

Silenced All-Star Doctors Destroy COVID Lies in 5 Hours

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COVID-19 Round Table in DC With Sen. Ron Johnson

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Story at-a-glance

- Senator Ron Johnson moderated the COVID-19: A Second Opinion roundtable in Washington, D.C., to provide different perspectives on the pandemic response worldwide, the state of early treatment and hospital treatment and efficacy of COVID-19 shots
- The panel included an all-star lineup with some of the most brilliant minds in their fields, nearly all of whom have experienced censorship, intimidation or professional reprisal and damage as a result of their advocacy
- There are multiple compounds that have been used successfully in early COVID-19 treatment — nearly all of them repurposed or generic — but those who prescribe them risk losing their license
- Dr. Mary Talley Bowden, an ENT specialist from Houston estimated that, using protocols such as ivermectin, high-dose IV steroids and vitamin C, she's kept more than 2,000 people out of the hospital
- The continued denial of natural immunity to COVID-19 is unprecedented and furthering the false notion that this is a “pandemic of the unvaccinated”
- The roundtable serves as the “second opinion” that Americans need to put the pandemic response into perspective and get answers to questions from real experts who have no stake in the outcome — other than to save lives

Two years into the pandemic, the confusion, contradictions and censorship that have plagued the response since the early days continues. January 24, 2022, U.S. Sen. Ron Johnson moderated the COVID-19: A Second Opinion roundtable in Washington, D.C., to provide different perspectives on the pandemic response worldwide, the state of early treatment and hospital treatment and efficacy of COVID-19 shots.¹

He asked listeners to keep an open mind during the nearly five-hour panel discussion, which, he pointed out, wouldn't have been needed had the public been honestly informed during each step of the pandemic response.

“There's so much we don't know. I would have liked to see a much larger dose of modesty coming out of our federal health officials and the legacy media and Big Tech,” Johnson said. “We would be so much better off if there was robust debate and discussion.”² That, however, did not occur, as an unprecedented assault on the freedom of speech and medical care took hold instead.

Only one narrative has been allowed to be heard during the pandemic; those who questioned it were discredited and ostracized, necessitating open meetings like this roundtable to discuss what went right, what went wrong and where to go from here.

The panel included an all-star lineup with some of the most brilliant minds in their fields. Nearly all of them have experienced censorship, intimidation or professional reprisal and damage as a result of their advocacy, Johnson said. If you can, tune in to the entire

discussion, or at least the condensed 34-minute version Johnson posted online, which is below.³ I've also summarized some of the most important highlights to follow.

Fraud at FDA Regarding Hydroxychloroquine Warning

Working in tandem with scientific censorship is a modern-day witch hunt targeting physicians who are treating COVID-19 early, using generic, low-cost medications and compounds like vitamin C. Meanwhile, rules and regulations about bioethics are being completely disregarded.

Dr. Harvey Risch, professor of epidemiology at Yale School of Public Health, brought up a warning by the U.S. Food and Drug Administration against the use of hydroxychloroquine and chloroquine to treat COVID-19 outside of a hospital setting or a clinical trial, due to a risk of heart rhythm problems.⁴ However, they state that this is based on information from a trial in hospitalized patients. Risch states:⁵

“As we know from two years of dealing with COVID, it's a completely different illness, treated with different drugs, different medications, in the hospital. Outpatient disease is flu-like. Hospital disease is a ... pneumonia.

And so, the fact that the FDA would base recommendations and warnings on hospital disease, which is a totally different disease than outpatient disease is a fraud. This website is still there today and constitutes an outright fraud.”

Early Treatment Is Critical, but Silenced

Dr. Ryan Cole, CEO and medical director of the laboratory Cole Diagnostics, used an example of an obese patient he spoke with who had COVID-19. He told him to go to the pharmacy instead of the ER, and prescribed him medications “which shall not be named.”⁶ Just six hours later, his lung pain was significantly better. By the next morning, his oxygen saturation had improved from 86% to 98%. The patient, he then revealed, is his brother, who may not be alive today had Cole not provided early treatment — treatment that's still being ignored by most U.S. physicians and hospitals to this day.

New York pulmonologist Dr. Pierre Kory, an unapologetic champion of evidence-based medicine, also called attention to the corruption that's been ongoing throughout the pandemic:⁷

“If you look at these innumerable 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 the pharmaceutical companies. However, if you look outside the United States and look around the world, there have been numerous successes.”

Kory notes that there are multiple compounds that have been used successfully in early COVID-19 treatment, and nearly all of them are repurposed or generic. “As one of the world experts on ivermectin, let me just talk about some programs, which use ivermectin,” he said.

While in the U.S., ivermectin has been targeted as a horse dewormer that's only used by the “ignorant” or “anti-vaxxers,” Kory says, “That medication has been shown to literally solve the pandemic in numerous regions around the world.”⁸

Dr. Richard Urso, an ophthalmologist in Houston and a member of America's Frontline Doctors, explained that the situation got so dire, with early treatment being denied, that even though he's an ophthalmologist, he treated more than 1,600 patients for COVID-19 because

“they were languishing at home” with no treatment for the inflammation, respiratory distress and blood clotting that they were experiencing.

“It’s absolutely absurd, and I wasn’t going to let it happen,” he said,⁹ even though it was common knowledge that those prescribing ivermectin and other drugs for this purpose were getting fired. Dr. Mary Talley Bowden, an ear, nose and throat (ENT) specialist from Houston, has similarly been treating patients for COVID-19 after their primary care physicians refused to do so.

She estimated that, using protocols such as ivermectin, high-dose IV steroids and vitamin C, she’s kept more than 2,000 people out of the hospital. She became involved in a case with a sheriff’s deputy who was hospitalized for COVID-19. His wife called her out of desperation because the hospital wasn’t giving him proper treatment.

She sued the hospital, Bowden testified, and they won, but the hospital refused to grant her privileges to treat the patient there, even though, she says, “I have a spotless record.” “I was furious,” she continued. “That’s when it all changed for me.”¹⁰ She now has only one hospital where she feels she can send COVID-19 patients to be treated correctly.

Bowden has recently filed a lawsuit against Houston Methodist Hospital, which was one of the first in the U.S. to mandate COVID-19 shots for its workers. She is seeking the hospital’s financial records over concerns that they’re generating revenue from the COVID-19 shots they’ve made mandatory.¹¹

Dr. Harpal Mangat in Maryland has similarly treated over 1,000 COVID-19 patients successfully, using high-dose IV steroids and other options, and he stated that he’s experienced the same resistance and backlash from the medical community as Bowden.¹²

Health Policy Unfairly Harms Children

Dr. Robert Malone, inventor of the mRNA and DNA vaccine core platform technology,¹³ raised concerns about the pandemic response’s effects on children, stating that public policies have had a particularly strong adverse effect on the young. He called COVID-19 injection mandates “completely unjustified” for children.¹⁴

Dr. Jay Bhattacharya, professor at Stanford University Medical School and a physician, epidemiologist, health economist and public health policy expert focusing on infectious diseases and vulnerable populations, as well as a cofounder of the Great Barrington Declaration, states that our society could function in a much healthier way than it has for the past two years if we invest in research to continue to improve treatments and make treatments available everywhere, including for those most vulnerable.

Protecting those most at risk, such as older people, must also be a priority. According to Bhattacharya:¹⁵

“The strategies we followed — basically by ignoring the possibility of early treatment, by not focusing our efforts on the protection of vulnerable populations and, worst of all, these restrictions on human behavior, on human connection — have wreaked enormous damage, and it’s far past time that we stopped those policies and instead followed an alternate plan.” Johnson then notes that emails between Dr. Francis Collins, director of the U.S. National Institutes of Health, and Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, now show a concerted effort was at play to destroy the reputations of Bhattacharya and his co-authors of the Great Barrington Declaration, which called for “focused protection” of the elderly and those in nursing homes and hospitals, while allowing businesses and schools to remain open throughout the pandemic.

“Now I’ll ask the listening audience,” Johnson said, “does that [Bhattacharya] sound like a crazy individual? Sounds to me like a highly qualified, very reasonable person.”¹⁶

‘Pandemic of the Unvaccinated’ Is a Lie

People with natural immunity continue to be discriminated against and are still expected to get double- or triple-jabbed in order to comply with vaccine mandates. The continued denial of natural immunity to COVID-19 is unprecedented and furthering the false notion that this is a “pandemic of the unvaccinated.” Cole said:¹⁷

“This false construct from our federal agencies that this is a pandemic that the unvaccinated are spreading is a pathophysiological lie.

The vaccinated are carrying high volumes in their nose, their tears, their mouth, of the virus, because the [shot] does not neutralize in that location of the body where the virus comes in ... this is why mandates are absolutely now moot, irrelevant and out the window, and need to go away worldwide like most of the world has done already.”

Meanwhile, mask mandates are also useless. Urso pointed out that there are “zero randomized controlled trials that show masks stop the spread of respiratory disease, and that’s including N-95s.”¹⁸ Another sad reality is that it’s difficult to find physicians willing to treat early COVID-19, as well as pharmacies willing to fulfill off-label prescriptions for low-cost generic drugs that have proven to successfully treat it, even though medications are commonly used for off-label purposes.

Cole said he’s lost one-third of his business because insurance contracts have pulled away from him for “unprofessional conduct” of using “dangerous” drugs like ivermectin. “My patients have had no adverse reactions. I’ve treated 500,000 patients in my career. I have not had one single complaint against me. I have four complaints against licenses in four different states for saving lives. So the “adverse reaction” from these drugs is being attacked for being a good doctor.”¹⁹

Dr. Peter McCullough, an internist, cardiologist, epidemiologist and former full professor of medicine at Texas A&M College of Medicine in Dallas with a master’s degree in public health, was also a part of the panel.

He published research showing that the “golden window” to treat COVID-19 is during the first 72 hours, and the few patients that he’s lost have started treatment later on in the course of the disease. “The determinants of hospitalization and death are the lack of early treatment.”²⁰

He also pointed out that the U.S. Centers for Disease Control and Prevention and the FDA are the named sponsors of the injection program. “If America can learn anything, we should never have the FDA and CDC be a sponsor of a public program in administering a product. It has been a giant and colossal mistake.”²¹

We needed a separate, external data safety monitoring board and human ethics committee to oversee the program. McCullough believes if the proper safety boards had been in place, the COVID-19 jab program would have been shut down in February 2021 based on safety and risk of death.

COVID-19 Shot Injuries Are Being Ignored

Other red flags are the continued denial of injuries from COVID-19 shots, including deaths from myocarditis. Johnson described the case of a ninth grader from Vietnam, who died in January 2022 after getting her second COVID-19 shot. She had dizziness and difficulty breathing after the first shot, but health care workers told her to get the second one anyway.

Within 20 minutes, she had difficulty breathing and seizures, and was transported to a hospital, but her heart stopped and she died. “I guess this isn’t evidence that a death might be related to the [shot],” Johnson said, “but it certainly concerned me more than it’s concerned Dr. Fauci ... Dr. Collins ... This is reality that’s being ignored by our federal health officials ... by the legacy media.”²²

Others testified about their own injuries from the jabs, and their inability to find medical care as a result — doctors refuse to see them for their injection injuries out of fear that they’ll be labeled as anti-vaxxers or lose their licenses if they acknowledge that the shots cause harm, and among those who are seen, their injuries are often labeled as other conditions to ensure insurance company reimbursement.

The roundtable serves, overall, as the “second opinion” that Americans need to put the pandemic response into perspective and get answers to questions from real experts who have no stake in the outcome — other than to save lives — and most of them have paid the price professionally for speaking out.

Johnson called on viewers to share this information with their friends and family, noting, “These are highly qualified individuals. They speak from experience. We’ve got to fix this problem. We can’t let it continue. We can’t let it happen again in the future.” Already, fake fact checkers have put out their rebuttals trying to debunk the session, but knowledge truly is power, and eventually the truth will prevail.

– Sources and References

- 1 [The Highwire, COVID-19: A Second Opinion, Roundtable in D.C.](#)
- 2 [YouTube, Senator Ron Johnson January 25, 2022, 3:15](#)
- 3 [YouTube, Senator Ron Johnson January 25, 2022](#)
- 4 [U.S. FDA, Drug Safety and Availability July 1, 2020](#)
- 5 [YouTube, Senator Ron Johnson January 25, 2022, 2:47](#)
- 6 [YouTube, Senator Ron Johnson January 25, 2022, 2:15](#)
- 7 [YouTube, Senator Ron Johnson January 25, 2022, 4:30](#)
- 8 [YouTube, Senator Ron Johnson January 25, 2022, 4:45](#)
- 9 [YouTube, Senator Ron Johnson January 25, 2022, 5:22](#)
- 10 [YouTube, Senator Ron Johnson January 25, 2022, 8:06](#)
- 11 [MedPage Today January 18, 2022](#)
- 12 [The Highwire, COVID-19: A Second Opinion, Roundtable in D.C., 1:00](#)
- 13 [Trial Site News May 30, 2021](#)
- 14 [YouTube, Senator Ron Johnson January 25, 2022, 10:51](#)
- 15 [YouTube, Senator Ron Johnson January 25, 2022, 11:00](#)
- 16 [YouTube, Senator Ron Johnson January 25, 2022, 11:38](#)
- 17 [YouTube, Senator Ron Johnson January 25, 2022, 15:00](#)
- 18 [YouTube, Senator Ron Johnson January 25, 2022, 16:00](#)
- 19, 20 [YouTube, Senator Ron Johnson January 25, 2022, 19:00](#)
- 21 [YouTube, Senator Ron Johnson January 25, 2022, 20:58](#)
- 22 [YouTube, Senator Ron Johnson January 25, 2022, 26:28](#)