Jan 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee,

Medicine is not a “perfect science“ ,science is about asking questions and re-evaluating and re-assessing. It’s called a medical “practice“ for a reason. The practitioner looks at you as an individual not as a group. Excellence in medicine strives to deal with each person with unique problems like a unique puzzle and to provide the care that is just for that person. We are all uniquely created by God. What is the oath of medicine… “To do no harm”. Government should not mandate a “one size fits all” care plan. The government should not interfere in the practitioner patient relationship. How will this thinking affect you and affect me?

If you allow government to control the patient provider relationship you will stop real and true medicine and true science.

I am in favor of the bill which will protect Dr.s, PAs, NP‘s, pharmacist, etc. from having their hospital privileges revoked, and or their license to practice revoked.
Fighting for a free practitioner patient relationships,

Bernadette Maddock ,citizen and an RN
Overland Park, Kansas
District 3

January 22, 2022

Lois E. Madsen
32964 Primrose Rd
Paola, KS 66071
Miami County
KS Senate District 35

RE: Proponent of Bill 22rs2702.

Honorable Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am a PROPONENT of Bill 22rs2702.

I have been a proud Kansan (by choice – having moved from Los Angeles, CA) for 16 years. I chose my state in part, for its state motto … "Always a Free State". Although the motto harkens to pre-civil war days, it remains true today. I left what some call "Nazi-fornia" due to discomfort with "nanny-state" intrusions into the lives of every day capable Americans and government failure to safeguard the rights of Californians. The state of Kansas strives to maintain the freedoms of its citizens as non-intrusively as possible. Government for the people by the people.

Regardless of what one believes about the Covid-19 Pandemic source, it's a real illness. I have now survived two bouts of it:

- January 2019 – (having spent three weeks in CA,) and
- December 2021.

In both occurrences, I did not seek traditional medical intervention. Instead, I used homeopathic remedies. Praise God, I am fully recovered.

I did not consult my family physician, in whom I have great trust, because I knew his practice to be limited by CDC government requirements. He was not free to offer me alternatives to CDC specifications, homeopathic or otherwise. He could not look at my medical history and customize a treatment plan for my course of illness which would be most efficacious and aligned with my other health issues.

If abortion, which I view to be murder, is subject to the consultation between a women and her physician, how is the treatment for a coronavirus to require government intervention?

Please vote yes on Bill 22rs2702.

Sincerely,

Lois E. Madsen
Concerned Kansan

WRITTEN TESTIMONY ONLY

January 23, 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am retired from 39 years in health services. During these years, the medical staff, including my personal physicians, have always honored "informed consent" by patients who elected to proceed or decline procedures, medications, therapies, and vaccines. It was in our patient bill of rights.

I, and my children, have had many vaccinations since childhood. However, I became unable to take flu vaccines approximately four years ago after experiencing side effects that resulted in pneumonia in two different seasons. This occurred even though I had taken the pneumonia vaccine series. Other members in my family have had side effects from medications and vaccines that have been difficult to overcome.

I, and six members of my immediate family, recovered from covid illnesses which began in July 2020 and lasted through January 2021. Several had positive test results and some were sick, with classic symptoms, yet had negative test results. Each of the six individuals recovered while in home quarantine by following recommended therapeutic protocols. One patient (on insulin) suffered a severe covid rash for 4 months during which time Prednisone, Benadryl and topical ointments failed. The patient could not sleep and was in constant pain until a physician put her on Ivermectin. She cleared in a month and is still clear over a year later. The rest of the family's health status has remained stabilized using therapeutic protocols.

In January of 2022, following exposure to vaccinated people (who were experiencing viral symptoms), three of my family began having viral symptoms. We benefited quickly from the use of Ivermectin. Within 24 hours after taking "one" Ivermectin tablet, my lungs opened up and the rattle and wheezing ceased. My oximeter went from 91 to 94 and eventually to 97 within 48 hours. I have a past history of COPD so this was amazing. One week on the Ivermectin protocol resulted in elimination of the inflammatory process that was attacking my upper respiratory system. To date, I am well and back doing my daily routines. The same good results occurred with my other family members who were on the Ivermectin and nutrition protocol.

We stand behind the bill allowing our physicians to return to prescribing therapeutic medications that have been FDA approved and established as safe medications for decades. We also stand behind the right to "informed consent" to accept or decline medications and/or treatments that we deem dangerous to our bodies.

Sincerely,

Vonda Mailen
Lawrence, Douglas, Kansas
SENATE DISTRICT 2

Written testimony only

January 22, 2022

In support of Bill 22rs2702

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I wanted to write this letter so that you could know the importance of early treatment especially with Covid. I am currently recovering from Covid as well as my husband. Personally, I have a fairly good immune system, but my husband completed chemo about 8 weeks ago. I am thankful that my doctor was on board with early treatment. My husband's doctor unfortunately is not in favor of early treatment. He is about 9 days in & we just had a bit of a scare with a high fever & low 02 sat. We reached out to a doctor that did get him some treatment. Hopefully, it's enough to prevent hospitalization. I have turned the corner & I'm confident I will be completely healed and back to work within a few days. I hope that I can say the same for my husband. It has been a rough 2 years & I have almost lost him twice already. I can't handle losing him.

I am also a nurse. I've never seen an instance where we didn't treat a patient early. If a patient had symptoms of influenza, we wanted them to come into the office to be tested ASAP because if the med like Tamiflu wasn't started early it wouldn't work as well. Then the patient would be at risk of getting extremely ill. This has been so confusing. Never in my 27 years of nursing have I seen the medical community told to not treat early or be afraid to see a patient.

Another example would be when my daughter was sick a month or so ago. She had been exposed to strep at work. She had a bad headache & very sore throat. These are classic strep symptoms. She called her doctor to get a strep test. Her doctor wouldn't see her for 48 hours. The doctor wouldn't even let her come in to get a strep or covid test. If she had strep or covid, she could have been very sick by the time she was tested. Fortunately, she found a minor emergency center that treated her. Again, I've never seen anything like this. When has a doctor refused to see a sick patient. My daughter is currently in the market for a new doctor.

I have seen too many deaths in the past 2 years & I'm exhausted. I can't imagine how exhausted nurses & doctors that are working in the hospital are. This needs to stop & you could make it stop by allowing doctors to do what they took an oath to do without being fearful of losing their license.

Thank you for your consideration,

Sue L. Maize, Sedgwick, KS
KS Senate District 31

Will and Elspeth Malcolm

Baldwin City, KS

Senate District 3

January 24, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Physicians have taken up the Hippocratic oath to do no harm, so as a patient this elicits confidence that my physician will discuss with me any and all possible treatments solely for the purpose of my health. Restricting what my physician can discuss and prescribe for me would irrevocably destroy the physician's ability to treat with the integrity and care that they bring to their position of service, and in so doing would minimize their job to nothing more than a robotic regurgitation of "approved" treatments. This would destroy true human care in the medical field. The best physicians we have ever worked with have always shown the qualities of being open to discuss health situations and how to treat them by any possible means, as restoring our health was the complete goal.

It is imperative to recognize that the doctor patient relationship is a sacred relationship. Much like a pilot refers to their passengers on their aircraft as souls, pilots understand that they are carrying immensely precious cargo, human lives. As a patient, we place our lives in the hands of these board certified, and licensed professionals with the understanding that the first thing and the most important thing that they care about, is me and preserving my health through the utmost quality care. In the process of caring for someone, we all love when an ailment is easily resolved with a standard of care treatment but this isn't always the case, especially in chronic illness. In chronic illness, doctors need to have the flexibility and adaptability to utilize the off-label resources to help their patient heal and recover from a chronic illness. Taking away the doctors ability to make the best choice for their patient will cost lives and patients will pay with a substandard quality of life. Please consider protecting our physicians and other professionals ability to properly care for their patients.

Sincerely,

Will and Elspeth Malcolm

January 23, 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I firmly believe that doctors should be able to treat their patients according to their knowledge and what treatment they find is best fit for the situation. We are two years in to this pandemic and there is an abundance of data regarding these treatments work and are safe and effective. The doctors shouldn't have the government standing in their way in delivering the best chance of survival to their patients. Let's work towards ending this and getting life back to normal without the hospitalizations that are unnecessary with early treatment. Please, I urge you to vote yes to Bill 22rs2702.

Sincerely,
Jackie Marsteller
Lenexa, Johnson County, Kansas
District 3

To the Honorable Committee Members:

Please support Bill 22rs2702. Physicians need to be able to treat and prescribe medicines for their patients without outside interference. The privacy between doctors and their patients MUST be respected and protected.

Thank you,

Kathy Martin
859 Valleyview Rd.
Clay Center, KS 67432
785-463-5463
martinkathy@yahoo.com

Written Testimony Only

Jan 24, 2022

In Support of Bill 22rs2702

Mike & Lisa Martin
Goddard, KS
Sedgwick County, KS
Senate District 27

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

We are writing to share our personal testimony regarding Covid and to substantiate our request for Doctors to be allowed to prescribe off-label use of FDA approved drugs for Covid without fear of action by any licensing board.

As with most Kansans, we personally know of people who have been infected by Covid. Of those we know, there have been a wide range of symptoms from mild to death. Lisa's Dad died in December of 2020 due to Covid. At that time, the standard protocol of early treatment was essentially to treat Covid as a normal head cold. If a patient reached the point of severe breathing difficulties, they were to head to the Emergency Room. Information about early treatment with off-label drugs was just starting to become known and shared. We personally were unaware of these treatments. We often wander if Lisa's Dad would have survived had he been treated early. The fact of the matter is, that by the time he was admitted to the hospital, his lungs were already being filling with thousands of small blood clots. It was already too late for the treatment he received at that time.

Because of losing a family member who may have survived with adequate early treatment, we became interested in researching other options for prevention and treatment. In the process, we have learned about vitamins that strengthen the immune system and ivermectin which has proven highly successful at preventing serious outcomes when used early in the sickness. Unfortunately, it is nearly impossible to find a Doctor who is willing to prescribe FDA-approved drugs in an off-label manner. This is principally due to fear of reprisal from licensing boards. In our opinion, this amounts to tying the hands of doctors and preventing them from practicing medicine in the manner they consider most efficacious.
Several months ago, we had another relative who had Covid and was at the point of heading to the ER. We knew of a health professional who was willing to guide him in treatment using the vitamin protocols and prescribe medications as necessary. Soon after being advised on effective home treatments, as well as being given several prescriptions, the brother began to improve.

Since learning about the vitamin protocols to boost immunity, we have been following all recommendations. We have both had Covid without serious complications. For Mike, this is especially a blessing as he is an asthma patient.

We appreciate your time in addressing this bill. We ask you to allow Dr.'s and patients to work together to prevent and treat Covid in the way they mutually decide is best.

Sincerely,

Mike and Lisa Martin
Goddard, KS

January 23, 2022

I am a PROPONENT of Bill 22RS2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:
I am writing on behalf of my Grandmother. She is 76 years old and in good health but came down with Covid on January 4, 2022.
We were more fortunate than many to know about MonocolonalAntibodies. She talked to her doctor months ago to insure if she got Covid he would order them for her. He said he would. But when she got sick, he said "**You're not sick enough. Call me back when you are having trouble breathing. You would never qualify anyway as we don't have any, you're not a cancer patient."**
Being in the top group for Covid complications, age over 65,I can't believe she could not qualify!
As a result, she sat at home, neglected by her doctor as he offered her no advise or help for 2 weeks. Just call me if you get worse and go to the ER. The entire time her oxygen level was in the 80's and receiving no treatment or evaluation from her doctor.
As her oxygen continued to get worse, she ended up in the hospital with double pneumonia leading to a 5-day hospitalization and now dependent on oxygen.
All we hear about is how the hospitals are over run. THESE HOSPITALS AND DOCTORS ARE CAUSING THIS BY FAILING TO TREAT! If my Grandma would have received early treatment and any consultation from her doctor, I am absolutely sure she would have AVOIDED hospitalization.
Just imagine if we did this for everyone! Our hospitalizations would be significantly reduced, and our healthcare system would not be strained. Use Florida as an example!
We are lucky that my Grandma survived. Many don't have that luck!
PLEASE PASS BILL 22RS2702 IMMEDIATELY! SAVE LIVES IN KANSAS WITH ACCESS TO EARLY TREAMENT.
Sincerely,
Mark Mason
Overland Park, KS
Johnson County

January 23, 2022

I am a PROPONENT of Bill 22RS2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

My purpose for writing is out of respect for physicians to use their medical education, experience in treating patients, interacting with colleagues around the globe individually and through society engagements. Physicians are not thinking and solving medical challenges as it pertains to COVID, but rather following protocols set by the CDC and hospital administration. Any objection based on patient evaluation is met with resistance and in some instances, healthcare workers have stopped thinking out of exhaustion and just fall in line even if not right as those decisions are protected by protocols.

Protocols should give suggested guidance but should never come before a physician's sound decision making based on their education and patient evaluation.

When you step back and think about the challenge's hospitals face, they are: Staff shortages, full hospitals, and inflation. If healthcare workers could make their own decisions the answer would be simple: TREAT verse delay or process patients against protocols that aren't effective. That approach is assuming all patients are equal and they are not. Medicine is not one size fits all. The citizens of Kansas deserve the right to rely on physicians to treat their conditions and return them to health. Not all understand the questions they need to ask to protect themselves and their loved ones. While being informed about your care is something all people should prioritize if you are not in the industry it at times can be overwhelming. Kansans should feel comfortable listening to their physicians, reviewing suggested options and providing consent for the recommendations.

Today, delayed treatments are resulting in increased hospital stays and pressure to use costly medication even when not clinically documented to create a positive impact. Hospitals are incentivized for managing COVID patients. Early in the pandemic that was understandable but has become the default to not properly caring for patients. Hospitals used to truly care about length of stay, readmissions, patient satisfaction because they were penalized. Are the penalties for quality of care offset by Covid incentives/protocols?

I am careful not to generalize as there are many doctors and nurses that are trying to do the right thing but challenged every day and, in some instances, so severely, they are leaving their passion hence the shortages. This is unfortunate and creates a very uncomfortable working environment. It is for this reason that I am writing this letter. If we can't trust trained physicians to take care of our health through their own eyes what are we left with?

The definition of insanity is doing the same thing over and over again expecting a different result. I feel this way because vaccinated people are getting COVID, Vaccinated people with boosters are getting COVID, unvaccinated are getting COVID too, but I haven't met anyone that had COVID developed natural immunity ever represent with COVID. Covid isn't going away and as such it is time to accept it and TREAT verse process patients.

Sincerely,

Melissa Mason

Overland Park, KS Johnson County

SB381 – to protect physicians and other providers

1-24-22

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

This is best for the patients, our community, and our health providers.

Regards,

John Mauro
Rea, MO
District 9 and 12

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

I have personally benefited from being under the direct care of an MD who treated my thyroid condition and monitored my progesterone during two pregnancies. During the time she was treating my thyroid condition, I received T3 thyroid hormone, which took me from languishing on the couch to being the vibrant mother and caregiver of 3 that I needed to be. My doctor also personally monitored my progesterone levels throughout my 2 pregnancies. My progesterone was low, and the lives of my unborn children were at risk. With her prescription of progesterone and diligent monitoring of my dosage, I had the peace of mind that my pregnancies were more likely to get to full term without pre-term labor or worse, pre-term babies. I am happy to say both children were full term!

I also recently received a compounded Ivermectin prescription from the MD that is treating my Lyme disease and various auto immune diseases. I was then able to start taking a dose of ivermectin that was directly related to my weight immediately after a positive Covid test. Though I was quite sick for 2 weeks because of my autoimmune conditions, my blood oxygen never dipped below 97 percent, and I am recovering well. I am grateful for the level of personal care that I received from this MD, and the fact that I had access to this drug that has been shown to prevent severe Covid, hospitalization, and death.

Thank you for listening to my experience, and to the voice of the people of Kansas.

Respectfully,

Elissa Maxwell
Olathe, KS
Senate District 78

Written Testimony Only
January 22, 2022
In support of Bill 22rs2702

Kathryn McAnany
Spring Hill, KS. 66083
Miami County
Senate District #37

Dear Chairman Hilderbrand & Senate Public Health & Welfare Committee Members,

When I was ill, I was thankful to be able to take off-label FDA approved drugs for COVID. I recovered without any hospitalization. I want doctors to be free to prescribe drugs they and the patient agree on without fear of action by any licensing board.

Please support Bill 22rs2702.

Sincerely,
Kathy McAnany

Dr. Mark McCoy
4801 SW Brentwood
Topeka, KS Shawnee County, 66606
Senate Dist. 18
785-220-1144

01-22-2022

WRITTEN TESTOMONY ONLY
In Support of Bill 22rs2702

Chairman Hilderbrant,
Senate Public Health and Welfare Committee Members

To all concerned, I have been a practicing Physician for 30 years. I starting feeling sick on Nov 29, 2021. I went to my PCP and had a positive COVID test. I asked my Dr. to treat me with Ivermectin and Hydroxychlorquine. He refused, giving me no treatment. He told me to got directly to the hospital. I went to Stormont Vail Hospital and I asked for the same treatment and was refused the care. At the hospital I was given no treatment. I was dismissed from the hospital as quicky as possible, having been treated very rudely by all staff including the treating Dr.

Luckily, I had someone come to my house and treat me with Ivermectin and Hydroxychloroquine, and other supportive care. My health improved with the Treatment, but earlier treatment, at my PCP or the hospital would have sped My recovery. At this time, I feel in full health.

I want physicians to treat COVID Pt's with off-label medications without fear From the licensing board. Please help to see the public is cared for using safe Time proven medication that is readily available. Please contact me if you have Any questions.

Dr. Mark McCoy

Written Testimony Only January 22nd, 2022

I am writing in support of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I believe that in the State of Kansas, we need medical professionals who are able to make medical decisions based on the merits of the theory or treatment, not based on fear of backlash from a bureaucratic board. Doctors should have the freedom to listen to new research or take notes from other doctors and be able to prescribe approved medications for off label use. They should be able to put the health of the patient first, and it is abhorrent that the board of healing arts is able to stand in the way of that priority.

Due to the current health environment, the entire media, Government, and bureaucratic establishment have been working to promote a one size fits all method of treatment. Anyone with views outside of this prescribed approach is ridiculed, demeaned, and blacklisted. This is completely unacceptable and is counter to the scientific method that these same institutions claim to follow. As someone who personally benefitted from an alternative method of treating Covid, I know how important this bill and the protection it provides will be. I call on you to vote in favor of this bill, so that Kansas doctors can look out for the specific medical needs of their patients, without worrying about losing their livelihood and the ability to help people in the process.

Sincerely,

Connor McDonald

Paola, Miami County, Kansas

Senate District 37

WRITTEN TESTIMONY ONLY

January 22, 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I urge you to support this bill enabling physicians to practice medicine as they always have without concern of the KS Board of Healing Arts reprimanding their actions. We have always had the opportunity to use medications 'off label' because if they work, then the physician has a responsibility to care for his or her patients in the best way they see fit.

I could not gain access to ivermectin when my family was sick. We decided the best course of action was to buy it at the farm store and sort of guess at dosing since we did not have a physician that could prescribe it. We also used a variety of natural products that could have gotten a physician in trouble for mentioning. Bottomline, we recovered but how many people do not know that options exist beyond just getting sent home and told to go to the ER if/when things get worse. In case of future issues, we had to spend a small fortune and pursue a doctor outside of KS to prescribe meds just in case we have future needs.

I have seen ivermectin work first hand. It may not always work but when prescribed early, it can be such a help to the patient and could very well relieve over-burdened hospitals.

The approach to covid has been very political and very detrimental to all of us. Please continue to support freedom as we have known it and is provided in the constitution.

Sincerely,
Melissa McDonald
Paola, Kansas

Julie McWilliams

Paola KS 66071

Senate District 37

01/21/22

Greeting s Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee,

I support Doctors and Physicians to prescribe a medication for an off-label use. As with any important medical decision you should do your home work. We are not all the same people in the same situation medically or physically. Working in a children's medical unit I learned of medications used successfully for non-intended uses. People can react differently to the same medication. Every medication you take with another medication causes a poly-pharmacy reaction. Some reaction are quick and some take weeks, some can cause eye rolling or twitches and some will eventually kill you if you take them long

My cousin tested positive and her Dr prescribed her medication that her and her Dr decided was best for her health. The hospital refused to fill the prescription. They wanted her to take something else. She decided to take nothing and relax in the sun at home. She is now back at work in the medical field.

I think it's best for a Dr. who knows the person to decide what they should take.

Have a happy day,

Julie McWilliams

Will & Danielle Mears
5700 N 123rd St
Kansas City, KS 66109
District 36

January 21, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

I have personally benefited from having access to the use of FDA-approved medications for off-label use. My doctor has been able to prescribe me progesterone for all 3 of my pregnancies, leading to healthy babies that arrive full-term. My doctor's right to provide this level of personalized care is extremely important to me.

Doctors should never be threated or punished for using FDA-approved medications for off-label use. Their expertise and opinions should be respected, especially in the case of treating for COVID-19.

Thank you for your time and consideration,

Danielle Mears

Jan 25, 2022

In Support of Off- Label Use for Early Prescription Intervention”

I am in favor of this bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and /or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine) early in the disease to prevent severe disease, Hospitalization, and death (often alone in a hospital).

As a Chiropractor, I have always believed in the prevention of disease and increasing your own bodies natural immune system. As you can see, the vaccinations have not stopped the spread of Covid and have caused some serious health issues in several people. I have treated several patients that have had bad side effects as a result of the vaccinations. I believe that we should have a choice to take the jab or not. The right to decide what is best for our own bodies. My husband Greg and I both had Covid mid December. If it wasn't for my doctor prescribing Ivermectin and recommending nutritional supplements, I know Greg and I would have had a lot more serious symptoms as a result.

Both Ivermectin and Hydroxychloroquine have had incredible safety records for decades and used all over the world for many diseases.

It is important that the Kansas State Board of Pharmacy and individual pharmacists fill these legitimate prescriptions for FDA-approved drugs for patients who will tremendously benefit from their use.

It is my understanding that Providers are having their state licenses revoked, having their board certifications revoked and having their reputations ruined and forced to undergo "psychiatric evaluations" for prescribing medications that have been proven to work.

Thank you so much for taking this letter into consideration when voting on this bill today.

Yours in Health!

Have a Blessed Day!
Dr. Mary Meeker-Pregon

From: Carol Mentesana

Leawood, Kansas 66209

Senate District: 28

January 22, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Sincerely,

Carol Mentesana

From: Charles Mentesana

Leawood, Kansas 66209

Senate District: 28

January 22, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Although I cannot attest to the effectiveness of these treatments, I believe there has been enough usage to show that several are safe. I also strongly believe that it is important to allow physicians the latitude to treat patients with safe, off-label drugs as they deem helpful, with full disclosure to the patient. This practice has historically led to important treatments for many diseases and illnesses.

One thought that comes to mind that you may consider (if you have not thus far) is to request or possibly require treatment and outcome reporting when certain off-label drugs and treatments are used. As time goes on this would result in a data base that could help establish the true effectiveness of the drugs in question. (I have not thoroughly explored this idea so there may be good reasons not to implement such reporting.)

Yours truly,

Charles Mentesana

January 23rd, 2022

Christi Metivier
505 Hillcrest Rd E
Lake Quivira, Ks 66217

Re: bill concerning early COVID-19 treatment

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

My name is Christi Metivier and I am a citizen of Lake Quivira, Kansas (State Representative District 17 and State Senator District 10). I am writing IN FAVOR of the bill which will protect Doctors, PAs, NPs, Pharmacists, et al from having any hospital privileges revoked, and/or licenses to practice revoked, and/or national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (e.g., Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Regards,

Christi Metivier

WRITTEN TESTIMONY ONLY

January 23, 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am strongly in favor of doctors being able to prescribe as they see fit without the worry of having their licenses revoked. A patient should be able to have trust in their doctor of choice to look out for their best interest but with so many restrictions, doctors hands are tied! They should be able to honestly help their patients as they see fit, without having to worry about getting their licenses revoked! Please vote in favor of this bill!

Sincerely,
Cara Middleton
Olathe, Johnson County, Kansas
SENATE DISTRICT 9

Shelly Doris Milburn
De Soto, KS 66018
Senate District 9

January 21, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

Thank you for investing the time to review my letter.

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

My personal reason for this opinion is my experience as a patient of Dr. Angelique C Pritchett, MD over the last 10 years. I was referred to her by a physician's assistant that I saw regularly for the treatment of hormonal imbalances including thyroid and progesterone deficiencies. That P.A. was bound by the rules of the practice she belonged to and felt unable to address my needs. I appreciated her honesty, her ethics, and her referral. I wanted a traditional western medicine doctor, but, needed one that would look at my specific medical needs and be open to actively seeking resolutions when 'standard protocol' didn't work, or when lab testing needed to be more extensive than just the basics, or when my symptoms were outside of typical with what lab results indicated they should be (which seemed to always be the case).

Prior to seeing Dr. Pritchett my lab results were 'in range' but I remained symptomatic with a host of emotional, mental, and physical issues impacting my daily life. Dr. Pritchett has been willing to dig deeper, think outside the box, and achieve great results for me. Those results include better hormonal balance, improved greater mental focus, improved digestion, regulated menstrual cycles, quality sleep, and ultimately sustaining a healthy pregnancy.

Since that time, I have remained insured with a major carrier. However, I have paid cash to see the doctor of my choice and utilize prescriptions including compounded thyroid medications, injectable or capsule progesterone and injectable HCG. My insurance considers my doctor 'out of network' and they do not cover the medications and/or require a co-pay that is substantially higher than the cash price.

My prescriptions for progesterone, HCG injections, and T3 (all of which are FDA-approved) are considered "off-label." There are data to support their use and effectiveness for the situations for which they have been prescribed to me, but these medications have not been labeled or marketed for those specific uses. I value the ability to have meaningful conversations with my doctor when making decisions about my health, including the use of these treatments. Freedom to discuss, order, and prescribe different tests and treatments, along with informed patient consent, has always been the foundation of the practice of medicine. Talking about the medical research and clinical studies with patients (or colleagues) should not be grounds for being questioned or censured by a hospital board, licensing board, or certifying board or to have credentials stripped.

Freedom is not free. For the freedom to obtain the best possible medical care I have paid a high, financial price. It is not a choice I take lightly and not one that I would change. Dr. Pritchett changed my life and helped me become a mother without resorting to extreme surgical or other medical interventions. I am happy, healthy, active, and well informed about my healthcare options thanks to her expertise and her willingness to responsibly consider 'off-label' prescriptions.

Respectfully submitted,
Shelly Doris Milburn

January 24, 2022

Chairman Richard Hilderbrand
Senate Health and Welfare Committee
Kansas State Capitol
10th and Jackson, Room 546S
Topeka, Kansas 66612

Re: Written Proponent testimony on 22RS2702

Dear Chairman Hilderbrand:

My name is Debbie Mize. I live in Louisburg and I am Vice President of Kansans for Health Freedom. As one of the founders of KSHF I have been contacted for over a year now by families whose loved ones are or have been in the hospital with Covid-19. Many of these family that were refused treatment options that included off-label drugs FDA approved drugs such as Ivermectin and hydroxychloroquine, are not here today to tell their story their families are left to tell of the abusive treatment the hospital gave them when they told them these drugs were not allowed. Ivermectin has been approved to treat Covid-19 in over 30 countries so why were these families refused a safe and effective treatment. There are many credible studies that demonstrate Ivermectin is very effective with Covid-19 and has no harmful effects.

Instead, families are only being offered Remdesivir which is actually a drug being administered under Emergency Usage Authorization only. In almost every case where a family called me to say their loved one died within a day or two. Many of these families were chastised for even mentioning these treatment medications. I have to ask were these hospitals being given a "kickback" or incentive for pushing Remdesivir because that was the only option these hospitals would offer.

It has been very difficult to watch as people's loved ones are left to die in these hospitals wedded to their protocol. This is very wrong!

It is time to aid those Kansans and protect the doctors and pharmacists who seek to treat them to the best of their ability. Please vote to pass 22RS2702 so families loved ones do not have to die needlessly!

Respectfully,
Debbie Mize
Vice President/Lobbyist
Kansans for Health Freedom

LAW OFFICE OF
WILLIAM D. MIZE
Attorney at Law
LICENSED IN KANSAS AND MISSOURI

TELEPHONE (913) 648-3220 SANTA FE LAW BUILDING FACSIMILE (913) 642-5860
8000 FOSTER
OVERLAND PARK, KANSAS 66204

January 24, 2022

Chairman Richard Hilderbrand
Senate Health and Welfare Committee
Kansas State Capitol
10th and Jackson, Room 546S
Topeka, Kansas 66612

Re: Written Proponent testimony on 22RS2702

Dear Chairman Hilderbrand:

My name is William Mize. I live in Louisburg and practice law in Overland Park. I have encountered situations involving doctors attempting to treat Covid-19 patients only to watch these efforts fought by other medical providers and medical care regulators.

For over a year I have been contacted by families of those whose loved ones have contracted Covid-19 and have sought treatment. Many have been able to recover from the virus through efforts of their physicians whose treatment by their physicians has included prescriptions for FDA approved drugs like Ivermectin and Hydroxychloroquine. In these cases, there has been no need for hospital involvement. However, many of these Kansans have sought hospital care and found their treatment options severely limited. In essence, they are told, to return when their condition worsens and when they have appeared at the hospital they are faced with a limited range of treatment culminating with trying to survive on a ventilator.

These families, even when they seek judicial intervention, are being told that treatment options that include off-label drugs like FDA approved drugs are not allowed. Their reasoning? Even though off-label uses of approved drugs are commonplace, the hospitals espouse the argument that these off-label drugs uses have not been thoroughly studied. Never mind that there have been over 70 favorable studies of drugs in this context. Never mind that Ivermectin has been approved to treat Covid-19 in over 30 countries. Never mind that there are credible studies that demonstrate Ivermectin is not harmful in those situations. Never mind that the vaccines used to treat Covid-19 have been approved in just a matter of months.

Not content to limit the use of off-label drugs, a certain part of the medical community is actively attacking doctors and pharmacists who try to make such treatments available for

their patients. Numerous physicians have or are being investigated for potential violations of their licenses on the basis that these off-label uses defy the medical hierachy's wishes. Doctors who simply want to treat their patients are forced to expend substantial time and money defending their actions against regulators whose focus appears to demonstrate little concern for the actual care of Kansan's fighting Covid.

It is time to aid those Kansans and to protect the doctors and pharmacists who seek to treat them to the best of their ability. Please recommend passage of 22RS2702.

Respectfully,
/s/ William D. Mize

Written Testimony Only

January 23, 2022

I am a Proponent of bill 22rs2702.

Dear Chairman Hildebrand and Senate Public Health and Welfare Committee,

I support this bill. Doctors need to be able to use the full breadth of their knowledge and all the medical options available when treating their patients. To limit a doctor to a medical protocol based on a single school of thought is wrong. It also violates a patient's right to informed consent: informed consent involves learning about ALL treatment options and then consenting to the doctor's treatment. Informed consent cannot happen if doctors are not allowed to utilize all the options available.

Please pass this bill and thus allow our doctors all the options available to treat their patients and give patients full right of informed consent.

Sincerely,
Rachel Monday
Salina, Saline County, Kansas

Jan 23, 2022

Please pass legislation to protect doctors, PAS, NPS and pharmacist to practice medicine as has been done for the life of our country and our state of Kansas. Please put in the bill provisions to prosecute for crimes against humanity to be made against all Ks. Board of pharmacists, individual pharmacist, hospitals and their boards and directors who try to stop the freedoms of these good doctors and people to help their patients to good health as they and their patients see fit.
This madness must stop!
God Bless.

Dennis Montgomery
Lenexa, Kansas

Written Testimony Only
In support of Bill 22rs2702
January 22, 2022

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

I'm very much in support of bill 22rs2702. Doctors should be allowed to treat patients experiencing covid with off label drugs just like they do for many other illnesses. I had covid in December 2021 and I'm grateful that I had a doctor that would provide me off label early treatment. I recovered quickly and experienced very little disruption to my life.

A doctor shouldn't have to fear losing their license, nor should Kansans have to search high and low to find proper early treatment. I believe we would have experienced a much lower death rate if doctors could have done their job without fear & pressure from big government & pharmaceutical companies.

Thank you,
Leann Moore
Wichita, KS
Senate District -26

Anna Morfeld

2903 Woodgate Drive

Pittsburg, Kansas 66762

Senate Districts 3 & 13

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

On a personal note, I have been a patient of Gianna Family Care since July of 2018. Doctor Pritchett treated me with progesterone supplementation during both of my pregnancies since my lab levels were abnormally low. I had endured 3 miscarriages in the past. I am convinced that Dr. Pritchett's knowledge of the Creighton Model and her commitment to maternal-fetal health helped both me and my children. I truly believe both Doctors Pritchett and Bauer care for their patients' entire well-being. They are a great asset to the state of Kansas.

Sincerely,

Anna Kathryn Morfeld

Jan 25, 2022

Ms. Fairbanks,

I attended the Senate Committee on Public Health and Welfare's hearing this morning. I was hoping to give in-person testimony in favor of SB381, but did not get on the agenda. Given how crowded the hearing was today, I am instead submitting the following testimony in writing. If the Committee would like me to testify in person, please let me know.

I contracted COVID-19 in December of 2020. When I saw my doctor, she did not offer any treatment options, but instead reported my case to the public health authorities and ordered me and my family to self-isolate. Instead of acting as a Healer, my doctor had become a Jailer. Because the Legislature wisely passed the Kansas Telemedicine Act, I was able to reach out to a courageous doctor based in Texas, who consulted with me over the telephone and prescribed treatment comprised of Hydroxychloroquine, Azithromycin, Vitamin D, Vitamin C, and Zinc. After following this treatment regimen, I recovered quicky from COVID, and sustained no lung damage. My wife contracted COVID-19 in December of 2021, and was able to start the same treatment regimen much earlier than I did, resulting in an even speedier recovery.

Two elderly members of my family with multiple, serious comorbidities were also helped by the same telemedicine doctor, and received similar treatment, with the addition of Ivermectin. They also recovered from COVID-19 with no long-term harm. Hydroxychloroquine and Ivermectin have proven safe and effective when used off-label to treat my family for COVID-19.

When I was prescribed Hydroxychloroquine, the pharmacist at Wal-Mart interrogated my wife about what the prescription was for, and I have been unable to use my health insurer's prescription drug benefit at Wal-Mart ever since that day. Subsequent prescriptions had to be purchased directly from out-of-state pharmacies, because local pharmacies refuse to fill prescriptions for these safe generic drugs.

I adjure the Committee to pass SB381, for the heath of Kansans and the freedom of Kansas doctors to treat their patients without fear of reprisal.

Sincerely,

David L. Morgan III
15263 Sherwood St.
Leawood, KS 66224

Attention: Chairman Hilderbrand and
Senate Public Health and Welfare Committee Members

Dear Chairman Hilderbrand and Senate Committee Members;

As a lifelong resident of Kansas and current resident of Shawnee in Johnson County, I would like to share my own story as it relates to my desire to receive off label prescriptions for prevention and, or early home treatment of a Covid-19 infection.

It became clear to me by early 2021 that our Kansas doctor's feared retribution, penalties, and brow beatings being inflicted by various medical boards, health care institutions, and big pharma influence and was indeed becoming a huge deterrent for them to practice what I call "common sense" medicine. I was seeing very respected doctors nationwide losing their licenses to practice medicine simply because they were choosing to try various early treatment protocols in the shear absence of any guidance or recommendation by our CDC, NIH, or even the WHO. Even to this day **the CDC maintains their position of not supporting early treatment** but instead only addresses what happens after hospitalization of a severe Covid-19 patient.

When I approached my primary care doctor in July, 2021 to inquire about what she was recommending for her patients with new Covid-19, she refused, or was unable, to offer up any suggestions and simply stated "it depends". I asked "what exactly is her affiliated hospital institution doing when a sick patient can no longer breathe easy or their oxygen levels are dangerously low?" Again, she stated she did not know and was unable to give me any information. I then stated that I was in the process of seeking out another medical doctor in the Kansas City area who was treating patients both prophylactically as well as early treatment of Covid-19 with the primary two (2) prescriptions utilized being Ivermectin (IVM) and Hydroxicloraquin (HCQ) along with several over-the-counter supplements such as Vitamin D3, C, Zinc, and in some cases a nebulized solution of hydrogen peroxide. My primary care doctor stopped me mid-sentence and made the following statement to me:

"Mr. Morgan, I am obligated to tell you that the CDC has advised us that both IVM and HCQ could be DANGEROUS to your health and as such I do not recommend you consider taking these medications either as a prophylactic or in the case of contagion."

After collecting myself and explaining to her that there had been several newer false and misleading studies on HCQ and IVM that in fact were recently retracted from top medical journals back in April '21, she still maintained her anti-HCQ/IVM position even though these medications had been proven safe with 100's of millions of people around the world having had taken these very safe medications for decades. I knew at that very moment our medical establishment was being fully controlled by tyrannical federal and state agencies and other influences and powers outside the control of our good doctors.

I then met in with that "preventative/early treatment" doctor and subsequently received my own prescriptions for both IVM and HCQ to be used either as a preventative or as an early treatment for actual sickness. This doctor made it clear to me that medical boards and even insurance companies were actively stepping between the doctor/patient relationship making it impossible to uphold their Hippocratic oath to ***do no harm*** because in this doctor's opinion, **to do nothing, or try nothing, is indeed doing harm** when we otherwise see the damaging

effects of Covid-19 both in both short term and long-haul cases sometimes even leading to death.

Fast forward to early October of 2021. I was traveling on business to Dallas after having had an incredibly tough and physically challenging previous week in riding my bike in 3-days of continuous rain in Nashville, returning home, biking a century ride, and even running a 10k. I knew while in Nashville I was with large groups of people while Delta variant was prevalent. I also recognized at 59 yrs of age and slightly over-weight my body was very tired and run down. Because of my likely exposure to Covid, I started taking IVM Rx prophylactically after the Nashville trip but a few days later started feeling the symptoms of a head cold as I was traveling to Dallas. As a precaution, I isolated in my hotel room until I could get an antigen test on day 2 and it was immediately a positive result. I had already taken my 2nd dose of IVM while in Dallas but consulted with my prescribing doctor who said I should also start taking HCQ (with other OTC supplements) once a day until symptoms are diminished or gone. Day 3 and 4 were spent sleeping as I experienced extreme fatigue and minor headache but not the classic fever, loss of taste and smell, or body aches. Day 5, I felt nearly back to normal with virtually no signs of the cold symptoms and my energy was much improved. Day 6, I tested negative so drove home from Dallas and resumed normal physical activities while in quarantine from others for several more days. A few weeks later I had a T-cell (T-Detect) blood test done which confirmed I had the markers in place of having had Covid-19.

I know of several other younger, heathy and active people who contracted Covid-19 that fought long and hard without the advantage of having early home treatment. They simply toughed it out but at a heavy price of extended time off work and away from other family and friends. Since then I have led many of my colleagues and friends to those brave and courageous doctors who will prescribe off label and several since already having had their own success stories with many of them not even having contracted Covid-19 because I believe they are taking IVM prophylactically!

Folks, we must stop this medical tyranny taking place in our country and in our own state and restore the doctor/patient relationship! My only additional advice is that somehow the legislation be revised to allow Kansas doctors to sue any medical board, institution, or individual that seeks to limit their ability to prescribe any FDA approved off label drug if they deem it prudent.

Thank you for your support and refinement of this Bill into law!

Gary P Morgan
5762 Richards Cir
Shawnee KS 66216
(620) 480-1222
Gary.p.morgan@gmail.com

PS: You think your own doctors and medical specialists are not receiving outside funding from sources in addition to their compensation for rendered services? Please check out www.openpaymentsdata.cms.gov Prepare to be blown away with what you will see.

Written Testimony Only
January 22, 2022
In support of Bill 22rs2702

Judy Morrison
Spring Hill, KS. 66083
Johnson County
Senate District #37

Dear Chairman Hilderbrand & Senate Public Health & Welfare Committee Members,

When I was ill, I was thankful to be able to take off-label FDA approved drugs for COVID. I recovered without any hospitalization. I want doctors to be free to prescribe drugs they and the patient agree on without fear of action by any licensing board.

Please support Bill 22rs2702.

Sincerely,
Judy Morrison

Dina Muggli

Atchison, KS 66002

Senate District 1

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am writing today in support of the off-label use for early prescription intervention in the disease known as Covid-19. The entire world has seen the empty mantra "two weeks to flatten the curve" morph into two years of unvalidated medical tyranny, which denied and suppressed effective early treatments, including Hydroxychloroquine and Ivermectin, and suppressed the data proving the effectiveness of these early treatment protocols. We have known since early in the pandemic that Covid-19 has a very high recovery rate, except for a very small, vulnerable population. We also have known that Covid-19 can get progressively worse with time if not mitigated properly and can lead to more serious issues for vulnerable populations, such as thrombosis, cytokine storm, organ damage, and death. Hospital protocols which insist that Covid positive patients only return when they have difficulty breathing and then employ Remdesivir and ventilation have failed to save lives. Lives that could have been saved with early treatment protocols. We also know that all the anti-covid "vaccines" being administered under EUA are non-sterilizing and do not prevent transmission. In short, they are not a cure or an effective containment measure. Moreover, these "vaccines" have serious side effects that should be investigated in the fullness of medical ethics, accountability, and transparency.

The only logical and ethical approach to treating Covid-19 is to allow a patient and their physician to decide the best path forward, without fear of retribution and interference from outside influences who do not know the needs and circumstances of the individual patient. Physician guided early treatment with sequenced multi-drug therapeutics (SMDT) has been successful and has prevented many people from prolonged covid symptoms, hospitalization, and death. I urge you to listen to the hundreds of doctors who have used these early protocol treatments successfully to combat Covid-19 and have not lost a single patient. Unlike my own personal physician, Dr. John Eplee, who lost at least 6 patients to Covid in his small practice, by employing experimental "vaccines" and CDC, FDA, and NIH approved hospital protocols for Covid. I will no longer trust a doctor who is unable or unwilling to evaluate actual data and chooses to blindly follow experimental, incentivized, bureaucratic policies with no long-term safety data. I couldn't be more disappointed in Dr. Eplee's tone-deaf response to Covid-19. I and my family avoided seeking any advice from Dr. Eplee when our entire family experienced Omicron recently.

I urge you to look to our neighbors to the north in Nebraska who have done their due diligence and arrived at the only logical conclusion that is substantiated by an abundance of real scientific data from around the world: Early off-label treatments work for ameliorating Covid-19. Doctors and healthcare providers should be free to seek the truth and speak the truth in seeking to heal

their patients and Do No Harm. Medical freedom for healthcare providers and their patients means full access to early treatment protocols for Covid-19 including regulated, re-purposed drugs like Ivermectin and Hydroxychloroquine, which are safe and effective.

Again, I urge you to lay aside any bias and evaluate the scientific data that is available from around the world. I urge you to look at the data from Israel, the "most vaccinated country" in the world which is experiencing its highest Covid case count in history. I urge you to look at the Indian state of Uttar Pradesh and how they have decimated Covid with prophylactic "Covid Isolation Kits" that include multivitamins w/zinc, vitamin D3, and Ivermectin. I urge you to look at hospitalization data from the UK (which is more transparent than the US) and note that the majority (73%) of Covid patients are vaxxed. I urge you to investigate the suppression and censoring of Covid data in the US and the perverse incentives in the US to maximize "diagnosing" covid and minimize acknowledging or reporting any adverse events due to EUA Covid "vaccines."

Please do not waste our tax dollars debating bureaucratic overreach of medical policy makers into the private relationship of a doctor with their patient. Please fight for the right of full-disclosure for healthcare providers with their patients and the right for patients to make fully informed decisions about their healthcare options. **Please fight for unmitigated access to SMDT in treating Covid-19, which includes the off-label use for early prescription intervention.** Kansans deserve full access to medical information and treatments. Denying Kansans these basic rights will force residents to cross state lines into Nebraska and elsewhere, where preserving the integrity of the physician-patient relationship is a priority.

Thank you,

Dina Muggli

- WRITTEN TESTIMONY ONLY -

Andrea Mukhija
Lenexa, KS – Johnson County
Senate District 21

01/24/2022

RE: In support of bill 22rs2702

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I would like to express my wholehearted support for 22rs2702 and its intent to restore the decision-making authority to prescribe medications for off-label use to the doctor and their patient, especially for COVID-19.

I am one of those that this bill could have really helped.

My husband was able to easily secure prescriptions for Hydroxychloroquine and Ivermectin early in the pandemic after traveling abroad and being exposed to COVID. However, by the time I got sick with COVID, local doctors that were permitted to prescribe them, (and pharmacists permitted to fill them), were nonexistent.

I ended up battling the virus without any antiviral assistance and became extremely ill for 4 full weeks. I nearly died. It finally took IV treatments (and a lot of prayer) to get me back on the road to recovery.

I thank you for your time and I hope you will support this important bill. Early treatment saves lives.

Most sincerely,

Andrea Mukhija
Lenexa, KS
Johnson County
Senate District 21

Jeff and Stacy Mulder

Overland Park, KS 66210

Senate District 8

1/24/22

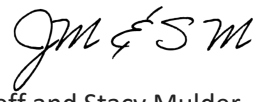
Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Ivermectin and hydroxychloroquine are not the only FDA-approved medications that are currently being prescribed for "off-label" use. FDA-approved, but off-label uses, account for 10-40% of the prescriptions written by physicians in the United States. I have benefited for years from use of the FDA-approved progesterone and compounded T3 medications to correct underlying hormonal balance and overall well-being. Without the use of HCG injections and clomid, also FDA-approved but considered off-label, we would not have our miracle 11-year-old daughter today. For years, we struggled with infertility. With these medications, in cooperation with our trusted physician's help, advice and guidance, we have our beautiful family today.

Please protect these doctors and healthcare providers so that they can continue to provide high-quality patient care competently and compassionately.

Respectfully,



Jeff and Stacy Mulder

Jan 25, 2022 SB381

Dear Chairman Hilderbrand and Distinguished Members of the Senate
Public Health and Welfare Committee:

My name is Ann Lindsay Murray and I am a Pharmacist from Heppner, a town in rural Eastern Oregon.

I am writing not only as a pharmacist, but also because I am a patient of a Kansas medical provider and my son and his family are also residents of Kansas.

I am writing to urge you to support any and all legislation that will protect Physicians and other providers such as Pharmacists, NP's, PA's etc. from losing their licenses, employment, certifications or causing any impediment to their practice for discussing any preventative treatments for ANY medication or indications, specifically off-label treatment for Covid 19.
I often see medications used off label such as in the area of hormone treatments, endocrine disorders, thyroid and cancer.

My family has 3 rural pharmacies that serve a large area of Eastern Oregon as the only pharmacy providers. I see everyday how important the doctor-patient relationship is and how drugs are frequently used "off label". If we don't preserve this relationship and protect the right to use off-label medications it could have far reaching consequences in the future.

Our pharmacies are active in immunizing against Covid 19, but I truly feel that the emphasis on prevention with vaccine, over therapeutics has caused a lag time in developing effective treatments.

We must protect a patient's right to decide together with their provider what medication to take, and the rights of pharmacists to dispense those medications. Destroying the Doctor/patient confidentiality and relationship will certainly erode the foundation of the American health care we have enjoyed in the past.

I respectfully ask you to do all in your power to preserve this important right for patients and providers.

Sincerely,

Ann Lindsay Murray R.Ph.

Murray Drug Inc.

Heppner, Oregon

Kathleen Murray

Westwood, KS

Jerry Moran U.S. Senate
Roger Marshall U.S. Senate

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. We must protect a patient's right to decide together with their provider what medication to take. I have worked with a various doctors over the last 10 years who has helped treat my infertility with off label use of FDA-approved medications. It is so important to myself and others!

I appreciate your time!

Kathleen Murray

Bernadette Myers
Mission, KS

Senate District 7

01/23/2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. Currently, FDA-approved, but off-label uses, account for 10-40% of the prescriptions written by physicians in the United States.

It is extremely important to not hinder the patient/doctor relationship especially at a time when there are very little therapeutics available from the government. Therefore, I am asking you to support this bill.

Sincerely.

Bernadette Myers

January 23, 2022

Written Testimony Only

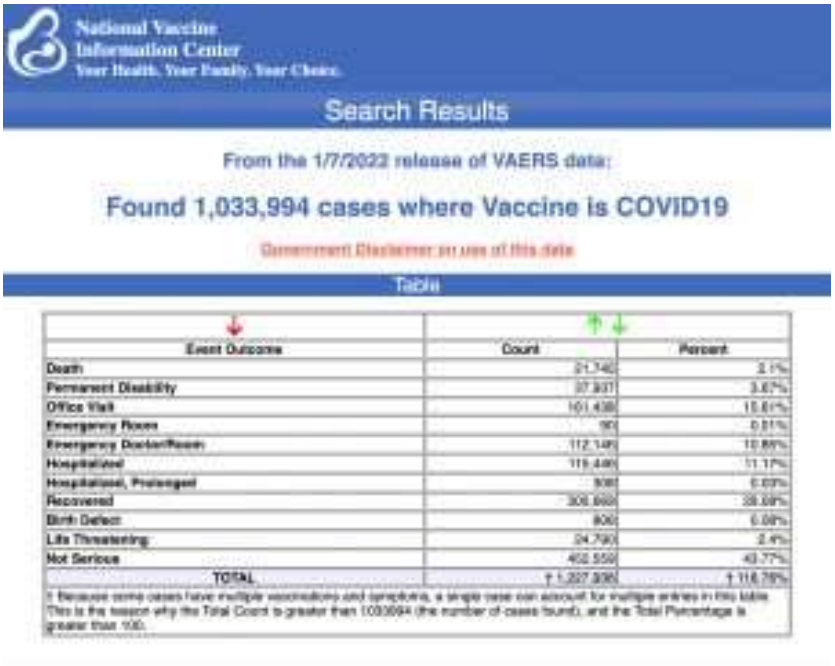
RE: In Support of Bill 22rs2702

Chairman Hilderbrand and Senate Public Health & Welfare Committee Members

I strongly support the ability of doctors to prescribe off-label uses of FDA approved drugs for Covid.

1. It is well known that prior to Covid doctors have had the flexibility to prescribe whatever drug they felt appropriate for their patients condition. Credible information I have read suggests that approximately 25% of prescriptions issued, have been off label.
2. The most common maligned drugs that are being prescribed by independent doctors as therapeutic treatment for Covid are Ivermectin and Hydroxychloroquine. These drugs have been around for decades and are extremely safe .
3. There are a multitude of studies that have been done that show them to be a safe and effective treatment for Covid, both as a prophylactic and as a therapeutic . In fact the safety profile of these when taken appropriately is far, far better than the vaccines, which now have over 1 million adverse reactions (per the CDC's own VAERS database- see below). Over 21k have died from the vaccines, over 110k have been hospitalized.
4. Doctors working for most hospitals cannot prescribe these drugs for treatment, instead simply leave to chance whether or not the patient will recover. Overwhelmingly, they just say rest and let us know if you start having trouble breathing. This is beyond ludicrous, when all reports from independent doctors say there are drugs that substantially reduce the risk of serious infection and death.
5. Since these drugs are safe (far safer than the vaccines) there is NO GOOD REASON not to take them.
6. I personally used Ivermectin when I got Covid. This usage was based on advice from several pharmacists who I talked to and they all agreed it was safe and effective for Covid. Since I knew in all probability I would at some point get Covid and would be unable to get a prescription from my Cotton O'Neil doctor, I purchased online (months before I was infected) the type of Ivermectin that could safely be used even though it was one of the types used for animals. The pharmacist told me what type to buy, and how much to use. I began using it the very day I suspected I had Covid. Shamefully, as I suspected, my doctor would not prescribe it, being told by Stormont Vail they could not prescribe it or be fired.
7. It is time to take the shackles off our doctors and let them be doctors again. Most doctors want to help but politics is destroying our health care system.

8. Take a look at India for example, where these drugs can be bought over the counter and are used in a wholesale basis for Covid. India started using them the middle of 2021 and since then their infections and deaths have been the lowest in the world.



National Vaccine Information Center
Your Health, Your Family, Your Choice.

Search Results

From the 1/7/2022 release of VAERS data:

Found 1,033,994 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	21,140	2.1%
Permanent Disability	37,937	3.67%
Office Visit	101,436	15.61%
Emergency Room	90	0.01%
Emergency Doctor/Room	112,149	10.85%
Hospitalized	115,449	11.17%
Hospitalized, Prolonged	908	0.09%
Recovered	305,992	29.59%
Birth Defect	806	0.08%
Life Threatening	24,790	2.4%
Not Serious	402,559	43.77%
TOTAL	† 1,227,936	† 118.78%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 1033994 (the number of cases found), and the Total Percentage is greater than 100.

Please pass this bill to free our doctors to be doctors.

Thomas Myers
1302 SW Pembroke Ln
Topeka, Shawnee Co, KS 66604
Senate District # 0020

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am writing today in support of maintaining the integrity of the patient-physician relationship, including the decision to use medications off-label for early prescription intervention in the treatment of Covid-19 or other illnesses. I am in favor of the bill which will protect doctors, other providers, pharmacists, etc. from losing their hospital privileges, and/or their licenses to practice, and/or their national board certifications for actions such as treating Covid-19 patients with safe, effective drugs early in the disease to prevent severe disease, hospitalization, and death.

Many years ago, when I was diagnosed with rheumatoid arthritis, my doctor prescribed minocycline to see if it would help me. This was an off-label use of the medication, although studies had shown benefit to its use in my situation, and I was grateful for my doctor's willingness to try it before moving on to more toxic drugs with many more potential side-effects. It would have been wrong and foolish to punish him for working with me to find a treatment that was safe and effective for me.

My experience is far from unique, with an estimated 10-40% of prescriptions being written for off-label use nationwide. It is only because this pandemic has been so politicized that medical practitioners are being threatened for engaging in such a safe and common practice.

Provided that physicians obtain informed consent from their patients, provide them accurate information to the best of their knowledge, and do the normal due diligence they would for any other medical decision, physicians should be protected from disciplinary actions, and particularly from excessive actions such as those described above.

Please protect Kansas physicians and pharmacists.

Sincerely,

Suchi Myjak

Atchison, KS

Senate District 1

January 23, 2022

Therese Myzer
Overland Park, Kansas
Senate District 8

January 22, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare,

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Sincerely,
Therese Myzer

Written Testimony Only

January 21, 2022

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

In support of Bill 22rs2702, I would like to give my testimony of recovery from Covid-19 in November 2020 as well as this past week. In November 2020 when I was diagnosed with Covid, I was unaware at the time that I had stage 3C endometrial cancer, however I fully recovered from Covid, with no complications or need for hospitalization due to the treatment I received. I had to use a doctor from a national source of doctors (telehealth appointment) because my family doctor who I have been with for many years would not prescribe anything for Covid. The prescription I was given from the online doctor was Hydroxychloroquin and it was mailed to me from an out of state pharmacy, so it took about 4 days to arrive. But it made a huge difference and within a few hours of starting the prescription it broke the severe pressure in my sinuses and the tightness in my chest. My husband's doctor had told him in 2020 that "his hands were tied" and that the KSBHA would not allow him to write a prescription for HCQ if he was ever diagnosed with Covid-19!

With my recent Covid diagnosis (1/17/2022), I was able to receive both Hydroxychloroquin and Ivermectin on 1/18/2022 from my new family practice doctor and they were filled locally. Again, I had a very similar response to the medicine – it broke the sinus pressure & chest congestion within hours! I thank God for this doctor & the pharmacists that filled them! Sadly, my oncologist' PA told me "there's nothing you can do other than take vitamins." I believe all of the pressure from the government and suppression of factual evidence & research for both of these drugs has led to the unnecessary hospitalization and death of thousands of Americans. I'm thankful I am not one of them!!

Of note, I have chosen not to take the Covid Vaccine due to vast amount of related injuries, deaths and now studies showing increased reoccurrence of cancer. When there are treatments available, the public should be told about them by their doctor in order to make an educated choice. Our medical providers should be free to prescribe off-label, FDA approved drugs for any sickness without fear of losing their medical license or being censured by the KSBHA.

Sincerely,

Christine Newport
Andover, KS
Butler County
KS Senate district 16

Courtney Nilges
Valley Falls, KS
District 47, 2

January 22nd, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, and Pharmacists from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Freedom to discuss, order, and prescribe different tests and treatments, along with informed patient consent, has always been the foundation of the practice of medicine. Talking about the medical research and clinical studies with patients (or colleagues) should not be grounds for being questioned or censured by a hospital board, licensing board, or certifying board or to have credentials stripped.

There are many situations Doctors use FDA-approved medications for off-label use. As a constituent, and a patient who has benefited from an off-label drug use in regards to a now healthy 17 week pregnancy, I urge you to support this bill. The freedom to have every option available to preserve

life needs to be protected. Generations yet to be born will be affected by this bill.

Thank you for your service to the people of Kansas.

WRITTEN TESTIMONY ONLY

January 22, 2022

In support of Bill #22rs2702

Chairman Hildebrand and Senate Public Health and Welfare Committee Members,

While I have not had a personal experience with the withholding of early treatment for Covid19, I have heard countless stories of heartbreak and injustice. The inability to receive early treatment drugs such as the ones listed in this bill is inhumane, unjust and just evil. Why are we telling people to stay home and come to the hospital when they are sick enough to require a bed?

For over 25 years, ivermectin has been used to treat parasitic infections in humans, with a good safety profile that may be attributed to its high affinity to invertebrate neuronal ion channels and its inability to cross the blood-brain barrier in humans. Numerous studies report low rates of adverse reactions. People have been willing to go to local farm and feed stores and buy ivermectin in order to reap the benefits that have been proven!

Hydroxychloroquine is an immunomodulatory drug that has been used for 60 years to treat malaria and autoimmune diseases such as systemic lupus erythematosus and inflammatory arthritis, and potential new uses and benefits continue to emerge. It is abundantly clear that these drugs have been used for decades with amazing results and few adverse reactions. For decades leading up to the pandemic, hydroxychloroquine was available over the counter just as tylenol or tums is. Powers beyond ourselves have deemed these drugs unsafe and dangerous and that is quite simply untrue. One must only do a bit of research to find that these drugs are helpful and absolutely vital to early treatment of Covid19.

Please allow our doctors to do what they have taken an oath to do, to save lives!

Thank you,
Mandy Norris
Ellinwood, KS - Barton county
District-house 113, senate 33

Jan 25, 2022

SB381

Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Commitee,

I am a concerned citizen of Kansas and I would like to say that I am in favor of the bill that protects Doctors, PAs.
NPs and Pharmacists from having their hospital privileges revoked, and /or their licenses to practice revoked, and/or their
national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin,
Hydroxychloroquine) early in the disease to prevent severe disease, hospitalization, and death.Off label prescriptions
of FDA approved drugs comprise 10 to 40% of all rxns. written in the US. Physicians' talking about the medical research and clinical studies
with patients, or with hospital staff, should not be grounds for being brought up in front of a hospital board, or licensing board,
to have credentials stripped. Freedom to discuss, and order, different tests and treatments, along with informed patient consent,
has always been the foundation of the practice of medicine.
Practitioners and informed patients should decide which FDA-approved medications their individual patients should receive
, not Pharmacy Board or individual Pharmacists.

I appreciate your time in reading this email.

Sincerely, Kaye Northcott

Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in support of Doctors and Physicians to practice medicine and to prescribe a **medication for an off-label use**. Doctors are supposed to treat their patients, treat the symptoms, not send their patients away. That is what is happening. When I went to see my family doctor last September, she told me since the vaccine had been approved by the FDA, she felt obligated to take it and had her 2 teenage daughters take it as well. I told her it the only vaccine that had been approved by the FDA was not available to ANYONE YET and she was surprised!

Doctors are only being fed one side of this story. For some reason, they have blinders on and are acting like robots instead of doctors. They should be free to voice their opinion about the virus, vaccines, masking and treating their patients. If they think their patients would benefit from HCQ and Ivermectin, they should be free to prescribe these medications and any others they think will heal their patients! They should be able to give recommendations to the hospitalists taking care of their patients…consult and offer sound guidance based on the relationships they've had with their patients especially at a time such as this. What has happened to our freedoms? Now doctors are losing their licenses because they dare to have a different opinion on treatments? Since when? And in the United States of America…

Please pass this bill that lets doctors and physicians practice medicine and prescribe meds for off-label use.

Most sincerely,

Jill O'Connor
Overland Park, Kansas

January 23rd, 2022

Jessi Olsen
11755 S Pine St.
Olathe, KS 66061

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

My name is Jessi Olsen, and I am a citizen of Olathe, Kansas (State Representative District 14 and State Senator District 9). I am writing IN FAVOR of the bill which will protect Doctors, PAs, NPs, Pharmacists, et al from having any hospital privileges revoked, and/or licenses to practice revoked, and/or national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (e.g., Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. Please allow the doctors to make the information medical recommendations.

Regards,

Jessi Olsen

Written Testimony Only
January 22, 2022

In Support of Bill 22rs2702

To Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

PLEASE, please do everything in your power to protect the physician-patient relationship from outside intervention by companies or politicians!!! We need to know that our doctors, nurses, pharmacists and other medically trained professionals can tell us the truth about protecting and restoring our health. They must not be made to worry about possible repercussions for voicing their professional opinions about medicines or other treatments. We are grownups and can take their advice, do our own research, cross-check them with other medical people, use alternatives that do not fall under their expertise, or just ignore them. BUT we need to know that when we ask them for advice, they are giving their best. How many people have recovered from covid because some brave doctor got them ivermectin or hydroxychloroquine???? Before you demonize some specific treatment, you should question whose interests you are serving. I do not want to live in a world where my elected officials and representatives can take power over my health decisions. This is getting ridiculous! I have heard testimony that there are many doctors being coerced into lying or suppressing truth about the use of off-label drugs for early covid intervention that has saved, is saving, and could potentially save many, many lives.

What will you do to protect lives, freedom, democracy, and truth?

PLEASE protect us from politicians who think they should control everything and everybody!

What do you have to lose if the truth gets out about ivermectin and hydroxychloroquine? Why should we have to go to court to fight for these meds that have a long, safe track record and are relatively inexpensive? The CDC lists ivermectin as a treatment for covid and Dr. Fauci is on record saying that hydroxychloroquine was effective against SARS in 2009. The only reason to obscure the facts and suppress the truth is to cover up the fact that so many lives have already been needlessly lost due to the politicization of these treatments! If you cave in to those interested in that cover-up, you are complicit in those and future deaths.

I am Charlotte Ostermann, from Lawrence in Jefferson County Kansas, Senate District 2 (Marci Francisco)

1/24/2022

SB381

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee,

Please support the freedom of people to work with their medical professionals and respect the education and expertise of medical professionals to allow them to work freely with patients.

Medical professionals should have the freedom to make their own decisions about the care of their patients, who they know best.

Individuals have the capability to make informed decisions with their providers about their care. This should not be regulated by the government.

Please support our freedoms and respect our medical professionals.

Kat Owens
Wichita, KS
District 83

02/23/22

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. My Dr has used several medications off label that have changed my health and wellbeing.

While I realize I am not a citizen of Kansas, I live within 2 miles of the state line and have chosen to use a MD in Kansas.

Sincerely,

Sarah Papabathini
Kansas City, MO

Attention: Senate Public Health and Welfare Committee,

January 21, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

As a long-standing citizen of Kansas and a licensed Registered nurse I'm asking you to please support a bill that will protect physicians and other providers (nurse practitioners, physician assistants) from losing their jobs, hospital privileges, medical licenses, board certifications, and reputations for discussing early Covid-19 treatments with their patients and for prescribing medications (i.e. Ivermectin and Hydroxychloroquine). Today this is the issue, tomorrow or next year it may be an issue which hits closer to home for each of you; possibly decisions to withhold some type of care for someone close to you.

No professional in good standing should feel threatened to have their hospital privileges revoked or their medical license to practice revoked and/or their board certifications threatened for such actions as treating COViD-19 patients with safe effective drugs early in the disease to prevent severe disease, hospitalization, and death. Medications such as Ivermectin, Hydroxychloroquine or even other medications used off label.

I personally have numerous family members and friends who have used these medications in early treatment with

total success. I also currently have a family member in the hospital who has been denied early treatment with any effective treatment.

A few years ago my elderly mother started blacking out. She would fall and often times get seriously injured. Through months of various tests and treatments no reason for her blackouts could be identified. Her neurologist told us he had some success with a FDA approved medication for depression which for some unknown reason seemed to work for some patients with these idiosyncratic (unusual and unexplained) syncopal episodes. He asked if we wanted to try that medication which of course we did since we seemed to not have any other solution. After months of having these episodes my mom was given this medication off label (just as somewhere between 10-40% of all prescriptions written are given including Ivermectin and hydroxychloroquine for COViD). She never had another syncopal episode again! As a nurse I can give countless examples of successful off label use of FDA approved medications.

My example with my mother and her neurologist is how patient-physician relationships have proceeded through the years until COViD came along. Open discourse about all possible options both proven and antidotal with the decision of how to proceed decided together without interference or threats from a medical board or hospital administrator.

I think we ALL know how difficult it has been recently to have an honest patient/doctor relationship and most if not all of us know people who have either died from lack of treatment or professionals who have been threatened with their job or license for speaking anything other than ‘the approved narrative’. Those of us in the medical field can also speak to how toxic the current medical atmosphere is and that toxicity has also permeated into family relationships and friendships. Never since AIDS or Leprosy has a diagnosis and it’s treatment become so taboo. Think back just two years ago about how you were living your lives and about how much has changed in these two short years. Please consider legislation to protect that sacred patient/doctor relationship we used to have.

Respectfully submitted,

Carol Pascuzzi

Overland Park, Kansas

Senate District 37

Dear Chairman Hilderbrand

Senate Public Health and Welfare Committee

Statehouse

Kansas State Capital, Topeka Ks

In Support of Bill 22rs2702

From; Liana Payne

2100 south 10th st Wyandotte Co, Ks

Kansas City Ks 66103

Kansas Senate District 6

Date January 23, 2022

With all the censorship I do not know how much detailed information you are apprised of so in this email I will do my best to clearly outline our true current situation. This is a bit of a long write up but this is a very complicated situation. We all know NGO/corporations pay Google to promote websites, articles and news stories, they also pay to bury contradicting information, I suggest and use Duckduckgo.

Vox Populi (We the people) - Legislator Be Advised

Come now, before these Worthy Parties, Notice, Knowledge, Facts and Opinions such that may affect their deliberations and behavior.

Recognizing that Rank and Position bring along with them Isolation and Control by underlings and minion via information control, We, the People, present you with information critical to your thinking.

Belligerence, Officials, and the Law of War

The release of the SARS-COV2 (spike protein) bioweapon, both attached to a virus, as well as delivered by any other method, is an Act of War. Activities prior to the release, including planning, will place the inception date for the war prior to the date of discovery of the release as an attack, thus actions taken prior to the release, later judged to be in support of the bioweapon attack, may be considered to be within the period of the belligerencies, and thus subject to jurisdiction under the Law of War.

As an instance implementation of proposed laws and mandates that violate the United States of Americas constitution and the Nuremberg Code (1947), as well as participation within the creation of enabling

language within any act, mandate or law by members of the State Legislature, would be adjudicated under section X – Civilians in the Hands of a Party to the Conflict, as detailed in the Department of Defense, Law of War Manual, update 2016, volume 2, should civilian parties, thus impacted, press claims of criminal behavior on the part of Combatants, or agents of Foreign, or Domestic parties involved in the Conflict.

During a time of War, all actions taken by Officials will be viewed and judged against the larger background of the Conflict. Legislators and other officials, in all capacities, including supporting personnel, would be well advised to obtain, and read, the DOD Law of War Manual.

1. Fauci's incarceration draws near. This will have consequences for the remaining threads of the pandemic, and injections narrative. Public trust, and acceptance, of tyrannical 'health' measures is already at record **low** levels, and is expected to plunge further into historic lows.
2. SCOTUS has let the air out of the pandemic. With the collapse in public acceptance of the edicts of the CDC and other federal government agencies, the state level mandates will not be able to be sustained. As such mandates definitively fall within support of the bioweapon attack, the ability for Acting Parties to claim innocence of intent is rapidly fading into the past, thus judgments on actions going forward would necessarily be expected to be harsh.
3. The rising level of awareness within the Public, of the debilitating effects of the bioweapon, as delivered by the injections, as well as the corruption involved with the creation, and distribution, of the various injections, will necessarily bring attention to local Legislator participation in the various government edicts that shaped the WA State response to the bioweapon attack disguised as a public health event. Legislators are advised to consider their personal, and financial, roles in these events as it can be anticipated that the Public, and Parties to the Conflict, will also be examining these events in detail. Such examinations will include relationships between Legislators and Combatants, and Agents of Combatants.
4. The release of the CDC information shows that the State of Ks had NO pandemic. As this can be established as factual within Courts, the actions taken as regard to the 'pandemic', and specifically, the 'narrative' in support of its use in the bioweapon attack, will be viewed through the filter of chapter XI of the DOD Law of War manual. Chapter XI addresses when military occupation law applies, how a situation of occupation ends, and when Combatants' obligations cease to apply, the authority and obligations of the occupying power e.g. in relation to **legislation** and **courts**, the **movement** of **persons** in occupied territory and the **protection** of **children** there. Responsibilities in respect of food and medical supplies, public health, spiritual assistance, relief consignments, enemy and cultural property and labor by protected persons are also addressed. The Chapter closes with an assessment of the Manual’s treatment of the rules relating to **judges, public officials, public finances** and of other economic regulation of occupied territory
5. As the perception of the occurrences of these past two years’ changes in the mind of the Public, it will move from a 'natural pandemic' to an Act of War, and further as the role of the Chinese Communist Party emerges from the background to be exposed in the 'mandates' and other political actions here in country, it may be expected that Claims of certain officials have acted as non-Combatant Belligerents will be pressed. Many of these claims will be against officials who have been duped, or coerced into such roles, however, this is, as observed, not an adequate defense. The concerned Legislator may wish to review their votes and other actions after reading the pertinent chapters of the DOD Law of War manual. Such advice could also be heeded by subordinate staff.
6. In order to assist you in overcoming the difficulties of filtered information in this modern age, I will be sending emails such as this periodically, and as manifesting events may warrant.

Resources

DOD LAW of War Manual: Link to download a PDF a copy

https://tjaglcspublic.army.mil/documents/27431/61281/DoD+Law+of+War+Manual+-+June+2015+Updated+Dec+2016/5a02f6f8-eff3-4e79-a46f-9cd7aac74a95

Here is a link to encapsulated description of Devolution that may assist your thinking for the Immediate, and Long term future. We are at War. Every action and decision and Vote will have significant and serious consequences.

https://clifhigh.substack.com/p/vox-populi-legislator-be-advised-619

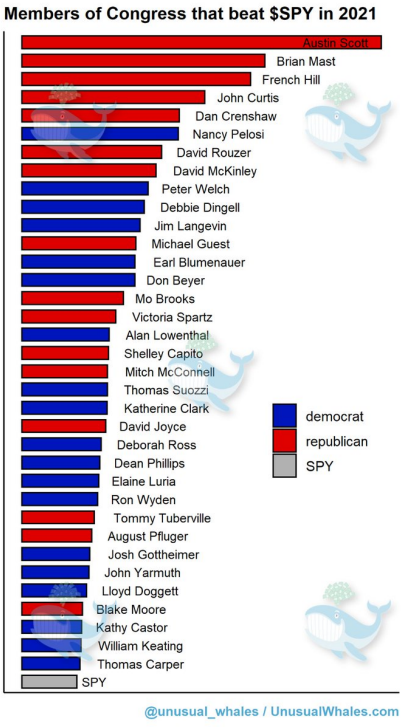
Devolution Series: How did we get here part1;

On January 20th, 2021, President Donald Trump delivered his final speech at Joint Base Andrews before boarding Air Force One, leaving the Presidency and the fate of America in the corrupt hands of Joe Biden and his handlers. Like many, I was devastated and even more so, I was confused. It was obvious that the election of 2020 was rife with fraud even though the mainstream media has been diligent in emphasizing that it was the most secure election in history and that Joe Biden is the most popular "president" in history.

https://patelpatriot.substack.com/p/devolution?utm_source=substack&utm_campaign=post_embed&utm_medium=web

Congressional Trading in 2021

I have just released the full trading report on politicians in 2021. In short, many beat the market. They traded more than ever before. And they made numerous unusually timed trades, resulting in huge gains.



https://unusualwhales.com/i_am_the_senate/full

The Hunter Connection? Kazakh Intelligence Chief Arrested for Treason Was "Close Friends" With Bidens

Among the boldest and eye-brow raising political moves by embattled Kazakh President Kassym-Jomart Tokayev within the past days that grabbed international headlines was his ordering **the arrest of Kazakhstan's powerful former intelligence chief, Karim Massimov**, on the charge of ***high treason***.

Indicating that amid widespread fuel price unrest which quickly became aimed squarely at toppling Tokayav's rule there's a simultaneous power struggle within the government, Massimov had headed the National Security Committee (KNB) up until his Thursday sudden removal and detention. Massimov had served as the prior longtime strongman ruler Nursultan Nazarbayev's prime minister and has long been considered his "right hand man". Shortly after, a photo has resurfaced, currently subject of widespread speculation which shows **Joe Biden and Hunter Biden posing with the now detained Kazakh security chief Karim Massimov, along with well-connected oligarch Kenes Rakishev**.

Further an email and communications have surfaced, previously subject of extensive reporting in *The Daily Mail*, and related to prior extensive commentary and questions concerning Hunter's 'laptop from hell' – that appears to confirm that **Hunter Biden and Massimov were "close friends"**. Reporting at the time indicated that "**when Biden was vice president, Hunter worked as a go-between between for Rakishev from 2012 until 2014**. And further the emails were *from "anti-corruption campaigners" in Kazakhstan showing that Hunter made contact with Rakishev.* And more: "Per the report, Hunter successfully got a **$1million investment from Rakishev** to a politically-connected filmmaker."

According to a 2020 article in *The New York Post* written when the photo first began gaining attention among Western pundits, "The snap, first published by a Kazakhstani anti-corruption website in 2019, follows last week's bombshell Post exposés detailing Hunter Biden's overseas business dealings and a report claiming Rakishev **paid the Biden scion as a go-between to broker US investments**." Concerning his relationship with Kazakh oligarchs and power-brokers, the *NYPost* story had detailed further:

https://wearechange.org/the-hunter-connection-kazakh-intelligence-chief-arrested-for-treason-was-close-friends-with-bidens/

We cannot let the federal government/UN initiate a war with Russia, they likely have information that could help us identify further corruption perpetrated by our US government officials. We should be reaching across the ocean to work with Russia in sorting all this out!! ~ LP

The Border Crisis Is Bad, But in Mexico a Larger Crisis Looms

In fact, we're still in the midst of an historic surge in illegal immigration. After an unprecedented 1.7 million apprehensions at the border in fiscal year 2021, Biden's border crisis continues to roll along, month after month, shattering records with huge, ongoing surges in illegal crossings at a time of the year when they would have normally dropped off. At this rate, we'll easily see more than 2 million border arrests in fiscal year 2022, breaking the all-time record for a second straight year.

https://thefederalist.com/2022/01/18/the-border-crisis-is-bad-but-in-mexico-a-larger-crisis-looms/

Hippocratic Oath...

“I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not", nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.”

Source; https://en.wikipedia.org/wiki/Hippocratic_Oath#Text_of_the_oath

Corona Investigative Committee:

Since mid-July 2020, the Corona Committee has been conducting live, multi-hour sessions to investigate why federal and state governments imposed unprecedented restrictions as part of the Coronavirus response and what the consequences have been and still are for people.

https://corona-ausschuss.de/en/

Reiner Fuellmich summarizes findings to date:

https://pandemictimeline.com/2021/09/reiner-fuellmich-summarizes-findings-to-date/

Dr. David Martin:

"Under the 21 CFR § 50.23 and 50.24, it is illegal to make anyone participate in an experimental program using coercion. Under 18 US Code § 2331, subsection 802, anytime a US citizen or a government inside the US is forced to do something that it would not otherwise do, that is not only coercion, but it is also domestic terrorism, which is a felony that carries a prison term up to 99 years. "

In the United States Courts

United States of America
Attorney General with a Conscience

V

Mr. Alex Azar, DEFENDANT
Dr. Anthony Fauci, DEFENDANT
Dr. Peter Daszak, DEFENDANT
Dr. Ralph Baric, DEFENDANT
FDA, DEFENDANT
CDC, DEFENDANT
NIAID, DEFENDANT
MODERNA, DEFENDANT
PFIZER, DEFENDANT
BILL GATES, (OF THE BILL & MALINDA GATES FOUNDATION) DEFENDANT

Count 1: 18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Count 2: 18 USC § 2339– Conspiring to Commit Acts of Terrorism

Count 3. 15 U.S.C. §1-3 – conspiring to criminal commercial activity

Count 4. 18 USC § 175 – Funding and Creating a Biological Weapon

Count 5. 15 U.S.C. §8 – market manipulation and allocation

Count 6. 18 U.S.C. § 1001 – lying to Congress

Count 7. 15 U.S.C. § 19 – interlocking directorates

Count 8. 18 U.S. Code § 2384 - Seditious conspiracy

The Proposed Indictment

Throughout the decade of the 90s Pfizer sought to research, develop and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April of 2000. During the same period, the

National Institute for Allergy and Infectious Disease (NIAID) under the vaccine obsession of Dr. Anthony Fauci, funded Professor Ralph Baric at the University of North Carolina Chapel Hill. This program designed to commercially weaponize a naturally occurring toxin is the beginning of the criminal conspiracy and **violates 18 USC § 175, 15 USC § 1-3, and 15 USC § 8**) Dr. Baric's expertise was understanding how to modify components of the coronavirus associated with cardiomyopathy. NIAID Grants AI 23946 and GM63228 (leading to patent U.S. 7,279,327 "Methods for Producing Recombinant Coronavirus") was the NIH's first Gain-of-Function (GOF) project in which Dr. Baric created an "infectious, replication defective" clone of recombinant coronavirus. This work clearly defined a means of making a natural pathogen more harmful to humans by manipulating the Spike Protein and other receptor targets. A year after filing a patent on this GOF CoV, the world experienced the first outbreak of Severe Acute Respiratory Syndrome (SARS).

Under the guise of responding to a public health emergency, the United States Centers for Disease Control and Prevention (CDC) filed a patent application on the genome of SARS CoV on April 25, 2003. Accessing and manipulating the genomic data (which came from China making an "invention" claim by a U.S. entity illegal **violating 35 USC §101, 103**), Dr. Baric, Dr. Fauci, and the CDC **violated 18 USC § 175** (a felony). One year earlier, Dr. Baric and his team had already filed a patent which clearly the pathogen CDC claimed as novel in 2003. Three days after filing a patent on the genome, NIH-funded Sequoia Pharmaceuticals filed a patent for the vaccine on the virus invented a mere three days earlier. At the same time, in **violation of 15 USC § 19** Dr. Fauci was appointed to a board position with the Bill and Melinda Gates Foundation (a competitor in vaccine manufacturing) thereby beginning the interlocking directorate[1] anti-trust crime.

In 2005, the DARPA and MITRE hosted a conference in which the intentions of the U.S. Department of Defense was explicit. In a presentation focused on "Synthetic Coronaviruses Biohacking: Biological Warfare Enabling Technologies", Dr. Baric presented the malleability of CoV as a biological warfare agent. **Violating 18 USC § 175** and inducing the non-competitive market allocation (**violating 15 USC § 8**) for years to follow, Dr. Baric and the U.S. Department of Defense spent over $45 million in amplifying the toxicity of CoV and its chimeric derivatives.

From 2011 until the alleged COVID-19 pandemic, Dr. Fauci has routinely lamented about the inadequacy of public funding for his vaccine programs and the public's general unwillingness to succumb to his insistence that everyone MUST be vaccinated against influenza. Despite repeated appropriations to advance vaccine dependency, his efforts have been largely unsuccessful. NIAID – under Dr. Fauci's direct authorization – encouraged UNC Chapel Hill and Dr. Baric's lab to ignore the GoF moratorium in a letter dated October 21, 2014. At that time, Drs. Fauci, Baric and EcoHealthAlliance's Peter Daszak were in possession of an extremely dangerous Chinese pathogen identified a year earlier in Wuhan.[1]

While many illegal acts were committed by the conspirators leading up to 2015, the domestic terrorism program (**in violation of 18 USC § 2339**) was announced by NIAID-funded Daszak at the National Academy of Sciences. Here, he announced what was to become the domestic and global terrorism event branded COVID-19.

[1] We note that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies and sat on the World Health Organization's International Committee on Taxonomy of Viruses (ICTV) and the *Coronaviridae* Study Group (CSG). In this capacity, he was both responsible for determining "novelty" of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent-holding biotech companies; Moderna; Pfizer; Merck; BioNTech; AstraZeneca; Janssen; Ridgeback; Gilead (Dr. Baric's alter ego); Sherlock Biosciences; and others), a powerful group of interests constituted what are "interlocking directorates" under U.S. anti-trust laws. Further, most of these entities, including the

[1] By October 2013, the Wuhan Institute of Virology 1 coronavirus S1 spike protein was described in NIAID's funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response. (Ge, XY., Li, JL., Yang, XL. *et al.* Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* **503,** 535–538 (2013).) The GoF work NIAID allowed to persist in the face of the moratorium was Dr. Baric's work with this pathogen

Federal Government ones **violated 35 USC § 200-206** by failing to disclose Federal Government interest in the remedies proposed.

These entities were affiliated with the WHO's Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Open Philanthropy-funded global coronavirus pandemic "desk-top" exercise EVENT 201 in October 2019. This event, funded by the principal investor in Sherlock Biosciences (a beneficiary of the SARS CoV-2 EUA for CRISPR technology) and linking interlocking funding partner, the Bill and Melinda Gates Foundation into the GPMB mandated a respiratory disease global preparedness exercise to be completed by September 2020 and alerted us to anticipate an "epidemic" scenario. We expected to see such a scenario emerge from Wuhan or Guangdong China, northern Italy, Seattle, New York or a combination thereof, as Dr. Zhengli Shi and Dr. Baric's work on zoonotic transmission of coronavirus identified overlapping mutations in coronavirus in bat populations located in these areas.

"...until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. ***To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pancoronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process****, Daszak stated."*[3]

It is not surprising that one year later NIAID's funding paid off with Dr. Baric's lab announcing that the Wuhanderived pathogen was "poised for human emergence".[4]

Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate in ***A World At Risk***:

"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.
Progress indicator(s) by September 2020

- *Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*
- *Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*
- *WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."*[5]

As if to confirm the utility of the September 2019 demand for "financing and development of" vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for

[3] Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National

Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK349040/

[4] Menachery VD, Yount BL Jr, Sims AC, Debbink K, Agnihothram SS, Gralinski LE, Graham RL, Scobey T, Plante JA, Royal SR, Swanstrom J, Sheahan TP, Pickles RJ, Corti D, Randell SH, Lanzavecchia A, Marasco WA, **Baric RS**. 2016. *SARS-like WIV1-CoV poised for human emergence*. **Proc Natl Acad Sci U S A. 2016** Mar 14. pii: 201517719

[5] https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

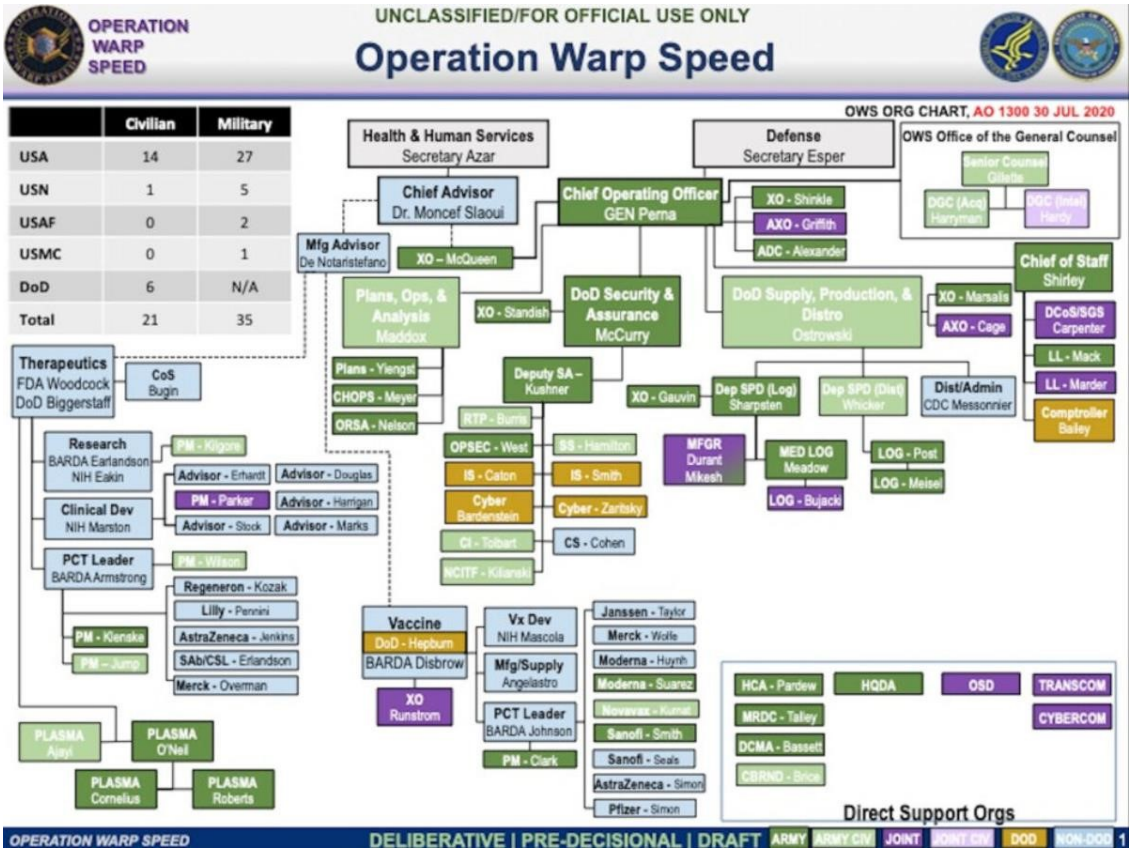
additional funding was likely changing for the better. In a February 2020 interview in ***STAT***, he was quoted as follows:

"The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things."[2]

In November 2019 – one month before the alleged "outbreak" in Wuhan, Moderna entered into a material transfer agreement – brokered by the Vaccine Research Center at NIAID (at which UNC Chapel Hill alum Dr. Kizzy Corbett worked) – to access Dr. Baric's Spike Protein data to commence vaccine development. In his own written statement obtained by the ***Financial Times***, he refers to this agreement as being the foundation for the mRNA Moderna vaccine.[7]

To finalize the nature of the racketeering and anti-trust criminal conspiracy, when it came time to commercialize the NIH and DARPA owned spike protein and pass it off as a "vaccine" (in conflict with the standard for vaccines in statutory and scientific application), the Operation Warp Speed contract was awarded to DoD contraction ATI, a subsidiary of ANSER. In a graph reminiscent of the anti-trust hearings at the formation of the Clayton Act in the early 20th century, the identity of the interlocking conflicts of interests are presented in graphic relief. It is with no surprise that the result of this price-fixing conspiracy was the enrichment of the conspiring parties and the harm of consumers.

[2] https://www.statnews.com/2020/02/10/fluctuating-funding-and-flagging-interest-hurt-coronavirus-research/ [7] https://pubmed.ncbi.nlm.nih.gov/32756549/



Indeed, ***the money followed the hype*** and they ***used the hype to get to the real issues. Investors follow where they see profit at the end of the process.***

And real Americans are dying each day because a criminal organization unleashed terror resulting in the deaths of Americans.

18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Pub. L. No. 107-52 expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

Every single Act, the declaration of the State of Emergency, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further, these acts disrupted the democracy of the United States of American and resulted in the violation of 18 USC § 2384. The conspirators announced it in 2015, then prepared the pathogen in 2016, and laid out the terror campaign in September 2019. And now they profit from the death of Americans.

https://www.davidmartin.world/attorney-general-document/

10 Biggest Pharmaceutical Settlements in History

Why do pharmaceutical companies misrepresent drugs?

Put simply: **money.**

https://www.enjuris.com/blog/resources/largest-pharmaceutical-settlements-lawsuits/

PREP Act Immunity from Liability for COVID-19 Vaccinators

In order to expand the workforce available and authorized to administer COVID-19 vaccines, the Public Readiness and Emergency Preparedness Act (PREP Act) provides immunity to qualified individuals.

When Immunity from Liability Applies

When the Secretary determines that a threat or condition constitutes a present or credible risk of a future public health emergency, the Secretary may issue a PREP Act declaration. The declaration provides immunity from liability (except for willful misconduct) for claims of loss caused by, arising out of, relating to, or resulting from the administration or use of covered countermeasures to diseases, threats and conditions identified in the declaration.

https://www.phe.gov/emergency/events/COVID19/COVIDvaccinators/Pages/PREP-Act-Immunity-from-Liability-for-COVID-19-Vaccinators.aspx

FDA Does a Bait and Switch with COVID Shots

1. All existing Pfizer vials (in the hundreds of millions), remain under the federal Emergency Use Authorization (EUA) (meaning people have the “option to accept or refuse”);
2. The third or “booster” Pfizer shot is identical to the above and remains under the EUA with limited use to certain categories of people;
3. BioNTech received FDA approval for people ages 16 and above under the name Comirnaty, but there are no Comirnaty doses available in the United States;
4. **In other words, there is currently NO FDA-approved COVID-19 injection available anywhere in the United States**. Every COVID shot in America remains under the EUA law and thus people have the “option to accept or refuse” them; and
5. Even when an FDA-approved COVID shot becomes available, individuals are protected by federal law and many states laws from being forced to get these shots based on their sincere religious beliefs or conscience rights.

https://masscentral.com/fda-does-a-bait-and-switch-with-covid-shots/

Judge scraps 75-year FDA timeline to release Pfizer vaccine safety data, giving agency eight months

The Food and Drug Administration won't have 75 years to release thousands of pages of documents it relied on to license its COVID-19 vaccine. Instead, the federal agency will have just over eight months to do so, per a federal judge's ruling.

https://www.washingtonexaminer.com/policy/healthcare/judge-scraps-75-year-timeline-for-fda-to-release-pfizer-vaccine-safety-data-giving-agency-eight-months

Clearly they attempted to hide the data for 75 years. How can anyone make an informed decision when they refuse to release their data? We also know that typically who pays for the studies get the results they are looking for. ~ LP

Military Documents About Gain of Function Contradict Fauci Testimony Under Oath January 10, 2022

- Military documents state that EcoHealth Alliance approached DARPA in March 2018 seeking funding to conduct gain of function research of bat borne coronaviruses. The proposal, named Project Defuse, was rejected by DARPA over safety concerns and the notion that it violates the gain of function research moratorium.
- The main report regarding the EcoHealth Alliance proposal leaked on the internet a couple of months ago, it has remained unverified until now. Project Veritas has obtained a separate report to the Inspector General of the Department of Defense, written by U.S. Marine Corp Major, Joseph Murphy, a former DARPA Fellow.
- "The proposal does not mention or assess potential risks of Gain of Function (GoF) research," a direct quote from the DARPA rejection letter.
- Project Veritas reached out to DARPA for comment regarding the hidden documents and spoke with the Chief of Communications, Jared Adams, who said, "It doesn't sound normal to me," when asked about the way the documents were buried.

https://www.projectveritas.com/news/military-documents-about-gain-of-function-contradict-fauci-testimony-under/

Aviation Safety Airline Flight Delays: The Real Story

Airline Safety Compromised by COVID-19 Vaccinations. Pilots Cody Flint and Greg Pearson share their stories of adverse reactions after getting vaccinated against covid-19 and the risks posed to airline travel.

Josh Yoder and the US Freedom Flyers introduce us to now former pilot, Cody Flint. Cody was a pro-vaxxer who took the jab and immediately lost the ability to fly. He tells us his story.

Health Freedom Groups Sue Over Federal Vaccine Mandate

USFreedomFlyers-Lawsuit

U.S. Army Lt. Colonel Theresa Long MD, MPH, FS calls out Nuremberg Code Violations regarding Biden's mandated vaccines for the military.

"With respect to aviation safety, risk communication is critical. I saw five patients in clinic, two of which presented with chest pain, days to weeks after vaccination, and were subsequently diagnosed with pericarditis and worked up to rule out myocarditis. The third pilot had been vaccinated and felt like he was drunk, chronically fatigued within 24 hours after vaccination. The pilot told me he didn't know what to do. So he drank a lot of coffee to try and quote, wake himself up, and continue to fly until he realized it wasn't going away. After I reported to my command, my concerns that in one morning, I had to ground three out of three pilots due

to vaccine injuries. The next day, my patients were canceled. My charts were pulled for review, and I was told that I would not be seeing acute patients anymore, just healthy pilots there for their flight physical." – Lieutenant Colonel Theresa Long"

https://peoplesworldwar.com/aviation-safety-airline-delays-the-real-story/

AFFIDAVIT OF LTC. THERESA LONG M.D. IN SUPPORT OF A MOTION FOR A PRELIMINARY INJUNCTION ORDER

AFFIDAVIT_OF_LTC2_TheresaLong

Johns Hopkins Doc Says Natural Immunity 27 Times More Effective Than Vaccine

The Biden administration's refusal to acknowledge the relevance of natural immunity in the fight against COVID-19 has become glaring.

The administration that constantly insists they are following the science is actually engaging in willful blindness.

Hell-bent on enforcing their COVID vaccine mandate, they deliberately ignore every scientific study that finds natural immunity to be superior to vaccine immunity.

https://www.westernjournal.com/johns-hopkins-doc-says-natural-immunity-27-times-effective-vaccine/

Israel finds 4th vaccine dose not as effective vs. Omicron

First-in-world preliminary findings: Second booster with Pfizer or Moderna raises antibodies but not enough to protect against Omicron Covid variant.

https://www.israel21c.org/israel-finds-4th-vaccine-dose-not-as-effective-vs-omicron/

COVID-19 Experimental Vaccines:

The Number of Athlete Collapses/Deaths Following Vaccination Is Shocking

A former CIA operative fact checked the stories and found they were true. Why isn't the mainstream media doing these stories??

STEVE KIRSCH

Note the number of deaths change as the vaccines are rolled out and athletes are forced to finally take them. See a difference in the number of reports per month?

Here's the email…

My company has been studying these kinds of cases (see list below) in which young, fit athletes have cardiac-related death or collapse, often right on the field. **There have been many more of these incidents in 2021**. I assigned one of our CIA-trained analysts to conduct a random sampling to confirm these events below are real.

His reply:

"I reviewed the list, and specifically conducted research on some instances listed, drawing on each month. All of the news stories I reviewed appeared authentic. I also found additional news stories on these cases reported by other outlets. That further corroborated many of the stories."

https://www.europereloaded.com/athlete-collapses-deaths-following-vaccination/

500 Athlete Cardiac Arrests, Serious Issues, 295 Dead, After COVID Shot

It is definitely not normal for so many mainly young athletes to suffer from cardiac arrests or to die while playing their sport, but this year it is happening. Many of these heart issues and deaths come shortly after they got a COVID vaccine. While it is possible this can happen to people who did not get a COVID vaccine, the sheer numbers clearly point to the only obvious cause.

The so-called health professionals running the COVID vaccine programs around the world keep repeating that *"the COVID vaccine is a normal vaccine and it is safe and effective."*

So in response to their pronouncement, here is a non-exhaustive and continuously growing list of mainly young athletes who had major medical issues in 2021/2022 after receiving one or more COVID vaccines. Initially, many of these were not reported. We know that many people were told not to tell anyone about their adverse reactions and the media was not reporting them. They started happening and ramping up after the first COVID vaccinations. The mainstream media still are not reporting most, but sports news cannot ignore the fact that soccer players and other stars collapse in the middle of a game due to a sudden cardiac arrest. Many of those die – more than 50%.

https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/

UN Forced To Admit That Gates-Funded Vaccine Is Causing Polio Outbreak In Africa

The United Nations has been forced to admit that a major international vaccine initiative is actually causing the outbreak of the very disease it was supposed to wipe-out

This really should be one of the biggest scandals in public health, but it's given little attention – mainly because of the high-profile nature of the people and organizations involved.

https://lichtnahrung2015.wordpress.com/2020/09/06/un-forced-tothat-admit-that-gates-funded-vaccine-is-causing-polio-outbreak-in-africa/

More polio cases now caused by vaccine than by wild virus

LONDON -- Four African countries have reported new cases of polio linked to the oral vaccine, as global health numbers show there are now more children being paralyzed by viruses originating in vaccines than in the wild.

In a report late last week, the World Health Organization and partners noted nine new polio cases caused by the vaccine in Nigeria, Congo, Central African Republic and Angola. Seven countries elsewhere in Africa have similar outbreaks and cases have been reported in Asia. Of the two countries where polio remains endemic, Afghanistan and Pakistan, vaccine-linked cases have been identified in Pakistan.

https://abcnews.go.com/Health/wireStory/polio-cases-now-caused-vaccine-wild-virus-67287290

Oral polio drops linked to paralysis in India *31/08/18*

[NEW DELHI] While India's oral polio vaccine (OPV) drives have eliminated polio from the country, they have also resulted in over 490,000 cases of paralysis during 2000—2017, says a new study based on national surveillance statistics.

India, a country of 1.3 billion people, was declared polio-free by the World Health Organization (WHO) in May 2014 in what was considered a landmark in the global drive to eradicate polio. Currently, the wild polio virus, which attacks the nervous system leading to childhood paralytic disease, is confined to Afghanistan, Nigeria and Pakistan.

https://www.scidev.net/asia-pacific/news/oral-polio-drops-linked-to-paralysis-in-india/
https://pubmed.ncbi.nlm.nih.gov/30111741/

Bill Gates

"What's next for our foundation? I'm particularly excited about what the next year could mean for one of the best buys in global health: vaccines."

https://twitter.com/BillGates/status/1207681997612748801

polio outbreak caused by gates foundation vaccines

America's Frontline Doctors White Paper On Experimental Vaccines for COVID-19

Executive Summary

This document represents the preliminary findings of an investigation conducted by the member-physicians of America's Frontline Doctors. We are recommending caution for patients and policy makers and employers. Additional transparency and more research are needed before we ask Americans to embark on the largest experimental medical program in US history. The unknowns must be addressed through a scientifically rigorous process. Mandates for experimental medical therapies are neither permissible nor advisable. Ordinary Americans should not be compelled to sign up for a "vaccine passport" or similar mandate just to travel on an airplane or see a concert with friends. The potential for third-party abuse of private health information and real medical risk to individuals remains much too high. Concentrations of private power pose a threat to privacy and other civil liberties and policy makers must proceed with caution. We also ask our public health agencies to avoid prioritization of experimental biological agents based on race. Zero-pressure "opt-out" policies should be continued with the COVID-19 vaccine just as they have with previous inoculations. Furthermore, the CDC's tiers of prioritization place seniors not residing in long-term-care facilities last in line for

immunization, even though patient experience and data tell us that 70 percent of US deaths have occurred among those 70 and older.

https://americasfrontlinedoctors.org/2/wp-content/uploads/2021/06/6076e4fd8bde421370729e47_Vaccine-PP.pdf

THE PFIZER INOCULATIONS FOR COVID-19 DO MORE HARM THAN GOOD!

Who we are Our alliance of over 500 independent Canadian doctors, scientists, and health care practitioners is committed to providing quality, balanced, evidence-based information to the Canadian public about COVID-19 so that hospitalizations can be reduced, lives saved, and our country safely restored to normal as quickly as possible.

https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf
https://www.canadiancovidcarealliance.org/

Vaccine Safety

This is a link to over 25 studies posted on Robert Kennedys website.

https://childrenshealthdefense.org/research_category/vaccine-safety/

COVID-19 - Coronavirus

15 Studies on this link.

https://childrenshealthdefense.org/research_category/covid-19-coronavirus/

Main Site Link

https://childrenshealthdefense.org/

Robert Kennadys book exposing "The Real Anthony Fauci":

https://www.amazon.com/Real-Anthony-Fauci-Democracy-Childrens/dp/1510766804/ref=sr_1_1?crid=3MPLQHGEM3LHK&keywords=the+real+anthony+fauci+robert+kennedy&qid=1641049665&sprefix=the+real+%2Caps%2C101&sr=8-1

10 Key Facts That Unravel The COVID Narrative

1 COVID is not as dangerous as previously thought

"The Median COVID-19 infection fatality rate was 0.27%.".

Fact: COVID was thought to be much more deadly than it actually is.

2 Early medical treatment works

"Ivermectin basically obliterates transmission of this virus...with miraculous effectiveness." - Dr. Pierre Kory

Fact: There are several effective early treatments for COVID backed by science research.

3 PCR positive does not mean contagious

"The test should be limited to a maximum of 30-35 cycles, since, over 35 cycles 97% of the results would be false positives."

Fact: PCR test results are not an accurate indicator of whether someone has COVID, much less whether they are infectious.

4 Asymptomatic transmission is rare

"A meta-analysis of 54 studies and concluded that asymptomatic transmission even within the household was less than 1%."

Fact: Asymptomatic transmission is rare.

5 Lockdowns are ineffective and costly

"There is currently no compelling evidence to suggest that shelter in place policies saved a large number of lives or significantly mitigated the spread of COVID-19."

Fact: Lockdowns damage people's health, the economy with no clear benefit in fighting COVID.

6 Vaccine passports are unscientific and unethical

"A recent study concluded that natural immunity was 27 times more protective than the Pfizer vaccine."

Fact: Vaccine passports are ineffective, set a dangerous precedent, and have no place in a free society.

7 Masks: the science is not settled

"85% of those infected with COVID wore masks some or all of the time before their infection."

Fact: There is insufficient scientific basis to mandate masks.

8 Kids are paying a disproportionately high price for the covid response

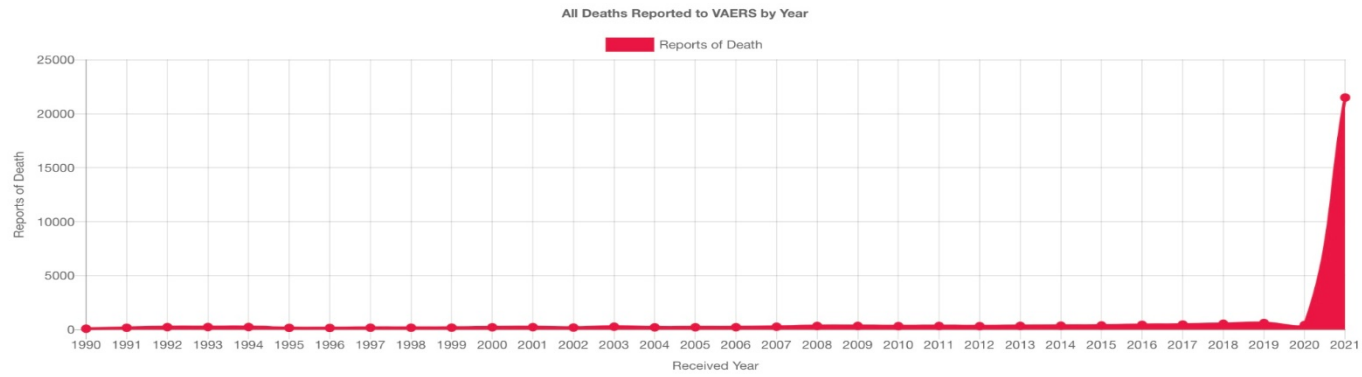
"A team of Johns Hopkins researchers found a mortality rate of zero among children without a preexisting medical condition such as leukemia."

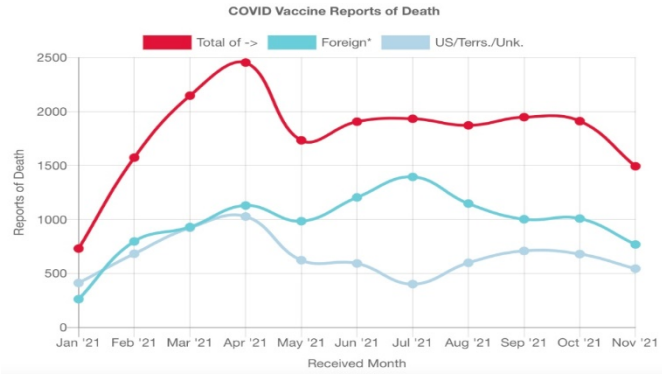
Fact: Kids have a very low risk from COVID, but a high risk from the COVID response.

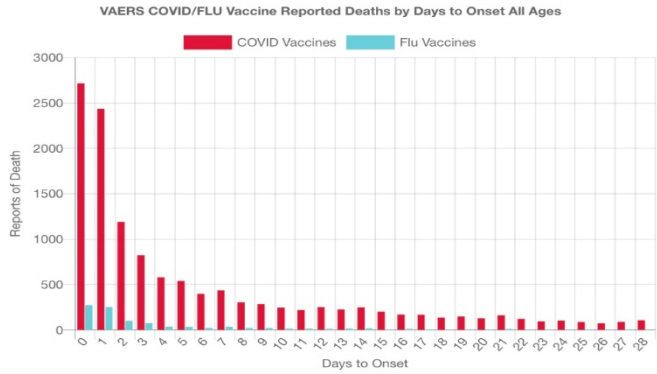
9 The COVID vaccine safety record

“Reported deaths in connection to the COVID vaccines totaled more than all vaccines-related deaths over the past 31 years, combined.”

Fact: The COVID vaccines are far more dangerous than we’re being led to believe.







10 COVID vaccine effectiveness

“A study in the European Journal of Epidemiology concluded that there was no difference between jurisdictions that were highly vaccinated and those that had lower levels of vaccination when it came to new COVID infection.”

Fact: COVID vaccines appears to be ineffective at reducing infections, and possibly effective at reducing serious illness and death in the short term.

https://americasfrontlinedoctors.org/covid/covid-facts/

PCR test:

The staging of the pandemic with the help of the Drosten PCR test

While all politicians and physicians worldwide (among them also the virologist Prof. Drosten) as well as the mainstream media were still reassuring the citizens and explaining that the virus from China would, just as a mild flu wave, not be noticed by the vast majority of people, that no special measures had to be taken, in particular that masks were completely unnecessary and pointless, Prof. Dr. Drosten (whose academic background is now highly doubtful) invented a PCR test with which Covid-19 infections could

allegedly be detected. This was at the beginning of January of 2020, while he was telling everyone that there was nothing to worry about. In two papers, the contents of which were disseminated worldwide by the WHO, he made two false claims – deliberately false, as has since been established – that were crucial to the pandemic. First, he claimed

- That there are asymptomatic infections, i.e., that everyone should be afraid of every perfectly healthy person showing no symptoms, because he or she could be infected with Covid 19 and be contagious,

And secondly, he claimed

- his PCR test, as the gold standard, could detect concrete, contagious infections with Covid 19.

Asymptomatic infections with respiratory viruses such as Influenza or Corona do not exist, as most recently proven by a study conducted with 10 million subjects in Wuhan in late 2020, and as Drosten also knew when he published this. And the PCR test invented by Nobel Prize winner Kary Mullis is neither approved nor suitable for diagnostic purposes. This is because it cannot distinguish between living and dead viral fragments and it also tests positive for fragments of a virus left over from the immune system's fight against a flu or cold that has long since passed.

In particular, the test cannot determine whether a whole virus (fragments are not enough) has entered cells and is replicating there. Drosten knew all this and had explicitly stated 6 years earlier in a newspaper interview concerning the MERS virus (another Corona virus) that a positive test had no meaning, but that completely healthy people could also test positive.

~ RF (link above)

FDA document admits "covid" PCR test was developed without isolated covid samples for test calibration, effectively admitting it's testing something else

A document just released by the U.S. Food and Drug Administration (FDA) openly admits that the infamous PCR test for the coronavirus (Covid-19) was developed not with actual samples of the Chinese Virus, but rather what appears to be genetic material from a common cold virus.

Since the Covid-19 in any of its "variant" forms has yet to be properly isolated, the FDA instead used regular cold/flu viruses to produce PCR tests – meaning everyone who tests "positive" for Covid-19 is actually just testing positive for the seasonal flu.

This would, of course, explain why the flu nearly disappeared in 2020, as everyone who got sick was assigned a "Covid-19" diagnosis. Many were saying this from the beginning and being called "conspiracy theorists," and subsequently censored by big tech but now the FDA is fessing up to the truth that this whole thing was a scam all along.

In the FDA document, it is clearly stated that ordinary seasonal flu genetic material was used as the testing marker in the PCR test kits because the authorities knew that many people would test "positive" for it, thus allowing them to use these results to create the "Covid-19" narrative.

It is somewhat of a lengthy read, but have a look for yourself and see the deception in plain sight. There is no legitimate test out there that accurately identifies the presence of the Covid-19, and this is the smoking gun. From the document:

*Since **no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed** and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.*

Another revelation in the document is the admission by the FDA that test results are "pooled" together to produce numbers that are inaccurate. The FDA is quite literally manufacturing data as part of the *pandemic* narrative, and it is all revealed in the document.

What this all proves is that the *pandemic* narrative, as it was spread over the past two years, is contrived and false. What people are truly testing "positive" for remains unknown, or is just the common flu, because the tests are inherently fraudulent.

https://www.fda.news/2021-08-01-fda-covid-pcr-test-fraud.html#

https://www.fda.gov/media/134922/download

Ethylene Oxide, FDA PCR Swab Recall, & Strange Black Fibers That Move

Did you know COVID test swabs are regularly sterilized with ethylene oxide (EO), a highly toxic odorless gas?

Harmful Effects of Ethylene Oxide

In the industry, it is widely known that **exposure to Ethylene Oxide causes lymphoma, 7 cancers, neurotoxicity, and an increase in numbers of miscarriages.** (source)

What a coincidence, that with lower exposure, **ethylene oxide also causes respiratory irritation, shortness of breath, headaches and nausea** (pg.2).

And how interesting is that— that **those last symptoms stated are the exact same symptoms of Covid-19 itself!**

https://deeprootsathome.com/nasal-swabs-ethylene-oxide-black-fibers-that-move/

Masks: Science of Masks,

https://americasfrontlinedoctors.org/covid/masks/

From the New England Journal of Medicine

https://www.nejm.org/doi/full/10.1056/NEJMp2006372

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a

passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic."

https://americasfrontlinedoctors.org/2/files/science-of-masks/

More Research,

Review of scientific reports of harms caused by face masks, up to February 2021

Introduction: Government's onus to evaluate safety

Following the precautionary principle, government has the onus to demonstrate absence of significant anticipated harm, prior to imposing a measure, especially with a personal medical measure applied to the general healthy population. The precautionary principle was not followed for masks in the COVID-19 pandemic. The general masking implementations in Canadian provinces were even more aggressive than the qualified recommendations of the WHO [1]. This reckless government overreach has not been missed in recent scientific commentary.

https://americasfrontlinedoctors.org/2/files/review-of-scientific-reports-of-harms-caused-by-face-masks-up-to-february-2021/

Even More Research: Mask References;

https://americasfrontlinedoctors.org/2/files/mask-references/

https://americasfrontlinedoctors.org/covid/masks/

If the level of risk cannot be identified at least qualitatively, it would be unwise to consider using anything less than TH3 or TM3 powered respirators against bacteria and virus.

https://www.gentexcorp.com/wp-content/uploads/2018/04/PureFloRespiratoryProtectionSelectionGuide.pdf

Mandatory Masking of School Children is a Bad Idea

The benefits of masks in preventing serious illness or death from COVID-19 among children are infinitesimally small. At the same time, they are disruptive to learning and communicating in classrooms.

COVID-19 is less of a threat to children than accidents or the common flu. The survival rate among American children with confirmed cases is approximately 99.99%; remarkably, recent studies find an even higher survival rate.

https://healthpolicy.usc.edu/article/mandatory-masking-of-school-children-is-a-bad-idea/

The 'Still Face' Experiment: The Importance of the Mother-Child Bond.

Using the "Still Face" Experiment, in which a mother denies her baby attention for a short period of time, Tronick describes how prolonged lack of attention can move an infant from good socialization, to periods of bad but repairable socialization. In "ugly" situations the child does not receive any chance to return to the good, and may become stuck.

https://childhoodtraumarecovery.com/all-articles/the-still-face-experiment-the-importance-of-the-mother-child-bond/

https://www.youtube.com/watch?v=apzXGEbZht0

Ed Tronick (http://www.umb.edu/Why_UMass/Ed_Tronick), director of UMass Boston's Infant-Parent Mental Health Program

Masking Children: Tragic, Unscientific, and Damaging

Summary: Children do not readily acquire SARS-CoV-2 (very low risk), spread it to other children or teachers, or endanger parents or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children – as it can to some adults. But the cost benefit analysis is entirely different for adults and children – particularly younger children. Whatever arguments there may be for consenting adults – children should not be required to wear masks to prevent the spread of Covid-19.

https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/

Lockdown's:

Questions for lockdown apologists

We now have mortality data for the first few months of 2020 for many countries, and, as you might expect, there were steep increases associated with the beginning of the COVID-19 pandemic in each one.

Surprisingly, however, these increases did not begin *before* the lockdowns were imposed, but *after*. Moreover, in almost every case, they began *immediately after*. Often, mortality numbers were on a downward trend before suddenly reversing course after lockdowns were decreed.

https://medium.com/@JohnPospichal/questions-for-lockdown-apologists-32a9bbf2e247

- **Harmful Health Effects**: Lockdowns are not feasible for seasonal viruses like influenza or Covid-19. In an urban, complex, modern world, shutting down the economy and human life for 1/3 of every year causes exponentially greater downstream harm in poverty, social isolation, depression, alcoholism, delayed and limited access to healthcare resulting in death. In addition drier, uncirculated air of indoor environments encourages viral transmission.

  See: Harmful | Don't Follow Europe | Mass Casualty Incident

- **Don't Work**: The most obvious proof that lockdowns don't work is Sweden (not locked down) whose numbers were better than her European neighbors which did lock down. Furthermore, during

the second wave, Sweden's numbers are much better than its neighbors, implying lockdowns are simply irrelevant, as the virus must just get through the community, and once it does, numbers are low. Even under conditions of extreme (voluntary) lockdown the virus gets through.

See: Sweden | Marines | Stanford Study | The Evidence

- **Illegal**: There is no legal precedent or legal authority for the United States government to "lockdown" its citizens. The United States Supreme Court has ruled in Shelton v. Tucker 364 U.S. 479 (1960) that the government cannot broadly curtail personal liberty. And there is no legal precedent or authority for locking down healthy citizens. The police power of quarantine only is possible against ill persons. Jew Ho v. Williamson 103 F. 10 (1900) and Wong Wai v. Williamson 103 F. 384 (1900).

https://americasfrontlinedoctors.org/covid/lockdowns/

Carrot and stick: incentives and punishments for adhering to federal guidelines.

Education Stabilization Fund (ESF);

The ESF is an investment of over $263 billion into state and institutional COVID-19 recovery and rebuilding efforts, managed by the U.S. Department of Education to prevent, prepare for, and respond to the coronavirus impacts on education for our nation's students. The ESF was established by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in March 2020, with subsequent allocations to the Fund codified through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA Act), signed into law in December 2020, and the American Rescue Plan Act (ARP Act), signed into law in March 2021.

https://covid-relief-data.ed.gov/

Funding = carrot

I just started looking into this funding and have not found any quotes like "your funding will be revoked if you do not fallow federal guidelines" however I am certain that is a stipulation in the application and or recommendations provided with such funding. Ie… the mandated masking of the children when there is a substantial lack of evidence to the efficacy of such recommendations.

Revocation of funding = stick ~ LP

Carrot…

Through the NCTAP, the Medicare Program will provide an enhanced payment for eligible inpatient cases that use certain new products with current FDA approval or emergency use authorization (EUA) to treat COVID-19.

https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap

Stick…

Across our great nation, Doctors, Nurses, and Pharmacists are having their rights stripped away by corrupt state and government actors.

We're here to stand up for your rights to practice safe, effective medicine and serve your patients. Watch the video below from Dr. Jen VanDeWater and join our Freedom Pharmacist Alliance today!

The time is now to band together and take action in defense of our Constitutional Medical Rights.

https://americasfrontlinedoctors.org/medicalfreedom/

Fauci's Deadly Corruption on Remdesivir

On May 1, 2020, Dr. Fauci released a memo related to the FDA emergency use authorization of Remdesivir in which he said it has been shown to be safe and effective in two studies. Dr. Ardis says that is a brazen lie.

The first was a study of its use against the Ebola virus in 2019. Dr. Ardis says that Remdesivir was by far the least safe and effective of the four drugs in the Ebola trial, and that the one-year study was canceled by safety monitors in August of 2019 after just six months because of a 53.1% mortality rate – not from ineffectively treated Ebola, but from kidney and other organ failure caused by the drug itself.

The second study cited by Fauci as evidence of the safety and effectiveness of Remdesivir was a March 2020 study of 53 people with COVID, done by the owner of the Remdesivir patent, Gilead Sciences, a major pharmaceutical company. Instead of the 28-day course of Remdesivir used against Ebola, a 10 day course was used. Of 53 people, 23% developed acute kidney and/or liver failure, while another 8% had to be pulled from the study before 10 days with such severe reaction that they needed emergency kidney or transplants or they would die. That's a combined 31% with life-threatening adverse reactions.

By the end of 2020, the United States, with 4.5% of the world's population, had 25% of the COVID-19 deaths, 95% of which occurred in U.S. hospitals with Remdesivir protocols that had been proven in the manufacturer's own study to destroy the kidneys and or livers of 31% of its users (for a disease with a 1% fatality rate globally) . As of today the death toll stands around 720,000, virtually all dying in hospitals from Remdesivir poisoning.

https://truthbasedmedia.com/2021/11/02/faucis-deadly-corruption-on-remdesivir/

Remdesivir causes acute kidney failure within 5 days. When a patient has IVs running and can't excrete the fluids as urine because their kidneys are shutting down, their abdomen fills up, then their heart cavity, then their lungs – the hospitals drown our loved ones to death.

https://deeprootsathome.com/dr-bryan-ardis-gives-life-saving-protocol-here/

Monoclonal antibodies for COVID-19 tested on fetal cells, risk 'serious side effects'

REGEN-COV, however, may expose patients to unknown, potentially life-threatening complications, according to a patient fact sheet released by Regeneron.

The document warns of allergic reactions that may be “severe or life threatening,” as well as the possibility of “worsening symptoms after treatment,” some of which “have required hospitalization.”

“These are not all the possible side effects of REGEN-COV,” the fact sheet adds. “Not a lot of people have been given REGEN-COV. Serious and unexpected side effects may happen. REGEN-COV is still being studied so it is possible that all of the risks are not known at this time.”

Regeneron’s antibody cocktail, moreover, “could interfere with your body’s own ability to fight off a future infection of SARS-CoV-2. Similarly, REGEN-COV may reduce your body’s immune response to a vaccine for SARS-CoV-2. Specific studies have not been conducted to address these possible risks.”

Further potential side effects listed in the healthcare provider sheet for REGEN-COV include “altered mental status,” “reduced oxygen saturation,” and arrhythmia, among other things.

Testing on ‘immortalized’ fetal cells

REGEN-COV is also ethically compromised in similar ways as available COVID-19 vaccines.

To test the antibodies, Regeneron used “immortalized epithelial cells” originally derived from the kidney of an unborn baby girl likely aborted at around 12 weeks in the Netherlands. Vaccine makers Pfizer, Moderna, and AstraZeneca used the same cell line, known as HEK (human embryonic kidney) 293, to test their COVID-19 shots. Johnson & Johnson’s coronavirus vaccine used a fetal cell line titled PER.C6, taken from another aborted Dutch baby.

The “immortalized” HEK 293 cells, cultured at a university in the Netherlands in the 1970s, have been continuously dividing in a laboratory for decades, according to Technology Review. Regeneron produced virus “pseudoparticles” with the cell line to test REGEN-COV against the coronavirus spike protein.

Early Treatment:

October 9, 2020: In a shameful move, the NIH declared NO treatment of SARS-CoV-2 patients unless the patient is hospitalized and requires oxygen. This is contrary to all the evidence and contrary to all of the history of the practice of medicine and all the evidence to date regarding managing this virus. Attached is the disgraceful NIH statement but also the early treatment protocol published in the American Journal of Medicine. There are currently over 100 studies showing HCQ is effective in early treatment.

https://americasfrontlinedoctors.org/covid/hydroxychloroquine/treatment-kits/

Medicine Uncensored:

October 9, 2020: In a shameful move, the NIH declared NO treatment of SARS-CoV-2 patients unless the patient is hospitalized and requires oxygen. This is contrary to all the evidence and contrary to all of the history of the practice of medicine and all the evidence to date regarding managing this virus. Attached is the disgraceful NIH statement but also the early treatment protocol published in the American Journal of Medicine. There are currently over 100 studies showing HCQ is effective in early treatment.

https://americasfrontlinedoctors.org/2/wp-content/uploads/2021/06/6076fe1361cd5d631ecb0a32_White-Paper-on-HCQ-2020.2.pdf

Ivermectin:

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19

Conclusions: Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly!

https://americasfrontlinedoctors.org/2/wp-content/uploads/2021/06/609be2d665a92ea5cf61191f_Review_of_the_Emerging_Evidence_Demonstrating_the.4202.pdf

The Undeniable Ivermectin Miracle in India's 240m Populated Largest State, Uttar Pradesh – Horowitz

Uttar Pradesh might sound obscure to most Americans, but it is the most populated state in India, with urban areas that rival the most densely populated cities in the U.S. Yet, miraculously, despite housing a population of 240 million people, this northern state has been averaging only 24 cases and 0-2 deaths per day in recent months. Despite its size — roughly 73% of the U.S. population — it ranked dead last in cases per capita last week among India's 36 states. What gives?

https://newsrescue.com/the-undeniable-ivermectin-miracle-indias-240m-populated-largest-state-uttar-pradesh-horowitz/

Panacea "Wonder Drug" Ivermectin Has Anti-Cancer, Anti-Covid, Anti-MS, Anti-HIV and Many More Properties – Studies

In actuality, Ivermectin is a drug discovered from Japan that has been in use on hundreds of millions of humans since 1981 and has an "excellent safety profile" according to toxicology experts.

Ivermectin comes under a unique class of drugs the WHO classifies as the "essential drugs list," and has been distributed across nations by the organization in various community health programs.

The drug has been of such tremendous benefit to humans in 2015 its discovery won a Nobel prize for drugs.

https://newsrescue.com/panacea-wonder-drug-ivermectin-has-anti-cancer-anti-covid-anti-ms-anti-hiv-and-many-more-properties-studies/

How the media lied about Japan not using Ivermection for coronavirus (covid-19)

https://www.brightworkresearch.com/how-the-media-lied-about-japan-not-using-ivermectin-for-coronavirus/

References for Brightwork coronavirus articles

https://www.brightworkresearch.com/references-for-brightwork-corona-virus-articles/

Summary of the Evidence for Ivermectin in COVID-19

Ivermectin is an anti-parasite medicine whose discovery won the Nobel Prize in 2015 for its impacts in ridding large parts of the globe of parasitic diseases via the distribution of over 3.7 billion doses within public health campaigns since 1987.
Since 2012, numerous in-vitro and in-vivo studies began to report highly potent anti-viral effects of ivermectin against a diverse array of viruses including SARS-CoV-2. Further, increasing anti-inflammatory and immuno-modulating effects are being identified
Our comprehensive narrative review of the "totality of the evidence" supporting ivermectin was published in The American Journal of Therapeutics in April, 2021 where we reviewed data on efficacy from a diverse array of scientific sources beyond just the randomized controlled trial evidence as illustrated in the diagram below.

https://covid19criticalcare.com/wp-content/uploads/2021/08/SUMMARY-OF-THE-EVIDENCE-BASE-FINAL.pdf

Hydroxychloroquine :

This is the culmination of months-long research from all sources. It explains how Americans have come to be in the grip of fear. All the myths and all the misconceptions about a safe, generic drug that has been FDA approved for 65 years, given to pregnant women, breastfeeding women, children, the elderly and the immune-compromised for years and decades without complication, are finally put in the trash heap where they belong. You will have the indisputable proof that you have been massively lied to, often very intentionally.

Real-Time HCQ studies

HCQ COVID-19 studies. 373 studies, 278 peer reviewed, 306 comparing treatment and control groups. HCQ is not effective when used very late with high dosages over a long period (RECOVERY/SOLIDARITY), effectiveness improves with earlier usage and improved dosing. Early treatment consistently shows positive effects. Negative evaluations typically ignore treatment time, often focusing on a subset of late stage studies. *In Vitro* evidence made some believe that therapeutic levels would not be attained, however that was incorrect, e.g. see *[Ruiz]*. Recently added: AbdelGhaffar Shousha Juneja Tyson Atipornwanich. HCQ or CQ has been officially adopted for early treatment in all or part of 36 countries (53 including non-government medical organizations).

https://c19hcq.com/

Off-Label Use of Chloroquine and Hydroxychloroquine for COVID-19 Treatment in Africa Against WHO Recommendation

According to the AFP report, Algeria is also one of the North African countries which use the anti-malarial drug (hydroxychloroquine) for COVID-19 treatment despite WHO dropping trials. One of the members of the scientific committee on the north African country's Covid-19 outbreak, Mohamed Bekkat, said that they have treated thousands of cases with this hydroxychloroquine very successfully in Algeria. He also said that they have not noted any undesirable reactions. The Health Minister,

Abderrahmane Benbouzid, also said that Algeria had great success in using hydroxychloroquine in combination with azithromycin. He also noted that there are no adverse reactions among several thousand patients who have taken these drugs. Several Algerian doctors have also claimed the treatment is very effective.[24]

Morocco also continues the use of chloroquine for COVID-19 treatment despite the controversy and warnings raised by the WHO. They were treating Covid-19 patients with chloroquine since April 8 and appear to have no intention of stopping. As the Minister of Health of Morocco, Khalid Ait Taleb has confirmed to AFP that though the WHO has decided to momentarily suspend clinical trials with hydroxychloroquine, Morocco maintains its use. He was explaining and defending the effectiveness of chloroquine by involving viral inactivation. According to his statement, the use of chloroquine provides good results and everyone can see it from the ground. The Minister told that 4841 COVID-19 patients out of the 7584 cases recorded in Morocco have recovered from the virus after following chloroquine treatment. According to Ait Tayeb, this treatment can reduce the viral load very quickly. Moroccan Health authorities also started safeguarding a satisfactory stock of chloroquine by purchasing from an international pharmaceutical company just two weeks after the declaration of the first COVID-19 case in the country. In addition to this, the Health Ministry initiated chloroquine therapy along with complementary medicine to enhance efficacy.[38]

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7505701/

WHO REGIONAL OFFICE FOR AFRICA COVID-19 RAPID POLICY BRIEF SERIES:

SUMMARY OF GLOBALLY PUBLISHED LITERATURE RELATED TO THE SUBJECT
According to Katelyn et al. (qtd. in Tonnesmann et al), Chloroquine was first synthesized in 1934 and has been prescribed extensively for the prevention and treatment of malaria as well as the treatment of autoimmune conditions, such as rheumatoid arthritis and systemic lupus erythematosus [2, 3]. Hydroxychloroquine was later introduced in 1955 and quickly became favoured due to its superior safety profile [2]. Chloroquine and its derivatives, including the less toxic hydroxychloroquine, have been used to treat a variety of diseases including systemic lupus erythematous, rheumatoid arthritis and malaria, among many other indications. A big number of published papers reported effectiveness of CQ/CQH in the past decades in the malaria treatment. However Chloroquine resistance to p.falciparum malaria was documented in many countries including the African Region, although p. vivax remain sensitive to chloroquine in South East Asia and some other parts of the world. The discovery and development of artemisinin derivatives in China, and their evaluation in South East Asia and other regions provided a new class of highly effective antimalarials. Artemisinin-based combination therapies (ACTs) are considered as the best current treatment for uncomplicated falciparum malaria compared to use of chloroquine and hence the WHO recommendation to countries based on the available evidence to change from the use of chloroquine to ACTs'[4]. Most countries in the WHO African Region changed their malaria treatment policy for P. falciparum between 1996 to 2004, first to SP or Amodiaquine as interim before ACTs; Choloroquine is however still being used for treatment of P. v in Ethiopia. With regards to CQ/HCQ's effect on virus, there is common agreement on their effectiveness in vitro. All evidence suggests it is effective as an anti-viral agent when tested in cell cultures (in vitro) [1]. According to Beattie and Timothy (qtd. in Al-Bari), in-vitro studies have shown that chloroquine is effective against several viruses, including severe acute respiratory syndrome
coronavirus (SARS-CoV). Multiple mechanisms of action have been identified for chloroquine

that disrupt the early stage of coronavirus replication. Moreover, chloroquine affects immune system activity by mediating an anti-inflammatory response, which might reduce damage due to the exaggerated inflammatory response [5, 6].
Success of CQ/HCQ for COVID-19 patients' management is diversely appreciated by the scientific community. From January – April 2020, the paradoxical studies on the effect of CQ/HCQ on virus replication are of importance from a public health perspective. A French non-randomized open-label trial was conducted showing significant decrease in viral load and carriage duration in COVID-19 patients receiving hydroxychloroquine (600 mg/day for ten days) with enhanced effects in
combination with azithromycin [Mégarbane (qtd. in Gautret et al.) 7, 8]. Along the same line, the potential of HCQ in the treatment of 22 COVID-19 patients has been partially confirmed and considering that there is no better option at present, it is a promising practice to apply HCQ to COVID-19 under reasonable management [9]. However, Molina et al. founded no evidence of a strong antiviral activity or clinical benefit of the combination of hydroxy-chloroquine and azithromycin for the treatment of our hospitalised patients with severe COVID-19 [10]. A small randomized study from China reveals that in patients with mild to moderate COVID-19 found no difference in recovery rates after a use of HCQ [11]. After a review of studies conducted indifferent
contexts and using various methodologies, there are no studies of CQ/HCQ as treatment of COVID-19 that are adequately demonstrate efficacy or the absence of harm [2]. The efficacy and safety of CQ/HCQ for the treatment of COVID-19 remains to be defined [12]. To date, the epistemological robustness of different studies with regards to their methodologies and sample sizes does not allow for scientific unanimity on their findings. Research on the use of CQ/HCQ to care COVID-19 patients in the African region is still very weak and patchy. Most of the studies conducted to date on the subject are unanimously pointed to the need for continuing research by setting up randomized studies with samples that are statistically representative enough to facilitate decision-making based on evidence that is scientifically acceptable to all.

https://apps.who.int/iris/bitstream/handle/10665/332261/WHO-AF-ARD-DAK-03-2020-eng.pdf

Budesonide:

Inhaled budesonide in the treatment of early COVID-19 (STOIC): a phase 2, open-label, randomised controlled trial

Interpretation

Early administration of inhaled budesonide reduced the likelihood of needing urgent medical care and reduced time to recovery after early COVID-19.

https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00160-0/fulltext

In my own protocol I designed from this research I just used my two asthma inhalers Albuterol sulfate and Quiver to ward off any potential pneumonia.
~ LP

I-Mask+ Prevention and Early Treatment Protocol

An overview of the MATH+, I-MASK+ and I-RECOVER Protocols A Guide to the Management of COVID-19 (updated as of 01 January 2022)
Developed and updated by Paul Marik, MD, FCP (SA), FRCP (C), FCCP, FCCM for the COVID-19 Critical Care Alliance (FLCCC Alliance).

https://covid19criticalcare.com/wp-content/uploads/2020/12/FLCCC-Protocols-%E2%80%93-A-Guide-to-the-Management-of-COVID-19.pdf

All Treatment (not preventive) Options if you have COVID-19 or Vaccine Injured

https://americasfrontlinedoctors.org/covid/treatment-options/

Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

ABSTRACT:

Approximately 9 months of the severe acute respiratory syndrome coronavius-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly communicable nature of the SARS-CoV-2 outbreak has hampered the design and execution of definitive randomized, controlled trials of therapy outside of the clinic or hospital. In the absence of clinical trial results, physicians must use what has been learned about the pathophysiology of SARS-CoV-2 infection in determining early outpatient treatment of the illness with the aim of preventing hospitalization or death. This article outlines key pathophysiological principles that relate to the patient with early infection treated at home. Therapeutic approaches based on these principles include 1) reduction of reinoculation, 2) combination antiviral therapy, 3) immunomodulation, 4) antiplatelet/antithrombotic therapy, and 5) administration of oxygen, monitoring, and telemedicine. Future randomized trials testing the principles and agents discussed will undoubtedly refine and clarify their individual roles; however, we emphasize the immediate need for management guidance in the setting of widespread hospital resource consumption, morbidity, and mortality.
 The American Journal of Medicine (2021) 134:16–22

https://www.amjmed.com/action/showPdf?pii=S0002-9343%2820%2930673-2

Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease (COVID-19)

Quercetin is a zinc ionophore with antiviral activity Quercetin is a flavonoid found in capers, peppers, and onions. It has been identified as a zinc ionophore which is a compound that can transport zinc ions across a cell membrane.

The use of Vitamin C and Quercetin both for prophylaxis in high-risk populations and for the treatment of COVID-19 patients as an adjunct is promising. Roland Derwand, Martin Scholz, Vladimir Zelenko December 2020

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318306/

COVID-19 outpatients: early risk-stratified treatment with zinc plus low-dose hydroxychloroquine and azithromycin: a retrospective case series study

Highlights

• First COVID-19 outpatient study based on risk stratification and early antiviral treatment at the beginning of the disease.
• Low-dose hydroxychloroquine combined with zinc and azithromycin was an effective therapeutic approach against COVID-19.
• Significantly reduced hospitalisation rates in the treatment group.
• Reduced mortality rates in the treatment group.

https://www.sciencedirect.com/science/article/pii/S0924857920304258

The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365891/

Vitamin D is effective for COVID-19: meta-analysis of 35 studies

Vitamin D is effective for COVID-19. Random effects meta-analysis of the 11 treatment studies to date shows an estimated reduction of 75% in the effect measured. Sufficiency studies show a strong association between vitamin D sufficiency and outcomes. Meta-analysis of the 24 sufficiency studies shows an estimated reduction of 58%
December 31, 2020

https://vdmeta.com/

Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)

Abstract

The SARS-CoV-2 virus spreading across the world has led to surges of COVID-19 illness, hospitalizations, and death. The complex and multifaceted pathophysiology of life-threatening COVID-19 illness including viral mediated organ damage, cytokine storm, and thrombosis warrants early interventions to address all components of the devastating illness. In countries where therapeutic nihilism is prevalent, patients endure escalating symptoms and without early treatment can succumb to delayed in-hospital care and death. Prompt early initiation of sequenced multidrug therapy (SMDT) is a widely and currently available solution to stem the tide of hospitalizations and death. A multipronged therapeutic approach includes 1) adjuvant nutraceuticals, 2) combination intracellular anti-infective therapy, 3) inhaled/oral corticosteroids, 4) antiplatelet agents/anticoagulants, 5) supportive care including

supplemental oxygen, monitoring, and telemedicine. Randomized trials of individual, novel oral therapies have not delivered tools for physicians to combat the pandemic in practice. No single therapeutic option thus far has been entirely effective and therefore a combination is required at this time. An urgent immediate pivot from single drug to SMDT regimens should be employed as a critical strategy to deal with the large numbers of acute COVID-19 patients with the aim of reducing the intensity and duration of symptoms and avoiding hospitalization and death.

https://imrpress.com/journal/RCM/21/4/10.31083/j.rcm.2020.04.264

Zelenko Protocols against Covid-19

- - Zelenko Protocol innovator: 99% survival of high risk Covid-19 patients
- - Nominated for the Presidential Medal of Freedom
- - Recognized as a hero at U.S. Senate Homeland Security committee hearing
- - Published in top peer reviewed journals with world renowned physicians
- - Provided counsel to White House personnel, multiple governments, hospitals, physicians, public figures
- - Board Certified Family Physician with over 20 years of experience.

All research is published open source for public benefit.

https://vladimirzelenkomd.com/

Post-Pandemic Recovery

A Common Sense Approach

AFLDS believes that since Covid-19 is far less lethal for the young and middle-aged, and approximately the same lethality as influenza for persons in their 70s, general American life should not be altered from our approach in past years.

Lockdowns

One-size-fits all measures like mandatory lockdowns do more harm than good. The negative economic, mental health and social consequences outweigh any mitigation effects.

Access to early treatment

Physicians should practice medicine as they always have, using all the tools at their disposal including FDA-approved medications and treatments. There is to be no top-down approach to medicine; it must continue to be bottom-up decision-making based on patient experience.

Focused protection

AFLDS supports additional safeguards for at-risk groups like the elderly and frail, such as early access to treatments including prophylaxis options such as FDA medications or vaccines, fresh air and sunshine to

counter lethal Vitamin D deficiency, as well as regular physical and social activity to maximize underlying health.

Healthcare decision-making

Taking decisions out of the control of patients and handing it over to government bureaucrats is harmful and counter-productive. More choice in healthcare leads to greater numbers of empowered patients.

Doctor-patient relationship

The doctor-patient relationship is one of the last inviolable corners of American life. AFLDS wants our patients to know they are getting their doctors' best advice. To achieve this, there must be as little government encroachment as possible.

https://americasfrontlinedoctors.org/covid/policy-statements/

Strategies for the next wave pandemic…

First and foremost, we must hold those individuals, NGO's and corporations responsible accountable!! In my opinion if I was on a jury and provided this information I would find all defendants guilty of gross negligence. We must stop gain of function research, and do not allow the level 4 lab in Manhattan Ks to participate in gain of function. In my opinion if we do not hold them accountable this will be just a drop in the bucket as to what is to come. We got lucky with this "pandemic" (of corruption) we will not be so lucky next time.

We cannot allow the continued poisoning out food supply with "Bio-solids" https://www.biosludge.news/2022-01-20-human-remains-nanoparticles-in-american-food.html.

We need to get away from Federal funding and manage our budget as to not need their printed money causing inflation and indirectly causing more Kansans to fall into poverty due to the devaluing of our currency.

We need to allow true science to lead the way and allow our Dr's to treat people as they see fit with INFORMED decisions. We must protect free speech and all of our GOD given and constitutional rights regardless of the situation.

With the first stimulus that was given to the people allocated with the CARES ACT of 1200.00 our governmental leaders could have provided a PAPR (powered air purifying respirator) with TH3 or TM3 HEPA filters to every person that received those funds and or other funds that have been made available. https://store.cyberweld.com/optrel-swiss-air-half-mask-papr-4700-010.html I am not even going to go into the unemployment fiasco present in Ks. I am not privy to all the financials regarding the state of Ks or what governmental programs Ks had access to but I am sure money could be made available for such protective equipment. Also in combating an airborne virus we need to not overlook the importance of a quality HVAC system utilizing HEPA filters and H_2O_2 in combination with UV light https://rgf.com/air-purification/. Such systems could also be made into small "decontamination chambers" for our healthcare workers.

With Much love, respect and gratitude ~LP

Written Testimony Only

January 24, 2022

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am a registered nurse working in Johnson County Kansas with cancer patients in the field of Oncology for 17 years. In all my years of practice, the concepts of early treatment and prevention have been a standard of care.

The idea that people are being told to be “sick at home”, in fear and anxiety until they are struggling to breathe, is in no way providing an intervention of any kind. In fact, this so-called advice is neglectful and irresponsible. Not allowing providers the access and ability to provide rational interventions in the form of early treatment has been detrimental to this Corona virus pandemic response.

Providing no intervention is the equivalent of no help and no hope, heightening the fear response and inducing more anxiety. This lack of response physiologically affects patients in an unhealthy and negative way, further hindering their ability to fight sickness.

As a person who has dedicated my career to compassion-filled servitude, **I ask that you approve Bill 22rs2702**. Any nurse will tell you that “there’s more than one way to skin a cat”, we are innovative helpers that “try” all kinds of things to help and heal our patients.

Medicine is NOT and has never been ONE SIZE FITS ALL.

Physicians should be providing ethical, individualized care to patients; interventions should be allowed to be prescribed without fear of reprimand and punishment to these doctors. On behalf of the best interest of both patients and physicians, I ask that you approve Bill 22rs2702.

Please, allow the doctors to provide hope to their patients. And now these three remain: *faith, hope, and love*. But the greatest of these is love.

Sincerely,

Crystal Peters RN
Kansas City, KS (Wyandotte County)

1-23-22

I am a proponent of Bill 22rs2702

Chairman Hilderbrand and Senate Public Health and Welfare Committee members:

I got sick with what I believe to be Covid the week of January 3rd from a vaccinated person at work, although I never tested for it. It started with severe body aches that progressed throughout the day, head/sinus pressure, and heaviness in the chest (that's when I realized). I had a general out of office conversation with my doctor, actually prior to the week of infection, about hospitals rationing care she informed me. Knowing that I would most likely be refused treatment, I took I un-prescribed Ivermectin. I heard from friends that it worked for them. My husband has cattle so what I used was for authorization of the FDA for livestock, Durvet Ivermectin Plus. On that first day of symptoms I took 1CC by swallowing it. The next day all of my symptoms seemed to be relieved except for the headache. In the evening that second day I was nauseous, so, I took another CC of Ivermectin. The remaining duration I just has sniffles. After two days of using it I felt considerably better. I champion treating symptoms before hospitalization incurs. It's important for survivability to treat within the first 5 days of symptoms according to a study in the New England Medical Journal. If it helped me, I believe it could render substantial aid for someone else. Not only that though, I believe it has a real possibility of stabilizing our "overwhelmed" hospitals, thus relieving nurses, doctors and other medical staff.

Sincerely,

Brooke Pickrell
Minneapolis, Ottawa County, Ks
Senate District 107

Daniel and Marisa Pierson
Atchison, KS
Senate District 1
January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

We are in favor of the bill which will protect doctors, PAs, NPs, pharmacists, etc., from having their hospital privileges, licenses to practice, and/or national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe illness, hospitalization, and death.

Our family has benefited from the safe and effective use of an "off-label" medication prescribed by our doctor, as I (Marisa) have had low Progesterone during my last three pregnancies. It is our understanding that, although many studies indicate that Progesterone can be used to help prevent miscarriages, this is not the use that is considered standard. For the sake of our children, we are grateful that our doctor is knowledgeable about this medication's various uses.

In any case, it is in patients' best interest for medical professionals to be at liberty to use their expertise and experience to make healthcare decisions.

Sincerely,

Daniel and Marisa Pierson

1/23/22

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect doctors, PAs, NPs, pharmacists, etc. from having their hospital privileges, licenses and/or national board certifications revoked for actions such as treaving Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc) early in the disease to prevent severe disease, hospitalization, and death.

I feel very personally about this issue, as my doctor (who has taken time to get to know me, and actively cares about me—a rare occurrence in my experience, unfortunately) prescribed me T3 (Triiodothryonine) to help repair the effects of chronic stress, and thus allowed me to carry a baby to term after three miscarriages in a row. T3 is FDA-approved, and my doctor prescribed it to me for off-label use. My doctor knew of research that showed the effectiveness of using T3 in fertility, specifically to address thyroid system dysfunction, and she shared and discussed that research with me (as I had several of the symptoms for the dysfunction). After taking T3, I successfully carried my son Bertram to term last year, following the in-utero losses of three babies in 2018 and 2019.

Bertram's smiles fill my days with joy, and I am so grateful for the gifts of meeting him, holding him, and now watching him run and play. Without a caring doctor, and the ability of that doctor to prescribe a medication for off-label use, I wouldn't have my son.

Please allow doctors to use their best judgment in taking care of their patients without fear of reprisal.

Sincerely,
Cecilia Pigg
Topeka, KS
District 18

Senate Public Health and Welfare Committee
January 24, 2022
Support
Off-label use of prescription drugs to prevent and treat COVID-19 infections
Former Kansas State Senator Mary Pilcher-Cook

Chairman Hilderbrand and committee members, thank you for the opportunity to testify in support of legislation that would allow off-label use of prescription drugs for COVID-19 therapy. This would re-recognize a liberty that Kansas citizens and their physicians used to have prior to the COVID-19 outbreak. Today, instead, physicians are now fearful of and/or threatened by various agencies and/or hospitals of losing their ability to treat their patients altogether,

The mRNA injection therapies (vaccines) are not completely safe. No one has liability if something goes wrong, and if there is risk to individuals, there must be choice. One choice is early treatment with off-label prescription drugs.

It is urgent. As you may be aware, over 17,000 physicians and medical scientists have signed the Physicians Declaration about COVID, through a rigorous validation process, because these health care providers are fighting for the scientific evidence to be revealed and to be utilized to save patients' lives. These physicians have applied themselves to 23 months of research, watched as millions of patients were treated, and have looked over hundreds of clinical trials performed with scientific data shared about successes in combating COVID-19. They should not be ignored.

In addition, government, hospitals, pharmacies, and pharmaceutical corporations should not have the ability to interfere with the patient-physician relationship when drugs have been declared safe for other purposes and have shown to successful in treating the symptoms of COVID-19.

All medical procedures, vaccines, and drugs have risks. Kansas citizens should have the liberty to decide for themselves whether they are willing to accept those risks. As Dr. Robert Malone, who carries the patent on the mRNA technology said, "To deny this is to deny human dignity."

Thank you for your consideration for legislation on this extremely important subject.

January 23, 2022

In support of Bill 22rs2702

Judy K. Pilewski, Lindsborg, McPherson country, Kansas, Senate District 35

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

Physicians across Kansas are being targeted by medical boards for prescribing off-label **FDA approved** drugs for the treatment of COVID 19. There is absolutely no reason this should be happening.

I fully support Bill22rs2702. Physicians should be free to treat their patients without fear of action by any licensing board. I kindly but passionately appeal to you to support this bill. Thank you.

Judy Pilewski

To: Chairman Hilderbrand

Senate Public Health and Welfare Committee

Statehouse

Kansas State Capital, Topeka, Kansas

From: Jack Poteet

2100 South 10th Street

Kansas City, Kansas 66103

Date: January 21, 2022

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

Thank you for your service and your consideration of Bill 22rs2702. I am a proponent of said Bill. I strongly support law to protect medical doctors and nurse practitioners in their right to prescribe Ivermectin and other FDA approved drugs for off-label treatment for Covid infections or prevention thereof.

In July of last year, I suffered infection by the Delta variant of the Covid virus. My age is 63 years, and I am in good physical condition. The infection lasted three (3) weeks and symptoms included inflammation, fever, chills, loss of taste, lung congestion, weight loss of about 15 pounds, and low blood oxygen levels. Going in to the third week of the infection with a body temperature exceeding 103 degrees and with dangerously low blood oxygen levels, I called EMERGENCY 911.

When the ambulance and fire truck emergency response team arrived (all fully vaccinated), I came out of the house to go with them. They told me not to approach them, but to sit down on the front porch and wait until they approached me. It was interesting that fully vaccinated professionals were so frightened that they wanted to keep me at a distance from them. Obviously, they knew that the vaccines were ineffective at protecting them from COVID infection.

A few minutes later, one member of the team (PPE protected) approached me. She took my vitals. I told her I thought I was going to pass out. I could barely breath. And it was difficult for me to think. Although the University of Kansas Medical Center is in our immediate neighborhood, she said the hospital will not do anything for you at this point. She said we can take you to the hospital, but when you get there, they will not do anything to help you. She suggested that I just stay home and call again if the symptoms worsen.

Having been advised that the hospital would do nothing for me, I stayed home and the symptoms became worse.

A friend of mine who suffers from asthma, gave me her steroid inhaler. I used it in desperation to decrease inflammation of my lungs. Also, I began extremely high doses of Vitamin D, Vitamin C, and Zinc.

Thankfully I recovered.

I was shocked that the medical system did nothing to help me.

It is my understanding that the hospital was following treatment (or lack of treatment) protocols handed down and financially incentivized by politicians in Washington DC.

In my opinion, politicians have no place dictating healthcare which should be a private matter left to the patient and the patient's doctor having full professional discretion to deal with the situation as the doctor sees fit. And if a patient's doctor prescribes off-label FDA approved drugs to treat Covid or other infections, then pharmacists should be under an obligation to fill such prescriptions. And in my opinion there should be criminal penalties for any persons who attempt to interfere with the delivery of such healthcare.

As a step in that direction, I am a strong proponent of Bill 22rs2702.

The tide is turning on the entire Covid tragedy. In my opinion, as the facts continue to come out, reasonable persons will conclude that there has been a high level of criminality around the creation, profiteering, and government promotion of the Covid agenda. Such crimes certainly include violation of the Nuremberg Code as to coercion of citizens to subject themselves to test experimental injections. Like the Nazis, those who have committed crimes may believe that they will not be held to account. But the Nazis were ultimately held to account and many were put to death for their crimes. So now, we take names and we watch the actions of those involved in perpetrating crimes against humanity. Those on the list to be held to account for such crimes will include politicians, government staffers, drug company executives, pharmacists, medical practitioners "who did harm" and knew or should have known better, hospital executives, as well as investors and those involved with racketeering and bribes. History shows that such evil will be held to account as in the Nuremberg trials held between 1945 and 1949.

You may want to take that in to account. I urge you to support Bill 22rs2702 and to do quickly take any and all actions on the side of justice and to uphold the United States Constitution.

Sincerely,

Jack Poteet

Kansas City, Wyandotte County, Kansas

Kansas Senate District 6

Jan 23, 2022

I am a PROPONENT of SB__(rs2702)_____

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I had Covid July of 2021. I started feeling bad on day 1. I was able to get hydroxychloroquine on either day 3 or 4. Pretty immediately I was feeling a huge difference after starting the HCQ. I was also put on an antibiotic and a steroid inhaler. These also helped tremendously and kept me from getting worse. Not only did they help, but they prevented me from having to go to the hospital. If I had not been put on early treatment, who knows what would have happened? Doctors are always using early treatment for illness. Covid should be NO different.

Sincerely,
Brooke Powell
Olathe, Johnson County, Kansas
SENATE DISTRICT 23

1/23/22

I am a PROPONENT of SB___(rs2702)___

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

Early treatment of Covid made a huge difference when I got covid in July 2021. I started taking Hydroxychloroquine the first day of symptoms. I also was given an antibiotic in the first few days as well as a steroid inhaler that made my recovery quicker. This all tremendously helped in feeling better and kept me from going to the hospital. I got over Covid quicker than my wife who wasn't able to start hydroxychloroquine until day 3 or 4. She got it worse than me and had it longer than me.

Early treatment is only sensible as is with any other illness.

Sincerely,
Joseph Powell
Olathe, Johnson County, Kansas
SENATE DISTRICT 23

Written Testimony Only

January 22, 2022

Subject: In support of Bill 22RS2702

Mark A. Powls
Garnett, Kansas 66032
Anderson County
KS Senate District 12

To: Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

Dear Mr. Hilderbrand and KS Senate Public Health & Welfare Committee Members:

I, and my family, had a one-time encounter with the gain-of-function strain called COVID-19 in late 2019, early 2020, and mine in late September 2020 after becoming fatigued. None of us needed a doctor or used pharmaceuticals to treat our illness. We believe in strengthening the natural immunity and maintaining it by not wearing masks to prevent viruses, not taking pharmaceutical drugs unless absolutely necessary, or taking vaccinations without prior knowledge of the contents and its actual ability to strengthen the natural immune system without adverse side effects. My mild fever from the 2020 corona virus strain lasted only 2.5 days, my two daughters, (now in college) didn't know they had it except for the most noticeable symptom of loss of taste and smell, or a headache before their immune system adapted and destroyed it rather quickly.

Based on my training as a Nuclear/Biological/Chemical Warfare Defense NCO and later a Physical Fitness NCO in the Kansas Army National Guard (SFC 22 yrs retired), I have never supported the propaganda surrounding this virus or approved in, or complied with, any of the dangerous responses to it throughout 2020-22.

What I do know is that early holistic treatments, Ivermectine or hydroxochloroquine with the assistance of zinc, and **other doctor-created formulas that are known to be safe, effective, and less costly to the patient, have saved many more lives than those treated with CDC hospital protocols and injections that are not vaccinations at all**. I know three people who died as a common result of the exact same CDC protocol sequence of treatments after going into a hospital as tested positive with COVID-19, masked up, separated from family, treated with remdesivir (known to damage the kidneys), placing the patient on oxygen at higher than normal levels for long periods of time until the lungs can no longer function on their own, and then placed on a ventilator leading to their death without seeing, hearing, or touching their family, except in some cases where family watched through glass or masked up. One of my friends ended up in a hospital as a "tested positive" COVID-19 patient and survived by demanding that they stop administering remdesivir after experiencing kidney problems, then demanding that oxygen be removed so her lungs would learn to function on their own. As a result, she recovered quickly and returned home.

We must restore the relationship with, and trust in, our personal doctors and physicians by allowing them to make quality (independent) health decisions which produce great outpatient results and use this standard for licensing, not as a result of their blind compliance to CDC guidelines which have been inconsistent and overreaching at best and dangerous at worst to patient health and wellness on a massive scale in our American union.

For these reasons, **I support the intent of Bill 22RS2702** so **good doctors can provide quality medical care for their patients and make their own decisions without the CDC protocols that have destroyed the lives of so many since March 2020.**

Respectfully,

Mark A. Powls

WRITTEN TESTIMONY ONLY

January 23, 2022

I am a PROPONENT of Bill 22rs2702

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members,

In November of 2020, my husband and I became ill with COVID-19. By then, we had heard of the success of using Hydroxychloroquine, however there no doctors in our town prescribe that drug, due to the politicization by the media. Thankfully we were able to acquire it via a telemed doctor, and had the prescription filled by an out-of-state pharmacy. We made it through Covid without any problems, and we are so grateful that we were able to obtain this medicine. However, since then, we have had many friends who've been unable to find a doctor who is willing to prescribe Hydroxychloroquine or Ivermectin for fear of losing their license, and the telemed doctors are so busy one can rarely get an appointment. Another friend found a doctor who was willing to prescribe Ivermectin for her 95-year-old father who was hospitalized with Covid, however, the hospital refused to allow the doctor to prescribe the medicine. Pharmacies are also a problem. Just yesterday, I heard from a friend who was able to get a doctor's prescription for Hydroxychloroquine, but the pharmacy refused to fill the prescription because it was to be used for treating Covid.

What is going on? Why are doctors afraid to prescribe a medication that has been deemed safe and used for decades? Since when do pharmacies choose to override doctor's prescriptions? We are living in scary times when a person is unable to receive necessary treatment because a doctor is afraid of backlash from a medical board.

Please protect our doctors and pharmacies, and give Kansans medical options for Covid treatment. Vote yes on Bill 22rs2702.

Sincerely,
Rachel Price
Lawrence, Douglas County, Kansas
Senate District 2

Senate Bill 22rs2702; Proponent

Senate Public Health and Welfare Committee

Written Testimony Only: Beth Regehr, Reno Cty

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

Thank you for your time and sense of duty in serving Kansans. After sitting in the committee meeting during Capital Connect, I have a greater appreciation for your task of representing Kansans' voice amidst the misleading and statistically manipulated information the Department of Health & Environment provided, as leading contributors of over-reaching government mandates and fear focused propaganda. It is my hope that answers to some of the dodged questions will be provided in time for senate members to move Kansas out of this covid chaos and into a recovery phase. I look forward to learning how many of my tax dollars are being wasted on Unsafe and In-Effective vaccines.

As a covid survivor who used holistic and naturopathic practitioners to treat my symptoms at home, in five days, I find it disheartening and appalling that there are Senators wanting to dictate healthcare to all Kansans based upon a broken system of hospital care and inadequately staffed clinics. Early treatment of any illness is key, proven fact, truth. Over medicated, inadequately nourished, and poorly educated Kansans have been falsely convinced that an injection of chemicals is going to protect them from being infected by a virus that has not been contained by masks, mandates, or inoculation. Threatening practitioners, terminating nurses amidst a pandemic, and blocking proven medicines seems inhumane and barbaric. Medical Boards who are playing God are suffocating Kansas. Big budget Hospital Boards inhibiting rural Kansans from obtaining adequate care need held liable for the deaths in their facilities. Common sense seems now to require bills and legislation to reign in the stupidity spurring this media driven pandemic.

It is my firm belief that every Kansan has the constitutionally provided freedom and right to seek medical care, whether that be through a nurse practitioner at a mini clinic, a physician in a clinical setting, or a holistic provider. Practitioners, by oath, should provide adequate education and adverse risk assessment, no matter what diagnosis or treatment. Doctors should not be slandered or threatened because of their common sense approach to treating a virus that should have been contained with proven therapeutics. Insurance providers should not dictate care. Pharmacists should not control care in any form; they are to ethically fill a script and provide risks/benefits of medicines they dispense. Facilities should not discriminate or determine who gets what care; for any reason, vaccinated status, religious affiliation, or ability to pay. EMT's should not waste half an hour putting on hazmat suits because a swab lied to them about covid positivity; heart patients die in the time it takes panic to control care. A person's right to body autonomy should be constitutionally upheld by the state and each Kansan should have access to early treatment of covid or any ailment, my God given innate immunity and natural sterilization and excretion of any virus should be applauded as a healthy response, not condemned. My mother should not be discriminated against, isolated, or excluded from activities due to her bodies' ability to naturally survive covid and produce innate immunity; therefore over riding any need for inoculation of an experimental drug that nursing facilities want to inject into our healthy senior saints at the command of government. A school nurse should educate minors on adverse effects of drugs, not bully children into believing that emergency authorized inoculation is without side effects and currently proven to be in-effective at stopping covid.

Kansas motto states : To the stars through difficulties: Bleeding Kansas was the battleground for freedom: I hope this years' Senate can return Kansas to being the Heartland of America. One nation, Under God, endowed by our Creator to remain unvaccinated and free to be who God created us to be. May God bless your service as Senators.

WRITTEN TESTIMONY ONLY

21 January 2022

RE: In support of Bill 22rs2702

Laura Reilly

Overland Park

Johnson County

Kansas

KS Senate District 21 Sen. Dinah Sykes

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

In my adult life, I have never seen a situation in medicine where Medical Doctors in good standing were denied the ability to have their written or electronic prescriptions filled for the benefit of promoting patient health and wellbeing. I have seen it now. I have experienced it as well.

With regard to the treatment options for SARS-COV2 (COVID-19), there is a chokehold from academic and bureaucratic medical entities demanding a one-size-fits-all approach to the treatment of this respiratory illness. There were no official thoughts from the CDC and academia regarding early treatment possibilities until Dr. Peter McCullough et. als. published a highly influential paper on early treatment options in the American Journal of Medicine in August 2020. Dr. McCullough is a physician's physician, and I am grateful to the courage not only he showed but his colleagues as well as the journal itself in publishing this extraordinary document. Many of the early treatment options are available without prescription. Of those options that necessitate a physician's prescription to acquire, hydroxychloroquine and ivermectin are the two most politically charged items on the list. I know personally of three families who have been denied having these two medications filled by three different big retail pharmacy chains. Physicians prescribe medications off-label frequently, even daily. So, while ivermectin is approved for helminthic infections such as river blindness, the manufacturer of this safe, generic agent is never going to go back to the FDA to get approval for its use as an anti-viral agent, and, yet, it has good efficacy against viral replication.

I am very consoled by this committee's willingness to take up the issue of denial of potentially life-saving drugs for the benefit of our families, communities, and our nation. Thank you for working for the greater good for all of us!

Respectfully,

Laura Reilly

WRITTEN TESTIMONY ONLY

1/23/2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

“As soon as you have a positive covid test, we will immediately administer monoclonal antibody treatment.” That’s what my 71-year-old dad was promised by his oncologist of 18 months for Multiple Myeloma. We were building dad’s game-plan for covid, and since another doctor said he was not eligible for other common RXs for covid due to his chemo medication, we were grateful to rely on the monoclonal treatment. But that promise was not kept. After the covid test came back positive, they sent him home and said there were too many sick people ahead of him that needed that treatment. We begged dad’s regular doctor to help him get the treatment in time, but he said not to be concerned if he doesn’t get the monoclonal treatment because he thought dad had a mild case and instructed him to take Mucinex for his wretched cough. It was day 8 of symptoms, Christmas Eve, and we were desperate to find a doctor that would treat him since early treatment is crucial. We found a doctor that was willing to remotely treat my dad AND mom (who was sick with covid too, and has diabetes). The pharmacy filled most of the RXs but refused to fill Ivermectin even though they had it in stock, so we had to look elsewhere after the holiday. The doctor gave thorough directions for treatment at home, including reporting vitals morning and night, breathing treatments every 4 hours, and administering RXs and vitamins 4 times a day. So, my sister and I took shifts to care for them around the clock. Both my parents felt relief of their symptoms within an hour of treatment. However, dad’s case was not mild and over several days, his oxygen levels were slowly decreasing to as low as 85% and his fever came back. We increased his breathing treatments to every 2 hours and got him on 5 to 7 liters of supplemental oxygen. All done at home because of the excellent direction and oversight of the doctor. On day 16, the doctor needed some lab work done to see if there were micro blood clots forming. Due to the concern of dad’s local doctor coming unhinged at the lab request, dad transferred to a different local doctor who has been treating his patients with covid, and had no issues with the lab requests. On day 20, dad started to make great progress and by day 23, he was weaned off supplemental oxygen and his labs were looking good.

We are eternally grateful for the doctor that took on my dad (and my mom) on short notice and provided excellent direction and care! I firmly believe my dad would not be alive today if it wasn’t for the treatment of this courageous, hardworking doctor. It's been 38 days since my parents got sick with covid and I’m so happy to report to you that they are both recovered and back to their normal lives!

Sincerely,

Becky Reimer

Newton, Harvey County, Kansas , Sentate District 31

January 22nd, 2022

As a retired health care provider I am dismayed to hear of the State Interference between a doctor and patient relationship here in Kansas.
I am in favor of the Bill which would protect doctors, PAs, NP,s, Pharmacies, etc. from having their hospital privileges revoked, National Board Certifications revoked as well as their licenses to practice all for recommending early therapeutic treatments for Covid -19.
Taking care of patients with proven safe therapeutic treatments have saved countless lives while relieving the hospitals of any undue need for hospitalizations. Please protect the sacred bond which exists and has existed for hundreds of years between a patient and doctor in Kansas.

Sincerely,

Barbara Rew

To:
Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee

Re:
In Support of Off- Label Use for Early Prescription Intervention

January 24th, 2022

Dear Chairman,

I am in favor of this bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and /or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine) early in the disease to prevent severe disease, hospitalization and death (often alone in a hospital).

I am 72 years old, male, Hispanic, and have many health challenges. I have 17 stents in my heart, have had diabetes for over 20 years, a rare condition of the esophagus called achalasia, high blood pressure, overweighed, and five months ago I had a stroke. After two years of being extremely cautious against Covid-19, early this month of January-2022, I was infected. My entire household of 5 people, including my 12-year-old granddaughter, got sick with Covid-19 almost all simultaneously. Dr. Jesse Lopez from Overland Park-KS treated me with the "Early Treatment Protocol" with **Ivermectin,** Doxycycline, and other very accessible over-the-counter supplements. By the grace of God, the only noticeable symptom I had for the 14 days of the course of the virus was severe nasal congestion, for which Dr. Lopez added Methylprednisolone and antihistamine.

Today marks three weeks since I contracted Covid-19, and I am breathing well and recovering. All five of us, including my wife, who has cancer and high blood pressure, did the "Early Treatment Protocol" with **Ivermectin** and others with **Hydroxychloroquine** and are doing really well. None of us required hospitalization. Thanks to Jesus and doctors like Dr. Jesse Lopez, who are committed to practicing real medicine and helping people.

With my testimony, I would like to say that health providers must be free to treat each patient individually; one size does not fit all. For two years, incredibly qualified and highly-educated medical professionals have been treated out of their moral commitment to practice their profession with integrity to save lives using evidence-based, highly-targeted, sequenced multi-drug therapy protocols. Physicians, NPs, and PAs are the primary advocates for patients. If they cannot advocate for and treat their patients individually as they see best, there will be no effective patient advocates. We are all patients! If Physicians, PAs, NPs in Kansas can't practice freely and in their patients'

best interests, they will surely leave the state for somewhere else where they can practice in medical freedom and peace of conscience.

The threat of loss of professional license, hospital staff privileges, and loss of board certification is not in the patients' best medical interest.

I am living proof that these medications, which are highly safe and not expensive, were critically transformational for me. I feared this virus for two years. My wife and I rarely left the house for two years. I had so many friends pass away in the hospitals due to Covid-19, who did not get help early on when they got sick. I am not against vaccinations; I have had many. With all the health issues I have, I am a very blessed man to have found Dr. Jesse Lopez, who is not afraid to take care of patients with compassion and treatments that are highly effective and highly tested worldwide for many decades. Doctors like him do not have any other interest besides genuinely helping people like me.

Please have mercy on the people of Kansas and let the precious doctors in our state be doctors.

God bless you.

Sincerely,

Adilson Robert

Hearing on Jan. 25 & 26 for Bill 22rs2702 - Written Testimony Only

January 23, 2022

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am a PROPONENT of Bill 22rs2702.

I want doctors in Kansas to be protected with the option as they sit fit in their practice of medicine to prescribe off-label uses of FDA approved drugs for COVID without fear of action by any licensing board. Out state licensed doctors have the training to diagnose and use their skills in treating patients. The old saying a "stitch in time saves nine" can certainly applied to early treatment in helping to prevent more severe illness.

I have a grandson with a severe autoimmune condition and their family doctor has deemed it appropriate at times in the last two years to prescribe ivermectin for him and other family members as a cautionary measure when there has been known exposure to positive individuals. Please support Bill 22rs2702 so all physicians are free to make the decision on what is best for their patients and families.

Sincerely,
Signe Rogers
Newton, Harvey County, Kansas

SENATE DISTRICT 31

PDF emailed to:
Donola.Fairbanks@Senate.ks.gov
Sen. Carolyn McGinn

Jan 24, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee,

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs.
I appreciate your consideration of this request.
Madelyn Ross

Written Testimony Only

23 January 2022

Dr. Rovenstine
Overland Park,
Johnson County
Kansas
District 8

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am a board certified physician, practicing medicine for 22 years now. Working in the ER in Kansas since the beginning of the pandemic I have dealt with many unprecedented challenges that have made me question our rapidly changing medical climate and care systems that are taking away a Doctor's autonomy to make medical decisions in the best interest of the patient. Early in the pandemic, no one understood what we were facing as we saw the outbreak in NY city and it had not yet spread to the Midwest. What do doctor's do in preparation? We research, we read, we study, we prepare for what's coming.

From my first ER patient I saw in April of 2020, I was prepared to treat them. They did not require hospitalization, but I wanted to give them a prescription of Hydroxychloroquine (HCQ) as I had read many positive studies to show benefit and there certainly was no harm. I called a local pharmacy to discuss the prescription and he told me he could not fill HCQ for anything other than a chronic condition because the KS Board of pharmacy had issued notice to KS pharmacists prohibiting them to do so. I quickly reacted and asked, "what do you suggest I treat this patient with then?". He had no answer. I then said if you are deciding against medical treatment and denying my prescription, you have put yourself in the medical decision making process and you are practicing medicine and taking on that responsibility as a pharmacist for a patient you know nothing about. The conversation ended and I sent that patient home with nothing, a travesty and one of many I was not able to give them the treatment that I wanted for them. This felt horrible and hopeless. For the first time in my career, I felt my hands were tied and my treatment options were taken away with no good reason.

I didn't go to medical school to do nothing for sick patients (with a treatable condition) other than to wish them well. I have been trained to make educated and rational decisions to treat sick people with whatever is most appropriate for their condition. Never in my 22 years has a governing body told me not to prescribe a medication because it is for "off label use". Do you know how many prescriptions are written daily for off label? Pharmacist typically don't even ask what a prescription is for to determine if it is appropriate or not. You could literally give any prescription (other than HCQ or IVM) to a pharmacist to treat Covid, with no question or push back. This is flat out wrong.

The medical research on the success of early treatment of Covid with both HCQ and IVM is bountiful. It is ignored in the U.S. for the most part and that is a tragedy. Other countries use it and report great success. We literally are being advised to do nothing, send patients home until they are sick enough to be admitted to the hospital. Sadly that's too late for many and they don't recover. I have seen this too many times over the past 2 years. I believe many of these fatalities could have been saved had we been allowed to offer effective, harmless, affordable and available medications. These are not new or experimental medications. They are available and being withheld. Why?

Many doctors like myself have gone to great measures for our acutely sick patients to find a cooperative pharmacist willing to prescribe early treatment with IVM and or HCQ. I have had multiple sick ER patients that did not meet admission criteria and had to be sent home. Many times I gave them a Rx for IVM. One particular occasion, I saw a patient return to the ER a few days later and much sicker with critically low oxygen saturations and having to be admitted to the hospital. I asked if she took the prescription I gave her and she said, "No, the pharmacist would not fill it". This patient lived, but spent the next 3 weeks in the hospital and then went home on oxygen. Withholding early treatment and not filling a prescription even without a courtesy call to tell me that they were not going to fill the Rx would have been appropriate. This is pharmacy malpractice. It should be illegal for a pharmacist to decide not to fill a prescription when there is no real contraindication.

It is a travesty to allow government organizations to dictate medical treatment. The decision belongs to an individual doctor and his or her patient. We live by the saying, "Do no harm", which also includes not withholding appropriate treatment when you are able to give it. I care about each patient I see and treat them as I would treat my own family. I should not have to practice in fear of losing my license or being investigated. My treatment decisions should not be based on what a board of medicine or pharmacy dictates. They are not on the front lines, they are not seeing and treating patients and watching many people die from an illness that has taken its toll around the world. Other countries are encouraging early treatment and having documented great success with IVM and HCQ. Sadly we are being oppressed and pushed out of a normal practice environment to ultimately do what's best for our patients.

This is about medical freedom, to practice medicine not without restraint, but within legal parameters as would be appropriate from a board. However, giving legal and safe medication for an illness with a multitude of studies to support efficacy is not malpractice it is compassionate and fulfilling our calling as physicians.

I despise the fact I can not put my name to my words, but like so many others I have a job, I have family and I need to keep my job to support my family. Therefore, I remain anonymous to avoid unwarranted retaliation for my views.

I pray my words are heard just the same and I hope you will consider this legislation to give back our practice freedoms and allow protection to us as is appropriate in a free state.

Sincerely,

Dr Rovenstine
Overland Park
Johnson County
Kansas
District 8

Mary Anne Sause

Louisburg, Kansas

District 37

Molly.Baumgardner@senate.ks.gov

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

REWARD:

$1,000,000 (ONE MILLION DOLLARS)

is offered by Mr. Steve Kirsh, a data analyst. His contact information is at https://stevekirsch.substack.com/p/100-questions-they-don't-want-to-answer Mr Kisrsh states, **"Why won't any member of the FDA/CDC outside committees debate me for $1M just to show up at the debate table?"** This is the truth and not FAKE information. Please view his link above. Mr. Kirsh states that the VAERS CDC reporting system in under-reported by 40%. As a data analyst, Mr. Kirsh states that the data analysis correct number is 40 million adverse reactions and/or deaths yet the inadequate system of under-reporting by VAERS continues to use inaccurate data.

Janet Woodcock, the head of the FDA, Dr. Fauci head of NIH and NAIDA Dr. Walenski head of the CDC should answer these questions. Schools, universities, colleges, government entities from the Federal to the State level do not answer his $1,000,000 reward for a debate.

Where is the "Risk Benefit Analysis" by hospitals or government entities? No one in our government will show this vital information including institutes like Kansas University, St. Luke's, Advent, Children's Mercy and many other hospitals or medical practices in our state and throughout the country.

I challenge you to view his link above and at least ponder his questions and view his information as a data analyst.

Mr. Kirsch states that the United Kingdom and Scotland declare that the data America is told is the opposite of what they are shown. Boris Johnson last week stated at the UK Parliament that "We will trust (the judgment of (the people) in reference to no mask, no lockdown, and no vaccinations." America was the leader of the world with reasoning once upon a time. We are not leading with science and real data analysis. You Senators can continue our fight for MEDICAL FREEDOM for the doctor and patient to decide with INFORMED CONSENT of all the possibilities to combat COVID-19, variants of, remedies that have been available for decades to cure and heal the patient without governmental tyranny, big pharma tyranny, hospital tyranny, pharmacy tyranny and the list goes on.

Doctors are being silences and censored and this is medical tyranny.

I have donated nursing care for years. I continue to do so as a retired nurse. I thrive on researching the virus, the laws, the mandates, the 'vaccination' the money trail, and cures from doctors who are saving lives by cures such as Ivermectin and Hydroxychloroquine with vitamins and supplements etc.

Let me start with my story of how COVID-19 affected me over 1 year ago.

Early in the pandemic, I read Dr. Zev Zelenko's research and was amazed that his simple treatment was saving lives. Dr. Zelenko has been nominated for a Nobel Peace Prize. I started his over the counter treatment and was doing extremely well. I eased off the treatment for a few weeks, preventative treatment, and ended up with what appeared to have been the COVID-19, or the flu or pneumonia. I did not take the test at that time as the research had shown that the PCR test was over calibrated (40 or above) which would cause false positives. Many tests were made in China and had been contaminated. I had two tests previously, one caused two nodules in my left nostril since which was the reason I will never test again. Those nodules remain there to this day. When the PCR test were over calibrated to 40 or above, the test would pick up dead viruses and/or bacteria and prove positive for the COVID-19 virus

I asked my Kansas local pharmacist if they would fill a Hydroxychloroquine (HCQ) prescription if I received it. They said "No, unless it was prescribed by a Rheumatologist with a diagnosis of Rheumatoid Arthritis" which I did not have. When did the Pharmacy Boards and pharmacies decide what my doctor of my choosing and I should do? Of course, it appears big pharma is dictating this power of what I say is COMMUNISM. This is beyond socialist medicine.

My symptoms were fatigue, no fever, serious deep coughing with production of yellow-green mucous and difficulty breathing. I could not get Ivermectin pills or HCQ ordered by my doctor. Fortunately, I had a nebulizer which I used. Through nearly a year of research, I paid out of pocket to an out of state doctor for HCQ. I paid nearly $200.00 for the medical forms to be filled out; interview by the doctor and my prescription was mailed to me.

I ask myself how much money Kansas has lost from people like me going to out of state doctors who provide cures for COVID-19? How many Medical Doctors, Nurse Practioners, RN's, LPN's, CNA's, CMA'S pharmacist are fleeing Kansas to practice in medically free states?

Would you believe that Ivermectin horse paste saved my life with the dosage of 0.2mg/kg? It is true. That is before I received the HCQ. The VitaminS C, Vitamin D3, Zinc and Quercetin supplement were my cure. I had no side-effects of the Ivermectin. Now my HCQ and the vitamins and supplements I use are for prevention. I have no side-effects. It has been used for decades. Research the India study of the use of the life-saving medications. Mexico has started giving out these cures-free. Look at Africa and how they are not impacted. The cure throughout the world is the availability of Ivermectin and HCQ with vitamins and supplements.

When it comes to Ivermectin horse paste that I used as an emergency, I must explain why I did this. Let me use water as an example. Water is H2O. There are two molecules of hydrogen and one molecule of water. When the water is liquid, it is H20, when the water is frozen it is H20 and when the water is steamed it remains H2O. The molecules did not change but its form did. The same applies to Ivermectin. Most horse paste is simply Ivermectin with no additives. The form changed but not the molecular structure. The fact is that I refer people to doctors who are using this cure of HCQ and Ivermectin via pill administration instead of my Ivermectin horse paste story of what aided in my recovery from a serious illness. I do not refer people to doctors for horse paste. It did work for me at a tough time although I had researched it for nearly a year along with other cures.

Insurance companies refuse to pay for these life saving prescriptions. These doctors and health professionals whom I in support of are surviving with large income loss in order to **SAVE LIVES.** They are our **LIFELINE.** I did what I had to do to save my life. I will never regret it, nor have I for the last year. I avoided the hospital, Remdesivir (EUA), the ventilator and death. The hospital and the practioners lost income from my insurance company because I sought my cure and saved my life. There are much financial rewards to follow the government tyranny.

Information is being censored regarding live saving doctors with proven, peer-reviewed studies. Big pharma funds the CDC, FDA etc. Big corporate media and tech censor doctors such as the inventor of the mRNA vaccine, Dr. Robert Malone along with many other great doctors, osteopaths etc.

This must stop. There are over 17,000 Medical Doctors who are vetted and have filed petitions to stop the tyranny of the government and political boards who are withdrawing the health care professional licenses and such the like. **"We the people's" lives are not for this tyranny but rather for the sacred bond between a physician and the patient and informed consent must be allowed.**

I have helped 3 people, 2 are Viet Nam vets and one wife who all tested positive with the COVID-19 or variant in the last 3 weeks. All are doing well and this is due to the great doctors who are saving lives. Not one went to the hospital. I witnessed these miraculous stories.

Remdisivir (EUA) is destroying people's organs in many cases. The Ebola study is attached. Remdisivir killed people. The ventilator is used after the patient is placed on Remdisivir. The patients in many cases die. The fluid filled body caused drowning. This is the side effect of Remdisivir within days. Family members such as spouses, children, friends are not allowed to see their loved ones. In several states, the medical directives or power of attorney forms are not honored. Court cases are beginning to turn the tide of these atrocities. Against Medical Advice forms are being denied. Patients are being illegally detained in hospitals against their will or their family's will. THIS IS MEDICAL TYRANNY AND MUST BE BANNED. These are documented cases. Many countries ban Remdisivir. Some states are starting to ban this dangerous drug that is for EUA only. This protocol MUST BE BANNED IN KANSAS. We should look at giving Kansans Ivermection, HCQ, vitamins and supplements as other countries like India, Mexico and many others are doing. The cure rate is phenomenal.

Hospitals and doctors profit lucratively for administrating the PCR test, for COVID diagnosis, for administration of Remdisivir, placement of the ventilator, ruling that the death is COVID related and morgues profit. How many Congressional members have profited by stocks in Big Pharma? How about our State Legislators?

Please protect our Kansan health professionals and 'we the people' with our sacred bond between the doctor and the patient.

You have the power to be the LIFE SAVER NOW, NOT ONLY THE DOCTORS BUT YOU. OUR LIVES ARE IN YOUR HANDS! VOTE FOR RETURNING OUR FREEDOMS GUARANTEED BY THE CONSTITUTION.

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Sincerely Submitted,

Mary Anne Sause

Louisburg, Kansas

District 37

DEFEAT THE MANDATES IN D.C.: AN AMERICAN HOMECOMING

January 23, 2021

Here is the link but I did take quotes from the speakers. Save our medical doctors and health professionals who are saving lives by prescribing cures and not government tyranny causing deaths by declining cures. I took my time for the Kansas Senate, please at least read the highlights, I believe you will see how people of all colors, races, religions and creeds, all political parties are fighting against government tyranny. Stand with us and support saving our medical doctors and health professionals to save lives. HEALERS NOT DEALERS

https://thehighwire.com/watch/

There are 227,000 peer reviewd papers of research regarding early treatment of Covid-19. The CDC, FDA and NIH do not endorse any of these doctors and medical researchers who have done this research. In fact, these buearocratic agencies oppose early treatments such as Vitamin D3, Vitamin C, Quercetin, Zinc, Ivermectin, Hydroxychloroquine and other treatments.

Mandates, masks, lockdowns and vaccinations are not working. **Why not pursue the early treatments that over thousands of doctors and practitioners are using that work, avoid in many cases hospitalizations. Follow the money trail of power and greed and you will have your answer.**

We are fighting for medical freedom, autonomy over our bodies which is mine and not the government's property. My body is not owned by the Federal or state governments.

Dr. Richard Urso states there are **over 17,000 doctors which are more than the NIH, CDC and FDA doctors combined who are fighting for our medical freedoms and the right to treat patients with early treatment for the virus and the variants. People and doctors DO NOT TRUST Dr. Fauci. Doctors are "resist(ing) tyranny" There are over 20 months of research clinical trials that have been performed by thousands of doctors and peer-reviewed. Dr. Fauci calls for these brave doctors to be censored and fired from their employers. Healthy children should not be forced to take the vaccination. Natural immunity is denied. Health administrators are now policy makers for death and not healing. These are crimes against humanity. This is in violation of free principles endowed by our Creator.**

Dr. Pierre Kory is a frontline doctor. He states that **every policy has been backed by Big Pharma and censorship and propaganda are used to stop early treatment, push the**

vaccination which is failing. This must stop. The brave doctors at Frontline are a Non-profit organization who is fighting to save lives and prevent deaths. Dr. Kory states this is a **"war on repurposed drugs'. In closing, he states "Live free or die"**. Unfortunately, that is where we are today.

Dr. Mary Talley Bowden practiced at Methodist Hospital in Houston. **She has had her privileges suspended and has filed a lawsuit regarding this matter. She used Ivermectin and breathing treatments to save lives. She discussed Right to Informed Consent with her patients of what to inject in the patient's body. She is calling for no government dictating to doctors like her**, no hospital or insurance will provide early treatment but are pro-mandate and use bullying as a technique to go after early treatment doctors who are saving lives.

Dr. Paul Marik states **"Let doctors be doctors"** and **that the doctor and patient have a "sacred" relationship. We "NEED HEALERS NOT DEALERS". He states that Remdesivir is toxic and the drug kills. Hospital administrators and the government should NOT dictate the healers**. He has been a medical doctor for 35 years. He says **"Stop Medical Tyranny". "Do not shackle our hands, we will not comply".**

Dr. Paul Alexander with the Unity Project states we need to declare that the pandemic is over. There should be no mask mandates, no school lockdowns, and no firing workers for not getting the vaccination. **The CDC and NIH are bureaucrats that "do not run my life". He states that we must remove liability protection regarding the vaccination, until than no vaccination".**

Kat Lindley DO She states the **WHO, NIH, FDA and CDC is time for them to know that "natural immunity is superior". She continues that other nations have opened up and that she is on the right side of history. The media is censoring this information. "Vitamin D saves lives" "Heroes cancelled She is AWAKE and NOT WOKE.**

Dr. Aaron Kheriaty says this state of emergency has no end in sight. This is **police power** and a **totalitarian regime. He has "steadfast courage and is not giving into another inch" and his "soul is on fire".**

Dr. Robert Mallone and Jill Glasco Mallone phd Dr. Mallone is one of the inventors of the mRNA vaccinations. He "stands on the shoulders of giants" and does not stand on corporate funds, big Pharma or the government. Integrity equals Truth and Dignity equals respect for ourselves and each other. The community binds us through integrity and dignity. The politicalization of COVID-19 is NOT SAFE AND NOT WORKING. The vaccination is "not completely safe" and when 'risks are involved there must be CHOICE and we should decide for ourselves otherwise we deny human dignity'. The mandates have caused self-harm, drug abuse, lowered measured IQ with children, physical damage and death from kids who were

vaccinated to the elderly. We are to protect the children, nurture them and to protect the elderly. Big pharma and the government are protected but not the children. The vaccine harms such as in the brain, heart, immune system and reproductive centers. These are **EXPERIMENTAL PRODUCTS.** Think for yourself. HOPE "We will get through this". "Davos does not own us, they have no right to govern us, "and we are a free people". "America is the Light of the World, do not extinguish the light, we will not comply". "I speak to defend America and the world". "Freedom" "Home of the brave" "Be brave" "Truth" "Freedom" "Future" "Protect the kids"

Dr Joel Wallskog is a orthopedic surgeon who took the Moderna vaccination on December 30, 2020 which was his first shot. His feet became numb; he stumbled and collapsed at work. He cannot work now. He is with React 19 a group for the vaccine injured and currently React 19 is representing over 12,000 vaccines injured. Researchers, funds and workers are needed. "Break Free of Silence" 100% goes to the vaccine injured. Text React at 50155

Kyle Warner Racing Bike Star. He took 2 doses of the Pfizer vaccine. He states he "suffered in silence for months. When he brought this into the public square within 1 week he had thousands of private messages. He thought he would "hang tight and stay quiet". **There are "loop holes in EUA" and there is no corporate liability, no government liability and these loopholes provide total immunity. The government agencies and corporations have increased profits. Kyle is challenging the CDC, Dr. Walinski, Dr. Fauci and the White House to listen and meet with him and the vaccine-injured.**

Mr. Ernesto Ramirez LOST HIS SON TO THE VACCINE.

REPRESENTATIVE ROBERT KENNEDY, JR This is destroying lives of medical doctors and health professionals and the kids. "**Manipulating tests and Death Certificates**" The public agencies will not state the fatality rates and information has been manipulated. Kids are not at risk but the press censors this knowledge. The children are the most vulnerable from the vaccine and they have Constitutional Rights. The agencies data point is 'to sow confusion, to sow fear to make us compliant" **Rep. Robert Kennedy discussed facts regarding Pfizer regarding Section of Admission to FDA with a 6 month study. They "used deceit" to the world. People are dying from heart attacks. "VAERS does not work" 'Media and CDC know vaccine does not work'. "Broken system of VAERS" "Look up the Lazarus Study 2010…**1 in 39 people suffered injuries…VAERS is issing 99% of vaccine injuries…but the CDC LIED and kept this shelved for 11 years…**VAERS DOES NOT WORK…It undercuts vaccine injuries. "We are here because of one reason: We love the United States of America" "Our history is neighbors, community, God…We love the US Constitution" There are "20 months of coup d'ta and demolition of our US Constitution and Bill of Rights"** " Freedom of speech under the 1st amendment…all other amendments rely on that right", 'In the Constitution there is no pandemic exception, no war

exception to censor freedom of religion, property right, there is not due process and jury rights have been removed' 'Can't sue big pharma which is reckless' **'Pfizer, Glaxo, Merck and others created the opiod crisis which has kill 56,000 kids..these are criminal enterprises' 'We have right to FREEDOM**…but we have track surveillance'

'DAVOS IS OVERTAKEN BY FACISM…like Mussilini" Dr. Fauci is 'turn key totalitarianism…tech control to control behavior of thought and dissent..WE CAN RUN OR HIDE…Bill Gates owns 65,000 satellites and 5 g…digital currency will cut off food supplies…vax passport…**WE HAVE FREEDOMS…WE ARE BEING TRANSFORMED FROM FREEDOM TO GOVERNMENT DICTATES WHICH MAKES US SLAVES'**

Every power of our lives the government takes from us…lock down for 2 weeks to flatten the curve which has been 20 months…they will never let go of power…every power removed from us they will abuse…if we comply we will get weaker…they are coming for the kids….they encourage new torture and torments…RESIST!!!

Dr. Tes Lawrie of World Council for Health "We thrive for family and love""**Do not deprive the human spirit of saving lives but yet we are.** No one makes me think to choose. I am FREE and have no FEAR. That is reality…real change has arrived…We will say no…Thank you…We are one"

Rizza Islam Minister of Islam Read part of Psalm 133. Speaks of Tuskegee Experiments and "No brothers of faith fought against this" "sa tan has declared war on humanity…the black community was poisoned…to ensnare humanity…never was told the science…we know how to read VAERS data…been mass COVID experiment" He issues challenge and states "The fight is on"

"**REBELLION TO TYRANTS IS OBEDIENCE TO GOD" BEN FRANKLIN**

Rabbi Zev Epstein STATES THE Talub "values wisdom over popularity" "Any academic or intellectual is denied…pseudo science or misinformation…I will not forget my religious freedom" "Choose the Good" per God/Torah…"government of the people by the people is good" "CHOOSE THE GOOD" "GOD WILL PROTECT"

Dr Aaron Lewis Pastor, Author and Human Rights Activist states 'I love humanity…tired of corporation…over employees to decide if my faith is worthy…school board…unmask our kids…let them play…churches…we didn't listen to God…Congress not protecting the people…tired of segregation…I'm tired of it…Time for our government not to fund hate…Running for governor in my great state of Connecticut…govt. cannot tell us what to believe, I am fully AWOKE…I am not staying tired anymore…we are not going to sleep anymore

Dr. Christina Parks (phD) AFRICAN Americans have been experimented on…336% more diagnosis of autism in the population…CDC FDA kept the vaccine information and have shredded since 2002…we don't want their f*cking vax…70% of blacks are not vaccinated…it is not about health…it is not about safety….**IT'S ABOUT GREED AND CONTROL AND DEATH**…there is a COALITION OF MD'S TO DIAGNOSIS VACCINE INJURIES AND DEATH AT VITA VACCINE INJURE TREATMENT FILE…LET'S BE CLEAR THIS IS WAR WE WILL NOT STOP FIGHTING WITH INTEGRITY AND LIFE WITH PRAYER…**We have to make GOD great again…YOU HAVE TO BE FINE BEING HATED…Present TRUTH"**

"BE BRAVE FIGHT BACK FOR EVERYTHING YOU BELIEVE IN" WINSTON CHURCHILL

Trahern Crews co-founder of Minnesota BLM. No vaccine is required to eat, to work or make a living. Mandates are unconstitutional. People over Profits**…$1.27 Trillion has been made by Pfizer, Moderna and Johnson and Johnson since 2020…MEDICAL FRAUD**

Tyler Fischer a comedian states 'masks don't work, 3 masks, masks in shower…comedy has been censored

NATIONAL FIRE SERVICE Rick (OFC) 'freedom of choice' 'lives are on the line every day'

Wendy Wlliams a marine and a fire fighter for 22 years states it is unconstitutional to be forced to take the vaccine…for 20 months we have served the community'

Sophie Medina (NYC) "MEDICAL SEGREGATION" BRAVEST…CHOICE

Del Bigtree former CBS employee now has own show. He states "not to overthrow Constitution but to overthrow those who want to overthrow us…Press lied to the people…Truth always prevails…We are Light Warriors of God…We are on the right side of God…We are created in the image of God…Challenge the government…Freedom…No longer fringe group…We stand in God with God, we fear no evil because Thou art with us."

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics

Sabue Mulangu, M.D., Lori E. Dodd, Ph.D., Richard T. Davey, Jr., M.D., Olivier Tshiani Mbaya, M.D., Michael Proschan, Ph.D., Daniel Mukadi, M.D., Mariano Lusakibanza Manzo, Ph.D., Didier Nzolo, M.D., Antoine Tshomba Oloma, M.D., Augustin Ibanda, B.S., Rosine Ali, M.S., Sinaré Coulibaly, M.D., Adam C. Levine, M.D., Rebecca Grais, Ph.D., Janet Diaz, M.D., H. Clifford Lane, M.D., Jean-Jacques Muyembe-Tamfum, M.D., and the PALM Writing Groupet al., for the PALM Consortium Study Team*

December 12, 2019
N Engl J Med 2019; 381:2293-2303
DOI: 10.1056/NEJMoa1910993

Abstract

BACKGROUND

Although several experimental therapeutics for Ebola virus disease (EVD) have been developed, the safety and efficacy of the most promising therapies need to be assessed in the context of a randomized, controlled trial.

METHODS

We conducted a trial of four investigational therapies for EVD in the Democratic Republic of Congo, where an outbreak began in August 2018. Patients of any age who had a positive result for Ebola virus RNA on reverse-transcriptase–polymerase-chain-reaction assay were enrolled. All patients received standard care and were randomly assigned in a 1:1:1:1 ratio to intravenous administration of the triple monoclonal antibody ZMapp (the control group), the antiviral agent remdesivir, the single monoclonal antibody MAb114, or the triple monoclonal antibody REGN-EB3. The REGN-EB3 group was added in a later version of the protocol, so data from these patients were compared with those of patients in the ZMapp group who were enrolled at or after the time the REGN-EB3 group was added (the ZMapp subgroup). The primary end point was death at 28 days.

RESULTS

A total of 681 patients were enrolled from November 20, 2018, to August 9, 2019, at which time the data and safety monitoring board recommended that patients be assigned only to the MAb114 and REGN-EB3 groups for the remainder of the trial; the recommendation was based on the results of an interim analysis that showed superiority of these groups to ZMapp and remdesivir with respect to mortality. At 28 days, death had occurred in 61 of 174 patients (35.1%) in the MAb114 group, as compared with 84 of 169 (49.7%) in the ZMapp group (P=0.007), and in 52 of 155 (33.5%) in the REGN-EB3 group, as compared with 79 of 154 (51.3%) in the ZMapp subgroup (P=0.002). A shorter duration of symptoms before admission and lower baseline values for viral load and for serum creatinine and aminotransferase levels each correlated with improved survival. Four serious adverse events were judged to be potentially related to the trial drugs.

CONCLUSIONS

Both MAb114 and REGN-EB3 were superior to ZMapp in reducing mortality from EVD. Scientifically and ethically sound clinical research can be conducted during disease outbreaks and can help inform the outbreak response. (Funded by the National Institute of Allergy and Infectious Diseases and others; PALM ClinicalTrials.gov number, NCT03719586.)

Introduction

QUICK TAKE

Ebola Virus Disease Therapeutics

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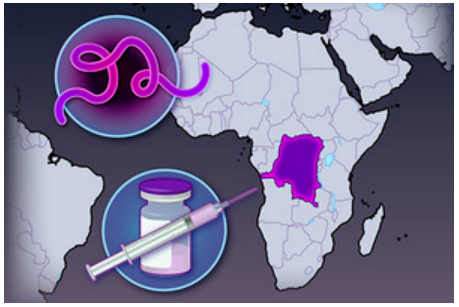


In August 2018, an outbreak of Ebola virus disease (EVD) began in the provinces of North Kivu and Ituri in the Democratic Republic of Congo (DRC); it was the tenth known outbreak of EVD in that country.[1,2] The outbreak became the second largest that has been recorded since the first description of *Zaire ebolavirus* infection in 1976, and it is surpassed only by the 2013–2016 outbreak in West Africa that resulted in more than 11,000 deaths.

After the end of the outbreak in West Africa, the World Health Organization (WHO) initiated a series of discussions to develop an R&D Blueprint for EVD research that included a working group focused on how experimental therapeutics should be assessed in the context of the next EVD outbreak.[3] These and other discussions led to a consensus that when a new outbreak occurred, the most promising experimental therapeutics should be studied in the context of a randomized, controlled trial, if possible.[4] This groundwork facilitated the uniting of the international community and DRC leadership to develop and implement the trial described in this report.

Methods

TRIAL DESIGN

The Pamoja Tulinde Maisha (PALM ["Together Save Lives" in the Kiswahili language]) trial compared ZMapp with three newer investigational agents.[5] Patients were assigned in a 1:1:1:1 ratio to receive ZMapp (a triple monoclonal antibody agent), remdesivir (a nucleotide analogue RNA polymerase inhibitor[6]), MAb114 (a single human monoclonal antibody derived from an Ebola survivor[7,8]), or REGN-EB3 (a coformulated mixture of three human IgG1 monoclonal antibodies[9,10]). ZMapp was chosen as the control on the basis of data from the Partnership for Research on Ebola Virus in Liberia II (PREVAIL II) trial.[11] The current trial was originally designed in November 2018 as a three-group trial, and the protocol was updated in January 2019 to add REGN-EB3 as a fourth group; data from this group were compared with those of patients in the ZMapp group who were enrolled on or after the time the REGN-EB3 group was added (the ZMapp subgroup). The primary end point was death at 28 days.

TRIAL OVERSIGHT

The trial was jointly approved by the ethics board at the University of Kinshasa and the institutional review board at the National Institute of Allergy and Infectious Diseases (NIAID) and was overseen by an independent data and safety monitoring board. Trial staff at participating Ebola treatment centers included staff from the Alliance for International Medical Action (ALIMA), International Medical Corps (IMC), Médecins sans Frontières (MSF), and the DRC Ministry of Health. Written informed consent was obtained from all patients or their legal guardians, and assent forms were obtained for children according to local standards and requirements. Full details about the trial design, conduct, oversight, and analyses are provided in the protocol and the Supplementary Appendix, both available with the full text of this article at NEJM.org. The PALM Writing Group performed the primary data analyses, wrote the manuscript, and, on behalf of the PALM Study Group, vouch for the accuracy and completeness of the data and for the fidelity of the trial to the protocol. The Office of Clinical Research Policy and Regulatory Operations of the Division of Clinical Research of the NIAID is the holder of the Investigational New Drug application (125530) from the Food and Drug Administration. The Biomedical and Advanced Research and Development Authority of the U.S. Department of Health and Human Services provided financial support for the production of ZMapp and REGN-EB3. NIAID and the Defense Advanced Research Projects Agency of the U.S. Department of Defense provided financial support for the production and provision of MAb114.

SCREENING AND RANDOMIZATION

Patients were assessed for eligibility on the basis of a reverse-transcriptase–polymerase-chain-reaction (RT-PCR) assay to detect the RNA of the nucleoprotein of Ebola virus (EBOV). Patients of any age, including pregnant women, were eligible if they had a positive result on RT-PCR within 3 days before screening and if they had not received other investigational agents (except experimental vaccines) within the previous 30 days. Neonates who were 7 days of age or younger were eligible if the mother had documented EVD. Randomization was stratified according to baseline nucleoprotein cycle-threshold (Ct) value (≤22.0 or >22.0, corresponding to higher and lower viral loads, respectively, as determined by quantitative RT-PCR) and Ebola treatment center. Trial-group assignments were placed in sequentially numbered envelopes, which were distributed to trial sites to be opened at the time of enrollment. Data were recorded on bar-coded paper case-report forms that were transmitted from the site to a server, where they were digitally sorted into electronic patient folders with the use of software developed by the University of Minnesota and were then entered by trial staff at the Institut National de Recherche Biomédicale (INRB) Coordinating Center (Kinshasa, DRC) and NIAID (Bethesda, MD) into the Web-based REDCap database.

TRIAL PROCEDURES

All patients received standard care, which consisted of administration of intravenous fluids, daily clinical laboratory testing, correction of hypoglycemia and electrolyte imbalances, and administration of broad-spectrum antibiotic agents and antimalarial agents as indicated. All four trial agents were administered intravenously. Patients in the ZMapp group received a dose of 50 mg per kilogram of body weight every third day beginning on day 1 (for a total of three doses). Patients in the remdesivir group received a loading dose on day 1 (200 mg in adults, and adjusted for body weight in pediatric patients), followed by a daily maintenance dose (100 mg in adults) starting on day 2 and continuing for 9 to 13 days, depending on viral load. Patients in the MAb114 group received a dose of 50 mg per kilogram, administered as a single infusion on day 1. Patients in the REGN-EB3 group received a dose of 150 mg per kilogram, administered as a single infusion on day 1.

The Xpert Ebola Assay (Cepheid) was used for detection of the EBOV RNAs encoding surface glycoprotein and nucleoprotein.[12-14] Clinical chemical analyses of plasma samples that had been separated from whole blood were performed with the use of the Piccolo Xpress Chemistry Analyzer (Abbott).

STATISTICAL ANALYSIS

The primary end point (death at 28 days) was assessed with the use of a modified Boschloo's test for hypothesis testing.[15] We estimated that 145 patients would need to be enrolled in each group to give the trial approximately 80% power, at a type I error rate of 5%, to show that mortality would be 50% lower in each of the groups than in the ZMapp group (15% vs. 30%). Each of the primary comparisons of remdesivir, MAb114, and REGN-EB3 with ZMapp was tested at a two-sided type I error rate of 5%, without adjustment for multiplicity (as prespecified in the statistical analysis plan). After an assessment that was conducted in a blinded manner, the protocol was amended in July 2019 to increase the sample size to 725 to improve the power of the trial while taking into account the availability of ZMapp. The sample size was revised to 185 patients each in the ZMapp, remdesivir, and MAb114 groups and 170 in the REGN-EB3 group. Comparisons were restricted to patients who were enrolled in the trial concurrently.[15,16] Interim data and safety monitoring included four analyses of efficacy that were performed on the basis of prespecified enrollment targets (Table S1 in the Supplementary Appendix). Additional details are provided in the statistical analysis plan, which is included with the protocol.

Results

PATIENTS

From November 20, 2018, to August 9, 2019, a total of 681 patients were enrolled and underwent randomization at Ebola treatment centers in Beni (335 patients), Butembo (243 patients), Katwa (46 patients), and Mangina (57 patients). Eight patients were excluded from the final analysis: 1 patient was later found to have been ineligible because of a false positive EVD result on RT-PCR assay, and 7 patients underwent randomization during a 2-week period when ZMapp was unavailable because of compromised cold-chain conditions. Of the remaining 673 participants, 169 were assigned to receive ZMapp, 175 to receive remdesivir, 174 to receive MAb114, and 155 to receive REGN-EB3. A total of 154 patients were assigned to the ZMapp group after the REGN-EB3 group had been added (the ZMapp subgroup), and data from these patients were used in the comparison of REGN-EB3 with ZMapp (Fig. S1).

Table 1.

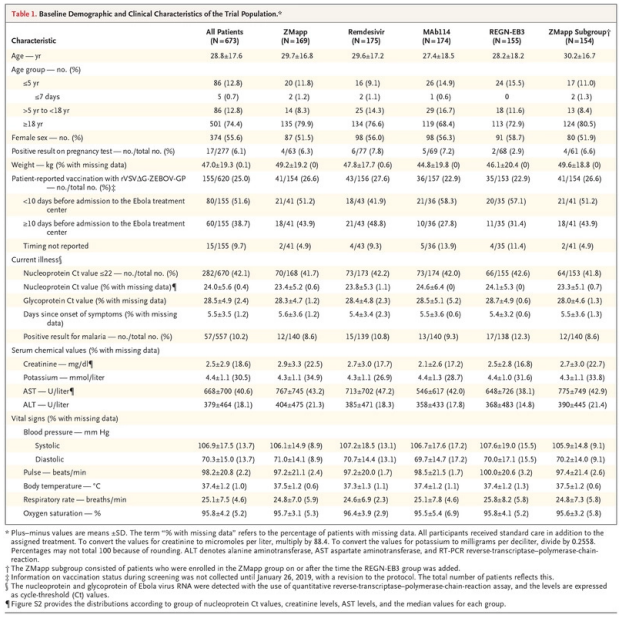


Table 1. Baseline Demographic and Clinical Characteristics of the Trial Population.*

Characteristic	All Patients (N=673)	ZMapp (N=169)	Remdesivir (N=175)	Mab114 (N=174)	REGN-EB3 (N=155)	ZMapp Subgroup† (N=154)
Age — yr	28.8±17.6	29.7±16.8	29.6±17.2	27.4±18.5	28.2±18.2	30.2±16.7
Age group — no. (%)						
≤5 yr	86 (12.8)	20 (11.8)	16 (9.1)	26 (14.9)	24 (15.5)	17 (11.0)
≤7 days	5 (0.7)	2 (1.2)	2 (1.1)	1 (0.6)	0	2 (1.3)
>5 yr to <18 yr	86 (12.8)	14 (8.3)	25 (14.3)	29 (16.7)	18 (11.6)	13 (8.4)
≥18 yr	501 (74.4)	135 (79.9)	134 (76.6)	119 (68.4)	113 (72.9)	124 (80.5)
Female sex — no. (%)	374 (55.6)	87 (51.5)	98 (56.0)	98 (56.3)	91 (58.7)	80 (51.9)
Positive result on pregnancy test — no./total no. (%)	17/277 (6.1)	4/63 (6.3)	6/77 (7.8)	5/69 (7.2)	2/68 (2.9)	4/61 (6.6)
Weight — kg (% with missing data)	47.0±19.3 (0.1)	49.2±19.2 (0)	47.8±17.7 (0.6)	44.8±19.8 (0)	46.1±20.4 (0)	49.6±18.8 (0)
Patient-reported vaccination with rVSVΔG-ZEBOV-GP — no./total no. (%)‡	155/620 (25.0)	41/154 (26.6)	43/156 (27.6)	36/157 (22.9)	35/153 (22.9)	41/154 (26.6)
<10 days before admission to the Ebola treatment center	80/155 (51.6)	21/41 (51.2)	18/43 (41.9)	21/36 (58.3)	20/35 (57.1)	21/41 (51.2)
≥10 days before admission to the Ebola treatment center	60/155 (38.7)	18/41 (43.9)	21/43 (48.8)	10/36 (27.8)	11/35 (31.4)	18/41 (43.9)
Timing not reported	15/155 (9.7)	2/41 (4.9)	4/43 (9.3)	5/36 (13.9)	4/35 (11.4)	2/41 (4.9)
Current illness§						
Nucleoprotein Ct value ≤22 — no./total no. (%)	282/670 (42.1)	70/168 (41.7)	73/173 (42.2)	73/174 (42.0)	66/155 (42.6)	64/153 (41.8)
Nucleoprotein Ct value (% with missing data)¶	24.0±5.6 (0.4)	23.4±5.2 (0.6)	23.8±5.3 (1.1)	24.6±6.4 (0)	24.1±5.3 (0)	23.3±5.1 (0.7)
Glycoprotein Ct value (% with missing data)	28.5±4.9 (2.4)	28.3±4.7 (1.2)	28.4±4.8 (2.3)	28.5±5.1 (5.2)	28.7±4.9 (0.6)	28.0±4.6 (1.3)
Days since onset of symptoms (% with missing data)	5.5±3.5 (1.2)	5.6±3.6 (1.2)	5.4±3.4 (2.3)	5.5±3.6 (0.6)	5.4±3.2 (0.6)	5.5±3.6 (1.3)
Positive result for malaria — no./total no. (%)	57/557 (10.2)	12/140 (8.6)	15/139 (10.8)	13/140 (9.3)	17/138 (12.3)	12/140 (8.6)
Serum chemical values (% with missing data)						
Creatinine — mg/dl¶	2.5±2.9 (18.6)	2.9±3.3 (22.5)	2.7±3.0 (17.7)	2.1±2.6 (17.2)	2.5±2.8 (16.8)	2.7±3.0 (22.7)
Potassium — mmol/liter	4.4±1.1 (30.5)	4.3±1.1 (34.9)	4.3±1.1 (26.9)	4.4±1.3 (28.7)	4.4±1.0 (31.6)	4.3±1.1 (33.8)
AST — U/liter¶	668±700 (40.6)	767±745 (43.2)	713±702 (47.2)	546±617 (42.0)	648±726 (38.1)	775±749 (42.9)
ALT — U/liter	379±464 (18.1)	404±475 (21.3)	385±471 (18.3)	358±433 (17.8)	368±483 (14.8)	390±445 (21.4)
Vital signs (% with missing data)						
Blood pressure — mm Hg						
Systolic	106.9±17.5 (13.7)	106.1±14.9 (8.9)	107.2±18.5 (13.1)	106.7±17.6 (17.2)	107.6±19.0 (15.5)	105.9±14.8 (9.1)
Diastolic	70.3±15.0 (13.7)	71.0±14.1 (8.9)	70.7±14.4 (13.1)	69.7±14.7 (17.2)	70.0±17.1 (15.5)	70.2±14.0 (9.1)
Pulse — beats/min	98.2±20.8 (2.2)	97.2±21.1 (2.4)	97.2±20.0 (1.7)	98.5±21.5 (1.7)	100.0±20.6 (3.2)	97.4±21.4 (2.6)
Body temperature — °C	37.4±1.2 (1.0)	37.5±1.2 (0.6)	37.3±1.3 (1.1)	37.4±1.2 (1.1)	37.4±1.2 (1.3)	37.5±1.2 (0.6)
Respiratory rate — breaths/min	25.1±7.5 (4.6)	24.8±7.0 (5.9)	24.6±6.9 (2.3)	25.1±7.8 (4.6)	25.8±8.2 (5.8)	24.8±7.3 (5.8)
Oxygen saturation — %	95.8±4.2 (5.2)	95.7±3.1 (5.3)	96.4±3.9 (2.9)	95.5±5.4 (6.9)	95.8±4.1 (5.2)	95.6±3.2 (5.8)

* Plus–minus values are means ±SD. The term "% with missing data" refers to the percentage of patients with missing data. All participants received standard care in addition to the assigned treatment. To convert the values for creatinine to micromoles per liter, multiply by 88.4. To convert the values for potassium to milligrams per deciliter, divide by 0.2558. Percentages may not total 100 because of rounding. ALT denotes alanine aminotransferase, AST aspartate aminotransferase, and RT-PCR reverse-transcriptase–polymerase-chain-reaction.
† The ZMapp subgroup consisted of patients who were enrolled in the ZMapp group on or after the time the REGN-EB3 group was added.
‡ Information on vaccination status during screening was not collected until January 26, 2019, with a revision to the protocol. The total number of patients reflects this.
§ The nucleoprotein and glycoprotein of Ebola virus RNA were detected with the use of quantitative reverse-transcriptase–polymerase-chain-reaction assay, and the levels are expressed as cycle-threshold (Ct) values.
¶ Figure S2 provides the distributions according to group of nucleoprotein Ct values, creatinine levels, AST levels, and the median values for each group.

Baseline Demographic and Clinical Characteristics of the Trial Population.

Most patients (74.4%) were 18 years of age or older, 12.8% were 6 to 17 years of age, and 12.8% were 5 years of age or younger, of whom 0.7% were neonates (≤7 days old). A total of 55.6% patients were female, of whom 6.1% were pregnant at the time of EVD diagnosis (Table 1).

The mean (±SD) baseline nucleoprotein Ct value was 24.0±5.6, and 42.1% of patients had a baseline value of 22.0 or lower. Patients were enrolled within an average of 5.5 days after the onset of symptoms. The most commonly reported baseline symptoms were diarrhea (in 53.8% of the patients), fever (in 51.4%), abdominal pain (in 46.4%), headache (in 44.4%), and vomiting (in 39.4%) (Table S2). Malaria coinfection was identified in 57 of 557 patients (10.2%). Patient-reported information regarding vaccination status (i.e., whether the patient had received the rVSVΔG-ZEBOV-GP vaccine) was available for 620 patients; of these, 155 (25.0%) reported that they received the vaccine. Among patients who reported that they had been vaccinated, 38.7% reported that they had received the vaccination at least 10 days before enrollment.

The mean baseline serum creatinine level was 2.5±2.9 mg per deciliter (221±256 μmol per liter), the mean aspartate aminotransferase level was 668±700 U per liter, and the mean alanine aminotransferase level was 379±464 U per liter. The mean baseline creatinine and aspartate aminotransferase values were higher in the ZMapp and remdesivir groups than in the other two groups. However, the baseline creatinine level was not recorded in 18.6% of patients, aspartate aminotransferase level was not recorded in 40.6%, and alanine aminotransferase level was not recorded in 18.1%. In addition, 70.1% of the available baseline samples indicated some degree of hemolysis.

MORTALITY

On August 9, 2019, when 681 patients had been enrolled, the data and safety monitoring board conducted an interim analysis on data from 499 patients and, on the basis of two observations, recommended terminating random assignment to ZMapp and remdesivir. First, results in the REGN-EB3 group crossed an interim boundary for efficacy with respect to a surrogate end point for death at 28 days that took into account outcomes in all patients with at least 10 days of follow-up (Fig. S3). Second, an analysis of mortality showed that there was a clear separation between the MAb114 and REGN-EB3 groups and the ZMapp and remdesivir groups (Fig. S4).

Table 2.

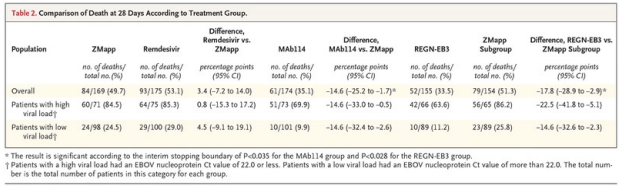


Table 2. Comparison of Death at 28 Days According to Treatment Group.

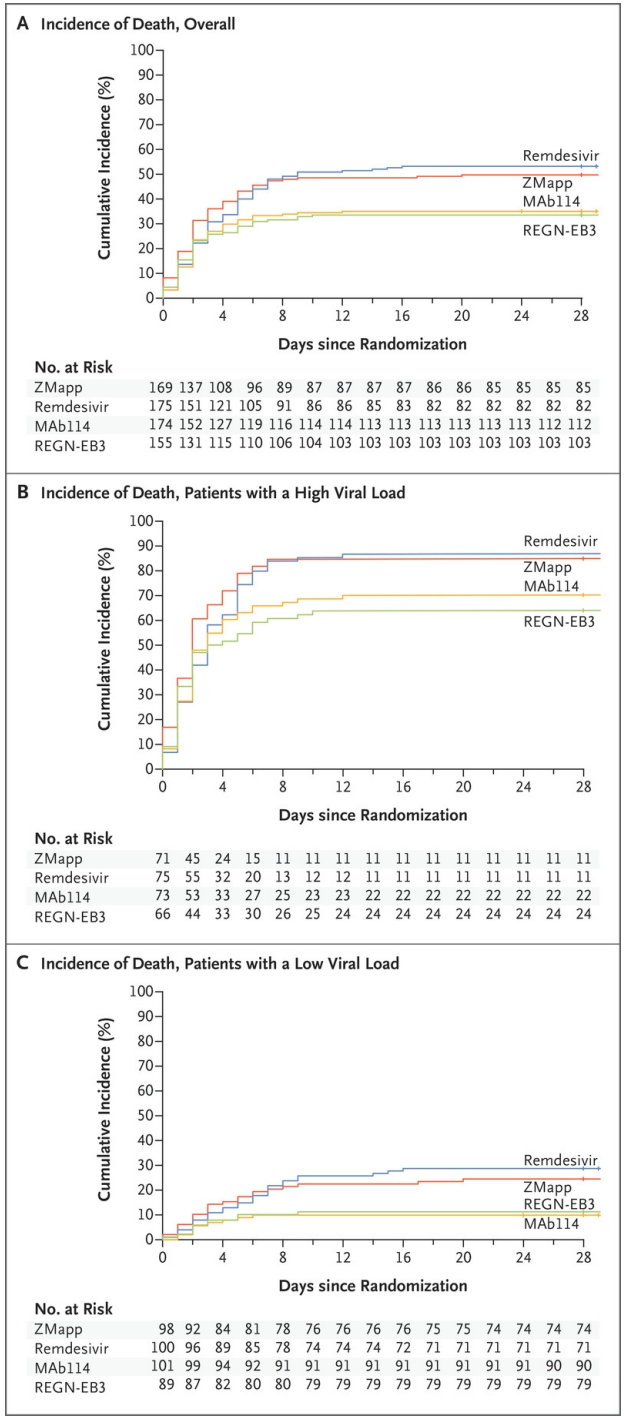
Population	ZMapp	Remdesivir	Difference, Remdesivir vs. ZMapp	MAb114	Difference, MAb114 vs. ZMapp	REGN-EB3	ZMapp Subgroup	Difference, REGN-EB3 vs. ZMapp Subgroup
	no. of deaths/ total no. (%)	*no. of deaths/ total no. (%)*	*percentage points (95% CI)*	*no. of deaths/ total no. (%)*	*percentage points (95% CI)*	*no. of deaths/ total no. (%)*	*no. of deaths/ total no. (%)*	*percentage points (95% CI)*
Overall	84/169 (49.7)	93/175 (53.1)	3.4 (−7.2 to 14.0)	61/174 (35.1)	−14.6 (−25.2 to −1.7)*	52/155 (33.5)	79/154 (51.3)	−17.8 (−28.9 to −2.9)*
Patients with high viral load†	60/71 (84.5)	64/75 (85.3)	0.8 (−15.3 to 17.2)	51/73 (69.9)	−14.6 (−33.0 to −0.5)	42/66 (63.6)	56/65 (86.2)	−22.5 (−41.8 to −5.1)
Patients with low viral load†	24/98 (24.5)	29/100 (29.0)	4.5 (−9.1 to 19.1)	10/101 (9.9)	−14.6 (−32.4 to −2.6)	10/89 (11.2)	23/89 (25.8)	−14.6 (−32.6 to −2.3)

* The result is significant according to the interim stopping boundary of P<0.035 for the MAb114 group and P<0.028 for the REGN-EB3 group.
† Patients with a high viral load had an EBOV nucleoprotein Ct value of 22.0 or less. Patients with a low viral load had an EBOV nucleoprotein Ct value of more than 22.0. The total number is the total number of patients in this category for each group.

Comparison of Death at 28 Days According to Treatment Group.

A total of 673 patients were included in the primary analyses. At 28 days, death had occurred in 290 patients (43.1%) overall, in 18.8% of patients with a low viral load (Ct value >22.0), and in 76.1% with a high viral load (Ct value ≤22.0) (Table 2).

Figure 1.



Cumulative Incidence of Death.

Table 3.

Table 3. Logistic-Regression Analyses for Death at 28 Days.

Variable	No. of Patients in Analysis*	Odds Ratio (95% confidence interval)†			
		For Each Variable	Remdesivir vs. ZMapp	MAb114 vs. ZMapp	REGN-EB3 vs. ZMapp
Duration of symptoms	615	1.11 (1.05–1.16) per day of symptoms‡	1.04 (0.66–1.64)	0.49 (0.31–0.78)	0.45 (0.28–0.73)
Nucleoprotein Ct value	620	0.66 (0.62–0.71) per 1 unit increase	1.29 (0.71–2.34)	0.39 (0.21–0.73)	0.37 (0.20–0.68)
Years of age	623	1.00 (1.00–1.01) per 1 yr increase	1.07 (0.68–1.66)	0.52 (0.33–0.82)	0.48 (0.31–0.77)
Creatinine level§	507	1.43 (1.31–1.56) per 1 mg/dl increase	0.93 (0.54–1.59)	0.48 (0.27–0.84)	0.38 (0.21–0.67)
AST level§	380	1.15 (1.11–1.20) per 100 U/liter increase	1.06 (0.54–2.05)	0.31 (0.14–0.67)	0.29 (0.14–0.63)
ALT level§	511	1.43 (1.33–1.54) per 100 U/liter increase	0.95 (0.54–1.68)	0.37 (0.20–0.69)	0.36 (0.20–0.66)
Patient-reported vaccination§	620	0.37 (0.24–0.55) yes vs. no	1.06 (0.67–1.68)	0.48 (0.30–0.77)	0.44 (0.28–0.71)

* Model estimates include data from patients who were enrolled after the REGN-EB3 group was added. The number of patients in the analysis reflects the number enrolled after the REGN-EB3 group was added for whom data were available for each variable.
† Each row shows the odds ratios derived from a multivariate logistic-regression model that included the variable listed plus the four treatment groups.
‡ The variable reflects each additional day of symptoms before admission to the treatment center.
§ Because of its clinical significance, the variable was added after the statistical analysis plan was finalized but before analysis of the data.

Logistic-Regression Analyses for Death at 28 Days.

Table 4.

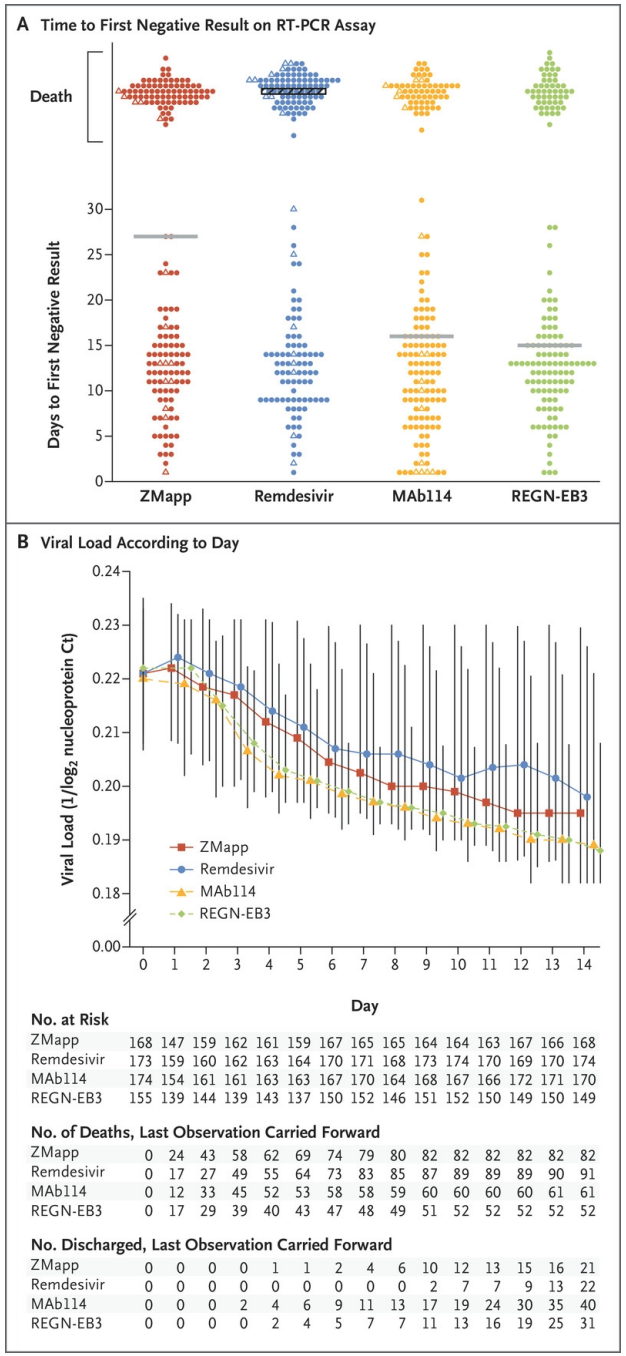
Table 4. Multivariate Logistic-Regression Analyses for Death at 28 Days in the 371 Patients Who Had Data Available for All Variables.

Variable	Odds Ratio (95% CI)
Assignment to remdesivir vs. ZMapp	0.99 (0.46–2.14)
Assignment to MAb114 vs. ZMapp	0.24 (0.10–0.61)
Assignment to REGN-EB3 vs. ZMapp	0.21 (0.08–0.53)
Duration of symptoms before admission to treatment center, per each additional day	1.12 (1.00–1.24)
Baseline nucleoprotein Ct value per 1-unit increase	0.67 (0.59–0.76)
Years of age per 1 yr increase	1.02 (1.00–1.04)
Creatinine level per 1 mg/dl increase	1.36 (1.18–1.58)
AST level per 100 U/liter increase	1.00 (0.92–1.07)
ALT level per 100 U/liter increase	0.96 (0.79–1.17)
Patient-reported vaccination, yes vs. no	0.47 (0.21–1.01)

Multivariate Logistic-Regression Analyses for Death at 28 Days in the 371 Patients Who Had Data Available for All Variables.

The percentage of patients who died was lower in the MAb114 group and in the REGN-EB3 group than in the ZMapp group (Figure 1 and Table 2). The difference between the MAb114 and the ZMapp groups was −14.6 percentage points (95% confidence interval [CI], −25.2 to −1.7; P=0.007); the difference between the REGN-EB3 group and the ZMapp subgroup was −17.8 percentage points (95% CI, −28.9 to −2.9; P=0.002); and the difference between the remdesivir and ZMapp groups was 3.4 percentage points (95% CI, −7.2 to 14.0). (Fig. S5 shows the differences in mortality in the remdesivir, MAb114, and REGN-EB3 groups relative to the ZMapp group according to Ct value, age, sex, and site.) The survival benefits seen in the MAb114 and REGN-EB3 groups were also seen in sensitivity analyses adjusted for potential baseline imbalances (Table 3 and Table 4 and Table S3).

Figure 2.



No. at Risk

ZMapp	168	147	159	162	161	159	167	165	165	164	164	163	167	166	168
Remdesivir	173	159	160	162	163	164	170	171	168	173	174	170	169	170	174
MAb114	174	154	161	161	163	163	167	170	164	168	167	166	172	171	170
REGN-EB3	155	139	144	139	143	137	150	152	146	151	152	150	149	150	149

No. of Deaths, Last Observation Carried Forward

ZMapp	0	24	43	58	62	69	74	79	80	82	82	82	82	82	82
Remdesivir	0	17	27	49	55	64	73	83	85	87	89	89	89	90	91
MAb114	0	12	33	45	52	53	58	58	59	60	60	60	60	61	61
REGN-EB3	0	17	29	39	40	43	47	48	49	51	52	52	52	52	52

No. Discharged, Last Observation Carried Forward

ZMapp	0	0	0	0	1	1	2	4	6	10	12	13	15	16	21
Remdesivir	0	0	0	0	0	0	0	0	0	2	7	7	9	13	22
MAb114	0	0	0	2	4	6	9	11	13	17	19	24	30	35	40
REGN-EB3	0	0	0	0	2	4	5	7	7	11	13	16	19	25	31

Time to Viral Clearance.

In an analysis of the time to the first negative result on RT-PCR assay for EBOV nucleoprotein, in which patients who had died were considered as not having had viral clearance, the time to the first negative result was shorter in the MAb114 and REGN-EB3 groups than in the ZMapp group (median in the MAb114 group, 16 days; median in the REGN-EB3 group, 15 days; median in the ZMapp group, 27 days) (Figure 2). Among patients in the remdesivir group, the estimated median time was more than 28 days because mortality exceeded 50%.

PROGNOSTIC VARIABLES

A longer duration of symptoms before treatment was associated with significantly worse outcomes. Of note, 19% of patients who arrived at the treatment center within 1 day after the reported onset of symptoms died, as compared with 47% of patients who arrived after they had had symptoms for 5 days (Table S4). The odds of death increased by 11% (95% CI, 5 to 16) for each day after the onset of symptoms that the patient did not present to the treatment center (Table 3).

The odds of death were lower among patients with lower viral loads (odds ratio per unit increase in Ct value, 0.66; 95% CI, 0.62 to 0.71) and higher among patients with higher levels of creatinine (odds ratio per 1 mg per deciliter increase, 1.43; 95% CI, 1.31 to 1.56), aspartate aminotransferase (odds ratio per 100 U per liter increase, 1.15; 95% CI, 1.11 to 1.20), and alanine aminotransferase (odds ratio per 100 U per liter increase, 1.43; 95% CI, 1.33 to 1.54). A multivariate logistic-regression analysis showed that the duration of symptoms at enrollment, baseline nucleoprotein Ct value, and serum creatinine level all remained significant prognostic indicators of death (Table 4). Across all models, the effect estimates of treatment with MAb114 and REGN-EB3 remained significant (Table 3 and Table 4).

The percentage of patients who died was lower among those who reported that they had received the rVSVΔG-ZEBOV-GP vaccine than among those who reported no vaccination (27.1% [42 of 155 patients] vs. 48.4% [225 of 465]). However, patients who reported vaccination were also more likely to have had fewer days of illness before enrollment, higher baseline nucleoprotein Ct values, and lower levels of alanine aminotransferase (Table S5).

SAFETY

At least 98% of the patients received the infusions according to protocol (Table S6). A total of 29 serious adverse events were determined by trial investigators to be potentially related to the trial drugs (Table S7). However, after adjudication by an independent pharmacovigilance committee, four events in three patients, all of which resulted in death, were determined to be possibly related to a trial drug: one patient in the ZMapp group had worsening of gastrointestinal symptoms; one patient in the ZMapp group had periinfusional hypotension and hypoxia that responded to resuscitation after treatment interruption but that resulted in death within 24 hours; and one patient in the remdesivir group had hypotension that resulted in cessation of a loading dose of remdesivir and that was followed rapidly by cardiac arrest. However, even in these cases, the deaths could not readily be distinguished from underlying fulminant EVD itself.

DELAYS IN TREATMENT ADMINISTRATION

The mean time from randomization to administration of the first infusion was somewhat longer in the ZMapp and remdesivir groups than in the MAb114 and REGN-EB3 groups. (Table S8 and Fig. S6 provide a summary of the time from randomization to the first infusion according to trial group and site, and Table S9 provides the results of a sensitivity analysis of outcomes that excluded data from patients with delays of more than 6 hours.) Twelve patients were enrolled but died before receiving the first infusion: one in the ZMapp group, three in the remdesivir group, three in the MAb114 group, and five in the REGN-EB3 group.

Discussion

In this trial of four promising experimental treatments against *Z. ebolavirus*, the combination of standard care plus either MAb114 or REGN-EB3 was superior to standard care plus ZMapp against the Ituri EBOV variant currently circulating in the DRC. Survival benefits were seen both in patients with high viral loads and in those with low viral loads at presentation. The reason that mortality among patients who received ZMapp was 22% in the PREVAIL II trial (conducted during the outbreak in West Africa) and 50% in our trial (conducted during the current outbreak in the DRC) is unclear. Potential differences in virulence, the relevant viral epitopes,[14] patient populations, duration of symptoms, and standard-of-care practices are being explored.

In addition to differential effects of the four trial agents with respect to mortality, the results showed the importance of early diagnosis and treatment. We observed an 11% increase in the odds of death for each day that symptoms persisted before enrollment. These data highlight the need for community awareness that earlier diagnosis and treatment are associated with increased survival. Similarly, there was an effect of baseline viral load with respect to death at 28 days with each trial drug: mortality among patients who had a nucleoprotein Ct value of 22 or less at screening (i.e., high viral load) was 4 times as high as mortality among patients with a nucleoprotein Ct value of greater than 22 (i.e., low viral load). As described previously, the degree of baseline renal dysfunction was also a strong adverse prognostic indicator of survival, despite the use of medical countermeasures,[17,18] with higher creatinine levels at presentation correlating with a higher risk of death.

Given that 97% of deaths in this trial occurred within 10 days after enrollment, the efficacy of MAb114 and REGN-EB3 as compared with that of ZMapp and remdesivir might be partly attributable to the fact that the full treatment courses of MAb114 and REGN-EB3 were administered in a single dose, whereas ZMapp and remdesivir were administered in multiple infusions. Differences in the time to appearance of the first negative nucleoprotein Ct result among trial groups support this observation; patients in the MAb114 and REGN-EB3 groups had faster rates of viral clearance than patients in the ZMapp and remdesivir groups. With ZMapp, the longer preparation time and the recommendation to allot up to 4 hours for the infusion of the first dose led to some delays in initiating therapy until the following day for patients who arrived later in the day to

their respective treatment centers. However, in a sensitivity analysis, mortality was only slightly lower when ZMapp recipients with delayed therapy were excluded.

Although most characteristics at baseline were balanced across the four groups, values for serum creatinine and aminotransferases were higher in the ZMapp and remdesivir groups than in the MAb114 and REGN-EB3 groups; patients in the latter groups had better outcomes, despite similar durations of illness before enrollment. This suggests that enrolled patients might, on average, have been somewhat sicker in the ZMapp and the remdesivir groups, which could potentially account for some of the differences in outcomes. A high percentage of missing baseline data complicates this analysis. Nevertheless, sensitivity analyses confirm the persistence of benefits of treatment with MAb114 and REGN-EB3 despite these potential imbalances.

Of the 620 patients for whom information on vaccination with rVSVΔG-ZEBOV-GP was available, 155 patients (25.0%) reported that they had received the vaccine; of these, 38.7% reported that they had received the vaccine at least 10 days before the onset of clinical symptoms. Patients who reported vaccination were more likely to enroll sooner after the onset of symptoms and generally had more favorable prognostic profiles at baseline, suggesting a possible relationship between vaccination and health-seeking behaviors associated with improved outcomes. Alternatively, the less severe clinical status of these persons at presentation could be the result of a direct effect of the vaccine on outcomes. A limitation of these results is that vaccination status was reported by the patient; efforts to confirm vaccination status are under way. Given that vaccination status was not a randomization factor in this trial, it is not possible to draw firm conclusions about its effect on mortality.

With few exceptions, the safety profiles of all four trial drugs were generally consistent with either their limited previous investigational use in EBOV-infected humans, published phase 1 data in healthy volunteers, or both. Twenty-nine serious adverse events were reported by the investigators as possibly related to the experimental treatments — not all of which occurred during the treatment period. On review, four were thought to be possibly related to the trial-drug infusions. It is difficult to distinguish adverse events associated with the trial drug from those related to underlying EVD, so the assessment of relatedness is challenging. These favorable safety profiles support the notion that relative efficacy rather than safety considerations will most likely provide the major rationale for the future use of these drugs.

Although the observed treatment benefits of MAb114 and REGN-EB3 were striking, 34% of all patients and 67% of patients who presented with higher viral loads died despite receiving one of these agents. Exploration of more efficacious interventions — such as further improvements in aggressive supportive-care measures and combination strategies that use agents with potentially complementary mechanisms of action — is needed. It is worth noting, however, that all the treatments chosen for this trial had shown comparatively high survival rates in nonhuman primate EBOV challenge models with the use of a non-Ituri EBOV variant (Kikwit), which illustrates a potential limitation of these models in evaluating single-drug and (future) combination-drug strategies.

We encountered numerous challenges in the performance of this trial. It was conducted in a region of the DRC in which there is regional violence, mistrust of government, mistrust of the Ebola response, an unstable electrical power grid, transportation difficulties, and a history of high morbidity from other infectious diseases. Missing results from laboratory tests make the logistic-regression analyses difficult to interpret. Continual oversight of staffing and supply-chain issues by the DRC Ministry of Health, the INRB, the WHO, ALIMA, IMC, and MSF was essential to maintaining an appropriate standard of supportive care in the trial centers. The trial was interrupted temporarily in two participating centers that had to be evacuated because of violence directed against those units by local community or paramilitary groups who were reportedly suspicious of the activities under way in those facilities.

Reaching a successful conclusion to this challenging trial required careful planning as well as the cooperation, support, and coordination of national and international health agencies, government leaders, pharmaceutical companies, dedicated oversight boards, scientists, and nongovernmental organizations. This trial showed that it is possible to conduct scientifically rigorous and ethically sound research during an outbreak, even in a conflict zone. Although it is important to recognize the collective strength of this partnership in ensuring the completion of the trial, the single greatest factor that ensured its success was the commitment of the staff in the field and at the sites (the physicians, nurses, pharmacists, hygienists, the *gardes-malades* [guardians of the sick], and the numerous other support staff) who worked under highly challenging circumstances at the front lines of this effort in the Ebola treatment centers, as well as that of the patients themselves.

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Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

Drs. Mulangu, Dodd, and Davey and Drs. Lane and Muyembe-Tamfum contributed equally to this article.

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A complete list of members of the PALM Consortium Study Team is provided in the Supplementary Appendix, available at NEJM.org.

Supplementary Material

Protocol	PDF	2114KB
Supplementary Appendix	PDF	1552KB
Disclosure Forms	PDF	789KB
Data Sharing Statement	PDF	76KB

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Dr. Prem raj P.
Dec 16, 2019

PALM Ebola Clinical Trial -- A Success Story
This protocol proved the greater efficacy and safety of combination of standard care plus Mab114 or REGN-EB3 over standard care plus ZMapp in terms of patients' survival. The study could be an eye opener for future better therapeutic options for Ebola infected patients. The statistical and molecular analysis were done precisely and is highly appreciable. Good article!!!

Diane HALLINEN
Dec 11, 2019

Appreciate the workers caring for the patients
Having worked in an ETU in Sierra Leone, I am so impressed that clinical trials were completed during this current epidemic. The bleach scented, sweat full boots on the ground deserve high praise. Thank you.

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Epub 2020 Jun 30.

Case report study of the first five COVID-19 patients treated with remdesivir in France

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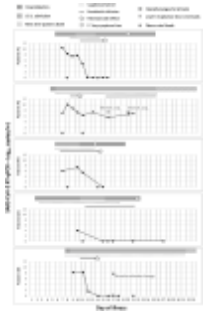
Free PMC article

Abstract

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been identified as the virus responsible for the coronavirus disease 2019 (COVID-19) outbreak worldwide. Data on treatment are scare and parallels have been made between SARS-CoV-2 and other coronaviruses. Remdesivir is a broad-spectrum antiviral with efficient in vitro activity against SARS-CoV-2. Evidence of clinical improvement in patients with severe COVID-19 treated with remdesivir is controversial. The aim of this study was to describe the clinical outcomes and virological monitoring of the first five COVID-19 patients admitted to the intensive care unit of Bichat-Claude Bernard University Hospital, Paris, France, for severe pneumonia related to SARS-CoV-2 and treated with remdesivir. Quantitative reverse transcription PCR was used to monitor SARS-CoV-2 in blood plasma and the lower and upper respiratory tract. Among the five patients treated, two needed mechanical ventilation and one needed high-flow cannula oxygen. A significant decrease in SARS-CoV-2 viral load in the upper respiratory tract was observed in most cases, but two patients died with active SARS-CoV-2 replication in the lower respiratory tract. Plasma samples were positive for SARS-CoV-2 in only one patient. Remdesivir was interrupted before the initialy planned duration in four patients, two because of alanine aminotransferase elevations (3 to 5 normal range) and two because of renal failure requiring renal replacement. This case series of five COVID-19 patients requiring intensive care unit treatment for respiratory distress and treated with remdesivir, highlights the complexity of remdesivir use in such critically ill patients.

Keywords: Antiviral therapy; Case reports; Remdesivir; SARS-CoV-2 viral load; Viral pneumonia.

Figures



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ORIGINAL ARTICLE

Compassionate Use of Remdesivir for Patients with Severe Covid-19

Jonathan Grein, M.D., Norio Ohmagari, M.D., Ph.D., Daniel Shin, M.D., George Diaz, M.D., Erika Asperges, M.D., Antonella Castagna, M.D., Torsten Feldt, M.D., Gary Green, M.D., Margaret L. Green, M.D., M.P.H., François-Xavier Lescure, M.D., Ph.D., Emanuele Nicastri, M.D., Rentaro Oda, M.D., Kikuo Yo, M.D., D.M.Sc., Eugenia Quiros-Roldan, M.D., Alex Studemeister, M.D., John Redinski, D.O., Seema Ahmed, M.D., Jorge Bernett, M.D., Daniel Chelliah, M.D., Danny Chen, M.D., Shingo Chihara, M.D., Stuart H. Cohen, M.D., Jennifer Cunningham, M.D., Antonella D'Arminio Monforte, M.D., Saad Ismail, M.D., Hideaki Kato, M.D., Giuseppe Lapadula, M.D., Erwan L'Her, M.D., Ph.D., Toshitaka Maeno, M.D., Sumit Majumder, M.D., Marco Massari, M.D., Marta Mora-Rillo, M.D., Yoshikazu Mutoh, M.D., Duc Nguyen, M.D., Pharm.D., Ewa Verweij, M.D., Alexander Zoufaly, M.D., Anu O. Osinusi, M.D., Adam DeZure, M.D., Yang Zhao, Ph.D., Lijie Zhong, Ph.D., Anand Chokkalingam, Ph.D., Emon Elboudwarej, Ph.D., Laura Telep, M.P.H., Leighann Timbs, B.A., Ilana Henne, M.S., Scott Sellers, Ph.D., Huyen Cao, M.D., Susanna K. Tan, M.D., Lucinda Winterbourne, B.A., Polly Desai, M.P.H., Robertino Mera, M.D., Ph.D., Anuj Gaggar, M.D., Ph.D., Robert P. Myers, M.D., Diana M. Brainard, M.D., Richard Childs, M.D., and Timothy Flanigan, M.D.et al.

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N Engl J Med 2020; 382:2327-2336
DOI: 10.1056/NEJMoa2007016
Chinese Translation 中文翻译

Metrics

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Abstract

BACKGROUND

Remdesivir, a nucleotide analogue prodrug that inhibits viral RNA polymerases, has shown in vitro activity against SARS-CoV-2.

METHODS

We provided remdesivir on a compassionate-use basis to patients hospitalized with Covid-19, the illness caused by infection with SARS-CoV-2. Patients were those with confirmed SARS-CoV-2 infection who had an oxygen saturation of 94% or less while they were breathing ambient air or who were receiving oxygen support. Patients received a 10-day course of remdesivir, consisting of 200 mg administered intravenously on day 1, followed by 100 mg daily for the remaining 9 days of treatment. This report is based on data from patients who received remdesivir during the period from January 25, 2020, through March 7, 2020, and have clinical data for at least 1 subsequent day.

RESULTS

Of the 61 patients who received at least one dose of remdesivir, data from 8 could not be analyzed (including 7 patients with no post-treatment data and 1 with a dosing error). Of the 53 patients whose data were analyzed, 22 were in the United States, 22 in Europe or Canada, and 9 in Japan. At baseline, 30 patients (57%) were receiving mechanical ventilation and 4 (8%) were receiving extracorporeal membrane oxygenation. During a median follow-up of 18 days, 36 patients (68%) had an improvement in oxygen-support class, including 17 of 30 patients (57%) receiving mechanical ventilation who were extubated. A total of 25 patients (47%) were discharged, and 7 patients (13%) died; mortality was 18% (6 of 34) among patients receiving invasive ventilation and 5% (1 of 19) among those not receiving invasive ventilation.

CONCLUSIONS

In this cohort of patients hospitalized for severe Covid-19 who were treated with compassionate-use remdesivir, clinical improvement was observed in 36 of 53 patients (68%). Measurement of efficacy will require ongoing randomized, placebo-controlled trials of remdesivir therapy. (Funded by Gilead Sciences.)

Introduction

Since the first cases were reported in December 2019, infection with the severe acute respiratory coronavirus 2 (SARS-CoV-2) has become a worldwide pandemic.[1,2] Covid-19 — the illness caused by SARS-CoV-2 — is overwhelming health care systems globally.[3,4] The symptoms of SARS-CoV-2 infection vary widely, from asymptomatic disease to pneumonia and life-threatening complications, including acute respiratory distress syndrome, multisystem organ failure, and ultimately, death.[5-7] Older patients and those with preexisting respiratory or cardiovascular conditions appear to be at the greatest risk for severe complications.[6,7] In the absence of a proven effective therapy, current management consists of supportive care, including invasive and noninvasive oxygen support and treatment with antibiotics.[8,9] In addition, many patients have received off-label or compassionate-use therapies, including antiretrovirals, antiparasitic agents, antiinflammatory compounds, and convalescent plasma.[10-13]

Remdesivir is a prodrug of a nucleotide analogue that is intracellularly metabolized to an analogue of adenosine triphosphate that inhibits viral RNA polymerases. Remdesivir has broad-spectrum activity against members of several virus families, including filoviruses (e.g., Ebola) and coronaviruses (e.g., SARS-CoV and Middle East respiratory syndrome coronavirus [MERS-CoV]) and has shown prophylactic and therapeutic efficacy in nonclinical models of these coronaviruses.[14-17] In vitro testing has also shown that remdesivir has activity against SARS-CoV-2. Remdesivir appears to have a favorable clinical safety profile, as reported on the basis of experience in approximately 500 persons, including healthy volunteers and patients treated for acute Ebola virus infection,[18,19] and supported by our data (on file and shared with the World Health Organization [WHO]). In this report, we describe outcomes in a cohort of patients hospitalized for severe Covid-19 who were treated with remdesivir on a compassionate-use basis.

Methods

PATIENTS

Gilead Sciences began accepting requests from clinicians for compassionate use of remdesivir on January 25, 2020. To submit a request, clinicians completed an assessment form with demographic and disease-status information about their patient (see the Supplementary Appendix, available with the full text of this article at NEJM.org). Approval of requests was reserved for hospitalized patients who had SARS-CoV-2 infection confirmed by reverse-transcriptase–polymerase-chain-reaction assay and either an oxygen saturation of 94% or less while the patient was breathing ambient air or a need for oxygen support. In addition, patients were required to have a creatinine clearance above 30 ml per minute and serum levels of alanine aminotransferase (ALT) and aspartate aminotransferase (AST) less than five times the upper limit of the normal range, and they had to agree not to use other investigational agents for Covid-19.

In approved cases, the planned treatment was a 10-day course of remdesivir, consisting of a loading dose of 200 mg intravenously on day 1, plus 100 mg daily for the following 9 days. Supportive therapy was to be provided at the discretion of the clinicians. Follow-up was to continue through at least 28 days after the beginning of treatment with remdesivir or until discharge or death. Data that were collected through March 30, 2020, are reported here. This open-label program did not have a predetermined number of patients, number of sites, or duration. Data for some patients included in this analysis have been reported previously.[20-22] Details of the study design and conduct can be seen in the **protocol** (available at NEJM.org).

STUDY ASSESSMENTS

Data on patients' oxygen-support requirements, adverse events, and laboratory values, including serum creatinine, ALT, and AST, were to be reported daily, from day 1 through day 10, and additional follow-up information was solicited through day 28. Although there were no prespecified end points for this program, we quantified the incidence of key clinical events, including changes in oxygen-support requirements (ambient air, low-flow oxygen, nasal high-flow oxygen, noninvasive positive pressure ventilation [NIPPV], invasive mechanical ventilation, and extracorporeal membrane oxygenation [ECMO]), hospital discharge, and reported adverse events, including those leading to discontinuation of treatment, serious adverse events, and death. In addition, we evaluated the proportion of patients with clinical improvement, as defined by live discharge from the hospital, a decrease of at least 2 points from baseline on a modified ordinal scale (as recommended by the WHO R&D Blueprint Group), or both. The six-point scale consists of the following categories: 1, not hospitalized; 2, hospitalized, not requiring supplemental oxygen; 3, hospitalized, requiring supplemental oxygen; 4, hospitalized, requiring nasal high-flow oxygen therapy, noninvasive mechanical ventilation, or both; 5, hospitalized, requiring invasive mechanical ventilation, ECMO, or both; and 6, death.

PROGRAM OVERSIGHT

Regulatory and institutional review board or independent ethics committee approval was obtained for each patient treated with remdesivir, and consent was obtained for all patients in accordance with local regulations. The program was designed and conducted by the sponsor (Gilead Sciences), in accordance with the **protocol**. The sponsor collected the data, monitored conduct of the program, and performed the statistical analyses. All authors had access to the data and assume responsibility for the integrity and completeness of the reported data. The initial draft of the manuscript was prepared by a writer employed by Gilead Sciences along with one of the authors, with input from all the authors.

STATISTICAL ANALYSIS

No sample-size calculations were performed. The analysis population included all patients who received their first dose of remdesivir on or before March 7, 2020, and for whom clinical data for at least 1 subsequent day were available. Clinical improvement and mortality in the remdesivir compassionate-use cohort were described with the use of Kaplan–Meier analysis. Associations between pretreatment characteristics and these outcomes were evaluated with Cox proportional hazards regression. Because the analysis did not include a provision for correcting for multiple comparisons in tests for association between baseline variables and outcomes, results are reported as point estimates and 95% confidence

intervals. The widths of the confidence intervals have not been adjusted for multiple comparisons, so the intervals should not be used to infer definitive associations with outcomes. All analyses were conducted with SAS software, version 9.4 (SAS Institute).

Results

PATIENTS

In total, 61 patients received at least one dose of remdesivir on or before March 7, 2020; 8 of these patients were excluded because of missing postbaseline information (7 patients) and an erroneous remdesivir start date (1 patient) (Fig. S1 in the Supplementary Appendix). Of the 53 remaining patients included in this analysis, 40 (75%) received the full 10-day course of remdesivir, 10 (19%) received 5 to 9 days of treatment, and 3 (6%) fewer than 5 days of treatment.

BASELINE CHARACTERISTICS OF THE PATIENTS

Table 1.

Table 1. Baseline Demographic and Clinical Characteristics of the Patients.*

Characteristic	Invasive Ventilation (N=34)	Noninvasive Oxygen Support (N=19)	Total (N=53)
Median age (IQR) — yr	67 (56–72)	53 (41–68)	64 (48–71)
Age category — no. (%)			
<50 yr	6 (18)	8 (42)	14 (26)
50 to <70 yr	14 (41)	7 (37)	21 (40)
≥70 yr	14 (41)	4 (21)	18 (34)
Male sex — no. (%)	27 (79)	13 (68)	40 (75)
Region — no. (%)			
United States	14 (41)	8 (42)	22 (42)
Japan	8 (24)	1 (5)	9 (17)
Europe or Canada	12 (35)	10 (53)	22 (42)
Oxygen-support category — no. (%)			
Invasive ventilation	34 (100)	—	34 (64)
Invasive mechanical ventilation	30 (88)	—	30 (57)
Extracorporeal membrane oxygenation	4 (12)	—	4 (8)
Noninvasive oxygen support	—	19 (100)	19 (36)
Noninvasive positive-pressure ventilation	—	2 (11)	2 (4)
High-flow oxygen	—	5 (26)	5 (9)
Low-flow oxygen	—	10 (53)	10 (19)
Ambient air	—	2 (11)	2 (4)
Median duration of symptoms before remdesivir therapy (IQR) — days	11 (8–15)	13 (10–14)	12 (9–15)
Coexisting conditions — no. (%)			
Any condition	25 (74)	11 (58)	36 (68)
Hypertension	9 (26)	4 (21)	13 (25)
Diabetes	8 (24)	1 (5)	9 (17)
Hyperlipidemia	6 (18)	0	6 (11)
Asthma	5 (15)	1 (5)	6 (11)
Median laboratory values (IQR)			
ALT — IU per liter	48 (31–79)	27 (20–45)	37 (25–61)
AST — IU per liter	39 (30–76)	35 (28–46)	36 (29–67)
Creatinine — mg per deciliter	0.90 (0.66–1.17)	0.79 (0.63–1.00)	0.89 (0.64–1.08)

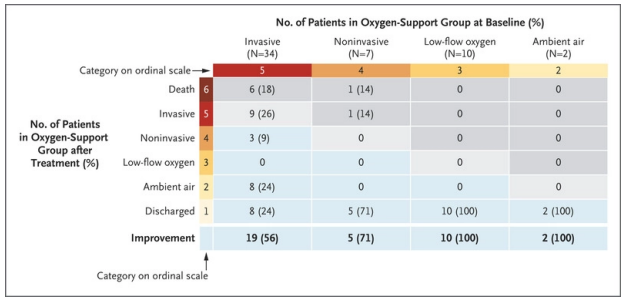
* ALT denotes alanine aminotransferase, AST aspartate aminotransferase, and IQR interquartile range. To convert the values for creatinine to micromoles per liter, multiply by 88.4.

Baseline Demographic and Clinical Characteristics of the Patients.

Table 1 shows baseline demographic and clinical characteristics of the 53 patients in the compassionate-use cohort. Patients were enrolled in the United States (22 patients), Japan (9), Italy (12), Austria (1), France (4), Germany (2), Netherlands (1), Spain (1), and Canada (1). A total of 40 patients (75%) were men, the age range was 23 to 82 years, and the median age was 64 years (interquartile range, 48 to 71). At baseline, the majority of patients (34 [64%]) were receiving invasive ventilation, including 30 (57%) receiving mechanical ventilation and 4 (8%) receiving ECMO. The median duration of invasive mechanical ventilation before the initiation of remdesivir treatment was 2 days (interquartile range, 1 to 8). As compared with patients who were receiving noninvasive oxygen support at baseline, those receiving invasive ventilation tended to be older (median age, 67 years, vs. 53 years), were more likely to be male (79%, vs. 68%), had higher median serum ALT (48 U per liter, vs. 27) and creatinine (0.90 mg per deciliter, vs. 0.79 [79.6 µmol per liter, vs. 69.8]), and a higher prevalence of coexisting conditions, including hypertension (26%, vs. 21%), diabetes (24%, vs. 5%), hyperlipidemia (18%, vs. 0%), and asthma (15%, vs. 5%). The median duration of symptoms before the initiation of remdesivir treatment was 12 days (interquartile range, 9 to 15) and did not differ substantially between patients receiving invasive ventilation and those receiving noninvasive ventilation (Table 1).

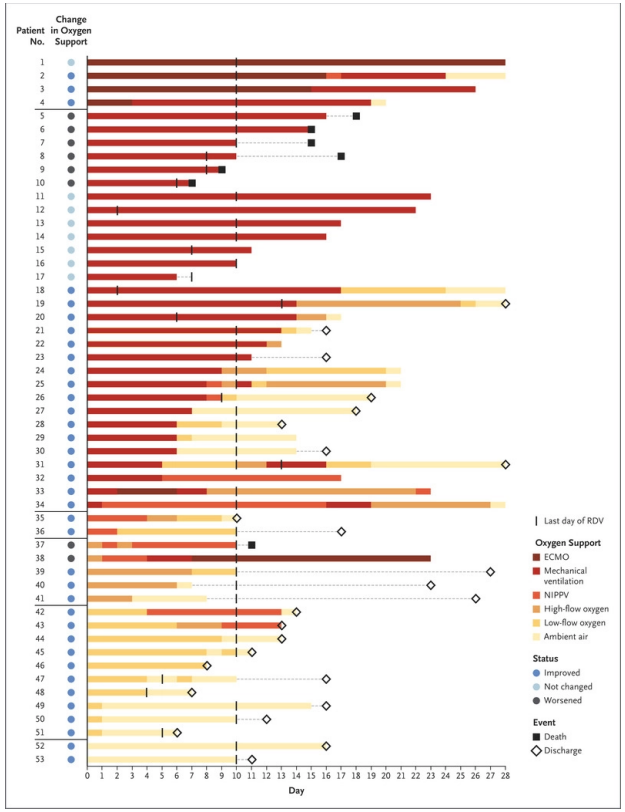
CLINICAL IMPROVEMENT DURING REMDESIVIR TREATMENT

Figure 1.



Oxygen-Support Status at Baseline and after Treatment.

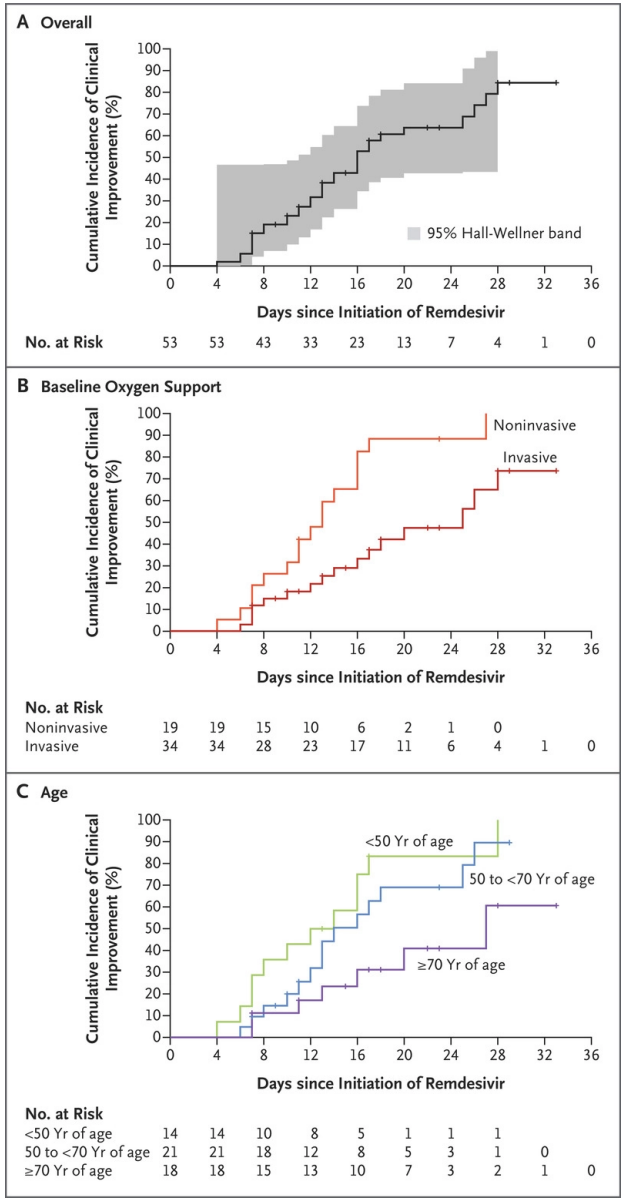
Figure 2.



Changes in Oxygen-Support Status from Baseline in Individual Patients.

Over a median follow-up of 18 days (interquartile range, 13 to 23) after receiving the first dose of remdesivir, 36 of 53 patients (68%) showed an improvement in the category of oxygen support, whereas 8 of 53 patients (15%) showed worsening (Figure 1). Improvement was observed in all 12 patients who were breathing ambient air or receiving low-flow supplemental oxygen and in 5 of 7 patients (71%) who were receiving noninvasive oxygen support (NIPPV or high-flow supplemental oxygen). It is notable that 17 of 30 patients (57%) who were receiving invasive mechanical ventilation were extubated, and 3 of 4 patients (75%) receiving ECMO stopped receiving it; all were alive at last follow-up. Individual patients' changes in the category of oxygen support are shown in Figure 2. By the date of the most recent follow-up, 25 of 53 patients (47%) had been discharged (24% receiving invasive ventilation [8 of 34 patients] and 89% [17 of 19 patients] receiving noninvasive oxygen support).

Figure 3.



Cumulative Incidence of Clinical Improvement from Baseline to Day 36.

By 28 days of follow-up, the cumulative incidence of clinical improvement, as defined by either a decrease of 2 points or more on the six-point ordinal scale or live discharge, was 84% (95% confidence interval [CI], 70 to 99) by Kaplan–Meier analysis (Figure 3A). Clinical improvement was less frequent among patients receiving invasive ventilation than among those receiving noninvasive ventilation (hazard ratio for improvement, 0.33; 95% CI, 0.16 to 0.68) (Figure 3B) and among patients 70 years of age or older (hazard ratio as compared with patients younger than 50 years,

0.29; 95% CI, 0.11 to 0.74) (Figure 3C). Sex, region of enrollment, coexisting conditions, and duration of symptoms before remdesivir treatment was initiated were not significantly associated with clinical improvement (Table S1).

MORTALITY

Seven of the 53 patients (13%) died after the completion of remdesivir treatment, including 6 of 34 patients (18%) who were receiving invasive ventilation and 1 of 19 (5%) who were receiving noninvasive oxygen support (see the Supplementary Appendix for case narratives). The median interval between remdesivir initiation and death was 15 days (interquartile range, 9 to 17). Overall mortality from the date of admission was 0.56 per 100 hospitalization days (95% CI, 0.14 to 0.97) and did not differ substantially among patients receiving invasive ventilation (0.57 per 100 hospitalization days; 95% CI, 0 to 1.2]) as compared with those receiving noninvasive ventilation (0.51 per 100 hospitalization days; 95% CI, 0.07 to 1.1]). Risk of death was greater among patients who were 70 years of age or older (hazard ratio as compared with patients younger than 70 years, 11.34; 95% CI, 1.36 to 94.17) and among those with higher serum creatinine at baseline (hazard ratio per milligram per deciliter, 1.91; 95% CI, 1.22 to 2.99). The hazard ratio for patients receiving invasive ventilation as compared with those receiving noninvasive oxygen support was 2.78 (95% CI, 0.33 to 23.19) (Table S2).

SAFETY

Table 2.

Table 2. Summary of Adverse Events.

Event	Invasive Ventilation (N=34)	Noninvasive Oxygen Support (N=19)	Total (N=53)
	number of patients (percent)		
Any adverse event	22 (65)	10 (53)	32 (60)
Adverse events occurring in 2 or more patients			
Hepatic enzyme increased*	8 (24)	4 (21)	12 (23)
Diarrhea	1 (3)	4 (21)	5 (9)
Rash	3 (9)	1 (5)	4 (8)
Renal impairment	4 (12)	0	4 (8)
Hypotension	3 (9)	1 (5)	4 (8)
Acute kidney injury	2 (6)	1 (5)	3 (6)
Atrial fibrillation	2 (6)	1 (5)	3 (6)
Multiple-organ-dysfunction syndrome	3 (9)	0	3 (6)
Hypernatremia	3 (9)	0	3 (6)
Deep-vein thrombosis	3 (9)	0	3 (6)
Acute respiratory distress syndrome	1 (3)	1 (5)	2 (4)
Pneumothorax	2 (6)	0	2 (4)
Hematuria	2 (6)	0	2 (4)
Delirium	1 (3)	1 (5)	2 (4)
Septic shock	2 (6)	0	2 (4)
Pyrexia	1 (3)	1 (5)	2 (4)
Any serious adverse event	9 (26)	3 (16)	12 (23)
Serious events occurring in 2 or more patients			
Multiple-organ-dysfunction syndrome	2 (6)	0	2 (4)
Septic shock	2 (6)	0	2 (4)
Acute kidney injury	2 (6)	0	2 (4)
Hypotension	2 (6)	0	2 (4)

* Adverse-event terms are based on the *Medical Dictionary for Regulatory Activities*, version 22.1. Hepatic enzyme increased includes the following terms: hepatic enzyme increased, alanine aminotransferase increased, aspartate aminotransferase increased, and transaminases increased. Elevated hepatic enzymes resulted in discontinuation of remdesivir therapy in 2 patients.

Summary of Adverse Events.

A total of 32 patients (60%) reported adverse events during follow-up (Table 2). The most common adverse events were increased hepatic enzymes, diarrhea, rash, renal impairment, and hypotension. In general, adverse events were more common in patients receiving invasive ventilation. A total of 12 patients (23%) had serious adverse events. The most common serious adverse events — multiple-organ-dysfunction syndrome, septic shock, acute kidney injury, and hypotension — were reported in patients who were receiving invasive ventilation at baseline.

Four patients (8%) discontinued remdesivir treatment prematurely: one because of worsening of preexisting renal failure, one because of multiple organ failure, and two because of elevated aminotransferases, including one patient with a maculopapular rash.

LABORATORY DATA

Given the nature of this compassionate-use program, data on a limited number of laboratory measures were collected. Median serum ALT, AST, and creatinine fluctuated during follow-up (Fig. S2).

Discussion

To date, no therapy has demonstrated efficacy for patients with Covid-19. This preliminary report describes the clinical outcomes in a small cohort of patients who were severely ill with Covid-19 and were treated with remdesivir. Although data from several ongoing randomized, controlled trials will soon provide more informative evidence regarding the safety and efficacy of remdesivir for Covid-19, the outcomes observed in this compassionate-use program are the best currently available data. Specifically, improvement in oxygen-support status was observed in 68% of patients, and overall mortality was 13% over a median follow-up of 18 days. In a recent randomized, controlled trial of lopinavir–ritonavir in patients hospitalized for Covid-19, the 28-day mortality was 22%.[10] It is important to note that only 1 of 199 patients in that trial were receiving invasive ventilation at baseline. In case series and cohort studies, largely from China, mortality rates of 17 to 78% have been reported in severe cases, defined by the need for admission to an intensive care unit, invasive ventilation, or both.[23-28] For example, among 201 patients hospitalized in Wuhan, China, mortality was 22% overall and 66% (44 of 67) among patients receiving invasive mechanical ventilation.[7] By way of comparison, the 13% mortality observed in this remdesivir compassionate-use cohort is noteworthy, considering the severity of disease in this patient population; however, the patients enrolled in this compassionate-treatment program are not directly comparable to those studied in these other reports. For example, 64% of remdesivir-treated patients were receiving invasive ventilation at baseline, including 8% who were receiving ECMO, and mortality in this subgroup was 18% (as compared with 5.3% in patients receiving noninvasive oxygen support), and the majority (75%) of patients were male, were over 60 years of age, and had coexisting conditions.

Unfortunately, our compassionate-use program did not collect viral load data to confirm the antiviral effects of remdesivir or any association between baseline viral load and viral suppression, if any, and clinical response. Moreover, the duration of remdesivir therapy was not entirely uniform in our study, largely because clinical improvement enabled discharge from the hospital. The effectiveness of a shorter duration of therapy (e.g., 5 days, as compared with 10 days), which would allow the treatment of more patients during the pandemic, is being assessed in ongoing randomized trials of this therapy.

No new safety signals were detected during short-term remdesivir therapy in this compassionate-use cohort. Nonclinical toxicology studies have shown renal abnormalities, but no clear evidence of nephrotoxicity due to remdesivir therapy was observed. As reported in studies in healthy volunteers and patients infected with Ebola virus, mild-to-moderate elevations in ALT, AST, or both were observed in this cohort of patients with severe Covid-19.[18,19] However, considering the frequency of liver dysfunction in patients with Covid-19, attribution of hepatotoxicity to either remdesivir or the underlying disease is challenging.[29] Nevertheless, the safety and side-effect profile of remdesivir in patients with Covid-19 require proper assessment in placebo-controlled trials.

Interpretation of the results of this study is limited by the small size of the cohort, the relatively short duration of follow-up, potential missing data owing to the nature of the program, the lack of information on 8 of the patients initially treated, and the lack of a randomized control group. Although the latter precludes definitive conclusions, comparisons with contemporaneous cohorts from the literature, in whom general care is expected to be consistent with that of our cohort, suggest that remdesivir may have clinical benefit in patients with severe Covid-19. Nevertheless, other factors may have contributed to differences in outcomes, including the type of supportive care (e.g., concomitant medications or variations in ventilatory practices) and differences in institutional treatment protocols and thresholds for hospitalization. Moreover, the use of invasive ventilation as a proxy for disease severity may be influenced by the availability of ventilators in a given location. The findings from these uncontrolled data will be informed by the ongoing randomized, placebo-controlled trials of remdesivir therapy for Covid-19.

Funding and Disclosures

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Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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Supplementary Material

Protocol	PDF	282KB
Supplementary Appendix	PDF	1576KB
Disclosure Forms	PDF	871KB

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Citing Articles (1236)

Only the 1000 most recent citing articles are listed here.

Close Citing Articles

Letters

Clin Pharmacol Ther. 2021 Apr;109(4):1021-1024. doi: 10.1002/cpt.2145. Epub 2021 Jan 16.

Remdesivir and Acute Renal Failure: A Potential Safety Signal From Disproportionality Analysis of the WHO Safety Database

Alexandre O Gérard [1] [2], Audrey Laurain [1], Audrey Fresse [2], Nadège Parassol [2], Marine Muzzone [2], Fanny Rocher [2], Vincent L M Esnault [1], Milou-Daniel Drici [2]

Affiliations

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Abstract

Remdesivir is approved for emergency use by the US Food and Drug Administration (FDA) and authorized conditionally by the European Medicines Agency (EMA) for patients with coronavirus disease 2019 (COVID-19). Its benefit-risk ratio is still being explored because data in the field are rather scant. A decrease of the creatinine clearance associated with remdesivir has been

inconstantly reported in clinical trials with unclear relevance. Despite these uncertainties, we searched for a potential signal of acute renal failure (ARF) in pharmacovigilance postmarketing data. An analysis of the international pharmacovigilance postmarketing databases (VigiBase) of the World Health Organization (WHO) was performed, using two disproportionality methods. Reporting odds ratio (ROR) compared the number of ARF cases reported with remdesivir, with those reported with other drugs prescribed in comparable situations of COVID-19 (hydroxychloroquine, tocilizumab, and lopinavir/ritonavir). The combination of the terms "acute renal failure" and "remdesivir" yielded a statistically significant disproportionality signal with 138 observed cases instead of the 9 expected. ROR of ARF with remdesivir was 20-fold (20.3; confidence interval 0.95 [15.7-26.3], P < 0.0001]) that of comparative drugs. Based on ARF cases reported in VigiBase, and despite the caveats inherent to COVID-19 circumstances, we detected a statistically significant pharmacovigilance signal of nephrotoxicity associated with remdesivir, deserving a thorough qualitative assessment of all available data. Meanwhile, as recommended in its Summary of Product Characteristics, assessment of patients with COVID-19 renal function should prevail before and during treatment with remdesivir in COVID-19.

Supplementary concepts

COVID-19 drug treatment

Related information

MedGen
PubChem Compound (MeSH Keyword)

LinkOut - more resources

Full Text Sources
Ovid Technologies, Inc.
Wiley

Other Literature Sources

scite Smart Citations

Medical

MedlinePlus Health Information

Research Materials

NCI CPTC Antibody Characterization Program

Kathryn Scharplaz

658 Justice Rd.
Minneapolis, KS 67467

Senate District 36

January 23, 2022

Chairman Hilderbrand and Distinguished Members of the Health and Public Welfare Committee:

I support legislation to protect physicians, PAs, NPs, nurses, pharmacists, etc., from having their licenses, hospital privileges, or board certifications revoked for treating Covid patients with various medications proven in hundreds of trials worldwide to be both safe and effective in preventing hospitalization and death. It's appalling that citizens must come to you to plead for protection for their doctors, but the threats to and intimidation of our medical professionals are all too real.

The situation is so bad that since our own doctors are not permitted to treat us as they see fit, we patients have had to turn to researching our own treatments and obtaining them elsewhere. I had a very bad case of Covid myself in September. I was fortunate that I had been researching treatments for over a year, and had already obtained most of the drugs I needed ahead of time… but only thanks to a telemedicine provider in another state! Even though all these medications have decades-long safety records and are fully FDA-approved for other illnesses, my own doctor could not prescribe them for Covid, for fear of having his license revoked and losing his livelihood. What would have happened to me if I had not managed, through my own foresight and initiative, to have those drugs already on hand before I got sick? I shudder to think. I am 64 and have two high-risk comorbidities. As it was, I was able to care for myself at home and made it through just fine without having to be hospitalized.

But tragically, many thousands of Kansans instead have *died* because they were told to just stay at home, often with no treatment except Tylenol, and to wait until they had trouble breathing, at which time, they were to go to the hospital — but by then, of course, it was too late. Hospitalized Covid patients have relatively high fatality rates. This in itself is a scandal because, just as doctors outside the hospital are prevented from prescribing effective outpatient treatments, doctors and nurses *in* the hospitals have been ordered to strictly follow the CDC/NIH Covid "guidelines," which are as deadly as they are unscientific. For example, no ivermectin is allowed to be administered, even though at least 76 studies around the world have shown it to be highly effective against Covid. Consider the real-life experience of India's largest state, Uttar Pradesh, which has a population 2/3 the size of the whole United States. That giant, densely populated state virtually eliminated Covid deaths within five weeks of starting a massive ivermectin distribution program.

Intravenous Vitamin C has also been shown to stop inflammation — the crucial second phase of Covid — in its tracks, yet the hospitals are effectively forbidden by the CDC to administer this. Instead, they are directed — and financially rewarded by the federal government — to administer remdesivir, a drug so dangerous that a few years ago, it was discontinued in clinical trials for *Ebola.* Think about that: Ebola is fifty to a hundred times deadlier than Covid… but remdesivir was discontinued as a treatment for it because the drug was too damaging! Yet, unbelievably, the NIH continues to include it in its protocol, and the CDC financially incentivizes our hospitals to give this lethal drug to Covid patients.

The hospitals — again, with *financial reward* from the U.S. government — are also putting Covid patients on ventilators, even though Covid pneumonia is a unique type of pneumonia, and ventilators have been found to essentially *explode* the lungs of Covid patients and kill them. We have known this since the late spring of 2020, and yet this deadly practice continues.

Meanwhile, Kansas doctors are not allowed to treat outpatients by practicing medicine the old-fashioned way — that is, by tailoring treatment to their individual patient. Instead, doctors are forced, under threat of losing their livelihoods, to follow rigid and ineffective CDC/NIH protocols that Kansas licensing boards have slavishly parroted. Our doctors are tyrannized by orders from on high not to prescribe early, at-home, sequential multi-drug therapies that have been proven, in hundreds of trials around the world, to prevent Covid patients, even high-risk patients such as myself, from ever getting so sick as to need hospitalization in the first place.

My freedom to discuss and consider with my doctor all available treatments, and to give my fully informed consent for what I and my doctor determine to be the best treatment for me, has long been a basic tenet of medical practice. Most of us have taken that freedom for granted all our adult lives — but now it has been robbed from us.

The current situation is a complete inversion of normal medical practice and ethics. Consider: There is no other disease where the doctor tells you: "*Do nothing*. Stay at home and *wait until you can't breathe,* and then go to the E.R." Can you imagine a doctor telling a patient newly diagnosed with cancer: "We can't treat you. Stay home and do nothing until you're coughing up blood, and then go to the E.R."?!

To make matters worse, even when a doctor is brave enough, and devoted enough to his or her patients, to prescribe drugs that are effective against Covid, very few pharmacists in Kansas are willing to fill the prescriptions, due to threats from the Kansas State Board of Pharmacy! Since when have pharmacists refused to fill prescriptions from physicians? Pharmacists who do this are actually practicing medicine without a license, which in normal times is a prosecutable crime. A friend of mine who recently had Covid couldn't find a pharmacy anywhere near her home in Kansas to fill her ivermectin prescription, and had to get the prescription filled in Tulsa, OK, where her mother lives; her mother had to drive all the way from Tulsa to central Kansas to give her the medication. This is outrageous.

Covid seems to have turned the practice of medicine utterly on its head. Hospitals won't allow proven treatments, doctors are afraid to prescribe effective drugs, and pharmacists are practicing medicine without a license.

I take all of this very, very personally, since I lost a very dear friend — we'd been friends for 52 years — to this disease. Her death was unnecessary, and in my mind, criminal. Had she been granted access to early treatment, I am convinced she would still be alive today. Instead, like hundreds of thousands of other Americans, she was not treated with any of the safe, effective, early-treatment drugs, and she was allowed to simply deteriorate until it was too late. She died in a hospital, alone and without her loved ones, the cruelest part of all. This may not be murder in the eyes of the law, but it is negligent homicide at best. People like the Kansas State Board of Healing Arts and the Kansas State Board of Pharmacy, both of which are effectively prohibiting doctors from treating Covid patients, are guilty.

You, our elected representatives, have the opportunity — and the duty — to stop this needless, cruel slaughter. Restore our doctors' freedom to practice medicine the best way they know how, and thereby protect patients' rights to life-saving treatment. We are counting on you.

Thank you!

01/23/2022

Hearing on Jan 25th -26th for Bill 22rs2702 - Written Tesimony Only

My husband had COVID in January 2021. He is not a very healthy person and got very sick. We called our family doctor, who told us to call somewhere else and take him to the ER, and then did not call back to check on him for 3 days.

I called my parents doctor who **asked lots of questions, had me check his pulse and oxygen**. He prescribed Ivermectin, Indomethacin, and more vitamins. After a week he was still coughing quite a bit. After talking to the doctor again he asked to see him and prescribed an inhaler and the Hydroxychloroquine.

He got better. I firmly believe it was those drugs, and that doctor that got him through. From a doctor that wanted to help, took the time to listen, and even called and texted to check on him.

Thank you for reading!

Kelley Scherer

WRITTEN TESTIMONY ONLY

1/23/22

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am for doctors, who have to go through a very long process to become doctors and have to keep up to date with medical issues and treatments, being able to determine the best options for the patient. This should include off-label prescriptions, when that is in the best interest of the patient. Only the doctors know what is best for their patients.

Sincerely,
Mary J. Schermuly
Wichita, Sedgwick Ks
SENATE DISTRICT 25

Jan 22 2022

I am a Proponent of Bill 25rs2702.
Chairman Hillenbrand and Senate Public Health and Welfare Committee Members:

I tested positive for covid on January 6th. My physician tried to connect me with a program for those with a recent diagnosis, that provided additional treatment and medication for patients. I was not chosen for the program, but don't have a reason why. I am 69 years old and diabetic, along with other medical diagnoses.
I am still suffering with covid. Though I haven't been hospitalized, I've been mostly bedridden. I can't help but think that if I had had access to some sort of treatment, I could have been well by now. This Bill could mean the difference between a quick recovery and serious illness from covid.
Sincerely,
Debra Schmidt
6114 E Ironhorse St Wichita 67220
316-371-0422

Emily Schmitz

Overland Park, KS

Senate District 8

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

In my opinion, this bill protects rights that are deeper than just the issues at hand. The patient-physician relationship must continue to be valued by our lawmakers. It seems over the years that this relationship has been under attack. When I seek out care from a doctor, I am expecting to have a meaningful conversation that helps me make decisions about my health. I want to hear all options, not just the one treatment option that the doctor feels obligated to recommend to me. Doctors should have the freedom to discuss, order, and prescribe different tests and treatments. I understand that this, along with informed patient consent, has always been the foundation of the practice of medicine. Talking about the medical research and clinical studies with patients (or colleagues) should not be grounds for being questioned or censured by a hospital board, licensing board, or certifying board or to have credentials stripped.

Personally, there have been numerous times where I have been treated with FDA-approved medications as off-label use. I believe that I would not have my three children without access to progesterone supplementation during my pregnancy and HCG shots to help my body through the conception process. I have had great success with my thyroid being treated by off-label drugs. In my opinion, it is of the highest importance for doctors to have access to the use of FDA-approved medications for off-label use without the fear of losing their job or being censured.

Please vote in favor of this bill and protect the patient-physician relationship. I believe this is what sets healthcare in America apart from the rest of the world.

Thank you for your time and consideration.

Sincerely,
Emily Schmitz

Jan. 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee,

We would like to appeal to allow and encourage early off-label prescription use of Ivermectin and similar off-label drugs that have been proven time and time again in helping with recovery of Covid 19. It has been extremely frustrating to only be told, "call 911 if you can't breathe" when diagnosed with Covid 19. This happened to me the first time I had Covid 19 a year ago when I called the Dr with what I should do. There was no other solution given as I waited it out to see if it would become much worse. 2 weeks later I was finally starting to see the light, but very sick during those 2 weeks. Even after having been vaccinated, we both felt like we were in the dark with no direction from physicians if we got Covid 19 and hearing great stories about the effectiveness of Ivermectin. Finally, my husband's oncologist told him he would prescribe Ivermectin 3 mg prophylactically weekly and then daily, when he finally contacted Covid 19. He said that India would have lost 1 million people if they had not had Ivermectin and believed in it. This is a very reputable oncologist at KU Med, but he only let him have 3 mg which is such a small dose - we wondered if he was worried he'd get his hand slapped if he ordered any higher dose. We believe that wasn't a very therapeutic dose even though we were grateful he was open to the effectiveness of the drug. But, Because of that, Steve is still suffering with after affects of Covid and didn't get the therapeutic dose he really needed. I am also a practicing RN.

We had a cousin with 8 young children who contacted Covid 19 and couldn't breathe, getting worse and worse week after week. She even was admitted in-patient to a local Johnson County hospital. Her family was given Ivermectin by someone who had obtained 12 mg (10 tablets) and they said "it saved her life" (not given by any physician because it's been so discouraged.) People are having to order from overseas and search for themselves because Drs are not able to prescribe the medication without fear of retribution. When, in the history of our nation has this ever occurred where physicians cannot prescribe an off-label safe medication to treat a disease and use their expertise in prescribing as they see fit? Is this Big Pharma's influence? This is a relatively cheap drug. Why in the world would this not be allowed? It seems ludicrous. Steve served on the City Council of Mission for 7 years and was Mayor of the City for 4 years. He took a common sense approach in running the City and listened to both sides of the aisle bringing the City together in Unity and working for the betterment of all. Please support this measure for the betterment of

We appreciate your consideration of this request and value your support.

Sincerely,
Steve & Mary Schowengerdt

Jan 23, 2022

Dear Senator,

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

These medications made significant improvements in the health of my husband when he had Covid this fall. I truly believe they kept him from being hospitalized. I feel very strongly about allowing doctors to be able to prescribe these medications that are safe and have been used for decades.

Sincerely,
Molly Schwery

Kansas City, MO

To whom it may concern,

I am totally in favor of the bill which will PROTECT Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydrochloroquine, etc.) early in the disease to prevent severe disease, hospitalization and death. The Doctor and patient relationship is private and how they decide to treat ANY illness should be between them, Doctor and patient. Years ago, I received an "off -label" drug, that is FDA approved, to help me get pregnant. Clomid is "off-label" but has great success in helping woman conceive. I am so thankful that I, as a patient, can make decisions along with my trusted physician on what the best corse of action is for my situation. Early treatment has been proven effective with Covid-19 and these "off-label" FDA approved drugs have been working. To think that we can punish doctors for using any and all methods available to help their patients is disgusting. We should be thanking these doctors for doing whatever they can to help their patients find healing and/or relief from whatever they are facing by working together on a path that is right FOR THE PATIENT.

Please do not back down in fighting for the rights of these doctors and for the FREEDOM of citizens/patients to choose how to treat or not treat our bodies when they are unwell. We choose our doctors based on trust and we choose a corse of action that is right for us… these doctors are hero's! Doctors that think outside the box have helped my family and my friends families in ways main stream doctors couldn't. We need all schools of thought on every issue so we, the patient, can decide which path to take! Protect these doctors and their licenses to practice! Protect FREEDOM!

Sincerely,
Kendra Shaw
Overland park resident

Jan 24, 2022

Bonnie Shayne

Overland Park

KS District 16

I am in favor of this bill which will protect Doctors, PA's, NPs, Pharmacists, etc from having their hospital privileges revoked, and/or their licenses to practice revoked. My own PCP will not prescribe drugs which go contrary to any media narrative which is very troubling in a country where doctors should be able to talk with their patients about what they need for their health and prescribe what is BEST for them. They are afraid of repercussions and problems with their future status with licensure or their positions in hospitals. This isn't the America I know! I had a friend die of Covid right before Christmas because the hospital was not willing or able to give him certain drugs which were not "allowed" by the hospital. I had another one die earlier in the year. No alternative drug choices were allowed them.

Please, please let our physicians practice freely!! I don't know where to go for medical care now! I am no longer comfortable with my physician when he will not even consider prescribing drugs that have been shown to be helpful and effective.

Sincerely,

Bonnie Shayne

January 23, 2022

I am a PROPONENT of Bill 22RS2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

My mother is in good health, 76 years old. She got Covid on January 4th, 2022.

I have watched so many in our community unnecessarily suffer because 99% of the doctors refuse to treat Covid early.

WHEN IN HISTORY HAVE WE EVER NOT TREATED AN ILLNESS EARLY, LET IT FESTER, AND GET WORSE? NEVER!

I spent the last year studying Covid, listening to Medical Grand Rounds from the top doctors treating Covid because I knew at some point, she would catch this illness. Since the medical community has turned their back on offering early treatment to so many and 900,000 dead, I knew she would get NO support. I had to be prepared to act as her doctor, I knew we would go at this alone. ***UNFORUNATELY THAT CAME TRUE!***

She called her local doctor to start the early treatment protocol that turned my husband and I's Covid from delta into a common cold and he refused! She then asked for Monoclonal Antibodies as those were less controversial. He said, "**You're not sick enough. You don't qualify, you're not a cancer patient. We don't have very many anyway. Call me back when you have trouble breathing. " He also said she would need to prove her condition with a chest X ray but would not see her to evaluate.**

This is totally contrary to everything in the literature. Monoclonal Antibodies have the sole purpose of preventing severe illness and why we seeked them. They only work if you take them early, you can't wait to get sicker!
She is over 65, why did she not qualify!

She was neglected by her doctor who offered no advise or support. For 2 weeks, she had oxygen levels in the 80's with no symptoms. With intense fear of going to the hospital that she would never see her family again, she finally went. They admitted her with double pneumonia leading to a 5-day hospitalization and now dependent on oxygen.

I am not a doctor, but I was forced to act as one. If she would have received good supportive outpatient care and the right medication early, I am 100% confident she would not have ended up in the hospital! Everyone is complaining about the hospitals being overrun, but they are doing it to themselves by ignoring the HUGE benefits of early treatment!

TOO MANY LIVES HAVE BEEN UNNECESSARILY LOST! **PLEASE PASS BILL 22RS2702 IMMEDIATELY! INCREASE ACCESS TO EARLY TREAMENT AND SAVE MORE LIVES IN KANSAS.**

Sincerely,

Lauren Shiffman
Lenexa, KS
Senate District 21

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee,

I, Hannah Shirley, am in favor of the bill which will *protect* Doctors, PAs, NPs, Pharmacists, and other health care providers from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. I have found great comfort in getting to make decisions with my doctor about my health – and to not have these decisions imposed upon me. I believe vaccinations and other medical care need to be a decision of the patient, and that the patient should have informed consent. Doctors having the freedom to *inform* in all areas of science and research seems like a prerequisite for informed consent. Prior to having my first child, I knew I had low progesterone. With the help of my doctor, I was able to use FDA-approved medication (progesterone, HCG injections) for off-label use and it *prevented* the miscarriage of my child. My blood was drawn for progesterone levels prior to progesterone treatments and after. The result of off-label use for progesterone injections saved the life of my child.

Thank you for considering my input on this decision.

Hannah Shirley
Overland Park, KS
District 24
1/23/22

Ailene Shotsberger

Kansas City

Mark Sharp

1/22/22

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. I believe that having access to the use of FDA-approved medications for off-label use is of the utmost importance. My first pregnancy was very close to ending in miscarriage, however progesterone injections immediately alleviated symptoms. I am forever grateful to my physician for prescribing this off-label FDA-approved medication to save the life of my darling son. And I would like to see this patient-physician relationship preserved. The doctors I am speaking of are two of the best doctors I have ever seen and their level of expertise and kindness is something worth fighting to preserve. I know they will always use the utmost wisdom in their care, so I am asking for you to vote with protection for these excellent doctors and other care professionals like them in mind.

Thank you,

Ailene Shotsberger

January 24, 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I support this bill! Doctors need to be allowed to treat their patients without interference!

In August of 2020, my husband and I decided to try to get ahold of Hydroxychloroquine to have on hand in case we got Covid-19. I called my doctors office and visited with her nurse and then with my doctor for 10-15 minutes, but I only got a NO. They were going to follow CDC guidelines. So we visited with my husband's doctors' office and were told that he was following FDA guidelines, so he would not be prescribing HCQ either.

Thankfully, through some research, we were able to get ahold of HCQ through another doctor who would prescribe it and we were actually able to fill it at a pharmacy, The pharmacies were shutting HCQ prescriptions down. I don't understand how a Pharmacist can override a doctor! I had one pharmacist tell me over the phone that she wasn't going to fill my prescription.

By the time we were diagnosed with Covid-19, we had both the HCQ prescription and the Azythromycin. We started the prescriptions right away when we were diagnosed, because HCQ is best to use early in treatment. In spite of 101 fever, coughing, loss of taste and smell, etc., with the HCQ, azythromyacin and zinc, we easily recovered. That was 2020. This past year, 2021, we got covid a second time and took the same protocol again, coming through with flying colors. We are both 66 years old and I have been diagnosed with diabetes.

Doctors should be permitted to prescribe off-label uses of FDA approved drugs for Covid without fear of action by any licensing board!

We are thankful for doctors who were willing to risk everything to save our lives. They are heroes in our eyes and should be celebrated!

Sincerely,

Denise Siemens
McPherson
McPherson County
Kansas
Senate District 35

From: Catherine Sienkiewicz
Senate District: 1
1-24-2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

I desire privacy between patients and doctors in making decisions about one's own health. This seems a fundamental freedom for human persons, especially given that we live in America. Thank you!

Catherine Sienkiewicz

Jan 23, 2022

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members..

I am a proponat for bill 22rs2702

I am not in favor of a vaccine that we do not know much about.I also have medical conditions that raise concern so I discussed my options with my long time Doctor and together we diceded the covid vaccine was not right for me.However we did put a plan in place if I did ever contract covid.

I have psoriatic arthrits and I am a severe asthmatic.. Monday January 3rd I was having what I thought was a psoriatic arthritis flare so I took my normal flare up medication.I still had the same symptoms on Tuesday so once again did my regular flare up treatment. Wednesday evening I was having what I felt to be an asthma attack so like usual with and asthma flare I used my nebulizer.However by Thursday my upper back and my chest was heavy and hurting so I decided I better test. 3 positive tests later I decided it was time to call my physician office and speak to my practitioner.We proceeded with their covid treatment regiment which is Ivermectin...steroids... bunesidine... albuteral solution...high doses of turmeric...famotidine...quercetin...vitamin D3...Vitamin C....zinc...NAC...melatonin and I also take hydroxychloriquin for arthritis....

I knew I was headed for trouble when my chest was so heavy and I was having a terrible time with breathing... I took all of the medication and vitamins and with in 12 hours I was better the pressure in my back and chest were gone and I was able to breath. I kept the treatment going for as long as my practitioner told me and I am 100% recovered..If we had not had a plan of action in place and had these great physicians not treated me this covid regiment having covid could have and probably would have ended very differently for me...They saved my life!!!!

The government has absolutely NO business in my medical decisions or anyone elses.These medical professionals took an oath to save lives and to medically treat people. The government is getting in the way of Doctors saving lives by denying them the ability to treat covid patients with life saving medication.It is not right for these Doctors that have the knowledge and are willing to treat a covid patient with life saving prescription drugs to have to turn these patients down with their treatment plan because it does not fall in the government protocol!!!! The government needs to stop pushing an unknown vaccine that clearly does not keep people from getting nor spreading the covid virus and start pushing this treatment plan that several Doctors already have in place..Please pass bill 22rs2702 and let these medical professionals do what they are passionate about which is treating patients and saving lives.....

Sincerely, Kimberly Simons

Fort Scott,Kansas

District 4

DATE

I am a PROPONENT of Bill 22rs2702.

Honorable Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am a geriatric nurse practitioner and have seen the benefits of early treatment of COVID 19 first hand. When the original strain of COVID hit our nursing homes in 2020 our practice used ivermectin along with Vit C, Vit D, NAC, and Zinc. Over 90% of our nursing home patients recovered without incident. This was much better than the survival rate reported locally and nationally. Keep in mind the average life expectancy of residents in long term care is only two years. This is a very frail population. Length of Stay in Nursing Homes at the End of Life (geripal.org)

Please note the NIH Covid treatment guidelines page. Ivermectin is listed as an option. Table: Characteristics of Antiviral Agents | COVID-19 Treatment Guidelines (nih.gov) However, scripts for this agent are not being filled and those who prescribe it are facing disciplinary action by BOHA. The physician I work for has told us we can no longer prescribe it. The passage of this bill is so critical. Please untie our hands and let us take care of our patients.

Sincerely,

Amy Siple

Sedwick, Harvey, KS

Senate District 31

January 22. 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am writing to you as a proponent of Bill 22rs2702. I find it hard to believe that we have come to this point in our health care system. What right does a third party(pharmacists- or anybody for that matter) have in choosing what I want to do with regards to my health care decisions. If my health care provider and I have discussed my condition and have both agreed on a plan for treatment whether that includes off label medications, herbal remedies or anything for that matter that should be between my doctor, PA, Nurse Practitioner, etc. and myself. If WE(my health care provider and myself) have AGREED to use motor oil and carberator fluid to treat my condition, that's MY decision, not a third party who does not understand my personal beliefs, etc. I urge you to please vote for this legislation which is for individual freedom. We do not need more legislation giving away our liberties and rights as individuals. Thank you for fighting to maintain our individual liberties!

Sincerely,

Scott D. Siple
Sedgwick, Kansas
Harvey County Kansas
Senate District 31

Denise Slaven
10100 Barton St.
Overland Park, KS 66214
Senate District 8/House District 16

January 23, 2022

Donola.fairbanks@senate.ks.gov

RE: In Support of Off-Label Use for Early Prescription Intervention

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

Please allow the bill supporting Off-Label Use for Early Prescription Intervention to pass. Doctors, PAs, NPs, and Pharmacists should NOT have their hospital privileges revoked, and/or their licenses to practice confiscated, and /or their national board certifications revoked for treating COVID-19 patients with safe, effective drugs e.g. Ivermectin and Hydroxychloroquine early in the disease to prevent serious complications, hospitalization, and death–a death often alone with no family members present in their hospital room.

It is difficult to believe that this is even an issue in our Kansas healthcare system; that doctors are not allowed to prescribe medications which are safe, effective and inexpensive to their patients at the onset of their illness without worrying that their licenses will be revoked. This is wrong, and because our rights are being taken away from us slowly but surely. You must stand up for us! You are our representatives who are supposed to be caring for the good of Kansans–for our rights as citizens of this great state!

We are aware that doctors prescribe off-label FDA-approved drugs regularly. This is nothing new to the healthcare profession; in fact for the past 14 years my husband has been taking an off-label narcotic–not for pain or as a sedative– but rather to slow the movement of his bowels after having a total colectomy and a restructured J-Pouch fashioned from his small intestine. It is no different with off-label prescriptions to treat COVID-19 at the onset of the illness.

Doctors should have the freedom to talk with their patients about medical research and the latest clinical studies without being threatened to have their credentials stripped in

front of a hospital or licensing board. Providers have always been able to discuss and order tests and treatments for their patients after assuring their patients have given informed consent. Practitioners and informed patients should decide together which FDA-approved medications are appropriate–not hospital lawyers, pharmacy boards, or individual pharmacists. This is definitely medical tyranny!

I have two dear friends who would have benefitted from receiving early intervention, but who died after "waiting it out" and then being placed on ventilators in the hospital. I have two other friends whose physician would not treat their COVID-19 symptoms early on, and they would have died–but for the grace of God. A pharmacist told me about a doctor who would not prescribe early intervention drugs for any of his patients, yet came to the pharmacist requesting prescriptions be filled for these drugs for himself and each of his family members. I find this duplicity very telling: the doctor knows the early intervention drugs work or he would not have prescribed them for those dear to him; yet for fear his license would be revoked, he would not prescribe them for patients who would have benefited from them.

Please, I hope you have NOT lost loved ones because they were denied proven early medical treatment; but if you have, then you understand how important it is that YOU stand up for the rights of medical providers to prescribe, and pharmacists to fill prescriptions to protect our fellow Kansans. We have to keep the rights of the patients in the forefront. We have to protect life and take care of each other!

Practitioners must have freedom to treat each patient individually because as we all know, one size does not fit all. Please allow doctors to use evidence-based, sequenced multi-drug therapy protocols. They work! People survive without side-effects! Let practitioners advocate for and treat their patients as they see fit because this is in the patient's best interest. And please keep in mind, we are all patients! Recall the Golden Rule: "Treat others as you would like to be treated."

Do we want to lose our talented practitioners to other States without such stringent laws? All they want is the medical freedom to practice with peace of conscience. They want to use their skills for the protection of human life. The guiding principle for physicians is, "First do no harm." Whatever the intervention or procedure, the patient's well-being is the primary consideration. You as our lawmakers should want this as well.

Please know I am not against vaccinations; I have had my share and so have all of my children. This is not the issue. The issue is Kansas will be in a true medical crisis if our physicians, physician assistants, nurse practitioners and pharmacists continue to be intimidated with the threat of losing their professional licenses, hospital staff privileges,

and board certifications. They will leave Kansas for a state that allows them to practice medicine as their consciences guide them.

I am not asking for anything new or irrational; just that the practice of medicine return to the way it has functioned for the last 200 years, where the patient gets the best care available because the physician and patient relationship is unencumbered.

Thank you for taking the time to read my letter. I pray you will give our medical professionals the freedom to practice according to their consciences, and allow Kansans the choice to receive early medical intervention for the treatment of COVID-19.

With sincerity,

Denise Slaven

WRITTEN TESTIMONY ONLY

January 23, 2021

I am. PROPONENT of bill. 22rs2702

Chairman Hilderbrand and Senate Health and Welfare Committee Members:

I was told by our local Doctor that Ivermectin didn't work for Covid-19 and would not be prescribed to take prophylactically. I was trying to make a plan if symptoms of Covid-19 infected me. My husband and I were able to obtain Ivermectin through a functional Doctor and ordered our prescription from a compounding agency in Wichita.

I came down with Covid on November 23, 2021. I started taking Ivermectin, but the dosage on the bottle was confusing and I believe I didn't take an effective dose. Because our local Doctors didn't provide early treatment, I was on my own and my health declined until going to ER on December 4, 2021. At that time, my oxygen levels were low and I was admitted to the hospital. In ER, a tech asked if I wanted Remdesivir (day 12 of symptoms) and I knew it wouldn't be effective and had severe side effects. I declined.

My first night in the hospital my oxygen requirements increased to where my primary Doctor was summoned to decide what to do. He said he couldn't provide for my needs and I needed to be transferred to a bigger hospital, in case I needed to be intubated.

I was air flighted to Overland Park Regional Medical Center. They had a strict protocol of care. I was very sick and was not improving as I was on high-flow oxygen. My POA was able to get Budesonide treatments set up for me after having our attorney contact the hospital. The Doctors were not going to deviate from their protocol, which was not helping me get better. As soon as I was able to get the Budesonide treatments I started to improve and my oxygen requirements started to decrease.

I believe Ivermectin and Budesonide are off-label drugs that have been prevented from being used by patients with Covid-19.

Lori Slingsby
Clay Center, KS
Clay County
Senate District 22

WRITTEN TESTIMONY ONLY

January 23, 2021

I am a PROPONENT of Bill 22rs2702

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

Prior to contracting covid, I contacted my primary care doctor and ask what protocol they used for covid. I was informed they had no protocol, and would treat based on my symptoms. I ask if they would give me a prescription for Ivermectin to take prophylactically and was denied. A week later I took a printout from the government NIH website stating that Ivermectin was approved by the NIH for treatment. (Looked at same website today and states it is not FDA approved). I was told by the nurse that they would give me a prescription but that the doctor did not believe Ivermectin helps with Covid-19. I then called the local pharmacy to see if they had Ivermectin in stock and was informed that they did not have it in stock, but would have to order it.

I then contacted a functional doctor and obtained a prescription through an out of town pharmacy. The bottle dosage was too low and because I didn't have a Doctor to treat me correctly, the Ivermectin wasn't effective and virus became worse. I did not receive any help from primary care doctor or pharmacy, but had to seek out help on my own which was a tragedy.

On November 21, 2021, covid symptoms started. I went to Emergency Room on December 4, 2021 and tested positive for covid. I was put on oxygen and asked if I wanted remdesivir, which I denied. I asked why they would give me remdesivir at this late date and was told by the emergency tech that remdesivir was all they had to offer. During hospital stay, primary care doctor opinion was that remdisivir should be given very early, almost before you know you have symptoms to be effective.

On the urging of family members to include Budesonide breathing treatments, I was able to improve with the nebulizing treatments while in the hospital. It wasn't Doctor ordered but the Respiratory Therapists were OK with the treatment.

I was dismissed from hospital on December 13, 2021. Primary Care Doctor and hospital nurse requested that I not use Ivermectin in the future.

Sincerely,
Michael Slingsby
Clay Center, KS
Clay County
Senate District 22

Written Testimony Only

January 23,2022

In support of Bill 22rs2702

Julia W. Goodland. Sherman County. KS. Adam Smith

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

My name is Julia and Im a wife and mom of 6. My family had Covid back in September and while the rest of my family recovered well and speedily, it took me much longer to recover. There are certain treatments that I had heard were helping others but hadn't heard that any of our local doctors were able to use those treatments.

Looking back I wish I had felt like those treatments were available early on because the time that it took me to get back to myself was about one month and that was a long time for my kids and husband to not have their mom and wife feeling well. It was very hard on our family.

If we were to get Covid again I would love to pursue early treatment with our local doctor so that my family can recover more speedily. With a large family it takes much longer for everyone to cycle through the sickness and anything we can do to help reduce that time is crucial to our families livelihood.

Thank you much for taking the time to read this.

Sincerely,
Julia W.

1/23/22
Belinda Smith
10600 West 153rd St.
Johnson County
Overland Park, KS 66221
Senate district #37

SB 381

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members,

I'm writing to share about my experience with Covid 19. My daughter, son-in-law, husband, and I all contracted the virus at the beginning of September. If it weren't for the efforts of our doctor, I know our outcomes would have been so much worse. I am a type 1 diabetic and my husband is over 60. We were able to start on early treatments from the beginning of our illness. In addition, I was able to get monoclonal antibodies. My daughter recovered quickly. The rest of us were still able to get prednisone and other meds to assist in our recovery. This was due to the efforts of our doctor!

Unfortunately, my husband decided to do some strenuous physical work about 7 days in, which resulted in his oxygen levels dropping. Our doctor, after continuing to do research, continued to prescribe and provide other treatments for him. I know for a fact that those treatments kept him out of the hospital!! His illness lasted for about 3 weeks, but he fully recovered. I was only ill for about one week. The medications and supplements our doctor provided were extremely helpful.

The frustrating issue we faced was a pharmacy that wouldn't fill the prescriptions our doctor wrote. Don't doctors have more wisdom and intelligence regarding treatments than a pharmacist or pharmacy? My own sister (Lawrence, KS) was unable to get the help she needed from the hospital there. I find this unacceptable.

Please pass the bill allowing these physicians to prescribe off-label use of FDA approved drugs for Covid. Early treatment is key in treating this virus and preventing hospitalization!

Ours was a story with a positive ending. That simply isn't so for those who are unable to get the help that we received. How many more must die unnecessarily?

Thank you for your vote for this bill.

Belinda S.

01/24/2022

Evon Smith
320 NW Rolyan Rd.
Topeka, KS. 66617
Senate District 18

Chairman Hilderbrand and Senate Public Health Committee Members,

I am a Registered Nurse who has practiced more than 10 years primarily in Hospice and Palliative Care settings, both within Kansas and Florida. I carried certifications in both adult and pediatric hospice care.

Hospice and Palliative has traditional utilized the off-label use of various medications, including morphine for respiratory distress, anti-psychotics for nausea and vomiting (Haldol), antiepilectics for pain (Gabapentin), antidepressants for pain (Elevil), and antiemetics for excess secretions (Scopolomine). These protocols are supported by the National Hospice and Palliative Care Association, and are endorsed by the American Medical Association as well as the American Nurses Association.

These practices have infamously improved the quality of life for many individuals who have undergone these treatments. Yet doctors who have prescribed these medications for off-label use have not feared loss of licensure, nor have the nurses who administered them.

Restricting the use of off-label medications in COVID can only be construed as a political device to inhibit the medical society as a whole in prescribing and treating patients presenting with a “deadly” disease, and must be stopped. I strongly support Bill 22rs2702 so that physicians can freely engage in the art of medicine without fear of repercussion and patients can achieve early relief of suffering.

Sincerely,

Evon Smith, RN

January 23, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

We support the bill which will protect Doctors, Physician Assistants, Nurse Practitioners, Pharmacists and others from having their hospital privileges revoked; and/or their licenses to practice revoked; and/or their national board certifications revoked for discussing alternative treatment protocols with their patients concerning the early treatment of Covid-19, including the prescribing of FDA-approved medications for 'off-label' purposes. The use of FDA-approved medications for 'off-label' use is a common practice and if a medication is properly prescribed should not be denied simply because the 'off-label' purpose is related to the treatment of Covid-19. A pharmacy or individual pharmacist should not have the authority to refuse to dispense these appropriately prescribed 'off-label' Covid-19 medications.

The freedom to discuss, order and prescribe different tests and treatments, along with informed consent, have always been the foundation of the practice of medicine.

We have several friends who have benefited from the use of these alternative medications for the treatment and recovery from Covid-19. In nearly every case, the ability to find a doctor to prescribe and a pharmacist to fill the prescription was a very difficult, time-consuming process. Obviously not an optimal situation when one's contracted a virus and early treatment is key to recovery. We also know an even higher number of friends, who contracted Covid-19, and were unable to obtain any early treatment options, and consequently suffered through a longer, more difficult recovery.

Thank you for your consideration of this important legislation.

Sincerely,

Steven & Mary Beth Smith
345 Kaw Lane East
Lake Quivira, KS 66217

Senate District #10

January 23rd, 2022

Sydney Sneed
430 Hillcrest Rd E
Lake Quivira, Ks 66217

Re: bill concerning early COVID-19 treatment

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

My name is Sydney Sneed, and I am a citizen of Lake Quivira, Kansas (State Representative District 17 and State Senator District 10). I am writing IN FAVOR of the bill which will protect Doctors, PAs, NPs, Pharmacists, et al from having any hospital privileges revoked, and/or licenses to practice revoked, and/or national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (e.g., Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Regards,

Sydney Sneed

Sydney Sneed

Ms. Fairbanks, please provide to the committee my comments on SB 381:

1) In early 2021 being pro-active, my doctor had no treatment plan for me if I got COVID
2) In early 2021, my two pharmacies would not fill a prescription for HCQ & one pharmacist CVS said he didn't want to lose his license
3) Later in 2021 I reached out to my friend Dr. Jeff Colyer who referred me to another doctor who did a telehealth interview and then prescribed HCQ and Azithromycin
4) Later in 2021 Walmart pharmacy finally filled my prescriptions from the next doctor
5) The media and medical industry did provided no information or guidance to the general public on treatments for COVID and continue to do so each day with their "get vaccinated" rants.
6) Many doctors tell their patients they don't treat COVID, treat it like you have the flu and if it gets worse go to the hospital adding to the public's fear of getting this treatable disease!
7) The doctors who do treat it, give good advice and a treatment protocol actually saving the lives of most of their patients who contract COVID.
8) My primary doctor who refused to prescribe it has treated a few elderly patients once they entered the hospital because then they allowed HCQ (when it was way too late)!
9) Many of my friends have lost loved ones because of lack of treatment protocol, quick action once the symptoms begin)and inaction or the wrong action once they were admitted to the hospital (administering Remdesavir known not to work and in fact to make problems worse leading to death for most).
10) The most fearful and galling point of all is the attitude of hospitals and the medical community on people who come to them with this treatable disease is the lack of preparation and basic caring. The reason is federal money paid to them for specific actions or non-actions to drive COVID statistics … and this is becoming widely known and now publicized.

The doctors before you today are truly heroes for their patients and the people of the USA. They are risking everything to stand up together and advise you that SB 381 is the least you can do to curb the abuses of the government and medical community in this country. If and when this makes it to a court of law, I believe those taking these actions will be found guilty of crimes against humanity. Thank you for hearing these heroes. Please take swift and sure action on this bill.

Steve Snitz
4310 W. 70th Terrace
PV, Ks 66208
913-226-6400

FROM THE DESK OF

PAUL SNYDER

January 21, 2022

Paul Snyder
Kansas City, MO 64124

On behalf of our medical doctor, Kansas Senate district 10, and my parents, Kansas Senate district 29.

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am **in favor of the bill which will protect Doctors**, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

I believe there are few issues as critical today as preserving the legitimacy and societal value of the **physician-patient relationship**. Much of the recent medical precedent has pushed **a one-size-fits-all agenda**, which **is** simply **unconscionable** when it undercuts the freedoms of physicians and patients. We must fight to preserve body integrity and medical **freedom to do what one truly believes to be best**, all factors considered.

We need to reimagine the societal location of **individual professionals** within the medical landscape as something of **incredible value**. Individual professionals can have brilliant ideas that bypass medical conventions and save thousands of lives. Individual professionals can also design customized treatment plans with respect to a patient's goals, lifestyle, religion, behaviors, and culture. We need to **support truly American outside-the-box thinking** that has been the foundation of the medical advancements we take for granted today.

This is the United States of America, where individual states craft **free and customized solutions** for their citizens problems, not where everything must be managed and mandated by a monstrous bureaucratic machine.

Sincerely yours,

Paul Snyder

Ann Soave

Olathe, KS

Senate District 121, 9

January 22, 2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

Thankfully, having close contact with my trusted physician who has delivered all of my children and responds quickly to my health needs, I have kept in good health and survived Covid. I want to be able to know my doctor can continue to give me the best care.

Thank you,
Ann

January 24, 2022

In support of Bill 22rs2702

Courtney Southerland
Olathe, KS - Johnson County

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members,

A loved one of mine was admitted to Stormont Vail in Topeka, KS and was denied Ivermectin (an FDA approved drug that has won many awards). The family pushed hard and got an outside physician & lawyer involved, and the patient had a prescription. After being in the hospital for 30 days, he was finally given Ivermectin, but it was too late. He ended up passing away. This is unacceptable and an example of denying prescribed medication for early treatment of Covid. There are many studies showing its effectiveness in treating people with Covid 19.

Written Testimony Only. 1/24/2022. K.S House District 18 .
To Chairman Hilderbrand & Senate Public Health & Welfare Committee members.
Good morning , my husband and I both came down with Covid , I had previously asked my position that we have been going to for years about the treatment I am off label drugs and he said they don't work and he where did I hear it from this was before we came down with Covid I was asking how he would treat it because I had heard about other drugs that had worked on some friends of mine and I had been reading about these drugs so when we came down with it my husband has underline issues a gene that has all kinds of ataxia ALS. So we wanted to try doing going that route it took about three days of fever to try to find a doctor in the area that would prescribe these drugs that we heard that had worked at that same time friends of mine in Utah had those drugs in those off label and they had got that prescribed by a doctor my friends in Colorado had had it in October and they had found a doctor in Texas and they were saying after the second day that worked with them I had three family members at the same time that it came down with Covid my niece me my husband.
My husband proceeded to get dehydrated so I finally talked him in to going to the hospital he was too weak to walk ambulance had to come when we checked in I told him what he had been taken and he didn't ask but I told him everything because I didn't want them to be given them something that would interact. I was his voice because of his speech I couldn't stay with him in the hospital because of Covid. I felt like he was treated different because he had tried that I'd be Metron he was in there from Friday and on Monday I made the choice to come and get them Sunday night I saw him on the phone FaceTime him and saw that he had been sitting in the same T-shirt that he had been taken to ER in on that Friday morning. The only thing different they were doing they gave him fluids which I was grateful for and then they gave him blood thinner he ran a fever for 16 days but I chose to bring him home he was in there three days they were doing nothing different than what I would've done here at home. I feel like if I wouldn't had to waste time trying to find a doctor to give this medicine to him and got him in got it in him quicker that he would recovered quicker and it wouldn't of went into pneumonia Covid Pneumonia. Please make it where these doctors can treat these patients. It is proven and there is research out there that this works early treatment I know several several people in different other states that I received the treatment early and did just fine I had to fine because I was pretty healthy.
Please change the law thank you. Let's be a voice for the disable people that can't speak up for themselves and people can't understand what they're saying let's make it equal for everybody to have that choice.
Thank you
Lavanna Sparks

WRITTEN TESTIMONY ONLY

January 24, 2022

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

One of the worst aspects of the COVID-19 pandemic is the fear and anxiety it has caused in our society due to the lack of early treatment options.

Now that we are two yeas into the pandemic we know that there are options for early treatment. However, the fear and anxiety are continuing to escalate because our own doctors, whom we have established a trusted relationship with, are unable to make full use of FDA approved drugs because of the actions of licensing boards and pharmacies.

I am at risk because of my age and co-morbidities. Because of the restrictions on doctors I have had to go out of state to find a doctor willing to treat me both prophylactically and to avoid hospitalization if I was to get sick.

Avoiding hospitalization is doubly important as I am the only family member in Lawrence available to care for my elderly mother who is at even greater risk. I have also had to find a doctor outside of Lawrence to treat her, because she would not survive the type of COVID-19 treatment protocols given at hospitals, such as intubation.

The actions of licensing boards and pharmacies have unnecessarily and inexplicably magnified the horrors of the COVID-19 pandemic. It is time to stop this overreach and give the freedom back to doctors to treat their patients with all the tools that they determine are applicable in their professional opinion and that they are legally allowed to use, whether off-label or not.

Sincerely,
Ann Spitz
Lawrence, Douglas County, Kansas
Senate District 3

January 23rd, 2022
I am in support of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

The purpose behind my written testimony is to provide support of the effort behind the proposed 22rs2702 Bill.

Most recently, my family and I had symptoms of COVID- 19. We were unable to work and show cased mild symptoms. While in the healing process, we found that vitamins, minerals and ivermectin worked well and aided our immune systems in fighting off this virus.

The process in which we acquired the vitamins and minerals was very simple. Unfortunately, we faced many obstacles when looking for a physician to prescribe Ivermectin. Had we been able to easily access this effective antiviral treatment, we would have been able to get back to work and normal life sooner.

In closing, I am a firsthand example of how well Ivermectin works in the treatment of COVID-19 and other viruses.

Sincerely,
ES
Roeland Park, Ks
District 7

Written TESTIMONY ONLY
1/23/22
In Support of Bill 22rs2702

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members,

As a Kansan I support this bill to allow our doctors to prescribe off-label uses of FDA approved medicines without fear of reprisals.

Off label prescriptions of FDA-approved drugs comprise a high percentage of all prescriptions written in the US. Physicians talking about the medical research and clinical studies with patients, or with hospital staff, should not be grounds for being brought up in front of a hospital board, or licensing board, to have credentials stripped.

Freedom to discuss, and order, different tests and treatments, along with informed patient consent, has always been the foundation of the practice of medicine. Practitioners and informed patients should decide together which FDA-approved medications their individual patients should receive, not hospital lawyers, pharmacy Boards, or individual pharmacists.

Sincerely,
Cathy Starke
Lenexa, Johnson, KS
Senate District #21

Written Testimony Only
January 23, 2022
In support of Bill 22rs2702

Delores E Steinbach
Lawrence, Douglas County, KS
Senate District 3

To Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

It has been of great concern to me in the past two years that I have been unable to find a doctor in my town who is willing to evaluate and provide early treatment for Covid-19. Everyone in my family has significant risk factors. The idea that my doctor would be hesitant to prescribe a medication that is FDA approved to relieve symptoms I am experiencing regardless of which virus was the cause seems unscientific and is unethical. This is not a new concept. My son takes a medication that was designed for mood regulation, but it also controls seizures. If the doctor was not using an off label option, his seizures would not be well controlled.

My relationship with my doctor has always been a give and take, multiple prong problem solving approach to my individual risks and benefits. Why is my doctor now telling me there is nothing to be done to relieve symptoms that I can experience from any respiratory virus that she would have treated prior to 2020?

I have taken budesonide before, although I have not needed this medication for several years. However, can I get it now without my doctor risking her license? Can I get evaluated and treated with a multi-drug approach without her fearing retribution from her clinic administrators and the Board of Healing Arts?

I have been in fear of having to rely solely on alternative options or find a doctor that is not familiar with my medical history, let alone ending up in the emergency room if I were to get really sick. Why do I need to worry about my doctor's ability to do what she was trained to do when I fall ill? I NEED to count on her to use ALL tools available

in her toolbox to address my health issues. I do not need her to limit her ability to do her job for fear of someone's interpretation of "misinformation" and interfering with our relationship to address my personal health needs.

All Kansans need your support to protect our doctors' ability to do what they are trained to do without governmental interference in our privileged relationship.

Please support bill 22rs2702.

Respectfully,

A life-long Kansan,

D. Steinbach

Ellen Stephenson
1201 N. Hwy K-7
Atchison, Kansas 66002
Senate District 1

January 23, 2022

Dear Chairman Hilderbrand and Members of the Senate Public Health and Welfare Committee:

I believe my life was saved by a bold Kansas doctor and a compassionate Kansas pharmacist who prescribed and fulfilled prescriptions for multiple off-label drugs during my COVID-19 infection last fall. My experience was an example of how medicine is practiced successfully, and I was proud that we were able to stay within our state to find the licensed, professional resources my family needed while I was sick. Sadly, I cannot mention the names of these front-line heroes whose incredible knowledge and quick action ensured my health, for fear of retribution toward them.

Before I became acquainted with my doctor, I had heard about the use of Ivermectin, Hydroxychloroquine, and steroids for early treatment of COVID patients. Because I have some medical risk factors, I planned to try these medications if I were ever to get sick. When that day finally came, I called our insurance tele-health doctor, and this is what she said:

“I would love to help you, but I can’t.”

She went on to explain that these medicines do indeed help with COVID recovery - but just that morning, she had received a letter from the board of family medicine indicating that physicians who prescribe off-label drugs for COVID patients are at risk of losing their license. Choosing her words carefully, she let me know that our phone conversation was being recorded and she couldn’t risk losing her job.

I was shocked. Here was a doctor wanting to help a sick patient with safe, simple, effective medicine - but she had to choose between helping me and ensuring her livelihood. After seven exhausting hours on the phone that day, we were able to find a doctor who was a fearless proponent of early treatment for COVID patients with off-label drugs. He had studied numerous medical publications detailing the early treatment protocol and was in communication with me daily as my symptoms and stats changed to navigate my safe passage through this illness.

Thanks to other sources, we were able to locate a pharmacy, one of the few in the country it seemed, who was willing to dispense these medications for COVID. However, we were told that insurance companies would only cover the drugs if they were prescribed for on-label use. Fortunately, we were able to pay cash for the prescriptions, but many people are not so fortunate.

By contrast, we have friends in other states who were actually emailing each other “recipes” for homemade hydroxychloroquine! These are well-educated professionals, attorneys and executives, who felt the need to equip their families with moonshine medicine because they could not find a doctor or pharmacy to help them. We were contacted by an acquaintance who offered to acquire Ivermectin “under the table” for us. Websites detailing dosage protocols allowed others we know to self-medicate during their sickness and hope for the best - knowing that if they became worse, they knew no medical professional who could help them navigate their treatment. Both doctors and patients were living in fear.

But we were living with hope. We had access to the resources I needed while I was sick. Thanks to the fearless medical professionals caring for me, I recovered well. But I am grieved for others - not only by the needless suffering of those who cannot obtain early COVID treatment, but by the shift that has occured in the medical landscape in this country.

Why should good men and women choose to enter the medical field, often constrained by med school debt, wanting to consider the needs of their patients - but only after first considering any threats to their freedom? What is the purpose of a medical school education and physician licensure if government agencies will dictate who receives which medications and when?

If we persist in this practice of professional coercion, we will lose the heart and soul of our medical community - the brave physicians, nurses, and pharmacists who breathe life into our hospitals and clinics and walk with us through our time of need.

I fully support medical professionals’ rights to confer with patients about using off-label drugs for early COVID treatment and other conditions, and to be free to prescribe and dispense such medications. I hope you agree that Kansas can be a leader in this medical freedom movement, which will benefit us all.

Thank you for your time and consideration in this vitally important matter.

Sincerely,

Ellen Stephenson

Hannah Stevenson
Overland Park, KS
District 29 & 8
1/21/202

Dear Chairman Hilderbrand and Distinguished Members of the Senate Public Health and Welfare Committee:

I am writing to say that I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death. Although I have not needed these medications to treat Covid-19, but I have had the need for FDA- approved medications for off-label use, primarily progesterone. It is an injustice to a patient and a provider to take away certain treatment options that have proven effective all because of a certain political agenda. I encourage you to work hard to pass this bill that will protect medical providers. Thank you for your time.

Sincerely,
Hannah Stevenson

1/21/2022
Robert D Stewart
Olathe/Johnson County/Kansas Senate District 9

Vote **YES** for **Bill22rs2702**

Dear
Chairman Hilderbrad & Senate Public Health & Welfare Committee Members

In July of 2021 I contracted covid, on the 3rd day of having fever I went to the ER, my blood pressure and oxygen levels were tested as normal, the doctor basically told me to go home and if I have trouble breathing to come back, she said they really didn't have a covid protocol to follow.

I went home, tired, exhausted, lack of appetite and a fever of 102°.

My wife reached out to www.Myfreedoctor.com but they were so busy that they didn't get back to us within 24hours, so we reached out to Dr. Vladimir Zelenko from his website www.vladimirzelenkomd.com , he returned our call within two hours. Did a consultation asking about the symptoms and my normal health condition, 55 year old healthy male, not on any prescription drugs.

This is the protocol that he prescribed and I started these meds the following day, the next day my fever broke, still very exhausted, lack of taste, lack of smell, no appetite. Within 3-4 days I was feeling better and my oxygen level improved as well. I went to my doctor to get released to return to work on day 14, she said Ivermectin and Hydroxychloroquine had been debunked, as you see she was only following CDC government protocols and not doing her own research, very sad. I was the evidence it worked to keep me out of the hospital. Obviously they have not done the right treatment with remdesivir or a respirator.

- Elemental Zinc 50-100mg once a day for 7 days
- Vitamin C 1000mg 1 time a day for 7 days
- Vitamin D3 10000iu once a day for 7 days or 50000iu once a day for 1-2 days
- Azithromycin 500mg 1 time a day for 5 days or
- Doxycycline 100mg 2 times a day for 7 days
- Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days and/or
- Ivermectin 0.4-0.5mg/kg/day for 5-7 days Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.

Rob Stewart (Age 55)
Olathe Kansas Resident

23 January 23, 2022

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I am writing in support of 22rs2702 which will be hearing testimony this week. I support physicians' freedom to attend to their patients' needs and prescribe any moral, lawful, FDA approved "off-label" medications.

In this critical time of fighting COVID, I urge you to support our physicians and protect them (and pharmacists) from undue disciplinary action for tackling COVID early with "off-label" FDA approved drugs. I know multiple people who have been able to recover relatively quickly with these treatments - even though they had to fight to find physicians and pharmacies to get treatment!

Additionally, I have benefited from my doctors' ability to use "off-label" drugs. Through my doctors' careful research of using supplemental progesterone I have been able to keep my endometriosis in check, and additionally conceive 4 children and bring them to full term - all of which was deemed highly unlikely when I was first married! Without supplemental progesterone, we may have been left with only costly "fertility treatments" most of which we find immoral and not truly treating a woman's underlying health condition.

Again, I urge you to protect physician-patient relationships when it comes to the use of moral, legal, FDA approved "off-label" drugs for treatment of COVID!

Thank you for your time and thank you for your service to our state!

Michelle Strauss
28404 Pleasant Valley Rd
Paola, KS 66071
Miami County, Senate District 37
913-617-5970

Written Testimony Only

January 22, 2022

In Support of Bill 22rs2702

Kimberly L. Stringer
Wichita, Kansas
Sedgwick County
Senate District 93

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members,

Good morning,

My name is Kimberly L. Stringer from Wichita, Kansas. I am a business owner of a small private Faith Based school. I have taught Early Childhood Education for almost 37 years and have done everything that I know to do to keep our children here safe and healthy, please allow me to tell you, my story. When I heard about all of the Covid cases happening, I took it upon myself to do some SERIOUS research and to follow my instinct on how to handle the crisis. I believe in children being OUTSIDE the majority of the day and that is how I run my school. I also believe in all natural cleaners, and no hand sanitizers that will tear down the immune systems of my children and myself, so we use plain soap and water. We also eat a lot of fruit and vegetables, and VERY LITTLE SUGAR, if any at all. But I wanted to make sure that I had some kind of treatment on hand to be able to help anyone that might need it (my husband is 10 years older than me, 65 years old and I worried for his health). So, in the beginning of the pandemic, (Early 2020) when I heard about Ivermectin, I got online and did research and found out that I could buy it for little to nothing from India. I placed an order and received 40 packages to keep on hand in case anyone needed it. I decided I would not charge a penny. I would use it as a ministry if anyone needed it. I continued to walk daily, and do NOT WEAR a mask, as I believe personally that it is not good for your health. I drink a lot of water, take my vitamins and supplements and play with children all day long who do the same.

We were EXTREMELY successful as we only had ONE parent get Covid in our school in the last 2 years! We run about 40 parents a day through my small school and 21 students and only ONE parent got Covid! NO masks, water, lots of apples, which I discovered later has Quercetin in them (found to build immunity), washed hands with only soap and water and OUTSIDE for 90% of our day! IT WORKED! We have been so blessed and I give God all the Glory!

Back to the Ivermectin. I told a couple of people that I had it on hand for emergencies when needed. Then, as the cases started going up, I followed the numbers, and I received my first call for the Ivermectin. I ran it over to them and gave them a package of it. When, within 12 hours I received a call that this person believed that it was the game changer and it turned it all around for them, I was blown away! I do not take any prescription drugs...at all. I am living and have always lived my life as natural as I can, so I was thrilled this worked for them. I had NO INTENTION of ever taking it, because I'm just not a medicine taker. However, as more and more people tried to get Ivermectin and they were told NO from their physicians, word got around that I had a few packages. Little by little, more and more people were asking for it, when it got to a scary point for them. I thank God every day that I was able to bless those 40 people who would have most likely been hospitalized. I had a friend, Michelle Arbelaez who passed away in a hospital because they refused to give her the early treatment and put her on Remdesivir and even her husband has said that he believes they killed his wife.

This has been a devastating and horrible situation for the last two years. I am filled with faith, and I believe that my believe in Prayer and God is what led me to buy the Ivermectin very early on as many people benefitted from it. I was blessed that my husband and I never needed it. I believe this should be made available to all people. It has been PROVEN that India, where I ordered from, has this readily available for all of their people and look at their numbers. It changes the trajectory of the pandemic when you know that there is medicine available, and we are not able to get it legally. I thank God that I

purchased mine before the government made it illegal. Because 40 people's lives were touched by it, and I am praying you all will do the right thing and pass this bill so that more lives will be saved. We have had enough DEATH from this pandemic. DEATH of bodies, souls, spirits, minds and relationships. BE the people who will finally TAKE A STAND and HELP the KANSANS become a healthy State and a LIVING state of people because you stood up and did the right thing. It is time that KANSAS gets put on the map and is shouted from the mountaintops the way that Florida is. PLEASE, do the right thing and vote this into effect and you will be able to sleep much better at night, knowing that you are doing everything you can do for the Kansans that you serve and who voted you into office. Please, do right by us, your constituents.

Thank you very much, we appreciate all of your hard work for the Kansas People you serve,

Kimberly L. Stringer

Written Testimony Only

Maria Strydom
Overland Park,
Johnson County, KS
District 16

01/23/2022

In Support of Bill 22rs2702

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members

On January 5th I tested positive for Covid. I did not know of any doctors in the area that would be prepared to treat my Covid symptoms. I have heard it is best to do early treatment of the disease. I phoned a Telehealth service in Florida whom prescribe me Ivermectin, Prednisone and Azithromycin. I received the medication the next morning and started treatment. My backache, headaches, stuffy sore sinuses was something of the past by the evening. I had a dizzie feeling sometimes (which could have been from the Ivermectin), I carried on with my normal dayly tasks, looking after my 3 and 5 year old grandsons. I did get bronchopneumonia on day 13, which I went to the ER for, because Urgent Care told me they are not suppose to take in Covid patients. I was forced to go to the ER, and was sent home instructed to take cough medicine, because they cannot treat the pneumonia as it is Covid related.

It is shocking that I had to go to another state to get treatment. Doctors should be allowed to be doctors and treat their patients as they see fit, without the fear of losing their license. I have lost my trust in the medical system. Why are politicians making medical decisions for Kansans instead of our qualified medical professionals?

Nina Sullivan
Overland Park KS
Senate District 27,37
1/21/2022

Dear Chairman Hilderbrand and Distinguished Members of the Senate
Public Health and Welfare Committee :

I am in favor of the bill which will protect Doctors, PAs, NPs, Pharmacists, etc. from having their hospital privileges revoked, and/or their licenses to practice revoked, and/or their national board certifications revoked for actions such as treating Covid-19 patients with safe, effective drugs (Ivermectin, Hydroxychloroquine, etc.) early in the disease to prevent severe disease, hospitalization, and death.

I have a personal story about the importance of the patient-physician relationship and how it has affected the care of someone I love. And I am concerned about my own care when the time comes. Our medical needs cannot be dictated by large companies or by bureaucrats. Only the doctor patient relationship can determine legitimate care and needs. Medications do not have only one use, and not all medications can be used the same way for all people. Individual care is needed and when it is not allowed negative results happen. One of these area is hormones for women especially, or if you have an autoimmune disease that requires very special attention and care. Age, sex, body chemistry, health history all have rolls to play and are not the same for every person.

Our neighbors son was on Acycylovir as a treatment for a rash while he contracted COVID. Being on this antiviral helped him immensely to recover from the virus. This is only one story out of several that I have heard.
One of my friends sons had asthma as a child and contracted COVID now a man in his 30's he began to get acutely ill and no doctor would treat him with off label drugs to help him. He almost had to go to the hospital and finally found a doctor who was more concerned with his life, health and well being and doing what is right and good, than the fear of losing his license or whatever else doctors are being threatened with.

To be honest, I am losing my trust in our government and medical institutions. I do not understand what is happening in our country.

Please, consider strongly your part in this travesty. Vote yes for the bill that protects doctors and our other healthcare providers.

Thank you for your consideration in this matter,
Nina Sullivan

WRITTEN TESTIMONY ONLY

1-24-22

I am a PROPONENT of Bill 22rs2702.

Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

I support the use of medications for off label use. Ivermectin helped me turn the corner when I was suffering with covid. I had to go through great lengths to get a telehealth doctor to prescribe it for me, and all the local doctors I knew were scared to do so. Even through they supported its use! I also had a dear friend who's husband passed several weeks ago from covid. They did not have access to any treatment, and this still breaks my heart. Please support this bill so that we can get the effective and appropriate treatment we need, and allow doctors to practice based on their clinical knowledge and expertise without fear of retaliation.

Sincerely,

Erin Swafford
Gardner, KS 66063

Written Testimony Only
In Support of Bill 22rs2702

23 January 2021

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

Please use this opportunity to protect doctors, ensuring that they can prescribe off-label uses of FDA approved drugs for COVID without fear of action by any licensing board. Early treatment works! And affordable, nobel-prize-winning options like ivermectin are available and work!

My uncle got COVID while in Texas on work. He should have been able to have gone to any clinic and gotten the prescriptions needed. But instead, countless phone calls had to be made, and a single pharmacy had to be found after a brave physician prescribed several medicines including ivermectin. Within 4 hours of taking the medicines, my uncle reported a gigantic improvement in health…not just marked improvement, or slight improvement. Early treatment works.

Thank you for your time!

Sincerely,
Abby Swygard
Olathe, Johnson County, KS
KS Senate District 23