

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NEW YORK

MICHAEL CORRIN STRONG, Plaintiff

vs.

HOWARD ZUCKER, MD, in his official capacity as Commissioner of the New York  
State Department of Health, Defendant

Case No. 21-CV-6532

STATEMENT ON EXPERT WITNESS TO BE CALLED  
AND WHAT HE WILL TESTIFY TO

Submitted Electronically by

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Plaintiff, Pro Se

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## EXPERT WITNESS TO BE CALLED BY PLAINTIFF

At this time, Plaintiff intends to call only one expert witness, Dr. Peter McCullough, MD, an internist, cardiologist and epidemiologist from Dallas, Texas. Dr. McCullough is perhaps the most knowledgeable practicing medical doctor in the country on Covid-19.

Dr. McCullough has served as the Vice Chief of Internal Medicine at Baylor University and as a Professor at Texas A & M University. He also holds a Masters Degree in Public Health from the University of Michigan.

Dr. McCullough has been managing the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine in his office in Texas and by consulting around the world.

Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection,” the first synthesis of sequenced multi-drug treatment of ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and subsequently updated in Reviews in Cardiovascular Medicine.

Dr. McCullough has almost two years of dedicated academic and clinical efforts in combating the SARS-CoV-2 virus. In doing so, he has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases and is considered among the world’s experts on COVID-19.

He has 51 peer-reviewed publications on the Covid-19 virus and has commented extensively on the medical response to the pandemic in many forums. On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, New Hampshire Senate, and South Carolina Senate concerning many aspects of the pandemic response.

In addition to his recent work on Covid-19, Dr. McCullough has served as President of the Cardiorenal Society of America, Editor-in-chief of Reviews in Cardiovascular Medicine, Senior Associate Editor of the American Journal of Cardiology and an Editor of Cardiorenal Medicine, a Swiss-based journal. He is one of the most published authors of scientific articles in the country with a total of over 650 publications in the National Library of Medicine.

Among other things Dr. McCullough is prepared to testify to the following:

1. That “Natural Immunity” from prior Covid-19 infection is strong and long-lasting and superior to any immunity produced by the mRNA gene therapies which tend to rapidly lose their effectiveness.
2. That those who take the mRNA vaccines and any subsequent booster shots are still able to contract and spread the virus at about the same rate as the Unvaccinated who do not enjoy “Natural Immunity.”
3. That re-infection of those with “Natural Immunity” is very rare or perhaps non-existent, and those who are diagnosed with re-infection are in almost all cases the result of faulty PCR tests giving false positives.
4. That deaths “from” Covid are over-reported because of a perverse government reimbursement system that rewards Doctors and Hospitals for wrongly classifying deaths “with” Covid-19, in which the actual cause of death is something else, as deaths “from” Covid-19.
5. What safety signals the Vaccine Adverse Event Reporting System (VAERS) is sending.
6. Why the VAERS system only gets a small fraction of the actual number of adverse events reported to it, due to difficulty of using the system, Doctors and nurses not even

being aware of the system or the requirement to make reports, and hospitals actually discouraging personnel not to make reports.

7. As a trained epidemiologist, he can testify how the Bradford-Hill criteria can prove that many of the deaths and serious injuries reported on the VAERS system actually are caused by the Covid-19 vaccines. He can also discuss autopsies that have been performed on those suspected of dying from Covid-19 vaccine reactions.

8. That up to 80% of real Covid-19 deaths could be prevented by treating the disease before hospitalization is needed.

9. That effective drugs that could be used in early treatment such Hydroxychloroquine and Ivermectin, and others, have been systematically suppressed by government agencies and medical authorities.

10. That he believes this was intentionally done so that the mRNA gene therapies could get an Emergency Use Authorization (EUA), which wouldn't be allowed if there was an effective alternative treatment.

11. That even discussion of the possibility of such alternative treatments has been ignored by the Main Stream Media and actively censored by high tech media companies such as Google, YouTube, Facebook, Twitter etc. In fact, the Doctor himself has been banned from most of those platforms.

12. That big pharmaceutical companies, government agencies, medical organizations and the media have promoted propaganda about Covid-19 and the mRNA vaccines that is patently false.

13. Will explain why the most egregious pieces of the disinformation deployed are untrue and misleading, such as:

A. *The mRNA gene therapy is effective.* In fact, it's effectiveness is very limited, fades quickly and it may cause more problems with side effects than it solves, especially among younger people. Also the touted effectiveness is a "relative" risk reduction not an "absolute" one. For example, if there were 2,000 people in a clinical trial with 1,000 getting the vaccine and 1,000 getting a placebo, if 1 person in the vaccine group got the virus and 2 person in the placebo group also got it, the "relative" effectiveness would be considered to be 100%. The "absolute" effectiveness, however, would only be .001%, the difference between .002% getting it in the placebo group and .001% getting it in the vaccinated group. By such mathematical legerdemain the public is lead to believe that the vaccines are much more effective than they actually are.

B. *The mRNA gene therapy is safe.* The Vaccine Adverse Events Reporting System (VAERS) maintained by the CDC, has already reported, as of this filing, that over 20,000 deaths and almost 1 million serious injuries suspected of being caused by the Covid-19 vaccines in the United States alone and these numbers are thought to be greatly underreported.

C. *No one has died from the mRNA gene therapy.* Using the well known Bradford-Hill Criteria to analyze the VAERS database, it is possible to prove that many of the reported deaths and serious injuries were likely caused by the vaccines. Also autopsies performed on people who have died after Covid-19 vaccines have shown that the vaccine caused the death.

D. *The current wave of new infections is caused by the Unvaccinated.* This is impossible since a large percentage of the Unvaccinated have "Natural Immunity," and thus are unlikely to infect anybody, and those who don't, do not infect people at any greater rate than the vaccinated.

*E. The Pfizer vaccine currently in use is ‘Fully Approved’ by the FDA.*

In fact, all mRNA gene therapies are currently being given under Emergency Use Authorizations (EUA) and are experimental treatments which can not be legally coerced. The drug manufacturers do not want to use a FDA approved vaccine because then they would lose liability protection afforded to EUA drugs. Further, by law, if the Pfizer vaccine were actually “approved”, the use of all other EUA vaccines would have to be discontinued.

14. That the stigmatizing of the Unvaccinated has caused many to avoid needed medical tests, screenings and examinations, which will compounds health problems in the future.

15. That some Doctors are discriminating against the Unvaccinated in the treatments they offer, and have even refused needed certain medical treatment based on vaccination status.

16. That there is troubling evidence that the artificially generated “spike proteins” tends to accumulate in many dangerous places, including the reproductive organs of both men and women and may affect future fertility and successful child bearing, not to mention the unknown effects on the children of vaccinated parents.

17. That up to 85% of the spreading of the virus occurs in private homes because it requires prolonged contact with an infected person to catch the virus.

(The Plaintiff requests the opportunity to call additional expert witnesses who will testify to the same facts if Dr. McCullough’s busy schedule can not be accommodated.)

December 27, 2021

By  
s/Michael Corrin Strong

Plaintiff, Pro Se