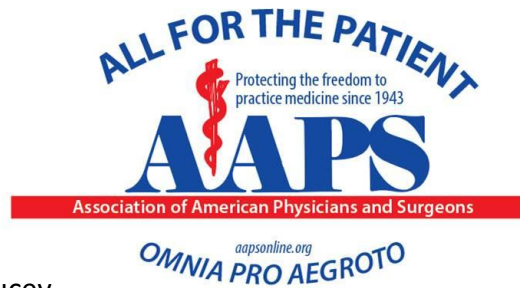


January 26, 2021

Via Email



The Honorable Douglas A. Ducey  
Governor of Arizona  
1700 West Washington Street  
Phoenix, AZ 85007

Dear Governor Ducey:

We represent physicians in all specialties in Arizona and nationwide, who have been on the front lines battling the COVID-19 pandemic and its impact on our patients, their families, and their livelihoods, as well as on our own practices. We are contributing to pandemic response by offering early outpatient treatment.

Despite efforts at mitigation over the past 10 months, the disease continues to spread, and patients continue to die. We urge you to consider changes in strategy based on evolving evidence, rather than simply doubling down on failed methods.

So far, Arizona has concentrated on three of the [four pillars of pandemic response](#): (1) contagion control, (3) late-stage in-hospital treatment, and (4) vaccination. **It has not used the second pillar, early home treatment, as a means to avoid hospitalization and death.** Nations that employ early home treatment have COVID death rates as low as one-tenth of those that do not—despite poverty, crowding, and lack of sophisticated hospital treatment.

Two recent hearings before the U.S. Senate Committee on Homeland Security and Governmental Affairs concerned early treatment. The [first](#) focused on hydroxychloroquine, and the [second](#) on ivermectin, both long approved and widely used for other indications.

Recent international comparisons are telling. The [UK began another harsh lockdown](#) on Jan 4, [and 6.5 million people](#) had received at least one dose of vaccine by Jan 24. [Daily deaths were still increasing as of Jan 22](#). In Mexico City, however, *deaths have turned sharply downward* since Dec 29 (see graph below), when COVID-positive patients started receiving IVERMECTIN—just as they did in the state of Chiapas, as [Dr. Pierre Kory told the Senate](#). In Corrientes, Argentina, healthcare workers who chose to take ivermectin had only one-fourth as many COVID infections.

“Natural experiments” comparing different regions have many confounding variables, but there are also 35 clinical studies of [ivermectin](#), including 17 randomized controlled trials, all favorable. It is estimated that use of ivermectin could save more than 11,000 lives every day. A [one-page summary](#) of clinical trials evidence for ivermectin is available from the [Front Line COVID-19 Critical Care Alliance \(FLCCCA\)](#).

**Immune-strengthening** measures, such as ensuring adequate vitamin D3 blood levels and adequate intake of zinc and vitamin C, are also important. There are [49 studies](#) showing benefit from vitamin D sufficiency or treatment and numerous studies showing improvement or decreased mortality with [zinc](#) or [vitamin C](#).

The medical community is mobilizing to administer **vaccines** as quickly as possible. However, it is already too late for many prison inmates. We read in the *Arizona Republic* of Dec 8 that more than half the inmates held in the La Paz Unit in Yuma have tested positive for COVID-19. This is a particularly vulnerable population, often kept in crowded conditions. We also know that minority populations are hardest hit by this disease. If antibody-enhanced disease—a severe autoimmune reaction triggered if a vaccinated person gets infected with the virus—turns out to be a problem, prisoners in this high-prevalence environment will be severely affected. Prisoners kept in 23-hour lockdown with no sun exposure are also highly likely to be vitamin D deficient.

**Additional contagion control measures** should also be considered. Aerosols from sources much farther than 6 feet away can remain in the air for a long time and pass through masks. One **engineering** solution, upper-air germicidal ultraviolet light, is commercially available. UV light was a key tuberculosis control strategy in the 1990s, and it does not require guessing at the strain of virus. The state should also investigate aerosols generated from flushing toilets that contain virus from the GI tract, and mitigation measures, such as lids, disinfectants, and exhaust fans.

**Personal hygiene measures** can reduce viral count. In a [randomized controlled trial in Bangladesh](#), the use of povidone iodine mouthwash/gargle and eyedrops reduced COVID-19 hospitalizations by 84% and mortality by 88%. These subjects all had a positive PCR test at the outset. The study was not designed to evaluate transmission, but tests were negative by day 3 in 90% of subjects using the povidone iodine and less than 5% of controls. In contrast, a continuing increase in positive tests, hospitalization, and deaths often follows mask mandates. Such early results for cheap, safe, readily available measures need to be quickly followed up to confirm or deny effectiveness.

We strongly urge the State to act as follows:

- Make ivermectin immediately available to high-risk populations such as prison inmates and staff, nursing home residents, and medical workers.
- Assure that confined populations have adequate vitamin D3, zinc, and vitamin C, and inform the public of this need.
- Investigate ventilation and air purification systems in State buildings, with environmental sampling for viable virus, and install effective improvements. Provide incentives for private entities to do likewise.
- In addition to standard handwashing and surface disinfection, consider additional hygienic measures, particularly the reduction of aerosols from contaminated water.

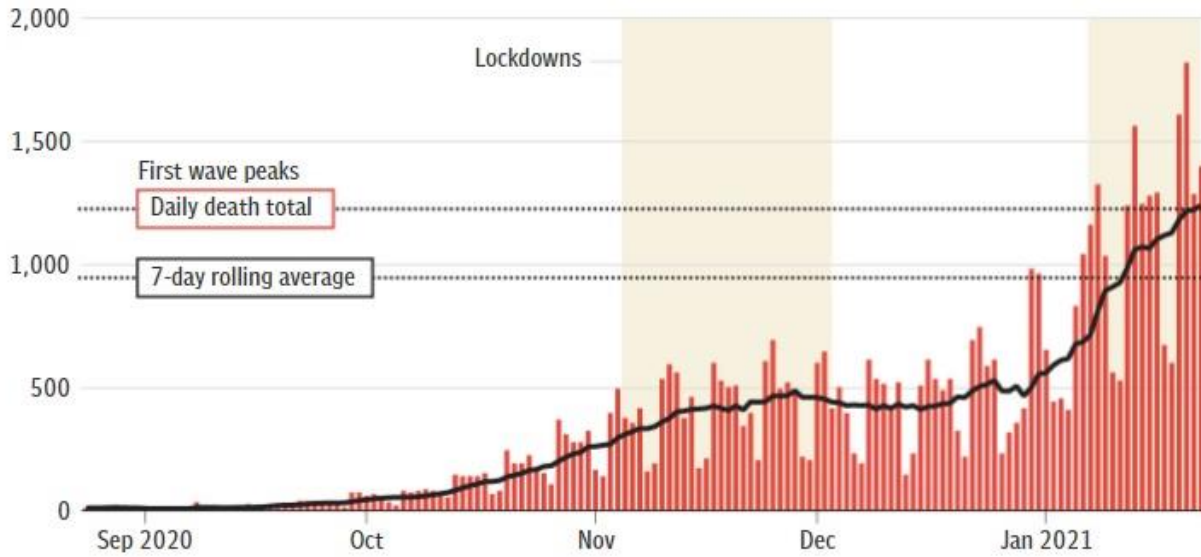
We believe that such measures could reduce suffering and death, relieve overburdened hospitals, and allow recovery of our economy, serving as a model for other states.

Respectfully yours,

Jane M. Orient, M.D., Executive Director, Association of American Physicians and Surgeons  
Michael J. A. Robb, M.D., President, Arizona State Chapter of AAPS

# Covid deaths still at their highest

Number of deaths each day, by date reported, up to 22 Jan



SOURCE: PHE/GOV

Above: Deaths per day in UK along with 7-day rolling average.

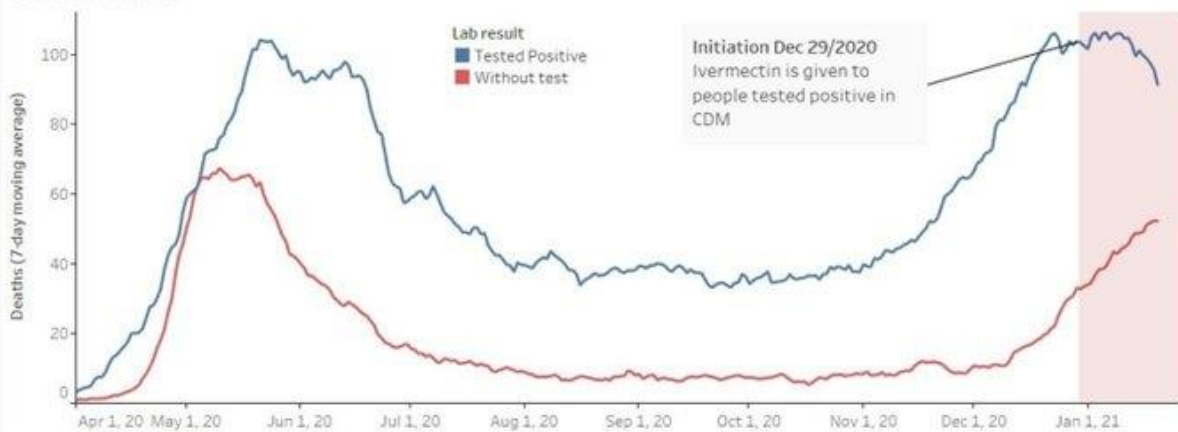
<https://www.telegraph.co.uk/news/2021/01/23/exclusive-five-million-vaccinated-britons-told-carry-have-virus/>

## COVID-19 in Mexico City

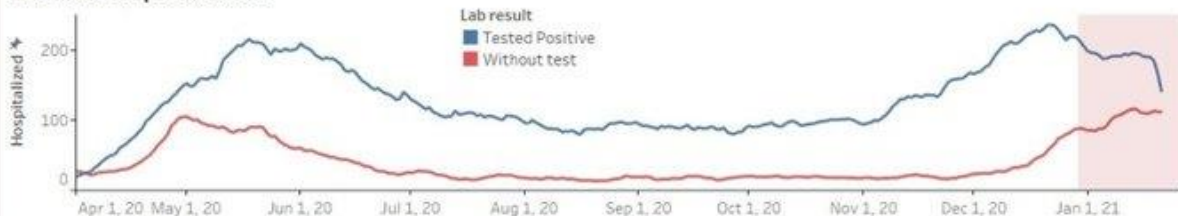
Impact of Ivermectin distribution on people COVID-19 positive

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### COVID-19 Deaths



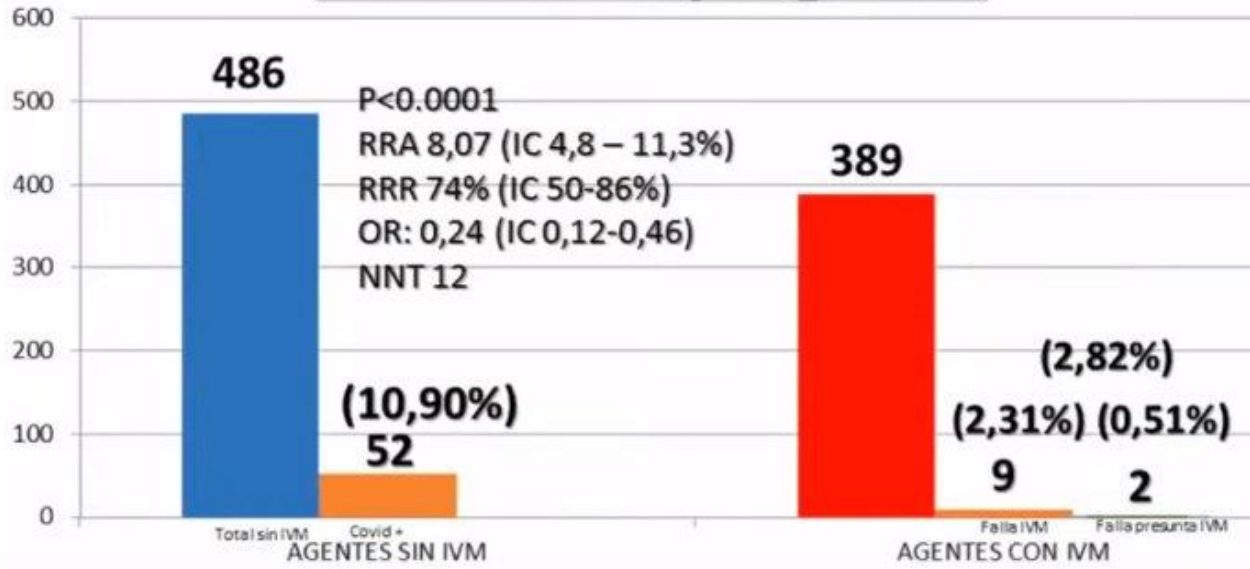
### COVID-19 Hospitalizations



Source: <https://www.gob.mx/salud/documentos/datos-abiertos-152127Questions?>

# Resultados al 18 de ene 2021

## 132 días de programa



Argentina, province of Corrientes. Results after 132 days of offering healthcare workers ivermectin (12 mg/wk for 8 weeks, followed by 4 months rest. Only 11 (2.8%) of the workers who chose to take ivermectin got confirmed or probable COVID, compared with 52 (10.9%) of those who did not.