# The Best Laid Plans. COVID-19 A SARS-COV-2 Story. A SARS-CoV-2 Story P a g e 2 | 106

**Preprint** · March 2020

CITATIONS
0

READS
9,541

**1 author:**

David Dickson
DKS DATA Alberta, Canada
**10** PUBLICATIONS **0** CITATIONS

SEE PROFILE

# The Best Laid Plans. COVID-19

## A SARS-COV-2 Story.

First published on March 28, 2020

*"The wolves knew when it was time to stop looking for what they'd lost, to focus instead on what was yet to come."* Jodi Picoult, Lone Wolf

# Contents

## Executive summary.

Before we start, let me ask... is COVID 19 so deadly as to necessitate a full lockdown, one that requires biocontainment protocols that put MRSA to shame in all health facilities, even those without a single case? If so, why have we shut down emergency rooms across the province and emptied half the wards for a pandemic that appears to have never arrived, despite being here since December at the latest?

We have never in the history of man, quarantined the healthy. From the black plague to SARS and MERS, this current plan is unprecedented. However, there is a plan that locked up the healthy, sick and injured alike, but it is a plan that should never have seen the light of day after the cold war ended.

As a result of these 'protocols' and plan, health workers are stressed to the point that PTSD will be a significant factor in the coming months and years. Yet hospitals are empty, workers furloughed rural ER centers closed. So, if it is that deadly, why have we not implemented full martial law? We require such protocols for anyone that walks through the hospital doors and appears sick, yet people can circulate freely when outside the hospital without any supportable protocols that would have any impact for such a deadly disease. The contradictions in directions right now are incomprehensible.

How can we have just opened long-term care facilities for unsupervised outdoor visits where the residents can be taken from the property and mix with anyone before being taken back? Would that not be highly negligent if it is this deadly?

The reality is we never should have locked down and should have followed all the protocols we already had in place for the more deadly H1N1, SARS and MERS. SARS had a 9.6% mortality rate and MERS a 34% mortality rate, based on actual deaths, not the current guidelines of AHS and CDC. This virus was declassified in Europe from a Highly Infectious Contagious Disease before the UK locked down due to its low mortality rate, yet we all remain locked down.

The following document is a collection of ongoing articles that attempt to explain the reality of the COVID 19 story. The story of a 'novel' (new) coronavirus, something which we experience each year with every newly mutated strain of flu and colds. In addition to the many strains of flu we experience each year (currently 10 separate strains being tracked by the CDC in the 2019/2020 flu season), we

have seen a number of flu epidemics in the last 100 or so years. From Spanish Flu (H1N1) to Swine Flu (H1N1) to the current dominant strain of seasonal flu (H1N1), yes, all the same flu. This isn't even the first SARS-CoV strain. That would have been SARS-CoV-1 in 2003. COVID 19 is the new and improved SARS 2.0, officially designated as SARS-CoV-2.

We have never closed the world in previous years. Most don't even notice the regular flu seasons despite hundreds of thousands of deaths worldwide.

What changed this time? Two words, PANIC followed by FEAR.

This time something or someone triggered the global emergency management protocols designed for much worse than a global pandemic. China, at ground zero, showed the world a scene of panic whilst reporting infection and death rates no more concerning than SARS or MERS before them. Numbers were produced by WHO and others and plugged into models that have failed to produce reliable figures in almost every previous outbreak scenario. These models were presented suggesting millions of deaths would imminently occur unless drastic action was taken, with no facts or reason, no peer reviews or supporting evidence for these conclusions. These models have yet again failed at every hurdle despite the constant revisions dropping the predicted deaths by orders of magnitude each time. For the UK, the projected body count decreased rapidly from millions dead to hundreds of thousands to now 20,000 as of writing. Yet still we remain locked down and listen to these same scientists who got everything wrong.

Scientists and doctors became celebrities presenting ever more frightening and equally deceptive figures on the screen in their now daily briefings. World and local leaders bowed to the almighty doctors and mad scientists, terrified to question them for fear of political suicide if the doctors proved to be right. In addition, the politicians suddenly seized on unchecked power as emergency orders and laws were enacted in haste and modified in ways that had nothing to do with health or welfare.

A compliant public retreated to their houses without a complaint, receiving their regularly scheduled micro 'programming' push through social media and television 24 hours a day. If they went out shopping, they would be greeted with the reinforcing PWA messages plastered as far as the eye could

see. Standing on their little round circles, not speaking and barely making eye contact, the public scouring the aisles for the ever-elusive toilet roll. Scared to approach anyone for fear of catching COVID 19, they hid behind masks, silent like drones. Yet, the mystic virus hangs unseen in the air around for hours and on every surface we touch for days. It spreads with every shared touch and movement through the infected air and is taken back to each and every family lair.

We sit at home and receive our guaranteed basic income handout while our vehicles sit idly in the garage. Addicted to the next COVID 19 update in between binge episodes on Netflix and Amazon Prime, lives on hold to the sound of the ever recurring 'just two weeks more' loop. We 'look but don't touch' our 'new normal' family on little screens as their lives 'Zoom' by. The 'brave' venture to the end of driveways or wave through windows at their grandchildren. Never again will the friendly handshake or hug return to society in the 'new normal'. All this in a few short weeks. Whatever happened to the human race, barely crawling on its belly at best or curled in a ball in the corner at worst? Don't dare speak out and ask what is happening, for fear of your fellow neighbour, family member or even your best friend turning on you in a heartbeat to ensure the 'new normal rules are followed.

What about the avoidable casualties of COVID 19 such as suicides, domestic violence, heart attacks, drug and alcohol abuse, child molestations, cancer, diabetes and other critical follow ups, unreported numbers that are now spiking out of control. Pay no attention to these forgotten victims. Now people only die of COVID 19.

Hospitals are half empty (but fully bio contained) in the middle of a global pandemic. Doctors and nurses 'furloughed' the 'new normal' for 'let go'. And yet in the 'hot spots' the full bio containment protocols reduce efficiency and increase stress resulting in more deaths. We don't treat these coronavirus victims with safe and common anti-viral/autoimmune medications as we have in the past. Safe and commonly prescribed, these medications are now deemed dangerous and not to be talked about. That is unless you are in an area with malaria, have lupus or rheumatoid arthritis. In that case, go ahead take it for decades without supervision or a care. Just remember the annual eye exam, if only the opticians were still open.

Don't worry though. There is a way out. Just a mandatory DNA test, COVID 19 passport to verify you are a virus survivor and a new app on your phone to track your every movement. Just in case you pass by someone infected with the dreaded COVID 19. But aren't I immune now? Maybe not says WHO. So, hold on those passports and get back into the house. Unless of course you have to go shopping, are an 'essential worker' (from fast food to hardware) then you can go out. But not in groups of more than 5 or is that 10 or 15. But then again, if there are hundreds of people in your 'essential' workplace, any number is fine. The economy will be opening soon. But maintain your social distance and ensure you are safe from this deadly virus, the one that requires biowarfare protocols in a hospital but no more than a homemade cloth mask (or not) when outside or at home. So what essential services are deemed safe under the 'new normal rules'? Opticians, restaurant patios and parks? No, hairdressers, nail salons and tattoo parlors. Oh of course that makes complete sense, at least we will look good as the virus spreads.

Sill make sure you follow all the rules, or they will come for your house by bankruptcy proxy. From a $100 fine in the past to potentially $500,000 or jail time, just for breaking that 2-meter rule or gathering in a dangerous crowd of 6 or more.

So, in a few short weeks, we gave up our freedoms to all-powerful governments on the whim of a scientists' models with all the accuracy of a 20-year weather forecast. A cascading series of events led to governments gaining powers that they were never meant to have outside of an Armageddon type scenario.

Now what do we really know about this virus?

1. *It started in the most populous area of the world during one of the highest travel periods (Christmas, New Year and Chinese New Year).*
2. *It was left unchecked by the world for 4-5 months while it expanded at an $R_0$ rate of 3.4 to 5.7. That is one person infecting anything from 3.4 to 5.7 people in an exponential growth. This was never going to be controlled. (Note that the CDC suddenly change the R0 to 2-3 recently. WHO knowns why?)*

3. *Yet, it never killed in quantities until we started testing in late February or March, at which point it started killing by the tens of thousands.*
    a. *Where are all the bodies from before that, if it is so infectious and deadly?*
4. *It was not safe to go out with a handful of infections that would spread exponentially but may be safe with tens of thousands as a starting point.*
    a. *Flatten the curve they said… with this sort of starting point we will spike into millions of infections and deaths in days, if it is as deadly as they say.*
5. *Lockdown steps have at best had no impact on the spread and at worst have increased the spread due to the 'partial' closure. How can a virus that requires biowarfare protocols as soon as it crosses the hospital doors, be slowed or stopped unless those protocols expand beyond the hospital?*
6. *The original models projected millions of deaths that never came but we continue to stay locked away.*
7. *People have been plunged into poverty, depression, abuse, suicide and left frightened to go to the doctors or hospital. Some are now dying at home from ever increasing heart attacks and more. All because they are told to 'STAY HOME to SAVE THE' health workers.*
8. *We have a safe, cheap treatment that was endorsed by the experts for SARS, MERS and many others. It is used in billions of doses dispensed every year in an almost over the counter mentality, to holiday makers, lupus and rheumatoid arthritis patients. It has been clinically tested and documented as effective in treating coronavirus in various forms as far back as the 1940's but now is now the drug 'that shall not be named'.*
9. *We have to blame China for the initial deception. But from point that our leaders took charge, we need to look closer to home for those to be held accountable.*
10. *We should stop being dependent on China. Yet we watch helpless as it picks over the carcasses of our society torn asunder. And our leaders' response is to buy us out of debt, with our very own money. But make sure you get those 'quality' orders for masks, gloves, COVID 19 tests and more from China, before we go, as no-one else is making them. Just make sure you keep the receipts for the faulty returns.*

11. *Ventilators kill if not used appropriately, and for COVID 19 - there is never an appropriate time. But let's buy more ventilators especially from those experts in the medical equipment field such as vacuum cleaner and car manufacturers… Will they go through years of double-blind studies to make sure they are safe?*
12. *Deaths are now almost exclusively the domain of COVID 19, no matter the cause, as per the official guidelines. And there is a financial benefit to adding COVID 19 to the death certificate in many locations. Moreover, no-one questions that cause of death. Take a number, next patient please!*
13. *The fallout from this manufactured crisis is yet to come. From poverty, to the PTSD that will follow. And the tsunami of backlogged treatments and surgeries that will overwhelm a health system now ill prepared for a rush. The longer we wait, the harder it will be.*

The reality is that this was no more deadly than flu. This was known from the beginning. SARS, MERS and every other 'test run' pandemic in the last 30 or more years never triggered this response. Yet somehow this ever less deadly outbreak did. No-one appears willing to say 'sorry' and let's start over. Better to let people suffer in silence. And God help them if they speak up with anything but the government and social media talking points.

Unlike flu, COVID 19 has a tried and tested, cheap and safe treatment if used early enough. Yet this virus was used as an excuse to remove all civil rights throughout the world. It was weaponized to plunge us into the darkest times we have seen in modern history. And there appears to be no light at the end of this tunnel.

Time to end the insanity. Treat the sick. Remove the lockdown and 'social distancing' that are preventing herd immunity from protecting us all. Stop the tracking and get back to work.

Hold the guilty to account and never let this happen again.

And those guilty of taking advantage of a manufactured crisis;

From a Knight's Tale (RIP the inimitable Heath Ledger)

**Wat:** You have been weighed.

**Roland:** You have been measured.

**Kate:** And you have absolutely...

**Chaucer:** Been found wanting.

**William:** Welcome to New World. God save you, if it is right that he should do so.

# The Best Laid Plans. COVID-19

## A SARS-COV-2 Story – Chapter 1.

First published on March 28, 2020

## We need a better Plan.

Before I start, I should mention I fall into four of the top five risk categories for COVID-19. I have family who are particularly at risk also. To be blunt, I have skin in the game. But this isn't about me or you. It is about us all.

***Updated May 17th, 2020:*** Please check out this daily blog being maintained by a Swiss Doctor on what is happening globally. It contains many links to support the below and the comments in the blog[1]. (Swiss Doctor, 2020)

We are currently dealing with the largest global stressor ever experienced in modern history. Note I didn't say pandemic or crisis. That would have been anything from World War I, II, Spanish Flu or countless other scenarios that have killed many millions. This has now developed the appearance of an uncontrolled pandemic. However, it had all the reasoning and information never to have become one. Was it ever really a pandemic? The panic and fear are real, but is the information used to create that fear and panic really all it is made out to be?

Right now, it is hard to rationalize what actions to take, but it is important to stop, think and realize that we need a better plan next time (and there **will** be a next time). This is now the fifth pandemic that is directly connected in just over two decades. This ignores many other global health threats that we have faced and overcome in the same time period.

[1] https://swprs.org/a-swiss-doctor-on-covid-19/

- *All years – Seasonal Flu - (Influenza-A) and (Influenza-B)[2] [3] (CDC, 2020)*
- *1918 H1N1 (Spanish Flu) (Influenza-A)[4] (CDC, 2020)*
- *1957 H2N2 ("Asian Flu") (Influenza-A) [5] (CDC, 2020)*
- *1968 H3N2 (Influenza-A)[6] (CDC, 2020)*
- *1997 H5N1 (Highly Pathogenic Asian Avian Influenza) (Bird flu) (Influenza-A)[7] (CDC, 2020)*
- *2003 - SARS (Severe Acute Respiratory Syndrome) - Coronavirus (SARS-CoV-1)[8] (CDC, 2020)*
- *2009 - H1N1 (Swine Flu) (Influenza-A)[9] (CDC, 2020)*
- *2012/2015 - MERS (Middle East Respiratory Syndrome) – Coronavirus (EMC/2012)[10] (CDC, 2020)*
- *2019 - COVID-19 (SARS-CoV-2) - Coronavirus[11] (CDC, 2020)*

We appear not to have learnt from how these previous pandemics were handled in the recent past. This is an occasion though where the saying, *"Those who cannot remember the past are condemned to repeat it." (George Santayana)*, is ironically turned on its head. Instead of following the lessons of previous outbreaks, we triggered a worst-case scenario plan.

---

[2] https://www.cdc.gov/flu/about/index.html

[3] https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

[4] https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html

[5] https://www.cdc.gov/flu/pandemic-resources/1957-1958-pandemic.html

[6] https://www.cdc.gov/flu/pandemic-resources/1968-pandemic.html

[7] https://www.cdc.gov/flu/avianflu/

[8] https://www.cdc.gov/sars/

[9] https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html

[10] https://www.cdc.gov/coronavirus/mers/

[11] https://www.cdc.gov/coronavirus/2019-ncov/

There are people in the world from First Responders to Government to Armed Services, who will recognize the 'break glass in case of emergency' plan that has been implemented by Governments at all levels globally. However, this plan was never designed for what we are dealing with now. It was designed to deal with a global emergency of catastrophic proportions and with it came government powers that should never be taken lightly.

**We need a better plan**

There are also professionals who deal with Business Continuity Planning (BCP) and Disaster Recovery Planning (DRP) who will recognize that this plan appears to have no nuances or layers. Those people understand that there can never be a 'one size fits all' for disaster planning.

- ***What is different this time?***
- ***Why is it so much worse?***

Before we answer the first question, we must touch upon the second.

## Why is it so much worse?

The real question is, "Is this virus worse?" The answer to that, as regards the virus itself, is NO. How can that be you ask? This has caused a global collapse the likes of which has never been seen before.

It is the reaction and impact to society that is worse, not the actual virus. This reaction is causing a feedback loop that is actually making the impact of the virus and loss of life worse. However, no-one is asking how many people (outside of COVID-19) are dying in hospital or waiting for treatment due to the stress these new protocols have placed on the system. People didn't suddenly stop getting sick or requiring treatment for other just as deadly (and worse) ailments. Why are they being ignored?

The media says that regular flu has a mortality rate of 0.1% and COVID-19 is 2%-3%. That number for COVID-19 changes every day for each country from less than 0.1% to over 20%.

This study suggests that COVID-19 infection rates are already widespread which would put the mortality rate well below that of seasonal flu. Coronavirus may have infected half of UK population —

Oxford study [Link][12] (FT, 2020). This study also correlates with the massive, uncontrolled movement of people in and out of ground zero for months before countries went into partial lockdown. More recent studies on wider spread antibody testing suggest that even this Oxford study may underestimate the actual spread and therefore bring down the overall mortality rate below seasonal flu. This is backed up by the known and well-studied expectations of the spread of a highly infectious virus such as COVID 19.

## Where did those numbers come from?

### Seasonal Flu

These are long term statistics gathered over decades. This does not come from testing every person who has flu though. This 0.1% number is also based on millions of people contracting the flu seasonally, despite over 50% of the population being inoculated (think the ultimate in self-isolation). By the definition we are using for COVID 19, the flu is a far more serious perpetual global pandemic![13] (Flu Hospital Rates, 2020)

### COVID-19

These are rapidly changing numbers associated with testing people who appear to be symptomatic or who have had direct contact with a person who has tested positive. This assumes only the people exhibiting symptoms and being tested have it. Even with this, it is widely acknowledged that over 80% of people infected have minimal symptoms and recover with no issues. Further, more than 90% recover in this small sample group.

[12] https://www.ft.com/content/5ff6469a-6dd8-11ea-89df-41bea055720b

[13] https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html

## What is really overwhelming the health system?

Extensive testing and new protocols impact the ability for the health system to deal with existing patients and other illnesses. Essential medical personnel are being redirected to full time testing. In the meantime, their regular work is handed off or shelved temporarily. Remember the health system is not dealing with just COVID-19.

Protocols have been escalated in health care to almost biowarfare levels, way beyond that of the protocols for far more deadly and infectious diseases. Unlike anything before, family members are separated at the doors of hospitals placing strain on health workers, family and the sick and dying. The strain this puts on the health system is creating a self-fulfilling prophecy. Have you ever been to a hospital treating MRSA (Methicillin-Resistant Staphylococcus Aureus), the 'Super Bug'? Imagine that scaled to every aspect of the health system and then double it for the new protocols. Even without a single case of COVID-19, these protocols are unsustainable.

Now remember that this outbreak started in one of the most populous areas on the planet. It was highly contagious and had a long incubation period (before and after infection) with minimal to no symptoms. It started no later than mid November 2019 (maybe earlier) and travel was not restricted globally until almost 5 months later. During that time, millions of travelers moved in and out of that area at high levels due to Christmas, New Year, Chinese New Year etc.

## How many people have really come into contact with COVID-19 as a result?

How did China manage to keep the deaths to 4,634 out of 82,995 infections in a population of 1.4 **B**illon over a period of five months of reported outbreak in the region? Note that actual figures on testing are not available (as is most information on China).

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| | **China** | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 1,439,323,776 | 0 | 82,995 | 4,634 |
| **Per Capita** | 0.00% | 0.006% | **0.00032%** |
| **Per Test** | | 0.00% | 0.0000% |
| **Per Positive Test** | | | **5.58%** |

With so few deaths, why did China need sixteen large temporary hospitals for such a long time, on top of their existing medical infrastructure? How many people moved in and out of that highly infected area in the months before the world locked down? Something doesn't add up.

Anyone who understands statistics will see a few glaring issues with what is currently being reported.

## What are the real statistics?

The CDC just published seasonal flu stats for the US. Up to 56 million infected and up to 62,000 deaths in the same November to April period[14]. (CDC, 2020)

**Why is this relevant?**

1. *People are not regularly tested for seasonal flu unless they are hospitalized. By contrast, there is mass (but targeted) testing worldwide for COVID-19.*
2. *CDC, WHO and Governments don't report flu numbers on a daily basis with announcements from World Leaders, feeding a panic narrative, unlike COVID 19.*
3. *Seasonal flu maintains those numbers despite a large part of the population being inoculated.*
4. *A smaller group of high-risk individuals have also received 5-year pneumococcal inoculation, protecting against most forms of pneumonia.*
5. *COVID-19 has mild to zero symptoms in more than 80% of people (in current testing) unlike seasonal flu.*

[14] https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

6. *We have no statistics on the people who have contracted COVID-19 and were asymptomatic, untested and untreated.*
7. *Many people with no symptoms of COVID-19 have tested positive.*

Flu transmission is controlled by a large number of the population being inoculated. The spread of flu has been controlled this season by the exact same steps as those implemented for COVID 19. However, it still killed up to 63,000 people in the US alone in the same 2019/2020 period as COVID-19.

As testing increases for COVID-19, the numbers continue to change. More people appear to have contracted COVID-19 daily, or have they? More people are tested daily as tests roll out. Testing turn-around time has been reduced from 6 days to 15 minutes or less, so we see another spike in reported cases. This doesn't mean COVID-19 is necessarily growing exponentially despite the numbers growing as testing increases.

We need to be careful when referring to the terms 'Cases' and 'Confirmed Deaths' as they do not mean what many people think. As such, they, should be used with caution (unlike John Hopkins University, Bing COVID 10 map, The MSM and daily government updates). Note: The actual definitions and criteria are available from the CDC, WHO and many Government sources (as is shown in this document).

As of April 29th, 2020, the latest Canadian Medical Association Journal (CMAJ) guidelines state that COVID 19 has an overall mortality rate in tested positive cases as 0.1% (1 in 1000)[15] (Zhikang Ye, 2020). CMAJ quote this low mortality rate as a reason not to use any proven safe, cheap and effective medications for the treatment of mild to moderate cases. For COVID 19 (SARS-CoV-2) we are using a confusing mechanism in a clear attempt to artificially inflate the presumed actual mortality rate of the virus i.e. risk of death. All reporting now uses [Positive] 'Case Fatality Rate' (CFR) as an indicator of how likely it is for you to die of COVID 19. However, this is the percentage of the tested (not currently infected or recovered) positive cases. This is the 'numerator' (the number at the top of the equation). This is placed over the number of deaths presumed to also include COVID 19. Note this isn't a death

[15] https://www.cmaj.ca/content/early/2020/04/29/cmaj.200648

were COVID 19 is the primary cause or primary contributory factor in the death. In fact, it isn't even something that may have been tested for and is, as per CDC guidelines, acceptable to assume COVID 19 in some cases. This then forms a very questionable 'denominator' in the equation. We are therefore reporting the most significant piece of information ever reported in the history of the world based on two very questionable numbers.

A true risk of mortality (as calculated in every other pandemic is the actual rate of infection (number of people who caught the disease) over the people who actually died **of** the disease. This is a much lower number than is being reported.

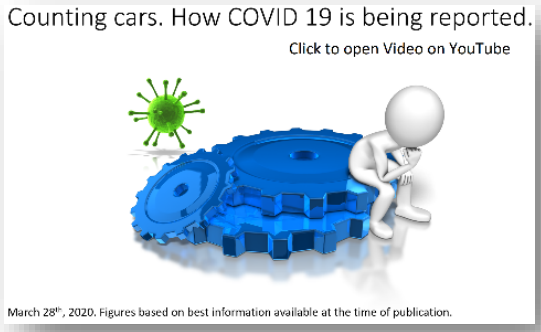
- For SARS-CoV-1 (SARS in 2003/2004) the actual mortality rate was 9.6%. We did not close a single country for that.
- For MERS-CoV (MERS in 2012/2015) the actual mortality rate was 34%. We did not close a single country for that.
- For COVID 19 (SARS-CoV-2), the actual mortality rate appears to close to or less than 0.1%, the same as seasonal flu. Yet we closed most of the world for this.

'Cases' are not the spread of the virus, but rather the targeted testing of a grouping of people expected to test positive. This has been consistently around 20% in the US. As this is targeted testing, the low rate of positive numbers in a group expected to be positive should be worrying. However, this results in a lower numerator ('Cases') which will increase the mortality percentage. This would not normally be an issue if you know how the numbers are derived, but many don't.

The denominator ('Deaths') are, as per the WHO and CDC guidelines, any person with or suspected of having COVID 19, where COVID 19 may have been a contributing factor. As there are many contributory causes of death, this number must not be assumed to be the only or primary cause of death. However, this is not clear in most reporting. Clarity is critical when you consider the impact of the decisions being taken in this scenario worldwide.

*When misused as a reason to close the world, putting many lives in jeopardy from the consequences of a global lockdown, this is beyond negligent.* ***It constitutes a crime against humanity!***

As an analogy to how these numbers are being reported, let's consider the way that governments justify everyone's favourite selfie moment, '**Photo Radar'** for speeding**.**




Counting cars. How COVID 19 is being reported.[Video Link][16] (Dickson, Counting Cars, 2020)

That being said, it is likely the numbers are growing. Sadly, partial self-isolation may be making the situation worse not better. We have taken a population with an unknown but likely high infection risk and **partially** isolated them. Inside these family or social isolation 'pods', 'social distancing' does not exist. If one person contracts the virus, all are likely to be infected. This isolation has increased stress, reduced time outdoors, created an unhealthy and sedentary lifestyle, all leading to many avoidable risks to our physical and mental health. As such the impact of this unnecessary lockdown will be felt for decades, if not generations to come.

We have allowed one or more of these 'pods' of people to go to small, concentrated and now more heavily frequented locations such as grocery stores, gas stations and fast food drive throughs. Each of these locations has a number of common use hard surfaces made of plastic and metal that we handle without a thought. This isn't just about COVID-19. Gas pump handles for example are as filthy as a toilet seat[17] (Selyukh, 2011). As COVID-19 is primarily transmitted by droplets from our breath (coughing, sneezing and even just breathing in some cases), it is these commonly handled surfaces that pose a potential risk of infection. These locations are not cleaned between visitors as an operating theatre would be.

[16] https://www.youtube-nocookie.com/embed/QM79ybr7Y18

[17] https://www.reuters.com/article/us-usa-health-filth/gas-pump-handles-top-study-of-filthy-surfaces-idUSTRE79O0G820111025

Although no specific cases of hard surface transfer have been cited yet, it is a known risk for virus and other communicable disease transfer in general. Every hard surface can hold the virus for up to 4-5 days (or longer)[18] (Moriarty LF, 2020).

*"SARS-CoV-2 RNA was identified on a variety of surfaces in cabins of both symptomatic and asymptomatic infected passengers up to 17 days after cabins were vacated"*

Soft surfaces 1- days. None of these surfaces, outside the health system, are being regularly or appropriately disinfected. There are a growing number of cases with no apparent source which could easily be common surface transfer cases. Further, in the same study, COVID 19 has even been found to be stable in the air for 3 hours.

Doctor Marc G. Wathelet, the distinguished virologist in charge of a team studying SARS stated;[19] [20]

*"An aerosol, literally a solution in air, consists of micro-droplets, which are so small that they stay suspended in the air or fall much slower than small droplets. They are produced during normal breathing and this production is accelerated by speaking or even more by singing, shouting."*
*(Doremalen, 2020) (Roberts, 2020)*

[18] https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm

[19] https://www.paulcraigroberts.org/2020/03/09/covid-19-and-aerosol-transmission-some-thoughts/

[20] https://www.nejm.org/doi/full/10.1056/NEJMc2004973

*" The presence of more cases where the first symptoms are pulmonary for COVID-19 is a clear indication that transmission also occurs by aerosol." (Doremalen, 2020) (Roberts, 2020)*

All the data seems to suggest that COVID 19, while highly infectious, is relatively low risk for all but the most vulnerable in society. Yet we have locked up everyone. This was a necessary part of the plan that was triggered, but is criminal to have been misused as it has been.

As transmissible by fomites (hard surfaces such as water bottles) or direct contact (mucous membranes) and being airborne, COVID 19 qualifies as a *"High consequence infectious diseases (HCID)"* in the UK. In fact, it was classified as such until four days before their lockdown.

Four days **BEFORE** the UK locked down it declassified COVID 19 as a HCID because[21]; (UK Government, 2020)

*"...more information is available about mortality rates (low overall)..." (UK Government, 2020)*

Since the lockdown in the UK, COVID 19 has been found to be orders of magnitude less deadly than it was thought even then. **Yet the lockdown continues worldwide.**

**Why is that?**

What is on this list?

- *Avian influenza A H7N9 and H5N1*
- *Avian influenza A H5N6 and H7N7*
- *Middle East respiratory syndrome (MERS)*
- *Severe acute respiratory syndrome (SARS)**

[21] https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#classification-of-hcids

*Note that SARS-CoV-1 (the original SARS) is on this list and yet there hasn't been a case since 2004.

There is also NO vaccine** for the original SARS*.

** The common cold is a coronavirus (OC43). Coronaviruses account for 10%-30% of respiratory infections worldwide (as per Dr. Fauci) but have never locked down the world.[22] (CDC, 2020)

There has never been a vaccine created for any human coronavirus.[23] (CDC, 2020)

Less than 2,000 'cases' (not 'deaths') in China alone, & drug makers 'rushed' to create a vaccine. This, despite no-one ever developing such a vaccine before. A cure for the common cold - Woo Hoo (or is that Wuhan). 50 years trying with no success for any coronavirus!

January 23rd, 2020 (Wall Street Journal article on rush to create a vaccine).[24] (McKay, 2020)

Canada clamoring to cure the new 'common cold'.[25] (D'Amore, 2020)

Thanks Dr. Fauci for suddenly jumping on the vaccine money train. Maybe you will cure the common cold as well!!![26]

We should stop comparing COVID 19 to the flu as H1N1 etc. have a vaccine.

COVID 19 - the new & improved 'Common Cold'.**

No other country (outside of China) has ever locked down its healthy citizens for any of these more deadly highly infectious diseases. So, why have we locked down the world for COVID 19?

In our new isolated way of life, we touch the same gas pump, shopping trolley or pay terminal (and more). The users and operators of these locations are not sanitizing (gloved or ungloved) between

[22] https://www.cdc.gov/coronavirus/types.html

[23] https://www.cdc.gov/coronavirus/general-information.html

[24] https://www.wsj.com/articles/drugmakers-rush-to-develop-vaccines-against-china-virus-11579813026

[25] https://globalnews.ca/news/6466954/coronavirus-outbreak-vaccine-research/

[26] https://jamanetwork.com/journals/jama/fullarticle/2759815

every surface touched. How is this controlling the spread and enforcing isolation? In effect, it is merely giving the appearance of isolation and control.

In fact, grocery stores have now decided that single use bags are a transmission risk. We have moved from banning single use plastic bags to not allowing re-usable bags. How times change in such a short period. In Alberta, the initial spread of infection coincided with most grocery stores banning single use plastic and requiring re-usable bags.

Each of the designated shoppers now come back to their family pods with an increased likelihood of exposure putting at risk the very people they are striving to protect.

This example touches on three 'essential services' that our partial isolation puts us in direct contact with daily. None of these are running with biohazard protocols.

Recently, the Government of Ontario published a list of 74 groups of essential services. It is hard to find a service that doesn't fall into one of these 74 categories. How many people are now moving in and out of high infection risk areas each day?

## How are we controlling COVID-19 with partial isolation?

This might explain how Italy deteriorated so quickly when they went into partial isolation first. Note that there is no such thing as **full** isolation that does not result in many more deaths. The only full isolation is in a plastic bubble in a hospital. Think of the movie 'The Boy in the Plastic Bubble' starring John Travolta. That is not possible with a population needing food, medicine and any of the other basics of today's life. Additionally, northern Italians have an apparent genetic trait that increases the impact of an infection such as COVID-19[27] (Sala C1, 2008). As of April 11th, 2020, most of the cases in Italy are still focused in the northern region. Out of 17,127 deaths in Italy, only 1,083 have been in southern Italy. In addition, they have one of the oldest average populations in the world.

[27] https://www.ncbi.nlm.nih.gov/pubmed/18603552

## Why didn't the other pandemics spread like this?

The late notice of the disease and increased global travel within China in recent years allowed the virus to spread throughout the world unchecked. China's borders have not been as relaxed as in recent years, so previous spread may have been more contained. Secondly, the prior outbreaks were managed through regular infectious disease protocols (not global lockdowns). Lastly, prior outbreaks were treated with a known prophylactic and treatment at the time. Effects of chloroquine on viral infections: an old drug against today's diseases [Link][28] (Savarino D. A., 2003). This is the very same medication and treatment protocol suddenly being tentatively 'trialed' by doctors and questioned daily by the media. The use of Hydroxychloroquine along with antibiotics is not a new miracle cure for a Coronavirus such as COVID-19. It was used to treat Avian Flu (1997), SARS (2003), MERS (2012/2015) and many other diseases that cause a cytokine storm (such as lupus) for decades. This is why Australia, France, Canada the US and many others are now testing it. As of April 11th, 2020, WHO were apparently expanding testing globally for this decades old drug. However, the obvious push back on this drug, but not others is noticeable.

One question must therefore be asked. Why did it take it taken five months, over twenty one thousand confirmed deaths (by April 11th, 2020) and a global economic meltdown before this was openly discussed and used to save lives? Why are the FDA suddenly suggesting it is dangerous and should not be used, only in the case of COVID 19? Why is it now being shut down in favour of riskier untested and expensive treatments?[29] (Dickson, Articles, 2020)

It is a drug that was invented in 1934 and has been used to treat malaria, lupus and rheumatoid arthritis for many decades. It is cheap, freely available and even the manufacturers are offering millions of free doses to get through this crisis. This is something Governments have been ignoring until one world leader, The US President, Donald J. Trump, pushed back. He forced the FDA to allow

[28] https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(03)00806-5/fulltext

[29] https://www.linkedin.com/pulse/how-humble-gin-tonic-may-save-world-from-covid-19-dave-dickson-

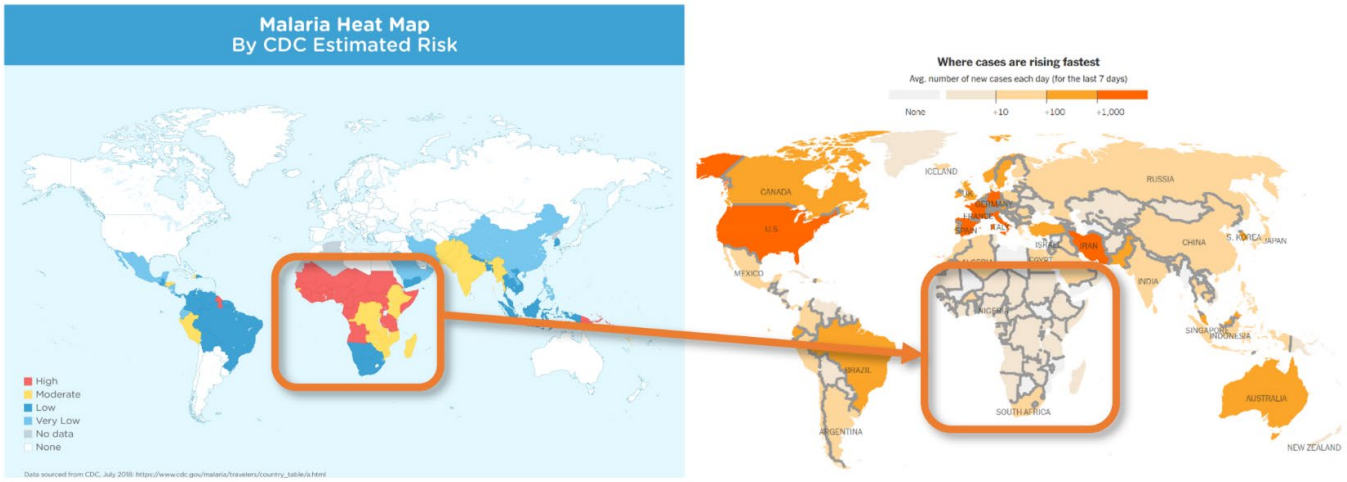
the drug to be used, which, up to that point, was apparently being held back by red tape. Whether you love or loath President Trump, we are now seeing the dam break. Global testing is now in full swing.

Speaking of malaria. Take a look at the malaria world maps and overlay the coronavirus maps. It is interesting to compare the areas of COVID-19 and malaria prone countries.

Although there are pockets of COVID-19 in areas with malaria, the incidence is very small in comparison to the surrounding countries. Africa, for instance, has a population of 1.3 billion. As of April 11th, 2020, Africa had 412 deaths and 9,079 confirmed cases out of 1.3 **B**illion people. Of that, 40% of the reported cases came from one areas in a tight cluster, Egypt, Tunisia and Algeria. If there were no incidences reported, it would suggest a lack of data as not everyone is taking the medication all the time.

What makes Africa so different from Italy and its 60 **M**illion population with over 17,127 deaths and over 135,586 infections in 45 days from the first reported death?[30] (Treated.com, 2018)

https://www.treated.com/malaria/world-map-risk

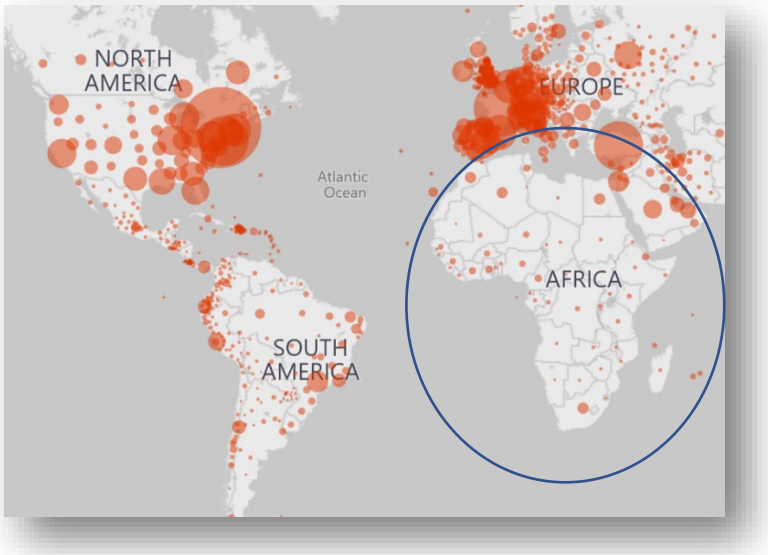



[30] https://www.treated.com/malaria/world-map-risk

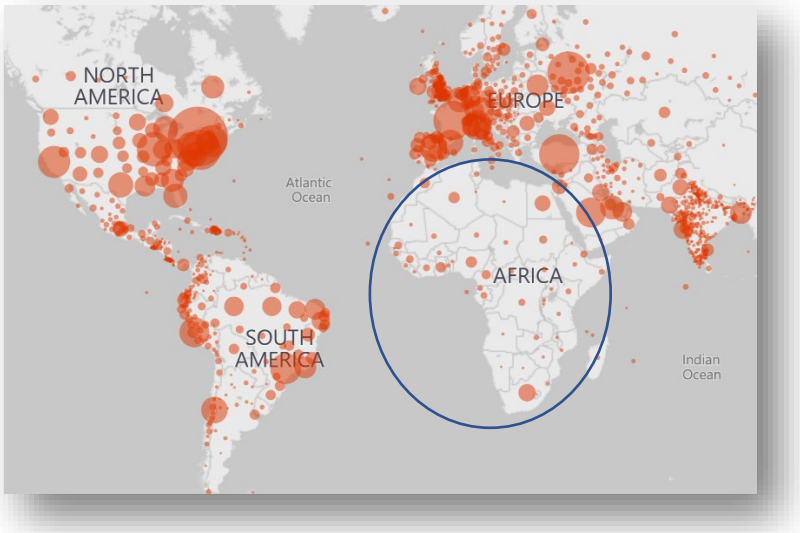
In these maps, we see two things.

Lack of travel/population and high risk of malaria coincide with low numbers of infection and mortality. Is this really just a coincidence?

What about the spread of COVID 19. Here is the map of the COVID 19 spread as of April 19th, 2020.




Here is the same map of the COVID 19 spread as of May 28th, 2020.



## What is different this time?

Countries have implemented the only global disaster plan they have. It was designed for nuclear war and similar global scenarios where deaths were guaranteed in the millions. We have essentially implemented globally a 'break the glass' plan where the expectation is casualties and deaths due to the extreme nature of the crisis. The plan is designed to deal with an incident that would kill millions, so 'the casualties of war' position makes sense. This plan was never designed to deal with the type of scenario we are now facing.

## We need another plan!

Controlling the population was critical in the plan for nuclear war. That can only be achieved if the population is contained. There are not enough Police or Armed Forces to contain a moving population. In prisons, guards don't try and control prisoners in the exercise yard. They lock them down. It takes a lot less manpower to control a population that is already contained.

Why did Governments across the globe implement their 'break the glass' plan? Because it is the only one they had. The larger question is why did they implement this plan this time and not before?

For SARS and MERS, countries quickly implemented localized infectious disease protocols. They also started the use of anti-malaria and other drugs early. Information globally was sparse and both travel and communication in and out of ground zero (China) was limited.

China tightly controls information flow in and out of their country. In past outbreaks, the Chinese reaction remained hidden from sight. This time, the information coming out of China due to global communications, social media etc. fed into panic protocols being implemented, one Government after the next. One Government (China) implemented this process, let other Governments observe it and boom, everyone is metaphorically 'panic buying toilet paper'. The mentality is, right or wrong, *'we can't be blamed for doing what everyone else does*'.

Back to the comments on a DRP and BCP. Organizations from small business to Governments sadly ignore these plans and very rarely update them. The belief is what they plan for doesn't 'normally' happen!

Yet, disasters do happen. These plans have to be living documents with layers for many scenarios. When the current global threat plans were created in the 60's-80's, there was only one scenario to plan for. Global Thermonuclear War. That risk still exists (with North Korea, China, Iran etc.), but now there are other risks, from 9/11 to the 2008 financial collapse, to SARS, MERS, H1N1, H5N1 etc.

**We need a better Plan!**

This exact scenario wasn't just predicable; it has happened four times already in just over two decades (SARS, MERS, H1N1, H5N1). Yet, the people who advise Government and manage these plans either did nothing or were not heard. Most of the lack of action and planning, as we know, is due to budgets and the mentality of 'BCP/DRP, what's that?'. This has to change.

**We need a better Plan!**

The only hope is to learn from this. It is a fact that *"those who fail to plan, plan to fail"*. Or as DNA (Douglas Noel Adams) said,

> "Human beings, who are almost unique in having the ability to learn from the experience of others, are also remarkable for their apparent disinclination to do so." *(Adams, Last Chance to See, 1989)*

What is the answer right now? The world has gained momentum. We are on a course where it is hard to slow down and almost impossible to stop. The iceberg is here, the Titanic is sinking and we do not have enough boats (or ventilators, doctors, nurses or beds).

However, this is not 1912. We have more lifeboats coming along with every resource available to us. The Hydroxychloroquine trials are a start, as long as the media's worry mongering doesn't scupper the plans. Already we have had the media blaming the US president for three people in Nigeria overdosing

on an over the counter drug! They also blamed him for a couple taking Chloroquine Phosphate from their aquarium supplies, despite it being clearly not for human consumption. Why did the media not blame the Australian, French and US researchers that published the information in the first place? If the US President said Acetaminophen was good for headaches, would he be blamed for the many overdoses that happen every day? People have said if Donald J. Trump found the cure for cancer, people would ask why it took so long. I guess they were right.

However, this is not a left, right or any other type of political discussion. This is not about me, or you, it is about us all.

We have to learn from this. We have to change our response to this type of crisis in the future. This **will** happen again.

**We need a better Plan!**

"Fool me once, shame on you. Fool me twice, shame on me. Fool me three times, shame on both of us." *(King, 2000)*

1. *1997 H5N1 Highly Pathogenic Asian Avian Influenza (Bird flu) (Influenza-A)*
2. *2003 - SARS (Severe Acute Respiratory Syndrome) - Coronavirus (SARS-CoV-1)*
3. *2009 - H1N1 (Swine Flu) (Influenza-A)*
4. *2012/2015 - MERS (Middle East Respiratory Syndrome) – Coronavirus (EMC/2012)*
5. *2019 - COVID-19 (SARS-CoV-2) - Coronavirus*

In just over 20 years, we are now up to five!!! Shame on everyone if we do not learn and adapt our plans this time.

Maybe next time we need to stop, think and ask;

1. *Is this virus (not the reaction) like any other outbreak? - YES*
2. *Have we successfully dealt with this type of virus pandemic before? - YES*
3. *What did we do that worked?*
4. *Wash (literally) and repeat.*

We can't blame anyone right now. This is not the time for the distraction of a postmortem deep dive looking for blame. There will plenty of time for that, if we survive the current plan. The body (the human race), is still warm and breathing unassisted. We are slowly being smothered though. So, for humanity's sake, we have to learn from this tragedy. We didn't devolve into panic with SARS, MERS, H1N1 and H5N1 some of which, show higher mortality rates.

**We need a better Plan!**

## By the numbers.

In the current crisis, we have an apparent abundance of information. Yet are we really seeing the true story? Right now, the facts being presented are based on targeted testing of likely 'Positive Cases' to misleadingly demonstrate inflated mortality rates. Typically, mortality rates are based on per capita or widespread random sample numbers.

We are continually being told we need to flatten the curve. However, the curve can be artificially manipulated when the figures are based on the number of tests performed and CDC guidelines have almost eradicated any other cause of death.

The US and Italy are prime examples of this misinformation. It should be noted that due to an aging population and other factors, Italy has one of the world's highest mortality (death) rates from seasonal flu in the world.

- *On average, **15%** of the **US** population contract seasonal flu. **0.02%** of that group die annually.*
- *On average, **9%** of the **Italian** population contract seasonal flu. **0.1%** of that group die annually.*

Based on this, you are **50%** more likely to catch flu in the US than Italy. However, you are **600%** more likely to die of flu in Italy than the US. Maybe the death rate from COVID-19 in Italy makes sense after all[31]. (Rizzoac, 2019)

[31] https://www.sciencedirect.com/science/article/pii/S1201971219303285

As on the beginning of April, 6 weeks into their full lockdown, Italy had a reported mortality rate (deaths) for COVID-19, per active case, of about 19.42%. This is the number used to frighten the population. But this is a number with no value whatsoever, other than to induce fear. If you are only looking for horses, you will never find a zebra, even if it is there. If you only test those most likely to have COVID 19, what else would you expect to find?

Digging deeper[32] (Our World Data, 2020), we find that deaths per tested individual is 0.9%. This hasn't changed much. However, this is another number with minimal value as testing is on those most likely to have caught COVID-19. The likelihood of death should be based on the per capita number in absence of widespread random sample testing. As of May 28th, 2020, the mortality rate in Italy was 0.055%. That is the only supportable statistic to show the actual chance of dying right now. Italy's mortality rate is something above but closer to 0.055%, not up to 20% (or 14.3% as of May 28th, 2020) as the media and others have pushed.

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| | **Italy** | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 60,461,826 | 3,683,144 | 231,732 | 33,142 |
| **Per Capita** | 6.09% | 0.383% | **0.05481%** |
| **Per Test** | | 6.29% | 0.8998% |
| **Per Positive Test** | | | **14.30%** |

For the same day in the US, well into the 'social distancing' and lock downs, these numbers were 5.85% based on positive tests. For each person tested, it was 0.64% (and dropping as testing increases). However, per capita, the unreported rate again was 0.031%. You can't control a population with those numbers though. So, the media pushes the escalating positive test results as if people are catching it at this same escalated rate with a false mortality of 5.85% at that time. In other locations around the

[32] https://ourworldindata.org/coronavirus-testing-source-data

world (as we move through each area), we see similar numbers. Again, the push is on the skewed numbers that cause panic.

Even here the reported numbers by the CDC themselves depend on what page you look at;

The main splash page for COVID 19 from the CDC shows 99,031 deaths as of May 28th, 2020 (up from 62,406 since May 2nd, 2020, despite the lockdown). Interesting that this is the figure the press, John Hopkins, Bing and government report[33]. (CDC, 2020)

Then there is the Respiratory disease reporting page with flu, COVID and 'all cause' mortality based on provisional death certificates (the most accurate data) that shows 81,372 deaths 'from' COVID19 on May 28th, 2020[34]. (CDC, 2020). This is significantly up from the 37,308 deaths 'from' COVID 19 on that same page as of May 2nd, 2020.

To make this worse, on May 2nd, 37K deaths were combined with other causes of death, plus not necessarily confirmed to even have COVID 19. Now that same page as of May 28th, 2020 shows 35,602 combined deaths. Did 2,000 people suddenly get better from 'death' of one form or another?

*"Deaths with confirmed or presumed COVID-19, coded to ICD–10 code U07.1"*

This artificial inflation of the 'death' count is by design and according to CDC and WHO directives. The one thing we can be assured of throughout this 'pandemic' is that the numbers have been constantly skewed to deliberately cause panic.

[33] https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

[34] https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **United States** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 331,002,651 | 16,002,557 | 1,751,970 | 102,476 |
| **Per Capita** | 4.83% | 0.529% | **0.03096%** |
| **Per Test** | | 10.95% | 0.6404% |
| **Per Positive Test** | | | **5.85%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Brazil** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 212,559,417 | 871,839 | 414,661 | 25,697 |
| **Per Capita** | 0.41% | 0.195% | **0.01209%** |
| **Per Test** | | 47.56% | 2.9474% |
| **Per Positive Test** | | | **6.20%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Russia** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 145,934,462 | 9,701,280 | 379,051 | 4,142 |
| **Per Capita** | 6.65% | 0.260% | **0.00284%** |
| **Per Test** | | 3.91% | 0.0427% |
| **Per Positive Test** | | | **1.09%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Spain** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 46,754,778 | 3,556,567 | 283,849 | 27,118 |
| **Per Capita** | 7.61% | 0.607% | **0.05800%** |
| **Per Test** | | 7.98% | 0.7625% |
| **Per Positive Test** | | | **9.55%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **United Kingdom** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 67,886,011 | 3,918,079 | 269,127 | 37,837 |
| **Per Capita** | 5.77% | 0.396% | **0.05574%** |
| **Per Test** | | 6.87% | 0.9657% |
| **Per Positive Test** | | | **14.06%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **France** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 65,273,511 | 1,384,633 | 182,913 | 28,596 |
| **Per Capita** | 2.12% | 0.280% | **0.04381%** |
| **Per Test** | | 13.21% | 2.0652% |
| **Per Positive Test** | | | **15.63%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Germany** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 83,783,942 | 3,952,971 | 182,202 | 8,552 |
| **Per Capita** | 4.72% | 0.217% | **0.01021%** |
| **Per Test** | | 4.61% | 0.2163% |
| **Per Positive Test** | | | **4.69%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **India** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 1,380,004,385 | 3,362,136 | 164,936 | 4,673 |
| **Per Capita** | 0.24% | 0.012% | **0.00034%** |
| **Per Test** | | 4.91% | 0.1390% |
| **Per Positive Test** | | | **2.83%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| Canada | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 37,742,154 | 1,559,280 | 88,467 | 6,873 |
| **Per Capita** | 4.13% | 0.234% | **0.01821%** |
| **Per Test** | | 5.67% | 0.4408% |
| **Per Positive Test** | | | **7.77%** |

Speaking of Canada. Drilling down on these numbers into Alberta paints a picture that is not being told anywhere.

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Alberta** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 4,345,737 | 223,771 | 6,926 | 141 |
| **Per Capita** | 5.15% | 0.159% | **0.00324%** |
| **Per Test** | | 3.10% | 0.0630% |
| **Per Positive Test** | | | **2.04%** |

The average age of an Albertan that has died 'with' (or possibly with) COVID 19 is over 80 years of age. This is a story repeated in every country. In most places, the average age of death 'with' COVID 19, exceeds the overall life expectancy for that area. Effectivlely, on average, people are living longer 'with' COVID 19 that without it!

| Alberta Population = 4,345,737 | Alberta tested 223,771 | | | Total deaths = 141 | | Per Capita = 0.0032% | | | 05-28-2020 |
|---|---|---|---|---|---|---|---|---|---|
| | 1-4 years | 10-19 years | 20-29 years | 30-39 years | 40-49 years | 50-59 years | 60-69 years | 70-79 years | 80+ years |
| Tested Positive | 140 | 599 | 935 | 1,414 | 1,558 | 1,010 | 523 | 238 | 321 |
| Died ('WITH' not 'OF') | - | - | 1 | 1 | 1 | 2 | 10 | 28 | 98 |
| Mortality (with co-morbidities) | 0.00% | 0.00% | 0.11% | 0.07% | 0.06% | 0.20% | 1.91% | 11.76% | 30.53% |
| Mortality (without co- | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Mortality percentage | UNDER 5 *0.00%* | UNDER 20 *0.00%* | UNDER 30 *0.71%* | UNDER 40 *1.42%* | UNDER 50 *2.13%* | UNDER 60 *3.55%* | Over 60 *96.45%* | Over 70 *89.36%* | Over 80 *69.50%* |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Belgium** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 11,589,623 | 818,807 | 57,849 | 9,388 |
| **Per Capita** | 7.07% | 0.499% | **0.08100%** |
| **Per Test** | | 7.07% | 1.1465% |
| **Per Positive Test** | | | **16.23%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Denmark** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 5,792,202 | 583,052 | 11,512 | 568 |
| **Per Capita** | 10.07% | 0.199% | **0.00981%** |
| **Per Test** | | 1.97% | 0.0974% |
| **Per Positive Test** | | | **4.93%** |

Notice how the 'Mortality' rate being reported (per positive test, not per capita) is widely changing daily (up and down). Notice how it does not align between any country, even though that share similar demographics such as the Scandinavian countries.

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| **Switzerland** | | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 8,654,622 | 385,822 | 30,796 | 1,919 |
| **Per Capita** | 4.46% | 0.356% | **0.02217%** |
| **Per Test** | | 7.98% | 0.4974% |
| **Per Positive Test** | | | **6.23%** |

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| | **Sweden** | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 10,099,265 | 238,800 | 35,727 | 4,266 |
| **Per Capita** | 2.36% | 0.354% | **0.04224%** |
| **Per Test** | | 14.96% | 1.7864% |
| **Per Positive Test** | | | **11.94%** |

Add in Norway to this mix and you have half the population of Sweden but apparently 94.5% less chance of dying in Norway than Sweden. In the per capita testing that number becomes an order of magnitude lower. Sweden has over 18 times more reported deaths than Norway. Switzerland, just over 8 times the deaths.

| Thursday, May 28, 2020 | | | |
|---|---|---|---|
| | **Norway** | | |
| **Population** | **Tests** | **Positive** | **Deaths** |
| 5,421,241 | 239,864 | 8,406 | 236 |
| **Per Capita** | 4.42% | 0.155% | **0.00435%** |
| **Per Test** | | 3.50% | 0.0984% |
| **Per Positive Test** | | | **2.81%** |

Yet, the regular life expectancy of all three countries is almost identical. In Norway that life expectancy is about 83 years old. The median age of a COVID 19 death in Norway as of May, 28th, 2020 is 85 years old. So, in Norway on average, you will live two years longer with COVID 19, than without it.

Also note that the reported COVID 19 deaths on May 2nd, 2020 for Norway was 211 on the John Hopkins and Bing Maps (and ECDC data sources). However, the only official source of data for Norway

comes from the National Institute of Public Health (NIPH), where the actual number is 205[35]. (NIPH, 2020). This ongoing anomaly in reporting appears to have been addressed by the week of 24th, May 2020.

In other locations around the world (as we move through each area), we see similar numbers. Again, the push is on the skewed numbers that cause panic.

Lies, damn lies and statistics at their best.

Have world leaders been fed these apparent false narratives? Why are the Swedish and US leaders the only ones pushing back against the continuing lockdown narrative? For everyone else, is this just a reaction based on a panic implementation of the only plan they had?

**WE NEED A BETTER PLAN!**

[35] https://www.fhi.no/en/id/infectious-diseases/coronavirus/daily-reports/daily-reports-COVID19/

# COVID 19 – Is the lock down working?

Published on April 3, 2020

A SARS-COV-2 Story – Chapter 2.

**Update:** May 2nd, 2020.

Dr. Mike Ryan, head of health emergencies at the World Health Organization **(WHO)**.

*"Due to lockdown, most of the transmission that's actually happening in many countries now is happening in the household at family level,". (Ryan, 2020)*

*"Now we need to go and look in families and find those people that may be sick and remove them and isolate them in a safe and dignified manner." (Ryan, 2020)*

- ***Question:*** *How is the rate of deaths and people with COVID 19 linked in ways that no-one is reporting?*
- ***Answer: Test kits (testing), test kits (positive), test kits (deaths).***

We don't have accurate (or reliable) information for China other than this started sometime in late 2019. What we do know is that from the first outbreak in China until the start of global lock down, many millions of people had moved in and out of that area of infection unhindered. Each of these people interacted with many others at airports, work, public places and at home. Each of these interactions most likely spread the virus even further.

As each country locked down, something else also happened. Each country, state or local government started to roll out exponentially growing testing. Unlike most other countries, Sweden did not follow the rigid lock down protocols implemented across the globe. However, Sweden did implement the same testing and their curve, in cases and deaths, aligns with that testing.

The lock down and its date are important **only** in that they trigger the testing. If we had not rigidly locked down, as Sweden didn't, we would see the same exponential curve and glowing red maps.

The current scientific consensus is that the virus can be spread as easily as breathing, hangs in the air for hours and on surfaces for many days.

- ***Question:*** *How then have we contained this virus?*

8. *The real question is, 'Have we contained the virus?'. The answer would appear to be* ***NO****!*

- ***Question:*** *If we haven't contained the virus and it has an incubation period of up to two weeks, why did we not see many deaths outside of China starting in December of 2019?*
- ***Answer: We were NOT tracking test kits.***

- ***Question:*** *What is the connection between escalating deaths and reported cases?*
- ***Answer: We are NOW tracking test kits.***

- ***Question:*** *If we haven't contained the virus and a lock down is not effective, then why are we not going back to work and following the normal practices of good hygiene to keep safe, clean and secure as we do every flu season?*
- ***Answer: We are ONLY tracking test kits.***

Some of the facts from the CDC on initial cases, lock downs and deaths - morning of April 26th 2020.

| Day Zero to 5/28/2020 = 194 days. | | | | | | |
|---|---|---|---|---|---|---|
| The spread of virus | First Positive Case | First Recorded Death | Lockdown day | Reported Deaths Lockdown | Reported Deaths 5/28/2020 | Reported Deaths After Lockdown |
| United States | 1/22/2020 | 2/6/2020 | 3/26/2020 | 1,050 | 102,476 | 101,426 |
| Canada | 1/25/2020 | 3/10/2020 | 3/18/2020 | 8 | 6,873 | 6,865 |
| France | 12/27/2019 | 2/15/2020 | 3/17/2020 | 148 | 28,596 | 28,448 |
| Italy | 1/31/2020 | 2/23/2020 | 2/23/2020 | 2 | 33,142 | 33,140 |
| United Kingdom | 1/31/2020 | 3/6/2020 | 3/23/2020 | 281 | 37,837 | 37,556 |
| Sweden | 2/1/2020 | 3/12/2020 | | | 4,266 | 4,266 |
| Belgium | 2/4/2020 | 3/12/2020 | 3/18/2020 | 5 | 9,388 | 9,383 |
| Switzerland | 2/26/2020 | 3/6/2020 | 3/13/2020 | 4 | 1,919 | 1,915 |
| Norway | 2/27/2020 | 3/13/2020 | 3/12/2020 | - | 236 | 236 |
| Denmark | 2/27/2020 | 3/16/2020 | 3/11/2020 | - | 568 | 568 |

(ECDC, 2020)

The first reported case of COVID 19 in China was December 1st (recently revised from December 31st). This puts the minimum earliest date of infection, in one of the most internationally traveled densely populated areas on the planet as November 16th, 2019. With an initial $R_0$ of 3.4 (WHO), now increased to 5.7, how was the virus controlled when, at that rate, the virus infections would double every 3 days. The first confirmed US death, from community transfer i.e. not travel related, was on February 6th, 2020. This changes the date for the most likely first case in the US to before January 22nd, 2020.

From the day of the first infection in China until the first lockdown in Northern Italy, a total of 99 days passed with only 2 recorded deaths. From that lockdown in northern Italy to April 26th,2020, a total of 63 days passed and reported deaths increased to 26,384. That meant that at the time of lockdown, there had been an average of 0.02 deaths per day in Italy from breakout to lockdown, but an average of 419 deaths per day since the lockdown. Did the virus suddenly get more deadly after the lockdown? If not, then there should have been up to 41,000 COVID 19 deaths in Italy between November 16th, 2019 to the date of the first lockdown on February 23rd, 2020. **Where are all the bodies?** After all, overall mortality in Italy has not really changed, COVID 19 apparently has a unique presentation unlike flu and COVID 19 is highly infectious and very deadly.

For the US, in the first 132 uncontrolled days a total of 1,050 deaths were reported. From that lockdown to May 2nd, 2020, a total of 37 days, reported deaths increased to 65,570. That meant that at the time of lockdown, there had been an average of 7.95 deaths per day in the USA from breakout

to lockdown, but an average of 1,772 deaths per day since the lockdown. Again, did the virus suddenly get more deadly after the lockdown? Now we know that the virus was spreading exponentially so it is not this simple. However, in the US we know that the virus had been spreading since the beginning of January 2019 (based on the first confirmed US, non-travel/community infection death). Since testing started in the US the test to positive case ratio has maintained a steady level of 20%. Based on this there could have been up to 234,000 COVID 19 deaths in the US from November 16th, 2019 to the date of the first lockdown on March 26th, 2020. **Where are all the bodies?**

| Day Zero to 5/28/2020 = 194 days. | | | | | | |
|---|---|---|---|---|---|---|
| Days Past | Days before first case | Days before first Death | Days before Lockdown | Days from Lockdown to 5/28/2020 | Reported Deaths in days BEFORE Lockdown | Reported Deaths in days AFTER Lockdown |
| United States | 67 | 82 | 131 | 63 | 1,050 | 101,426 |
| Canada | 70 | 115 | 123 | 71 | 8 | 6,865 |
| France | 41 | 91 | 122 | 72 | 148 | 28,448 |
| Italy | 76 | 99 | 99 | 95 | 2 | 33,140 |
| United Kingdom | 76 | 111 | 128 | 66 | 281 | 37,556 |
| Sweden | 77 | 117 | | | | 4,266 |
| Belgium | 80 | 117 | 123 | 71 | 5 | 9,383 |
| Switzerland | 102 | 111 | 118 | 76 | 4 | 1,915 |
| Norway | 103 | 118 | 117 | 77 | - | 236 |
| Denmark | 103 | 121 | 116 | 78 | - | 568 |

(ECDC, 2020)

How is it safer to go out today than when the world locked down?

| | Belgium | Canada | Switzerland | Denmark | France | UK | Italy | Norway | Sweden | USA |
|---|---|---|---|---|---|---|---|---|---|---|
| Locked Down | 3/18/2020 | 3/18/2020 | 3/13/2020 | 3/11/2020 | 3/17/2020 | 3/23/2020 | 2/23/2020 | 3/12/2020 | | 3/26/2020 |
| Deaths on Lockdown | 5 | 8 | 4 | 0 | 148 | 285 | 2 | 0 | | 1050 |
| Average Deaths Per Day (lockdown) | 130 | 94 | 21 | 7 | 390 | 555 | 345 | 3 | 59 | 1557 |
| Average Deaths per day (1 week) | 76 | 134 | 10 | 5 | 187 | 432 | 209 | 1 | 63 | 1477 |

(ECDC, 2020)

We know these numbers are excessively large and unsupportable, but then again, so are the reported deaths **of** COVID 19. The figures above are based on the same calculations and base numbers used to justify the lockdowns, so why do they look so strange, but the numbers reported everyday don't?

If the reporting of deaths **from** (as opposed to with or possibly with) COVID 19 and COVID 19 infection spread has been accurate since the lockdown, **where are all the excess bodies?**

The reality is there are no excess bodies. The infection is widespread, and the mortality rate is not as high (or even close) to what is being reported. The vast majority of reported COVID 19 deaths have been due to significant co-morbidities, not COVID 19. So, what is the real reason for these scary red maps and excessively large numbers? Dr. Artin Massihi and Dr. Dan Erickson might have the answer[36] [37] (Erickson, 2020). If you don't read another word, just watch this video all the way through. They don't have all the answers, but the answers are out there if you know where to look. At the end I guarantee you will come back and you will want to know more.

You can wash and repeat for the numbers for each in the charts above (or any country, outside of China).

As you can see. Based on the reported deaths, allegedly minimized by the lockdown, there should have been an order of magnitude of deaths in the prior 131 days before lockdown in the US. Yet overall mortality in every country remains fairly static.

## The spread of a virus.

We have all seen the ever-glowing red maps of reported cases and death exponentially predicting an almost 'end of days' scenario. But what are the facts behind these images?

We have all been told we have to lock down and isolate to get this under control.

However, what if this is based on a false assumption of the spread rather than a true tracking of the virus?

---

[36] https://www.lifesitenews.com/blogs/two-california-emergency-room-covid-doctors-may-start-a-revolution-with-calm-science-data-based-press-conference-questioning-of-extreme-measures

[37] https://www.aier.org/article/open-up-society-now-say-dr-dan-erickson-and-dr-artin-massihi/

- ***Question:*** *Are we really tracking the spread of the virus?*
- ***Answer: No, we are tracking test kits.***

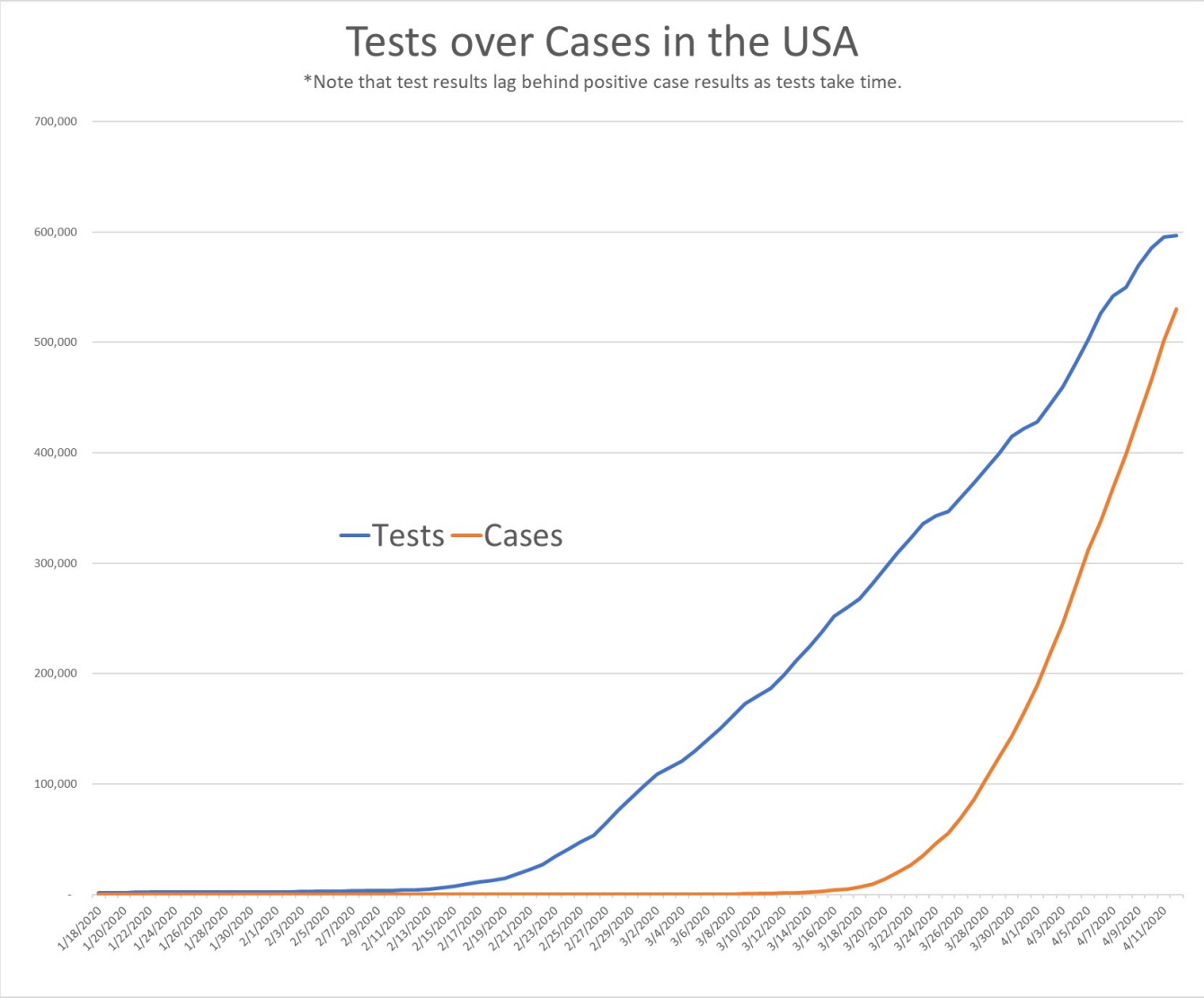
## Positive Cases

The chart below shows the trend of 'Positive Cases' climbing in line with tests performed. Note that as the tests takes time to be confirmed, there is some lag from one to the other.

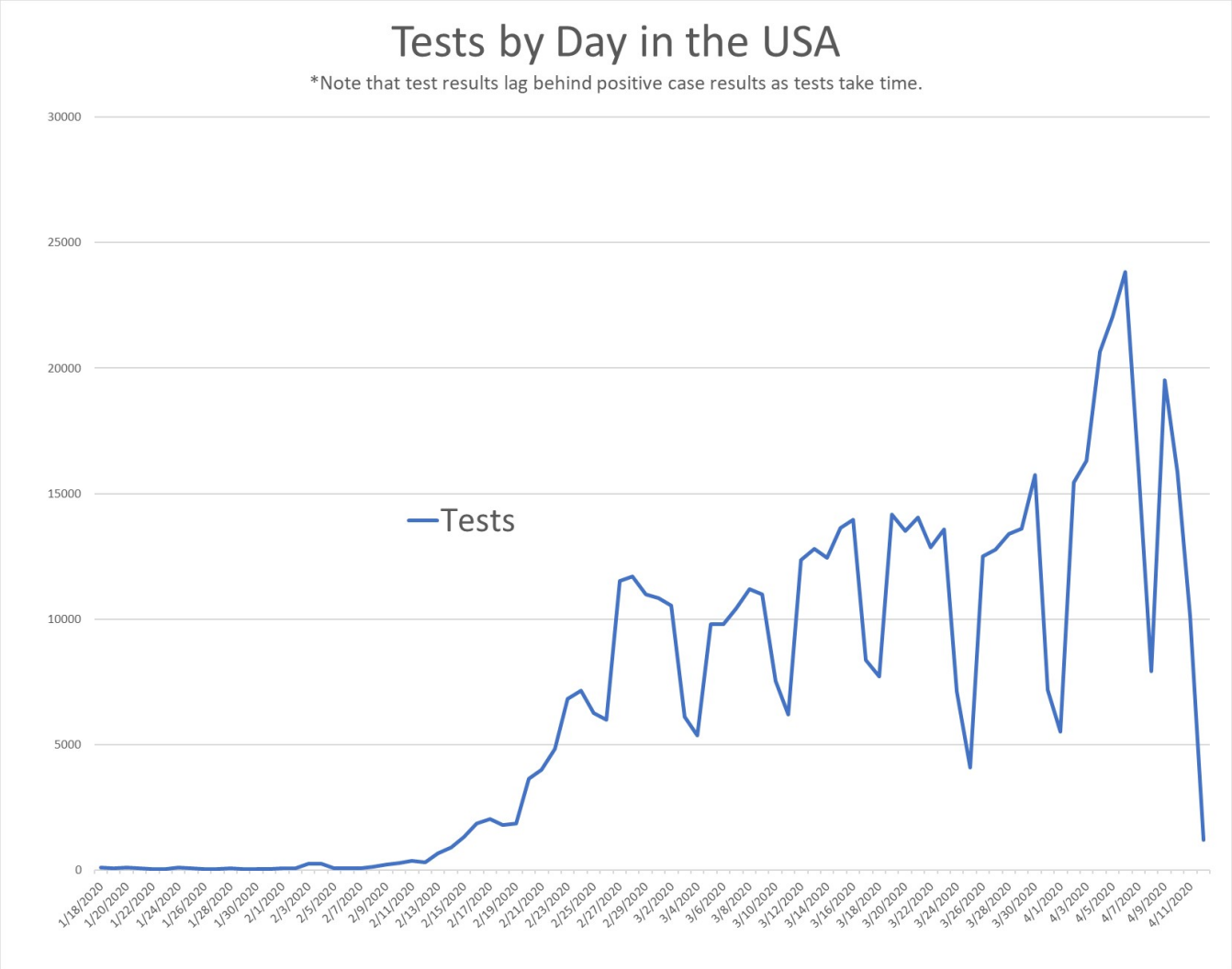
Notice something else... as tests are increased, positive numbers increase. So why are we using Positive Cases as an indication of exponential growth of the spread of the virus?

Current numbers show that 20% of the people tested in the USA have been positive for COVID 19. This has been a relatively steady percentage as testing became widespread.

If 20% of the population of the USA (331,002,651) already had the virus, we would see the same results. That would also put the estimates of those already infected to over 67 million people. That is beyond that of seasonal flu. Yet seasonal flu has already killed up to 62,000 people in the USA with less than 55 million infections this flu season alone.


Tests over Cases in the USA
*Note that test results lag behind positive case results as tests take time.
700,000
600,000
500,000
400,000
300,000
200,000
100,000
-
Tests
Cases
1/18/2020
1/20/2020
1/22/2020
1/24/2020
1/26/2020
1/28/2020
1/30/2020
2/1/2020
2/3/2020
2/5/2020
2/7/2020
2/9/2020
2/11/2020
2/13/2020
2/15/2020
2/17/2020
2/19/2020
2/21/2020
2/23/2020
2/25/2020
2/27/2020
2/29/2020
3/2/2020
3/4/2020
3/6/2020
3/8/2020
3/10/2020
3/12/2020
3/14/2020
3/16/2020
3/18/2020
3/20/2020
3/22/2020
3/24/2020
3/26/2020
3/28/2020
3/30/2020
4/1/2020
4/3/2020
4/5/2020
4/7/2020
4/9/2020
4/11/2020

(CDC, 2020)



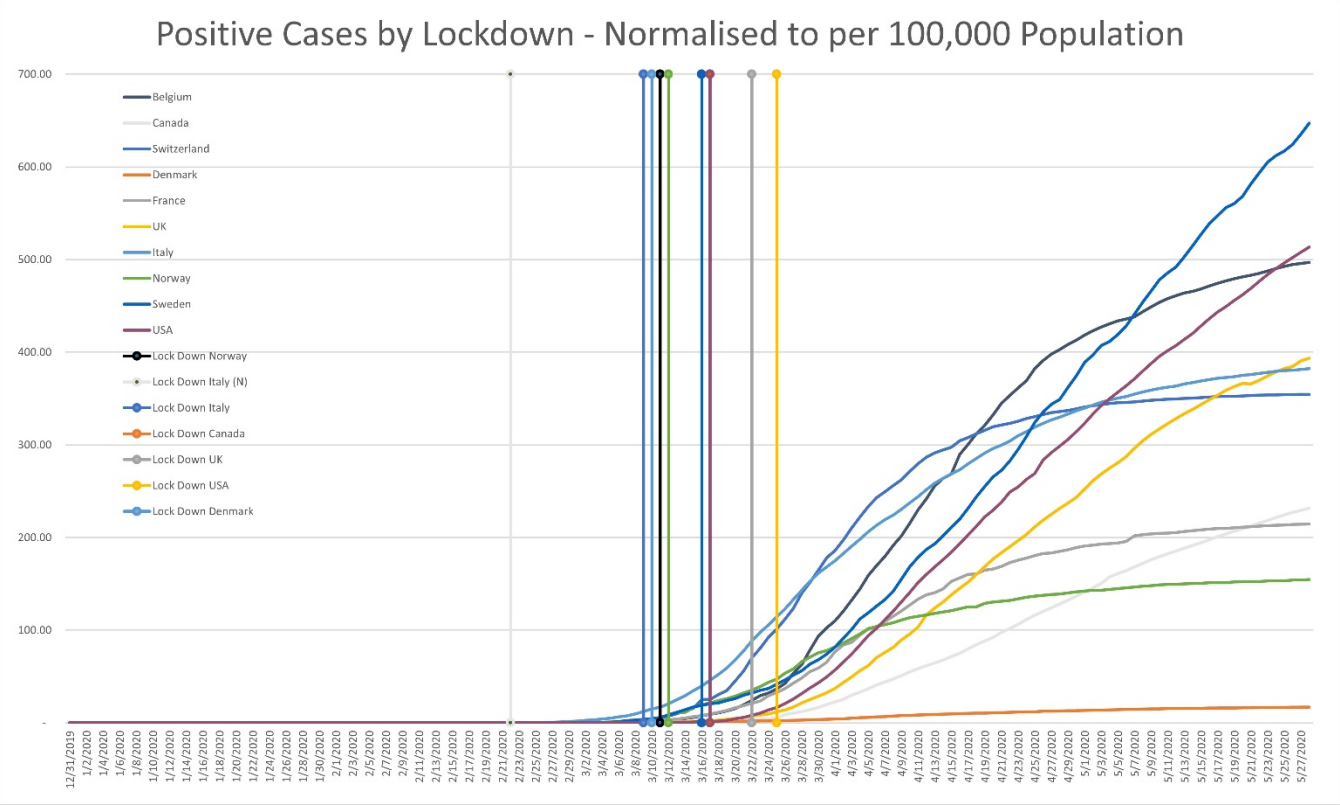

(CDC, 2020)

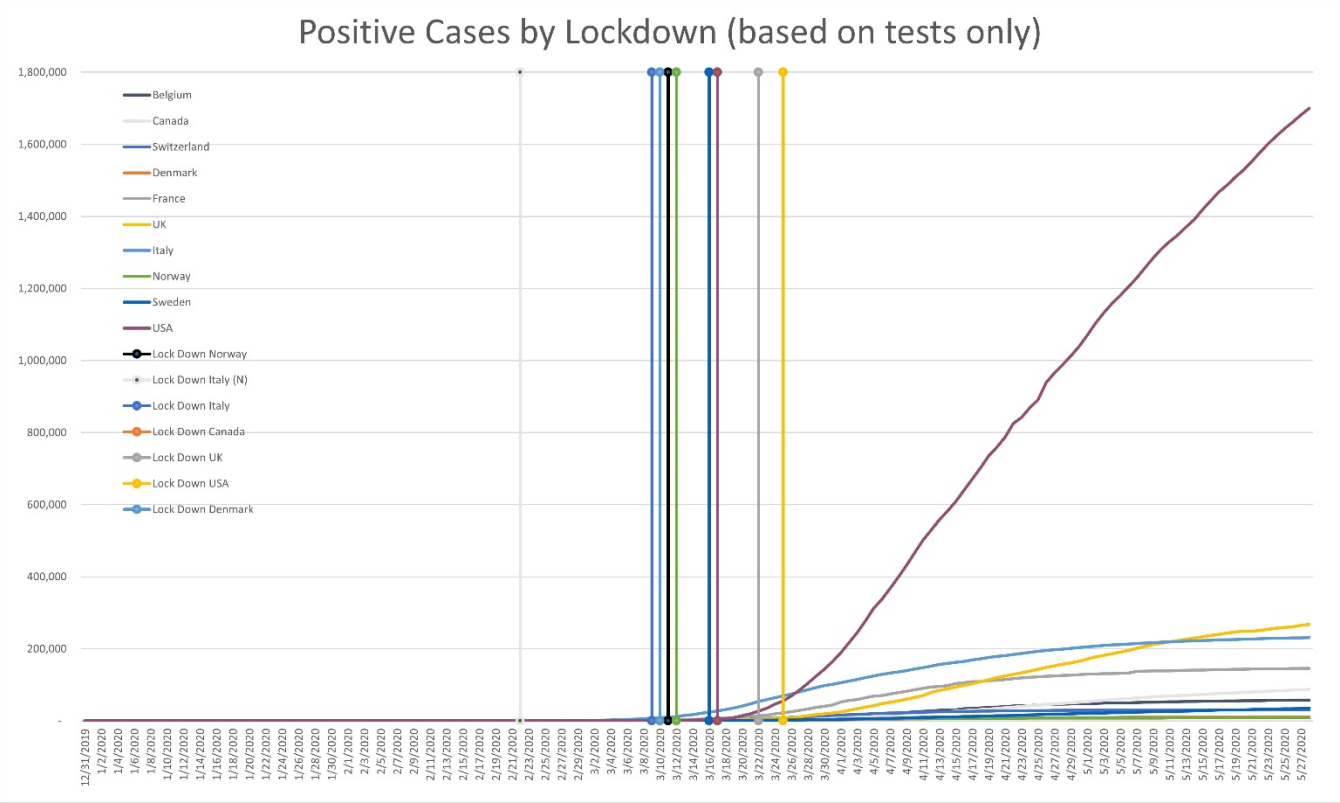
With most of the world now in full lockdown, how is this working to stop the reported virus spread?

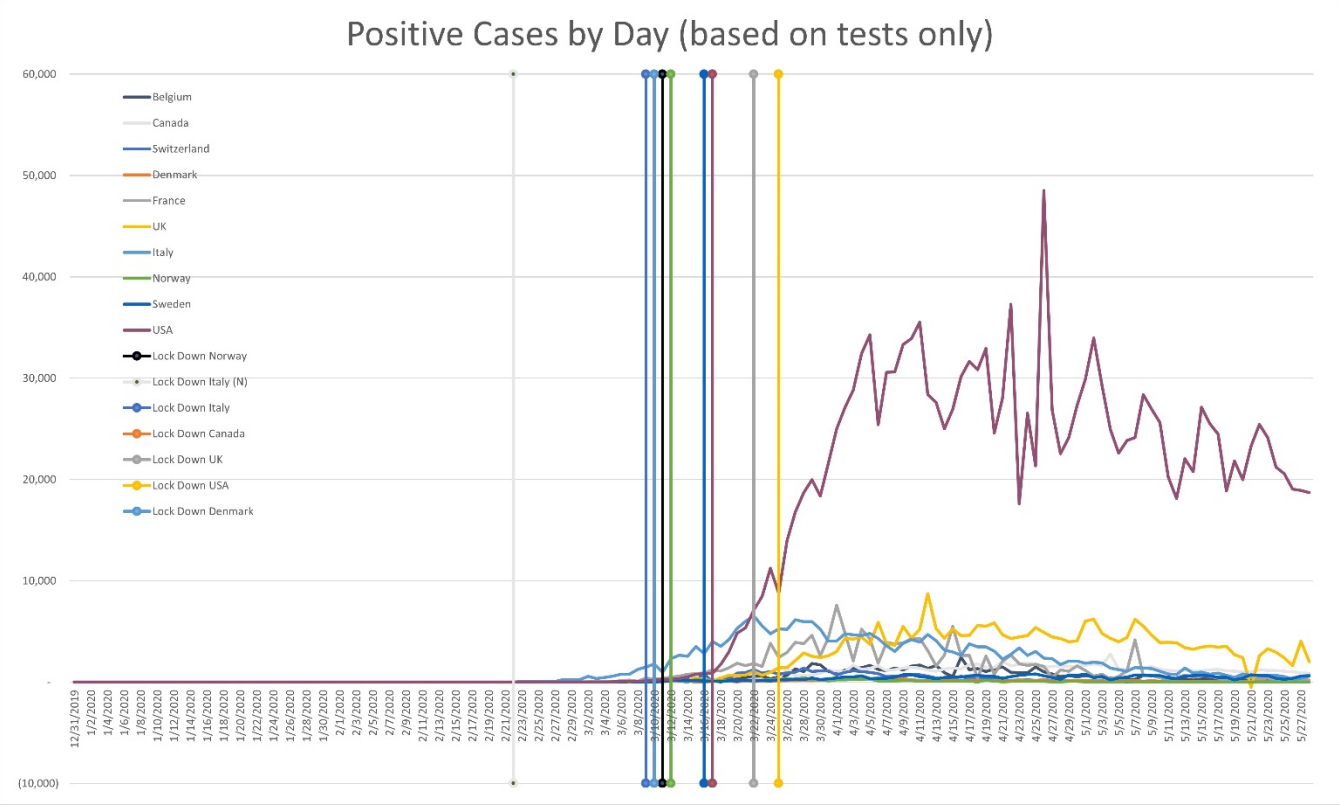
This chart shows what happened to the number of 'Positive Cases' before and after the lock down in each country.

As you look at the charts, ask yourself what else happened as we locked down countries?

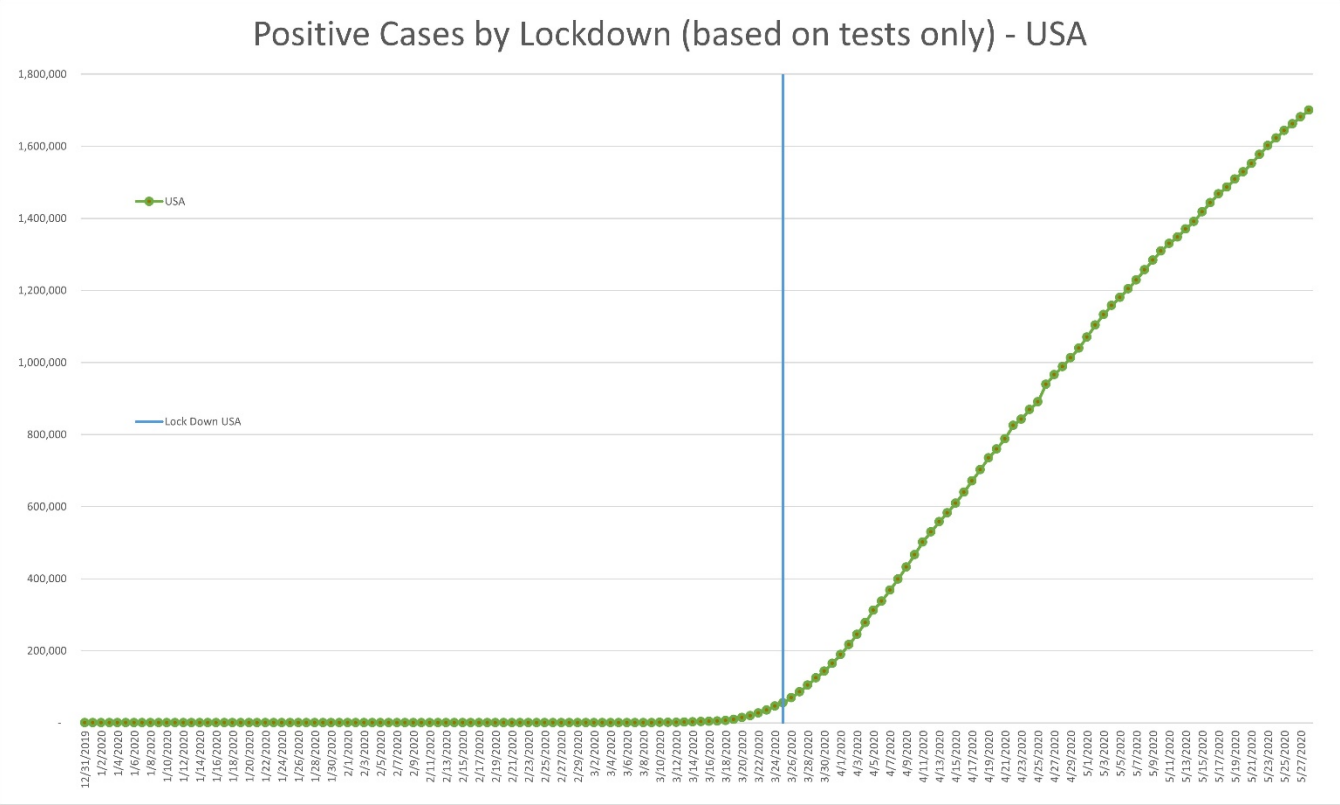
- **Question:** Did we increase the spread of the virus or increase the testing in every single case?
- **Answer: Test kits only spread misinformation without context.**

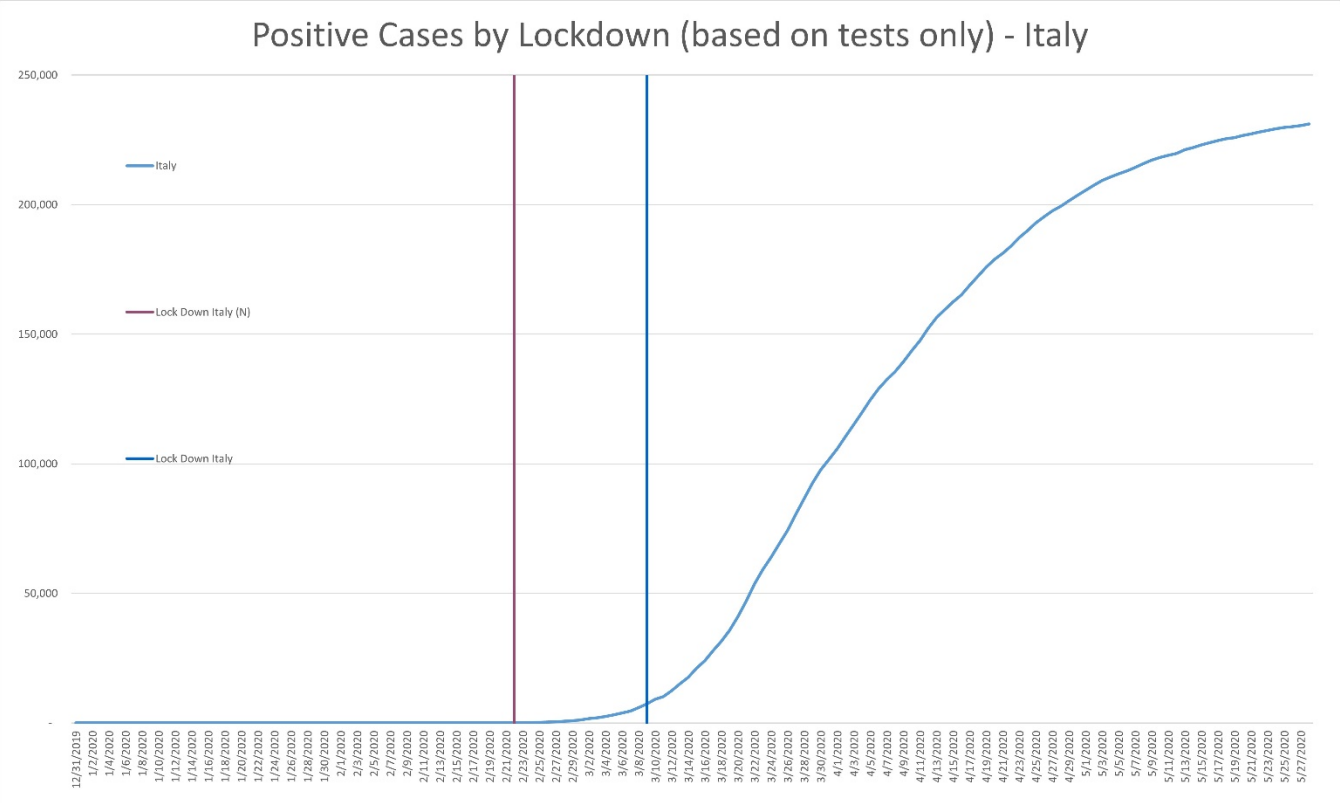

Positive Cases by Lockdown - Normalised to per 100,000 Population
700.00
600.00
500.00
400.00
300.00
200.00
100.00
-
Belgium
Canada
Switzerland
Denmark
France
UK
Italy
Norway
Sweden
USA
Lock Down Norway
Lock Down Italy (N)
Lock Down Italy
Lock Down Canada
Lock Down UK
Lock Down USA
Lock Down Denmark

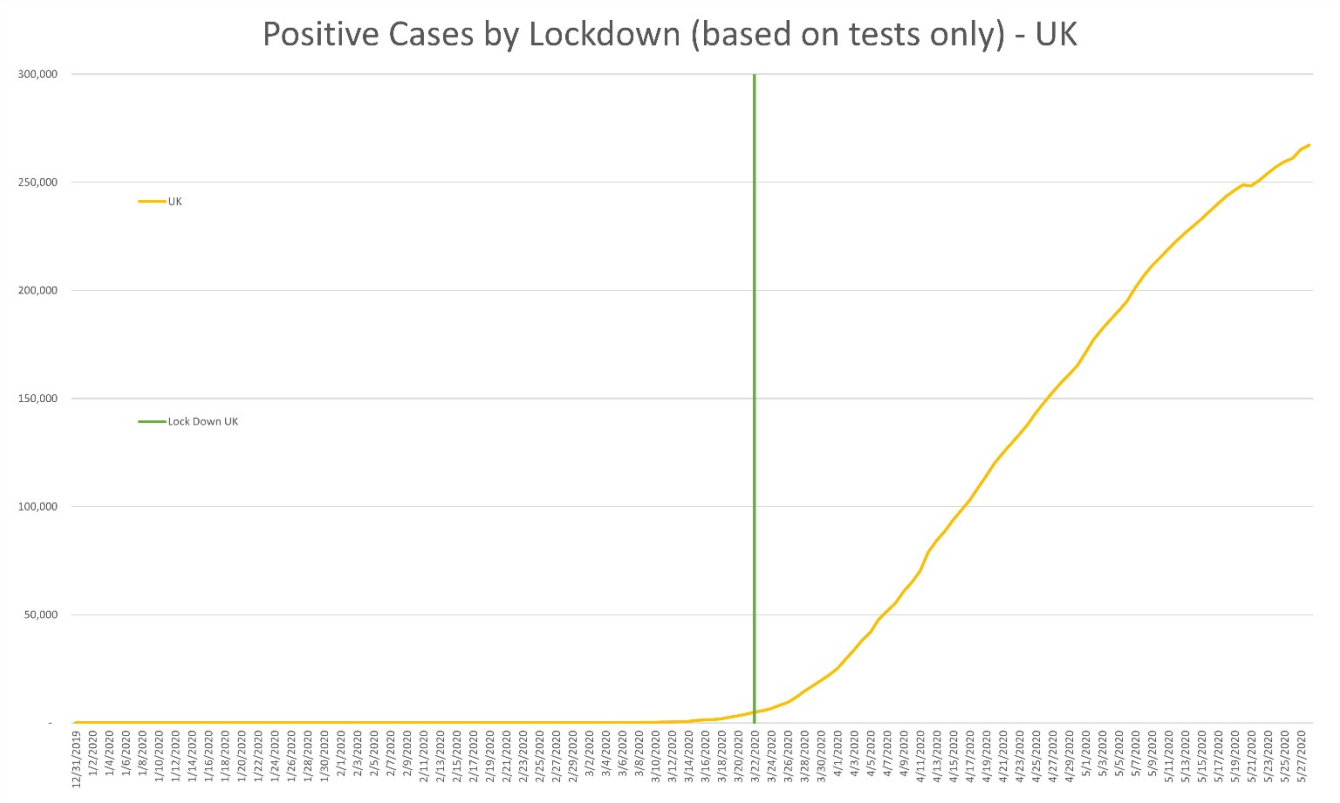

Positive Cases by Lockdown (based on tests only)
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
-
Belgium
Canada
Switzerland
Denmark
France
UK
Italy
Norway
Sweden
USA
Lock Down Norway
Lock Down Italy (N)
Lock Down Italy
Lock Down Canada
Lock Down UK
Lock Down USA
Lock Down Denmark

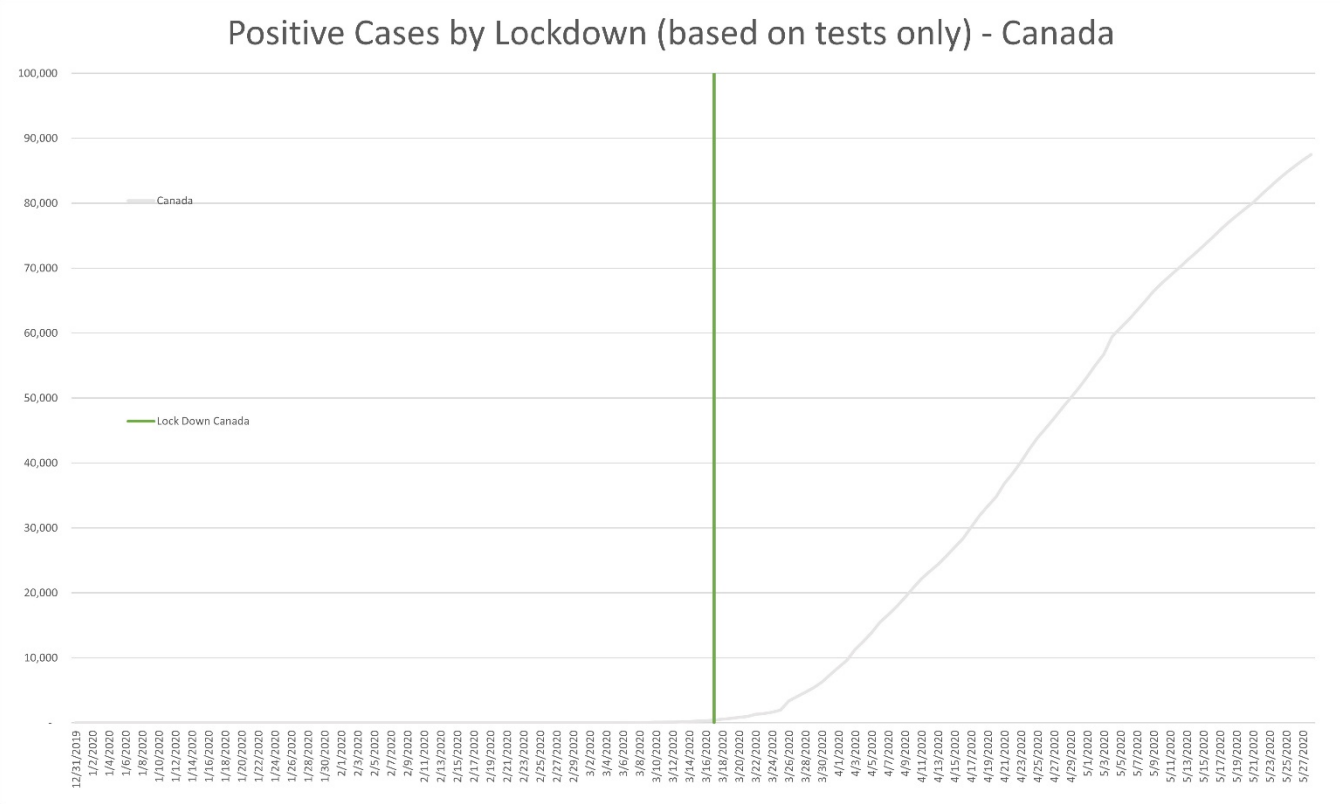


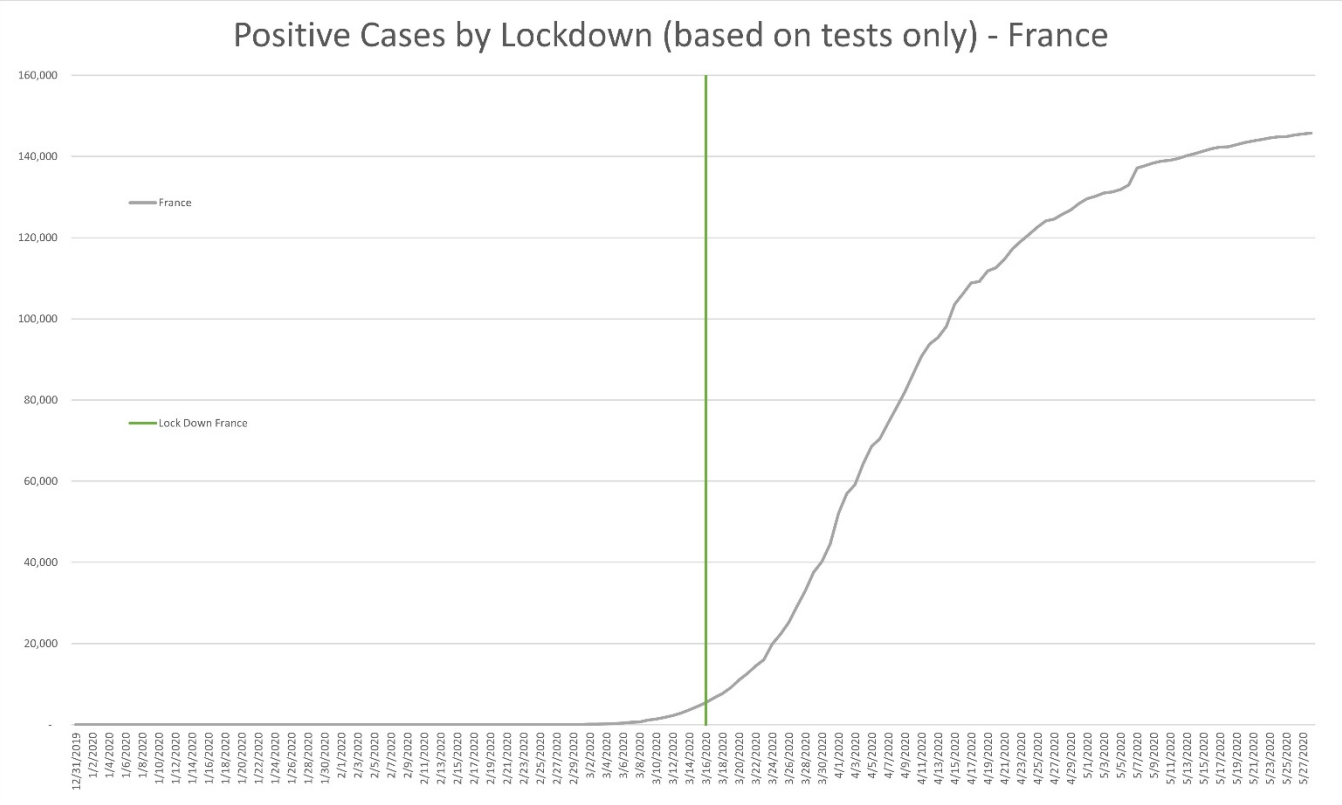

To further clarify this 'curve', look at each of these curves and compare them to the testing and positive cases. Is it likely that death would continue on this same exact curve, worldwide, for all three factors, regardless of population, environment, health care and more.

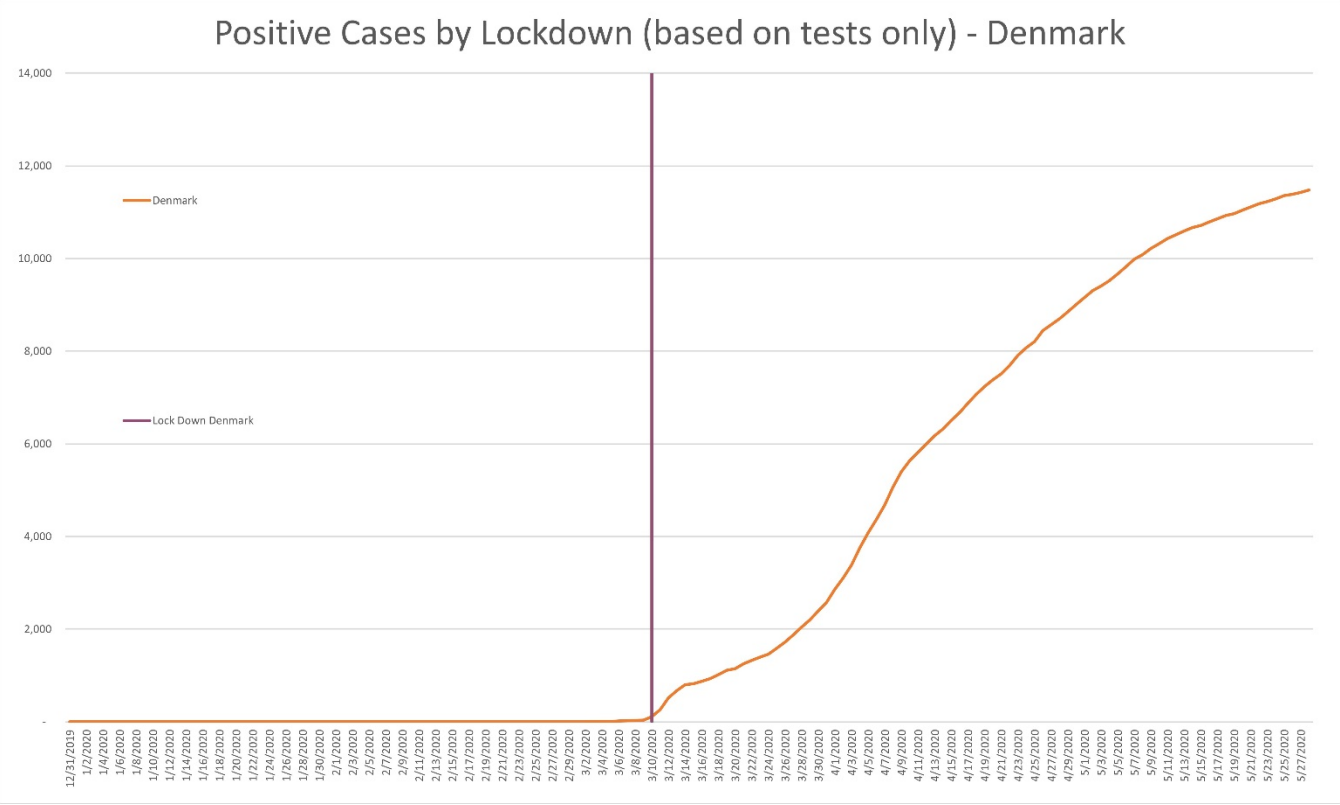

Positive Cases by Lockdown (based on tests only) - USA
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
-
USA
Lock Down USA

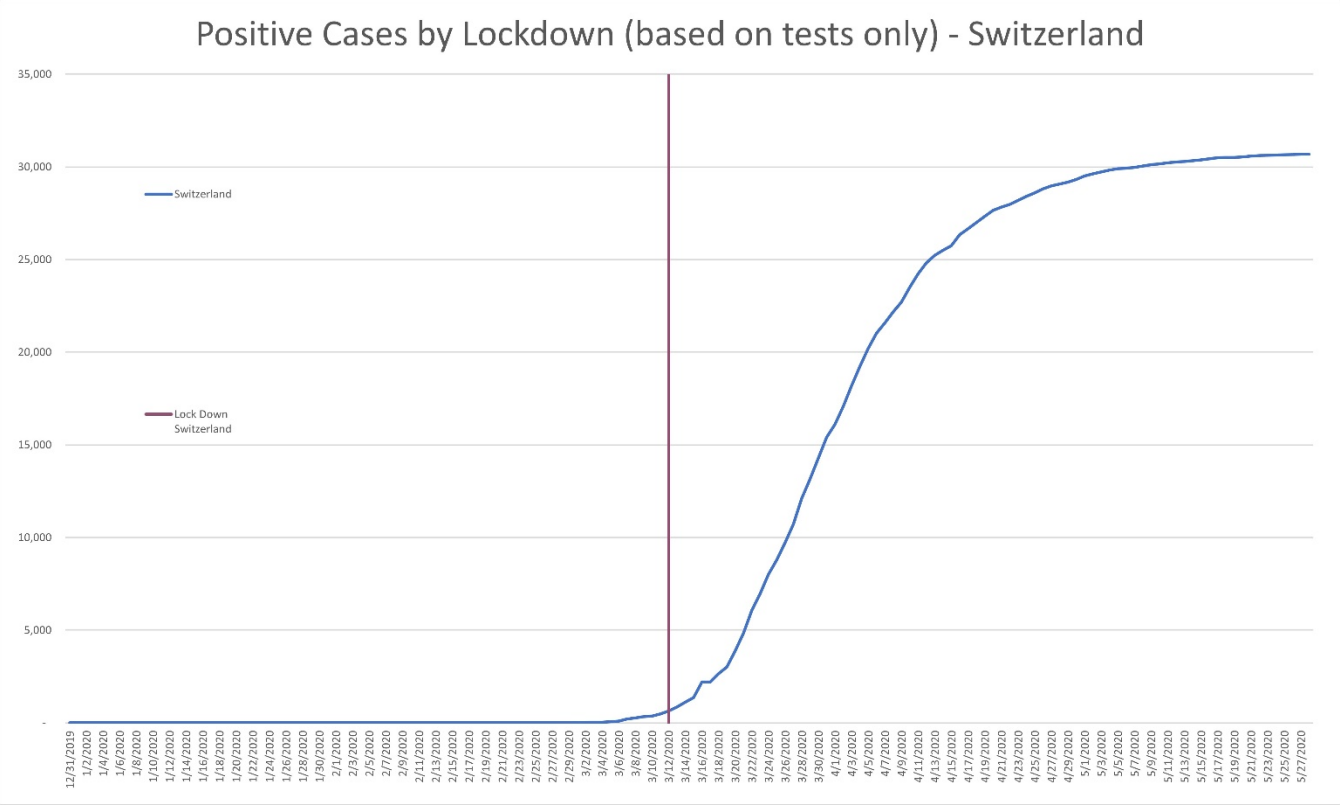

Positive Cases by Lockdown (based on tests only) - Italy
250,000
200,000
150,000
100,000
50,000
-
Italy
Lock Down Italy (N)
Lock Down Italy

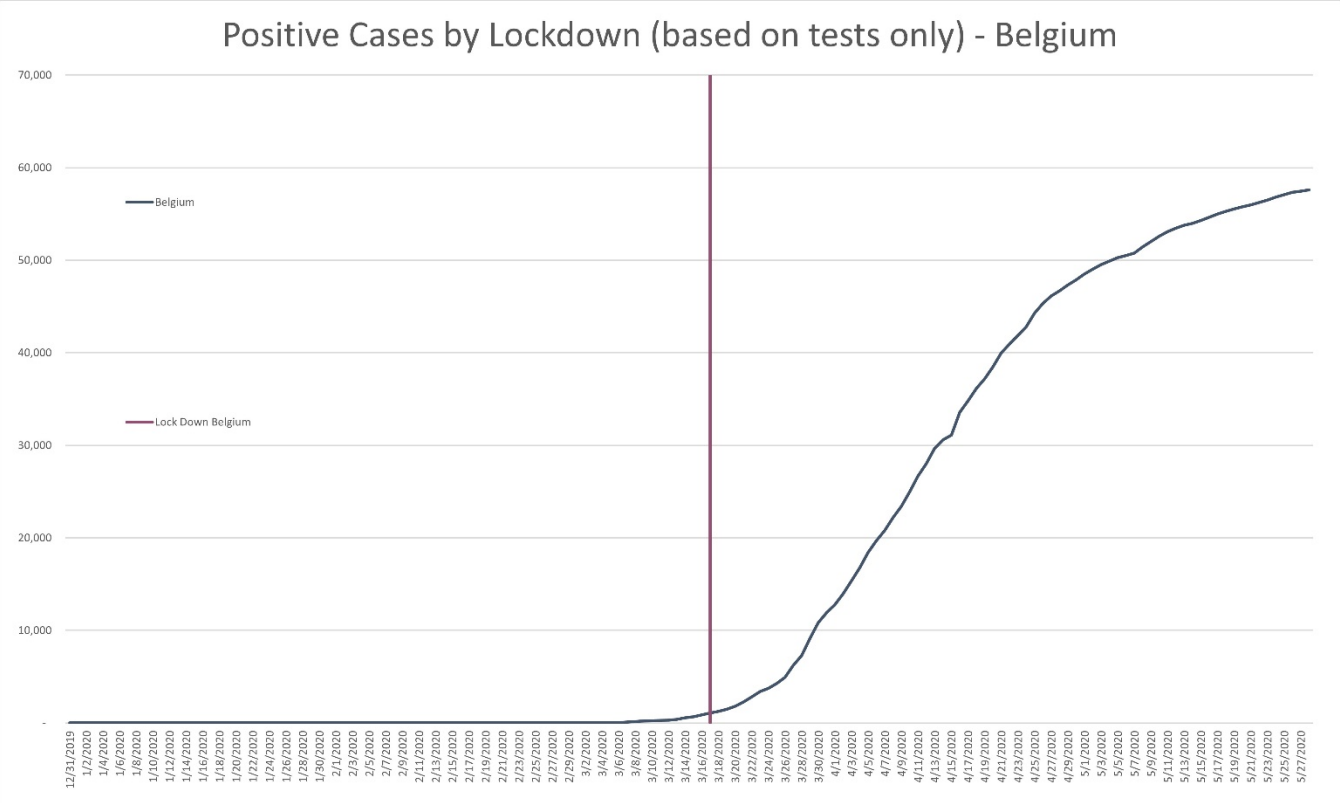

Positive Cases by Lockdown (based on tests only) - UK
300,000
250,000
200,000
150,000
100,000
50,000
-
UK
Lock Down UK

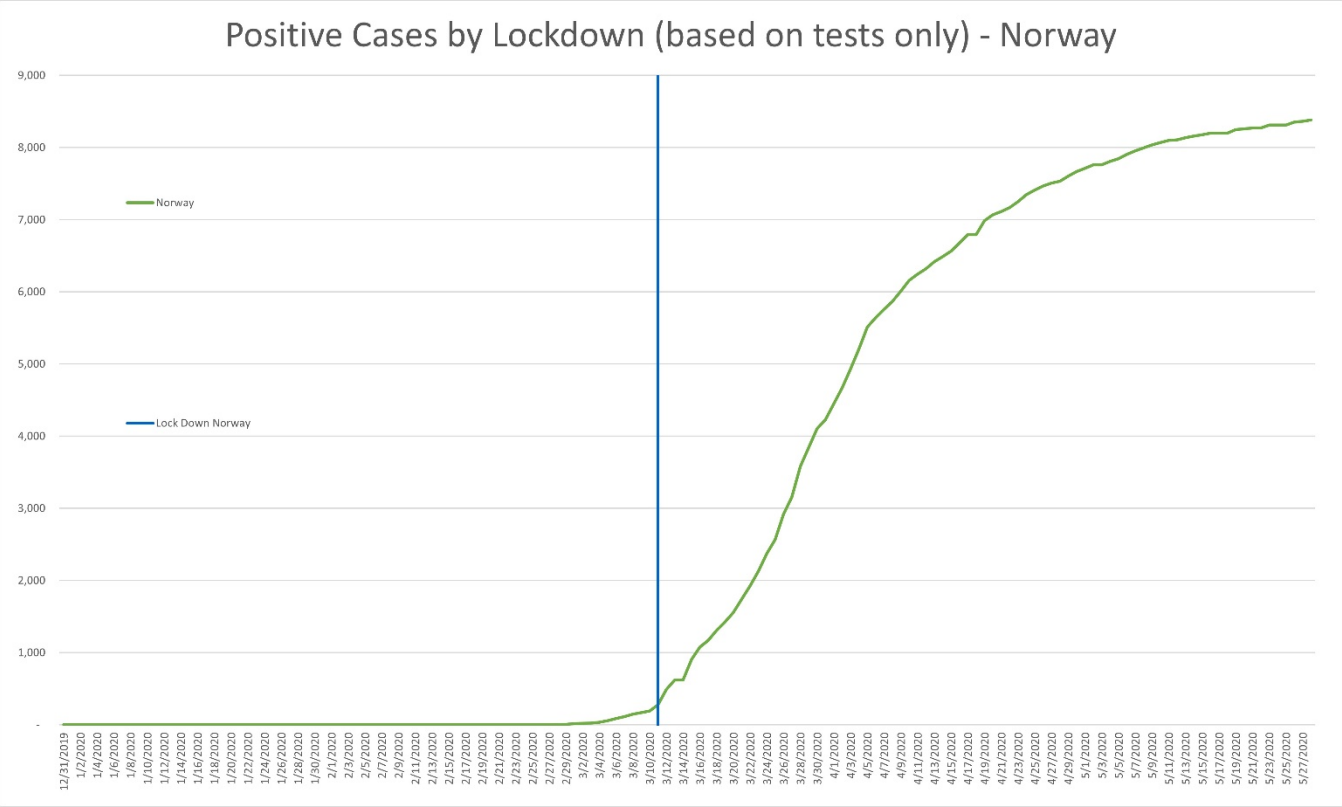

Positive Cases by Lockdown (based on tests only) - Canada
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
-
Canada
Lock Down Canada


Positive Cases by Lockdown (based on tests only) - France
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
-
France
Lock Down France


Positive Cases by Lockdown (based on tests only) - Denmark
14,000
12,000
10,000
8,000
6,000
4,000
2,000
-
Denmark
Lock Down Denmark


Positive Cases by Lockdown (based on tests only) - Switzerland
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
Switzerland
Lock Down Switzerland


Positive Cases by Lockdown (based on tests only) - Belgium
70,000
60,000
50,000
40,000
30,000
20,000
10,000
-
Belgium
Lock Down Belgium




**Question:** What is the only common factor in all these locations?

**Answer: Test kits, all the way down the line.**

**Question:** Other than testing, is there anything else that could be following the exact same curve in all instances?

**Answer: All we are tracking is test kits.**

Take a look at each country's lock down impact on the reported spread of the virus (Positive Cases). Note that Italy locked down in two phases, northern Italy and then all of Italy.

Note that the early testing took weeks to provide results to report. Hence, there is a lag from the lock down to the spike in some early adopters of testing.

All these countries saw an apparent spike immediately (based on test turn around) after the lock down that has grown exponentially since.

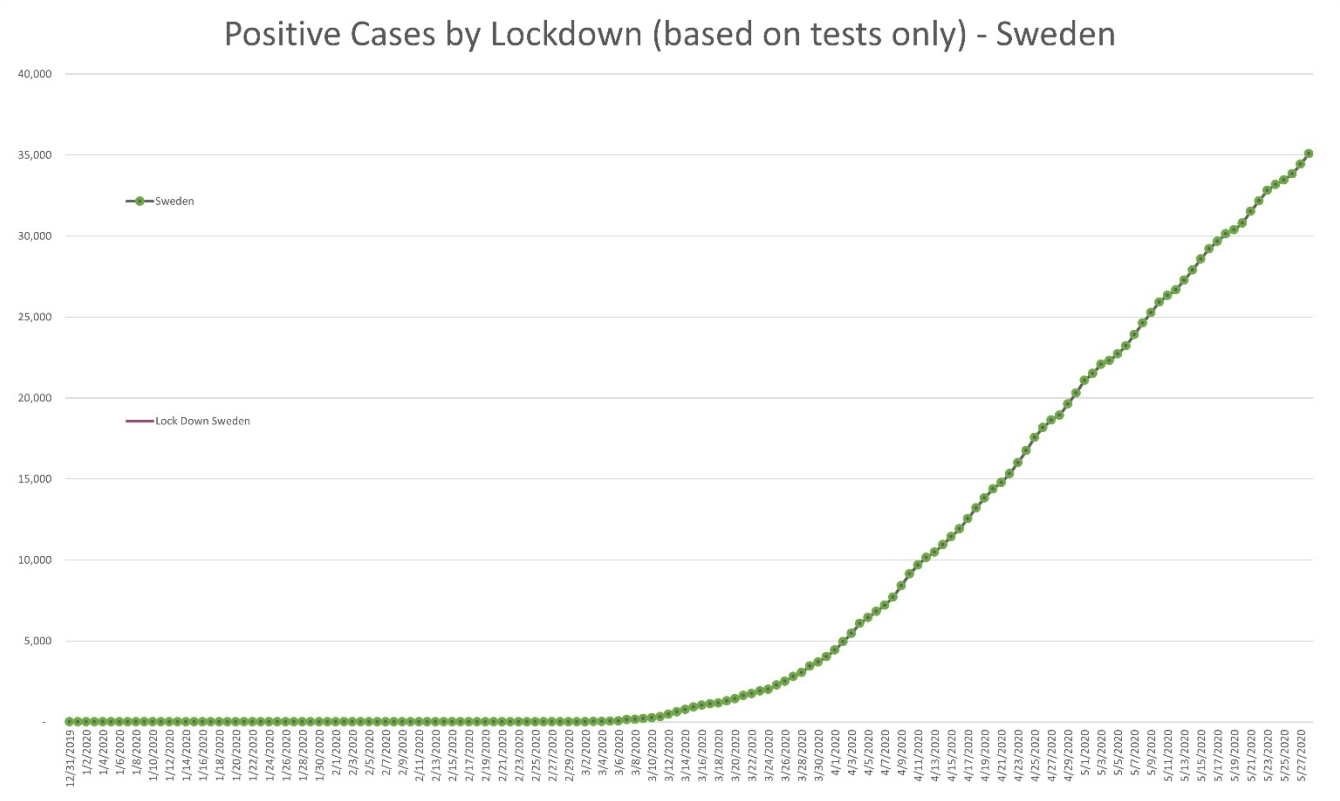
**Question:** Is the lock down helping or hurting?

That is the right question.

**Question:** Is it having any impact at all other than the tracking of how many tests we are performing?

**Answer: Tracking test kits, without context is driving the panic.**

What about Sweden and its lack of a lock down? They have continued to test.




Sweden has the same upswing more related to the curve the rest of the world is seeing than any measures taken. In fact, this curve is almost identical in every country no matter what the measures implemented.

**Question:** What is this curve really reporting worldwide?

**Answer: If all we track is test kits, what else can it report?**

Yet this is the standard upon which almost every civil liberty is being systematically removed from society today.

Businesses are going under by the minute. Half of small to medium businesses across the world are not expected to survive. For most countries, we are mere weeks into this…

**What if it goes on for months?**

## COVID 19 deaths. The question of WITH vs OF.

Some are claiming we are slowing down the death rates. The reported deaths and reported cases show a very different position. But is it real?

Despite so many differing factors that would impact mortality due to a virus, we see almost identical curves in the numbers of deaths in every location in line with testing and positive tests.

**Question:** How can this be?

**Answer: All we are tracking is test kits.**

Authorities worldwide have confirmed that a death of a person who has tested positive for COVID 19 is, in most cases, being recorded as a death in the COVID 19 death reports.

The more people we test who die, or who die with a positive test, the more COVID 19 deaths are reported.

Does this align with daily deaths under normal circumstances? Can we correlate any other rate of death on a daily basis so closely with the rate of testing for COVID 19?

This is unusual and could explain this now very familiar curve. We are testing people who are admitted to hospital along with those who die with anything like a potential COVID 19 symptom.

Considering that the number of positive tests is climbing at the same rate as testing, maybe we now know the real picture behind the numbers.

Is this really an indication of how fast the virus has or will spread?

Is it really an indicator of how many will die because they caught COVID 19?

**Answer: If all we are tracking is test kits, the indicator has no context.**

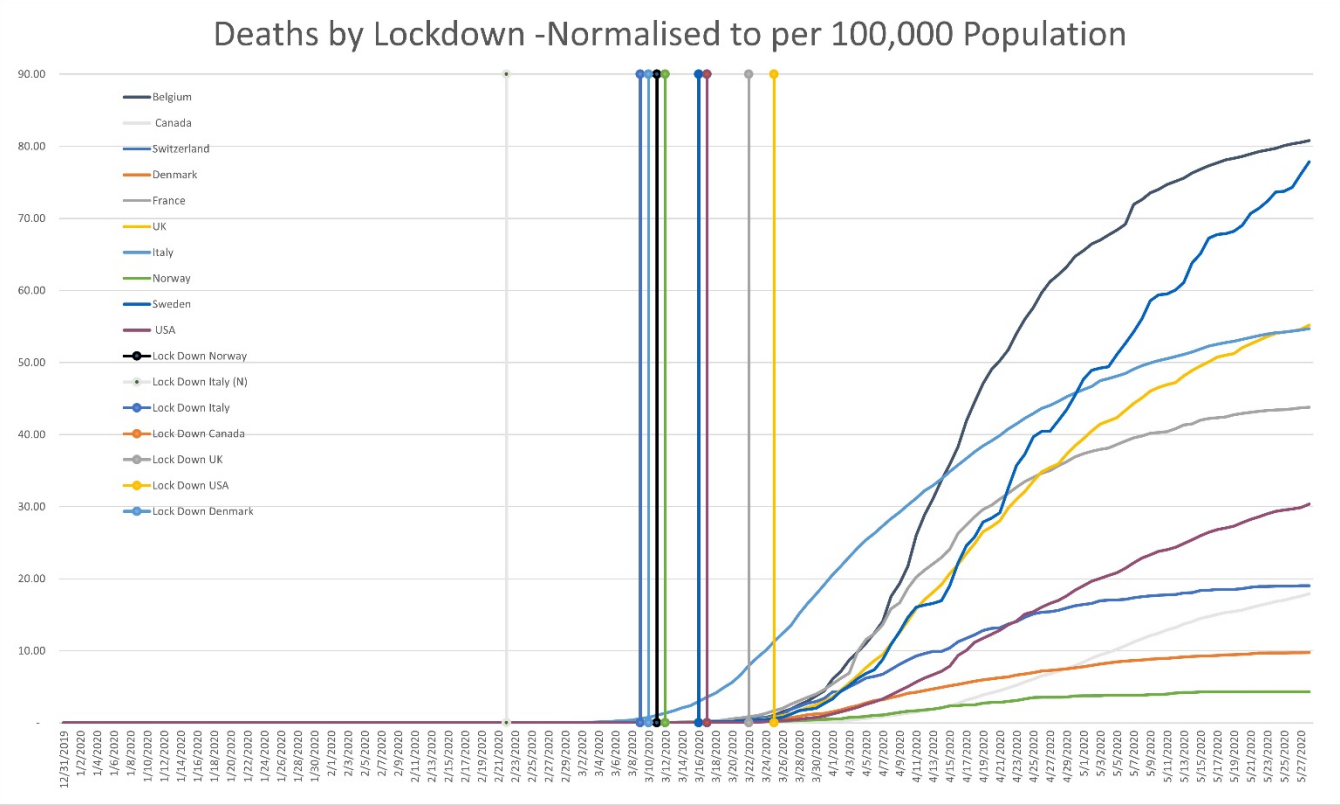
Based on the most likely widespread incidence of the virus since 2019, before we started testing, how many people died before that 'first' case in each country? How many people would have died of other causes if COVID 19 had never existed?

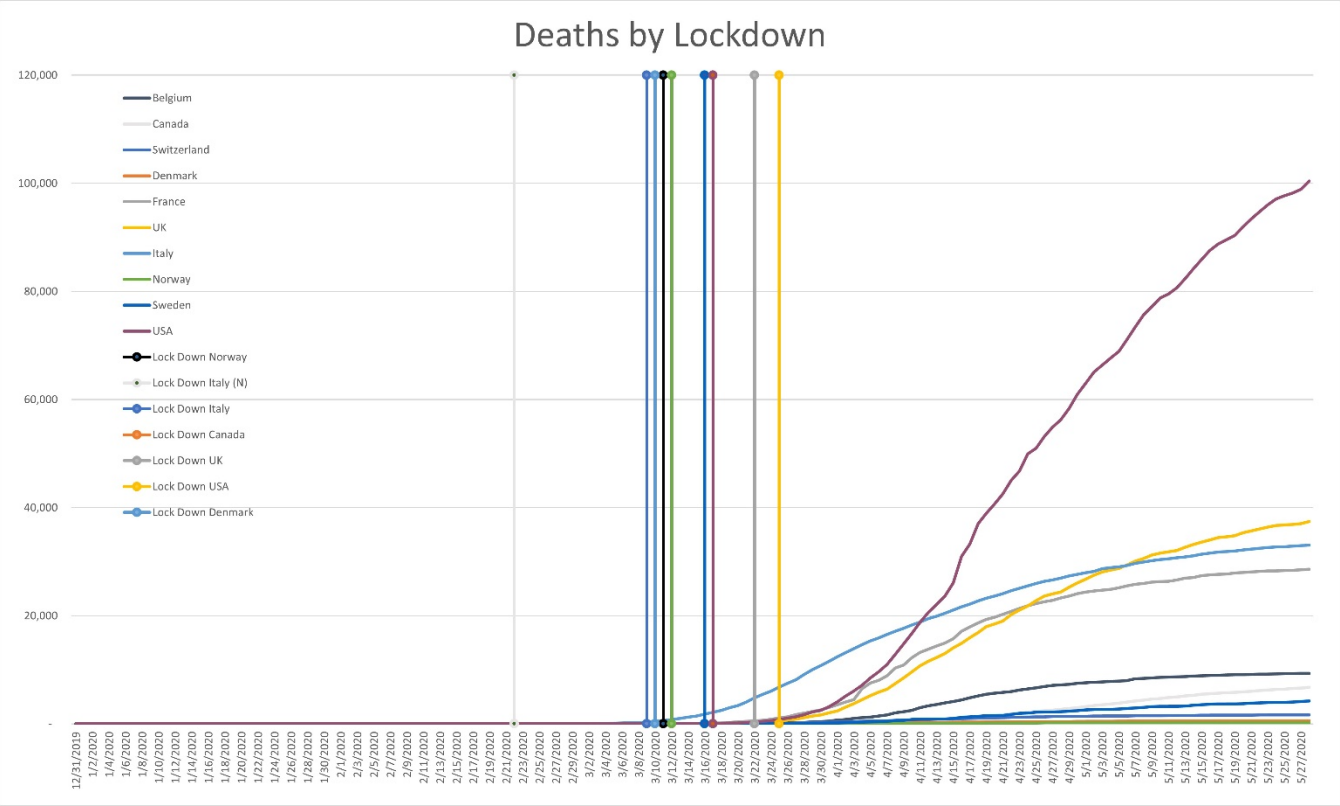
Overall deaths in the world did not spike sharply at the end of 2019. They do not continue to spike daily as COVID 19 appears to be reported.

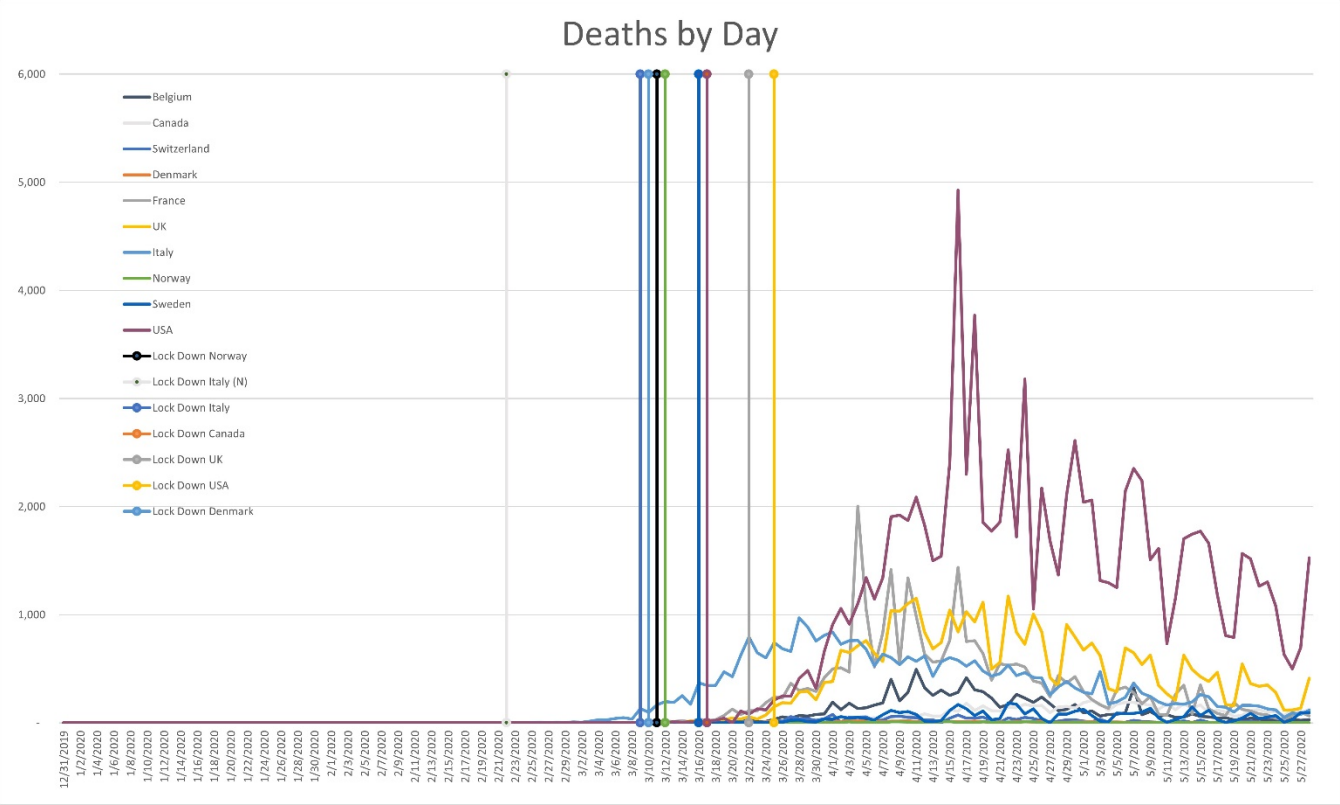
## Are we really tracking a virus mortality, or are we just chasing test kits?

**Answer: All we are tracking is test kits.**

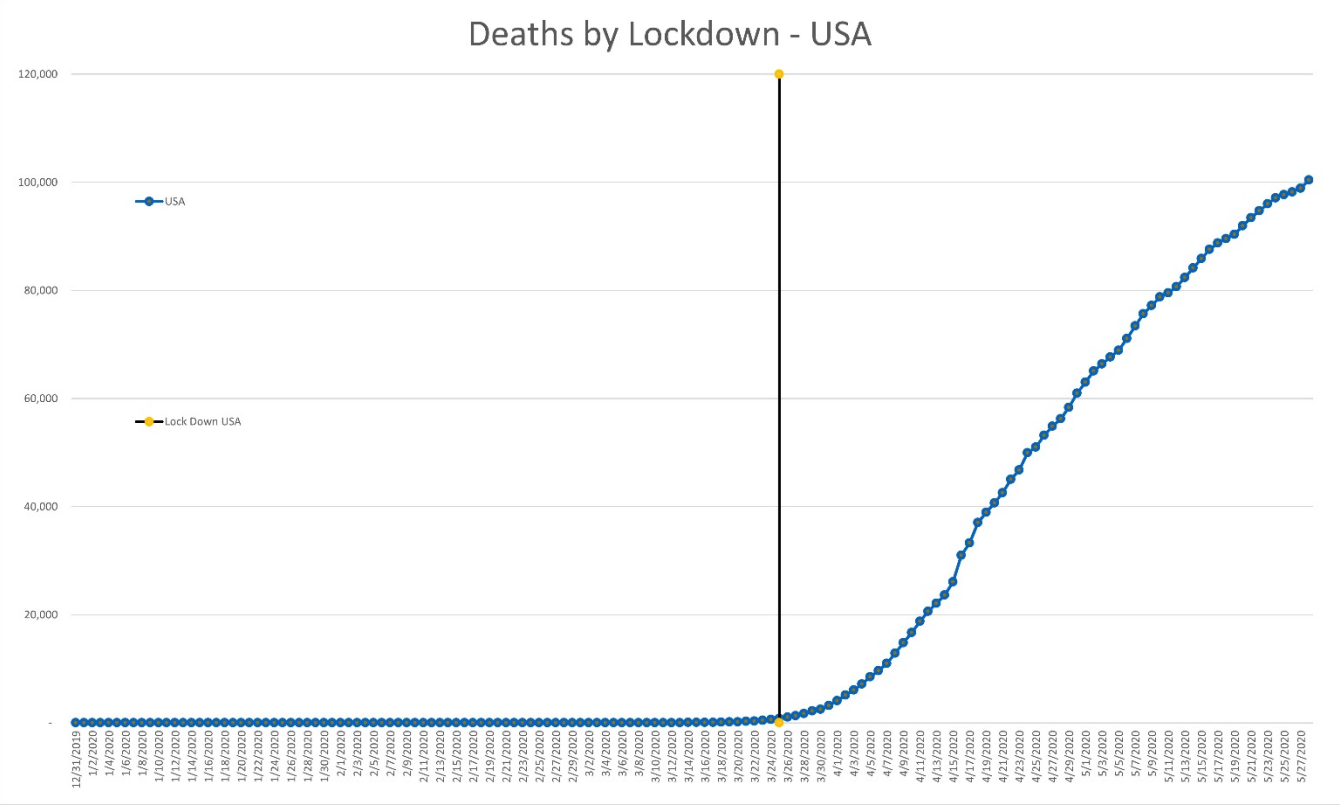
What about cases reported as COVID 19 deaths then? This chart shows what happened to the number of COVID 19 reported deaths before and after the lock down in each country. Note that Sweden did not lock down.

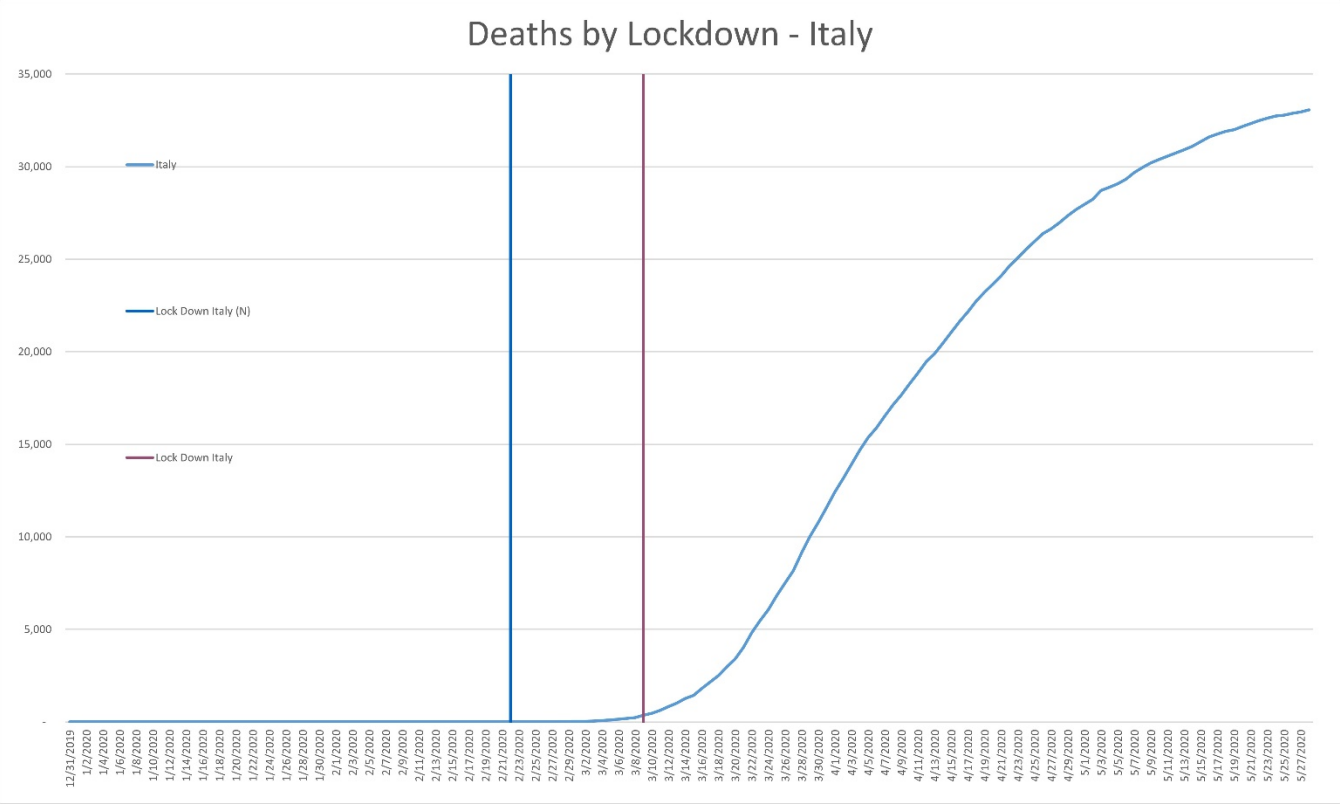

Deaths by Lockdown -Normalised to per 100,000 Population
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
-
Belgium
Canada
Switzerland
Denmark
France
UK
Italy
Norway
Sweden
USA
Lock Down Norway
Lock Down Italy (N)
Lock Down Italy
Lock Down Canada
Lock Down UK
Lock Down USA
Lock Down Denmark

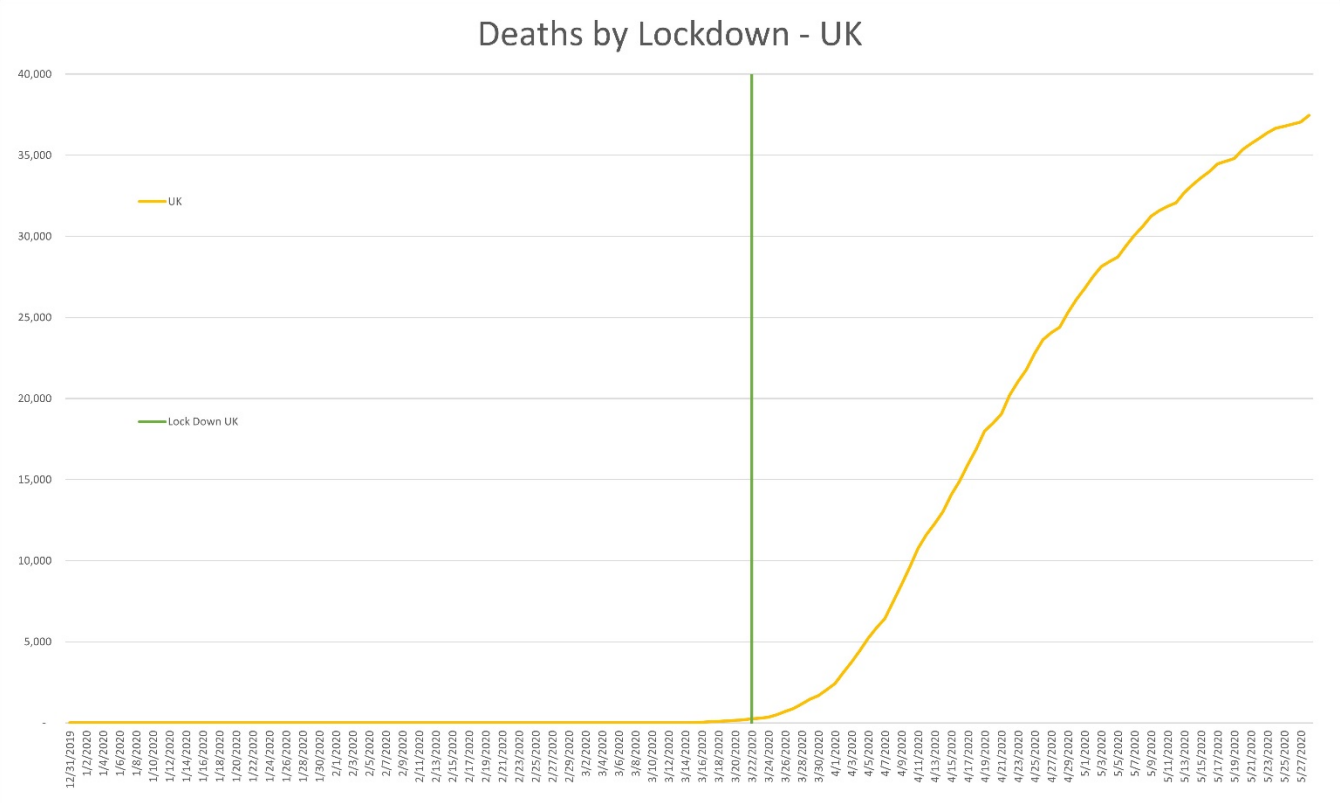

Deaths by Lockdown
120,000
100,000
80,000
60,000
40,000
20,000
-
Belgium
Canada
Switzerland
Denmark
France
UK
Italy
Norway
Sweden
USA
Lock Down Norway
Lock Down Italy (N)
Lock Down Italy
Lock Down Canada
Lock Down UK
Lock Down USA
Lock Down Denmark

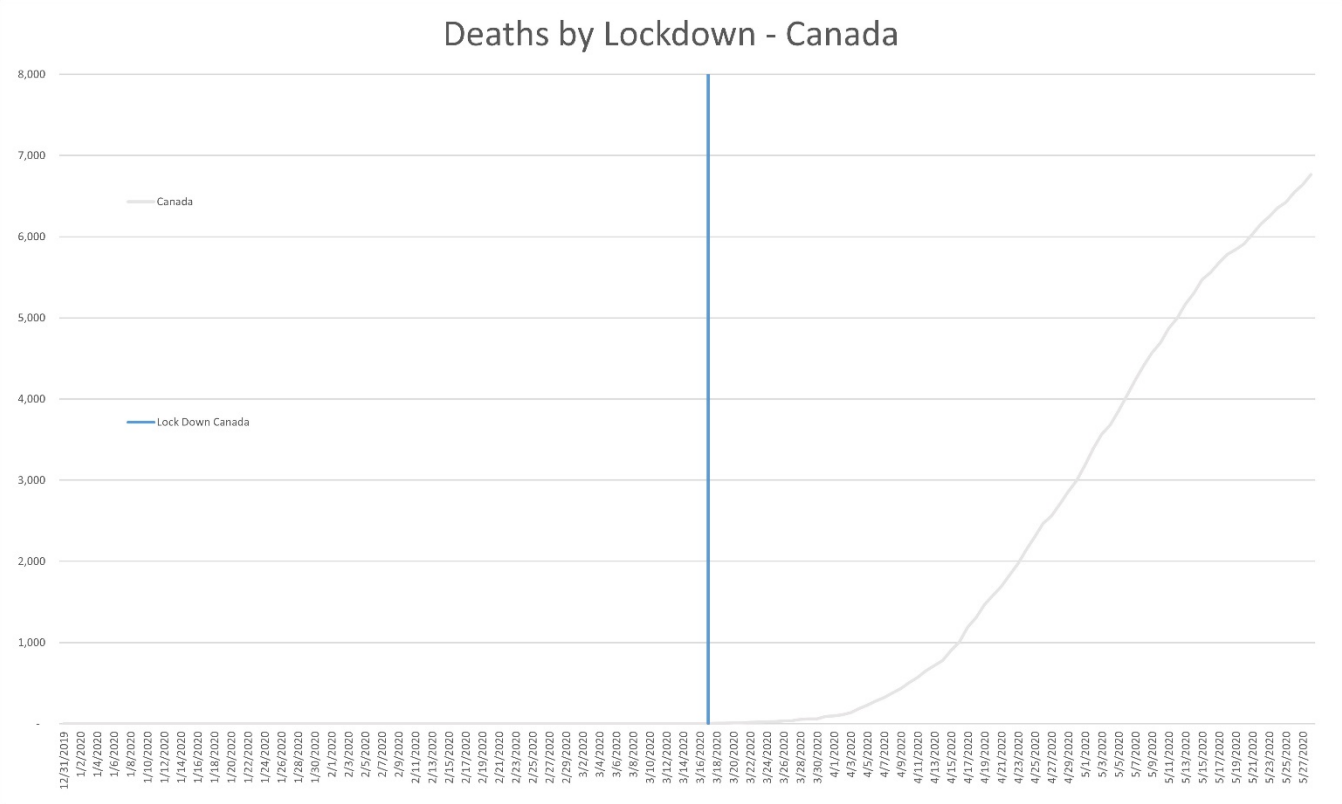


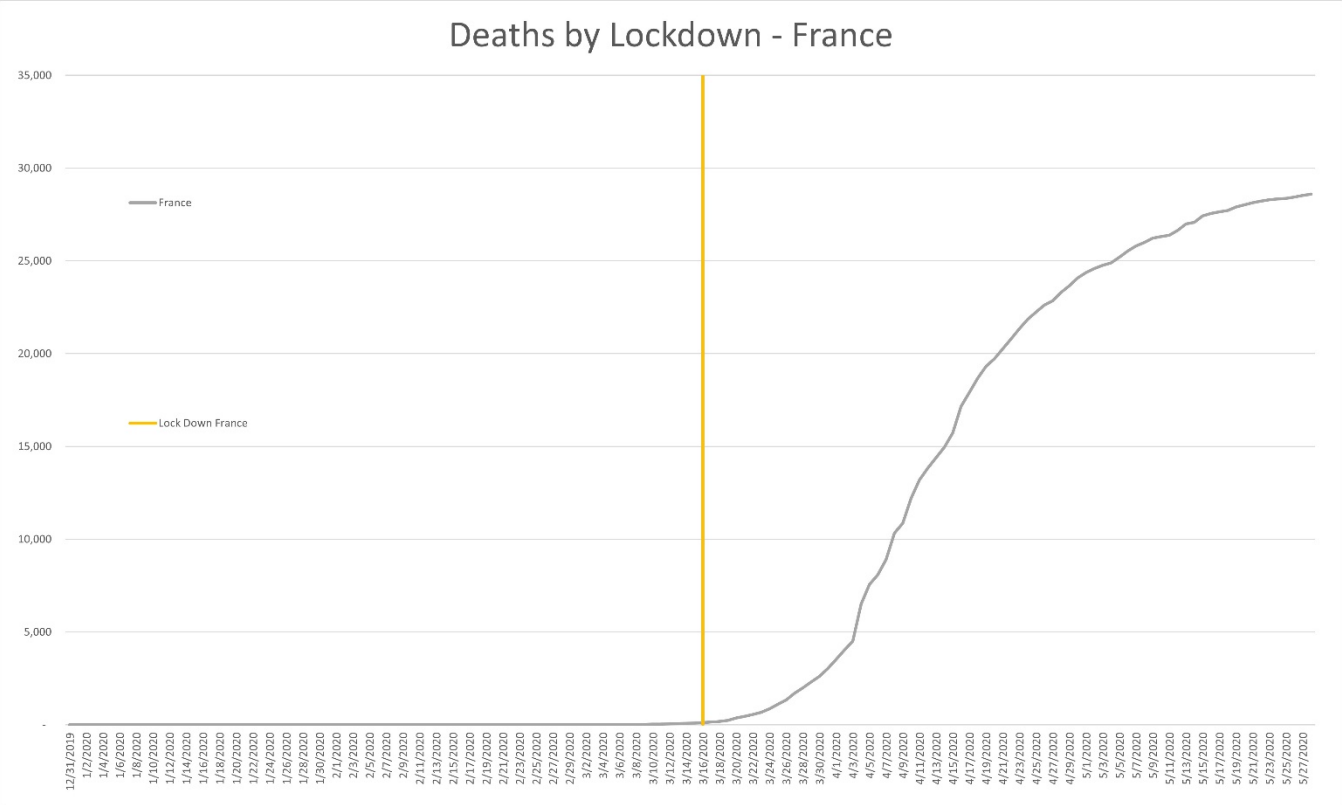

Is this curve starting to feel familiar? Looks like a case of test kits!!

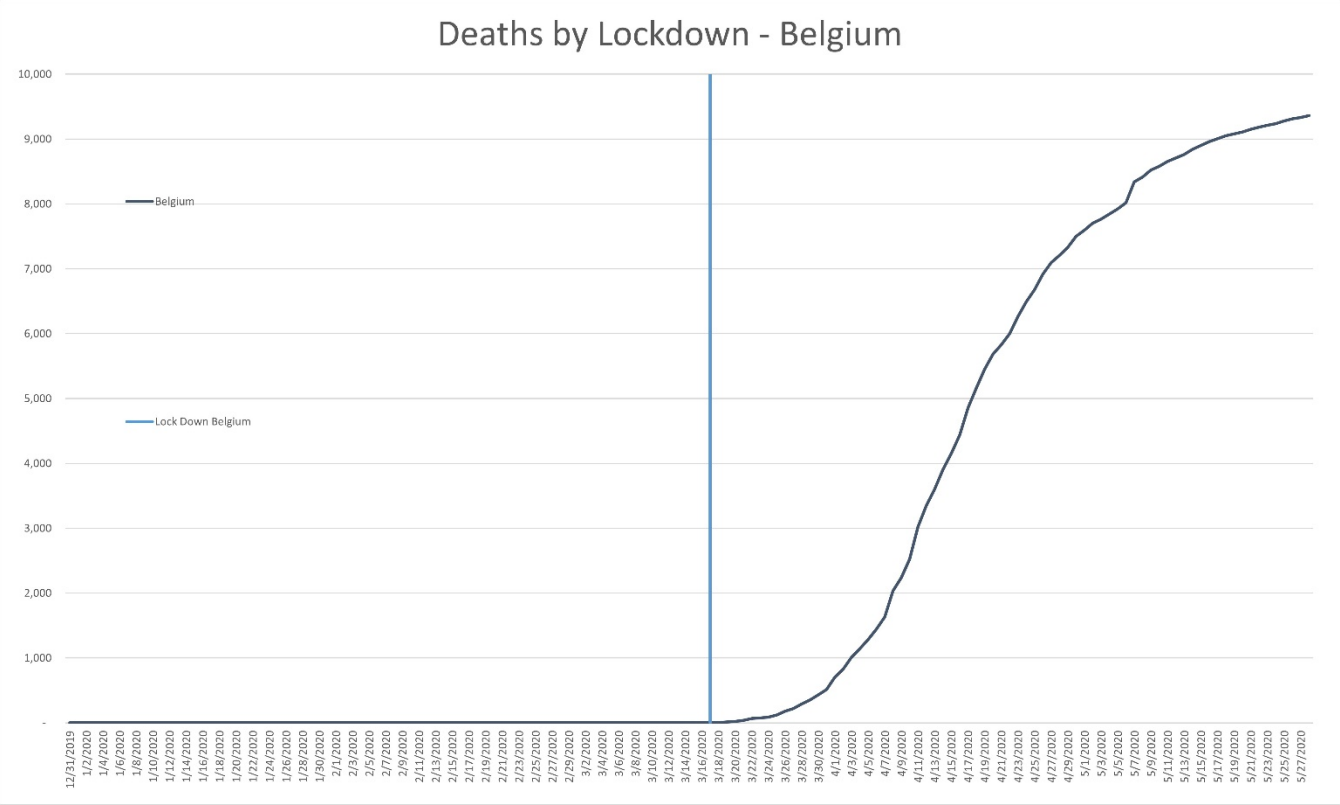

Deaths by Lockdown - USA
120,000
100,000
80,000
60,000
40,000
20,000
-
USA
Lock Down USA

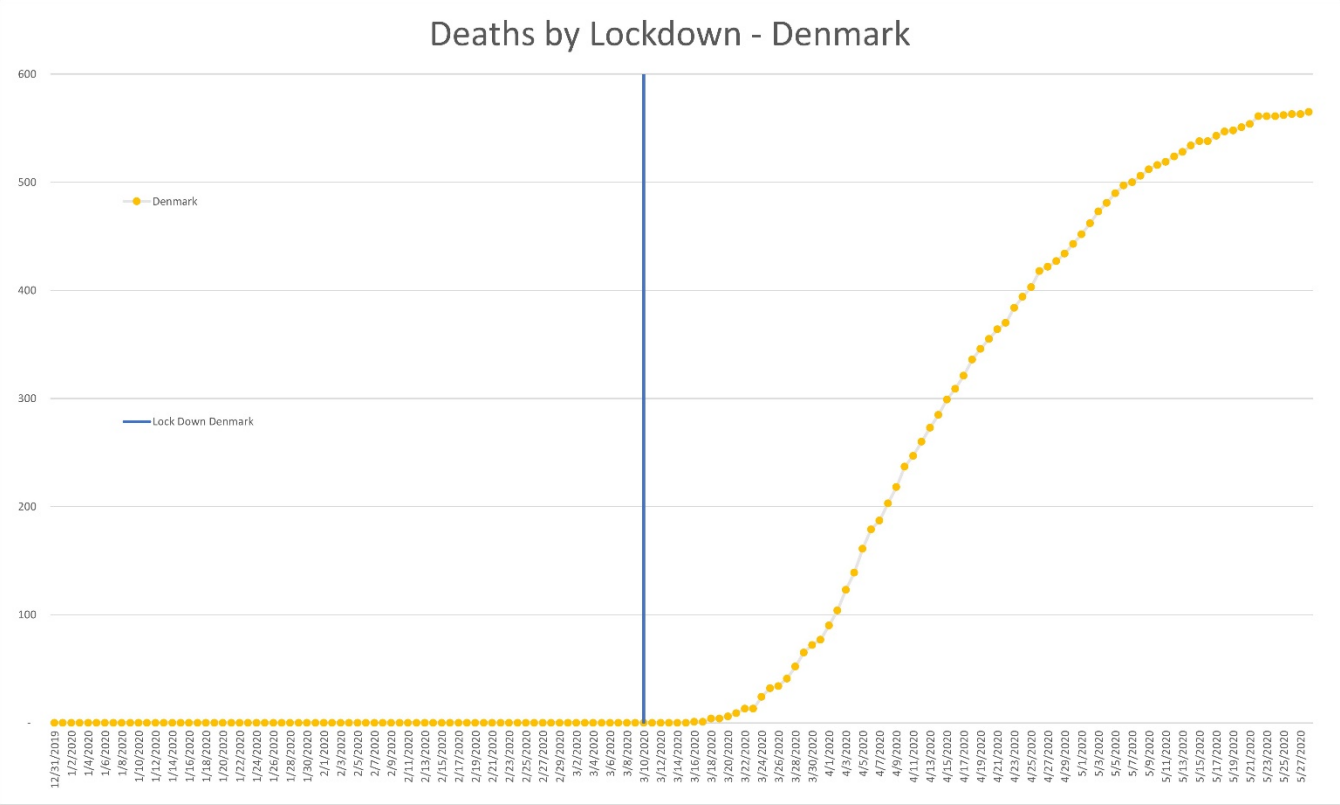

Deaths by Lockdown - Italy
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
Italy
Lock Down Italy (N)
Lock Down Italy

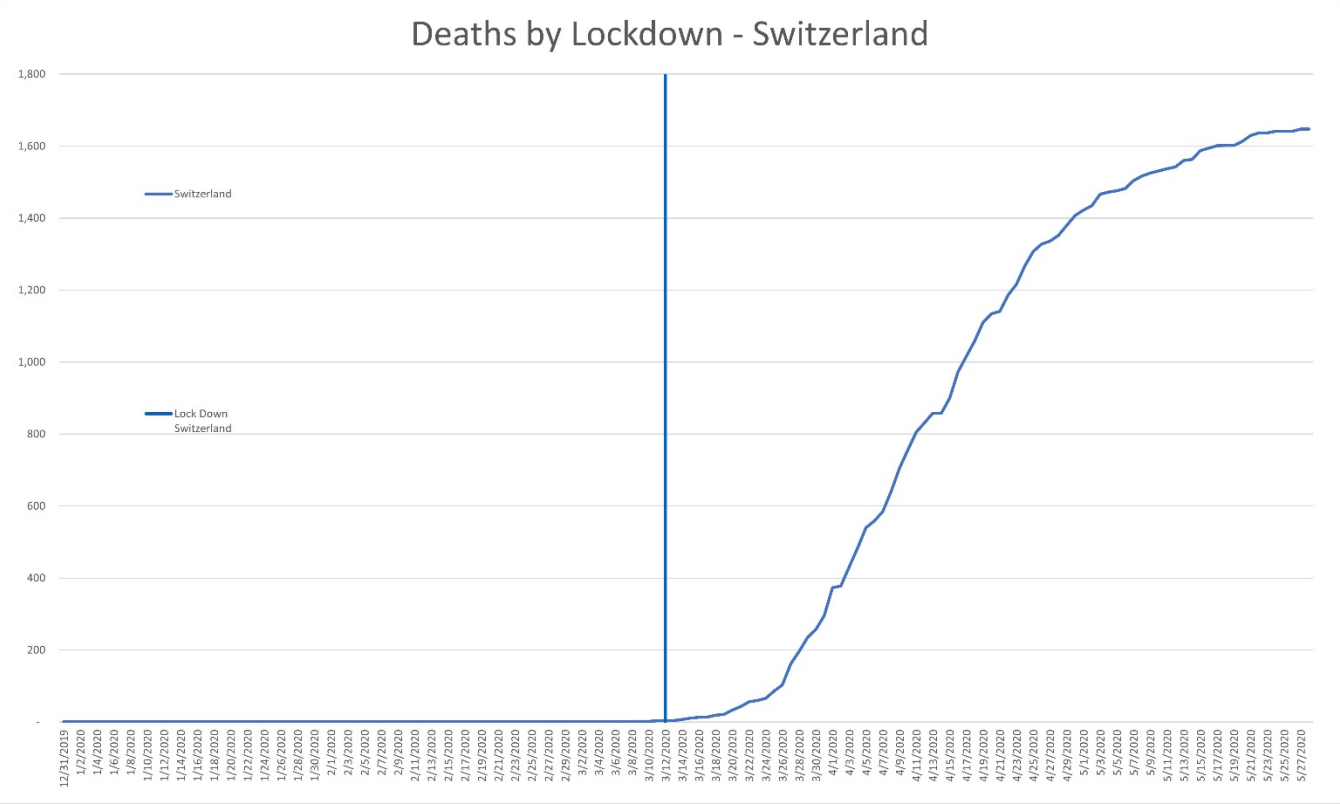

Deaths by Lockdown - UK
UK
Lock Down UK

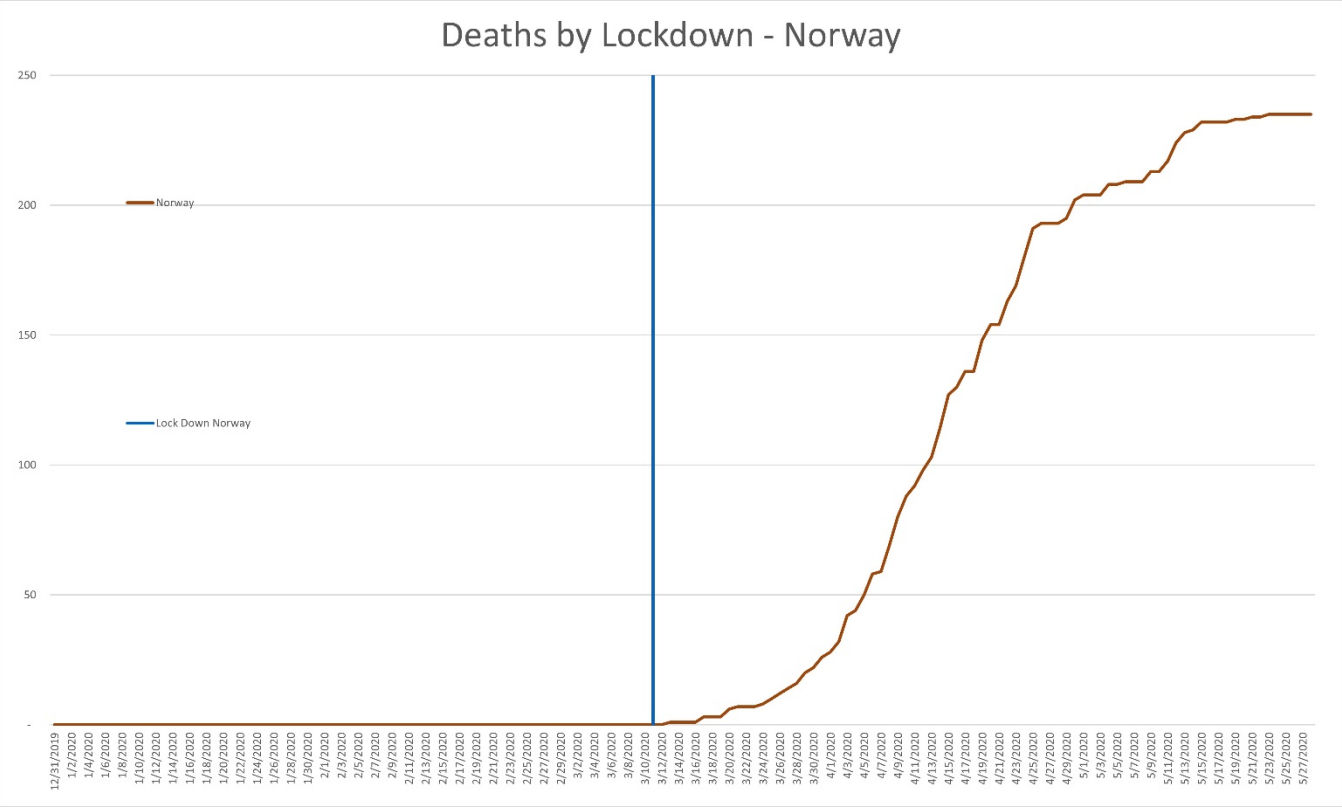

Deaths by Lockdown - Canada
Canada
Lock Down Canada


Deaths by Lockdown - France
35,000
30,000
25,000
20,000
15,000
10,000
5,000
-
France
Lock Down France

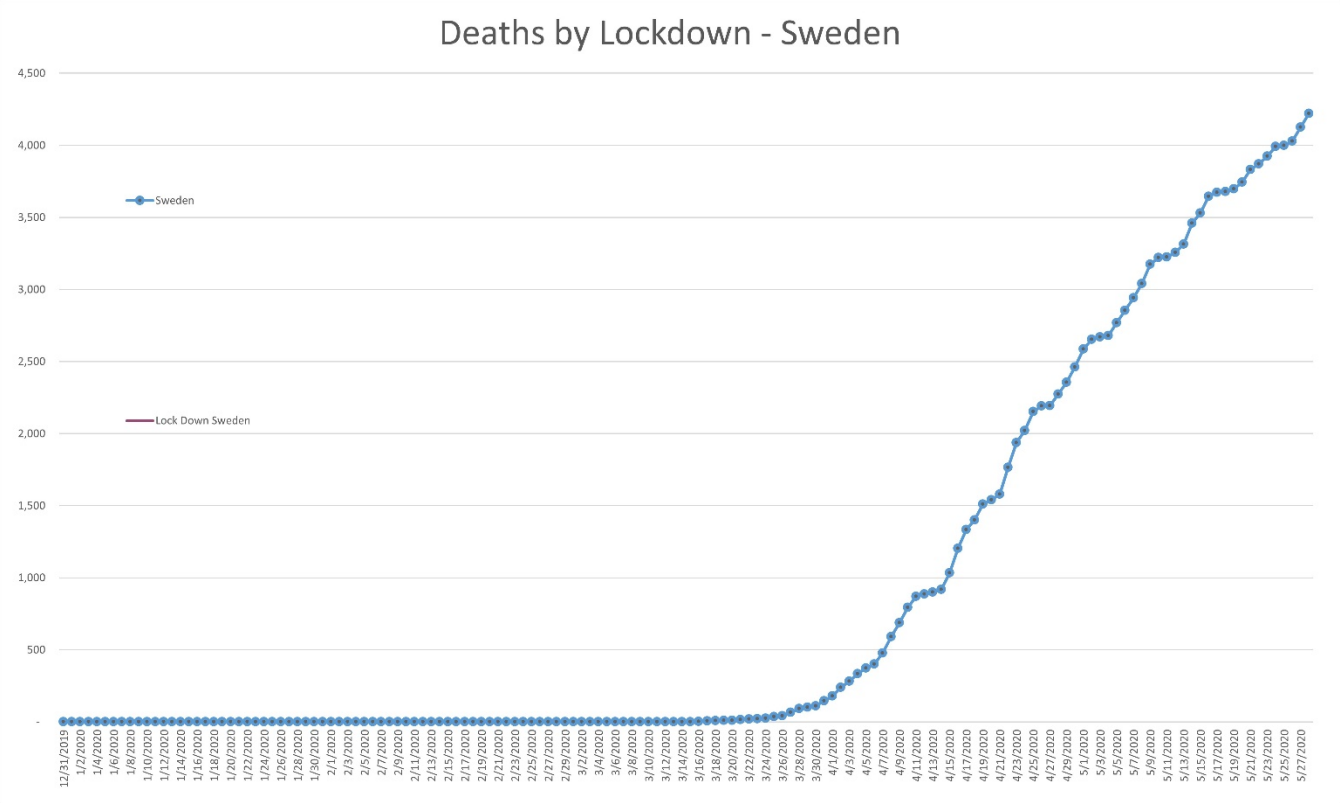

Deaths by Lockdown - Belgium
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Belgium
Lock Down Belgium


Deaths by Lockdown - Denmark
Denmark
Lock Down Denmark
600
500
400
300
200
100
-


Deaths by Lockdown - Switzerland
Switzerland
Lock Down Switzerland
1,800
1,600
1,400
1,200
1,000
800
600
400
200
-


Deaths by Lockdown - Norway
250
200
150
100
50
-
Norway
Lock Down Norway
12/31/2019
1/2/2020
1/4/2020
1/6/2020
1/8/2020
1/10/2020
1/12/2020
1/14/2020
1/16/2020
1/18/2020
1/20/2020
1/22/2020
1/24/2020
1/26/2020
1/28/2020
1/30/2020
2/1/2020
2/3/2020
2/5/2020
2/7/2020
2/9/2020
2/11/2020
2/13/2020
2/15/2020
2/17/2020
2/19/2020
2/21/2020
2/23/2020
2/25/2020
2/27/2020
2/29/2020
3/2/2020
3/4/2020
3/6/2020
3/8/2020
3/10/2020
3/12/2020
3/14/2020
3/16/2020
3/18/2020
3/20/2020
3/22/2020
3/24/2020
3/26/2020
3/28/2020
3/30/2020
4/1/2020
4/3/2020
4/5/2020
4/7/2020
4/9/2020
4/11/2020
4/13/2020
4/15/2020
4/17/2020
4/19/2020
4/21/2020
4/23/2020
4/25/2020
4/27/2020
4/29/2020
5/1/2020
5/3/2020
5/5/2020
5/7/2020
5/9/2020
5/11/2020
5/13/2020
5/15/2020
5/17/2020
5/19/2020
5/21/2020
5/23/2020
5/25/2020
5/27/2020

Again, what about Sweden? The same story here.




Why are we not asking these questions when these very numbers are destroying lives daily worldwide? How many deaths are being reported that have resulted from the drastic steps taken already;

- *Accidental deaths in hospitals due to an overstressed system?*
- *Deaths due to priorities of dealing with a pandemic?*
- *Suicides due to job loss and confinement?*
- *Domestic abuse?*
- *People not receiving treatment they need due to fear of going out?*
- *People not receiving proper care? (cancelled surgeries, treatments etc.).*
- *and so much more...*

This is before we even get to the economic fallout. All the above will continue to rise when COVID 19 is a distant memory.

How many people remember Swine Flu? That is H1N1, the main cause of seasonal flu for many years. Now we call it seasonal flu.

Ask yourself, how can the rate of deaths match the exact same curve in every country? How can reported cases have spiked right after the lockdowns? How can deaths follow the exact same curve as the reported cases?

## BECAUSE WE ARE TRACKING TEST KITS, NOT LIVES.

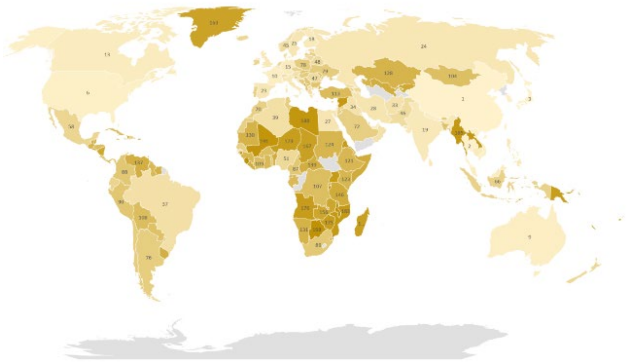
We have viable treatments for this particular Coronavirus, unlike most others like H1N1.

The vast majority of people who contract COVID 19 recover after mild to moderate symptoms. We can't wait for a vaccine. We can't stay inside forever.

We didn't beat SARS, MERS, H1N1 and H5N1 by shutting down society. We developed herd immunity, followed common sense protocols and eventually developed a vaccine. This time around, we also have treatment protocols to add to our arsenal in this fight.

It is time to stop the panic, bring back some semblance of normality. Everyone's physical, mental and economic health is under siege. It's not too late to save us all. Contact everyone you know from the highest levels of government to your closest friends and family. Share this message far and wide. Don't wait until it's too late. The clock is ticking for us all.

# COVID 19 The Spread of A Virus



## A SARS-COV-2 Story – Chapter 3

Published on April 5, 2020

As the media fiddles, we are watching Rome burn.

## How did we get here?

One word. Panic. That was the trigger. The issue is what each country did next.

The panic appears to have started as a reaction to China's unusually public view into their reaction to the outbreak. Unlike any other time, news reports were 'leaking' in almost real time out of China. When does that ever happen, let alone as 4K drone footage, professionally produced? China apparently wanted the world to see it building massive hospitals in an apparent uncontrolled panic.

Anyone around the security services in the late 80's would be aware of the 'break glass in case of emergency' plan every country in NATO (and beyond) was using. If enough panic was induced, this plan could (and appears to have been) triggered.

The messaging from China appeared to demonstrate that COVID 19 was a highly infectious and deadly virus. This was helped by China appearing to misrepresent the numbers to underplay the outbreak, whilst letting the world see its apparent reaction. Thousands of temporary hospital beds, in 16 temporary hospitals built in days. However, very few reported deaths by comparison. China must be lying about the numbers, was the obvious reaction. What if the lie was the hospitals and beds, not the actual deaths?

In January 2020, the first reported cases outside of China started to appear around the world. However, no-one panicked as it spread initially. Remember, millions of infected people were moving in and out of China before the first case was reported outside of China. The virus is considered to be as or more infectious than flu. That we know, based on how it is being handled. Did it only start infecting

and killing people after we started testing though? Infectious AND Polite!? That would be novel for a coronavirus!!

What happens next is an apparent classification directive to count COVID 19 deaths 'as anyone who tests positive'. This is the baseline for COVID 19 deaths in all countries. Imagine if we did that with flu. The already astronomic rate of flu deaths would be terrifying and make COVID 19 look like a walk in the park.

Countries saw an initial spike in deaths, now associated **with** COVID 19 (but not necessarily **due to** COVID 19).

## The focus of the world turned to Italy.

Why Italy though? Italy was the 22nd country to have a reported case, one month after China and two and a half months after the apparent start of the infection spread worldwide. Italy was the 8th country to have a reported death.

| First Positive Case Reported | | |
|---|---|---|
| Date | Country | Order |
| 31-Dec-19 | China | 1 |
| 13-Jan-20 | Thailand | 2 |
| 15-Jan-20 | Japan | 3 |
| 20-Jan-20 | South Korea | 4 |
| 21-Jan-20 | Taiwan | 5 |
| 21-Jan-20 | United States | 6 |
| 24-Jan-20 | Singapore | 7 |
| 24-Jan-20 | Vietnam | 8 |
| 25-Jan-20 | Australia | 9 |
| 25-Jan-20 | France | 10 |
| 25-Jan-20 | Malaysia | 11 |
| 25-Jan-20 | Nepal | 12 |
| 26-Jan-20 | Canada | 13 |
| 27-Jan-20 | United Arab Emirates | 14 |
| 28-Jan-20 | Germany | 15 |
| 28-Jan-20 | Cambodia | 16 |
| 28-Jan-20 | Sri Lanka | 17 |
| 30-Jan-20 | Finland | 18 |
| 30-Jan-20 | India | 19 |
| 30-Jan-20 | Philippines | 20 |
| 31-Jan-20 | United Kingdom | 21 |
| 31-Jan-20 | Italy | 22 |

| First Death Reported | | |
|---|---|---|
| Date | Country | Order |
| 11-Jan-20 | China | 1 |
| 02-Feb-20 | Philippines | 2 |
| 13-Feb-20 | Japan | 3 |
| 15-Feb-20 | France | 4 |
| 17-Feb-20 | Taiwan | 5 |
| 20-Feb-20 | Iran | 6 |
| 21-Feb-20 | South Korea | 7 |
| 23-Feb-20 | Italy | 8 |
| 01-Mar-20 | Australia | 9 |
| 01-Mar-20 | Thailand | 10 |
| 01-Mar-20 | United States | 11 |
| 02-Mar-20 | San Marino | 12 |
| 05-Mar-20 | Spain | 13 |
| 06-Mar-20 | Switzerland | 14 |
| 06-Mar-20 | United Kingdom | 15 |
| 06-Mar-20 | Iraq | 16 |
| 07-Mar-20 | Netherlands | 17 |
| 08-Mar-20 | Argentina | 18 |
| 09-Mar-20 | Egypt | 19 |
| 10-Mar-20 | Canada | 20 |
| 10-Mar-20 | Germany | 21 |
| 11-Mar-20 | Lebanon | 22 |

Northern Italy has a mortality rate for coronavirus type infections that is 600% higher than the US. It also has a high population of Chinese workers. This created a perfect storm for apparent COVID 19 related deaths. It also started using mass COVID 19 tests on the dead and dying.

## Time to 'break the glass' in Italy.

That triggers protocols for biowarfare and radiological (nuclear) attack, the only plan in the government's arsenal. This is what is referred to as RBC (Radiological, Biological, Chemical) emergency response plan. Suddenly everyone is suited up from the receptionist and cleaner to the doctors and

nurses. Cue the trailer for the Andromeda Strain. Hospitals were not designed for this. Health facilities quickly started running out of masks and gloves which were now being used at an exponentially higher rate than normal. China stockpiled this equipment and material (as China NEEDED them). Panic escalated worldwide.

Test kits started arriving and lock downs went into effect. Like proverbial dominoes countries fell, one after another. Doctors were panicking about being infected so followed international (WHO and CDC) guidelines on INTUBATED ventilation instead of using masks or cannulas for oxygen. This is pretty much fatal for a pneumonia patient and ventilation is typically for someone with an inability to breathe mechanically, not for an issue with oxygen exchange in the lungs. Even in those without pneumonia, intubated ventilation can cause pneumonia and a loss of oxygen exchange, typically in 25%+ of cases. They even have a name for it - VAP (Ventilator Associated Pneumonia). Pneumonia + Age + Pre-Existing Conditions = Bodies start stacking up.

As the bodies are now considered almost hazardous waste, routine autopsies are deemed too risky. New ways have to be found to store the accumulating bodies. Normal processes to return the dead to undertakers and family is suspended adding to the strain on an already burgeoning health system. We are seeing this play out in New York daily now.

Why are patients being intubating then? Because affected patients require oxygen therapy for falling o2 saturation. However, the directives and protocols provided state that the virus is spread by aerosolization i.e. fine droplets. The cannula and mask (with holes in the front) aerosolizes the patient's breath... can't have that.

Why does the world suddenly need millions of ventilators when doctors continue to report that almost if not all patients who are intubated and placed on a ventilator ultimately die? What then is the point? Yet the cry for ventilators, masks and gloves is relentless. All of these are suddenly in short supply. All because of PANIC, hoarding and international health directives.

Is this deliberate or just incompetence? Who knows. Or maybe WHO does. But it is clear how the panic spread and how it has caused what is happening as a result.

Now we have a highly infectious disease everyone is concerned is spreading as easily as people breathe. This was circulating out of China and across the world for months before the first reported death outside of China. However, we can stop it (or slow it down to a crawl) by 'sort of' staying indoors!? Even if EVERYONE followed governments' directions to the letter, people would still be circulating, as would the virus. People in essential services are all leaving the house, as is virtually EVERYONE to collect food and medications at the very least.

Imagine the Andromeda Strain again. Through the level 5 containment process, the cleaner is sent out to get milk from ground zero and leaves the back door open to come and go. No biohazard protocols, just going shopping after all. How effective would that be?

This virus has been identified to have a $R_0$ (R naught) of between 2-4 (differing models have different numbers). This is the rate of spread i.e. R1 = 1 person infect one person. R2, one person infects two people etc. Based on a $R_0$ of 3 we would have had over 1 billion infections in the first 30 days. That would have been by mid December 2019. By now, we would be seeing infections in the range of 70% of the population, These are the models and numbers that were (and are) being used to justify the lock downs. Mortality rates of 2%-3% and above, all the way to over 10% in some countries have been cited. Why then have bodies not been piling up since Christmas worldwide?

Note that H1N1 has an $R_0$ of about 1.4-1.7. WHO projected an $R_0$ for COVID 19 as 3.4, upon which most models were based. More detailed studies in March moved that $R_0$ to closer to 5.7. Recently, models have been adjusted for the significant drop in mortality that is being seen, but the spread rates ($R_0$) are still felt to be accurate. For an explanation of $R_0$, see this video from 3Blue1Brown[38] [Video Link][39] . (3Blue Brown, 2020), (3Blue Brown, 2020)

If this is the case, the lock down does nothing for a virus that has already infected large numbers of the population and has spread so easily. However, if that many people have contracted COVID 19 and the

[38] https://www.3blue1brown.com/covid-thanks

[39] https://www.youtube-nocookie.com/embed/Kas0tIxDvrg

mortality rate is as bad as reported (almost 20% in Italy at one point), again, why are there not bodies piling up in the streets? This virus has a two-week incubation period and patient zero appeared in one of the most populous and internationally visited location as early as mid November 2019. Something does not add up.

Anyone saying the virus has already spread uncontrollably is silenced as it doesn't support the panic and reactions the governments have taken (or the media narrative). Now we are into a situation where governments have to justify what has been implemented. Governments implemented the 'break the glass' plan with as much thought as a person panic buying toilet paper. 'Italy did it, so we must!' seems to be the thought process. WHO was driving this?

Then some governments appear to have capitalized on the opportunities to power grab. Civil liberties and human rights dissolve as new laws and powers are enacted in record time, completely unchecked. Tracking, COVID 19 passports to leave the house and DNA testing once thought unconscionable, those many weeks ago, before the lockdown, are touted to become the 'new normal'. However, government has never been one to waste a crisis…

We are currently on a path with a plan that was designed in a way that it would guarantee tens of thousands would die. That plan would be justifiable in the carnage of what governments would be dealing with i.e. A nuclear, biological or large-scale chemical World War. That plan would normally have been executed over days. In this case, we are slowly following the script, so a lot of people don't recognize the steps. Even those who might are too focused on following protocols.

Mass surveillance, DNA testing and martial law may be coming to a street near you soon. All in a matter of weeks. How bad will it get in a few months?

All these actions are based on the premise that the virus is deadly and can be stopped (or slowed) by partially isolating the population. Does this make sense considering when it started and how fast and easily it spreads?

We can see from my previous articles that this is an assumption based on numbers and testing that is highly flawed but apparently directed from a single source.

What if we told people that the chance of getting COVID 19 was 20% or less (the actual numbers show that based on tested vs. tested positive in the US). What if the chance of death was orders of magnitude less than flu despite the implementation of steps that should be just as effective on flu? Seasonal flu (all ten strains this season) has taken many more lives in the same period as COVID 19 has been active. How many people would let the government ruin their lives, shut down businesses and take away every civil liberty based on this reality? However, broadcast glowing red maps and tell people that millions of people will die without full compliance and everyone stays indoors… well almost everyone.

## What next? How will a vaccine help?

A flu by another other name. We have had a vaccine for H1N1 since October 2009, when it was more commonly known as Swine Flu. Care to guess what the primary flu killer (out of 10 strains) is this year? - H1N1[40] [CDC Link] (CDC, 2020). We have been dealing with strains of H1N1 for more than 100 years, since it was first made famous as Spanish Flu[41][CDC Link -Previous Pandemics] (CDC, 2020). If COVID 19 is truly more deadly and more contagious than seasonal flu, then how will the vaccine bring us below the numbers that triggered the global shutdown?

However, a treatment is available that has been tried and tested since 2003. China used it right away and opened their borders on the same day the last major country outside of China closed theirs. Coincidence?

There is some push back. People across the world are questioning the numbers. There is talk that it might not be so bad. Suddenly rumours surface that in other parts of China it has started to spread. Panic flares up again and people stop looking at what the real numbers are.

[40] https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

[41] https://www.cdc.gov/flu/pandemic-resources/basics/past-pandemics.html

People were starting to ask, how did this spread across the world and not across China? That was a question that China and others did not need people asking. So, let's have another flare up in China, everyone goes back to the 'narrative', and re-focuses on all the apparent deaths from COVID 19 at home.

This all falls apart though when you take a good hard look at overall mortality. We have not had any worldwide spikes in overall deaths this year. In fact, total deaths are down year on year worldwide. Does that sound like a new pandemic killing many more millions this year? But the numbers of reported cases and COVID 19 classified deaths are climbing. Yes, they are, but at the exact same logarithmic scale as test kits are being distributed!!![42] [see COVID 19 – Is the lock down working?] (Dickson, Article, 2020)

In reality, experts are now speaking out and showing that this virus is no more deadly than seasonal flu. Current models expanding beyond the panic show it is in fact much LESS deadly than flu.

On top of that, we have a treatment that kills the virus in the body in 100% of cases (based on multiple studies). If caught early enough, it can save 100% of patients (barring other complications that would cause mortality regardless of COVID 19). But WHO and others are pushing back and delaying the use of it. Why? [Link to CDC trials][43] (CDC, 2020)

As a result, outside of China, the preference is to use much more risky blood plasma transfusions therapy. [Link to blood transfusion risks][44] (Utah University, 2020). Why is the proven 'off label' use of a cheap tried and tested medication that has been around for decades continually pushed to one side while people are dying with this virus?

---

[42] https://www.linkedin.com/pulse/covid-19-lock-down-working-dave-dickson-/

[43] https://www.clinicaltrials.gov/ct2/show/NCT04315896

[44] https://webpath.med.utah.edu/TUTORIAL/BLDBANK/BBTXRXN.html

We need to stop counting bodies based on flawed statistics designed to induce panic. We need to start saving lives and get back to work.

The problem is that governments now need to do one of a few things to dig us literally out of this grave.

1. *Admit they overreacted. That won't go down well anywhere… and who goes first?*
2. *Confirm to everyone that the Hydroxychloroquine, Azithromycin and some other treatments are working.*
3. *Allow front line people to take precautions such as prophylactic use of medications above (a lot are already doing that 'off label').*
4. *Change how numbers are reported to accurately reflect deaths **from** COVID 19, not **with** COVID 19, say we are over the curve (flattened or otherwise).*
5. *Drop the biohazard protocols at the front line and go back to the protocols for MERS, SARS and H1N1.*

This reduces the stress and strain on the front line and society overall. The stress itself is killing in some cases. [Ontario increasing mental health resources to cope with COVID 19 fallout][45] (Government of Ontario, 2020). This is a story playing out in ever increasing numbers across the globe.

With these steps, people could go back to work, with some extra attention to cleanliness and overall health management. That might even generate some new cleaning and administration work to manage it.

In any of these scenarios, patients still need to be treated as needed. Leave the mild cases to run the course to build herd immunity and get the vaccine ready for round 2. For the 2009 H1N1 pandemic, they had a vaccine (we use today) by October 2009.

[45] https://news.ontario.ca/opo/en/2020/04/ontario-increasing-mental-health-support-during-covid-19.html

Then remember… this will be back. And next time we should not panic.

Numbers courtesy of [46] [47] [48] [49] [50] [51] [52]

(ECDC, 2020), (CDC, 2020), (Worldometers, 2020), (Government of Canada, 2020), (GoA, 2020), (Worldometers, 2020), (NextStrain, 2020)

[46] https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide
[47] https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html
[48] https://www.worldometers.info/world-population/population-by-country
[49] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html
[50] https://covid19stats.alberta.ca/
[51] https://www.worldometers.info/coronavirus/
[52] https://nextstrain.org/ncov/global

# How the humble Gin & Tonic may save the world from COVID 19.

## A SARS-COV-2 Story – Chapter 4.

Published on April 9, 2020

*Note this is not medical advice. Never take any medication or assume you know the side effects or benefits of anything to treat COVID 19 or any other malady. Always take direction from your doctor. Now sit back, relax and have a Gin and Tonic. After all, what else do you have to do in lockdown?*

There is a lot of negativity around the discussion about Hydroxychloroquine and Azithromycin. As a result, people are saying they wouldn't take this particular drug until there are 'official' studies completed. These could take years.

However, hydroxychloroquine is the safer version of chloroquine, a synthetic version of quinine, the active ingredient in tonic water[53]. (Lowe, 2020)

## Tonic Water?

Tonic Water was invented to make it easier to take quinine to protect as a prophylactic against malaria. Its common use dates back to the 1800's. It was first commercially produced in 1858.

Yes, that bitter tasting fizzy drink which became a staple around the world to the point of being a legend! The British, (being what we are!) decided it needed a bit of a kick to wash it down. And thus was born the infamous Gin and Tonic.

[53] https://blogs.sciencemag.org/pipeline/archives/2020/03/20/chloroquine-past-and-present

*"It is a curious fact, and one to which no-one knows quite how much importance to attach, that something like 85 percent of all known worlds in the Galaxy, be they primitive or highly advanced, have invented a drink called jynnan tonyx, or gee-N'N-T'N-ix, or jinond-o-nicks, or any one of a thousand variations on this phonetic theme.*

*The drinks themselves are not the same, and vary between the Sivolvian 'chinanto/mnigs' which is ordinary water served just above room temperature, and the Gagrakackan 'tzjin-anthony-ks' which kills cows at a hundred paces; and in fact the only one common factor between all of them, beyond the fact that their names sound the same, is that they were all invented and named before the worlds concerned made contact with any other worlds."*
*(Adams, The Restaurant at the End of the Universe, 1980)*

*Douglas Noel Adams (DNA), The Restaurant at the End of the Universe*

We might have discovered just how much importance to attach to these prophetic words written in jest.

The history of tonic water and quinine is easy to find. It has been around almost forever. Please note that the current commercial versions of tonic water contain very little quinine. *Quinine is toxic if improperly taken, (as are many drugs). Do not try and self-medicate without the advice of your doctor.*

So, for Hydroxychloroquine we are now talking about an *'off label'* use of a medication that has been safely used on millions, if not billions, of people since the 1800's (or earlier in various forms). You know how many other medications are commonly used *'off label'* i.e. not for the use on the label? Almost all of them!

If you went to Africa (back when travel was allowed), your doctor probably gave you this drug to protect you from malaria. People take this without a thought for weeks or more. Lupus patients take this as a matter of course, without a thought, for years. Those with rheumatoid arthritis also take this

medication with great success. Note that long term use has some side effects. These drugs should never be taken without the advice and/or supervision of a doctor.

If you were given Hydroxychloroquine for COVID 19 for around 6 days, it would most likely be lifesaving. It has in almost all the thousands of people tested in small trials throughout the world. It was used to treat Avian Flu (1997), SARS (2003), MERS (2012/2015) and many other diseases that cause a cytokine storm (such as lupus) for decades. So, why is it now so bad and risky?

Some, patients will sadly still die after contracting COVID 19 despite taking this medication or indeed any other treatment. Those sad cases are a tiny proportion of those treated. However, in every reported case I have researched, the underlying complications and/or delayed treatment has been found to be the primary factor. This is all anecdotal evidence until you take the dozens of studies and add them together. As such, we already have had large scale randomized testing of this drug, provided under doctor's supervision, in combination with Azithromycin.

So, right now these are the few choices for patients dying with COVID 19 complications[54]. (CDC, 2020)

- *Dying on a ventilator.*
- *Taking an expensive and risky experimental drug on trial for Ebola (Remdesivir).*
- *Having a risky blood (plasma) transfusion from a previously infected patient.*
- *Taking an 'off label' medication that has already successfully treated thousands.*

Some positive results are being reported for Remdesivir and plasma transfusion, but neither of those have gone through rigorous double-blind studies in the treatment of COVID 19 either. So, why are these treatments acceptable and Hydroxychloroquine is not?

The CDC is not expected to publish results of Hydroxychloroquine trials before mid-2021. Would you really wait for double-blind studies to come back if your very life depended on it?

---

[54] https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html

As of April 29th, 2020, the current CMAJ treatment guidelines remove almost all reasonable medication treatment protocols without any evidence to support the decision[55]. (Ye, 2020)

*"**Because the likelihood of death from COVID-19** in patients with nonsevere disease **is extremely low (in the range of 1/1000),** we are very confident that antiviral drugs will have little or no effect on mortality in such patients." (Ye, 2020)*

This article states that not using proven, cheap and safe treatments for COVID 19 is justifiable because it is no more dangerous than flu with a mortality rate of 0.1%. However, the CMAJ guidelines support lockdowns and known high risk protocols for COVID 19. These guidelines suggest corticosteroids for COVID 19. This makes no sense at all[56]; (Mehta, 2020)

*"As during previous pandemics (severe acute respiratory syndrome and Middle East respiratory syndrome), **corticosteroids are not routinely recommended and might exacerbate COVID-19-associated lung injury**." (Mehta, 2020)*

A vaccine, the only other long-term option presented, could be 12 to 18 months away. Also, we have a vaccine for H1N1 (also known as Spanish Flu, Swine Flu and since 2009, seasonal flu). H1N1 still kills tens of thousands or more every year. So, even with a vaccine, a treatment is also required to save lives.

[55] https://www.cmaj.ca/content/early/2020/04/29/cmaj.200648

[56] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30628-0/fulltext

For those who need hospitalization and end up on a ventilator, COVID 19 has proven fatal, if not treated early and appropriately, in almost every case.

There are two primary causes of death being reported in relation to COVID 19. The cytokine storm (similar to an autoimmune reaction such as in Lupus) and pneumonia. So, ask yourself, why does Hydroxychloroquine (a Lupus medication and anti-viral agent) with Azithromycin (a common antibiotic used for chest infections) work?

Can you really afford to wait? I couldn't and wouldn't. I haven't had a drink in almost four decades. But bottoms up! Pour me a G & T (derivative)!

**For clinical trials see:** [57] [58] [59] (NIH, 2020), (National Heart, Lung, and Blood Institute (NHLBI), 2020)

**Hydroxychloroquine (the safer successor to Chloroquine and Quinine)** [60] [61] [62] [63] [64] [65] [66]
(A.Devaux, 2020), (Yan, 2012), (Savarino D. A., 2006), (Ooi, 2006), (Kapoor, 2020), (Xinhua, 2020), (huaxia, 2020), (Drugbank, 2020)

[57] https://www.drugbank.ca/indications/DBCOND0126697#drug-trials

[58] https://www.nih.gov/news-events/news-releases/nih-clinical-trial-hydroxychloroquine-potential-therapy-covid-19-begins

[59] https://clinicaltrials.gov/ct2/show/NCT04332991

[60] https://www.sciencedirect.com/science/article/pii/S0924857920300881

[61] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567830/

[62] https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(06)70361-9/fulltext

[63] https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-3-39

[64] https://www.medrxiv.org/content/10.1101/2020.03.24.20042366v1.full.pdf

[65] https://crofsblogs.typepad.com/h5n1/2020/01/three-drugs-fairly-effective-on-novel-coronavirus-at-cellular-level.html

[66] http://www.xinhuanet.com/english/2020-01/30/c_138742650.htm

**Remdesivir** [67] [68] [69]

(NIAID, 2020), (Feldman, Covid-19, 2020), (Drugbank, 2020)

**Vaccine** [70] [71] [72] [73]

(Lihua, 2020), (Drugbank, 2020), (DrugBank, 2020), (University of Oxford , 2020)

---

[67] https://clinicaltrials.gov/ct2/show/NCT04280705

[68] A 4% reduction in mortality for a $5,000 treatment. (Feldman, 2020)

*"In a preliminary study, Rmdesivir from Gilead lowered mortality in hospitalized Covid-19 patients from 11.6 % to 8%."* (Feldman, 2020)

https://www.bloomberg.com/opinion/articles/2020-05-06/america-has-no-plan-for-the-worst-case-scenario-on-covid-19

[69] https://www.drugbank.ca/drugs/DB14761

[70] http://www.chictr.org.cn/showprojen.aspx?proj=51154

[71] https://www.drugbank.ca/drugs/DB15655

[72] https://www.drugbank.ca/drugs/DB15656

[73] https://www.clinicaltrials.gov/ct2/show/NCT04324606

## COVID 19 Risks - a Personal Message


A SARS-COV-2 Story – Chapter 5.

Published on April 9, 2020

This is deeply private and personal, but I've reached the point in trying to address this where the only way I might be able to make the point is to share the following. This isn't about me. Or you. It's about us all.

As some of you will know, I have been to hospital too many times due to pre-existing conditions. My wife, Karen, who would normally accompany me, would now not be allowed into the hospital, leaving me without a much-needed advocate. I can't talk and can barely catch a breath on bad days due to a lack of lung function. My o2 saturation levels crash. I exhibit classic signs that are attributed to COVID 19 today. These common symptoms used to be attributed to several possible maladies and treated accordingly. But now the world has only one disease - COVID 19. *CDC Guidance for Certifying COVID 19 Deaths March 4, 2020 [Link]*[74]. (CDC, 2020)

"COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death."

Four months ago, I would receive pain medication and oxygen (as needed) through a cannula (nasal tube). I would have x-rays and antibiotics and be back with my family in a day or less. I know, because I have been successfully treated this way for the last decade, including this Christmas. Anyone else's family have a bad flu season this year? I can NEVER be put on intubated ventilation because that would quite literally end my life.

[74] https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-1-Guidance-for-Certifying-COVID-19-Deaths.pdf

Anything that impacts my lungs (a cold, flu, pneumonia and now COVID 19) could be a death sentence. It is a fear my family lives with constantly.

Other than a fear of coughing in public (simply me catching my breath when I walk!) and being reported to authorities, my life has not changed in the face of this novel virus.

Since the first reported case of COVID 19, the CDC has changed its direction on how I and others presenting with COVID 19 type symptoms are being treated, no matter the underlying cause. The following is now standard practice. Note: this is not due to any fault of anyone of the front line. Those in health care are simply following the protocols they believe are required in this crisis.

Today, I, in Canada, I would 'maybe' given a maximum of 5l cannula delivered o2. Current Canadian Anesthesiologists' Society (CAS) guidelines for COVID 19 [Link][75]. (Canadian Anesthesiologists' Society, 2020)

> *"Nasal cannula at 5l per minute or less maybe used to provide supplemental oxygen to the COVID-19 patient in respiratory distress."*
> *(Canadian Anesthesiologists' Society, 2020)*

This would not be enough for anyone on respiratory distress, as in every previous experience I have been on a minimum of 9l of o2 just to stabilize my o2 stats when not in distress.

The next step, as per the Canadian Guidelines, would be to be intubate me causing VAP (Ventilator Associated Pneumonia).

[75] https://www.cas.ca/en/practice-resources/news/cas-articles/2020/covid-19-recommendations-during-airway-manipulation#

*"High flow nasal cannula (HFNC) or non-invasive positive pressure ventilation (NIV) should be avoided due to the possibility of increasing aerosolization." (Canadian Anesthesiologists' Society, 2020)*

However, anyone following the CDC guidelines (most of the world from the US to Italy), would go directly to intubated ventilation.

I would then drown as my lungs filled up due to the pressure induced VAP. How do I know? Some years ago, I suffered a 75% bi-lateral intubation-initiated pneumonia that has left me with my current issues. I survived because the hospital took me off a ventilator and put me on oxygen as my lungs filled. Like almost every COVID 19 patient today, I could breathe. I needed oxygen, not assistance breathing. This I know from a few enlightened specialists and clinicians who have educated and worked with me to carefully manage my condition and give me quality of life.

Based on the new CDC guidelines, no one would even bother testing me for COVID 19. I would die on a ventilator. I would just be another one in the daily count. The same body count that is instilling so much fear and panic and is keeping people isolated in their homes.

You know what terrifies me? Not COVID 19, that is treatable with $20 of decades old medication used on H5N1(1997), SARS (2003) and MERS (2012/2015). I'll take my chances with that. Thousands already have and survived.

What is truly terrifying is the reaction to this that is slowly killing us all.

## Social Distancing

Social distancing is the answer we are now told. Anything but social, this 'physical' distancing has a far more nefarious purpose than slowing or preventing the spread of a virus, already beyond control. Like quarantining the healthy and wearing ineffective masks, this is more about communication and control than anything else.

Social distancing is not supported by any science, but it has a purpose. The virus sits in the air for hours and on surfaces for weeks (or does it?). We have studies that show this but new guidelines from the CDC that say otherwise. If it is not airbourne and not transmitted from surfaces, there is only one logical conclusion. As it enters the body through the mucous membrane, we have had over 4 million people sneezing and coughing in each other faces in the past three months, most of whom have not noticed. So much for all the PPE for essential workers, doctors and other health workers who appear to have caught COVID 19 without noticing.

To stay away far enough to make a difference form the impact of a cough or sneeze, you would have to be at least 13 feet[76] (Guo, 2020) or more at all times (not just when convenient or in public when people can see). This would have to be a universal protocol for everyone, or the efforts would be wasted. This would include at home, not just in public. Without this universal protocol, are we stopping the spread from one person to another or just doing it for show?

If it is spread from surfaces (as it has been shown in other studies referenced here) the protocol would require every surface that was touched was sanitized immediately and full biohazard 'fit tested' full face respirators worn at all times.

Now, do doctors, nurses, police, paramedics, all keep social distance, or are they immune? How about hairdressers, nail salons, waiters.. The virus doesn't know the difference from a close companion, family member, essential worker or just another member of the public. So, how can the rules not apply equally? Do we have some sort of agreement with the virus that it will behave differently within these groups? If not, then why do we have so many differing and contradictory rules?

Have this been the protocol for the last millennia of deadly flu seasons or ongoing cold seasons? These are potentially deadly to myself and many millions like me around the world. Should we now expect this to be the new protocol forever for every deadly virus? If not, why not?

[76] https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article

Are we willing to destroy society, never allow another hug, handshake or embrace for fear of the 'social distance' spies catching us in a time of need? Will we stand by when a passerby falls to the ground gasping for breath as they have a heart attack. Will we stand by and watch a child drown in a pool or lake? Will you stand by and let a child cry when they fall down? Will you watch children and grandchildren grow up alone, isolated and damaged beyond comprehension as a result of your social distancing insanity?

This is not the first deadly virus to circle the globe (we are tracking 10 flu strains this season alone) and it will not be the last. Will we continue this cycle of masks, lockdown and social distancing forever? The answer is no, because we won't last that long as a society if we continue this charade.

Social distancing if you believe in it, just like a mask, cannot be used as a badge of honour to be worn when convenient. It must be obeyed at all times. Otherwise it is a farce.

I would never ask anyone to destroy their own life let alone the world to protect me from my own condition. That is my responsibility. But watching people follow unscientific rules set out by the very talking heads who have got everything wrong to date, just to fit in, is heartbreaking.

Society will never survive social distancing. If it is truly required, then we will die off in isolation. If it is not needed (and there is no scientific proof to back that it has any benefit) then we are tearing society apart to bow to the masters and for no other reason.

Just for some context, here's the Math... 4 people social distancing at 2 meters require the same space, at all times, without any other items such as tables etc. as 169 people at a crowded outdoor concert. 72 people at normal spacing of say an airplane, train or movie theatre.

Now think back to when this started. From the beginning of November to the middle of March, most of the world did nothing while millions of people traveled around the world infecting each other. In the five months from it starting to the lockdown in the US, there were 1,050 reported deaths (with, not of COVID... but that is another story). In the next 7 weeks, over 80,000 deaths were reported in the US. All-cause mortality didn't change during that time, despite this deadly virus killing so many. If social distancing, lockdowns and masks are doing such a good job, we should have seen millions of excess

deaths before these steps were taken. Deaths should have dropped dramatically in the last two months of hell we have gone through. Yet, where are all the bodies? Why did deaths go up not down with the lockdown? All the answers are in plain sight. You just have to look. See this video for more details on Social Distancing https://youtu.be/lf6yBeXmzCo (Bailey, 2020)

[77] [78] [79] [80] (Johns Hopkins University, 2010), (Radonovich, 2018), (Ahmed, 2018), (Verbeek, 2019)

## Masks (respirators).

To all those insisting everyone should be forced to wear a mask *"for everyone's safety".*

One question. Did you wear a mask during every flu season you have been through?

Flu is potentially deadly to me and many others like me. Flu kills 100's of thousands every year, including healthy people without co-morbidities. Is this not a serious concern?

Did we ever insist you wear masks all the time to protect us? Did we call you murderers for not conforming to our masters' voice?

The answer is no. We have evolved and are educated enough to know to cough into our hand, sleeve, hanky (or whatever the latest fad is... that isn't a mask).

These masks that are now 'mandatory' in many places, do nothing if you take a look at the way this disease spreads. You are likely to suffer from much worse with long term inappropriate use of an inappropriate (homemade or other) mask. There is a reason there were (and are) rigid, tested protocols for different types of masks (or respirators as they should be more accurately identified)

---

[77] https://clinicaltrials.gov/ct2/show/NCT01249625

[78] https://academic.oup.com/ofid/article/5/suppl_1/S51/5206102

[79] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5446-1

[80] https://pubmed.ncbi.nlm.nih.gov/31259389/

before COVID 19 threw away all common sense. The N95 'mask' often discussed, is not actually a mask. It is more correctly identified as a respirator [81]. (Government of Canada, 2020)

- Masks make you touch your face more as you constantly adjust them.
- They absorb moisture (and all that comes with it).
- In a pool area, they will accumulate chlorine causing potentially fatal results if worn over a long period. - Yes, they will apparently be mandatory in indoor pools from the City, YMCA and even West Edmonton Mall.
- They interfere with CO2 expiration and oxygen inspiration.
- They should only be used (as an alternative to other long used mechanisms - see above) to prevent the spread by symptomatic individuals (and then only for short periods of time, and NEVER reused).
- They should be used in areas of poor air quality to filter out larger contaminants (the negative effects are offset in this case). This is why they are commonly worn in Asia. Not because masks are a fashion statement or to prevent viral inspiration. In Japan and other Asian countries, there are oxygen dispensing stations in the same way we have had drink dispensers for decades, all because of poor local air quality.
- Disposable or homemade masks should never be re-used as a virus barrier - they are not 'fit' for purpose.
- For most, a mask in this type of use is unhealthy. For those like myself, or those with many other respiratory maladies, a mask could prove fatal when used inappropriately.
- The N95 to N100 designation is a "respirator" not a 'mask'.

**Chapter 6-10 - Canadian Biosafety Handbook, Second Edition** [82]. (Government of Canada, 2020)

[81] https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/handbook-second-edition/chapter-6-10.html

[82] https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/handbook-second-edition/chapter-6-10.html

### 9.1.6 Masks and Respiratory Protection

*"Masks are not intended to be used more than once."*
*[83]. (Government of Canada, 2020)*

*"Surgical masks and many types of dust masks offer little protection from airborne pathogens"*

*"Respirators are used when there is a risk of exposure to aerosolized toxins or infectious aerosols that can be transmitted through the inhalation route."*

*"Personnel education on airborne hazards and training on respirator selection, fit, inspection, and maintenance are some examples of elements of a workplace respiratory protection program, which is required for any workplace where respirators are used."*

[83] https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/handbook-second-edition/chapter-6-10.html

**9.1.6.1 Respirator Fit**

*"All respirators need to fit properly in order to function as intended."*

*"Using the wrong respirator or misusing one can be as dangerous as not wearing one at all."*

*"Most jurisdictions within Canada currently require qualitative or quantitative fit-testing to be conducted to demonstrate proper fit for the selected respirator(s) before an individual carries out any activities that require respiratory protection."*

*"In addition, standard CSA Z94.4, Selection, Use, and Care of Respirators, requires that an employer take reasonable precautions to verify that an individual is medically cleared to wear a respirator."*

**9.1.6.2 Air Purifying Respirators**

*"Disposable half-mask air purifying respirators, including the N95 and N100 type respirators, are designed for single use."*

I have a doctor's exemption note for this very reason. Be careful when you judge those who wear (or do not wear) a mask. You do not know their circumstances.

Stop with the MASK Charade and do some research before you dance to the latest government marching orders.

This is not medical advice, but don't believe me, do some research and speak to someone qualified to provide the appropriate advice.

However, this is just my story. There are so many others like me. Please don't just believe or ignore me though. Turn of the TV and go and do your own research on drugs like Hydroxychloroquine and Azithromycin. Read the CDC guidelines and check their numbers. It is all there for anyone to find.

Please just take a moment to gather the facts. No-one should have to die due to of a lack of knowledge in the information age.

Before I go (hopefully not), we must now ask; What about the **avoidable deaths** that the lockdowns are **causing**. Do these lives not matter in the world where only COVID 19 appears to exist? Suicides, heart attacks, diabetes, depression, strokes, blood clots (caused by a 'new normal' sedentary life), delayed cancer screenings and so much more.

If we can report the daily deaths of COVID 19 we must be able to do the same with all causes of death. So please call on all the talking heads on TV and social media everyday to tell us the truth about who is truly dying and suffering unnecessarily.

The Canadian Medical Association Journal (CMAJ) guidelines state that COVID 19 has an overall mortality rate in tested positive cases as 0.1% (1 in 1000). CMAJ quote this low mortality rate as a reason not to use any proven safe, cheap and effective medications for the treatment of mild to moderate cases.

- For SARS-CoV-1 (SARS in 2003/2004) the actual mortality rate was 9.6%. We did not close a single country for that.
- For MERS-CoV (MERS in 2012/2015) the actual mortality rate was 34%. We did not close a single country for that.
- For COVID 19 (SARS-CoV-2), the actual mortality rate now appears to be close 0.1%, the same as seasonal flu.

We need to start asking questions about what the Lockdown is doing to society.

# COVID 19 A Personal Story – Postscript

## A SARS-COV-2 Story – Chapter 6.

Published on March 7, 2020

Now that care centers are opening and the 'new normal' appears to be that light at the end of the tunnel, this is the most critical piece of information you must have.

This article on ventilators was published last night (May 6th, 2020). I read it this morning and cried. https://off-guardian.org/2020/05/06/covid19-are-ventilators-killing-people/ (Knightly, 2020)

When I originally heard about the use of intubated ventilation in Italy, it was the trigger that pushed me to try and stop this.

My personal story (linked here: https://www.linkedin.com/pulse/covid-19-risks-personal-message-dave-dickson-/ (Dickson, A Personal Story - Article, 2020)) was the penultimate of five articles I have published, only because it was so hard to write. I have been screaming (as best I can with my compromised lungs) about this dangerous and terrifying response to COVID 19 for months. Yet no-one has been listening. Maybe doctors and experts will listen now.

I have given doctors a pass for months, because they were under stress. No more though. Any doctors who continue with a treatment protocol on patients who can breathe but require oxygen therapy need to be charged. (see my personal story linked above).

Doctors all know this protocol kills and saying *'I don't want to catch COVID 19'* is not an excuse. EVER!!! It has never been an excuse for any treatment, illness or disease. If it was, the human race would have died out long ago.

Do health care professionals let MRSA, Ebola, AIDS and TB (etc.) patients die alone while doctors cower and cry in the corner? Did the first responders who rushed into the clouds of dust and debris, that were the Twin Towers, stop for a second to check with the CDC? Would they have stopped anyway if

they were told the dust might be deadly? Smoke and fire kill. But fire fighters rush towards it daily as part of their vocation to save lives above all else.

In the hypothetical case above of health care professionals standing idly by while pateints die of infectious diseases, this would be a passive act. This would never be acceptable. In the case of COVID 19 and ventilators, doctors who are supporting and condoning an active role in the clear misuse of ventilators are essentially killing their patients. Why is this suddenly acceptable?

Those pleading ignorance or sitting quietly have no excuse either.

*"The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis."* Dante Alighieri *(Aligheri, 1265-1321)*

Should we now give all those infected with Ebola to AIDS a lethal injection so no-one else can be infected? I hope not. What has happened to "DO NO HARM"? Would doctors do this to each other? It is the Hippocratic oath, not the Hypocrisy Oath!

What's in store for the *'more deadly second wave'*? Do we just shoot anyone who comes into hospital with a cough in case someone else gets it? Are the Police and Sheriffs going to shoot people on the streets who don't wear a mandatory mask? I hope not as I have a doctor's exemption note.

However, this form of government sanctioned execution is what doctors have effectively done to those who got sick in the 'first wave'.

Note that these are the same experts and doctors;

- WHO locked us down because millions would die and revise their 'models' every day to fit the 'new normal' narrative.
- WHO pushed for ventilators to the point that vacuum and car manufacturers were making them without any experience or testing.
- WHO put COVID 19 on a death certificate even where there is no proof, just to pad the figures and keep us locked up. Why would they do this? In most countries, including the UK and US,

doctors get a blanket pass on liability if COVID 19 is on the death certificate. Equally, hospitals are paid more in many countries for COVID 19 patients and ventilator 'cases' but not for other 'cases' like heart attacks and diabetes. [link]

- WHO say social distancing works without any science to back it up, and with ample evidence showing it does nothing more than remove the ability to talk to more than one person at a time.
- WHO say shelter in place will slow or stop the virus, (but going shopping, essential workers in 'packs' of more than 15 etc. is fine).
- WHO say masks will help (then won't, then will) - They WON'T!

All of this when most, if not all, NY doctors and health care workers appear to have tested positive for antibodies. This means these health professionals, on the front line, caught COVID 19 and recovered, in most cases, without knowing they had it. Over 60% of the NY cases came from those 'sheltering at home' (not essential workers or doctors). Many others came from care homes that were locked down. How did we protect anyone by staying locked up?

We have to end the lockdown and get back to a real, not 'new normal' life. From death by ventilator and a failure to use a known cheap treatment (Hydroxychloroquine and Azithromycin) to the lockdown induced deaths from heart attacks, diabetes, stroke, suicide and more, we are slowly suffocating while being 'gas' lighted by the media daily.

Continuing this insanity is killing people. Those that are willing to go along with it because someone else told them… well we have heard that excuse before so many times in history.

*"**Human beings**, who are almost **unique** in having the ability to learn from the experience of others, are also remarkable for their apparent disinclination to do so." Douglas Noel Adams (DNA) (Adams, Last Chance to See, 1989)*

***or***

*"Those who fail to learn from history are condemned to repeat it."*

*Sir Winston Churchill 1948 (Churchill, 1948)*

This time it will not wash.

We need to get back to work. Get back to an actual normal not a 'new normal'.

We need to treat the sick and hold all of those responsible accountable.

We must **NEVER** let this happen again.

This may be the final chapter of the A SARS-COV-2 Story. In essence, it is Article 6 of 6 in a continuing story that is running out of hope.

*As the media fiddles, we are watching Rome burn. Only China appears ready to rise from the ashes. So, don't be a Nero. Join the conversation beyond the four corners of your TV and help us climb out of this hole before it is too late.* ***#COVID19***, ***#RomeIsBurning***, ***#ABetterPlan***, ***#jointheconversation***

1. ***The Best Laid Plans. COVID-19*** (Dickson, Articles, 2020)
2. ***COVID 19 – Is the lock down working?*** (Dickson, Articles, 2020)
3. ***COVID 19 - The Spread of A Virus*** (Dickson, Articles, 2020)
4. ***How the humble Gin & Tonic may save the world from COVID 19.*** (Dickson, Articles, 2020)
5. ***COVID 19 Risks - a Personal Message*** (Dickson, Articles, 2020)
6. ***COVID 19 - A Personal Message Postscript*** (Dickson, Articles, 2020)

For the more disturbing aspects of the tracing, tracking and COVID passport process you can see my earlier articles, currently being updated for the POST COVID 19 world.

https://www.researchgate.net/publication/341694309_Are_we_the_new_Digital_Soylent_Green (Dickson, Articles, 2020)

https://www.linkedin.com/pulse/we-new-digital-soylent-green-dave-dickson-/ (Dickson, Articles, 2020)

David Dickson is a Consulting C.E.O./C.I.O and owner at DKS DATA

# Bibliography

3Blue Brown. (2020, May 17). *3Blue Brown.* From 3Blue Brown: https://www.3blue1brown.com/covid-thanks

3Blue Brown. (2020, May 17). *3Blue Brown - Viral R0.* From YouTube: https://www.youtube-nocookie.com/embed/Kas0tIxDvrg

A.Devaux, C. (2020, May). *New insights on the antiviral effects of chloroquine against coronavirus: what to expect for COVID-19?* From https://www.sciencedirect.com/: https://www.sciencedirect.com/science/article/pii/S0924857920300881

Adams, D. N. (1980). *The Restaurant at the End of the Universe.* London: Pan Books.

Adams, D. N. (1989). *Last Chance to See.* London: Pan Books.

Ahmed, F. (2018, April 18). *Effectiveness of workplace social distancing measures in reducing influenza transmission.* From https://bmcpublichealth.biomedcentral.com: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5446-1

Aligheri, D. (1265-1321). *Vita Nuova.* Florence. Italy.

Bailey, D. S. (2020, April 14). *The Truth About Social Distancing.* From YouTube.com: https://youtu.be/lf6yBeXmzCo

Canadian Anesthesiologists' Society. (2020, March 16). *COVID-19 Recommendations during Airway Manipulation.* From Canadian Anesthesiologists' Society: ttps://www.cas.ca/en/practice-resources/news/cas-articles/2020/covid-19-recommendations-during-airway-manipulation#

Canadian Anesthesiologists' Society. (2020). *COVID-19 Recommendations during Airway Manipulation.* From Canadian Anesthesiologists' Society: https://www.cas.ca/en/practice-resources/news/cas-articles/2020/covid-19-recommendations-during-airway-manipulation#

CDC. (2020). *1918 Pandemic.* From Center for Disease Control (CDC): https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html

CDC. (2020). *1957-1958 Flu Pandemic.* From Center for Disease Control (CDC): https://www.cdc.gov/flu/pandemic-resources/1957-1958-pandemic.html

CDC. (2020). *1968 Pandemic.* From Center for Disease COntrol (CDC): https://www.cdc.gov/flu/pandemic-resources/1968-pandemic.html

CDC. (2020). *1997 Pandemic (Bird Flu).* From Center for Disease Control (CDC): https://www.cdc.gov/flu/avianflu/

CDC. (2020). *2009 Pandemic (Swine Flu).* From Center for Disease Control (CDC): https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html

CDC. (2020). *2105 Pandemic MERS.* From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/mers/

CDC. (2020, May 17). *CDC - Previous Pandemics.* From Center for Diesease Control (CDC): https://www.cdc.gov/flu/pandemic-resources/basics/past-pandemics.html

CDC. (2020, March 20). *CDC clinical Trials.* From Center for Disease Controls (CDC): https://www.clinicaltrials.gov/ct2/show/NCT04315896

CDC. (2020, May 17). *CDC Coronovirus General Information.* From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/general-information.html

CDC. (2020, May 17). *CDC COronovirus Human Types.* From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/types.html

CDC. (2020). *CDC Flu Estimates.* From Center for Disease Controls (CDC): https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

CDC. (2020, May 17). *CDC Testing.* From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html

CDC. (2020, May 18). *CDC Theraputic Options.* From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html

CDC. (2020). *COVID 19.* From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/2019-ncov/

CDC. (2020, May 2). *COVID 19*. From Center for Disease Control (CDC): ttps://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

CDC. (2020, May 2). *COVID 19 Cases In US*. From Center for Disease Control (CDC): https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

CDC. (2020). *Flu Stats.* From Center for Disease Control (CDC): https://www.cdc.gov/flu/about/index.html

CDC. (2020, March 4). *Guidance for Certifying COVID-19 Deaths.* From Centers for Desease Control (CDC): https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-1-Guidance-for-Certifying-COVID-19-Deaths.pdf

CDC. (2020). *In Season Fuu Estimates - 2020.* From Center for Disease Control (CDC): https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

CDC. (2020). *Preliminary in season estimates.* From Center for Disease Control (CDC): https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

CDC. (2020). *SARS-CoV-1.* From Center for Disease Control (CDC): https://www.cdc.gov/sars/

Churchill, W. (1948). *ICS Chairman's Remarks at the Royal Hospital Chelsea*. From International Churchill Society: https://winstonchurchill.org/uncategorized/ics-chairmans-remarks-royal-hospital-chelsea/

D'Amore, R. (2020, January 27). *https://globalnews.ca/news/6466954/coronavirus-outbreak-vaccine-research/.* From Global News: https://globalnews.ca/news/6466954/coronavirus-outbreak-vaccine-research/

Dickson, D. T. (2020). *A Personal Story - Article.* From LinkedIn: https://www.linkedin.com/pulse/covid-19-risks-personal-message-dave-dickson-/

Dickson, D. T. (2020, April 3). *Article.* From LinkedIn: https://www.linkedin.com/pulse/covid-19-lock-down-working-dave-dickson-/

Dickson, D. T. (2020). *Articles.* From https://www.linkedin.com: https://www.linkedin.com/pulse/how-humble-gin-tonic-may-save-world-from-covid-19-dave-dickson-

Dickson, D. T. (2020). *Counting Cars.* From YouTube: https://www.youtube-nocookie.com/embed/QM79ybr7Y18

Doremalen, N. v. (2020, April 16). *Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1.* From https://www.nejm.org: https://www.nejm.org/doi/full/10.1056/NEJMc2004973

DrugBank. (2020, May 24). *AZD1222.* From https://www.drugbank.ca/: https://www.drugbank.ca/drugs/DB15656

Drugbank. (2020, May 28). *Hydroxychloroquine Trials.* From https://www.drugbank.ca/: https://www.drugbank.ca/drugs/DB01611

Drugbank. (2020, April 1). *Recombinant Novel Coronavirus Vaccine (Adenovirus Type 5 Vector).* From https://www.drugbank.ca/: https://www.drugbank.ca/drugs/DB15655

Drugbank. (2020, May 28). *Rendesivir.* From https://www.drugbank.ca/: https://www.drugbank.ca/drugs/DB14761

ECDC. (2020, May 17). *ECDC.* From https://www.ecdc.europa.eu: https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide

ECDC. (2020, May 18). *ECDC COVID Cases.* From https://www.ecdc.europa.eu/: https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide

Erickson, D. D. (2020, April 26). *AIER - Dr. Daniel W. Erickson & Dr. Artin Massih.* From AIER: https://www.aier.org/article/open-up-society-now-say-dr-dan-erickson-and-dr-artin-massihi/

Feldman, N. (2020, May 5). *America Has No Plan for the Worst-Case Scenario on Covid-19.* From https://www.bloomberg.com: https://www.bloomberg.com/opinion/articles/2020-05-06/america-has-no-plan-for-the-worst-case-scenario-on-covid-19

Feldman, N. (2020, May 6). *Covid-19.* From https://www.bloomberg.com: https://www.bloomberg.com/opinion/articles/2020-05-06/america-has-no-plan-for-the-worst-case-scenario-on-covid-19

*Flu Hospital Rates.* (2020). From Center for Disease Control (CDC): https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html

FT. (2020). *Coronavirus may have infected half of UK population — Oxford study.* From Financial TImes: https://www.ft.com/content/5ff6469a-6dd8-11ea-89df-41bea055720b

GoA. (2020, May 18). *GOA Covid 19.* From Government of Alberta (GoA): https://covid19stats.alberta.ca/

Government of Canada. (2020, May 18). *Government of Canada.* From Government of Canada: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

Government of Canada. (2020, May 27). *Government of Canada.* From https://www.canada.ca/: https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/handbook-second-edition/chapter-6-10.html

Government of Ontario. (2020, April). *Government of Ontario - Mental Health.* From Government of Ontario - Mental Health: https://news.ontario.ca/opo/en/2020/04/ontario-increasing-mental-health-support-during-covid-19.html

Guo, Z.-D. (2020, April 10). *CDC.* From Center for Disease Control (CDC): https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article

huaxia. (2020, January 30). *Three drugs fairly effective on novel coronavirus at cellular level.* From http://www.xinhuanet.com: http://www.xinhuanet.com/english/2020-01/30/c_138742650.htm

Johns Hopkins University. (2010, November 10). *Respiratory Protection Effectiveness Clinical Trial (ResPECT).* From https://clinicaltrials.gov: https://clinicaltrials.gov/ct2/show/NCT01249625

Kapoor, K. M. (2020, March 30). *Role of Chloroquine and Hydroxychloroquine in the Treatment of COVID-19 Infection- A .* From https://www.medrxiv.org: https://www.medrxiv.org/content/10.1101/2020.03.24.20042366v1.full.pdf

King, S. (2000). *On Writing: A Memoir of the Craft.* Pocket Books.

Knightly, K. (2020, May 6). *COVID19: Are ventilators killing people?* From OffGuardian: https://off-guardian.org/2020/05/06/covid19-are-ventilators-killing-people/

Lihua, H. (2020, March 17). *A phase I clinical trial for recombinant novel coronavirus (2019-COV) vaccine (adenoviral vector) .* From http://www.chictr.org.cn/: http://www.chictr.org.cn/showprojen.aspx?proj=51154

Lowe, D. (2020, March 20). *In the Pipeline.* From https://blogs.sciencemag.org/: https://blogs.sciencemag.org/pipeline/archives/2020/03/20/chloroquine-past-and-present

McKay, P. L. (2020, January 23). *The rush to develop a vaccine.* From Wall Street Journal: https://www.wsj.com/articles/drugmakers-rush-to-develop-vaccines-against-china-virus-11579813026

Mehta, P. (2020, March 16). *COVID-19: consider cytokine storm syndromes and immunosuppression.* From https://www.thelancet.com/: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30628-0/fulltext

Moriarty LF, P. M. (2020, March 27). *Public Health Responses to COVID-19 Outbreaks on Cruise Ships.* From Center for Disease Control (CDC): https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm

National Heart, Lung, and Blood Institute (NHLBI). (2020, April 3). *Outcomes Related to COVID-19 Treated With Hydroxychloroquine Among In-patients With Symptomatic Disease (ORCHID).* From https://clinicaltrials.gov/: https://clinicaltrials.gov/ct2/show/NCT04332991

NextStrain. (2020, May 18). *NextStrain.* From https://nextstrain.org/: https://nextstrain.org/ncov/global

NIAID. (2020, February 21). *Adaptive COVID-19 Treatment Trial (ACTT).* From https://clinicaltrials.gov: https://clinicaltrials.gov/ct2/show/NCT04280705

NIH. (2020, April 9). *NIH.* From https://www.nih.gov: https://www.nih.gov/news-events/news-releases/nih-clinical-trial-hydroxychloroquine-potential-therapy-covid-19-begins

NIPH. (2020, May 2). *COVID 19 Stats*. From National Institute of Public Health: https://www.fhi.no/en/id/infectious-diseases/coronavirus/daily-reports/daily-reports-COVID19/

Ooi, E. E. (2006, May 29). *In vitro inhibition of human influenza A virus replication by chloroquine.* From https://virologyj.biomedcentral.com/: https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-3-39

Our World Data. (2020). *Coronavirus Testing Source Data*. From https://ourworldindata.org: https://ourworldindata.org/coronavirus-testing-source-data

Radonovich, L. (2018, November 26). *Results of the Respiratory Protection Effectiveness Clinical Trial (ResPECT).* From https://academic.oup.com/: https://academic.oup.com/ofid/article/5/suppl_1/S51/5206102

Rizzoac, A. R. (2019, November). *Investigating the impact of influenza on excess mortality in all ages in Italy* . From https://www.sciencedirect.com/: https://www.sciencedirect.com/science/article/pii/S1201971219303285

Roberts, P. C. (2020, March 9). *COVID-19 and aerosol transmission, some thoughts.* From https://www.paulcraigroberts.org: https://www.paulcraigroberts.org/2020/03/09/covid-19-and-aerosol-transmission-some-thoughts/

Ryan, D. M. (2020, March 30). *WHO COVID 19 Conference.* From YouTube: https://youtu.be/2v3vlw14NbM

Sala C1, C. M. (2008). *Variation of hemoglobin levels in normal Italian populations from genetic isolates.* From The National Center for Biotechnology Informatio: https://www.ncbi.nlm.nih.gov/pubmed/18603552

Savarino, D. A. (2003, November). *Effects of chloroquine on viral infections.* From https://www.thelancet.com: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(03)00806-5/fulltext

Savarino, D. A. (2006, February 1). *New insights into the antiviral effects of chloroquine.* From https://www.thelancet.com/: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(06)70361-9/fulltext

Selyukh, A. (2011, October 24). *Gas pump handles top study of filthy surfaces.* From https://www.reuters.com/: https://www.reuters.com/article/us-usa-health-filth/gas-pump-handles-top-study-of-filthy-surfaces-idUSTRE79O0G820111025

Swiss Doctor. (2020, May 6). *Swiss Propaganda.* From Facts about Covid-19: https://swprs.org/a-swiss-doctor-on-covid-19/

Treated.com. (2018). *Malaria World Map of Estimated Risk.* From https://www.treated.com: https://www.treated.com/malaria/world-map-risk

UK Government. (2020). *List of high consequence infectious diseases.* From https://www.gov.uk: https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#classification-of-hcids

UK Government. (2020). *UK Government.* From https://www.gov.uk: https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#classification-of-hcids

University of Oxford . (2020, March 27). *A Study of a Candidate COVID-19 Vaccine (COV001).* From https://www.clinicaltrials.gov/: https://www.clinicaltrials.gov/ct2/show/NCT04324606

Utah University. (2020, May 17). *Blood transfusion risks.* From Utah University: https://webpath.med.utah.edu/TUTORIAL/BLDBANK/BBTXRXN.html

Verbeek, J. H. (2019, July 1). *Personal Protective Equipment for Preventing Highly Infectious Diseases Due to Exposure to Contaminated Body Fluids in Healthcare Staff.* From https://pubmed.ncbi.nlm.nih.gov: https://pubmed.ncbi.nlm.nih.gov/31259389/

Worldometers. (2020, May 18). *World Population.* From https://www.worldometers.info: https://www.worldometers.info/world-population/population-by-country

Worldometers. (2020, May 18). *Worldometers.* From Worldometers: https://www.worldometers.info/coronavirus/

Xinhua, V. (2020, January 31). *Three drugs fairly effective on novel coronavirus at cellular level.* From https://crofsblogs.typepad.com: https://crofsblogs.typepad.com/h5n1/2020/01/three-drugs-fairly-effective-on-novel-coronavirus-at-cellular-level.html

Yan, Y. (2012, December 4). *Anti-malaria drug chloroquine is highly effective in treating avian influenza A H5N1 virus infection in an animal model.* From https://www.ncbi.nlm.nih.gov: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567830/

Ye, Z. (2020, May 4). *Treatment of patients with nonsevere and severe coronavirus disease 2019: an evidence-based guideline.* From Canadian Medical Association Journal: https://www.cmaj.ca/content/early/2020/04/29/cmaj.200648

Zhikang Ye, B. R.-L. (2020). *Treatment of patients with nonsevere and severe coronavirus disease 2019: an evidence-based guideline.* From Canadian Medical Association: https://www.cmaj.ca/content/early/2020/04/29/cmaj.200648