



Written by [Dennis Behreandt](#) on October 6, 2020

A Tale of Two Hydroxychloroquine Studies: Mainstream Media Touts One and Ignores the Other

The mainstream news continues to be aflutter with accusations and propaganda that hydroxychloroquine doesn't work against COVID-19.

The most recent case in point is this Reuters headline: [“Trump-Touted Hydroxychloroquine Shows No Benefit in COVID-19 Prevention: Study.”](#)

This headline, widely reported during the first week of October, is both true and misleading at one and the same time.

It is true that [the study in question](#), published in the journal *JAMA Internal Medicine*, found that hydroxychloroquine did not have a prophylactic benefit. In other words, in a small sample of 132 people, there was no difference in chance of infection between the groups taking 600 mg of hydroxychloroquine and those taking a placebo.

That's the true part. The misleading aspect of the title comes from its construction and, secondarily, the important bits the coverage of this headline leaves out. For instance, Reuters makes only the barest of mention of the following caveats included by the authors of the study:

Our study has important limitations. Our study was likely established with insufficient power. Given the small sample size, we cannot exclude the possibility of an undetected modest potential prophylactic effect of hydroxychloroquine. We did not attempt to quantify the frequency of participant exposure or specific timing of exposures. The cohort largely comprised young healthy HCWs and thus may not be generalizable to other populations with increased risk because of advanced age or additional comorbidities. Both study hospitals were located in Philadelphia and may not be representative of COVID-19 prevalence and exposure risk in other geographical areas. We cannot exclude the possibility that a lower or intermittent dose of hydroxychloroquine would be more effective at prevention, although a recent preclinical investigation in a COVID-19 macaque model did not find differences in antiviral activity with varied hydroxychloroquine dosing. Ongoing prophylaxis trials using hydroxychloroquine will be important to address these limitations.

In other words, this study, while useful and interesting, is not definitive. And that's ok — this is how science works. One experiment yields interesting results (or non-results) that then reasonably require additional replication and iterative experimentation. Pointing out these finer points, however, is not





Written by [Dennis Behreandt](#) on October 6, 2020

helpful to the propagandist.

As for the title, propagandists understand that the most important words for directing human understanding come at the beginning of a title. In this case, we have “Trump-Touted Hydroxychloroquine Shows No Benefit.”

“Trump-Touted” is dog-whistle “gotcha” phraseology meant to convey and reinforce the notion that an idea is *ipso facto* stupid because president Trump supported it. This is a logical fallacy that tries to convince readers that because some “discredited” person or group likes or supports an idea, then that idea is therefore necessarily incorrect. In this case, if the president supports hydroxychloroquine as a possible remedy for COVID, then the fact of Trump’s support on its own proves hydroxychloroquine is ineffective. In reality, though, the merit or lack thereof of an idea or hypothesis is independent of the character and personality of the people or groups that may or may not support it. Two plus two equals four is true even if Trump believes it.

The rest of the headline’s first words — “Hydroxychloroquine Shows No Benefit — is all that will be remembered by most people who generally become less intellectually engaged with text the further they read. From a sentence construction point of view, this makes sense. The word “hydroxychloroquine” is the subject of the headline. It is followed by the verb “show” and the subject complement illustrating a characteristic of the subject which, in this case is “no benefit.” As the core of the headline, this is the takeaway people will remember.

Many will not remember — because they have not been taught how to read properly and have never heard of [sentence diagrams](#) — the important caveat introduced by prepositional phrase at the end: “in COVID-19 Prevention.”

This is the part where a sharp reader who has been paying attention to the developments in the summer-long propaganda war over HCQ should dismiss this headline as of no account whatsoever, beyond being a secondary matter.

That’s because while it would be great if HCQ was of use prophylactically, the real issue with the drug is its use as a potential cure for COVID once infected. Many, if not most, people reading this Reuters headline will likely conclude from it that HCQ is useless for COVID *in general*. And that is just not true.

There are plenty of *in vivo* studies showing that HCQ has an antiviral effect even on its own. In practice, the drug has often been used in combination with zinc and azithromycin with many doctors testifying to the utility of this treatment regimen.

There are also recent studies that have gone unremarked in the mainstream media that conflict with the prevailing propaganda narrative.

As an example, a group of researchers and scientists recently published intriguing *positive* HCQ results in the October 2020 issue of the *International Journal of Antimicrobial Agents*.

This study, reported in the article titled “[Low-dose hydroxychloroquine therapy and mortality in hospitalised patients with COVID-19: a nationwide observational study of 8075 participants](#),” found that mortality was decreased in those taking HCQ.

The researchers of this study concluded:

In this large analysis of patients admitted for COVID-19 in Belgium, HCQ monotherapy administered at a dosage of 2400 mg over 5 days was independently associated with a lower



Written by [Dennis Behreandt](#) on October 6, 2020

in-hospital mortality rate compared with patients treated with supportive care only, even after adjustment for age, major co-morbidities and disease severity at admission.

Importantly, mortality was reduced regardless of the time from symptom onset to diagnosis and HCQ treatment initiation.

Note that this was not a small study. The researchers point out that the study was of “multicentric design covering the vast majority of Belgian hospitals” and was strengthened by “the real-life representativeness of the data.” In total, the study assessed the “Impact of HCQ on mortality among 8075 patients with COVID-19.”

This study, by the way, received nearly zero coverage in the mainstream media.

Of that, there are a couple of important points. First, the media’s anti-HCQ crusade, motivated primarily by hatred of a political opponent, has been fundamentally anti-science in that it has sought to discredit inquiry into the drug. This from the same mainstream media that browbeats anyone it perceives as an opponent for an apparent insufficient regard for ideologically favored scientific findings. But science is not about ideology. It is about understanding physical phenomena that can be examined and tested. These things occur independently of political ideology and if political ideology makes certain avenues of scientific investigation off-limits or restricted, as it had earlier this year in causing the stoppage of some HCQ investigations, then collectively we have our understanding of the world around us artificially limited.

Second, when that limitation impacts research into medical therapies, lives are put at risk, unnecessarily. In a campaign that has successfully limited research into, and the availability of, HCQ for medical uses, this has directly caused harms to innocent people who might have been helped by the drug. To put it bluntly, mainstream ideological propagandists have hurt people — perhaps many thousands of people — as a direct result of their Trump-hatred-fueled campaign against a drug.

Again, we repeat as we have before, ad nauseam, that freedom is the cure. Scientists need to be free to investigate HCQ and other therapies. Doctors need to be free to prescribe the drugs and treatment protocols they believe best fit their patients’ needs. And people need to be free to engage in the full panoply of activities that their natural rights and responsibilities allow and require.

Limiting freedom and attacking it compounds and spreads harm, an especially evil outcome when done — as it is today — for base ideological purposes.



Subscribe to the New American

Get exclusive digital access to the most informative,
non-partisan truthful news source for patriotic Americans!

Discover a refreshing blend of time-honored values, principles and insightful perspectives within the pages of "The New American" magazine. Delve into a world where tradition is the foundation, and exploration knows no bounds.

From politics and finance to foreign affairs, environment, culture, and technology, we bring you an unparalleled array of topics that matter most.



Subscribe

What's Included?

- 24 Issues Per Year
- Optional Print Edition
- Digital Edition Access
- Exclusive Subscriber Content
- Audio provided for all articles
- Unlimited access to past issues
- Coming Soon! Ad FREE
- 60-Day money back guarantee!
- Cancel anytime.