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# Correspondence

## Pandemic of Fear

I appreciated the excellent articles concerning COVID-19 in the summer issue of the *Journal*.

Politicians and mass media have been blamed for countless COVID-19 deaths that resulted from anti-hydroxychloroquine hysteria.<sup>1</sup> Hydroxychloroquine (HCQ) has been shown in a recently published study<sup>2</sup> to cut the death rate in hospitalized patients in half.

In my view, a sensible and not panicky approach to COVID 19 would oppose shut-downs and school closings, and focus on the known vulnerables, the elderly, based on commentaries by distinguished epidemiologist researchers, including Knut Wittkowski, Scott Atlas, John Ioannides, Eran Bendavid, Jay Bhattacharya, Stephen Smith, David Katz, and Harvey Risch.

From March and April reports from the cruise ship *Diamond Princess* and the aircraft carrier *USS Theodore Roosevelt*, I learned that COVID was not “novel.” It is another corona virus (a group of respiratory viruses that have been around for decades that we know of). This corona virus has low virulence and mortality in the non-elderly, moderate infectiousness in study groups (around 20%, about average for serious respiratory viruses), and is lethal mainly in the sick elderly.

In April, reports of success with HCQ in the Vladimir Zelenko protocol were released. In May, the East Virginia Medical School (EVMS) Critical Care COVID-19 Management Protocol was released, and others including physicians at Henry Ford Health System began to promote HCQ and report benefits from early treatment. These recommendations were attacked by Dr. Anthony Fauci, director of NIH’s National Institute of Allergy and Infectious Diseases (NIAID). Apparently because of intimidation, the EVMS group withdrew the recommendation for HCQ in their Aug 1 revision,<sup>3</sup> and the Henry Ford Group has gone silent after an enthusiastic release of their positive finding.

Dr. Fauci is not an infectious disease expert but a public health careerist, having entered public service at NIH

after finishing an internal medicine residency. He is deeply dedicated to vaccines, which provide significant income for NIH, exemplified by his extended and relentless but futile efforts to find an HIV vaccine and his continued enthusiasm for vaccines for respiratory viruses in spite of the record of vaccine failures. Dr. Fauci is also trying in this pandemic to resurrect Gilead Science’s very expensive intravenous viricide remdesivir (trade name Veklury), which has been ineffective in every virus tried, from hepatitis C to Ebola. It now has an Emergency Use Authorization based on a study that showed benefit only by shifting methodology in mid-trial.

Goalpost moving is also prolonging the COVID 19 scare by counting positive tests (“cases”) instead of hospitalizations or deaths, when any epidemiologist knows that a virus with mild virulence for the majority of the population needs to spread to create herd immunity.

There are now numerous studies showing effectiveness of HCQ, used early, especially combined with zinc and azithromycin (see c19study.com). Negative studies have involved late use and/or tainted methods. The pandemic advisory committee, riddled with deceit and run by career bureaucrats with financial conflicts and an apparent political agenda, is blocking effective treatment and prolonging the destructive shutdowns.

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