

Chairman Dr. Wenstrup, Ranking Member Dr. Ruiz and Members of the committee, I am pleased and honored to testify today on the Committee's important work. I am here to address the challenges I faced as a practicing physician in the trenches during the COVID pandemic having developed my own treatment protocol and treated over 5500 patients with it resulting in only 5 hospitalizations and zero deaths. That's right, zero.

To come before you and do such a thing as this in the current persecution environment is not for the faint of heart. It is for "the man in the arena." John Wayne said "courage is being afraid and saddling up anyway." Still, I almost didn't come, but then I heard the words of one of my heroes, fellow Savannian Supreme Court Justice Clarence Thomas, "I'd rather die than withdraw."

First Lady Edith Roosevelt, Theodore's wife, said regarding her sons, "One cannot bring up boys to be eagles and then expect them to be sparrows." My dear mother, Ada Ruth Williams, raised me to be an eagle, so here we go.

The industrial medical complex and bureaucracy demanded that I stand down, check at the door my common sense, internships in internal medicine and pediatrics, a residency and fellowship in Child and Adult Neurology plus now 27 years of practicing medicine and surrender the best interest of my patients and I refused. Sadly the overwhelming majority of my fellow physicians complied. I didn't stand down then and I will not stand down now. I speak for the 1.2 million US citizens that died with this disease and the over 5.8 million others worldwide that did the same. I speak for the countless patients who now suffer from long COVID and post-vaccine injury. I speak for those that died from complications of the COVID vaccine. I speak for the family members who were refused access to their loved ones that died alone in the hospitals and nursing homes. It is our duty to be there for others, speak for others when they cannot. It is also my First Amendment right. I am their voice.

As a medical student, I remember standing at the Historical marker for Dr. Milton Antony, the founder of my medical school and reading of him dying of yellow fever in 1839 while taking care of the masses and wondering if I would ever be faced with that situation in my career.

In early 2020 that very thing happened and as the pandemic was beginning I took an inventory of the arrows in my quiver to fight this coronavirus called COVID-19. I had one, a zinc tablet from my local drug store. Realizing how unprepared I was, I immediately began researching everything I could find on coronaviruses and I found the 2005 peer-reviewed article from the journal Virology on chloroquine and its effectiveness against SARS-CoV infection and spread. Considering I had nothing else, that was a start, an inexpensive, safe, well-used, old drug with worldwide availability. Simultaneously, I was working on protecting my employees, because quickly it became abundantly clear that we, nor anyone else for that matter, did not have enough PPE to protect our employees. I found a paper from 2010 regarding the 2009 H1N1 Influenza Pandemic on the reduction on flu transmission using outdoor exam rooms. So....we had the first outdoor exam rooms that I know of anywhere starting in early March of 2020 and I was immediately attacked on social media as well as by a local hospital for violating OSHA and HIPAA for what would quickly become the gold standard nationally and internationally. Sterilizing our PPE with local distillery-manufactured distilled alcohol and sunlight and then reusing PPE became our routine for the next couple of months when we could not buy anymore at any price. And yet we continued 24/7/365.

On March 9, 2020 in the journal Clinical Infectious Diseases, an in vitro study showed hydroxychloroquine, chloroquine's first cousin so to speak, to be more effective than chloroquine in the

inhibition of SARS-CoV-2. I had more experience, with hydroxychloroquine and was very comfortable with its safety profile and so I immediately started preparing our first version of our treatment protocol. We never attempted to do a publishable study. Our goal was to kill this virus and save the next patient coming through the door. We never took a one-size-fits all approach. We treated each patient with as much of our protocol as was appropriate and safe and our anecdotal evidence accrued. We frequently were told by patients how they started to feel better in a matter of hours following initiating our treatment protocol. Patients frequently defervesced in as little as 6-8 hours and never had another fever. I was frequently told that they had thought they were dying but within the first 24 hours after starting the protocol, typically 6-12 hours, they felt like they “had turned a corner” and were “already getting better.” Anecdotal? Yes, but at the beginning, that was all we had. Hydroxychloroquine is FDA approved in all 3 trimesters of pregnancy. Doesn't get much safer than that. Treat early and treat aggressively became our mantra. To optimize our patient's immune system we gave vitamins B12, B complex, D3, C, K2, and minerals zinc and magnesium. To stabilize their mast cells and prevent the cytokine storm that was killing so many we prescribed loratadine, famotidine, montelukast and melatonin. Antibiotics such as azithromycin or doxycycline combatted or prevented secondary infections and drugs with antiviral properties such as hydroxychloroquine, ivermectin, Paxlovid and monoclonal antibodies were prescribed, as was later the supplement quercetin. Steroid injections, breathing treatments and tapering oral high and standard doses were prescribed when appropriate.

Also in March of 2020, the French hydroxychloroquine and azithromycin paper offered a small but important ray of hope. Questions arose regarding the previously known heart conduction side effects, but there was an easy solution, just get an EKG to measure an important heart conduction time before initiating these 2 medications and follow pulse readings on home pulse oximeters.

At the beginning the CDC told us not to use steroids, but I had seen viral pneumonia almost universally respond to steroids. Early on we used them anyway after consulting with quadruple board-certified pulmonologists who concurred with my experience and patients got relief. Steroids are now one of the least controversial treatments for COVID. This was our first decision to break from the CDC's recommendations.... the first of many.

In late April of 2020 I invented a medical protective device called the IsoPro Chamber for which I hold a US patent. This device isolates a patient with a contagious air-borne illness, preventing contamination of the area around the patient and preventing infection of those around them, both healthcare workers and other patients. I later learned that the FDA refused to grant an EUA and stonewalled the device because 2 Republican Congressmen who were also healthcare professionals had reached out to facilitate timely review of the device and that had ruffled some feathers at the FDA. Forget the fact that one of those Congressmen was Buddy Carter, the only registered pharmacist in Congress at the time and the other was one of 5 dentists in the Congress and that both described the device as a “game changer.”

When I simply reviewed an article on YouTube on the over-the-counter supplement quercetin and its potential anti-Coronavirus activity, I was banned temporarily. YouTube banned me another time for using a word that wasn't permitted regarding the pandemic and then threatened me with a lifetime ban if I published anything on their platform they deemed “wrong” again. When I responded on Twitter to Candace Owens who was asking to speak with someone who had experience treating COVID: I awoke the next morning with a lifetime ban. I was restored several months after Elon Musk's purchase of Twitter when they deemed my ban to have been inappropriate. Thank you Elon.

Pharmacists had always been my partners, my teammates, in rendering care to my patients. But that changed soon as well during the pandemic when the EUA for hydroxychloroquine was revoked by the

FDA. With the government's misinformation campaigns, pharmacy Boards sending threatening letters to pharmacists, some soon started refusing to fill hydroxychloroquine prescriptions. I had the off-label discussions with my patients. As a child neurologist, I was used to this because many drugs are delayed or never get FDA approval in children. All risks and benefits were discussed and the patient made an informed decision yet pharmacists started dishonoring the physician-patient relationship. Pharmacy Boards in states such as Washington and others instructed pharmacists to report physicians for prescribing hydroxychloroquine and ivermectin for off-label use. Pharmacists were for the first time in my career not my teammates and partners, they were my potential adversaries. Another hurdle to cross to get my patients the medications and care they desperately needed and wanted. To combat this, I stocked hydroxychloroquine in every one of my clinics in America. Problem solved. Same as with ivermectin. When pharmacists refused to fill the ivermectin prescriptions, I bought \$75,000 worth of non-generic ivermectin, because that was all that I could find, and put it in every one of my clinics in America so my patients would have access to this safe, potentially effective drug. I sold it for one dollar per pill above my cost of \$6/pill to cover my expenses. My patients were not going to be denied access to life-saving drugs and yes I gave the medication away for free or sold it at a loss when necessary. We embraced vaccines until post-infection natural immunity was completely discounted and the booster game started. Paxlovid, monoclonal antibodies were immediately embraced and used extensively. The only medication we didn't originally sign off on, and never did, was Merck's molnupiravir because we were not comfortable with its safety profile. Finally in late 2021, I was finally convinced by numerous colleagues and patients that I should write a book on my protocols. *Fight COVID and Win* was published in March of 2022. Of its 311 pages, 166 are bibliography. That is correct. Over one half of pages in the book are the listed citations I used to create the protocols, care for my patients and ultimately write the book.

In summary, I simply adhered to my Hippocratic Oath and a basic tenet of medicine, specifically infectious disease medicine, which the medical industrial complex and bureaucracy asked us all to forget: treat early to prevent the afflicting agent(s), whether bacterial, viral, fungal or protozoal from getting a toehold. Also, I rolled up my sleeves and leaned into the literature, applied what I learned, was transparent and honest with my patients, observed carefully, followed up and documented compulsively, adjusted when necessary, learned, unlearned and refused that which was "antithetical to [medical] science."

The apostle Paul wrote:

"For the love of money is the root of all evil: which while some coveted after, they have erred from the faith, and pierced themselves through with many sorrows."

1 Timothy 6:10 KJV

Thank you for the opportunity to advocate in this bully pulpit.

Jerry K. Williams, Jr., M.D.