July 1, 2020

An Open Letter to Governor Inslee:

You announced a statewide public health order[1] that began June 26, 2020, requiring the wearing of "your choice" face masks indoors and outdoors in public spaces, saying that "until a vaccine or cure is developed, this is going to be our best defense."

Your claim leaves the public with the false belief that medicine has nothing to offer at present but masks, distancing, and a fearful holding pattern until the drug industry invents its preferred solution. Your claim ignores that there *are* "cures"; there *are* successful therapeutic protocols that are being used throughout the world and here in the United States, right now, saving lives. Why don't *you* know about them? The longer these treatments are ignored or suppressed by our public health authorities, more people die unnecessarily. People aren't dying due to a lack of mask wearing; they are dying because too many doctors don't know about the cheap, safe, effective and un-patentable *available* treatments (see Appendix A).

Almost 2 months ago, Pierre Kory, MD, MPA, Medical Director, Trauma and Life Support Center, Critical Care Service Chief, Associate Professor of Medicine at the University of Wisconsin School of Medicine and Public Health, testified before the U.S. Senate Homeland Security Committee on treating COVID-19 with the MATH+ Protocol:

> "We have clearly devised an effective treatment for use, prior to the publication of randomized controlled trials . . . we are not alone in what we propose . . . we are seeing an increasing number of similar protocols with nearly identical therapeutics come out from various institutions and countries[2]".

When posting about his frustration that the effective MATH+ Protocol was being ignored at the federal level, Paul E. Marik, M.D., FCCM, FCCP, Endowed Professor of Medicine, Chief, Div. of Pulmonary & Critical Care Medicine, Eastern Virginia Medical School Norfolk, said:

> "People are dying needlessly. I do not think the White House Coronavirus Task Force is being entirely honest with the American public. Furthermore, the amount of misinformation and the mixed messaging is causing panic and anxiety.[3]"

Governor Inslee, you are adding to that misinformation and anxiety. The three studies cited by your Secretary of Health, John Wiesman, on June 23, 2020[4], do not support the wearing of cloth masks by the general public (see Appendix B).

Furthermore, scientists and doctors worldwide have serious safety concerns about rushed-to-market vaccines[5]. Why are you sustaining fear rather than spreading hope? Why are you using the power of the state to force ineffective face coverings on the population instead of using that power to end fear and restore normalcy by ensuring every single doctor in this state knows about these existing lifesaving protocols?

You said about masks: "I think of these as a statement, it's a statement that when you wear it, it means you care about people, it means you want to reduce the risk that you are going to infect another person[6]."

That comment is an insult to those who have studied the science of SARS-CoV-2 and mask ineffectiveness. These are people who care just as much as anyone, perhaps more, because they have taken the time to research best steps to public and individual protection. Those who are researching all aspects of the public health response to COVID-19 want public health authorities to promote the healing therapies and protocols that could actually render shutdowns and social distancing unnecessary, and they know public mask policies do more harm than good.

Your mask "statement" amounts to social-conditioning, intended to maintain fear of a virus that has a case recovery rate of 99.74%[7]. If you used state power to disseminate information about existing lifesaving treatment protocols, that recovery rate would *increase,* fear would dissipate, and we could all get back to living.

A mask-wearing virtue-signaling public health order turns neighbor against neighbor, and turns businesses into enforcers and state-supported discriminators. However, there are many reasons people will not comply with this order, including mask ineffectiveness, health and safety issues, and civil liberties violations. Did you consult any experts on the negative physical and psychological health impacts of your order? All those without masks are being shamed, regardless of medical or psychological status. It started happening even before your order, and it is increasing. In your messaging, you aren't directing the public to be kind or even respectful to those not wearing masks—even though the number of individuals for whom mask-wearing poses a health risk is considerable.

The glares, the hateful comments, being barred entry, the shunning. The mask issue is ending friendships, damaging marriages, and provoking violence. People who shouldn't wear them are putting them on anyway, risking their health to avoid being shamed or having to explain themselves. Those with anxiety disorders and PTSD from rape and other violent events have started to avoid society, thereby increasing their anxiety, isolation, and depression. For those individuals for whom wearing a mask is traumatic, suicide rates could increase. This is a very real concern. One of our group member's young adult children has respiratory issues and extreme anxiety, and has chosen to practice wearing a mask at home for small amounts of time because she fears being stared at, ostracized, and confronted for not wearing a mask in public. Yet this is increasing her anxiety to dangerous levels.

The deep and long-term sacrifices—physical, financial, emotional, psychological—of the many due to the state's ill-conceived draconian response to COVID-19 are not saving the few. It's time to stop hyping fear and start taking action by using the known existing therapies to save the vulnerable minority that is susceptible to poor infection outcomes. Aside from this vulnerable minority, we should now all be back to normal living and interacting as the symbiotic social beings we need to be to sustain full health.

Disseminating fear of microbes is not a safe or effective public health policy, and it's decades, if not a few centuries, out of date. Public health seems not to have noticed that

the germ theory lost out to the terrain theory a long time ago. Fear, and a purely pharmacological treatment approach to disease prevention and treatment, do not serve individual and public health. Current science shows us we are more microbial than human. Microbes are not the enemy. Individual susceptibility is what leads to disease—your own data shows that.

For example, Vitamin D insufficiency is known to correlate with disease severity, and these factors impact 80-90% of African Americans, many people of color, and those in nursing care facilities. Those are the hardest hit populations. Are you taking steps to ensure their Vitamin D needs are addressed? You cannot take the stance that poor health increases disease susceptibility without also acknowledging that good health increases resistance. So why aren't you heavily promoting Vitamin D and Vitamin C and other protective nutrients, which are proven to be vital to the immune system response to viral infections? Why are you giving allopathy preferential treatment over naturopathy?

And finally, we need to put risk of this disease into perspective.

- The CDC's own data show currently an Infection Fatality Rate (IFR) of just .26%[8]. That means the vast majority are capable of mounting a robust immune response and so becoming part of natural herd immunity.
- Early on, some public health officials speculated that COVID-19's Herd Immunity Threshold (HIT) was as high as 70%—now it's estimated to be only between 10-20%.[9]
- Real-world data are revealing that—in contrast to computer modeling—asymptomatic transmission is very rare[10] [11].
- While case numbers are rising in certain areas, fatality rates continue to drop. This should be considered good news, not cause for alarm.

In conclusion, fear that reopening society will lead to overflowing hospitals is unfounded, especially if the state begins to take action to ensure susceptible communities are provided information about Vitamin D and other nutrients and supports existing therapies to ensure all patients have the choice of the very best treatment protocols.

Informed consent is a human right that pertains to all medical interventions, including the wearing of face coverings. We are asking you to rescind the mask order and replace it with calm and rational messaging for continued common-sense hygiene, respect for personal space, and campaigns to properly protect and treat.

Please ensure that every single health practitioner, hospital and clinic in the state is made aware of the effective prevention and treatment protocols now available that are saving lives wherever they are used. By focusing on existing lifesaving treatment protocols (see Appendix A), Washington could lead the way forward, and set a new high standard for saving lives now, and during any future outbreak.

Sincerely,

The ICWA Board
District Leaders
Action Team
General Membership

APPENDIX A: TREATMENTS

PART 1: COVID CURES (EFFECTIVE TREATMENTS)

It is highly unethical and potentially criminal for our state and federal government to ignore, dismiss, or belittle safe and effective existing natural and pharmaceutical treatments in favor of promoting and waiting for new drugs and vaccines whose true efficacy and safety will be unknown for years.

Countless practitioners around the country, and around the world, are quietly preventing and treating COVID-19 with nutrients, herbs, oxygen therapies, and various traditional approaches such as Ayurvedic and Chinese Traditional Medicine, and yes, hydroxychloroquine and zinc.

Clinical trials have been registered for some of these protocols, or specific aspects of them, and case studies are beginning to emerge. Artificial-intelligence computing has been used to identify molecular compounds that could be effective treatments, and the vast majority are already found in natural and traditional medicines currently in use[12].

Federal and state officials should be working closely with and supporting practitioners who are successfully using nutrient and oxygen treatments.

All of the various effective treatments have one thing in common: in some manner, they not only address the symptoms of COVID-19 through supporting the immune system, they support the production of glutathione, the body's master antioxidant, which is absolutely critical to shutting down viral replication and to the proper functioning of the immune system.

DR. TONY FAUCI KNOWS THE CURE

In Dr. Tony Fauci's early work on HIV[13] [14], he and his colleagues discovered that Nacetylcysteine (NAC), an important amino acid precursor to glutathione (GSH), is a potent suppressor of the Human Immunodeficiency Virus (HIV). The work on glutathione and viruses has expanded over the years, and in January 2019, it was found that a free-form amino acid (FFAAP), comprising cystine, glycine, and a glutamate source (the precursors to glutathione), along with a minute concentration of selenium, shut down Zika virus replication by 90%. Dr. Ted Fogarty said in 2020,

> "Precursors to GSH are antiviral software for every cell."

In pre-print publication on COVID-19 and glutathione, a researcher hypothesized:

> "Based on an exhaustive literature analysis and own observations, I proposed a hypothesis that glutathione deficiency is exactly the most plausible explanation for serious manifestation and death in COVID-19-infected patients. The major risk factors established for severe COVID-19 infection and relative glutathione deficiency found in COVID-19-infected patients with moderate-to-severe illness have converged me

> to two very important conclusions: (1) oxidative stress contributes to hyper-inflammation of the lung leading to adverse disease outcomes such as acute respiratory distress syndrome, multiorgan failure and death; (2) poor antioxidant defense due to endogenous glutathione deficiency as a result of decreased biosynthesis and/or increased depletion of GSH is the most probable cause of increased oxidative damage of the lung, regardless which of the factors aging, chronic disease comorbidity, smoking or some others were responsible for this deficit. The hypothesis provides novel insights into the etiology and mechanisms responsible for serious manifestations of COVID-19 infection and justifies promising opportunities for effective treatment and prevention of the illness through glutathione recovering with N-acetylcysteine and reduced glutathione."

There is much science to support this hypothesis and clinical trials are underway, while open-minded MDs and countless NDs are reporting success in their patients from supporting the glutathione production of their patients.

NAC and Vitamin C, which is also critical to glutathione recirculation, are available on Amazon to everyone, and in every hospital in several forms for doctors to easily access. Success has been reported in cases treated.[15]

When Dr. Fauci stands before the nation claiming there is no cure, pointing toward expensive new drugs with questionable trial results and rushed, improperly tested vaccines, he is intentionally overlooking many important available cures for COVID-19—and all viral infections.

All of the protocols mentioned here have been sent to Secretary Wiesman, Dr. Lofy, and the WA State Board of Health several times.

IV-VITAMIN C

Vitamin C is a key component of treatment protocols worldwide and here in the U.S. On April 1, the following press release was issued: U.S. The American Association of Naturopathic Physicians Urges Physicians and Hospitals to Utilize IV Vitamin C to Combat the COVID-19 Pandemic[16]. Paul Anderson, ND, is a member of the AANP's COVID-19 Clinical Task Force and expert on intravenous use of Vitamin C. He has developed and maintains an updated Coronavirus Vitamin C Protocol.[17] He is here in Washington State and has been introduced via email to Secretary Wiesman and Chief Science Officer Kathy Lofy.

MATH+ PROTOCOL

https://covid19criticalcare.com This protocol comes from a team of leading critical care specialists at academic centers and major hospitals.

> "Our MATH+ protocol is designed for use in hospitals, to counter the body's overwhelming inflammatory response to the virus. It is this hyper-inflammation, not the virus itself, that damages the lungs and other organs, and ultimately kills. We have found the MATH+ protocol to be the most effective way to bring down this extreme inflammatory response. The steroid Methylprednisolone is key. Many studies (see Resources) have now proved its effectiveness, which is made more potent when administered intravenously with high doses of the antioxidant Ascorbic acid

(Vitamin C). We added Thiamine (Vitamin B1) as it helps protect the heart and boost the immune system. The anticoagulant Heparin is important for preventing and breaking up blood clots that have appeared in advanced cases. The + sign indicates that doctors may want to add to the formula for patients who present with different pre-existing conditions. It also notes that we will continue to tweak the formula as new data emerges.
Know, however, that timing is critical in curing COVID-19. Patients must go to the hospital as soon as they experience difficulty breathing or have a low oxygen level. The MATH+ protocol must be administered within 6 hours of the patient's arrival in the hospital in order to work. If administered in time, this formula of FDA-approved, safe, inexpensive, and readily available drugs, can eliminate the need for ICU beds and mechanical ventilators, and put patients back on the road to good health."

HBOT (HYPERBARIC OXYGEN TREATMENT)

https://www.hbotnews.org/covid-19-hyperbaric-oxygen-therapy-hbot/ This treatment safely addresses the hypoxia associated with COVID-19 and increases the body's production of glutathione. Studies out of China show 100% recovery rates, and use in the United States and Compassionate Use are ranging from 75-90% recovery rates with critically ill patients.

June 20th webinar with the latest news from the U.S.: Evidence Review for HBO2 Treatment of COVID-19 Webinar https://www.uhms.org/covid-19-information.html

Early results from a clinical trial at NYU Langone Health had a 90% recovery rate of critical patients with HBOT; and to date, Opelousas General Health has had a 75% recovery rate of critical patients (one elderly patient who did not recover chose to discontinue care and go on DNR orders). Compare these recovery rates to the 20% recovery rates of intubation.

HBOT experts, MDs, and engineers have joined together to provide a solution to make HBOT accessible to all COVID-19 patients. By converting some of the thousands of currently grounded jets into HBOT clinics (by removing the wings, these could be transportable to hospital locations)—which is easily done as jet fuselages are designed to be brought up to pressure and the equipment is used regularly to test airworthiness—then many patients, everywhere, could be given the treatments (real-world use is showing five treatments). See the White *Paper AIR SUPERIORITY FOR THE PANDEMIC WAR* at aircrafthbot.org.

One Example of the Naturopathic Approach

David Brownstein, ND is a Board-Certified family physician, Medical Director of the Center for Holistic Medicine in Illinois. Dr. Brownstein has lectured internationally to physicians and others about his success in using natural hormones and nutritional therapies in his practice. He is a member of the American Academy of Family Physicians and the American College for the Advancement in Medicine.

In March, 2020, Dr. Brownstein shared the below quoted information. It is representative of the approach by countless other natural and holistic practitioners.

"For over 25 years my office, The Center for Holistic Medicine located in West Bloomfield, MI, has been effectively treating viral infections. The last few days I have seen the panic that is occurring: schools are closing, college students sent home, and all large events are being cancelled. Rather than a time to panic, this is a time to reflect on our health care system and how to ensure that your immune system is ready to fight COVID-19 (the present coronavirus infection).

Conventional medicine's approach to COVID-19 is suboptimal. They can offer hand washing and quarantining. That is about it. Really, it is pathetic!!

At my office, we are not worried about COVID-19. As I mentioned above, we have been successfully treating coronavirus, influenza, rhinovirus and many other viral flu-like illnesses since 1993. That is a long history.

The media and the Powers-That-Be would have you believe that this is the first-time coronavirus has ever infected humankind. That is simply not true. In fact, about 20% of common colds are caused by…coronavirus. (1) It is important to know that coronaviruses have been around for hundreds of years. I know this strain is different, but all viruses change (mutate) on a yearly basis. In fact, the influenza virus changes during every flu season. As I previously stated, I have been treating these viral changes for over 25 years.

My partners (Dr. Nusbaum, Dr Ng, Taylor Eason, NP & Jenny Drummond, PA) have all found success using natural therapies to enhance the body's immune system as well as to kill viruses including flu-like viruses. Today, I ordered intravenous hydrogen peroxide, vitamin C, ozone, and glutathione for my sick patients. I am confident these therapies will help them recover uneventfully. Keep in mind my partners and I have nearly 80 years of experience with these therapies! Not only do they work, they can be miraculous. Just ask our patients!

Intravenous nutrient therapies are wonderful treatments, but there are other oral natural therapies that are effective against viral infections including coronavirus. Vitamins A, C, and D along with iodine have proven benefit. At the first sign of any illness, I suggest my patients take 100,000 U of vitamin A (NOT beta-carotene), 50,000 U of vitamin D3 and 5-10,000 mg of vitamin C per day for four days. Pregnant women should not take high doses of vitamins A and D. Vitamin C can be increased to bowel tolerance.

What else can you do? It is important to eat a healthy diet free of refined sugar, salt, oils, and flour. And, perhaps the most important thing is to maintain optimal hydration. That means taking your weight in pounds, divide the number by two and the resultant number is the minimum amount of water to drink in ounces per day. I cannot stress the importance of drinking optimal amounts of water . . . "

In April, 2020, Dr. Brownstein reported in a video interview[18] on Del BigTree's THE HIGHWIRE:

> "Our therapies are working, we use a combination of oral vitamins. Vitamin A, C, D, and iodine, and then using nebulizer hydrogen peroxide and iodine. If they're a little bit worse, then we're using IV-Vitamin C and IV-hydrogen peroxide, and **we are so far treating over 100 patients, all of our patients are better. Dramatically better. No one's hospitalized, no one's been ventilated, and no one's died.**
>
> So we're seeing positive results with this therapy. I told my staff that we've been practicing holistic medicine for 25 years—the first 24 years were practice for something like this, and we were ready for this when we knew it was coming. And we knew the therapies were going to work because we've treated influenza like illnesses for the last twenty years and we treated them successfully. So there are therapies out there that work, we don't have to have this fear level of 10 out of 10. . . .Basically conventional medicine has nothing to offer them, they're telling them to stay home . . . we're seeing the gamut of people with symptoms from severe to not so severe, and these therapies do work."

In this interview, Dr. Richard NG, MD, who practices with Dr. Brownstein, was asked what he would say to someone challenging him on the therapies they are using. He said:

> "They should quiz our patients and see what they have to say. The first few people that I took care of were incredibly ill, and these are people I am convinced that if they would have ended up in the hospital, they would have had a good chance of dying. We were able to treat them as outpatients, and they will give testimony that these are people that were COVID positive and they responded [to the clinic's treatment protocol]. **We've had 100% success rate with this.**"

Since that show aired, the FTC has begun blocking naturopaths and others from reporting publicly on their working treatments and very high recovery rates, which is delaying access to the information.

The American Association of Naturopathic Physicians has created a registry to collect information on naturopathic approaches to providing supportive care.[19]

When experienced practitioners find successful treatment protocols, especially in uncertain times like this with a new virus, the public should not have to wait to have access to the information. Everyone is entitled to full information as it emerges so they can decide how they wish to proceed in addressing their own illness.

Medical freedom of choice is a human right. The government should not act as biased gatekeepers to lifesaving therapies, especially when those therapies have a very long history of being safe and effective for similar illnesses. Again, why are allopathic approaches given preferential treatment over natural approaches?

Hydroxychloroquine—prevention and treatment

With hydroxychloroquine, fraud has occurred at many levels. Around the world, this 70+ year old drug, when given in appropriate dosages at the appropriate time with zinc, is preventing the development of severe cases[20] [21].

From: **Clinical Efficacy of Chloroquine derivatives in COVID-19 Infection: Comparative meta-analysis between the Big data and the real world**[22]

> "In conclusion, a meta-analysis of publicly available clinical reports demonstrates that chloroquine derivatives are effective to improve clinical and virological outcomes but, more importantly, it reduces mortality by a factor 3 in patients infected with COVID-19. Big data are lacking basic treatment definitions and are linked to conflict of interest."

From: **COVID-19 Outpatients – Early Risk-Stratified Treatment with Zinc Plus Low Dose Hydroxychloroquine and Azithromycin: A Retrospective Case Series Study**[23]

> "4 of 141 treated patients (2.8%) were hospitalized, which was significantly less (p<0.001) compared with 58 of 377 untreated patients (15.4%) (odds ratio 0.16, 95% CI 0.06-0.5). Therefore, the odds of hospitalization of treated patients were 84% less than in the untreated group. One patient (0.7%) died in the treatment group versus 13 patients (3.5%) in the untreated group (odds ratio 0.2, 95% CI 0.03-1.5; p=0.16). There were no cardiac side effects.
>
> Conclusions: Risk stratification-based treatment of COVID-19 outpatients as early as possible after symptom onset with the used triple therapy, including the combination of zinc with low dose hydroxychloroquine, was associated with significantly less hospitalizations and 5 times less all-cause death."

And from the article *Covid-19 Has Turned Public Health Into a Lethal, Patient-Killing Experimental Endeavor,* [24] by Dr. Mass of the ALLIANCE FOR HUMAN RESEARCH PROTECTION (AHRP):

> "Dr. Meryl Nass has uncovered a hornet's nest of government sponsored Hydroxychloroquine experiments that were designed to kill severely ill, Covid-19 hospitalized patients. On June 14th Dr. Nass first identified two Covid-19 experiments in which massive, high toxic doses – four times higher than usual of hydroxychloroquine were being given to severely ill hospitalized patients in intensive care units.
>
> Solidarity was being conducted by the World Health Organization, on 3500 Covid-19 patients at 400 hospitals, across 35 countries. The hydroxychloroquine arm of the trial was suspended May 25th following the fraudulent Surgisphere report in The Lancet that claimed 35% higher death rates in patients receiving Hydroxychloroquine. But when The Lancet retracted the report, the WHO resumed the Solidarity trial's hydroxychloroquine arm, on June 3rd. More than 100 countries expressed interest in participating in the trial.
>
> Recovery is a similar experimental trial conducted in the UK, using very similar doses. It was sponsored by the Wellcome Trust (GlaxoSmithKline) and the Bill and Melinda Gates Foundation and the UK government. The experiment was conducted at Oxford University, on 1,542 patients of these 396 patients (25.7%) died."

PART 2: PREVENTION

It is highly unethical and potentially criminal for our state and federal government to ignore, dismiss, or belittle the critical role of nutrients in the prevention of viral infection.

While federal and state public health agencies acknowledge that poor health results in an increased susceptibility to infection, severe disease, and fatality, these same agencies are silent on the converse, which is equally true: known nutrient protocols are capable of improving health and thus improving natural health defenses. One cannot attribute infection susceptibility to poor health without acknowledging that supporting good health improves resistance and lessens severity if infection occurs.

Our immune defenses go far beyond antibodies from previous exposure to SARS-CoV-2, and new science is revealing the importance of preexisting immune defenses, such as T-cells from earlier exposures to other pathogens, healthy mucosal immunity, optimal nutrient levels, and more. Dr. Karl Friston, at University College London, who has been named the "most influential" brain scientist of our time, says it is possible that 80% of the population is not susceptible to SARS-COV-2 infection.[25]

Federal and state officials should be working closely with and supporting practitioners who are successfully using nutrient and oxygen treatments to improve resistance, prevent cases from becoming serious, and recovering serious cases. We are in need of all healing hands on deck, all hands washed, all coughs and sneezes covered — and all healthy individuals back to work, play, and school under normal conditions—not all faces covered with ineffective masks.

From Vitamin A to Zinc, there are many nutrients important to proper immune function and disease prevention. Three are particularly critical:

VITAMIN D

We are unaware of any efforts by the state to address Vitamin D deficiency in the populations most impacted by COVID-19; Vitamin D has the potential to reduce infections, reduce disease severity, and save lives. Could this be because the state follows federal directions, and Dr. Fauci is shockingly unaware of Vitamin D insufficiency in U.S. populations hit by COVID-19?

In an interview in JAMA published online June 8, 2020, Dr. Anothony Fauci was asked about Vitamin D and COVID-19. He said,

> "I think it really relates to the importance of vitamin D in host defense against infection. There's no doubt that if you are vitamin D deficient, you might have a poor outcome or a greater chance of getting into trouble with an infection. Most people in the developed world are not vitamin D deficient, so adding additional vitamin D may not actually have a substantial clinical effect. That doesn't lessen the importance of a normal level of vitamin D. In some of the developing countries, there have been studies with tuberculosis and other diseases. Those who are vitamin deficient, including vitamin D and vitamin A, they do worse."[26]

While Dr. Fauci did acknowledge the importance of Vitamin D, he seems unaware that those hit hardest in the United States are populations known to be Vitamin D insufficient. From *Vitamin D insufficiency is prevalent in severe COVID-19:*

> "Vitamin D insufficiency (VDI) meets every one of the above [mortality risk factors] criteria. VDI affects 80-90% of the African American population."[27]

And in an article describing a clinical trial with Vitamin D for COVID-19:

> "While MUSC [Medical University of South Carolina (MUSC)] is not suggesting that vitamin D cures or prevents COVID-19 infection, officials say the body of prior and emerging scientific evidence would suggest that individuals with low vitamin D levels who contract COVID-19, including African Americans and elderly nursing home residents, might experience worse clinical outcomes than other groups with normal vitamin D levels."[28]

Instead of dismissing this as a concern only in developing countries, Dr. Fauci and all levels of public health should be waging Vitamin D awareness campaigns, with emphasis in African American communities and nursing home facilities, and drastically reducing disease severity and fatalities. If a "second wave" or new wave of any viral illness, from coronavirus to influenza, sweeps through and these populations are harmed once again because they are still Vitamin D deficient, it will be criminal.

GLUTATHIONE

Glutathione, mentioned above as a powerful treatment capable of shutting down viral replication, is also critical for maintaining healthy immune defenses. In fact, a study from 2018 shows that without sufficient glutathione, Vitamin D is not efficiently absorbed.[29]

VITAMIN C

Vitamin C is probably one of the most powerful, the most ignored, and the most maligned nutrient on the planet. Because it is inexpensive and effective for so many things, it certainly is not looked on favorably by the drug industry. But public health officials are supposed to be protecting the public, not the drug industry. There is an abundance of published literature on Vitamin C[30]. From "Vitamin C and Immune Function"

> "Vitamin C contributes to immune defense by supporting various cellular functions of both the innate and adaptive immune system. Vitamin C supports epithelial barrier function against pathogens and promotes the oxidant scavenging activity of the skin, thereby potentially protecting against environmental oxidative stress. . . . Vitamin C deficiency results in impaired immunity and higher susceptibility to infections. In turn, infections significantly impact on vitamin C levels due to enhanced inflammation and metabolic requirements. Furthermore, supplementation with vitamin C appears to be able to both prevent and treat respiratory and systemic infections. Prophylactic prevention of infection requires dietary vitamin C intakes that provide at least adequate, if not saturating plasma levels (i.e., 100-200 mg/day), which optimize cell and tissue levels. In contrast, treatment of established infections requires significantly higher (gram) doses of the vitamin to compensate for the increased inflammatory response and metabolic demand."[31]

APPENDIX B: MASKS

PART 1: INEFFECTIVE

The three studies cited by Secretary Wiesman during the order announcement on June 23, 2020, do not support that the wearing of cloth masks by the general public prevents virus transmission, as shown below.

The three studies cited by Secretary Wiesman: Ma et al, Chu et al, and Lyu et al.

MA ET AL.[32]

This is a laboratory experiment comparing a single layer polyester cloth mask to three other types of masks: N95, medical, and a homemade mask made of one-layer polyester cloth plus four-layer "kitchen paper" (likely means paper towels). The lab setup did not account for ill-fitting masks and constant touching and removal of masks, and so the results are extremely limited and not relevant to real-world conditions. The authors clearly state:

> "It is worth noting that the homemade masks shall be of less blocking efficacy if made of fewer layers of kitchen paper. Other types of homemade masks, especially those made of cloth alone, may be unable to block the virus and thus confer no protection against the virus."

The authors cite two studies that show cloth masks are not effective.[33] [34]

In your address to the state, Governor Inslee, you said, "everybody's style is acceptable". And the Department of Health article[35] cited earlier, says:

> "Cloth face coverings are by no means air tight. Your oxygen and carbon dioxide levels will be fine. Your face covering may feel irritatingly hard to breathe through, though. You are most likely getting enough air, but switch to a different face covering if you find the one you are using physically hard to breathe through. If you feel dizzy or lightheaded, or have trouble breathing, sit down and remove your face covering. If it continues, call 911."

Allowing "anything" to be a face covering, worn loosely for comfort, throws any shred of credibility for protection out the window. Telling people to carry tissues would make far more sense. This clearly shows the mask order is *only* "a statement" and not about transmission prevention at all.

Ma et al. cites another study on the efficacy of homemade masks which reports that:

> "Although the droplet sizes for both virus and bacteria were the same and affected the filter media in a similar manner, it was suggested that the viruses, after contact with the moisture on the filter, were released from their droplet containment, and driven onward by the flow of gas."[36]

And the study concludes:

> "Improvised homemade face masks may be used to help protect those who could potentially, for example, be at occupational risk from close or frequent contact with **symptomatic** patients. However, these masks would provide the wearers little protection from microorganisms from others [sic] persons who are infected with respiratory diseases. As a result, **we would not recommend the use of homemade face masks as a method of reducing transmission of infection from aerosols.**" [emphasis added]

CHU ET AL.[37]

This is a systematic review and meta-analysis that included investigating face masks capabilities to prevent transmission of viruses. The vast majority of the studies reviewed were in health care settings. The authors state:

> "For health-care workers and administrators, our findings suggest that N95 respirators might be more strongly associated with protection from viral transmission than surgical masks. Both N95 and surgical masks have a stronger association with protection compared with single-layer masks."

AND

> "Although *direct evidence is limited*, the optimum use of face masks, in particular N95 or similar respirators in health-care settings and **12–16-layer cotton or surgical masks** in the community, *could depend on contextual factors; action is needed at all levels to address the paucity of better evidence*."

That's hardly conclusive evidence on which to base a public health order to the entire state. The handkerchiefs, scarves, bandanas, even multi-layer commercial masks worn by the general public are not even close to being 12-16 layers. And those "contextual factors"? The poor fit with many gaps? The inability to resist touching the masks? The lack of hand washing before and after touching the masks? Masks easily becoming warm, moist germ collectors?

Ample evidence shows that in the real world, not only are masks ineffective at blocking viruses, the masks become sources of pathogen transmission to those who wear them and those around them. Before the messaging changed from "the general public should not wear masks" to "well, we were just trying to conserve N95's; we now think the general public should wear cloth masks", the U.S. Surgeon General and Dr. Tony Fauci both mentioned the danger of mask-wearing by the general public, saying because people touch them so often they become sources of self-contamination and transmission[38]. While their messaging changed, the dangers they described still exist, and no new science has negated their earlier safety concerns.

ADDITIONALLY, the authors note:

> "Biological plausibility would be supported by data for aerosolised SARS-CoV-2 and preclinical data showing seasonal coronavirus RNA detection in fine aerosols during tidal breathing, albeit, **RNA detection does not necessarily imply replication**

> **and infection-competent virus**. Nevertheless, our findings suggest it plausible that even in the absence of aerosolisation, respirators might be simply more effective than masks at preventing infection. **At present, there is no data to support viable virus in the air outside of aerosol generating procedures from available hospital studies**."

LYU ET AL.[39]

This study looked at statewide face covering mandate orders to see if they correlated with a drop in COVID-19 cases. The acknowledged limitations of the study were substantial.

First, they said "We are unable to measure facial cover use in the community (i.e. compliance with the mandate)". Second, they were only able to examine confirmed COVID-19 cases. Testing has been a series of tragic mistakes that continues today. The actual number of cases in any community is only known when testing occurs, and none of the tests are giving reliable results. We don't even know how long the virus has been circulating in the U.S. or how many may already have immunity. And as one commenter on the prepublication of this paper asked, "what if the "curves" were flattening according to Farr's law coinciding with the mask mandates?" Farr's law, of course, describes the natural rise and fall of epidemic disease.

Add the fact that surgical and cloth masks are incapable of blocking viruses, that they are worn with many gaps and touched frequently—becoming sources of transmission—and you can see that any impact of mask orders on COVID-19 case numbers is coincidental at best.

So many studies being rushed to preprint appear to be designed-to-desired-outcome. Even though the physics of masks and how they are worn in real-world non-medical settings show that they don't work, common sense tells us that if they did work, then China would have had far fewer cases.

> "Sweeping mask recommendations—as many have proposed—will not reduce SARS-CoV-2 transmission, as evidenced by the widespread practice of wearing such masks in Hubei province, China, before and during its mass COVID-19 transmission experience earlier this year."[40]

* * *

Excerpt from **COMMENTARY: Masks-for-all for COVID-19 not based on sound data**[41]

April 1, 2020

Please see full article for more information and citations.

Dr. Brosseau is a national expert on respiratory protection and infectious diseases and professor (retired), University of Illinois at Chicago.
Dr. Sietsema is also an expert on respiratory protection and an assistant professor at the University of Illinois at Chicago.

In response to the stream of misinformation and misunderstanding about the nature and role of masks and respirators as source control or personal protective equipment (PPE), we critically review the topic to inform ongoing COVID-19 decision-making that relies on science-based data and professional expertise.

As noted in a previous commentary, the limited data we have for COVID-19 strongly support the possibility that SARS-CoV-2—the virus that causes COVID-19—is transmitted by inhalation of both droplets and aerosols near the source. It is also likely that people who are pre-symptomatic or asymptomatic throughout the duration of their infection are spreading the disease in this way.

Data lacking to recommend broad mask use

We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because:

- There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission
- Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection
- We need to preserve the supply of surgical masks for at-risk healthcare workers.

Sweeping mask recommendations—as many have proposed—will not reduce SARS-CoV-2 transmission, as evidenced by the widespread practice of wearing such masks in Hubei province, China, before and during its mass COVID-19 transmission experience earlier this year. Our review of relevant studies indicates that cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as PPE.

Excerpt from: **LOCKDOWN LUNACY: the thinking person's guide[42]**
May 30, 2020, by J.B. Handley

Please see full article for more information and citations. Note that while the World Health Organization did recently begin recommending the general public wear cloth masks, the science of the masks, materials, and viruses did not change. Only the messaging changed. The changed messaging is political.

Fact #6: Science shows masks are ineffective to halt the spread of COVID-19, and The WHO recommends they should only be worn by healthy people if treating or living with someone with a COVID-19 infection

Just today, the World Health Organization announced that masks should only be worn by healthy people if they are taking care of someone infected with COVID-19:

"If you do not have any respiratory symptoms such as fever, cough or runny nose, you do not need to wear a mask," Dr. April Baller, a public health specialist for the WHO, says in a video on the world health body's website posted in March. "Masks should only be used by health care workers, caretakers or by people who are sick with symptoms of fever and cough."

Just before the COVID-19 madness, researchers in Hong Kong submitted a study for publication with the mouthful of a title, "Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures." Oddly, the study, just published this month, is actually housed on the CDC's own website, and directly contradicts recent advice from the CDC about wearing a mask. Namely, the study states:

"In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018….In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks…Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza….Proper use of face masks is essential because improper use might increase the risk for transmission."

English translation: there is no evidence that wearing masks reduces the transmission of respiratory illnesses and, if masks are worn improperly (like when people re-use cloth masks), transmission could actually INCREASE. Moreover, this study was a meta-analysis, which means it dug deep into the archive of science (all the way back to 1946!) to reach its conclusions. Said differently, this is as comprehensive as science gets, and their conclusions were crystal clear: masks for the general population show no evidence of working to either slow the spread of respiratory viruses or protect people.

This study is far from the only one to reach this conclusion (which makes the choice of a grocery store chain like my beloved New Seasons to make masks mandatory for all customers really quite unbelievable). The purpose of science is to arbitrate these thorny issues and while the science is clear, the hyste-

ria continues. It turns out, the effectiveness of masks has a long history of debate in the medical community, which explains why so much science has been done on the topic. I will just highlight a few studies before you fall asleep:

My favorite article is actually a review of much of the science and it's a great place to start for anyone who likes to do their own research. Titled, "Why Face Masks Don't Work: A Revealing Review", it was written to challenge the need for dentists to wear face masks, but all the science quoted and conclusions drawn apply to airborne pathogens in any setting. Some of the best quotes:

"The science regarding the aerosol transmission of infectious diseases has, for years, been based on what is now appreciated to be 'very outmoded research and an overly simplistic interpretation of the data.' Modern studies are employing sensitive instruments and interpretative techniques to better understand the size and distribution of potentially infectious aerosol particles…The primary reason for mandating the wearing of face masks is to protect dental personnel from airborne pathogens. This review has established that face masks are incapable of providing such a level of protection."

And my favorite quote:

"It should be concluded from these and similar studies that the filter material of face masks does not retain or filter out viruses or other submicron particles. When this understanding is combined with the poor fit of masks, it is readily appreciated that neither the filter performance nor the facial fit characteristics of face masks qualify them as being devices which protect against respiratory infections."

Here's an article published in *ResearchGate* by noted Canadian physicist D.G. Rancourt, written directly in response to the COVID-19 outbreak, published last month. Titled, Masks Don't Work: A review of science relevant to COVID-19 social policy.

"Masks and respirators do not work. There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles. Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 μm), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle."
To put this in simple terms: in order for a mask to really be effective that covered both your nose and mouth, you would asphyxiate. The minute the mask allows you to breathe, it can no longer filter the micro-particles that make you sick.

Finally, I often see this study from 2015 in the *BMJ* cited: "A cluster randomised trial of cloth masks compared with medical masks in healthcare workers", and it bears repeating, since MOST of the masks I see people wearing in the community right now are cloth masks. Not only are these masks 100% ineffective at reducing the spread of COVID-19, but they can actually harm you. As the researchers explain:

"This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may ***result in increased risk of infection****. Further research is needed to inform the widespread use of cloth masks globally."*

Increased risk of infection? Yes, that's what it says. Other studies have also looked at the impact masks have on your oxygen levels (because you're are forced to re-breathe your own Co2) and it's not good. Scientists looked at oxygen levels of surgeons wearing masks while performing surgery and found: "Our study revealed a decrease in the oxygen saturation of arterial pulsations (SpO2) and a slight increase in pulse rates compared to preoperative values in all surgeon groups."

Perspective

Universal Masking in Hospitals in the Covid-19 Era

Michael Klompas, M.D., M.P.H., Charles A. Morris, M.D., M.P.H., Julia Sinclair, M.B.A., Madelyn Pearson, D.N.P., R.N., and Erica S. Sh

Article Metrics

5 References 10 Citing Articles

As the SARS-CoV-2 pandemic continues to explode, hospital systems are scrambling to intensify their measures for protecting patients and health care workers from the virus. An increasing number of frontline providers are wondering whether this effort should include universal use of masks by all health care workers. Universal masking is already standard practice in Hong Kong, Singapore, and other parts of Asia and has recently been adopted by a handful of U.S. hospitals.

We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

Just this past week, this article came out in the *New England Journal of Medicine,* written my several doctors and public health officials with the title, "Universal Masking in Hospitals in the Covid-19 Era," and this statement seems a perfect way to end my discussion of masks:

> **We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.**

PART 2: HARMFUL

The Ontario Civil Liberties Association recently asked the World Health Organization to retract its recent recommendation in which it began advising the use of face masks by the general public to prevent COVID-19 transmission. Their letter criticizes the lack of valid scientific basis for the recommendation, and covers key issues of concern regarding state mandates for mask wearing. With gratitude to the OCLA for posting their letter openly, we are providing below concerns from the letter and ask the Governor and Secretary of Health to give them the serious consideration they deserve.

See the full letter for citations.

OCLA Asks WHO to Retract Recommendation Advising Use of Face Masks in General Population[43]
June 21, 2020, Ontario Civil Liberties Association

The letter lists "Potential harms/disadvantages" of the use of masks by healthy people in the general public acknowledged by the World Health Organization:

- potential increased risk of self-contamination due to the manipulation of a face mask and subsequently touching eye with contaminated hands;
- potential self-contamination that can occur if non-medical masks are not changed when wet or soiled. This can create favourable conditions for microorganism to amplify;
- potential headache and/or breathing difficulties, depending on type of mask used;
- potential development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
- difficulty with communicating clearly;
- waste management issues; improper mask disposal leading to increased litter in public places, risk of contamination to street cleaners and environment hazard.

The letter also lists concerns by the Association, which are equally pertinent in Washington:

> 1. On the medical side, directly attributable to masks, unanswered questions include: Are large droplets captured by a mask atomized or aerosolized into breathable components? Do virions escape an evaporating droplet stuck to a mask fiber? How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask, including in polluted environments? Do new, used and cleaned or recycled masks shed fibres or substances that are harmful? What are long-term health effects of constrained and modified breathing from prolonged mask use, both with health care workers and the general public?
>
> 2. Does imposed or socially coerced mask use induce or contribute to a psychological state of fear and stress, in part or most of the targeted population? Psychological stress is proven to be a factor that can measurably depress the immune system and induce diseases, including: immune response dysfunction, depression, cardiovascular disease and cancer.
>
> 3. There is a body of reliable scientific work establishing that a dominant path of transmission of viral respiratory diseases is the smallest size fraction of aerosol particles, that these particles are suspended in the fluid air under conditions of low

absolute humidity, that this is the reason for winter seasonality of these diseases, and that transmission occurs indoors (homes, hospitals, shopping centers, day-care centers, airplanes, …) where high densities of the aerosol particles are suspended in the air in the winters of mid-latitude regions. Therefore, policies of imposed (ineffective) mask wearing provide a cover for corporations and governments to evade their duty of care, which would be to effectively manage the indoor air environments such as not to constitute centres of transmission.

4. The WHO recommendation in-effect is "propaganda by policy" that promotes the undemonstrated view that global central planning can significantly and safely mitigate seasonal and pandemic viral respiratory diseases, which have been with us since breathing animals walked on earth, and which co-adapt with our complex immune system. This, in a context where science posturing is malleable, there are billions to be made every season from vaccine sales, vaccine harm liability has been socialized, and reparation for vaccine injury has been made increasingly difficult to access. And, what are the long-term effects of constant large-scale interference with the human immune response to viral respiratory diseases? One cannot fail to notice that your focus is on limiting transmission between healthy individuals and universal artificial immunity programs, rather than on integrated study of immune vulnerability and its determining factors, focusing on those actually at risk.

5. Are there detrimental effects on society itself, and the quality and depth of social connection and cohesion, in a society that is masked and distanced? Does the nuclear family or the lone individual become dangerously isolated from the social environment? Our primary schools have been made into nightmares. The promoted distancing is a social experiment of dystopia on a global scale, across cultures and peoples, planned to become routine.

6. When State power is applied in an absence of a valid scientific basis, and with little parliamentary debate, it constitutes arbitrarily applied power. Imposing masks is such a coercive power. What are the long-term societal consequences of habituation to arbitrarily applied State power? The recent scientific study of Hickey and Davidsen (2019) provides a theoretical foundation that such habituation is part of a progressive degradation towards a totalitarian state, depending on the degree of authoritarianism (whether individual contestation is effective) and the degree of violence (magnitude of the penalty for disobeying).

7. Of great concern to the Ontario Civil Liberties Association are the direct and pernicious violations of civil rights and personal dignity, which forced masking embodies. These violations are multi-faceted.

> i. In a free and democratic society, the individual has a presumed right to make their own evaluation of personal risk when acting in the world. Individuals evaluate risk, as a deeply personal matter that integrates experience, knowledge, personality, and culture, when they decide to walk outside, ride a car, train, bus or bicycle, take a particular route, eat a particular food, take a particular medication, accept a particular treatment, wear or not wear a par-

> ticular garment, express or not express any image of themselves, have particular social interactions, adopt a work or pastime, and so on.
>
> ii. It is an unjustified authoritarian imposition, and a fundamental indignity, to have the State impose its evaluation of risk on the individual, one which has no basis in science, and which is smaller than a multitude of risks that are both common and often created or condoned by the State.
>
> iii. In a free and democratic society, corporations and institutions cannot impose individual behaviours that are irrelevant to the nature of the individual's dealings with the corporations or institutions, whether the individual is a consumer or a client of a service. These bodies cannot impose dress codes or visible symbols of compliance or membership on consumers, and thus discriminate or deny services.

Here in Washington, we see the state using its power to compel and coerce from multiple angles. Businesses are threatened with fines and license revocation, and employees find their jobs threatened if they don't obey requirements, even when those requirements are not based in science, or even if in real-world conditions they do more harm than good. The state's messaging of fear and the need to obey rules is bearing down on citizens from every single possible source. It's inescapable. And it must stop.

This cannot be a new normal.

The state's response to SARS-CoV-2 is not sustainable or repeatable.

Fear is not living.

We can restore liberty, return fully to living, ***and*** save lives.

ENDNOTES

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