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## SPECIAL REPORT

### **SPECIAL REPORT: A Proven COVID Treatment?**

*The article below was submitted by Barry Kissin and republished here in its entirety. Barry Kissin is a retired lawyer who lives in Frederick Maryland and has articles published regularly in the Frederick Post. He was also a one-time U.S. Congressional candidate. Use of Hydroxychloroquine as a treatment for COVID victims is not new, in fact President Trump tried to provide the treatment in the United States.*

#### THE SUPPRESSION OF A PROVEN COVID REMEDY

Barry Kissin

Monday Dec 21, 2020

#### THE SUPPRESSION OF A PROVEN COVID REMEDY

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 antivirals [like HCQ] so readily available. When (if ever) that happens, everything would improve dramatically.”

At [c19study.com](http://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 ...”

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).

# NEWS YOU CAN USE

## **KNOW THE DIFFERENCE: VACCINE (IMMUNIZATION):**

*The information below about vaccines (immunizations) is not to change anyone's opinion about the COVID vaccine, the following information may help you understand how vaccines and immunization is supposed to work or why it may not work.*

### **What is immunization?**

Immunization is the process of giving a vaccine to a person to protect them against disease. Immunity (protection) by immunization is similar to the immunity a person would get from disease, but instead of getting the disease you get a vaccine. This is what makes vaccines such powerful medicine. Most vaccines are given by needle (injection) but some are given by mouth (orally) or sprayed into the nose (nasally). Immunizations are also called vaccinations, needles, shots or jabs.

### **How do vaccines work?**

Vaccines contain the same germ that causes disease. But the germs in the vaccine have been killed or weakened so that they do not make you sick. Some vaccines contain only a part of the germ that causes disease.

When you get immunized, your body is tricked into thinking that it has been infected with the disease. It makes antibodies that kill the germs. These antibodies stay in your body for a long time and remember how to fight the germ. If the germs from the disease enter your body in the future, the antibodies destroy the germs before you can become sick. It is much safer to get a vaccine than the disease.

Most people are fully protected against the disease after getting immunized. In rare cases, people who are immunized can still get the disease because they only get partial protection from the vaccine. This is more common in people with medical conditions that affect the immune system. Although these people may still get the disease, they will most likely get a milder sickness and not suffer serious complications.

### **What is herd immunity (community immunity)?**

When enough people in a community are immunized against a disease, the chance of an outbreak is greatly reduced. This type of community protection is known as 'herd' or 'community' immunity. To reach herd immunity against a disease, a community must have between 74 to 95 per cent of the people immunized depending upon the disease.