

America's Frontline Doctors SCOTUS Press Conference Transcript

Congressman Ralph Norman (Republican South Carolina): (00:00)

... I'll turn it over.

Simone Gold: (00:01)

Thank you. Thank you so much congressmen. So we're here because we feel as though the American people have not heard from all the expertise that's out there all across our country. We do have some experts speaking, but there's lots and lots of experts across the country. So some of us decided to get together. We're America's Frontline Doctors. We're here only to help American patients and the American nation heal. We have a lot of information to share. Americans are riveted and captured by fear at the moment. We are not held down by the virus as much as we're being held down by the spider web of fear. That spiderweb is all around us and it's constricting us and it's draining the lifeblood of the American people, American society, and American economy.

Simone Gold: (00:53)

This does not make sense. COVID-19 is a virus that exists in essentially two phases. There's the early phase disease, and there's the late phase disease. In the early phase either before you get the virus or early, when you've gotten the virus, if you've gotten the virus, there's treatment. That's what we're here to tell you. We're going to talk about that this afternoon. You can find it on America's Frontline Doctors, there's many other sites that are streaming it live on Facebook. But we implore you to hear this because this message has been silenced. There are many thousands of physicians who have been silenced for telling the American people the good news about the situation, that we can manage the virus carefully and intelligently, but we cannot live with this spider web of fear that's constricting our country.

Simone Gold: (01:45)

So we're going to hear now from various positions. Some are going to talk to you about what the lockdown has done to young, to older, to businesses, to the economy, and how we can get ourselves out of the cycle of fear. Dr. Hamilton.

Dr. Bob Hamilton: (02:03)

Thank you, Simone. And thank you all for being here today. I'm Dr. Bob Hamilton. I'm a pediatrician from Santa Monica, California. I've been in private practice there for 36 years. And today I have good news for you. The good news is the children as a general rule are taking this virus very, very well. Few are getting infected. Those who are getting infected are being hospitalized in low numbers. And fortunately the mortality rate of children is about one fifth of 1%. So kids are tolerating the infection very frequently, but are actually asymptomatic.

Dr. Bob Hamilton: (02:38)

I also want to say that children are not the drivers of this pandemic. People were worried about, initially, if children were going to actually be the ones to push the infection along. The very opposite is happening. Kids are tolerating it very well, they're not passing it on to their parents, they're not passing it onto their teachers. Dr. Mark Woolhouse from Scotland, who is a pediatric infectious disease specialist and epidemiologist said the following. He said, "There has not been one documented case of COVID being transferred from a student to a teacher in the world." In the world.

Dr. Bob Hamilton: (03:19)

I think that is important that all of us who are here today realize that our kids are not really the ones who are driving the infection. It is being driven by older individuals. And yes, we can send the kids back to school I think without fear. And this is the big issue right now, as Congressman Norman alluded to, this is the really important thing we need to do. We need to normalize the lives of our children. How do we do that? We do that by getting them back in the classroom. And the good news is they're not driving this infection at all. Yes, we can use security measures. Yes, we can be careful. I'm all for that. We all are. But I think the important thing is we need to not act out of fear. We need to act out of science. We need to do it. We need to get it done.

Dr. Bob Hamilton: (04:07)

Finally, the barrier, and I hate to say this, but the barrier to getting our kids back in school is not going to be the science, it's going to be the national unions, the teachers union, the National Education Association, other groups who are going to demand money. And listen, I think that it's fine to give people money for PPE and different things in the classroom. But some of their demands are really ridiculous. They're talking about, where I'm from in California, the UTLA, which is United Teachers Union of Los Angeles, is demanding that we defund the police. What does that have to do with education? They're demanding that they stop or they shut all private charter schools, privately funded charter schools. These are the schools that are actually getting the kids educated.

Dr. Bob Hamilton: (04:59)

So clearly there are going to be barriers. The barriers will not be science. There will not be barriers for the sake of the children. That's going to be for the sake of the adults, the teachers, and everybody else, and for the union. So that's where we need to focus our efforts and fight back. So thank you all for being here and let's get our kids back in school.

Dr. Stella Emmaneul: (05:27)

Hello, I'm Dr. Stella Emmanuel. I'm a primary care physician in Houston, Texas. I actually went to medical school in West Africa, Nigeria, where I took care of malaria patients, treated them with hydroxychloroquine and stuff like that. So I'm actually used to these medications. I'm here because I have personally treated over 350 patients with COVID. Patients that have diabetes, patients that have high blood pressure, patients that have asthma, old people ... I think my oldest patient is 92 ... 87 year olds. And the result has been the same. I put them on hydroxychloroquine, I put them on zinc, I put them on Zithromax, and they're all well.

Dr. Stella Emmaneul: (06:12)

For the past few months, after taking care of over 350 patients, we've not lost one. Not a diabetic, not a somebody with high blood pressure, not somebody who asthma, not an old person. We've not lost one patient. And on top of that, I've put myself, my staff, and many doctors that I know on hydroxychloroquine for prevention, because by the very mechanism of action, it works early and as a prophylaxis. We see patients, 10 to 15 COVID patients, everyday. We give them breathing treatments. We only wear surgical mask. None of us has gotten sick. It works.

Dr. Stella Emmaneul: (06:46)

So right now, I came here to Washington DC to say, America, nobody needs to die. The study that made me start using hydroxychloroquine was a study that they did under the NIH in 2005 that say it works. Recently, I was doing some research about a patient that had hiccups and I found out that they even did a recent study in the NIH, which is our National Institute ... that is the National ... NIH, what? National Institute of Health. They actually had a study and go look it up. Type hiccups and COVID, you will see it. They treated a patient that had hiccups with hydroxychloroquine and it proved that hiccups is a symptom of COVID. So if the NIH knows that treating the patient would hydroxychloroquine proves that hiccup is a symptom of COVID, then they definitely know the hydroxychloroquine works.

Dr. Stella Emmaneul: (07:42)

I'm upset. Why I'm upset is that I see people that cannot breathe. I see parents walk in, I see diabetic sit in my office knowing that this is a death sentence and they can't breathe. And I hug them and I tell them, "It's going to be okay. You're going to live." And we treat them and they leave. None has died. So if some fake science, some person sponsored by all these fake pharma companies comes out say, "We've done studies and they found out that it doesn't work." I can tell you categorically it's fixed science. I want to know who is sponsoring that study. I want to know who is behind it because there is no way I can treat 350 patients and counting and nobody is dead and they all did better.

Dr. Stella Emmaneul: (08:21)

I know you're going to tell me that you treated 20 people, 40 people, and it didn't work. I'm a true testimony. So I came here to Washington DC to tell America nobody needs to get sick. This virus has a cure. It is called hydroxychloroquine, zinc, and Zithromax. I know you people want to talk about a mask. Hello? You don't need mask. There is a cure. I know they don't want to open schools. No, you don't need people to be locked down. There is prevention and there is a cure.

Dr. Stella Emmaneul: (08:48)

And let me tell you something, all you fake doctors out there that tell me, "Yeah. I want a double blinded study." I just tell you, quit sounding like a computer, double blinded, double blinded. I don't know whether your chips are malfunctioning, but I'm a real doctor. I have radiologists, we have plastic surgeons, we have neurosurgeons, like Sanjay Gupta saying, "Yeah, it doesn't work

and it causes heart disease.” Let me ask you Dr. Sanjay Gupta. Hear me. Have you ever seen a COVID patient?

Have you ever treated anybody with hydroxychloroquine and they died from heart disease? When you do, come and talk to me because I sit down in my clinic every day and I see these patients walk in everyday scared to death. I see people driving two, three hours to my clinic because some ER doctor is scared of the Texas board or they’re scared of something, and they will not prescribe medication to these people.

Dr. Stella Emmaneul: (09:35)

I tell all of you doctors that are sitting down and watching Americans die. You’re like the good Nazi ... the good one, the good Germans that watched Jews get killed and you did not speak up. If they come after me, they threaten me. They’ve threatened to ... I mean, I’ve gotten all kinds of threats. Or they’re going to report me to the bots. I say, you know what? I don’t care. I’m not going to let Americans die. And if this is the hill where I get nailed on, I will get nailed on it. I don’t care. You can report me to the bots, you can kill me, you can do whatever, but I’m not going to let Americans die.

Dr. Stella Emmaneul: (10:09)

And today I’m here to say it, that America, there is a cure for COVID. All this foolishness does not need to happen. There is a cure for COVID. There is a cure for COVID is called hydroxychloroquine. It’s called zinc. It’s called Zithromax. And it is time for the grassroots to wake up and say, “No, we’re not going to take this any longer. We’re not going to die.” Because let me tell you something, when somebody is dead, they are dead. They’re not coming back tomorrow to have an argument. They are not come back tomorrow to discuss the double blinded study and the data. All of you doctors that are waiting for data, if six months down the line you actually found out that this data shows that this medication works, how about your patients that have died? You want a double blinded study where people are dying? It’s unethical. So guys, we don’t need to die. There is a cure for COVID.

Simone Gold: (11:02)

My gosh. Dr. Emmanuelle also known as warrior. Before I introduce the next guest, I just want to say that I wish all doctors that are listening to this bring that kind of passion to their patients. And the study that Dr. Emmanuel was referring to is in Virology, which talks about a SARS viral epidemic that affects the lungs that came from China. And they didn’t know what would work. The study showed that chloroquine would work. It sounds exactly like it could have been written three months ago, but in fact, that’s study in Virology, which was published by the NIH, the National Institute of Health when Dr. Anthony Fauci was the director. Again, the official publication of the NIH, Virology, 15 years ago showed that chloroquine ... we use hydroxychloroquine, it’s the same ... little safer ... works. They proved this 15 years ago when we got this novel coronavirus, which is not that novel, it’s 78% similar to the prior-

Simone Gold: (12:03)

... coronavirus, which is not that novel. It's 78% similar to the prior version. The COV-1, not surprisingly. It works. I'm now going to introduce our next speaker. Sorry. I forgot to say your name. Sorry.

Dr. Dan Erickson: (12:12)

That's all right. Dr. Dan Erickson, Dr. Gold asked me to talk about the lockdown, how effective they were and do that cause anything nonfinancial? They always talk about the financial, but you have to realize that lockdown, we haven't taken a \$21 trillion economy and locked it down. So when you lock it down, it causes public health issues. Our suicide hotlines are up 600%, our spousal abuse. Different areas of alcoholism are all on the rise. These are public health problems from a financial lockdown.

So we have to be clear on that fact that there is, it's not like you just lock it down and have consequences to people's jobs. They also have consequences, health consequences at home. So we're talking about having a little more of a measured approach, a consistent approach. If we have another spike coming in cold and flu season, let's do something that's sustainable.

Dr. Dan Erickson: (13:13)

What's sustainable. Well we can socially distance and wear some masks, but we can also open the schools and open businesses. So this measured approach I'm talking about, isn't made up, it's going on in Sweden and their deaths are about 564 per million. UK, full lockdown, 600 deaths per million. So we're seeing that the lockdown aren't decreasing significantly, the amount of deaths per million. Some of their Nordic neighbors have less deaths for a variety of reasons, I don't have time to go into today.

So what, my quick message here in a minute or two is just that we need to take an approach that's sustainable. A sustainable approach is slowing things down, opening up schools, opening up businesses. And then we can allow the people to have their independence and their personal responsibility to choose to wear masks and socially distance, as opposed to putting edicts on them, kind of controlling them. Let's empower them with data and let them study what other countries have done and make their own decision. That's what I'd like to share. Thank you.

Speaker 1: (14:28)

Are there any questions?

Simone Gold: (14:29)

Are there any questions?

Speaker 2: (14:32)

You guys, we're so excited I'm from South Dakota? You might have heard.

Simone Gold: (14:36)

Yes.

Speaker 2: (14:38)

I'm so glad you guys are preaching this message.

Simone Gold: (14:39)

You know, South Dakota did something interesting. It's interesting that you're from there. So the governor did not restrict access to hydroxychloroquine.

Speaker 2: (14:46)

We know. [crosstalk 00:02:48].

Simone Gold: (14:49)

Right. And you were, I believe you were the only state in the union that did that. And there's been studies out there that attempt to show that it doesn't work. They're inaccurate because they're given at the time, the wrong dose, the wrong patient either too much or a long time. So South Dakota did better because it had access to hydroxychloroquine. Thank you so much.

Speaker 3: (15:06)

Okay. So if someone we love does get sick with COVID and you said the word hydro, or however you say it, it's restricted. How do we get access to that?

Simone Gold: (15:16)

Yeah. That's the number one question we're all asked every day. I want you to know that you're not alone. I've had many congressmen ask me, how can I get it? So the congressmen can't get it, it's tough luck for the average American Joe getting it. It's very difficult. You have to overcome a few hurdles. Your doctor has to have read the science with a critical eye and have eliminated the junk science. Many studies have been retracted as you know, and number two, the pharmacist has to not restrict it. Many states have empowered their pharmacists to not honor physician prescription. That's never happened before. That interferes with the doctor patient relationship where the patient talks to the doctor, honestly, and the doctor answers the patient honestly has been violated.

Simone Gold: (15:55)

So you have a very difficult time as the average American. Some of the information we'll share later this afternoon is to show the mortality rates in countries where it's not restricted and the mortality rates where it is restricted. So I have friends all over the world now because of this. And in Indonesia, you can just buy it over the counter. It's in the vitamin section. And I'm here to tell the American people that you could buy it over the counter in Iran. Because the leaders in Iran, the mullahs in Iran, think that they should have more freedom than Americans. I have a problem with that. My colleagues have problems with that. We don't like to watch patients die.

Julie: (16:26)

So when people have problems, they should be picking up the phone, they should be calling their state and their federal representatives and senators and say, we are the American people.

Speaker 1: (16:42)

Let me say one thing [crosstalk 00:16:46].

Julie: (16:45)

You guys, we need the public to be.

Speaker 1: (16:49)

Thank you. Thank you, Julie. That is exactly right. If you hear what you're, when you hear this, if you're concerned and wondering why you may not be able to get access to it, we need to make four calls, call your governor, call both of your senators and call your Congressman and tell them that you want to know why you're not able to get access to a drug that doctors are telling you will help end this and help us reduce the number of hospitalizations and reduce the number of deaths. Urge them to read Dr. Harvey Rich's study from Yale. He's a Yale professor of epidemiology. And from there you'll find other studies.

Speaker 4: (17:31)

Yes. I wanted to ask how do people trust the data that they are looking at every day? The numbers are so variable when you go to Johns Hopkins, CDC, which divides COVID deaths in different categories related to pneumonia, other things where we get the right information to make sense?

Simone Gold: (17:52)

So the only number that I think is worth paying any attention to, and even that number is not so helpful is mortality because that's a hard and fast number. So the case number is almost irrelevant. And that's because there's a lot of inaccuracies with the testing. And also even if the test is accurate, most people are asymptomatic or mildly symptomatic. So it's not that important to know.

So the case number, which you see rising all the time in the news is basically irrelevant. And if you had told us a few months ago, that that was the number that the media was going to go crazy over, we all would have just laughed at that. I mean, that's essentially herd immunity. There's lots of people out there who have tested positive without symptoms or with very mild symptoms. So the only number that's worth paying attention to is mortality.

Simone Gold: (18:33)

When you look at the mortality, this is a disease that takes, that unfortunately kills our most frail members of society. People with multiple comorbid conditions, specifically diabetes, obesity is a big one. We don't talk about that, but it is. It's a fact. Coronary artery disease, severe coronary artery disease, people like that. And also if you're older, it's a risk factor. But the biggest risk factor is if you have comorbid conditions. If you're young and healthy, this is not ... You're going to recover. If you're under 60 with no comorbid conditions, it's less deadly than influenza. This seems to come as great news to Americans because this is not what you're being told. I would say the answer is it's very difficult to get accurate numbers.

Speaker 5: (19:13)

This is [inaudible 00:19:13] of Breitbart News, if you had a message to Dr. Anthony Fauci, what would you say to him?

Speaker 1: (19:18)

Listen to the doctors. [inaudible 00:19:21] the frontline doctors. Have a meeting with the frontline doctors, and maybe I need to say that into the microphone. My message to Dr. Anthony Fauci is to have a meeting with these frontline doctors who are seeing real patients. They're touching human skin. They're looking people in the eye, they're diagnosing them and they're helping them beat the virus.

They're the ones who are talking to the patients, have meetings with them and do it every single day and find out what they are learning about the virus firsthand. And this is, and it's important to understand, we have doctors here who are not emergency room doctors. They're preventing patients from even hitting the emergency room.

So if they're only listening to emergency room or ICU at the very tragic end of a person's life they're not getting the full story. They need to come back in here the earlier portion. And they also need to understand what the lockdown and the fears are doing to patients around this country, because there are a lot of unintended consequences, which the doctors can speak about.

Dr. Stella Emmaneul: (20:30)

Can I say something. My message to Dr. Anthony Fauci is when is the last time you put a stethoscope on a patient? That when you start seeing patients like we see on a daily basis, you will understand the frustration that we feel. You need to start feeling for American people like we, the frontline doctors, feel. I need to start realizing that. They are listening to you. And if they are going to you, you got to give them a message of hope. Got to give them a message that goes with what you already know that hydroxychloroquine works.

Speaker 6: (21:06)

I have a question for Dr. Warrior.

Simone Gold: (21:09)

Dr. Emmanuel.

Speaker 6: (21:10)

Dr. Emmanuel, okay. You mentioned before some remarkable results that you've had treating your own patients. She said, I believe she said 300 patients.

Dr. Stella Emmaneul: (21:17)

Yes. Yes.