjun Puranik\textsuperscript{1}, Patrick J. Lenehan\textsuperscript{1}, Eli Silvert\textsuperscript{1}, Michiel J.M. Niesen\textsuperscript{1}, Juan Corchado-Garcia\textsuperscript{1}, John C. O’Horo\textsuperscript{2}, Abinash Virk\textsuperscript{2}, Melanie D. Swift\textsuperscript{2}, John Halamka\textsuperscript{2}, Andrew D. Badley\textsuperscript{2}, A.J. Venkatakrishnan\textsuperscript{1}, Venky Soundararajan\textsuperscript{1}

\textsuperscript{1}Inference, Cambridge, Massachusetts 02139, USA
\textsuperscript{2}Mayo Clinic, Rochester, Minnesota 55902, USA

which either the Alpha or Delta variant was highly prevalent. We defined cohorts of vaccinated and unvaccinated individuals from Minnesota (n = 25,589 each) matched on age, sex, race, history of prior SARS-CoV-2 PCR testing, and date of full vaccination. Both vaccines were highly effective during this study period against SARS-CoV-2 infection (mRNA-1273: 86\%, 95\%CI: 81-90.6\%; BNT162b2: 76\%, 95\%CI: 69-81\%) and COVID-19 associated hospitalization (mRNA-1273: 91.6\%, 95\% CI: 81-97\%; BNT162b2: 85\%, 95\% CI: 73-93\%). However, in July, the effectiveness against infection was considerably lower for mRNA-1273 (76\%, 95\% CI: 58-87\%) with an even more pronounced reduction in effectiveness for BNT162b2 (42\%, 95\% CI: 13-62\%). Notably, the Delta variant prevalence in Minnesota increased from 0.7\% in May to over 70\% in July whereas the Alpha variant prevalence decreased from 85\% to 13\% over the same time period.
## Failure of Pfizer-BNT Vaccine in Israel

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases Fully Vaccinated</th>
<th>Cases Unvaccinated</th>
<th>Percent of Cases Fully Vaccinated</th>
<th>Percentage of Population Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>20–29</td>
<td>2689</td>
<td>795</td>
<td>77.2%</td>
<td>71.9%</td>
</tr>
<tr>
<td>30–39</td>
<td>3176</td>
<td>881</td>
<td>78.3%</td>
<td>77.4%</td>
</tr>
<tr>
<td>40–49</td>
<td>3303</td>
<td>635</td>
<td>83.9%</td>
<td>80.9%</td>
</tr>
<tr>
<td>50–59</td>
<td>2200</td>
<td>359</td>
<td>86.0%</td>
<td>84.4%</td>
</tr>
<tr>
<td>60–69</td>
<td>2200</td>
<td>187</td>
<td>92.2%</td>
<td>86.9%</td>
</tr>
<tr>
<td>70–79</td>
<td>1384</td>
<td>100</td>
<td>93.3%</td>
<td>92.8%</td>
</tr>
<tr>
<td>80–89</td>
<td>540</td>
<td>61</td>
<td>89.9%</td>
<td>91.2%</td>
</tr>
<tr>
<td>90+</td>
<td>142</td>
<td>20</td>
<td>87.7%</td>
<td>89.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15634</td>
<td>3038</td>
<td>AVERAGE 86.0%</td>
<td>AVERAGE 84.4%</td>
</tr>
</tbody>
</table>

Source 1: https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880
Source 2: https://datadashboard.health.gov.il/COVID-19/general
COVID-19 vaccines are a critical tool for controlling the ongoing global pandemic. The Food and Drug Administration (FDA) has issued Emergency Use Authorizations for three COVID-19 vaccines for use in the United States. In large, randomized-controlled trials, each vaccine was found to be safe and efficacious in preventing symptomatic, laboratory-confirmed COVID-19 (1–3). Despite the high level of vaccine efficacy, a small percentage of fully vaccinated persons (i.e., received all recommended doses of an FDA-authorized COVID-19 vaccine) will develop symptomatic or asymptomatic infections with SARS-CoV-2, the virus that causes COVID-19 (2–8).

CDC is working with state and territorial health departments to investigate SARS-CoV-2 infections among persons who are fully vaccinated and to monitor trends in case characteristics and SARS-CoV-2 variants identified from persons with these infections. For this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after receipt of all recommended doses of an FDA-authorized COVID-19 vaccine. State health departments voluntarily report vaccine breakthrough infections to CDC. When possible, genomic sequencing is performed on respiratory specimens that test positive for SARS-CoV-2 RNA (9).

A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021. Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40–74 years). Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic. 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died. Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19. The median age of patients who died was 82 years (interquartile range = 71–89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19. Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of concern, including B.1.1.7 (199; 55%), B.1.429 (188; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.1.51 (13; 4%).
COVID-19 Vaccine Breakthrough Case Investigation and Reporting

As of July 26, 2021, more than 163 million people in the United States had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 49 U.S. states and territories of 6,587 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

<table>
<thead>
<tr>
<th>Hospitalized or fatal vaccine breakthrough cases reported to CDC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>3,193</td>
</tr>
<tr>
<td>People aged ≥65 years</td>
<td>4,868</td>
</tr>
<tr>
<td>Asymptomatic infections</td>
<td>1,219</td>
</tr>
<tr>
<td>Hospitalizations*</td>
<td>6,239</td>
</tr>
<tr>
<td>Deaths*</td>
<td>1,263</td>
</tr>
</tbody>
</table>
COVID-19 Vaccine Breakthrough Case Investigation and Reporting

Hospitalized or fatal COVID-19 vaccine breakthrough cases reported to CDC as of August 23, 2021

As of August 23, 2021, more than 171 million people in the United States had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 49 U.S. states and territories of 11,050 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

<table>
<thead>
<tr>
<th></th>
<th>Deaths [Total=2,063]</th>
<th>Hospitalized, non-fatal [Total=8,987]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>919 (45%)</td>
<td>4,300 (48%)</td>
</tr>
<tr>
<td>People aged ≥65 years</td>
<td>1,801 (87%)</td>
<td>6,268 (70%)</td>
</tr>
<tr>
<td>Asymptomatic or not COVID-related*</td>
<td>440 (21%)</td>
<td>2,205 (25%)</td>
</tr>
</tbody>
</table>

*Patient had no symptoms of COVID-19 or their hospitalization or death was not COVID-related

Previous data on all vaccine breakthrough cases reported to CDC from January–April 2021 are available.
23% of Americans hospitalized with COVID-19 have been vaccinated.
United States COVID-19

CASES, DEATHS, VACCINATION

New cases per day

Deaths per day

Percent fully vaccinated

CDC. Data as of Sept. 22, 2021. Percent of population 12 and older “fully vaccinated.”
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

Lineage entropy for each country (c) and each monthly time point (t)

\[
\text{Lineage entropy} = - \sum_{l \in \text{all lineages}} \frac{\text{Number of sequences of lineage } l(t, c)}{\text{Total number of sequences}(t, c)} \log \left[ \frac{\text{Number of sequences of lineage } l(t, c)}{\text{Total number of sequences}(t, c)} \right]
\]

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

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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\textsuperscript{1,\ast}, Praveen Anand\textsuperscript{2,\ast}, Patrick Lenahan\textsuperscript{1}, Pritha Ghosh\textsuperscript{2}, Rohit Suratekar\textsuperscript{2}, Abhishek Siroha\textsuperscript{2}, Dibyendu Roy Chowdhury\textsuperscript{1}, John C. O’Horo\textsuperscript{3}, Joseph D. Yao\textsuperscript{3}, Bobbi S. Pritt\textsuperscript{3}, Andrew Norgan\textsuperscript{3}, Ryan T. Hurt\textsuperscript{3}, Andrew D. Badley\textsuperscript{3}, John D. Halamka\textsuperscript{3}, Venky Soundararajan\textsuperscript{1,2,\ast}

\textsuperscript{1}nference, Cambridge, Massachusetts 02139, USA
\textsuperscript{2}nference Labs, Bengaluru, Karnataka, India
\textsuperscript{3}Mayo Clinic, Rochester, Minnesota 55902, USA

\textbf{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.
Vaccine Report Card From CDC/FDA is Long Overdue!

by Dr. Peter McCullough | Sep 6, 2021

The US vaccine program is crumbling with disagreement at the FDA over boosters given the very low effectiveness and ephemeral protection from the Pfizer–BioNTech COVID-19 vaccine. Pfizer–BioNTech COVID-19 vaccine at 39% and 42% protection against Delta in Israel and...

** USA **

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

* 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
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
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• Conclusions
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

Late-Stage Hospitalization
“Safety Net for Survival”

Vaccination
“Herd Immunity”

↓ Hospitalizations/Death

*Correspondence: petermccullough@gmail.com (Peter A. McCullough)
DOI: 10.31083/jrcm.2020.04.264
Vaccinated or Not, Acute COVID-19 in High-Risk Patients Demands Early Treatment

by Dr. Peter McCullough | Aug 17, 2021 | Healthcare, Politics,
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.

DOI:10.31083/

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

Peter A. McCullough MD, MPH, a, b, c, k Rosan J. Kelly, MD, a Gaetano Russo, MD, a Edgar Lemus, MD, a Jemima Tumlin, MD, a Kevin R. Wheelan, MD, a, b, c, k Nalin Ket, MD, a Norman E. Lepor, MD, a Ktsi Vlijay, MD, a Harvey Carter, MD, a Ehpinder Singh, MD, a Sean P. McCullough, BS, a Brijesh K. Bhamid, MD, a Alberto Paazzuoli, MD, PhD, a Gaetano M. De Ferrari, MD, PhD, a Gregory F. Milligan, MD, NHP, a Taimar Saffier, MD, MPH, a, c, k Kristin M. Tescov, PhD, a, c, k Dee Beeswanger, MD, a John E. McKinnon, MD, William W. O'Neill, MD, a Marcus Zorzio, MD, a Harvey R. Risch, MD, PhD

Background: 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 hospital mortality.

Keywords: Ambulatory treatment; Antihypertensive; Anti-inflammatory; COVID-19; Clinical trial; Epidemiology; Hospitalization; Mortality; SARS-CoV-2

The American Journal of Medicine (2020) 138(12) 1205

Funding: None.

Conflict of Interest: None.

Your Name (Author)

The authors had access to the data and role in writing this manuscript.

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COVID-19-like or COVID-19-confirmed illness:
- Self-quarantine at home
- Povidone iodine oral/nasal washes 2x day
- Contact tracing
- Contagion control
- Ventilate fresh air—reduce reinoculation

Age ≥ 50 yr. or a Single Comorbidity
BMI > 30 kg/m², Pulmonary Dz, DM, CVD, CKD, Cancer

Age ≥ 50 yr. with ≥1 Comorbidities

Nutraceutical bundle: Zinc Sulfate 220 mg, vitamin D₃ 5000 IU, Vitamin C 3000 mg, Quercetin 500 mg po bid (5-30 days)

If feasible: Casirivimab/Imdevimab IV Infusion EUA Dosing

Immediately ≥ 2 Anti-Infective Agents (5-30 days)
- HCQ 200 mg po bid
- AZM 250 mg po bid or
- DOXY 100 mg po bid
- IVM 18-36 mg po qod/qd x 1-5 doses
- AZM 250 mg po bid or
- DOXY 100 mg po bid
- Favipiravir 1800 mg po bid x 1 d loading dose then 600 mg po bid
- AZM 250 mg po bid or
- DOXY 100 mg po bid

Respiratory Symptoms Develop or Day 5 of illness
- Inhaled budesonide 1 mg/2 mL nebulization/Dexamethasone 6 mg/Prednisone 1 mg/kg qd x 5 days ± taper/Colchicine 0.6 (0.5) mg po bid x 3 d then qd x 30 d

Underlying Serious Medical Condition, ↑VTE Risk, Suspect micro- or overt thrombosis
- Aspirin 325 mg po qd ± Low-molecular weight heparin or Apixaban, Rivaroxaban, Dabigatran, Edoxaban in Standard doses (5-30 days)

Escalate Clinically Consolidate

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

Brian Procter¹, Casey Ross¹, Vanessa Pickard¹, Erica Smith¹, Cortney Hanson¹, and Peter A. McCullough²

Table 2. Combination medications for a minimum of five days and acutely administered supplements used for the initial ambulatory patient with suspected and confirmed COVID-19 (moderate or greater probability).

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose/Route</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc</td>
<td>200 mg po bid</td>
<td>Inhibits SARS-CoV-2 RNA synthesis</td>
</tr>
<tr>
<td>Hydroxychloroquine</td>
<td>200 mg po bid</td>
<td>Inhibits endosomal transfer of virions, anti-inflammatory</td>
</tr>
<tr>
<td>Ivermectin (200 mcg/kg)</td>
<td>usual dose12 mg po qd x 3 days</td>
<td>Alternates importin α/β-mediated nuclear transport of SARS-CoV-2 into nucleus</td>
</tr>
<tr>
<td>Azithromycin 250 mg po bid</td>
<td></td>
<td>Covers respiratory bacterial pathogens in secondary infection</td>
</tr>
<tr>
<td>Doxycycline 100 mg po bid</td>
<td></td>
<td>Covers respiratory bacterial pathogens in secondary infection</td>
</tr>
<tr>
<td>Inhaled beclomethasone</td>
<td>8 mg IM</td>
<td>Tocin cytokine storm</td>
</tr>
<tr>
<td>Folic acid, thiamine, vitamin D</td>
<td></td>
<td>Reduced tissue oxidative stress</td>
</tr>
</tbody>
</table>

N=849 PCR + High Risk COVID-19

74.9% Risk Reduction P<0.001

87.6% Risk Reduction P<0.001

Death

Early Ambulatory COVID-19 Therapy

Hospitalization

Expected

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Permanent link to preprint on Authorea: https://doi.org/10.22541/au.161000355.54720791/v1
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 Lotu d, Ramin Oskou e, Chad Prodromos d, Harvey A. Risch f, Howard C. Tenenbaum g, Craig M. Wax h, Parvez Dara i, Peter A. McCullough j, Kulvinder K. Gill k

![Relative risk reduction in mortality risk in nursing home COVID patients using early prehospital combined and sequenced multi-drug treatment (SMDT).](image)

*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).
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 UK and another that surveyed people internationally 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.
Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by Dr. Peter McCullough | Sep 12, 2021 | Healthcare, Politics

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...
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• Conclusions
Your Freedom Can be Won Back at the End of a Hypodermic Needle

by Dr. Peter McCullough | Jun 12, 2021 | Healthcare, Politics

This sounds like a science fiction movie, but it is happening in real life before our very eyes. The line of truth appears to be the vaccine, who will succumb and take it, and who will not. The first wave of either intentional or accidental bioterrorism was with the COVID-19 respiratory illness. The second wave is more insidious and broadly applied to a population prepared by months of fear and isolation...
Medical Freedom

Social Freedom

Economic Freedom
A GOVERNMENT THAT HIDES CURES SO THEY CAN BUY 'VACCINES' FOR HIGHERS IS CRIMINAL
IVERMECTIN, HYDROXYCHLOROQUINE, BUDENOSIDE, VIT D³, ALL WORK
A local woman is suing Adventist Health Bakersfield 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 California is not publishing the patient and plaintiff's names in order to protect the family's medical privacy.

The lawsuit says Dr. See-Ruem 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 Centers for Disease Control and Prevention reports prescriptions for the drug have increased 24-fold since the beginning of the pandemic, reaching 86,000 per week by Aug. 13.

National health authorities say there is no conclusive evidence supporting claims ivermectin is
Public and Private Outrage Over Ineffective, Unsafe, Forced Vaccination

by Dr. Peter McCullough | Sep 3, 2021 | Healthcare, Politics

When more than 25% of the population takes the ill-advised COVID-19 vaccine, this promotes a super-dominant mutant that can easily evade the vaccines’ weak protection, which has happened with Delta. India has shown the world the only way to deal with Delta is not more vaccination, but early multidrug treatment...
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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...
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...
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.
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...

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...

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...
Baylor Gets Restraining Order Against COVID Vaccine Skeptic Doc

Alicia Ault
September 16, 2021

Editor's note: Find the latest COVID-19 news and guidance in Medscape's Coronavirus Resource Center.

The largest nonprofit health system in Texas has secured a temporary restraining order against cardiologist Peter A. McCullough, MD, MPH, a COVID-19 vaccine skeptic who allegedly continued to claim an affiliation with Baylor.
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
Melbourne protests: Third day of violent anti-vaccine demonstrations
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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