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# Why won't politicians acknowledge there's a drug to counter coronavirus?



## PIERS AKERMAN

**W**HEN you're in a sinking boat you'll bail with a tennis shoe to keep afloat but Australia's political-medical elites are stupidly ignoring potential tools with which to combat COVID-19. Victorian Premier Daniel Andrews and Queensland's Annastacia Palaszczuk are absolute disgraces but given their track records no one should be surprised.

Like almost all Labor politicians, they are better at playing politics than delivering good policy. For Andrews, it was more politically expedient to permit a Black Lives Matter mob march unhindered than protect the people of his state from further outbreaks.

Ditto his reluctance to restrict gatherings in ethnic communities even though it has now been admitted that not only were some people in the hardest hit areas unable to understand notices in English, they were also illiterate in their own languages.

NSW Premier Gladys Berejikian is doing what she can to recover from the Ruby Princess disaster but is still not thinking clearly about the disaster rolling out. Health officials at every level have demonstrated that years of public administration don't produce the tactical thinking needed to devise strategies in times of crisis.

This chaos has cost more than 270 lives so far (and we know the toll will

continue rising) but the economic effect has been catastrophic.

If the Beirut bomb was a shocker, our national economy is taking a hit beyond Hiroshima and Nagasaki proportions.

Yet one common drug has been shown to be more effective than others in use against the coronavirus elsewhere. It could remove some of the fear and panic and help return the country to some sort of normality.

I write this cautiously. I am not a member of the tin hat brigade, I am not a Red Bandanaman conspiracist, but I've spoken with doctors and explored the literature on this treatment and I encourage readers to do the same.

On April 3, at Victoria's Monash University, Dr Kylie Wagstaff, of the Biomedicine Discovery Institute, working with a team from the Peter Doherty Institute of Infection and Immunity, the University of Melbourne and the Royal Melbourne Hospital, announced that the common anti-parasitic drug Ivermectin kills the Sars-2 virus in a petri dish within 48 hours.

The drug was not an unknown. In 2105, William Campbell and Satoshi Omura shared the Nobel prize in Physiology or Medicine for its discovery. Since its introduction 33 years ago, it has been used to treat a range of crippling parasitic infections across the tropics affecting tens of millions.

Dr Wagstaff's paper was read in Broward County, Florida, by Dr Juliana Cepelowicz, whose husband Belgian-born, US-trained Dr Jean-Jacque Rajter had a number of patients seemingly hopelessly infected with the virus when his wife, a pulmonologist, saw Dr Wagstaff's paper. As Dr Rajter jokes in an online interview: "Nothing like bedroom literature."

Fortunately, Dr Cepelowicz had been wondering whether Ivermectin could be useful in the fight against COVID-19 because of its effectiveness against the Zika virus, chikungunya and dengue.

Dr Rajter had an elderly patient whose son was pleading on his

mother's behalf for a treatment, even experimental, and after outlining the risks and hazards, he administered Ivermectin. The woman miraculously recovered. He then he used it on another patient and another, with the same success and now it has been accepted as treatment within Broward County with quite extraordinary results.

Trials are now taking place at 33 sites around the world. I must again stress my own reservations because the trials are small and rare.

In Sydney, Dr Thomas Borody, the director of the Centre for Digestive Diseases, is the local champion for introduction of the drug here.

"My aim is to get this into sick people," he told me. Dr Borody was one of the large team which worked with Australia's 2005 Nobel prize winners in Physiology or Medicine, Dr Barry Marshall and Dr Robin Warren, leading to their award-winning discovery of the bacterium *Helicobacter pylori* and its role in gastritis and peptic ulcer disease.

He says Ivermectin hasn't received the attention it deserves because "no big pharma company is behind it".

Dr Borody has written about this drug to state and federal health authorities.

He has expressed the prudent cautions any scientist would have but has received no interest. Why?



**Sydney professor  
Thomas Borody.**