Hazan - Testimony

Chairman, Ranking Member, and distinguished members of Congress,

Thank you for the opportunity to testify today. I am Dr. Sabine Hazan, a gastroenterologist with practices in Malibu, Ventura and Beverly Hills, California. For more than three decades, I have served as a principal investigator in hundreds of clinical trials for leading pharmaceutical companies. My work has contributed to bringing biologics, antibiotics, and vaccines to market. While these advances have helped patients, they also revealed critical gaps in our understanding of human health—particularly the gut microbiome, an ecosystem of microorganisms that co-evolved with humans in a synergistic relationship essential for well-being.

In 2019, following the collapse of uBiome amid federal investigations and flawed science, I founded Progenabiome. My goal was simple: to rigorously study the microbiome in real-world clinical settings. We sought to understand why fecal microbiota transplantation benefits some patients with conditions like Alzheimer's or alopecia areata but not others. At Progenabiome, we have launched 61 clinical trials and are actively trying to better understand the gut connection in diseases like autism, Alzheimer's, Parkinson's, Lyme disease, COVID-19, Long COVID, vaccine injuries, mental health disorders , and cancer. This is precision medicine—tailoring care to each patient's unique microbiome signature.

In 2020, caring for high-profile patients in Malibu and leveraging my FDA connections and in-house research genetic sequencing laboratory, I was uniquely positioned to investigate SARS-CoV-2. Progenabiome became the first lab to document whole genome sequencing of the COVID virus in patient feces. Our paper, "Detection of SARS-CoV-2 from patient fecal samples by whole genome sequencing," was published in Gut Pathogens in 2021 after six months of review—only to be retracted in May 2025 without valid scientific justification.

We conducted trials showing that hydroxychloroquine and azithromycin reduced viral presence in the gut but also disrupted the microbiome. Another trial on ivermectin-based multidrug therapy for severely hypoxic ambulatory COVID patients was published in 2022 after eight months of peer review scrutiny, then retracted in March 2025. Throughout the pandemic, under FDA oversight, I lost zero patients.

We also published cardiac safety data from our Phase II HAZDPac trial in December 2024, demonstrating no significant QT prolongation with combination therapies—retracted in February 2025.

These retractions consistently challenged the feasibility of early treatment.

Our most significant discovery centers on Bifidobacterium, a foundational genus critical for immune regulation, metabolism, gut barrier integrity, and neurological health. Severe COVID patients showed near-total depletion of these bacteria, while high-risk exposed individuals who remained uninfected had abundant levels.

We found that Vitamin C, bovine IgG, and ivermectin (a fermented product of Streptomyces bacteria) could help restore these protective microbes.

A hypothesis paper on ivermectin's bifidogenic effects was retracted in 2023.

We presented data at the American College of Gastroenterology (ACG) showing that mRNA vaccines sharply reduce Bifidobacterium levels—an abstract that won a Presidential Award and reached 18,000 gastroenterologists. Additional posters addressed persistent post-vaccine microbiome damage, ivermectin's benefits, and Bifidobacterium depletion in Crohn's, Lyme, and invasive cancers.

Follow the killing and disappearance of bifidobacteria in the gut and understand why disease starts especially cancer.

Post-pandemic, restoring Bifidobacterium in autistic children restored speech in identical twins. This data won an award at the 2025 ACG meeting.

In fact, Progenabiome has earned four consecutive ACG awards, affirming peer recognition of our work. Yet these promising "n of 1," "n of 5," and "n of 12" observations face persistent barriers. Papers that pass rigorous peer review are retracted over minor, easily correctable issues. Some of those leading these challenges were former non-medical employees of uBiome.

I ask Congress: Should non-physicians without relevant clinical expertise review and override medical data from practicing physicians? True expertise must be challenged by qualified peers, not outsiders. A plumber should not critique a gastroenterologist simply because both deal with waste.

Lastly, This research was funded primarily by my own resources and donations from grateful patients. I am here to report what our lab has observed: restoring a healthy microbiome, particularly Bifidobacterium, correlates with clinical improvement across many diseases.

Members of Congress, imagine the possibilities if scientists could publish without fear of politically motivated retractions—if we could focus on advancing knowledge instead of defending it. The American people deserve transparent, rigorous science. Protecting scientific integrity is not just about my work; it is about securing the future of medicine for all.

Thank you. I stand ready to answer your questions.