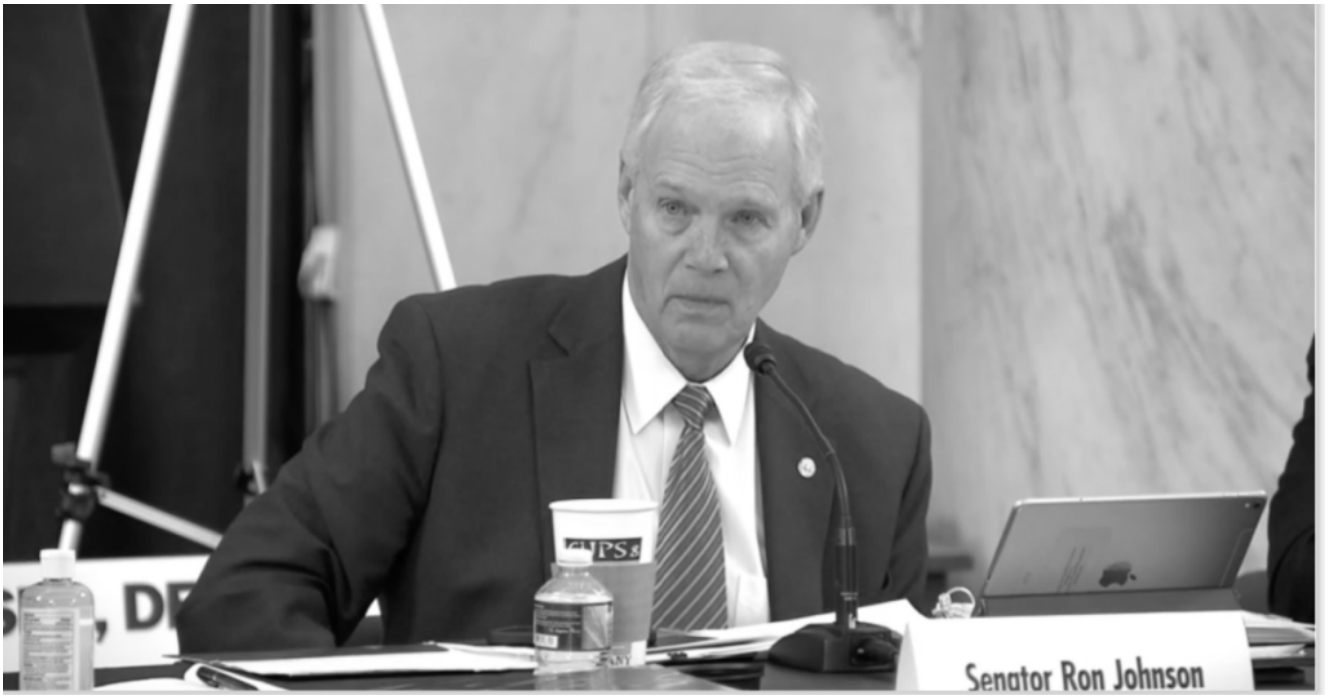
‘Absurd’ and ‘Illogical’ COVID Policies are Killing People, U.S. Health Agencies Captured by Pharma, Experts Say



In just five hours the entire COVID narrative was ripped apart and exposed for the farce that it is by the country’s best physicians and scientists on research, treatments, ethics and COVID.

A group of world-renowned doctors and medical experts today joined Sen. Ron Johnson (R-Wis.) for a panel discussion on America’s poor response to the global pandemic, the capture of U.S. health agencies by pharmaceutical companies, suppression of scientific data, the thousands of deaths caused by bad COVID policies and vilification of doctors who seek to treat patients with inexpensive and effective repurposed drugs.

The panel also discussed vaccine injuries, “vaccine-enhanced

diseases," and the many crimes being perpetrated against the American people.

The panel included Dr. Peter McCullough, Dr. Bret Weinstein, Dr. Jay Bhattacharya, Dr. Ryan Cole, Dr. Harvey Risch, Dr. George Fareed, Dr. Pierre Kory, Steve Kirsch, Dr. Christina Parks, Dr. Harval Mangat, Dr. Richard Urso, Dr. Paul Marik, Dr. Aaron Kheriaty, Dr. Robert Malone, Dr. David Wiseman and Thomas Renz. The panel also included Brianne Dressen, who was injured by the AstraZeneca vaccine during the U.S. clinical trial, nurses and a human rights attorney.

Dr. Peter McCullough, an internist, cardiologist, epidemiologist and a leader in the outpatient treatment of SARS-CoV-2 infection, set the stage for the roundtable with four pillars he believes America should have adopted in responding to the COVID pandemic.

The first pillar is to "limit the spread of the virus," but not through means the government recommended like using hand sanitizer, McCullough said, as the virus doesn't spread "by hands or pizza boxes." The virus is actually spread by an aerosol in the air and from one symptomatic person to another.

The second pillar is early treatment and the third is hospital care, McCullough said. "There is not a single hospital in America that is holding itself out as a center of excellence for the treatment of COVID-19."

McCullough said the fourth pillar is vaccination, which he recognized as a "part of medicine," but "never in human history have we widely applied vaccinations into the middle of a widely prevalent pandemic where people are falling ill, recovering and falling ill again."

Dr. Ryan Cole, CEO and medical director of Cole diagnostics, said we've been told the virus is "novel," but it is 80% similar to a virus experienced decades ago.

“There’s not a whole lot ‘novel’ about this [virus] other than the fact a few sequences are different,” Cole said, “but we’re physicians and scientists, and we understand virology. We understand how a disease works.”

Cole explained:

> *“So, an upper respiratory infection – a virus – will replicate in the body for only about a week. At that point, you only have residual parts of the virus, so these tests that pick up ‘oh, you’re positive still, you’re positive still,’ no, those are the car parts, not the car anymore.*
>
> *“We have a week of intervention where we can maybe try to intervene and stop the viral replication. Beyond that, we’re really just spitting in the wind. Beyond that then the virus and the phase of the disease becomes an inflammatory one and we know with this particular disease, a clotting one.”*

Cole said physicians have known for “eons” how to treat inflammation and clotting, so “the simple construct or concept that there’s nothing we can do, go home and let your lips turn blue, it’s a false construct.”

“SARS-CoV-2 is a simple upper respiratory infection and physicians can treat it and the sequelae that happen after the virus has replicated,” Cole said, and “early treatment saves lives.”

Dr. Harvey Risch, professor of epidemiology in the Department of Epidemiology and Public Health at the Yale School of Public Health and Yale School of Medicine, said early use of hydroxychloroquine (HCQ) dramatically reduces the risk of hospitalization and mortality, but the media covered it up and the U.S. Food and Drug Administration (FDA) and Biomedical Advanced Research and Development Authority used Emergency Use Authorization regulations to block HCQ in outpatients, except in randomized trials – trials that were eventually cut off

over the fears spread by a fake paper.

Risch said the FDA "mounted its biggest fraud of all time" by issuing a warning against using HCQ in COVID patients outside the hospital setting based on information relating to the treatment of hospitalized patients. COVID in hospitalized patients is a "completely different illness treated with completely different drugs," he said.

Johnson has twice requested the materials the FDA relied upon in issuing its warning, but the agency has not complied.

"We heard at the beginning of the pandemic that one of the medications that has been used in early treatment, hydroxychloroquine, or HCQ, was a game-changer and would be effective in the treatment of COVID outpatients if started within the first few days of the illness, and then we heard study after study and media report after media report saying HCQ doesn't work," Risch said.

"The negative claims continued for months until the media "got bored with all this" and then acted as if the case were closed. However, this was a sham."

The media reports never covered how the negative studies were actually fake studies, except for the Surgisphere fraud – a study that was published and then retracted, but not before it influenced the World Health Organization's position on HCQ, Risch said.

Dr. Harpal Mangat, an internal medicine physician, said COVID is a two-step disease. The first phase can be treated with numerous antivirals, Mangat said, but once the disease enters the inflammatory phase – around days 7 to 10 – it should be treated with high-dose steroids.

Mangat said the papers coming out called for treating the disease during the wrong phase with the wrong drugs.

‘Absurd’ and ‘nonscientific’ policies of U.S. health systems fueled by corruption

Dr. Pierre Kory, pulmonary and critical care specialist and president and chief medical officer of the Front-Line Covid-19 Critical Care Alliance, called out the policies of U.S. health systems and their “failed response to this pandemic.”

“Some of the policies are “so obscene, absurd, illogical and nonscientific that they’re unscientific that they’re almost unspeakable – things like not testing the vaccinated, not recommending vitamin D, not checking vitamin D levels, things that are so fundamentally basic about science and medicine and that they’ve avoided,” Kory said.

“If you look at these failed policies, there’s only one way to understand them. They are literally written by pharmaceutical companies. Almost every single policy serves the interest of a pharmaceutical company.”

Kory said there have been numerous successes outside the U.S. using a number of compounds he and his colleagues have identified for effective early treatment of COVID, almost all of which are repurposed or generic drugs, including ivermectin.

Yet, in the U.S., ivermectin is regarded as a horse dewormer, horse paste, and is only used by the illiterate, ignorant or unvaccinated, Kory said.

Kory pointed to many studies and locations around the world where hospitalizations and deaths were prevented by large percentages through the mass distribution of ivermectin. He said the inexpensive drug eradicated the virus entirely in Uttar Pradesh, India – which the media failed to cover.

Information on ivermectin was buried and suppressed, Kory said. "U.S. health agencies' structures and policies created over the last 50 years have tightly intertwined the pharmaceutical industry with public health institutions, resulting in repeated policies placing pharmaceutical industry interests ahead of the welfare of U.S. citizens."

Kory said the industry's "capture of our health agencies combined with their increasing financial control of most major media, social media and medical journals has led to an ability to widely suppress and/or distort any information which supports the efficacy of repurposed low-cost off-patent medicines."

This "decades-long war on repurposed drugs waged with the ever-pressing goal of protecting the market for novel, patented, obscenely profitable and often barely tested and toxic medications has reached a pinnacle with COVID-19, its an absurdity, its an obscenity and its a crime," Kory said. "It has to stop."

Physicians threatened over vaccine exemptions as narrative falls apart

Dr. Aaron Kheriaty, chief of ethics at the Unity Project and former director of the medical ethics program at the University of California, Irvine Health, expressed concern over the lack of informed consent given to patients and vaccine recipients, mandates requiring one get an experimental COVID vaccine and the arduous process of getting Pfizer's clinical trial data – which was required to be released by the FDA under federal law on the day Pfizer's vaccine was authorized.

Instead, the FDA wanted 75 years to release the data on a vaccine that had been mandated for millions of Americans and took the agency only 108 days to review.

Kheriaty said the belief that one should get "vaccinated to protect their neighbor" fell apart when it was discovered vaccines did not prevent infection or transmission of the virus while natural immunity – the best way out of the pandemic – has been ignored.

He said thousands of physicians, including himself, have lost their jobs for refusing to get vaccinated with a novel COVID vaccine whose safety and efficacy data remains hidden. Kheriaty was fired after he challenged UC Irvine's vaccine mandate in federal court.

Kheriaty also said patients with life-threatening contraindications to COVID vaccines are being denied legitimate exemptions to COVID vaccines because physicians can't write them without risking their medical license.

"Medical boards are behaving very irresponsibly doing the bidding of governors who want to impose certain mandates, in this case, face mask mandates and vaccine mandates, they're not serving the public good and in this case, they're certainly not serving the interests of patients," Kheriaty said. "There is no medication that is good for everyone all the time in all circumstances. It's an absurd notion."

McCullough said large numbers of individuals were excluded from COVID vaccine clinical trials due to concerns over safety, including pregnant women, women of childbearing potential who couldn't guarantee birth control, the COVID-recovered, suspected COVID-recovered and those with positive serologies.

The FDA, Moderna, Pfizer, Johnson & Johnson and AstraZeneca knew the products would either not be safe or efficacious for these individuals, McCullough said.

Yet, these same groups are not being excluded from mandates. "The fact that the FDA and CDC [Centers for Disease Control and Prevention] actively encourage and coerce individuals for

whom the vaccine is unsafe to receive" and could pose fatal or non-fatal injuries is malfeasance – "wrongdoing by those in positions of regulatory authority," McCullough said.

Dr. Richard Urso raised concerns over children who have already acquired natural immunity getting the vaccine because people with natural immunity were not included in clinical trials. For Urso, "this is about saving lives."

Kory said the most logical explanation for "why they are doing this" is profits. "They're putting profits over patients. They are unscientific yet they're being carried out and distributed across the country. Corruption. Plain and simple. It's corruption."

Physicians threatened for challenging COVID policies

Dr. Paul Marik, former chief of pulmonary and critical care medicine at Eastern Virginia Medical School and former director of the ICU at Sentara Norfolk General Hospital lost his job for challenging Sentara's policy on treating COVID patients.

Marik filed his lawsuit against Sentara Healthcare on Nov. 9, 2021, arguing the organization was endangering the lives of its COVID patients by preventing him from using his treatment protocol, which he said reduced mortality rates in the ICU from approximately between 40% and 60% to less than 20%.

The lawsuit, which was dismissed because Marik no longer works for Sentara, alleged Sentara's ban on the use of certain therapies against COVID violates U.S. and Virginia medical laws and the concept of informed consent.

Marik said what's happening now is completely unprecedented in the history of medicine and across the world.

“We have the federal government, state agencies and hospitals telling doctors how to practice medicine,” Marik said. “They’re interfering with the sacred patient-physician relationship. They’re telling doctors how to be doctors.”

Marik said he was forced to “stand by idly watching these people die” and when he tried to sue the healthcare system, they came after him.

“They accused me of outrageous crimes,” Marik said. “I was such a severe threat to the safety of patients they immediately suspended my hospital privileges because I possessed and posed such an outright threat to these patients, ignoring the fact that under my care the mortality was 50% less than those of my colleagues.”

In the end, Marik lost his hospital privileges and was reported to the National Practitioner data bank. “Here I was standing up for patients’ rights and this hospital – this evil hospital – ended my medical career.”

McCullough pointed out that Marik was challenged only on his approach to treating COVID patients, not patients with other medical conditions.

During the hearing, Marik also explained the National Institute of Health’s recommendations should you get COVID – take fluids, stay at home until you turn blue, come to the hospital when you can’t breathe, they isolate you like a prisoner, give you remdesivir and dexamethasone and then you die.

COVID more prevalent in vaccinated populations, causing enhanced disease

The panel said they’re now seeing more cases of COVID in

highly vaccinated populations. Dr. Robert Malone, inventor of the mRNA technology used in COVID vaccines said this due to confounding variables.

“The FDA knows that one of the great risks as vaccinologists is vaccine-enhanced disease,” Malone said. For example, respiratory syncytial virus, or RSV, is a vaccine-enhanced disease. This is why we have to be so careful and cautious with vaccine rollout and have sufficient scientific data.

“Vaccine-enhanced disease with coronaviruses has long been a problem and has compromised every prior coronavirus development,” Malone said. “This is a known problem, many of us that are down in the trenches have been monitoring whether or not data is emerging that suggests this data is occurring, and we are now seeing data consistent with this.”