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October 18, 2022

ABIM ID: 136084

Peter McCullough, M.D.
5231 Richard Avenue
Dallas, TX 75206

Personal and Confidential
Sent by Certified Mail

Re: Notice of Recommended Disciplinary Sanction

Dear Dr. McCullough:

The American Board of Internal Medicine (ABIM) provided you notice by letter dated May 26, 2022 (the "Notice") that ABIM's Credentials and Certification Committee (CCC) would consider whether to recommend a disciplinary sanction against you in light of public statements you made about the purported dangers of, or lack of justification for, COVID-19 vaccines.

The CCC met to consider this matter on July 26, 2022. Present for the meeting were Furman S. McDonald, M.D., M.P.H., Senior Vice President for Academic and Medical Affairs, and chair of the CCC; Richard Battaglia, M.D., FACP, Chief Medical Officer; Lorna Lynn, M.D., Vice President, Medical Education Research; Jeffrey Miller, Chief Information Officer; Michael Melfe, Director, Academic Affairs; Ruth Hafer, Credentials and Licensure Manager; Kathryn Ross, Ph.D., Research Associate; and Lauren Duhigg, Senior Research Associate. Also present were Paul Lantieri III and Emilia McKee Vassallo of Ballard Spahr LLP, counsel to ABIM.

Background

You are currently certified by ABIM in Internal Medicine and Cardiovascular Disease.

You have made numerous widely reported and disseminated public statements about the purported dangers of, or lack of justification for, COVID-19 vaccines. In March 10, 2021 testimony before the Texas Senate Committee on Health & Human Services, you stated, among other things, that there is no "scientific, clinical, or safety rationale for ever vaccinating a Covid-recovered patient," and that there is "no scientific rationale" for healthy people under 50 to receive a Covid vaccine. Testimony available at <https://www.youtube.com/watch?v=QAHi31X3oGM>. Similarly, you asserted in a national television interview that "[t]here is no reason [people who have previously had COVID-19] should take the vaccine." Transcript of *Ingraham Angle*, Fox News Network, June 29, 2021.

You also have reportedly stated that as many as 50,000 Americans may have died due to Covid-19 vaccines in the first half of 2021. See, e.g., D. Villareal, *7 Doctors at Anti-Vax Summit Catch COVID-19 Despite Touting Ivermectin "Treatment,"* Newsweek, Nov. 23, 2021; K. Krause, *System Sues Vaccine Skeptic*, Dallas Morning News, July 30, 2021; *Alarm Grows as Researchers Warn of Dangers of the COVID-19 Shots*, Mizzima, July 25, 2021. And in another public forum, you reportedly asserted that Covid-19 vaccines are part of "bioterrorism research." *Moscow COVID Delta Response May Shock Government Officials*, Newstex Blogs, The Duran, June 26, 2021.



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In addition, in a declaration submitted in support of the plaintiffs in *State of Louisiana, et al. v. Becerra*, No. 3:21-cv-03970-TAD-KDM (W.D. La.), on November 15, 2021 (“*Louisiana Decl.*”), you declared – after noting your ABIM certification as part of your background (*Louisiana Decl.* ¶ 4) – that Covid-19 presents a “negligible risk for adults younger than the age of 60” (*Louisiana Decl.* ¶ 9); that “[b]ased on VAERS as of October 29, 2021, there were 18,078 COVID-19 vaccine deaths reported”; and that “COVID-19 mass vaccination is associated with at least a 39-fold increase in annualized vaccine deaths reported to VAERS” (*Louisiana Decl.* ¶ 29).

In response to the Notice, you submitted a letter dated June 14, 2022 “request[ing] prompt dismissal of the matter” or the “right to attend and personally participate and/or have legal counsel represent [you] in the ABIM Credentials and Certification Committee meeting.” You included with your letter a “point-by-point declaration” responding to the Notice (“*McCullough Decl.*”). In the *McCullough Declaration*, you state that you “have been a leader in the medical response to the COVID-19 disaster and have published or been listed on many publications and given testimony before various government bodies. (*McCullough Decl.* ¶ 5.) Among other things, you discuss and cite purported support for your views of the risks of COVID-19 vaccines (*McCullough Decl.* ¶ 11-33), and you make a number of statements that echo those you have previously made that are described above. For example, you state that “[t]here is negligible mortality risk [from COVID-19] for adults younger than the age of 50” and that “[t]here is no scientific rationale, medical necessity, or clinical indication for people under age 50 or 60 in general to receive a COVID-19 vaccine” (*McCullough Decl.* ¶ 8, and p. 18 (Conclusion ¶ 4)), and that “the COVID-19 mass vaccination is associated with at least a massive increase in deaths reported to [the Vaccine Adverse Event Reporting System (VAERS)]” (*McCullough Decl.* ¶ 23; *see also, e.g.,* *McCullough Decl.* ¶¶ 24-29 (discussing VAERS and other purported adverse event data in connection with COVID-19 vaccines).

In addition, ABIM received a letter concerning your disciplinary proceeding from United States Senator Ron Johnson, and a letter titled, “Open Letter to the American Board of Medical Specialties and the Federation of State Medical Boards: The destruction of Member Boards’ credibility,” dated June 26, 2022, with dozens of signatures, “condemn[ing]” the “decision to review” your board certification and others “on the frivolous grounds that they are spreading ‘medical misinformation.’”

As set forth in the Notice, ABIM’s “False or Inaccurate Medical Information” policy provides:

While ABIM recognizes the importance of legitimate scientific debate, physicians have an ethical and professional responsibility to provide information that is factual, scientifically grounded, and consensus driven. Providing false or inaccurate information to patients or the public is unprofessional and unethical, and violates the trust that the profession of medicine and the public have in ABIM Board Certification. Therefore, such conduct constitutes grounds for disciplinary sanctions.

(*See* ABIM’s Policies & Procedures for Certification (P&P), at p. 19. A printed copy of the P&P was provided with the Notice. The P&P is also available on ABIM’s website at <http://www.abim.org/about/publications/certification-guides.aspx>.)

ABIM’s “Disciplinary Sanction and Appeals” policy further provides that ABIM may impose disciplinary sanctions, including the suspension or revocation of board certification or



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participation in the certification or Maintenance of Certification processes, invalidation of an examination, or other professional sanctions, if ABIM obtains evidence that in its judgment demonstrates that a candidate or diplomate: (1) has had a license to practice medicine restricted in any jurisdiction, has surrendered a license but continues to hold a valid license in another jurisdiction, or has had one or more licenses suspended or revoked but continues to hold a valid license; (2) engaged in irregular or improper behavior or other misconduct in connection with an ABIM examination; (3) made a material misstatement of fact or omission in connection with ABIM with an application, or misrepresented their board certification or Board Eligibility status with anyone; (4) failed to maintain moral, ethical, or professional behavior satisfactory to ABIM; or (5) engaged in misconduct that adversely affects professional competence or integrity. (P&P at p. 18.)

Decision

As an initial matter, the CCC reviewed your request to participate or be represented by counsel at the meeting of the CCC. The CCC respectfully refers you to the Notice and the other information about ABIM’s Disciplinary Sanction and Appeals process set forth in the P&P. The CCC considers documentary evidence and submissions, and physicians who wish to appeal CCC-recommended sanctions have the right of appeal with a hearing before a panel of physicians. (Notice at p. 3; P&P at p. 18; *see also* Appeal Rights, below.)

In its consideration of this matter, the CCC focused particularly on your statements asserting that the mortality risk of COVID-19 is “negligible” for people who are under the ages of 50 or 60, and that there is no medical reason for that population to receive COVID-19 vaccines. (*See* Background, above.) The CCC found that those statements are not factual, scientifically grounded, or consensus driven. Indeed, according to the CDC, from January 1, 2020 to October 8, 2022, more than 71,000 Americans under the age of 50 have died from COVID-19, representing nearly 8% of all deaths for that age group. Moreover, more than 194,000 Americans aged 50 to 64 have died from COVID-19, representing over 12% of all deaths in that age group during the same time period. *See* Centers for Disease Control and Prevention, COVID-19 deaths by sex, age, state, year, and months, https://data.cdc.gov/widgets/9bhg-hcku?mobile_redirect=true (updated as of Oct. 8, 2022).

The CCC also focused on your statements, purportedly relying on VAERS data, suggesting or otherwise insinuating that COVID-19 vaccines themselves have caused or been associated with tens of thousands of deaths that would not have occurred but for the vaccines. The CCC found that those statements are not supported by VAERS data or any other reliable source. Centers for Disease Control and Prevention, COVID-19, Reported Adverse Events, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html> (updated Oct. 12, 2022) (reporting that “severe reactions after vaccination are rare,” and that “[t]he benefits of COVID-19 vaccination continue to outweigh any potential risks”); World Health Organization, Safety of COVID-19 Vaccines, <https://www.who.int/news-room/feature-stories/detail/safety-of-covid-19-vaccines> (March 31, 2021) (stating that “[b]illions of people have been safely vaccinated against COVID-19,” that “mRNA vaccines [for COVID-19] have been rigorously assessed for safety, and clinical trials have shown that they provide a long-lasting immune response,” and that “mRNA vaccines are not live virus vaccines and do not interfere with human DNA”). Your suggestions otherwise misrepresent the facts reported in VAERS. Thus, those statements are likewise not factual, scientifically grounded, or consensus driven.



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Nothing in your declaration submitted in response to the Notice, or in the materials submitted to ABIM on your behalf, compels a different conclusion.

For these reasons, the CCC found that you have provided false or inaccurate medical information to the public. By casting doubt on the efficacy of COVID-19 vaccines with such seemingly authoritative statements, made in various official forums and widely reported in various media, your statements pose serious concerns for patient safety. Moreover, they are inimical to the ethics and professionalism standards for board certification.

In light of all the evidence and circumstances, the CCC determined to recommend that your board certifications be revoked.

Appeal Rights

The recommended revocation will become the final decision of ABIM unless you submit a request for an appeal to ABIM in writing on or before **November 18, 2022**. If you request an appeal, your appeal would be considered by a panel designated by ABIM's Board of Directors (an "Appeal Panel"), which would hold an in-person or telephonic hearing. Appeal panels consist of three independent physicians designated by the Board of Directors, including at least one member of the Board. They have the discretion to affirm, rescind, or modify a recommended sanction, or impose an alternative sanction.

In advance of each appeal hearing, ABIM will provide you and each member of the Appeal Panel with copies of the documentary record for your sanction and appeal proceeding. In its consideration of an appeal of a recommended sanction, an Appeal Panel is not bound by any technical rules of evidence, and it considers any information timely submitted by or on behalf of the physician at any stage of the proceeding, and any other evidence that it deems appropriate.

At the hearing, you and/or your counsel may present information. Subject to the Appeal Panel's discretion, you and/or your counsel may present witnesses, provided that such witnesses were identified in your request for Appeal Panel review. ABIM's counsel may ask questions of you, your counsel, and any witnesses. The Appeal Panel, in its discretion, determines the duration of the hearing. Appeal hearings are transcribed by a professional reporter.

After reaching a decision, an Appeal Panel notifies the physician of its decision in writing. Such written decision includes the factual basis of the decision and a summary of the reason for the decision. The decision of the majority of an appeal panel is a final decision of ABIM.

If you request a hearing before the Appeal Panel, your written request must:

- (i) state whether you request an in-person or telephonic hearing;
- (ii) state whether you will be represented by counsel at the hearing;
- (iii) identify any witnesses you intend to present on your behalf; and
- (iv) include any further statement or information that you would like the Appeal Panel to consider.



American Board
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If you request a hearing, ABIM will provide notice of the members of the panel and the date, time, and if applicable, place of the hearing at least forty-five days in advance of the hearing.

Please address any request for an appeal of the recommended sanction to ABIM at **submissions@abim.org**, and kindly include your six-digit ABIM number.

Please note that a recommended revocation is not final and does not affect your current Board Certification status.

Respectfully,

Furman S. McDonald, M.D., M.P.H.
Chair, Credentials and Certification Committee