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The Tragic Cost of Suppressing Effective, Affordable COVID-19 Treatments

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How do we confront situations where individuals in positions of immense authority fail to admit they were catastrophically wrong—especially when their decisions, policies, and actions have contributed to millions of lives lost? During the COVID-19 pandemic, ***Anthony Fauci and federal health agencies exerted near-complete control over the nation's medical response.*** *Every directive was treated as gospel, and dissent—even when supported by solid scientific evidence—was silenced. The consequences of this authoritarian approach were disastrous.*

In every epidemic, doctors stand as the first line of defense and work tirelessly to protect patients and the greater public from harm. It is standard practice for medical experts to offer professional assessments and propose solutions aimed at improving outcomes. Yet, during the COVID-19 crisis, Anthony Fauci's message was clear: Americans were told to do nothing but isolate, wait, and rush to the hospital only when severely ill. This passive approach demanded unwavering obedience from medical professionals and the public alike. Meanwhile, federal health agencies insisted that salvation lay in the promise of new novel vaccines and experimental drugs such as Remdesivir and Molnupiravir. Doctors who dared to suggest otherwise and were successfully treating their patients were mocked, ridiculed, and condemned by media pundits and government officials alike.

Nearly five years later, overwhelming evidence reveals that Fauci and the federal agencies were wrong on almost every key point. They dismissed early interventions with repurposed medications, such as Ivermectin and Hydroxychloroquine, and labeled them as dangerous and ineffective, despite evidence to the contrary. Fauci and other officials knew full well that these medications could be highly effective. They also knew that granting Emergency Use Authorizations (EUAs) for new vaccines and drugs required proving that no viable alternatives existed. Protecting pharmaceutical profits and proprietary rights to market these novel treatments meant suppressing any evidence that pre-existing therapies could work.

The response was brutal and systematic. Dissident voices were silenced and their reputations destroyed. Physicians and scientists who challenged the official narrative were punished, ostracized, and alienated. Funding was withheld to prevent the publication of studies that contradicted government positions. Those who persisted were treated as untouchables—dehumanized and relegated to a subhuman status. They were vilified by the media and colleagues alike.

We might look at the legacy of six leading medical professionals who challenged federal health policies during the COVID-19 pandemic. Despite their exceptional credentials, each paid inexcusable consequences for their dissent.

Dr. Harvey Risch, a Professor Emeritus of Epidemiology at Yale University's School of Public Health and a National Academy of Medicine member with over 350 peer-reviewed publications, criticized the CDC and FDA for ignoring observational studies supporting **Hydroxychloroquine (HCQ)** as an early outpatient treatment for high-risk COVID-19 patients. He argued that reliance on randomized controlled trials during the pandemic delayed effective interventions, contributing to preventable deaths. Risch contended that the suppression of HCQ was politically motivated and underscored the failure of federal agencies to act swiftly on available evidence. For his dissent, he was labeled a promoter of "misinformation," vilified in mainstream media, and excluded from influential public health advisory roles, suffering reputational damage among peers.

Dr. Pierre Kory is a globally recognized pulmonologist and a pioneer in critical care ultrasound therapy. He is a co-founder of the Frontline COVID-19 Critical Care Alliance (FLCCC). Kory criticized the FDA and NIH for discrediting Ivermectin, which he championed as an effective treatment and prophylactic for SARS-2 infections. He accused the federal agencies for relying on flawed studies to dismiss evidence supporting Ivermectin and condemned hospital protocols that prioritized late-stage interventions, such as ventilators, over early treatment. Despite presenting his findings before Congress, Kory faced media censorship and professional ostracism by the medical establishment. His advocacy led to personal and professional backlash including the loss of professional engagements.

Dr. Martin Kulldorff is an epidemiologist and biostatistician formerly at Harvard Medical School. He is a globally recognized expert in vaccine safety and statistical monitoring tools. He too co-authored the Great Barrington Declaration. Kulldorff accused the CDC of mismanaging vaccine rollouts by failing to prioritize high-risk groups and argued against vaccine mandates for low-risk populations. He also condemned censorship in scientific discourse by highlighting the suppression of dissenting views during the pandemic. As a result, Kulldorff lost his position on critical advisory panels, including the CDC's Advisory Committee on Immunization Practices (ACIP), despite his prominence in vaccine research.

Dr. Paul Marik is a world expert in sepsis and inventor of the "Marik Protocols." He is one of the most published intensivists globally with over 500 peer-reviewed articles. As the former Chief of Pulmonary and Critical Care Medicine at Eastern Virginia Medical School, Marik advocated for early COVID-19 treatments, including Ivermectin, corticosteroids, and vitamins. He criticized the NIH, CDC, and FDA for prioritizing costly hospital protocols and vaccines while dismissing affordable and effective outpatient therapies. As a consequence, his hospital barred him from prescribing certain treatments that led to legal battles and being forced to resign. Marik suffered significant professional and financial repercussions for his dissent.

Dr. Peter McCullough is a cardiologist and former Vice Chief of Internal Medicine at Baylor University Medical Center He is one of the most cited medical experts globally with over 1,000 publications. McCullough criticized federal health agencies for their lack of emphasis on early COVID-19 treatment, which could have prevented widespread hospitalizations and deaths. He also accused the CDC and FDA of overstating vaccine efficacy while downplaying concerns about adverse events. He was an outspoken opponent of universal Covid vaccination mandates. His outspoken views led to lawsuits, the loss of academic and editorial positions, and well-organized targeted defamation campaigns. As a consequence, McCullough was deplatformed from social media and faced intense public condemnation, which damaged his professional standing.

Dr. Jay Bhattacharya, a Professor of Medicine at Stanford University with over 135 publications, and a co-author of the Great Barrington Declaration that opposed lockdowns in favor of focused protection for vulnerable groups. He argued that blanket lockdowns caused devastating societal and economic harm while failing to protect at-risk populations. Furthermore, Bhattacharya criticized the federal health agencies for stifling scientific debate. For his dissent, he was labeled a "fringe" scientist by government officials and faced personal threats that necessitated security measures. Additionally, he lost his prestigious reputation to serve on public health advisory boards.

These are only six eminent medical professionals, each a leader in their respective medical fields at top institutions who faced severe condemnation for challenging Fauci's COVID-19 policies. Many other physicians and medical scholars could have also been named. However, their criticisms were largely ignored and resulted in significant personal and professional consequences, including loss of positions, reputational damage, and exclusion from critical public health discourse.

A thorough review of the scientific literature reveals that lives were indeed being saved with combinations of existing medications and natural therapies, such as vitamin D. Statistics from actual studies demonstrate the remarkable efficacy of early intervention. Clinics that treated thousands of patients with Ivermectin and Hydroxychloroquine reported only a handful of deaths. Yet, mainstream media ignored these success stories and chose instead to amplify the flawed and misleading claims of Washington technocrats. As a result, hundreds of thousands of Americans might be alive today had they not adhered to the false advice propagated by health officials prioritizing pharmaceutical interests over human lives.

The truth has now come to light. Looking back, we must ask: did Fauci and other health officials ever express regret for their catastrophic mistakes? Did media figures like **Rachel Maddow, Anderson Cooper, Sanjay Gupta, and Stephen Colbert**, who zealously championed flawed science, ever admit they were wrong? Ironically, while they dismissed alternative treatments, scores of published studies already provided evidence of their effectiveness. These failures have left a lasting legacy of mistrust, and the cost—measured in lives lost and faith in public health eroded—is incalculable.

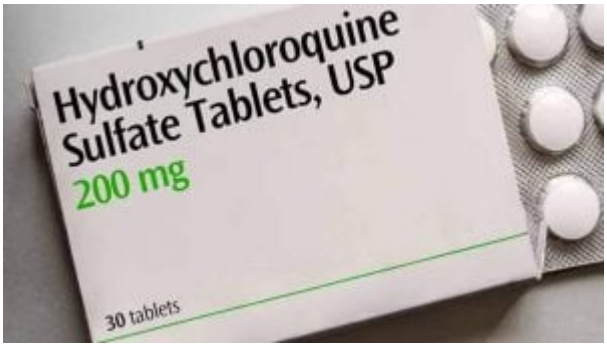
Both HCQ and Ivermectin have been safely used for half a century. Hundreds of studies document their efficacy and thousands of physicians worldwide have used them in their clinical practice to treat SARS-2 infected patients and to reduce viral loads. This is not speculative hearsay. Nevertheless, the dominant medical establishment's efforts to prevent their use included the publication of studies in major medical journals such as *The Lancet* and the *New England Journal of Medicine* in an effort to conclude these drugs are

dangerous and posed serious risks. These papers were later shown to rely on ill-founded data gathered by a shady private enterprise with no previous medical credibility. Two studies were subsequently retracted. In the case of HCQ, the official recommendations were never lifted.

For example, the TOGETHER trial was touted by the mainstream media as a flagship study showing that Ivermectin was ineffective and even dangerous to prescribe. The study was conducted by professor Edward Mills at McMaster University in Ontario. According to the *New York Times*, the trial, which enrolled 1,300 patients, was discontinued because Mills claimed the drug was no better than a placebo. However, later investigations found the entire study was nothing less than a staged theatrical performance. When asked, Mills denied having any conflict of interests; however, he was in fact employed as a clinical trial advisor for the Bill and Melinda Gates Foundation. The Gates Foundation was also the trial's principal funder. It is naïve to believe that Gates has any philanthropic intentions whatsoever to see a highly effective treatment for SARS-2 infections reach worldwide approval. These drugs were in direct competition to his enormous investments and unwavering commitment to the Covid-19 vaccines.

In the meantime, Americans only have monoclonal antibody therapy and the controversial and ineffective drug Remdesivir at their disposal. Remdesivir's average effectiveness for late stage treatment is only 22 percent. A Chinese study published in *The Lancet* found no statistically significant benefit in the drug and 12 percent of participants taking the drug had to discontinue treatment due to serious adverse effects, especially liver and kidney damage.

There was never an urgent need to have waited for experimental vaccines and novel drugs such as Remdesivir before the pandemic became uncontrollable. But this is what our federal health agencies permitted to happen. If this strategy of repurposing safe, cheap and effective drugs had been followed, would it have been successful? The answer is an unequivocal "yes". Both HCQ and Ivermectin have been prophylactically prescribed by physicians working on the pandemic's front lines with enormous success. The World Health Organization recommends Ivermectin for Covid-19 so why not the US? Under oath, many physicians and professors at American medical schools have testified before Congress to present the scientific evidence supporting HCQ and Ivermectin.



A quick review of the cumulative research conducted on the efficacy of HCQ, Ivermectin, as well as Vitamin D, compared to the CDC's recommended drugs Remdesivir and Molnupiravir presents a stark picture America's pandemic response policies favor profit over health.

Hydroxychloroquine

- 606 studies, 419 peer-reviewed comparing treatment with a control for Covid-19

- Trials involved 8,646 scientists and over 591,000 patients
- 66% improvement in 38 early treatment trials
- 76% improvement in 17 early stage infection treatment mortality results
- 22% improvement in 270 late stage infection treatment trials (patients in serious condition)

Ivermectin

- 272 studies, 105 peer-reviewed comparing treatment with a control for Covid-19
- Trials that involved 1,206 scientists and over 220,000 patients
- 85% improvement in 17 prophylaxis trials
- 61% improvement in 40 early stage infection treatment trials
- 40% improvement in 48 late stage infection treatment trials
- 47% improvement in 53 mortality results

An important Brazilian study published in the *Cureus Journal of Medical Science* involved a citywide prophylaxis program in a town of 223,000 residents. 133,000 citizens took Ivermectin. The results for a population of this size were indisputable in concluding that Ivermectin was a safe first line of defense to confront the pandemic. Covid mortality was reduced 90 percent. There was also a 67 percent lower risk of hospitalization and a 44 percent decrease in Covid cases.

Another notable event was the All India Institute for Medical Science and the Indian Council of Medical Research (ICMR), two of India's most prestigious institutions, acting against the WHO and launched an Ivermectin treatment campaign in several states. The state of Uttar Pradesh witnessed a 95 percent decrease in morality, and the Indian capital of New Delhi witnessed a 97 percent reduction. During the same time period, the state of Tamil Nadu, which suppressed the use of Ivermectin, had a 173 percent increase in deaths.

It is worth noting that a Johns Hopkins University analysis concluded that one possible explanation for why many African countries had very few to near zero Covid-19 fatalities was because of the continent's widespread use of Ivermectin for a variety of parasitic diseases.

Vitamin D

- 122 studies conducted by over 1,228 scientists and 196,000 treatment patients
- 211 sufficiency studies with over 321,000 patients
- 53% improvement in 23 treatment trials
- 31% improvement in 69 prophylaxis trials
- 60% improvement in 4early stage infection treatment trials
- 45% improvement in late stage infection treatment trials
- 36% improvement in mortality results

No random controlled studies for any of these interventions were shown to favor the control. On the other hand, if we look at the success rates of two of the most commonly prescribed novel Covid-19 drugs—Remdesivir and Molnupiravir—we discover a sharp lack of efficacy on every metric investigated and far less robust data in the number of clinical trials and studies' enrollment.

Remdesivir

- 79 studies involving 1,242 scientists and over 202,000 patients
- 2% improvement in 38 early treatment trials
- 1% improvement in mortality results
- Zero improvement in 270 late stage infection treatment trials (patients in serious condition)

Remdesivir is too toxic to be prescribed as a prophylactic and therefore has never been tested as such. Multiple studies and clinical evidence show significant increased risks in acute kidney injury. For example, a Chinese study published in *The Lancet* found no statistically significant benefit in the drug and 12 percent of the study's participants had to discontinue treatment due to serious adverse effects, especially liver and kidney damage.

Molnupiravir

- 47 studies involving 887 scientists and over 151,000 patients
- 24% improvement in prophylaxis trials
- 12% improvement in early stage infection treatment trials
- 11% improvement in late stage infection treatment trials
- 15% improvement in mortality results

Molnupiravir's potential risks include the creation of dangerous SARS-2 variants, mutagenicity, carcinogenicity, teratogenicity and toxic threats to fetal development

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	HCQ	Ivermectin	Vitamin D	Remdesivir	Molnupiravir
Studies	419	272	122	79	47
Participants	591K	220K	196K	203K	151K
Countries	59	30	35	24	11
Prophylaxis	NA	85	31	NA	24
Early Tx	66	61	60	2	12
Late Tx	22	40	45	0	11
Mortality	76 (early)	47	36	1	15
Hospitalization	41	34	19	-10	2
Viral Clearance	NA	42	NA	10	25

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The suppression of HCQ and Ivermectin, despite overwhelming scientific evidence of their efficacy, represents one of the most tragic failures in public health during the COVID-19 pandemic. Despite the lifesaving potential of these repurposed, affordable drugs, the narrative remained controlled by federal health agencies HCQ and Ivermectin were vilified in order for the federal health agencies to promote Remdesivir, Molnupiravir and other drugs with limited efficacy and significant risks. Despite their poor performance and considerable

risks, these novel experimental drugs were championed and widely distributed. As a result, hundreds of thousands of preventable deaths occurred in the US alone.

This stark contrast underscores a system that prioritizes pharmaceutical profits over human lives. While Ivermectin and HCQ were repeatedly discredited to protect the commercial interests of vaccine manufacturers and novel drug developers, the evidence supporting their efficacy mounted. Countless families were left grieving loved ones who might have survived if early effective interventions had not been suppressed. The long-term consequences of promoting ineffective and harmful treatments while suppressing safe, affordable alternatives are clear: an immeasurable loss of life, a deep erosion of trust in public health institutions, and a public health crisis that could have been mitigated far earlier. Moving forward, an honest reckoning with these failures is essential to prevent history from repeating itself.

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