

# Hydroxychloroquine is a Cheap and Effective Remedy for COVID-19: Anthony Fauci’s “Big Lie”

Exclusive: Joel S. Hirschhorn accuses doctor of causing untold deaths due to suppression of HCQ

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*With a grand jury approach, the revealing of evidence herein shows that **Dr. Anthony Fauci** has deliberately ignored massive amounts of data showing that hydroxychloroquine is a safe, cheap and effective remedy for COVID-19. By ignoring his ethical responsibility as a physician to first do no harm, his behavior continues to cause preventable pain, suffering and death. Evidence also vindicates what President Trump said and did early on to inform Americans about the benefits of hydroxychloroquine.*

## 1. The Case

Mounting COVID-19 cases and deaths result from limitations on physicians using a safe, effective and low-cost treatment medicine. This, despite many studies and data from other countries showing that HCQ really works to lower death rates and keep affected people from needing hospitalizations and expensive care.

Missing from discussions of hydroxychloroquine use is explicit acknowledgment that Anthony Fauci has used his considerable power and influence to block use of the drug and prevent physicians from using their best judgment. The media have failed to connect two death-causing actions: 1. Some state governors forcing nursing homes to accept virus-infected elderly people; and 2. Government preventing wide and early use of HCQ.

## 2. Reluctance to condemn Fauci

Nearly everyone seems afraid to openly condemn Fauci’s behavior and demand a reversal of his position on HCQ, which would also impact CDC and FDA.

He has made himself the king of virus medicine through constant media appearances far beyond what is normal for a medical researcher. He is part of is a research organization, not a public health or drug approval agency. As much a tyrant as a virus expert, Fauci has stubbornly refused to admit his mistake.

In this vein, an Australian government [official](#) has recently condemned the ban on using HCQ:

“Health bureaucrats have ‘violated the very first principle of the Hippocratic oath’ which is to ‘do no harm.’ ... and they must lift their bans. Otherwise they are engaged in crimes against humanity, and they should be taken to the

criminal court in The Hague.”

Some Americans blame President Trump for the high levels of cases, hospitalizations and deaths from COVID-19. But they have more reason to blame Fauci and his pandemic of lies about HCQ. At the end of this article is a “political” solution. It could make stockpiled HCQ broadly available.

### 3. The Evidence

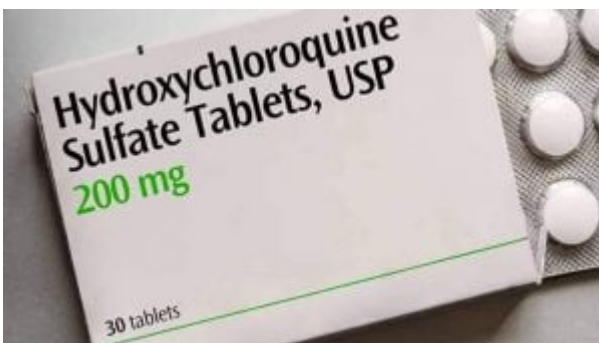
As in a grand jury, this article cites many publications and detailed information demonstrating the proper and effective use of HCQ that has already saved millions of lives worldwide in this pandemic and could save millions more.

In sum, evidence shows that HCQ should be taken very early, either at home in the first few days after a positive test or after symptoms deemed significant by a physician, or in the first days of hospitalization. Also, evidence shows that HCQ should be taken along with zinc and an antibiotic, such as doxycycline. Such a “cocktail” can stop the virus at its earliest stage before the very severe second stage.

The Economic Standard’s new [white paper](#) argues that “HCQ has met the appropriate burden of proof and urges members of the U.S. news media, public health community, and regulatory agencies to stop politicizing the use of this medicine. ... opponents have deprived many tens of thousands of Americans of a potentially life-saving treatment.” But like other reports, the critical role of Fauci in blocking broad use of HCQ is missing.

A just released Italian [study](#) of 3,451 hospitalized patients found 30% less mortality, better than that [reported](#) for the very costly remdesivir in hospitals, touted by Fauci. An earlier, smaller Italian [study](#) found a 66% reduction in death in hospital patients. A Belgium [study](#) of 8,075 hospitalized patients found a 65% reduction. Likewise, a recent [study](#) from Saudi Arabia found 43% fewer hospitalizations and 45% fewer ICU admissions. For high-risk nursing home patients in [Spain](#) HCQ cut the risk of a bad outcome in half.

A large Henry Ford Hospital System [study](#) found a mortality rate for 2,541 patients of 13.5% for HCQ alone, 20.1% for HCQ plus azithromycin, and 26.4% for neither.



A new [analysis](#) by R. Clinton Ohlers is titled, “Effectiveness of hydroxychloroquine was hiding in plain sight.” An early widely publicized [study](#) concluded that HCQ was not effective in New York patients. In truth: “Survival rates for hospitalized patients who received the drug approached 85%” and “with azithromycin the survival rate rose as high as 90%.” Without either drug, “survival fell to levels as low as 53%.” Conclusion: “a highly effective, inexpensive, and widely available treatment for COVID-19 is already in hand.”

Similarly, Dr. Watanabe from Brazil reanalyzed a Minnesota [study](#) that had a negative conclusion. For very early HCQ use, he found that “reduction in symptomatic outcomes is 72% after 0 days (first day of infection), 48.9% after 1 day and 29.3% after 2 days” - all compared to a placebo group. Conclusion: “Infected patients may have a large benefit if treated as early as possible.”

Clearly, many media-hyped studies saying HCQ has no benefits are not credible. Some medical journal papers were [retracted](#).

An [article](#) by physician Norman Doidge is “Hydroxychloroquine: A Morality Tale - A startling investigation into how a cheap, well-known drug became a political football in the midst of a pandemic.” Conclusion: “Worldwide [HCQ] might save a million or more people before COVID is tamed.” Some studies were poorly designed. In one case “the patients were given the medication late - on average 16.6 days after the first symptoms.”

Another important [study](#) is: “Early treatment with hydroxychloroquine: a country-based analysis.” Critical conclusion: The death rate from the virus in a number of nations where HCQ has been made widely available (the treatment group) is about 74% less than in those nations, including the U.S., where it has not been made available (the control group).

Many physicians and experts on viruses have published strong pro-HCQ articles, notably Dr. Harvey Risch from Yale University. He has repeatedly argued for using HCQ as the standard outpatient therapy. This [article](#) is for a general audience. In a medical journal [article](#), he warned against “sitting by and letting hundreds of thousands die because we did not have the courage to act according to our rational calculations.”

Experienced pro-HCQ front-line doctors have appeared on Fox News shows, including Dr. Stephen Smith, Dr. Marc Siegel (whose 96-year-old father was saved with HCQ), Dr. Janette Nesheiwat, Dr. Mehmet Oz and Dr. Risch who noted, “We’re basically fighting a propaganda war against the medical facts” and that “75,000 to 100,000 lives will be saved” if the national HCQ stockpile were used. Fox’s Sean Hannity had Dr. George Fareed, an early user of HCQ, on a [recent](#) radio show.

A new CDC [publication](#) reveals prescriptions for HCQ at retail stores (not mail order). In March through June this year there likely were 680,000 prescriptions for treating the virus. After the government clamp down, prescriptions in May and June averaged 80,000 a month. This limited use may help explain many reduced death rates.

And despite negative actions by some governments and the World Health Organization, the [Sermo](#) survey of physicians in 30 countries found for this September that HCQ is being used for 22% of patients outside hospitals, 21% inside them and even 14% in ICUs.

#### **4. Problems with Fauci’s Positions**

Dr. Fauci is only satisfied with randomized control trials (RCTs). This position has been sharply debunked, as has the assertion of negative health effects and that HCQ risks outweigh its benefits.

Thomas R. Frieden, former head of the CDC, concluded in [2017](#): “Despite their strengths, RCTs have substantial limitations.” He supported using many other kinds of data that now constitute the evidence for using HCQ.

Similarly, [Norman Doidge](#) observed: “RCT is best understood as standing not for Randomized Control Trials, but rather ‘Rigidly Constrained Thinking.’ in the current COVID-19 situation ... we cannot simply, as so many are insisting [namely Fauci], rely only on the long-awaited RCTs to decide how to treat COVID-19.”

Importantly, hundreds of drugs have been approved without RCTs, including hydrocortisone, Lasix, tetanus vaccine, insulin, tetracycline, warfarin, heparin, prednisone, half of chemotherapy drugs used in cancer and uses of HCQ for many diseases, such as malaria and lupus.

Another false criticism has [recently](#) been debunked: “HCQ decreases cardiac events. HCQ should not be restricted in COVID-19 patients out of fear of cardiac mortality.” Another [study](#) concluded: “HCQ administration is safe for a short-term treatment for patients with COVID-19 ... causing ... no directly attributable arrhythmic deaths.” [Dr. James Todaro](#) concluded: “It is highly unlikely that fatal cardiac cases are from hydroxychloroquine use. It is far more likely that the disease itself is the cause of arrhythmias and cardiac injury during the hyperinflammation phase of severe cases of COVID-19.”

An [article](#) by Steven Hatfill, “Why Is The Media Suppressing Information About Hydroxychloroquine’s Effectiveness Against COVID?” noted, “There are now 53 studies that show positive results of hydroxychloroquine in COVID-19 infections.” It also highlights the early Fauci and FDA strategy that promoted use of HCQ for hospitalized patients (when it was mostly too late) rather than early outpatient use.

The Doidge article noted that for a major [study](#) that found a 66% reduction in hospital deaths from use of HCQ, Fauci “didn’t seem excited.” The key question: “Why should anyone facing a pandemic wish to discredit potentially lifesaving medications?” The answer: The billions of dollars to be made from selling medications and vaccines. Fauci has had a very close relationship with pharmaceutical companies and has patents for one of the leading vaccines being tested by Moderna.

In August three-front line physicians wrote a detailed open [letter](#) to Fauci making the medical case for unblocking widespread use of HCQ. “You are largely unchallenged in terms of your medical opinions. You are the de facto COVID-19 Czar. ... Americans must not continue to die unnecessarily. Adults must resume employment and our youth return to school. Locking down America while awaiting an imperfect vaccine has done far more damage to Americans than the coronavirus.”

An important [article](#) by an epidemiologist rebutted the explanation by Fauci of why he rejects the incredible amount of evidence supporting use of HCQ. Conclusion: “I earnestly hope that Dr. Fauci reconsiders his opposition to HCQ and restores his hitherto considerable reputation.”

[Schachtel](#) noted, “Mad scientist: Fauci demands total U.S. shutdown until COVID vaccine arrives: There is no basis for Fauci’s claim that he can manipulate society into stopping the virus. He is either a victim of the illusion of control, or he has embraced total deception as part of his power drunk campaign to stay in the spotlight.”

[Dr. Lee D. Merritt](#) unraveled the question of why Fauci has been so negative about HCQ: “Why is he so strongly promoting the \$3,600 remdesiver and almost totally ignoring the \$20 HCQ regimen, other than to say the latter is of ‘unproven benefit’?” Are there conflicts of

interest? She noted that Fauci is an integral part of a vaccine coalition, specifically the Global Vaccine Action Plan (GVAP), a collaboration of the Bill and Melinda Gates Foundation and Fauci's group. Fauci is also in the Leadership Council of the 'Decade of Vaccines' Council. Large sums of money flow from the Gates Foundation to and around Fauci's projects.

## **5. Indictment justified**

The continued use of crippling lockdowns [advocated](#) by Fauci is sheer lunacy when, in fact, we have an effective therapeutic. Early use of HCQ coupled with understanding the low impact of the virus on younger and healthy people would have blocked local and state lockdowns.

Waiting for large-scale use of a proven vaccine to justify restoring our society and economy is just plain stupid. If Fauci were a genuine public health official and not just a medical researcher, then he would have recognized the great many negative health impacts of lockdowns and waiting for a broadly used vaccine. He has not.

In sum: Every single day people are suffering and dying unnecessarily because Fauci refuses to accept HCQ facts. Instead, in endless media statements and appearances he pushes masks, lockdowns and vaccines.

Anthony Fauci benefits from incorrect views of HCQ in the mostly leftist press. From [The Washington Post](#): "There is no solid scientific evidence hydroxychloroquine should be used to treat COVID-19." Similarly, [Twitter](#) recently issued a warning "about the potential risks" of HCQ use. USA Today [claimed](#) science "has shown [HCQ] does not have a clinical benefit for COVID-19 patients and even has increased risks."

## **6. Indictment specifics**

For this grand jury proceeding, substantial evidence supports the indictment of Fauci on these counts:

A. Violating his physician oath to first do no harm.

B. Using his substantial influence to block widespread use of the proven safe, cheap and effective HCQ and, consequently, causing preventable pain, suffering and death for many thousands of Americans directly and through crippling lockdowns with their own negative health impacts.

C. Blocking traditional medical freedom and preventing physicians from using their best judgment in selecting for their patients the best treatment for COVID-19.

## **7. Solution**

As a form of trial for the indicted Fauci, here is a practical way to defeat anti-HCQ efforts and the leftist, anti-Trump media and, more importantly, help Americans.

Immediately create a special work group under the White House Pandemic Task Force. Have it co-chaired by Dr. Scott Atlas, now a member of the Task Force, and the eminent Dr. Harvey Risch of Yale University. Have them select 10 additional members. Mandate them to deliver to the Task Force and President Trump within 30 days a recommendation to remove

government restrictions on the use of HCQ or maintain the status quo. Let truth prevail.

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