# Summary of the Covid-19 Clinical Evidence Task Force's Gamble with Australian Lives, Lifestyles and Livelihoods:

We face a significant battle to overcome the stigma that has been intentionally placed upon HCQ and sadly which translates to a stigma on Doctors looking to provide any form of pre-hospital treatment to at risk Covid19 patients.

This matter is so important that it is worth taking the time to read every small part of this composition and click through on all the hyperlinks. It leaves no room to interpret the current stance of our Australian Experts guiding our Politicians and Medical bodies and how far away it is from where we ALL need it to be.

## Covid-19 Clinical Evidence Task Force's 64% Gamble with at risk Australian Lives and the consequential gamble with our Lifestyles and Livelihoods:

**Preface Discussion:**
Over the history of Covid19 there have been a number of websites dedicated to compiling and statistically analysing potential treatments for Covid19.

The website www.hcqmeta.com cites some 142 studies involving treatment Protocols that have Hydroxychloroquine (HCQ) as a component
The website https://c19study.com/ cites some 172 Studies with 108 of these already peer reviewed, again involving treatment Protocols that have Hydroxychloroquine (HCQ) as a component

These websites attempt to make graphic representation of the collective data and provide statistical analysis.
The websites are providing real time collection and incorporation of study results as they become available in the world. Each study is listed and the DOI (date of issue) and other source identifiers are given so the reader can access each individual paper. The resources are considered highly valuable since information is rapidly becoming available and any published review on the topic is quickly out of date with more results coming in each day.
Both these websites are without published authors as sadly anyone presenting the available data of ANY studies that might support the use of HCQ comes under a lot of criticism , attack and censorship; see below.

**Examining the misconceptions of Hydroxychloroquine (HCQ) and what role it has to play in Covid19**
A strong focus has been on Hydroxychloroquine (HCQ) which was up until Covid19 available to General Practitioners (GPs) around the world for on and off label prescriptions for decades (about 60 years). In some countries HCQ was and in a few countries still is an over the counter medication that does not even need a prescription.

In what appeared to be a co-ordinated campaign, Some Politicians (Democrats in the US), Big Pharmaceutical companies, Big Technology Companies and Mainstream Media began to spread the message that HCQ was both ineffective and suddenly an unsafe drug for Doctors to prescribe (interestingly the claim was that it was only unsafe if prescribed for Covid19).
There are currently 10's of millions of patients around the world relying on this medication for on label uses.

**The science behind using HCQ**

During the emerging Covid 19 crisis there were eminent doctors and epidemiologist around the globe who were aware that past in-vitro (test tube) studies as far back as 2010 indicated that EARLY treatment with Zinc and a Zinc Ionophore – which is a showed significant promise as a treatment to stop the replication of the Virus within infected cells.

Note: A Zinc Ionophore is a substance that helps transport Zinc across the cell's outer membrane and into the cell -

See : http://tribeqr.com/v/zincmechanismpaper (PT) was used as the Zinc Ionophore in this study

Quote from the study: "**In this study we demonstrate that the combination of Zn2+ and PT at low concentrations (2 mM Zn2+ and 2 mM PT) inhibits the replication of SARS-coronavirus (SARS-CoV)..**"

Hydroxychloroquine IS one of the most trusted (safe), common and affordable medications on the market that can act as a Zinc Ionophore – it has been available for prescription and off label prescription for 60 years until now.

http://tribeqr.com/v/hcqthescience

To this Very Day, Politicians in the USA; mainly Democrats, Big Pharmaceutical companies, Big Technology Companies and Mainstream Media continue to spread a negative HCQ narrative; maintaining that HCQ is both ineffective and now an unsafe drug for Doctors to prescribe (exclusively unsafe if they are thinking of prescribing it for Covid19 Patients).

## i) Mainstream Media

With a clear agenda to topple President Trump, Mainstream media focussed on rumours and studies that were designed* to make HCQ look ineffective and even dangerous. Mainstream media ALSO proliferated the negative message of HCQ by intentionally **not reporting the truth** about the safety of HCQ and **not reporting the truth** about what frontline doctors were achieving when using HCQ in a now well published and combined triple therapy.

The triple Therapy, initially termed the Zelenko Protocol is now reflected in a peer reviewed early treatment guide

1. Hydroxychloroquine 200mg twice a day for 5 days
This is the dose prescribed to millions of rheumatoid arthritis patients on an indefinite basis (Maintenance dosage) - even according to our own TGA Guidelines on HCQ
See TGA Excerpt Below:

**4.2 DOSE AND METHOD OF ADMINISTRATION**

**Rheumatoid Arthritis**

Plaquenil is cumulative in action and will require several weeks to exert its beneficial therapeutic effects, whereas minor side effects may occur relatively early. Several months of therapy may be required before maximum effects can be obtained.

Initial dosage: In adults, a suitable initial dosage is from 400 to 600 mg daily, preferably taken at meal times. In a few patients the side effects may require temporary reduction of the initial dosage. Generally, after five to ten days the dose may be gradually increased to the optimum response level, frequently without return of side effects.

Maintenance dosage: When a good response is obtained (usually in four to twelve weeks) the dose can be reduced to 200 to 400 mg daily (but should not exceed 6 mg/kg per day) and can be continued as maintenance treatment.

2. Azithromycin 500mg once a day for 5 days
3. Zinc sulfate 220mg once a day for 5 days

## ii) Politicians (Mainly Democrats)

With a clear agenda to topple President Trump, politicians intentionally blocked the information and even the prescription of HCQ. Democrats are currently going so far as to propose misinformation legislation to suppress reports from Doctors wanting to share their success using the Triple Therapy with HCQ.

## iii) Big Pharmaceutical (Big Pharma)

With an Agenda centered on Profit and a return to investors; Big Pharmaceutical (Big Pharma) ; Covid19 presented an incredibly lucrative opportunity to develop treatments, test-kits and Vaccines. The development of these lucrative products could be fast tracked through the FDA's provisions for Emergency Use Authorization (EUA) which relaxed the stringent and lengthy processes normally required to have new treatments approved for use. HOWEVER, FDA EUA is NOT available if there is an effective treatment available (see section III.B.1.d).

III. EMERGENCY USE AUTHORIZATIONS
B. EUA MEDICAL PRODUCTS
1. Criteria for Issuance

d. No Alternatives
The possibility that the cheaply available HCQ might form part of an effective "Alternative" treatment posed a significant threat to the fast track options available to Big Pharma.

Sound far-fetched right? It does until you look into the Funded Clinical Trials involving HCQ and where they are concentrated.
To date not a single early outpatient clinical trial has been funded for the well-publicised and now published US early outpatient treatment guide which includes HCQ
On the flip side; every funded clinical trial with HCQ has been in the absence of Zinc... and nearly every funded trial has been at the Hospital stage when it is well know the action of HCQ with Zinc has limited effectiveness at the Hospital Phase because at that stage the virus has done it's replicating work and we are fighting the bodies response to spread of the virus throughout the body.
There are a number of Government Bodies including the FDA, NIH & CDC that all failed to support or even put forward an outpatient treatment; representatives of these bodies; most notably Dr. Fauci even recommended against HCQ in what appears to be a combination of Big Pharma influence and some Political motivations.

## iv) Big Technology Companies (Big Tech)

With a clear agenda to topple President Trump, big Technology has perhaps been the most insidious force to promote the bad public perception and fear of HCQ. Under the umbrella of "protecting the people from Miss-information" a similar catch phrase of Democrat politicians, Big Tech has been censoring and removing information from their platforms to hide what Doctors and experts have been trying so hard to let the people know about with respect to the success they are seeing with HCQ in a combined triple therapy involving low doses of HCQ, Zinc and an Antibiotic such as AZM.
The following series of videos was Banned and still remains banned from all the above platofms ; here they are for you to judge if these doctors should be allowed to voice their experience and evidence:
https://www.americasfrontlinedoctors.com/summit1/

The mechanisms for keeping the truth about HCQ information away from the users of Big Tech includes taking down posts, videos , tweets, Facebook messages and even taking down websites.
Google is Skewing its search engine results to negative HCQ findings and away from any web pages that showed promising results.

## The "findings" and influence of our own National Covid-19 Clinical Evidence Task Force

The National Covid-19 Clinical Evidence Task Force cites only a hand full of HCQ Studies as references to its decision to recommend a blanket recommendation that HCQ not be used in the treatment of Covid19

In ordinary circumstances, to block a potentially lifesaving medication from Doctors and their patients is close to unthinkable.
Any taskforce or group of advisers charged with the power to recommend a medication be blocked must only pursue such a potentially dangerous course of action if they have completely exhausted all possibilities that the blocking of a medication will not cause more harm than good; Applying any less stringent a test to blocking a medication would be showing a reckless duty of care and worthy of stripping individuals who are directly involved with such decisions of their career & professional reputations; this would only be partial reparations for the repercussions of a recklessness recommendation and the resultant loss of lives and/or heightened state of fear for the public where treatment options have been removed.

As of November 23rd, 2020 The National Covid-19 Clinical Evidence Task Force headed by Associate Professor Julian Elliott remains responsible for the standing advice (RECOMMENDATION) to Government and Medical Professionals that states "Do not use hydroxychloroquine for the treatment of COVID-19."

This advice of the National Covid-19 Clinical Evidence Task Force along with the HCQ relevant references they have used can be found via the following link:
*https://app.magicapp.org/#/guideline/L4Q5An/section/j1bkzL*
Then by scrolling down to "6.3 Hydroxychloroquine" and then by clicking on "references"
Below is a snapshot of the complete list of only a hand full of references displayed on Nov 23rd 2020
(It should be noted that Covid-19 Medical Network Limited has watched this reference list changed over time and has recorded the references used earlier and subsequently removed); See a snapshot taken below on 23rd Nov 2020; They keep chopping and changing references and [BRACKETED] reference numbers.

## 6.3 Hydroxychloroquine 1

Not recommended

All or nearly all would likely decline the intervention. Learn more

Do not use hydroxychloroquine for the treatment of COVID-19.

This recommendation applies to adults, children and adolescents, pregnant and breastfeeding women, older people living with frailty and those receiving palliative care.

Use of hydroxychloroquine may still be considered in the context of randomised trials with appropriate ethical approval, such as combination therapies that include hydroxychloroquine.

Research evidence (1) Evidence to decision Rationale Decision Aids References Feedback 2


[49] Pan H, Peto R, Karim AQ et al : Repurposed antiviral drugs for COVID-19 - interim WHO SOLIDARITY trial results. medRxiv 2020; Journal Website

[54] Chen J, Liu D, Lui L : A pilot study of hydroxychloroquine in treatment of patients with moderate COVID-19. Zhejiang Da Xue Xue Bao Yi Xue Ban 2020;49(2):215-9 Pubmed Journal

[55] Chen Z, Hu J, Zhang Z et al : Efficacy of hydroxychloroquine in patients with COVID-19: results of a randomized clinical trial. medRxiv 2020; 2020.03.22.20040758- Journal Website

[58] Tang W, Cao Z, Han M et al : Hydroxychloroquine in patients with mainly mild to moderate coronavirus disease 2019: open label, randomised controlled trial. BMJ 2020; Pubmed Journal

[59] Therapeutic Goods Administration : Australian Product Information: Plaquenil (hydroxychloroquine sulfate). December 2019; Website

[62] Chen L, Zhang Z-Y, Fu J-G : Efficacy and safety of chloroquine or hydroxychloroquine in moderate type of COVID-19: a prospective open-label randomized controlled study. medRxiv 2020; Journal Website

[64] Mitjà O, Corbacho-Monné M, Ubals M et al : Hydroxychloroquine for early treatment of adults with mild Covid-19: a randomized-controlled trial. Clinical Infectious Diseases 2020; Pubmed Journal

[65] Skipper CP, Pastick KA, Engen NW et al : Hydroxychloroquine in nonhospitalized adults with early COVID-19: a randomized trial. Annals of Internal Medicine 2020; Pubmed Journal

[67] Kaplan YC, Ozsarfati J, Nickel C et al : Reproductive outcomes following hydroxychloroquine use for autoimmune diseases: a systematic review and meta-analysis. British Journal of Clinical Pharmacology 2016;81(5):835-48- Pubmed Journal

[68] Fiehn C, Ness T, Weseloh C et al : Safety management in treatment with antimalarials in rheumatology. Interdisciplinary recommendations on the basis of a systematic literature review. Zeitschrift fur Rheumatologie 2020; Pubmed Journal

[69] Gaffar R, Pineau CA, Bernatsky S et al : Risk of Ocular Anomalies in children exposed In utero to antimalarials: a systematic literature review. Arthritis Care & Research 2019;71(12):1606-1610- Pubmed Journal

[71] Cavalcanti AB, Zampieri FG, Rosa RG et al : Hydroxychloroquine with or without azithromycin in mild-to-moderate Covid-19. New England Journal of Medicine 2020; Pubmed Journal

[73] Abd-Elsalam S, Esmail ES, Khalaf M et al : Hydroxychloroquine in the treatment of COVID-19: a multicenter randomized controlled study. American Journal of Tropical Medicine and Hygiene 2020; Pubmed Journal

[74] Lyngbakken MN, Berdal J-E, Eskesen A et al : A pragmatic randomized controlled trial reports the efficacy of hydroxychloroquine on coronavirus disease 2019 viral kinetics. Nature Communications 2020; Pubmed Journal

[76] Ulrich R, Troxel A, Carmody E : Treating COVID-19 with hydroxychloroquine (TEACH): a multicenter, double-blind, randomzied controlled trial in hospitalized patients. Open Forum Infectious Diseases 2020; Journal Website

[77] RECOVERY Collaborative Group, Horby P, Mafham M et al : Effect of hydroxychloroquine in hospitalized patients with Covid-19. New England Journal of Medicine 2020; Pubmed Journal

[80] Dubee V, Roy P-M, Vielle B : A placebo-controlled double blind trial of hydroxychloroquine in mild-to-moderate COVID-19. medRxiv 2020; Journal Website

Note the markers of ANY study used/designed to discredit HCQ includes one or more of the following Demonizing Hallmarks:

**i)-**The HCQ Protocol tested is Not for phase 1 of the disease (ie. a study that confines the patients to Hospitalized patients well after the most effective timing for treatment with HCQ, Zinc and AZM); it is common knowledge that outpatient treatment using HCQ must occur in the first few days of infection to have significant efficacy.

**ii)-** The HCQ Protocol tested is in Extremely high Dosages of HCQ (Higher than recommended under the TGA guidelines for ANY application

**iii) -** The HCQ Protocol tested has an absence of Zinc ***A Critical Omission***. HCQ acts as the Ionophore for Zn to enter the cell membrane and block the Virus Replication – see http://tribeqr.com/v/hcqthescience

**iv)-** The HCQ Protocol tested is used on patients that are not risk stratified – this leads to dilution of any efficacy as most of the subjects would not have suffered a measures "outcome" anyway

National Covid-19 Clinical Evidence Task Force ONLY references for their recommendation

[49] (Pan) Not for phase 1 of the disease (Demonizing Hallmark i), Extremely high Dosages of HCQ (Demonizing Hallmark ii), has an absence of Zinc (Demonizing Hallmark iii)
Overdose HCQ 2000mg in first 24 Hours !!
"These Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens appeared to have little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay." **NOTHING TO SUPPORT THE RECOMMENDATION**

[54] (Chen J) States it was too small and used on patients that are not risk stratified Demonizing Hallmark iv , has an absence of Zinc (Demonizing Hallmark iii)
"Conclusions: The prognosis of COVID-19 moderate patients is good. Larger sample size study are needed to investigate the effects of HCQ in the treatment of COVID-19. Subsequent research should determine better endpoint and fully consider the feasibility of experiments such as sample size."
**NOTHING TO SUPPORT THE RECOMMENDATION**

[55] (Chen Z) used on patients that are not risk stratified Demonizing Hallmark iv , has an absence of Zinc (Demonizing Hallmark iii)–
"Among patients with COVID-19, the use of HCQ could significantly shorten TTCR and promote the absorption of pneumonia."
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

[58] (Tang W) Not for phase 1 of the disease (Demonizing Hallmark i), Extremely high Dosages of HCQ (Demonizing Hallmark ii), has an absence of Zinc (Demonizing Hallmark iii)
"Conclusions: Administration of hydroxychloroquine did not result in a significantly higher probability of negative conversion than standard of care alone in patients admitted to hospital with mainly persistent mild to moderate covid-19. Adverse events were higher in hydroxychloroquine recipients than in non-recipients."
**NOTHING TO SUPPORT THE RECOMMENDATION**

[62] (Chen L) has an absence of Zinc (Demonizing Hallmark iii)
Conclusion "This study provides evidence that (hydroxy)chloroquine may be used effectively in treating moderate COVID-19 and supports larger trials."
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

[64] (Mitjà) has an absence of Zinc (Demonizing Hallmark iii) used on patients that are not risk stratified Demonizing Hallmark iv ,
CONCLUSIONS:
In patients with mild Covid-19, no benefit was observed with HCQ beyond the usual care.
In fact there were slight improvements in the Hydroxychloroquine group as would be expected with a study on patients that are not risk stratified
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

[65] (Skipper) has an absence of prescribed Zinc (Demonizing Hallmark iii) used on patients that are not risk stratified Demonizing Hallmark iv
Discussion "a 5-day course of hydroxychloroquine failed to show a substantial clinical benefit in improving the rate of resolution of COVID-19 symptoms in the enrolled clinical trial participants"
I find this paper was written in a very convoluted way as to make it VERY DIFFICULT to see how much better the watered down (no risk stratified group) actually faired
From the 212 in the hydroxychloroquine study group and 211 in the placebo group
"With hydroxychloroquine, 4 hospitalizations and 1 nonhospitalized death occurred (n = 5 events). With placebo, 10 hospitalizations and 1 hospitalized death occurred (n = 10 events); of these hospitalizations, 2 were not COVID-19 –related (nonstudy medicine overdoseand syncope)."
And then this paper oddly states states. The incidence of hospitalization or death did not differ between groups (P = 0.29)
Positive Result not stated a 60% Reduction in Hospitalizations of this NON RISK STRATIFIED STUDY GROUP"
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

[67] (Kaplan) "Reproductive outcomes following hydroxychloroquine use for autoimmune diseases"
CONCLUSIONS Prenatal exposure to HCQ for autoimmune diseases does not appear to increase the risk of adverse pregnancy outcomes except spontaneous abortion rate, which may be associated with the underlying disease activity (bias by indication) and needs further investigation.
Mean Exposure to HCQ of 28.4 weeks with a minimum exposure of 10 weeks
Bear in mind Outpatient treatments of HCQ with Zinc and AZM are from 5-30 days at the same/similar dose.
This study is clearly for the consideration of the Doctor and the Patient as is most prescriptions
**NOTHING TO SUPPORT THE RECOMMENDATION**

[68] (Fiehn C) Safety management in treatment with antimalarials in rheumatology. Interdisciplinary recommendations on the basis of a systematic literature review."
This study focussed on assessing/establishing a safe dosage of HCQ particularly for long term use with a focus on its possible effect on Eyesight and an aim to produce guidelines for HCQ in long term use.
Bear in mind Outpatient treatments of HCQ with Zinc and AZM are from 5-30 days at the same/similar dose.
This study is clearly for the consideration of the Doctor and the Patient as is most prescriptions
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

[69] (Gaffar) “Risk of Ocular Anomalies in Children Exposed In Utero to Antimalarials”
Conclusion: In children exposed to appropriate doses of antimalarials antenatally, the risk of ocular toxicity appears low to nonexistent. The potential benefits and risks of antimalarials should be discussed in all SLE pregnancies, and high dosages should continue to be avoided.
**NOTHING TO SUPPORT THE RECOMMENDATION**

[71] (Cavalcanti) Not for phase 1 of the disease (Demonizing Hallmark i), Extremely high Dosages of HCQ (Demonizing Hallmark ii), has an absence of Zinc (Demonizing Hallmark iii)
CONCLUSIONS: These Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens appeared to have little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay. The mortality findings contain most of the randomized evidence on Remdesivir and Interferon, and are consistent with meta-analyses of mortality in all major trials
**NOTHING TO SUPPORT THE RECOMMENDATION**

[73] (Abd-Elsalam S) Not for phase 1 of the disease (Demonizing Hallmark i), has an absence of Zinc (Demonizing Hallmark iii) used on patients that are not risk stratified (Demonizing Hallmark iv)
In our study, adding HCQ to standard care did not add an extra benefit for the patients
The utility of HCQ should be evaluated in larger multicenter trials either alone or in combination with other drugs/lines of treatment. The role of HCQ as a prophylaxis against SARS-CoV-2 infection should be among the future trials also.
**NOTHING TO SUPPORT THE RECOMMENDATION**

[74] (Lyngbakken) Not for phase 1 of the disease (Demonizing Hallmark i), Extremely high Dosages of HCQ (Demonizing Hallmark ii), has an absence of Zinc (Demonizing Hallmark iii)
Results: We found no substantial differences in numbers and proportion of adverse events of special interest, serious adverse events or suspected unexpected serious adverse reactions between hydroxychloroquine plus standard care versus standard care.
Further the hydroxychloroquine group had a better rate of reduction in SARS-CoV-2 viral load
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

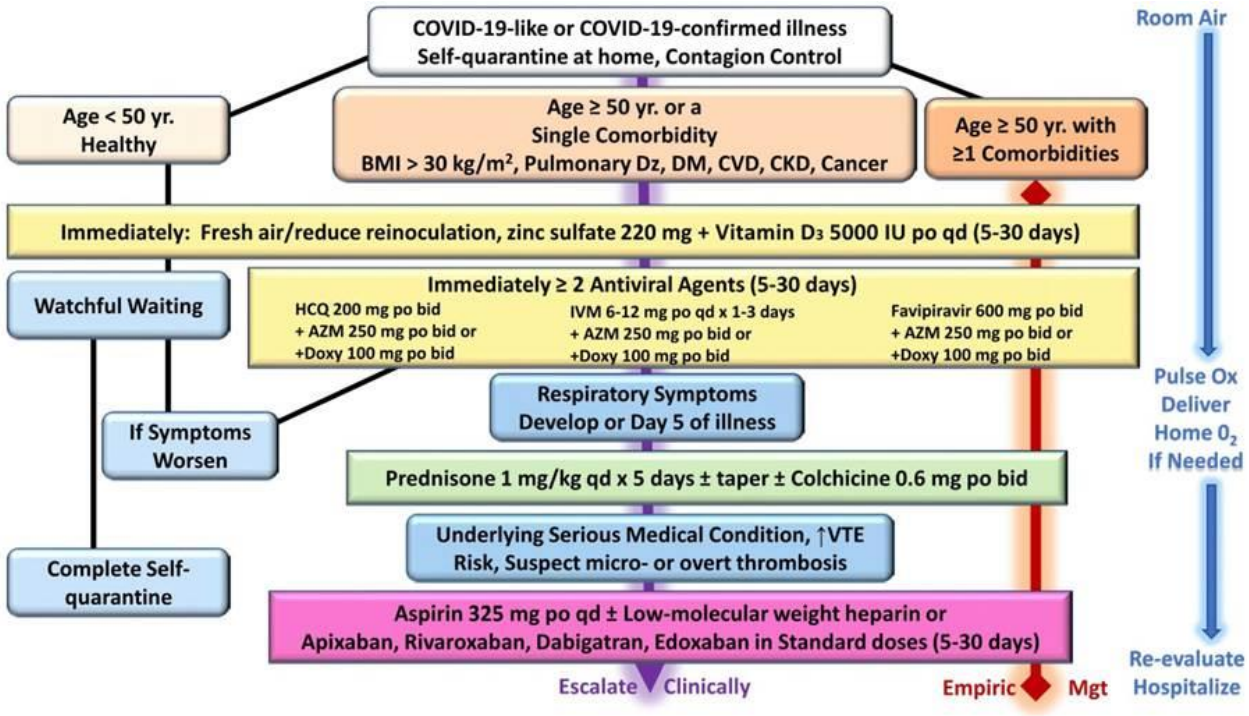
[76] (Ulrich) Not for phase 1 of the disease (Demonizing Hallmark i), has an absence of Zinc (Demonizing Hallmark iii)
Similar to the ITT analysis, there were no statistically significant differences between HCQ and placebo in the primary outcomes using the safety or per-protocol analysis (Supplementary Table 1) or when age-stratified subgroups (≤60 and >60 years) were assessed (Supplementary Table 2).
**NOTHING TO SUPPORT THE RECOMMENDATION**

[77](Horby - Disgraceful) Not for phase 1 of the disease(Demonizing Hallmark i), ULTRA High Dosage HCQ (Demonizing Hallmark ii), has an absence of Zinc (Demonizing Hallmark iii)
"The findings indicate that hydroxychloroquine is not an effective treatment for hospitalized patients with COVID-19 but do not address its use as prophylaxis or in patients with less severe SARS-CoV-2 infection managed in the community."
**NOTHING TO SUPPORT THE RECOMMENDATION**

[80] (Dubee) Not for phase 1 of the disease( (Demonizing Hallmark i), has an absence of Zinc (Demonizing Hallmark iii) and Deceptive conclusion "There was no significant difference in the rate of the primary endpoint between patients assigned to placebo and those assigned to hydroxychloroquine in any of the analyzed subgroups" YET…" At 28 days after randomization, 9.8% (12/123) of the patients in the placebo group had died or had been intubated compared to 7.3% (9/124) in the hydroxychloroquine group" That means 30% more patients died in the placebo group !
Also, French Authorities stopped the trial short !!
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

[59] (TGA) The only remaining reference
This is the TGA's own guide to prescribing HCQ (Plaquenil)
Within this document it covers the safe ways to prescribe HCQ including taking into account QT interval prolongation.
This document states that Cardiac Disorders are "Rare" (≥ 0.01% and < 0.1%)
Within this document it covers the recommended HCQ dose for Rheumatoid Arthritis (Of which there are 10's of millions of patients around the world that are using HCQ indefinitely and safely):
*"Initial dosage: In adults, a suitable initial dosage is from 400 to 600 mg daily, preferably taken at meal times. In a few patients the side effects may require temporary reduction of the initial dosage. Generally, after five to ten days the dose may be gradually increased to the optimum response level, frequently without return of side effects. Maintenance dosage: When a good response is obtained (usually in four to twelve weeks) the dose can be reduced to 200 to 400 mg daily (but should not exceed 6 mg/kg per day) and can be continued as maintenance treatment."*
**NOTHING TO SUPPORT THE RECOMMENDATION **The Opposite****

Reminder the early treatment peer reviewed guide in the US is summarized in the table below where you will see the dosage of HCQ falls well within the safe HCQ dose and within the indefinite duration prescribed for Rheumatoid Arthritis

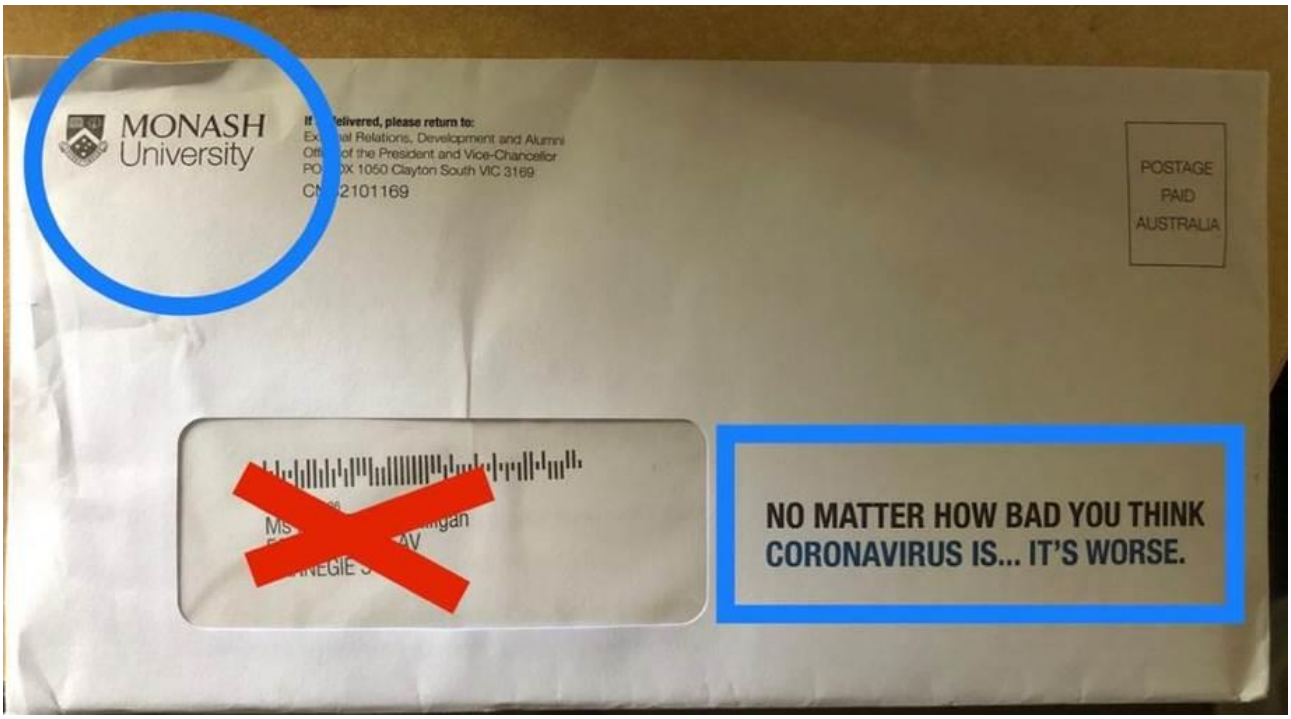



BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCQ=hydroxychloroquine, AZM=azithromycin, Doxy=doxycycline, IVM=Ivermectin, VTE=venous thrombo-embolic

Summary:
It would appear that:
a) The National Covid-19 Clinical Evidence Task Force now rely on a very limited selection of studies as their references to their recommendation
b) The National Covid-19 Clinical Evidence Task Force are using references that could not possible support the test that they have completely exhausted all possibilities that the blocking of this medication (HCQ) will not cause more harm than good to justify the withholding of a medication
c) The National Covid-19 Clinical Evidence Task Force are using references that in no shape or form support their recommendation not to use HCQ in any form of protocol to treat Covid19
d) The National Covid-19 Clinical Evidence Task Force are EXCLUDING well over 140 openly available HCQ studies with the strong majority of them showing efficacy in the treatment of Covid19
e) The National Covid-19 Clinical Evidence Task Force has not included a single reference study that combines HCQ with Zinc.
f) The National Covid-19 Clinical Evidence Task Force has not included a single reference of early treatment protocols for HCQ which is what doctors from around the globe have been advocating for well over 6 months now and for which there is a 100% positive outcome result for ALL such studies.

Fear is often a tool used by the less scrupulous.
The following co-incidences are worthy of closer attention.

The National Covid-19 Clinical Evidence Task Force headed by Associate Professor Julian Elliott is tied with Monash University.
Monash University has been given large grants to develop Covid19 Test Kits and Vaccines
Monash University is using letter stationary with the following message:




"Post" thought
www.hcqmeta.com currently effectively calculates the Covid-19 Clinical Evidence Task Force's Gamble on HCQ with Australian Lives , Lifestyles and Livelihoods

This gamble appears to be one where if they are wrong costs at least 64% of our at risk patients unnecessary hospitalization and/or death:
From www.hcqmeta.com statistical analysis of currently 22 related papers:

- Early treatment is most successful, with 100% of studies reporting a positive effect and an estimated reduction of 64% in the effect measured (death, hospitalization, etc.) using a random effects meta-analysis, RR 0.36 [0.28-0.46].