Written by **Selwyn Duke** on November 15, 2021

Video: COVID Patient Denied Monoclonal Treatment Because He's WHITE

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It's the type of story that would get wall-to-wall coverage were the roles reversed:

A COVID-19 patient in Texas was denied monoclonal antibody treatment — which can greatly reduce the chances of coronavirus-induced hospitalization and death — by a black healthcare worker because of his race. The patient was white, and the incident was captured on video.

Planet Today provides some background:

> Earlier this year, the Texas Health and Human Services department (HHS) made monoclonal antibody treatments available to COVID patients following its Emergency Use Authorization by the Food and Drug Administration (FDA) in February.
>
> The state has issued tens of thousands of monoclonal antibody treatments over the past several months, **but recently, thanks to a supply shortage spurred by the Biden administration, the agency has begun segregating who can recieve [sic] the treatment based solely on the color of their skin.**
>
> … **According to Texas HHS, if you are white, you must be over 65 and/or have additional "high risk" factors to recieve [sic] the same treatment as other American citizens.**

Infowars' *American Journal* host Harrison Smith, who's white and recently tested China virus-positive, reported Saturday that he learned the above firsthand while seeking monoclonal antibody treatment (MAT) during a medical visit. Here's the relevant part of his exchange with the black female healthcare worker who treated him:

> [I]f I were black or Hispanic, then I'd be able to qualify?" Smith asked the worker.

> "That's right — yup," the worker responded.
>
> "I'm being denied medical service because of my race?" Smith asked.
>
> "That's the criteria," she said (video below).

> Denied medical service because of my race. pic.twitter.com/FgtO3oiSPG
>
> — Harrison Hill Smith (@Harrison_of_TX) November 13, 2021

Lest you think this an anomaly, know that former Republican candidate and independent journalist Dave Reilly phoned Texas's "State Infusion Hotline" to verify the policy — and he recorded the call. The representative he spoke with seemed uncomfortable and initially tried to obfuscate the matter, but ultimately had to acknowledge the truth.

"There's eligibility criterias [sic] that we go by," the rep stated, "and, uh, African American and Hispanic are high-risk ethnicity groups, so that would be a qualifier."

Reilly later asked, "So if you are a healthy, in-shape Caucasian and you show up, you are not gonna' get an infusion?" "Based on the criteria that we go by right now, that is correct," the rep confirmed (video below).

> pic.twitter.com/q45FxYXIe9
>
> — Dave Reilly (@realDaveReilly) November 13, 2021

To be fair, I'll point out that the black female healthcare worker who treated Smith doesn't make the rules, and she appeared professional. Her race only warranted mention because, again, were the roles reversed, there's no scientific justification that would stop the media from portraying the story 24/7 as an example of "white privilege" and "systemic racism." In reality, though, there appears no scientific justification for Texas HHS's race-based policy.

In response, some may point out that the criteria for MAT also prioritize people 65 and older and ask, "If designating black or Hispanic status as a qualifier is unjust discrimination, isn't the age-related criterion the same?"

No.

We know the elderly are *inherently* more vulnerable to SARS-CoV-2 — i.e., they have weaker immune systems. Moreover, even though there no doubt is natural variation in immune system strength (I met an octogenarian two years ago who hadn't had a cold or flu in six decades), it likely would be difficult ascertaining the immune-response robustness of each China virus patient seeking treatment. Thus is the use of profiling — making judgments based on scant information when the cost of obtaining more information would be too great — justifiable.

But I've never read studies indicating or even heard it suggested that blacks and Hispanics are *inherently* more vulnerable to the China virus. Rather, the relevant factors are lifestyle-related. In black Americans' case, for example, a major reason for their greater China virus hospitalization and mortality is that they're more likely than other groups to be overweight or obese, and 78 percent of those dying of COVID are so.

Yet this is covered by another HHS criterion, one stating that “[o]besity or being overweight (for example, BMI > 25 kg/m2)” qualifies you for MAT. So why should race/ethnicity be used as a proxy?

Doing so should lead to bizarre decisions, too. For example, a trim, wealthy, 25-year-old white Hispanic would receive MAT while a poor, 60-year-old white man of Irish descent wouldn’t. But isn’t the latter almost assuredly the more vulnerable?

Yet it gets even more bizarre. Under the heading “CRITERIA FOR MONOCLONAL ANTIBODY TREATMENT OF COVID-19,” Food and Drug Administration guidelines list being “Asian” as a qualifying criterion for MAT. Yet Centers for Disease Control data themselves show that Asian-descent Americans have slightly *better* China virus numbers (a lower infection rate) than whites do. Why would a lower-risk group be prioritized for MAT over a higher-risk group?

Unfortunately, while ignoring science is par for the Branch COVIDian, “Follow the Science™” course, this question may have a very dark answer. Note that last December a medical “ethicist” suggested that partially because the elderly are inordinately white, they shouldn’t receive China virus genetic-therapy agents (a.k.a. “vaccines”) before “essential workers” do.

Worse still was the story from earlier this year encapsulated in the tweet below.

> Dr. Bram Wispelwey, and Dr. Michelle Morse, both of whom teach at Harvard Medical School, have called for the allocation of medical resources to be done on the basis of race. https://t.co/g73VMmiHkG
>
> — Arevalo & Meyers (@MexUSAInmigrant) March 29, 2021

“One of the programs proposed by the writers is something called ‘Redress,’” added the Federalist at the time. “The program is intended to discriminate against whites who require medical attention so other individuals can automatically be given treatment.”

So while the saying “Never attribute to malice what is better explained by stupidity” is usually a good guide, in the case of MAT allocation, maliciousness and moronity may be working hand-in-hand.

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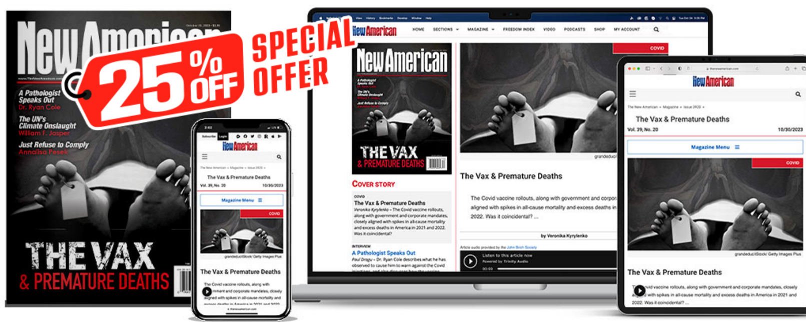

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