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Taskforce just not up to task

Government team is ignoring cheap generic drugs that could prove to be big weapons in the fight against coronavirus

OF all the bans in coronavirus-mad Australia, the most lunatic is the one on a cheap drug that could save your life.

How many Australians might now die because Victorian doctors are banned from prescribing hydroxychloroquine, listed now as a “poison”?

How many might die because the Morrison government’s National COVID-19 Clinical Evidence Taskforce tells doctors everywhere to “not use hydroxychloroquine for the treatment of COVID-19”, claiming it doesn’t work and could instead kill?

How gleefully the media Left jumped on that finding. As the Trump-hating Sydney Morning Herald gloated: “US President Donald Trump called hydroxychloroquine a ‘game-changer’ in March and said he had been taking it ...

“But since then, the tide of scientific opinion has turned against the drug.”

That, I fear, explains this war against hydroxychloroquine, a popular antimalarial drug. Trump recommended it! We can’t let this monster be right!

Hydroxychloroquine became a political issue, as much as medical.

But let’s check this call from the grand-

ly-named National COVID-19 Clinical Evidence Taskforce.

It declares: “Evidence indicates that hydroxychloroquine is potentially harmful and no more effective than standard care in treating patients with COVID-19.

“Evidence informing this recommendation comes from nine randomised trials.”

So I looked up those nine trials, of the more than 70 studies this Taskforce could have considered. And, my God.

Are these experts stupid? Not one of those nine trials included real-world studies saying hydroxychloroquine worked, like a recent one by the US Henry Ford Health System, which claimed it cut the death rate by half.

More crucially, every single one failed to include a crucial element, not one studied hydroxychloroquine in combination with zinc.

That’s bizarre, because prominent advocates of hydroxychloroquine such as Harvey Risch, professor of epidemiology at the prestigious Yale School of Public Health, have long argued that hydroxychloroquine — used with zinc and given to patients very early in their sickness, before

their immune system overreacts — is “the key to defeating this virus”.

Yes, hydroxychloroquine alone is said by some studies to help to stop this coronavirus, by coating its receptors, but it apparently works best with zinc.

A study from the Oklahoma University Health Sciences Center claims hydroxychloroquine is a “zinc ianophore” — a key that opens the virus and lets in the zinc, which stops the virus from replicating.

Indeed, a paper from Aachen University published by the Frontiers of Immunology says people most likely to die of this virus “are at the same time groups that were associated with zinc deficiency” — particularly the old.

There is another interesting corroboration. Professor Thomas Borody, one of the geniuses who developed the world’s first cure for peptic ulcers, is touting another low-cost “cure” for COVID-19 — ivermectin, a treatment for head lice.

But Borody says ivermectin, too, must be used with zinc.

But no Big Pharma company is going to spend mega-millions studying or promoting cheap generic drugs like hydroxychloroquine or ivermectin. Not when a



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patented new vaccine or cure would earn them billions a year.

But there's more wrong with the government's Taskforce than its cherrypicking. True, the Taskforce at least didn't rely on the Lancet study which claimed the hospital records of 100,000 patients showed hydroxychloroquine was not just useless but deadly.

In fact, those patient records were soon exposed as fake, in what Lancet's hoodwinked editor denounced as a "monumental fraud".

But the Taskforce did rely heavily on Britain's "Recovery" trial — the biggest of its nine studies — which likewise claimed hydroxychloroquine had "no beneficial effect", and was actually more likely to kill patients. No damn wonder!

That Recovery study did not merely omit zinc. For some incredible reason, it also gave its frail patients — too late in their illness, and already in hospital — massive overdoses of hydroxychloroquine. The recommended dose is between 200mg and 400mg. This trial, though, gave very sick patients 2400mg of a drug that can cause heart trouble.

This is extraordinary.

Yet this is one of the nine studies that the Morrison government's Taskforce claims shows why you can't take hydroxychloroquine, even if you and your doctor think it could save your life.

I'm no doctor. I don't know if this drug, with zinc, is a cure. But I do know that banning it makes no sense.

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Picture: AFP