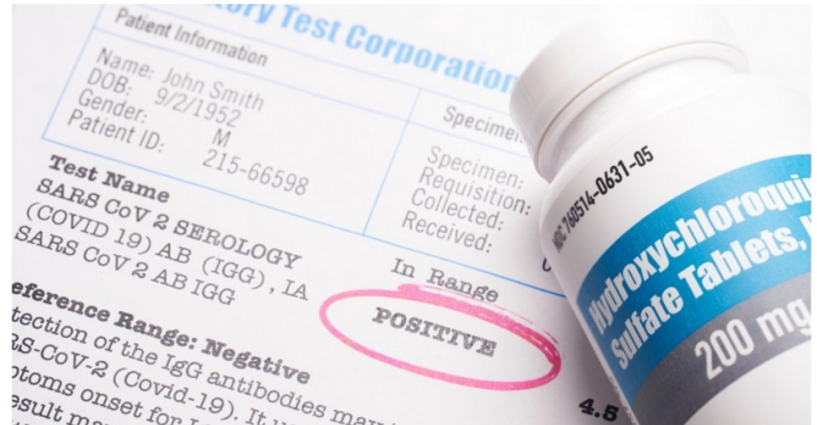




Written by [Dennis Behreandt](#) on August 18, 2020

HCQ Works. Banning Its Use Causes Needless Suffering and Death

For most of the spring and summer, after President Trump mentioned that he thought hydroxychloroquine (HCQ) might be effective at stopping COVID-19, the mainstream media and the medical and public health establishment engaged in a wholly unprecedented smear campaign designed to demonize the drug and take it away from doctors who might try to follow the science and treat COVID patients with it.



That science might have been somewhat debatable in April, but it isn't really debatable now. Early investigations showing HCQ having anti-viral efficacy in vitro led some high-profile doctors in France and the United States to use it to treat patients suffering from COVID. Alone to a lesser degree, and especially in combination with zinc and azithromycin, the results they obtained pointed to the drug's continued potential. Subsequent retrospective studies have been even more encouraging. It is increasingly clear that HCQ, an old antimalarial drug that has also been used to treat some autoimmune disorders, can be an effective option for COVID-19, if used properly in treatment guided by a skilled physician..

This was the conclusion of noted epidemiologist Harvey Risch of the Department of Chronic Disease Epidemiology at the Yale School of Public Health. In a [paper](#) reviewing the use of both HCQ and the much touted drug Remdesivir for treatment of COVID-19, Risch noted: "The fact that epidemiologic data to-date show strong evidence for efficacy of combined HCQ+AZ in early outpatient treatment, even if not 'proof' yet at the level of several successful RCTs, is evidence that this medication regimen works in that context."

Moreover, he continued: "No studies of Covid-19 outpatient HCQ+AZ use have shown higher mortality with such use than without, cardiac arrhythmias included, thus there is no empirical downside to this combined medication use."

Put in stark terms: If used correctly, there's a good chance HCQ-based treatment will help and there's essentially no chance that it will do harm. To abstain from using it, or worse, to ban it as far too many politicians and technocrats have, is to withhold life-saving treatment for mere political purposes.

That's not only immoral, it's tantamount to murder.

In a devastating [open letter](#) written to Dr. Anthony Fauci, heretofore the chief COVID commissar of the realm and lead purveyor of fear and medical misinformation, Doctors George C. Fareed, Michael M. Jacobs and Donald C. Pompan argue that the government, and Dr. Fauci, must stop the political witch hunt against HCQ in order to save American lives. Among the many trenchant questions raised by this trio of doctors are these:

- "Are you aware that countries like Senegal and Nigeria that use hydroxychloroquine have much lower case-fatality rates than the United States?"



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- “Have you pondered the relationship between the use of hydroxychloroquine by a given country and their case mortality rate and why there is a strong correlation between the use of HCQ and the reduction of the case mortality rate?”
- “We should all agree that countries with far inferior healthcare delivery systems should not have lower case fatality rates. Reducing our case fatality rate from near 5 percent, to 2.5 percent, in line with many countries who use HCQ early would have cut our total number of deaths in half, correct?”
- “Would you acknowledge that your strategy of telling Americans to restrict their behavior, wear masks, and distance, and put their lives on hold indefinitely until there is a vaccine is not working?”
- “So, 160,000 deaths later, an economy in shambles, kids out of school, suicides and drug overdoses at a record high, people neglected and dying from other medical conditions, and America reacting to every outbreak with another lockdown — is it not time to re-think your strategy that is fully dependent on an effective vaccine?”
- “Why not consider a strategy that protects the most vulnerable and allows Americans back to living their lives and not wait for a vaccine panacea that may never come?”
- “Why not consider the approach that thousands of doctors around the world are using, supported by a number of studies in the literature, with early outpatient treatment of high-risk patients for typically one week with HCQ + zinc + azithromycin?”
- “Are you aware that physicians advocating for this treatment that has by now probably saved millions of lives around the globe are harassed by local health departments, state agencies and medical boards, and even at their own hospitals? Are you aware of that?”
- “Don’t you think doctors should have the right to speak out on behalf of their patients without the threat of retribution?”
- “Why is the government inserting itself in a way that is unprecedented in regard to a historically safe medication and not allowing patients the right to choose along with their doctor?”
- “Why not give the American people the right to decide along with their physician whether or not they want outpatient treatment in the first five to seven days of the disease with a cocktail that is safe and costs around \$50?”

All good questions that demand answers from Dr. Fauci and many others in his camp. An even better question is how many lives could have been saved if Fauci, et al., hadn’t done their best to stop Americans from having access to life-saving medicines?

Our guesses on that score can be informed by numbers crunched by the American Association of Physicians and Surgeons (AAPS). At the end of April, that organization produced a [chart](#) comparing US COVID deaths per million with the same figures for nations that opted to use HCQ early in treatment and as a prophylactic against COVID. The six nations relying on HCQ highlighted by AAPS collectively averaged 8.77 deaths per million at the time. The United States, by comparison, averaged 167 deaths per million.

The data “show that U.S. COVID-19 death rates are at least eight times higher than in countries with early and prophylactic use of HCQ,” AAPS wrote while observing: “the safety of Hydroxychloroquine is well documented. When the safe use of this drug is projected against its apparent effect of decreasing the progression of early cases to ventilator use, it is difficult to understand the reluctance of the authorities in charge of U.S. pandemic management to recommend its use in early COVID-19 cases.”



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Months after AAPS published its chart, the situation looks even worse for the United States. According to [Statista](#), U.S. deaths per million stand at 520.06. India, one of the nations identified by AAPS as having utilized HCQ early, has seen 38.29 deaths per million. Similarly, Australia, also noted by AAPS, now has 17.53 deaths per million. An interesting case is Brazil. According to the information published in April by AAPS, that country had been using HCQ to treat COVID and had experienced 20 deaths per million. Now, that figure stands at 518.15 deaths per million, according to Statista. Interestingly, on August 4 [CNN reported](#): “Following scientific guidance, many Brazilian doctors have stopped prescribing hydroxychloroquine.” Indeed, a large donation of the drug from the U.S. sits unused in a warehouse. This despite the fact that the country’s leader, Jair Bolsonaro, credits the drug with saving his life from COVID-19.

“Today I’m a lot better, so certainly it’s working,” Bolsonaro said of his experience with HCQ and COVID, [according to CNBC](#). “We know today there are other remedies that can help fight the coronavirus. We know none of them have their efficacy scientifically proven, but I’m one more person for whom this is working. So I trust hydroxychloroquine. And you?”

Wrapping up his original summary of the potential for treatment of COVID-19 with HCQ, Yale’s Harvey Risch wrote:

“I conclude that HCQ+AZ and HCQ+doxycycline, preferably with zinc can be” a useful “outpatient treatment, at least until we find or add something better, whether that could be remdesivir or something else.”

Moreover, he continued, “It is our obligation not to stand by, just ‘carefully watching,’ as the old and infirm and inner city of us are killed by this disease and our economy is destroyed by it and we have nothing to offer except high-mortality hospital treatment. We have a solution, imperfect, to attempt to deal with the disease. We have to let physicians employing good clinical judgement use it and informed patients choose it. There is a small chance that it may not work. But the urgency demands that we at least start to take that risk and evaluate what happens, and if our situation does not improve we can stop it, but we will know that we did everything that we could instead of sitting by and letting hundreds of thousands die because we did not have the courage to act according to our rational calculations.”

Sharon Hurt, a crazed totalitarian local politician in Nashville, [mused recently](#) that those who don’t wear masks should be charged with attempted murder.

That’s full-blown liberal insanity. But in the case of the efforts to ban HCQ and prevent its use, many thousands may already have died needlessly because of the bans, disinformation and fear spread by team Fauci.

Instead of worrying about dubious mask policies, it’s time to start thinking about holding accountable those who, following the failed Fauci, have prevented Americans and their doctors from having access to an inexpensive and life-saving medication.

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Dennis Behreandt is a research professional and writer, frequently covering subjects in history, theology, and science and technology. He has worked as an editor and publisher, and is a former managing editor of The New American.



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