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OFFICIAL RESPONSE TO THE HOUSE SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS' REPORT, "THE TRUMP WHITE HOUSE'S RELENTLESS ATTACKS ON FDA'S CORONAVIRUS RESPONSE", OF AUGUST 24, 2022

The partisan House Select Subcommittee report "wrongly" perpetuates one of the most deadly lies of the pandemic, namely that the safe and powerful therapeutic to treat COVID, hydroxychloroquine, was somehow dangerous. This lie persists despite abundant scientific evidence now to the contrary.

My role in trying to prevent a recalcitrant, never-Trump FDA from countermanding a direct order from President Trump regarding early treatment, out-patient use of hydroxychloroquine is well-documented in my [In Trump Time](#) White House memoir. I would lose that battle with the FDA and hundreds of thousands of Americans would needlessly die because of Stephen Hahn, Janet Woodcock, Rick Bright, Tony Fauci, and the broader FDA bureaucracy. The result will forever be a stain on the FDA and shame on the House Subcommittee for perpetuating the lie.

As noted, my battles with the FDA, Hahn, Woodcock, and Fauci, along with a preponderance of scientific evidence in support of hydroxychloroquine as an important therapeutic, are dutifully reported in Chapter Seven of my [In Trump Time](#) book. All my White House records are digitally preserved pending the resolution of a civil suit filed by the National Archives, which increasingly appears to have been unlawfully weaponized by the Department of Justice against both me and President Trump.

As a final comment, unlike the poison Paxlovid Pfizer is hawking as a "safe" therapeutic," there is no evidence of "rebound cases" when hydroxychloroquine is used in early treatment. Nor does hydroxy cause the kind of allergic reactions, liver problems, and resistance to HIV medicines observed with the use of Paxlovid; and while a treatment course of hydroxy costs about \$12, it costs over \$500 for Paxlovid. Big Pharma wins, America loses, again.

SUMMARY OF CHAPTER SEVEN, IN TRUMP TIME

On March 19th, 2020, President Trump directed the FDA to expedite the use of hydroxychloroquine and four days later Department of Health and Human Services (HHS) Alex Azar and his Deputy Bob Kadlec gave FDA Commissioner Steven Hahn and his eventual replacement Janet Woodcock explicit instructions to make hydroxychloroquine widely available to the American public as an early CCP virus treatment on an outpatient basis. As shown by the use of hydroxychloroquine in other countries, this early use outpatient treatment offered an important key to interrupting the exponential spread of the virus and minimizing deaths in the United States.^{i[i]}

Five days later, Hahn and Woodcock, together with Rick Bright, would completely countermand the POTUS-Azar-Kadlec order. Instead, on March 28th, the FDA would issue a rogue directive restricting the use of hydroxychloroquine to the late treatment of hospitalized patients.^{ii[ii]}

With its rogue directive, the FDA effectively ensured that hydroxychloroquine would be diverted from its best possible use as an early treatment for outpatients to its worst possible use as a late treatment medicine for hospitalized patients. That single decision would result in the needless loss of life of hundreds of thousands of Americans denied early treatment, outpatient access.

In making that decision, Hahn demonstrated cowardice in the face of pressure from bureaucrats within FDA and there is blood on the hands of Hahn, Woodcock, and Bright along with an anti-Trump media that continues to refuse to report the truth about hydroxychloroquine, namely, that is a safe and effective treatment for COVID.

FULL EXCERPT FROM CHAPTER SEVEN

A Rogue FDA with Blood on Its Hands

Now, you might think that the top doctors and scientists at America's FDA might be smart enough to distinguish between early versus late treatment use of hydroxychloroquine and shape their policies accordingly. Yet, here, you would be demonstrably wrong.

Indeed, the FDA would commit one of the worst blunders of the entire pandemic by taking what amounted to a rogue and foolish action in defiance of both President Trump and the Secretary of the Department of Health and Human Services (HHS) Alex Azar. Here's the story behind this important part of the story:

On March 23rd, four days after President Trump had promised that the FDA would expedite the use of hydroxychloroquine, Azar and his Deputy at HHS Bob Kadlec gave several FDA bureaucrats very clear and quite explicit instructions to make hydroxychloroquine widely available to the American public as an early CCP virus treatment on an outpatient basis. (As shown by the use of hydroxychloroquine in other countries, this early use outpatient treatment offered an important key to interrupting the exponential spread of the virus and minimizing deaths in the United States.)^{iii[iii]}

Nonetheless, five days later, these very same FDA bureaucrats – including both FDA Commissioner Stephen Hahn and his eventual replacement Janet Woodcock – would completely countermand the POTUS-Azar-Kadlec order. Instead, on March 28th, the FDA would issue a rogue directive restricting the use of hydroxychloroquine to the late treatment of hospitalized patients.^{iv[iv]}

With its rogue directive, the FDA effectively ensured that hydroxychloroquine would be diverted from its best possible use as an early treatment for outpatients to its worst possible use as a late treatment medicine for hospitalized patients. At least in the court of public opinion, that single decision was tantamount if not to murder, then certainly negligent homicide.

I would like to tell you I uncovered a very good reason in my subsequent investigation as to why Hahn and Woodcock, with the apparent help of Dr. Rick Bright, would make such an egregious decision. Yet, in the absence of a smoking gun, all I can do is surmise that this decision was either

gross incompetence or an intentional attempt by the Deep Administrative State to sabotage President Trump's hydroxychloroquine policy.

Either way, there is considerable blood on the hands of the FDA for this one decision alone.

^{v[i]} A key benefit of hydroxychloroquine seldom discussed is this: By reducing viral load and severity of infection, patients will have to spend less time in the hospital. This frees up space for other patients even as he puts the brakes on an exponentially developing number of cases.

^{vi[iii]} <https://www.fda.gov/media/136534/download>

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