



The hydroxychloroquine debate Playing doctor on social media platforms

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In the past few days, Facebook, Twitter and YouTube have removed from their sites a video in which a group of doctors endorse the use of hydroxychloroquine, in combination with the antibiotic Zithromax and zinc, as an effective treatment for early stage COVID-19. The social media platforms claim the doctors' message violated their policies against publishing what CNN described as "false and dubious claims."

Why are these social media giants deciding what treatments work or don't work? How do they know whether claims of hydroxychloroquine's effectiveness are true or false?

Before taking down the Breitbart News-posted video, it had garnered 14 million views on Facebook and 40,000 on YouTube. Among others retweeting it was President Trump, who famously has taken hydroxychloroquine as a prophylactic measure and been lambasted by the media for his confidence in the medication.

To many, this appears to be just the latest effort by liberals in various media to refute that the anti-malarial medicine, in combination with other drugs, has helped save lives — simply because they don't like Trump.

While that might be dismissed as "just politics," the larger issue that should concern us all is whether social media sites alone should decide what we can and can't read, view or hear — and where allowing them to do so will ultimately lead.

CNN scorned the people behind the presentation, describing them as "a group of people wearing white lab coats calling themselves 'America's Frontline Doctors.'" The CNN reporter especially derides one speaker "who identifies herself as a doctor" as saying masks are not necessary, and claiming recent studies debunking hydroxychloroquine are "fake science" sponsored by "fake pharma companies."

That speaker, according to the Washington Post, is Dr. Stella Immanuel, who in November received a medical license from Texas but has also practiced medicine in Nigeria. The Post reports that Immanuel "calls herself a 'Deliverance Minister' and 'God's battle axe and weapon of war.'" Those terms are from her Twitter profile; she also describes herself as both a physician and entrepreneur. Immanuel's credentials may, indeed,

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be hard to authenticate. But she is not alone in endorsing hydroxychloroquine.

It is harder to dismiss Dr. Harvey Risch, professor of epidemiology at Yale's School of Public Health. Dr. Risch recently [published a piece](#) in Newsweek in which he says he has "authored over 300 peer-reviewed publications and currently hold[s] senior positions on the editorial boards of several leading journals."

Dr. Risch writes that he is "flummoxed" to find himself "fighting for a treatment that the data fully support but which, for reasons having nothing to do with a correct understanding of the science, has been pushed to the sidelines. As a result, tens of thousands of patients with COVID-19 are dying unnecessarily." He explains that when hydroxychloroquine is administered early on, in combination with azithromycin or doxycycline and zinc, it has been "highly effective."

In May, Dr. Risch [published a piece](#) in the American Journal of Epidemiology (AJE) in which he analyzed five studies, all of which showed "clear-cut and significant benefits" from using the inexpensive drug, as well as other studies confirming the medication's safety. As Risch notes, doctors are prescribing this treatment in spite of skepticism and harassment — not from the medical community, but from some in the media. He says he knows two doctors who have "saved the lives of hundreds of patients" but are now fighting state medical boards to save their licenses.

Dr. Risch writes that since his earlier article was published, seven more studies have shown similar benefits.

Based on what Dr. Risch and others say, it appears that the use of hydroxychloroquine has been politicized and discarded largely because President Trump optimistically embraced it early on. Many in the media, delighted to see the president's approval ratings slip because of the pandemic's devastation, are loath to report progress, much less a cure.

The Washington Post, in its coverage of the America's Frontline Doctors briefing, cites studies that have debunked the anti-malarial drug's effectiveness. Indeed, some reviews have shown negative outcomes, but [those studies](#) reportedly have mostly looked at the use of hydroxychloroquine by itself and not in combination with the recommended antibiotics and zinc.

In other research, hydroxychloroquine was administered to seriously ill persons. Dr. Risch and others have made it clear that the drug's effectiveness declines with the advancement of the disease.

The Post also cautions that still other studies have linked the anti-malarial drug to heart arrhythmia; Dr. Risch dismisses this risk as minor, and insignificant compared to the potential benefits, citing a recent paper in the American Journal of Medicine.

Clearly, the issue is hotly debated by medical and scientific experts. But if Dr. Risch is right that a "cocktail" of medications including hydroxychloroquine can help people survive COVID-19, our health officials should be open to advocating its use. At the least, they should allow doctors to prescribe the medication as they think best.

The conservative Association of American Physicians and Surgeons (AAPS) has in recent days sued the Food and Drug Administration and the

Department of Health and Human Services, [presenting evidence](#) as to why those agencies should stop preventing the use of hydroxychloroquine (HCQ). Today, in all but four states, use of the drug is restricted.

According to the [AAPS's general counsel](#), "The mortality rate from COVID-19 in countries that allow access to HCQ is only one-tenth the mortality rate in countries where there is interference with this medication, such as the United States."

Prescribing hydroxychloroquine should not be a political battle, which, unhappily, is what it has become. It should be strictly a medical and scientific issue, to be resolved by experts, not by politicians, pundits or social media monitors; yet, again unhappily, the latter seem to be the ones making the decisions at the moment.

It is possible that social media sites, under scrutiny for alleged monopolistic behavior and other abuses of their power and imagining a possible Democratic victory in the fall, are attempting to appease leftwing critics by removing the testimonials promoting hydroxychloroquine — just as they recently began "fact-checking" the president, to much applause from the left.

Yet, social media firms are not physicians; they should not be deciding what information about COVID-19 is shared with the public. Otherwise, it may be sick Americans who pay the ultimate price, and who may one day hold them accountable.

Liz Peek is a former partner of major bracket Wall Street firm Wertheim & Company. Follow her on Twitter @lizpeek.

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