My name is Brian C. Procter MD and I am a Board-Certified Family Physician in McKinney, Texas. It is my understanding that some are trying to get to the truth about hydroxychloroquine. I respectfully suggest that there is a much bigger issue/story here. Most commentators are discussing inpatient treatment only. If patients are admitted to the ICU then their chances of survival are dismal although improving. But what happens when we treat patients 3-6 weeks earlier, when they first develop symptoms? I have been treating COVID-19 patients in the outpatient trenches for over 3 months now. I am using Hydroxychloroquine, azithromycin, losartan, aspirin, and zinc (all for less than $50 cash at my local pharmacy and saving insurance companies millions of dollars). We have identified, diagnosed, and successfully treated these patients at a relatively early point in the course of the disease. It is these statistics that are amazing. I have treated over 65 patients without a single ER visit, hospitalization, ventilator, or death (and no cardiovascular side effects—that is a lie). I know one colleague who has treated twice that many with the same success. I even treated one patient (without insurance) who was discharged from a hospital the day before treated with IV fluids only for 4 days, still feeling terrible! She felt much better 2 days later after starting my regimen. We are two community docs using EARLY AGGRESSIVE OUTPATIENT TREATMENT to handle the disease with a 100% success rate (ZERO Admissions) and no cardiovascular side effects using meds that have been around for decades.

Therefore, if we can treat patients EARLY for $50, we seem to be successful at preventing hospitalizations, ICUs, and death not to mention saving 10's of thousands of healthcare dollars per sick patient. My local ICU doctors have pleaded with me to keep doing what I am doing. The answer seems to be EARLY AGGRESSIVE OUTPATIENT TREATMENT and NOT contact tracing (communism and cannot even get the Public Health Dept on the phone), quarantine (destroys millions of lives), wearing masks (ridiculous as a long term solution w/o proven data), a vaccine (by the time we get it, likely won't need it—SARS and MERS died out so this likely will too), social distancing (which won't sustain our GDP with 25% or even 75% occupancy), testing (ALL tests have a high false negative rate up around 20-30%), or watchful waiting (a tactic that has needlessly resulted in 100,000 deaths). We could also place all Nursing home patients on HCQ prophylaxis for 180 days on a voluntary basis of course. This could theoretically prevent thousands of needless hospitalizations and deaths.

In conclusion, if we treat COVID-19 just like anything else like we treat the flu, pneumonia, a sinus infection, hypertension, and diabetes early and aggressively with a regimen that costs less than $50 out of pocket with 100% success (which is a far better stat than treating all those other things), then why is the country partially shut down, wearing face masks, and doing social distancing? This political sham must stop. The American people deserve to know they can go to their regular doctor and get treated early with a regimen that is completely safe and extremely effective, and they do not need to worry about ending up in the hospital and dying. The public is UNAWARE of this, please educate them with the truth. The country needs to return to normal NOW.

Twenty-Three years ago, I took the Hippocratic Oath. It is posted in my lobby. It is my creed and promise to my patients. The FDA, CDC, NIH, WHO, and Dr. Fauci are not mentioned in this Oath anywhere. This IS the REAL story. This crisis is a total sham in the way it has been handled by most states, and COVID-19 is a disease that is safely treatable if treatment is initiated EARLY without significant side effects!!!

My heart goes out to the 100s of millions of people have needlessly suffered in the wake of this pandemic. If all PCPs start this regimen soon the pandemic will end in a couple of weeks and NEVER return.

BRIAN C. PROCTER MD 6/20/2020