



Expert Testimony Before Senate Contradicts Media's COVID-19 Narrative

The first week of May, 2020, saw an incredible event take place in the U.S. Senate that mainstream organs of the news media did their very best to ignore. The [event was the occasion of testimony](#) from several experts in medicine, economics, and statistics to the Senate Committee on Homeland Security & Government Affairs, chaired by Wisconsin Senator Ron Johnson (R). Including some of the most experienced and respected researchers in the country, as well as doctors working at the front lines of the pandemic actively engaged in treating COVID-19 and saving patients suffering from it, these experts provided perspectives on the pandemic that are largely missing from and contradict mainstream coverage of the crisis and reports from leaders of the White House coronavirus task force.



The first expert to testify to the committee was Wisconsin physician Pierre Kory, associate professor of medicine at the University of Wisconsin School of Medicine and Public Health. In his testimony, Dr. Kory noted that he was part of a group of world-renowned critical care experts working to save patients with COVID-19 that has come up with their own treatment protocol for the disease.

Called the Front Line COVID-19 Critical Care (FLCCC) Working Group, the physicians involved call their treatment for the disease the MATH+ protocol. It was developed specifically to counteract the inflammation and excess clotting that is experienced by severe COVID-19 sufferers. The protocol includes treatment with intravenous methylprednisolone, high-dose intravenous vitamin C, full-dose low molecular weight Heparin (an anticoagulant), and optional treatments with thiamine, zinc, and vitamin D. Readers can learn much more about the treatment protocol at the FLCCC's website, covid19criticalcare.com.

How well does this treatment protocol work? In his testimony, Dr. Kory described the results he was seeing. "Members of our group have now treated in excess of 100 hospitalized patients with our treatment protocol," Dr. Kory noted. "Nearly all survived, the 2 that died were in their eighties and had advanced chronic medical conditions. None of the patients have had long stays on the ventilator nor become ventilator dependent. The patients generally have a short hospital stay and are discharged in good health."

Dr. Kory was also critical of mainstream health governing bodies that had failed to put out adequate treatment protocols.

"Nearly all national and international health societies such as the WHO, CDC, ACP, ATS, and many



Written by [Dennis Behreandt](#) on May 8, 2020

others have issued treatment recommendations focusing almost solely on ‘supportive care only’ strategies, things like Tylenol for fever, gentle hydration/nutrition then oxygen or a ventilator to support breathing,” he pointed out. “This strategy is clearly failing as evidenced by unprecedented death rates and widespread and life-threatening shortages in ventilators, ICU beds, and ICU physicians and nurses. Our early recognition of the failure of this treatment approach is what prompted us to form our group.”

In fact, Dr. Kory pointed out in his testimony, our own national medical institutions at the federal level seem to be attempting to at least ignore — or perhaps obstruct — usage of his team’s treatment protocol, despite its success.

“Finally, we want it to be known that with the support of several physician colleagues and members of the media, we have tried to share our protocol widely. In fact, we know that it reached the White House for review on at least two, and soon to be three, occasions — the first a month ago via a member of Jared Kushner’s COVID response team. We understand that it generated considerable interest until supposedly the N.I.H. and C.D.C. pushed back against it, instead seemingly favoring anti-viral and vaccine therapy.”

Observations such as this raise the specter of potential conflicts of interest at the NIH and CDC, either over financial matters, political matters, or a combination of both, given the ties and relationships between the interlocking organizations of the pharmaceutical industry, international and national public health agencies, and their close ties and relationships with vaccine-purveyor-in-chief Bill Gates and his foundation.

Also providing expert testimony to the Senate committee was Dr. David K. Katz. A specialist in preventative medicine and public health, trained at Yale University, and the founder of the Yale-Griffin Prevention Research Center, Dr. Katz has also volunteered in an emergency room in the Bronx during the COVID-19 outbreak there. He told the committee that the policy of lockdowns should be replaced with a policy that recognizes and avoids the harms inflicted by the more tyrannical measures heretofore preferred by state governors.

“We should adopt ‘total harm minimization,’ aimed at mitigating the direct harms of COVID19, and the indirect harms of societal upheaval and economic collapse, as our national policy objective,” he told the committee. “This is best pursued by means of risk-based (i.e. vertical) interdiction policies that shelter/protect those most vulnerable to severe infection and grave outcomes, while phasing back to relative normalcy those in lower risk groups.”

Moreover, he pointed out, the goal should be to achieve herd immunity to end the pandemic. “Phased return to degrees of normalcy should culminate in herd immunity and the ‘all clear,’ abetted by the advent of a vaccine when available,” he said.

Further emphasizing the importance of achieving herd immunity was Dr. Scott Atlas, senior fellow at Stanford University’s Hoover Institution and former chief of neuroradiology at Stanford University Medical Center.

Total isolation via lockdown policies, he said, “*prevents* broad population immunity and *prolongs* the problem.” (Emphasis in original.)

This is something our response to COVID-19 has gotten disastrously wrong. An increase in community levels of infection, and thus growing immunity in the community, “has been incorrectly portrayed as an urgent problem requiring mass isolation,” Dr. Atlas said. “On the contrary, infected people are the immediately available vehicle for establishing widespread immunity. By transmitting the virus to others



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in lower-risk groups who then generate antibodies, pathways toward the most vulnerable people are blocked, ultimately eradicating the threat.”

Providing testimony, too, was Professor John P.A. Ioannidis from Stanford University. Ioannidis, it should be noted, has provided on a consistent basis cogent and relevant analysis of the COVID pandemic without fearmongering, proving to be one of the best, most sober, and balanced voices on the subject. In his testimony, he emphasized the catastrophic harms of the lockdown policies so far favored by public-health authorities.

“While lockdowns were justified initially, their perpetuation may risk many lives,” he said.

“Unemployment may create more marginalized citizens without health insurance. Mental health can be affected with increases in depression, suicides, domestic violence and child abuse. Gun sales have increased. Famine is becoming a global threat. Moreover, deaths from common chronic diseases and treatable conditions such as heart attacks may increase, as patients avoid hospitals, interaction with their care-givers is disrupted, and hospitals become financially devastated. Excess deaths accruing during COVID-19 weeks may reflect both COVID-19 itself but also deaths from health care disruption. COVID-19 overwhelmed a few dozen hospitals, while COVID-19 measures may jeopardize services and multiple health outcomes in thousands of hospitals.”

Importantly, he also disputed the current public health demand for a tyrannical imposition of contact tracing through erection of a new army of public-health surveillance agents. “It is unrealistic to expect that complete contact tracing will need to be feasible before re-opening,” he said. “In most locations, the number of people infected is already too large and their casual contacts may include a large portion, if not the large majority of the entire population, thus making complete contact tracing infeasible.”

During his testimony, economist Avik Roy of the Foundation for Research on Equal Opportunity emphasized the dramatically catastrophic damage inflicted on the economy by the nation’s disastrous lockdown policies.

“I am gravely concerned about the profound economic destruction that the COVID-19 lockdowns have caused,” he said. “You know that 30 million Americans have lost their jobs, and that the CBO [Congressional Budget Office] estimates that second quarter GDP will be 40 percent lower than it was at this time last year. Jobs for hourly wage earners — the most vulnerable workers in our economy — are down 60 percent relative to pre-pandemic levels. These are hairdressers and line cooks. They work at doctor’s offices, and on assembly lines. They are, in President Clinton’s words, ‘those who work hard and play by the rules.’”

Roy also pointed out the arbitrary and capricious nature of the lockdowns. The one-size-fits-all lockdowns, he said, “are not based on actual evidence or science regarding COVID-19, but are instead based on fear, and on off-the-shelf playbooks designed for influenza, a meaningfully different disease. The risk of death due to COVID-19 is very low for those under the age of 55, and yet our restrictions on economic activity apply equally to people of all ages.”

Further, he argued, it is bad policy based on flawed reasoning to apply the same lockdowns in places as disparate as New York City and the states of the West:

Roughly half of the deaths from COVID-19 have taken place in the tri-state area around New York City, and yet we’re treating Oklahoma, Utah, and Wyoming no differently than Manhattan.

According to a soon-to-be-published analysis by my FREOPP colleague Gregg Girvan, at least one-third of all U.S. deaths due to COVID-19 are taking place in nursing homes.



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And yet we are not incorporating that fact into our assessment of the risks outside of nursing homes. Similarly, the risk of outdoor transmission appears to be much lower than for indoor transmission, and yet many states are applying equally onerous restrictions to indoor and outdoor activity.

As the testimony from these experts demonstrates, our current response to the coronavirus pandemic, led by a constellation of unaccountable globalist agencies and their internationalist bureaucrat collaborators within federal agencies and implemented in the states by tyrannical governors disdainful of the law and the Constitution, has been nothing short of one of the greatest government-created and -perpetuated disasters of history, on the scale of the Civil War, World War I, the Great Depression, and World War II.

Citizens should remember when this ends that they were not the victims of simply cruel circumstance and unthinking pathogens. Instead, the bulk of the misery and death will have been due to the agenda-driven malfeasance of power-hungry public officials and bureaucrats at all levels of government.



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