TRUTH FOR HEALTH FOUNDATION

GUIDE TO COVID EARLY TREATMENT

Options to Stay Out of Hospital and Save Your Life!

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Patient Guide to Early COVID Treatment~

Options to Help You Stay Out of Hospital and Save Your Life

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Disclaimer: This booklet does not provide individual medical advice or prescribe treatment but is provided as an educational service for patients and their families to know what options are available and widely used for many conditions. Patients should consult the physicians of their choice for individual medical evaluation and recommendations for treatment tailored to individual needs.

Your "Road Map" for Using This Guide

Step 1:

Understand the illness, and who is at risk. COVID is a mild illness for most healthy people under age 50. COVID can be unpredictable and dangerous only for a few high-risk people – such as those over 50, and/or those with serious other medical conditions, e.g., diabetes, obesity, heart and lung conditions. Go to **FACT SHEET 1.**

Step 2:

Before you decide to take an experimental genetic "Covid shots," our expert physicians and scientists suggest you **read our Patient Guide FACT SHEETS 1-4** to make an informed decision. For updates on "the COVID shot," go to **FACT SHEET 5.**

Step 3:

If you are healthy and younger than age 50, without medical conditions such as obesity, diabetes, lung or kidney disease, cancer, autoimmune disorders, we suggest focus on GENERAL PREVENTION STRATEGIES. Go to **FACT SHEET 2.**

Step 4:

Before getting sick, read about **COVID EARLY HOME-BASED TREATMENT** options to help reduce your risk of going to hospital. *At the first onset of any COVID symptoms*, go to **FACT SHEET 2** for symptoms and immediate home care steps.

Then go to **FACT SHEET 3** assess your immediate options to start treatment at home. If your doctor does not treat COVID, contact a TeleMedicine service in APPENDIX.

Step 5:

If you are at high risk for COVID based on your age, medical conditions, or occupation, we suggest COVID-SPECIFIC PREVENTION options. Go to **FACT SHEET 4.**

Patient Guide to Early COVID Treatment

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e-Booklet Table of Contents

ROAD MAP To Using This Guide

INTRODUCTION: The Four Pillars of Infectious Disease Pandemic Response

FACT SHEET 1: What Is SARS-CoV-2 Coronavirus and COVID-19 Illness?

FACT SHEET 2: What Are Symptoms of COVID-19, & What Should I Do?

FACT SHEET 3: Physicians Guide to *Early* Home Treatment

FACT SHEET 4: Prevention and Other Treatment Options

FACT SHEET 5: Experimental COVID Vaccines: Update on Safety

APPENDIX: Contributors, TeleMedicine, Medical and Advocacy Resources

Disclosures: *Physicians contributing to this guide for patients are actively treating COVID patients based on the best available medical evidence, and are focused on early, home-based delivery of medical treatment options unless critical care in hospital is determined to be urgently needed. Contributors to this guide have no financial ties with any pharmaceutical company or product suggested in the treatment algorithms. All contributors have volunteered their time and expertise as a community service in this pandemic emergency to help inform patients of their options for research-based, peer-reviewed, safe treatments. They have received no remuneration. The opinions expressed in this guide are those of the physician contributors and not those of their institutions listed.*

INTRODUCTION

Our *Patient Guide to Early COVID Treatment* is built on the rapidly accumulating peer-reviewed published medical research, written by practicing physicians with decades of experience treating patients with all kinds of illnesses. *See our "Road Map" to using this Guide to help you reduce your risk of needing hospitalization or dying.*

Early in the global pandemic emergency, large scale randomized clinical trials were not feasible in the face of such critical illness. As of this update, there now are both clinical outcomes studies and randomized trials showing early combination treatment in the home setting has reduced hospitalizations and deaths by more than 85% compared to late-stage treatment in hospital.

The medications listed in the treatment algorithm *are* approved by the U.S. Food and Drug Administration for many medical conditions, but not specifically FDA-approved for COVID-19. These medications were also approved decades ago in other countries and are in use worldwide, with impressive safety track records in many different ethnic groups and ages of patients.

As practicing physicians who have moral, ethical and fiduciary responsibilities to our patients, however, we could not sit back and watch patients die if there were plausible, medically sound, readily available existing safe medicines to offer them early in the disease. Even though the death rate once patients reach the hospital is unacceptably high, the US National Institutes of Health has not specifically recommended treatment outside of the hospital.

We recommend that treatment administered outside of the hospitalized setting should be under the supervision of a physician or licensed medical professional who is knowledgeable in the use of the medications and the monitoring approach for ambulatory, home-based COVID-19 as described in this guide. ***Patients who worsen in any way should seek emergency room evaluation immediately.***

THE FOUR PILLARS of INFECTIOUS DISEASE RESPONSE

The focus in the global pandemic response for COVID-19 has been on only TWO of these four:
(1) Contagion control with masking, social distancing, and lockdowns.
(2) Wait for Vaccine to be developed.

Our Patient Guide will focus on the pillar of *early, ambulatory, home-based medical treatment overseen by your physician, using a combination of available medicines*, already FDA-approved in the USA for other medical conditions, and widely used in clinical medicine every day in all countries around the world.

We have learned about what medicines and supplements work, how to use them, when to use them, and who is most at risk. Please read this with an open mind. We are writing this to HELP you, to TEACH you how to work with your doctor.

FACT SHEET 1

What Is SARS-CoV-2 Coronavirus and COVID-19 Illness?

Coronavirus is a family of common respiratory viruses that cause symptoms many people experience in the fall/winter seasons: from the common "cold" with cough and runny nose to flu-like body aches, low-grade fever.

SARS-1 (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome) and the new SARS-2 COVID-19 are coronaviruses that emerged 2002-2003, and can cause more serious illnesses.

COVID-19 (short for Corona Virus Disease 2019) is the *illness* triggered by the virus SARS-2 or SARS-CoV-2 (Severe Acute Respiratory Syndrome 2) that is reported to be 79% identical to the genetic sequence of SARS-CoV-1.

How Deadly Is COVID 19?

Globally, about 99.9%+ of individuals who contract COVID will have mild to moderate symptoms and recover, just like with the flu. Highest number of deaths are in nursing home facilities (0.62% of the population).

The vast majority of deaths from the SARS-CoV2 virus happen in those over 75, especially those with other medical conditions: obesity, diabetes, heart disease, lung and/or kidney disease. The majority have been those over 80 years old in nursing homes with an average of 2-3 other medical conditions.

The chances of someone *under 50 years old* with symptoms dying from COVID-19 is 0.05%.
The chances of someone under 18 years old dying from COVID is near 0%. Those that do die are those with severe underlying medical conditions. SEVEN times more children that die from the flu than COVID-19.

The bottom line? This virus looks and acts very much like the flu, but with **one CAVEAT: *Unlike seasonal influenza*, COVID-19 illness can become profoundly serious in *unpredictable* ways if treatment is delayed.**

COVID-19 can very rapidly become critical illness for two primary reasons:
SARS-CoV-2 virus triggers TWO responses in the body much worse than seasonal flu:

(1) an *exaggerated inflammatory response* causing damage to critical organs, and
(2) an *exaggerated blood-clotting response* leading to multiple blood clots in the lungs, brain and other organs. Doctors have even found blood clots in large arteries like the aorta.

FACT SHEET 2

What Are the Symptoms of COVID?

What should I do first? Consult your physician with the **first onset** of COVID-19 symptoms.
If you are experiencing severe, life threatening symptoms go to your nearest emergency facility.
Difficulty breathing or severe chest pain is a sign of serious illness and needs medical attention promptly.

The most important reason to contact your physician right away is that studies show ***early treatment*** is the KEY to success with COVID. *Early treatment is especially critical for people at high-risk.*

HIGH RISK PATIENTS: over age 50, with **one or more other medical conditions**:

- Obesity, Diabetes, or pre-diabetes ("metabolic syndrome")
- Lung disease (COPD, pulmonary fibrosis, asthma, cystic fibrosis)
- Hypertension, Cardiovascular Disease
- Kidney disease and/or Autoimmune disorders
- History of cancer treatment
- History of taking corticosteroids regularly

What About a COVID Test?

Rapid treatment is so crucial in COVID, so many outpatient physicians elect to treat patients based on *clinical symptoms, risk factors, and other objective findings from a physical exam or blood work* and do not lose the "window of opportunity" for early treatment by waiting several days for a COVID test report. Reliability of the tests has also been a serious problem. Some patients test negative but have all the symptoms of COVID illness and need treatment. If you have all the symptoms of COVID illness, but a negative test result, most physicians still recommend early treatment to help reduce the risk of requiring hospitalization.

Immediate home care recommendations

- Follow recommendations from the Centers for Disease Control and WHO to reduce viral spread to others. If you suspect COVID or test positive for COVID, isolate yourself to minimize spread of the virus. Quarantine time from 7-14 days, depending on symptoms and your age and medical risks.
- Remember to wash hands and body with soap and water.
- Maintain good disinfecting procedures throughout your room/home.
- Sunlight and fresh air are key to good health and to fighting COVID.

Immediate home care recommendations, continued:

- Direct sunshine for 10-20 minutes twice a day is a good source of vitamin D. Low Vitamin D is a risk factor for getting COVID, for having a worse outcome, and for higher risk of dying. Taking Vitamin D3 in oil in capsules is better absorbed than tablets.

- Talk with your physician about increasing intake of Vitamin D, vitamin C, zinc to boost immunity.

- ***Fever is both a warning of infection that could be serious, and one of our body's defenses against infection***. Fever may signal a superinfection that needs aggressive antibiotic treatment, not just a fever-reducing medicine. Because of the risk of blood clots with COVID-19, most physicians recommend *aspirin* for treatment of fever, since it also reduces risk of developing a blood clot.

- Plenty of fluids—preferably water, without sugars and additives—is key to keep your immune system working well and keeping your body healthier to fight off the virus.

- To check your hydration, a good rule of thumb is that your urine should be the *color of pale straw.* If your urine is *dark yellow or gold*, you are not drinking enough water. If you don't drink enough water, you are at higher risk of blood clots.

- If your urine is *colorless*, you are drinking too much plain water, which can make you lightheaded or confused from electrolyte imbalance.

- Healthy food intake also gives the vital nutrients for your immune system to work well. Fresh fruits and vegetables are good choices, along with healthy protein options like meats and beans. Avoid excess sugar, excess intake of "convenience" foods high in fat, sugars, salt and additives because these foods cause inflammation and weaken the immune system.

IN SUMMARY

- **Early treatment, started in the first five days of symptoms, is critically important with the COVID-19 illness to reduce your risk of having to go into Hospital.**
- **Hospital care for critical patients has a much higher death rate.**
- **Waiting until late-stage of illness in COVID-19 leads to a far higher risk of long-term lung, heart, neurological, and other complications for those who survive.**
- **Waiting until too late to start treatment also increases the risk of "COVID Long-Hauler Syndrome" that can last many months or more.**
- **If your physician does not treat COVID, or does not wish to provide medical care and prescriptions shown on FACT SHEET 3, immediately contact one of the TeleMedicine Services in the APPENDIX.**

SYMPTOM CHECKLIST: VIRAL ILLNESS/COVID SCREENING

NAME_____ AGE:_____DATE:_____
Height:_____ Weight:_____ TEMP:_____ BP:_____ PulseRate:_____
COVID VACCINE? NO:____YES:___DATE(S):_____ TYPE:_____

☐ YES	☐ NO	1. Have you had a fever >101, or felt feverish lately?
☐ YES	☐ NO	2. Have you had a new or different type cough lately?
☐ YES	☐ NO	3. Have you had shortness of breath, difficulty breathing?
☐ YES	☐ NO	4. Any chills or repeated episodes of shaking with chills?
☐ YES	☐ NO	5. Any daytime sweats unrelated to exercise, or night sweats?
☐ YES	☐ NO	6. Any nausea, GI upset, vomiting or diarrhea?
☐ YES	☐ NO	7. Have you had recent loss of taste or smell?
☐ YES	☐ NO	8. Do you have new or different muscle/joint aches?
☐ YES	☐ NO	9. Have you felt loss of energy, or severe fatigue lately?
☐ YES	☐ NO	10. Have you had trouble with focus, memory or concentration?
☐ YES	☐ NO	11. Have you had any other flu-like symptoms?
☐ YES	☐ NO	12. Have you lost appetite and or lost weight?
☐ YES	☐ NO	13. Any travel to COVID-19 areas in last 14 days?
☐ YES	☐ NO	14. Any contact within last 14 days with someone who tested positive for COVID-19? If so when? _____
☐ YES	☐ NO	15. Have you tested positive for COVID-19? When_____
☐ YES	☐ NO	16. Have you been <u>diagnosed</u> clinically with COVID-19?
		17. ANY other new symptoms not mentioned above?

<u>DO YOU HAVE ANY OF THESE MEDICAL CONDITIONS?</u>

YES	☐ NO	17. Obesity, heart disease, history of heart attack, arrhythmias, high blood pressure, TIA, or stroke? (**CIRCLE ALL that apply**)
☐ YES	☐ NO	18. Sleep Apnea or Lung disease? (COPD, asthma, pulmonary fibrosis)
☐ YES	☐ NO	19. Kidney disease? Type:_____
☐ YES	☐ NO	20. Diabetes, Metabolic Syndrome/Insulin Resistance? Are you taking insulin? Yes:_____ No:_____
☐ YES	☐ NO	21. Any kind of cancer, undergoing treatment?
☐ YES	☐ NO	22. Any type of autoimmune disease? (thyroid, Lupus, RA, other?)
☐ YES	☐ NO	23. Do you regularly take corticosteroid medicines?

COVID TREATMENT FLOW SHEET

Name _____ AGE_____SEX _____BP_____P_____

MEDICATIONS and DOSES: _____

_____

Please rate your symptoms on a scale of 1 to 10, with 1 being barely present, and 10 being the most severe. Keep track of your symptoms to help your doctor plan your treatment.

	Day	1	3	5	7	Comments
1.	Fever or chills. 100° F or higher.					
2.	Cough, sore throat					
3.	Shortness of breath					
4.	Fatigue					
5.	Muscle pain/body aches					
6	Headache (describe)					
7.	New loss of taste or smell					
8.	Confusion, "fuzzy brain,"memory loss					
9.	Congestion or runny nose					
10	Nausea or vomiting					
11	Diarrhea					
12.	Pulse Rate Blood Pressure % O2 sats					
13.	Fasting glucose readings					
14.	If on CPAP, what are your apneic scores?					
15.	Other: (specify)					
16.	Any side effects since new meds begun?					

LIST QUESTIONS FOR PHYSICIAN: _____

_____

_____

_____

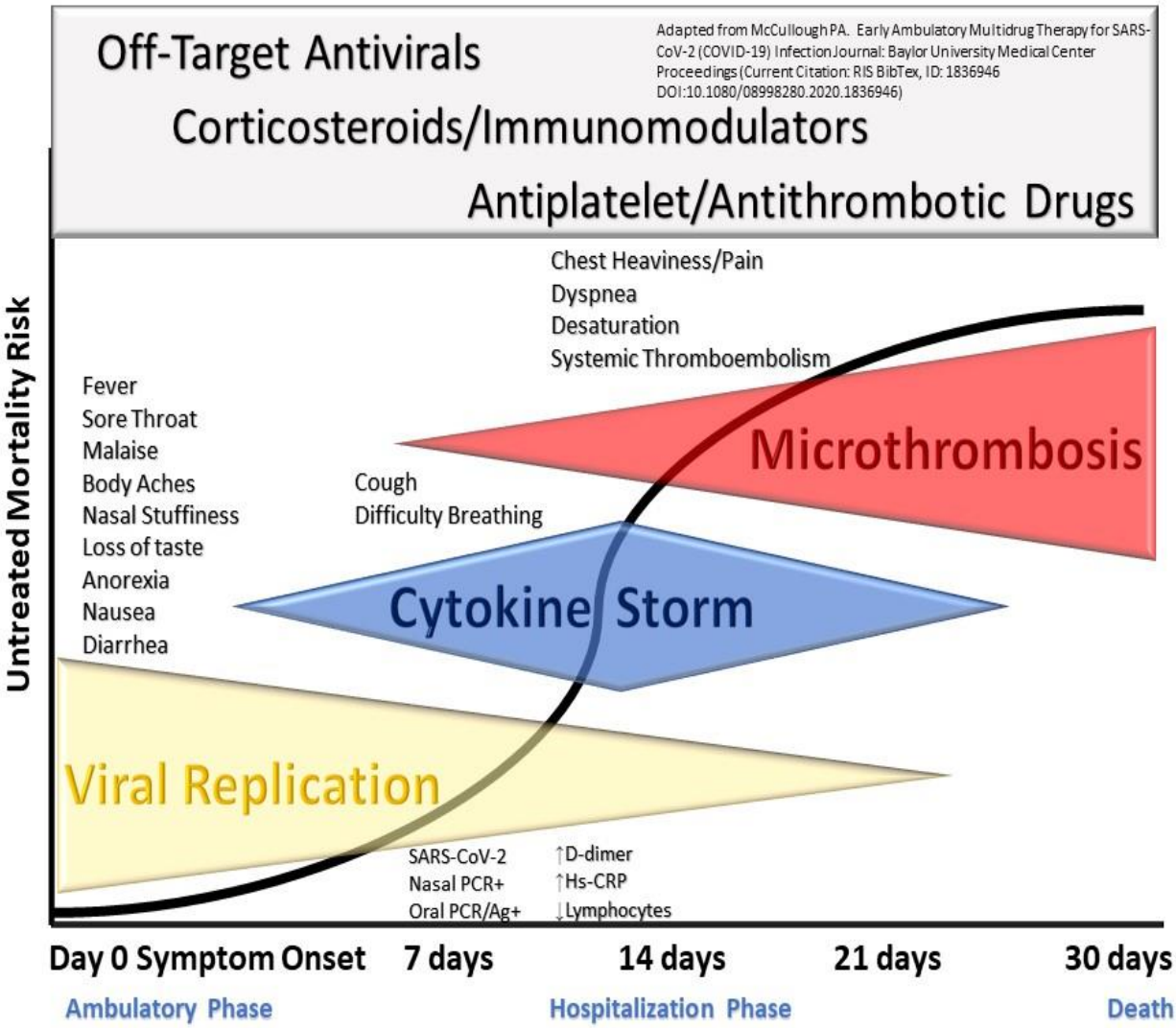
FACT SHEET 3
TREATMENT OPTIONS *for*
EARLY HOME-BASED TREATMENT

Dr. Peter McCullough led a team of international experts and published the first treatment protocol for ambulatory COVID-19 patients developed from experience treating patients in the US. and Italy and supported by the expanding medical literature at the time. The initial protocol was published in the highly respected *American Journal of Medicine,* and the updated protocol depicted in the figure was adapted from the *Baylor University Medical Center Proceedings*. If you or a loved one are ill or exposed to risk of COVID-19, read the article by Dr. McCullough and colleagues from leading US and Italian medical centers (link above). With today's technology, TeleMedicine allows safe remote evaluation of patients to assess how they look and sound in addition to evaluating their symptoms and vital signs (which can easily be taken at home).

Returning to Basic Medical Principles - Advantages of Home-based Treatment

- Treating early with prescription medicines targeted to the specific problems COVID-19 causes has the best chance of success because this is when medicines work best for infections.
- It reduces your risk of having to go into hospital.
- It *reduces the risk of you spreading your illness to others* with a contagious virus.
- Home care is safer for *you* because it reduces the risk you will pick up other infections from sick people in the hospital.
- Early home care reduces the risk of death from COVID.
- Home care can quickly use widely available, low cost, generic oral medicines. It helps avoid risks of IV medicines that are the usual treatment when people are critically ill in the hospital.
- Physicians can prescribe home-based oxygen therapy with oxygen concentrators available through home-health services.
- All the treatment modalities used in hospitals can be prescribed by your physician and implemented at home –faster, and better tailored to the individual patient. The only exception *mechanical ventilators* that have many risks and complications.
- Home care also allows people to have family members with them for love and support and assistance with treatment. It is terrifying to be seriously ill in the hospital, and to be alone with family unable to visit.

COMMON SYMPTOMS BY STAGE in COVID-19 ILLNESS



The SARS-CoV-2 virus causes unique types of damage in the body, which is different from the flu virus. These unique effects mean we must use a *combination* of prescription medicines rapidly to block the virus' dangerous effects leading to serious COVID-19 illness very rapidly, in *unpredictable* ways. Not everyone develops severe illness with COVID-19 but the problem for doctors is that we cannot predict *who* will develop critical illness or how fast.

The unpredictability and rapid progression in COVID happen because the SARS-CoV-2 virus triggers TWO responses in the body that are much worse than seasonal flu:

- ***An exaggerated inflammatory response,*** causing damage to critical organs. In its most serious form, this is called c*ytokine storm*.
- ***An exaggerated blood-clotting response,*** leading to multiple blood clots (thrombi) in the lungs, brain, kidneys, intestines and other critical organs. These blood clots in COVID can occur in both veins *and arteries*, which is unusual and potentially life-threatening if not treated rapidly.

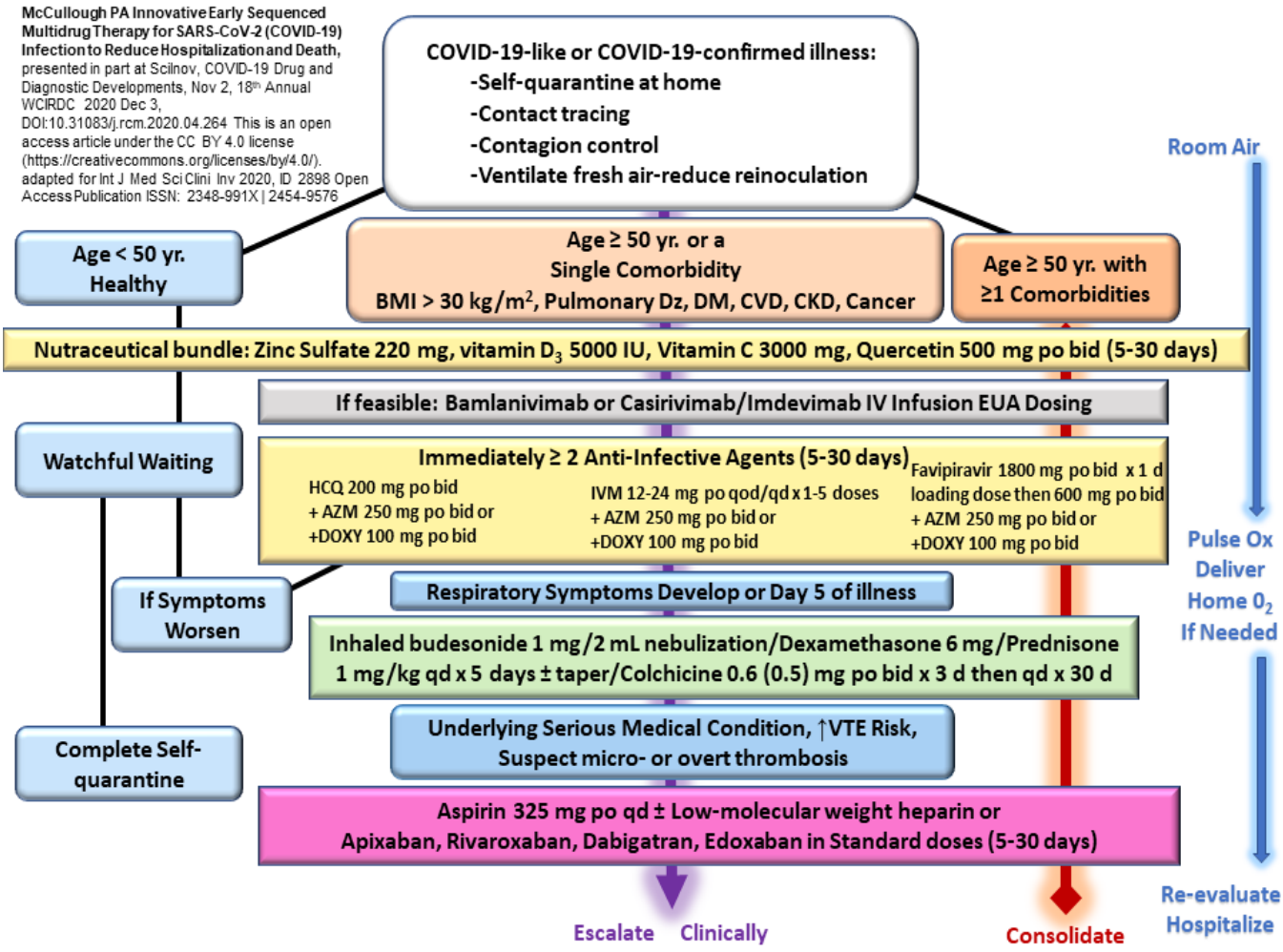
The use of prescription medications discussed in this guide should be considered clinically indicated, medically necessary, and appropriate "off-label" use of these products. Physicians have *always* used older medicines "Off-label" for new uses based on medical judgement.

Patients should read the safety information in the medication package insert and patient guide before deciding on the risks and benefits of the medication. Ask questions of your physician for additional information/clarification.

Basic Groups of Medical and Other Therapies Used for Early Home Treatment of COVID-19

- Combination *anti-viral/anti-infective* medicines started as soon as symptoms occur
- Medicines to decrease inflammation, such as *corticosteroids* (called *immunomodulators*). These medicines can be nebulized or given as oral pills. Some patients benefit from both nebulized steroids and oral steroids.
- *Anticoagulant* therapy to prevent blood-clots that can cause pulmonary collapse, strokes, heart attacks, kidney shut-down, and death.
- Non-prescription supportive treatments with zinc, vitamin D, vitamin C, N-acetyl cysteine, electrolyte drinks such as Pedialyte, and others.
- Home-based oxygen support, such as with an oxygen concentrator. These machines are available *by physician prescription* from home health medical supply businesses and are covered on most medical insurance plans.

New Uses of Older Medicines: COMBINATION THERAPY USED FOR COVID



BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCQ=hydroxychloroquine, AZM=azithromycin, DOXY=doxycycline, IVM=Ivermectin, VTE=venous thrombo-embolic, EUA=Emergency Use Authorization (U.S. administration)

*FDA cautions against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial, citing risk of heart rhythm problems based on hospitalized patients. Please consult with your physician before use.

For more information on safety of HCQ and other medicines *in the algorithm,* check the c19study.com website that summarizes more than 154 studies of HCQ-based treatment, which are particularly favorable when HCQ is used in the first few days of COVID-19 symptoms as recommended in the above algorithm.

For further information, see AAPS compendium of articles and studies on COVID-19.

FACT SHEET 4

Prevention and Other Treatment Options

Monoclonal antibodies

Natural Antibodies are produced by the body in response to foreign organisms, such as viruses and bacteria. Synthetic antibodies are those produced in a laboratory to mimic ones the body can make. When these synthetic compounds, referred to as "monoclonal antibodies," are made in the lab targeted for a new treatment in medicine, they are patented as new therapeutic agents. This is the type of experimental synthetic monoclonal antibody, Regeneron, you heard described on the news that was given to President Trump as part of his treatment for COVID-19 when he was in the hospital at Walter Reed.

The company Regeneron has produced a drug, called REGN-COV2, that is a combination of two "monoclonal antibodies" intended to fight off the virus SARS-CoV-2 that causes the illness we call CoVID-19. To develop REGN-COV2, Regeneron scientists use antibodies from mice that have been genetically modified to have a human immune system, as well as antibodies identified from humans recovered from COVID-19. Regeneron is still undergoing clinical trials. Once randomized, controlled clinical trials are completed, we will be able to analyze the data to determine its overall safety and effectiveness, as well as its side-effect profile.

Convalescent Plasma

Convalescent plasma, or CP, is the serum from blood donated by people who have had an infectious disease, recovered, and developed antibodies to the infectious organism so that their blood contains those antibodies that can be administered intravenously to a another person with that disease to treat the infection. CP was using during the 1918 flu pandemic, and has also been used for measles, mumps, and polio early in the 20th century. When the COVID pandemic hit, physicians began considering this could be a therapy to help ill patients recover.

The FDA approved an Emergency Use Authorization to use CP to treat COVID patients, and it has been given intravenously to COVID patients in the hospital. Data from small studies look promising to lessen the severity and/or shorten the duration of COVID-19 illness. The risk of getting COVID-19 from convalescent plasma has not been tested, but researchers believe that the risk is low because donors have fully recovered from the infection.

Convalescent plasma therapy has some risks, such as allergic reactions, possible lung damage and difficulty breathing, and infections such as HIV and hepatitis B and C though the risk of these infections is low because donated blood is tested for safety.

Prevention Options: Prophylactic Medications and Vaccines

Since SARS-2 virus first appeared, there has been much media focus on developing a vaccine that will protect people from contracting the SARS 2 virus. But in addition to working on a vaccine to help prevent people from becoming ill with COVID, there are already several *prophylactic,* or preventive, medication protocols in use in more than 50 countries, including in the United States.

Prophylaxis Regimens:

Prophylaxis means treatment designed to reduce risk of getting an illness. It is a basic approach to prevention, particularly with illnesses like malaria, herpes, HIV/AIDS and some other illnesses. Very early on in the COVID pandemic, physicians in India, South Korea, Japan, Costa Rica, Turkey and several other countries began using the safe, widely available and very potent anti-viral medicine ***hydroxychloroquine (HCQ)*** as a *prophylactic* (preventive) medicine in COVID-19. Dr. McCullough's team at Baylor did a study in their health care workers using HCQ prophylaxis and found it to be effective and safe, with no adverse cardiac events or serious side effects.

The India Council on Medical Research (ICMR) published in March 2020 (updated in May, 2020) their national guidelines for India using HCQ 400 mg once a week for health care workers, physicians, nurses, first responders, high risk patients, and family members of exposed or COVID-positive individuals. As a result of widespread prophylaxis and early treatment with HCQ, India early on had a death rate 1/10 the rate in the United States, where prophylactic and early treatment use of HCQ was not recommended or very available. As more and more countries learned from the experiences in India and began to use this once a week prophylactic dose of HCQ, the death rates dropped sharply and the demand for hospital beds also dropped.

The doses of HCQ for prophylaxis are much lower than doses patients with rheumatoid arthritis or lupus or malaria take daily for many years. Because the doses are so low, and not taken daily, risk of side effects is extremely low. HCQ has a long half-life of about 22 days, so it can be given just once weekly for 8-12 weeks, or longer if someone is continually exposed to COVID, such as people working in hospitals. A new report, *Flattening the Risk: Pre-exposure Prophylaxis for COVID-19* examines this prophylactic treatment that is easy to use, already available, and inexpensive. They make the case for HCQ as the best candidate for this prevention strategy. Prophylactic regimens are often recommended by the contributors to this guide, who are using several different dose and frequency regimens.

By spring 2020, physicians discovered that the anti-parasite medicine**, Ivermectin**, also was effective for both *treatment* and *prophylaxis (prevention)* of COVID-19. Ivermectin 12-18 mg is given once a week to reduce the risk of being infected with COVID. There are now many clinical studies showing the effectiveness and safety, and low side effect risk, with Ivermectin for prevention as well as all phases of COVID treatment.

We believe that in the face of a public health crisis, it is important to consider life-saving approaches based on scientific logic, available safety data, and clinical availability, even if definitive results are not yet available pending more extensive clinical trials.

We also believe that prophylactic therapy is the safest and fastest way to help people around the world reduce risk of getting sick with COVID, and be able to open schools, businesses, and churches so we can overcome fear, and regain our freedom to live our lives again.

With widespread use of prophylaxis medications and early home-based treatment, there is less fear about serious illness with COVID, and less risk of hospitalization or death. Early treatment makes it *unnecessary* for people to be pressured into using an experimental vaccine with limited safety data from the clinical trials that is causing escalating medical complications and alarming death rates.

Vaccines:

Vaccines for RNA viruses are notoriously challenging and difficult to develop. After all these years since AIDS emerged in the 1980s, we *still* do not have a vaccine for the AIDS virus, or the SARS-1 coronavirus that emerged in 2002-2003, and both are RNA viruses. Several attempts have been made to create vaccines for coronavirus and other respiratory viruses but none of the vaccines have survived the testing phases. The vaccine trials for SARS-1 from 2003, for example, was shut down because it produced *autoimmune hypersensitivity reactions* when exposed to the natural virus after immunization in animal studies and the animals died.

Another problem is that the SARS-2 virus has already shown many mutations. Viruses adapt to the environment to survive. A new vaccine must be reformulated to adjust to the changing genetic makeup of the SARS-2 virus. The currently available vaccines do NOT protect against any of the new variants emerging.

The most important consideration before approving a vaccine for human use is to make sure that the vaccine is safe and effective. Developing safe and controlled infection models for humans normally takes many years of phased testing in the lab and then in humans. Many physicians and scientists have been concerned that vaccine manufacturers, with government support, sped up this process in ways that are not allowing adequate time for the usual phased testing leading up to human clinical trials. There were many groups of people who were *excluded* from the clinical trials for whom we have NO safety data. It has never been done before to push vaccination people who had recovered from the illness OR those who were never studied in the clinical trials.

Safety and effectiveness are urgently in serious question worldwide due to the alarming and rising numbers of vaccine-induced deaths and severe complications, including paralysis.

***The good news is there are safe and effective early treatments already available making vaccination unnecessary. SEE* FACT SHEET 3.**

FACT SHEET 5: Experimental COVID Vaccines: Update on Safety

I. *BE INFORMED!* People EXCLUDED from the drug company studies for the COVID shots should NOT RECEIVE any type of COVID shot. For the EXCLUDED groups, there is NO effectiveness OR safety data to guide a decision.

- **Childbearing age and pregnant women; children/adolescents under age 12, nursing home patients.**
- **People who had COVID or suspected COVID recovered; people with positive antibodies for COVID. They are already immune, do not need vaccination, and have high risk of serious adverse reactions.**
- **People with past allergic or other adverse reactions to vaccines.**
- **Those allergic to PEG (polyethylene glycol). mRNA vaccines use PEG to stabilize lipid nanoparticles. About 70% of people have antibodies to PEG that can cause a life-threatening reaction (anaphylaxis).**

What was the BENEFIT of the COVID shots in the drug companies' clinical trial studies?

- **No evidence of reduced spread to others.**
- **No evidence of reduced hospitalizations OR reduced deaths.**
- **Reduced frequency of COVID-19 infections (risk *already* low: Covid infection <1% even with placebo).**

What RISKS, SIDE EFFECTS, and COMPLICATIONS are being reported? (Go to www.OpenVAERS.com)

- **Heart damage (*myocarditis*) in young people. Not a "mild" effect - can lead to heart failure and death.**
- **Fever, headaches, fatigue, weakness and muscle pain, swollen lymph nodes, rash, blood clots, deaths.**
- **Abnormal bleeding, menstrual problems in girls, testicular pain/inflammation in boys; infertility.**
- **Miscarriages; deaths of mothers, deaths of nursing babies after mother vaccinated.**
- **Hospitalization and deaths – due to allergic reactions, heart attacks, neurologic injury, and blood clots.**

II. *TESTING FOR IMMUNITY BEFORE GETTING ANY COVID "SHOT:"*

- **ALL of these are blood tests, available from clinical labs across the United States.**
- **Check your immunity for COVID (SARS-COV-2 antibodies - both types) and www.T-Detect.com**

III. *FACTS to consider before you take experimental genetic vaccines, or "jab," still in clinical trials. Genetic shots are either mRNA (Pfizer, Moderna) or adenoviral DNA (AstraZeneca, J&J). These are not like vaccines you have had before. NONE are FDA-approved, only being used on Emergency Use Authorization.*

- **The genetic COVID-19 vaccines trick your body with *mRNA* (Pfizer, Moderna) or *adenoviral DNA* (J&J, AstraZeneca) into making the spike-protein in the organs of your body in an *uncontrolled* way in order to provoke an antibody reaction. It is this widespread generation of billions of spike proteins in your body that leads to inflammation and thrombosis (blood clots) in susceptible people *in unpredictable ways.***
- **Normal vaccines inject an *inactive* virus or protein in your arm and your body develops immunity.**
- **Evidence shows genetic material and spike proteins generated by the vaccine penetrate *ovaries, testes, brain, spinal cord, nervous system, heart, lungs, intestines, kidneys*, and *cross the placenta* in pregnant women. Actual degree of distribution around our body *has not been studied and is urgently needed.***
- **Toxicologists observed and potential toxicities are a "class effect" with all 4 gene-based products.**
- **NO ONE KNOWS ALL the risks and side effects, or how long the adverse effects may last. Increasing numbers of physicians and scientists report vaccinated patients exposed to the virus again are having *worse* illness than if they had never been vaccinated. This fits with data from the earlier studies of mRNA vaccines in animal models in 2002-2003 during the SARS-CoV-1 outbreak.**

APPENDIX: CONTRIBUTORS, MEDICAL & PHYSICIAN RESOURCES

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U.S. Telemedicine Resources for COVID treatment

www.SpeakWithAnMd.com
www.MyFreeDoctor.com

Physician Resource List by U.S. State

http://aapsonline.org/covidearlytreatment

Medical and VIDEO Resources

www.TruthForHealth.org
www.AAPSonline.org
www.C19Protocols.com
https://americaoutloud.com/author/dr-elizabeth-lee-vliet/
https://americaoutloud.com/the-mccullough-report/
Early Home-based Treatment Dr. Peter McCullough, Am. J. Medicine
HCQ White Paper: The Economic Standard

Advocacy Resources: Refer to **www.TruthForHealth.org** Treatment Guides Tab, and Library Tab for new educational, legal, and media resources updated regularly