

Notes from Piazza, CS489/ 698 W20.

Link: <https://piazza.com/class/k51k36bqgn47ck?cid=101#>

Text included below (Captured Jan 1, 2020)

Coronavirus investigation?

Sat May 2, 2020.

Corona virus investigation.

Here is an update of my investigation.

Feel free to add comments to this thread (or unfollow if you wish).

This has nothing to do with your grades.

Grades are coming by the way. Monday I'm hoping.

TA has all comments. I have half done.

Richard

[other](#)

[edit](#) · [good note](#) 0

Updated 8 months ago by

Richard Mann

followup discussions

for lingering questions and comments

Resolved Unresolved



[Richard Mann](#)

[8 months ago](#)

Coronavirus Investigation Notes.

Sat May 2 2020. 20:10.

References:

<https://www.worldometers.info/coronavirus/country/us/>

Sat May 2 19 : 55

United States Coronavirus: 1,159,430 Cases and 67,391 Deaths - Worldometer - Mozilla Firefox

States Coronaviru x +

https://www.worldometers.info/coronavirus/country/us/ 110% Search

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	So
New York	319,213	+3,991	24,368	+299	244,278	16,271	1,242	959,017	48,883	
New Jersey	123,717	+2,527	7,742	+204	114,704	13,929	872	260,641	29,345	
Massachusetts	66,263	+1,952	3,846	+130	54,299	9,701	563	298,994	43,775	
Illinois	58,505	+2,450	2,559	+102	55,340	4,563	200	299,896	23,390	
California	53,334	+1,559	2,178	+67	47,248	1,362	56	654,985	16,731	
Pennsylvania	50,915	+1,273	2,776	+125	47,302	3,980	217	235,376	18,401	
Michigan	43,207	+851	4,020	+154	23,528	4,339	404	207,184	20,807	
Florida	35,463	+735	1,364	+50	33,413	1,722	66	417,762	20,282	
Texas	30,953	+1,060	871	+22	27,804	1,110	31	380,648	13,651	
Connecticut	29,287	+523	2,436	+97	26,786	8,177	680	102,493	28,617	
Louisiana	29,140	+429	1,993	+23	9,844	6,248	427	172,858	37,065	
Georgia	28,332	+836	1,174	+8	27,127	2,751	114	174,800	16,975	

Deaths (per 1M). NY: 1,242. CA: 56.

Media references (NYC):

<https://nypost.com/2020/04/28/andrew-cuomo-refuses-to-face-facts-on-nursing-home-coronavirus-horrors/>

Andrew Cuomo refuses to face facts on nursing-home coronavirus horrors

By Post Editorial Board

April 28, 2020 | 7:37pm

[Enlarge Image](#)

New York Gov. Andrew Cuomo
Darren McGee- Office of Governor

Not content with refusing to admit his team has made a mistake in forcing nursing homes to take in patients infected with the deadly coronavirus, Gov. Andrew Cuomo [has taken to answering questions](#) on the subject with insults.

“Ohh, money,” the gov snarked Monday, suggesting a nonprofit nursing home didn’t relocate its infected residents to hospitals because it would then “no longer be getting paid.”

Poppycock. [As The Post reported](#), Cobble Hill Health Center CEO Donny Tuchman begged the state Department of Health for help on April 8, telling four officials his facility was almost out of protective gear and had more than 50 symptomatic patients.

“There is no way for us to prevent the spread under these conditions,” Tuchman e-mailed. “Is there anything more we can do to protect our patients and staff?”

The DOH responded with a bureaucratic cheat sheet on how to conserve equipment that Tuchman didn’t have. A day later, it spurned another appeal.

Now the Brooklyn home has seen the state’s greatest number of coronavirus-related deaths, 55 at last count.

Cuomo’s “money” jape doesn’t even make sense. Cobble Hill would have lost money just the same if the state had granted Tuchman’s request to transfer the infected.

DOH chief [Howard Zucker still needs to answer](#) for his March 25 edict forcing care facilities to admit COVID-positive patients.

Cuomo himself has noted that nursing homes are “the feeding frenzy for this virus.” Yet he claims — despite evidence to the contrary — that care facilities can transfer patients if they can’t handle them.

Other states have designated a few specialized nursing homes for COVID-19 cases. Why not New York?

Coronavirus complications have claimed over 3,600 lives in Empire State nursing homes. How many more will it take before Cuomo admits Zucker

was wrong — and finally moves to protect our seniors?

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Political links:

<https://www.bloomberg.com/news/articles/2020-03-19/trump-touts-malaria-drug-as-potential-coronavirus-treatment>

<https://www.cnbc.com/video/2020/05/01/gilead-ceo-president-trump-fda-head-on-authorization-for-remdesivir.html>

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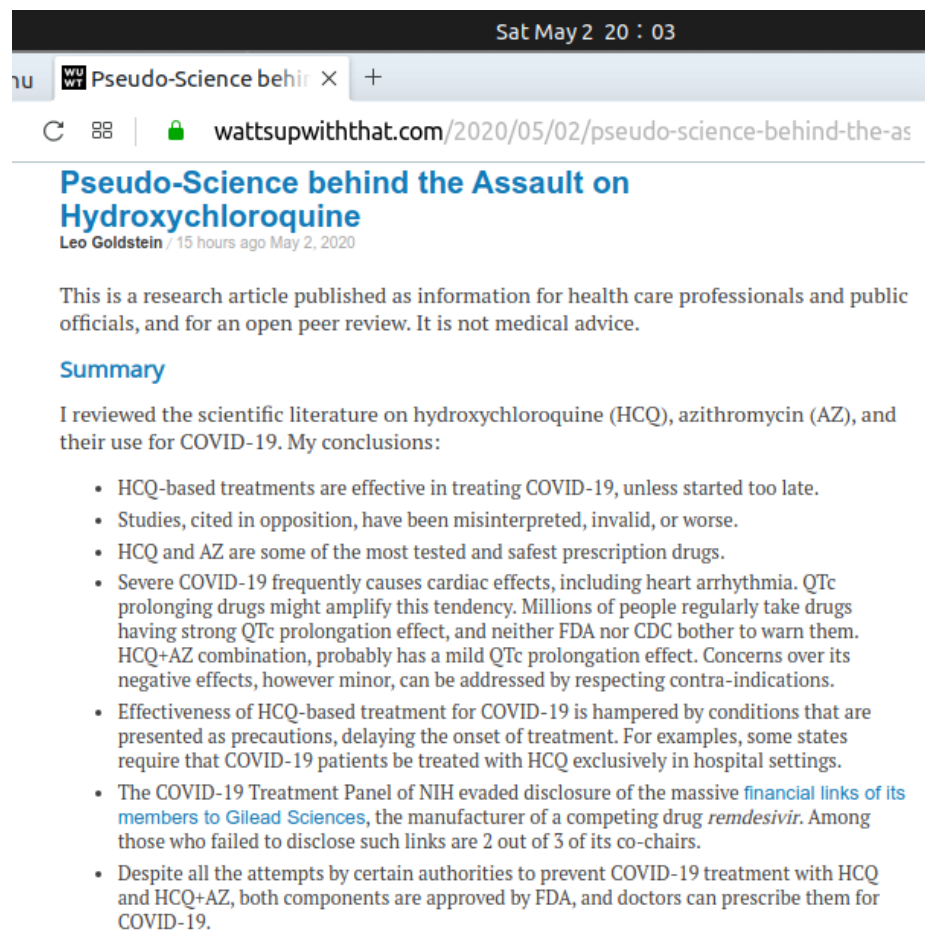
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[Richard Mann](#)
[8 months ago](#)

Medications/Vaccines

<https://wattsupwiththat.com/2020/05/02/pseudo-science-behind-the-assault-on-hydroxychloroquine/>



Sat May 2 20 : 03

WU WT Pseudo-Science behir × +

🔄 📄 | 🔒 wattsupwiththat.com/2020/05/02/pseudo-science-behind-the-as

Pseudo-Science behind the Assault on Hydroxychloroquine

Leo Goldstein / 15 hours ago May 2, 2020

This is a research article published as information for health care professionals and public officials, and for an open peer review. It is not medical advice.

Summary

I reviewed the scientific literature on hydroxychloroquine (HCQ), azithromycin (AZ), and their use for COVID-19. My conclusions:

- HCQ-based treatments are effective in treating COVID-19, unless started too late.
- Studies, cited in opposition, have been misinterpreted, invalid, or worse.
- HCQ and AZ are some of the most tested and safest prescription drugs.
- Severe COVID-19 frequently causes cardiac effects, including heart arrhythmia. QTc prolonging drugs might amplify this tendency. Millions of people regularly take drugs having strong QTc prolongation effect, and neither FDA nor CDC bother to warn them. HCQ+AZ combination, probably has a mild QTc prolongation effect. Concerns over its negative effects, however minor, can be addressed by respecting contra-indications.
- Effectiveness of HCQ-based treatment for COVID-19 is hampered by conditions that are presented as precautions, delaying the onset of treatment. For examples, some states require that COVID-19 patients be treated with HCQ exclusively in hospital settings.
- The COVID-19 Treatment Panel of NIH evaded disclosure of the massive [financial links of its members to Gilead Sciences](#), the manufacturer of a competing drug *remdesivir*. Among those who failed to disclose such links are 2 out of 3 of its co-chairs.
- Despite all the attempts by certain authorities to prevent COVID-19 treatment with HCQ and HCQ+AZ, both components are approved by FDA, and doctors can prescribe them for COVID-19.

My comments to above post:

Richard Mann May 2, 2020 at 3:16 pm

Thanks for the timely and informative article.

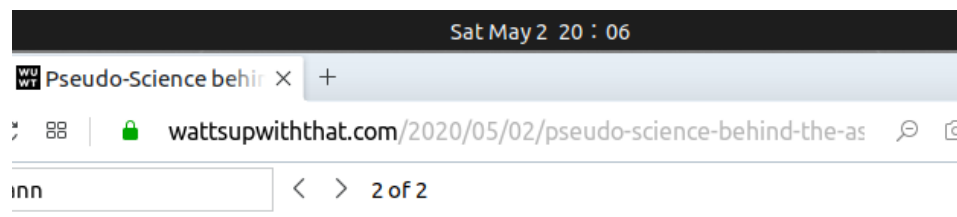
Anyone who has tried to publish “contrarian” views knows that the establishment media, academies, regulatory boards and state officials will all resist. This is true in all political fields, including most recently “climate change” and “renewable energy”.

The notion that we have to wait for “double blind” studies to be published is insane. We don’t have time for this, to get funding, to perform the experiments and to push uphill to get them published. For climate change, the official position is still wrong. Do we really expect the medical establishment to change?

Furthermore, doctors who begin treating with HCQ or other medication will be morally compelled to switch their control group to the active group if they believe the treatment is working.

The decision whether to prescribe an FDA approved medication for another use (“off label” prescription) is already well established and is based on a combination of: doctors’ judgement, anecdotal reports, and published case studies. The government and medical boards should be ashamed of their attempts to manipulate the doctors and their patients.

[Reply](#)



Richard Mann May 2, 2020 at 3:23 pm

Please see the following. Is this state sponsored suppression of life saving treatment. Hopefully doctors will be successful pushing back on this.

<https://aapsonline.org/aaps-letter-asking-gov-ducey-to-rescind-executive-order-concerning-hydroxychloroquine-in-covid-19/>

April 27, 2020

The Honorable Doug Ducey
1700 West Washington St.
Phoenix, AZ 85007

Dear Governor Ducey:

This concerns your Executive Order forbidding prophylactic use of chloroquine (CQ) or hydroxychloroquine (HCQ) unless peer-reviewed evidence becomes available.

Attached and posted here (<https://bit.ly/cqhcqresearch>) is a summary of peer-reviewed evidence, indexed in PubMed, concerning the use of CQ and HCQ against coronavirus. We believe that there is clear and convincing evidence of benefit both pre-exposure and post-exposure.

In addition, Michael J. A. Robb, M.D., of Phoenix is compiling all reports as they come in. As of this date, the total number of reported patients treated with HCQ, with or without azithromycin and zinc, is 2,333. Of these, 2,137 or 91.6 percent improved clinically. There were 63 deaths, all but 11 in a single retrospective report from the Veterans Administration where the patients were severely ill.

Most of the data concerns use of HCQ for treatment, but one study included used the medication as prophylaxis with excellent results. Many nations, including Turkey and India, are protecting medical workers and contacts of infected persons prophylactically. According to worldometers.info, deaths per million persons from COVID-19 as of Apr 27 are 167 in the U.S., 33 in Turkey, and 0.6 in India.

This concerns your Executive Order forbidding

Media references, Hydroxychloroquine.

Arizona:

<https://aapsonline.org/aaps-letter-asking-gov-ducey-to-rescind-executive-order-concerning-hydroxychloroquine-in-covid-19/>

Chigago/Illinois:

<https://chicago.cbslocal.com/2020/03/25/hydroxychloroquine-scarce-due-to-hope-it-could-be-covid-19-treatment-posing-crisis-for-lupus-patient/>

International:

<https://www.middleeasteye.net/news/coronavirus-turkey-hydroxychloroquine-malaria-treatment-progress>

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[Richard Mann](#)
[8 months ago](#)

Computational Biology

This is the most exciting field modeling biological process, and also virus in particular.

Dr Shiva,

https://twitter.com/va_shiva

In addition to a Scientist and inventor, Dr Shiva has become a politician. Throwing his hat in the ring for Senator, in Cambridge Mass. The center of high tech medicine in the USA.

I will add references to this section as I study Dr Shiva's materials.

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[Richard Mann](#)
[7 months ago](#)

Sunday May 10, 2020

Latest proposal for Coronavirus treatment:

<https://spectator.org/a-report-from-the-front/>

Article pasted below.

Menu

[Spectator logo](#)

[Special Report](#)

A Report From the Front

Positive, life-saving news from the trenches that's going unreported by those fearful of ending the lockdown.

George Parry

by [George Parry](#)

May 1, 2020, 12:07 AM

Dr. Paul Marik in 2017 (YouTube screenshot)



Ever since [President Trump expressed optimism](#) about the use of hydroxychloroquine to treat COVID-19, the mere mention of that drug can elicit instantaneous, strident, and finger-wagging condemnation by the mainstream media and all those who are pulling for the pandemic to lay waste to the economy and pave the way for a fundamental progressive transformation of America. Despite its use by health-care providers [across the country](#) and [around the world](#) to successfully treat COVID-19, you will be mocked as either a fool or a snake oil salesman if you approvingly utter the word “hydroxychloroquine” or even express hope that it can be used to save lives. The word is simply not to be tolerated in polite, progressive society.

Well, it appears that the list of forbidden words is about to get longer. The new additions include “corticosteroids” and “Methylprednisolone.”

What do these widely available and relatively inexpensive drugs with known safety profiles have in common with hydroxychloroquine? Leading physicians are using them in addition to hydroxychloroquine to successfully treat COVID-19. And they are doing so without waiting two or three years for the results of randomized clinical trials.

On April 6, 2020, the aptly named “Front Line COVID-19 Critical Care Consortium” issued a [bulletin](#) urging the “immediate adoption of [an] early intervention protocol to prevent mortality and reduce the use of ventilators from COVID-19 disease.” The consortium consists of leading critical care specialists from the University of Wisconsin School of Medicine & Public Health, the University of Texas Health Science Center, the University of Tennessee Health Science Center, Manhattan’s Lenox Hill Hospital, the Eastern Virginia Medical School, and other equally distinguished medical schools and centers.

Based on the available research and “their decades-long professional experiences in Intensive Care Units around the country,” these experts “strongly urge fellow physicians to immediately adopt a change in strategy by delivering powerful [anti-inflammatory] therapies earlier in the [COVID-19] disease course, prior to admission to the ICU or the need for a mechanical ventilator.”

COVID-19 is caused by the SARS-CoV-2 virus. So, is this new drug strategy calculated to eradicate the virus or reduce the patient’s viral load? Not at all, but, as these experts explain, that is quite beside the point.

One of the consortium members is Dr. Pierre Kory, the Medical Director of the Trauma and Life Support Center and Chief of the Critical Care Service at the University of Wisconsin in Madison. In the bulletin, he explains that “*it is the severe inflammation sparked by the Coronavirus, not the virus itself, that kills patients*.” Inflammation causes a new variety of Acute Respiratory Distress Syndrome (ARDS), which damages the lungs.”

As spelled out in the consortium’s bulletin, the key to the new treatment strategy is the early and prompt use of hydroxychloroquine (which is also prescribed to reduce inflammation in lupus and rheumatoid arthritis patients) and/or corticosteroids such as Methylprednisolone to reduce the

inflammation caused by the coronavirus.

On April 20, 2020, Dr. Paul Marik, Chief of Pulmonary and Critical Care Medicine at the Eastern Virginia Medical School, published a [Critical Care COVID-19 Management Protocol](#) based on the consortium's findings. In the protocol, he states the following:

Scientific Rational[e] for Treatment Protocol

Three core pathologic processes lead to multi-organ failure and death in COVID-19:

- 1. Hyper-inflammation ("Cytokine storm") - a dysregulated immune system whose cells infiltrate and damage multiple organs, namely the lungs, kidneys, and heart. It is now widely accepted that SARS-CoV-2 causes aberrant T lymphocyte activation resulting in a "cytokine storm."*
- 2. Hyper-coagulability (increased clotting) - the dysregulated immune system damages the endothelium and activates blood clotting, causing the formation of micro and macro blood clots. These blood clots impair blood flow.*
- 3. Severe Hypoxemia (low blood oxygen levels) - lung inflammation caused by the cytokine storm, together with microthrombosis in the pulmonary circulation severely impairs oxygen absorption resulting in oxygenation failure.*

*The above pathologies are not novel, although the combined severity in COVID-19 disease is considerable. Our long-standing and more recent experiences show consistently successful treatment if traditional therapeutic principles of early and aggressive intervention is achieved, before the onset of advanced organ failure. **It is our collective opinion that the historically high levels of morbidity and mortality from COVID-19 is due to a single factor: the widespread and inappropriate reluctance amongst intensivists [critical care physicians] to employ anti-inflammatory and anticoagulant treatments [blood thinners], including corticosteroid therapy early in the course of a patient's hospitalization. It is essential to recognize that it is not the virus that is killing the patient, rather i***

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[Richard Mann](#)
[7 months ago](#)

Update: Wed June 3, 2020

I hope everyone is doing well.

Here is a new scientific paper (published April 20, 2020), autopsy results from recent Covid deaths.

I am just now beginning to study biology, virus, immunology. This is a very complex field and requires significant background.

If anyone wants to discuss these topics, feel free to follow below, in private Email (mannr@uwaterloo.ca) or in Google Hangouts (send me a link).

PDF:

[PIIS0140673620309375.pdf](#)

Text: Pasted below

Endothelial cell infection and endotheliitis in COVID-19

- [Zsuzsanna Varga](#)
- [Andreas J Flammer](#)
- [Peter Steiger](#)
- [Martina Haberecker](#)
- [Rea Andermatt](#)
- [Annelies S Zinkernagel](#)
- et al.
- [Show all authors](#)

Published: April 20, 2020 DOI: [https://doi.org/10.1016/S0140-6736\(20\)30937-5](https://doi.org/10.1016/S0140-6736(20)30937-5)

[PlumX Metrics](#)

Cardiovascular complications are rapidly emerging as a key threat in coronavirus disease 2019 (COVID-19) in addition to respiratory disease. The mechanisms underlying the disproportionate effect of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection on patients with cardiovascular comorbidities, however, remain incompletely understood.

[1](#)

,

[2](#)

SARS-CoV-2 infects the host using the angiotensin converting enzyme 2 (ACE2) receptor, which is expressed in several organs, including the lung, heart, kidney, and intestine. ACE2 receptors are also expressed by endothelial cells.

[3](#)

Whether vascular derangements in COVID-19 are due to endothelial cell involvement by the virus is currently unknown. Intriguingly, SARS-CoV-2 can directly infect engineered human blood vessel organoids in vitro.

[4](#)

Here we demonstrate endothelial cell involvement across vascular beds of different organs in a series of patients with COVID-19 (further case details are provided in the [appendix](#)).

- [View related content for this article](#)

Patient 1 was a male renal transplant recipient, aged 71 years, with coronary artery disease and arterial hypertension. The patient's condition deteriorated following COVID-19 diagnosis, and he required mechanical ventilation. Multisystem organ failure occurred, and the patient died on day 8.

Post-mortem analysis of the transplanted kidney by electron microscopy revealed viral inclusion structures in endothelial cells (

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[Richard Mann](#)
[6 months ago](#)

Update, Thursday June 4, 2020.

This is a recent paper, referenced by W.H.O.

[The Lancet Journal](#)

- [Log in](#)

Retraction

Retraction: "Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis"

Please click the image below to [download the full PDF](#).



[Click here to read more](#)

Statement from *The Lancet*

Today, three of the authors of the paper, "Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis", have retracted their study. They were unable to complete an independent audit of the data underpinning their analysis. As a result, they have concluded that they "can no longer vouch for the veracity of the primary data sources." The Lancet takes issues of scientific integrity extremely seriously, and there are many outstanding questions about Surgisphere and the data that were allegedly included in this study. Following guidelines from the [Committee on Publication Ethics](#) (COPE) and [International Committee of Medical Journal Editors](#) (ICMJE), institutional reviews of Surgisphere's research collaborations are urgently needed.

The retraction notice is published today, June 4, 2020. The article will be updated to reflect this retraction shortly.

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[Richard Mann](#)
[5 months ago](#)

Update, Mon July 6, 2020

I just found this article, April 27, 2020, which I link to and Paste below.

<https://onewsnw.com/perspectives/bryan-fischer/2020/04/27/fauci-knew-about-hcq-in-2005-nobody-needed-to-die>

[BRYAN FISCHER](#)

Fauci knew about HCQ in 2005 -- nobody needed to die

Monday, April 27, 2020

|

Bryan Fischer - Guest Columnist

<http://on.fb.me/1pFPvvd>



Dr. Anthony Fauci, whose “expert” advice to President Trump has resulted in the complete shutdown of the greatest economic engine in world history, has known since 2005 that chloroquine is an effective inhibitor of coronaviruses.

How did he know this? Because of research done by the National Institutes of Health, of which he is the director. In connection with the SARS outbreak - caused by a coronavirus dubbed SARS- CoV - the NIH researched chloroquine and concluded that it was effective at stopping the SARS coronavirus in its tracks. The COVID-19 bug is likewise a coronavirus, labeled SARS-CoV-2. While not exactly the same virus as SARS-CoV-1, it is genetically related to it, and shares 79% of its genome, as the name SARS-CoV-2 implies. They both use the same host cell receptor, which is what viruses use to gain entry to the cell and infect the victim.

The [Virology Journal](#) - the official publication of Dr. Fauci’s National Institutes of Health - published what is now [a blockbuster article](#) on August 22, 2005, under the heading - get ready for this - **“Chloroquine is a potent inhibitor of SARS coronavirus infection and spread.”** (Emphasis mine throughout.) Write the researchers, “We report...that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These

inhibitory effects are observed when the cells are treated with the drug **either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage.**"

 Dr. Anthony Fauci

This means, of course, that Dr. Fauci (*pictured at right*) has known for 15 years that chloroquine and its even milder derivative hydroxychloroquine (HCQ) will not only treat a current case of coronavirus ("therapeutic") but prevent future cases ("prophylactic"). So **HCQ functions as both a cure and a vaccine.** In other words, it's a wonder drug for coronavirus. Said Dr. Fauci's NIH in 2005, "concentrations of 10 μM **completely abolished** SARS-CoV infection." Fauci's researchers add, "chloroquine can effectively **reduce the establishment of infection and spread** of SARS-CoV."

Dr. Didier Raoult, the Anthony Fauci of France, had such spectacular success using HCQ to treat victims of SARS-CoV-2 that he said way back on February 25 that "it's game over" for coronavirus.

[He and a team of researchers reported](#) that the use of HCQ administered with both azithromycin and zinc cured 79 of 80 patients with only "rare and minor" adverse events. "In conclusion," these researchers write, "we confirm the efficacy of hydroxychloroquine associated with azithromycin in the treatment of COVID-19 and its potential effectiveness in the early impairment of contagiousness."

The highly-publicized VA study that purported to show HCQ was ineffective showed nothing of the sort. HCQ wasn't administered until the patients were virtually on their deathbeds when research indicates it should be prescribed as soon as symptoms are apparent. Plus, HCQ was administered without azithromycin and zinc, which form the cocktail that makes it supremely effective. At-risk individuals need to receive the HCQ cocktail at the first sign of symptoms.

But Governor Andrew Cuomo banned the use of HCQ in the entire state of New York on March 6, the Democrat governors of Nevada and Michigan soon followed suit, and by March 28 the whole country was under incarceration-in-place fatwas.

Nothing happened with regard to the use of HCQ in the U.S. until March 20, when President Trump put his foot down and insisted that the FDA consider authorizing HCQ for off-label use to treat SARS-CoV-2.

On March 23, Dr. Vladimir Zelenko [reported](#) that he had treated around 500 coronavirus patients with HCQ and had seen an astonishing 100% success rate. That's not the "anecdotal" evidence Dr. Fauci sneers at, but actual results with real patients in clinical settings.

"Since last Thursday, my team has treated approximately 350 patients in Kiryas Joel and another 150 patients in other areas of New York with the above regimen. Of this group and the information provided to me by affiliated medical teams, we have had ZERO deaths, ZERO hospitalizations, and ZERO intubations. In addition, I have not heard of any negative side effects other than approximately 10% of patients with temporary nausea

and diarrhea.”

[Said Dr. Zelenko:](#)

"If you scale this nationally, the economy will rebound much quicker. The country will open again. And let me tell you a very important point. This treatment costs about \$20. That's very important because you can scale that nationally. If every treatment costs \$20,000, that's not so good.

All I'm doing is repurposing old, available drugs which we know their safety profiles, and using them in a unique combination in an outpatient setting."

The questions are disturbing to a spectacular degree. If Dr. Fauci has known since 2005 of the effectiveness of HCQ, why hasn't it been administered immediately after people show symptoms, as Dr. Zelenko has done? Maybe then nobody would have died and nobody would have been incarcerated in place except the sick, which is who a quarantine is for in the first place. To paraphrase Jesus, it's not the symptom-free who need HCQ but the sick. And they need it at the first sign of symptoms.

While the regressive health care establishment wants the HCQ cocktail to only be administered late in the course of the infection, from a medical standpoint, this is stupid. Said one doctor, "As a physician, this baffles me. I can't think of a single infectious condition — bacterial, fungal, or viral — where the best medical treatment is to delay the use of an anti-bacterial, anti-fungal, or anti-viral until the infection is far advanced."

So why has Dr. Fauci minimized and dismissed HCQ at every turn instead of pushing this thing from jump street? He didn't even launch clinical trials of HCQ until April 9, by which time 33,000 people had died.

This may be why: "Chloroquine, a **relatively safe, effective and cheap drug** used for treating many human diseases...is effective in inhibiting the infection and spread of SARS CoV." That's the problem. It is safe, inexpensive, and it works - in other words, there's nothing sexy or avant-garde about HCQ. It's been around since 1934.

Given human nature, it's possible, even likely, that those who are chasing the unicorn of a coronavirus vaccine are doing so for reasons other than human health. I can't see into anybody's heart, and can't presume to know their motives, but on the other hand, human nature recognizes that there's no glory in pushing HCQ, and nobody is going to get anything named for him in the history books. The polio vaccine was developed by Jonas Salk in 1954, and it is still known as the "Salk vaccine." There will be no "Fauci vaccine" if HCQ is the answer to the problem.

So while Dr. Fauci is tut-tutting and pooh-poohing HCQ, Dr. Raoult and Dr. Zelensky are out there saving lives at \$20 a pop. Maybe we should spend more time listening to them than the wizards-of-smart bureaucrats the Talking Snake Media fawns over.

Dr. Fauci is regarded by the Talking Snake Media as the Oracle at Delphi. The entire nation hangs on his every word. But if nobody is dying and nobody is locked down, his 15 minutes of fame fades to zero. Very few people are not going to be influenced by that prospect, especially when it's easy to keep the attention of the public by continuing to feed the panic.

It should not be overlooked

Reply to this followup discussion

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[Richard Mann](#)
[5 months ago](#)

Update Mon July 6, 2020

That video was published June 18 2020.

https://www.youtube.com/watch?v=aaxKlivS79g&feature=youtu.be&fbclid=IwAR1iGWHF-ZLwC0ZncG9TeOKAQuHMSWYipHL277BQOi-Mg4V2LOAZW_KOBx0

Doctors Break Down COVID Response and the Demonization of HCQ | DOCTORS TELL ALL

30,275 views
• 18 Jun 2020

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[Fleccas Talks](#)

467K subscribers

Dr. Simone Gold and Dr. Dan Wohlgelemerter discuss Corona Virus, the response, the defective data used in studies published by world class publications, and the demonization of Hydroxychloroquine. READ DR. GOLD'S OP ED WITH ALL OF THE DETAILS: <https://thegoldopinion.com/blog-1/f/t...> Dr. Simone Gold

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[Richard Mann](#)
[5 months ago](#)

Update, Mon July 6, 2020

One more find.

Here is another video, which seems to describe the politicization of the Covid issue. He does not refer to hydroxychloroquine, but he refers to what he believes is political pressure to speak on Covid. Senator and MD from Minnesota.

In the words of the Senator, "Most important video I've done...gut wrenching. Could this happen to you? Share the message...no one's immune to attacks."

<https://www.facebook.com/SenatorJensen/videos/265249484771683/>

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[5 months ago](#)

Final update, July 6, 2020

Latest study, from Henry Ford Health System.

Here is media report:

<https://www.foxnews.com/politics/hydroxychloroquine-helped-save-coronavirus-study>

Quoting: "What we think was important in ours ... is that patients were treated early. For hydroxychloroquine to have a benefit, it needs to begin before the patients begin to suffer some of the severe immune reactions that patients can have with COVID."

Link to academic paper, Published July 1, 2020

[https://www.ijidonline.com/article/S1201-9712\(20\)30534-8/fulltext](https://www.ijidonline.com/article/S1201-9712(20)30534-8/fulltext)

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[Richard Mann](#)
[5 months ago](#)

Update, Sun July 26, 2020

Media (Newsweek, published July 23, 2020)

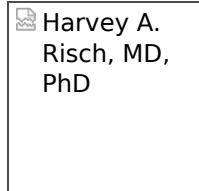
<https://www.newsweek.com/key-defeating-covid-19-already-exists-we-need-start-using-it-opinion-1519535>

[Opinion](#)

The Key to Defeating COVID-19 Already Exists. We Need to Start Using It | Opinion

Harvey A. Risch, MD, PhD , Professor of Epidemiology, Yale School of Public Health

On 7/23/20 at 7:00 AM EDT



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[Opinion Coronavirus Health and Medicine Medicine Fda](#)

As professor of epidemiology at Yale School of Public Health, I have authored over 300 peer-reviewed publications and currently hold senior positions on the editorial boards of several leading journals. I am usually accustomed to advocating for positions within the mainstream of medicine, so have been flummoxed to find that, in the midst of a crisis, I am fighting for a treatment that the data fully support but which, for reasons having nothing to do with a correct understanding of the science, has been pushed to the sidelines. As a result, tens of thousands of patients with COVID-19 are dying unnecessarily. Fortunately, the situation can be reversed easily and quickly.

I am referring, of course, to the medication hydroxychloroquine. When this inexpensive oral medication is given very early in the course of illness, before the virus has had time to multiply beyond control, it has shown to be highly effective, especially when given in combination with the antibiotics azithromycin or doxycycline and the nutritional supplement zinc.

On May 27, I published an article in the *American Journal of Epidemiology (AJE)* entitled, "Early Outpatient Treatment of Symptomatic, High-Risk COVID-19 Patients that Should be Ramped-Up Immediately as Key to the Pandemic Crisis." That article, published in the world's leading epidemiology journal, analyzed five studies, demonstrating clear-cut and significant benefits to treated patients, plus other very large studies that showed the medication safety.

Physicians who have been using these medications in the face of widespread skepticism have been truly heroic. They have done what the science shows is best for their patients, often at great personal risk. I myself know of two doctors who have saved the lives of hundreds of patients with these medications, but are now fighting state medical boards to save their licenses and reputations. The cases against them are completely without scientific merit.

Since publication of my May 27 article, seven more studies have demonstrated similar benefit. In a lengthy follow-up letter, also published by *AJE*, I discuss these seven studies and renew my call for the immediate early use of hydroxychloroquine in high-risk patients. These seven studies include: an additional 400 high-risk patients treated by Dr. Vladimir Zelenko, with zero deaths; four studies totaling almost 500 high-risk patients treated in nursing homes and clinics across the U.S., with no deaths; a controlled trial of more than 700 high-risk patients in Brazil, with significantly reduced risk of hospitalization and two deaths among 334 patients treated with hydroxychloroquine; and another study of 398 matched patients in France, also with significantly reduced hospitalization risk. Since my letter was published, even more doctors have reported to me their completely successful use.

My original article in the *AJE* is available free online, and I encourage readers—especially physicians, nurses, physician assistants and associates, and respiratory therapists—to search the title and read it. My follow-up letter is linked there to the original paper.

Beyond these studies of individual patients, we have seen what happens in large populations when these drugs are used. These have been "natural experiments." In the northern Brazil state of Pará, COVID-19 deaths were increasing exponentially. On April 6, the public hospital network purchased 75,000 doses of azithromycin and 90,000 doses of hydroxychloroquine. Over the next few weeks, authorities began distributing these medications to infected individuals. Even though new cases continued to occur, on May 22 the death rate started to plummet and is now about one-eighth what it was at the peak.

Reply to this followup discussion

Resolved Unresolved



[Richard Mann](#)
[4 months ago](#)

Update: Aug 7, 2020

America's Front Line Doctors, including Dr. Simone Gold mentioned above.

<https://americasfrontlinedoctorsummit.com/references/>

References

White Paper on Hydroxychloroquine

[View the PDF](#)

This is the culmination of months-long research from all sources. It explains how Americans have come to be in the grip of fear. All the myths and all the misconceptions about a safe, generic drug that has been FDA approved for 65 years, given to pregnant women, breastfeeding women, children, the elderly and the immune-compromised for years and decades without complication, are finally put in the trash heap where they belong. You will have the indisputable proof that you have been massively lied to, often very intentionally. At first you will first be heartbroken. And then you will be furious. Good. Because then you will demand change.

Compendium of HCQ Studies

[View the PDF](#)

The safety of HCQ is irrefutable. The evidence supporting HCQ efficacy against Covid-19 is also overwhelming. All negative HCQ studies have used either: too much, used it alone (it needs Zinc), or used it late (it should be early.) The treatment dose is 200 mg HCQ twice a day for five days + Zinc 50 (elemental) daily. The prophylactic dose is 400 mg HCQ weekly + Zinc 50 (elemental) daily. (There are studies right now to see if HCQ 200 mg. weekly is sufficient.) This is very low dose. (The usual dose of HCQ in Lupus, Rheumatoid Arthritis is 400 mg. daily for years.) There are telemedicine physicians who are aware of the facts and if you are concerned about this, please see one. It is also over the counter in many places in the world including Indonesia and most of South America.

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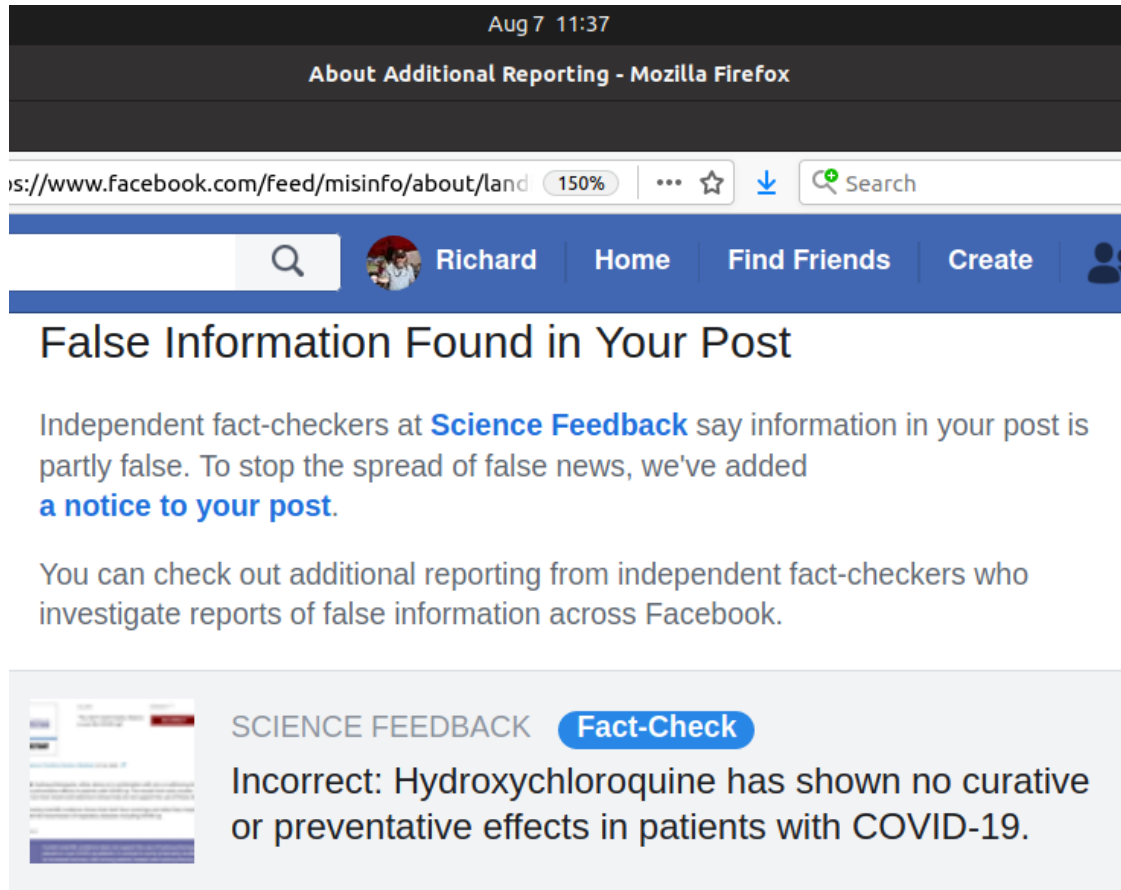
Resolved Unresolved



[Richard Mann](#)
[4 months ago](#)

Update, Fri Aug 7, 2020

Result of Facebook post.



Reply to this followup discussion

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[Richard Mann](#)
4 months ago

Further update, Aug 7, 2020

Media:

<https://justthenews.com/politics-policy/coronavirus/ohio-governor-asks-halt-rule-preventing-doctors-prescribing>

Text pasted below (emphasis mine):

Ohio reverses decision on hydroxychloroquine ban, following appeal by Gov. DeWine

Under the new rule in Ohio, all medical institutions would have been prohibited from prescribing and dispensing hydroxychloroquine
By Sophie Mann

Updated: August 1, 2020 - 5:29pm

On Thursday, the Ohio Board of Pharmacy withdrew its order banning the use of hydroxychloroquine to treat the novel coronavirus. The decision comes following an appeal by GOP Gov. Mike DeWine asking the board to reevaluate its rule.

GOOD NEWS: Governor Mike DeWine has just announced he's reversing the decision to block hydroxychloroquine prescriptions for treatment of COVID-19 in Ohio. This is a step in the right direction. We cannot allow the continued politicization of medicine. pic.twitter.com/u1gmFgvGlX— Dr. Simone Gold (@drsimegold) July 30, 2020

In opposing the board's ban, DeWine cited the view of FDA Commissioner Stephen Hahn, who said in a radio interview on Tuesday, "We believe the decision about whether a doctor writes for hydroxychloroquine, for a patient with COVID, is completely in the realm of the doctor-patient relationship."

The new regulation in Ohio was due to go into effect on Thursday. It would have prohibited pharmacies, clinics, and other medical institutions from prescribing or selling hydroxychloroquine and the related drug chloroquine for the purposes of treating the novel coronavirus.

The drug, which has for years been approved by the Food and Drug Administration to treat malaria and other diseases, received emergency agency approval early in the pandemic to treat virus patients.

The drug has proven effective in some cases but has also been criticized as ineffective.

Under the Ohio rule, all previously approved prescriptions for the drugs would have been "deemed void," according to the state pharmacy board, which has approved its use for treating malaria and arthritis.

"The long and short of it is, we want people to focus on what works, such as social distancing and mask use," a pharmacy board spokesperson told The Columbus Dispatch. "We ultimately want to make sure people are being safe and not exposing themselves to drugs that have shown not to be effective in treating COVID-19."

Reply to this followup discussion

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[4 months ago](#)

Another update, Aug 7, 2020

Another media article, opinion piece,

<https://uncoverdc.com/2020/08/06/idaho-governor-brad-little-seeking-immunity-from-civil-liability/>

Text pasted below:

Idaho Governor Brad Little seeking immunity from civil liability

By
Daniel Bobinski -
August 6, 2020
Share

By Daniel Bobinski

On March 18, Idaho's Governor Brad Little restricted pharmacists from dispensing hydroxychloroquine for off label use. Since that time, 217 Idahoans have died from Covid-related deaths, many of them without the choice to be treated with zinc and hydroxychloroquine. Suddenly Governor Little is calling a special session of Idaho's part-time legislature to address "liability reform during emergencies." Documents obtained by this writer show an objective for the special session is to establish immunity from civil liability.

One question being asked by Idahoans is, "Immunity from what?" They want to know if the governor is attempting to shield himself from lawsuits by families of people who died of Covid because the governor restricted off-label use of hydroxychloroquine.

Other questions heard by this writer include:

"Why did Governor Little block the use of hydroxychloroquine for off-label use the day before it became an issue at the national coronavirus press briefing?"

"Since when does a governor get to tell doctors what they can or cannot prescribe?"

A memo published March 19 by the Idaho State Board of Pharmacy reads as follows (emphasis added):

Yesterday the Board conducted an emergency meeting and approved the following language at the request of the Governor. The new Temporary Rule is effective immediately.

Medication Limitations.

No prescription for chloroquine or hydroxychloroquine may be dispensed except if all the following apply:

The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use;

The prescription is limited to no more than a fourteen (14) day supply, unless the patient was previously established on the medication prior to the effective date of this rule; and

No refills may be permitted unless a new prescription is furnished.

Let that sink in.

The governor had the State Board of Pharmacy meet for a special session.

At the governor's request, hydroxychloroquine was restricted – before it became controversial

On March 26, Idaho's State Board of Pharmacy also restricted the use of azithromycin using almost identical wording. Those rules stayed in place until the Board of Pharmacy rescinded them on June 11. This writer has spoken with several medical doctors, including emergency room physician Joshua Dopko, who all said never in their decades of medical practice had they seen any drug be restricted for off-label use.

A non-responsive governor

Multiple attempts have been made by Miste Karlfeldt, Executive Director of Health Freedom Idaho, to meet with Governor Little since the Covid crisis began, but the governor has remained reclusive and generally unavailable to people wanting to talk with him. It's been only recently that the Governor has appeared on a morning talk radio show in Boise, where questions are highly regulated.

In a conversation this writer had with a high-ranking state official who chooses to remain anonymous, Governor Little was described as undergoing a "Jekyll/Hyde" conversion when Covid came to town. He went from governing like a solid conservative to bending his knee to the medical establishment.

Example: At a press conference early in the Covid scare, Governor Little was asked about herd immunity. Rather than discuss the matter, Little quickly brushed the idea aside, saying, "Developing herd immunity takes too long. The ability to go back to normal depends on a vaccine."

Hydroxychloroquine's role in treating Covid has been hotly debated by medical professionals since President Trump brought it up after being contacted by Dr. Vladimir Zelenko about its effectiveness. The drug, commonly called HCQ, was approved in 1965 and has been on the World Health Organization's list of Essential Medicines for decades. It is prescribed worldwide in generic form for mere pennies per dose.

Studies showing HCQ to be dangerous published by the Lancet and the New England Journal of Medicine were debunked and both journals were forced to issue retractions.

In an interview with this writer, Karlfeldt said, "The governor's restriction of HCQ is abhorrent. HCQ is one of the safest and most effective prescription drugs. It impressively improves survival [of Covid], it's inexpensive, and we have good supply. In contrast, the government-favored drug, remdesivir, has only been shown to decrease survivors' hospital stay by four days, with no demonstrable improvement in survival."

It should be noted that whereas HCQ costs pennies per dose, remdesivir costs approximately \$3,000 per dose.

Karlfeldt also said, "Why would the Governor deny Idahoans a possible life saving measure? Why has he put himself in a position of authority over our medical choices and our health care providers? The Governor needs to remove himself as the dictator of healthcare and leave treatment options where they belong, between the doctors and their patients."

The State of Idaho receives \$100,000 for every Covid patient, and, because nothing has been published otherwise, hospitals are still receiving \$13,000 for every Covid patient admitted and \$39,000 for every Covid patient that requires a ventilator.

Why is the governor seeking immunity?

The consensus among many Idahoans is that Little would not be seeking immunity unless his lawyers were telling him to do so. Attorney Colton Boyles, founding partner of Boyles Law in Sandpoint, Idaho, told this writer, "It is quite possible Governor Little is guilty of practicing medicine

without a license. Idaho law is clear about who can diagnose and treat a disease, and for an non-licensed elected official to determine how a medicine is to be used or not used may be crossing that line.”

Boyles continued, “Doctors say zinc, HCQ, and azithromycin are highly effective at treating Covid at the onset of symptoms. With that, for the Governor to restrict that treatment means more patients ended up in the hospital, and that’s where the federal aid money comes in. It’s not hard to see how access to federal money has been driving decisions in our government and creating a politically motivated mis-spending frenzy.”

When asked about the governor seeking immunity, Karlfeldt said, “Governor Little seems to be seeking liability for himself, his cronies, and businesses willing to do his bidding. Can you imagine a world where government, schools, and businesses can require anything from you and enforce anything upon you in the name of ‘safety,’ but do so without liability? This is in direct conflict with our structure of government. Executive, legislative, and judicial all are to be three coequal branches of government. Essentially, the governor would like the executive and legislative branch to be untouchable by the citizens and the judicial branch. If the government grants itself immunity, this would be an egregious violation of the Constitution and their oaths of office.”

#

Daniel Bobinski, M.Ed. is a certified behavioral analyst, best-selling author, corporate trainer, executive coach, and columnist. He’s also a veteran and a self-described Christian Libertarian who believes in the principles of free market capitalism - while standing firmly against crony capitalism.

Reply to this followup discussion

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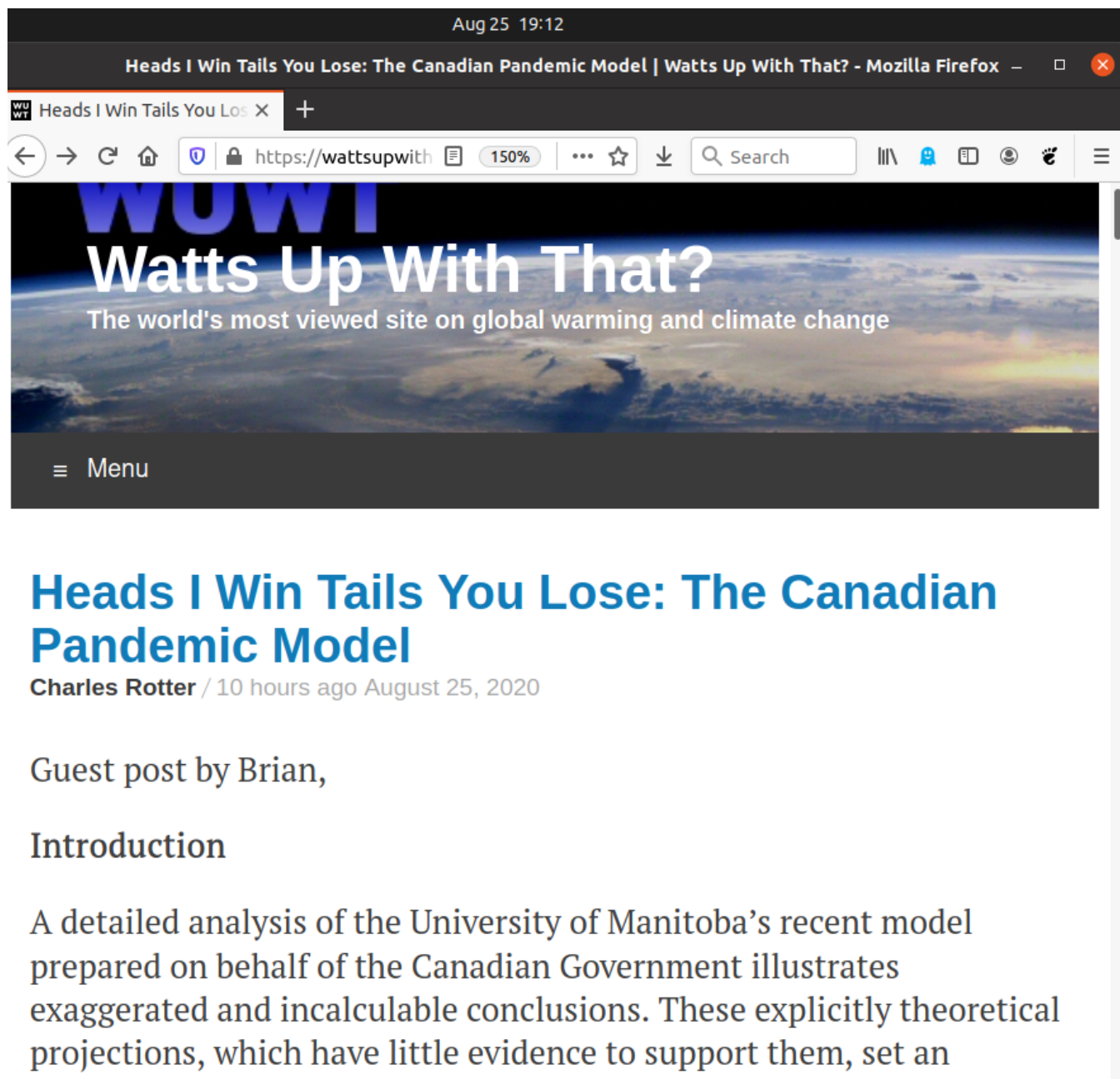


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[4 months ago](#)

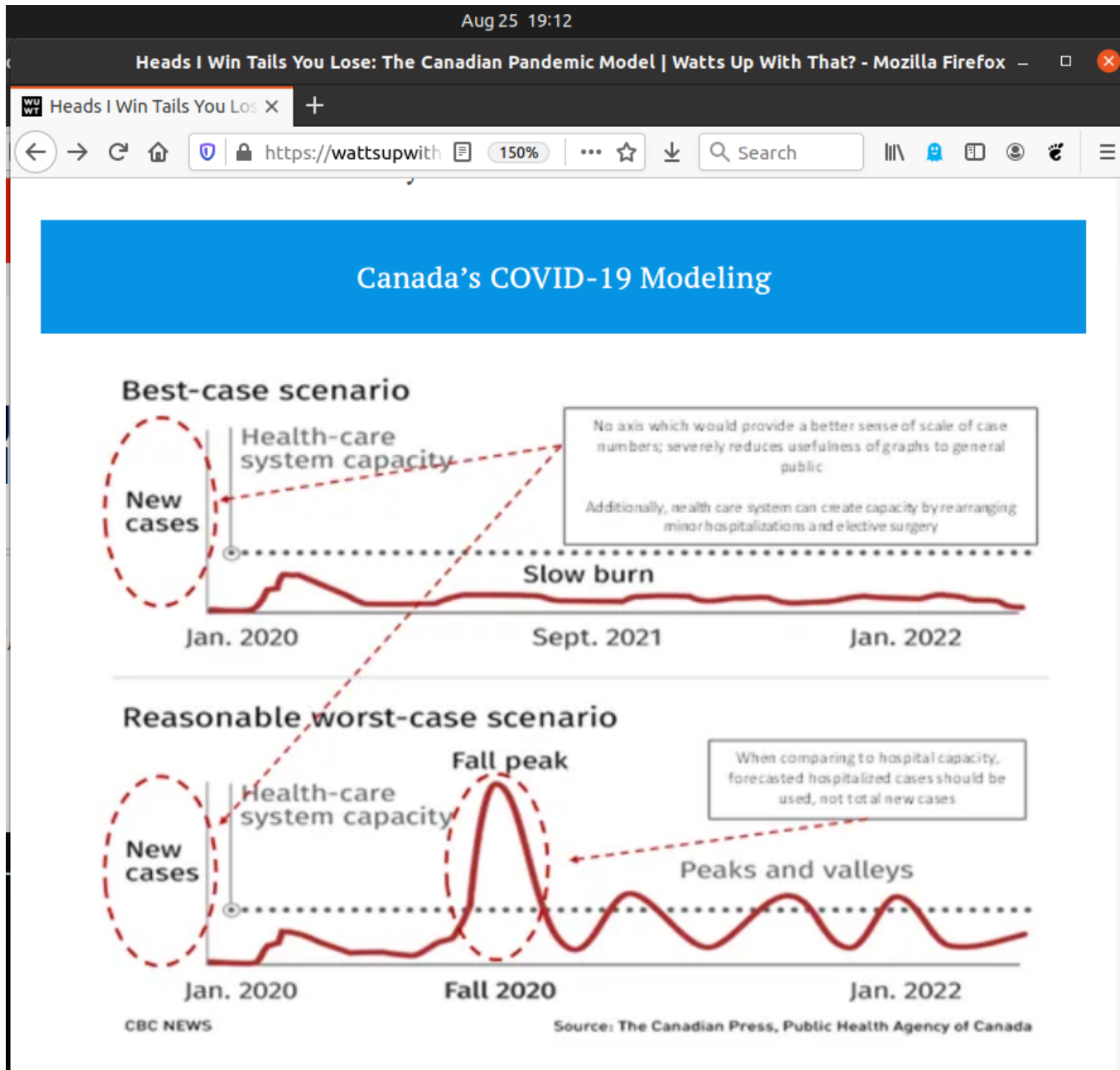
Update, August 25, 2020

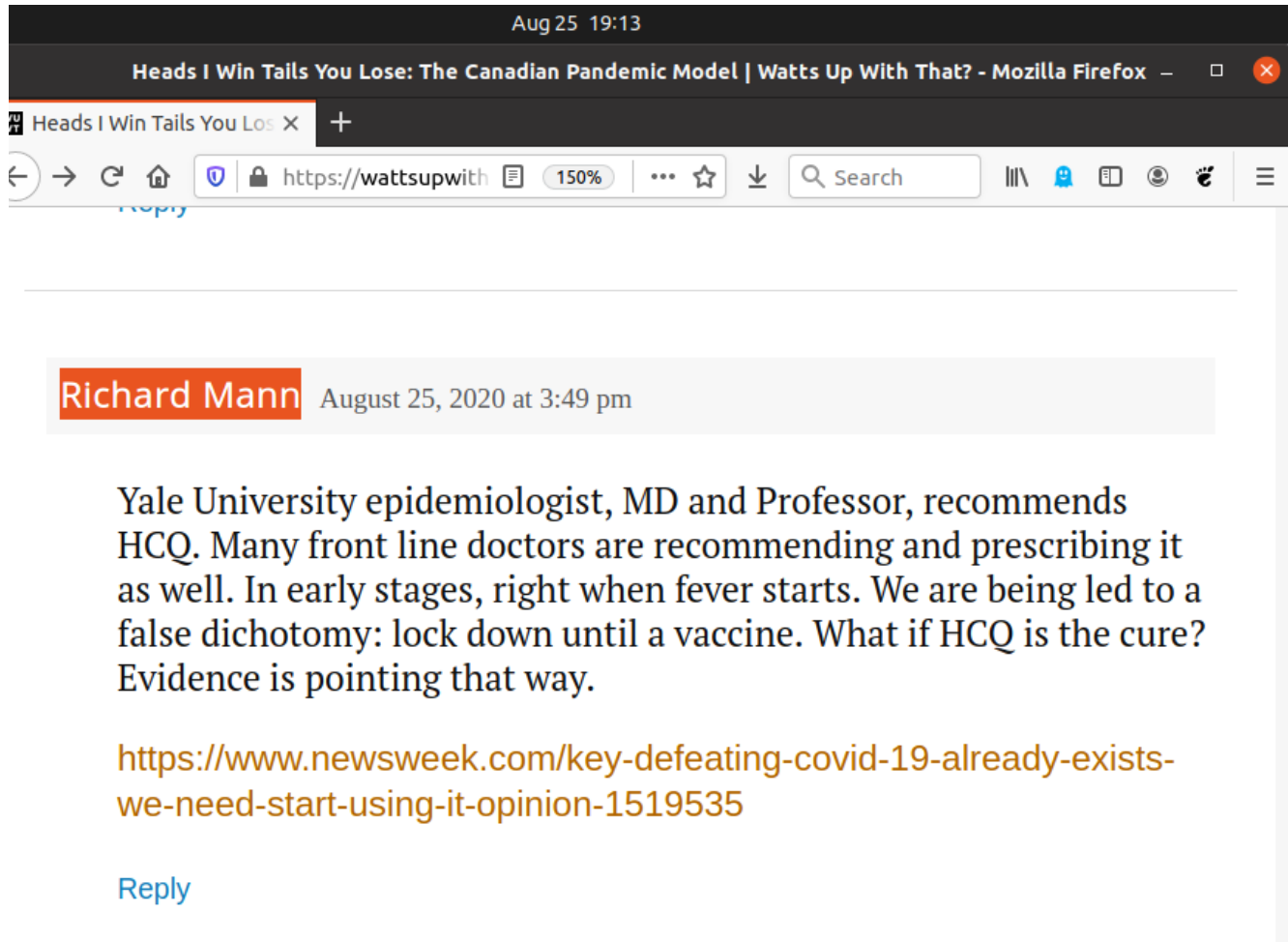
Article. Link, also included screenshots of the title, a figure from the document, and my comment.

<https://wattsupwiththat.com/2020/08/25/comments-on-the-canadian-health-ministries-latest-sars-cov-2-projections/>



The screenshot shows a Mozilla Firefox browser window. The address bar displays the URL <https://wattsupwith.com> at 150% zoom. The page header features the 'Watts Up With That?' logo and the tagline 'The world's most viewed site on global warming and climate change'. The main content area displays the article title 'Heads I Win Tails You Lose: The Canadian Pandemic Model' by Charles Rotter, dated August 25, 2020. The article text begins with 'Guest post by Brian,' followed by an 'Introduction' section. The introduction paragraph states: 'A detailed analysis of the University of Manitoba's recent model prepared on behalf of the Canadian Government illustrates exaggerated and incalculable conclusions. These explicitly theoretical projections, which have little evidence to support them, set an'.





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[Richard Mann](#)
[2 months ago](#)

Update, Oct 19, 2020

Dear Class of W20 (and others listening):

New video from America's Frontline Doctors

<https://www.americasfrontlinedoctors.com/>

SCOTUS Press Conference October 17, 2020 - 12pm ET

Link to video:

<https://vimeo.com/469359487>

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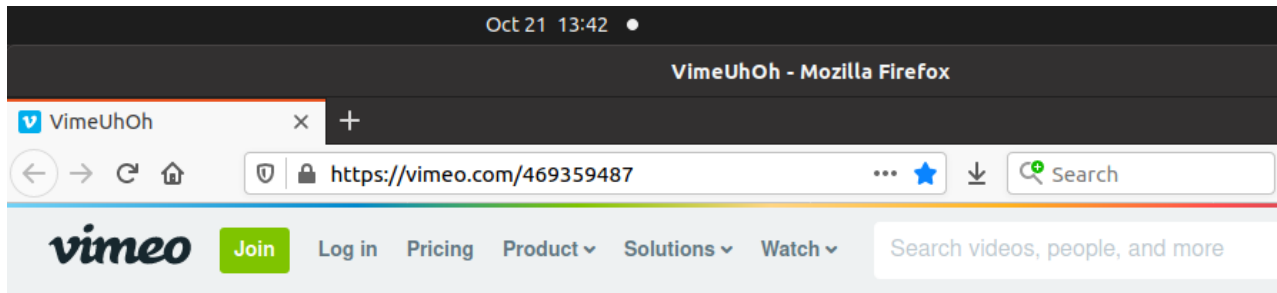
[Richard Mann](#)
[2 months ago](#)

Update Oct 21, 2020

Here is a link to talks:

<https://www.americasfrontlinedoctors.com/summit2/>

The vimeo link has been removed.



Sorry, we couldn't find that page

i Reasons you might be seeing this page

- It exists, but you don't have permission to see it, or you need to [log in](#).
- Nothing has ever existed here. Spooky.
- Something once lived here, but has been deleted.

Search videos, people, and more



Search



[Richard Mann](#)
[2 months ago](#)

Update: Thurs Oct 23, 2020

Video link available here (Bitchute):

<https://www.bitchute.com/video/0q9Pubo211L7/>

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[Richard Mann](#)

[2 months ago](#)

Update, Oct 29, 2020

International Journal of Antimicrobial Agents

Available online 26 October 2020, 106214

In Press, Journal Pre-proof

International Journal of Antimicrobial Agents

COVID-19 outpatients – early risk-stratified treatment with zinc plus low dose hydroxychloroquine and azithromycin: a retrospective case series study

Author links open overlay panelRolandDerwand1#MartinScholz2#

VladimirZelenko3

1

Alexion Pharma Germany GmbH, 80687 Munich, Germany

2

Heinrich-Heine-University, Düsseldorf, 40225 Düsseldorf, Germany

3

Practice, 10950 Monroe, New York, USA

Link:

Available online 26 October 2020.

<https://www.sciencedirect.com/science/article/pii/S0924857920304258?via%3Dihub>

Highlights

- First COVID-19 outpatient study based on risk stratification and early antiviral treatment at the beginning of the disease
- Hydroxychloroquine at low dose in combination with zinc and azithromycin proved to be an effective therapeutic approach against COVID-19
- Significantly reduced hospitalization rates in the treatment group
- Reduced mortality rates in the treatment group

Reply to this followup discussion

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[Richard Mann](#)
[21 days ago](#)

Update. December 10, 2020.

This doctor describes another Covid medication, Ivermectin.

Testimony to US Senate.

<https://www.youtube.com/watch?v=Tq8SXOBy-4w>

"I CAN'T KEEP DOING THIS": Doctor pleads for review of data during COVID-19 Senate hearing

1,170,393 views

•8 Dec 2020

Pierre Kory, M.D., Associate Professor of Medicine at St. Luke's Aurora Medical Center, delivers passionate testimony during the Senate Homeland Security and Governmental Affairs Committee hearing on "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution, Part II."

He describes publications, submitted, but not yet peer reviewed.

I will include those publication(s) in a future post.

Best wishes everyone.

Richard



[Richard Mann](#)
[16 days ago](#)

Update, Dec 14 2020

PDF Testimony Dec 8 2020

[Testimony-Kory-2020-12-08.pdf](#)

Reply to this followup discussion

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[Richard Mann](#)
[13 days ago](#)

Update: Thurs Dec 17, 2020

Health Canada advice on HCQ:

Posted April 25, 2020.

Updated Aug 18, 2020.

<https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72885a-eng.php>

[\(Chloroquine_and_hydroxychloroquine_can_have_serious_side_effects._These_drugs_should_be_used_only_under_the_supervision_of_a_physician._-_Recalls_and_safety_alerts.pdf,](#)

Downloaded Dec 17, 2020)

FDA Advice on HCQ (recently found via Twitter), originally released Oct 23, 2020.

1 Whereas, The COVID-19 pandemic is a serious medical issue, people are dying, and
2 physicians must be able to perform as sagacious prescribers; therefore be it
3
4 RESOLVED, That our American Medical Association rescind its statement calling for physicians
5 to stop prescribing hydroxychloroquine and chloroquine until sufficient evidence becomes
6 available to conclusively illustrate that the harm associated with use outweighs benefit early in
7 the disease course. Implying that such treatment is inappropriate contradicts AMA Policy
8 H-120.988, "Patient Access to Treatments Prescribed by Their Physicians," that addresses off
9 label prescriptions as appropriate in the judgement of the prescribing physician (Directive to
10 Take Action); and be it further
11
12 RESOLVED, That our AMA rescind its joint statement with the American Pharmacists
13 Association and American Society of Health System Pharmacists, and update it with a joint
14 statement notifying patients that further studies are ongoing to clarify any potential benefit of
15 hydroxychloroquine and combination therapies for the treatment of COVID-19 (Directive to Take
16 Action); and be it further
17
18 RESOLVED, That our AMA reassure the patients whose physicians are prescribing
19 hydroxychloroquine and combination therapies for their early-stage COVID-19 diagnosis by
20 issuing an updated statement clarifying our support for a physician's ability to prescribe an FDA-
21 approved medication for off label use, if it is in her/his best clinical judgement, with specific
22 reference to the use of hydroxychloroquine and combination therapies for the treatment of the
23 earliest stage of COVID-19 (Directive to Take Action); and be it further
24
25 RESOLVED, That our AMA take the actions necessary to require local pharmacies to fill valid
26 prescriptions that are issued by physicians and consistent with AMA principles articulated in
27 AMA Policy H-120.988, "Patient Access to Treatments Prescribed by Their Physicians,"
28 including working with the American Pharmacists Association and American Society of Health
29 System Pharmacists. (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 10/23/20

Reply to this followup discussion

Resolved Unresolved



[Richard Mann](#)
[Just now](#)

Update. Dec 31, 2020

I now officially close the Coronavirus investigation (see below).

Best wishes everyone.

Essay/ Editorial on Covid Measures.

<https://www.aier.org/article/fifteen-signs-youre-in-an-abusive-relationship-with-the-government/>

[aier.org-Fifteen_Signs_Youre_in_an_Abusive_Relationship_with_the_Government.pdf](#)

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