

Dear Professor Sutton,

I am writing to you as a member of the public and an ex-journalist (from long ago, I trained on The Courier-Mail in Brisbane), who is concerned about the daily tragic death rate in Victoria from covid19. As I am currently an unemployed teacher, thanks to the virus, I have had plenty of time to do research on covid and possible treatments! What has emerged from my research and also puzzled me is that there are treatments being used in some countries that appear to be very effective against covid, yet health authorities in Australia, the US and many other Western countries have either rejected or neglected to study them. There is also a treatment developed by a team of US doctors, called the MATH+ Hospital Treatment Protocol, that has proved very successful in reducing the severe inflammatory stage of the disease, yet this has also been largely ignored by health authorities in the West.

You might say I should have faith in the expertise of our health authorities. But how is it that the health authorities in some other countries should have completely different views of the efficacy and safety or otherwise of certain treatments?

For example, I was struck by this recent report in an Indian newspaper, that the Indian government is distributing **42 million tablets** of hydroxychloroquine to its states, to be used “for the treatment of covid19 patients and as prophylaxis” of the virus, on the recommendation of the Indian national covid19 taskforce. The article states that according to the clinical management protocol used in India, “*the drug should be used as early in the disease process as possible, to achieve any meaningful effects, and should be avoided in patients with severe disease.*” <https://www.ndtv.com/india-news/coronavirus-centre-allocates-4-24-crore-hydroxychloroquine-tablets-to-states-and-union-territories-2270871>

And given the alarming spread of covid19 infections amongst health care workers in Melbourne, I was surprised to come across this recent report, again from India, on a case control study conducted by the Indian government’s Indian Council for Medical Research (ICMR) that found hydroxychloroquine offered significant protection against the virus for health care workers: “*A significant reduction of **about 80 per cent** in the odds of Covid-19 infection in the HCWs was identified with the intake of six or more doses of HCQ prophylaxis.*” <https://www.indiatoday.in/india/story/4-hydroxychloroquine-hcq-doses-coronavirus-healthcare-workers-icmr-1684112-2020-06-01>

Yet in Australia the health authorities insist the hydroxychloroquine is ineffective against covid19 and probably dangerous, states have banned doctors from using it to treat the disease except in clinical trials, and it is a criminal offence for the public to even import the drug for that purpose. I wonder what Indian migrants living in Australia think of this bizarre situation?

Another example is ivermectin. According to this report from Bangladesh, a team of physicians from the Bangladesh Medical College “has had tremendous success in treating covid19 with a combination of anti-parasitic drug ivermectin and antibiotic Doxycycline”. <https://www.dhakatribune.com/health/coronavirus/2020/06/25/have-bangladeshi-doctors-developed-a-miracle-cure-for-covid-19>

And in China, there are reports of “many hospitals” using high dose intravenous ascorbic acid to treat covid19 patients with “positive results”, according to Du et al in their paper The Application of High Dose Intravenous Vitamin C in Severe Respiratory Virus Infections – here is an excerpt: “*In the “Expert Consensus on Comprehensive Treatment of 2019 Coronavirus Disease in Shanghai City”... IVC is recommended when mild to moderate cases are at risk of progressing to more severe conditions.*”

IVC is also recommended in "The Expert Consensus on the Clinical Rational Use of Medications of the New Coronavirus Pneumonia in Guangdong Province (Third Edition)" in preventing and reducing the "cytokine storm" <http://orthomolecular.org/resources/omns/v16n40.shtml>

In fact, high dose IV ascorbic acid has been incorporated as part of the MATH+ Hospital Treatment Protocol developed by a coalition of US doctors including Dr Paul Marik and Dr Pierre Kory, which also involves corticosteroids and heparin, which the doctors have found to be very effective in hospitalized patients in the pro-inflammatory stage of the disease <https://flccc.net/>. The doctors say that hospitals that have adopted their protocol have been reporting **mortality** in covid19 patients of between **4 and 10%**, while the hospital mortality from published reports in the US, Italy and China "average approximately 23%". <https://covid19criticalcare.com/math-hospital-treatment/scientific-review-of-covid-19-and-math-plus/>

However, Australia's health authorities have not recommended any of the above treatments, despite their potential to save lives. In a recent interview on Sky News, Professor Borody, Medical Director of the Centre for Digestive Disease, says his research shows that ivermectin combined with zinc and Doxycycline when used against covid19 is so effective it could be called a covid19 "cure", yet the attitude of Australia's health authorities so far has been "negative". <https://www.msn.com/en-au/news/australia/doctor-claims-ivermectin-triple-therapy-is-amazingly-effective-in-treating-covid-19/ar-BB17JP3c>

And just last week I saw a report in the Age/SMH saying that the Australia government's covid19 evidence taskforce has declared that hydroxychloroquine "should not be used to treat or prevent coronavirus". On the taskforce website, I found it states: Evidence indicates that hydroxychloroquine is potentially harmful and no more effective than standard care in treating patients with COVID-19....The vast majority of evidence is from the RECOVERY trial which randomised 4716 hospitalised patients with COVID-19—<https://app.magicapp.org/#/guideline/L4Q5An/rec/ERBq1E>

If the taskforce is using studies like the Oxford Recovery trial to claim that hydroxychloroquine is not effective and even harmful if used **at any stage** of the covid19 disease process, then this claim is demonstrably false: the designers of the Recovery protocol did not follow the successful protocol of Professor Raoult Didier in France who gave a low dose of the drug to covid patients **in the early stages** of the disease, but instead gave much higher doses of the drug to covid **patients in the late stages** of the disease, when the viral replication was by then out of control. <http://covexit.com/oxford-research-reveals-high-mortality-flawed-therapeutic-response-it-reveals-nothing-new-about-hydroxychloroquine/>

Whereas the Recovery trial ended up having a covid19 patient fatality rate of **25%**, Professor Raoult's trial of over 3000 covid19 patients had a patient fatality rate in the hydroxychloroquine + azithromycin group of just **0.5%**. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7315163/>

Criticism has also been made of the high doses of hydroxychloroquine used in the Recovery trial, with Professor Christian Perronne, an infectious diseases expert from France, reportedly describing the dose as "super toxic". Astonishingly, one of the doctors in charge of the trial, Martin Landry, in an interview with French newspaper France-Soir, appeared not to know what the toxic dose for hydroxychloroquine was. <https://www.spectator.com.au/2020/06/bring-on-britains-corona-clowns/>

Unfortunately, the WHO HCQ Solidarity trials also used hydroxychloroquine in the late stages of the disease and in high doses, despite India's ICMR contacting them to query why they were using such high doses; according to Dr Jacob Puliyel, "During the period when the Solidarity study was

*suspended, the Indian Council of Medical Research (ICMR) wrote to the WHO, that Solidarity schedule was employing four times the recommended dose of HCQ...*

*On 3 June, the WHO resumed the Solidarity HCQ study. In spite of the warning about the drug dosage from the ICMR, the same toxic dose was continued."*

<https://www.sundayguardianlive.com/news/greshams-law-covid-19-pandemic>

The covid19taskforce seems to have dismissed or ignored the mounting number of positive studies of hydroxychloroquine ability to treat covid19. According to US virologist Steven Hatfill, assistant adjunct professor at the George Washington University Medical Center, there are *"now 53 studies that show positive results of hydroxychloroquine in COVID infections. There are 14 global studies that show neutral or negative results -- and 10 of them were of patients in very late stages of COVID-19, where no antiviral drug can be expected to have much effect. Of the remaining four studies, two come from the same University of Minnesota author. The other two are from the faulty Brazil paper, which should be retracted."*

[https://www.realclearpolitics.com/articles/2020/08/04/an\\_effective\\_covid\\_treatment\\_the\\_media\\_continues\\_to\\_besmirch\\_143875.html](https://www.realclearpolitics.com/articles/2020/08/04/an_effective_covid_treatment_the_media_continues_to_besmirch_143875.html)

The Brazil paper Professor Hatfill refers to was a high dose hydroxychloroquine study published in JAMA in which 11 patients died from what has been alleged were toxic doses. According to Dr Simone Gold, *In the case of the JAMA study, the scientists gave up to 2.5x lethal dosage of the medication. Unsurprisingly so many patients died they halted the study early.*

<https://americasfrontlinedoctorsummit.com/references/>

The University of Minnesota author Professor Hatfill refers to is Dr David Boulware who published a negative HCQ study in the Annals of Internal Medicine on July 16.

<https://www.acpjournals.org/doi/10.7326/M20-4207> However Dr James Todaro has raised serious questions about the quality of the study.

<https://twitter.com/JamesTodaroMD/status/1289563470350954496> And Dr Dhananjay Bakhle has written a critical analysis of the data and claims it appears to have been "massaged" i.e.

manipulated. He also notes that Dr Boulware has financial ties with Gilead, makers of Remdesivir, even though he had filled in a form declaring "no conflicts of interest". <http://covexit.com/hcq-in-covid-19-under-trial-with-rcts-in-witness-box/>

As for positive studies, Professor Hatfill also mentions in his article that there have been *"two recent, large, early-use clinical trials have been conducted by the Henry Ford Health System and at Mount Sinai showing a 51% and 47% lower mortality, respectively, in hospitalized patients given hydroxychloroquine."*

And a study just published last month by a team of South Korean researchers in the Infection and Chemotherapy Journal, found that hydroxychloroquine when administered early to a group of covid19 patients, led to "rapid clearing of viral load". They concluded: *"after the diagnosis clinicians should consider early administration of HCQ, especially in severe COVID-19 patients. It suggested that the inhibitory and suppressive effect of HCQ on the virus and cytokine storm is an appropriate first-line treatment to COVID-19 infections in the absence of available treatments."*

<https://icjournal.org/DOIx.php?id=10.3947/ic.2020.52.e43>

Further evidence in favour of HCQ lies in the fact that many countries using HCQ as early stage treatment for Covid have surprisingly low mortality rates from the disease. Professor Hatfill points out that some countries that implemented early widespread outpatient treatment of covid19

patients – like India, Turkey, Morocco, Algeria, Indonesia and Malaysia – were able to “minimise” their death rate, and did not suffer the much larger death rates per capita of countries like Great Britain and the United States. For example, according to Stastica.com, the current death rates from covid19 are nearly 15% in the UK, over 13% in France and 9% in Spain, in contrast to 2% in India, 2.43% in Turkey and 1.5% in Morocco. In the case of Morocco, its minister of health was reported as declaring on May 27 that hydroxychloroquine “helped prevent mass deaths in Morocco.”

<https://www.moroccoworldnews.com/2020/06/306587/moroccan-scientist-moroccos-chloroquine-success-reveals-european-failures/>

Greece uses chloroquine against covid19, and according to this article from Business Day, in that country “ epidemiologists consider chloroquine effective, especially in the early stages of Covid-19.” Greece also had a low death rate from the disease compared to most of Europe.

<https://www.businesslive.co.za/bd/world/europe/2020-06-10-greece-chooses-to-use-chloroquine-for-covid-19-and-conduct-trials/>

And no doubt you are aware that epidemiologist Professor Harvey Risch from Yale University, in an article published recently in Newsweek summarised the evidence that supports his strong conviction that HCQ is effective against covid, if used as an early stage treatment or as prophylaxis, and has also written an academic paper on the topic in the American Journal of Epidemiology, “Opinion: early outpatient treatment of symptomatic, high-risk covid19 patients that should be ramped-up immediately as a key to the pandemic crisis” (May 27, 2020):

<https://academic.oup.com/aje/advance-article/doi/10.1093/aje/kwaa093/5847586>

There is also considerable evidence from the clinical experience of many doctors who have given covid19 patients with early stage disease HCQ in their outpatient practices or in hospitals – sometimes combined with companion drugs like antibiotics or zinc – and say they seen often rapid turnarounds and recoveries from the disease. More and more doctors seem to be “coming out” in the US and on social media accounts affirming that in their clinical experience, the drug works. Dr Vladimir Zelenko has been a vocal advocate for the drug in New York.

<https://thezelenkoprotocol.com/>

Finally, please consider this account by US doctor George Fareed, who says he knows from first-hand experience that the drug is highly effective against covid19: *“My name is Dr. George Fareed. I am a physician in Imperial County, California, that has been hit hard by the COVID-19 pandemic. I take care of patients on both an outpatient and inpatient basis, as well as nursing home patients, the most vulnerable among us.*

*In my attempts to keep people alive, I have had an opportunity to use many different types of treatments — remdesivir, dexamethasone, convalescent plasma replacement, etc. Yet, by far the best tool beyond supportive care with oxygen has been the combination of hydroxychloroquine (HCQ), with either azithromycin or doxycycline, and zinc. This "HCQ cocktail" (that costs less than \$100) has enabled me to prevent patients from being admitted to the hospital, as well as help those patients that are hospitalized. The key is giving the HCQ cocktail early, within the first five days of the disease. Not only have I seen outstanding results with this approach, I have not seen any patient exhibit serious side-effects.”* [https://www.thedesertreview.com/opinion/letters\\_to\\_editor/local-doctor-pushing-proven-treatment-of-covid-into-national-debate/article\\_ca59497a-c539-11ea-8943-4f707d6ebc1a.html?utm\\_medium=social&utm\\_source=twitter&utm\\_campaign=user-share](https://www.thedesertreview.com/opinion/letters_to_editor/local-doctor-pushing-proven-treatment-of-covid-into-national-debate/article_ca59497a-c539-11ea-8943-4f707d6ebc1a.html?utm_medium=social&utm_source=twitter&utm_campaign=user-share)

I fear something is seriously wrong with the medical system in Australia, the US and other Western countries when evidence such as the testimony of many doctors and experts, a large number of

observational and other studies, the apparent success of certain treatments in other countries, and the opinions of respected government health bodies such as the ICMR are all regarded as worthless, and rejected in favour of the findings of a select few RCTs, if this is the narrow criteria used. Who I wonder will be on the wrong side of history when this pandemic is over, and be called to explain why thousands died when promising treatments were ignored.

Professor, I don't know what power a state CMO has to influence the medical hierarchy's thinking in Australia on this subject, or the Victorian or Federal government, but I would request that you share my email with the relevant authorities, and I would implore them to reflect on and reconsider their position on these treatments, in the fervent hope that lives may be saved.

Yours sincerely,

Kim Skeltys

[address and contact]