

A popular social media myth appeared in July 2020 that stated hydroxychloroquine would be an effective “cure and vaccine” against COVID-19 and that the director of the National Institutes of Health, Dr Anthony Fauci knew this in 2005.

The article was written by Bryan Fischer, a former director of the American Family Association.

Below is the complete text of the article.

Fauci knew about HCQ in 2005 – nobody needed to die

Dr. Anthony Fauci, whose “expert” advice to President Trump has resulted in the complete shutdown of the greatest economic engine in world history, has known since 2005 that chloroquine is an effective inhibitor of coronaviruses.

How did he know this? Because of research done by the National Institutes of Health, of which he is the director. In connection with the SARS outbreak – caused by a coronavirus dubbed SARS- CoV – the NIH researched chloroquine and concluded that it was effective at stopping the SARS coronavirus in its tracks. The COVID-19 bug is likewise a coronavirus, labeled SARS-CoV-2. While not exactly the same virus as SARS-CoV-1, it is genetically related to it, and shares 79% of its genome, as the name SARS-CoV-2 implies. They both use the same host cell receptor, which is what viruses use to gain entry to the cell and infect the victim.

The *Virology Journal* – the official publication of Dr. Fauci’s National Institutes of Health – published what is now a blockbuster article on August 22, 2005, under the heading – get ready for this – “Chloroquine is a potent inhibitor of SARS coronavirus infection and spread.” Write the researchers, “We report...that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These inhibitory effects are observed when the cells are treated with the drug either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage.”

This means, of course, that Dr. Fauci has known for 15 years that chloroquine and it’s even milder derivative hydroxychloroquine (HCQ) will not only treat a current case of coronavirus (“therapeutic”) but prevent future cases (“prophylactic”). So HCQ functions as both a cure and a vaccine. In other words, it’s a wonder drug for coronavirus. Said Dr. Fauci’s NIH in 2005, “concentrations of 10 μ M completely abolished SARS-CoV infection.” Fauci’s

researchers add, “chloroquine can effectively reduce the establishment of infection and spread of SARS-CoV.”

What Really Happened

The paper that Bryan Fischer refers to is *Chloroquine is a potent inhibitor of SARS coronavirus infection and spread*, which is freely available under an OPEN ACCESS licence. ¹

According to the acknowledgements at the end of this article,

This work was supported by a Canadian PENCE grant (T3), grant #MGC 64518, and CIHR [Canadian Institutes of Health Research] grant #MGP-44363]

Funding was not obtained through the US National Institutes of Health.

The conclusion of this paper is “Chloroquine is effective in preventing the spread of SARS CoV in cell culture”. It was not tested on any animal – certainly not people.

When Fisher states that “concentrations of 10 µM completely abolished SARS-CoV”, **the virus was abolished from “three random locations on a slide”**.

The *Virology Journal* is published by Springer – not by the National Institutes of Health. Fauci and the NIH had no involvement in the research or the article.

SARS and COVID-19 are two distinct diseases. Fischer claims that SARS-CoV-1 and SARS-CoV-2 share and 79% of the same genome. SO WHAT. Humans share 98% of DNA with chimpanzees.

Hydroxychloroquine and chloroquine are NOT the same. Chloroquine is used to treat malaria. Hydroxychloroquine treats rheumatoid arthritis, lupus, and certain blood disorders. It is less toxic than chloroquine.

The National Institutes of Health is made up of 27 different Institutes and Centers. Fauci is the Director of the National Institute of Allergy and Infectious Diseases since 1984. He is NOT the director of National Institutes of Health or has any involvement with the Canadian NIHR

On the 13 March 2020, Gregory Rigano, a lawyer and founder of the block chain platform IKU and James Todaro, managing partner of a crypto investment fund Blocktown Capital announced that their study showed that chloroquine (not hydroxychloroquine) was a cure for coronavirus.

This was taken up by Donald Trump and Elon Musk.

Rigano and Toaro claimed they were doctors associated with Stanford and Alabama Universities. NOT TRUE.

Rigano claimed that chloroquine “showed a 100% cure rate against coronavirus”. NOT TRUE.

The first French study by Philippe Gautret (with Didier Raoult as corresponding author) and colleagues, showed that hydroxychloroquine might be effective in treating COVID-19, had 20 patients receiving hydroxychloroquine with 6 of these receiving azithromycin. There were 16 controls. The observational period was only 6 days. There was no randomisation and there were differences in the baseline characteristics in the intervention and control groups.

6 (17%) patients were had no symptoms and only 8 (22%) had pneumonia. ²

The second study by the same team was larger with 80 patients. It did not have a control group. Once again, the cases were not severe.

“We conducted an uncontrolled non-comparative observational study in a cohort of 80 relatively mildly infected inpatients treated with a combination of hydroxychloroquine and azithromycin over a period of at least three days, with three main measurements: clinical outcome, contagiousness as assessed by PCR and culture, and length of stay in infectious disease unit (IDU).”

The time between the onset of symptoms and hospitalisation was short with an average five days and with the longest time being 17 days. 54% of patients presented with Lower Respiratory Track Infection and 41% with Upper Respiratory Track Infection. Only 15% of patients had a fever. Four patients did not have symptoms. ³

The same team also produced a paper that is not yet published, stating that galactose intolerance is an exclusion criteria for hydroxychloroquine and hypersensitivity to lactose is an exclusion criteria for azithromycin. ⁴

Chloroquine and Hydroxychloroquine

Chloroquine has not been widely used to treat SARS since the outbreak in 2002.

Hydroxychloroquine has not been an effective drug in the treatment of COVID-19.

Hydroxychloroquine is an effective treatment for malaria. In June 2020, the NIH stated that “large, randomized clinical trial in hospitalized patients that found these medicines showed no benefit for decreasing the likelihood of death or speeding recovery. This outcome was consistent with other new data, including those showing the suggested dosing for these medicines are unlikely to kill or inhibit the virus that causes COVID-19.” ⁵

The trial was conducted across 176 hospitals in the United Kingdom and enrolled hospitalized patients with clinically suspected or laboratory-confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Hydroxychloroquine has been an effective treatment for other diseases, such as malaria, but studies have not found the drug to be useful in the fight against COVID-19. In June 2020, the (FDA) revoked “the emergency use authorization (EUA) to use hydroxychloroquine and chloroquine to treat COVID-19”, writing that a large, randomized clinical trial showed that the drug provided “no benefit for decreasing the likelihood of death or speeding recovery”.

On the 1 July 2020, the Food and Drug Administration issued the following statement.

FDA cautions against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems. ⁶

Reliance on Animal-based Food Sources

Given the origin of corona virus outbreaks, the likelihood of MERS, SARS and COVID-19 are magnified substantially by our reliance on animal-based food sources.

Footnotes

1. Vincent, M. J., Bergeron, E., Benjannet, S., Erickson, B. R., Rollin, P. E., Ksiazek, T. G., Seidah, N. G., & Nichol, S. T. (2005). Chloroquine is a potent inhibitor of SARS coronavirus infection and spread. *Virology Journal*, 2(1), 69.
2. Gautret, P. et al. (2020) Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *International Journal of Antimicrobial Agents*. 56 (1), 105949.
3. Gautret, P. et al. (2020) Clinical and microbiological effect of a combination of hydroxychloroquine and azithromycin in 80 COVID-19 patients with at least a six-day follow up: A pilot observational study. *Travel Medicine and Infectious Disease*. 34101663.
4. Hache, G., Rolain, J., Gautret, P., Deharo, C., Brouqui, P. and Raoult, D., 2020. Combination of hydroxychloroquine plus azithromycin as potential treatment for COVID 19 patients: pharmacology, safety profile, drug interactions and management of toxicity.
5. National Institutes of Health (2020) Chloroquine or Hydroxychloroquine With or Without Azithromycin: Selected Clinical Data [online]. Available from: <https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/chloroquine-or-hydroxychloroquine-with-or-without-azithromycin/clinical-data-chloroquine-or-hydroxychloroquine/> (Accessed 10 October 2020).
6. Food and Drug Administration (2020) FDA cautions against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems | FDA [online]. Available from: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or> (Accessed 10 October 2020).