



The Drug that Cracked COVID

Description

On the morning of December 18, 2020, as the newscaster announced a grim New York record for COVID-19 deaths and the weatherman predicted a white Christmas for Buffalo, Judy Smentkiewicz drove home from a house cleaning job, excited about the holiday. But her back hurt bad, and she was unusually exhausted. “I thought it was my age, being eighty years old, working every day,” she said. “I never thought about COVID.”

Judy’s small house in Cheektowaga, just east of Buffalo, was all set for Christmas. Daughter Michelle, who lives a few miles away and talks to her mother five times a day, put up the tree and the decorations and the snowman on the front lawn of grandma’s house with her daughter until it looked like a scene from *It’s a Wonderful Life*.

Son Michael came up from Florida with his wife Haley to help his sister cook the family Christmas Eve dinner, usually for twenty-five, but now just immediate family with “COVID shaping everything,” Michael said. Michael, fifty-seven, hasn’t lived in Buffalo for close to thirty years, and relishes the trip home.

But now he was worried. Mom was sleeping twelve hours a day. She couldn’t eat. She couldn’t lift the phone. “I’m fine, I’m just tired,” she kept saying. But Judy was always up with the sun. After raising two children as a single mother, working thirty-five years as an office manager for Metropolitan Life Insurance Company, she was still cleaning houses five mornings a week with her girlfriends to “keep busy.” On December 22, three days before Christmas, Judy tested positive for COVID-19.

“We were devastated,” Michael said. The family Christmas Eve dinner was cancelled, Judy spent Christmas in quarantine in her house, four days after Christmas she was taken by ambulance to Millard Fillmore Suburban Hospital, and on New Year’s Eve Michael and Michelle got a call from the hospital that their mother was being admitted to the ICU. It all happened so fast. “We can’t be with her,” Michael said. “We can’t hold her hand, we can’t sleep in the room with her.”

He started keeping notes to make sense of it all. “Hearing her voice crack on the phone as she agreed to go on the ventilator was HEART-BREAKING,” he wrote.

His mother was sedated and unresponsive, as if she were in a coma, as a ventilator mechanically breathed for her. The doctors said there was little more they could do, and her chances of survival were bleak. Judy was getting the global standard of COVID-19 care recommended by the World Health Organization, the National Institutes of Health, and all major public health agencies. It was called “supportive care.”

Judy was told to stay at home since there was nothing the doctor could do for her anyway, it was best to keep patients away from doctors and everyone else, until she had trouble breathing in week two. That was the sign the disease had entered its potentially fatal stage and it was time to go to the hospital where doctors couldn’t do much but more supportive care. In other words, Judy would have to save herself.

“There is no antiviral drug proven to be effective against the virus,” *The New York Times* said on March 17, 2020, under the headline “Hundreds of Scientists Scramble to Find a Coronavirus Treatment.” It was day seven of the pandemic, when the global death toll was 7,138. “When people get infected,” the *Times* said, “the best that doctors can offer is supportive care—the patient is getting enough oxygen, managing fever and using a ventilator to push air into the lungs, if needed—to give the immune system time to fight the infection.”

The global death toll was more than 3.3 million as this story went to press, and scientists are still scrambling. The NIH and WHO are still recommending Tylenol and water in 2021. There is still no approved treatment for all stages of COVID-19.

Even with the rollout of vaccines, they are “not the whole answer,” Dr. Francis Collins, director of the NIH, said recently on *60 Minutes*, with variants that threaten to defeat vaccines in rich countries constantly sweeping the Earth after mutating in that majority of poor 7.9 billion humans who won’t get a big pharma jab any time soon. According to *The Wall Street Journal*, global deaths in 2021 will soon exceed 2020, and millions more are expected to die. “People are going to continue to get sick,” Collins said. “We need treatments for those people.”

Michael was calling the doctors and nurses constantly, but “we heard nothing but bad, bad news. Mom wasn’t getting any better. It’s going to be a long haul, she’s in bad shape, prepare yourself.” The doctors and nurses said they had exhausted all treatment options, and like so many others Judy was highly likely to die. When an eighty-year-old COVID-19 patient goes on a ventilator, they said, it’s a highly likely death sentence—eighty percent of them don’t survive.

The prolonged critical illness was typically about a month with little or no change until, surrounded by helpless doctors and nurses and goodbyes and cries of loved ones echoing from a Zoom call, they turned blue and suffocated to death.

But as Judy lay dying in the small hospital eight miles northeast of Buffalo, almost six hundred miles south in Norfolk, Virginia, Dr. Paul Marik, sixty-three, the endowed professor at the Eastern Virginia Medical School and a world-renowned clinician-researcher, was unknowingly preparing to save her life with a “wonder drug” that obliterates COVID-19.

Discovering the drug was one thing, but getting it to Judy’s doctors in time to save her, getting it to the many thousands of people who needed it, would be a harrowing journey to rival the Iditarod mushers’ 1925 serum run of 675 miles through ice and snow to Nome, Alaska so Dr. Curtis Welch could stop the diphtheria epidemic. But this “Great Race of Mercy” had far less chance of success, for the obstacles were not in nature but in the minds and hearts of other men.

Marik was accustomed to beating the odds. The legendary professor, a 6-foot, 230-pound, balding, barrel-chested, bear of a man with a crisp native South African accent touched with the South after thirty years, is the second most published critical care doctor in the history of medicine, with more than 500 peer-reviewed papers and books, 43,000 scholarly citations of his work, and a research “H” rating higher than many Nobel Prize winners.

Marik is world famous as creator of the “Marik Cocktail,” a revolutionary cocktail of cheap, safe, generic, FDA-approved drugs that dramatically reduces death rates from sepsis by 20 to 50 percent anywhere in the world—whether you’re in a hospital in Zurich or Zimbabwe, Chicago or Chengdu—down to near zero, when given soon after presentation to hospitals.

Since he published what he calls the “HAT Therapy” (Hydrocortisone, Ascorbic Acid [intravenous Vitamin C] and Thiamine) in 2016 in the most prestigious peer-reviewed journal in the field, Marik has received worldwide publicity, is celebrated in James Bond Internet memes with the “Marik Cocktail” shaken, not stirred, and is seen in ICUs around the globe as a historic figure in medicine for improving care of sepsis, which last year passed cancer and heart disease as the world’s number one killer, according to Lancet.

Marik, known as a quirky genius and an exceptionally kind-hearted doctor (his most published peer in the annals of medicine doesn’t see patients), has been searching for an effective treatment for COVID-19 since it began.

Now, while Judy’s doctors were stumped, he was spending long days and nights at the Sentara Norfolk General Hospital, a large, 563-bed teaching hospital on the EVMS campus, where Marik, head of pulmonology and critical care, was treating hundreds of critically ill COVID-19 patients, many referred to him from all over the 1.8-million population Hampton Roads region.

The pandemic had pushed him to nights doing Zoom grand rounds and making YouTube videos instructing doctors and hospitals all over the world on treating COVID-19, sending out a daily EVMS COVID-19 Management Protocol online for doctors worldwide, and hunting the literature for the “wonder drug” that would save Judy Smentkiewicz and bring the pandemic to an end.

This was not something many people thought possible. But while the world was living the nightmare of the COVID-19 pandemic like a Michael Crichton sci-fi horror production where the planet is facing a plague apocalypse, millions die, and doctors can do nothing as brilliant pharmaceutical scientists race to develop vaccines to save the globe in the final scene, Paul Marik had a different movie in his head.

He was startled and appalled that all the national and international public health agencies recommended that the most well-trained, well-equipped doctors in history stand down and wait on big pharma's lab scientists while the worst pandemic in a century devastated the world. "It's therapeutic nihilism to say that doctors can do nothing," Marik said. "Supportive care is no care at all." What Marik did was assemble four of his closest friends, who also happen to be four of the top academic critical care doctors in the world.

He challenged them to join him in an expert panel to continually review the literature while treating their COVID-19 patients and developing treatment protocols—low-cost generic therapies that countless black and brown and poor people all over the world would need, he saw from the beginning, or face a coming catastrophe without treatments or vaccines.



These five doctors set out to save the world, with a better chance at it than most. Pulmonary critical care specialists often lead medical teams at hospitals in a crisis. "Lungs are the most common organ that fails in the ICU and in the context of many diseases," says Dr. Pierre Kory, Marik's protegee?. "Pulmonary critical care physicians (are)...the most widely skilled, and the most knowledgeable and experienced in all facets of disease and all levels of severity to the extent that no other doctor comes close."

ICUs were getting hammered by the new respiratory plague all around the world, but Marik had assembled a group of intensivists with nearly 2,000 peer-reviewed papers and books and over a century of bedside experience in treating multi-organ failure and severe pneumonia-type diseases. If anyone could arrest the coronavirus in a living patient, they could.

Marik turned to his dearest colleague in medicine in Houston, professor and doctor Joseph Varon, a

Mexican American with academic appointments in both his countries that have included the University of Texas Health Science Center, and research innovations including a cooling cryo-helmet he used to save his own life when he had a stroke.

He then recruited his comrade-in-arms in sepsis therapies, the renowned Dr. Gianfranco Umberto Meduri, an Italian, professor at the University of Tennessee Health Science Center in Memphis, the father of noninvasive intubation and world authority on steroid treatment of ARDS (Acute Respiratory Distress Syndrome) and COVID-19.

He called on his longtime boon colleague and former resident Dr. Jose Iglesias, from Cuba, a highly published associate professor of medicine at Hackensack Meridian School of Medicine in Seton Hall, New Jersey, and director of one of that state's largest dialysis centers. At age fifty, the youngest of the group was Pierre Kory, a big, passionate doctor-scientist like Marik, and his prote?ge?.

Kory was a highly published former associate professor and critical care service chief at the University of Wisconsin-Madison and the director of the Trauma and Life Support Center at University Hospital, one of the top academic medical centers in the world. If you go by the traditional measure of lives saved by research breakthroughs or bedside care, Marik, Meduri, Varon, Iglesias, and Kory—four brilliant immigrants from South Africa, Italy, Mexico, Cuba, and one brash New Yorker—are the finest COVID-19 clinician-researchers of the pandemic.

They made their first major breakthrough in March 2020, by the third week of the pandemic when only 3,800 Americans had died. It was based on the idea that COVID-19 has one great weakness: the coronavirus doesn't kill anybody. In a mechanism so diabolical Marik believes "human beings aren't smart enough to have figured it out," the trillions upon trillions of coronaviruses that overwhelm and sicken the host don't kill it.

But in the second week of the disease, all the coronaviruses die, and like suicide bombers flooding out of a Trojan Horse swamp the body with a "vast viral graveyard" that triggers a friendly-fire hyper-immune response that in turn unleashes monstrous multi-organ inflammation and clotting like doctors have never seen. A body dying of COVID-19 is a complex, terrifying sight. But its weakness is simple: "As pulmonary critical care doctors we know how to treat inflammation and clotting, with corticosteroids and anticoagulants," Marik says. "It's first-grade science."

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