



Written by [Dennis Behreandt](#) on August 8, 2020

Democrat Politician Credits Hydroxychloroquine With Saving his Life; HCQ Studies Continue to Show Drug's Promise

Paul Vallone took to Twitter on April 1 to tell his followers that he had tested positive for COVID-19, an especially concerning result, considering he also had an underlying autoimmune disorder that would likely complicate recovery.

“Having recently experienced mild symptoms compounded with my underlying Sarcoidosis that I have been battling for 20 years, I was recently tested for COVID-19 and the results have come back positive,” Vallone wrote.



Vallone, a New York City councilman, experienced symptoms that were far worse than his Tweets admitted, according to the *New York Post*. “I couldn’t breathe, very weak, couldn’t get out of bed,” he [told the paper](#).

Then his doctor prescribed hydroxychloroquine, the anti-malarial drug that the mainstream media and the medical bureaucracy have done their level best to demonize and keep from the American people.

“My doctor prescribed it. My pharmacy had it. Took it that day and within two to three days I was able to breathe,” he told the paper of his experience with the drug. “Within a week I was back on my feet.”

The *Post* also quoted a Facebook post by Paul Vallone’s brother, Peter, who is a former city councilman and is now a civil court judge. In his social media post, he wrote of his brother’s experience: “Guess all those doctors who are prescribing it are right. This drug is already on the market and the patent is up so it’s cheap. A new drug won’t be. So big money does not want this drug to be used. Always follow the money.”

In late spring, the campaign against the drug, once touted and taken by President Trump, really kicked into high gear with the publication of a study purporting to prove that it was ineffective and dangerous. Published in the prestigious journal *The Lancet*, that study was based on now discredited data from a small company called Surgisphere.

That study’s authors claimed: “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.” The study’s authors also said the drug was dangerous. “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.”

The problem was, however, that the supposed data that this study used was never available for review and could not be verified. *The Lancet* published the retraction of the study on June 4.

By that time, though, several important scientific inquiries into hydroxychloroquine had been halted



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because of the faulty *Lancet* study. Though this, no doubt, set back important research, findings substantiating the effectiveness of hydroxychloroquine started to be released soon after.

One of the studies finding hydroxychloroquine to be useful in the treatment of COVID-19 came from researchers working with the Henry Ford Health System. Reporting on the study, Ford said in a [press release](#): “In a large-scale retrospective analysis of 2,541 patients hospitalized between March 10 and May 2, 2020 across the system’s six hospitals, the study found 13% of those treated with hydroxychloroquine alone died compared to 26.4% not treated with hydroxychloroquine. None of the patients had documented serious heart abnormalities.”

This caused the increasingly scandalous Dr. Anthony Fauci to turn his ire on the study in an attempt to discredit it. In testimony to a House subcommittee, Fauci referred to the study as “flawed.” When it was pointed out to him that the study was peer-reviewed, [Fauci retorted](#): “It doesn’t matter, you can peer-review something that’s a bad study.” []

The Henry Ford team hasn’t taken this passively and has responded via an [open letter](#) penned by Doctor Adnan Munkarah, executive vice president and chief clinical officer, and Doctor Steven Kalkanis, senior vice president and chief academic officer.

In response to the criticism, they wrote:

As an early hotspot for the COVID-19 pandemic, we have seen and lived its devastating effects alongside our patients and families. Perhaps that’s what makes us even more determined to rally our researchers, frontline care team members and leaders together in boldness, participating in scientific research, including clinical trials, to find the safest care and most effective treatments. While feeling the same sense of urgency everyone else does to recognize a simple, single remedy for COVID-19, we need to be realistic in the time it takes to fully understand the optimal therapy or combination of therapies required of a new virus we are all trying to contain.

The most well-accepted and definitive method to determine the efficacy of a treatment is a double-blind, randomized clinical trial. However, this type of study takes a long time to design, execute and analyze. Therefore, a whole scientific field exists in which scientists examine how a drug is working in the real world to get as best an answer as they can as soon as possible. These types of studies can be done much more rapidly with data that is already available, usually from medical records.

The doctors further criticized the rampant politicization of hydroxchloroquine. “Unfortunately, the political climate that has persisted has made any objective discussion about this drug impossible, and we are deeply saddened by this turn of events,” they wrote. “Our goal as scientists has solely been to report validated findings and allow the science to speak for itself, regardless of political considerations. To that end, we have made the heartfelt decision to have no further comment about this outside the medical community — staying focused on our core mission in the interest of our patients, our community, and our commitment to clinical and academic integrity.”

It’s not just the Henry Ford study showing that hydroxychloroquine has promise. Researchers at the NYU Grossman School of Medicine had similar findings in their own [observational study](#). The Grossman researchers concluded:

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, but this association was not significant in patients who were treated in the ICU. This result may be



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reflective of the proposed mechanism of action of zinc sulfate in COVID-19. Zinc has been shown to reduce SARS-CoV RNA dependent RNA polymerase activity in vitro. As such, zinc may have a role in preventing the virus from progressing to severe disease, but once the aberrant production of systemic immune mediators is initiated, known as the cytokine storm, the addition of zinc may no longer be effective. Our findings suggest a potential therapeutic synergistic mechanism of zinc sulfate with hydroxychloroquine, if used early on in presentation with COVID-19.

Yet another similar study, with similar results, comes from Dr. Vladimir Zelenko who has amassed considerable experience in treating patients with COVID-19 symptoms with a triple therapy of zinc, hydroxychloroquine and azithromycin. With coauthors Dr. Roland Derwand of Alexion Pharma Germany GmbH, and Dr. Martin Scholz of Heinrich-Heine-University in Düsseldorf, [Zelenko and team found](#) that “treatment of COVID-19 outpatients as early as possible after symptom onset with the used triple therapy, including the combination of zinc with low dose hydroxychloroquine, was associated with significantly less hospitalizations and 5 times less all-cause deaths.”

Another study with encouraging results for hydroxychloroquine comes from a large team of Chinese researchers whose corresponding author Zhen-Yu Yin is with Xiamen University and Zhongshan Hospital. This hospital is well-known as one of the best in China and Xiamen University is, likewise, one of China’s leading academic institutions and has over 40,000 students.

In a paper awaiting peer review that is available as a [pre-print on medRxiv](#), the research team described the results of their effort to evaluate “the clinical utility of chloroquine and hydroxychloroquine in treating COVID-19.” For this study, the authors note, “Forty-eight patients with moderate COVID-19 were randomized to oral treatment with chloroquine (1000 mg QD on Day 1, then 500 mg QD for 9 days; n=18), hydroxychloroquine (200 mg BID for 10 days; n=18), or control treatment (n=12).” They found that “adverse events were mild” and that “The time to reach viral RNA negativity was significantly faster in the chloroquine group and the hydroxychloroquine group than in the control group.”

In other words, chloroquine/hydroxychloroquine was found to work. The researchers concluded: “The chloroquine and hydroxychloroquine groups ... showed trends toward improvement in the duration of hospitalization and findings on lung computerized tomography (CT). This study provides evidence that (hydroxy)chloroquine may be used effectively in treating moderate COVID-19 and supports larger trials.”

It is time for the medical establishment, the mainstream media, federal agencies, state agencies, and the chief medical propagandist Anthony Fauci to stop politicizing and interfering with the testing of hydroxychloroquine and its use by doctors to treat the symptoms of SARS-CoV-2 infections if they determine their patients’ situations require it. Their execrable behavior has no place in science and certainly has no place in medicine where lives are at stake.

There is, arguably, as much or more evidence piling up on the side of hydroxychloroquine pointing to its potential as a cheap, safe, and effective treatment than there is for any other drug at the moment. Its potential to stop the pandemic is probably greater — far greater — than any prospective vaccine coming out of Anthony Fauci’s friends’ outfits in Big Pharma.

The safety, health, and freedom of the American people are at stake. It’s time to demand an end to the ideological opposition to what increasingly seems like a cheap and effective solution. Certainly, billions of dollars poured into a Bill Gates/Anthony Fauci vaccine might be lost as a result. But peoples’ lives



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trump the pecuniary and political power interests of our reigning Deep State medical oligarchy.

At least they should.

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