There is a long and varied literature warning about the totalitarian aspects of public health and also universal health insurance and national medical planning.[34] Indeed, it is at the heart of ancient discussions that weigh the public good or general welfare against the rights of the individual. But it is relatively absent from any current discourse offered by public health physicians or officials.

C. Combining Political Totalitarianism and Public Health Totalitarianism to Suppress the Only Drug Effective Against COVID-19

(1) Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19

The cutting edge of public health totalitarianism in the US and the world today is Anthony Fauci, MD, a man who has successfully taken the reins to control what happens during COVID-19. Fauci exemplifies how totalitarianism has erupted through positions of power during the current pandemic. The open letter to Dr. Fauci characterizes and challenges the behavior of Fauci in a striking fashion but has been utterly ignored by the major media. It can only be found in smaller newspaper outlets. The entire letter should be read by anyone interested in public health policy and its implementation by Anthony Fauci. The following is the opening statement of the Open Letter to Dr. Fauci:[35]

Open letter to Dr. Anthony Fauci Regarding the Use of Hydroxychloroquine for Treating COVID-19

By George C. Fareed, MD Brawley, California Michael M. Jacobs, MD, MPH Pensacola, Florida Donald C. Pompan, MD Salinas, California (Aug 13, 2020, Updated Aug 22, 2020):

> *Dear Dr. Fauci:*
>
> *You were placed into the most high-profile role regarding America's response to the coronavirus pandemic. Americans have relied on your medical expertise concerning the wearing of masks, resuming employment, returning to school, and of course medical treatment.*
>
> *You are largely unchallenged in terms of your medical opinions. You are the de facto "COVID-19 Czar." This is unusual in the medical profession in which doctors'*

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[34] For a specific critic of the handling of COVID-19 from a Constitutional perspective, see: Jackie McDermott and Lana Ulrich. (2020, April 15). COVID-19 and the Constitution — Key Takeaways. From the National Constitution Center. https://constitutioncenter.org/interactive-constitution/blog/covid-19-and-the-constitution-key-takeaways. Also, see Heath, I. (2017). The missing person: The outcome of the rule-based totalitarianism of too much contemporary healthcare. *Patient Educ Couns*. 2017 Nov;100(11):1969-1974. doi: 10.1016/j.pec.2017.03.030. Epub 2017 Apr 3; Fleming, K. (2004, December. Rapid Response: National Health Care and Totalitarianism. *BMJ* 2004;329:1424; A General Surgeon. (2018). As We Continue to Drift Into a Totalitarian Medical System: A View of a Country Boy. Scand. J. Surg. https://doi.org/10.1177/1457496918757579

[35] Fareed, G. et al., August 22, 2020, Open letter to Dr. Anthony Fauci regarding the use of hydroxychloroquine for treating COVID-19. *The Desert Review*. https://www.thedesertreview.com/opinion/columnists/open-letter-to-dr-anthony-fauci-regarding-the-use-of-hydroxychloroquine-for-treating-covid-19/article_31d37842-dd8f-11ea-80b5-bf80983bc072.html

opinions are challenged by other physicians in the form of exchanges between doctors at hospitals, medical conferences, as well as debate in medical journals. You render your opinions unchallenged, without formal public opposition from physicians who passionately disagree with you. It is incontestable that the public is best served when opinions and policy are based on the prevailing evidence and science, and able to withstand the scrutiny of medical professionals.

As experience accrued in treating COVID-19 infections, physicians worldwide discovered that high-risk patients can be treated successfully as an outpatient, within the first five to seven days of the onset of symptoms, with a "cocktail" consisting of hydroxychloroquine, zinc, and azithromycin (or doxycycline). Multiple scholarly contributions to the literature detail the efficacy of the hydroxychloroquine-based combination treatment.

Dr. Harvey Risch, the renowned Yale epidemiologist, ***published*** *an article in May 2020 in the* American Journal of Epidemiology *titled "Early Outpatient Treatment of Symptomatic, High-Risk COVID-19 Patients that Should be Ramped-Up Immediately as Key to Pandemic Crisis." He further published an* ***article*** *in* Newsweek *in July 2020 for the general public expressing the same conclusions and opinions. Dr. Risch is an expert at evaluating research data and study designs, publishing over 300 articles. Dr. Risch's assessment is that there is unequivocal evidence for the early and safe use of the "HCQ cocktail." If there are Q-T interval concerns, doxycycline can be substituted for azithromycin as it has activity against RNA viruses without any cardiac effects.*

Yet, you continue to reject the use of hydroxychloroquine, except in a hospital setting in the form of clinical trials, repeatedly emphasizing the lack of evidence supporting its use. Hydroxychloroquine, despite 65 years of use for malaria, and over 40 years for lupus and rheumatoid arthritis, with a well-established safety profile, has been deemed by you and the FDA as unsafe for use in the treatment of symptomatic COVID-19 infections. Your opinions have influenced the thinking of physicians and their patients, medical boards, state and federal agencies, pharmacists, hospitals, and just about everyone involved in medical decision making.

Indeed, your opinions impacted the health of Americans, and many aspects of our day-to-day lives including employment and school. Those of us who prescribe hydroxychloroquine, zinc, and azithromycin/doxycycline believe fervently that early outpatient use would save tens of thousands of lives and enable our country to dramatically alter the response to COVID-19. We advocate for an approach that will reduce fear and allow Americans to get their lives back.

We hope that our questions compel you to reconsider your current approach to COVID-19 infection.

That this trenchant letter has been so ignored by the media and major medical organizations indicates the hold that globalism and the pharmaceutical industry, in league with government agencies, have upon the world. The letter goes on to raise a great number of questions about what Fauci is doing and should be read by anyone who wants to be further educated about the current crisis in the suppression of hydroxychloroquine by itself or in combination with azithromycin and zinc.

(2) The Broader Context

There are many reasons why the worldwide political, health and industrial establishment has ganged up to suppress hydroxychloroquine which, in combination with azithromycin and zinc, is the only demonstrated prophylaxis and the only useful drug treatment when given early in the disease process. First, Donald Trump has supported it and so they are attacking "Trump's drug." But this is a diversion, because the pharmaceutical industry and other interest groups all over the world are attacking the medication and for this reason the phrase "Trump's drug" will be avoided. Second, and this is far more important, the drug combination is incredibly cheap, and the pharmaceutical industry has tooled up, with the support of Anthony Fauci and others, to support rush programs for extremely remunerative and dubious drugs, while holding out for more remunerative compulsory vaccinations. The vast powers of the pharmaceutical and chemical industry, probably the largest and most powerful lobby in the world, has determined to crush "the people's drug," hydroxychloroquine. This report will discuss hydroxychloroquine in many places, including in an essay by Dr. Meryl Nass contained in part **VII** and by an open letter from a group of physicians in part **III C (3).**

There are special federal regulations for providing treatments for CBRN agents—Chemical, Biological, Radiological, and Nuclear treatments. Under federal regulations, in an emergency declared by the Health and Human Services (HHS) secretary, medicines can be used "that 'may be effective' to prevent, diagnose, or treat serious of life-threatening diseases that can be caused by CBRN agents…" (p. 7).[36] There can be no doubt that hydroxychloroquine "may be effective," so in order for the big drug companies to stop the use of this inexpensive drug they had to declare it too dangerous to use. [37,] Hydroxychloroquine is "an extraordinarily safe drug"[38] when used in the proper dose range; but it can be fatal when used in too large doses. So those who want to discredit the medication have been prescribing it in lethal or near-lethal doses to unwitting patients in clinical trials.

This report will discuss hydroxychloroquine in many places, including in an essay by Dr. Meryl Nass contained in part **VII** and by an open letter from a group of physicians in part **III C (3).** However, because the accusation about doctors giving lethal doses is so potentially "inflammatory," one of those studies will now be evaluated and made available by links in the following section.

(3) Using Lethal Doses to Discredit Hydroxychloroquine

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[36] U.S. Department of Health and Human Services, et al. (2017). Emergency Use of Authorization of Medical Products and Related Authorities. Guidance for Industry and Other Stakeholders. https://www.fda.gov/media/97321/download

[37] Numerous studies have confirmed the usefulness of hydroxychloroquine as an antiviral agent and its mechanisms of action have been very well studied. E.g., Islam, T., et al. A Perspective on Emerging Therapeutic Interventions for COVID-19. Front Public Health. 2020; 8: 281. Published online 2020 Jul 3. doi: 10.3389/fpubh.2020.00281. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7362761/ . Also see **Early treatment with hydroxychloroquine: a country-based analysis**. @Covid Analysis, August 5, 2020 (updated August 18, 2020) https://hcqtrial.com/. We have written numerous blog reports discussing the usefulness of hydroxychloroquine and the pharmaceutical industry's attempts to discredit it. https://breggin.com/coronavirus-resource-center/

[38] In *Goodman & Gilman's The Pharmacological Basis of Therapeutics* (2011, p. 1404), New York: McGraw-Hill. The word "extraordinarily" is removed in the 13th edition (2019) but otherwise remains the same.

The research community in the service of the pharmaceutical industry and its main vector, Anthony Fauci, conducted one study after another in which they gave COVID-19 patients toxic and even lethal doses of either chloroquine or hydrochloroquine. Often, they used the older drug, chloroquine, when hydroxychloroquine is "a less toxic metabolite of chloroquine."[39] To further discredit these medications, they gave them to patients on death's door, when their only proven effective is as a prophylaxis or early in the treatment of viral diseases, including COVID-19.

We became so incensed by one of the more recent studies that I titled it, "Research Study—Or Megadose Mass Murder."[40] The authors of the study[41] had to know that they were treading on dangerous territory, risking many deaths. Respected sources, such as all recent editions of the classic *Goodman & Gilman's The Pharmacological Basis of Therapeutics* (2011, p. 1405), make the same basic observation:

> ***Toxicity and Side Effects.*** *Taken in proper doses, chloroquine is an extraordinarily safe drug; however, its safety margin is narrow, and a single dose of 30 mg/kg may be fatal.*

The study that killed so many patients used enormous repeated doses of chloroquine: *1200 mg daily for 10 days*. This dose is so large that the authors could not cite a single other clinical study that approximated this megadose range, except in a single study in which hydroxychloroquine was given in the hope of suppressing cancer.

The lethal dose of chloroquine begins at 30 mg/kg for a 40 kilo[42] or 89-pound patient. Since the patients in this study were extremely sick, since many had comorbid illnesses, and since a number were elderly, it is likely that some were probably under 90 pounds. But we need not quibble because the 30 mg/kg death range is for a **single** dose—and these doctors gave 10 days of this toxic megadose. Furthermore, all the patients were extremely ill with COVID-19, some were elderly, and many had comorbid disease, including heart disease. The lethal dose for them would be considerably below 30 mg/kg. It is no exaggeration to observe that, given their physical condition and frailties, all the patients in this study were at risk of death from the megadoses of chloroquine administered to them for ten days.

In addition, these doses over a period of ten days are higher than they even seem because chloroquine has an extremely long half-life, measured in days and weeks rather than hours, again according to *Goodman & Gilman's The Pharmacological Basis of Therapeutics* (2011, p. 1404). There is also evidence that the half-life increases with the dose. Altogether, this means that the high doses over ten days would accumulate in increasingly greater concentrations that would persist well beyond the termination of drug treatment—leading to increased lethality. Many of the patients were probably too ill to properly metabolize or break down the drug, increasing the

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[39] Stokkermans, T. J., Goyal, A., Bansal, P. Trichonas, G. Chloroquine And Hydroxychloroquine Toxicity. StatPearls [Internet]. Treasure Island (FL): StatPearls. Last Update: July 4, 2020 https://www.ncbi.nlm.nih.gov/books/NBK537086/?report=printable

[40] Breggin, P., 2020, Scientific Study or Megadose Mass Murder. The Breggins' Coronavirus Resource Center. https://breggin.com/scientific-study-or-megadose-mass-murder/

[41] Borba, M., Val, F., and Sampaio, V. et al. (2020 April 24). Effect of High vs Low Doses of Chloroquine Diphosphate as Adjunctive Therapy for Patients Hospitalized with Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Infection: A Randomized Clinical Trial. JAMA Network Open. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2765499

[42] *Goodman & Gilman's The Pharmacological Basis of Therapeutics* (2011, p. 1405). New York: McGraw Hill.

effect of dose through its increased concentration in the blood and hence again increasing its lethality. Worse yet, the patients were already at death's door in "intensive care units" for the "treatment of severe COVID-19 patients." They were described as "critically ill" (p. 1). Some were "unconscious," according to the prepublication version.[43]

When the death rate reached **39%**, the megadose experiment was stopped Sixteen of the 41 patients had died. It took the intervention of an independent monitoring group to prevent the researchers from continuing on.

The study became a big hit among the establishment working full-time promote the interests of the pharmaceutical industry and not the people in need of treatment. I wrote in a blog/ report:

The study we call "Megadose Mass Murder" was released prepublication on-line on April 11, 2020.[44] The partisan *New York Times* was so happy to thump Trump's drug that it published a big story in support of it on April 12, 2020, one day after the prepublication report.[45] The article was then rushed to formal publication on-line on April 24, 2020 by the *Journal of the American Medical Association* on its *JAMA Network Open*.[46] The journal of the AMA even gave on-line Continuing Medication Education (CME) credits to doctors who read it.[47]

Simultaneously, on April 24, 2020, the FDA ramped up its attack on hydroxychloroquine, limiting its use to hospitals, in an effort that would eventually tell doctors to stop using it at all.

The study was conducted in Brazil. Those who planned the clinical trial created a no-win study to demonstrate that the highly politicized treatment was too dangerous to treat COVID-19 patients. They administered the medications in potentially lethal doses with no other discernable goal than to discredit hydroxychloroquine and President Trump, along with their own Brazilian President, Jair Bolsonaro, a supporter of both Trump and hydroxychloroquine.[48]

When the FDA joined forces against hydrochloroquine, it used fraudulent studies like the one above to declare the drug too dangerous to use—even though chloroquine and

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[43] Borba, S. and many other authors. Chloroquine diphosphate in two different dosages as adjunctive therapy of hospitalized patients with severe respiratory syndrome in the context of coronavirus (SARS-CoV-2) infection: Preliminary safety results of a randomized, double-blinded, phase IIb clinical trial (CloroCovid-19 Study) Unpublished at the time. See section on "Ethical Aspects." https://www.medrxiv.org/content/10.1101/2020.04.07.20056424v1.full.pdf

[44] Borba, S. and many other authors. Chloroquine diphosphate in two different dosages as adjunctive therapy of hospitalized patients with severe respiratory syndrome in the context of coronavirus (SARS-CoV-2) infection: Preliminary safety results of a randomized, double-blinded, phase IIb clinical trial (CloroCovid-19 Study) Unpublished at the time. https://www.medrxiv.org/content/10.1101/2020.04.07.20056424v1.full.pdf
We are no longer emphasize that they are attacking "Trump's drug," because as mentioned earlier, that is a diversion. The medication has the support of many countries and untold numbers of doctors, so it is hardly "Trump's drug." In addition, the medication is being attacked around the world, not just in America as Trump's drug.

[45] Thomas, K. and Knvul, S. (Published April 12, 2020. Updated June 15, 2020). Chloroquine Study Halted Over Risk of Fatal Heart Complications: A research trial of coronavirus patients in Brazil ended after patients taking a higher dose of chloroquine, one of the drugs President Trump has promoted, developed irregular heart rates. https://www.nytimes.com/2020/04/12/health/chloroquine-coronavirus-trump.html

[46] Borba, M., Val, F., and Sampaio, V. et al. (2020 April 24). Effect of High vs Low Doses of Chloroquine Diphosphate as Adjunctive Therapy for Patients Hospitalized with Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Infection: A Randomized Clinical Trial. JAMA Network Open. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2765499

[47] AMA Ed Hub. CME credits for reading Borba et al. Ibid. https://edhub.ama-assn.org/jn-learning/module/2765499

[48] Wessel, L. (2020, June 22). Science, 'It's a nightmare.' How Brazilian scientists became ensnared in chloroquine politics. https://www.sciencemag.org/news/2020/06/it-s-nightmare-how-brazilian-scientists-became-ensnared-chloroquine-politics

hydroxychloroquine are among the most safe drugs in the world with experience in treating tens of millions of patients for malaria, rheumatoid arthritis, lupus and other afflictions.

D. "Educating" the People to Accept "Interventions"

Public Health advocates having a working assumption that they are right and others must learn to agree with them. Science is often invoked on their side, but their science is often corrupted by their own biases, financial interests, political ideology, or desire for power.

Redefining Events is a big part of re-educating the public. A mob becomes a protest. A single death becomes a national catastrophe to be prevented at all costs. A health official who is devoted to global top-down government, Anthony Fauci, becomes the leading political voice in the country. Dissent becomes hate speech or anti-science.

"Educational Interventions" are a favorite concept in public health. In *Public Health Ethics,* in a chapter titled "Public Health Interventions: Ethical Implications," we find these observations which read more like a political platform than a scientific or economic study:[49]

> ***Educational and Environmental Interventions***
>
> *Educational interventions are designed to change the knowledge, beliefs, and predisposing psychological and social factors that lead individuals to engage in unhealthy behaviors… p. 78*
>
> *With growing appreciation of the effects that social context has on the distribution of disease, attention has turned to developing interventions that address the social determinants of health. The "social determinants" of health and disease have been variously identified, but they generally include levels of poverty, racism, education, employment, housing quality, neighborhood environment, inequalities in wealth and status, stigmatization, access to healthy foods, access to medical care and recreational areas, and access to transportation (Wilkinson and Marmot, 2003; Marmot, 2005; Blas and Kump, 2010). Recognition of the importance of the social determinants is duly credited to the epidemiologist Michael Marmot and his pioneering Whitehall studies dating to the 1970s (Marmot and Winkelstein,1975; Marmot et al., 1978). Marmot found a highly robust linear relationship between social class (as defined by the British employment classification system) and health status, across virtually all disease categories, despite access to health care through national health coverage. His work was highly influential in informing the British Department of Health and Social Security (DHSS) report Inequalities in Health (commonly referred to as the "Black Report"), released in 1980. The Black Report examined four alternative hypotheses and concluded that the cause of health inequalities was differences in material conditions and income (DHSS, 1980; Blane, 1985).*
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> *Short of eliminating poverty, a variety of strategies have been developed under the umbrella of environmental interventions. Whether inadvertently,*

[49] Buchanan, D. (2019). Public Health Programs and Policies: Ethical justifications. Chapter 8, pp. 77-80 in *The Oxford Handbook of Public Health Ethics*. Eds. Mastroianni, A, Kahn, J., & Kass. N. New York: Oxford University Press.