

Hi Donald,

(I accidentally sent the unedited version of this yesterday. This is easier to read and share. The goofs were all mine! - JA)

It's hard to talk to someone who does not know of a friend or relative who passed away after taking the vaccine or because they could not get the early treatment that could have saved their lives. I wrote this piece to expose the drive to destroy the public's confidence in hydroxychloroquine. Please share this with your doctor or others. The truth may save lives. If you would like more breakdowns of the studies the media claims refute HCQ, please send me an email and I will be happy to send you the links. Best to you and Thanks!!

For God, Family, and Country,

John

The Unhinged Frenzy to Destroy Hydroxychloroquine

The government's attempt to destroy hydroxychloroquine as a COVID treatment has caused loss of life and is a disturbing reminder of the effects of propaganda. It is not too late for doctors to use hydroxychloroquine to save lives. But first let's see why so many fear it.

Since HCQ was approved in 1955, millions of doses have been safely delivered for lupous, malaria and rheumatoid arthritis. The side effects are well known and easily avoided through proper dosage. In 2020, HCQ was the most widely used anti-COVID treatment globally and early reports attested to its safety and potential.^{1,2}

Yet to read the flood of recent studies and headlines you would think

hydroxychloroquine is a deadly toxin.

In April 2020, President Trump praised hydroxychloroquine saying it shows “tremendous promise” against COVID and “we are quickly studying this drug.” In defiance of the President, Anthony Fauci’s National Institute of Allergy and Infectious Diseases refused to sponsor any studies on HCQ.³

Within days of Trump’s comments studies appeared warning HCQ was ineffective and deadly. Anti-HCQ reports appeared almost weekly. Facebook, Twitter, and LinkedIn censored positive mention of the drug.

Headlines raged for months:

“Malaria Drug Taken by Trump is Tied to Increased Risk of Heart Problems and Death in New Study” – NYT⁴

“Study Finds No Benefit, Higher Death Rates in Patients Taking Hydroxychloroquine for COVID-19” – CNN⁵

“Anti-Malarial drug touted by President Trump is Linked to Increased Risk Of Death In Coronavirus Patients, Study Says” – Washington Post⁶

“Hydroxychloroquine’s ‘nail in the coffin’” – Politico⁷

No wonder people were terrified of HCQ. Since the compromised studies were published in respected journals, many physicians turned away.

But conflicts of interest, flawed studies, research misrepresentations, and blatant falsehoods tell a different story.

When the peer-reviewed, multi-hospital Ford Study showed HCQ was safe and held promise, Fauci attacked the report as “flawed” and mocked the peer review process. He told Congress it was an observational study, not the ‘gold standard’ Randomized Control Trial, and was questionable because some patients also received a cortico-steroid which skewed the HCQ results. In his testimony, Fauci praises studies which he calls RCTs. As you will see those cases often suffered more consequential flaws than those he attributed to the Ford Study. Several uncriticized studies were observational, not RCTs. 8,9

Fauci remarks played well in Congress, but his 2 key complaints were misleading.

Fact:

1. (Ford study not an RCT) As Fauci knows, RCT’s take months to complete and COVID had recently appeared. It was impossible to conduct an RCT in that time frame, yet potential treatment feedback was desperately needed to save lives. That is where observational studies are most valuable. Even the NEJM says observational studies may have more value than RCTs during an outbreak such as COVID-19. It is hard to imagine Dr. Fauci was not aware of this.

According to the NEJM, “Despite their strengths, RCTs have substantial limitations.” “These limitations also affect the use of RCTs for urgent health issues, such as infectious disease outbreaks, for which public health decisions must be made quickly on the basis of limited and often imperfect available data.”¹⁰

2. (A steroid was added to HCQ protocol) When the study was undertaken, peoples lives were at stake. Adding a cortico-steroid to the HCQ may have saved lives and is easy enough to do in a hospital setting. It did not diminish the fact that HCQ had possibilities and needed to be further researched which is exactly what the study said.

Fauci’s attack on the Ford study was baseless. So unrelenting was the barrage that one researcher said it was impossible to find volunteers to continue HCQ trials.¹¹

31 Randomized Control Trials and hundreds of observational studies show that HCQ is safe and effective when conservative doses are administered in the *early stages of COVID* and *before inflammation* begins.¹²

As you will see, in most of the anti-HCQ studies that have been embraced by the media the drug was administered late stage and in one patients were administered toxic doses. The Fauci-praised studies administered HCQ to the control groups, changed the endpoints in the middle of the study, and failed to test all participants to see if they had COVID-19.

Intentionally or unintentionally, these studies were conducted in a manner that virtually guaranteed HCQ's failure. The studies below were influential in policy-making and received intense news coverage in the drive to discredit HCQ.

"No wonder people were terrified of HCQ. Since the compromised studies were published in respected journals, many physicians turned away."

VA Study: "Outcomes of hydroxychloroquine usage in United States veterans hospitalized with COVID-19."¹³

Shortly after Trump's recommendations the Veteran's

Administration released a study showing hydroxychloroquine was not only ineffective, it increased mortality.

Authors said: "...this retrospective study did not identify any significant reduction in mortality or in the need for mechanical ventilation with hydroxychloroquine treatment with or without azithromycin."

Study reveals:

- Not a randomized controlled study. Patients were administered HCQ at varying stages of illness at individual doctors' discretion.
- HCQ was given to sicker patients.
- In opposition to the study's negative conclusions, 7.8% of the initial HCQ patients later had to be intubated, compared to 14.2% of the other 177 patients not on HCQ who required intubation. HCQ appeared to reduce the risk of intubation by 50%

Surgisphere Study: "Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis"¹⁴

On May 22, 2020, the Surgisphere study claimed to review the registries of 96,000 patients. The study turned out to be a hoax.

Authors said: Hydroxychloroquine showed no benefit, was associated with increased heart arrhythmias, and increased risk of death. (This caused the FDA to revoke Emergency Use Authorization for HCQ and the WHO place a hold on their HCQ trials. Though the study was retracted, the FDA never reauthorized the EUA claiming additional compromised studies and the WHO still does not recommend using HCQ.)

Study reveals:

- There was no study. Lancet withdrew the report and the NEJM called it a "fabrication" and "monumental fraud".¹⁵
- The organizer behind the study, Dr. Mandeep Mehra was working under the auspices of Brigham and Women's Hospital (BWH) where he is Medical Director. BWH was working on studies of hydroxychloroquine and Remdesivir simultaneously. HCQ is an inexpensive generic drug that is a direct competitor to Remdesivir. **Coincidentally, Surgisphere's false damning report on HCQ was released on May 22, 2020, the same day as the much-praised Remdesivir.**^{16,17,18}

UK RECOVERY Trial¹⁹

Authors said: There was no benefit and withdrew the study. Lead researcher Dr. Landry said there were no harmful side effects but did not release study details. Info comes from their protocol and interviews.²⁰

Study reveals:

- There was poor uniformity of trial protocols. "Protocols were flexible" to "minimize burdens" on hospital personnel.
- Most HCQ treatment given late stage.
- Many patients suffered from hyper-inflammation and on ventilation where HCQ is least effective.
- Patients were administered potentially toxic dosages of HCQ. 2400 mg of HCQ in first 24 hours and 800 mg days 2 through 10.²¹

Skipper, et al: "Hydroxychloroquine in Non-Hospitalized Adults with COVID-19 "²²

Authors said: Hydroxychloroquine did not substantially reduce symptom severity in outpatients with early, mild COVID-19.

Study reveals:

- 42% of participants were never tests to see if they had COVID-19
- Not a blinded study to participants
- Participants were recruited over the internet
- Placebo group received folic acid, a known binder against acute respiratory syndrome corona virus²

Cavalcante Study: – “Hydroxychloroquine with or without Azithromycin in Mild-to-Moderate Covid-19”²³

Authors said: “The use of hydroxychloroquine did not improve clinical status.”

Study reveals:

- Poor pre-trial control of medications. May have included patients with HCQ in the placebo group.
- Time from symptoms to administering HCQ was 7 days, too late for HCQ to be effective
- Despite claiming no benefit to HCQ, a statement touted by the press, authors admitted the study was inconclusive in the text, “...the trial cannot definitively rule out either a substantial benefit of the trial drugs or a substantial harm.”

That is not to say studies suggesting HCQ beneficial are never flawed. There are many small-scale studies, others are poorly controlled. Still, the overwhelming volume of quality research suggests that HCQ has been widely used in treating COVID-19 and when administered early may well preclude the need for experimental and potentially dangerous vaccines and pills.¹²

“Why would Anthony Fauci want to destroy the reputation of a drug that worked so well?”

But didn’t studies show HCQ caused heart arrhythmias and death?

There are 4 main sources for the fear that HCQ could cause heart arrhythmias or death:

1. The VA study which was debunked within days for poor controls, and late stage administration.
2. The Surgisphere study which was retracted within days for not producing provable data.

3. A Georgia Tech animal study that cannot be generalized to humans.
4. A research study of long term HCQ users that does not apply to COVID-19.

There are no studies indicating any life-threatening danger from taking HCQ as long as it is taken as recommended in the Ford study.

Georgia Tech Animal Study:

A Georgia Tech study of highly concentrated levels of HCQ injected into Guinea pigs and rabbits showed a "worrisome arrhythmia." The report clearly states, "...**the study cannot be generalized to humans**..." The authors then use data to speculate what they think might happen to humans if it could be generalized. This laboratory electrical impulse speculation has gained popularity. The studies reviewed showed gastrointestinal upset the most common adverse effects from using HCQ.²⁴

Review Study: "Cardiac Complications Attributed to Chloroquine and Hydroxychloroquine: A Systematic Review of the Literature"²⁵

An October 2018 study did a database search on HCQ. Of millions of examples of HCQ users in the database, (over 5 million prescriptions for HCQ are filled each year,) the study identified 127 patients from 86 articles who took 1235 mg of HCQ or chloroquine for a median of 7 years and some took HCQ for 35 years. These were long term users for treatment of arthritis and lupus. As a COVID-19 treatment, patients are recommended a max of 800 mg for one day reducing to 400 for 6 days.

"Fully 44% of the FDA's annual budget is paid for by drug companies' User Fees."

Why would Anthony Fauci want to destroy the reputation of an inexpensive drug that is readily available, safe, and one of the most popular COVID-19 treatments in the world?²⁶

Follow the money.

Fully 44% of the FDA's annual budget is paid for by drug companies User Fees. While pharma argues that does not influence the FDA's approvals, it is hard to look at the lightning quick approval of the COVID-19 vaccines and now Merck's molnupiravir as not showing favoritism.²⁷

The FDA has strict regulations and that presented a large problem for Pfizer, Moderna, J&J and any other company that presented a vaccine. According to Section 564 of the Federal Food, Drug, and Cosmetic Act:

“For FDA to issue an EUA, there must be no adequate, approved, and available alternative to the candidate product for diagnosing, preventing, or treating the disease or condition.”²⁸ (See page 8, paragraph d.)

If the FDA approved hydroxychloroquine, or Ivermectin as a COVID-19 treatment it would be the end of the vaccines' Emergency Use Authorizations.

For Pfizer who was in bankruptcy in 2007 and Merck who was forced to pay \$4.85 billion in lawsuits their Vioxx painkiller, this is the payday they have waited for.^{29,30,31,32}

Nothing new is happening today. For centuries rulers have used misdirection and propaganda to satisfy grandiose agendas to the detriment of those who elected them. Whether we call them kings, premiers, or presidents, the more their falsehoods succeed, the more brazen become their agendas.

The answer is for people to stop the progression by speaking up in the public square. Reject vaccine mandates, refuse to do business with organizations that demand them, provide your doctor with researched information about treatments like HCQ and Ivermectin.

In a 1919 eulogy, a colleague of Former Sen. William J. Stone said, "I honored him because

he was among the few men who dare to speak truth to the people in the presence of the king, and dare to speak the truth to the king in the presence of the people."

Today, as we face falsehoods coming from the highest levels of government, from the once respected legacy media, confounded by social media censorship, our voice is our most powerful weapon. We must share information in the public square to let the timid realize they are not alone. We must speak loudly to reject propaganda. We must speak to the people and especially to the kings.

"We must share information in the public square to let the timid realize they are not alone."

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Important COVID-19 Resource Links

Find a COVID doctor:

*** NEW! Comprehensive list of treatments, doctors and information on COVID, Ivermectin, and Hydroxychloroquine:**

<https://c19protocols.com/>

If you have contracted COVID-19 or think you have you can contact a doctor who can help

here: <https://earlycovidcare.org/find-a-doctor/>

For prevention and early treatment of COVID:

<https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Alliance-I-MASKplus-Protocol-ENGLISH.pdf>

The Zelenko Protocol:

<https://thezelenkoprotocol.com>