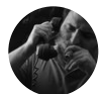




# Yes, hydroxychloroquine is scientifically proven against COVID-19 - PART II



Filipe Rafaeli

11 hr ago



1



[READ THE PART I HERE](#)

## Scientists have already discovered what to do for the hydroxychloroquine to work also in critically ill patients



*Universidad de Cordoba, Spain*

A good part of the media confusion is that the immense part of the studies done with hydroxychloroquine, with or without the combination with azithromycin, occurred in critically ill patients, many in the ICU, opposing Didier Raoult's initial idea of the application of the drugs at the beginning of the symptoms.

In critically ill patients, today, the day I write this article, December 2nd, there are 98 studies. Only 73,5 of them are positive.

Moreover, in these patients already with advanced disease, hospitalized, the effect on mortality is modest, about 20%. That is why there is contradiction in these studies. Some report positive effects and others report negative effects.

In contrast, in patients at the beginning of symptoms, we have 23 studies. And all of them report positive results for the patients. It is unanimous.

However, in two studies with severe patients, scientists have included new drugs, also generic and inexpensive, which potentiated the effect of hydroxychloroquine. In these studies the results were spectacular. And by coincidence, of course, these results did not become news in mainstream media, on Youtubers of science or on science news sites.

The first came from Spain, from the University of Cordoba, produced by the team led by scientist **Marta Castillo**. It's a randomized trial, but instead of being placebo, half received hydroxychloroquine and azithromycin, and the other half received hydroxychloroquine, azithromycin and calcifediol, which is a vitamin D faster absorbed by the body.

Those who received the cocktail with calcifediol, 2% had to go to the ICU. Of those who did not receive the full cocktail, 50% went to the ICU. An impressive difference. It generated an 89.5% reduction in the number of deaths in patients with advanced disease.



The second study with good results in critically ill patients came from Iran. It was produced by the team led by **Khalil Ansarin**, from the University of Tabriz, one of the oldest in the country. In 39 hospitalized patients, hydroxychloroquine and bromhexine, another cheap generic drug. In another 39 patients, for comparison, only hydroxychloroquine.

Among the 39 who received the full cocktail, only one was intubated and nobody died. Among the 39 who received only HCQ, nine were intubated and five died. A very encouraging discovery of Iranian science. In China, they repeated the experiment with similar results.

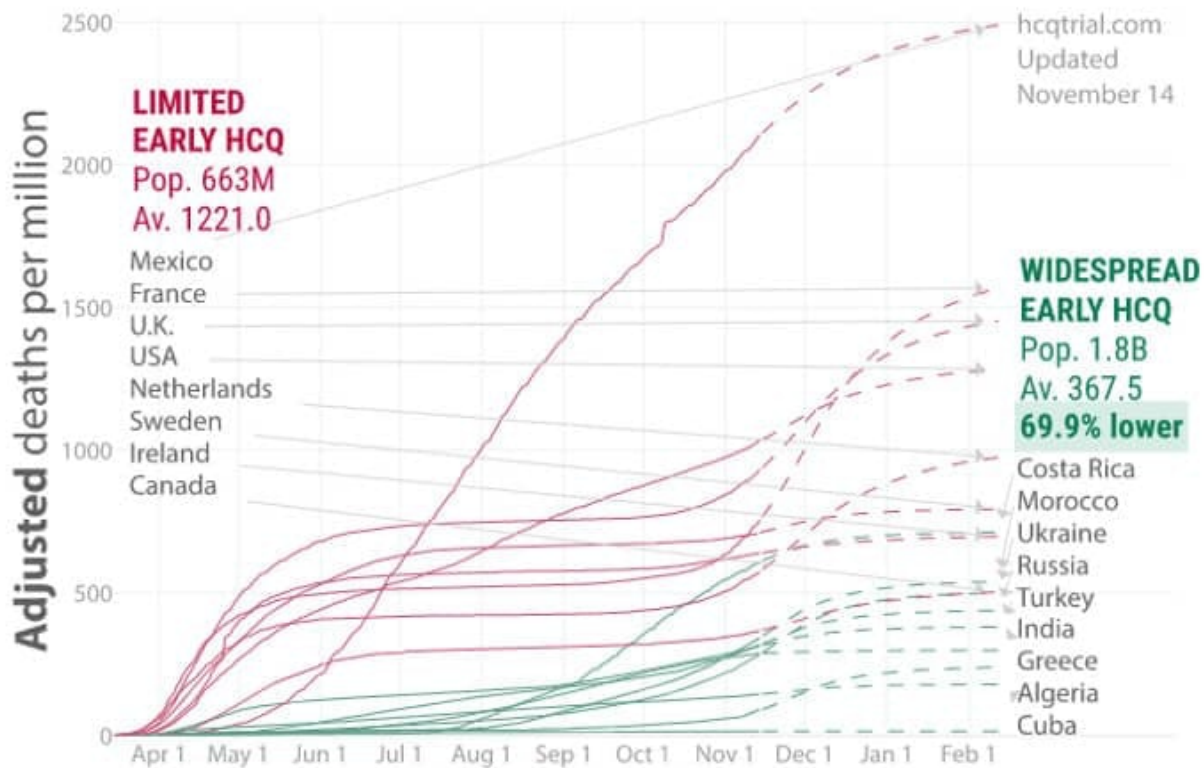
In the case of the Iranian study, experts raise doubts about the role of hydroxychloroquine. The dose was quite low, 200mg per day, half of that used in Dr Zelenko's protocol.

Two randomized with statistical significance in the studies themselves, but in the science editorials of the major newspapers, and Medscape of Topol, a deafening silence remains.

## Every country that hydroxychloroquine is used on a large scale, fewer people die, but the drug does not work

It is most basic of the science classes. When you repeat the experiment and generate the same result you have the scientific confirmation.

This is one of the most interesting studies ever done. It is by the same group of scientists who prefer anonymity for fear of reprisals.



It is a cross-check of news from countries that use the medication with the amount of deaths. Hydroxychloroquine is state policy in many countries, with the respective scientists and

authorities recommending it.

“The treatment group has a 69.9% lower mortality rate,” the scientists concluded in the last review on November 14. It is a research to keep in favorites. It is always updated with new data.

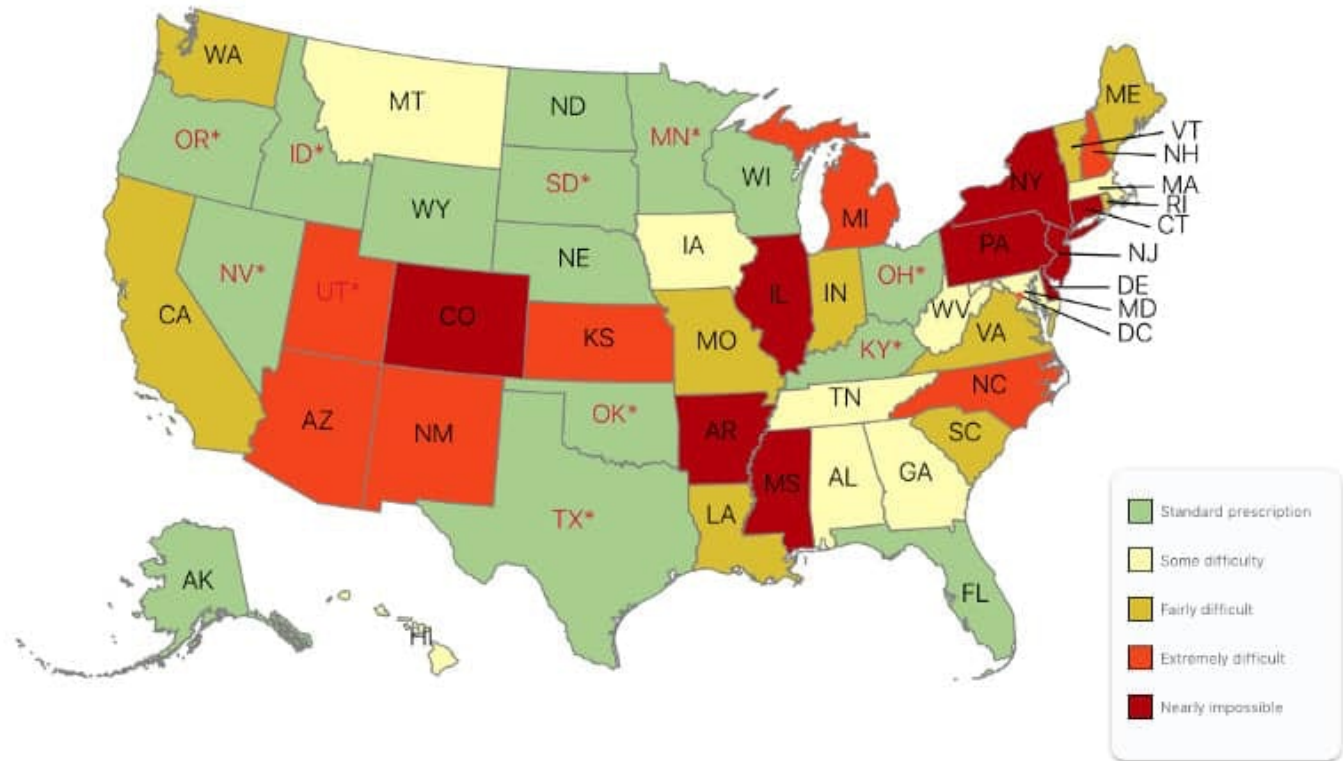
Newsguard, the U.S. fact-checking agency, also composed of incompetents, tried to disqualify the study using Brazil's absence as an example. It was promptly raided by me. In Brazil the use of the drug is low. Information even confirmed by a recent research, published in Folha de S. Paulo, the most important newspaper in Brazil.

There are two possible conclusions, without more options: the first is that the drug works. The second is that the virus reads signs and respects borders, which seems less likely.

## **A statistical analysis in the USA: states where the laws allow people to have access to the medicine, fewer people die**

Hal M. Switkay, PHD in mathematics, did pure science. Inspired by the study of use by countries, he made a cross of deaths versus the laws of each state in relation to hydroxychloroquine. Some states generate difficulties for doctors to prescribe, others do not.

All laws are linked on America's Frontline Doctors website.



Switkay made the calculation on August 16. It is a portrait of the data and laws of that day. “Each additional level of HCQ restriction adds about 37%, on average, to the mortality from coronavirus,” he said.

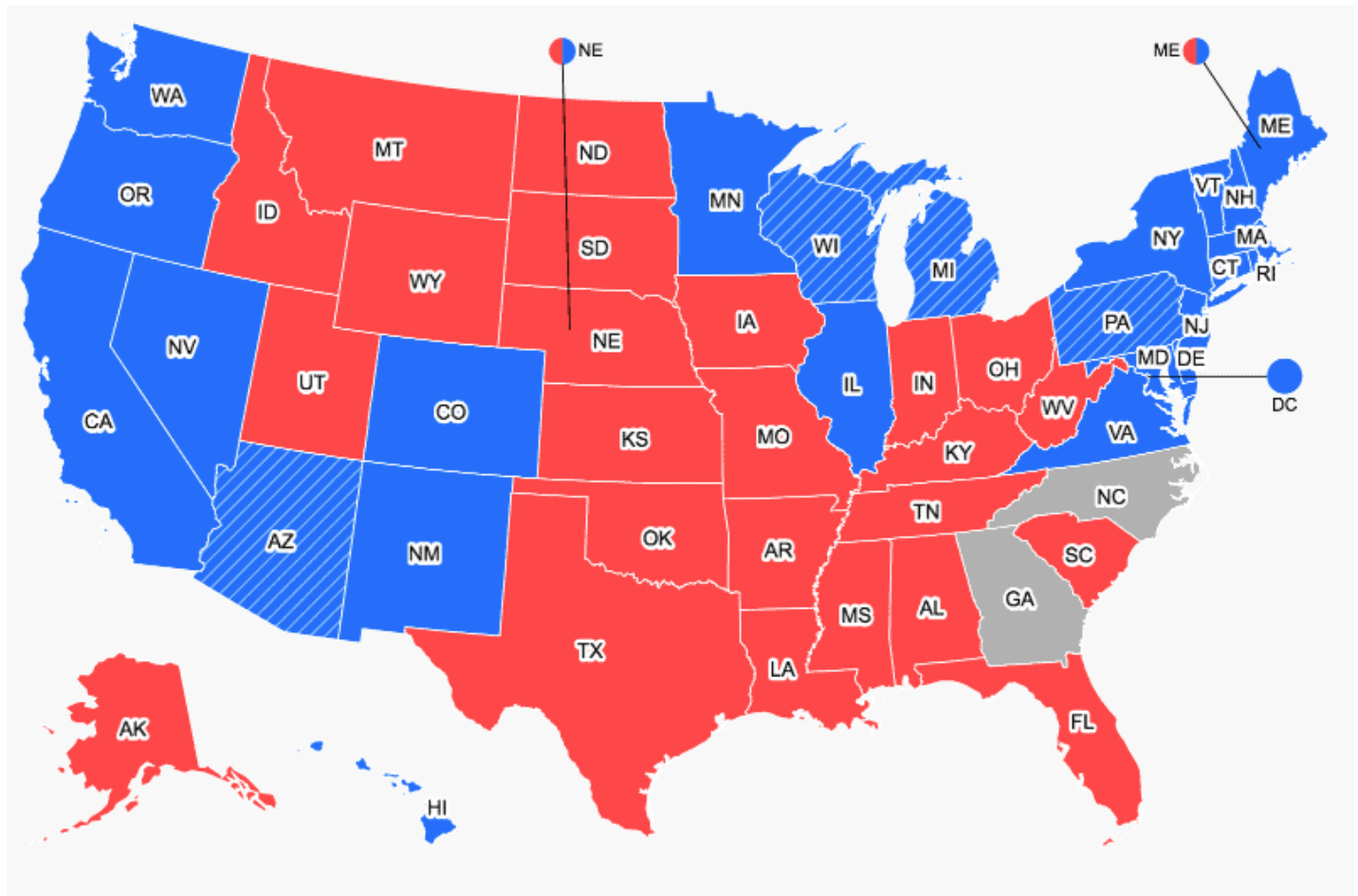
The difference in mortality between the green states, where prescription is freer, compared to the red states, where it is more difficult, was 72% on that day.

Crossing laws that let the doctor prescribe with mortality, who needs a randomized, double-blind study published in a major “impact” magazine to conclude it works? COVID-19 is not a rare disease. It is a disease of millions of people.

You will not find this analysis in any scientific journal. Neither in your favorite science writer nor in your favorite Youtuber who talks about science.

How do you write about these calculations and end the article saying that there is no scientific evidence? You can't. It is necessary to have a Julio Verne's creativity. It is something rare.

**In the US, the more voters get angry at Trump, the more likely they are to die of COVID-19**



It is from Morocco the masterpiece of scientific studies of this pandemic. Among all, this is the hors-concours. I believe to be one of the best candidates for the IgNobel prize.

However, it is also a proof of the functioning of hydroxychloroquine.

The pandemic happens all over the world and the data are available to scientists from all continents. Everyone thinks about the approach they think best. Some have set out for unusual studies. This was the case of professors **Elbazidi** and **Erraih**, from a university also with an unusual name: Tofail University. Yes, it's true, that's the name, here's the link.

Looking to the USA, the whole world was amazed when it discovered that a man, just after Trump's announcement, when going after chloroquine, entered in a pet shop, bought an aquarium cleaning product that contained chloroquine in the formula, took and died. This led to the FDA asking the pet shops to stop selling the product.

In the aftermath, the global population was amazed to see Trump suggest disinfectant to fight the coronavirus and saw over 100 people intoxicated.

Faced with this, the planet concluded that half of the U.S. population, the voters of the Republican Party, are stupid.

This remained until Elbazidi and Erraih, these two science legends, cross-checked Trump's popularity and mortality data in each US state.

The voters of the Democratic Party associated treatment with hydroxychloroquine to Trump, not Didier Raoult.

Result? In states where Trump's popularity is higher, there is a greater chance that patients will take the medication and heal themselves, and in states where Trump's popularity is low, there is less chance that patients will be medicated. "Lucidity is increasingly an elite sport that few people practice," concluded the teachers.

"The acceptance of HCQ-based treatment is strongly linked to Trump's approval," they wrote. "Surprising discovery: there is a strong correlation between the degree of approval of D. Trump and the fatality rate. Specifically: in the U.S., the more you approve of Trump, the less likely you are to die of Covid19."

In other words, the Moroccans equaled both sides. They have scientifically proven that Trump voters' zeal to believe his drug is a cure is as profound as Biden voter's irrational hatred driving them to reject a valid treatment. Democratic Party voters reach the point of dying due to the anger against the orange man. Literally.

It's tied. The hydroxychloroquine works and you will not see this on mainstream media.

## **It's not science, it's politics, stupid!**

From the series of studies that you will not see in the mainstream media, this is one among the most interesting. It is also high quality investigative journalism. It proves, definitely, that science when it is politicized stops being science and becomes a scientific garbage.

The scientific article is by **Andrew Berry**, from Larkin Community Hospital in Miami, USA, and four other scientists. Today there are over 150 studies on this medicine, it is already possible to gather statistics.



They decided to cross-check the results of each study on hydroxychloroquine with the scientists' donations to political parties.

The first conclusion is that American studies on this drug are more likely to show negative results. 57.4% in the U.S. against 33.2% in the other countries.

Another finding is that if the authors of the studies donated to the Democratic Party, the opposition to Donald Trump, who promoted the drug, their probability of producing a negative study for hydroxychloroquine increased by 20.4%.

Among the editorial review articles in the US about HCQ, 50% were negative, 45.5% neutral and only 4.5% positive.

However, when the authors have a history of donation to the Democratic Party, 85.7% positioned themselves against hydroxychloroquine.

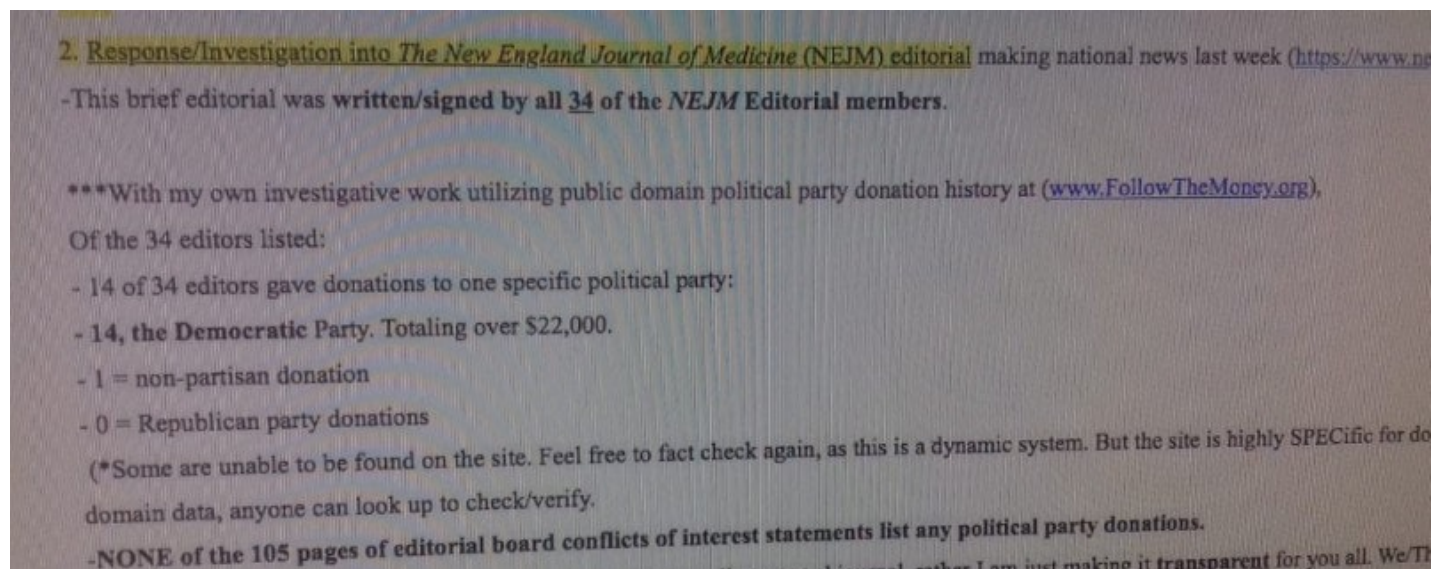
Is this the science that if I question it, some idiot tries to classify me as "denialist"?

“Unfortunately, the political climate that has persisted has made any objective discussion about this drug impossible, and we are deeply saddened by this turn of events. Our goal as scientists has solely been to report validated findings and allow the science to speak for itself, regardless of political considerations,” said an editorial from Henry Ford Health Systems in the U.S., which was producing studies with positive results for hydroxychloroquine in early treatment.

The screenshot shows the NEJM website interface. At the top, there's a navigation bar with the NEJM logo, a search icon, and a 'Subscribe & Save' button. Below the navigation bar, there are several article thumbnails. The main article is an editorial titled "Dying in a Leadership Vacuum" by "The Editors", dated October 8, 2020. The article text begins with "COVID-19 HAS CREATED A CRISIS THROUGHOUT THE WORLD. THIS CRISIS has produced a test of leadership. With no good options to combat a novel pathogen, countries were forced to make hard choices about how to respond. Here in the United States, our leaders have failed that test. They have taken a crisis and turned it". The article has 4 references and 12 citing articles. The page also features a sidebar with navigation icons and a "NEJM CareerCenter" banner at the bottom.

Shortly before the U.S. elections, the New England Journal of Medicine, which has yet to respond to Watanabe, Luco, Wiseman, Yang and Birnbaun, published an editorial. "Dying in a leadership vacuum".

The text that calls others "charlatans" and asks for legal consequences for those responsible for the tragedy was signed by the journal's 32 editors. It takes a stand against Trump, which promoted the drug.



According to a report, 14 of the 32 editors have made political donations to the Democratic Party, the opposition to Trump. None have made donations to the Republican Party.

## Science shows a huge coincidence: the more money you received from Gilead, the stronger are your opinions against hydroxychloroquine

A good number of people already know that Didier Raoult is one of the greatest specialists in infectious diseases on the planet.

What no one knows so far is that Raoult is also an excellent investigative journalist. Perhaps one of the best in Europe.

He produced, together with another scientist, Y. Russel, one of the biggest scoops on the pandemic. But even so, it didn't become news in the mainstream media.

It was in the form of a scientific article and was published in a scientific journal. The two checked the public opinions of the experts of the French agency CMIT—Council of Professors in Infectious and Tropical Diseases, about the treatment of Covid with hydroxychloroquine.

They made a study and found that only 13 out of 98 members of CMIT did not receive any benefit, remuneration or agreement from Gilead Sciences, the manufacturer of Remdesivir, in recent years.

A surprise. The more money the experts got from Gilead, the more unfavorable were their opinions about hydroxychloroquine. The nine experts with “very unfavorable” opinions earned an average of 26,950 euros from Gilead.

In the study, only eight of these 98 specialists were very favorable to the treatment with hydroxychloroquine. The average value received by them from the pharmaceutical industry was 52 euros. Some of these “very favorable” received nothing.

Besides everything, Didier has fun writing. He quoted the famous phrase of the economist Milton Friedman: “There’s no such thing as a free lunch”.

My conclusion is that if there’s someone out there with extremely unfavorable opinions about hydroxychloroquine without his pockets full, he’s an idiot.

## **Studies from black people don’t matter**



The discussion about hydroxychloroquine is interesting. There is a whole explanation about statistical significance, meta-analysis, differences between observational studies and “gold standard” studies.

Meanwhile, another drug, also cheap and generic, appears: ivermectin. And in the first study, a randomized one was done. It is not the “gold standard” 18 carats. But it is gold. And they already had results with statistical significance in the study itself.

It is about ivermectin. It was done by **Waheed Shouman**, from Zagazig University, Egypt. Post exposure prophylaxis was being studied.

From the moment people were identified with positive COVID, they could transmit to their families, in their homes. For the members of these families they gave the medication. In the other arm, there was no intervention. The reduction of cases in people who took ivermectin was 91%. An impressive number.

The second study was also a RCT. There were 183 in the treatment group and 180 control patients. Done by **Reaz Mahmud**, Dhaka College, Bangladesh. There was an 85% reduction in deaths. The progression of the disease fell by 55%. It was a double therapy, with ivermectin and doxycycline.

The third study came from Iraq. Led by scientist **Hashim A. Hashim**, from Alkarkh Hospital in Baghdad. It was also randomized and controlled. Also in this case with doxycycline. There were 70 patients in each group. The deaths reduced 66% in patients who started the treatment

when the situation was already critical. For those who started a little earlier, 90% reduction in deaths.

A fourth study came from Iran, conducted by the team of scientist **Morteza Shakhsi Niaee**. Complete “Gold Standard”. Randomized, double-blind, placebo-controlled trial of ivermectin in hospitalized patients. Mortality of 18.3% in the placebo group and 3.3% in the treatment group.

An absolute success. A lot of “gold standard”, generating scientific evidence at the highest level. It was to be on the cover of every newspaper in the world. But they all fell into the spiral of silence. You won't see any news about or on science sites.

From the history I've learned since March, I know what can happen if the information on ivermectin starts to become viral on social networks in the US and Europe: they'll do some study saying it's “more gold standard” than the others, they'll give a dose to the horse and only at the time of the extreme unction.

And this will be published in some “impact magazine”, besides becoming news in all the newspapers: “it doesn't work”, will be the headline.

And those who question will be taxed as “deniers of science”.

## **With hydroxychloroquine we probably don't need a vaccine to eradicate COVID-19**

The prophylaxis with hydroxychloroquine presents excellent numbers. In a study done in India, **Mahesh Kumar Goenka** and his team at Apollo Gleneagles Hospitals, a renowned medical center in Asia, showed that the possibility of massive use of the drug can reduce the speed of the pandemic, in addition to avoiding deaths.

Parameter	Group	Total number	Positivity, n (%)	P value
<b>HCQ prophylaxi</b>	Not received	885	115 (12.29%)	0.009
	Inadequate dose*	160	18 (11.25%)	
	Adequate dose <sup>§</sup>	77	1 (1.30%)	

\*Inadequate dose was defined as 400 mg once a week for <6 weeks.

§Adequate dose was defined as 400 mg once a week for >6 weeks

Among the 885 health professionals who did not receive hydroxychloroquine, 12.29% were contaminated. Among those who received the dosage set as certain, 400mg per week, for at least six weeks, only 1.30% was infected. The potential for reducing virus transmission is immense.

Another one, also from India, also with health professionals, reached the same results. It is from **Sheila Samanta Mathai** and other scientists from the Indian Navy hospital. They found 88.5% reduction of symptomatic cases using the drug in pre-exposure prophylaxis. The retrospective study involved 604 people.

Among the positive studies, there is one that has been “forgotten” by the scientific community. It was published in a “impact factor” journal, a peer-reviewed, with everything that is rightfully possible, but has fallen into oblivion. It also talks about prophylaxis.

It was made in China and was published in the Lancet. It is by Professor **Jixin Zhong** and his team. The research took place in Hubei province, in patients with rheumatic disease. These patients take this medicine on a daily basis. They found a 91% reduction in cases.

With so many positive results of prophylaxis and treatment, Professor Christian Perrone, from France, concluded in an interview to Jean-Pierre Kiekens, that with proper treatment “you can stop, easily, a pandemic”.



[Watch here.](#)

## WikiLeaks reveals: Dr Anthony Fauci was thrilled to hear Hillary Clinton's speech



**From:** Fauci, Anthony (NIH/NIAID) [E] [mailto:AFAUCI@niaid.nih.gov]

**Sent:** Saturday, June 02, 2012 05:28 PM

**To:** Mills, Cheryl D; Quam, Lois E

**Subject:** Remarks of Secretary of State Hillary Rodham Clinton At "A World in Transition: Charting a New Path in Global Health"

Cheryl/Lois:

Wow! Very rarely does a speech bring me to tears, but this one did it. Talk about telling it like it is. This was a bases-loaded home run. Please tell the Secretary that I love her more than ever.....you guys too, of course.

Best regards,

Tony

Anthony S. Fauci, MD  
 Director  
 National Institute of Allergy and Infectious Diseases  
 Building 31, Room 7A-03  
 31 Center Drive, MSC 2520  
 National Institutes of Health  
 Bethesda, MD 20892-2520  
 Phone: (301) 496-2263  
 FAX: (301) 496-4409  
 E-mail: afauci@niaid.nih.gov

In 2012, four years before the election of Donald Trump, who promoted hydroxychloroquine for some time, Dr Anthony Fauci said he was moved to hear a speech by Hillary Clinton, one of the prominent figures of the Democratic Party, opposition to Trump.

“Very rarely does a speech bring me to tears, but this one did it,” Fauci said in an [e-mail that leaked](#). “Please tell the Secretary I love her more than ever,” he added.

The speech was about “Global Health”. It must have been very good. I used to think that nothing could beat Toy Story 3.

## A 21 billion or almost 1 trillion dollar question

Besides the interrupted “gold standard” studies that I showed at the beginning of this article, there was one that exactly reproduced Didier Raoult’s protocol of hydroxychloroquine and azithromycin in early treatment.

It was announced in the middle of May. Two months after Raoult had released his protocol and its results, as if nobody was in a hurry. “Better late than never. Anthony Fauci regains consciousness”, [provoked Raoult](#) on the date of the announcement.

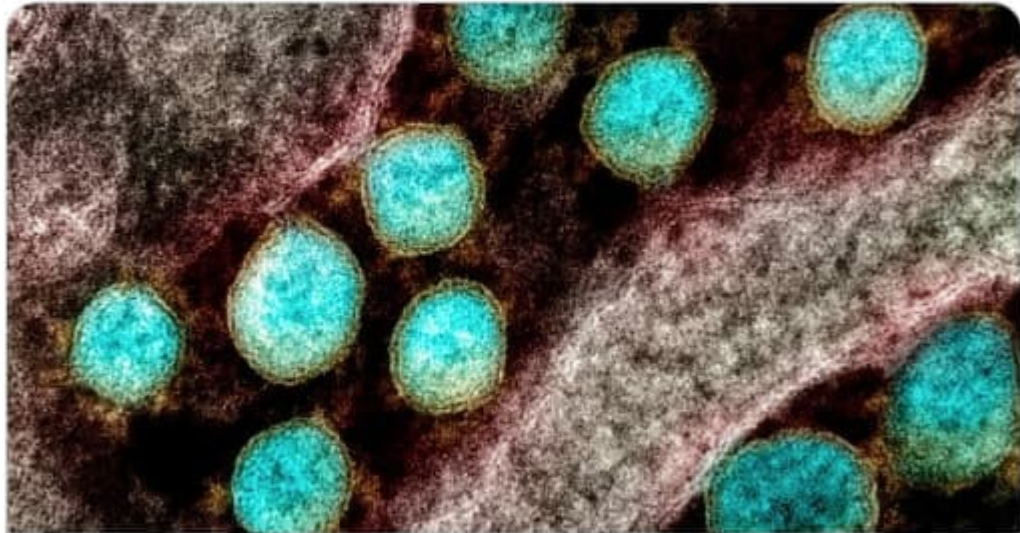




**Didier Raoult** ✓ @raoult\_didier · 15 de mai

Mieux vaut tard que jamais. Anthony **Fauci** reprend ses esprits.

Better late than never.  
Anthony **Fauci** regains consciousness.



NIH begins clinical trial of hydroxychloroquine and azithromycin to  
Study enrolling adults with mild to moderate COVID-19 in the United  
States.

[nih.gov](https://nih.gov)

676

3,5 mil

7,9 mil



This clinical trial was not cancelled when the Lancet fraud was in place, like the others, but a few weeks later. It was from NIAID—National Institutes of Health, a US government agency.

Dr Anthony Fauci is the director of this institution.

The allegation for the cancellation? Few registered. The initial planning expected to have 2000 patients. Only 20 volunteered. A great contrast with the volunteers for the vaccines that have tens of thousands registered.

	June 19, 2020	July 17, 2020
<b>Study Identification</b>		
Unique Protocol ID:	ACTG A5395	ACTG A5395
Brief Title:	Evaluating the Efficacy of Hydroxychloroquine and Azithromycin to Prevent Hospitalization or Death in Persons With COVID-19	Evaluating the Efficacy of Hydroxychloroquine and Azithromycin to Prevent Hospitalization or Death in <b>Persons With COVID-19</b>
Official Title:	A Randomized, Double-blind, Placebo-controlled Trial to Evaluate the Efficacy of Hydroxychloroquine and Azithromycin to Prevent Hospitalization or Death in Persons With COVID-19	<b>A Randomized, Double-blind, Placebo-controlled Trial to Evaluate the Efficacy of Hydroxychloroquine and Azithromycin to Prevent Hospitalization or Death in Persons With COVID-19</b>
Secondary IDs:	38720 [DAIDS-ES Registry Number]	38720 [DAIDS-ES Registry Number]
<b>Study Status</b>		
Record Verification:	<del>June</del> -2020	July 2020
Overall Status:	<del>Active, not recruiting</del>	<b>Completed</b>
Study Start:	May 1, 2020	May 1, 2020
Primary Completion:	<del>October 9, 2020</del> [Anticipated ]	July 7, 2020 [Actual ]
Study Completion:	<del>March 5, 2021</del> [Anticipated ]	July 7, 2020 [Actual ]
First Submitted:	April 20, 2020	April 20, 2020
First Submitted that Met QC Criteria:	April 20, 2020	April 20, 2020
First Posted:	April 22, 2020 [Actual ]	April 22, 2020 [Actual ]
Last Update Submitted that Met QC Criteria:	<del>June 19, 2020</del>	July 17, 2020
Last Update Posted:	<del>June 23, 2020</del> [Actual ]	July 20, 2020 [Actual ]
<b>Sponsor/Collaborators</b>		
Sponsor:	National Institute of Allergy and Infectious Diseases (NIAID)	<b>National Institute of Allergy and Infectious Diseases (NIAID)</b>
<b>Study Design</b>		
Study Type:	Interventional	Interventional
Primary Purpose:	Treatment	Treatment
Study Phase:	Phase 2	Phase 2
Interventional Study Model:	Parallel Assignment	Parallel Assignment
Number of Arms:	2	2
Masking:	Double (Participant, Investigator)	Double (Participant, Investigator)
Allocation:	Randomized	<b>Randomized</b>
Enrollment:	<del>2000</del> [Anticipated ]	<b>20</b> [Actual ]

With 2000 patients, not being an undersized study, and with the strongest effect on the disease when it is dual therapy, there would be no doubt about the results. It would be statistically significant.

**The most disturbing question of this pandemic is: why has no one conducted a “gold standard” study with hydroxychloroquine and azithromycin in early treatment and in patients at risk?**

Yes, that's right. Nowhere in the world has anyone done a “gold standard” study on risk patients, that is, over 60 years old, with Raoul's protocol, where he gets 0.6% mortality.

Perhaps the answer to this question is **James Todaro**, an American doctor. He wrote an article with the following title: “Gilead: Twenty-one billion reasons to discredit hydroxychloroquine”.

Todaro also wrote about gains and losses in the stock markets and told some coincidences: in France, hydroxychloroquine was sold in pharmacies, without prescription, for years. In early 2020, it became “poisonous” by government classification, creating a barrier to its purchase.

“Why was hydroxychloroquine—a drug safely used for over half a century—aggressively labeled dangerous while a medication that proved ineffective for hepatitis C with an unknown safety profile got a pass?” asks Todaro, after evaluating ups and downs of Gilead's actions at each moment of the pandemic.

“Perhaps no other company has more to gain in the immediate future from hydroxychloroquine's failure than Gilead,” he said. James also demonstrated how the company finances WHO, contributing twice as much as countries like Spain and twelve times as much as Brazil.

In addition to all this, he explained the power of lobbying by the pharmaceutical industries in relation to the US government. This area of business spends more than twice as much on official lobbying as the oil industry, which is one of the main drivers of war conflicts with producing countries to establish democracies in those countries.

Another person who provides clues about the interruption of studies is **Dr Lee Merritt**. She made some interesting considerations about the history of medicine in her article.

Merritt begins by talking about an existing dogma: “Since I started medical school in 1976, until 2020, I have heard the dogma that viral diseases are not treatable (with some exceptions such as antivirals for HIV/AIDS)”.

She comments on the ban on hydroxychloroquine in many US states and made a comparison. “To my knowledge, neither governors nor boards of pharmacy have ever outlawed any legal drug—not even opioids like Oxycontin that cause about 30,000 deaths a year”.

The doctor asked a question that coincides with Professor Perrone’s thought. “Has the burgeoning nearly trilliondollar vaccine industry been built at the expense of patients’ lives?”.

“In the age of huge vaccine profit it has become the first choice for every disease,” she noted.

Recent news at [Reuters](#) reports that Pfizer is making an emergency use authorization request to U.S. authorities. The news suggests that another vaccine, from Moderna, will also do it soon.

The FDA government website [informs us](#) the law. Emergency authorizations happen when there are no alternatives.

**The only argument left for those who wish to continue stating that there is no scientific evidence of the functioning of hydroxychloroquine**



In this article, I have already shown that we have anecdotal cases, observational studies, randomized studies, double blind, uncorrected placebo controlled, meta-analysis, statistical studies by country, by ideology, by US states. All showing positive results for hydroxychloroquine.

There are no more rational arguments to say that it does not work. There are no more ways to prove it.

However, as I said at the beginning of the article, there is an argument for those who want to continue saying that there is no “scientific evidence”: **it is to say that no positive RCT studies have been published in prestigious medical journals.**

In fact, these magazines have published exactly the opposite. Now, at the beginning of November, JAMA, one of the most renowned medical journals, published an editorial. “Misguided Use of Hydroxychloroquine for COVID-19”.

Right after the end of the text, important information about the author: “Dr Saag reported grants paid to his institution from ViiV Healthcare and Gilead Sciences”. When I was reading this, I laughed. And I affirm that the arguments Dr Saag were not able to change my option to take these medications in case I get the virus.

And not only Jama, the New England Journal of Medicine has published similar content. So has the Lancet.

But at the same time, the editors of the journals have already told me not to trust the scientific journals.

In a 2005 article, **Richard Smith**, a scientist who was editor of BMJ for 25 years, explained that "Medical Journals Are an Extension of the Marketing Arm of Pharmaceutical Companies".

Richard commented on a phrase by Richard Horton, chief editor of the Lancet, who in March 2004 said: "Journals have devolved into information laundering operations for the pharmaceutical industry".

He also commented on Marcia Angell, former editor of the New England Journal of Medicine, who criticized the pharmaceutical industry for becoming "primarily a marketing machine" and co-opting "every institution that might stand in its way".

Smith gave even more examples. He spoke of Jerry Kassirer, another former editor of the New England Journal of Medicine, who argued that the industry "has diverted the moral compass of many doctors".

But the question is, scientific truth is published in an "impact" journal, or is scientific truth simply, scientific truth?

This is a long article because I needed to disassemble all the arguments, one by one, from those that say there is no evidence.

However, scientific truth is really simple. One example is Brian Procter's board. He is a doctor in the USA. He is treating everyone who knocks on his door with hydroxychloroquine, azithromycin and a few more drugs in his protocol, like vitamins.

The board is in his office. Whenever there is an update, he posts a new photo on his Twitter.

# McKinney Family Medicine



## COVID-19 STATS



Updated : 11-13-20

<b>Total Tested</b>	1124
<b>Positives</b>	468
<b>Negatives</b>	643
<b>False Negatives</b>	166
<b>Total Treated</b>	754
<b>Current Cases</b>	113
<b>Hospitalizations</b>	11
<b>Deaths</b>	1
<b>Total Recovered</b>	640
<b>AWR*</b>	13

-Updated at the end of everyday  
 -Includes testing results brought in from treated patients  
 \*Awaiting results = pending test results\*  
 \*Total Tested = Positives + Negatives + AWR\*  
 \*Total Treated = Current Cases + Total Recovered + Deaths\*  
 \* False Positives are not accurate or easy to calculate and therefore not included\*

On November 14th there are 754 patients treated, 11 hospitalized and only one dead. That's right. Only one dead. Procter's simple board is, and always has been, the scientific confirmation of the functioning of hydroxychloroquine. It's that simple. And I remind you that there is no peer review capable of turning dead alive or alive turning dead.

So I have a question: who should I trust to make my choice? In the "impact" medical journals or on Dr Brian Procter's board?

Something tells me that I should believe in the Procter board to the detriment of the Lancet, which puts data from the porn actress.

And the confirmations are really simple. In São Paulo, Prevent Senior, a giant health plan, with 25% of the region's elderly population as clients, announced at the end of March that it would treat all patients with the Marseille protocol.

Now, in September, one of the doctors of the health plan gave an interview to an almost unknown channel on Youtube. He informed that from the moment they implemented the protocol in early April, they reduced from 350 simultaneous patients hospitalized by COVID to only 60. In addition, recently, the company's CEO said that fewer people died this year than in 2019, when there was no pandemic, even with Brazil moving toward 200,000 deaths.

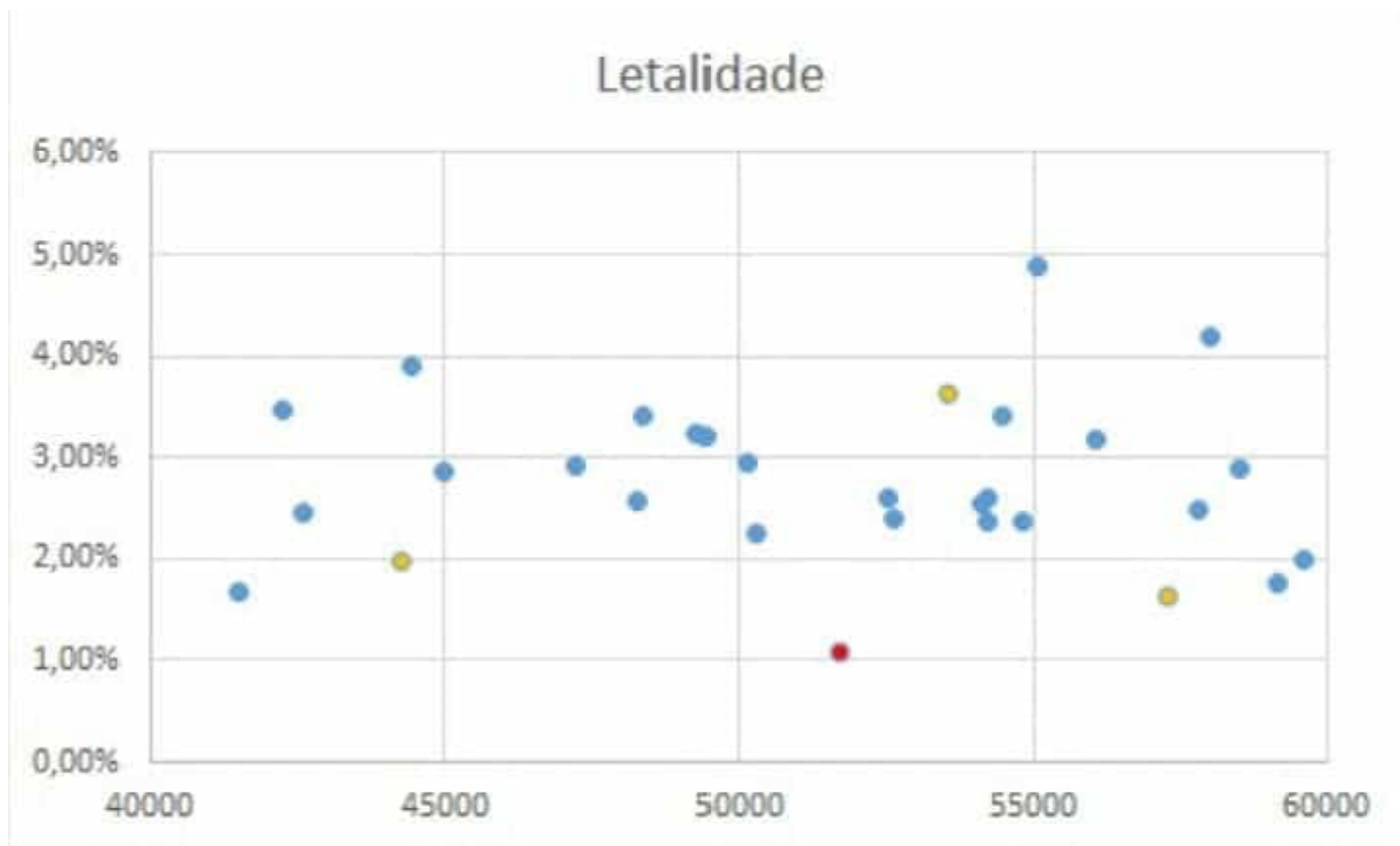
Who should I trust? In the doctor's interview on a unimportant channel on Youtube or the New England Journal of Medicine that also published an article with data from the porn actress?

I can stay hours and hours cataloging practical results of scientific confirmation, like the city of Porto Feliz, in the state of São Paulo, Brazil, which compared to mine, has almost 80% less dead, with more or less the same amount of infected.

The mayor of Porto Feliz, Dr Cássio, is an enthusiast of early treatment. He has implemented the treatment in the whole city. On television and the mainstream media he was accused of being a charlatan. A short time ago we had elections for mayor. The people were called to give their opinion. He was reelected with 92.10% of the votes.

The economist Vladimir Vale generated several graphs based on official state data.

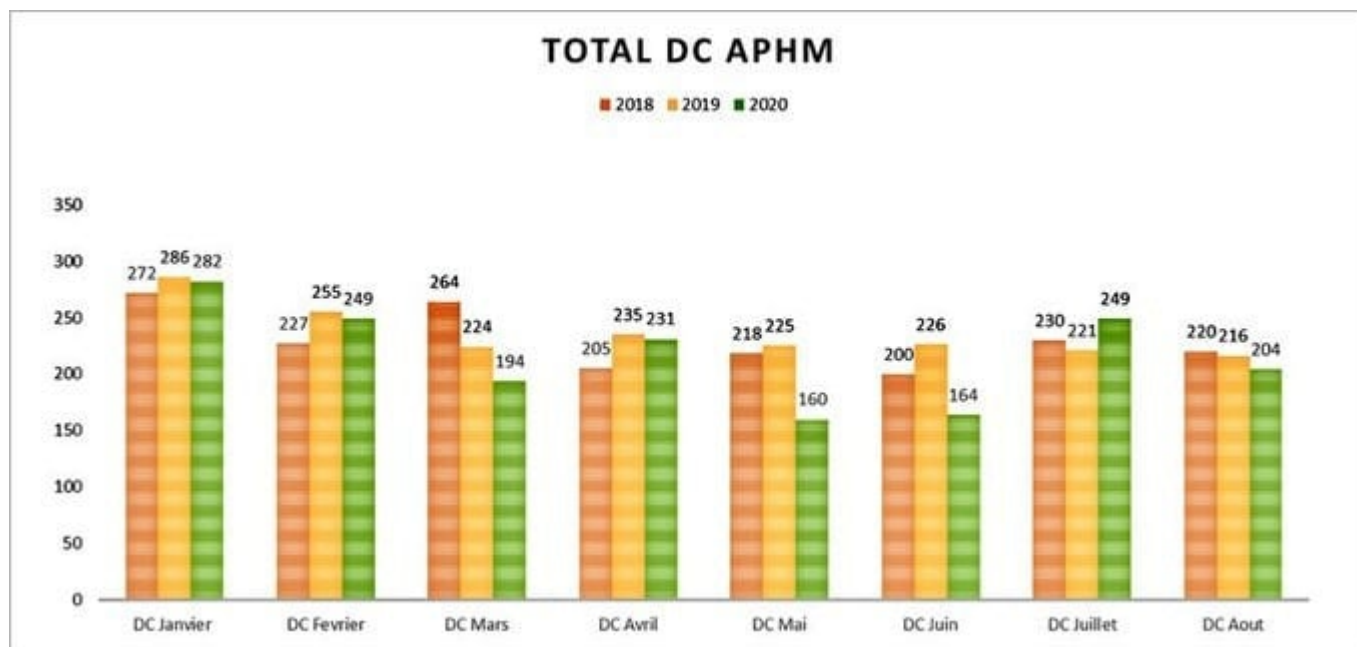




In this chart, all cities with a population between 40 and 60 thousand inhabitants of São Paulo state. All have similar public health structures. On the left, the lethality rate among those confirmed by positive PCR. In yellow, the cities in the same region. In red, Porto Feliz.

Or I can talk about the scientific proof of Sertãozinho-SP, who saw its ICU empty after it started applying the drugs. Or the city of Janaúba, in the interior of Minas Gerais, where the mayor said he “managed to control the advance of the disease and stop deaths,” the possibility explained by Professor Perrone, from France.

Or in Marseille, where Didier Raoult showed a graph explaining that fewer elderly people died this year than last year.



Well, if one wants to hold on to the “impact magazines”, as if scientific truth only exists if published in them, that’s fine by me.

However, that’s being a denialist of science.

## At this time the biggest journalistic blackout in human history is taking place

It is much easier to understand than anyone imagines. Every newspaper has its own science publishing department. The journalists of this publishing house are, in the immense majority of the times, nerd journalists, fans of films like Star Wars and with a small notion of reality. Many are frustrated scientists who believe they have found a place where, finally, they are valued.

They don’t write about science. They are, in fact, dazzled by science. The editors-in-chief have always considered them entertainment writers. Their texts are usually published on days when newspapers have few ads. A good part of these professionals still don’t understand this.

Favorite Hobbie? Walking around the newsroom making jokes about another section that the editor in chief always considered entertainment: the horoscope. “The newspaper publishes

pseudoscience”, they say, as a victorious pose, as if someone, besides passionate teenagers, took the stars’ influence seriously.

Another editorship that they pass far and treat with disdain is that of sports. “How ridiculous twenty-two men running after a ball,” they say smiling. That’s the way it is. I know these people. I’ve worked in the newsroom of a large newspaper.

“Gas is found in the atmosphere of Venus and the planet can have life,” says the headline of the science news. “Shiny fish with wings is found 4,000 meters deep in the Atlantic Ocean,” says another.

Did Wall Street go up or down when they found gas on Venus? How many billionaire contracts with various countries were made because of this latest development? If some other scientist says it wasn’t gas, but dust, are all the contracts threatened? No. It doesn’t make any relevant difference the gas on Venus.

Just as it makes no difference whether or not the shiny fish has wings. Nobody cares if someone says the wing of the fish has been peer reviewed. Just as no one is threatened with death for saying that the fish doesn’t have wings, disrupting the billionaire market for shiny fish.

From time to time, some subjects are taken out of the science editorship and become the responsibility of real journalists. It is the case of the Amazonian deforestation in Brazil. If it was under the responsibility of the scientific divulgators, they would be discussing the megapixels of the satellite cameras and orbital trajectories, amazed with videos of the rocket launchings.

Under the responsibility of investigative journalists, these space things do not matter. What matters are those who gain from deforestation: the prospectors, the agribusiness setting fire to the forest, and the government turning a blind eye. The natives being massacred also matter.

With conversations about “cells”, “cytokine storm”, “in vitro” tests, “peer review” and “impact publication”, basic and almost unnecessary knowledge to produce reports on this subject, these people managed to convince the editors that they should produce news of a trillion dollar industry. Thus, very few investigative journalists are reporting on the subject.

For fear of being called astrologers and deniers, these scientific publishers don’t know how to question. They just reproduce press releases and manufactured consensus contents.

The counterevidence of what I say is the absence of coverage on the higher probability of a specialist being against hydroxychloroquine if they received values and gifts from Gilead. It is a bomb. Look for this headline in the important newspapers, you won't find it. And no serious journalist in the world is able to say that this is not a matter of public interest.

However, this failure of the traditional press to cover hydroxychloroquine properly will be expensive for humanity. At the moment, among the media that can be considered "middle", with penetration in their countries, only France Soir of France and Sky News of Australia have produced investigative reports about the strong powers that influence science. Fox News from the United States sometimes interviews someone who contests the "consensus".

The remaining produces an absolute investigative deficiency. And this has occurred at a crucial moment, life-or-death, of the traditional press. The scary and excellent documentary "[The Social Dilemma](#)", available on Netflix, shows that network algorithms have created personalized truths.

In this context, the lack of honest coverage on the subject in the "safe harbor" of the mainstream newspapers will lead us to a new wave of far-right populism, traditionally anti-science and anti-truth, throughout the west.

The deniers of reality will feel empowered. All due to an eminent fall in the credibility of "science", politicized and monetized, together with a press in deep sleep that has unlearned to question.

At the same time, the Western left simply reacts to the demagogic speeches of Trump and Bolsonaro like [Pavlov's dogs](#), uncritically and without realizing that they have become an instrument of defense of "darkness". The two one-eyed leaders, even without having taken any real attitude in favor of treatment, but producing cheap fancy scenes, by the image of their fanatical followers, will be raised to the rank of visionaries.

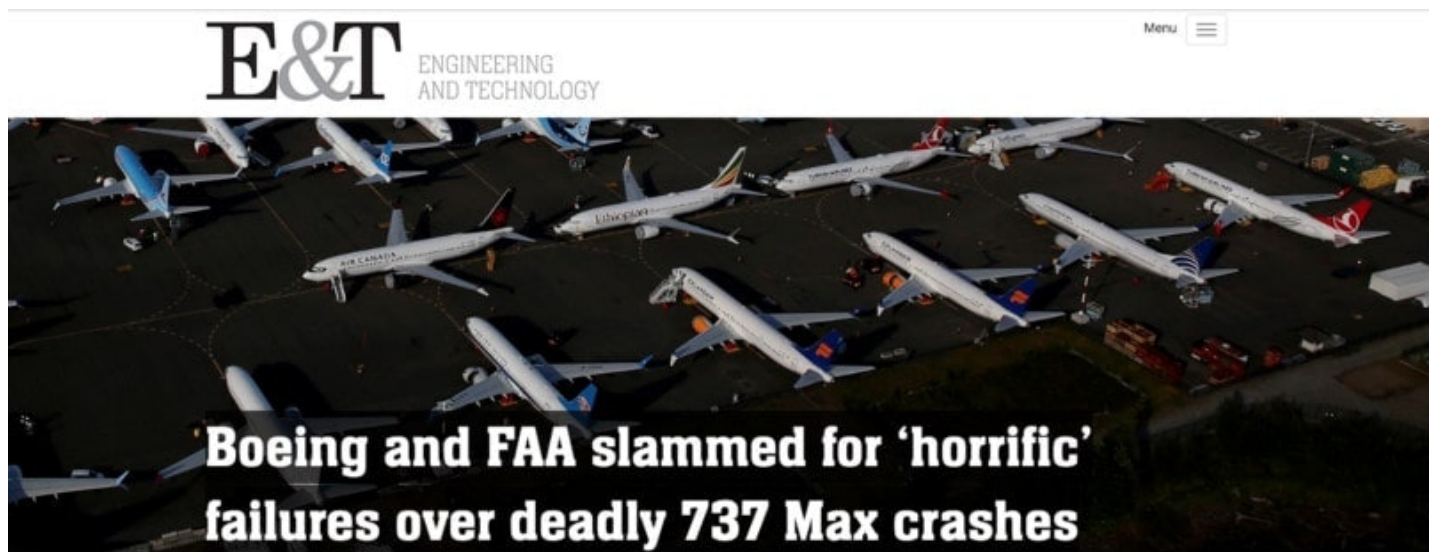
Didier Raoult in one of his [recent interviews](#) taught the road to the press. He asked some investigative journalist, not a science journalist, to question the people who decided to stop the "gold standard" studies in France: "I would love investigative journalists to question the people responsible for these tests and ask them: why did you stop them, what is the scientific basis when the preliminary results were in favor of hydroxychloroquine?"

"Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of

dubious importance, science has taken a turn towards darkness,” said Lancet editor Richard Horton in 2015.

I will repeat: “a turn towards darkness”. I didn’t say that. It’s the Lancet’s editor. And it is exactly this darkness that is being defended by the media with commitment, afraid to provide a voice for those who disagree and be classified as “anti-science”.

## Why hydroxychloroquine will win the battle of narratives



On October 29, 2018, a Boeing 737 Max from Lion Air, an Indonesian company, crashed into the Java Sea. It had recently taken off and was on a steady climb, at almost 6000 feet. Even at normal speed, the plane’s nose dropped abruptly. The 737 dived into the sea. It was an unusual accident in aviation. Among passengers and crew, 189 people died.

The Max was the newest model of the North American giant Boeing. It had been in operation for just over a year. The 737 began in the mid-1960s and has consolidated as one of the greatest commercial successes in the history of aviation.

Since the beginning of the jet age, at the end of the 50’s, visually and aerodynamically, airplanes have changed almost nothing. Moreover, the speed has remained the same (except in the exceptional Concorde project, already out of use) with the airplanes, until today, crossing the skies at approximately 80% of the speed of sound.

The evolution in aviation took another path: in the on-board technology of the panels, facilitating the operation of pilots, in navigation techniques such as GPS, in the composite materials used in manufacturing, making the planes lighter, and in the increasingly economical and powerful engines.

So the 737 was being modernized. It started with the 737-200 model. Then the most popular was the 737-300. In the sequence, it went to the 737-NG, until the most updated version, the current 737-MAX.

However, the engines, which were below the wings at the beginning of this era, had a cigar shape. They were getting wider and wider.

This forced an adaptation in the projects. In the 1960s, when the 737 was initially thought, nobody imagined that the engines would get bigger. And in this plane the wings are not high.

From evolution to evolution, the engines were getting closer and closer to the ground. In the MAX version, the engines no longer fit below the wing.

Instead of Boeing investing in a new project, abandoning the 737 sequence and creating a new and taller aircraft, the company made the decision to continue modernizing the same model. A faster, more economical and profitable solution.

In the MAX, the engineers installed the engines further forward and upward, leaving them almost at the same level as the wings. They also increased the height of the landing gear.



*Engines evolution.*

After all the calculations made, Boeing saw that the engine higher up could generate turbulence in the tail of the aircraft. This could, under some flying circumstances, push the nose of the aircraft too far up.

To compensate for this, a new system had to be invented, the MCAS (Maneuvering Characteristics Augmentation System). The system was designed to identify the moments

when the nose could lift too much and act prophylactically, automatically, pushing the commands forward. All without waiting for the pilots' actions, taking from them the plane's commands.

But turbulence, as well as epidemics, are difficult to predict by mathematical models. During test flights, MCAS action had to be increased. The nose of the plane rose more than predicted. The compensation needed to be bigger and rougher.

During the Lion Air flight, the prophylaxis system entered at the wrong time and pointed the plane's nose to the ground. It was a strange accident. Suspicions were raised, but a narrative was created in which the pilots were bad and it was necessary to wait for a long final report to make conclusive decisions about the causes of the accident.

On March 10, 2019, just over four months after the first accident, a second Boeing 737 Max dove into the ground. All 157 people on board died. The plane was operated by Ethiopian Airlines. It had taken off six minutes before from Addis Ababa. The accident was similar to the one in the Java Sea. Again, suspicions were raised about the pilots' ability. Again they said waiting for the final report would be necessary for any decision.

However, even bad pilots do not make mistakes in this way on stabilized flights, pushing the yoke forward and pointing the plane to the ground. It was extremely likely to be some design failure.

Any pilot knew the probability of it being a coincidence was tiny. As well as the probability that all places that apply Didier Raoult's protocol, with the consequent low percentage of deaths, are incredible coincidences.

Investigative reporters went to listen to pilots. None of them were accused of being "quacks" when they reported that there was no way that the two strange and similar crashes were simple coincidences.

On the same day of the second accident, Ethiopian Airlines stopped all its 737 Max. The next day, all Chinese companies stopped their planes of this model. Following this, the whole world stopped Max's operations. Everyone concluded the obvious: it was no coincidence.

The FAA, the North American agency, was the last. It only admitted that it could not be a coincidence three days later. The headlines and investigative journalism of a press that does not eat at the hands of the aeronautical industry were essential.

Commercial interests, it seems, influence. “This is a tragedy that never should have happened,” said House Transportation Committee chairman Peter DeFazio. “We’re going to take steps in our legislation to see that it never happens again as we reform the system.”

“This airplane is designed by clowns who in turn are supervised by monkeys,” a Boeing employee said. Revealed by serious investigative journalism, proving that government decisions are not immune to the interests of large corporations, even when lives are at risk.

“ *This industry uses its wealth and power to co-opt every institution that might stand in its way,*” said Marcia Angell, former editor-in-chief of the New England Journal of Medicine, about another branch of business and other institutions.

In the case of hydroxychloroquine, today there are thousands of doctors and scientists showing, everywhere, the irrefutable scientific evidence of its functioning. Saying that such a coincidence is impossible.

However, without the help of an investigative press, it’s tingling work.

Meanwhile, every day that passes, all over the world, the equivalent of 20 airplane accidents per day, which could be avoided, keep on happening.

**The mainstream media rehearses, in a shy way, to tell the truth. But they still don’t know how to connect the dots.**



HEALTHCARE &amp; PHARMA | OCTOBER 2, 2020 / 6:07 PM / UPDATED 2 MONTHS AGO

## Maybe too soon to rule out hydroxychloroquine; tricking the immune system

By Nancy Lapid

5 MIN READ



ADVERTISEMENT



“Remdesivir may not cure coronavirus, but it’s on track to make billions for Gilead,” says the Washington Post headline. “And those limited options have helped remdesivir move to launch commercially in record time, even though it’s a modestly beneficial drug with little evidence it improves survival”. No remarks about the strong side effects have been reported.

Reuters decided to mix an important and an irrelevant piece of news in a single, very careful headline: “Maybe too soon to rule out hydroxychloroquine; tricking the immune system”. They talked about Professor Harvey Risch’s meta analysis. The undeniable statistic, for them, became a “suggestion”.

“The ‘very, very bad look’ of remdesivir, the first FDA-approved COVID-19 drug,” says the Science Magazine headline. They told stories of bad data ignored, strange approvals, bureaucracies and profitable negotiations.

“‘Instead of Coronavirus, the Hunger Will Kill Us.’ A Global Food Crisis Looms,” says another New York Times headline. “The world has never faced a hunger emergency like this, experts say. It could double the number of people facing acute hunger to 265 million by the end of this year,” the newspaper explains.

“Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed,” says Forbes headline. Perhaps one day the journalist will also discover the obvious: that it is possible to design trials with the purpose of failing, especially on low-profit products, such as patent-free drugs.

The BMJ, one of the most important medical journals, published an editorial. They, it seems, are already willing to write that there is corruption and politicization of science. “Covid-19: politicisation, “corruption,” and suppression of science” says the headline.

I believe that if they put the journalists who wrote these six articles together, confined, in quarantine, it is probable that after about three years, at some intense moment of geniality, they will be able to connect the dots.

## In 2005, Richard Smith seems to have watched the future

The screenshot shows the PLOS MEDICINE website interface. At the top, there is a search bar and navigation links. A red banner at the top contains COVID-19 information. The main content area features the article title "Medical Journals Are an Extension of the Marketing Arm of Pharmaceutical Companies" by Richard Smith, published in PLOS Med. 2005 May; 2(5): e136. A highlighted box lists several related articles from the journal, including "Focus on the Funding and Production of Evidence Rather Than Its Publication", "Might Banning Trial Publication Do More Harm Than Good?", "Editors' Reply", "Little Fish Are Less Likely to Take the Bait", "Bitter Pills and Puffed Trials", "Solid Suspension by Smith", and "Medical Journals, Academia, and Industry-Sponsored Clinical Trials".

In the same article that **Richard Smith** explained the swamp of conflicts of interest of various kinds in medical journals, he made a frightening list and gave “Examples of Methods for Pharmaceutical Companies to Get the Results They Want from Clinical Trials”.

He explained what seem to be constant dirty tricks the industry does to deal with competing drugs when producing “gold standard”, more valued studies: using higher, lower doses or producing studies that are too small, without statistical significance.

“Trial your drugs against too low a dose of a competitor drug,” he explained. “Conduct a trial of your drug against too high a dose of a competitor drug”, and “Conduct trials that are too small to show differences”.

It's a scary recipe for how to kill competitors without bargaining power, like cheap, generic, patent free drugs manufactured by any laboratory.

## **The continuation of the sentence at the beginning of this article**

“He was capable of being so kind to the children, to have them become fond of him, to bring them sugar, to think of small details in their daily lives, and to do things we would genuinely admire ... And then, next to that, ... the crematoria smoke, and these children, tomorrow or in a half-hour, he is going to send them there. Well, that is where the anomaly lay”.

The one who made this testimony was a Jewish medical prisoner. He was talking about Josef Mengele, “the angel of death”.



*Twin kept alive to be used in Mengele's medical experiments. These children were released from Auschwitz by the Red Army in January 1945.*

Mengele was a German Schutzstaffel (SS) officer. He was a doctor at Auschwitz, the largest Nazi concentration camp of World War II. There he had two functions. The first was to receive the trains with Jewish prisoners and select who would live or die.

Among the prisoners were gypsies, Jews, political enemies, socialists and homosexuals.

Those who were considered fit to work were admitted to the camp. Those who were judged unfit for work, about three quarters, were sent directly to the gas chamber.

Almost all children, women with small children, and pregnant women had the gas chambers as their destination. Of the elderly, there were no exceptions. All were sent to death.

In contrast to most doctors, who considered selection to be one of their most stressful and horrible tasks, Mengele took on the task with an extravagant air, often smiling or whistling a melody.

The second function of the “angel of death” was to select people for his scientific experiments. He had a predilection for twin brothers. His experiments included unnecessary limb amputations, intentional infection with disease, and blood transfusion from one twin to the other.

If one twin had died of illness in the middle of the experiment, Mengele would kill the other so that results could be arranged with a postmortem control group.

But his experiments didn't stop there. Mengele tried to change eye color by injecting chemicals. On another occasion, the witness Vera Alexander described how he sewed two gypsy twins on his back in an attempt to create xiphoid twins. The children died from gangrene after a few days of suffering.



After the war Mengele was not sentenced for his crimes. He escaped from Nuremberg, where part of the Nazi criminals were judged and executed.

Some of the hanged, like Julius Streicher, never touched his hand on any prisoner. Julius was a journalist and was part of a conspiracy network against the Jews, manipulating public opinion with his publications. He helped create the atmosphere where all these crimes were possible.

Helped by a network of former SS members, Mengele managed to escape to Latin America. After passing through Argentina and Paraguay, he came to Brazil and lived in my region.

Unconfirmed reports say that he came to my city several times. Mengele was visiting the former colleague Franz Wagner, head of Sobibor, another extermination camp.

Wagner was known as “the beast” and lived in Atibaia for many years. And even though identified, he lived in Brazil unpunished, protected by the military dictatorship that killed and tortured, which occurred between 1964 and 1985. A fascist dictatorship that conspired against democracy and staged a coup d'état. A dark time celebrated by Bolsonaro, the far right president of Brazil.

Looking at the present times, today, December 2nd, we have 1,496,670 dead by the coronavirus. According to the most complete meta-analysis, 715,531 of these lives could have been saved with correct advice on treatments with hydroxychloroquine, a drug widely available worldwide.

Many more deaths will come, due to the disease itself and the hunger that is predicted to happen, due to the brutal decline in the world economy.

Moreover, suicide rates have become an alarming concern. It is a preoccupation that even affects children. And among young people, according to a CDC study, 25% of people between the ages of 18 and 24 have seriously thought about killing themselves.

And even among those who are infected and cured, 40% are affected by sequelae. One in five gets mental illness. Everything could be minimized with proper treatment.

This is the picture of the global crisis: suffering, deaths and the denial of effective and proven treatment. Everything already naturalized in our daily lives. In this context it is possible to make some conclusions.

Scientists and authorities have informed that it is only possible to make the recommendation of hydroxychloroquine with a positive “gold standard” study. If they said so because they are disqualified and have no knowledge of the studies of Anglemyer, Benson and Frieden, no

problem. That's fine. But if they did it out of commercial or political interests, I conclude: these people have the spirit of Mengele alive inside them.

The editors of NEJM did not correct the results of the first randomized survey of the drug, nor did they respond to Watanabe, Luco, Wiseman, Yang and Birnbaum. If they did not see these corrections or had no time, no problems. That's fine. But if they did it for commercial or political interests, I conclude: these people have the spirit of Julius Streicher alive inside them.

Scientific journalists made videos and texts saying that people would go blind if they took hydroxychloroquine, and many people stopped taking the medicine because of it. If they did it because they are amateurs, ignorant, and have not studied, no problem. That's okay. But if they did it to intentionally generate fear for any interest, these people have the scientific culture of Mengele.

Scientists have conducted studies on severe patients with very high doses of hydroxychloroquine, never used in any disease. If they did not read the Fiocruz study, which already explained that high doses were harmful, and if also, because of inattention, they did not see the correspondence from India warning that the doses were exaggerated, four times higher than normal, without problems. That's fine. But if they gave a high dose to increase mortality and generate negative headlines defaming the treatment, I conclude: these scientists are the reincarnation of Mengele.

They conducted studies with false data, later published in the Lancet, which justified the stopping of several ongoing clinical trials. If they did it for some mistake or confusion in databases, no problem. That's fine. But if they did it with the aim of destroying the treatment and generating headlines around the world to lie about the dangers of medication, I conclude: these scientists are the Mengele receiving the trains.

Several scientists who were doing "gold standard" studies with hydroxychloroquine interrupted them due to the false Surgisphere study, even with partial positive results. If they didn't resume them for simple inattention, no problem. That's fine. But if they didn't resume them so that these studies wouldn't give positive results for money or political interests, I conclude: these scientists are apprentices at the Mengele school.

Several "gold standard" studies have been done with young patients, where there is little statistical significance because they are not risk patients. Others were terminated early, also generating little statistical significance. If they did so due to various impossibilities or lack of statistical knowledge, no problems, all is fine. But if they did it with the objective of

purposefully generating studies without results, to contribute to the blocking of medication, I conclude: these people possess the soul of Mengele.

## The banality of evil

Israel was founded in 1948, three years after the end of World War II. Many Jewish survivors of the concentration camps moved there. A good number of these survivors, when telling the stories of extermination and Mengele's studies, heard jokes.

Even with the evidence shown in the Nuremberg trial, which took place between 45 and 46, people did not believe that human beings could be so diabolical. The story was hard to believe. It was too evil. It seemed like an exaggeration.

These jokes occurred until the trial of Adolf Eichmann, an efficient bureaucrat who helped make the concentration camps run like clockwork. Captured in Argentina by Mossad, the Israeli secret service, in 1960, he was taken to court.

The Israeli government organized the trial in order to have wide media coverage, including television, a technology that was already popular.

Nuremberg, in the media aspect, was deficient and little didactic, besides being a new truth. The New York Times, for example, took time to believe. News about the gas chambers was only published for the first time in 1944. Almost at the end of the war.

In Eichmann's case, the televised images made the difference. That's just how everyone understood the proportion of everything that happened.





Hannah Arendt

During this trial, Hannah Arendt created the expression “banality of evil”. She spoke about people who carried out orders without questioning, with the greatest care and efficiency, without reflecting on the good or evil they could cause.

In 1962, Eichmann was hanged. In Israel the jokes ended. Franz Wagner was found with a knife stuck in his chest. In 1979, Mengele, the most iconic psychopath who did evil in the name of science, was buried with a false identity.

And if anyone has any doubts about what I am talking about, I make it very clear: it is about crimes against humanity.

**Filipe Rafaeli** is a communications professional, filmmaker and acrobatics pilot. Anyone who wants to get in touch, comment, get news, go here. [https://twitter.com/filipe\\_rafaeli](https://twitter.com/filipe_rafaeli)

## Post scriptum

**To the fact checkers:** the chance of hydroxychloroquine not working, according to the most complete meta analysis, is 1 in 910 billion. Before you write anything, call statisticians who are not charlatans who say that this and the other meta-analyses I mentioned are wrong.

**To social network censors:** censorship is the tool of cowards without arguments. Moreover, it traditionally happens at the same time that crimes against humanity are committed. They always start burning books, then keep burning people. You're spoiled kids from countries that have never been through this. In my country it's a reality not too distant. I had relatives who were arrested and I know several people who were tortured for simply speaking what could not be said. So, be careful with these decisions, it might go into the history books.

**To the readers:**

Read my first article from July 2020 ([Portuguese](#), [English](#), [French](#))

Read my second article from September 2020 ([Portuguese](#), [English](#), [French](#))

**To those who find possible errors:** write in the comments whatever is relevant. I will make corrections.

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