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On Behalf Of:  
Committee: House Committee On Behavioral Health and Health Care  
Measure, Appointment or Topic: SB295

Yet more 'covid' insanity used to push dangerous and ineffective drugs. With an additional year of research since the legislature first enacted this policy, we know the truth: the standard 'covid' treatments this bill authorizes are a return of the Tamiflu fraud which took over a decade to unwind. First heavily promoted by gilead as part of the 2004 bird flu hoax when former gilead board member Donald Rumsfeld was in the Bush administration to the point the OHA still pushes it, by 2014 the Cochrane Collaborative proved that Tamiflu was completely ineffective and actually causes harm. In the year since the legislature enacted this policy, the "science" behind 'covid' antivirals has fallen apart, and the policy should sunset.

Regarding Paxlovid and Mulnupriavir:

1. In a large RCT, Paxlovid was not found to alleviate acute 'covid' symptoms in lower-risk adults [1]
2. From a natural experiment in Ontario, there were no significant differences in the below-70 cohort and the above 70-cohort in 'covid' related hospitalizations, all-cause hospitalization, or all-cause mortality for those treated with Paxlovid. [2]
3. Paxlovid does not significantly alleviate symptoms of 'covid' compared to placebo in nonhospitalized adults. [3]
4. A Business Insider investigation published in July 2024 found about Paxlovid, "Doctors know it doesn't really work." [4]
5. A UK Study published in May 2024 found absolutely no difference in mortality when comparing hospitalized patients taking Paxlovid to those who weren't on the drug. [5]
6. Analysis of the data Pfizer's indicator trial that obtained use authorization involving 1200 patients released in April 2024 found no statistically significant difference in hospitalization or mortality in the control group. Moreover, Pfizer's study was unblinded because the side effects of the drug were obvious.

I note Mulnupriavir is a Black Box drug - meaning when taken at normal doses as indicated it can kill you because it has killed others. It was originally rejected for research because it is a proven mutagen and carcinogen. Meanwhile the OHA

continues to crack down on Ivermectin, which has a very safe therapeutic index and which in a Cornell University study was found to outperform the drugs covered under this bill [6]. A peer reviewed Meta analysis published way back in 2021 found a 62% relative risk reduction for mortality and 82% risk reduction at prevention of infection [7]. We also know why the corrupt medical industry and the corrupt OHA went to war against Ivermectin: it was a cheap generic treatment and under US law, Emergency Use Authorizations could not be provided for Pfizer and Moderna's blockbuster injections if a proven effective treatment as available. A tape discussing this by Dr. Andrew Hill of the University of Liverpool was leaked to current HHS Secretary RFK Jr., where a transcript appears in his magnificent Fauci book, which should be required reading for any legislator in Oregon looking to make 'covid' policy.

As a former OHA contract fiscal analyst who was disgusted with the fraud, waste, and abuse I encountered at that agency, I strongly urge a no vote on this bill.

[1] <https://www.nejm.org/doi/full/10.1056/NEJMoa2309003>

[2] <https://jamanetwork.com/journals/jama/article-abstract/2830683>

[3] <https://www.medscape.com/viewarticle/study-shows-nirmatrelvir-ritonavir-no-more-effective-than-2024a10006gb>

[4] <https://www.businessinsider.com/paxlovid-for-covid-studies-suggest-it-doesnt-work-2024-7>

[5] <https://www.medrxiv.org/content/10.1101/2024.05.23.24307731v1.full.pdf>

[6]

[7] <https://pubmed.ncbi.nlm.nih.gov/34145166/#affiliation-2>