An open letter to the American Board of Medical Specialties and the Federation of State Medical Boards: The destruction of Member Boards' credibility

June 26, 2022

To Whom It May Concern,

We are writing to condemn, in the strongest terms, the decision by several certification boards and/or medical boards (i.e. ABIM, ABP, etc) to review the board certification of Dr. Peter McCullough, Dr. Pierre Kory, Dr. Ramin Oskoui, Dr. John Littell, Dr. Ryan Cole, Dr. Casey Delcoco, Dr. Elizabeth Laffay, and perhaps many others, on the frivolous grounds that they are spreading "medical misinformation". Your actions against the leading medical doctors, that have pioneered the development and deployment of treatment protocols against COVID-19, and who are now making similar efforts towards the treatment of patients that have been injured by the COVID-19 vaccines, threatens the right to life and the well-being of the American public.

Dr. Peter McCullough is an accomplished medical researcher with a powerful publication record [1] in the area of cardiorenal medicine. He is also one of the acknowledged experts on COVID-19, with more than 50 peer-reviewed research publications on the pandemic response to COVID-19. He is best known for the development of the early outpatient McCullough treatment protocol[2] for COVID-19. He has co-authored several more publications[3] with supporting evidence for the early outpatient treatment of COVID-19, and he has also published on COVID-19 vaccine safety[4]. In

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[1] https://scholar.google.com/citations?user=LzqEaOkAAAAJ&hl=en

[2] P.A. McCullough, P.E. Alexander, R. Armstrong, C. Arvinte, A.F. Bain, R.P. Bartlett, R.L. Berkowitz, A.C. Berry, T.J. Borody, J.H. Brewer, A.M. Brufsky, T. Clarke, R. Derwand, A. Eck, J. Eck, R.A. Eisner, G.C. Fareed, A. Farella, S.N.S. Fonseca, C.E. Geyer, Jr., R.S. Gonnering, K.E. Graves, K.B.V. Gross, S. Hazan, K.S. Held, H. Thomas Hight, S. Immanuel, M.M. Jacobs, J.A. Ladapo, L.H. Lee, J. Littell, I. Lozano, H.S. Mangat, B. Marble, J.E. McKinnon, L.D. Merritt, J.M. Orient, R. Oskoui, D.C. Pompan, B.C. Procter, C. Prodromos, J.C. Rajter, J-J. Rajter, C. V.S. Ram, S.S. Rios, H.A. Risch, M.J.A. Robb, M. Rutherford, M. Scholz, M.M. Singleton, J.A. Tumlin, B.M. Tyson, R.G. Urso, K. Victory, E.L. Vliet, C.M. Wax, A.G. Wolkoff, V. Wooll, V. Zelenko. "Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)", *Reviews in Cardiovascular Medicine* **21 (4)** (2020), 517-530

[3] B.C. Procter, C. Ross, V. Pickard, E. Smith, C. Hanson, P.A. McCullough. "Clinical outcomes after early ambulatory multidrug therapy for high-risk SARS-CoV-2 (COVID-19) infection", *Reviews in Cardiovascular* Medicine **21 (4)** (2020), 611-614

B.C. Procter, C. Ross, V. Pickard, E. Smith, C. Hanson, P.A. McCullough, "Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)", *International Journal of Innovative Research in Medical Science* **6** (2021), 219-221

P.E. Alexander, R. Armstrong, G. Fareed, K.K. Gill, J. Lotus, R. Oskoui, C. Prodromos, H.A. Risch, H.C Tenenbaum, C.M. Wax, P.A. McCullough, "Early Multidrug Outpatient Treatment of SARS-CoV-2 Infection (COVID-19) and Reduced Mortality Among Nursing Home Residents", Medical Hypotheses 153 (2021), 110622

S. Hazan, S. Dave, A.W. Gunaratne, S. Dolai, R.L. Clancy, P.A. McCullough, T.J. Borody, "Effectiveness of ivermectin-based multidrug therapy in severely hypoxic, ambulatory COVID-19 patients", *Future Microbiology*, https://doi.org/10.2217/fmb-2022-0014

E. Gkioulekas, P.A. McCullough, V. Zelenko: "Frequentist and Bayesian analysis methods for case series data and application to early outpatient COVID-19 treatment case series of high risk patients", preprint, https://doi.org/10.22541/au.164745391.17821933/v3

[4] S. Seneff, G. Nigh, A.M. Kyriakopoulos, P.A. McCullough, "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs". *Food and Chemical Toxicology* **164** (2022), 113008

addition, he has successfully treated COVID-19 patients in clinical practice and he is currently confronted with the need to treat patients that have been injured by the COVID-19 vaccines, that some have taken willingly and others under coercion by vaccine mandates. He has an encyclopedic knowledge of COVID-19 research and he has meticulously cited the scientific literature in all of his public commentary. With his vast experience and expert knowledge, he is a national treasure and a resource that you have failed to consult throughout the pandemic.

Likewise, Dr. Pierre Kory and his FLCCC collaborators were monitoring the research literature from the beginning of the pandemic, and they were diligently making monthly white paper reports on the treatment of both COVID-19 outpatients and inpatients, based on their systematic literature review and their direct clinical experience. Their efforts culminated in the development of the MATH+ protocol[5] for the treatment of hospitalized COVID-19 patients, the related IMASK+ protocol[6] for prophylaxis and early outpatient treatment of COVID-19, and the I-RECOVER protocols for the treatment of Long Covid syndrome[7] and COVID-19 vaccine injuries[8]. Dr. Kory is an accomplished researcher with 56 peer-reviewed publications, of which 11 publications were focused on the treatment of COVID-19. His publication[9] explaining that Covid pneumonia was an organizing rather than a viral pneumonia was key in understanding the inflammatory phase of Covid. Dr. Kory is considered one of the world pioneers in the use of ultrasound by physicians in the diagnosis and treatment of critically ill patients. He is also one of the pioneers in the United States in the research, development and teaching of performing therapeutic hypothermia to treat post-cardiac arrest patients. He has also pioneered, in collaboration with Dr Paul Marik, the research and treatment of septic shock.

Dr. Ramin Oskoui advised the Trump administration on COVID-19 issues and testified before the U.S. Senate about COVID-19 treatment in November 2020. He has co-authored 3 research papers on the treatment of COVID-19. He was named 2015 Physician of the Year by Johns Hopkins Medicine Clinical Awards for Physicians and Care Teams, won the annual Patients' Choice Award many times and was named a Top Doctor in the Washington, D.C.-Baltimore area by Castle Connolly and Washingtonian Magazine. Dr. Oskoui has also received Compassionate Doctor Recognition and was named a 2014 Top 10 Doctor in the District of Columbia for Cardiologists. He has expertise in acute coronary syndromes, cardiac catheterization, cardiomyopathy, cardiovascular disease, congenital heart disease, valvular heart disease, echocardiography and transesophageal echocardiography, high cholesterol, hypertension, pacemakers and preventive cardiology.

At this time, the treatment of COVID-19 and the safety and efficacy of the COVID-19 vaccines is an ongoing area of active research. COVID-19 itself has been a moving target, with the

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[5] P.E. Marik, P. Kory, J. Varon, J. Iglesias, and G.U. Meduri, MATH+ protocol for the treatment of SARS-CoV-2 infection: the scientific rationale, *Expert Review of Anti-infective Therapy* **19(2)** (2021), 129-135.
P. Kory, G.U. Meduri, J. Iglesias, J. Varon, F.A. Cadegiani, and P.E. Marik, MATH+ multi-modal hospital treatment pro- tocol for COVID-19 infection: Clinical and scientific rationale, *Journal of Clinical Medicine Research* **14(2)** (2022), 53-79.

[6] https://covid19criticalcare.com/covid-19-protocols/i-mask-plus-protocol/

[7] https://covid19criticalcare.com/covid-19-protocols/i-recover-long-covid-treatment/

[8] https://covid19criticalcare.com/covid-19-protocols/i-recover-post-vaccine-treatment/

[9] P. Kory and J.P. Kanne, "SARS-CoV-2 organising pneumonia: 'Has there been a widespread failure to identify and treat this prevalent condition in COVID-19?'", *BMJ Open Respiratory Research* **7** (2020), e000724.

emergence of new variants requiring the updating of treatment protocols, continuing reconsideration of the balance of risks and benefits of COVID-19 vaccinations, and recalculation of our current status with respect to herd immunity. It has been long recognized, for more than a century, that academic freedom, enabling researchers to publish and present to the public their findings without fear of institutional reprisal to their livelihood, is absolutely crucial, and has played a major and essential role in establishing the United States as the preeminent leading force in scientific research. Medical researchers, like Dr. Peter McCullough and Dr. Pierre Kory, require academic freedom to conduct research and communicate their findings, in their area of expertise to the public, without fear of institutional reprisal against their livelihood. Your ill-conceived crusade against "medical misinformation" is in fact being aimed in part at destroying the academic freedom of some of the most experienced and qualified independent COVID-19 researchers of the United States. It is the individual medical researchers that have the duty to publicly speak against any incorrect or outdated recommendations or decisions by our public health agencies and to hold them accountable, and more broadly to counter genuine medical misinformation. The public should be able to hear many perspectives from teams of medical doctors that may disagree and have different viewpoints with respect to the current status of the research literature on the current pandemic response.

It is a beyond unacceptable circular reasoning fallacy to use the opinions of public health agencies, including the FDA, CDC, NIH, and WHO, to define what is or is not "medical misinformation" and then use that to investigate the board certification of the medical researchers that are conducting the actual research on which these public health agencies depend to justify their recommendations. Medical researchers, at the cutting edge of COVID-19 research, will inevitably be ahead of the curve, relative to the aforementioned agencies, because information flows from the medical researchers to the agencies, under the most ideal conditions. Under the current conditions, the regulatory capture[10] and corruption[11] of these agencies, and the financial conflicts of interest, caused by the regulators being the sponsors of the COVID-19 vaccine program, have completely disqualified them from serving as neutral adjudicators of medical misinformation with regards to the COVID-19 vaccines and the competing prophylactic and treatment options.

There have been more than a million deaths in the United States. In the Covid era, there are not as yet "well established medical facts." The officially proclaimed viewpoints are constantly changing in response to rapidly changing events, in particular, the unprecedented mutational changes occurring in the various lineages of the original SARS-CoV-2 virus. The recurrent changes in mask guidance emanating from CDC are only one indication of confusion of the United States public health hierarchy. The often stated consensus that the COVID -19 vaccines are safe and effective as is that was accepted medical certainty is contradicted by many different facts. The CDC has admitted that the current COVID-19 vaccines do not prevent transmission in public statements, and has also admitted, via their booster recommendations, that benefit conferred by the COVID-19 vaccines is transient. The CDC VAERS database[12] has shown substantial injuries and deaths associated with COVID-19 vaccination, which are temporally associated with the

[10] P. Breggin and G. Breggin (2021): "COVID-19 and the Global Predators: We Are the Prey", Lake Edge Press, 690 pp.
[11] S. Hatfill, "The Intentional Destruction of the National Pandemic Plan", *Journal of the American Physicians and Surgeons* **26** (2021), 74-76
[12] https://openvaers.com/index.php

timing of vaccine dose[13] , and occur at an increased rate with an increasing number of doses[14]. The mechanisms of action for vaccine injuries are known[15] , and a recent report[16] by the World Council for Health has found consistent findings of vaccine injuries and deaths across the CDC VAERS, WHO VigiAccess, EudraVigilance, and the UK Yellowcard databases, **and has called for the recall of the COVID-19 vaccines**. In a large number of European nations and Canada, the Moderna mRNA 1273 vaccine is discouraged for adolescents and young men. A recent publication[17] highlighted the dangers of post vaccination myocarditis and pericarditis in France, which still allows the Moderna vaccine. Only in the United States is the Moderna mRNA1273 vaccine authorized for administration to tiny children and adolescents with no questions. Clearly, at this time the consensus of U.S. government health agencies is not accepted in other countries. The FDA has called for the development of new vaccine formulations to deal with the failure of the ancestral alpha variant products to handle the massive surges arising from Omicron and its many variants. There is clearly not an overwhelming scientific consensus supporting the claim that the current COVID-19 vaccines are safe and effective.

Likewise, at this time, substantial scientific evidence in support of the safety and efficacy of hydroxychloroquine-based multi-drug treatment protocols has been reviewed by Risch[18] showing that they are safe and effective when used at the early stages of the illness. Additional evidence include Raoult's study[19] with more than 10,000 patients, as well as case series data[20] that meet the *clear and convincing* evidentiary standard. There is also supporting meta-analysis for India's hydroxychloroquine prophylaxis protocol[21] and the underlying mechanism of action is well-

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[13] J. Rose, "A report on the US Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 messenger ribonucleic acid (mRNA) biologicals", *Science, Public Health Policy, and the Law* **2** (2021), 59-80.

[14] https://openvaers.com/covid-data/myo-pericarditis

[15] S. Seneff and G. Nigh, "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19", *International Journal of Vaccine Theory, Practice, and Research* **2** (1) (2021), 402-443

S. Seneff, G. Nigh, A.M. Kyriakopoulos, P.A. McCullough, "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs". *Food and Chemical Toxicology* **164** (2022), 113008

[16] World Council for Health, "Covid-19 Vaccine Pharmacovigilance Report", June 2022 https://worldcouncilforhealth.org/resources/covid-19-vaccine-pharmacovigilance-report/

[17] S. Le Vu, M. Bertrand, M.J. Jabagi, J. Botton, J. Drouin, B. Baricault, A. Weill, R. Dray-Spira, and M. Zureik, "Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines", *Nature Communications* **13** (2022), 3633

[18] Harvey Risch. "Hydroxychloroquine in Early Treatment of High-Risk COVID-19 Outpatients: Efficacy and Safety Evidence." Sixth version, updated June 17, 2021. https://earlycovidcare.org/wp-content/uploads/2021/09/Evidence-Brief-Risch-v6.pdf

[19] M. Million, J-C. Lagier, H. Tissot-DuPont, I. Ravaux, C. Dhiver, C. Tomei, N Cassir, L. DeLorme, S. Cortaredona, S. Gentile, E. Jouve, A. Giraud-Gatineau, H. Chaudet, L. Camoin-Jau, P. Colson, P. Gautret, P-E. Fournier, B. Maille, J-C. Deharo, P. Habert, J-Y. Gaubert, A. Jacquier, S. Honore, K. Guillon-Lorvellec, Y. Obadia, P. Parola, P. Brouqui, D. Raoult. "Early Treatment with Hydroxychloroquine and Azithromycin in 10,429 COVID-19 Outpatients: A Monocentric Retrospective Cohort Study", *Reviews in Cardiovascular Medicine* **22** (2021), 1063-1072

[20] E. Gkioulekas, P.A. McCullough, V. Zelenko: "Frequentist and Bayesian analysis methods for case series data and application to early outpatient COVID-19 treatment case series of high risk patients", preprint, https://doi.org/10.22541/au.164745391.17821933/v3

[21] R.B. Stricker and M.C. Fesler. "Hydroxychloroquine Pre-Exposure Prophylaxis for COVID-19 in Healthcare Workers from India: A Meta-Analysis", *Journal of Infection and Public Health* **14** (2021), 1161-1163

known[22]. Likewise, about the ivermectin-based multi-drug protocols, it is known that ivermectin has 20 known mechanisms of action against COVID-19[23]. This alone is sufficient to justify physicians prescribing this medication off-label to treat COVID-19, given the excellent safety record of the medication. A recent review[24] of the research literature, including previous meta-analysis studies of ivermectin, shows that there is a clear signal of efficacy against COVID-19, and disentangles some of the controversies in the literature. Most notable is a recently published study[25] that has shown that, with a small cohort of severely ill patients, who refused hospitalization in spite of severe symptomatic presentation and severe hypoxia, a new innovative protocol based on a combination therapy of ivermectin, doxycycline, zinc, vitamin C, and vitamin D3, over a period of 10 days, prevented hospitalization and death and resulted in improved oxygen levels, within 24 hours of onset of treatment. The ACTIV6 study[26], proclaimed by the media to demonstrate ineffectiveness of ivermectin, actually showed a large statistically significant benefit in a subgroup of patients with severe disease at onset of trial. Likewise, the TOGETHER trial[27] has several methodological flaws[28], but taken at face value, they tested a 3-day low-dose ivermectin monotherapy against placebo, so their results are not informative about the multidrug ivermectin-based protocols used by practicing physicians.

Under article 37 of the 2013 Helsinki declaration[31]: *"In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.".* A minority of medical doctors in the United States, as well as abroad, following article 37, were able to discover and use safe and effective treatment protocols against COVID-19, based on

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[22] R. Derwand, M. Scholz, "Does zinc supplementation enhance the clinical efficacy of chloroquine/hydroxychloroquine to win today's battle against COVID-19?", *Medical Hypotheses* **142** (2020), 109815

[23] A.K. Zaidi and P. Dehgani-Mobaraki. The mechanisms of action of ivermectin against SARS-CoV-2-an extensive review. *The Journal of Antibiotics*, **75(2)**, 60-71, 2022.

[24] A.D.Santin, D.E.Scheim, P.A.McCullough, M.Yagisawa, T.J.Borody. "Ivermectin: a multifaceted drug of Nobel prize-honoured distinction with indicated efficacy against a new global scourge, COVID-19", *New Microbes and New Infections* **43** (2021), 100924

[25] S. Hazan, S. Dave, A.W. Gunaratne, S. Dolai, R.L. Clancy, P.A. McCullough, T.J. Borody, "Effectiveness of ivermectin-based multidrug therapy in severely hypoxic, ambulatory COVID-19 patients", *Future Microbiol.*, https://doi.org/10.2217/fmb-2022-0014

[26] Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV)-6 Study Group and Susanna Naggie, "Ivermectin for Treatment of Mild-to-Moderate COVID-19 in the Outpatient Setting: A Decentralized, Placebo-controlled, Randomized, Platform Clinical Trial", medRxiv 2022.06.10.22276252; doi: https://doi.org/10.1101/2022.06.10.22276252

[27] G. Reis, E.A.S.M. Silva, D.C.M. Silva, L. Thabane, A.C. Milagres, T.S. Ferreira, C.V.Q. dos Santos, V.H.S. Campos, A.M.R. Nogueira, A.P.F.G. de Almeida, E.D. Callegari, A.D.F. Neto, L.C.M. Savassi, M.I.C. Simplicio, L.B. Ribeiro, R. Oliveira, O. Harari, J.I. Forrest, H. Ruton, S. Sprague, P. McKay, C.M. Guo, K. Rowland-Yeo, G.H. Guyatt, D.R. Boulware, C.R. Rayner, and E.J. Mills, "Effect of Early Treatment with Ivermectin among Patients with Covid-19", *New England Journal of Medicine* **386** (2022), 1721-1731

[28] https://c19ivermectin.com/togetherivm.html

[31] World Medical Association, "World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects", *JAMA* **310(20)** (2013), 2191-2194. doi:10.1001/jama.2013.281053

repurposed medications with acceptable safety. At the beginning of the pandemic, medical doctors received guidance from the NIH to refuse to treat COVID-19 outpatients, in direct violation of both article 37 as well as medical common sense. Both state and national medical boards have failed to support the minority of doctors that acted ethically, and saved countless lives by doing so, from adverse actions and professional reprisals.

On the contrary, this "medical misinformation" crusade by the medical boards has been aimed at intensifying the persecution of these hero doctors, like Dr. Ramin Oskoui, Dr. John Litell, Dr. Ryan Cole, Dr. Casey Delcoco, Dr. Elizabeth Laffay, and perhaps many others that made available to the American public lifesaving early outpatient treatment and prophylaxis options against COVID-19, suggesting an intent to make early outpatient treatment protocols unavailable to the American public. The public expects to see a healthy scientific debate on novel experimental treatments for COVID-19, and being given the opportunity to hear multiple points of view will increase public confidence in the medical profession. We have enduring confidence in the ability of our people to make personal decisions based on the presentation of differing opinions. On the other hand, public confidence in the medical boards themselves and the medical profession at large will be severely damaged, when the public sees that medical boards are engaging in actions that intend to cut off the public's access to off-label life-saving treatment protocols, as has been done in other nations abroad, and to chill the free speech rights of our medical doctors to question the safety and efficacy of novel and experimental medical interventions that are currently under research.

State and national medical boards have also failed to support medical ethics with respect to the COVID 19 vaccine mandates. Although some COVID-19 vaccines received provisional BLA approval under the labels *Comirnaty* and *Spikevax*, on questionable scientific grounds, the vaccine manufacturers are only making them available to the American public under the EUA labels. Consequently, at this time, all vaccine mandates are in clear direct violation of well-established medical ethics against coerced medical experimentation, without informed consent[43]. Both state and national medical boards have failed to take a stand against this blatant violation of medical ethics by the federal and state governments as well as some private employers. They have also failed to speak up in support of the long-held Federal regulatory standard that considers any adverse event or death reported in temporal association with receipt of a novel or experimental therapy to be caused by the intervention until proven otherwise, which has been abandoned by the US Federal and State agencies, which are now dismissing adverse-event reports, as unrelated to the vaccines, until proven otherwise.

An interesting legal analysis by Coleman[45], who is clearly in favor of the official narrative promoted by the NIH, FDA, and CDC, concludes that: *"imposing disciplinary penalties on physicians for speech that takes place outside a physician-patient relationship would have dangerous policy implications and would almost certainly be unconstitutional",* and notes that *"disciplinary actions would be appropriate under one set of circumstances: if a board can*

[43] The long-held standard for informed consent requires the full disclosure of the most current and accurate data regarding all potential risks benefits and alternatives to the COVID-19 mRNA vaccines.

[45] C.H. Coleman, "Physicians Who Disseminate Medical Misinformation: Testing the Constitutional Limits of Professional Disciplinary Action" (November 11, 2021). First Amendment Law Review, Forthcoming, Seton Hall Public Law Research Paper Forthcoming, Available at SSRN: https://ssrn.com/abstract=3925250

establish that a physician has disseminated information that she knows to be false or with reckless disregard as to whether it is true". It is not for the FSMB or specialty boards to enforce consensus orthodoxies. This is the death of medical progress. It creates a chilling effect to the detriment of patients. Doctors who treat patients counter to so-called "official" positions risk litigation for bad results. That is sufficient threat that doctors would only do so with good evidence of benefit. Censorship of doctors for espousing public statements against consensuses exceeds the authority granted to the boards by state governments to enfranchise their doctors. If the boards were just private organizations, there could be competing private boards and doctors would choose which ones aligned with their viewpoints. But the boards are licensing agents of state governments and limiting all contrary speech is overreach. Coleman's argument is that the boards only have jurisdiction when doctors make statements that they know are false or misleading. Just being against consensus per se is not sufficient. In light of the previously reviewed scientific evidence that support the adoption of early treatment protocols and the serious concerns about the safety of the COVID-19 vaccines, we are confident that Coleman's legal standard is not applicable to Dr. McCullough and his colleagues.

There are certainly arguments going in all directions relative to the approaches, thus far only partially successful, to deal with the scourge of COVID-19. The prevailing medical consensus has been constantly shifting on masking, composition of vaccines which offer protection against COVID-19, and even authorized treatments such as monoclonal antibodies which have been authorized and then rescinded as the virus has mutated. Physicians on all sides have arguments based on analysis of evidence and all appear to strongly believe their positions. Open debate and discussion is the proper approach for sorting out these arguments. However, when one side abuses their position of authority, as medical board members, to persecute and silence the other side, with disregard or even contempt for the scientific evidence that supports the opposing side, and in doing so also undermines public trust in the medical profession, then one may ask whether it is these medical board members themselves that should be disciplined for unprofessional conduct.

Certification of competence is a doctor's fundamental property right. It is untenable to attempt to remove fundamental property rights on the basis of statements taken out of context, media clips and interpretations and hearsay. In the long run, we expect that any actions taken against Dr. Peter McCullough, Dr. Pierre Kory, and their colleagues, combined with the failure of member medical boards to stand up for medical ethics, will destroy the credibility of your member Boards. We also expect that future state and federal administrations, as well as congressional committees, will be curious and interested in investigating the real reasons for the persecution of our most exemplary and most ethical medical doctors and medical researchers. **Should the ABIM not drop their threat against Dr Peter McCullough, the public demands an open meeting as requested by Senator Ron Johnson to be attended by ABIM Board and their Credentials and Certification Committee with Dr. McCullough and other COVID-19 experts.** This meeting should be a fair-balanced scientific review concerning early treatment of COVID-19, nonfatal and fatal COVID-19 vaccine serious adverse events, and vaccine efficacy concerning serious outcomes of COVID-19 hospitalization and death.

List of signatories

The endorsements below represent those of the individuals listed and not necessarily those of their institutional affiliations.

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