

Video: Covid-19 and the Censorship of Medical Doctors. LancetGate and the Suppression of Hydroxychloroquine (HCQ)

By [Prof Michel Chossudovsky](#)
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Region: [USA](#)
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Medical doctors at an event in front of the US Supreme Court are accused of making false statements.

The video of their press conference was removed by Youtube and Facebook. They are accused by CNN of spreading “fake science”

The doctors put forth Hydroxychloroquine (HCQ) as an effective Covid-19 cure.

Why were they smeared by CNN? Why were they the object of censorship?

According to CNN, Hydroxychloroquine (HCQ) is sponsored by “Fake Pharma companies”. What utter nonsense. The unspoken truth is that the statement of the medical doctors goes against the interests of Big Pharma.

In this video, Professor Michel Chossudovsky reveals how a peer reviewed report in The Lancet was used “to kill” the legitimacy of HCQ as a cure of Covid-19. It was later revealed that the Lancet HCQ study was based on fake data. The author of the peer reviewed report apologized.

“I’m truly sorry”... And [the report was retracted by The Lancet](#), which acknowledged that the data was fabricated. The media remained silent on what constitutes “Fake Science”.

VIDEO

[The Lancet article was retracted.](#)

Background

Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods

We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory finding for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or while they were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (non-sustained or sustained ventricular tachycardia or ventricular fibrillation).

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