

Dear Sir

Background

- I am Xavier Azalbert, a mathematician/econometrician by training
- Currently I am the director of publication of www.FranceSoir.fr a French media with 3.5 millions monthly visitor
- I do not have any conflict of interest, do not own shares in any pharmaceutical company nor have any ties with any political party
- I am also happy to provide a copy of my passport and proof of address if needed. I also understand the implication from a legal point of view of making a submission
- As I stated before, as the director of publication, I have some penal responsibilities as well

We have investigated at length on the various treatments for Covid19, including the various studies such as Recovery or other meta-analysis. In our role as a media, I am one of the first person to have officially called the Lancet study of Mehra a fraud, launching the #LancetGate on the same day that it was released. I personally interviewed Mr Mehra and that interview was published on our media after review by the Doctor Mehra.

With respect to Recovery, I also interviewed one of the cohead Mr Landray and published the interview on our site, in English and French. We have investigated for over 5 months on this study and written numerous papers related to the numerous issues in this study. Mr Craig Kelly, as well as numerous members of parliament in France and other countries, as well as other experts have read our work with great interest as it points out all of the issues of the Recovery study.

I understand that in Australia, health decision made for Covi19 have relied on the recovery study and I believe that I have sufficient amount of evidence that should be heard regarding the issues in this study.

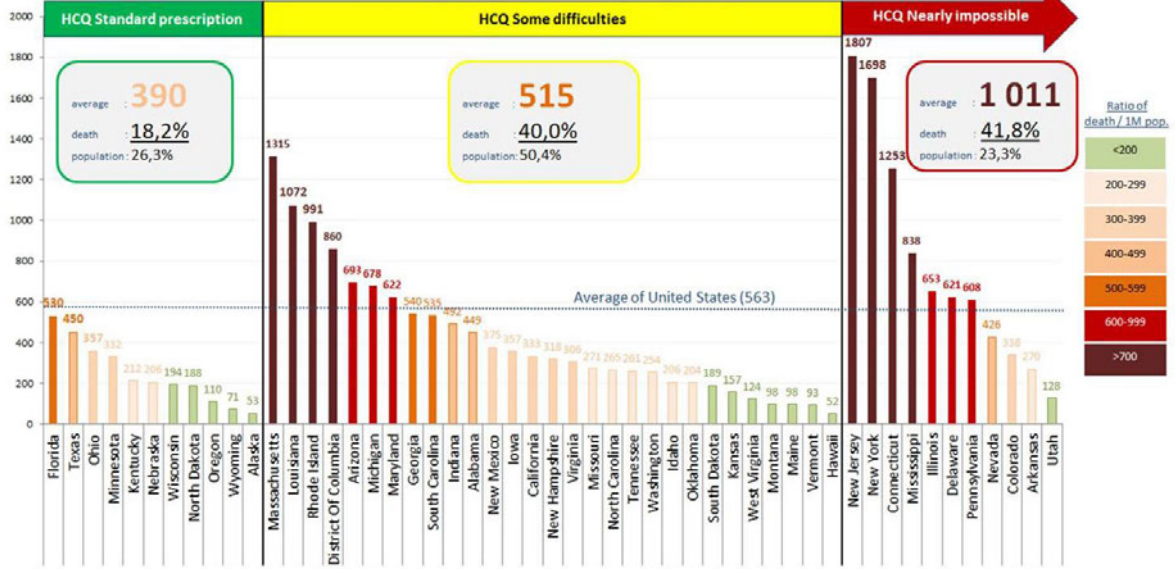
1. On dosage, that study include a dosage declared toxic or lethal under French or even British standards for other pathologies than Covid19. However the pharmacokinetic model use in version 2 of the protocol has some serious issues. And Recovery only published ex post another model. In addition there was a Brazilian study Borba et al published in April 2020 that recognises the issues of overdosage. That study was known and never considered in the literature referenced in Recovery. These are just some exemples of facts that would affect anyone's judgement regarding dosage. **Recovery overdosed weak patients**
2. On the actual figures issued from the study itself, we conducted two analysis
 - a. We have recomposed the situation at various point in time including the 22 of may date of the Lancet publication that stipulated an RR of 1.33 (this is the risk ratio identified between the HCQ arm and the SOC arm, in other words). From papers we have obtained under the FOA (Freedom of information act), information that is scarce, incomplete and to say the list enigmatic.
 - b. We have also conducted a retro engineering with a Phd in Biotech on the data provided for the Hydroxychloroquine versus SOC arm, we have benchmarked this data versus that of other studies and it simply does not match. This has been published in a detailed article. In essence, there are some serious questions on the administration of high dose of HCQ in the early days leading to incremental deaths. This would require an independent audit in order to take health and safety regulation decision.
3. There are some other issues on the dexamethasone arm regarding timing of administration and consistency of administration as the literature was almost missed on these issues.

That in itself combined with some other factors highlighted in our various papers, (conflict of interest) leads us to believe that basing decisions on that sole study yields some significant issues on the loss of chances of patients.

We have also conducted some detailed analysis on countries that have used and prescribed a bi-therapy or tri-therapy to find that their death rates are lower. It can be illustrated [in a paper](#) we wrote on Italy or the United states where we have identified a difference of mortality by states even taking into consideration various other confounders (obesity, diabetes, age...)

COVID19 IN THE UNITED STATES

Ratio of death per 1M population VS Hydroxychloroquine (HCQ) policy



Source: <https://www.worldometers.info/coronavirus/country/us/> (01/09/2020)
 Source: <https://americasfrontlinedoctorsummit.com/hcq/>
 Source: https://en.wikipedia.org/wiki/Red_states_and_blue_states

The papers I submitted and others allow to substantiate our findings

I can testify that all of the information provided here is correct

With best regards

<http://www.francesoir.fr/politique-monde/covid-19-usa-two-diverging-fights-democrats-target-trump-republicans-target-citizens>

Xavier AZALBERT



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