SARS-CoV-2

The primary purpose of this essay is to better provide others with information that can tamp down their fears. Humanity has dealt with much more deadly viruses in comparison.

Introduction

This essay is not a scientific research paper. Instead, it aggregates data from reputable sources, such as legacy media, university research portals, and government websites.

The primary purpose of this essay is to better provide others with information that can tamp down their fears. SARS-CoV-2 is not an immensely deadly virus. Humanity has dealt with much more deadly viruses in comparison. Some people may die from SARS-CoV-2, typically those of advanced age or poor health.

There is a multitude of treatments that people can use safely. These treatments are in use around the world. One of the best treatments for SARS-CoV-2 is improving one's health before any infection or exposure. One's ability to fight the virus will aid in the prevention of serious illness.

Lastly, the current variants of SARS-CoV-2 vaccines are not, in practice, as effective at the prevention of infection, transmission, and illness as was expected.

All data comes from other credible sources, which are cited. Summaries are my own opinion based on the information gathered. Do not take this information as medical guidance; Please see a licensed physician for any medical advice.

If any link fails to load, please visit www.archive.org and enter the full link into the search. Select a previously archived copy of the page to view it.

Timeline

1. January 2020: W.H.O. publishes cases of pneumonia of unknown cause in China.¹⁸⁷ The U.S. starts screening at three major airports.¹⁸⁸ China locks down parts of the country. Locks people in homes. Scrubs social media of information about SARS-CoV-2.⁵³ Suspension of travel for non-U.S. citizens from certain countries, including China.⁵⁴ Australia successfully grows the SARS-CoV-2 virus in a lab.¹⁸⁹
2. February 2020: Masks distinctly discouraged by CDC. Pandemic Bond investors see losses due to SARS-CoV-2. Moderna begins human testing. SARS-CoV-2 may be no worse than Influenza. CDC fails initially to develop a SARS-CoV-2 test. China publishes guidance on HVAC systems: Circulate air from outside only, no re-circulation. Open windows and doors. Legal justification for restrictions relating to the SARS-CoV-2 pandemic.

3. March 2020: U.S. Surgeon General remarks that masks are ineffective and that people need to stop buying them. Mask guidelines start to develop within CDC. 'Lockdowns' start in many states. The U.N. refuses to declare a pandemic. SARS-CoV-2 origins were initially believed to come from a Chinese Lab in Wuhan. Israeli pharmaceutical firm donates Hydroxychloroquine to U.S. hospitals for SARS-CoV-2 treatment. Hydroxychloroquine and Azithromycin were successful in the early treatment of SARS-CoV-2. The SARS-CoV-2 pandemic is used for political gain. FDA approves Hydroxychloroquine under EUA for SARS-CoV-2 treatment. $8.3 Billion approved in SARS-CoV-2 spending at the federal level. CARES Act signed into law, allowing expenditures of $1.7 trillion.

4. April 2020: Dr. Anthony Fauci pushes against using Hydroxychloroquine. L.A. Times publishes a flawed study on Hydroxychloroquine, misrepresenting suggested use and actual data. $300 million approved for Paycheck Protection Program.

5. May 2020: Masks strongly recommended by CDC.


8. September 2020: China may be behind western nations' restrictions or have contributed to them. CDC Director Redfield misrepresents the expected release of vaccination to the public.


12. February 2021: Johnson & Johnson/Janssen vaccine is given Emergency Use Authorization by FDA.³⁵

13. April 2021: Children 16-18 are authorized, under EUA, by Federal Government to receive vaccines.⁵¹

14. May 2021: Mask requirements lifted in most states. CDC recommends masking for unvaccinated only. ¹⁷ Federal government rewrites EEO guidelines allowing employers to mandate vaccines (with exemptions). ⁵¹ Children 12-15 are authorized, under EUA, by Federal Government to receive vaccines.⁵¹

15. July 2021: Mask recommendations reinstated by CDC, regardless of vaccination status. ¹⁷ President Biden’s goal of 70% with at least one dose of the vaccine not met.⁵¹

16. August 2021: FDA gives full approval to Pfizer-BioNTech for ages 16 and older.³⁴ Federal government employees and contractors mandated to vaccinate or test bi-weekly.⁵¹ FDA authorizes, under EUA, booster or third dose of Pfizer-BioNTech and Moderna vaccines for immunocompromised.⁵¹ Media and governmental agencies incorrectly describe Ivermectin as horse dewormer.⁷⁰

17. September 2021: Federal mandate suggested on businesses of 100+ to vaccinate or test weekly.⁵⁰ Rolling Stone publishes misinformation about hospital ICU bed availability due to Ivermectin overdoses and retracts the story after a statement from the hospital.⁷¹ Wired magazine pushes anti-depressants, while newer Ivermectin studies are underway.⁷² The CDC advisory panel rejects the idea of a third dose of vaccine; CDC advisory panel overruled by CDC Director Wallensky, allowing "at-risk" to get a third dose.¹⁸⁶

The pandemic may have originated in China, specifically in the Wuhan region, and possibly from a research lab. As the pandemic grew in China, government officials lied and hid information about the spread and infectiousness of SARS-CoV-2. Ironically, if one believed their reported statistics, they were much more effective at stopping the spread of SARS-CoV-2 than the United States.

The U.S. started seeing infections in January 2020. As the pandemic grew, multiple governments and media entities started pushing against any kind of early treatment. Instead, they pushed helplessness and restrictions on the public.

Instead of treatment, governmental agencies put half-hearted restrictions that did not lead to any meaningful reduction in risk, death, or even cases. Any momentary dip rebounded relatively fast. The harsher the restrictions, the less effective they were. While hopefully unintentional, they caused people to lose education, employment, housing, and mental stability.
The pandemic was used for political and corporate gain and for increasing profits while leaving individuals unable to get treatments for their non-SARS-CoV-2 issues. Multiple media outlets pushed false information and had to retract it when information was proven false.

FDA gave vaccines approval under EUA and subsequent full approval, with increasing vaccination rates. However, the spread of SARS-CoV-2 did not necessarily permanently drop, only momentarily. Chances of death were related to one's existing medical conditions (obesity, diabetes, lung issues, heart issues).

Statistics

U.S. Population

1. January 2020: 331,237,249
2. February 2020: 331,331,747
3. March 2020: 331,445,596
4. April 2020: 331,457,466
5. May 2020: 331,492,502
7. July 2020: 331,634,194
8. August 2020: 331,752,936
9. September 2020: 331,856,502
10. October 2020: 331,948,783
11. November 2020: 332,023,731
12. December 2020: 332,084,796
14. February 2021: 332,158,574
15. March 2021: 332,224,338
16. April 2021: 332,288,814
17. May 2021: 332,378,911
18. June 2021: 332,472,594

1. January 2020: 0
2. February 2020: 0
3. March 2020: 0
4. April 2020: 0
5. May 2020: 0
6. June 2020: 0
7. July 2020: 0
8. August 2020: 0
9. September 2020: 0
10. October 2020: 0
11. November 2020: 0
12. December 2020: 0
13. January 2021: 5,657,142
14. February 2021: 24,779,920
15. March 2021: 54,607,041
17. May 2021: 135,087,319
18. June 2021: 154,884,686
19. July 2021: 164,446,964
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<thead>
<tr>
<th>Month</th>
<th>Test Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2020</td>
<td>N/a</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>N/a</td>
</tr>
<tr>
<td>Mar 2020</td>
<td>1,532,004</td>
</tr>
<tr>
<td>Apr 2020</td>
<td>5,675,595</td>
</tr>
<tr>
<td>May 2020</td>
<td>12,046,622</td>
</tr>
<tr>
<td>June 2020</td>
<td>18,089,275</td>
</tr>
<tr>
<td>Jul 2020</td>
<td>28,081,913</td>
</tr>
<tr>
<td>Aug 2020</td>
<td>26,056,942</td>
</tr>
<tr>
<td>Sep 2020</td>
<td>27,524,660</td>
</tr>
<tr>
<td>Oct 2020</td>
<td>36,383,357</td>
</tr>
<tr>
<td>Nov 2020</td>
<td>47,686,139</td>
</tr>
<tr>
<td>Dec 2020</td>
<td>54,484,471</td>
</tr>
<tr>
<td>Jan 2021</td>
<td>51,626,528</td>
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<tr>
<td>Feb 2021</td>
<td>36,666,349</td>
</tr>
<tr>
<td>Mar 2021</td>
<td>38,863,394</td>
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<td>Apr 2021</td>
<td>37,564,454</td>
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<td>May 2021</td>
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<td>June 2021</td>
<td>20,193,269</td>
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<td>Jul 2021</td>
<td>21,385,322</td>
</tr>
<tr>
<td>Aug 2021</td>
<td>40,490,602</td>
</tr>
</tbody>
</table>

![Number of Tests Graph](image)
1. January 2020: 7
2. February 2020: 17
3. March 2020: 192,276
4. April 2020: 888,804
5. May 2020: 717,688
7. July 2020: 1,925,231
8. August 2020: 1,459,482
9. September 2020: 1,208,552
10. October 2020: 1,494,669
11. November 2020: 4,504,911
12. December 2020: 6,429,552
14. February 2021: 2,402,073
15. March 2021: 1,813,678
16. April 2021: 1,885,741
17. May 2021: 916,735
18. June 2021: 397,399
19. July 2021: 1,313,292
1. January 2020: N/a
2. February 2020: N/a
3. March 2020: N/a
4. April 2020: N/a
5. May 2020: N/a
6. June 2020: N/a
7. July 2020: 33,650
8. August 2020: 163,606
10. October 2020: 139,890
14. February 2021: 213,511
15. March 2021: 137,376
16. April 2021: 152,468
17. May 2021: 132,693
18. June 2021: 58,020
1. January 2020: N/a
2. February 2020: 1
3. March 2020: 5,361
4. April 2020: 60,825
5. May 2020: 41,546
6. June 2020: 19,738
7. July 2020: 26,518
8. August 2020: 29,627
9. September 2020: 23,400
10. October 2020: 24,503
11. November 2020: 39,301
12. December 2020: 81,178
14. February 2021: 65,619
15. March 2021: 37,503
16. April 2021: 23,787
17. May 2021: 18,168
18. June 2021: 10,319
19. July 2021: 8,722
20. Aug 2021: 27,805
1. January 2020: N/a (No official testing numbers to calculate ratio)
2. February 2020: N/a (No official testing numbers to calculate ratio)
3. March 2020: 12.56%
4. April 2020: 15.66%
5. May 2020: 5.96%
6. June 2020: 4.66%
7. July 2020: 6.86%
8. August 2020: 5.60%
9. September 2020: 4.39%
10. October 2020: 4.11%
11. November 2020: 9.45%
12. December 2020: 11.80%
13. January 2021: 11.91%
14. February 2021: 6.55%
15. March 2021: 4.67%
16. April 2021: 5.02%
17. May 2021: 3.25%
18. June 2021: 1.97%
20. Aug 2021: 10.42%

*Positivity ratio follows testing count. Testing does not distinguish between duplicate, errant / false-positive / false-negative, or may not include home tests.*
Testing also does not show the actual variant of SARS-CoV-2. Testing for variants is not available to all testing methods or labs. Only a limited number of tests are sent off to higher grade labs to test for variants. 52

Athirty
d
Death to Case Ratio

1. January 2020: 0%
2. February 2020: 5.88%
3. March 2020: 2.79%
4. April 2020: 6.84%
5. May 2020: 5.79%
6. June 2020: 2.35%
7. July 2020: 1.38%
8. August 2020: 2.03%
9. September 2020: 1.94%
10. October 2020: 1.57%
11. November 2020: 0.87%
12. December 2020: 1.26%
13. January 2021: 1.58%
14. February 2021: 2.73%
15. March 2021: 2.07%
16. April 2021: 1.26%
17. May 2021: 1.98%
18. June 2021: 2.60%
19. July 2021: 0.66%
20. Aug 2021: 0.66%
The death ratio dropped over time, even as new variants evolved and became prevalent. It is noticeable that as governmental agencies lifted restrictions, there was a temporary spike that subsequently dropped.

Death to Population Ratio

1. January 2020: 0.00%
2. February 2020: 0.00%
3. March 2020: 0.00%
4. April 2020: 0.02%
5. May 2020: 0.01%
6. June 2020: 0.01%
7. July 2020: 0.01%
8. August 2020: 0.01%
9. September 2020: 0.01%
10. October 2020: 0.01%
11. November 2020: 0.01%
12. December 2020: 0.02%
13. January 2021: 0.03%
14. February 2021: 0.02%
15. March 2021: 0.01%
16. April 2021: 0.01%
17. May 2021: 0.01%
18. June 2021: 0.00%
19. July 2021: 0.00%
20. Aug 2021: 0.01%
Total Completed Vaccinations to Population Ratio

1. January 2020: 0%
2. February 2020: 0%
3. March 2020: 0%
4. April 2020: 0%
5. May 2020: 0%
6. June 2020: 0%
7. July 2020: 0%
8. August 2020: 0%
9. September 2020: 0%
10. October 2020: 0%
11. November 2020: 0%
12. December 2020: 0%
13. January 2021: 1.70%
14. February 2021: 7.46%
15. March 2021: 16.44%
16. April 2021: 30.52%
17. May 2021: 40.62%
18. June 2021: 46.59%
19. July 2021: 49.45%
20. Aug 2021: 52.34%
Testing

1. CDC to revoke RT-PCR SARS-CoV-2 test at the end of 2021. \(^\text{207}\)
2. RT-PCR cycle threshold over 25 showed to be mostly meaningless, as 45-68% of positive tests asymptomatic. \(^\text{208}\)
3. Recovered SARS-CoV-2 patients can test positive for extended periods with an RT-PCR test. \(^\text{209}\)
4. A high cycle threshold for the RT-PCR test can reveal false positives. \(^\text{210}\)

The PCR test can be manipulated to either increase or decrease positivity rates. The test is not necessarily the gold standard in proving active illness and should not be used on its own to diagnose someone as sick with SARS-CoV-2.

Masking

Efficacy

1. The only facial coverings that effectively minimize the risk of infection from SARS-CoV-2 are N95 respirator masks or better. \(^\text{18}\)
2. On their own, masks such as 2-layer woven nylon, cotton banana, single-layer woven polyester gaiter, single-layer woven polyester/nylon mask with ties, non-woven polypropylene mask with fixed earloops, 3-layer knitted cotton mask with earloop, and surgical masks with earloops are ineffective at minimizing the risk of infection from SARS-CoV-2. Using a 2-layer woven nylon mask with an aluminum nose bridge and filter inserted or washed frequently are 74.4% and 79% effective, compared to the rest are 56.3% or lower. \(^\text{18}\)
3. Surgical masks with loops tied, corners tucked, ear guard, clawed hair clip, rubber bands, or nylon hosiery sleeve is marginally better than standard surgical mask use. The use of rubber bands and nylon hosiery sleeves are 78.2% and 80.2% effective, compared to the rest are 64.8% or lower. ¹⁸
4. A study reviewed other studies to correlate decline in new cases. Many of the studies reviewed show high correlation but had wildly varying percentages at a 95% confidence interval. Other studies reviewed show a lower correlation but had much less varying percentages at a 95% confidence interval. ¹⁹
5. The CDC blog release states that masks must be N95 or better and must be worn appropriately (snuggly fit; should reveal marks on the face where a mask was affixed). All other types of masks and ways of wearing them are ineffective. ²⁰
6. A study shows no actual viable study can prove mask effectiveness (except N95 or better respirator masks). Empirical evidence showed that in Beijing, when masks were worn before infection, cases dropped 79%. However, one may assume government intervention or manipulation was not involved. ²¹
7. A traveler who tested positive for SARS-CoV-2 traveled from China to Canada. A study was completed and showed that no other passengers tested positive for SARS-CoV-2 following exposure. The study stated that it may have helped that there was masking, and the positive individual(s) had mild symptoms. ²²
8. Masks may cause water droplets leaving a person's mouth may get broken from larger droplets to smaller droplets, increasing the chance of transmission. ²³
9. Masks did not significantly reduce infection rates. ²⁴

Only respirator or better type masks protect from the spread of airborne illnesses. They are also only effective if properly worn. Otherwise, ineffective at all.

Side Effects

1. Masks impair one's ability to work effectively. ²⁵
2. Masks cause impaired cognition and headaches. ²⁷
3. Masks increase CO2 exposure. ²⁸
4. CO2 exposure can lead to CO2 narcosis, leading to coma or death. ²⁹
5. Those with COPD have a higher risk of complications when wearing masks. ³⁰
6. Mask usage can cause a loss of empathy. ³¹
7. A Correctly worn mask can cause skin irritation. ³²
8. Heart function drops when wearing masks. ³³
9. Mask use increases issues, such as germ colonization, carbon dioxide retention, and exhaustion. ²¹¹
10. CDC mask study plagued with inaccuracies. ²¹²
While I have not found a study that proves that masks directly lead to death, many studies prove that masks harm the human body in various ways.

Social Distancing

1. Social distancing is potentially effective against the spread of SARS-CoV-2. It was effective whether 25% or 75% of those studied followed social distancing (90% vs. 98% reduced spread of the virus). However, once social distancing stopped, infections rebounded to pre-social distancing numbers.  
2. Social distancing decreased the spread of SARS-CoV-2 after seven days of implementation. After ten days after the implementation of social distancing, the effects are no longer statistically significant.  
3. Quarantining individuals leads to adverse effects, both physically and mentally. It should be used as minimally as possible.  
4. Social distancing is not as crucial to stopping the spread of SARS-CoV-2. It is better to be in larger spaces with smaller crowds than larger crowds in smaller spaces. Ventilation is key to preventing the spread of viruses.

Social distancing can moderately stop the spread of viruses but only if followed all the time. A better method to prevent the spread of viruses is increasing ventilation. Humorously, China pushed this heavily at the onset of cases.

Negative Externalities

Unemployment

1. Unemployment disproportionately affected Women, Black, and Hispanic groups in the United States more than Men and White groups.
2.  

Education

1. Children have been adversely affected by SARS-CoV-2 restrictions. Disproportionately affecting poor communities, where remote learning was less readily available. 42
2. Remote learning caused disruptions to learning due to training for teachers, extra work for teachers, loss of instructional time. 43
3. Remote learning increased parental stress, loss of instructional time, nutritional risks, loss of socialization. 44
4. School closures and remote learning lead to illness, child abuse, widening education gap, adult stress, and developmental issues. 45

Mental Issues

1. SARS-CoV-2 restrictions lead to an increase in mental health issues. 46
2. Financial issues caused an increase in lower mental health levels. 47
3. Isolation and social distancing lead to increased mental instabilities, increased fear, and issues concentrating. 48
4. Work satisfaction sharply dropped due to the SARS-CoV-2 pandemic. 49

Restrictions and increased fears have caused an increase in mental, physical, economic, and developmental issues. Guidance and decisions have seemingly
caused more negative externalities. It is worth noting that when politicians and media actors have pushed for something, it has tended towards the opposite result.

Pre-Treatment

Exercise

1. Mortality risk lowers with the vigorous exercise of 50-60 minutes done daily. Exercise increases the oxygen-carrying capacity of blood and improves insulin sensitivity. Over-exercising (2.5 hours or more) can cause coronary artery calcification. \(^{74}\)
2. Physical exercise can reduce morbidity and mortality from many chronic diseases. Obesity leads to higher medical costs than healthy individuals. Exercise reduces the risk of diabetes, high blood pressure, and depression. \(^{75}\)
3. Moderate exercise can reduce blood viscosity and thrombosis risk. Exercise can improve metabolism and regulate food intake. Exercise reduces the effects of oxidative damage to the cardiovascular system. \(^{76}\)
4. Exercise is a treatment for those with heart failure and arterial disease. \(^{77}\)
5. Exercise reduces health risks nearly 50 times than sedentary activity. Exercise reduces LDL cholesterol and increases HDL cholesterol. \(^{78}\)

Vitamin

1. Vitamins reduce cancer and cardiovascular issues. \(^{79}\)
2. Vitamin A stimulates the production of white blood cells. \(^{80}\)
3. Vitamin B6 supports immune function. \(^{81}\)
4. Vitamin C is vital to controlling infections and healing wounds. \(^{82}\)
5. Vitamin D helps control infections and reduces inflammation. \(^{83}\)
6. Vitamin K helps to build bone strength and improve blood clotting. ⁸⁴
7. Zinc improves immune system function and healing damaged tissue. ⁸⁵
8. Potassium improves blood pressure. ⁸⁶
9. Vitamin intake decreases chronic disease. ⁸⁷
10. Overconsumption of dietary supplements can cause issues and should be taken in proper doses. ⁸⁸

Diet
1. High Fructose Corn Syrup increases obesity.  
2. High Fructose Corn Syrup increases LDL cholesterol.  
3. Improper diet can lead to vitamin deficiency, leading to immune and health issues.  
4. The poor diets of Americans have led to $50 Billion in excess medical costs.

A proper diet mixed with moderate exercise and proper vitamin intake can help to limit health issues. Americans cost themselves a lot by having poor diets and living sedentary lifestyles.

Early Treatment

<table>
<thead>
<tr>
<th>Early treatment mortality results</th>
<th>c19early.com Oct 5, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement, RR [CI] Studies</td>
<td>Patients</td>
</tr>
<tr>
<td>Bromhexine</td>
<td>91% 0.09 [0.01-1.59]</td>
</tr>
<tr>
<td>Molnupiravir</td>
<td>89% 0.11 [0.01-0.90]</td>
</tr>
<tr>
<td>Casirivimab/r...</td>
<td>89% 0.11 [0.00-3.00]</td>
</tr>
<tr>
<td>Povidone-Iod...</td>
<td>88% 0.12 [0.03-0.50]</td>
</tr>
<tr>
<td>Nigella Sativa</td>
<td>87% 0.13 [0.04-0.49]</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>86% 0.14 [0.03-0.61]</td>
</tr>
<tr>
<td>Barlanivimab</td>
<td>85% 0.15 [0.03-0.77]</td>
</tr>
<tr>
<td>Curcumin</td>
<td>82% 0.18 [0.04-0.79]</td>
</tr>
<tr>
<td>Zinc</td>
<td>79% 0.21 [0.03-1.47]</td>
</tr>
<tr>
<td>Quercetin</td>
<td>79% 0.21 [0.02-1.82]</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>78% 0.22 [0.12-0.43]</td>
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<tr>
<td>Hydroxychloro...</td>
<td>75% 0.25 [0.16-0.40]</td>
</tr>
<tr>
<td>Proxalutamide</td>
<td>73% 0.27 [0.03-2.39]</td>
</tr>
<tr>
<td>Sotrovimab</td>
<td>67% 0.33 [0.01-8.16]</td>
</tr>
<tr>
<td>Ivermectin</td>
<td>50% 0.50 [0.37-0.67]</td>
</tr>
<tr>
<td>Favipiravir</td>
<td>45% 0.55 [0.05-5.81]</td>
</tr>
<tr>
<td>Nitazoxanide</td>
<td>41% 0.59 [0.02-13.8]</td>
</tr>
<tr>
<td>Conv. Plasma</td>
<td>-93% 1.93 [0.47-7.87]</td>
</tr>
</tbody>
</table>

Favors treatment  Favors control

0.25 0.5 0.75 1 1.25 1.5 1.75 2+

Treatment Protocols

1. AAPS Home-Based Treatment
2. FLCCC I-MASK+
3. Zelenko Protocol
4. **CDC/NIH Therapeutic Management of Hospitalized Adults**

5. **Boston Medical Center Pediatric Treatment**

6. **Mass General Brigham Treatment Guidance**

**Hydroxychloroquine**

1. The use of Hydroxychloroquine decreased death in patients if given early. 98.7% of patients recovered, and 1.3% of patients died. ⁹⁴

2. The use of Hydroxychloroquine and Azithromycin decreased death in patients when given early. 98.7% of patients recovered. ⁹⁵

3. Hydroxychloroquine in *mild* cases of SARS-CoV-2 minimally decreased duration of illness. No deaths were reported. ⁹⁶

4. Of 43 studies regarding Hydroxychloroquine in the early treatment of SARS-CoV-2, 25 showed positive results, 15 showed no benefit, 3 showed an adverse reaction. ⁹⁷

5. Significant viral load decrease after Hydroxychloroquine use. ⁹⁸

8. HCQ is an effective treatment for COVID-19. Treatment is more effective when used early than if used late during illness. Meta-analysis using the most
severe outcome reported shows 64% improvement for the 32 early treatment studies. Results are similar after exclusion-based sensitivity analysis and after restriction to peer-reviewed studies. Restricting to the 8 RCTs shows 46% improvement, and restricting to the 13 mortality results shows 75% lower mortality. Very late-stage treatment is ineffective and may be harmful, especially when using excessive dosages.¹⁷⁹

Ivermectin

1. Lower viral load after use of Ivermectin in the early treatment of SARS-CoV-2.⁹⁹
2. Using Ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that Ivermectin is likely to impact the SARS-CoV-2 pandemic globally significantly.¹⁰⁰
3. Disease severity and the viral load dropped with the use of Ivermectin.¹⁰¹
4. Meta-analyses based on 18 randomized controlled treatment trials of Ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and viral clearance. Furthermore, numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of Ivermectin. Finally, the many examples of Ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified.¹⁰²
5. Moderate-certainty evidence finds that significant reductions in COVID-19 deaths are possible using Ivermectin. Using Ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that Ivermectin is likely to impact the SARS-CoV-2 pandemic globally significantly.¹⁰³
6. In the present study, shorter times to significant improvement in clinical symptoms and a shorter duration of hospital stay were detected in the Ivermectin group.¹⁰⁴
8. Ivermectin is an effective treatment for COVID-19. Treatment is more effective when used early after infection than later after infection. Meta-analysis using the most severe outcome reported shows 66% and 86% improvement for early treatment and prophylaxis, with similar results after exclusion-based sensitivity analysis and restriction to peer-reviewed studies or Randomized Controlled Trials. Statistically significant improvements in mortality, ventilation, ICU admission, hospitalization, recovery, cases, and viral clearance are seen. Thirty studies show statistically significant improvements in isolation. The consistently positive results across various heterogeneous studies are remarkable, with 91% of the 65 studies reporting positive effects. ¹⁷⁸

10. Ivermectin cut new daily cases to around 100 in Uttar Pradesh, despite the population being nearly that of the United States. ²¹³

11. Tokyo Medical Association pushes the use of Ivermectin to help curb SARS-CoV-2 cases. ²¹⁴

12. Ivermectin may interfere with SARS-CoV-2 spike protein from connecting to cells. ²¹⁵

13. Ivermectin history and summary of multiple studies showing positive results. ²¹⁶

Remdesivir

1. Those with severe cases of SARS-CoV-2 remdesivir had no statistical result for reducing symptoms. However, if done before symptoms progress, it may provide some benefit. ¹⁰⁵

2. Remdesivir has little to no effect on the mortality rate. ¹⁰⁶
High Dose Vitamin C

1. Early treatment of intravenous high-dose Vitamin C can lower the mortality rate for those with sepsis. ¹⁰⁷
2. Vitamin C was seen as having antimicrobial and immunomodulatory properties. Vitamin C was seen to help prevent cytokine storms. ¹⁰⁸
3. Vitamin C is an effective treatment for pneumonia. ¹⁰⁹
4. Vitamin C is potentially effective at preventing DNA damage in cancer patients. ¹¹⁰
5. Vitamin C limits the progression of pneumonia. ¹¹¹
Azithromycin

- Azithromycin was not used on its own during any known study. It was typically combined with Hydroxychloroquine and zinc.

1. Those treated with Azithromycin and Hydroxychloroquine had less risk of hospitalization or death. ¹¹²
2. Azithromycin with Hydroxychloroquine is only effective if done early onset of infection. ¹¹³
3. Azithromycin with Hydroxychloroquine is effective in early treatment to prevent hospitalization. ¹¹⁴
4. Limited adverse reactions occur with the use of Azithromycin and Hydroxychloroquine.¹¹⁵
5. Hydroxychloroquine with Azithromycin significantly reduced mortality and hospitalization rate with SARS-CoV-2 patients.¹¹⁶

Monoclonal Antibodies

1. Lower risk to hospitalization and death with a monoclonal antibody treatment.¹¹⁷
2. Sotrovimab reduced progression of Covid-19 in patients with mild/moderate disease, was well tolerated, and no safety signals were identified.¹¹⁸
3. Treatment with REGEN-COV was well-tolerated and significantly reduced Covid-19-related hospitalization or all-cause death, rapidly resolved symptoms, and reduced viral load.¹¹⁹
4. In this diverse, real-world COVID-19 patient population, mAb treatment significantly decreased the risk of subsequent E.R. visits or hospitalization. Broader treatment with mAbs, including in disadvantaged patient populations, can decrease the burden on hospitals and should be facilitated in all populations in the United States to ensure health equity.¹²⁰
5. The use of bamlanivimab monotherapy for outpatients with mild to moderate COVID-19 infection was associated with reductions in hospitalizations and mortality within 28 days. The benefit was most substantial in those aged 65 years or older.¹²¹
6. NmAb treatment reduced hospital utilization, especially when received within a few days of symptom onset. Further study is needed to validate these findings.¹²²

Many treatments can be used to limit hospitalizations and death in those infected with SARS-CoV-2. There should be no reason to withhold these treatments.

With these treatments, the strain on the medical system could be lessened, and the fearmongering over SARS-CoV-2 could be eliminated. Ironically, many of these treatments could prove helpful against other diseases and aid in their prevention as well.

Late Treatment

Dexamethasone

1. With patients with severe illness due to SARS-CoV-2 and on a ventilator, dexamethasone reduced mortality and illness duration.¹²³
2. With those hospitalized, significant improvement was seen when dexamethasone was administered.¹²⁴
3. Dexamethasone was effective at treating SARS-CoV-2 but comes with the risk of damaging organs. ¹²⁵
4. Reduction in need to use ventilator when administered dexamethasone. ¹²⁶
5. Corticosteroids were effective at lessening the effects of SARS-CoV-2. ¹²⁷

**Tocilizumab**

1. Tocilizumab is effective at limiting the need for a ventilator. ¹²⁸
2. Tocilizumab improves lung function and oxygenation. ¹²⁹
3. No lowered risk of death from administering tocilizumab. ¹³⁰
4. Tocilizumab reduces the risk of death from SARS-CoV-2. ¹³¹

**Baricitinib**

1. Reduced illness found with those already intubated and on a ventilator. ¹³²
2. An introductory study shows the potential to inhibit kinase receptors (JAK1/2). ¹³³
3. Baricitinib lowers all-cause mortality. ¹³⁴

**Blood Thinners/Anticoagulants**

1. Initial trial results show that blood thinners may not aid in SARS-CoV-2 recovery and may cause other issues. ¹³⁵
2. Reduced need for cardiovascular or respiratory organ support when on blood thinners. ¹³⁶

*In the case of severe illness leading to ICU treatment, some treatments have proven effective. The most effective treatment is not going into an ICU.*

**Vaccine Companies**

**Pfizer (w/ BioNTech)**

1. Net Income: $9.6 Billion. ¹⁰

**Johnson & Johnson (w/ Janssen)**

1. Net Income: $14 Billion ¹³

AstraZeneca

1. Net Income: $2.7 Billion.

Moderna


Novavax

2. Controversies: None are currently known.

Sinovac Biotech

1. Net Income: $100 Million.
2. Controversies: None are currently known.

Russian Ministry of Health

1. Net Income: None (Governmental Agency).
2. Controversies: None are currently known.

The top pharmaceutical companies manufacturing vaccines have a history of poor manufacturing and marketing practices and not fulfilling their original aim of a specific product or drug.

Trust in these companies should not be given at face value and balanced with the risks of SARS-CoV-2 death chances. Should we support companies that have led to excess deaths in the American population?
Vaccines

Note: Approval relates to U.S. approval, not worldwide.

Pfizer-BioNTech (Comirnaty)

1. Approval: Approved (Marketed as Comirnaty).  
2. Type: mRNA. ¹
3. Initial Dosing: Two; Two to six weeks apart. ¹
4. Additional Dosing: Third; Four to six months after the second dose. ¹
5. Side Effects: Injection site pain, fatigue, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell, and swollen lymph nodes. ¹
6. Rare Side Effects: Myocarditis, Bells Palsy, Anaphylaxis, Angioedema, Rash, and Swollen Lymph Nodes. ²
7. Cost: $19.50 per dose. ⁸

Janssen/Johnson & Johnson

1. Approval: Emergency Use Authorization. ⁷
2. Type: Vector. ¹
3. Initial Dosing: One. ¹
4. Additional Dosing: None. ¹
5. Side Effects: Injection site pain, fatigue, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell, and swollen lymph nodes. ¹
6. Rare Side Effects: Guillain-Barre Syndrome, Blood Clotting, Seizure, Anaphylaxis, Thrombosis. ⁴
7. Cost: $10 per dose. ⁸

Oxford–AstraZeneca (Vaxzevria)

1. Approval: None. ¹⁹⁹
2. Type: Viral Vector. ¹⁹⁹
3. Initial Dosing: Two, four to twelve weeks apart. ¹⁹⁹
4. Additional Dosing: None. ¹⁹⁹
5. Side Effects: Injection site pain/bruising/itching, nausea, fatigue, chills, headache, joint/muscle pain, swelling, low blood platelets. ²⁰⁰
6. Rare Side Effects: Dizziness, loss of appetite, excessive sweating, enlarged lymph nodes, anaphylaxis, blood clots, capillary leak syndrome, Guillain-Barre syndrome. ²⁰⁰
7. Cost: Under $4. ²⁰¹

Moderna
2. Type: mRNA. 
3. Initial Dosing: Two; Two to six weeks apart. 
4. Additional Dosing: Third; Four to six months after the second dose. 
5. Side Effects: Injection site pain, fatigue, headache, muscle pain, chills, fever, and nausea. 
7. Cost: $37 per dose.

Novavax

1. Approval: None. 
2. Type: Recombinant Protein. 
3. Initial Dosing: Two; Three weeks apart. 
4. Additional Dosing: None. 
5. Side Effects: Injection site tenderness, fatigue, headache, muscle pain. 
6. Rare Side Effects: Not are currently known. 
7. Cost: $16 per dose.

CoronaVac

1. Approval: None. 
2. Type: (Adenovirus) Viral Vector. 
3. Initial Dosing: Two, Four weeks apart. 
4. Additional Dosing: None. 
6. Rare Side Effects: None are currently known. 
7. Cost: $30 per dose.

Sputnik V

1. Approval: None. 
2. Type: Inactivated (Adenovirus) Viral Vector Virus. 
3. Initial Dosing: Two, three weeks apart. 
6. Rare Side Effects: None are currently known. 
7. Cost: $10 per dose.
Side effects of the currently circulating vaccines come with an increase in the risk of death and injury. Much more injury and death have been seen than past vaccination drives.

Fear of not getting more vaccinated has led to misrepresentation of the realities of the vaccines: They do cause death, and they do cause injury. Even if minute in the grand scheme of things, it is essential to consider this information before making life-altering decisions that may not improve one's chances against SARS-CoV-2.

Vaccination Adverse Reactions

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Political Gamesmanship

1. Democrats are hesitant to take the vaccine. They say it is rushed. ¹⁷³
2. Democrats say FDA approval is not enough to trust a vaccine. ¹⁷⁴
3. Kamala Harris said she would not trust the vaccine if under President Trump. ¹⁷⁵
4. mRNA vaccines stop the spread of SARS-CoV-2. (just kidding; they do not). ¹⁷⁶
5. Breakthrough cases are not of concern. ¹⁷⁷

Politicians are ever contradictory and love to trash anything positive their opponents accomplish. There were many contradictions of liberal-minded individuals saying one thing about the vaccines; then, once President Joe Biden was elected, something entirely different. Either the vaccines are effective, or they are not.
Federal Revolving Door

1. Alex Azar (Secretary of HHS): President at pharmaceutical company Ely Lilly. ¹³⁷
2. John Stone (Senior Counsel, U.S. House of Representatives Committee on Energy and Commerce): Lobbyist for BGR, prior Senior Manager of Policy at healthcare company Sanofi. ¹³⁷
3. Scott Gottlieb (Commissioner of FDA): Board member of pharmaceutical company Pfizer, prior board member of pharmaceutical company GlaxoSmithKline.
4. Keagan Lenihan (Senior Counsel for HHS Secretary): Lobbyist for drug distributor McKesson. ¹³⁷
5. John O’Brien (Senior Advisor to the HHS Secretary for Drug Pricing Reform): Lobbyist at PhRMA. ¹³⁷
6. Chris Liddell (Coronavirus Taskforce): Owns significant holdings in Pfizer, Gilead, Johnson & Johnson, and Regeneron. ¹³⁷
8. Kimberly Brandt (HHS principal deputy administrator for operations): Lobbyist for Endo Pharmaceuticals. ¹³⁷
9. Keagan Resler Lenihan (Senior advisor to the HHS secretary and current chief of staff at the FDA): Lobbyist for McKesson. ¹³⁷
10. Rebecca Wood (Chief legal counsel at the Food and Drug Administration): Lawyer for AbbVie, Bayer Pharma, Bayer USA, and PhRMA. ¹³⁷

While in of itself, working in the medical industry for for-profit corporations does not preclude being able to serve in a public position, conflicts of interest may arise. Preferential treatment or orchestrating 'marketing' campaigns in public office for private companies may be in poor taste.

Dr. Fauci Contradictions

1. January 2020: People should not worry about SARS-CoV-2. ¹³⁸
2. February 2020: Not possible that the virus came from a Chinese lab. ¹³⁹ The virus is probably seasonal. ¹⁴⁰ Not being muzzled by the Trump administration. ¹⁴¹ Estimated millions to be infected within months. ¹⁴²
3. March 2020: No immediate need for FDA to approve Hydroxychloroquine as a treatment for SARS-CoV-2. ¹⁴³ Hydroxychloroquine is not a miracle drug. ¹⁴⁴ No intention to research or approve Hydroxychloroquine. ¹⁴⁵ Lockdown is only meant to last 14 days. ¹⁴⁶ Masks are not necessary. ¹⁴⁷
4. April 2020: Vaccine passport/certificates to go back to work probably not helpful. ¹⁴⁸
5. May 2020: Children not at high risk of SARS-CoV-2 effects.¹⁴⁹ N95 masks are only effective if worn correctly.¹⁵⁰ Fatality rate around 2%.¹⁵¹
6. July 2020: SARS-CoV-2 has mutated to be more transmissible.¹⁵² Claims Europe's restrictions helped prevent more spread of SARS-CoV-2.¹⁵³ Do not do your own research.¹⁵⁴
7. August 2020: Not sure how SARS-CoV-2 spreads.¹⁵⁵ Warns against authorizing vaccines.¹⁵⁶ We should be worried about the asymptomatic spread of SARS-CoV-2.¹⁵⁷
8. October 2020: Non-respirator masks can help prevent the spread of SARS-CoV-2.¹⁵⁸
9. November 2020: It is time for people to do what they are told.¹⁵⁹ Pfizer vaccine 90% effective.¹⁶⁰
10. February 2021: Unvaccinated are the problem.¹⁶⁰
11. March 2021: Everyone is obligated to vaccinate.¹⁶¹
12. April 2021: Potential for booster shots.¹⁶²
13. May 2021: Not convinced SARS-CoV-2 occurred naturally.¹⁶³ Testifies that the U.S. government did not fund coronavirus gain-of-function research.¹⁶⁴
14. June 2021: Believes mRNA vaccines were a success.¹⁶⁵
15. July 2021: Masks reimplemented because vaccinated can still transmit the virus.¹⁶⁶
16. August 2021: Vaccines lose their effectiveness.¹⁶⁷
17. September 2021: Information reveals that the U.S. government did fund gain-of-function research.¹⁶⁸

Guidance from Dr. Anthony Fauci seems to be contradictory or ever-changing. While the reality of dealing with SARS-CoV-2 changes as information is synthesized, blatant lies are exceedingly too common with Dr. Anthony Fauci. Whether intentional or bureaucratic, it is essential to take his statements as mostly politically involved and not the golden standard in science.

Links

1. [Covid 19 Early Treatments](#)
2. [America's Frontline Doctors](#)
3. [OpenVAERS](#)
4. [Our World In Data](#)

Final Summary

SARS-CoV-2 can cause death. Treatments exist to prevent hospitalization and should be more widely implemented. The involvement of money in politics has influenced public health decisions that have caused more harm than the virus itself.
We need to remove the fear porn from our decision-making process. Stop making a religion out of science. Science evolves and has been proven wrong time and time again throughout history.

The more something is pushed, the less likely it will be believed. The more rigid the command, the more likely it will be proven wrong in time.