

Opening Statement of Chairman Ron Johnson
“Early Outpatient Treatment: An Essential Part of a COVID-19 Solution, Part 2”
December 08, 2020

As submitted for the record:

In our first hearing on early treatment of COVID, Dr. Peter McCullough presented two slides. The first showed the four pillars of pandemic response: 1) contagion control, 2) early home treatment, 3) late-stage hospital treatment, and 4) vaccination. The second displayed the three stages of the disease: 1) viral replication, 2) cytokine storm, and 3) microthrombosis.

The goal of this hearing is identical to the goal of our first hearing: to discuss early treatment options that attack the disease in the first stage by limiting viral replication. Doing so would hopefully prevent progression to cytokine storm, microthrombosis, and possible death. This is how Tamiflu works in limiting the severity of the flu. It is how we approach every other disease. Early detection allows for early treatment and better outcomes.

Seems like a pretty common-sense approach, yet this is not how we’ve attacked COVID. Instead, we’ve impoverished millions by shutting down economies, poured billions of dollars into ventilator production and new drug and vaccine development, but spent virtually nothing on research and trials using existing drugs and nutraceuticals. In fact, there has been a concerted effort to block doctors who actually treat COVID patients from compassionately using their “off label” prescription rights for early treatment protocols. Why?

In his “Reflections on Progress, Peaceful Coexistence and Intellectual Freedom,” Russian dissident Andrei D. Sakharov wrote: “The second basic thesis is that intellectual freedom is essential to human society — freedom to obtain and distribute information, freedom for open-minded and unfearing debate and freedom from pressure by officialdom and prejudices. Such a trinity of freedom of thought is the only guarantee against an infection of people by mass myths, which, in the hands of treacherous hypocrites and demagogues, can be transformed into bloody dictatorship. Freedom of thought is the only guarantee of the feasibility of a scientific democratic approach to politics, economics and culture.”

In today’s biased news media and social media, within academic journals, on college campuses, in government agencies and ivory towers, we are losing the freedom to obtain and distribute information. The reaction to our first hearing on early treatment is but one example. Although not surprising in today’s hyperpartisan climate, it is still shocking.

In that hearing, we heard from Dr. McCullough, a cardiologist and vice chair of medicine at Baylor University Medical Center, Dr. Harvey Risch, senior professor of epidemiology at Yale University, and Dr. George Fareed, trained at Harvard University and the National Institutes of Health. Combined, these physicians have more than 900 scientific research publications, extensive drug development experience, and more than 80 years’ clinical practice, including treating more than 1,000 high-risk COVID patients.

I was hoping that, post-election, by asking such eminently qualified doctors to testify about the rationale for and growing effectiveness of early treatment, minds could be opened and lives could be saved. Unfortunately, the Democrat witness, Dr. Ashish Jha, began tweeting his negative viewpoint on early treatment before the hearing even began and continued his media blitz for days afterward. Most obnoxiously, he penned an op-ed that the New York Times ran and headlined: “The Snake-Oil Salesmen of the Senate.”

The absurdity of calling Dr. Jha as a witness or paying any attention to him in the media was demonstrated when I asked him, “Have you treated any COVID patients?” His reply: “I have not, sir.”

Dr. McCullough also talked about the circle of empathy in medicine. Those who actually treat COVID patients are in the center. Not only have they shown extraordinary courage, they also have the greatest empathy for patients who experience the fear and loneliness of a COVID diagnosis. These are the medical practitioners, the heroes, that “experts” in the ivory towers and media have chosen to ignore and vilify. The experts, far outside the circle of empathy, have developed and supported the current NIH guideline of providing no treatment at all until patients are sick enough to require hospitalization. As we are all aware, at that point, treatment is often too late.

So here we are again, holding a second hearing to obtain and distribute information on what is known about early treatment of COVID. What could possibly be controversial about that? Yet some are calling this hearing dangerous, and instead of waiting until after the hearing to trash this information and our witnesses, the New York Times, and other publications, have already run pre-emptive attacks, implying this hearing is anti-vaccine.

So let me be clear: This hearing, like the first hearing, is focused on early treatment of COVID. It is not about vaccines. End of story. In my opinion, discouraging, and in some cases prohibiting, the research and use of drugs that have been safely used for decades has cost tens, possibly hundreds of thousands of people their lives. By the time any vaccine is fully deployed, millions more will become infected. With effective early treatment, fewer people will get seriously ill and fewer will die. So why not give early treatment a shot? What have we got to lose?

And finally, why is there such a concerted effort to silence the voices of courageous health professionals promoting early treatment? It makes no sense.