

Exhibit 150

The Hunting of America's Covid-19 Heroes

Dr. Peter McCullough

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As the COVID-19 crisis in the United States worsens with more spread among vaccinated and unvaccinated, evident cases of vaccine failure, and younger unvaccinated persons becoming infected with SARS-CoV-2, a small number of doctors attempting to treat both those acutely sick with COVID-19 and those being injured by the COVID-19 vaccines are being hunted by many stakeholders.

The Federation of State Medical Boards has announced that physicians who are spreading “misinformation” about COVID-19 and the vaccines will be subject to potential disciplinary action on their medical licenses. Following this move, the *American Board of Internal Medicine* and associated medical boards also made similar announcements threatening the board certification status of physicians who would be hunted for spreading “misinformation.”

At a time of crisis and failure of our public health agencies, America needs our strongest voices in medicine to discuss and debate the scientific literature and rapidly evolving information coming out on the pandemic. Who will adjudicate “information” and “misinformation,” and by what form of due process?

These chilling threats by powerful medical regulatory bodies will effectively silence physicians and other healthcare personnel in speaking or writing on the pandemic. As the calls and office visits pour in from vaccine failure cases, doctors face a difficult set of

choices. Treating patients for acute COVID-19 means facing risks concerning the choice of treatments and what is said regarding the medical evidence and the outcomes patients can expect.

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.

Many authoritative medical organizations disagree with efforts to dissuade patients and doctors from early treatment. The *Association of American Physicians and Surgeons*, the *Frontline Critical Care Consortium*, *American Frontline Doctors*, and *The Truth for Health Foundation* all support early treatment of COVID-19 with FDA EUA monoclonal antibodies, hydroxychloroquine, ivermectin, and many additional drugs used in a sequenced combination.

Americans understand there are life-saving drugs available, yet their doctors and other prescribers are receiving enormous pressure to withhold these prescriptions.

In other countries, similar pressures have resulted in continued innovation. Dr. Shankara Chetty in South Africa has treated thousands of patients in successive waves over the course of the pandemic. Because hydroxychloroquine and ivermectin were made to be controversial, he developed protocols that avoided the use of these drugs and relied upon antihistamines, anti-inflammatories, corticosteroids, and anticoagulants. He showed along with others that there are many ways to treat COVID-19 early with the goal of reducing the risks of hospitalization and death.

Thus the hunt for doctors and the attempt to kill any hope of compassionate care delivered to sick outpatients can be evaded for a bit more time, falling back on other drugs. Can we expect a prohibition on common medications such as montelukast, cyproheptadine, prednisone, budesonide, colchicine, enoxaparin, and oral anticoagulants?

Treating doctors need strong advocacy from their patients now because any flickering light of hope for sparing hospitalizations and saving lives is being snuffed out with the crushing authority from credentialing boards and our public health agencies.

This week on the show, we have **Dr. Michelle Chechter**, an obstetrician/gynecologist from São Paulo, Brazil, who risked her life and her career by going to the interior of the Amazon rain forest to fight SARS-CoV-2, which was ravaging the native Brazilians in that region. She has important insights on early treatment as the main weapon against COVID-19 when hospital beds and advanced resources are not available.

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