

**Dr. Peter McCullough and Dr.
Robert Malone on how not to
deal with the Wuhan-19
Pandemic
and a Primer of a Plan to deal
with the next one**

Presentation by Bernie McCune
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Excuse me for an almost completely image free presentation

Early in this Pandemic so much seemed to be going the wrong way

- Public Health directives and the US Federal Health agencies along with the UN WHO had no medical treatment ideas that would help infected individuals (take an aspirin and wait for the vaccines?)
- “Mass Formation” or “our way is the only way” seemed to be the political, medical and media message for the past 2 years (not really brainwashing but akin to it)
- World wide, many people got sick and many people died

Even in February and March 2020 alternative approaches emerged

- My first presentation showed a variety of ideas and protocols that used basic medical tenets to deal with the Wuhan assault (in fact Chinese doctors supplied the idea of HCQ as a treatment before the CCP stopped them)
- A large group of “experts” decided that these ideas and protocols were either ineffective or dangerous with no basis in fact
- The following is a documentation of this suppression of treatments and a data based plan for dealing with the next pandemic

Early use of out-patient in home treatments are key to at risk patients

- It was known very early in the pandemic that older people (over 55 years old) were the population most at risk of mortality
- Fairly early, children aged 19 and younger were found to be at the least risk of mortality
- Very little was done for the older population at first and there was very little improvement of the treatment of this cohort even today
- The isolation and “protection” of the younger population are showing very negative outcomes now in retrospect

NM Wuhan Mortality Data from the beginning of the pandemic by age group

Age Group (years)	Mar'20	Apr'20	May'20	Jun'20	Jul'20	Aug'20	Sep'20	Oct'20	Nov'20	Dec'20	Jan'21	Feb'21	Mar'21	Apr'21	May'21	Jun'21	Jul'21	Aug'21	Sep'21	Oct'21	Nov'21	Dec'21	Jan'22	Feb'22	Total
0-17	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	1	0	0	1	1	1	0	0	7
18-44	1	14	16	7	11	14	8	13	41	55	41	13	12	4	5	4	5	35	39	32	46	49	33	2	500
45-64	0	24	64	40	44	26	15	47	184	242	168	84	42	32	24	22	11	69	111	90	129	164	102	7	1741
65-74	1	26	45	26	40	18	14	40	221	251	177	80	34	16	33	15	13	56	65	65	118	141	92	10	1597
75+	4	92	127	50	70	58	26	96	417	539	318	127	59	22	22	18	18	57	92	98	161	171	165	32	2839
Total	6	156	252	123	165	116	63	196	864	1087	704	304	147	74	86	59	48	217	307	286	455	526	392	51	6684

Folks from 0-44 = 7.78% of deaths
Folks from 45-+75 = 92.42% of deaths
Only 7 kids from 0-17 died

A view of a clearer perspective looking back

- I will only recount the information that was previously presented in rough outline form
- The new data, treatments and information will be offered in general terms for today's presentation
- For greater detail you can follow the short bibliography at the end or I can attempt to do a real Part 3 of my presentation series titled "What to do next time"

Points from Presentations 1&2

- Recap of other deadly viruses and in particular other respiratory viruses
- China and the CCP heavy hand in the spread of Wuhan
- A quick exploration of the Wuhan virus from Dec 2019 through Sept 2020 as it related to the 2017-18 Flu (especially related to infectiousness and mortality)
- I found good CDC and WHO data and came across the concept of excess deaths
- Clearly for the first year, Public Health measures were completely inadequate and PH officials seemed to be clueless (even about the basics)

Presentation Points (continued)

- A few countries actually did something to save lives (Taiwan, Korea, Sweden, Japan etc)
- Some US & foreign (especially France's Dr. Raoult) frontline doctors offered some early useful treatment protocols that clearly saved lives
- How damaging were lockdowns and useless protective measures? All results that we have seen to date - VERY
- The reporting of detailed case numbers and testing forever - what did it get us?
- The mRNA emergency bionics (vaccines?) by Dec 2021 did save lives but may have also killed very many

Pres Points (cont)

- Finding real data and showcasing some of the treatments that worked
- Discussing epidemiologists techniques to protect the risk population and allow the rest of the population to live normally and get sick (especially knowing that there are treatments that work early in the infection)
- Seasonal and regional characteristics of viral diseases and how they relate to Wuhan
- Japan and Taiwan results versus the rest of the world

	# of Cases	# of Deaths	# of Recovered	Deaths/ Million	Number of Tests
United States	3 million +	133,274	1.325 mill	9233/ million	38.3 million
Japan	20,000	977	17,000	8/million	500,000
South Korea	13,181	285	12,000	15/million	1.346 million
Singapore	45,140	26	41,002	4/million	758,000
Taiwan	449	7	438	7/million	77,700
China	83,563	4634	78,500	58/million	90.4 million

Data gathered on 7-8-20

Dr. Peter McCullough and Dr. Robert Malone

- See their Training and Experience handouts
- I removed some of Wikipedia's reactionary parts of the handouts but get on Wikipedia and look at all this stuff for yourselves
- They have both been labeled anti-vaxxers but by those standards I would say that I am now an "anti-vaxxer"
- Dr. Malone's "rant" on mass formation is based on Dr. Mattias Desmet, Professor of Psychology U of Ghent
- Both doctor's Part 1 Epoch Times discussions are to some degree fact and science based rants that are of contextual interest that show why Wikipedia's "Covid 19 misinformation" tags are for the most part misinformation themselves
- I will summarize some of the Part 1 points and their Part 2 discussions next

Some preliminary thoughts

- I have not vetted nor do I completely agree with everything that these 2 doctors say but for the most part they are pushing back against a very destructive political, public health and media “chant” that has little basis in fact
- Early on the AMA “abolished” use of and the FDA labeled ivermectin a dangerous horse de-wormer with no supporting data to justify these attacks on the drug
- In fact there have been murderous outcomes for the past two years
- These two years as Dr. McCullough describes them are a time of mass casualties that require special effort by our public health officials (while their solution seemed to be mRNA drugs despite a year of increasing deaths)
- Treatments were rejected in a fear based effort by political, medical and media leaders (in a righteous ploy of keeping us safe-greed?)

This movement was completely anti-democratic that ended with government mandates that over ruled individual choice and doctor patient decisions

It is hard to believe that so many physicians, medical professionals (pharmacists, researchers, insurance executives etc), hospitals and so-called free thinking political folks could have joined what seems to be a hysterical mob that in great fear for their lives that erased basic medical and legal principles (and in the end sacrificed many lives)

Where to begin?

- I will let you look at Dr. Malone's Part 1 discussion yourself
- Dr. McCullough's first comment was about the failure of US public health organizations especially the NIH and the CDC as well as the WHO to look at treatments already noted in the literature. They failed to immediately begin a monthly review of those and any new therapies with efforts to collect data on their effectiveness and safety (NONE OF THIS EVER HAPPENED NOR IS IT PRESENTLY CONSIDERED)
- Hospitalization and not using medicine based therapies, especially early use and home based types of drugs (beyond waiting for the vaccines) was "organized medicine's" response to the fear of being overwhelmed by the pandemic. This is still their response.

In spite of what you've heard -

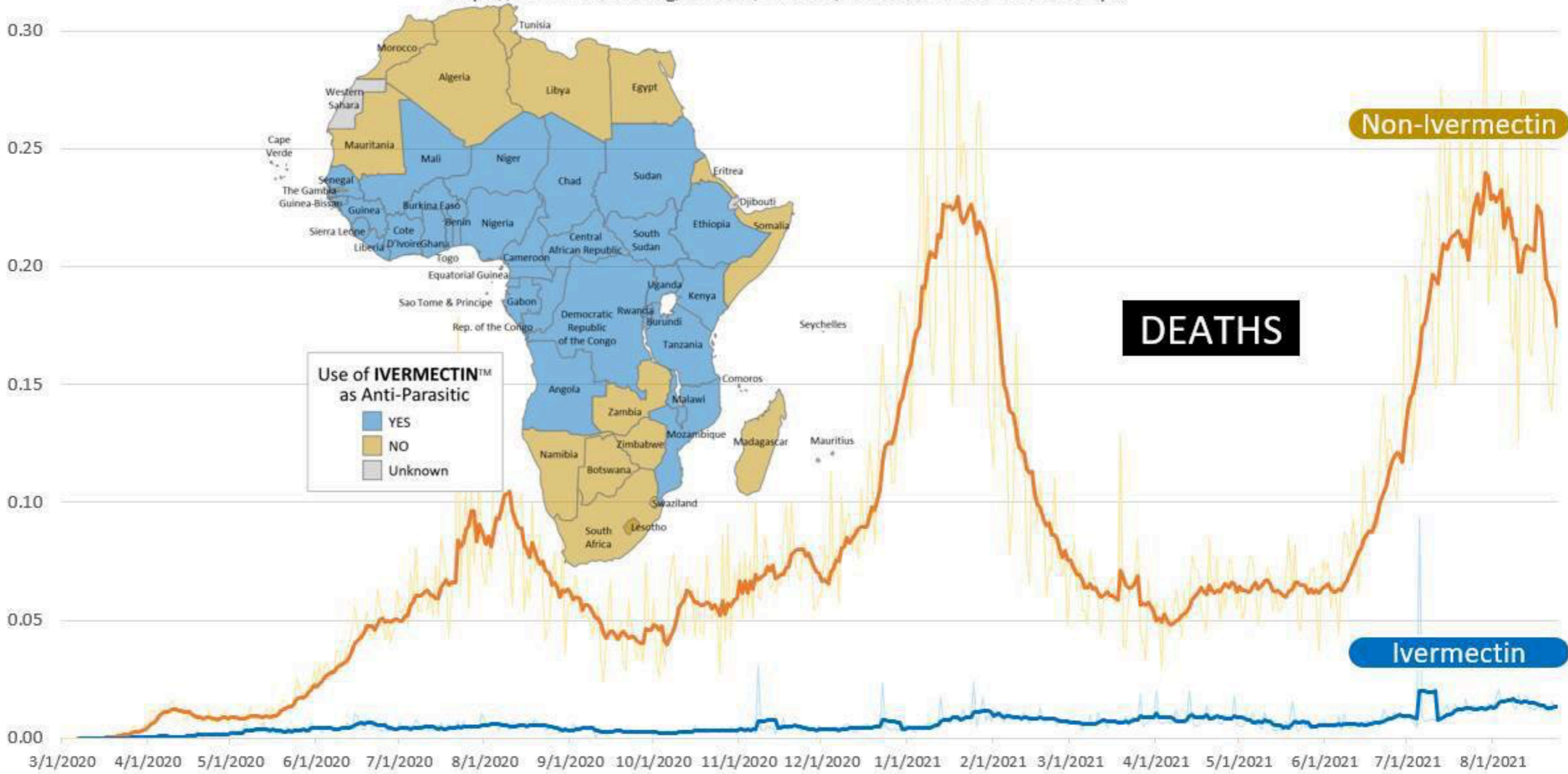
- There are over 300 peer reviewed science based journal published reports on the efficacy and safety of HCQ (hydroxychloriquine) protocols that show good outcomes (few deaths in 1000s of patients infected with Wuhan). They must be used early and usually with zinc
- There are over 50 of these studies where ivermectin was used
- There are cases (and studies) in Africa where populations using HCQ for malaria and ivermectin for water borne parasites in the tropics had very few deaths. Populations in northern and southern Africa that rarely used these medications had many deaths from Wuhan.

Africa Daily DEATHS/100K, Ivermectin Countries vs. Non-Ivermectin Countries

@birb_k

Source: Johns Hopkins CSSE (github)

<https://www.medrxiv.org/content/10.1101/2021.03.26.21254377v1.full.pdf>



If you did your homework and found the Covid-19 Treatment HB-

- You can see what standard medical practice should have looked like from early in the US pandemic
- You can see what other countries were doing to effectively treat Wuhan
- You can also understand why Dr.s McCullough and Malone think that the US would have had less than even half the almost 900,000 deaths we have had so far
- By looking at Part 2 of both McCullough's and Malone's interview you will see some detail on the following:

- False claims of asymptomatic spread, spread by touch and the effectiveness of reduce of spread by masks
- There is a great deal of uncertainty and mis-conception about infectiousness and the role it plays in spread
- Effective and useful PCR testing for Wuhan is still not clearly understood. Dr. Raoult used viral blood load testing when he used his HCQ protocol to determine effectiveness of curing Wuhan in those patients in his first study
- Many more effective medicines have been found and are being successfully (and safely) used in other countries. Colchicine is one that Dr. McCullough touts due to recent data.

- More
- Only a few drugs (now about 10) in the past have been prescribed on an emergency use authorization and none of them ever reached the regular market. It is yet to be seen whether the present mRNA biotics will reach the actual market as vaccines
- Dr. McCullough raises the issue that these mRNA “vaccines” may not be safe for some cohorts and that the deaths from these drugs appears to be higher than noted in early 2021 when mRNA drugs began to be used (for this, he and Dr. Malone are called anti-vaxxers)
- CDC data from VAERS* (which many folks think is very unreliable) indicates death from them is over 19,000 with studies indicating that this may only be 10% of the true number

* Vaccine Adverse Event Reporting System

- Dr. McCullough's paper (your homework) was started in Feb 2020 due to lack of any peer reviewed paper on treatment and went through all the process for publication and was published on August 7, 2020 (and revised and republished in Dec 2020)
- From that time until now there has been a whole series of blocking maneuvers to stop frontline doctors from using a growing list of FDA approved and effective treatments
- It started with a bogus Lancet publication, then an initiated but cancelled CDC study. There was almost no CDC action on Warp Speed treatments while at the same time, very active pursuit of WS on mRNA "vaccines"

- No US government effort on treatments other than mRNA drugs has ever materialized. This includes never using groups to discuss treatments or even consider them as Dr. McCullough complained of in the beginning of the interview
- All medicines suggested by practicing doctors or pharmaceutical companies were restricted by government guidelines to hospital use
- A number of states using their own guidelines have allowed their own doctors to practice more freely using the concept that the doctor-patient relationship is a legal bond
- Some states have actually notified pharmacies that they are required to recognize this relationship since the states have certification authority over pharmacies operating in their states

- No US public health agencies have gone out of their way to perform clinical trials on any treatments
- The few that have been done by non government organizations have not been promoted by the governments or the media
- Dr. Malone, Dr. McCullough and Dr. Atlas are all astounded by the NIH, CDC and other government agencies failing to appoint any top notch epidemiologists or frontline doctors to public health committees and Wuhan related research or study groups
- They seem to be focused on mRNA drugs and even those are not being properly monitored or discussed by the Feds

- Both Dr. Malone and Dr. McCullough speak of the fear of old people as they are left to their own devices at home alone or once they are hospitalized and cut off from their families with the fear of spread (with no medicines to deal with it)
- Asians treat their old people much better. And they let their kids go to school from the beginning. They also have very effective treatments. Most of Japan's deaths from Wuhan were old people but their total deaths as of yesterday was 18,425 in a population of just a little less than 126 million. In all of Japan, deaths from Wuhan yesterday were 11. Deaths in US yesterday were 2303 in a population of over 330 million.
- NM deaths yesterday from Wuhan were 36. Total deaths in NM are 6145 or about 1/3 of all those in Japan. NM population is less than 2 million

- In 45% of all US hospital admissions during pandemic, the panicked patients had at least 94% blood oxygen values (which is close to normal). Everyone seems to be very scared in the US and they probably should be with no sanctioned treatments other than mRNA drugs.
- And these days due to mandates many people with no symptoms are being tested. Even if they do show symptoms or test positive what can they do?
- In Japan if you show any sort of respiratory symptoms and definitely if you are over 55, you immediately get a chest X-ray. If it shows any sort of viral or bacterial infection you are treated with a nebulized asthma drug and if it is pneumonia also with an antibiotic series
- The situation in the US is outrageous and I know which group I believe has the answer (not our Public Health, political or media folks)

One last look at Dr. Malone's Part 2

- Dr. Malone discusses herd immunity relative to the vaccines and suggests that it is being oversimplified in the media
- R_0 (or R naught) is calculated from several parameters but gives an idea of how infectious a disease is. Below 1 for the population is where an infected person will tend not to infect others where one means they will infect one other person
- R_0 for early Wuhan that started in NM in April 2020 was above 2 and at times reached almost 3 but by summer 2020 was a little more than 1. For delta it was between 6 and 7 with omicron a little more than that
- Clearly with those high numbers for the later variants, herd immunity may be out of our reach especially with even vaccinated folks getting omicron (and being infectious?)

Herd Immunity

- Trying to get a handle on when a variant is actually infectious, how infectious it is and why the mRNA drugs do not stop the omicron variant from being infectious requires specialized data (or whether we might reach herd immunity with natural immunity)
- The US government has failed to collect the necessary data or has done no research to determine how to collect the data and certainly has not funded others to do so
- Our public health officials were so sure the mRNA drugs were the silver bullet. What now?
- Both Dr. McCullough and Dr. Malone plus many others do not recommend children under 19 getting vaccines except in some special cases

A few basic tenets for next time

- Prepare basic public health plans perhaps at the regional level that include supplies, treatment plans with adequate materials and a way to ramp up needed drugs and supplies that become out dated
- Be prepared to gather data on the new virus to determine parameters such as who the at risk folks are, R_0 numbers and other basic pandemic numbers
- We need to quickly set up boards of medical professionals who are familiar with epidemiological methods and characteristics
- These groups need to monitor the progress of the pandemic and of the measures to take to deal with it

Some More Tenets

- Gather a team of epidemiologists, doctors, planners, state representatives, Fed reps and others to see if we can all get on the same page before the next crisis
- Perform studies and carry out research based on what we did wrong on Covid-19
- The above effort should look at requirements, targets and scenarios to try to cover a variety of possibilities
- Test the plans and revamp them if necessary. Connect emerging public health data to the plans

**It seems like relying on our frontline Drs.
such as the several dozen that I found even
for my Wuhan Presentation Part 1 (started in
March 2020) is a good idea**

**We now have many more doctors in this
group with very definitive data and
treatments and some seriously effective (and
safe) protocols from many of our foreign
friends**

I'm with these folks

**A pox (and prosecution) on the many who
have really been against us for the past 2
years
(in their own interest?)**

A Short Bibliography

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

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A Guide to Home-Based COVID Treatment Step-By-Step Doctors' Plan That Could Save Your

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