Chapter VII

"There is No Cure"

Suppression of Hydroxychloroquine (HCQ),

A Cheap and Effective Drug

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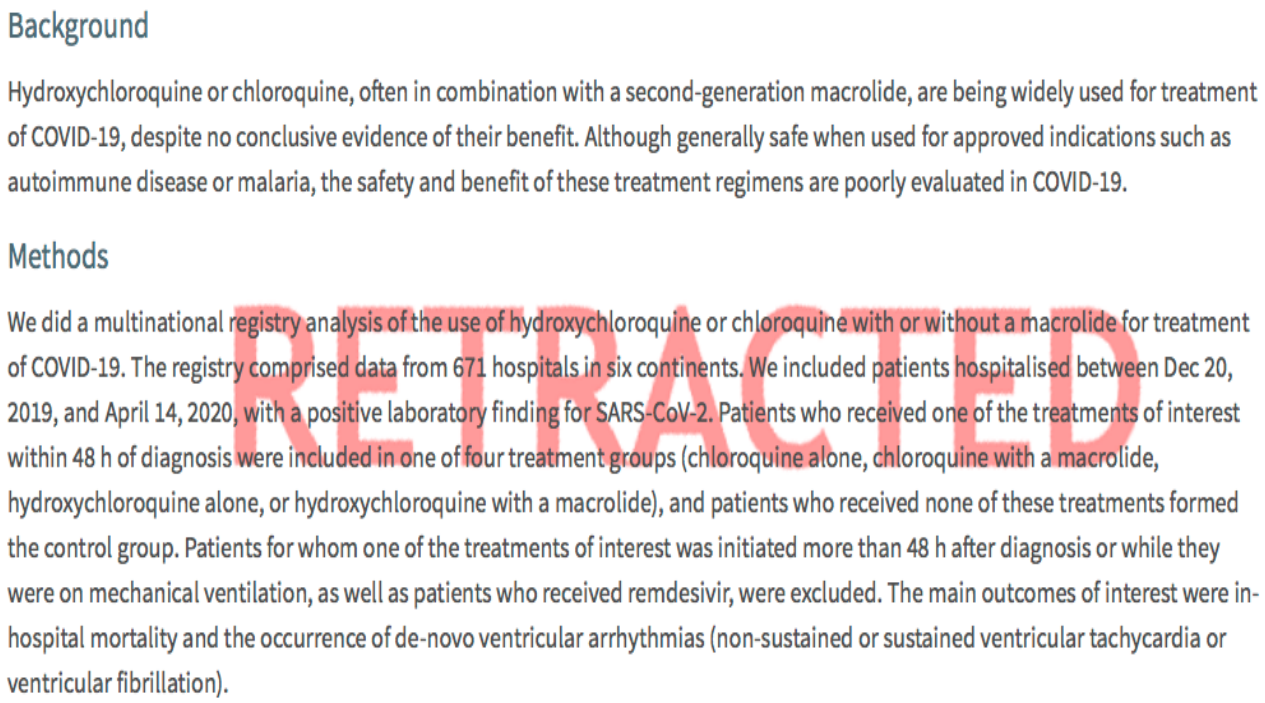
There is an ongoing battle to suppress ***Hydroxychloroquine (HCQ),*** *a cheap and effective drug for the treatment of Covid-19. The campaign against HCQ is carried out through slanderous political statements, media smears, not to mention an authoritative peer reviewed "evaluation" published on May 22nd by* ***The Lancet,*** *which was based on fake figures and test trials.*

The study was allegedly based on data analysis of ***96,032 patients*** *hospitalized with COVID-19 between Dec 20, 2019, and April 14, 2020 from* ***671 hospitals*** *Worldwide. The database had been fabricated. The objective was to kill the* ***Hydroxychloroquine (****HCQ) cure on behalf of Big Pharma.*

While ***The Lancet*** article was retracted, the media casually blamed "a tiny US based company" named Surgisphere whose employees included "a sci-fi writer and adult content model" for spreading "flawed data" (Guardian). This Chicago based outfit was accused of having misled both the WHO and national governments, inciting them to ban HCQ. None of those trial tests actually took place.



Background

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

Methods

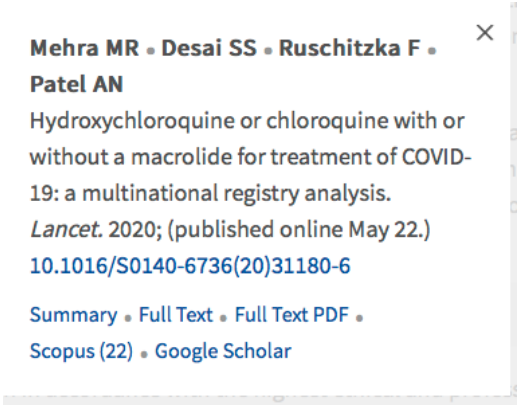
RETRACTED

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

While the blame was placed on Surgisphere, the unspoken truth (which neither the scientific community nor the media have acknowledged) is that the study was coordinated by Harvard professor **Mandeep Mehra** under the auspices of Brigham and Women's Hospital (BWH) which is a partner of the Harvard Medical School.

When the scam was revealed**, Dr. Mandeep Mehra** who holds the Harvey Distinguished Chair of Medicine at Brigham and Women's Hospital apologized:

> I have always performed my research in accordance with the highest ethical and professional guidelines. However, we can never forget the responsibility we have as researchers to scrupulously ensure that we rely on data sources that adhere to our high standards.
>
> It is now clear to me that in my hope to contribute this research during a time of great need, I did not do enough to ensure that the data source was appropriate for this use. For that, and for all the disruptions – both directly and indirectly – **I am truly sorry.** (emphasis added)
>
> Mandeep R. Mehra, MD, MSC (official statement on BWH website)



But that "truly sorry" note was just the tip of the iceberg. Why?

The Studies respectively on Gilead Science's Remdesivir and on Hydroxychloroquine (HCQ) Were Conducted Simultaneously by Brigham and Women's Hospital (BWH)

While ***The Lancet*** report (May 22, 2020) coordinated by **Dr. Mandeep Mehra** was intended "to kill" the legitimacy of HCQ as a cure of Covid-19, another important (related) study was being carried out (concurrently) at BWH pertaining to Remdesivir on behalf of Gilead Sciences Inc.

Dr. Francisco Marty,a specialist in Infectious Disease and Associate Professor at Harvard Medical School was entrusted with coordination of the clinical trial tests of the antiviral medication Remdesivir under Brigham's contract with **Gilead Sciences Inc:**

> Brigham and Women's Hospital began enrolling patients in two clinical trials for Gilead's antiviral medication remdesivir. The Brigham is one of multiple clinical trial sites for a Gilead-

> initiated study of the drug in 600 participants with moderate coronavirus disease (COVID-19) and a Gilead-initiated study of 400 participants with severe COVID-19.
>
> … If the results are promising, this could lead to FDA approval, and if they aren't, it gives us critical information in the fight against COVID-19 and allows us to move on to other therapies."

While Dr. Mandeep Mehra was not directly involved in the Gilead Remdesivir BWH study under the supervision of his colleague Dr. Francisco Marty, he nonetheless had contacts with Gilead Sciences Inc: "He participated in a conference sponsored by Gilead in early April 2020 as part of the Covid-19 debate" (France Soir, May 23, 2020) URL

What was the intent of his (failed) study? To undermine the legitimacy of Hydroxychloroquine?

According to France Soir, in a report published after The Lancet Retraction:

> The often **evasive answers produced by Dr Mandeep R. Mehra**, … professor at Harvard Medical School, did not produce confidence, fueling doubt instead about **the integrity of this retrospective study and its results**. (France Soir, June 5, 2020) URL

Was Dr. Mandeep Mehra in conflict of interest? (That is a matter for BWH and the Harvard Medical School to decide upon).

Who are the Main Actors?

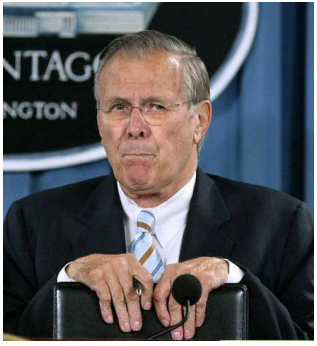
Dr. Anthony Fauci, advisor to Donald Trump, portrayed as "America's top infectious disease expert" has played a key role in smearing the HCQ cure which had been approved years earlier by the CDC as well as providing legitimacy to Gilead's Remdesivir.

Dr. Fauci has been the head of the National Institute of Allergy and Infectious Diseases (NIAID) since the Reagan administration. He is known to act as a mouthpiece for Big Pharma.

Dr. Fauci launched Remdesivir in late June (see details below). According to Fauci, Remdesivir is the "corona wonder drug" developed by **Gilead Science Inc.** It's a $1.6 billion dollar bonanza.

Gilead Sciences Inc: History

Gilead Sciences Inc is a Multibillion dollar bio-pharmaceutical company which is now involved in developing and marketing Remdesivir. Gilead has a long history. It has the backing of major investment conglomerates including the Vanguard Group and Capital Research & Management Co, among others. It has developed ties with the US Government.



In 1999 Gilead Sciences Inc, developed Tamiflu (used as a treatment of seasonal influenza and bird flu). At the time, Gilead Sciences Inc was headed by **Donald Rumsfeld** (1997-2001), who later joined the George W. Bush administration as Secretary of Defense (2001-2006). Rumsfeld was responsible for coordinating the illegal and criminal wars on Afghanistan (2001) and Iraq (2003).

Rumsfeld maintained his links to Gilead Sciences Inc throughout his tenure as Secretary of Defense (2001-2006). According to CNN Money (2005): "The prospect of a bird flu outbreak … was very good news for Defense Secretary Donald Rumsfeld [who still owned Gilead stocks] and other politically connected investors in Gilead Sciences".

Anthony Fauci has been in charge of the NIAID since 1984, using his position as "a go between" the US government and Big Pharma. During Rumsfeld's tenure as Secretary of Defense, the budget allocated to bio-terrorism increased substantially, involving contracts with Big Pharma including Gilead Sciences Inc. Anthony Fauci considered that the money allocated to bio-terrorism in early 2002 would:

> "accelerate our understanding of the biology and pathogenesis of microbes that can be used in attacks, and the biology of the microbes' hosts — human beings and their immune systems.

One result should be more effective vaccines with less toxicity." (Washington Post report)

In 2008, **Dr. Anthony Fauci** was granted the Presidential Medal of Freedom by president **George W. Bush** "for his determined and aggressive efforts to help others live longer and healthier lives."

The 2020 Gilead Sciences Inc Remdesivir Project

We will be focussing on key documents (and events)

Chronology

February 21: Initial Release pertaining to NIH-NIAID Remdesivir placebo test trial

April 10: The Gilead Sciences Inc study published in the NEJM on the "Compassionate Use of Remdesivir"

April 29: NIH Release: Study on Remdesivir (Report published on May 22 in NEJM)

May 22, The BWH-Harvard Study on Hydroxychloroquine coordinated by Dr. Mandeep Mehra published in The Lancet

May 22, Remdesivir for the Treatment of Covid-19 — Preliminary Report National Institute of Allergy and Infectious Diseases, National Institutes of Health, New England Journal of Medicine, (NEJM)

June 5: The (fake) Lancet Report (May 22) on HCQ is Retracted.

June 29, Fauci announcement. The $1.6 Billion Remdesivir HHS Agreement with Gilead Sciences Inc URL

April 10: The Gilead Sciences Inc. study published in the NEJM on the "Compassionate Use of Remdesivir"

A Gilead sponsored report was published in New England Journal of Medicine in an article entitled "Compassionate Use of Remdesivir for Patients with Severe Covid-19" . It was co-authored by an impressive list of 56 distinguished medical doctors and scientists, many of whom were recipients of consulting fees from Gilead Sciences Inc.

Gilead Sciences Inc. funded the study which included several staff members as co-authors.

Compassionate Use of Remdesivir for Patients with Severe Covid-19

Jonathan Grein, M.D., Norio Ohmagari, M.D., Ph.D., Daniel Shin, M.D., George Diaz, M.D., Erika Asperges, M.D., Antonella Castagna, M.D., Torsten Feldt, M.D., Gary Green, M.D., Margaret L. Green, M.D., M.P.H., François-Xavier Lescure, M.D., Ph.D., Emanuele Nicastri, M.D., Rentaro Oda, M.D., et al.

> The testing included a total of 61 patients [who] received at least one dose of remdesivir on or before March 7, 2020; 8 of these patients were excluded because of missing postbaseline information (7 patients) and an erroneous remdesivir start date (1 patient) … Of the **53 remaining patients included in this analysis,** 40 (75%) received the full 10-day course of remdesivir, 10 (19%) received 5 to 9 days of treatment, and 3 (6%) fewer than 5 days of treatment.

The NEJM article states that "Gilead Sciences Inc began accepting requests from clinicians for compassionate use of remdesivir on January 25, 2020". From whom, From Where? According to the WHO (January 30, 2020) there were 86 cases in 18 countries outside China of which 5 were in the US, 5 in France and 3 in Canada.

Several prominent physicians and scientists have cast doubt on the Compassionate Use of Remdesivir study conducted by Gilead, focussing on the small size of the trial. Ironically, the number of patients in the test is less that the number of co-authors: "53 patients" versus "56 co-authors"

Below we provide excerpts of scientific statements on the Gilead NEJM project (Science Media Centre emphasis added) published immediately following the release of the NEJM article:

> "**'Compassionate use' is better described as using an unlicensed therapy to treat a patient because there are no other treatments available**. Research based on this kind of use should be treated with extreme caution because there is no control group or randomisation, which are some of the hallmarks of good practice in clinical trials. **Prof Duncan Richard**, Clinical Therapeutics, University of Oxford.

"It is critical not to over-interpret this study. Most importantly, it is impossible to know the outcome for this relatively small group of patients had they not received remdesivir. **Dr Stephen Griffin**, Associate Professor, School of Medicine, University of Leeds.

"The research is interesting **but doesn't prove anything at this point:** the data are from a small and uncontrolled study. **Simon Maxwell,** Professor of Clinical Pharmacology and Prescribing, University of Edinburgh.

"The data from this paper are almost uninterpretable. It is very surprising, perhaps even unethical, that the *New England Journal of Medicine* has published it. It would be more appropriate to publish the data on the website of the pharmaceutical company that has sponsored and written up the study. **At least Gilead have been clear that this has not been done in the way that a high quality scientific paper would be written. Prof Stephen Evans,** Professor of Pharmacoepidemiology, London School of Hygiene & Tropical Medicine.

"It's very hard to draw useful conclusions from uncontrolled studies like this particularly with a new disease where we really don't know what to expect and with wide variations in outcomes between places and over time. One really has to question the ethics of failing to do randomisation – **this study really represents more than anything else, a missed opportunity." Prof Adam Finn,** Professor of Paediatrics, University of Bristol.

To review the complete document of Science Media Centre pertaining to expert assessments click here

April 29: The National Institutes of Health (NIH) Study on Remdesivir.

On April 29th following the publication of the Gilead Sciences Inc Study in the NEJM on April 10, a press release of the National Institutes of Health (NIH) on Remdesivir was released. The full document was published on **May 22,** by the NEJM under the title:

Remdesivir for the Treatment of Covid-19 — Preliminary Report (NEJM)

The study had been initiated on February 21, 2020. The title of the April 29 Press Release was:

"Peer-reviewed data shows remdesivir for COVID-19 improves time to recovery"

It's a government sponsored report which includes preliminary data from a **randomized trial involving 1063 hospitalized patients.** The results of the trial labelled Adaptive COVID-19 Treatment Trial (ACTT) are preliminary, conducted under the helm of Dr. Fauci's National Institute of Allergy and Infectious Diseases (NIAID):

> An independent data and safety monitoring board (DSMB) overseeing the trial met on April 27 to review data and shared their interim analysis with the study team. Based upon their review of the data, they **noted that remdesivir was better than placebo** from the perspective of the primary endpoint, time to recovery, a metric often used in influenza trials. Recovery in this study was defined as being well enough for hospital discharge or returning to normal activity level.
>
> **Preliminary results** indicate that patients who received remdesivir had a 31% faster time to recovery than those who received placebo (p<0.001). Specifically, **the median time to recovery was 11 days for patients treated with remdesivir compared with 15 days** for those who received placebo. Results also suggested a survival benefit, with a mortality rate of 8.0% for the group receiving remdesivir versus 11.6% for the placebo group (p=0.059). (emphasis added)

In the NIH's earlier February 21, 2020 report (released at the outset of the study), the methodology was described as follows:

> … A randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral remdesivir in hospitalized adults diagnosed with coronavirus disease

> 2019 (COVID-19) …

Numbers. Where? When?

The February 21 report confirmed that the first trial participant was “an American who was repatriated after being quarantined on the Diamond Princess cruise ship” that docked in Yokohama (Japanese Territorial Waters). “Thirteen people repatriated by the U.S. State Department from the Diamond Princess cruise ship” were selected as patients for the placebo trial test.

Ironically, at the outset of the study, 58.7% of the “confirmed cases” Worldwide (542 cases out of 924) (outside China), were on the Diamond Cruise Princess from which the initial trial placebo patients were selected.

Where and When: The trial test in the 68 selected sites? That came at a later date because on February 19th (WHO data), the US had recorded only 15 positive cases (see Table Below).

> “A total of 68 sites **ultimately joined the study**—47 in the United States and 21 in countries in Europe and Asia.” (emphasis added)

In the final May 22 NEJM report entitled Remdesivir for the Treatment of Covid-19 — Preliminary Report:

> There were 60 trial sites and 13 subsites in the United States (45 sites), Denmark (8), the United Kingdom (5), Greece (4), Germany (3), Korea (2), Mexico (2), Spain (2), Japan (1), and Singapore (1). Eligible patients were randomly assigned in a 1:1 ratio to receive either remdesivir or placebo. Randomization was stratified by study site and disease severity at enrollment

The Washington Post applauded Anthony Fauci’s announcement (April 29):

"The preliminary results, disclosed at the White House by Anthony S. Fauci, … fall short of the magic bullet or cure… But with **no approved treatments for Covid-19,**[Lie] Fauci said, it will become the standard of care for hospitalized patients …The data shows that remdesivir has a clear-cut, significant, positive effect in diminishing the time to recovery," Fauci said.

Gilead's remdesivir improves recovery time of coronavirus patients in NIH trial

April 29, 2020 at 7:50 am | *Updated April 29, 2020 at 3:48 pm*

By Laurie Mcginley and Christopher Rowland

The Washington Post

The government's first rigorous clinical trial of the experimental drug remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients was at hand.

The government's first rigorous clinical trial of the experimental drug remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients was at hand.

The preliminary results, disclosed at the White House by Anthony Fauci, chief of the National Institute of Allergy and Infectious Diseases, **which led the placebo-controlled trial** found that the drug

> accelerated the recovery of hospitalized patients but had only a marginal benefit in the rate of death.
>
> … Fauci's remarks boosted speculation that the Food and Drug Administration would seek emergency use authorization that would permit doctors to prescribe the drug.
>
> In addition to clinical trials, remdesivir has been given to more than 1,000 patients under compassionate use. [also refers to the Gilead study published on April 10 in the NEJM]
>
> The study, involving [more than] **1,000 patients at 68 sites in the United States and around the world (??)**, offers the first evidence (??) from a large (??), randomized (??) clinical study of remdesivir's effectiveness against COVID-19.

The NIH placebo test study provided "preliminary results". While the placebo trial test was "randomized", the overall selection of patients at the 68 sites was not fully randomized. See the full report.

May 22: The Controversial (Retracted) Lancet Report on Hydroxychloroquine (HCQ)

It is worth noting that the full report of the NIH-NIAID) entitled Remdesivir for the Treatment of Covid-19 — Preliminary Report was released on May 22, 2020 in the NEJM, on the same day as the controversial Lancet report on Hydroxychloroquine.

Immediately folllowing its publication, the media went into high gear, smearing the HCQ cure, while applauding the NIH-NIASD report released on the same day.

> **Remdesivir, the only drug cleared to treat Covid-19, sped the recovery time of patients with the disease,** … "It's a very safe and effective drug," said Eric Topol, founder and director of the Scripps Research Translational Institute. "We now have a definite first efficacious drug for Covid-19, which is a major step forward and will be built upon with other drugs, [and drug] combinations."

When the Lancet HCQ article by Bingham-Harvard was retracted on June 5, it was too late, it received minimal media coverage. Despite the Retraction, the HCQ cure "had been killed".

June 29: Fauci Greenlight. The $1.6 Billion Remdesivir Contract with Gilead Sciences Inc

Dr. Anthony Fauci granted the "Greenlight" to Gilead Sciences Inc. on June 29, 2020.

The semi-official US government NIH-NIAID sponsored report (May 22) entitled Remdesivir for the Treatment of Covid-19 — Preliminary Report (NEJM) was used to justify a major agreement with Gilead Sciences Inc. (A Final Report was Released on November 5, 2020)

The Report was largely funded by the National Institute of Allergy and Infectious Diseases (NIAID) headed by Dr. Anthony Fauci and the National Institutes of Health (NIH).

On June 29, based on the findings of the NIH-NIAID Report published in the NEJM, the Department of Health and Human Services (HHS) announced on behalf of the Trump Adminstration an agreement to secure large supplies of the remdesivir drug from Gilead Sciences Inc. for the treatment of Covid-19 in America's private hospitals and clinics.

The earlier Gilead study based on scanty test results published in the NEJM (April 10), of 53 cases (and 56 co-authors) was not highlighted. The results of this study had been questioned by several prominent physicians and scientists.

Who will be able to afford Remdesivir? 500,000 doses of Remdesivir are envisaged at $3,200 per patient, namely **$1.6 billion** (see the study by Elizabeth Woodworth)

The Drug was also approved for marketing in the European Union. under the brandname Veklury.

If this contract is implemented as planned, it represents for Gilead Science Inc. and the recipient US private hospitals and clinics a colossal amount of money.

Gilead's COVID-19 Treatment Remdesivir Will Cost $3,120 for Typical U.S Patient With Private Insurance

According to The Trump Administration's HHS Secretary **Alex Azar** (June 29, 2020):

> "To the extent possible, we want to ensure that **any American patient who needs remdesivir can get it**. [at $3200] The Trump Administration is doing everything in our power to learn more about life-saving therapeutics for COVID-19 and secure access to these options for the American people."

Remdesivir for Covid-19: $1.6 Billion for a "Modestly Beneficial" Drug?

Remdesivir versus Hydroxychloroquine (HCQ)

Careful timing:

The Lancet study (published on May 22, 2020 and subsequently retracted) was intended to undermine the legitimacy of Hydroxychloroquine as an effective cure to Covid-19, with a view to sustaining the $1.6 billion agreement between the HHS and Gilead Sciences Inc. on June 29th. The legitmacy of this agreement rested on the May 22 NIH-NIAID study in the NEJM **which was considered "preliminary".**

What Dr. Fauci failed to acknowledge is that Chloroquine had been "studied" and tested fifteen years ago by the CDC as a drug to be used against coronavirus infections. And that Hydroxychloroquine has been used in the course of 2020 in the treatment of Covid-19 in several countries.

According to the Virology Journal (2005) (See below) *"***Chloroquine is a potent inhibitor of SARS coronavirus infection and spread".** It was used in the SARS-1 outbreak in 2002. It had the endorsement of the CDC.

Research | Open Access | Published: 22 August 2005

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

Martin J Vincent, Eric Bergeron, Suzanne Benjannet, Bobbie R Erickson, Pierre E Rollin, Thomas G Ksiazek, Nabil G Seidah & Stuart T Nichol

Virology Journal **2**, Article number: 69 (2005) | Cite this article

279k Accesses | **248** Citations | **28322** Altmetric | Metrics

HCQ is not only effective, it is “inexpensive” when compared to Remdesivir, at an estimated “$3120 for a US Patient with private insurance”.

Concluding Remarks

The Gilead Sciences Inc. Remdesivir study (50+ authors) was published in the New England Journal of Medicine (April 10, 2020).

It was followed by the NIH-NIAID Remdesivir for the Treatment of Covid-19 — Preliminary Report on May 22, 2020 in the NEJM. And on that same day, May 22, the report on Hydroxychloroquine coordinated by BWH-Harvard Dr. Mehra was published by The Lancet (which was subsequently retracted).

Harvard Medical School and the BWH bear responsibility for having hosted and financed the Lancet report on HCQ coordinated by Dr. Mandeep Mehra.

Is there conflict of interest? BWH was simultaneously involved in a study on Remdesivir in a contract with Gilead Sciences, Inc.

While the Lancet report coordinated by Harvard’s Dr. Mehra was retracted, it nonetheless served the interests of Gilead Sciences Inc.

It is important that an independent scientific and medical assessment be undertaken, respectively of the Gilead Sciences Inc New England Journal of Medicine (NEMJ) peer reviewed study (April 10, 2020) as well as the NIH-NIAID study also published in the NEJM (May 22, 2020).