

Governments Suppressed Effective COVID Treatments and Targeted Physicians Who Prescribed Them

By Meryl Nass, MD, Children's Health Defense, 24 February 2022

Public health authorities knew about chloroquine and other treatments for COVID-19 before there was a COVID-19 — because they had figured it out for the 2003 SARS epidemic and the 2012 MERS epidemic. But they hushed it up.

In 2020, I compiled a [list of more than 50 ways](#) authorities and pharma companies in multiple countries stopped the use of chloroquine drugs for [COVID](#). This was (and is) a stunning collection, widely read and reproduced on many websites.

When you read it, you are astounded to learn that all the U.S. (and many international) public health agencies took many different actions that led to increased deaths and destruction from COVID and prolonged the pandemic.

“Avoiding the Trump drug” served as a great cover story. Taking hydroxychloroquine for COVID was equated to drinking bleach.

But here's the kicker: The authorities knew all about chloroquine and other treatments for COVID-19 before there was a COVID-19 — because they had figured it out for the 2003 [SARS](#) epidemic and the 2012 [MERS](#) epidemic, both caused by related coronaviruses. But they hushed it up.

Five Centers for Disease Control and Prevention (CDC) U.S. scientists (employed by the U.S. government), along with three Canadian government scientists, in 2005 published a [paper](#) showing chloroquine was an effective drug against SARS coronaviruses. European scientists [showed](#) the same thing in 2004.

> [Viral J. 2005 Aug 22;2:89. doi: 10.1186/1743-422X-2-89.](#)

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

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The CDC paper concluded: “... chloroquine has strong antiviral effects on SARS-COV infection ... suggesting both prophylactic and therapeutic advantage.”

Chloroquine looked very promising for both prevention and treatment of the first SARS. After all, it has been used for many decades to prevent and treat malaria. (I took it for prevention, and later for treatment, 50 years ago).

Nine years later, in 2014, scientists at the National Institute of Allergy and Infectious Diseases (NIAID) — the agency run by [Dr. Anthony Tony Fauci](#) — published a [study](#) showing the same thing.

Moreover, the NIAID study revealed that not only did chloroquine work in vitro against the MERS coronavirus, but dozens of existing drugs, which could have been tested in patients as soon as the pandemic started, were also effective against SARS and MERS coronaviruses.

Repurposing of Clinically Developed Drugs for Treatment of Middle East Respiratory Syndrome Coronavirus Infection

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This is what the NIAID authors wrote:

“Here we found that 66 of the screened drugs were effective at inhibiting either MERS-CoV or SARS-CoV infection in vitro and that 27 of these compounds were effective against both MERS-CoV and SARS-CoV. These data demonstrate the efficiency of screening approved or clinically developed drugs for identification of potential therapeutic options for emerging viral diseases, and also provide an expedited approach for supporting off-label use of approved therapeutics.”

Just in case you think these papers were flukes, two unrelated groups of European scientists found essentially the same thing. This [2014 European paper](#) was published back-to-back with the NIAID paper.

I have cited the 2004 European [paper](#) elsewhere, and these citations can also be found in Robert F. Kennedy, Jr.’s book, “[The Real Tony Fauci](#),” which according to Amazon, has now sold more than 800,000 copies. Please read it.

On the other hand, if you are seeking misinformation on COVID, I’d recommend Fauci’s own book, “[Expect the Unexpected](#).”

I have to repeat myself because the information is so shocking and I don’t want you to miss it: Our governments already knew of options for treating COVID before it appeared — but instead of immediately trying these already identified, safe, cheap and available drugs, and offering early treatments, they did everything they could to stop people from obtaining the chloroquine drugs.

Please read my long [article](#) on this suppression and the two articles I wrote [here](#) and [here](#) about how patients were administered borderline lethal doses of hydroxychloroquine to give the drug a black eye.

Check the links. Verify that what I have just written is correct. Human beings planned and carried out these medical crimes against humanity. Who are those humans? What are they doing now?

This has to be investigated and justice obtained, to prevent such crimes from happening to patients ever again.

The “Why?” and “How could this be?!!” requires people to take a huge leap, in order to understand the world we live in.

Many people don’t have the fortitude to dissect their worldview and rebuild it in accord with the facts that have spilled out over the last two years.

But I am about to present some more facts that I hope you can assimilate into your understanding of the world. It might require a stiff drink, or perhaps some chocolate.

Whatever it takes, read on. It might save your life or someone else’s.

Ivermectin sales explode

Ivermectin was not identified in the studies I mentioned above as a potentially useful coronavirus drug.

But some people knew it was likely to work in early 2020, because the French [MedinCell](#) company, working with Monash University and supported by [Bill Gates](#), was developing an injectable version (which would be able to be patented).

MedinCell issued a [press release](#) about this on April 6, 2020, and an [informational paper](#) on April 23, 2020.

There was a brief run on the veterinary drug at this time in the U.S., according to a [warning](#) issued April 10, 2020, by the U.S. Food and Drug Administration (FDA), indicating some people knew it might be an effective COVID treatment and were acquiring veterinary versions.

But there was not a lot of buzz and sales did not take off at that time.

Here is what the FDA said on April 10, 2020:

“FDA is concerned about the health of consumers who may self-medicate by taking ivermectin products intended for animals, thinking they can be a substitute for ivermectin intended for humans ... Please help us protect public health by alerting FDA of anyone claiming to have a product to prevent or cure COVID-19 and to help safeguard human and animal health by reporting any of these products.”

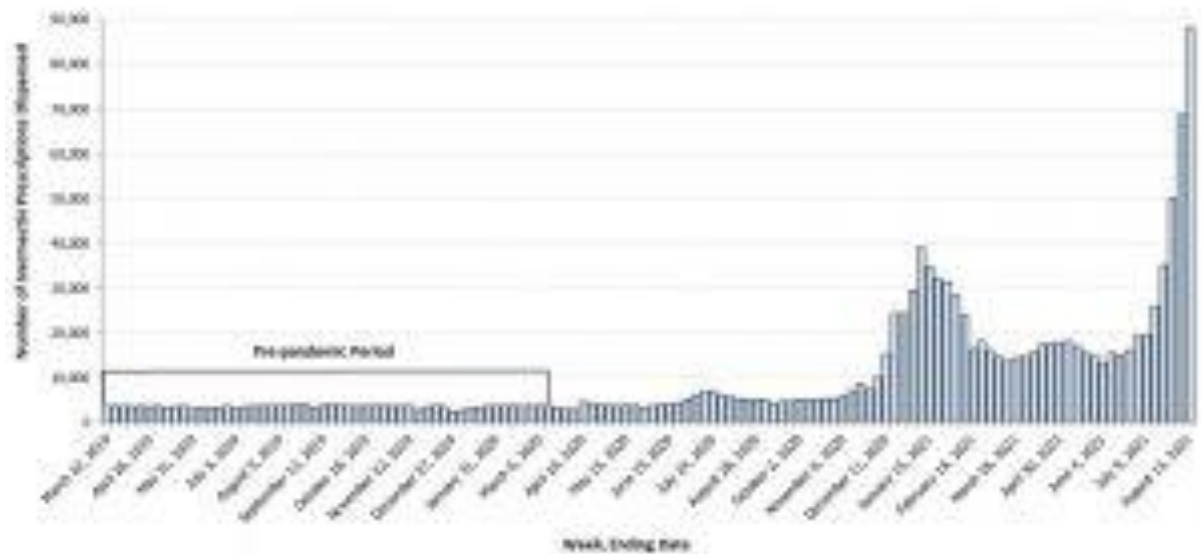
In December 2020, a full eight months later, Sen. Ron Johnson (R-Wis.) held a Senate hearing that was focused on ivermectin’s benefits for COVID. Intensive care specialist Dr. Pierre Kory, originally a New Yorker, gave a particularly [compelling speech](#).

People began paying attention to the drug. YouTube then removed Kory’s speech — censoring a Senate hearing!

I think the authorities were initially scared to repeat the same tricks with ivermectin they had used to beat down the chloroquine drugs. And because ivermectin has efficacy late in the disease as well as at the start, and is not toxic at several times the normal dose, some of the tricks used against chloroquine (giving it too late in the disease course or overdosing patients) simply would not work with ivermectin. The U.S. authorities kept quiet.

South Africa was the trial balloon. On Christmas Eve 2020, South African authorities banned the importation of ivermectin. However, several local organizations mounted legal actions, and they won. Within several months ivermectin was back on the shelves.

Thanks in great measure to the [Frontline COVID-19 Critical Care Alliance](#), ivermectin’s popularity gradually began to explode. Then the CDC published a [report](#) in late August 2021, showing ivermectin prescriptions had quadrupled in a month, and the drug was now selling at 25 times the pre-COVID rate.



[Business Insider reported](#), “More than 88,000 prescriptions for the drug were filled by pharmacies in the week ending August 13, the CDC said in a report published August 26.” Apparently, this terrified the powers that be. What if the pandemic got wiped out with ivermectin? It worked too well! Would that be the end of [vaccine mandates](#), [boosters](#), [vaccine passports](#) and digital IDs? The end of the [Great Reset](#)?

Targeting doctors

Something had to be done and fast. It had to be big. It had to be effective. Public health officials couldn't simply take the drug off the market — that would require a long process and would leave a paper trail.

What to do? There was probably only one option: Scare the pants off doctors. Loss of license is the very worst thing you can do to a doctor. Threaten their licenses and they will immediately fall into line. You can't get a prescription if there is no doctor to write it.

The Philippines Department of Health [tested](#) the strategy.

The powers that be could also scare the pharmacies. This required stealth — no paper trail. It required intimidation, backed by a one-two punch: actually suspending doctors' (and maybe pharmacists') licenses.

You couple that with a huge media offensive, and threats from an industry of medical “nonprofits.” You invent “misinformation” as a medical misdemeanor, studiously failing to define it. You make people think the legal prescribing of ivermectin and hydroxychloroquine is a crime, even though off-label prescribing is entirely legal under the [Federal Food, Drug and Cosmetic Act](#).

Did Fauci give the order? Was it CDC Director Dr. Rochelle Walensky? Maybe it was acting FDA Commissioner [Dr. Janet Woodcock](#)?

It was probably some combination, plus the public relations professionals managing

Some powerful entity presumably ordered the wholesalers to make the drug (practically) unavailable — with no shortages announced. I called the main manufacturer in the U.S., Edenbridge, and was told they were producing plenty of ivermectin.

Hydroxychloroquine had been restricted in a variety of ways, determined by each state, since early 2020. It had also been restricted by certain manufacturers and pharmacy chains in 2020. Suddenly, in September 2021, it became considerably harder than it already was to obtain.

3. In late August 2021, the CDC sent out a [major warning](#) about ivermectin but provided only two examples of anyone having a problem with the drug: One person overdosed on an animal version, and one overdosed on ivermectin bought on the internet. This should not have been news. However, pharmacists and doctors read between the lines and knew this was code for “verboden.” Almost all of them stopped dispensing ivermectin at that time. It should be of interest to everyone that our health agencies now speak in coded messages to doctors and pharmacies, presumably to avoid putting their threats on paper and being accountable for them. What a way for government to do business.

4. Also in August 2021, various “nonprofit” medical organizations started issuing warnings, in concert, regarding doctors prescribing ivermectin or hydroxychloroquine, and spreading misinformation — especially about COVID vaccines. These organizations included the [Federation of State Medical Boards](#) (FSMB), the American Medical Association (AMA), the American Pharmacists Association and several specialty boards.

Here is an example of the [AMA’s language](#): “A handful of doctors spreading disinformation have fostered belief in scientifically unvalidated and potentially dangerous “cures” for COVID-19 while increasing vaccine hesitancy ...”

These organizations told doctors they could lose their licenses or board certifications for such behaviors. Mind you, none of these so-called nonprofit organizations has any regulatory authority. Nor do I believe they have any authority to claw back a board certification. They were blowing smoke. And they were probably paid to do so. Who paid them?

5. Over the course of three days at the end of August 2021, national media reported on four doctors in three states whose boards were investigating them for the use of ivermectin.

Hawaii’s Medical Board [went after](#) Hawaii’s chief medical officer:

“The Hawaii Medical Board has filed complaints against Maui’s top health official and a Valley Isle physician following reports that they backed COVID-19 treatments that state and federal health agencies advise against.”

They really wanted to make an example by going after the state’s chief medical officer, who had the guts to treat COVID patients. Clearly, the orders are coming from high up on the food chain.

Here were some of the other August headlines I collected about doctors who legally prescribed a fully approved drug off-label:

6. The FSMB is an organization that assists 71 state and territorial medical boards with policies, training, etc. Members pay dues and the organization accepts donations. FSMB has its own foundation, too. Its president [earns \\$777,255/year](#) — not bad for a backwater administrative job at an organization headquartered in Euless, Texas.

After the FSMB instructed its members that misinformation was a crime, somewhere between eight and 15 of its member boards began to take action. ([Media](#) have reported that eight, 12 or 15 boards of its 71-member boards did so, according to the FSMB, which is closely monitoring the results of its calumny.)

7. On Feb. 7, 2022, the U.S. Department of Homeland Security issued its own [dire warning](#) about the spread of misinformation, disinformation and a neologism, “malinformation:”

“The United States remains in a heightened threat environment fueled by several factors, including an online environment filled with false or misleading narratives and conspiracy theories, and other forms of [mis-, dis- and malinformation](#) (MDM) introduced and/or amplified by foreign and domestic threat actors.

“These threat actors seek to exacerbate societal friction to sow discord and undermine public trust in government institutions to encourage unrest, which could potentially inspire acts of violence. Mass casualty attacks and other acts of targeted violence conducted by lone offenders and small groups acting in furtherance of ideological beliefs and/or personal grievances pose an ongoing threat to the nation.”

Thus it appears that misinformation and disinformation have been selected to play an important role in a newly developing narrative, as the pandemic restrictions and accompanying narratives become long in the tooth.

8. I presume the majority of the 71 medical boards’ attorneys knew something about the U.S. Constitution, knew that every American has an inalienable right to freedom of speech, and simply ignored the FSMB’s exhortation to go after misinformation spreaders.

The Maine Board of Licensure in Medicine, however, went along. Three doctors in Maine, including me, recently had their licenses suspended or threatened for writing waivers for COVID vaccines, “spreading misinformation” and/or prescribing ivermectin and hydroxychloroquine (all of which are legal activities for doctors).

But boards have broad powers to intervene in the practice of medicine, and their members are shielded from liability as agents of the state. And so they went after a chronic Lyme doctor several years ago, who found, as expected, it would be too onerous to fight back, so he gave up his license.

9. Here is what the Maine Board [claims](#) about me:

“The board noted that Ivermectin isn’t Food and Drug Administration “authorized or approved” as a treatment for COVID-19 in the suspension order ...

“The board said that her continuing to practice as a physician ‘constitutes an immediate jeopardy to the health and physical safety of the public who might receive her medical services, and that it is necessary to immediately suspend her ability to practice medicine in order to adequately respond to this risk.’”

I am 70 years old, and my medical practice was set up as a service so that everyone could access COVID drugs who wanted them. My fee was \$60 per patient for all the COVID care they needed.

I am sure the Maine Board had calculated that given all the above, I would not challenge the board’s suspension and would simply surrender my license as it would probably cost hundreds of thousands of dollars to fight the board’s actions in court.

However, I was surprised to find that on the day my license was suspended, there was massive national publicity about my case. The story was on [The Associated Press wire](#) and covered from the San Francisco Chronicle to the [Miami Herald](#). And for some reason, it was not behind the usual paywall.

[The Hill](#), [Newsweek](#), the Daily Beast and many other publications all ran hit pieces about me. I gathered that my situation was bigger than just a renegade Maine medical board: I had been selected to serve as an example to physicians nationwide who might be prescribing early treatment for COVID.

Once I realized I was being used as a poster child in a national fear campaign designed to purge doctors who think independently, I decided to fight back. Fortunately, [Children’s Health Defense](#) is helping with my legal expenses, which is what allows me to mount a

strong attack against the bulldozing of free speech, patient autonomy and choice, and the doctor-patient relationship.
There is a lot riding on the outcome.