

**Updates on (the truth about) those vaccine trials;  
weakness of that "second wave" in Europe; HCQ+  
successful against COVID-19 in Mumbai's biggest  
slum (and more)  
(September 12, 2020)**

From Ellen Brown <[ellenhbrown@gmail.com](mailto:ellenhbrown@gmail.com)> :

Here's a very informative bunch of articles from Peter Myers, attached, including reports on the hazards of the three vaccine frontrunners, and the success of HCQ in a giant Mumbai slum.

- (0) Lockdowns vs. opening the economy
- (1) Robert F Kennedy Jr in Berlin
- (2) All six monkeys injected with AstraZeneca's COVID-19 vaccine became infected with COVID-19
- (3) Moderna's mRNA1273, and Pfizer's BNT162b1 and b2 vaccines, contain Polyethylene Glycol
- (4) "The same tech companies profiting from the quarantine are censoring criticisms of it," by Robert F. Kennedy, Jr.
- (5) Sweden coronavirus cases and deaths slow to a trickle
- (6) India's biggest and densest slum, Dharavi in Mumbai, contained COVID-19 with HCQ/vitamin D/Zinc
- (7) COVID-19 second wave hits Europe, but they return to work and travel; hospitals no longer overwhelmed
- (8) Hospitalizations and death rates are nowhere near the level they were the first time

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**COVID-19 second wave hits Europe, but return to  
work & travel; hospitals are no longer overwhelmed  
Peter Myers [peter@mailstar.net](mailto:peter@mailstar.net)  
September 12, 2020**

Governments have taken two opposite approaches:

- shielding their populations from the virus (eg China), in which case a vaccine will be introduced and perhaps made mandatory

- and exposing their populations to it with a view to Herd Immunity (eg Sweden), in which case no vaccine will be required

Strict lockdowns, as per China, were more effective than disorganized ones. Sweden's experiment has been fairly successful, and its citizens, having achieved herd immunity, probably feel that they do not need a vaccine.

Whilst I still maintain that lockdowns were advisable in the first 2 to 3 months, when we were coming to terms with this new disease, I have come around to the view of Scott Atlas and Robert F. Kennedy, Jr. for subsequent management.

The key to re-opening the economy is

- allowing the patient to choose remedies such as
  - (for immunity, prevention and early treatment) HCQ or Ivermectin with Zinc and antibiotics, Quercetin, vitamins C, D3 and A (not beta-carotene)
- where there is a risk of the virus getting into the lungs: nebulising (into the lungs) of a weak saline solution with a drop of aqueous Iodine and/or food-grade Hydrogen Peroxide (these kill the virus in the lungs). For severe cases doctors and nurses can give Oxygen injections in the buttocks. These methods were successfully used by "alternative" medical practitioners, but authorities tried to stop them. Home remedies might include use of an Aromatherapy humidifier to get anti-viral essential oils into the lungs.
- now that hospitals have abandoned their earlier wrong treatments (eg Respirators), emergency cases go to hospital
- shielding high-risk people with strict isolation (eg of nursing homes).

I argued, and still hold, that those facing inevitable agonising death, should have the option of voluntary euthanasia.

(1) Robert F. Kennedy Jr. in Berlin

From David West <<mailto:[dgwest7@gmail.com](mailto:dgwest7@gmail.com)>[dgwest7@gmail.com](mailto:dgwest7@gmail.com)>

<https://forbiddenknowledge.tv.net/david-ickes-speech-at-the-unite-for-freedom-rally-traffic-jam-london-aug-29-2020/>

This video shows David Icke addressing the crowd in Trafalgar square in London yesterday, proving that every dog has his day. Decades of foreboding predictions from people like Icke and Alex Jones over the past 30 years, about a Fascist New World Order have finally come true!

Anti-Lockdown, anti-vaccine and anti-mask protests were held across Europe, from Belarus to Berlin to Denmark to London and Madrid, with record-breaking attendance.

**In Berlin, protestors demanded the resignation of Angela Merkel and her government, with a Facebook rumor claiming that an airline and several European bus companies had offered to refund travelers' fares if Angela Merkel's government actually resigned!**

**Early estimates in Berlin were that the gathering would draw between 2.6 million and 5 million attendees but numbers fell short of this after police declared it an illegal assembly due to "health safety" concerns.**

**In Berlin, Robert F Kennedy Jr. spoke to a massive audience, estimated by his own Children's Health Defense organization to be the largest crowd in German history, in the "hundreds of thousands" but the few Mainstream Media outlets that did report on the event offered estimates as low as 18,000.**

**Kennedy led the protest against "Bill Gates' bio security agenda, the rise of authoritarian surveillance state and the Big Pharma-sponsored coup d'état against liberal democracy."**

**(2) All six monkeys injected with AstraZeneca's COVID-19 vaccine became infected with COVID-19**

**<https://childrenshealthdefense.org/news/covid-19-vaccine-participant-develops-neurological-symptoms-astrazeneca-pauses-trial/>**

**SEPTEMBER 11, 2020**

**COVID-19 Vaccine Participant Develops Neurological Symptoms, AstraZeneca Pauses Trial**

**By Jeremy Loffredo**

**On Tuesday, AstraZeneca announced a pause on its experimental COVID-19 vaccine trial after a woman in the UK developed a "suspected serious reaction." The company is also conducting trials in the U.S., South Africa and Brazil, with enrollment in all these countries on hold for now.**

**AstraZeneca is partnering with researchers at Oxford University to develop this vaccine, and is testing it on children as young as 5 years old. The World Health Organization's Chief Scientist Soumya Swaminathan called the project a COVID-19 vaccine race "frontrunner" earlier this year.**

**The company asserts that a panel of independent experts will review the adverse reaction and decide whether or not AstraZeneca should lift the pause.**

**While AstraZeneca says the woman has not been officially diagnosed, an**

anonymous source told the New York Times that the woman's symptoms were consistent with transverse myelitis (TM).

TM is a neurological disorder characterized by inflammation of the spinal cord, a major element of the central nervous system. It often results in weakness of the limbs, problems emptying the bladder and paralysis. Patients can become severely disabled and there is currently no effective cure.

Concerns over associations between TM and vaccines are well known. A review of published case studies in 2009 documented 37 cases of transverse myelitis associated with vaccines, including Hepatitis B, measles-mumps-rubella, diphtheria, pertussis, tetanus and others in infants, children and adults. The researchers in Israel noted "the associations of different vaccines with a single autoimmune phenomenon allude to the idea that a common denominator of these vaccines, such as an adjuvant, might trigger this syndrome." Even the New York Times piece on the recent AstraZeneca trial pause notes past "speculation" that vaccines might be able to trigger TM.

Perhaps the most infamous example of this phenomenon is the case of Colton Berrett. Berrett received Merck's HPV vaccine at age 13 after doctors advised his mother it would help prevent cervical cancer in his hypothetical wife down the line. After the vaccine, doctors diagnosed Berrett with TM, and the boy became increasingly paralyzed as his spine became increasingly inflamed. Doctors said he'd eventually lose the ability to breathe and the family chose to intubate him. After years of living with this disability, and needing someone to carry a breathing apparatus for him at all times, Berrett took his own life.

Even if AstraZeneca's vaccine is found responsible for the trial participant's TM symptoms, that may not become the official conclusion. In July, another participant developed symptoms of TM, and the vaccine trial was paused. But an "independent panel" concluded the illness was unrelated to the vaccine, and the trial continued.

As Nikolai Petrovsky from Flinders University told the Australian Broadcasting Corporation, these panels are "typically made up of doctors, a biostatistician and a medical representative of the sponsor company running the trial."

It's unclear if the panel that reviewed the first case of TM will be the same group of experts to decide if the second case of TM was caused by the vaccine, but the Oxford team seems to be laying the groundwork for another such conclusion.

"This may be due to an issue related to the vaccine. It also may not," a spokesperson from Oxford University told ABC News Thursday.

Also of significance is the fact that researchers have yet to produce a safe and

effective vaccine against any coronavirus. When researchers were experimenting on vaccines against SARS (similar to COVID-19 in that it infects the lungs), trials were halted completely, after the vaccinated animals developed even more severe (and sometimes fatal) versions of SARS than the unvaccinated animals.

But while AstraZeneca informs volunteers about the results of animal trials with experimental SARS and MERS vaccines, it leaves out the results of its own animal trials, which suggest ineffectiveness at stopping the spread of the virus.

As Forbes reported in May, all six monkeys injected with AstraZeneca's COVID-19 vaccine became infected with COVID-19 after being inoculated. Then, all the monkeys were put to death, meaning the public won't know if other issues were to have developed.

Adding obscurity to the AstraZeneca trial results is the fact that control groups are given Pfizer's Nimenrix, a meningitis and pneumonia vaccine.

In a tweet, Oxford University's Oxford Vaccine Group explained the decision, while seemingly indicating that it doesn't expect its own vaccine to be safe at all since adverse reactions to Nimenrix and the new COVID-19 vaccine are expected.

Robert F. Kennedy Jr., chief legal counsel and chairman of Children's Health Defense, explains, "Since none of these companies have ever had to test their products for safety against a true inert placebo, they have always been able to dismiss these sort of tragic outcomes as sad 'coincidence.'"

Furthermore, AstraZeneca is no stranger to hiding negative trial data from the public eye. DrugWatch.com has documented this pattern at length. For example, the company knowingly and systematically hid results showing that its antipsychotic drug Seroquel was either ineffective or harmful, which is revealed in company emails. (AstraZeneca had to pay \$520 million to the U.S. Department of Justice and \$647 million in settlements after covering up Seroquel's side effects.)

Not to mention, in March 2020, the U.S. Department of Health and Human Services issued a declaration under the PREP Act (retroactive to February), providing liability immunity "against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures," including vaccines. This means that AstraZeneca is indemnified against lawsuits, regardless of whether or not its new vaccine produces harmful effects.

AstraZeneca calls its recent decision to halt the trial a "routine action," and some experts have chimed in with similar takes. Cambridge University lecturer

**Dr. Charlotte Summers contends the pause is a sign of the "rigorousness of the safety monitoring regime," while Florian Krammer, a Virologist at the Icahn School of Medicine, similarly argues the move to pause proves that "only safe and effective therapies make it to the market."**

**But, as Kennedy points out, this move to investigate adverse reactions is anything but routine. "The vaccine industry is unaccustomed to this level of scrutiny," he says. He suggests that most vaccine approval processes are not subject to such investigation by the global public eye, and that "if the 72 doses now mandated for children [such as measles-mumps-rubella] had endured critical appraisal by so many eyeballs, not one of them could have gotten close to an FDA license."**

**(3) Moderna's mRNA1273, and Pfizer's BNT162b1 and b2 vaccines, contain Polyethylene Glycol**

**<https://childrenshealthdefense.org/news/a-dangerous-inactive-ingredient/>**

**SEPTEMBER 11, 2020**

## **A Dangerous Inactive Ingredient**

**Editorial by Harold R. Gielow, LtCol USMC (Ret.)**

**Consumers often have the need to check a product's ingredients and this is especially true for those with allergies to certain substances. Such access to product information is essential for individuals to protect themselves from harm by exposure to ingredients to which they have known sensitivities. For the most part, such labeling is sufficient for those impacted; however, when the vast majority of the population has a preexisting immune response to an ingredient classified as biologically inert/inactive by our government, that should raise concerns. This is because an immune response or allergic reaction is a major cause of adverse medical events, some of which can be life-threatening (such as in the case of anaphylactic shock).**

**When this same substance is a key component of a vaccine (a potentially mandated vaccine to combat a worldwide pandemic) our concern should be commensurately raised. When the vast majority of those who have an immune response to the substance do not realize what they are allergic to and therefore cannot reasonably be expected to avoid it, we have the potential for a medical crisis within a medical crisis.**

**Just what is this dangerous inactive ingredient?**

**Polyethylene Glycol, otherwise known as PEG, Macrogol, Carbowax and many other names when combined with other substances, is not a household word**

unless your house holds biochemists. It is classified as biologically inert by our FDA. It is the "Gold Standard" for use in many medications to increase the blood clearance time, or in other words, the time it remains in one's system, thereby enhancing drug effect. It is also used in drug manufacturing as an excipient for long term stabilization, bulking, and other therapeutic enhancements. It is used as a coating to prevent bacterial adhesion on orthopedic screws and sutures. In addition to medical uses, PEG is also used in cosmetics, foods, industrial applications, and other health and beauty products such as soaps, shampoos, toothpastes. It is also used as an e-cigarette liquid. PEG is everywhere in our environment, which is what many have surmised has led to a high percentage of the US population developing anti-PEG antibodies. This, of course, presents a significant challenge to those who rely on this substance in their manufacturing.

Scientific studies to quantify the seriousness of the problem estimate that approximately 72% of the US population has acquired anti PEG antibodies. The referenced study used blood samples taken from 1990-1999 and earlier, showing a steady increase over time in the percentage of those with antibodies to PEG, making it conservative to estimate, after two decades, that the incidence is closer to 80% today. This circumstance has concerned the medical and pharmaceutical communities as an equally effective alternative has escaped identification, although several have been suggested, and because the great cost of shifting to such an alternative.

Not only is PEG a "stealth" medicinal additive, delaying blood clearance due to its properties, but it is a stealth allergen, the vast majority of the population never having heard of it and many in the healthcare industry being unaware of its antigenic properties. A physician survey found:

"Although 91% of respondents were aware of antidrug antibodies in general, only 22% were aware of APA (Anti-PEG Antibody) responses. Further, there was limited awareness (35%) of PEG's inclusion in prescribed PEGylated therapeutics."

The lack of awareness of this issue in the general population and in the health care provider population present unique challenges, one of which we are facing with today's Covid-19 pandemic.

There are at least three fast-tracked vaccines being produced and tested at this time, obviously meant for widespread use, some even arguing mandatory use, which contain PEG: Moderna's mRNA1273, and BioNTech/Pfizer's BNT162b1 and b2. These mRNA vaccines trick your cells into producing Covid-19 proteins—pieces of the virus which are non-infectious. These proteins then elicit an immune response to fight the real virus. They use a pegylated Lipid Nanoparticle (LNP) as the delivery mechanism for the mRNA. Think of the LNP as a miniscule (less than 100 billionth of a meter) bubble containing the mRNA.

**This "bubble" is coated with PEG (DSPE MPEG2000 in Moderna's case) to stabilize the carrier and assist it in getting to and into the target cells. PEG assists with the "getting to" portion of the journey by preventing the bubble from breaking down before it reaches its target. That is what some call PEG's stealth properties—its ability to mask and protect the carrier from the body's normal defenses against foreign substances.**

**Two obvious issues are presented by the high percentage of our population having pre-existing antibodies to PEG: safety and efficacy. While it is true that not everyone with pre-existing PEG antibodies will have a severe reaction to a vaccine containing PEG, there is a significant danger that many will. Ideally, the safety and efficacy effects on those with pre-existing antibodies to PEG would be determined in the clinical trials. However, as Moderna's trial is not pre-screening participants for anti-PEG antibodies they cannot, therefore, characterize the risk. They are flying blind.**

**Multiple previous studies regarding the prevalence of anti-PEG antibodies in the population have stated that prescreening for these antibodies should be done prior to administration of any PEG containing medication. This is obvious for safety reasons. It is especially important in the case of a desire to vaccinate as many people as possible with a vaccine containing a substance to which the vast majority of the population may unknowingly have antibodies. Also important in this regard, is that it matters, in terms of immunogenicity, what PEG is bound to, the manner in which it is applied to the carrier, its concentration, its molecular weight, etc. Not characterizing trial participants adverse reactions in relation to Anti-PEG Antibody presence and levels forfeits gaining insight into these factors. After all, since taxpayers have paid almost one billion dollars to assist Moderna in getting this vaccine tested and produced the glaring safety risks should at least be evaluated.**

**Efficacy is also at stake. Accounting for different levels of preexisting anti-PEG antibodies should influence trial procedures. Safety considerations are obvious, but efficacy could be enhanced by slightly altering the protocols for participants with anti-PEG antibodies. The main efficacy concern is accelerated blood clearance due to the body's defenses recognizing the PEG antigen. It would be helpful to quantify at what titers, or levels, of Anti-PEG Antibody accelerated blood clearance becomes a problem. As Moderna has stated the proven fact that a high percentage of the population having anti PEG antibodies is "hypothetical," and they are not screening for it, this is another missed opportunity. It was certainly taken into account during the trial of another vaccine that used an Adenovirus as the carrier, so such trial procedures are not unusual.**

**I am not anti-vaccine. I am pro safe, effective vaccines. It seems some basic safety and efficacy risk mitigation procedures are being ignored. This oversight appears to be intentional as Moderna's own scientists have made note of the**



problem. I have a severe anaphylactic response to PEG. Luckily, I identified it and had it confirmed by Johns Hopkins. I am forewarned. But the vast majority of potentially billions of citizens fated to receive the Moderna vaccine are not forewarned. How many will be injured because Moderna failed to investigate a dangerous "inactive" ingredient?

(4) The same Tech companies profiting from the Quarantine are Censoring Criticisms of It - Robert F. Kennedy, Jr.

<https://childrenshealthdefense.org/news/tech-titans-and-censorship-the-same-people-profiting-from-the-quarantine-are-censoring-criticisms-of-it/>

SEPTEMBER 11, 2020

**Tech Titans and Censorship—The Same People Profiting From The Quarantine Are Censoring Criticisms of It**

**By Robert F. Kennedy, Jr., Chairman, Children's Health Defense**

The same bloated Tech/Data and Telecom Titans now gorging themselves on the corpses of our obliterated middle class are rapidly transforming America's once proud democracy into a censorship and surveillance police state. As Naomi Klein chronicled in her classic, *Disaster Capitalism*, totalitarian elements and ruling elites have, throughout history, reflexively used crisis as opportunities to shift wealth upward. "You never," Rahm Emmanuel counseled, "want a serious crisis to go to waste." The tread worn strategy is to inflame public fears to justify the imposition of authoritarian controls and censorship thereby allowing oligarchs to silence protest against their power-grabs and their wholesale privatization of the commons.

Led by Bill Gates, Silicon Valley applauded from the sidelines as medical charlatans fanned pandemic panic, confined the world population under house arrest, and shattered the global economy. Silicon Valley fattened as masked and isolated families turned to social media and Amazon. In five months, their quarantine put 58 million Americans out of work, permanently bankrupted over 100,000 small businesses including 41,000 Black-owned businesses some of which took three generations of investment to build. These policies have also set into motion the inevitable dismantling of the social safety net that nurtured middle-class prosperity. Government officials have already begun liquidating the 100-year legacies of the New Deal, New Frontier, the Great Society, and Obamacare to pay the accumulated quarantine debts. Say goodbye to school lunches, healthcare, WICS, Medicaid, Medicare, University scholarships, etc., etc., etc.

The Tech Barons used the lockdown to accelerate construction of their 5G network of satellites, antennae, biometric facial recognition, and "track and

trace" infrastructure that they will use to compel obedience, suppress dissent, and to manage the rage when Americans finally wake up to the fact that they have stolen our democracy, our civil rights, our country, and way of life while we huddled in orchestrated fear from a flu-like illness.

**(5) Sweden coronavirus cases and deaths slow to a trickle**

<https://summit.news/2020/08/11/in-sweden-where-there-was-no-lockdown-covid-cases-deaths-have-slowed-to-a-trickle/>

## **CORONAVIRUS**

**In Sweden, Where There Was No Lockdown, COVID Cases & Deaths Have Slowed to a Trickle**

**Death rate lower than Spain, the UK and Italy – economy in better shape.**

**Published 4 weeks ago on 11 August, 2020**

**Paul Joseph Watson**

**Confounding claims by many that its open society approach to coronavirus would spectacularly backfire, Sweden, which didn't enforce any mandatory lockdown order, has seen its coronavirus cases and deaths slow to a trickle.**

**Back in March, when Sweden announced that it would adopt a different approach to much of the rest of the world by refusing to shut down its economy and instead aim for herd immunity, public health experts and media commentators were aghast at the decision, warning that the country's hospitals would be overwhelmed with COVID victims.**

**Summing up the attitude towards Sweden's approach, Danish journalist Lisbeth Davidsen said it was "like watching a horror movie."**

**Fast forward five months and the horror show predicted by many has completely failed to materialize.**

**While fears of a "second wave" of coronavirus continue to plague other European countries that completely locked down and enforced draconian face mask rules, Sweden has recorded barely a trickle of COVID cases and deaths so far in August.**

**In August, Sweden has registered just one death (!) with/from the coronavirus. Yes, you read that correctly. One death so far.**

**For the month of July, Sweden reported 226 deaths. They've accounted for 805**

June deaths, 1646 in May, and 2572 in April. The deaths attributed to COVID-19 went from about a 50% reduction to falling off of a cliff.

The story is the same in the hospitals. COVID-19 is hardly registering as a blip on the radar. Sweden has reported just 4 new COVID-19 patients in their ICUs in August. The month of July saw only 52 COVID-19 patients in ICUs.

It doesn't take a math whiz to come to the conclusion that the epidemic appears to have been wrapped up in Sweden for months. It's unclear whether this is a result of having achieved the herd immunity threshold, or if the seasonality of the virus is providing indefinite relief. But it's become absolutely clear that Sweden's long term pandemic strategy is working.

Asserting that "there is no evidence anywhere in the world that lockdowns or masks have \*stopped\* the spread of the virus," Schachtel notes how public health experts "disregarding hundreds of years of proven science on herd immunity" who mandated lockdowns are responsible for the economic catastrophe which the world will now suffer.

As Newsweek acknowledged last week, Sweden's COVID-19 death rate is lower than those of Spain, the UK and Italy, countries which all imposed lockdowns.

Sweden's GDP fall of 8.6 in Q2 2020 is also significantly less severe than the 12.1 average experienced in the Eurozone, leaving the Scandinavian country in "much better shape than the rest of Europe."

As we highlighted yesterday, the lockdowns will plunge at least a hundred million people into extreme poverty.

Add the deaths caused by this to those caused by untreated cancers and other illnesses and we're looking at deaths caused by lockdown easily outstripping those officially attributed to coronavirus.

So what was the point of lockdown?

(6) India's biggest and densest slum, Dharavi in Mumbai, contained COVID-19 with HCQ, vit. D & Zinc

<https://www.lifesitenews.com/opinion/this-indian-slum-contained-a-possible-covid-19-disaster-with-hydroxychloroquine>

This Indian slum contained a possible COVID-19 disaster with hydroxychloroquine

On July 9, 2020, Asia's biggest and densest slum shocked the world by announcing just one new positive COVID-19 case despite being a cluster and

hotspot.

Wed Jul 22, 2020 - 8:01 pm EST

By Vijay Jarayaj

**July 22, 2020 (American Thinker) — On July 9, 2020, Asia's biggest and densest slum shocked the world by announcing just one new positive COVID-19 case despite being a cluster and hotspot.**

**Dharavi is no ordinary slum. It is one of the densest in the world, housing more than a million people. It provided some of the background for the Oscar-winning movie Slumdog Millionaire.**

**Dharavi contains pockets where as many as 650,000 people are crammed into 2.5 square kilometers. In comparison, New York City has only around 95,605 people for 2.5 square kilometers.**

**India feared the worst when a cluster outbreak of COVID-19 was reported in Dharavi. It could have become the biggest COVID-19 disaster zone in the world. But by using proactive measures, Dharavi contained the virus.**

**Media around the world, like the Los Angeles Times, have reported the success. Even the World Health Organization praised Dharavi.**

**Reports credit the huge turnaround to various factors. Most focused on Dharavi's use of widespread testing and contact tracing. One is the use of an anti-malarial drug. But they ignored the policy most responsible. Indian doctors used hydroxychloroquine (HCQ) for prophylaxis (preventive) treatment — the same drug the American media have politicized.**

**Dharavi's COVID-19 infection rate dropped drastically from April through June. In July, new infections were very low, almost reaching zero on July 9.**

**Officials have credited this turnaround to "[a] combination of hydroxychloroquine, vitamin D, and zinc tablets along with homeopathic medicines."**

**HCQ has been widely used across India to treat early-stage COVID-19. It is also prescribed for prophylaxis among those who have come into contact with people who have tested positive.**

**In India, HCQ has always been legal. The government's official COVID-19 task force, the Indian Council of Medical Research (ICMR), highly recommends it for high-risk people like medical practitioners.**

**The ICMR guidelines recommend prophylactic use of HCQ for the following categories:**

**"all asymptomatic healthcare workers involved in containment and treatment of COVID19 and asymptomatic healthcare workers working in non-COVID hospitals/non-COVID areas of COVID hospitals/blocks"; "symptomatic frontline workers, such as surveillance workers deployed in containment zones and paramilitary/police personnel involved in COVID-19 related activities"; and "symptomatic household contacts of laboratory confirmed cases." In other words, HCQ is for anyone with the slightest chance of contracting COVID-19.**

**Not all are on board with its use. When doctors began using HCQ in Dharavi, anti-HCQ advocates approached the Bombay high court. But the court ruled in favor of HCQ:**

**Now, in a given case, if abiding by the law stricto sensu and waiting for a clinical trial of a drug would result in loss of valuable time for saving a patient and the choice is between the devil and the deep sea, i.e., no other drug except an HCQ sort of a drug, though not clinically tried for treating the disease, is the last option left for a doctor to save the life of such patient, should the doctor fold his hands and leave the patient to the mercy of the Almighty on the ground that the relevant drug has not been registered for use as prophylaxis? The answer, we are minded to hold, should be in the negative.**

**The court could have informed the challenger about the track record of efficacy of HCQ. ICMR's observational study of 334 health care workers at AIIMS hospital (10 minutes from my home in Delhi) revealed that 248 who took HCQ prophylaxis had lower incidence of infection than those who didn't. A similar study in three other hospitals in Delhi had similar results.**

**There have been only 27,497 COVID-19 deaths in India through July 19. With a population of 1.3 billion, that is an extremely low death rate of 19 per million, or 0.002 percent. (That is much lower than for tuberculosis, which kills 440,000 each year in India.)**

**The use of HCQ could be one reason why India's death rate is dramatically lower than that of some European countries, like Spain, with 607 deaths per million, and France, with 461.**

**The 139,659 deaths reported by the U.S. Centers for Disease Control by July 19 represent a rate about 20 times India's.**

**Doctors have shown that HCQ, in combination with zinc and azithromycin, can be very effective in early stages of COVID-19:**

**Risk stratification-based treatment of COVID-19 outpatients as early as possible**

after symptom onset with the used triple therapy, including the combination of zinc with low dose hydroxychloroquine, was associated with significantly less hospitalizations and 5 times less all-cause deaths.

HCQ may be saving millions across the globe except in countries where it remains controversial. White House Office of Trade and Manufacturing Policy director Peter Navarro pointed out the same last week:

It's the politicization of this medicine by the mainstream media and portions of the medical community that somehow made this a battle between President Trump and them and created this undue fear and hysteria over a drug, a medicine that has been used for over 60 years relatively safely and is regularly prescribed to pregnant women if they are going to a malaria zone.

India has exported tons of HCQ to the U.S, Canada, and dozens of other countries in the past few months. Despite having stockpiles, these nations have resisted its use. The American media and bureaucracies should move beyond their obsession with politics and honestly consider HCQ's efficacy.

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(7) COVID-19 second wave hits Europe, but return to work & travel; hospitals are under less pressure

COVID-19 second wave has hit Europe. So why haven't some countries locked down again?

Europe is facing a spike in coronavirus infections with tens of thousands of new cases per day Rather than new lockdowns, some countries are encouraging people to return to work

Testing and contract tracing has ramped up across the region Europeans are returning to school, going to work, heading out for drinks and even cramming onto planes for summer holidays

<https://www.abc.net.au/news/2020-09-05/why-europe-has-not-locked-down-despite-covid-19-second-wave/12623804>

The COVID-19 second wave has hit Europe. So why haven't some countries locked down again?

By Europe correspondent Nick Dole and Roscoe Whalan in London

Europe's attitude to COVID-19 might seem jarring to some Australians, especially those living under lockdown.

## **Key points:**

**Europe is facing a spike in coronavirus infections with tens of thousands of new cases per day; Rather than new lockdowns, some countries are encouraging people to return to work; Testing and contract tracing has ramped up across the region; Europeans are returning to school, going to work, heading out for drinks and even cramming onto planes for summer holidays.**

**At the same time, the region is facing a major spike in infections with tens of thousands of new coronavirus cases reported every day across the continent.**

**But rather than reimposing aggressive lockdown strategies adopted during the first wave, European leaders seem determined to push on with a version of life that is as close to normal as possible.**

**Some countries, like the UK, are actively encouraging their populations to go back to work or to socialise.**

**There's less talk of defeating the virus in the short term, and more talk of living with it.**

**And that strategy will be tested in the coming weeks.**

## **Spain resists lockdown after summer surge**

**After initially going into lockdown earlier this year, strict restrictions were lifted in Spain in June.**

**Tourists quickly flocked to southern Europe to enjoy summer holidays in the sun.**

**With tourism accounting for up to 15 per cent of Spain's GDP, holidaymakers were met with open arms.**

**But Dr Daniel Lopez Acuna, a public health physician in Spain and former World Health Organization official, said it was too much, too soon.**

**"I think Europe — all in all — rushed a little bit [with] the tourist season," he told the ABC.**

**"When we returned to the 'new normal', we were not adequately aware of the fact that the virus was still circulating."**

**On Monday, Spain reported more than 23,000 new cases in three days.**

**On Thursday, the daily figure was 3,607.**

**Despite the surge in case numbers, Spain's Government has decided against another widespread lockdown because hospitals are not under the same pressure they were during the first wave.**

**Only six per cent of hospital beds earmarked for COVID-19 patients were occupied, according to Mr Illa.**

**"From a public health perspective the current situation does not call for a new lockdown," he said.**

**Dr Lopez Acuna cautioned against this approach.**

**"It's very important that we do not measure the severity of the problem... only through the window of hospital saturation," he told the ABC.**

**"This may take longer [to eventuate.] What we are having is a sustained community transmission that we need to control.**

**Instead of widespread lockdowns, affected regions have adopted targeted strategies — like restricting the numbers of patrons in bars and restaurants and even banning smoking in some public areas.**

**Masks are also compulsory in most public spaces, regardless of social distancing.**

**Dr Lopez Acuna said improvements to testing and tracing capabilities could help Spain avoid another lockdown.**

**"These outbreaks that we are seeing are like small isolated fires," he said.**

**"The key is to extinguish those fires as rapidly as possible without letting them create a fire in the entire world."**

**France is facing rising cases, but they're less severe**

**France is also grappling with a spike in coronavirus numbers.**

**It recorded 7,157 cases on Thursday, just shy of a 7,578 record set on March 31.**

**Pascal Crépey, an epidemiologist at the School of Advanced Studies in Public Health, said a second wave had clearly begun.**

**"This second wave seems to be much slower than the first one ... but still the epidemic is starting again," he told the ABC.**



**Last month, France's health minister Olivier Veran said parties and gatherings where social distancing rules were not being respected were the main source of contagion.**

**Mr Veran also said that in many cases, younger carriers of the virus were asymptomatic or suffered fewer complications.**

**Amid the rising infections, masks have become compulsory in big cities like Paris and Marseille, and most workers need to wear them, even indoors.**

**However, French President Emmanuel Macron is reluctant to impose another sweeping lockdown, with hospital capacity still a major factor in the decision.**

**For example, on Monday, 424 patients were in intensive care, compared with 7,148 during the peak in April.**

**"We're doing everything to avoid another lockdown and in particular a nationwide lockdown," President Macron said last week.**

**Proportionally, why are there fewer patients in intensive care? One factor is increased testing, which is identifying more patients with milder symptoms.**

**"We're finding a higher and higher proportion of people in the country who have coronavirus," the UK's health secretary Matt Hancock declared on Thursday.**

**For example, the UK was testing just 11,000 people a day in early April — and nearly all of them were so ill they were in hospital already**

**The UK now tests about 180,000 people a day, most of whom are in the community.**

**Another major factor has been the number of young people contracting COVID-19.**

**According to the World Health Organization, the proportion of infected people aged 15-24 jumped from 4.5 per cent to 15 per cent in five months.**

**Large gatherings have presented problems for authorities. In the UK, for example, police have struggled to break up illegal raves and house parties.**

**In August, police used a helicopter-mounted thermal imaging camera to detect hundreds of partygoers at a home in Manchester.**

**Martin McKee, a professor of European Public Health at the London School of Hygiene and Tropical Medicine, said that while young people had a lower**

chance of death, they could still face long-term health complications.

He also warned that they could also infect their loved ones.

"They are spreading cases to older people in their households and [those] they come in contact with," Professor McKee told the ABC.

UK also looking to avoid another nationwide lockdown

COVID-19 cases have also been rising steadily in the UK, hitting 1,940 on Friday, up from 367 on July 12.

Professor McKee said the Government's decision to ease restrictions on pubs, restaurants, gyms and public transport would naturally result in more cases.

"As you release them, inevitably you're giving opportunities for a resurgence of the virus," he said.

"And that's what we're seeing."

But like his European counterparts, Prime Minister Boris Johnson has no appetite for another total lockdown.

In fact, this week, many schools in Britain have reopened to all students, despite concerns it could fuel a second wave that is even worse than the first.

Mr Johnson declared the Government had a "moral duty" to reopen schools to protect students' educational prospects and mental health.

At the same time, the UK Government is actively encouraging people to stop working from home, to support sandwich shops, cafes and other businesses that rely on office workers to survive.

Mr Johnson is also encouraging Britons to socialise, part of which included a government scheme that covered 50 per cent of diners' restaurant bills. It has only just concluded, having subsidised more than 100 million meals across the month of August.

Instead of a nationwide lockdown, the UK is hoping localised lockdowns and targeted restrictions are enough to slow the spread. [...]

Professor McKee said the UK still had a "long way to go" but was better placed than it was at the start of the pandemic.

"We've got the technology, we've got the testing, which we didn't have at the very beginning, we've got better treatments," he said.

**"So, all of those have changed the way in which we need to respond.**

**"We know much more about the transmission of the virus and the ways in which we can prevent that transmission.**

**"What we now need to do is be more clever."**

**(8) Hospitalizations and Death rates are nowhere near the level they were the first time**

**<https://www.thedailybeast.com/the-mystery-of-europes-less-deadly-coronavirus-second-wave>**

### **The Mystery of Europe's Less Deadly Coronavirus Second Wave**

**COVID-19 is back with a bang in Europe with many countries reporting case numbers that mimic the beginning of the pandemic. But so far, it doesn't seem as lethal.**

**Barbie Latza Nadeau**

**Correspondent-At-Large**

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**France has just reported its highest number of COVID cases since the lockdown ended and Spain has reported its worst day since the pandemic began. Italy has seen its numbers creep up to levels not seen since the lockdown there ended in May, and Germany has reported its highest number of new cases since April. But despite being slammed by what looks a lot like a second wave of COVID-19, the hospitalizations and death rates are nowhere near the level they were the first time around.**

**Authorities across Europe say that's because the first time COVID came to town, vulnerable elderly people living in closed communities were the hardest hit. This time, it's young people who caught it on beaches and clubs on vacations and who are mostly asymptomatic. And because of aggressive testing—countries like Italy test all passengers coming in from holiday hot spots—they have been able to isolate cases and stop the spread. With the hospitals no longer overwhelmed, and the gift of history as a guide about how best to triage COVID patients, the second wave is—so far—manageable.**

**But no one is taking any chances and while full lockdowns are not on the cards, there are plenty of restrictions to try to mitigate the spread. In Paris, the City of Love, lovers will have to kiss through their face masks since they are**

mandatory in the entire city, with hefty fines for those who bare their faces. In Munich, Germany, beer-lovers will have to get their drinking in early since that city is banning beer sales and public drinking after 9 p.m. Italy now requires anyone in any social square to wear face masks outdoors from 6 p.m. to 6 a.m. French officials are also fearful about the grape harvest for their famous Champagne as 100,000 seasonal workers living in confined accommodations could spell trouble.