

Testimony of Dr. Ramin Oskoui on December 8, 2020

My name is Dr. Ramin Oskoui. I am a board certified Cardiologist and Internist licensed to practice in Maryland, DC and Virginia. I am also an adjunct faculty member at Georgetown University School of Medicine. I have treated dozens of Covid-19 patients this year and have published in the field.

My remarks are directed, in part, to the differing roles and responsibilities of scientific researchers and government agencies – and practicing physicians – in a health care crisis.

Needless to say, sound and comprehensive scientific research is invaluable to the effective practice of medicine. But whenever there's a health crisis – large or small -- whether it is a worldwide pandemic or a family member hit with a stroke or heart attack – our nation's practicing physicians – general practitioners, pediatricians, cardiologists, oncologists, surgeons -- are not only the critical first responders – in many cases they are the only ones on the line – working with and for the patient.

There are wonderful and very brilliant practitioners of academic medicine and MD-PHDs – many of them employed by our most profitable drug companies – who can come up with seemingly miraculous cures or therapies – but it is the front-line physicians who – certainly with the help of scientific researchers and billion dollar pharmaceutical companies -- must fight and win the war against disease – particularly when a disease

or ailment is new and we don't have decades of research to look back on and cannot afford to wait years to decide how best to treat a patient who – if we do nothing – may suffer and die needlessly.

Why then, with the current pandemic, a disease we had never seen before last March, are practicing physicians being condemned – ridiculed or shamed in some cases – for doing what practicing physicians have always done – using their professional skills and expertise to make the best practical, life-saving use of the existing scientific research.

It would be wonderful if – last March – the FDA or NIH or a few big drug companies could have announced an instant cure for a disease that had just been discovered. Of course, in that event, we would all have prescribed it. Easy-peasy!

But they didn't have it then – and they don't have it now. In fact, that is how many cures or treatments get discovered – drugs or treatments invented and tested for one disease or ailment are applied in a novel way or for an ailment or disease they have not yet been approved for or tested with. What do the scientific or governmental experts say about that? Both generally – and with regard to the now famous controversy over drugs like hydroxychloroquine and ivermectin – tested and used for decades against other illnesses and used by some physicians for a yet unapproved use – COVID 19:

Here is what the FDA itself tells us:

Once the FDA approves a drug, health care providers generally may prescribe the drug for an unapproved use when they judge that it is medically appropriate

for their patient. You may be asking yourself why your health care provider would want to prescribe a drug to treat a disease or medical condition that the drug is not approved for. One reason is that there might not be an approved drug to treat your disease or medical condition. Another is that you may have tried all approved treatments without seeing any benefits. In situations like these, you and your health care provider may talk about using an approved drug for an unapproved use to treat your disease or medical condition.

[provide citation]

And **here is what the National Library of Medicine said** — well before COVID-19 appeared on the scene — about using hydroxychloroquine against diseases for which the drug had never been officially approved:

It is also used to treat discoid or systemic lupus erythematosus and rheumatoid arthritis in patients whose symptoms have not improved with other treatments. This medication is sometimes prescribed for other uses; ask your doctor or pharmacist for more information.

[provide citation]

So, if that was the conventional wisdom in March – what happened with COVID?

Why are practicing physicians being condemned or ridiculed for being “ahead of the research” – and why are they being prevented from prescribing these drugs against a

disease so new that the Food and Drug Administration (FDA) does not yet have an officially approved treatment? Are these doctors promoting quackery, or worse?

I cannot read the mind of those who criticized the doctors – one might say the first responders in a health care sense – who had to face the patients and make life and death decisions with the scientific research “as they found it” – not as they wished it might be.

But here is why those criticisms were completely unfounded – and terribly harmful to the health of Americans.

To start, these FDA approved drugs are not being used without any safeguards. It is true they have not been fully tested and approved for every possible use – and not in this case against Covid since it is simply too new for such experiments to have been done. But hydroxychloroquine and ivermectin were tested and approved decades ago, and have an established record of efficacy and comprehensive information on possible side effects that physicians can review – and are legally and ethically required to review before prescribing.

No doctor should be prescribing these drugs – or any drug -- without following standard protocols observed for any drug or any patient. Even if there is scientific research proving that hydrochloriouine works for lupus, say, and one must do a case history and consider the individual patient before prescribing it.

Certainly hydroxychloroquine may not be proved to be the best or ultimate cure against COVID-19, and its use may be more experimental than proven at this stage, but this is not a normal situation.

Earlier this year, we faced a new, dangerously infectious virus, and such a health crisis – like any other crisis with an unknown and unproven enemy – cannot rely exclusively on the tried and true.

But it was worse than that. Affirmative steps to keep physicians and patients ignorant were taken.

Hydroxychloroquine had shown promise in treating symptomatic cases of COVID-19, but the medical research establishment quickly spiked those studies. In this country, Dr. Fauci and the NIH disparaged its use while pushing other therapies that had little or no prospect of success, were not safe, cost effective or scalable.

What, then, is really going on with this debate?

Why have government agencies largely disparaged early treatment of COVID with the use of existing, often generic drugs, that often are quite inexpensive as well as being readily available? Why – when there is not an FDA-approved treatment for COVID-19 yet beyond steroids in advanced cases.

Do we put our faith in science? Of course. But there is a difference between “science” and the views of one particular individual scientist – or even a group of scientists who believe they know everything there is to know about a subject – until something new is discovered. Scientists, physicians, follow procedures and read scientific literature, but we are all human beings subject to the same confirmation bias and conflicts of interest as any other human beings. Experts, even after years of scientific research, are sometimes wrong. And if they say something is “impossible” it does not mean it has been disproven, it often simply means it has yet to be proven.

It is not “insult against science” to conclude that governmental action should be taken in the midst of an emergency based on the best facts available.

Not any more than it is an “insult against history” to use tactics or strategy in national defense against an invader or hostile power that have not been “peer reviewed.”

I believe that landing craft had rarely been used in a full-scale amphibious invasion before D Day. Indeed, the landing craft had to be developed for that purpose, and could obviously not be tested in full battlefield conditions. Does that mean we could not go ahead with the Normandy Invasion because we had no double-blind peer reviewed studies? Could the British use Radar to defend Britain against German bombers – with no peer reviewed studies of its effectiveness in war?

Indeed, even outside of an emergency, it is no disrespect to science to say some medical treatments that some physicians deem prudent for their patients should

be allowed — and, yes, promoted — even if those have not been the subject of someone’s peer-reviewed Ph.D. thesis or years of regulatory process.

Experts can be wrong – which doesn’t mean they are always wrong or even often wrong. But even when the experts are correct, there often are many assumptions and policy biases hidden in the way they articulate their conclusions and recommendations. And organizations like the FDA have their own inherent institutional biases. The more involved and sophisticated the FDA can make the process of investigating drug “efficacy,” the more the process tends to help the biggest drug companies and deter smaller competitors. If you are part of that process — a lobbyist, a drug company executive, or even an FDA scientist committed to applying the most rigorous possible standards — you may see an emergency order moving an experimental drug or process to the top of the list as a challenge to the established way of doing business.

In this crisis, doctors who are actually treating patients, unlike the minority’s witness in the last hearing, Dr. Jha, are practicing medicine by trying different treatments to attack the virus early and give their patients hope. They should not be ridiculed, vilified, or worse.

Instead, the establishment needs to be shaken up: The normal order of business will not be enough to defeat COVID-19. And even if you think we were unprepared for COVID-19, it was not simply the fault of one man. It is part of the problem with our national approach to solving challenges: too much regulation, too much cronyism, too much corruption.

This crisis is a wake-up call. We need to set aside the old ways of doing things in Washington, innovate together and get our country back to work. We need to investigate why the NIH, academic medicine and the CDC failed us so badly.