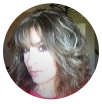
A Long-Standing Physician Bias is Contributing to COVID-19 Death Rates



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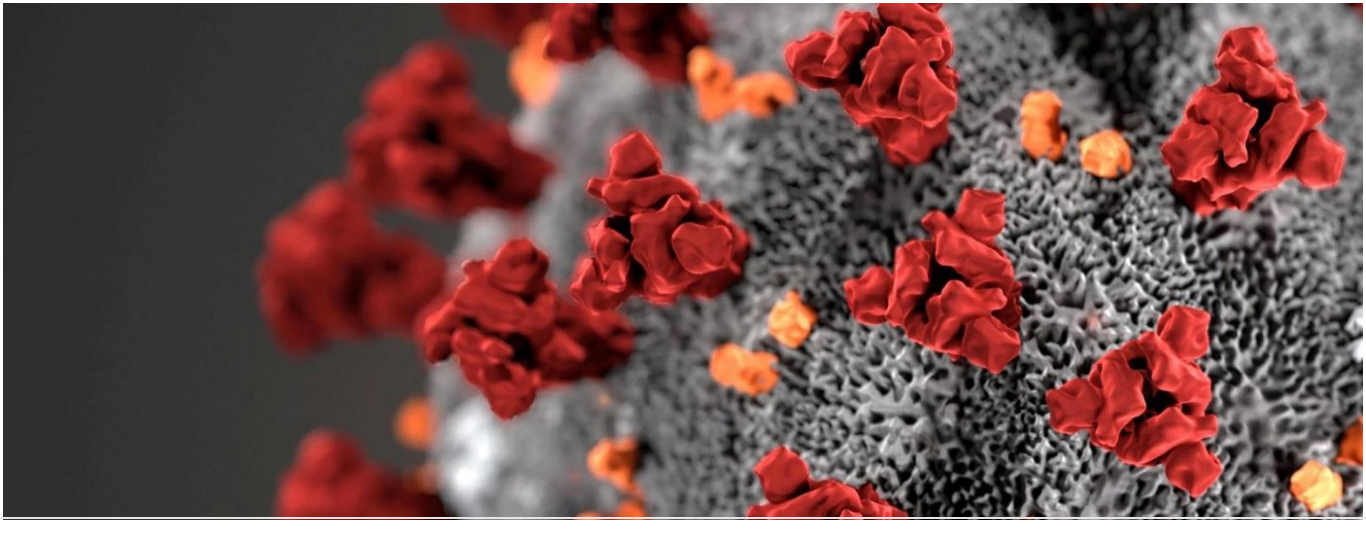
The following essay— from Dr. Fred Wagshul, a pulmonologist and Medical Director of ***Lung Center of America*** *in Dayton, Ohio— says that because of a long-standing bias in the medical community, people are dying needlessly from COVID19. Here is his urgent plea.*

What you need to know is this: There IS a COVID19 protocol that is saving lives. But you're not hearing about it. Why? Here's the story:

Increasing numbers of academic medical centers throughout the country are creating and distributing treatment protocols for COVID-19, yet less than a handful have included a drug with proven efficacy in treating acute respiratory distress syndrome (ARDS), the condition killing patients infected with COVID-19.



It's not being used at New York's Mt. Sinai Hospital, Massachusetts General Hospital, University of Chicago, Harvard Brigham and scores of others. Not using this life-saving medication means that people with COVD19 in America are dying — needlessly.

The exclusion of this therapy is startling given the findings from CITRIS-ALI *(Vitamin C Infusion for Treatment In Sepsis Associated Acute Lung Injury)* — a major trial funded by the National Institutes of Health and published in JAMA last year. In the trial, patients with ARDS were given high dose infusions of *intravenous ascorbic acid* (Vitamin C) for the first 96 hours in the ICU. The study found that this treatment led to a dramatic and statistically significant reduction in death and days in the ICU, with less days on a ventilator as well.

Dr. Pierre Kory, Medical Director of the Trauma and Life Support Center and Chief of the Critical Care Service at the University of Wisconsin/Madison said the following: "I know of no other therapy with these reported impacts in ARDS — less need for a ventilator, less need for ICU beds, and less death. It's the inflammation sparked by the Coronavirus which causes ARDS, not the virus itself, that kills patients. One of the strongest therapies we have to control inflammation and strengthen the immune response is vitamin C. However, people need to understand that this isn't grandma's vitamin C. It is high-dose, pharmacy grade, intravenous vitamin C. Oral Vitamin C cannot come close to the extremely high concentrations achieved in the blood with an IV at these doses. Further, we maintain those levels throughout their illness by giving the infusions every 6 hours."

Is this treatment effective? Indeed. Dr. Kory's team recently published a study on patients in septic shock, many with ARDS or pneumonia, which found that if the infusion started within 6 hours of presenting to an emergency room, the treatment led to large improvements in survival while very delayed therapy had no impact on outcomes. **Dr. Kory says that if given early to a hospitalized COVID19 patient outside the ICU, it could prevent respiratory deterioration and decrease the need for mechanical ventilation.** He also said that in CITRIS-ALI, even when treatment began after ARDS

onset, they still found lower mortality, less days on the ventilator and less days in the ICU.

However, only a handful of centers use intravenous Vitamin C as part of their treatment protocols. The University of Wisconsin in Madison and Northwell Health System in NY are some of the few that have included it in their COVID19 treatment guidelines. The medicine is part of a combination therapy of intravenous hydrocortisone, ascorbic acid (Vitamin C) and thiamine (HAT) developed in 2017 by Dr. Paul E. Marik at the Eastern Virginia Medical School in Norfolk. Dr. Marik — who sees patients at Sentara Norfolk General Hospital in Norfolk, Virginia — recently saved four COVID-19 patients by using the protocol along with Hydroxychloroquine (anti-malarial) and Zithromax (antibiotic). One of those patients was an 86-year old man with heart disease who was admitted to the hospital on 100% oxygen.

Additionally, Dr. Joseph Varon, Editor of the journal ***Critical Care and Shock*** and Chief of Critical Care at United General Hospital in Houston, Texas, is also using HAT therapy in COVID19 ARDS and, to date, has saved 16 lives. He reports that they are getting off the ventilator in 48 hours instead of 10–21 days. That means far fewer hospital beds and ventilators needed.

So why aren't many more U.S. hospitals adopting this protocol? Again, Dr. Kory responds: "The only reason I can give is that there is widespread, and often well-founded, bias amongst physicians against the use of vitamin therapy, and the fact that in the past, no medicines besides antibiotics have ever been proven to decrease mortality in the ICU. But the persistence of this bias is inexplicable given that the evidence is in plain sight."

"This is not the time to wait months for a vaccine or years for more test results," added New York Internist Dr. Keith Berkowitz. "The important thing now is to keep patients off ventilators and to save lives. Period."

Please bring this information to the attention of your doctors and all those who are treating COVID19 patients throughout the country — and the world. Doing so will save lives.

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