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What You Need to Know About Early At-Home COVID Treatment

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE -

- Perhaps one of the greatest crimes in this whole pandemic is the refusal by reigning heath authorities to issue early treatment guidance. Instead, they've done everything possible to suppress remedies shown to work, whether it be corticosteroids, hydroxychloroquine (HCQ) with zinc, ivermectin, vitamin D or NAC
- According to Dr. Peter McCullough, 85% of COVID deaths could have been prevented had early treatment protocols been widely implemented rather than censored
- It appears the intense censoring and suppression of early treatments was a strategy to promote as much fear, suffering, hospitalization and death as possible in order to prepare the population to accept a new genre of gene transfer technologies on a mass scale
- The overwhelming drive to get a "needle in every arm" is such that health authorities are not even acknowledging the fact that those who have recovered from COVID-19 and many groups have no possibility of benefiting from the vaccine, including younger individuals, pregnant women, women of childbearing potential, and those with immunodeficiencies
- Despite FDA warnings for myocarditis with Pfizer and Moderna and cavernous venous thrombosis with Johnson & Johnson, the vaccine cabal keeps propaganda on full blast

In this interview, Dr. Peter McCullough discusses the importance of early treatment for COVID-19, and the potential motivations behind the suppression of safe and effective

treatments.

McCullough has impeccable academic credentials. He's an internist, cardiologist, epidemiologist, a full professor of medicine at Texas A&M College of Medicine in Dallas. He also has a master's degree in public health and is known for being one of the top five most-published medical researchers in the United States and is the editor of two medical journals.

Early Outpatient Treatment Is Key for Positive Outcomes

McCullough has been an outspoken advocate for early treatment for COVID. In August 2020, McCullough's landmark paper "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection"[1] was published online in the American Journal of Medicine.

The follow-up paper is titled "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)"[2] and was published in Reviews in Cardiovascular Medicine in December 2020.

Perhaps one of the greatest crimes in this whole pandemic is the refusal by reigning heath authorities to issue early treatment guidance. Instead, they've done everything possible to suppress remedies shown to work, whether it be corticosteroids, **hydroxychloroquine** (HCQ) with zinc, **ivermectin**, **vitamin D** or NAC.

Patients were simply told to stay home and do nothing. Once the infection had worsened to the point of near-death, patients were told to go to the hospital where most where routinely placed on **mechanical ventilation** — a practice that was quickly discovered to be lethal. Many doctors also seemingly panicked and refused to see patients with COVID symptoms.

> *"I'm glad that I personally always treated all my patients,"* he says. *"I wasn't going to have the virus slaughter one of my senior citizens. And it is, I think, terrible that none of our major academic institutions innovated with a single*

protocol. To my knowledge, not a single major academic medical center, as an institution, attempted even to treat patients with COVID-19.

But I did use my publication power, and my editorial authority, and my position in internal medicine and some specialty medicine to publish the breakthrough paper called 'The Pathophysiological Basis and Rationale for Early Ambulatory Treatment of COVID-19' in the American Journal of Medicine.

It was an international effort, both community physicians and academic physicians. And to this day, that is the most frequently downloaded paper in the American Journal of Medicine."

Early Treatment Guidelines Have Saved Millions of Lives

In December 2020, McCullough published an updated protocol, co-written with 56 other authors who also had extensive experience with treating COVID-19 outpatients. The article, "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection,"[3] was published in the journal Reviews in Cardiovascular Medicine, of which McCullough is the editor-in-chief.

"That paper, today … is the most frequently downloaded paper from BET Journal," McCullough says. *"It also is the basis for the American Association of Physician and Surgeons COVID early treatment guide.*[4]

We have evidence that the treatment guide has been downloaded and utilized millions of times. And it was part of the early huge kick that we had in ambulatory treatment at home towards the end of December into January, which basically crushed the U.S. curve.

We were on schedule to have 1.7 to 2.1 million fatalities in the United States, as estimated by the CDC and others. We cut it off at about 600,000. That still is a tragedy. I've testified that 85% of that 600,000 could have been saved if we would have had … the protocols in place from the start.

> *But suffice it to say, the early treatment heroes, and you're part of that team Dr. Mercola, has really made the biggest impact. We have saved millions of lives, spared millions and millions of hospitalizations, and in a sense, have brought the pandemic now to a winnowing close."*

While the World Health Organization and national health agencies have all rejected treatments suggested by doctors for lack of large-scale randomized controlled studies, McCullough and other doctors working the frontlines took an empiric approach. They looked for signals of benefit in the literature.

> *"We didn't demand large randomized trials because we knew they weren't going to be available for years in the future,"* McCullough says. *"We didn't wait for a guidelines body to tell us what to do or some medical society, because we know they work in slow motion. We knew we had to take care of patients now."*

A Global Collusion to Harm Patients

When you look at how comprehensive and intense the censoring and suppression of early treatments were, it's hard to come to any other conclusion than this was a strategy aimed at securing emergency use authorization (EUA) for COVID gene therapies.

To get an EUA, there cannot be any safe and effective alternatives, and since the COVID shots are using a brand-new, never before used technology, making sure there were no effective treatments available was crucial for the success of the roll-out of these shots. Prestigious medical journals like The Lancet were even caught colluding with the drug industry, publishing a completely **fabricated study on HCQ**, showing it was dangerous. As noted by McCullough:

> *"What's so interesting is how airtight the collusion was. It was extraordinary. Look at The Lancet paper [on HCQ]. You had a doctor from Harvard, a company called Surgisphere that had data, you had the reviewers at Lancet, the associate editor and the editor at Lancet. How could they all collude together to publish a falsified paper?*

When that paper came out, we looked at it. I was checking the literature very carefully. [As editor-in-chief of two medical journals] I've reviewed more papers and analyzed more data, I think, than anybody in the game. And I can tell you, I looked at that paper and in two seconds, I knew it was fake. I mean, I do this every day.

I'm also the senior associate editor for the American Journal of Cardiology. That's the most venerated journal in our entire field. And I can tell you that a paper like that would never get past my editorial desk because it was so obviously fake. It was a huge sample size that we knew was not possible at that time. And it was people in their 40s hospitalized with astronomical mortality rates.

It was just no way that was legit. And The Lancet let that hang up there for two weeks, scaring the entire world against hydroxychloroquine — which turns out to be one of the safest and most effective widely utilized in people with COVID-19. And when they took it down, it was unapologetic.

My interpretation of this is that was very intentional. What happened with ivermectin's use in the ICU was also very intentional and a collusion ... Dr. J.J Rashtak had used it in hundreds and hundreds of patients in Florida and published in CHEST, one of the best pulmonary journals, that ivermectin reduced mortality.

Yet to this day, hospitals across the United States flat out refuse to use ivermectin. Desperate patients and families have to get court orders to order these doctors to use ivermectin. So, there's a mass mentality of almost intentionally harming patients.

There's absolutely no grounds for doctors and administrators … to deny patients ivermectin. There is a global collusion, specifically in U.S. hospitals, to cause as much harm and death as conceivable. It's beyond belief … These cases where the families had to get court orders to force the doctors and administrators to

administer a simple generic drug, these are going to be case studies in medical ethics for decades to come."

The Goal = Mass Vaccination

As for why patient harm was a desirable thing, McCullough believes the end goal was to secure the rollout of a **mass vaccination campaign**. All the propaganda we've been fed over this past year and a half points in that direction.

> *"Propaganda is the dissemination of false or misleading information by people of authority in a collusional manner. And that's exactly what's going on. We have a propagandized campaign for mass vaccination. There's no doubt about it. It's actually very overt … And believe me, there are hundreds of millions of people under the propagandized spell that the COVID-19 vaccine is going to deliver us from this crisis."*

What we do not know for sure is why the World Health Organization and governments around the world want a needle in every arm. Why are they so eager, so relentless in their push to inject everyone with this novel gene therapy that turns your body into a toxic spike protein factory?

The intent to vaccinate everyone is such that health authorities are not even acknowledging the fact that staggering numbers of injuries and deaths are occurring shortly after these injections. They're even letting children die from these shots without any hint of slowing down the rate of injections. Why?

Our Next Task: Dispelling Vaccine Propaganda

While we've made great strides in circumventing censorship and getting the information out about early treatment, we still face a tremendous challenge, and that is dispelling the misinformation and confusion that surrounds the COVID shots.

Very clearly, there's massive collusion to suppress the truth about these gene therapies as well. **Dr. Robert Malone**, the inventor of mRNA vaccines, recently spoke out about his

concerns, and not only did YouTube ban the interview, but Wikipedia also erased his name from the historical section of the **mRNA vaccine**.

They clearly want everyone to believe that these shots are similar to, and even superior to, conventional vaccines. They absolutely do not want you to think of them as gene therapy, which is what they are. Even Malone himself has made this distinction.

Malone is more than a little concerned about the coercion going on to get people to take these injections. He's also pointed out that there's no comprehensive system in place to prospectively capture side effects, despite the fact that the manufacturers bypassed at least 10 to 15 years' worth of safety studies, including toxicological studies. This too appears entirely intentional. Again, the question is why?

> *"They had no system to catch the complications, but even worse, they had no plans for safety. They had none of the traditional mechanisms for risk mitigation … [such as] critical event committees, Data and Safety Monitoring Boards, IRBs or Human Ethics Committees.*
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> *The public should know these are the structures that we have in place in biomedical research. I've led two dozen Data Safety Monitoring Boards. The co-sponsors of the U.S. vaccine program are the FDA and the CDC.*
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> *It's their obligation to have in place, from the very beginning, a Clinical Event Committee, Data Safety Monitoring Board, and a Human Ethics Committee [and provide] regular updates, because these committees are supposed to be identifying signals of harm, and then make recommendations to the sponsors about how to make the program safer.*
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> *This was the fiduciary responsibility of the FDA and the NIH. Again, this is going to go down in regulatory history as one of the most colossal blunders of all time. How can you do the largest clinical investigation in the history of medicine and have no safeguards? You have no mechanisms to protect Americans from what could happen with the vaccine program?"*

Why Were Standardized Safety Protocols Omitted?

As for the motivation or reason for ignoring virtually all standardized safety measures, McCullough says:

> *"There has been such a suppression of early treatment … and a complete propagandized campaign for social distancing, wearing masks, promoting fear, suffering, hospitalization and death. And to prepare the population for mass vaccination, the last thing they wanted to do is have anything that could potentially restrict the population that would be taking the vaccine.*
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> *And so, I don't think they actually wanted any safety safeguards. I thought their goal, from the very beginning, was to try to railroad every single individual with two legs [into getting the shot]. The most important moniker was a needle in every arm.*
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> *When those billboards went up in every city in the United States, the stakeholders — which are the CDC, the NIH, the FDA, and then Pfizer, Moderna, Johnson & Johnson outside the United States, and AstraZeneca — they meant business.*
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> *When they say needle in every arm, that's not a joke. It's not a needle in every arm for whom it's appropriate, or a needle in every arm for medically indicated. No, it's a needle in every arm of every human being. They mean it, and I think Americans should be frightened."*

A Crime Against Humanity

What we're experiencing is really a crime against humanity, and hopefully the responsible individuals will ultimately be held accountable and found guilty of such a charge. As noted by McCullough:

> *"How could one possibly have a large clinical investigation, ask individuals to sign consent, and then provide no safety mechanisms, really provide nothing*

with respect to safety of individuals? Everything about the vaccine is about safety. The reports that have accrued are so voluminous that if the stakeholders wanted to make the case that the vaccines are safe, they should make it with data.

They don't, they simply say the vaccines are safe. And the medical societies are just as complicit. If you go to the American Medical Association, the American College of Physicians, the American College of Obstetricians and Gynecologists, they say the same thing, "The vaccine is safe." Within those organizations also, there's a large swathe of individuals who are going to have to answer [for their actions]."

The Spike Protein Is Not a Cure; It's a Disease Agent

As of June 18, 2021, we have 387,087 adverse event reports filed with the Vaccine Adverse Event Reporting System (VAERS), including 6,113 deaths, a large portion of which occurred within days of injection, and 6,435 life threatening reactions.[5]

We also have very good evidence to suggest this is a gross undercount, in part due to general underreporting, and in part due to VAERS refusing to accept reports — particularly those involving deaths — and scrubbing reports that have already been filed. So, these already alarming numbers likely only represent the tip of the iceberg.

"We have red hot problems, like children and young adults developing myocarditis, inflammation of the heart. I just saw such a patient yesterday," McCullough says. *"These are proven cases. This is not make believe. This is for real.*

So, you may ask the question, how in the world could this happen? Well, the first element of this happening is the vaccines as they exist today, either messenger RNA, or adenoviral DNA, the mechanism of action is not safe. The mechanism of action poses a biologic danger.

These vaccines all trick the body into making the spike protein of the virus. The spike protein itself is pathogenic. It's actually what makes the virus dangerous. It was the object of gain-of-function research. So, it has a dangerous mechanism of action. Why? Because the spike protein is produced in an uncontrolled fashion. It's not like a tetanus shot where there's only a certain amount of protein that's injected.

This is an uncontrolled quantity of spike protein. Probably each person is different, so may have [lower] production of it. They have very little symptoms after the vaccine, they're fine.

Hopefully that's the majority of individuals, but there are unfortunate individuals that must have massive amount of spike protein, and that spike protein ravages the body wherever the spike protein is locally made, and we do know the messenger RNA and the adenoviral DNA gets distributed in all the organs.

So if messenger RNA is up in the brain and we start producing spike protein in the brain, we cause local brain injury. There are now well-described neurologic injury cases with the vaccine. Many of them. In the heart, it causes myocarditis and cardiac injury. In the liver, it causes liver injury, in the lung, lung injury, in the kidney, kidney injury.

And very importantly, the spike protein damages endothelial cells and causes blood clotting. So, blood clotting, the dreaded complication of the infection itself, is now caused by the vaccine. Everything we've found out about the vaccine since its release has been bad."

What Can We Expect to Happen in the Future?

Beyond the acute injury phase, there's the very real possibility of long term health hazards. If you make it past the first couple of months without significant problems, you're still not out of the woods. My main concern is the possibility of paradoxical immune enhancement (PIE), also known as **pathogenic priming**, or antibody-dependent

enhancement (ADE), which essentially results in a cascade of immunological overreactions that wind up killing you.

> **“ [The COVID vaccination campaign] will go down in history as the biggest medical biological product safety catastrophe in human history, by far. There's nothing close ... You can imagine how many heads are going to roll when this thing ultimately comes to its finality. ~ Dr. Peter McCullough”**

The autumn and winter of 2021 will be our first "trial by fire." We'll just have to wait and see how many fully "vaccinated" people end up succumbing to the seasonal flu and other infections. That'll give us a benchmark for how prevalent PIE might be. When asked what he predicts for the future, McCullough says:

> *"We're so busy with the acute toxicity to the vaccine. We're just absolutely overwhelmed, so, it's hard to imagine in three to six months where we will be … There are hints right now that the messenger RNA doesn't break down in a few days, that the natural disposal systems that we have for the messenger RNA doesn't work [for the synthetic mRNA].*
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> *Now, we don't know about the adenoviral DNA. I have a more favorable view of the adenoviral DNA products in the sense that maybe the body … can fight that off and dispose of it. The Johnson & Johnson, per number of injections, has the fewest complications. And most Americans think just the opposite because of that misdirection activity.*
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> *I think the vaccine stakeholders intentionally picked on Johnson & Johnson in order to distract attention away from the terrible safety events we've seen with Pfizer and Moderna. The vast majority of all the devastation we've seen is with Pfizer and Moderna …*

When you generate a really strong antibody response, it's actually more pathogenic. The belief is it's more pathogenic than the natural infection, because we're seeing syndromes in vaccine victims that are way worse than getting COVID-19 itself. I mean, the syndromes are actually horrendous.

I have seen neurologic blindness, cervical myelitis, cerebellar syndrome. It's absolutely awful. It's depends where the messenger RNA goes … and everything I can put together biologically, and what I see clinically, is that vaccines aren't going to work but for a few months …

After the first shot of mRNA, one is actually more susceptible to COVID-19. This has been shown time and time again. My first rash of patients with post-vaccination COVID-19 in my practice was always after the first injection. The theory here is that the body has been hit with the messenger RNA, the spike protein is generated, it's damaging some endothelial cells, and there's an immature library of antibodies that are being formed.

And those antibodies, instead of protecting against the next exposure to COVID-19, they actually facilitate entry. That's called antibody-dependent enhancement, and I think there is evidence for that … As for what we can expect long-term, that's anyone's guess."

Long Term Risks Are Unknown

Before COVID came along, the FDA required **vaccine makers** to provide 24 months' worth of data before they'd allow it. This was truncated down to two months for the COVID shots. So, anyone who says the shots are safe long term is lying because no such data exists to prove this.

"The consent form says, 'We don't know if this is going to work, we don't know if it's going to last, and we don't know if it's going to be safe.' They say that. So, anybody who takes the vaccine is going to have to think about this and understand that we don't know anything beyond two months.

Given all the short-term risks, if there are any long-term risks, it is absolutely compounding this unknown. What I know based on the literature right now is there could be a risk given the narrow spectrum of immunologic coverage ... There could be such a narrow immunity that more virulent strain could overwhelm it …

The most recent variant is the Delta variant. That's the weakest of all the variants and the most easily treatable. But if someone, let's say a nefarious entity created a more virulent virus, it could easily be designed to scoot past a very narrow immunity that hundreds of millions, if not billions of people, will be keyed to with narrow immunity."

DNA Changes, Cancer and Chronic Illness Are Possible Effects

McCullough also discusses the risk that these mRNA injections might become permanently incorporated into your DNA by way of reverse transcriptase.

"There now have been enough studies to suggest there is some reverse transcription — that in fact the RNA creates DNA and then DNA gets permanently put into the human genome," he explains.

"We know this from the natural infection. The T-Detect test actually checks the T-cells when it tracks the DNA. This is a commercial test you can get if you had COVID-19, and it looks for minor chromosomal re-arrangements that code for cell surface receptors on T-cells."

The question is, if the synthetic mRNA or adenoviral DNAs in fact create permanent changes to the genome, what effects will that have? Could it promote cancer, for example? McCullough cites a recent paper indicating the spike protein might in fact affect two important cancer suppressor genes.

"This is disturbing because we're using novel genetic material and it's possible that they're oncogenic. We know some other viruses are oncogenic, including Epstein-Barr virus. So, when that paper hit, we said, 'Oh no, are we setting up

people for cancer risk of solid organ cancers, like breast cancer, colon cancer, lung cancer, et cetera.

It is a sick feeling what we've learned there. We do understand now that there must be cell damage that's occurring with this spike protein inside cells. And that if it's not turned off, that that spike protein generation could end up with some type of chronic disease.

There are elements of the spike protein that are similar to prions that occur in neurologic disease, for instance. There may be intracellular changes as the body keeps cranking the spike protein which you're not supposed to crank, that causes other problems in cells …

Future development of heart failure comes to mind, gastrointestinal illnesses, pulmonary fibrosis, neurodegenerative diseases. We could be on to the start of a whole new genre of chronic disease in America due to this mass experimentation of genetic products in the human body."

Impossible for Vaccination Program to Improve Disease Curve

In a sane and rational world not laboring under some hidden agenda to kill off a portion of the population, these shots would have only been rolled out to the highest-risk individuals. The rest of the population would have been excluded from the experiment.

Remember the COVID injection trials conflated absolute and relative risk. **Pfizer** claimed its mRNA shot was 95% effective, but that was the relative risk reduction — the absolute risk reduction was actually less than 1%.[6] As noted by McCullough, healthy adults under 50, teens and children have a less than 1% chance of hospitalization and death from COVID-19, so they don't have a medical need for it.

"You can't make less than 1% smaller and have it be clinically meaningful. That's the reason why the vaccine program will never have an impact on the epidemiologic curves. Dr. [Ronald] Brown from Canada has done the analysis. It's impossible.

Someone sent me an email the other day [saying], 'Dr. McCullough, don't you think that the pandemic is being favorably impacted by the vaccination program?' The answer is no. We look at the clinical trials. There's less than 1% absolute risk reduction. It means that, mathematically, it's impossible for mass vaccination to have a favorable impact on the population."

COVID Shot May Raise Your Risk of COVID Death

What's worse, McCullough cites data showing that those who have gotten the shot and end up with COVID-19 anyway have far higher rates of hospitalization and death.

"The CDC was so overwhelmed [with adverse reports], they gave up. God knows how many tens or hundreds of thousands of Americans got vaccinated and got COVID-19 anyway. It looks just like regular COVID. In the data they had, it was a 9% risk of hospitalization and then a 3% risk of death."

What this means is that, by taking the injection, you trade in a 0.26%[7] risk of death, should you contract COVID-19, for a 3% risk of death if you get infected. If you're younger than 40, you're trading a 0.01%[8] risk of death for a 3% risk.

The Way Forward Demands We Just Say No

If you want to hear more of what McCullough has to say, you can find his podcast, **The McCullough Report, on America Out Loud**. Every week, he talks to medical experts from different countries to get a range of perspectives and innovative approaches. In closing, he notes:

"My personal view is that I think the vaccine program has been a disaster. We should have just treated COVID-19 as an illness. We should never have shut down the schools or anything else. None of this wearing masks. We should have just treated the acute problem, and we would have gotten ourselves out of the pandemic."

As for how we move forward, first of all, we need to stop the acute injury, and that means we need to stop taking these COVID shots. Beyond that, we'll need to experiment to determine the best ways to block the damage done by the spike protein, for however long that is produced and stays in circulation.

> *"If there's any mother who's concerned about their child developing myocarditis, the way to avoid it is just don't bring your child to a vaccination center,"* McCullough says.
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> *"Everyone is just going to have to learn to say no. We cannot be harmed by the vaccine if we just decline it. And the vaccine is completely elective. The CDC, the NIH, FDA, they've all said it's elective. You don't have to take it. Those agencies, by the way, they're not taking it.*
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> *So, nobody has to take it. And everyone who is in a school or a university, or a workplace where they're saying you have to take it, or say you have to take it for travel, the answer is no you don't. You do not have to take it for travel. And yes, you can show up to work without the vaccine. And yes, you can show up to school without the vaccine.*
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> *These are forms of intimidation and almost every one of these institutions actually hasn't written a policy. And if they don't have a policy that's been vetted with fair exemptions, that's just intimidation. That's like saying you can't show up to work with a blue tie. If I want to wear a blue tie, I'm going to show up to work in a blue tie.*
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> *I think Americans are going to have to have that type of backbone in order to break this wave of propaganda, [this] ill intent that's levered on the American people. I know so many people who are cowering … The fear is extraordinary …*
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> *If we had a Data Safety Monitoring Report in place, they would have been having emergency meetings at the end of January 2021, and said, 'You know what? What we're seeing is not good.' We can actually calculate what's called the competence interval.*

When we exceed a competence interval for risks above a certain risk limit, we call it, and that [competence interval was exceeded] on January 22, 2021. Yet here we are, five months later. This will go down in history as the biggest medical biological product safety catastrophe in human history, by far. There's nothing close … You can imagine how many heads are going to roll when this thing ultimately comes to its finality."

Sources and References

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