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## Why Not Wait for a SARS-COV-2 Vaccine?

### Medical Analytics Firm: COVID19 Vaccine to Take 5.2 Years to Develop with 5% Chance of Success

Brian Shilhavy, Editor, Health Impact News The pharmaceutical trade publication, Fierce Pharma, a publication targeting investors in pharmaceutical products, such as vaccines. <https://vaccineimpact.com/2020/medical-analytics-firm-covid19-vaccine-to-take-5-2-years-to-develop-with-5-chance-of-success/>

### Total Harm Minimization

Population immunity is a faster path to normalcy than waiting for a vaccine. <https://www.youtube.com/watch?v=VK0Wtjh3HVA&feature=youtu.be>

### Coronavirus Field Guide: How to Prepare, Protect, and Prosper

<https://go.thetruthaboutvaccines.com/coronavirus-field-guide/>

## Who to Trust? What Tests/Data are Needed?

### David L. Katz, MD, MPH, FACPM, FACP, FACLM

<https://davidkatzmd.com/coronavirus-information-and-resources/>  
<https://www.youtube.com/watch?v=VK0Wtjh3HVA&feature=youtu.be>

**David L. Katz, MD, MPH, FACPM, FACP, FACLM** is the founding director (1998-2019) of Yale University's Yale-Griffin *Prevention Research Center*, Past-President of the *American College of Lifestyle Medicine*, Founder/President of the *True Health Initiative*, and Founder/CEO of *Diet ID Inc.* Katz earned his BA degree from Dartmouth College (1984); his MD from the Albert Einstein College of Medicine (1988); and his MPH from the Yale University School of Public Health (1993). He is a board-certified specialist in Preventive Medicine/Public Health. The recipient of many awards for his contributions to public health, he has received three honorary doctorates. He holds 5 US patents, with others pending. He invented the research methods known as “evidence mapping” and “evidence threshold pathway mapping.”

### Out of the Blight of Contagion, into the Light

We don't need millions of test kits. We simply need to do representative, random sampling in a critical mass of us- as the CDC does routinely- and then extrapolate. This is not perfect, it's just very, very good- and monumentally better than the dense fog of ignorance from which policy proposals are emanating now. <https://www.linkedin.com/pulse/out-blight-contagion-light-pandemic-pyramid-david/>

We are not limited to only extreme and dire choices: expose everyone to the risk of infection for the sake of normalcy, or abandon all hope of life as we knew it for the sake of one-size-fits-all interdiction.

With the guidance of data, we can determine who can encounter this pathogen at very low risk, and who must be kept away from it. A data-informed pivot to vertical interdiction remains possible. We still have the opportunity to protect the vulnerable; resume living, learning, and work in phases; make our safest possible way to herd immunity; achieve the “all clear” that lets grandparents hug their grandchildren once more; minimize the total harms of infection and societal collapse alike; resurrect life much as we knew and loved it, before all this.

**Dr. Knut Wittkowski PhD in computer science, University of Stuttgart; Biostatistician**

Department of Biostatistics, Epidemiology, and Research Design at The Rockefeller University, New York. ScD in Medical Biometry at Eberhard-Karls-University Tübingen, Germany. Worked with Klaus Dietz on the Epidemiology of HIV.

## **Why Not Trust Dr. Fauci’s CDC and Gates’ WHO Wait-for-a-Vaccine Agenda?**

**The CDC is actually a vaccine company: interview with RFK, Jr.**

<https://www.youtube.com/watch?v=5CfLDXpC324>

**The Avuncular Dr. Fauci, Fluent yet Facile. Is he also a Fraud?**

<https://anthraxvaccine.blogspot.com/2020/04/the-avuncular-dr-fauci-fluent-yet.html>

**The Truth About Fauci—Featuring Dr. Judy Mikovits April 20,2020**

<https://childrenshealthdefense.org/news/the-truth-about-fauci-featuring-dr-judy-mikovits/>

**Dr. Fauci and COVID-19 Priorities: Therapeutics Now or Vaccines Later?**

<https://childrenshealthdefense.org/news/dr-fauci-and-covid-19-priorities-therapeutics-now-or-vaccines-later/>

**U.S. Government’s \$3.7 Million Grant to Wuhan Lab at Center of Coronavirus Outbreak**

Fauci’s studies alarmed scientists around the globe who complained, according to a December 2017 NY Times article, that “these researchers risk creating a monster germ that could escape the lab and seed a pandemic.” Dr. Marc Lipsitch of the Harvard School of Public Health’s Communicable Disease Center told the Times that Dr. Fauci’s NIAID experiments

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“have given us some modest scientific knowledge and done almost nothing to improve our preparedness for pandemic, and yet risked creating an accidental pandemic.”

In October 2014, following a series of federal laboratory mishaps that narrowly missed releasing these deadly engineered viruses, President Obama ordered the halt to all federal funding for Fauci’s dangerous experiments. NIAID-funded gain of function research continued after the moratorium in a Wuhan-based laboratory. Congress needs to launch an investigation of NIAID’s mischief in China. <https://childrenshealthdefense.org/news/u-s-governments-3-7-million-grant-to-wuhan-lab-at-center-of-coronavirus-outbreak/>

### **US explores possibility that coronavirus started in Chinese lab, not a market**

By Josh Campbell, Kylie Atwood and Evan Perez, CNN

<https://www.cnn.com/2020/04/15/politics/us-intelligence-virus-started-chinese-lab/index.html>

**Here’s why Bill Gates wants indemnity... Are you willing to take the risk?**

<https://childrenshealthdefense.org/news/heres-why-bill-gates-wants-indemnity-are-you-willing-to-take-the-risk>

### **Fauci & Gates have maligned hydroxychloroquine and funded human trials designed to ensure hydroxychloroquine would appear to be dangerous and ineffective**

A human trial study funded by Bill and Melinda Gates Foundation is giving almost twice the amount used by Dr. Zelenko to treat early stage cases, to people who are not infected with the virus. Other U.S. studies are being conducted on only serious late stage Covid-19 cases. Are these studies designed to find that hydroxychloroquine has side effects (by giving too much to people without the virus) or ineffective (by giving it to cases where the treatment is too late and no one has claimed it would work)?

University of Washington (on asymptomatic persons formerly exposed to a Covid-19 patient)  
<https://clinicaltrials.gov/ct2/show/NCT04328961>

More Covid-19 trials can be found at <https://clinicaltrials.gov/ct2/results?cond=Covid-19>

## **Back to Work & School: Re-Socialization of Low-Risk Persons.**

### **Epidemiologist's Study: "Social Distancing" Does Not Stop Spread of COVID-19, Only Vulnerable Should Shelter**

<https://hubpages.com/politics/Dr-of-Epidemiology-Shows-with-Data-that-Social-Distancing-Did-Not-Slow-Spread-of-COVID19-Favors-Outdoors-in-Summer>

## **Treat Early Cases: Avoid Serious Cases & Hospitalizations**

Treating early cases requires only a sufficient number of SARS-COV-2 diagnostic tests for people seeking outpatient treatment at local clinics or physicians' offices plus diagnostic tests for hospitalized cases. Physicians and clinics can be encouraged to treat early stage Covid-19 cases in order to prevent progression to serious cases requiring hospitalization.

### **Chloroquine for the 2019 novel coronavirus SARS-CoV-2**

<https://www.sciencedirect.com/science/article/pii/S0924857920300662>

### **Compilation of Evidence on Hydroxychloroquine for COVID-19**

<https://docs.google.com/document/d/1O6ClS-Oz2ZAgJuyDbnICEGjMvQPeyM-aaXARUomR9Ww/mobilebasic>

### **The Latest Hydroxychloroquine Data, As of April 11 By Derek Lowe**

<https://blogs.sciencemag.org/pipeline/archives/2020/04/11/the-latest-hydroxychloroquine-data-as-of-april-11>

### **Coronavirus: Turkey says hydroxychloroquine dramatically reduces pneumonia**

Most coronavirus patients taken to intensive care or put on ventilators are there because they have developed pneumonia. <https://www.middleeasteye.net/news/coronavirus-turkey-hydroxychloroquine-malaria-treatment-progress>

### **Percent of Physicians in New Survey Would Give Anti-Malaria Drugs to Their Own Family to Treat COVID-19**

ATLANTA, April 8, 2020 -- Sixty-five percent of physicians across the United States said they would prescribe the anti-malaria drugs chloroquine or hydroxychloroquine to treat or prevent COVID-19 in a family member, according to a new survey released today by Jackson & Coker, one of the country's largest physician staffing firms.

<https://jacksoncoker.com/about/in-the-news/physician-poll-on-covid-19-chloroquine-and-hydroxychloroquine/>

### **Cocktail of Hydroxychloroquine, Zinc Sulfate and Azithromycin are showing phenomenon results with 900 coronavirus patients treated**

<https://techstartups.com/2020/04/05/new-updates-dr-vladimir-zelenko-cocktail-hydroxychloroquine-zinc-sulfate-azithromycin-showing-phenomenon-results-900-coronavirus-patients-treated-must-watch-video/>

**Results from a Controlled Trial of Hydroxychloroquine for COVID-19**

A Chinese study found that all 4 cases that progressed to severe stage were in the control group not receiving treatment. I believe this study did not include the use of zithromax, which makes the treatment more effective.

<https://www.contagionlive.com/news/results-from-a-controlled-trial-of-hydroxychloroquine-for-covid19>

**Other Treatments**

<https://www.statnews.com/2020/04/16/early-peek-at-data-on-gilead-coronavirus-drug-suggests-patients-are-responding-to-treatment/>

<https://www.marketwatch.com/story/rapid-recovery-seen-in-coronavirus-patients-taking-gilead-drug-according-to-a-report-2020-04-16>

Dr. Ryan Padgett, a Seattle emergency room physician, contracted COVID-19 and was saved by doctors who used an experimental treatment. (Karen Ducey / For the Times)

by Richard Read Seattle Bureau Chief April 13, 2020

<https://www.latimes.com/world-nation/story/2020-04-13/coworkers-save-coronavirus-doctor>

**Avoid Deaths. Reduce Ventilator Use. Treating Serious Cases.**

**Statistics looking at Covid-19 Treatment - Suggests Avoiding Ventilator Usage**

...this “knee-jerk response” of putting people on ventilators if their blood oxygen levels remain low with noninvasive devices “is really bad. ... I think these patients do much, much worse on the ventilator. That could be because the ones who get intubated are the sickest, he said, “but that has not been my experience: It makes things worse as a direct result of the intubation.” High levels of force and oxygen levels, both in quest of restoring oxygen saturation levels to normal, can injure the lungs. “I would do everything in my power to avoid intubating patients,” Weingart said. One reason Covid-19 patients can have near-hypoxic levels of blood oxygen without the usual gasping and other signs of impairment is that their blood levels of carbon dioxide, which diffuses into air in the lungs and is then exhaled, remain low. That suggests the lungs are still accomplishing the critical job of removing carbon dioxide even if they’re struggling to absorb oxygen. That, too, is reminiscent of altitude sickness more than pneumonia.

<https://www.statnews.com/2020/04/08/doctors-say-ventilators-overused-for-covid-19>

**How a discovery that brought us Viagra [Nitric oxide gas] could help those battling the coronavirus**

Sal Mistretta April 18, 2020

I wonder if ventilators have been killing people with healthy lungs. What if COVID-19 causes mountain climber's sickness, called high-altitude pulmonary edema (HAPE)? Hyperbolic chamber therapy works but ventilators injure lungs and can kill when treating HAPE. HAPE causes severe complications and death to people with diabetes, which explains younger people with obesity and diabetes having a high mortality rate when exposed to COVID-19.

<https://www.latimes.com/science/story/2020-04-05/viagra-discovery-could-treat-coronavirus-patients>

**Isolate High-Risk Persons, Their Caretakers & Co-habitants.**

**People Who Are at Higher Risk for Severe Illness**

According to Dr. David Katz, higher risk persons should remain isolated during phase 2 when distancing restrictions are relaxed. Logically, that requires people who live or work with higher risk persons to remain isolated as well.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

<https://www.nursingcenter.com/ncblog/march-2020/covid-19-highest-risk>

**SARS-CoV-2 Infection in [high-risk] Children**

Chinese Center for Disease Control and Prevention: Of a total of 171 children confirmed to have SARS-CoV-2 infection all 3 requiring intensive care support and invasive mechanical ventilation had prior existing conditions. The coexisting conditions were (hydronephrosis, leu-kemia [for which the patient was receiving maintenance chemotherapy], and intussusception).

[https://www.academia.edu/42323223/SARS-CoV-2\\_Infection\\_in\\_Children](https://www.academia.edu/42323223/SARS-CoV-2_Infection_in_Children)

**Help Isolated High-Risk Persons to Live, Work & Go to School Remotely.**

When most low-risk persons have gone back to work and school, it will be much easier and less costly to focus on helping those students, teachers, workers, elderly, parents, persons

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with existing health conditions and their co-residents and care-givers, who must still isolate until sufficient population immunity develops, to participate remotely via online tools.

## **Measure Population Immunity Levels to Reintegrate High-Risk Persons.**

**Antibody tests suggest that coronavirus infections vastly exceed official counts**  
<https://www.nature.com/articles/d41586-020-01095-0>

We don't need millions of test kits. We simply need to do representative, [anti-body] random sampling in a critical mass of us- as the CDC does routinely\_ - and then extrapolate. This is not perfect, it's just very, very good- ... <https://www.linkedin.com/pulse/out-blight-contagion-light-pandemic-pyramid-david/>

## **Acknowledgements & References**

Google, Mark Crispin Miller's News From Underground,  
<http://markcrispinmiller.com>, Robert F. Kennedy Children's Health Defense  
<https://childrenshealthdefense.org/> , and many important others.