

November 7, 2022

re: EVMS and FLCCC MTHA+ Protocol.

To Whom it may Concern

Dear Sir/Madame:

This letter serves as a defense for the baseless accusations that have been made against Dr Labreze. Myself, together with my colleagues Dr Pierre Kory, Dr Joseph Varon, Dr Umberto Meduri and Dr Jose Iglesias authored the first EVMS/FLCCC MATH+ protocol on March 24<sup>th</sup>, 2020. I should add that Dr Meduri is considered the leading world expert on the use of corticosteroids for ARDS, and I am the second most published critical care doctor in the world, with an H-Index” of 105. We wrote this treatment guideline to fill the obvious void that existed at that time. Indeed, as per the recommendations and guidelines promoted by the WHO, NIH, CDC etc the treatment of acute COVID infection was “supportive care”. This included patients hospitalized with COVID organizing pneumonia and those admitted to the ICU. The narrative at that time as promoted by the NIH was that *“My doctor told me that there was absolutely nothing he/ she could prescribe for me and that if my lips turned blue or I could not breath to go to an ER.”* Furthermore, reports coming from New York City indicated that the mortality of intubated patients with COVID-19 organizing pneumonia was in excess of 80%. Physicians have a Hippocratic duty to do whatever they can to prevent their patients dying, this a basic principle in Medical Ethics. Our protocol was (and still is) based on the following principles:

1. An understanding of the pathophysiology of COVID across the spectrum of medical specialities
2. An understanding of pharmacologic principles.
3. A review of the best scientific papers published in the literature
4. Direct bedside clinical observations and feedback of hundreds of clinicians across the world with a cumulative experience of treating thousands of patients with COVID-19.
5. Consensus amongst expert clinicians in the field.

It should be noted our protocol was based on the use of re-purposed FDA drugs. The FDA supports and endorses the use of reposed drugs stating the following on their website: *“From the FDA perspective, once the FDA approves a drug, healthcare providers generally may prescribe the drug for an unapproved use when they judge that it is medically appropriate for their patient”*. It should be noted the courts in the USA have upheld this position and that up to 40% of drugs prescribed in the ICU are “off-label”. Further it should be noted that almost all the interventions suggested on the MATH+ protocol have subsequently been validated by randomized controlled trials (RCTS’s) as well as high quality observational studies. The MATH+ protocol is one of the most widely used protocols across the globe for the treatment of the hospitalized patients with COVID-19; indeed, this protocol has been accessed on our Website (flccc.net) over 2 million times. Furthermore, modifications of our protocol served as the national treatment guideline in a number of countries. It

however, needs to be recognized that our protocols have evolved significantly over time with over 50 updates. These updates were based on newly published data and our evolving understanding of this disease. Our goal has always been to provide recommendations based on the best available science.

Yours Sincerely,



Dr Paul E Marik, MD, MBBCh, FCP (SA), FRCP (C), M Med (Int Med), BSc Pharmacology (with distinction), DA (SA), DTMH, FACP, FCCP, FCCM.