

Hydroxychloroquine Is Widely Used Around the Globe

*Commentary by Brian Giesbrecht
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Death rates in countries that rely on hydroxychloroquine (HCQ) for the treatment of COVID-19 appear to be dramatically lower than death rates in countries that discourage the use of the drug.

A new study claims that the death rate in the countries that used HCQ early on was 77 percent lower than in countries where the drug was not used (c19study.com).

The startling thing about this finding—if accurate—is that the countries where HCQ has been extensively used are poor in relation to the countries that could afford to adopt the “lockdown” model. Those poorer countries cannot afford the massive amounts of money spent by lockdown countries, where businesses were shut down and trillions were then spent compensating workers and business owners.

The HCQ countries are also unable to afford the expensive health-care systems that rich countries are lucky to have. If the findings of this study are borne out it will be a massive indictment not only of all of the HCQ naysayers, but of the advocates of the lockdown model.

It might also mean that a pill costing a few cents saves lives, while the mountain of money spent on lockdowns in the rich part of the world has failed to do so.

The other notable difference between the HCQ countries and lockdown countries is that those countries don't attempt to prevent doctors from prescribing HCQ to their patients. Here, doctors are discouraged from doing so.

Speaking Out

A detailed analysis of the c19 study is far beyond the ability of this author. The fact is, the study is currently being attacked by scientists and other experts—as it should be. However, the point is, many countries claim that HCQ works, and the truth of this claim is largely being ignored by a biased media and self-serving politicians.

However, senior doctors are now beginning to speak out against the unofficial campaign that clearly exists to

discredit any doctor or scientist who advocates for the use of HCQ.

Recently, Yale University Dean of Public Health Sten Vermund defended the right of a fellow senior doctor to openly discuss his view that HCQ works, and that American doctors must be freed up to prescribe a drug that could save many lives.

The general belief of these doctors is that HCQ, in combination with zinc and azithromycin, should be used as early as possible in the treatment of the disease for best results. Clearly, the campaign to stop doctors who believe that HCQ works from prescribing it to their patients is beginning to crack.

The doctor the dean was defending is Yale epidemiologist and public health professor Harvey Risch. Risch—the author of 300 published articles—is a distinguished professor and cancer epidemiologist. He had appeared on Fox News and told Ingraham Angle host Laura Ingraham that not only were doctors who believed in the use of HCQ being unfairly treated, but that the use of the drug could save between 75,000 and 100,000 lives.

For his advocacy of HCQ he was facing criticism, and Vermund defended Risch's right to advocate for the use of a treatment he believed in.

Another senior doctor who spoke on Ingraham's show recently is cardiologist Ramin Oskoui. He described the results of the finding of the c19 study on Fox News on Aug. 5, 2020. Speaking with Ingraham, Oskoui urged health officials to abandon their political opposition to the drug and incorporate it into a treatment program that could potentially save many lives, and reduce the suffering of people stricken by the disease.

It's far too early to determine how this particular study will hold up. However, it's clear that scientists and doctors in many nations have enough of a belief in the efficacy of the drug to incorporate it into both the prevention and the early treatment stage of their COVID-19 treatment regime.

How Countries Use HCQ

Perhaps it would be useful to look briefly at how some of these countries are using the drug. The following is a brief description of some of the countries that use HCQ extensively, both as a prophylactic and as a treatment for COVID-19 in the early stages.

Turkey is one such country. When a person shows symptoms of the disease in Turkey, they are prescribed low doses of HCQ and advised to remain at home and report on their progress. If their illness progresses to a stage where hospitalization is necessary, they are then prescribed slightly higher doses of HCQ, together with other treatment. Turkey's reported death rate is dramatically lower than the death rate in countries such as Britain and the United States, where HCQ use is discouraged, and therefore not openly used.

India also uses HCQ extensively. This is made easier by the fact that much of the world's supply of the drug comes from India, and as a result its use there is particularly inexpensive. The belief is that the early use of HCQ cuts the mortality rate in half. Statistics from India appear to bear that out. Police, health-care workers and frontline workers are given HCQ as a prophylactic, and the results there are very encouraging.

Israel has not only been making use of HCQ in COVID treatment, but has also been supplying it to its friends. For instance, Israel made a major donation of HCQ to Gov. Ron DeSantis of Florida, who incorporated the drug into the COVID treatment plan there. It should be noted that

Florida's COVID death rate remains far lower than the rate in states such as New York, despite Florida's large elderly population. It's an open question whether this lower death rate is related to Florida's use of the donated drug.

Other countries where the use of HCQ is encouraged, rather than discouraged, also show dramatically lower death rates. Russia and South Korea are examples, but there are many countries, such as Switzerland, where the drug is used quietly.

Switzerland, in fact, provides strong proof that HCQ is effective. Simply put, when the flawed study that WHO relied upon to recommend the suspension of HCQ use, Switzerland followed that advice and suspended HCQ use. When that flawed Lancet reported study was withdrawn as false, Switzerland resumed HCQ use. During the few weeks when HCQ was not used, the death rate shot up. When HCQ use resumed, the death rate came down again. This is strong proof that the drug works.

In many countries, the drug is available as an easily affordable and safe over-the-counter drug. It's sold in the same way that common pain relievers are marketed.

However, even in countries that do not encourage the use of HCQ, or even actively discourage its use, the drug is certainly being used. In the United States, for example, a significant number of doctors are defying the HCQ taboo and prescribing the drug to their patients both as a prophylactic, and for treatment. HCQ's possible life-saving benefits (combined with its safety and low cost) are simply considered to be too great to ignore. The fact that it had been used safely by millions of people for decades has convinced many doctors that they cannot in good conscience keep the drug from their patients.

Exactly how many doctors worldwide are prescribing the drug for their patients, either as a prophylactic or as part of their treatment, is an unknown, but it's known that the drug is being produced and sold in huge quantities.

Germany, as well, is reported to have made extensive use of HCQ in the very early stages of the pandemic. This might account for its relatively low COVID death rate. The fact that the huge German pharmaceutical company Bayer produces HCQ in Germany made German use easier. In fact, Bayer donated a million doses of HCQ to the United States during the height of the pandemic.

India, Brazil, and Ecuador all reported that when HCQ was administered to local populations, death rates fell sharply. In France, 466 million prescriptions for the drug have been written by doctors. And Russia refused to stop its reliance on HCQ, even when the later debunked Lancet study caused the WHO to recommend a temporary halt to all HCQ use. HCQ remains an important part of Russia's COVID treatment regime.

The tragedy in all of this may be that the strongest opposition to the use of HCQ appears to be found in one of the countries most badly infected—the United States.

While the drug is being used—apparently successfully—in many parts of the world, politicians, the mainstream media, and social media vehicles such as Google (YouTube), Twitter, and Facebook are working aggressively to make it impossible for the American public to either obtain the drug, or to use it. They also appear to be working in concert with media organizations and politicians to promote a smear campaign against the use of the drug.

Why is that?

The answer is clear. Much of it is purely political. President Donald Trump famously stated his belief that the drug

might work, and as a result his opponents have decided to make it unavailable to the American public—no matter the possible cost in lives.

As The Wall Street Journal recently reported, there are encouraging HCQ test results, although there's no definitive answer at this time. Politics should play no part in what should be a purely medical decision.

Unbiased Testing

Perhaps some medical authorities worry that large-scale HCQ usage would prevent the widescale vaccinations that would be necessary to reach herd immunity when vaccines become available. But that is not a good reason. HCQ might prove to be a far safer and more affordable treatment. Unbiased testing should be undertaken to answer this question.

That unbiased, rigorous testing is incredibly important. In the words of visionary Scott Adams, it's so important that we should be “chewing through concrete walls” to get definitive answers. And yet, mainstream testing is done almost reluctantly.

And even the WHO-approved studies that are undertaken almost look they were designed to fail. The two main studies studied the wrong things. They analyzed the results of using massive doses of HCQ in the advanced stages of the disease. None of the HCQ-using countries are administering it in that way. They are using it both as a prophylactic and, in the case of infection, at the very early stage of the disease—using modest doses to prevent the disease from progressing to the stage where the lungs have become severely impacted.

None of the HCQ-using countries administer it in the dangerously large doses used in the oft-quoted negative studies. The rigorous studies that the mainstream media insists on referring to when denouncing HCQ having nothing to do with how the drug is actually being used.

It should also be noted that the naysayers who talk about the dangers of taking the drug are grossly overstating any danger. All drugs have side effects, but HCQ has been used safely for the past 65 years. Billions of tablets have been consumed. As an example, anyone in the military who travelled to tropical areas was routinely given HCQ as protection against malaria. Rheumatism, arthritis, and lupus sufferers have been taking the drug safely since the 1950s.

Simply put, healthy people can tolerate this drug with no complications. Those with heart or other similar conditions need to consult their doctor about taking the drug in the same way that they need to consult about taking aspirin or ibuprofen. It's a fact that HCQ is a safe, inexpensive drug.

Finally, for the naysayers who assert—quite correctly—that there are no definitive studies that HCQ works, it should be stated that the same can be said for other drugs and treatments that are proving to be successful in the treatment of COVID patients.

For instance, it appears that although the much-touted remdesivir has proven to be a disappointment, dexamethasone appears to have been very successful in the treatment of hospitalized COVID patients. The drug has not gone through the rigorous peer-reviewed testing usually required for experimental drugs for the simple reason that the coronavirus is new and the need is immediate. It's hypocritical to demand a one- or two-year-long test for HCQ when other promising drugs are being used—quite properly—for COVID treatment.

And for that matter, the entire “science” of lockdowns, as a strategy to combat a virus, has not undergone any kind of normal scientific vetting. The “lockdown” is a brand new

strategy that has literally been dreamed up by a group of leaders in consultation with various “experts.” The concept apparently came from a 2006 high-school science project.

It was a strategy—some would say a panicked response—that was very quickly improvised in an attempt to respond to a new virus that threatened to overwhelm health-care systems. It was decided upon very quickly largely in response to the now completely discredited Neil Ferguson Imperial College model that predicted massive death.

At this time there is absolutely no “science” behind the “lockdown” model, as it has never been used before in human history. If the lockdown model required a year-long study before it could be used, it would never have been implemented—which might have been a good thing.

Even if it transpires that HCQ was not effective, it should strike all of us as odd that poorer countries that could not afford to employ the lockdown model—closing businesses, sending workers home, and sending everyone money—had far lower death rates than richer countries that did all of those things. There will be many books written about this. But that’s for the future.

At some point there will be definitive tests results that prove conclusively that HCQ either does or does not work. If the result is that the drug does not work, people will have wasted the few dollars that the drug costs—that's really the only downside. If it turns out the the drug does work—the way Risch and many others believe it does—it will be clear that thousands of lives could have been saved by its early use. The lawsuits will begin.

We should learn from the countries that have been using the drug. The dramatic fall in death rates that occurred after HCQ treatment was initiated in countries such as India, Brazil, and Ecuador can no longer be ignored. To do so, and to continue to interfere with a doctor's right to prescribe HCQ to their patients, is reckless and immoral.

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