

Dear Dr.

We are writing to you about an inexpensive, safe, non-toxic and widely available treatment that has proven very effective in treating SARS-CoV-2 around the world.

This treatment has been **proven safe and effective**, especially when given early. Using it will ensure health services are not overwhelmed, as patients can be treated by their GP and can avoid hospital admission. Unfortunately, there has been a good deal of misinformation around this treatment.

In what seems to be an unprecedented move, GPs have been instructed by the HSE not to prescribe it for COVID-19, even though its prescription is still permitted for other conditions.

The treatment is low-dose hydroxychloroquine (HCQ), given early in the illness and in conjunction with zinc.

*Health Freedom Ireland* is an apolitical and voluntary organisation whose primary goal is to ensure patients have informed choice regarding any medical interventions. We are concerned that with the restriction being placed on GPs in prescribing as you see fit, that your patients are being **denied a medicine** that could greatly alleviate symptoms or possibly **save lives**. Our volunteers have worked hard to print and hand deliver this letter to as many GPs as possible in Ireland. We have fundraised in order to post this letter to you where hand delivery was not possible, so we earnestly ask that you read this letter with an open mind.

HCQ was first presented as a treatment in February for COVID-19 by Didier Raoult - an infectious disease expert in France. This built on earlier positive findings in South Korea and China. Early use of HCQ in the pandemic was based on a much-cited study by Vincent and Bergeron in 2005 that showed that Chloroquine (a first cousin to HCQ) was a potent inhibitor of SARS. Nine months in, there is overwhelming evidence that confirms this:

- *COVID-19 Outpatients: Early Risk-Stratified Treatment with Zinc plus low-dose Hydroxychloroquine and Azithromycin: A Retrospective Case Series Study.* Early treatment of COVID-19 in high risk patients decreased hospitalizations by 84% and resulted in a **5-fold reduction in death**. Out of 141 patients with severe symptoms, just four patients (2.8%) that received the HCQ protocol were hospitalised compared with 58 (15.4%) out of 377 untreated control patients. One patient (0.7%) in the treatment group died versus 13 patients (3.4%) in the untreated group.
- A powerful meta-analysis encompassing 187 studies showed that **early treatment is most successful, with 100% of studies reporting a positive effect** and an estimated reduction of 64% in the effect measured [death, hospitalisation, etc.] using a random effects meta-analysis. 100% of RCTs for early, PrEP, PEP treatment report positive effects. The probability of this happening for an ineffective treatment is 0.00098.

The effectiveness of HCQ is contingent on **appropriate dosing and timing**. As a potent inhibitor of viral replication when used with zinc, it is crucial that it is given early, and not when

the cytokine storm ensues. Professor Peter McCullough, Baylor University, Dallas, has published a useful protocol for patient treatment that allows the physician to determine who needs treatment and how follow-up should be managed.

Due to the mode of action and the simplicity of the protocol, it is **crucial that use of HCQ be permitted in the community.**

On 30/3/20, GPs were directed by the HSE not to prescribe HCQ for COVID-19, and told it should only be prescribed in hospital. Pharmacists likewise were told not to dispense HCQ for patients not already taking it. These instructions have never been updated. The last review of HCQ by the COVID-19 Evidence Review Group, set up to support the HSE, was published on 17/4/20 - almost eight months ago. How much suffering might have been alleviated and lives saved if GPs were given the information months ago and permitted to prescribe as you saw fit?

FDA-approved HCQ has an overwhelming safety record and has been **in common use for over 65 years**. It is one of the few medicines that can be prescribed for pregnant and breastfeeding women and has for many decades been given to elderly people, those that are immune compromised and children. In many countries it is available over the counter. It is frequently prescribed for long-term daily use for conditions such as lupus and rheumatoid arthritis. The treatment for COVID-19 is much shorter. A white paper, available on [www.americasfrontlinedoctors.com](http://www.americasfrontlinedoctors.com), has a comprehensive review of its safety. It has input from cardiologists, rheumatologists and ophthalmologists; they all agree there are **no concerns regarding the safety of HCQ**, especially given that the course recommended for COVID-19 is short and involves a low dose.

At this point, you may be wondering about damning studies that suggested HCQ did not work and caused cardiovascular problems. One such study, published on 22/5/20 in The Lancet, claimed to have studied over 96,000 patients and found that HCQ had no benefit. This study had a huge impact, with the WHO halting global trials of the drug in 17 different countries. This obviously had an impact on doctors and their perception of the drug also. The study was retracted, because it transpired that the data was fabricated. At the same time a study entitled 'Cardiovascular Disease, Drug Therapy, and Mortality in COVID-19' was retracted from the New England Journal of Medicine. This study was based on the same fraudulent data. The fact that these studies were ever published is shocking.

Even more damaging than these studies both to doctors' perception and directly harmful to patients are some of the large trials conducted on HCQ. These are the Solidarity trials conducted by the WHO and the Recovery trial sponsored by the UK government and others. Both trials used **potentially fatal doses** in the HCQ arms of the trials. There was a study done in 1979 that showed a dose of 1.5-2g of Chloroquine was potentially fatal. The Recovery trial used 2.4g of HCQ in the first 24 hours and the Solidarity trial used similar doses. These doses are also more than four times the doses used in the studies showing successful outcomes. In Brazil the high dose arm of the study which was using 1.2g HCQ per day had to be halted due to excess deaths.

A Limerick GP has spoken out about the neglect of HCQ as part of the strategy to treat COVID-19. He has treated high-risk patients who had symptomatic COVID-19 and co-morbidities such as morbid obesity, congestive cardiac failure, established ischaemic heart disease, COPD and others with autoimmune disease on immunosuppressants. All of his patients recovered fully at home; none required hospital treatment.

We appreciate that you may find the information presented in this letter challenging and difficult to believe but again we earnestly ask that you keep an open mind and investigate this

for yourself. We have published this letter on [healthfreedomireland.com/hcq-for-doctors](http://healthfreedomireland.com/hcq-for-doctors) and included the references there as well as information on the protocol. The evidence is clear - this inexpensive drug, already in common use, can **greatly alleviate symptoms and prevent many hospital admissions**.

If you are currently prescribing HCQ or would consider it, please get in touch with us in confidence at [info@healthfreedomireland.com](mailto:info@healthfreedomireland.com). We have created a confidential private support group for GPs and would be happy to include you too.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Maeve Murrán', written in dark ink.

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Maeve Murrán

Health Freedom Ireland