

# How a false

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# hydroxychloroquine narrative was created, and more

It is remarkable that a series of events taking place over the past 3 months produced a unified message about hydroxychloroquine, and produced similar policies about the drug in the US, Canada, Australia, NZ and western Europe. The message is that generic, [inexpensive hydroxychloroquine](#) is dangerous and should not be used to treat a potentially fatal disease, Covid-19, for which there are no (other) reliable treatments.

Hydroxychloroquine had been used safely for 65 years in millions of patients. And so the message was crafted that [the drug is safe for its other uses, but dangerous when used for Covid-19](#). It doesn't make sense, but it seems to have worked.

Were these acts carefully orchestrated? You decide.

Might these events have been planned to keep the pandemic going? To sell expensive drugs and vaccines to a captive population? Could these acts result in prolonged economic and social hardship, eventually transferring wealth from the middle class to the very rich? Are these events evidence of a conspiracy?

Here is a list of what happened, in no special order. Please help add to this list if you know of other actions I should include. This will be a living document. I have penned this as if it is the "to do" list of items to be carried out by those who pull the strings. The items on the list have already been carried out. One wonders what else might be on their list, yet to be carried out, for this pandemic.

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1. You stop doctors from using the drug in ways it is most likely to be effective (in outpatients at onset of illness). You prohibit use outside of situations you can control.

Situations that were controlled to show no benefit included 3 large, randomized, multi-center clinical trials ([Recovery](#), [Solidarity](#) and [REMAP-Covid](#)), the kind of trials that are generally believed to yield the most reliable evidence. However, each of them used excessive hydroxychloroquine doses that were known to be toxic and may have been fatal in some cases; see my previous articles [here](#) and [here](#).

2. You prevent or limit use in outpatients by controlling the supply of the drug, using different methods in different countries and [states](#). In NY state, by [order of the governor](#), hydroxychloroquine could only be prescribed for hospitalized patients. France has issued a series of different regulations to limit prescribers from using it. France also changed the drugs' status from over-the-counter to a drug requiring a prescription.

3. You play up the danger of the drug, emphasizing side effects that are very rare when the drug is used correctly. You make sure everyone has heard about the [man who died](#) after consuming hydroxychloroquine in the form of fish tank cleaner.

4. You limit clinical trials to hospitalized patients, instead of

testing the drug in outpatients, early in the illness, [when it is predicted to be most effective](#).

5. You design clinical trials to give [much too high a dose](#), ensuring the drug will cause harm in some subjects, sufficient to mask any possible beneficial effect. You make sure that dozens of trials in dozens of countries [around the world](#) use these dangerous doses.

6. You design clinical trials to [collect almost no safety data](#), so any cause of death due to drug toxicity will be attributed to the disease instead of the drug.

7. You issue rules for use of the drug based on the [results](#) of the UK [Recovery](#) study, which overdosed patients. Of course their results showed more deaths in the hydroxychloroquine arm, since they gave patients 2.4 g in the first 24 hrs. Furthermore, the UK has the highest death rate in the world for Covid-19. Conducting a study there assured high death rates.

8. You publish, in the world's most-read medical journal, the [Lancet](#), an observational [study](#) from a huge worldwide

database that says use of chloroquine drugs caused significantly increased mortality. You make sure that all major media report on this result. Then [3 European countries announce they will not allow doctors to prescribe the drug.](#)

Then Sanofi [announced](#) it would no longer supply the drug for use with Covid, and would halt its two hydroxychloroquine clinical trials, based on the [Lancet](#) study. One of the cancelled Sanofi trials was expected to test 210 outpatients early in the course of disease. [The trial remains suspended at the time of writing, while the Lancet paper was retracted 13 days after publication.](#) You surely don't want a trial of hydroxychloroquine treatment early in the disease, since it might show an excellent effect.

9. Even after hundreds of people renounced the [Lancet's](#) observational study due to easily identified fabrications--the database used in the study did not exist, and the claimed numbers did not agree with known numbers of cases--the Lancet held firm for two weeks, serving to muddy the waters about the trial, until finally 3 of its 4 coauthors (but not the journal) [retracted the study](#). You make sure very few media report that the data were [fabricated](#) and the "study" was fraudulent. You let people believe the original story: that hydroxychloroquine routinely kills.

10. You ensure federal agencies like FDA and CDC hew to your desired policies. For example, [FDA advised use only in hospitalized patients](#) (too late) [or in clinical trials](#) (which are limited, are difficult to enroll in, or may use excessive doses). As of mid June, FDA advises patients and doctors to **only** give the drug to patients if they are in a clinical trial where, presumably, the results can be controlled.

Another example: you have FDA make unsubstantiated and false claims, such as: "[Hospitalized patients were likely to have greater prospect of benefit \(compared to ambulatory patients with mild illness\)](#)" and claim the chloroquine drugs have a [slow onset of action](#). If that were really true, they would not be used for acute attacks of malaria or in critically ill patients with Covid. (Disclosure: I once dosed myself with chloroquine for an acute attack of *P. vivax* malaria, and it worked very fast.). Providing no other treatment advice, CDC [refers clinicians to the NIH guidelines](#), discussed below.

11. You make sure to avoid funding/encouraging clinical trials that test drug combinations like hydroxychloroquine with zinc, with azithromycin, or with both, although there is ample clinical evidence that such combinations provide a cumulative

benefit to patients.

12. You have federal and UN agencies make false, illogical claims based on models rather than human data. For example, you have the FDA state on June 15 that the dose **required** to treat Covid is so high it is toxic, after the [Recovery](#) and [Solidarity](#) trials have been exposed for toxic dosing. This scientific double-speak gives some legal cover to the clinical trials that overdosed their patients. [According to Denise Hinton](#), RN, the FDA's Chief Scientist, or a clumsy FDA wordsmith:

*"Under the assumption that in vivo cellular accumulation is similar to that from the in vitro cell-based assays, the calculated free lung concentrations that would result from the EUA suggested dosing regimens are well below the in vitro EC50/EC90 values, making the antiviral effect against SARS-CoV-2 not likely achievable with the dosing regimens recommended in the EUA. The substantial increase in dosing that would be needed to increase the likelihood of an antiviral effect would not be acceptable due to toxicity concerns."*

You have a [WHO report](#) claim toxic doses are needed. This of course is nonsense since a) CDC researchers [showed strong effects against SARS-1 at safely achievable concentrations](#), b) the drug at normal doses is being [tested in over 30 different medical conditions](#) (see [clinicaltrials.gov](#)), and c) reports from many different countries say that the drug is effective for Covid-19 at normal doses, while d) a high dose chloroquine treatment trial was [halted in Brazil and a preprint of the study was posted April 11](#), or [perhaps April 7](#), after finding the toxic effects were causing ventricular arrhythmias and deaths, after only 3 days of treatment, during which 3.6 grams of chloroquine were administered. But the Solidarity (3.2 grams of hydroxychloroquine in 3 days), Recovery (3.6 grams of hydroxychloroquine in 3 days) and REMAP-Covid trials (3.6 grams of hydroxychloroquine in 3 days) continued overdosing patients until June, despite Brazil's evidence of deaths by overdose.

13. You create an NIH Guidelines committee for Covid treatment recommendations, in which [16 members have or had financial entanglements with Gilead](#), maker of Remdesivir. The members were [appointed by the Co-Chairs](#). Two of the three Co-Chairs are themselves financially entangled with Gilead. Are you surprised that their [guidelines](#) recommend specifically against the use of hydroxychloroquine and in favor



of Remdesivir, and that they deem this the new "standard of care"?

14. You frighten doctors so they don't prescribe hydroxychloroquine, if prescribing it is even allowed in their jurisdiction, because prescribing outside the new [NIH "standard of care"](#) leaves them open to malpractice lawsuits. You further tell them ([through the FDA](#)) they need to monitor a variety of lab parameters and patient EKGs when using the drug, although this was never advised before, which makes it very difficult to use the drug in outpatients. You have the [European Medicines Agency issue similar warnings](#).

15. You manage to control the conduct of most trials around the world by specially designing the WHO-managed [Solidarity trials](#), currently conducted in 35 countries. WHO halted hydroxychloroquine clinical trials around the world, twice. The [first time](#), May 25, WHO [claimed](#) it was in response to the (fraudulent) Lancet study. The [second time](#), June 17, WHO claimed the stop was in response to the [Recovery](#) trial results. Recovery used highly toxic doses of hydroxychloroquine in over 1500 patients, of whom 396 died. You stop the trial [before the data safety monitoring board has looked at your data](#), a move that is unlikely to be consistent with trial protocol. WHO's trial in over 400 hospitals

[overdosed patients with 2.0 g hydroxychloroquine in the first 24 hours](#). The trial was halted days after the toxic doses were exposed (by me). The trial involved doctors around the world typing minimal patient information into an online WHO platform, which assigned the patient a treatment. The only "safety" information collected during the trial was whether patients required oxygen, a ventilator, or died. This hid side effects of every drug tested. Given a study so designed by WHO, what do you think the likelihood is that WHO correctly randomized subjects, and honestly analyzed the data? I should mention that WHO's initial plan for its Solidarity trial entirely omitted the chloroquine drugs, but they were added at the urging of participating nations. WHO's fallback position appears to have been to use toxic doses.

16. You have the [WHO pressure governments](#) to stop doctors prescribing hydroxychloroquine.

17. You have the [WHO pressure professional societies](#) to stop doctors prescribing hydroxychloroquine.

18. You make sure that the most-consulted US medical encyclopedia, UptoDate, provides bad guidance to physicians, [advising them to restrict hydroxychloroquine to only patients](#)

[in clinical trials](#), citing the above sources of information.

19. You have the head of the Coronavirus Task Force, Dr. Tony Fauci, [insist the drug cannot be used in the absence of strong evidence](#)...while he insisted exactly the opposite in the case of the MERS coronavirus outbreak several years ago, when [he recommended an untested drug combination for use](#)...which had been developed for that purpose by his agency. And while he was bemoaning the lack of evidence, [he was refusing to pay for trials to study](#) hydroxychloroquine. And he was [changing the goalposts on the Remdesivir trial, not once but twice](#), to make Remdesivir show just a tiny bit of benefit, but no mortality benefit. And don't forget, Fauci was thrilled to [sponsor a trial of a Covid vaccine in humans before there were any data from animal trials](#). So much for requiring high quality evidence before risking use of drugs and vaccines in humans!

20. You convince the population that the crisis will be long-lasting. You have the 2nd richest man in the world, and biggest funder of the WHO, Bill Gates, keep repeating to the media megaphone that [we cannot go back to normal until everyone has been vaccinated or there is a perfect drug](#). (The Gates Foundation helped design the WHO clinical trials, and Gates is heavily invested in pharmaceuticals and vaccines.)

21. You have CDC (with help from FDA) [prevent the purchase of coronavirus test kits](#) from Germany, China, WHO, etc, and fail to produce a valid test kit themselves. The result was that during January and February, US cases could not be reliably identified, and for several months thereafter insufficient and unreliable test kits made it impossible to track the epidemic and stop the spread.

22. You have trusted medical spokesmen lie to the public about the pandemic's severity, so precautions weren't taken when they might have been more effective and less long-lasting. Congress was [repeatedly briefed about the pandemic in January and February](#), which scared several Congress members enough that [they sold off large amounts of stock](#), risking insider trading charges. Senator Burr is one of them, currently [under investigation](#) for major stock sales on February 13.

Yet Dr. Fauci [told](#) USA Today on February 17 that Americans should worry more about the flu than about coronavirus, the danger of which was "just miniscule." Then on February 28, Drs. Fauci and Robert Redfield (CDC Director) [wrote](#) in the New England Journal:

*"...the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately*

*0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively."*

23. You destroy the reputation of physicians with credibility who stand in your way. Professor Didier Raoult and his team in Marseille have used hydroxychloroquine on over 4,000 patients, reporting mortality of about 0.8%. Raoult is very famous for discovering over 100 different microorganisms, and finding the long-sought cause of Whipple's Disease. With this reputation, Raoult apparently thought he could treat patients as he saw fit, which he has done, under great duress. Raoult was featured in a New York Times Magazine article, with his photo on the cover, May 12, 2020. After describing his accomplishments, the Times very unfavorably discussed his personality, producing a detailed hit piece. He is now considered an unreliable crank in the US.