

# Triage medicine in the age of Covid-19, a comment on Hydroxychloroquine

## Executive Summary

Medicine when practiced during an emergency requires those in medical practice to be focused and constantly evaluating the conditions of the patient and what tools, and medicines that are available to help. This differs from an office visit, or a scheduled hospital visit where an arranged set of equipment and planning has been done to address the medical procedure. The arrival of the Wuhan, China coronavirus known now as the covid-19 variant, triggered much emergency medical practice in the United States, most often called triage. Initially with very limited information, it was feared a million or more people might die, but those initial computer models were very wrong. More current information indicates the death rate is much closer to the annual influenza outbreak. Similarly, the NIH, kept claiming there was no vaccine or treatment for covid-19, and use of any 'unstudied' drugs, like Hydroxychloroquine was not advised and did not have an effect. We now know that in 2005 the NIH published a study showing chloroquine worked against the SARS coronavirus variation. Given the covid-19 shares about 70% identical DNA, it is reasonable to presume it would like work against covid-19 as well. Studies are now showing it is effective, and the Association of American Physicians and Surgeons documented a 91% success rate with covid-19 patients in studies of over 2,300 patients. Doctors do have a known treatment option, with well studied side effects and do not have to wait for an unproven something in the future on.

Other Doctors shared another successful treatment protocols on May 8, 2020 reporting their [MATH+ Early Intervention Protocol](#) controls the inflammation and excessive clotting seen in Covid-19 patients.

The FDA list of treatments a medicine is used for DOES NOT limit how a Doctor exercises their decision to treat a patient. Nor should any political person tell a doctor what treatments they may use, sadly this was done by several state Governors during the covid-19 crisis. Medical treatment should never be a political weapon.

## Introduction

**Triage** ([/'tri:ɑ:3, tri'a:3/](#)) is the process of determining the priority of patients' treatments based on the severity of their condition or likelihood of recovery with and without treatment. This [ration](#)s patient treatment efficiently when resources are insufficient for all to be treated immediately; influencing the order and priority of emergency treatment, emergency transport, or transport destination for the patient. - Wikipedia

After March 23 White House statement about a promising French study on the use of Hydroxychloroquine to treat the Covid-19 virus, (it appears most likely to be TDS, Trump Derangement Syndrome) there was an immediate politicization in the public media about the use of Hydroxychloroquine-based treatment It was not announced as "A Cure", however that phrase (cure) was falsely attributed to what President Trump said and is not what the French paper reported. There is no cure for a virus, only treatment to limit its damage. However, we now find that the NIH in 2005 published research stating that **chloroquine is a potent inhibitor of SARS coronavirus infection and spread**, which strongly supports President Trumps position.

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<http://www.tebault.org/history/Triage-medicine.pdf>

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In the United States, medical doctors have years of specific training following guidelines and requirement of the state they are licensed to practice in. The state also sets continuing education and experience guidelines. Since 1938, it is the practice in the United States that the FDA provide a common testing and approval for new drugs. That testing was only drug safety for many years. In 1962 the FDA added efficacy testing and approval of a drug for a specific condition along with their drug safety testing. Other laws impacting the FDA and drugs were added in the 1980's and 1990's. FDA drug testing history details can be found at <https://www.fda.gov/media/110437/download>

Off-label use is very common. Generic drugs generally have no sponsor as their indications and use expands, and incentives are limited to initiate new clinical trials to generate additional data for approval agencies to expand indications of proprietary drugs.<sup>[1]</sup> Up to one-fifth of all drugs are prescribed off-label and amongst psychiatric drugs, off-label use rises to 31%

In the United States, once a drug has been approved for sale for one purpose, physicians are free to [prescribe](#) it for any other purpose that in their professional judgment is both safe and effective, and are not limited to official, FDA-approved indications. [Buckman Co. v. Plaintiffs' Legal Comm., 531 U.S. 341](#) (U.S.S.Ct. 2001) ("the FDCA expressly states in part that "[n]othing in this chapter shall be construed to limit or interfere with the authority of a health care practitioner to prescribe or administer any legally marketed device to a patient for any condition or disease within a legitimate health care practitioner-patient relationship." 21 U.S.C. § 396 (1994 ed., Supp. IV).") - Wikipedia Off-label use

Medical Doctors in the United States have the legal authority to prescribe any medication to treat their patient, and are not limited by the FDA listing an approval of a drug for a certain illness.

In emergency situations doctors may have to make medical judgements on how to help patients, and when the patient has a condition for which there is no currently known cure, the doctor then relies on their experience and training to choose an alternate treatment if they have one available. Using their own medical judgement is exactly what a doctor is always doing, but in emergency situations, their judgment on how to best triage brings out the best when they can choose a drug that has a long known safety history, even though it may not currently be approved by the FDA for treatment of that specific illness – likely because this illness had never been seen before.

The hydroxychloroquine/chloroquine group was discovered in 1934 and is primarily used to treat malaria. The medicine helps suppress the immune system reactions and is used in some autoimmune disorders such as rheumatoid arthritis and lupus. It is the suppression of extreme immune system reaction that appears likely to be why it shows to be effective in the triage medical use and current limited studies against the Covid-19. The term "cytokine storm" refers to that reaction.

**Cytokine release syndrome (CRS)** or **cytokine storm syndrome (CSS)** is a form of [systemic inflammatory response syndrome](#) (SIRS) that can be triggered by a variety of factors such as infections and certain drugs.<sup>[3]</sup> It occurs when large numbers of [white blood cells](#) are activated and release [inflammatory cytokines](#), which in turn activate yet more white blood cells. CRS is also an [adverse effect](#) of some [monoclonal antibody](#) drugs, as well as [adoptive T-cell therapies](#).<sup>[4][5]</sup> Severe cases have been called cytokine storms.<sup>[2]</sup> When occurring as a result of drug administration, it is also known as an [infusion reaction](#).<sup>[1]</sup> - Wikipedia

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The first widely known study of its use against the covid-19 outbreak was reported by French doctors. This glimmer of treatment hope shared by President Trump were immediately decried as not an accurate study by academics and bureaucrats, but to Doctors who were in triage mode, this was a breath of fresh air sharing how an existing drug with a well-known safety and dosage history could be used for covid-19 patients.

March 5,2020                      French study published about successful use of Hydroxychloroquine for treatment of Covid-19  
<https://www.sciencedirect.com/science/article/pii/S0924857920300996had>

Dr. Fauci of the NIH also spoke against use of hydroxychloroquine, but later we find that in 2005 his own NIH published a research paper supporting the use of chloroquine as a potent inhibitor of SARS coronavirus infection and spread, so scientific facts are on the side of its use. The conclusion of that study states “Chloroquine is effective in preventing the spread of SARS CoV in cell culture. Favorable inhibition of virus spread was observed when the cells were either treated with chloroquine prior to or after SARS CoV infection. In addition, the indirect immunofluorescence assay described herein represents a simple and rapid method for screening SARS-CoV antiviral compounds.” –  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

Doctors opined that the drug, because of its known behavior helping the immune system reaction, might be used by emergency medical staff before the person has been infected to limit the symptoms and help the body fight off the covid-19. That also has not been done in any controlled trial, but many other drugs have been used this way, so the Doctor’s professional experience and training helped them make an informed decision. There are a number of first-person reports indicating they believe this helped them.

It is stated the that some NY City hospitals are using Hydroxychloroquine therapies, but no study is being made to identify if there is an impact. It is also reported that the State of Texas has provided 10,000 bottles of the drug to 61 hospitals for use by Doctors in treating the Covid-19 virus cases. Other states may also be taking advantage of the drug, but public information at this time is not widely available.

An example of one triage report is from a Doctor in Houston, treating nursing home patients where over 56 had gotten covid-19. Of the 56, 39 patients accepted use of a Hydroxychloroquine-based treatment. Of the 39, two patients had other medical issues (1 broke a hip, 1 dehydrated) After the 5-day treatment other patients are surviving covid-19. Noted it is NOT a cure, but is an emergency treatment to help moderate the bodies reaction to covid-19. The Doctor was described several times in the newspaper by his political affiliations and not by his medical experience. This article below was the least-political I found of this triage report. A Houston Chronicle spent most of it’s article describing his political views and his support of President Trump, and saying almost nothing about the actual medical issue and how many patients he successfully treated by his medical experience and decisions.  
<https://hotair.com/archives/karen-townsend/2020/04/17/results-texas-nursing-home-using-hydroxychloroquine/>

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Another study reference was on April 2, 2020, Hydroxychloroquine rated 'most effective' coronavirus treatment, poll of doctors finds study of 30 countries and 6,200 doctors.

<https://nypost.com/2020/04/02/hydroxychloroquine-most-effective-coronavirus-treatment-poll/>

Curiously, on April 24<sup>th</sup> the FDA issued an alert against Chloroquine outside a trial. It is curious, because in the United States the chloroquine family of drugs are only by prescription. The article urges not to use a prescription drug without a doctor's prescription suggesting that are aware "of serious heart problems" associated with the use. They stated there were no actual reports of documented cases currently. There were no facts presented to support the warning. <https://www.wsj.com/articles/fda-warns-against-use-of-chloroquine-outside-of-clinical-trials-11587745979?mod=djemalertNEWS>

Finally on April 28 some studies finally catch up with the fast moving event to report that Hydroxychloroquine has a 90% chance of helping patients as reported by the Association of Physicians – Confirming President Trumps comments\_of encouragement on March 23<sup>rd</sup>.

In a [letter to Gov. Doug Ducey](#) of Arizona, the Association of American Physicians and Surgeons (AAPS) presents a [frequently updated table](#) of studies that report results of treating COVID-19 with the anti-malaria drugs chloroquine (CQ) and hydroxychloroquine (HCQ, Plaquenil®).

To date, the total number of reported patients treated with HCQ, with or without zinc and the widely used antibiotic azithromycin, is 2,333, writes AAPS, in observational data from China, France, South Korea, Algeria, and the U.S. Of these, 2,137 or 91.6 percent improved clinically. There were 63 deaths, all but 11 in a [single retrospective report](#) from the Veterans Administration where the patients were already severely ill.

<https://aapsonline.org/hcq-90-percent-chance/>

One of the most compelling reasons for this triage is expressed by 600 US Doctors who write President Trump in May to end the mass casualty incident and reopen society to save lives.

[https://www.scribd.com/document/462319362/A-Doctor-a-Day-Letter-Signed#from\\_embed](https://www.scribd.com/document/462319362/A-Doctor-a-Day-Letter-Signed#from_embed) We should REALLY listen to practicing doctors, not just researchers with a political agenda.

One of the worst things you can do during an emergency is try and take away a persons' hope. When we are stressed, the only strength we often have is simply our faith, or hope expressed by others, especially the medical professionals during a medical crisis. The pattern of media on the question of having a possible treatment for covid-19 patients from the first mention by President Trump had been dismissive and suggesting that the FDA had to give a doctor permission to use hydroxychloroquine to treat this new virus, when the laws are explicitly the opposite, giving doctors complete control on what they choose to treat a patient with. In hindsight, it seems a very cruel and organized pattern of denial deliberately trying to quash hope.

On July 27 and 28<sup>th</sup> 2020 many American Doctors gathered for a summit in Washington D.C. about what we now know about the Covid-19 its practical treatments and what public policy is and should be. Their medical statements that included their medical judgement based on treatments and peer reviewed studies that a hydroxychloroquine based treatment has continued to show success in treatment of Covid-19, especially the early phase. This valid medical statement was BLOCKED by social media,

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denying freedom of speech to a large segment of the American Medical Community.

<https://americasfrontlinedoctorsummit.com/summit/>

[https://drive.google.com/file/d/1-gsn\\_Ye2EYDDkV\\_79Ag1tgUqZLNCMSt-/view](https://drive.google.com/file/d/1-gsn_Ye2EYDDkV_79Ag1tgUqZLNCMSt-/view)

[https://drive.google.com/file/d/1l6y3L\\_KGb1iIMW0FaP4VZsd7WvX2IU3z/view](https://drive.google.com/file/d/1l6y3L_KGb1iIMW0FaP4VZsd7WvX2IU3z/view)

Let's remember that in the United States, a state licensed medical doctor has a wide professional latitude to choose what the he/she believes will best help the patient. It is NOT the state or federal government who decides what treatments are "approved", but the doctor. Further, a doctor may be of any or no political affiliation, and whatever their political beliefs, it is their medical training and judgement that should guide their decisions. During the Covid-19 event, some State Governors actually limited their state doctors' decisions for Their own political reasons. A politician should not get between a licensed doctor and their patient, deciding what medicines the doctor may choose from. The state may, and likely does direct the doctors to refer to the FDA list of approved medicines for their safety and use. But, it is ultimately the doctors decision, together with an informed patient, on what to use.