Speaker 1 (00:00):

So that would be one way to approach it, um, that you feel is very effective. This other protocol that you have established is another great way to approach it. Um, are there, are there people that are in agreement or disagreement with you that you like disagreement in particular that you respect and you, you, you see some merit in what they're saying?

Speaker 2 (00:24):

Well, the disagreement would be don't treat patients. That's it think about it? Well, when I published the paper in the American journal medicine, so I was the first person in the world to put a stake in the ground saying that we can treat COVID 19 at home and prevent hospitals. Has anyone

Speaker 1 (00:39):

Said to you don't treat patients? I mean, so the

Speaker 2 (00:41):

Letters of the editor came in Joe, there was about six of 'em. They came in from duke, from Manash, from, uh, I think McGill and Montreal from Europe, south America, they said, Dr. McCullough, you can't treat COVID patients. I was like, what? They said, you can't treat, you don't have enough evidence. You can't do this had cause harm. And I, you know, my, I, well, you know, Joe Alpart is the editor of Mac journal medicine. He let this go on. Every letter came back and I said, overcome your fear. And let's break the grip of therapeutic neoism and let's start treating patients to prevent hospitalization and death. And in, in our circles, there is no discussion. You know, I was in the endowed lecture at Harvard two years. Ago's fanfare me and my wife, all these pictures. Everything's wonderful. Do you know? Not a single institution has invited me to lecture on the early treatment of COVID 19.

Speaker 2 (01:39):

Remember Harvard doesn't treat people. Neither is Mayo clinic either is UCLA. Neither is the medical school here in Austin. They don't treat a single patient. They have nothing to offer. When Didier alt set up his treatment program in Marai, he put out camp tents outside the medical center there. They try to shut him down. He goes, listen, I'm gonna treat patients because they're sick. They have, you know, Marai, if you ever been there. So all these retired, uh, older French citizens, you know, pretty well to do they're down on their French Riviera. They were getting sick with COVID 19. He opened up an outpatient treatment center and he started treating people and started gathering his data. They tried to shut him down. They took hydroxychloroquine. They made it over the counter. If he was, you know, there's been doctors, it was doctor arrested in, in South Africa for using ivermectin for crying out loud.

Speaker 2 (02:23):

You know, this is there has been suppression and where we know things really got up to is when we came to the monoclonal antibodies, these monoclonal antibodies, they really work. And let me tell you what, we've got three terrific ones. Now we have Lily is back with a combination of belimumab and ES, which is wonderful. We have her Enron, which, uh, Trump received, which is a combination of tab and CARAB, and now GSK since may has, has Sori. Sori is actually antibodies directed against the glycoprotein. So it's gonna be basically, uh, um, resistant to any mutant strains. These antibodies in general, all the studies show given early, have at least a 50%, if not an 85% reduction in hospitalization and death. I used, I took 'em. I use 'em every day, Joe.

Speaker 1 (03:14):

Yeah. I took it when I got sick. And I think it's one of the primary reasons why I got better

Speaker 2 (03:17):

So quickly. You, you, you got, and what Aaron Rogers got and what president Trump got is basically how I drew it up for America in the world. And, and you know, that science is going the right way when people like myself and pier Corey and Didier weal, and what have you were working independently. And we come up with the same conclusions, you know, PI and I, I did not reci did not actually come to much later. And that's exactly what you wanna see. You wanna see external validity, people working independently, coming up with the same ideas. Now, what is the

Speaker 1 (03:48):

Resistance to the monoclonal antibodies?

Speaker 2 (03:52):

The, the resistance has been, uh, in a sense, uh, an opacity to that am meaning I testified in the Texas Senate in March, 2021. And right ahead of me was this wonderful doctor. And she talked about her 90 year old father who was saved by monoclonal antibodies. And I sat through six hours of self congratulatory testimony by all these, uh, department heads and cross access. They were talking about hand sanitizer and doing evaluations and vaccines. I got up there and I told quart, who's the, um, chair of, of the, uh, committees right here in Austin. I said, where are these monoclonal antibodies? Where are they? Where is the 1-800-NUMBERS? So we can access these monoclonal antibodies. Where is the list of treatment centers where the, these monoclonal antibodies are? How come we don't have billboards up there telling, telling the poor seniors where the monoclonal antibodies are? Do we stock these in nursing homes where people getting sick? Do we even know there is a hide and go seek going on with these monoclonal antibodies? And I can tell you, um, uh, in Florida, uh, uh, there's been a big push to monoclonal antibodies, and they've had the same problem that there was this, in a sense, lack of government prioritization for the monoclonal antibodies. When's the last time you saw a feature in the news on these monoclonal antibodies. There's no word of them. They're wonderful. Uh, uh, products, operation, warp speed. Are they limited

Speaker 1 (05:19):

In any way? No. Are they limited? How are they produced?

Speaker 2 (05:22):

Well, they're produced in the same technology that we would produce Humira and Remicade. All these are they're called fully humanized monoclonal antibodies. And so they're produced in a method where once there's a fully humanized mouse and the code for, uh, an antibody is, um, uh, created in the mouse that gene is transferred into, what's called a Chinese hamster ovary suspension. And that actually produces massive quantities of the antibody. That's how they're all produced. And, um, you know, anybody who's taken Humira, anybody who's taken Repatha or pro went, they, they know what I'm talking about. And the, the point is they're safe and effective in medical economics. In 2020, it was already disclosed in a table that we had already purchased a hundred million doses of these. And we had on order 500 million doses. There are plenty of monoclonal antibodies. My point is the governments almost on purpose and the, and the local and federal state agencies are not featuring these.

Speaker 2 (06:18):

And I me tell you, I gave a lecture, a symposium for Dr. San Amarillo and, uh, Dr. Symposium Amarillo country club. Within the last month, one doctor in the room was wearing a mask. None of us were wearing a masks. And I went over early treatment. I went over all the sign we talked about today and he, he goes, listen, I'm, I'm the, a public health director here. And I wanna tell you something that, um, uh, 85% of people, uh, dying of COVID 19 in our county, uh, are UN vaccinated. I wanted to make that statement. And I said, listen, you're running the monoclonal antibody program here. How many of these deaths receive monoclonal bodies? He goes, well, I don't know that I said, listen, the vaccines aren't treatment, the vaccines aren't treatment, the monoclonal antibodies are treatment. You see the, see the, see the absurdity of this. Yeah. This is the mass psychosis. He is completely and totally focused on the vaccine yet. He's got the most important tool right in front of him with what I said in the Texas Senate. I said the most important thing is the sick person right in front of you. That's it at any given time. It's way less than 1% of people are sick with COVID 19 focus on the sick person. And then that's how we win the battle against COVID.