

# EXHIBIT 12

Proof of MSM Blocking covid remedies

Proof of RICO?

“Peter McCullough, MD testifies to Texas Senate HHS  
Committee” found on YouTube dated March 11, 2021.

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<https://www.youtube.com/watch?v=QAHi3IX3oGM>

Good afternoon I'm Dr. Peter McCullough and I'm an internist and cardiologist and professor of medicine at Texas A and M University School of medicine among the Baylor Dallas campus and I've been in clear involved in the response to COVID-19. Now, The opinions expressed are those of my own and not necessarily those of my institution. I can tell you that in my field I'm an academic Dr I see patients but I'm very involved in research on the editor of two major journals in my field on the most published person in my field which deals with the **heart and the kidneys** in the world in history and when COVID-19 hit I saw it as our medical “Super Bowl” and they were going to be doctors like doctor Urso coming out of wherever they worked to face the virus and there were doctors in the hospital that just had to receive the virus and then there were those who headed for the sidelines and then there were those that were detractors against the pandemic. And so as I started to survey the literature I had patients with heart and lung disease who needed urgent treatment and I refused to let an illness which lasted for two weeks at home before they got sick enough to be hospitalized I refuse to let a patient languish at home with no treatment and then be hospitalized when it was too late. It was obvious that was obvious in April that that was the case so I use the best tools or drugs available at the time. And these are appropriately prescribed off label remember a label is an advertising label a label isn't a scientific document. Sure it's there there is an appropriately prescribed off label use of conventional medicine to treat an illness and I in May I put together a team of doctors because the the the group that was facing the pandemic to the greatest degree was in Milan, Italy so most of them were in the cortical Italian research network we summarized all we knew about the available drugs. And we published our findings in the August 8th issue of the American Journal of medicine. And the title of that paper was that Pathophysiologic Basis And Rationale For Early Ambulatory Treatment and it had a premise there's two bad outcomes to COVID-19 hospitalization and death. The second premise if we don't do something before the hospitalization we can never stop it we can never stop it and I have to tell you when I was the lead author in that paper but we had dozens of authors from Italy, India, UCLA, Emory we had the best institutions in the United states I can tell you the interesting thing was there was 50,000 papers in their peer reviewed literature on COVID not a single one told the doctor how to treat it. Not a single one when does that happen? I was absolutely stunned and when this paper was published in American Journal medicine it became a lightning rod Oh my gosh it became the most cited paper in basically all of medicine at that time the world started in and boil the world started knocking on my door and I said Oh my Lord I just can't believe what became untapped and I had never been on social media before and my daughter who was home from law school was talking to her about it she said well why don't make a YouTube video so I made a YouTube video with four slides from the paper. This is a peer reviewed paper published one of the best medical journals in the world four slides. I even word tie in a suit and she showed me how to record it in PowerPoint and I posted on YouTube. It went absolutely viral and within about a week You Tube said you violated the terms of the of the community. And that's when Senator Johnson's office got involved in Washington said “Oh my gosh this is important scientific information to help patients in the middle of this crisis and social media is striking it down based on what authority.”

well one thing led to another and I became the lead witness for the US Senate testimony of number 19 2020 and the reason why there was Senate testimony is because there was a near total block on any information of treatment to patients a near total block. And so what happened over time is that we had gotten into a cycle in America of no information on treatment patients actually think that the virus is untreatable and So what happens is they go out to get a diagnosis now I'm a COVID survivor my wife in the galleys are covered show by row my father in a nursing home COVID survivor. You get handed a diagnostic test it says here you're COVID positive go home is there any treatment no is there any resources I can call no any referral lines hotlines know any research hotlines no that's the standard of care in the United States and if we go to any one of our testing centers today in the in Texas I bet that's the standard of care I bet that's a standard of care no wonder we have had 45,000 deaths in Texas the average person in Texas thinks there's no treatment they honestly think there's no treatment they don't even know about the zivwi antibodies you heard from a 90 year old gentleman who got damn living add terrific where's the focus there's such a focus on the vaccine where's the focus on people sick right now this committee I don't know where all these monoclonal antibodies are they ought to know where all the treatment protocols are they ought to have a list of the treatment centers in Texas that actually treat patients with COVID-19 so I led the initiative the second paper was published in a dedicated issue of reviews and cardiovascular medicine now I had 57 authors including doctor or so Dr immanuel a lead doctors in Houston San Antonio all over and it was another world by paper and now we have it updated integrated so yes we used drugs to affect viral replication antibodies are terrific we can use intracellular anti infectives in that box we use corticosteroids or in inflammatory drugs the best anti inflammatory drugs colchicine you've probably never heard about it in the largest highest quality randomized trial over 4000 patients double blind randomized placebo controlled trial there's a 50% reduction in mortality no word of it none complete block to anybody colchicine how can that be how can that be and then the most deadly part of the viral infection is thrombosis so I have always treated my patients with something to treat the virus something cheap information and something cheap farm process just as doctor also had and I have very very sick patients and I've lost two but I have to tell you what has gone on has been beyond belief how many of you have turned on a local news station or a national cable news station and ever gotten an update on treatment at home how many of you have ever gotten a single word about what to do when you get the with the diagnosis of 19 no wonder that is a complete and total failure at every level OK let's take the White House how come we didn't have a panel of doctors assigned to put all their efforts and stop these hospitalizations why do we have doctors who actually treated patients get together in a group and every week give us an update why didn't we have it why didn't we have that at the state level 0 why don't we have any reports about how many patients were treated and spared hospitalizations from although I listened to six hours of testimony today 0 zero we have a complete and total blank spot on treatment it is a blanking phenomenon at least in the United states there's some heroes now the American Society of physician insurgents took that at least gives people have a chance to find out about information OK this is a complete and total travesty to have a fatal disease and not treat it now the National Institutes of health and the infectious disease design America started putting out guidelines of the treatment of COVID-19 and to the state they nearly exclusively deal with a hospitalized patient the two papers that I have published as the lead author and supported by wonderful people by doctor or so are the only publications in the peer reviewed literature that tell doctors how to treat COVID-19 as an outpatient based on the support of scientific remained the only two the home treatment guide by the American physicians and surgeons is the only source of information available to patients on how to treat COVID-19 at home the only source So what can be

done right here right now there's going to be more people that die in Texas and it's an absolute tragedy how about tomorrow let's have a law that says there's not a single result given out without a treatment guide and without a hotline of how to get into research let's put a staffer on this and find out all the research available in Texas and let's not have a single person go home with with a test result with their fatal diagnosis sitting at home going into two weeks of despair before they succumb to hospitalization and death it is unimaginable in America that we could have such a complete and total blind spot I blame the doctors for not stepping up where was the medical society stepping up and putting effort on this how about from the federal and state agencies there never was a single bit of group collaborative effort to stop the hospitalizations nobody even kind of thought about it Bob hall had me on a teleconference in in April or may and we're like wait a minute how come word you T southwestern I'm a graduate of U2 southwestern whereas ANM where's the rest of the universities how come we're not stopping this how come we are not stopping this but it gets worse because in the paper I published in December of of 2020 you know what he did I had I had a terrific doctor from Brazil we went through country by country by country and just ask the question what are other countries doing when is the last time you turned on the news and never got a window to the outside world would you ever get an update about how the rest of the world is handling COVID never what's happened in this pandemic is the world is closed in on us there's only one Doctor Who's face is on TV now one not a panel doctors we always working groups we always have different opinions there's not a single media doctor on TV who's ever treated a COVID patient not a single one there's not a single person in the White House task force has ever treated patient why don't we do something bold why don't we put together a panel of doctors that have actually treated outpatients with COVID-19 and get them together for our meeting and why don't we exchange ideas and why don't we say how we can finish the pandemic strongly isn't it amazing think about this think about the complete and total blind spot So what happened I can tell you what happened what happened in around may it became known that the virus was going to be amenable to a vaccine all efforts on treatment were dropped the National Institutes of health actually had a multi drug program they dropped it after 20 patients said we can't find the patients the most disingenuous announcement of all time and then warp speed went full tilt for vaccine development and there was a silencing of any information on treatment any silenci scrubbed from Twitter YouTube can't get papers published on this you can't we can't even get information out in our own medical literature on this there's been a complete scrubbing so this program has been one of try to reduce the spread of the virus and wait for a vaccine and when we that when we vaccinate all efforts have to be on vaccination and probably had four hours of vaccination here think about it as we sit here today the calculations in Texas on herd immunity the calculations are we're at 80% herd immunity right now with no vaccine effect 80% and more people are developing COVID today they're going to become immune people who develop COVID have complete and durable immunity in a very important principle complete and durable you can't beat natural immunity you can't vaccinate on top of it make it better there's no scientific clinical or safety rationale forever vaccinating a COVID recovery patient there's no rationale forever testing a COVID recovery patient moef in our COVID recovery why did we go through the testing outside there's absolutely no rationale I'd encourage this committee to actually look at what's being done and ask is there any rationale is there any rationale for anything listen there's plenty of cover recovered patients let them for go the vaccine and let people who are clamoring for it get it but at 80% herd immunity in the vaccine trials fewer than 1% in the vaccine in the placebo actually get COVID fewer than 1% the vaccine is going to have a 1% public health impact that's what the data says it's not going to save us we're already 80% herd immunity if we're strategically targeted we can actually close out the pandemic

very well with the vaccine but strategically targeted people under 50 who fundamentally had no health risks it it there's no scientific rationale for them to ever become vaccinated there's no scientific rationale one of the mistakes I heard today as a rationale for vaccination is asymptomatic spread and I want you to be very clear about this my opinion is there is a low degree if any of asymptomatic spread sick person gives it to sick person the Chinese have published a study British Medical Journal 11 million people they try to find asymptomatic spread you can't find it and that's been you know one of important pieces of misinformation when senator hall caught called a conference call what should we do in the capital when we reopened I said you know what you know we do at Baylor you walk in and they ZAP your temperature you got a temperature check and go in up until we test everybody who walks in the Baylor hospital no are they a lot sicker than everybody in this room you better believe it so why would we do something here at the capitol that has absolutely positively no scientific rationale and then do it in this context so my testimony is to sit here today is COVID-19 has always been a treatable illness a very large study from McKinney TX another one from New York City show that when doctors treat patients early who are over age 50 with medical problems with a sequence multi drug approach with the available drugs four to six drugs that are available to them now the monoclonal antibodies are Betty better there's an 85% reduction in hospitalizations and death 85% 85% I want you to remember that number 85% we have over 500,000 deaths in the United states the preventable fraction could have been as high as 85% if our pandemic response would have been laser focused on the problem the sick patient right in front of us we are focused over here and focused over there and focused on masks and whatever laser focused sick patient treat them we lost focus on the most fundamental thing darkness my that's my testimony yeah yeah thank you I I can tell how passionate you are and certainly I've been a leader in talking about preventive protocols and also the ambulatory stage and I do think that that has been missing and it it's been a concern because COVID-19 is going to be with us right I mean it's you know I hope we're at 80% herd immunity I don't know yet I'll I'll read your papers but I appreciate that and the message is is that there are drugs out there that work there are therapies out there that work but no single one works alone and so that the the dismissive mistake was to do a very small study oh we studied 200 patients and we use direct and hydroxychloroquine and it didn't work that's like cancer and picking one drug and saying oh it doesn't reduce cancer mortality we never do that in cancer we never did that in the aids we don't do in hepatitis C what we look as far as signals of benefit and acceptable safety and then we combine them and that's what that's all we've done so but but but this independent declaration drug by drug that the drugs don't work has been and that's on that's on us that's been our medical house that's been a a giant error that we've made on our side we never should have expected single drugs to reduce mortality but drugs in combination against a fatal viral infection we should have this entire session is listening and learning from lessons I know we're running short on time center all you have one question or group real quick I'd ask the question earlier when doctor hella stat was here about the idea that fits in with what you've talked about is that when we test someone rather than just say give him Yep you're positive united be on your way that we at least provide them information of what we know out there can be can be used not trying to play the role of doctor out there would you do you agree with doctor helice stats interpretation that that should not be done because it's setting up a doctor patient relationship and simply informing people or providing with with over the counter drugs that dope so that we could possibly have the early treatment for these folks rather than wait till they show up in the hospital we could at least have a physician group approved a guide the APS guy has been used in over 500,000 cases in the United states in fact early treatment is probably what prevented us from overflowing the hospitals in the in the last quarter of the year I when I testified I said listen we're

on track and I was very committed to this we're on track of overflowing our hospitals our breakpoint was 135 thousand in the hospitals United States we hit 128 now the curve started going down long before the vaccine so I can tell you herd immunity long before the vaccine showed up started to go down but the early treatment kicked up ivar Mac and news skyrocketed hydroxychloroquine monoclonal antibiotics as much as we could push them sadly the monoclonal antibodies are still sitting on the shelf in a lot of places but committees like this ought to be saying listen where those monoclonal antibodies I think we stuck at the nursing home what are the big nursing home chains what are the big urgent care chains in Texas and what are they doing what are their early treatment protocols you know these are blank spots I bet nobody here is even thought about this this is this is really low hanging fruit that we can we can tackle the bottom line is a lot of doctors have checked out and when patients call them they say I don't treat COVID and when I asked those doctors I said you don't recall how come take a while there's no treatment I said but do you do you call them two days later to see how they're doing no so what's that that's not that's not I don't treat COVID that's I don't care anymore that's a loss of compassion so we have a crisis of compassion in our country in the medical field that's in our house right now but for every doctor that's ever told the patient that they don't treat COVID OK but then they come two days later and help him get oxygen or see how they're doing if the answer is no that's the Hippocratic Oath going out and that's on us and I'm telling you we have a real self check to do in the House of medicine Yep.