UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
BEAUMONT DIVISION

UNITED STATES OF AMERICA ex rel. BROOK JACKSON, Relator, v. VENTAVIA RESEARCH GROUP, LLC.; PFIZER, INC.; ICON, PLC., Respondents.	CASE NO.: 1:21-CV-00008-MJT **DECLARATION OF PETER A. MCCULLOUGH, MD, MPH UNDER 28 U.S. CODE § 1746**

I, Peter A. McCullough, MD, MPH, declare and state the following:

1. I am an adult of sound mind, 61 years old, and make this statement voluntarily, based on my own personal knowledge, education, facts or data, and experience, and under the penalty of perjury of the laws of the United States of America.
2. The facts stated in this declaration are true and correct, based on my personal knowledge, and the opinions expressed herein are my true opinions based on my years of experience and exercise of professional judgment. I am competent to testify as a medical expert to the facts and matters set forth herein. The facts and matters set forth herein are the type of facts and matters that medical experts rely on to reach expert conclusions. If called as a witness herein, I could and would testify competently and to a reasonable degree of scientific and medical certainty regarding the matters stated herein.

3. I am President of the McCullough Foundation in Dallas TX, and the Chief Scientific Officer at the Wellness Company in Boca Raton, FL. I practice internal medicine and cardiology at The Well Integrative Medicine, McKinney, TX.
4. After receiving a bachelor's degree from Baylor University, I completed my medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. I completed my internal medicine residency at the University of Washington in Seattle, a cardiology fellowship including service as Chief Fellow at William Beaumont Hospital, and a master's degree in public health in epidemiology at the University of Michigan.
5. I am board certified in internal medicine and cardiovascular disease and hold an additional certification in clinical lipidology, and previously echocardiography. I participate in the maintenance of certification programs by the American Board of Internal Medicine for both Internal Medicine and Cardiovascular Diseases. I have been on the medical staff at Baylor University Medical Center and Baylor Jack and Jane Hamilton Heart and Vascular Hospital, in Dallas, Texas. I have also been on staff at Baylor Heart and Vascular Institute, which promotes cardiovascular research and education. I practice internal medicine and clinical cardiology as well as teach, conduct research, and I am an active scholar in medicine with roles as an author, former editor-in-chief of two peer-reviewed journals, editorialist, and reviewer at dozens of major medical journals and textbooks.
6. I have led clinical, education, research, and program operations at major academic centers (Henry Ford Hospital, Oakland University William Beaumont School of Medicine) as well as academically oriented community health systems. I spearheaded the

clinical development of in vitro natriuretic peptide and neutrophil gelatinase associated lipocalin assays in diagnosis, prognosis, and management of heart and kidney disease now used worldwide. I also led the first clinical study showing the relationship between severity of acute kidney injury and mortality after myocardial infarction. I have contributed to the understanding of the epidemiology of chronic heart and kidney disease through many manuscripts from the Kidney Early Evaluation Program Annual Data Report published in the American Journal of Kidney Disease and participated in clinical trial design and execution in cardiorenal applications of acute kidney injury, hypertension, acute coronary syndromes, heart failure, and chronic cardiorenal syndromes. I participated in event adjudication (involved attribution of cause of death) in trials of acute coronary syndromes, chronic kidney disease, heart failure, and data safety and monitoring of anti-diabetic agents, renal therapeutics, hematology products, and other treatments. I have served as the chairman or as a member of over 20 randomized trials of drugs, devices, and clinical strategies. Sponsors have included pharmaceutical manufacturers, biotechnology companies, and the National Institutes of Health.

7. I frequently lecture and advise on internal medicine, nephrology, and cardiology to leading institutions worldwide. I am recognized by my peers for my work on the role of chronic kidney disease as a cardiovascular risk state. I have over 1,000 related scientific publications, including the "Interface between Renal Disease and Cardiovascular Illness" in Braunwald's Heart Disease Textbook. My works have appeared in the *New England Journal of Medicine*, *Journal of the American Medical Association*, and other top-tier journals worldwide. I have testified in the US Senate Committee on Homeland Security and Governmental Affairs and in the Texas Senate Committee on Health and Human

Services, US Senate Panel "COVID-19 A Second Opinion," Colorado General Assembly, Arizona Senate, New Hampshire Senate, South Carolina Senate, and Pennsylvania Senate, concerning many aspects of the pandemic response.

8. I am a Fellow of the American College of Cardiology, the American Heart Association, the American College of Physicians, the American College of Chest Physicians, the National Lipid Association, the Cardiorenal Society of America, and the National Kidney Foundation. I am also a Diplomate of the American Board of Clinical Lipidology.

9. Since the outset of the pandemic, I have been a leader in the medical response to the COVID-19 disaster and have published "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection" the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and subsequently updated in Reviews in Cardiovascular Medicine. I have dozens of peer-reviewed publications on the infection and have commented extensively on the medical response to the COVID-19 crisis in The Hill, FOX NEWS Channel, NEWSMAX, OAN, ABC News, and America Out Loud Talk Radio.

10. I am one of the co-authors of the article entitled "COVID-19 mRNA Vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign," published on January 21, 2024, in Cureus, a Journal of Medical Science [DOI: 10.7759/cureus.52876]. Statements made in the Cureus article are true and correct based on my own personal knowledge and/or the personal knowledge of my co-authors, and our professional review of source information cited therein. The opinions and recommendations expressed in the article are my own, or, as appropriate, the true opinions and recommendations of my co-

authors. If called as a witness, I would and could testify competently to the matters stated therein to a reasonable degree of scientific and medical certainty.

11. As explained and documented in the article, our study looked into significant problems with the methods, execution, and reporting of Pfizer's clinical trials for its COVID-19 vaccines. Re-analysis of the Pfizer trial data identified statistically significant increases in serious adverse events (SAEs) in the vaccine group. Many SAEs were identified following the Emergency Use Authorization (EUA), including death, cancer, cardiac events, and various autoimmune, hematological, reproductive, and neurological disorders. In my and my co-authors review, we found that Pfizer's products never underwent adequate safety and toxicological testing under previously established scientific standards. Among the other major topics discussed in the article is a narrative review of published analyses of serious harms to humans, mechanisms underlying adverse events (AEs), the immunologic basis for vaccine inefficacy, and concerning mortality trends based on the registrational trial data. The risk-benefit imbalance substantiated by the evidence to date contraindicates further booster injections and suggests that, at a minimum, the mRNA injections should be removed from the childhood immunization program until proper safety and toxicological studies are conducted. Federal agency approval of the COVID-19 mRNA vaccines on a blanket-coverage population-wide basis had no support from an honest assessment of all relevant registrational data and commensurate consideration of risks versus benefits. Given the extensive, well-documented SAEs and unacceptably high harm-to-reward ratio, I and my co-authors urge governments to endorse a global moratorium on the modified mRNA

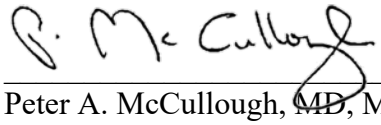
products until all relevant questions about causality, residual DNA, and aberrant protein production are answered.

12. I am also one of the co-authors of the article entitled "Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs," published online on April 15, 2022 [10.1016/j.fct.2022.113008" and in June 2022 in Food Chemical Toxicology. Statements made in this article are true and correct based on my own personal knowledge and/or the personal knowledge of my co-authors, and our professional review of source information cited therein. The opinions and recommendations expressed in the article are my own, or, as appropriate, the true opinions and recommendations of my co-authors. If called as a witness, I would and could testify competently to the matters stated therein to a reasonable degree of scientific and medical certainty.

13. As explained and documented in the article, the use of mRNA vaccines in the context of infectious disease has no precedent. We noted the many alterations in the vaccine mRNA hide the mRNA from cellular defenses and promote a longer biological half-life and high production of spike protein. However, the immune response to the vaccine differs greatly from that to a SARS-CoV-2 infection. In this paper, we presented evidence that vaccination induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health. Immune cells that have taken up the vaccine nanoparticles release into circulation large numbers of exosomes containing spike protein along with critical microRNAs that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances

potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. We show evidence from the VAERS database supporting our hypothesis. I and my co-authors believe that adequate, fully reported, randomized, placebo-controlled, double-blind, parallel-group, clinical trials appropriately powered and event-driven for the outcomes of COVID-19 hospitalization and death were required for appropriate risk-benefit analyses that when performed, would have concluded the risks of vaccination outweigh the benefits.

I declare under penalty of perjury according to the laws of the United States that the foregoing is true and correct. Executed on April 19, 2024.



19-APR-2024

Peter A. McCullough, ~~MD~~, MPH