

https://www.thedesertreview.com/the-ivermectin-deworming-hoax---part-iii-poison-control-exposed/article_a553b7f2-1a31-11ec-881a-a7df53e98d65.html

The Ivermectin Deworming Hoax - Part III: Poison Control Exposed

by Justus R. Hope, MD
Sep 20, 2021



The most courageous physician, Dr. George Fareed

A 2019 survey of young Russians reflected worsening levels of trust for Putin's Regime. Some 50 to 60 percent of poll respondents said they "did not trust at all" or "rather not trust" their mayor, the church, and Russian state media. Moreover, those who trusted least tended to be better educated and more connected with those outside of Russia.

<https://carnegieeurope.eu/2019/09/06/young-russians-are-losing-trust-in-putin-s-regime-and-thinking-of-leaving-country-pub-79806>

In a 2021 report from Reuters Institute for the Study of Journalism at Oxford, the United States ranked last in media trust at 29% among 92,000 consumers surveyed in 46 countries.

<https://www.poynter.org/ethics-trust/2021/us-ranks-last-among-46-countries-in-trust-in-media-reuters-institute-report-finds/>

One focus group member reported, "I've consumed less TV and radio because if it's consistently COVID, COVID, COVID, or consistently political fluff, then I just turn it off."

<https://reutersinstitute.politics.ox.ac.uk/digital-news-report/2021/dnr-executive-summary>

WebMD reported that trust in the CDC and FDA took a beating during the pandemic, especially among health care professionals. While 45% of general WebMD readers trusted the CDC, just 31% of the doctors and only 25% of the nurses did.

Nearly 60% of doctors and 65% of nurses disagreed with CDC's Pandemic guidance, while only 39% of the general readership questioned it.

A physician commented about why. "They flip flop daily on masks and which vaccine is safe," was a doctor's comment. He reported, "Sadly, I no longer feel I can trust them at all."

The theme seems to be education—medical professionals who have studied health care science distrust the CDC more than general readers.

<https://www.webmd.com/lung/news/20210609/trust-in-cdc-fda-took-a-beating-during-pandemic>

Perhaps it is as simple as the mechanic who takes the family car to a repair shop. He is not as likely to get cheated as the college student who blindly accepts the verdict that an expensive repair is "necessary."

When a repair shop tells the student that the alternator is "out," he may trust the shop. But, on the other hand, the mechanic might insist on test results of the alternator first - and find that only the battery needs to be replaced - at far less cost.

Many of the most medically educated have caught the CDC and FDA in doublespeak, yet their questioning has been discouraged.

If an auto mechanic can easily spot the deception of an unscrupulous car repair shop, then a Harvard-educated Virologist and former researcher at the NIH would be in an ideal position to catch the CDC or NIH in a lie.

Dr. George Fareed is that doctor. Having graduated with honors from Harvard in 1970, he quickly rose to a young assistant professor at that institution and later worked in genetic recombinant DNA research. He worked briefly at the NIH. He was named the CMA California Rural Physician of the Year in 2015 for his excellence in treating patients.

Early in the Pandemic, he innovated a repurposed drug treatment that saved his community's patients with almost 100% effectiveness. He wrote an open letter to Dr. Anthony Fauci to inform him to no avail.

https://www.thedesertreview.com/opinion/letters_to_editor/local-doctor-pushing-proven-treatment-of-covid-into-national-debate/article_ca59497a-c539-11ea-8943-4f707d6ebc1a.html

By the fall of 2020, he and his associate, Dr. Brian Tyson, together had treated nearly 2,000 patients with this repurposed drug cocktail. They lost only one individual - and that person had come to them late - who had not received the full early treatment protocol. This account is legendary and has been published in multiple articles, books, and reviews. It is known as "The Miracle of the Imperial Valley."

https://www.thedesertreview.com/opinion/columnists/doctors-story-of-light-and-life-the-covid-19-darkness-overcome-part-i/article_5ae16f0c-f614-11eb-8351-cf0d67e94c25.html

<https://www.amazon.com/Surviving-Cancer-COVID-19-Disease-Repurposed/dp/0998055425>

This month, Dr. Fareed testified before the Italian Senate in Rome, Italy, and discussed this experience. He and Tyson have now treated a total of some 7,000 COVID patients.

Dr. Fareed explained that patients can almost always be saved when they start the early treatment cocktail within the first five to seven days of symptoms.

"We have now treated over 7,000 patients, and there has not been a single death in patients treated within the first five to seven days of the onset of symptoms. NOT A SINGLE DEATH. This (series) includes patients with multiple co-morbidities as well as patients in their nineties!"

https://www.thedesertreview.com/news/local/dr-fareed-addresses-italian-senate-at-covid-summit/article_75ef29c2-16ff-11ec-9560-1b32c7c0d4a0.html

The science behind Drs. Tyson's and Fareed's protocol was published in August 2020 in the prestigious American Journal of Medicine.

Yale School of Public Health professor Dr. Harvey Risch and Baylor's Dr. Peter McCullough published a scientific review of this early outpatient treatment protocol, entitled "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection."

[https://www.amjmed.com/article/S0002-9343\(20\)30673-2/fulltext](https://www.amjmed.com/article/S0002-9343(20)30673-2/fulltext)

Dr. Fareed was clear in his testimony at both the US and Italian Senates:

"No one needs to die from COVID-19."

Perhaps the one physician in the United States who has directly treated more COVID patients than any other individual is also the most credible. He has no financial conflicts of interest. He has no reason to bend the truth.

However, the same cannot be said for Dr. Anthony Fauci, who does not directly treat patients with COVID. Dr. Fauci is not a front-line doctor; he is a bureaucrat.

The CDC, FDA, and NIH agencies are, in essence, for-profit divisions of the pharmaceutical industry. Due to the patent laws, the researchers receive royalties from vaccines and treatments like Remdesivir, and the institutions also receive massive incomes.

https://www.thedesertreview.com/opinion/columnists/gaslighting-ivermectin-vaccines-and-the-pandemic-for-profit/article_19f42a96-05c5-11ec-8172-d776656bad51.html

In addition, the WHO is also a "captured" organization as its funding derives from relatively few sources, all of whom are biased in favor of vaccines. It should come as no surprise that these financial incentives work against ALL repurposed drugs, those medicines FDA-approved as safe to treat other diseases but old and off-patent so they make very little money.

When experts like Drs. Fareed and Tyson discover a cheap solution that works 100% against COVID-19, Big Pharma, and the Big Regulators at CDC, NIH, and FDA will do what is expected to protect their profits. They will do exactly what Big Tobacco did successfully for many years. They will mount massive PR campaigns to flood the media with propaganda about why these repurposed drugs will not work. Despite no evidence such drugs are unsafe, they will be creative and manufacture misinformation about safety issues, shortages, poison control calls, or anything else to scare the public away from their use.

It is because Big Pharma cannot let a good Pandemic go to waste.

Dr. Fareed's early cocktail employed a combination of hydroxychloroquine, azithromycin, and nutraceuticals, including zinc, vitamin D, and C. He explained this in his remarks in Rome,

"Eighteen months ago, in March 2020, I, along with my colleague Dr. Brian Tyson, began treating COVID-19 patients early in the course of the disease with a combination of medications, initially primarily hydroxychloroquine and azithromycin or doxycycline, and nutraceuticals including zinc, vitamin D and C.

As Dr. McCullough explained, medications such as hydroxychloroquine act as ionophores to allow zinc into the cell to interfere with viral replication.

As time progressed, so did our treatment, and we added drugs such as Ivermectin, fluvoxamine, and monoclonal antibodies, as well as aspirin and budesonide (steroid) to treat the other aspects of the disease."

https://www.thedesertreview.com/news/local/dr-fareed-addresses-italian-senate-at-covid-summit/article_75ef29c2-16ff-11ec-9560-1b32c7c0d4a0.html

To put Dr. Fareed's results in perspective, his county, Imperial, located in Southern California, has experienced 30,000 total COVID-19 cases and 750 deaths. Drs. Fareed and Tyson treated over 20% of them, some 7,000 patients, and simple mathematics would have predicted their group would have had their share, or 150, of these deaths. Arguably they had one casualty. Thus, they saved at least 149 patients or 99% with their protocol. Had the United States adopted it when Dr. Fareed advised the United States Senate on November 19, 2020, we could have saved 500,000 of the 650,000 deaths that occurred after his announcement.

However, many consumers, especially those who do not study medicine, will trust what the government agencies preach through the media. As a result, many will fall prey to the disinformation campaign perpetrated by Big Pharma.

What is the best way to notice when the media are being deceptive?

First, notice who precisely is delivering the message and whether they hold conflicts of interest. For example, Dr. Scott Gottlieb is a former FDA commissioner. He also serves as a member of Pfizer's Board of Directors. Therefore, he is not an unbiased person when it comes to advice on the vaccine. His opinions might be genuine; however his financial conflict of interest is so great, one cannot fully trust that opinion. If all other things are equal, I would therefore get vaccine advice from another source.

All physicians know that HCQ has been safe and widely used for decades in Rheumatoid Arthritis and Lupus patients. Cardiologists like Dr. Peter McCullough testify that it DOES NOT damage the heart; however, that did not stop the publication of fraudulent studies designed to scare people away from it. The Lancet published such a scare and later retracted it.

<https://www.tctmd.com/news/retracted-over-fraud-concerns-surgisphere-acearb-study-still-gets-cited>

I don't know about you, but when someone lies to me, I don't trust them in the future. The same should go for medical journals and their authors.

Consider this: We were recently deceived about Ivermectin being a poisonous horse de-wormer causing emergency rooms to back up with overdoses. That story was false. The CDC-affiliated Poison Control Centers across our nation seem to be more in the service of the anti-repurposed drug propaganda than for the public interest.

https://www.thedesertreview.com/opinion/columnists/the-great-ivermectin-deworming-hoax/article_19b8f2a6-0f29-11ec-94c1-4725bf4978c6.html

<https://www.foxnews.com/media/rolling-stone-forced-issue-update-after-viral-hospital-ivermectin-story-false>

Our news continues to be flooded with Ivermectin poison-control propaganda, which is why we trust our news less than people in 46 other countries. We still see ten monthly Ivermectin telephone calls making the news by these "Poison Control Centers," when Tylenol accounts for 100,000 annual poison control telephone calls, 56,000 annual emergency room visits, and 500 deaths per year. If the public interest were the priority, Tylenol warning articles would swamp the Ivermectin ones.

<https://pubmed.ncbi.nlm.nih.gov/15239078/>

One should always wonder why Tylenol is never mentioned, yet is 100 times more likely to harm someone than Ivermectin.

The answer is that the message is not about the public interest. Instead, it is about protecting Big Pharma's pipeline of new drugs from the competition, by Ivermectin. Dr. Daniel E. Brooks of the Banner Poison Control Center has been particularly vocal about his warnings on Ivermectin. On September 15, 2021, The Arizona Republic quoted Dr. Brooks,

"We are very concerned that people are using this medication inappropriately because we don't know what dose they are using. We don't even know what product they are getting their hands on."

The report continues,

"Arizona's largest health system is warning the public against using the antiparasitic drug ivermectin to treat or prevent COVID-19...Misuse of Ivermectin has led to 30 calls managed by Banner Health's Poison and Drug Information Center this year, including 10 cases in August, according to data from the Phoenix-based nonprofit health system."

<https://www.azcentral.com/story/news/local/arizona-health/2021/09/15/banner-health-warns-against-using-ivermectin-treat-covid-19/8355323002/>

Ten telephone calls in August is enough to sound the alarm.

But perhaps most revealing is that Dr. Daniel Brooks is the same poison control doctor that also warned Americans last year about the "dangers" of hydroxychloroquine. However, on that occasion, he was not trying to confuse veterinary drugs with human; instead, he confused cleaning agents with appropriate medical prescriptions.

One year ago, he equated appropriately prescribed hydroxychloroquine with the industrial-strength chloroquine, an ingredient found in Aquarium Cleaner. Coincidentally, Dr. Brooks cared for a couple who apparently drank a toxic Aquarium cleaner, with the man dying and the woman becoming seriously ill. Because the cleaner contained the chemical, chloroquine, Dr. Brooks took the opportunity to warn people against taking the prescription version of the drug – usually prescribed as hydroxychloroquine, a safer drug than chloroquine.

According to Dr. Daniel Brooks, Banner Poison and Drug Information Center medical director, "The additive ingested had the same active ingredient as the prescription drug chloroquine used to prevent and treat malaria, but it's formulated differently."

<https://6abc.com/6045150/>

In both cases, media can successfully frighten a non-medical consumer away from the drug, even though the technique amounts to thinly-veiled propaganda.

Perhaps if we learned more about Dr. Daniel E. Brooks, we might better understand why he seems to confuse appropriately-prescribed repurposed drugs with toxic cleaning compounds or veterinary preparations. Perhaps there is a method to his seeming madness. Dr. Daniel Brooks has coincidentally been one of the lead authors of the Annual Report of the American Poison Control Centers' National Poison Data System (NPDS).

<https://pubmed.ncbi.nlm.nih.gov/33305966/>

<https://www.tandfonline.com/doi/pdf/10.1080/15563650.2017.1388087>

Far from being an obscure Arizona Poison Control Doctor who heads the Banner Poison Control Center, he appears to now be a leader of our nation's 55 poison control centers which are heavily affiliated with - you guessed it - the CDC.

<https://www.ncbi.nlm.nih.gov/books/NBK537316/>

Dr. Brooks co-authored a paper for the CDC, which reviewed the dangers of methanol-containing hand sanitizers. In his report, published August 14, 2020, hand sanitizer caused four deaths. TrialSite news reported on this. See mark 6:00.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e1.htm>

<https://youtu.be/HkLVnvN-Sb8>

TrialSite analyzed the data on the 1,143 Poison Control Calls involving Ivermectin from January 1, 2021, through August 31, 2021. They found that only 22% of these telephone calls reported any material or significant effect. See mark 4:20.

The remaining 78% were labeled as "no problem" or "not sure" and thus required no follow-up. Therefore, fully 754 out of the 1143 calls were classified as no effect, minimal or non-toxic, requiring no action. See mark 4:50.

Another 137 calls were classified as potentially toxic but with no follow-up. Only 11 calls of 1143 were classified as severe, about 1%. None of these were due to "self-medication" or the use of the animal version of the drug. See mark 5:00.

To be clear, none of the 1143 Ivermectin-related telephone calls made to Poison Control across the United States from January 1, 2021 through August 31, 2021 dealt with a severe reaction to veterinary Ivermectin. NONE. Yet, if you read the media reports, you would be led to believe this

was a significant problem. IT ISN'T.

However, it is informational flooding propaganda.

https://dash.harvard.edu/bitstream/handle/1/12274299/Roberts_gsas.harvard_0084L_11469.pdf?sequence=1

The Ivermectin deworming hoax continues in poison control article after article and lie after lie. My exposing it has nothing to do with politics as they – Big Pharma and Big Media - would have you believe. The Desert Review and Justus R Hope have now been the subject of “fact-checkers.” However, I source my material, and my readers are free to check these for themselves. That is far more than the “fact-checkers” do.

<https://mediabiasfactcheck.com/the-desert-review-bias/>

According to Poison Control's records, no one was hospitalized from taking veterinary Ivermectin through August 31, 2021. No one died from Ivermectin, making the alcohol-containing standard hand sanitizer a MUCH more dangerous product. See mark 6:15.

One must ask why Dr. Daniel E. Brooks, our poison control czar and author of the CDC hand sanitizer report, would fail to emphasize this to the media, given the widespread use of hand sanitizer. At the same time, we are carpet-bombed daily with “poison control animal ivermectin” warnings. TrialSite suggests there might be an agenda. See mark 6:30.

<https://youtu.be/HkLVnvN-Sb8>

Maybe it is because hand sanitizer does not represent competition to Big Pharma as repurposed drugs do.

https://www.thedesertreview.com/opinion/columnists/the-great-ivermectin-deworming-hoax/article_19b8f2a6-0f29-11ec-94c1-4725bf4978c6.html

But, clearly, based on the factual poison control call data, it has nothing to do with anyone taking veterinary Ivermectin.

Dr. Brooks and Banner figure heavily in the coordinated media campaign against both Ivermectin and HCQ. Dr. Brooks made seemingly contradictory remarks on HCQ last year, similar to the tactics against Ivermectin today.

Brooks is quoted as saying the drug is so dangerous that no one should be taking it outside an intensive care unit.

"No one who's outside an intensive care unit with a known diagnosis of COVID [-19 should] be taking this medication," said Dr. Daniel Brooks of Banner Health.

<https://wjla.com/news/coronavirus/doctors-warn-consumers-about-dangers-of-taking-medications-touted-by-president-trump>

However, Brooks failed to warn patients with long-standing Rheumatoid Arthritis or Lupus that they should avoid taking daily their HCQ pills outside an ICU.

He even acknowledged that physicians were ordering the drug for themselves. He reported that it was "immoral" to do so.

According to an article published in ProPublica, "Daniel Brooks, the medical director of the Banner Poison and Drug Information Center in Phoenix, said it was "immoral" for physicians to hoard the medications."

<https://www.propublica.org/article/doctors-are-hoarding-unproven-coronavirus-medicine-by-writing-prescriptions-for-themselves-and-their-families>

This comment begs the question - why would it be immoral for a physician - to obtain a repurposed drug for himself or his family - when his knowledge of science tells him it is safe and effective?

The drug is either dangerous and not subject to hoarding, or it isn't. Unfortunately, Brooks cannot have it both ways. Perhaps Dr. Daniel E. Brooks, that purported spokesman for all that is good and decent in American poison control, is not the authority on morality.

However, Dr. Brooks went on,

"One should not be selfish and scared, especially medical providers," he said. "I find it incredibly embarrassing and unfortunate that physicians appear to be prescribing these medications inappropriately."

However, when Dr. Fareed or Dr. Tyson save a patient's life with Ivermectin or HCQ, no one can describe this as selfish.

Selfish would be condemning a safe drug for financial gain. Selfish would be maligning a repurposed drug like HCQ to promote the interests of Big Pharma at the cost of 500,000 American lives. Finally, selfish would be sowing the seeds of doubt on life-saving drugs at the behest of Big Regulators.

<https://trialsitenews.com/is-the-ivermectin-situation-rigged-in-favor-of-industry-is-the-big-tobacco-analogy-appropriate/>

Since Dr. Brooks re-iterated the FDA party line on HCQ in March of 2020, more than half a million Americans who could have been saved with Dr. Fareed's protocol have died.

Now we hear the same tune played again by a different band. But now, we are accused of being selfish about Ivermectin. Last year we were informed that Lupus and Rheumatoid arthritis patients faced shortages of getting their HCQ.

We are now told that animals cannot get their veterinary Ivermectin, which is compromising their health. Never mind that filling valid medical prescriptions should not affect animal supplies.

<https://www.actionnewsjax.com/news/local/animal-supply-stores-report-shortage-livestock-dewormer-people-self-medicate-covid-19/APOGTTT4FBH2NEQ6XHR6B6UOPE/>

We also read that pharmacies are experiencing shortages of Ivermectin, causing the pharmacists to refuse to fill them. However, in truth, Ivermectin is widely available everywhere. Pharmacists have no legal right to refuse to fill a valid prescription for Ivermectin.

Nicki Chopski, the Director of the Idaho Pharmacy Board, said, "I think pharmacists, the expectation is that they will review the literature, they will look at all the valid studies that are available, all the information that's out there, and use their best clinical judgment to make a decision."

https://www.postregister.com/news/local/ivermectin-disappears-from-pharmacies-amid-health-warnings-but-its-due-to-demand-based-shortage/article_a6637033-6f86-5250-8c82-7a8b6aaef6c1.html

However, that is not quite an accurate statement of the law. While a pharmacist may notify a physician that his prescription contains the wrong dose or strength, a pharmacist may not exercise their independent judgement to override a doctors safe, appropriate and valid prescription for a non-controlled medication simply because they do not agree with his use of it for COVID-19.

It is not the province of a pharmacist to research the clinical appropriateness of medical treatment.

Dr. Fareed reports this has been occurring daily for months. Pharmacists continue to refuse to fill his valid prescriptions for HCQ and Ivermectin without any legal authority.

"It's a real tragedy," Fareed reports.

However, the truth of the matter is that there is no shortage of Ivermectin. On the contrary, it costs mere pennies to make the drug, and it can be ordered cheaply and immediately by the tons, according to Dr. John Campbell.

Dr. Campbell reported that in Australia, the government has noted, "There has been a 3-4-fold increased dispensing of Ivermectin prescriptions in recent months, leading to national and local shortages for those who need the medicine for scabies and parasite infections."

The Australian government explained that the lack of Ivermectin caused shortages for "affected groups" such as the Aboriginal population, presumably for parasitic diseases.

Campbell offered his comment, "In India, they make this stuff by the thousands of kilograms. It is readily available everywhere. If the Australian government can't work out how to buy a few Ivermectin tablets, I'm a bit concerned for everyone in Australia." See mark 13:45.

https://youtu.be/_gndsUjgPYo

I find it amazing that the United States never seems to have a problem supplying endless amounts of Remdesivir, a drug that fails to save lives, and a drug with a price tag of \$ 3,100. However, they cannot seem to be able to email an order for cheap Ivermectin, which can be delivered to any United States pharmacy by the next day. See mark 16:30.

https://odysee.com/@FrontlineCovid19CriticalCareAlliance:c/FLCCC-WEBINAR-091521_Pharmagedon:7

The bottom line is that Americans are losing their rights to medical care within an increasingly totalitarian medical system. When you can no longer fill a prescription written by your physician, something is wrong. When you can no longer choose a cheap repurposed drug to save your life from COVID-19 or cancer, that is what is immoral.

<https://www.amazon.com/Surviving-Cancer-COVID-19-Disease-Repurposed/dp/0998055425>

Fortunately, increasing legal challenges are underway. Advocate Dipali Ojha, head counsel for the Indian Bar Association (IBA), leads the effort. The IBA sued WHO Chief Scientist Dr. Soumya Swaminathan on May 25, 2021, accusing her in a 71-point brief of causing the deaths of Indian citizens by misleading them about Ivermectin.

https://www.thedesertreview.com/opinion/columnists/indian-bar-association-sues-who-scientist-over-ivermectin/article_f90599f8-c7be-11eb-a8dc-0b3cbb3b4dfa.html

The IBA has filed further legal proceedings, including naming Dr. Tedros, the Director-General of the WHO, for vicarious liability for the acts and omissions of Dr. Swaminathan. On June 7, 2021, Dr. Swaminathan engaged in a second tweet that Ojha considered contempt of court, which was the thrust of the second legal cause of action. See mark 31:40.

<https://youtu.be/eD9BYCYwsUI>

The IBA holds that Dr. Swaminathan engaged in a disinformation campaign to serve the interests of Big Pharma at the expense of a great many Indian lives. Part of this was a May 10, 2021 tweet made by Dr. Swaminathan that posted a statement from Merck.

Ojha maintains this tweet suggests a nexus between the WHO and Big Pharma, which is improper and illegal. In particular, the state of Tamil Nadu relied upon this tweet to abandon their planned use of Ivermectin, and subsequently, their state experienced a record rise in COVID cases and deaths.

<https://www.amazon.com/Ivermectin-World-Justus-R-Hope/dp/1737415909>

In a recent interview, Advocate Ojha discussed human rights, bias, and capture by the WHO. She noted that the FLCCC, in their public statement of May 12, 2021, described how the WHO failed to analyze the numerous studies on Ivermectin properly. Ojha explains these are issues of life and death. If inherent bias is why the WHO is against Ivermectin, it would be actionable and could result in liability for these deaths. The WHO has not replied; however, Ojha notes that Swaminathan immediately deleted the inculpatory tweet. See mark 9:30, mark 10:10, and mark 12:00.

<https://youtu.be/eD9BYCYwsUI>

Advocate Ojha expressed great appreciation that her country of India allowed Ivermectin use as it has been banned in many other parts of the world. It remains in the national protocol under ICMR and AIIMS guidelines. During the interview, the moderator noted that there existed a media

blackout on Ivermectin. See mark 21:30 and mark 24:00.

Finally, Advocate Ojha raised the additional issues of vaccine mandates and the human right to choose medical treatment. See mark 40:50. The Indian Bar Association has entered an epic battle against monstrous and corrupt organizations. Courageous people, like Drs. George Fareed, Brian Tyson, and Advocate Dipali Ojha are vital forces of morality in our dark world at this crucial moment.

As Dr. Fareed put it,

"This is a time that calls on the greatest of human attributes - courage. Everyone here must understand that we are in the greatest fight of our lives - when doctors are prevented from treating their patients with life-saving medicine, we know that something sinister is going on."

Dr. Justus R. Hope, writer's pseudonym, graduated summa cum laude from Wabash College where he was named a Lilly Scholar. He attended Baylor College of Medicine where he was awarded the M.D. degree. He completed a residency in Physical Medicine & Rehabilitation at The University of California Irvine Medical Center. He is board-certified and has taught at The University of California Davis Medical Center in the departments of Family Practice and Physical Medicine & Rehabilitation. He has practiced medicine for over 35 years and maintains a private practice in Northern California.