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The President
Australian Lawyers for Human Rights
Sydney, NSW
Australia.

Dear sir,

I'm a 77 year old fifth generation Australian citizen who hopes you will forgive this rare impertinence on my part by communicating with you directly. My motives are selfless and driven only by a great measure of frustration and exasperation regarding the observable negative manipulation of the well-being and basic human rights of my fellow Australian citizens. Therefore, I felt a need to 'go to the top' when it comes to trying to resolve the ridiculous incongruity currently fueling this injustice.

I have attempted to expose this issue through political and media channels, however their general disinterest has been disheartening. However, my spirits rose when I heard of the Indian Bar Association's vigorous challenge to the likely bedrock source of the problem; the World Health Organisation and its clearly corrupt chief scientist Dr. Soumya Swaminathan, who has spread worldwide disinformation and obfuscation regarding the very effective anti-Covid-19 drug, Ivermectin. I can only assume that Australia's political and medical establishments' resistance to formally introducing this drug comes as a result of the unfortunate negative influence purveyed by the odious Dr. Swaminathan.

Those of us who thankfully retain an open and inquiring mind, which we all no doubt believe should include our political and medical decision makers, must surely recognize the now indisputable evidence of the all-round efficacy of Ivermectin's anti-Covid-19 properties as described today in a report from the American Journal of Therapeutics, which is linked below.

In bringing this to your attention, I fervently hope your organization will see this issue as a barometer of Australia's politicians' and health experts' dedication to an essential human right of the community at large, which no doubt prompted the Indian Bar Association's actions on behalf of the Indian people. Unless pressure is brought to bear upon our so far publicly unchallenged 'authorities' to fully explain why they continue to reject this undeniably effective therapy I have no doubt the ridiculously counter-intuitive 'non-prophylactic,' 'non-interventionist' status quo will continue. At face value, one could be excused for thinking they're comfortable with the virus freely attacking a community which has been inexplicably denied readily available front-line prophylactic defense, only to suffer the resultant 'catch-up' lock downs and social and economic disintegration.

I'm driven to ask, in the full light of the emerging facts of this issue, whether further delay in Australia's introduction of Ivermectin could bring legitimate accusations of wilful (and possibly criminal) neglect of the people's well-being, with associated legal ramifications, as is shown by the Indian Bar Association's current formal actions against the corrupt World Health Organization. Please refer to the following very informative video discussion, which involves the Advocate Dipali Ojha (IBA):

<https://www.covidmedicalnetwork.com/media/interviews/trialsite-news/indian-bar-association-serves-legal-notice.aspx>

For your further information, similar activity is being conducted by various citizens' rights entities around the world, such as against the Malaysian government:

<https://trialsitenews.com/malaysian-activist-group-files-criminal-report-against-minister-of-health-for-keeping-ivermectin-from-the-people/>

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19 - American Journal of Therapeutics

Volume 28 - Issue 3

May/June 2021

Some excerpts:

Data Sources:

Data were sourced from published peer-reviewed studies, manuscripts posted to preprint servers, expert meta-analyses, and numerous epidemiological analyses of regions with ivermectin distribution campaigns.

Therapeutic Advances:

A large majority of randomized and observational controlled trials of ivermectin are reporting repeated, large magnitude improvements in clinical outcomes. Numerous prophylaxis trials demonstrate that regular ivermectin use leads to large reductions in transmission. Multiple, large “natural experiments” occurred in regions that initiated “ivermectin distribution” campaigns followed by tight, reproducible, temporally associated decreases in case counts and case fatality rates compared with nearby regions without such campaigns.

Conclusions:

Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified.

https://journals.lww.com/americantherapeutics/fulltext/2021/06000/review_of_the_emerging_evidence_demonstrating_the.4.aspx

With my thanks in anticipation that you will make discoveries beyond my mere words and recognize this official mass denial of an appropriate and cost effective 'public service' as a likely landmark issue, such as has rarely before confronted Australian society.

Glenn Law

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