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America's Frontline Doctors SCOTUS Press Conference Transcript - Rev

43-55 minutes

Congressman Norman: (00:00)

... I'll turn it over.

Simone Gold: (00:01)

Thank you. Thank you so much congressmen. So we're here because we feel as though the American people have not heard from all the expertise that's out there all across our country. We do have some experts speaking, but there's lots and lots of experts across the country. So some of us decided to get together. We're America's Frontline Doctors. We're here only to help American patients and the American nation heal. We have a lot of information to share. Americans are riveted and captured by fear at the moment. We are not held down by the virus as much as we're being held down by the spider web of fear. That spiderweb is all around us and it's constricting us and it's draining the lifeblood of the American people, American society, and American economy.

Simone Gold: (00:53)

This does not make sense. COVID-19 is a virus that exists in essentially two phases. There's the early phase disease, and there's the late phase disease. In the early phase either before you get the virus or early, when you've gotten the virus, if you've gotten the virus, there's treatment. That's what we're here to tell

you. We're going to talk about that this afternoon. You can find it on America's Frontline Doctors, there's many other sites that are streaming it live on Facebook. But we implore you to hear this because this message has been silenced. There are many thousands of physicians who have been silenced for telling the American people the good news about the situation, that we can manage the virus carefully and intelligently, but we cannot live with this spider web of fear that's constricting our country.

Simone Gold: (01:45)

So we're going to hear now from various positions. Some are going to talk to you about what the lockdown has done to young, to older, to businesses, to the economy, and how we can get ourselves out of the cycle of fear. Dr. Hamilton.

Dr. Bob Hamilton: (02:03)

Thank you, Simone. And thank you all for being here today. I'm Dr. Bob Hamilton. I'm a pediatrician from Santa Monica, California. I've been in private practice there for 36 years. And today I have good news for you. The good news is the children as a general rule are taking this virus very, very well. Few are getting infected. Those who are getting infected are being hospitalized in low numbers. And fortunately the mortality rate of children is about one fifth of 1%. So kids are tolerating the infection very frequently, but are actually asymptomatic.

Dr. Bob Hamilton: (02:38)

I also want to say that children are not the drivers of this pandemic. People were worried about, initially, if children were going to actually be the ones to push the infection along. The very opposite is happening. Kids are tolerating it very well, they're not passing it on to their parents, they're not passing it onto their teachers. Dr. Mark Woolhouse from Scotland, who is a pediatric infectious disease specialist and epidemiologist said

the following. He said, "There has not been one documented case of COVID being transferred from a student to a teacher in the world." In the world.

Dr. Bob Hamilton: (03:19)

I think that is important that all of us who are here today realize that our kids are not really the ones who are driving the infection. It is being driven by older individuals. And yes, we can send the kids back to school I think without fear. And this is the big issue right now, as Congressman Norman alluded to, this is the really important thing we need to do. We need to normalize the lives of our children. How do we do that? We do that by getting them back in the classroom. And the good news is they're not driving this infection at all. Yes, we can use security measures. Yes, we can be careful. I'm all for that. We all are. But I think the important thing is we need to not act out of fear. We need to act out of science. We need to do it. We need to get it done.

Dr. Bob Hamilton: (04:07)

Finally, the barrier, and I hate to say this, but the barrier to getting our kids back in school is not going to be the science, it's going to be the national unions, the teachers union, the National Education Association, other groups who are going to demand money. And listen, I think that it's fine to give people money for PPE and different things in the classroom. But some of their demands are really ridiculous. They're talking about, where I'm from in California, the UTLA, which is United Teachers Union of Los Angeles, is demanding that we defund the police. What does that have to do with education? They're demanding that they stop or they shut all private charter schools, privately funded charter schools. These are the schools that are actually getting the kids educated.

Dr. Bob Hamilton: (04:59)

So clearly there are going to be barriers. The barriers will not be science. There will not be barriers for the sake of the children. That's going to be for the sake of the adults, the teachers, and everybody else, and for the union. So that's where we need to focus our efforts and fight back. So thank you all for being here and let's get our kids back in school.

Dr. Stella Immanuel: (05:27)

Hello, I'm Dr. Stella Immanuel. I'm a primary care physician in Houston, Texas. I actually went to medical school in West Africa, Nigeria, where I took care of malaria patients, treated them with hydroxychloroquine and stuff like that. So I'm actually used to these medications. I'm here because I have personally treated over 350 patients with COVID. Patients that have diabetes, patients that have high blood pressure, patients that have asthma, old people ... I think my oldest patient is 92 ... 87 year olds. And the result has been the same. I put them on hydroxychloroquine, I put them on zinc, I put them on Zithromax, and they're all well.

Dr. Stella Immanuel: (06:12)

For the past few months, after taking care of over 350 patients, we've not lost one. Not a diabetic, not a somebody with high blood pressure, not somebody who asthma, not an old person. We've not lost one patient. And on top of that, I've put myself, my staff, and many doctors that I know on hydroxychloroquine for prevention, because by the very mechanism of action, it works early and as a prophylaxis. We see patients, 10 to 15 COVID patients, everyday. We give them breathing treatments. We only wear surgical mask. None of us has gotten sick. It works.

Dr. Stella Immanuel: (06:46)

So right now, I came here to Washington DC to say, America,

nobody needs to die. The study that made me start using hydroxychloroquine was a study that they did under the NIH in 2005 that say it works. Recently, I was doing some research about a patient that had hiccups and I found out that they even did a recent study in the NIH, which is our National Institute ... that is the National ... NIH, what? National Institute of Health. They actually had a study and go look it up. Type hiccups and COVID, you will see it. They treated a patient that had hiccups with hydroxychloroquine and it proved that hiccups is a symptom of COVID. So if the NIH knows that treating the patient would hydroxychloroquine proves that hiccup is a symptom of COVID, then they definitely know the hydroxychloroquine works.

Dr. Stella Immanuel: (07:42)

I'm upset. Why I'm upset is that I see people that cannot breathe. I see parents walk in, I see diabetic sit in my office knowing that this is a death sentence and they can't breathe. And I hug them and I tell them, "It's going to be okay. You're going to live." And we treat them and they leave. None has died. So if some fake science, some person sponsored by all these fake pharma companies comes out say, "We've done studies and they found out that it doesn't work." I can tell you categorically it's fixed science. I want to know who is sponsoring that study. I want to know who is behind it because there is no way I can treat 350 patients and counting and nobody is dead and they all did better.

Dr. Stella Immanuel: (08:21)

I know you're going to tell me that you treated 20 people, 40 people, and it didn't work. I'm a true testimony. So I came here to Washington DC to tell America nobody needs to get sick. This virus has a cure. It is called hydroxychloroquine, zinc, and Zithromax. I know you people want to talk about a mask. Hello?

You don't need mask. There is a cure. I know they don't want to open schools. No, you don't need people to be locked down. There is prevention and there is a cure.

Dr. Stella Immanuel: (08:48)

And let me tell you something, all you fake doctors out there that tell me, "Yeah. I want a double blinded study." I just tell you, quit sounding like a computer, double blinded, double blinded. I don't know whether your chips are malfunctioning, but I'm a real doctor. I have radiologists, we have plastic surgeons, we have neurosurgeons, like Sanjay Gupta saying, "Yeah, it doesn't work and it causes heart disease." Let me ask you Dr. Sanjay Gupta. Hear me. Have you ever seen a COVID patient? Have you ever treated anybody with hydroxychloroquine and they died from heart disease? When you do, come and talk to me because I sit down in my clinic every day and I see these patients walk in everyday scared to death. I see people driving two, three hours to my clinic because some ER doctor is scared of the Texas board or they're scared of something, and they will not prescribe medication to these people.

Dr. Stella Immanuel: (09:35)

I tell all of you doctors that are sitting down and watching Americans die. You're like the good Nazi ... the good one, the good Germans that watched Jews get killed and you did not speak up. If they come after me, they threaten me. They've threatened to ... I mean, I've gotten all kinds of threats. Or they're going to report me to the bots. I say, you know what? I don't care. I'm not going to let Americans die. And if this is the hill where I get nailed on, I will get nailed on it. I don't care. You can report me to the bots, you can kill me, you can do whatever, but I'm not going to let Americans die.

Dr. Stella Immanuel: (10:09)

And today I'm here to say it, that America, there is a cure for COVID. All this foolishness does not need to happen. There is a cure for COVID. There is a cure for COVID is called hydroxychloroquine. It's called zinc. It's called Zithromax. And it is time for the grassroots to wake up and say, "No, we're not going to take this any longer. We're not going to die." Because let me tell you something, when somebody is dead, they are dead. They're not coming back tomorrow to have an argument. They are not come back tomorrow to discuss the double blinded study and the data. All of you doctors that are waiting for data, if six months down the line you actually found out that this data shows that this medication works, how about your patients that have died? You want a double blinded study where people are dying? It's unethical. So guys, we don't need to die. There is a cure for COVID.

Simone Gold: (11:02)

My gosh. Dr. Immanuelle also known as warrior. Before I introduce the next guest, I just want to say that I wish all doctors that are listening to this bring that kind of passion to their patients. And the study that Dr. Immanuel was referring to is in Virology, which talks about a SARS viral epidemic that affects the lungs that came from China. And they didn't know what would work. The study showed that chloroquine would work. It sounds exactly like it could have been written three months ago, but in fact, that's study in Virology, which was published by the NIH, the National Institute of Health when Dr. Anthony Fauci was the director. Again, the official publication of the NIH, Virology, 15 years ago showed that chloroquine ... we use hydroxychloroquine, it's the same ... little safer ... works. They proved this 15 years ago when we got this novel coronavirus, which is not that novel, it's 78% similar to the prior-

Simone Gold: (12:03)

... coronavirus, which is not that novel. It's 78% similar to the prior version. The COV-1, not surprisingly. It works. I'm now going to introduce our next speaker. Sorry. I forgot to say your name. Sorry.

Dr. Dan Erickson: (12:12)

That's all right. Dr. Dan Erickson, Dr. Gold asked me to talk about the lockdown, how effective they were and do that cause anything nonfinancial? They always talk about the financial, but you have to realize that lockdown, we haven't taken a \$21 trillion economy and locked it down. So when you lock it down, it causes public health issues. Our suicide hotlines are up 600%, our spousal abuse. Different areas of alcoholism are all on the rise. These are public health problems from a financial lockdown. So we have to be clear on that fact that there is, it's not like you just lock it down and have consequences to people's jobs. They also have consequences, health consequences at home. So we're talking about having a little more of a measured approach, a consistent approach. If we have another spike coming in cold and flu season, let's do something that's sustainable.

Dr. Dan Erickson: (13:13)

What's sustainable. Well we can socially distance and wear some masks, but we can also open the schools and open businesses. So this measured approach I'm talking about, isn't made up, it's going on in Sweden and their deaths are about 564 per million. UK, full lockdown, 600 deaths per million. So we're seeing that the lockdown aren't decreasing significantly, the amount of deaths per million. Some of their Nordic neighbors have less deaths for a variety of reasons, I don't have time to go into today. So what, my quick message here in a minute or two

is just that we need to take an approach that's sustainable. A sustainable approach is slowing things down, opening up schools, opening up businesses. And then we can allow the people to have their independence and their personal responsibility to choose to wear masks and socially distance, as opposed to putting edicts on them, kind of controlling them. Let's empower them with data and let them study what other countries have done and make their own decision. That's what I'd like to share. Thank you.

Speaker 1: (14:28)

Are there any questions?

Simone Gold: (14:29)

Are there any questions?

Speaker 2: (14:32)

You guys, we're so excited I'm from South Dakota? You might have heard.

Simone Gold: (14:36)

Yes.

Speaker 2: (14:38)

I'm so glad you guys are preaching this message.

Simone Gold: (14:39)

You know, South Dakota did something interesting. It's interesting that you're from there. So the governor did not restrict access to hydroxychloroquine.

Speaker 2: (14:46)

We know. [crosstalk 00:02:48].

Simone Gold: (14:49)

Right. And you were, I believe you were the only state in the union that did that. And there's been studies out there that

attempt to show that it doesn't work. They're inaccurate because they're given at the time, the wrong dose, the wrong patient either too much or a long time. So South Dakota did better because it had access to hydroxychloroquine. Thank you so much.

Speaker 3: (15:06)

Okay. So if someone we love does get sick with COVID and you said the word hydro, or however you say it, it's restricted. How do we get access to that?

Simone Gold: (15:16)

Yeah. That's the number one question we're all asked every day. I want you to know that you're not alone. I've had many congressmen ask me, how can I get it? So the congressmen can't get it, it's tough luck for the average American Joe getting it. It's very difficult. You have to overcome a few hurdles. Your doctor has to have read the science with a critical eye and have eliminated the junk science. Many studies have been retracted as you know, and number two, the pharmacist has to not restrict it. Many states have empowered their pharmacists to not honor physician prescription. That's never happened before. That interferes with the doctor patient relationship where the patient talks to the doctor, honestly, and the doctor answers the patient honestly has been violated.

Simone Gold: (15:55)

So you have a very difficult time as the average American. Some of the information we'll share later this afternoon is to show the mortality rates in countries where it's not restricted and the mortality rates where it is restricted. So I have friends all over the world now because of this. And in Indonesia, you can just buy it over the counter. It's in the vitamin section. And I'm here to tell the American people that you could buy it over the

counter in Iran. Because the leaders in Iran, the mullahs in Iran, think that they should have more freedom than Americans. I have a problem with that. My colleagues have problems with that. We don't like to watch patients die.

Julie: (16:26)

So when people have problems, they should be picking up the phone, they should be calling their state and their federal representatives and senators and say, we are the American people.

Speaker 1: (16:42)

Let me say one thing [crosstalk 00:16:46].

Julie: (16:45)

You guys, we need the public to be.

Speaker 1: (16:49)

Thank you. Thank you, Julie. That is exactly right. If you hear what you're, when you hear this, if you're concerned and wondering why you may not be able to get access to it, we need to make four calls, call your governor, call both of your senators and call your Congressman and tell them that you want to know why you're not able to get access to a drug that doctors are telling you will help end this and help us reduce the number of hospitalizations and reduce the number of deaths. Urge them to read Dr. Harvey Rich's study from Yale. He's a Yale professor of epidemiology. And from there you'll find other studies.

Speaker 4: (17:31)

Yes. I wanted to ask how do people trust the data that they are looking at every day? The numbers are so variable when you go to Johns Hopkins, CDC, which divides COVID deaths in different categories related to pneumonia, other things where we get the right information to make sense?

Simone Gold: (17:52)

So the only number that I think is worth paying any attention to, and even that number is not so helpful is mortality because that's a hard and fast number. So the case number is almost irrelevant. And that's because there's a lot of inaccuracies with the testing. And also even if the test is accurate, most people are asymptomatic or mildly symptomatic. So it's not that important to know. So the case number, which you see rising all the time in the news is basically irrelevant. And if you had told us a few months ago, that that was the number that the media was going to go crazy over, we all would have just laughed at that. I mean, that's essentially herd immunity. There's lots of people out there who have tested positive without symptoms or with very mild symptoms. So the only number that's worth paying attention to is mortality.

Simone Gold: (18:33)

When you look at the mortality, this is a disease that takes, that unfortunately kills our most frail members of society. People with multiple comorbid conditions, specifically diabetes, obesity is a big one. We don't talk about that, but it is. It's a fact. Coronary artery disease, severe coronary artery disease, people like that. And also if you're older, it's a risk factor. But the biggest risk factor is if you have comorbid conditions. If you're young and healthy, this is not ... You're going to recover. If you're under 60 with no comorbid conditions, it's less deadly than influenza. This seems to come as great news to Americans because this is not what you're being told. I would say the answer is it's very difficult to get accurate numbers.

Speaker 5: (19:13)

This is [inaudible 00:19:13] of Breitbart News, if you had a message to Dr. Anthony Fauci, what would you say to him?

Speaker 1: (19:18)

Listen to the doctors. [inaudible 00:19:21] the frontline doctors. Have a meeting with the frontline doctors, and maybe I need to say that into the microphone. My message to Dr. Anthony Fauci is to have a meeting with these frontline doctors who are seeing real patients. They're touching human skin. They're looking people in the eye, they're diagnosing them and they're helping them beat the virus. They're the ones who are talking to the patients, have meetings with them and do it every single day and find out what they are learning about the virus firsthand. And this is, and it's important to understand, we have doctors here who are not emergency room doctors. They're preventing patients from even hitting the emergency room. So if they're only listening to emergency room or ICU at the very tragic end of a person's life they're not getting the full story. They need to come back in here the earlier portion. And they also need to understand what the lockdown and the fears are doing to patients around this country, because there are a lot of unintended consequences, which the doctors can speak about.

Dr. Stella Immanuel: (20:30)

Can I say something. My message to Dr. Anthony Fauci is when is the last time you put a stethoscope on a patient? That when you start seeing patients like we see on a daily basis, you will understand the frustration that we feel. You need to start feeling for American people like we, the frontline doctors, feel. I need to start realizing that. They are listening to you. And if they are going to you, you got to give them a message of hope. Got to give them a message that goes with what you already know that hydroxychloroquine works.

Speaker 6: (21:06)

I have a question for Dr. Warrior.

Simone Gold: (21:09)

Dr. Immanuel.

Speaker 6: (21:10)

Dr. Immanuel, okay. You mentioned before some remarkable results that you've had treating your own patients. She said, I believe she said 300 patients.

Dr. Stella Immanuel: (21:17)

Yes. Yes.

Speaker 6: (21:19)

Have you been able to publish your findings and results [inaudible 00:00:21:22].

Dr. Stella Immanuel: (21:22)

We're working on publishing it right now. We're working on that, but this is what I'll say. People like Dr. Samuel [inaudible 00:21:29] published the data. And my question is, and? That will make you see patients. There's no data around the world. Yes. My data will come out. When that comes out. That's great. But right now people are dying. So my data is not important for you to see patients. I'm saying that to my colleagues out there that talk about data, data, data.

Speaker 6: (21:44)

If I can ask just one more question.

Simone Gold: (21:46)

May I just interject. There is a lot of [crosstalk 00:21:49] data on this. Not every clinician needs to publish their data to be taken seriously. The media has not covered it. There is a ton. I've got a compendium on americasfrontlinedoctors.com, there is a compendium of all the studies that work with hydroxychloroquine. The mortality rate was published in Detroit, less than a ... It was July 4th weekend. They published it.

Mortality by half in the critically ill patients, the patients who are get it early, it's been estimated that one half to three quarters of those patients, wouldn't be dead. We're talking 70,000 to 105 ... 70 to 100,000 patients would still be alive if we followed this policy. There's plenty of published data. [crosstalk 00:22:27].

Dr. Stella Immanuel: (22:26)

Even with Dr. Rich. Dr. Rich published data recently. So there's a lot of data out there. They don't need mine to make those decisions.

Speaker 6: (22:34)

If I can ask one more question. There was a little girl who just a few days ago [inaudible 00:22:37] otherwise healthy and it was concluded that she died of COVID-19 so I was curious from your perspective, you feel that this little girl possibly died from some other condition and it was attributed to COVID-19 or is there some other reason why she [crosstalk 00:00:22:52].

Dr. Stella Immanuel: (22:52)

I will not. I will not be able to say that till I look at the little girl's history and whatever happened. I know I've taken care of a lot of family members and I see a lot of children and they usually get mild symptoms, but I cannot talk about kids that I have not looked at.

Dr. Bob Hamilton: (23:07)

What was the age of the child again?

Speaker 6: (23:10)

She was nine years old.

Dr. Bob Hamilton: (23:10)

Okay. So listen, there are children who are dying of this infection. And the reality is that when they do die, they seem to have comorbidities. Really, you have to kind of look at each

individual case. Uniquely there have been a little over 30 patients in the entire country, in the age category of 15 and below who have died of COVID. Frequently they do have comorbidities like heart disease. They have asthma, they have other pulmonary issues. So I don't know, we don't know the answer to this nine year old girl, tragically. She passed, and she's no longer with us, but there's probably, if you dig into it, there's probably a story behind it.

Speaker 1: (23:48)

Dr. Hamilton, have you seen any patients who are having adverse side effects because schools have been closed, who have depression or suicide?

Dr. Bob Hamilton: (23:54)

I mean, I think that it is common knowledge that with the schools not being open, when you think about what your experience in junior high and high school-

Dr. Bob Hamilton: (24:03)

... not being open. When you think about your experience in junior high and high school, what do you think about? You think about parties and you think about football games, socializing. Those are the things we think about. Those are all being shut down, folks. Nobody is having fun anymore. And I will tell you that these are critical years of life to be out mixing with other kids, other people, and that has been shut down. So yes, there are lots of comorbidities that go along with shutting down. We're talking about anxiety, we're talking about depression, loneliness, abuse is happening, and kids who have particular... Children who have special needs, kids are not doing well either. So, there is a long list of complications that occur when you quarantine and lockdown people.

Speaker 7: (24:48)

So an extension to what you were just talking about, we hear all these studies and all this polling that moms are afraid to go back to work because of letting their children go to school, they shouldn't go to school because then they're exposed, and if the moms go back to school, then the elderly grandparents, they're [crosstalk 00:25:04].

Dr. Bob Hamilton: (25:04)

Right, well, this is the big [crosstalk 00:25:05].

Speaker 7: (25:06)

Can you speak to that please?

Dr. Bob Hamilton: (25:07)

Sure. Yeah, this is a big issue because people are afraid not that their children are going to get particularly ill, because I think they're learning the truth is that this infection is being tolerated well by children. But certainly, they look at their environment, their particular unique family, and I think in some situations that may be an appropriate fear. However, I do think that as a general comment, a general rule through the country, kids can go back to school. Maybe a few kids here and there, their living situation, who they're being cared for, that can be a potential problem. But again, for younger children in particular, they're not the ones passing on the disease to the adults.

Speaker 7: (25:52)

Wouldn't the hydroxychloroquine be...

Dr. Stella Immanuel: (25:52)

I'll talk about that.

Speaker 7: (25:52)

Maybe Dr. Immanuel can speak to that, or somebody else.

Dr. Bob Hamilton: (25:53)

Well hydroxychloroquine, yeah. [crosstalk 00:25:56].

Speaker 7: (25:53)

In terms of as a prophylaxis.

Dr. Bob Hamilton: (25:53)

That can be done. Yes, that can be used. [crosstalk 00:26:06]

Dr. Stella Immanuel: (26:06)

We're talking about, we can't open our businesses. We can't go to school and parents are scared to get treated. And I personally, have put over a hundred people on hydroxychloroquine prophylaxis. Doctors, teachers, people who are health care workers, my staff, me, I see over 15 to 20, sometimes 20, 15, 10 patients a day. I use a surgical mask. I've not been infected. Nobody I know has been infected that's around me. So this is the answer to this question. You want to open schools, everybody get on hydroxychloroquine. That is the prevention for COVID. One tablet every other week is good enough. And that is what we need to get across to the American people. There's prevention and there is cure. We don't have to lock down schools. We don't have to lockdown our businesses. There's prevention, and there is cure. So instead of talking about a mask, instead of talking about lockdowns, instead of talking about all these things, put our teachers on hydroxychloroquine.

Dr. Stella Immanuel: (26:59)

Put those that are high risk on hydroxychloroquine. Those that want it. If you want to catch COVID, that's cool, but you should be given the right to take it and be prevented. So that's the message. All this stuff that we're putting together, it's not necessary because hydroxychloroquine has a prevention. Hydroxychloroquine is a prevention for COVID.

Speaker 8: (27:17)

Earlier I heard you say that...

Dr. Stella Immanuel: (27:18)

Hydroxychloroquine.

Speaker 8: (27:21)

... hydroxychloroquine, that that drug was the cure.

Dr. Stella Immanuel: (27:22)

Cure, mm-hm (affirmative).

Speaker 8: (27:25)

But you also said measured with zinc and other things.

Dr. Stella Immanuel: (27:27)

Yes.

Speaker 8: (27:27)

And you guys also said that previous doctors have used it, but they've used it in the wrong dosage. So I keep hearing the drug, but then what is the right dosage. What is the right mixture?

Dr. Stella Immanuel: (27:39)

That you're going to discuss with your doctor, but let [inaudible 00:03:43] take that.

Speaker 9: (27:45)

Yeah, that's a great question. Because the whole political situation has driven the fear towards this drug. So let's address that. This drug is super safe. It's safer than aspirin, Motrin, Tylenol. It's super safe. All right. So what the problem is in a lot of those studies, they did very, very high doses, massive doses all through the country. They did the remaps study, the solidarity trial. That was the world health organization trial, and also the recovery trial. They use 2,400 milligrams in the first day. All you need is 200 twice a week for prophylaxis. They used massive toxic doses. And guess what they found out? When you use

massive toxic doses, you get toxic results. The drug doesn't work when you give toxic doses. It's a very safe drug. It concentrates in the lungs, 200 to 700 times higher in the lungs.

Speaker 9: (28:38)

It's an amazing drug because in the bloodstream, you're not going to get high levels, but you get massive levels in the lungs. So you're going to find yourself, if you prophylax, that as soon as the virus gets there, it's going to have a hard time getting through because the hydroxychloroquine blocks it from getting in. And then once it gets in, it won't let the virus actually replicate. Bring in zinc and zinc will mess up the copy machine called the RDRP. So with the combination of drugs, it's incredibly effective in the early disease. By itself, it's incredibly effective as a prophylaxis. Does that answer to the question?

Simone Gold: (29:15)

Yeah. I want to emphasize on something that Dr. [inaudible 00:29:20] just said, because I love the question. This is a treatment regimen that's very simple, and it should be in the hands of the American people. The difficult aspect of this is that at the moment, because of politics, it's being blocked from doctors prescribing it, and it's being blocked from pharmacists releasing it. They've been empowered to overrule the doctor's opinion. Why is this not over the counter? As you can get it in much of the world and almost all of Latin America, in Iran, in Indonesia, in Subsaharan Africa, you can just go and buy it yourself. And the dose, my friends is 200 milligrams twice in a week and zinc daily. That's the dose. I'm in favor of it being over the counter. Give it to the people. Give it to the people.

Moderator: (30:06)

We have two more, who can answer this question and they know this information.

Dr. James Todaro: (30:12)

Hi, Dr. James Todaro [inaudible 00:30:13]. I just want to add a couple of comments to what Dr. Gold was saying. If it seems like there is an orchestrated attack that's going on against hydroxychloroquine it's because there is. When have you ever heard of a medication generating this degree of controversy? A 65 year old medication that has been on the World Health Organization's safe, essential list of medications for years. It's over the counter in many countries. And what we're seeing is a lot of misinformation. So I coauthored the first document on hydroxychloroquine as a potential treatment for coronavirus. This is back in March and that kind of kicked off a whole series of a storm on it. And since then, there's been a tremendous amount of censorship on doctors like us and what we're saying. And a number of us have already been censored. That Google document that I coauthored was actually pulled down by Google. And this is after now, many studies have shown that it is effective and it is safe. You still can't read that article. And there's also this misinformation out there. And unfortunately, this has reached the highest orders of medicine. In May there was an article published in The Lancet. This is one of the world's most prestigious medical journals in the world. The World Health Organization stopped all their clinical trials on hydroxychloroquine because of this study. And it was independent researchers like us who care about patients, who care about the truth that dug into this study and determined that it was actually fabricated data. The data was not real. And we did this so convincingly that this study was retracted by The Lancet less than two weeks after it was published. This is almost unheard of, especially for study of this magnitude.

Dr. James Todaro: (31:44)

So I apologize to everyone for the fact that there is so much misinformation out there, and it's so hard to find the truth. And unfortunately, it's going to take looking at other places for the truth. That's why we formed frontline doctors here to try to help get the real information out there.

Speaker 10: (32:00)

What did you say your name was?

Dr. James Todaro: (32:01)

I'm James Todaro.

Moderator: (32:02)

Give your website.

Dr. James Todaro: (32:05)

Most of my thoughts, I actually publish on Twitter. Twitter has been great lately. So, James Todaro, M D. T-O-D-A-R-O M-D but I also have a website medicineuncensored.com, which contains kind of a lot of the information about hydroxychloroquine I think is much more objective than what's going on in other media channels.

Speaker 10: (32:28)

One point, in terms of Twitter. That's important because as I understand not only from doctors, but from other people in the media, that YouTube has blocked information specifically about hydroxychloroquine.

Dr. James Todaro: (32:42)

I'll go ahead and address that real quickly. I would say Facebook and YouTube have taken the most draconian measures to silence and censorship people. And this is coming from the CEO of YouTube, as well as Mark Zuckerberg saying anything that goes against what the World Health Organization has said is subject to censorship. And we all know the World Health

Organization has made a number of mistakes during this pandemic. They have not been perfect by any means. Twitter, although they have some flaws and faults and flag certain content and stuff, they really still remain one of the freest platforms to share dialogue, intelligent discussion regarding this information. And many of us here today actually connected on social platform mediums like that.

Speaker 11: (33:21)

Could you talk about what you mentioned earlier about the medication and how long it's been around?

Dr. Joe Ladapo: (33:27)

Sure thing. I'm Dr. Joe. Ladapo. I'm a physician at UCLA and I'm a clinical researcher also. And I'm speaking for myself and not on behalf of UCLA. So I want to say that I'm thinking of the people who are behind the screens that are watching what you guys were broadcasting. And I want to share with you because there's so much controversy and the atmosphere is so full of conflict right now that what this group of doctors is trying to do fundamentally, is really to bring more light to this conversation about how we manage COVID-19 and the huge challenge. And that's what this is ultimately about. And bringing light to something means thinking more about trade offs, about one of my colleagues said on unintended consequences. And I actually think that's not even the right word, the right word is unanticipated consequences. Really thinking about the implications of the decisions we're making in this really, really extraordinary time that we're in.

Dr. Joe Ladapo: (34:45)

So, I'm sure people are listening to some of the discussion about hydroxychloroquine and wondering, what are these doctors talking about? And, these are doctors that take care of patients,

board certified, med school, great med schools, all of that. How could they possibly be saying this? I watch CNN and NBC, and they don't say anything about this. And that's actually, that's the point. There are issues that are moral issues, that really there should be a singular voice. So for me, issues related to whether people are treated differently based on their sex or race, or their sexual orientation. I personally think those are moral issues and there's only one position on those. But COVID-19 is not a moral issue. COVID-19 is a challenging, complex issue that we benefit from having multiple perspectives on. So it's not good for the American people when everyone is hearing one perspective on the main stations. There's no way that's going to service. So, the perspective most people have been hearing is that hydroxychloroquine doesn't work. That's the perspective that most people have been hearing on the mainstream television.

Dr. Joe Ladapo: (36:03)

That's the perspective that most people have been hearing on the mainstream television, and I believe that perspective too, until I started talking to doctors who would look more closely than some of the physicians behind me here, who would look more closely at the data and at the studies.

Dr. Joe Ladapo: (36:17)

So it is a fact that several randomized trials have come out so far, that's our highest level of evidence, and have shown that hydroxychloroquine... Their findings have generally been that there's no significant effect on health benefit. So, that's a fact, that the randomized control trials have come out... So far that have come out. In fact, there were two or three big ones that came out over the last two weeks, [inaudible 00:36:44] Internal Medicine, New England Journal of Medicine, and I think one other journal.

Dr. Joe Ladapo: (36:49)

It is also a fact that there have been several observational studies. These are just not randomized controlled trials, but patients who are getting treated with this medication that have found that hydroxychloroquine improves outcomes. So both of those things are true. There's evidence against it and there's evidence for it. It is also a fact that we are in an extraordinarily challenging time. Given those considerations, how can the right answer be to limit physician's use of the medication? That can't possibly be the right answer. And when you consider that this medication before COVID-19 had been used for decades, by patients with rheumatoid arthritis, by patients with lupus, by patients with other conditions, by patients who were traveling to West Africa and needed malaria prophylaxis, we've been using it for a long time, but all of a sudden it's elevated to this area of looking like some poisonous drug. That just doesn't make sense.

Dr. Joe Ladapo: (37:59)

Then when you add onto that the fact that we've had two of the biggest journals in the world, New England Journal of Medicine, and Lancet, as my colleagues say, retract studies that found, interestingly, that hydroxychloroquine harmed patients. Both of these studies. They had to retract these studies, which really is unheard of. That should raise everyone's concern about what is going on. At the very least, we can live in a world where there are differences of opinion about the effectiveness of hydroxychloroquine, but still allow more data to come, still allow physicians who feel like they have expertise with it use that medication, and still talk, and learn, and get better at helping people with COVID-19.

Dr. Joe Ladapo: (38:50)

So why we're not there is not good. It doesn't make sense, and

we need to get out of there.

Dr. Stella Immanuel: (38:58)

Listen, let me just put a little bit of that. I have seen 350 patients and counting. Put them on hydroxychloroquine. They all got better. This is what I would say to all those studies, they had high doses, they were given to wrong patients. I will call them fake science. Any study that says hydroxychloroquine doesn't work, is fake science and I want them to show me how it doesn't work. How is it going to work for 350 patients for me and they're all alive, and then somebody say it doesn't work? Guys, all them studies, fake science.

Simone Gold: (39:30)

What was your question? Thank you.

Speaker 14: (39:31)

Last question.

Simone Gold: (39:31)

Yeah, last question.

Speaker 13: (39:35)

I've heard there's an increase in anxiety, suicidal ideation, substance abuse, and various mental health issues as a result of school closures and shutdowns. Is it your recommendation that [inaudible 00:39:48] federal funding for programs will help deal with those issues?

Simone Gold: (39:54)

Yeah, I don't understand how you would go to that conclusion. If the problem was that the schools are shut down, and it's causing it, then we need to open up the schools.

Speaker 14: (40:03)

[inaudible 00:40:03] mental healthcare [crosstalk 00:40:05].

Simone Gold: (40:06)

Yeah. I would go to the school. I would open up the schools, because the most important thing for children is to socialize, and to be with other kids, and to learn. Yeah. [crosstalk 00:40:14]
Yeah. Let's get kids back in school.

Speaker 14: (40:17)

You don't believe that?

Simone Gold: (40:20)

Kids back in school. We're in favor of kids back in school.

Speaker 15: (40:22)

Thank you everyone. [crosstalk 00:04:24]. Thank you very much. And we are going to be going back live continuing our summit, so you can continue watching. Once we get back, we may be running.

Speaker 16: (40:35)

Thank you so much. [inaudible 00:40:45].

Dr. Stella Immanuel: (40:38)

It's fake science. [crosstalk 00:04:50]. It's fake science.

Simone Gold: (40:50)

That's right. I believe you. I believe you. [crosstalk 00:40:52].

Doctor 1: (40:54)

It's more specialized, so I have to defer.

Speaker 18: (40:55)

You said that depression-

Doctor 1: (40:56)

That depression is caused by low zinc levels. When you go into a hospital nowadays, they don't test for those zinc levels. Low zinc levels are manifested by loss of sense of smell, loss of taste. Why are these also symptoms of COVID, right? COVID,

loss of sense of smell, loss of taste, right? And the reason is because zinc is the natural thing that used to fight the COVID. What happens is the zinc stops RNA polymerase, and the hydroxy chloroquine allows the zinc to go into the cells.

Speaker 18: (41:33)

I'm wondering-

Doctor 1: (41:33)

To stop the RNA polymerase-

Speaker 18: (41:35)

Because there was a-

Doctor 1: (41:36)

Hang on, hang on.

Speaker 18: (41:36)

It was implied that-

Doctor 1: (41:37)

Let me give you the science behind it. So if your lab is [crosstalk 00:41:41]... I understand.

Speaker 18: (41:43)

Yeah.

Doctor 1: (41:43)

Let me explain it a little bit better. The zinc stops RNA polymerase, and it's used up by your cells in the normal fighting of COVID. So if you never took hydroxychloroquine, you'd still be zinc depleted. We're in a natural state of zinc depletion in the United States, but the COVID decreases your zinc even more, and you need it to fight off any virus. That's why your mom always said, "Take your zinc," right?

Speaker 18: (42:04)

Is the problem with children on psych units that they have low

zinc levels?

Doctor 1: (42:11)

No, no, no. We're talking about the COVID and how that...

[inaudible 00:06:13].

Speaker 18: (42:15)

Okay. My question was about if federal funds should be diverted to helping therapists, social workers and other frontline workers to deal with the psychological issues that were mentioned by your colleague, that shut downs in the government and school closures cause an increase in suicidal ideation, and substance abuse, and anxiety. So those environmental factors are what caused those mental health issues. Doesn't it stand to reason that then funds to help those institutions deal with the problem should be receiving more funding?

Doctor 1: (42:47)

I'm going to defer to my psychiatrist colleague.

Speaker 18: (42:50)

He didn't hear me ask the question. [crosstalk 00:42:51].

Doctor 1: (42:51)

First, we need to take care of the biological basis, which is the zinc, which is the vitamin D, lack of vitamin D. We're dumping our milk.

Speaker 18: (43:03)

Yeah, I don't know about that.

Doctor 1: (43:04)

We're dumping our milk [crosstalk 00:07:05]. We're dumping our milk in the manure pits right now. If we would get together-

Doctor 2: (43:09)

Yeah, that's hard to believe.

Doctor 1: (43:10)

If we would get that to the kids out of school, that will be very helpful.

Speaker 18: (43:14)

Okay.

Doctor 1: (43:14)

So I'll defer to my colleague.

Speaker 18: (43:17)

So my question, I still haven't gotten a clear answer on it-

Doctor 2: (43:19)

I'll try to answer. Public policy is not my expertise, but I can try.

Speaker 18: (43:23)

Oh no, it's not really about... It's not my expertise either, actually. But I was wondering since your colleague said that as a result of school closures and government shutdowns, which caused an increase in suicidal ideation, anxiety, substance abuse, and a variety of other issues, I'm wondering if federal funding should be diverted to frontline workers, social workers, mental health therapists?

Doctor 2: (43:45)

The answer your question is this, I see it this way, harm has already come is what we're saying. So the answer to the question is, harm has already come. What should we do about that harm? I don't know the inner workings of the government, but to say that harm has already come, and to say that we're going to do something about it, it makes sense. To me as a doctor, I think if we know harm is coming, if you and I know we already got run over by a car, I think it makes sense to let me go ahead and go to the hospital to get my-

Speaker 18: (44:10)

There's a real lack of funding for people in my profession to be able to help those kids and those adults.

Doctor 2: (44:12)

Yeah, I think it makes a lot of sense. So I'm going to just say, to me, it makes sense, and I think it's fair.

Speaker 18: (44:20)

I appreciate the well-rounded concern. It just kind of stops with concern and it doesn't continue into action. Congress might not, I'm not sure who he was, maybe you could actually give [crosstalk 00:08:31].