



Written by [Dennis Behreandt](#) on July 20, 2020

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## The War on Hydroxychloroquine

President Donald Trump several times has lauded the drug hydroxychloroquine (HCQ) as a potential cure for COVID-19, even saying that he was taking it himself to ward off the disease, and he ordered his administration to make it readily available. Recently, however, the U.S. Food and Drug Administration revoked its Emergency Use Authorization (EUA) for using hydroxychloroquine to fight COVID-19, saying, in essence, it doesn't seem to treat COVID-19 and is dangerous. Doctors, though, can still prescribe it for off-label use.



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Yet researchers writing a review of COVID-19 treatments for the *Journal of the American Medical Association* (JAMA) summarized the safety of chloroquine (CQ) treatment for COVID-19: "Chloroquine and hydroxychloroquine are relatively well tolerated as demonstrated by extensive experience in patients with SLE and malaria," the researchers wrote, noting that in some cases there have been "rare and serious adverse effects." Still, of the safety of the drugs in the context of COVID-19, they wrote: "No significant adverse effects have been reported for chloroquine at the doses and durations proposed for COVID-19. Use of chloroquine and hydroxychloroquine in pregnancy is generally considered safe. A review of 12 studies including 588 patients receiving chloroquine or hydroxychloroquine during pregnancy found no overt infant ocular toxicity."

As well, peer-reviewed studies and anecdotal evidence show that the drug works to treat COVID-19.

So what is happening here? The answer: There is a war going on for your mind.

Prior to the election of Donald Trump, the war was somewhat hidden. Though a subset of Americans had noticed the gradual increase in statist, internationalist, and socialist propaganda over the years, most Americans remained unaware of the trend. The election of Donald Trump, however, was a wake-up call, and the statist, or "deep statist" if you will, began a concerted campaign to remove the president from office. Still, nasty as this was, for most Americans this was just political theater.

The war broke furiously into the open with COVID-19, though, and has accelerated, and grown more vicious still, with the wave of violent terrorist riots that have struck the nation's cities. With COVID-19, the nation's petty tyrants in state government took the opportunity presented by the crisis to revoke the rights and freedoms of the American people and impose mass house arrest. The next phase of the war immediately followed in the form of the terrorist riots that have resulted in widespread property destruction and the sowing of intense fear among the law-abiding, who are increasingly left to their own devices in defending themselves against the tide of violence. In total, the entire campaign is aimed at forcibly limiting what Americans do, say, and even think — trying to make social controls "the new norm."



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As an integral part of this “new norm,” the elitists who desire total power have devised another strategem: institute a vaccine program — ostensibly to safeguard us against coronavirus — that will allow elites to track us at all times and control the lives and activities of people around the world. The scheme has been heavily promoted by Bill Gates and the controlled international menagerie of NGOs and world government bodies. (See the article “Bill Gates: Philanthropist or Scoundrel?”)

Anything that gets in the way of this effort is demonized by the leftist mainstream media. Case in point: Trump’s promotion of hydroxychloroquine to fight COVID-19. Why? Because if a simple and effective treatment for the pandemic disease exists and is readily available, the overarching need for a vaccine is diminished or eliminated.

Within this framework, the motivation behind the media and Democratic politicians’ unceasing attacks on hydroxychloroquine becomes understandable. Though the science is not yet settled and important studies are ongoing, some research and plenty of clinical anecdotal evidence continue to point to the drug as a useful treatment for COVID-19. If it is, then the need for a vaccine forced on the world’s population is diminished or even eliminated, and with that, the plan to track everyone via a digital vaccine ID has had a stake firmly planted in its heart.

Thus, we have an all-out campaign of demonization waged against the drug, convincing Americans to abandon hope of a non-vaccine treatment.

## **A Chorus of Lies and Calumnies**

The *Washington Post*, one of the key organs of the statist propaganda machine, exemplifies the “coverage” given to HCQ by mainstream-media organs.

In a “Fact Checker” analysis, the paper first quoted President Trump, who said on March 19 about the drug that “it’s looking like it’s having some good results. That would be a phenomenal thing.” Then the newspaper criticized one of the French studies that had found potential value in HCQ. It said about the study by Didier Raoult, et al.: “Scientists have since discredited the trial, pointing to major flaws in the way it was conducted. The journal that published the study announced on April 3 that it did not meet its standards.”

The study was *not* retracted, and the journal in question *did not* call the paper’s findings into question; it merely cast aspersions on portions of how the study was conducted with regard to study participants. The study, the journal’s board said, did not meet the “expected standard, especially relating to the lack of better explanations of the inclusion criteria and the triage of patients to ensure patient safety.” Again, this was not a criticism of the results reported. Moreover, the journal said its peer-review process was followed. “Despite some suggestions online as to the reliability of the article’s peer review process, the process did adhere to the industry’s peer review rules,” the statement said.

But from the *Post*’s coverage, readers will get the impression that the entire study was dubious.

The online Daily Beast published a hit piece on Dr. Raoult calling him a “B.S. Artist,” along with attempting to shame him as a “climate denier” and a “coronavirus truther.” The Daily Beast even criticized him for having long hair and a beard, saying it made him look like “a latter day Wild Bill Hickok, albeit in a medical researcher’s white coat.” And he has bad taste too, they claimed: “He wears a biker ring and adorns the walls of his office with schlock paintings of, among others, an imposing Poseidon, god of the seas.”



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According to the statistics, you shouldn't believe anything this man says because he is obviously a crackpot. Except this "crackpot" has many other scientific collaborators — he has 17 co-authors joining him on the paper criticized by the *Post*. This "B.S. Artist," by the way, has authored or co-authored more than 3,000 peer-reviewed papers during his scientific career. He has collaborated on these with more than 6,000 other scientists, and his peer-reviewed papers have been cited more than 110,000 times by other scientists.

## **FDA Follies**

Perhaps being persuaded by President Trump, or perhaps having actually taken the early results from hydroxychloroquine seriously, in March the Food and Drug Administration authorized emergency use of hydroxychloroquine to make it more available for study and use in the early days of the pandemic's spread in the United States. The authorization made it possible for large donations of chloroquine and hydroxychloroquine from the companies Bayer and Novartis, respectively, "to be distributed and prescribed by doctors to hospitalized teen and adult patients with COVID-19, as appropriate."

This earned positive commentary from Health and Human Services Secretary Alex Azar at the time. "President Trump is taking every possible step to protect Americans from the coronavirus and provide them with hope," Secretary Azar said, according to an agency press release.

Since then, in the wake of ongoing demonization of the drugs, the FDA backtracked and revoked its EUA.

In a letter discussing the revocation of the EUA for the drugs, FDA chief scientist Denise Hinton said the agency no longer found the drugs likely to be effective in treating COVID-19. "We now believe that the suggested dosing regimens for CQ and HCQ as detailed in the Fact Sheets are unlikely to produce an antiviral effect," Hinton said in the letter. "Earlier observations of decreased viral shedding with HCQ or CQ treatment have not been consistently replicated and recent data from a randomized controlled trial assessing probability of negative conversion showed no difference between HCQ and standard of care alone," she continued.

The agency concluded, Hinton wrote, that "it is no longer reasonable to believe that oral formulations of HCQ and CQ may be effective in treating COVID-19, nor is it reasonable to believe that the known and potential benefits of these products outweigh their known and potential risks."

## **Treatment Strategy Ignored**

The claim that hydroxychloroquine use to fight COVID-19 infection lacks merit is a dubious assertion. Notably missing from the FDA's statement pulling its Emergency Use Authorization is the fact that successful treatment protocols using the drug for COVID-19 have relied on hydroxychloroquine being part of a multi-drug treatment provided early in the course of a SARS-CoV-2 infection, not used alone and given in late stages of the disease.

One doctor who says he has had significant success with a combination treatment that includes hydroxychloroquine is Dr. Vladimir Zelenko.

Practicing in a community on the outskirts of New York City, the epicenter of the pandemic outbreak in the United States, Dr. Zelenko gained fame for his work in treating COVID-19 patients with a three-drug treatment consisting of hydroxychloroquine, azithromycin, and zinc. Heavily promoted early on by



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Trump, but panned by the mainstream media and politicized almost to extinction in the United States, the treatment as administered by Dr. Zelenko seems to have had noteworthy success.

In an interview with *The New American's* Christian Gomez, Dr. Zelenko described how he decided on the course of treatment, as well as why and how he believes it has proven effective in saving lives. "I started studying the basic science of how this virus works," Dr. Zelenko said in the video interview made available on YouTube.

"So it turns out that zinc, it's well-known that it inhibits viral replication and specifically in the cytoplasm, in the inside of the cell there is an enzyme ... and it's used by the virus to make copies of its genetic material so that it makes more virus," Zelenko said. "So this enzyme is essential to viral growth. Turns out that zinc inhibits that enzyme, it deactivates the enzyme and so it makes it very difficult if not impossible for the virus to grow. The problem that we have with zinc is that it doesn't get into the cell... So even though zinc is effective against the viral growth, it cannot get into the place where the virus is. So what does hydroxychloroquine do? In this case, it's nothing more than opening a door, a channel, a zinc transport channel, it's called a zinc ionophore, and it allows for zinc to go from outside the cell to the cytoplasm, to inside the cell. That's all it does."

Initially because of his claims of success in treating COVID-19, Zelenko was increasingly targeted by anti-Trump partisans eager to smear anyone who seemed to be providing evidence that supported the president's contention that hydroxychloroquine might be useful in treating the disease.

Still, Dr. Zelenko pressed onward, seemingly eager to participate in a study that would clarify the usefulness of his course of treatment. Word of Zelenko's work reached FDA commissioner Dr. Stephen Hahn, formerly the chief medical executive at the University of Texas MD Anderson Cancer Center, who reached out to Dr. Zelenko to offer insights into how to support the study.

This seems a completely innocent and understandable thing to do in the midst of a pandemic. Why wouldn't a medical doctor and high-ranking federal official inquire into helping another medical doctor set up a study to investigate what seems a promising treatment? Failure to do so, if the opportunity existed, would seem a cold-hearted dereliction of duty. But the mainstream media, eager to create a controversy where none exists in order to harm Trump, presented the situation as a "gotcha, caught you red-handed" moment.

In a breathless report positioned as one intended to reveal a new administration "scandal," *Vanity Fair* reported that it had obtained a series of text messages between Zelenko and Hahn. How scandalous!

Here's what *Vanity Fair* said it had uncovered:

Two days after that first phone call, in a series of text messages obtained by *Vanity Fair*, Zelenko returned to Hahn for help setting up a clinical trial of some 750 outpatients at St. Francis Hospital in Roslyn, New York. "The Catholic Health System (St. Francis Hospital) / Dr Zelenko COVID-19 trial is ready to go," Zelenko wrote to Hahn, copying one of the hospital's doctors involved in the trial. "We need ASAP 1. Hydroxychloroquine 200mg. 10000 pills 2. Azithromycin 500mg 5000 pills 3. Zinc sulfate 220 mg 5000 pills. This treatment will be deployed in outpatient primary care."

Hahn responded, "Not sure what the ask of FDA is." To which Zelenko replied, "We need the medication to run the study." Hahn then asked, "Do you have IRB approval?" This referred to an institutional review board that hospitals use to oversee clinical trials and research. The doctor



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answered, “Hopefully this week.”

“Congratulations,” Hahn offered. “Really well done.” He then advised the doctor to reach out to the Federal Emergency Management Agency (FEMA) to obtain hydroxychloroquine from the Strategic National Stockpile, a federal cache of emergency equipment and supplies managed by the Department of Health and Human Services (HHS). When the doctor expressed uncertainty over how to do that, Hahn offered, “I’ll send you the contact.”

That’s some smoking gun, right there. If anything it proves that there is at least one federal official who is willing to try to help people solve problems.

Subsequently, the left-wing establishment attacked the doctor. Yet, despite the bombast of *Vanity Fair* and the mainstream media in general, the study exists and is legitimate. Details about the study, entitled “Hydroxychloroquine and Zinc With Either Azithromycin or Doxycycline for Treatment of COVID-19 in Outpatient Setting,” are available at [ClinicalTrials.gov](https://clinicaltrials.gov).

The study is currently recruiting participants with a goal of enrolling 750 for the research. The study is expected to be completed by December 31.

The study is being led by Dr. Avni Thakore, a cardiologist, who said, according to WLNY, the CBS affiliate in New York, “What we know about the mechanism of action of the drugs suggests they could be helpful early in the course of a viral infection.” “We know zinc is an anti-viral. We know that hydroxychloroquine can help reduce an immune response that can get out of control.”

While we have to wait until the end of the year, at the earliest, to find out the results of this trial, a similar study has already reported results.

The study, conducted by researchers affiliated with the New York University School of Medicine and New York University Langone Health, has found that the combination of zinc with hydroxychloroquine may, in fact, prevent COVID-19 from progressing to serious illness. The researchers noted:

The main finding of this study is that after adjusting for the timing of zinc therapy, we found that the addition of zinc sulfate to hydroxychloroquine and azithromycin was found to associate with a decrease in mortality or transition to hospice among patients who did not require ICU level of care.

## **A Real Bogus Study**

Promising findings such as this one and others are ignored by the mainstream media, but negative studies get loads of publicity. Their over-the-top propaganda campaign to discredit hydroxychloroquine reached a fever pitch with the publication in the prestigious medical journal *The Lancet* of a study that called the drug ineffective and unsafe.

The study, entitled “Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis,” was led by Dr. Mandeep R. Mehra, a cardiologist and medical director of the Brigham and Women’s Hospital Heart and Vascular Center in Boston.

Using data sourced from a small company called Surgisphere, the study’s authors, which also included Sapan Desai, the founder of Surgisphere, reached an alarming conclusion: “We were unable to confirm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macrolide, on in-hospital outcomes for COVID-19.” “Each of these drug regimens was associated with decreased in-hospital survival and an increased frequency of ventricular arrhythmias when used for treatment of COVID-19.”



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The statist mainstream media latched onto this finding with all due haste and breathlessly reported its conclusions in most, if not all, mainstream outlets. The results were touted as the final straw that would end hydroxychloroquine once and for all. This gambit almost worked.

Shocked by the study's conclusion, researchers conducting or contemplating clinical trials involving hydroxychloroquine began to reevaluate their efforts based on worries that patients included in such studies might be harmed. "The World Health Organization and a number of national governments have changed their Covid-19 policies and treatments on the basis" of the study, *The Guardian* newspaper reported. One of the studies halted was the COPCOV study, a very large international study from Oxford University in the U.K. That study has now been restarted, and its principal investigators have indicated that they are anxious to further understand the potential of HCQ in prevention and early treatment of COVID-19. (For full coverage of the restart of COPCOV, see TNA online here:

[www.thenewamerican.com/hcq-study](http://www.thenewamerican.com/hcq-study))

But almost immediately after the *Lancet* study was published, other researchers began to notice disquieting elements in the work. So troubling were the flaws that no less than the left-wing mouthpiece *New York Times* was forced to report on the situation. "Critics were quick to point out anomalies ... including implausible findings that should have been detected during the peer review process — like the ... apparent inclusion of a large number of Covid-19 cases very early on in the pandemic, even in Africa, where few hospitals have electronic health records," the *Times* reported.

The *Times* continued: "Many researchers were astonished to find out that such a database could exist, or that the gathering and analysis of tens of thousands of medical records on multiple continents could have been carried out so quickly."

A key element of science in general and scientific studies in particular is the idea of reproducibility. In scientific writing, it is expected and required that researchers provide sufficient details in a "materials and methods" section or sections of a paper so that other researchers can reproduce the described experiment. Such reproduction allows other researchers to evaluate the methods and data described while allowing them to derive the conclusions — or not — for themselves. This is the central feedback loop in scientific publishing that prevents fraud and ensures accuracy of results.

This was a central failing of the studies (there were two in total) that were based on the Surgisphere data. After such concerns were raised, the authors of the paper who were not affiliated with Surgisphere arranged for an independent review of the data. That review could not be completed because Surgisphere "would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis," a group of the study's original authors pointed out.

Ultimately, *The Lancet* was forced to retract the study. Speaking to Tucker Carlson of Fox News, Dr. Marc Siegel said the study was simply political in nature. "Political," he said, "we know this is a political hit job."

## More Work Remains

It seems fairly clear at this point, despite the controversy, that lives have been saved by the careful use of hydroxychloroquine and that continued investigation of the drug and continued use by physicians treating COVID-19 patients should not be stopped.

One example of a life likely saved is the story of Margaret Novins, 53, who tested positive for COVID-19



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in March. "I couldn't breathe," she said of her fight with the disease, according to *Forbes*.

Very quickly her doctors prescribed hydroxychloroquine, and she experienced improvement in her condition in just one day, according to *Forbes*. She credited the drug, sold under the brand name Plaquenil, with her recovery. "From my notes it is clear that my fevers and horrible chills I fought hard from 3/8-3/18 turned the corner the day I started Plaquenil 3/19," she said.

Others, including doctors, have said that they, a family member, or someone they know have used and needed hydroxychloroquine during the pandemic. The aforementioned Dr. Siegel is one of these.

Again speaking to Fox News host Tucker Carlson, Siegel shared a personal story. "Tucker, I want to tell you about a 96-year-old man in Florida who said one night, 'I don't think I'm going to make it. I feel very weak. The end is coming. I'm coughing, I'm short of breath, I can't get up from the couch,'" Siegel said. "The next day he was on hydroxychloroquine and antibiotics, per his cardiologist, he got up the next day, he was fine." That man was Siegel's father.

Congressman Roger Marshall (R-Kan.), an obstetrician, commenting on President Trump's use of HCQ, has said that his family, too, has taken hydroxychloroquine. According to *Newsweek*, Marshall said "that he, his siblings, his parents and his wife are taking the drug 'prophylactically'" — to ward off the disease.

Even a Michigan Democratic lawmaker, Karen Whitsett (D-Mich.), told Fox host Laura Ingraham that the drug saved her when she was suffering from COVID-19. "I really want to say that you have to give this an opportunity," she said. "For me, it saved my life."

One expert who believes hydroxychloroquine should not be taken off the table is Harvey A. Risch, professor of epidemiology at the Yale School of Public Health and Yale School of Medicine. Risch argued in favor of early treatment of COVID-19 with a combination of hydroxychloroquine and azithromycin.

"Five studies, including two controlled clinical trials, have demonstrated significant major outpatient treatment efficacy," Risch observed in an article for the *American Journal of Epidemiology*.

"Hydroxychloroquine+azithromycin has been used as standard-of-care in more than 300,000 older adults with multicomorbidities, with estimated proportion diagnosed with cardiac arrhythmias attributable to the medications 47/100,000 users, of which estimated mortality is <20%, 9/100,000 users, compared to the 10,000 Americans now dying each week. These medications need to be widely available and promoted immediately for physicians to prescribe."

Clearly, despite bureaucratic resistance, the potential benefits of hydroxychloroquine seem significant enough to continue additional research, as well as to provide a foundation for doctors working with patients to continue, if they deem necessary, to utilize the drug, either alone or in combination with other drugs and supplements such as zinc.

Attempts by federal and state health agencies, bolstered by mainstream media propaganda, to restrict usage of hydroxychloroquine is, at its base, an effort to supplant individual physician expertise with blanket control of healthcare by government bureaucrats. It stands to reason that effective healthcare is delivered by skilled doctors and other healthcare staff working with patients directly, and that one-size-fits-all, politically motivated dictates from government bureaucrats put patients at significantly increased risk of poor outcomes.



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The effort to discredit HCQ continues, but is on shaky ground because propaganda ultimately must fail when it is opposed by the truth.

Indeed, if COVID-19 is to be countered effectively, and lives are to be saved, then, as always, freedom is the cure. Government must get its nose out of the business of science and let researchers and doctors — the actual experts — conduct their life-saving research and work unencumbered by government regulation.



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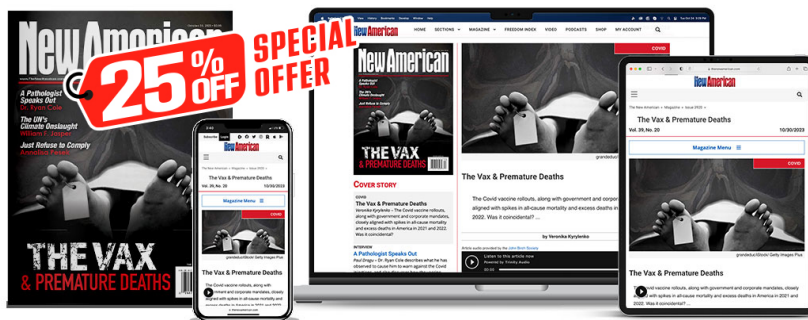
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