

## **COVID-19 Resources**

### **Deaths**

+**CDC:** For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. [\(LINK\)](#) Also, additional causes of death were listed on death certificates including but not limited to: head trauma, skull fracture, complications from surgery, toxic effects of substances, burns and corruptions of multiple body regions, assault (external cause of morbidity), unspecified car occupant injured

+**PAPER:** “Predicted COVID-19 Fatality Rates Based on Age, Sex, Comorbidities, and Health System Capacity” [\(LINK\)](#)

+**41%** of all Covid deaths (US) are in **nursing homes** [\(LINK\)](#)

+**19%** of all US deaths are from **New York** (worldometers Aug 17,2020) [\(LINK\)](#)

+**STUDY:** Predicted Covid-19 fatality rates based on age, sex, comorbidities, and health system capacity [\(LINK\)](#)

+ Dr Ngozi Ezike (Director Illinois Public Health) “**Technically if you died of clear alternate cause, but you had covid at the same time, it’s still listed as a covid death** [\(LINK\)](#)”

+**Odds of dying-**[\(LINK\)](#)

+Third leading cause of death in the US- **Medical Errors** (Johns Hopkins). Over **250,000/year**[\(LINK\)](#)

### **Masks**

+**STUDY:** “Moisture retention, reuse of cloth masks and poor filtration may result in **increased risk of infection. Penetration of cloth masks by particles was almost 97%** and medical masks 44%.” [\(LINK\)](#)

+**CDC:** Wearing a mask during prolonged covid exposure **doesn’t** stop spread [\(LINK\)](#) [\(LINK\)](#)

+**STUDY**: “It has never been shown that wearing surgical face masks decreases postoperative wound infections. On the contrary, a **50% decrease has been reported after omitting face masks**([LINK](#))

+**CDC**: those who come in close contact with people showing COVID-19 symptoms or someone who has tested positive for the virus can spread the infection whether or not they are wearing masks. ([LINK](#))

+**STUDY**: “Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, **they may not be sufficient to remove the submicrometer-size aerosols containing pathogens** to which these health care workers are potentially exposed.” ([LINK](#))

+**OSHA**: “Cloth masks: Will **not** protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.

Surgical Masks: Will **not** protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.” ([LINK](#))

+**STUDY**: Masks are not effective at preventing flu spread ([LINK](#))

+**Dr Anthony Fauci**, “In early March, Dr. Anthony Fauci, a leading voice on the White House Coronavirus Task Force, told “60 Minutes” face masks were not necessary for the general population amid the novel coronavirus outbreak, noting that while masks might make people “feel a little bit better,” they don’t provide the protection folks believe they do and might create “unintended consequences.” ([LINK](#))

+**Surgeon General Jerome Adams** (Feb29,2020): “Seriously, people- STOP BUYING MASKS! They are NOT effective in preventing general public from catching #Coronavirus, but if healthcare providers can’t get them to care for sick patients, its put them and our communities at risk!” ([LINK](#))

+**STUDY**: “If protection against airborne organisms is required, an N95 respirator or better should be used, as currently recommended by the CDC and WHO guidelines for SARS prevention.” (Not surgical/ cloth masks) ([LINK](#))

+**3M Corp (Mask manufacturer)** “surgical/procedure masks **cannot provide certified respiratory protection** unless they are also designed, tested, and government-certified as a respirator. If a wearer wants to reduce inhalation of smaller, inhalable particles (**those smaller than 100 microns**), **they need to obtain and properly use a government-certified respirator**, such as a NIOSH-approved N95 filtering facepiece particulate respirator.” ([LINK](#))

+**STUDY**: Coronavirus particles are **under 4 microns** in size ([LINK](#))

+**STUDY:** Masks lower oxygen levels: “Considering our findings, **pulse rates of the surgeon's increase and SpO2 (oxygen saturation) decrease** after the first hour. This early change in SpO2 may be either due to the facial mask or the operational stress. **Since a very small decrease in saturation at this level, reflects a large decrease in PaO2 (arterial oxygen),** our findings may have a clinical value for the health workers and the surgeons.” ([LINK](#))

+**STUDY:** Masks don't work if worn incorrectly: “the value of masks to protect other members of the public is diminished if they are incorrectly worn. As anaesthetists we have seen other health professionals in our hospital wear masks in a variety of ways—below the nose, on the chin—because of the discomfort they cause.<sup>3</sup> Why should we expect the public to exhibit greater care in their mask wearing to ensure that the benefits outweigh the risks?” ([LINK](#))

+**British Medical Journal: Harmful Effects of Masks:** “Before implementing clinical and public health interventions, one must actively hypothesise and describe potential side effects and only then decide whether they are worth being quantified on not.

Most scientific articles and guidelines in the context of the covid-19 pandemic highlight two potential side effects of wearing surgical face masks in the public, but we believe that there are other ones that are worth considering before any global public health policy is implemented involving billions of people.

The two potential side effects that have already been acknowledged are:

(1) Wearing a face mask may give a false sense of security and make people adopt a reduction in compliance with other infection control measures, including social distancing and hands washing.[3]

(2) Inappropriate use of face mask: people must not touch their masks, must change their single-use masks frequently or wash them regularly, dispose them correctly and adopt other management measures, otherwise **their risks and those of others may increase.**[3,4]

Other potential side effects that we must consider are:

(3) The quality and the volume of speech between two people wearing masks is considerably compromised and they may unconsciously come closer. While one may be trained to counteract side effect n.1, this side effect may be more difficult to tackle.

(4) Wearing a face mask makes the exhaled air go into the eyes. This generates an uncomfortable feeling and an impulse to touch your eyes. If your hands are contaminated, **you are infecting yourself.**

(5) **Face masks make breathing more difficult.** For people with COPD, face masks are in fact intolerable to wear as they worsen their breathlessness.[5] Moreover, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle. Those two phenomena increase breathing frequency and deepness, and hence they increase the amount of inhaled and exhaled air. **This may worsen the burden of covid-19 if infected people wearing masks spread more contaminated air. This may also worsen the clinical condition of infected people if the enhanced breathing pushes the viral load down into their lungs.**

(5B) The effects described at point 5 are amplified **if face masks are heavily contaminated** (see point 2)

(6) While impeding person-to-person transmission is key to limiting the outbreak, so far little importance has been given to the events taking place after a transmission has happened, when innate immunity plays a crucial role. The main purpose of the innate immune response is to immediately prevent the spread and movement of foreign pathogens throughout the body.[6] The innate immunity's efficacy is highly dependent on the viral load. **If face masks determine a humid habitat where the SARS-CoV-2 can remain active due to the water vapour continuously provided by breathing and captured by the mask fabric, they determine an increase in viral load and therefore they can cause a defeat of the innate immunity and an increase in infections.** This phenomenon may also interact with and enhance previous points.

In conclusion, as opposed to Greenhalgh et al., we believe that the context of the current covid-19 pandemic is very different from that of the "parachutes for jumping out of aeroplanes",[7] in which the dynamics of harm and prevention are easy to define and even to quantify without the need of research studies. **It is necessary to quantify the complex interactions that may well be operating between positive and negative effects of wearing surgical masks at population level. It is not time to act without evidence.** ([LINK](#))

## **Tests:**

+**50%** false positives from Antibody tests ([LINK](#))

+**Dr Birx** 1 minute video clip: ([LINK](#)) She says: "If you have 1% of the population infected and you have a test that is only 99% specific, then if you find a positive, then 50% of time it will be a real positive and 50% of time it won't be! [ie, it will be a false positive]"

+**CDC:** No more asymptomatic testing 8-26-20 ([LINK](#))

+**CDC has been combining antibody test (previous exposure) with current infection tests**  
“Combining numbers from antibody and viral tests pushes up the total number of tests conducted in the US. But antibody tests are often intended for the general public -- not just people with suspected infections -- so they can skew a key indicator of how the pandemic is progressing: the percentage of tests that come back positive.” ([LINK](#))

+**Texas removes 3,484 cases that were deemed “probable (from San Antonio Health Dept)**  
([LINK](#))

+**CDC:** “A positive test result shows you may have antibodies from an infection with the virus that causes COVID-19. However, **there is a chance a positive result means that you have antibodies from an infection with a virus from the same family of viruses (called coronaviruses), such as the one that causes the common cold.**” ([LINK](#))

+**CDC:** Antibody tests for Covid-19 wrong up to half the time ([LINK](#))

+**Accuracy:** Ohio Governor tests positive, then negative ([LINK](#))

+**Accuracy:** PGA tour player Cameron Champ test positive, then negative three times ([LINK](#))

+**Accuracy:** **More than 450 labs reporting 100 percent positivity** in the state’s (FLA) latest report ([LINK](#))

+**Accuracy:** “90 of 144 people received false positive diagnoses” ([LINK](#))

+”Probable cases” Counted : Collin County, TX explains how probable cases are counted (as per instructions from DSHS). Those exposed to a positive Covid persons counts as probable case until proven otherwise. The example used shows 1 positive covid case (by PCR test) and 16 exposed = 17 cases. “**A remarkable expansion of those considered Covid-positive**”. **Testing no longer required for cause of death.** : “*Currently, a death in our community is reported as COVID-19 related only if a laboratory test had been completed and confirmed. Under the new DSHS guidance, any individual whose death certificate lists COVID-19 as a cause of death or a significant condition contributing to death (even when no confirmatory laboratory testing was performed) will be included in the COVID-19 death totals.*”  
Collin County Commissioners Court Meeting (Start minute 15) ([LINK](#))

## Asymptomatic

+**STUDY:** “A study of 215 pregnant women in New York identified 33 SARS-CoV-2 positive women.(20) On admission to the delivery unit, 4 of the 33 positive cases were symptomatic and 3 became symptomatic before postpartum discharge, suggesting an asymptomatic rate of 26/33 (79%).” ([LINK](#))

+**STUDY:** “In 4 US state prisons, nearly 3,300 inmates test positive for coronavirus- 96% without symptoms ([LINK](#))

+**STUDY:** “The majority of COVID-19-positive patients were asymptomatic (81%, 104 patients)” ([LINK](#))

+**CDC-** estimating 40% asymptomatic rate([LINK](#))

## Infectivity

+**Asymptomatic spread rare** ““From the data we have, it still seems to be **rare** that an asymptomatic person actually transmits onward to a secondary individual,” ([LINK](#))

+**STUDY:** In summary, all the 455 contacts were excluded from SARS-CoV-2 infection and we conclude that the **infectivity of some asymptomatic SARS-CoV-2 carriers might be weak.** ([LINK](#))

+**Coronavirus does not spread easily on from touching surfaces, CDC now says** ([LINK](#))

+**The virus is thought to spread mainly from person-to-person.** ([LINK](#))

## Lockdown/Mask Mandate Consequences

+**Cancer deaths-** “The analysis also modelled publicly available data from the United States and showed that **an additional 33 890 deaths could occur in US patients** with newly diagnosed cancer over the next year.” University College London) (& **20% increased cancer mortality**) ([LINK](#))

+**Teachers report many child abuse cases (and schools are the ONLY safe place for many kids)** Texas’s abuse hotline received 297,411 reports of suspected child abuse in fiscal year 2019 – and 66,737 of them came from teachers.

+WebMD: Covid-19 Lockdowns increase child abuse risk ([LINK](#))

+NBC News: “People trained to recognize abuse, like teachers and child care workers, **are not seeing kids who may be confined to abusive households**” “[Childhelp National Child Abuse Hotline](#) has seen a 23 percent increase in call and a **263 percent increase in texts** compared to March 2019” ([LINK](#))

+**1% increase in unemployment- potential extra 37,000 deaths** (Book- Corporate Flight)

“According to one study [the one by Bluestone et al.] a 1 percent increase in the unemployment rate will be associated with **37,000 deaths** [including 20,000 heart attacks], 920 suicides, 650 homicides, 4,000 state mental hospital admissions and 3,300 state prison admissions.” ([LINK](#))

+**Suicides-** CDC director Robert Redfield “We’re seeing, sadly, **far greater suicides now than we are deaths from COVID**. We’re seeing far greater deaths from **drug overdose** that are above excess that we had as background than we are seeing the deaths from COVID” – in terms of high school students. ([LINK](#))

+**STUDY:** Across nine different scenarios, **additional deaths of despair** range from 27,644 (quick recovery, smallest impact of unemployment on deaths of despair) to **154,037** (slow recovery, greatest impact of unemployment on deaths of despair), with **somewhere in the middle being around 68,000** ([LINK](#))

+**John Muir Medical Clinic:** “We’ve never seen numbers like this, in such a short period of time,” he said. “I mean we’ve seen a year’s worth of suicide attempts in the last four weeks.” ([LINK](#))

+**Drug overdoses** “The data from the Overdose Detection Mapping Application Program showed an **18-percent increase in March, a 29-percent increase in April and a 42-percent increase in May.**” ([LINK](#))

+**Mask consequences:** 2 Chinese boys **died** after forced to wear mask during gym class ([LINK](#))

+ Millions into **poverty** due to economic collapse, lockdowns under the baseline scenario, COVID-19 could generate **176 million additional poor** at \$3.20/day and **177 million additional poor** at \$5.50/day ([LINK](#))

+Potential: **Extra 1.5 Million Tuberculosis Deaths** ([LINK](#))

## Comorbidities

+The vast majority of US deaths (**94%**) occurred in patients with **underlying conditions**. ([LINK](#))

+**STUDY**: **Almost every** hospitalized coronavirus patient has another underlying health issue, according to a study of New York Patients ([LINK](#))

+**STUDY**: Covid Patients with an underlying condition are 6 times as likely to hospitalized and 12 times more likely to die ([LINK](#))

## Treatments

+**Quercetin/ Vitamin C**: “Furthermore, due to their lack of severe side effects and low-costs, we strongly suggest the combined administration of these two compounds for both the **prophylaxis and the early treatment** of respiratory tract infections, **especially including COVID-19 patients**” ([LINK](#))

## Vitamin D

+**STUDY**: Vitamin D: “after 10 days of hospitalization, severe vitamin D deficiency patients had a **50% mortality probability**, while those with vitamin D  $\geq$  10 ng/mL had a **5% mortality risk**” ([LINK](#))

+**STUDY**: Vitamin D Supplementation drastically **reduces ICU admissions** ([LINK](#))

+**STUDY**: Evidence that **Vitamin D Supplementation Could Reduce Risk of Influenza and COVID-19 Infections and Deaths** ([LINK](#))

+**STUDY**: “In summary, given the **high prevalence of vitamin D deficiency** and in order to rapidly, safely, and significantly raise serum concentrations, **high-dose vitamin D intervention with potential benefit in decreasing risk of COVID-19 severity and mortality is suggested**, which is a safe and noninvasive treatment.” ([LINK](#))

+**STUDY**: “We conclude that correlation exists between Vit D levels and COVID-19 susceptibility and Vit D could prove to be an essential element in our fight against COVID-19” – ([LINK](#))

**+STUDY:** “In conclusion, we found **significant crude relationships between vitamin D levels and the number COVID-19 cases and especially the mortality** caused by this infection. The most vulnerable group of population for COVID-19, the aging population, is also the one that has the most deficit Vitamin D levels... Vitamin D has already been shown to protect against acute respiratory infections and it was shown to be safe” ([LINK](#))

**+STUDY:** “High prevalence of hypovitaminosis D was found in COVID-19 patients with acute respiratory failure, treated in a RICU. **Patients with severe vitamin D deficiency had a significantly higher mortality risk.** Severe vitamin D deficiency may be a marker of poor prognosis in these patients, suggesting that adjunctive treatment might improve disease outcomes.” ([LINK](#))

## **+MISC STUDIES:**

**+Early Hydroxychloroquine** use shows much lower death rates ([LINK](#))

**+Moderna COVID RNA Vaccine study:** After the first vaccination, solicited systemic adverse events were reported by 5 participants (33%) in the 25- $\mu$ g group, 10 (67%) in the 100- $\mu$ g group, and 8 (53%) in the 250- $\mu$ g group; all were mild or moderate in severity ([Figure 1](#) and Table S2). Solicited systemic adverse events were more common after the second vaccination and occurred in 7 of 13 participants (54%) in the 25- $\mu$ g group, all 15 in the 100- $\mu$ g group, and all 14 in the 250- $\mu$ g group, with 3 of those participants (21%) reporting one or more severe events. ([LINK](#))

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