

Information Warfare Behind Chloroquine

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*As the new coronavirus pandemic advances around the world, several side questions are raised. Many controversies have been discussed around the treatment of COVID-19, with countless speculations about the efficiency of experimental methods, and defenders and opponents of the application of these methods are emerging everywhere. One clear examples of what we are talking about here is the discussion around the use of chloroquine and **hydroxychloroquine** in the treatment of people infected by the virus. With results that are still not very accurate, the medicines have been the target of a wide variety of opinions: on the one hand, some support them fanatically due to the fact that they have already shown good results in the treatment of some patients, on the other hand, some reject them completely because they present several side effects. In the midst of this clash, several relevant decisions are made in several countries and on the international stage.*

Chloroquine is a drug traditionally used in the treatment of malaria, which is why it is considered an essential drug and of necessary availability by the World Health Organization. Similar in structure, **hydroxychloroquine** is a drug commonly used in the treatment of chloroquine-sensitive malaria cases, as well as in cases of rheumatoid arthritis and lupus. Both drugs have only recently started to be tested in the treatment of COVID-19, as part of several applied scientific research programs aimed at tackling the global pandemic. To date, only a few studies with chloroquine and hydroxychloroquine have been carried out, and research has been effective mainly in France and China, most of them inconclusive.

In fact, in some of the cases of application of these experimental methods, the results were positive, indicating that the drugs, if properly analyzed and developed, can really indicate improvements for the patients most affected by the disease. In general, the cases with the best results in the application were precisely the most severe, with patients admitted to intensive care units, not being generally experienced in patients with a less advanced state of the disease. The reasons for this are simple: at the same time that chloroquine and hydroxychloroquine can - apparently - improve the situation of critically ill patients, they can be a real poison for cases of less aggressive disease, taking into account mainly its side effects, which range from diarrhea, pain and nausea to severe convulsions and significant changes in mental status. In other words, the effects of the wrong or unnecessary application of these drugs can be harmful, especially for a disease like COVID-19, which is, in most cases, totally or partially asymptomatic.

In general, the scientificity of the experiments with both drugs is being neglected in favor of purely political or economic discourses.

The commitment to **the truth about the use of chloroquine and hydroxychloroquine** is being replaced by the commitment to diverse interests behind the official pronouncements of States and international organizations. In Brazil, treatment with

chloroquine was received by the government of Jair Bolsonaro as a “magic formula” against COVID-19. Worse still, rumors were spread that the medicine would also act preventively – contrary to all scientific evidence – which made thousands of people go to pharmacies to look for the drug and take it unnecessarily, many of them being hospitalized because of this. Similarly, in the U.S., President Donald Trump contradicted the recommendations of several experts and issued statements defending the use of chloroquine as a cure for the new coronavirus, which resulted in a huge demand and depleted stocks of this drug in American pharmacies. As a consequence, several cases of hospitalizations due to inappropriate use of the drug have already been recorded, with at least one confirmed death, in the state of Arizona. The US and Brazil have already started international negotiations with India to trade chloroquine raw material.

On the other hand, opinions against the use of chloroquine are also gaining strength in different parts of the world. France imposed extremely restrictive protocols on the use of chloroquine and hydroxychloroquine in patients with COVID-19. In early April, the European Medicines Agency, a member network of the EU, said that both drugs should only be used under medical prescription, warning about the serious side effects that can result from their misuse. Even in Brazil, opinions are not homogeneous about the use: contrary to the president’s speech, the National Health Surveillance Agency vetoed the use of medicines due to little scientific support. In China, a research by the University of Zhejiang found that the use of chloroquine is less efficient than the most basic health care and hygiene measures. Comparing patients who received treatment with chloroquine and patients who did not, the researchers found no differences in their final result, concluding that the method is irrelevant.

Finally, what can we conclude from all this? The most realistic conclusion we can reach by analyzing these data is that the doubts and different discourses around the treatment with chloroquine and hydroxychloroquine in patients with COVID-19 are precisely due to the immaturity of scientific research with these treatments. The tests carried out so far are absolutely inconclusive precisely because they have been few and relatively shallow. So what is the reason for the collective hysteria surrounding these drugs? The answer is simple: we are facing the Information War.

With the country devastated by the pandemic in an election year, chloroquine’s speech as a magic formula against coronavirus fits perfectly with Donald Trump’s plans. In Brazil, the situation of Jair Bolsonaro is not different: politically unstable, unpopular and with an exponential growth of the pandemic in the country, the “best” thing to do is to spread rumors about a miraculous cure. In Europe, divergent opinions about treatment are due to the very European political nature, since there is no longer any interest for the EU to adopt any American discourse early, given the unstable relations between both and the serious situation of the pandemic on the continent. China, which already contained the outbreak of the pandemic and resumed stability, is conducting more complex research on treatment and with greater scientific rigor. The trend in India, which is profiting from exportations to the US and Brazil, is definitely to corroborate the treatment efficiency discourse. Thus, decisions are being made on the international scene based on inaccurate, insecure and unstable information.

In the end, who is really interested in the truth about chloroquine and hydroxychloroquine? Is it the truth about the treatment that will move the global political and economic machine in the midst of the pandemic or simply the official opinions of States and world organizations formed on the basis of strategically manufactured information? Apparently, science is not

the interest behind the speeches for and against these drugs. In the era of hybrid and information wars, rumors are worth much more than scientific articles.

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