

OFFICIAL STATEMENT
CORONAVIRUS/COVID19 – The Way Out for Australia

INTRODUCTION

The Health Australia Party (HAP) has been trying to provide a range of information about COVID19 that is not easily available in the mainstream media. We have also tried hard to avoid relying on conspiracy theories that have proliferated from all sides, including from orthodox “medical science”.

We now wish to focus on what still can be done to control COVID19, and how we can manage to live alongside the virus (as we do with other viruses) and prevent it from being used as the rationale for Government interventions which have dominated and ruined so many lives. We have a practical, evidence-based solution.

Fortunately, most countries have not repeated the economic mistakes made during the 1930’s great depression, and have attempted to stimulate economies. However, in other ways the medical and social response in most countries, and by most governments, has been unbalanced and guided by biased and prejudiced “science” - in fact it has been non-science, and this has caused irreparable damage for many.

COVID19 will probably not naturally disappear quickly, and may be present internationally for years. Even if a reasonably safe and reasonably effective vaccine is developed (and that is no certainty), it will not be able to eliminate COVID19 due to limited efficacy. This means there will be recurring outbreaks in countries/States which were apparently becoming free of the disease, and we are seeing this right now in Europe.

We **MUST** develop a different approach to managing COVID19 that does not rely on recurring crippling lockdowns. Another evidence-based approach IS available, and the Health Australia Party calls on Federal and State governments to implement this approach without delay.

FACTS

1. COVID19 is a real virus and it is contagious. It can be fatal in people with weakened immune systems (who are often elderly, but can be of any age), and is usually mild in healthy people. Many infections are asymptomatic.
2. There is cause for concern in Australia because of our high national rate of chronic disease, making our general population more vulnerable than it otherwise would be.
3. There has been insufficient clarity in reporting. Cases have been redefined to include asymptomatic infections when usually cases are recorded only when a person presents with the illness. Figures for deaths have been overstated (the Victorian Chief Health Officer (CHO) acknowledged this in a press conference on the 19th of August).
4. The Australian responses have been directed by politicians with little knowledge of health issues who have therefore turned over decision making to CHOs who have been trained in, and are experts in pharmaceutical medicine, and whose responses therefore have been based around drugs, potential vaccines and lockdowns. This has meant that **Australia has missed the opportunity to utilise many proven, evidence-based, non-pharmaceutical options to both treat and prevent the disease** (see examples below in Appendix 1).
5. Because the total number of cases in Australia has been very small, there is little natural immunity to COVID19, which means the entire population may remain vulnerable to subsequent infections which may enter communities. There have been around 27,000 confirmed CV19 cases which is 0.106% of the total population, and 0.305% in Victoria (Reference: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#total-cases-and-deaths-by-state-and-territory>).
6. There is speculation whether and when a vaccine will be available to every Australian. There is speculation what percentage of the population will agree to be vaccinated, or whether the vaccine will be made mandatory as some politicians and many health officials wish. It can only be speculated how safe and how effective any vaccine will be. The FDA in America has stated that “the primary efficacy endpoint point estimate for a placebo-controlled efficacy trial should be at least 50%, and the statistical success criterion should be that the lower bound of the appropriately alpha-adjusted confidence interval around the primary efficacy endpoint estimate is >30%.” (Reference: Development and Licensure of Vaccines to Prevent COVID-19; Guidance for Industry <https://www.fda.gov/media/139638/download>). So, it is likely that a new COVID19 vaccine will only be as effective as the annual flu vaccine – best estimates of 40-50% and often much lower than this (See Appendix 3 below). This will not be sufficient to prevent the future spread of COVID19 – **so a vaccine will NOT be the final solution to control the disease**, and governments should honestly advise citizens of this fact.
7. Following on point 4 above, preliminary results have emerged from the use of homeopathic immunisation (HP) in nearly half of the Cuban population. The Cuban government has utilised HP since 2007 to successfully control diseases such as leptospirosis, cholera, dengue, hepatitis and now COVID19. The effectiveness of their COVID19 HP is around 90%, which is totally consistent with the results from HP interventions in tens of millions of people worldwide (see Appendix 4 below). The HP option has been available since February 2020, and it could be implemented within one month with Government support. The medicines would cost about \$4 per head, around

1/30th of the cost per head for the proposed first round of a COVID19 vaccine. Billions are not needed for development. HP is non-toxic and would impose no additional burden of chronic illness on the community (compared to vaccines which have side effects), and with Government support would have a high compliance rate because of safety and effectiveness (without being made mandatory). On its own, it would not control the entire outbreak, however it would make a massive difference. The entire Australian population could be immunised by November if appropriately managed.

8. **IF Federal and State governments acted now**, the use of HP nationally combined with proven treatments and other preventative measures mentioned above and in Appendix 1, Australia would be able to safely reopen State borders and remove lockdown restrictions. We still would need to competently implement testing and quarantine arrangements for incoming travellers, and respond quickly to local outbreaks, but **within Australia we would be free of the current harsh restrictions.**

This proposal may seem radical to some readers, but it is based on evidence, and based on actual experience in both treating and preventing COVID19 in other countries. We have excellent integrative medical practitioners in Australia who can lead this response and train other practitioners in the straightforward methods involved. **It could succeed IF politicians NOW broke the control of the pharmaceutical drug cartels on health options in Australia.**

APPENDIX 1: EXAMPLES OF PROVEN PHARMACEUTICAL AND NON-PHARMACEUTICAL OPTIONS TO TREAT AND PREVENT COVID19

Australia contains powerful lobby groups comprising persons trained solely in pharmaceutical medicine who promote the pharmaceutical paradigm. These people dominate our health bureaucracy and research institutes. The mainstream media is uneducated and is often financially tied to the pharmaceutical industry. This has led to the defacto control of Australian health policy by the pharmaceutical drug cartels, as identified by researchers at Harvard Law School in 2013 (see Appendix 2). Natural health options have been under attack for years, as have both integrative medical practitioners who use both pharmaceuticals and natural remedies, and qualified natural therapists from all modalities.

The following are a few of the proven treatment and prevention options which can be used now to both treat and prevent COVID19. This summary draws on the well referenced article:

- Holloway P, Bergeron R, Connealy LE, Fetters C. Viral Pandemic: A Review of Integrative Medicine Treatment Considerations. Vol 2 No 2 (2020): Vol 2 No 2. (2020): Proceedings of the Academy of Comprehensive Integrative Medicine. <https://www.acimresearch.org/procacimres/article/view/31>.

Zinc:

Influences antiviral immunity as well as being a direct antiviral. Long term supplementation may require copper supplements as well.

Zinc Ionophores:

Quercetin has anti-viral properties in addition to its ionophore effect which are attributed to its ability to inhibit the virus' ability to infect cells, its inhibition of viral replication in already-infected cells, and its ability to reduce infected cell's resistance to treatment with anti-viral medication. Note that hydroxychloroquine and chloroquine along with ivermectin are pharmaceutical zinc ionophores, but are not without some risks.

Vitamin C:

Intravenous Vit C can cure acute viral infections if the dose is appropriate. Liposomal vitamin C has also been demonstrated to shorten the duration of viral illness.

Vitamin D3:

Decreases the risk of infection from pathogens as well as strengthening immune function. Particularly, it lowers the risk of Acute Respiratory Distress Syndrome (ARDS).

Vitamin A:

Improves the innate and specific immune response to viruses and lessens the incidence of secondary infections. Increases the normal regeneration of mucosal barriers damaged by infection and improves the function of neutrophils, macrophages, and natural killer cells. Vitamin A is also required for adaptive immunity and plays a role in the development of both T-helper (Th) cells and B-cells

Magnesium:

Has substantial antipathogenic properties and reduces the need for mechanical ventilation.

Nascent Iodine:

Effectively works as a COVID disinfectant. It assists metabolism and detoxification.

Melatonin:

Can reduce oxidative stress and cellular apoptosis (death).

Glutathione:

Along with N-acetyl-cysteine and alpha-lipoic acid can address the cytokine storm, and respiratory distress in patients suffering with COVID-19 pneumonia.

Selenium:

Influences inflammation and the immune response.

Proteolytic Enzymes:

Act as natural anticoagulants that break down the fibrin, inhibit platelet aggregation and/or interfere with components of blood coagulation cascade as well as have an anti-inflammatory impact on the tissue inflammation that contributes to the blood clot formation. They include: Bromelain; Lumbrokinase; Nattokinase; Serrapeptase.

The authors also referred to the importance of environmental factors such as dietary factors, air quality, water quality, electromagnetic fields, and adequate sleep.

In a Townhall meeting on 11/9/2020 two integrative doctors, one highly experienced in the treatment of COVID19, discussed different treatment protocols.

Replay video: <https://event.webinarjam.com/t/click/xxog0i3s6iqivqw9s9l38fn5t8>.

Dr David Brownstein discussed his use of oral Vitamins A, C, D3, and iodine, Nebulized hydrogen peroxide and nebulized iodine, and Intravenous/intramuscular injections of hydrogen peroxide, vitamin C, and ozone. He and other doctors in his practice published this information in a peer-reviewed journal: <https://www.publichealthpolicyjournal.com/clinical-and-translational-research>

Dr Leigh Erin Connealy, a co-author of the peer-reviewed article referred to above, discussed the use of integrative programs to prevent COVID19 in potentially vulnerable patients. She and her team see 800-1000 outpatients per week who have cancer, autoimmune diseases and various other chronic illnesses. Each patient is instructed over the phone (when they call to schedule) to clean up their diet, drink water regularly and start taking some basic supplemental nutrients (Vitamins C and D, magnesium, zinc, iodine) BEFORE they come for their in-office appointment (the nutrients described in her peer-reviewed article).

During the months March through August in 2020, even though there were MANY cases of COVID in the California area around Dr. Connealy's office, there was only ONE patient in her office who had typical COVID symptoms and then tested positive for COVID. The COVID testing was not being done in her office unless a patient had symptoms consistent with COVID. Statistically-speaking, there should have been 14 COVID deaths and hundreds of symptomatic COVID patients in her office over those six months. Since there was only ONE patient with COVID symptoms and no COVID deaths, it appears that the recommended life-style changes and supplemental nutrients were responsible for preventing COVID in her patients.

There are NOW many proven, evidence-based, natural options to treat and prevent COVID19.

APPENDIX 2: THE HARVARD EXPOSURE OF THE INFLUENCE OF PHARMACEUTICAL CORRUPTION OF NATIONAL HEALTH SYSTEMS

In 2013, researchers from Harvard University Law School published the results of a 5-year analysis of corruption within pharmaceutical drug cartels, which has influenced every aspect of public health systems in many countries, including Australia.

The refusal of CHOs and medical research institutes to acknowledge this fact has meant that Australia's response to COVID19 has not utilised successful treatment and prevention options, thus turning to harsh lockdowns and border closures with devastating results.

<https://ethics.harvard.edu/news/jlme-issue-institutional-corruption-and-pharmaceutical-industry>

APPENDIX 3: EFFECTIVENESS OF ANNUAL INFLUENZA VACCINES

Measures of vaccine effectiveness vary, and Australian figures are not always forthcoming. The CDC in the USA has given an estimate of effectiveness of influenza vaccines over the last 10 years ranging from 19% to 60% (ref: CDC Seasonal Flu Vaccine Effectiveness Studies. <https://www.cdc.gov/flu/vaccines-work/effectiveness-studies.htm>).

The Australian figures are likely to be similar, meaning an average effectiveness of around 40% is expected. These are the most optimistic measures of effectiveness, while other measures show lower rates.

APPENDIX 4: PRELIMINARY ESTIMATES OF THE EFFECTIVENESS OF THE CUBAN HOMEOPATHIC IMMUNISATION PROGRAM AGAINST COVID 19.

The Cuban population is around 11,325,000. By 30/4/2020, HP remedies were given to around 5mil people, meaning around 6.3 mill were unprotected. There were 1,472 cases in the unprotected group and 65 cases in the protected group, meaning an effectiveness of 94.7%.

This early study is not definitive, but is entirely consistent with HP figures published in 2019 involving government-associated interventions in over 60 million people with over 250 million annualised doses which showed an average effectiveness of 86-90% in real-world HP interventions against serious infectious diseases. Homoeoprophylaxis is a proven, evidence-based option.

- Golden I. Large Homoeoprophylaxis Interventions by Government Institutions. *Similia*. 2019; 31(2):14-19.
- Golden I. Large Homoeoprophylaxis: Brief and Long-Term Interventions. *American Journal of Homeopathic Medicine*. Spring, 2019; 112(1): 31-36.

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