January 22, 2021

The Honorable Francis S. Collins  
Director  
U.S. National Institutes of Health  
9000 Rockville Pike  
Bethesda, MD 20892

Dear Director Collins:

On December 10, 2020, Senator Rand Paul and I requested information from the National Institute of Health (NIH) regarding the review of early outpatient treatments.\(^1\) To date, the NIH has not responded to our requests in the letter. I write to reiterate the urgency and importance of ensuring Americans have access to early outpatient treatment options for COVID-19.

In the December 10 letter, we observed that many physicians are successfully treating high-risk COVID-19 patients by utilizing widely available, low cost drugs that have been safely used for decades. These physicians treat COVID-19 with the same focus on early detection and treatment that they do with other illnesses and diseases. However, these early treatment approaches are in tension with guidelines from public health authorities, which suggest that COVID-19 patients not be treated until they are sick enough for hospitalization. In congressional testimony, physicians have noted that this passive approach to medicine does not make sense because the symptoms of the virus often get worse, thereby making hospitalization more likely, as the virus progresses.\(^2\)

These heroic frontline physicians—who have been compassionately caring for the sick—believe we should be utilizing every possible treatment option to protect and treat COVID-19 patients. Unfortunately, this has not been the case. Rather than praise these bold and innovative physicians for doing their jobs, the mainstream media and public health personalities, some of whom have never treated a COVID-19 patient, have derided them as “snake oil salesmen” and conspiracy theorists.\(^3\) It seems that this has occurred in no small part because of the absence of effort to review and provide meaningful guidance for treating this early phase of the disease.

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Although the federal government has spent billions of dollars on the research, development, and distribution of vaccines for COVID-19, early treatments seem to have been largely ignored.

Even with the vaccination of millions of Americans, people will still become infected, with the disease in some progressing to serious illness and death. As a result, we believe it should be a priority of public health authorities to ensure Americans have access to low cost, and widely available early treatments to provide health benefits as soon as possible.

To better understand how the federal government is determining which treatment options are available for COVID-19 patients, please promptly provide us with responses to the requests from our December 10, 2020 letter. In addition, please also provide the following information:

1. Please provide:
   a. The names, affiliation, professional credentials and potential conflicts of interest of every member of NIH’s Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) initiative;
   b. The total amount spent by the NIH on the ACTIV initiative;
   c. A listing of all meetings (public and private) involving members of the ACTIV initiative and the transcripts of such meetings;
   d. All interim or final public and non-public documents, guidance and reports produced by the ACTIV initiative;
   e. Whether the ACTIV initiative includes members that have treated COVID-19 patients utilizing early outpatient treatments; and
   f. Whether the ACTIV initiative has received comment, data or evidence from physicians utilizing early outpatient treatments for COVID-19.

2. Please provide the total amount that NIH has spent exploring, researching, testing and conducting trials on:
   g. All treatments for COVID-19;
   h. Vaccines for COVID-19; and
   i. Repurposing existing generic drugs for the early outpatient treatment of COVID-19.

3. Please provide a complete list of the generic drugs described in question number 2 above, the tests and trials conducted by NIH for those generic drugs, and the results of those tests and trials.

4. Please provide the studies, tests, peer reviewed articles, and trials that NIH has used to conclude that hydroxychloroquine has no clinical value in the early treatment of COVID-19. For each study, test, article or trial, please state whether hydroxychloroquine was administered alone or in combination with other drugs and nutraceuticals, in an outpatient or inpatient setting and the specific days in which hydroxychloroquine was administered following infection.
5. Please list the studies, tests, peer reviewed articles, and trials that NIH has used to conclude that Ivermectin (either alone, or in combination with other drugs and nutraceuticals) has no clinical value in the early treatment of COVID-19.

Please provide the information as soon as possible but no later than 5:00 p.m. on February 5, 2021.

If you have any questions about this request, please ask your staff to contact Mike Weiss at michael_weiss@ronjohnson.senate.gov. Thank you for your attention to this urgent matter and your continued leadership.

Sincerely,

Ron Johnson
Chairman
Senate Committee on Homeland Security & Governmental Affairs