

# Hydroxychloroquine (HCQ): The Suppression of a Proven COVID Remedy

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*Hydroxychloroquine (HCQ) has been an FDA approved drug for over 65 years. It has been on the World Health Organization's list of essential medicines since the list began in 1977. People have been safely treated with HCQ billions of times for malaria, lupus, HIV and rheumatoid arthritis. HCQ exerts both anti-inflammatory and antiviral effects.*

Nevertheless, the FDA has caused many states to ban the use of HCQ to treat COVID-19 and made it very difficult to obtain a prescription elsewhere in the U.S. by foisting studies that greatly exaggerate a potential heart rhythm problem. In contrast, the CDC website says this about HCQ:

“With frequent dosing, rarely reported adverse events include cardiac arrhythmias in those with liver or kidney dysfunction ... CDC has no limits on the use of hydroxychloroquine for the prevention of malaria ... It can also be safely taken by pregnant women and nursing mothers ... and children of all ages.”

On Nov. 19, **Dr. George Fareed** from California testified before the Senate Homeland Security Committee about successfully treating over 1000 COVID patients with HCQ. On Dec. 10, Fareed responded as follows to follow-up questions from **Senator Josh Hawley**:

“The earlier the treatment can be started after the start of the infection, the better ... Sadly, many infected people and primary care doctors and doctors in ERs follow the NIH and Dr. Fauci stipulations with no effective treatments offered. We need to have the NIH/FDA/CDC formally acknowledge the importance of early treatment with moderately acting, safe anti-virals [like HCQ] so readily available. When (if ever) that happens, everything would improve dramatically.”

At [c19study.com](#) is an up-to-date list of the countries successfully treating COVID with HCQ, mostly in combination with zinc and an anti-biotic (azithromycin or doxycycline): India, South Korea, Indonesia, China, Greece, Russia, U.A.E., Turkey and countries throughout Africa, South America and Central America.

Suppression of HCQ is a central factor in why the U.S. has among the very worst rates of illness and death from COVID-19.

For example, BBC News published an article titled “How Turkey took control of Covid-19

emergency”: “Chief doctor Nurettin Yiyit says it’s key to use hydroxychloroquine early. ‘We have no hesitation about this drug. We believe it’s effective because we get the results.’”

A study in India, where HCQ is being widely used as a prophylaxis (preventative medication), concluded that:

“The pivotal finding of our study was the noteworthy benefits of HCQ prophylaxis ... [T]he National Task Force for COVID-19 in India recommended once a week maintenance dose for seven weeks ...”

**Harvey Risch**, M.D., Ph.D., is a renowned Professor of Epidemiology at Yale School of Public Health, author of over 300 peer-reviewed publications. This is how he describes the situation:

**“There’s been a massive disinformation campaign that stretches from government to the media ...** The evidence in favor of hydroxychloroquine benefit in high-risk patients treated early as outpatients is stronger than anything else I’ve ever studied ... **The F.D.A. has relied on Dr. Fauci and his N.I.H. advisory groups** to make a statement saying that there is no benefit of using hydroxychloroquine in outpatients ... That’s led to the deaths of hundreds of thousands of Americans who could have been saved by usage of this drug ... People need to be writing or calling their congressmen and senators ... [The] bureaucracy is in bed with other forces causing [it] to make decisions not based on the science ...” (emphasis added)

### **HCQ is generic and costs a few dollars for an entire course.**

As of the end May, there were over 150 million doses of HCQ in the Strategic National Stockpile (SNS). This stockpile is currently wasting away in government warehouses. On June 22, the Association of American Physicians & Surgeons (AAPS) filed suit for an injunction against the March 28 order of the FDA that prohibits the use of this stockpile except for already-hospitalized COVID patients for whom it is too late. See [aapsonline.org/hcqsuit](http://aapsonline.org/hcqsuit)

The only drug approved by the FDA for the outpatient treatment of COVID-19 is Remdesivir, a largely ineffective medicine manufactured by pharmaceutical giant Gilead, that costs over \$3000 for a course.

The immensely wealthy pharmaceutical industry which cannot profit from a cheap and available remedy like HCQ is largely responsible for its suppression through its influence upon government agencies and the media.

An illustration of how the system works is described by the editors-in-chief of the two most prestigious medical journals in the world, namely The Lancet and the New England Journal of Medicine, who cite the “criminal” pressures put on them by pharmaceutical companies, thus explaining how a series of negative HCQ studies got published. In the words of the editor of The Lancet, **Dr. Richard Horton:**

“If this continues, we are not going to be able to publish any more clinical research data because pharmaceutical companies are so financially powerful ... Journals have devolved into information laundering operations for the pharmaceutical industry.”

“Medical journals are an extension of the marketing arm of pharmaceutical companies,”

wrote **Richard Smith**, former editor-in-chief of the British Medical Journal (BMJ).

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