



COVID-19 Part VIII

MiddlePathing Through Misinformation

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Our last article was a poem about how love/lovingkindness, in action, solves the mysteries of fear and hate that the misinformation networks propagate, driving a wedge in the body and soul of humanity. Fear drives corporate greed and the metastatic cancer-phase of capitalism wantonly destroying democracy and human freedoms. If you watch or listen to “information”, does it engender feelings and actions of lovingkindness towards others? If not, please turn off those mis-informational megaphonic “doctors” and pseudo-doctors and step into nature for true healing.

Since I know the odds are against that, I am going to cover some of the most prevalent misinformation myths spreading virally across our nation. Let’s cover some basics in “how-to see-through misinformation”. If the person is shouting, they have no facts to stand on. There is an old trial lawyers’ saying “When the facts are on your side, pound the facts. When the law is on your side, pound the law. When neither is on your side, pound the table.” *The truth is never sexy*; what people appear to seek is sensationalism and not truth, as the truth refuses encapsulation.

So, let’s look at the dispassionate world of science that I revel in. Science asks questions that become theorems to devise experiments, obtain results which then get repeated for reproducibility. Then new theorems are developed to create new experiments as each result creates new questions, at least if it’s a good theory. If someone says science has answered a question, they are lying or speaking hyperbolically. Science has best theories and not answers. *See*, not *sexy*! Passionate about science, dispassionate about the results.

What is unknown about this virus (SARS-CoV-2 the cause of COVID-19) remains greater than what is known. This article discusses the phylogeny and transmissibility of this virus:

<https://www.sciencedirect.com/science/article/pii/S0022283620302874?via%3Dihub> . Briefly, the article suggests recombination with features of a “common cold” coronavirus with features of SARS-Cov-1. They question pangolins as the intermediary host between bats and humans and suggest cats as the intermediary host, as with SARS-CoV-1. They stay far clear of the Fauci-Wuhan weaponization theory. The intermediary being a cat also links well with other reports of infected felines and even transmission between cats. (

https://www.nejm.org/doi/full/10.1056/NEJMc2013400?query=recirc_mostViewed_railB_article)

I do not know whether this is a weaponized/manipulated virus; it may be. There are so many theories from reputable sources that bring this possibility into question that the origins of this virus must continue to be studied, while we look for cures and potential vaccines. Align yourself with those seeking the truth, avoid those who’ve found it.

- **Treatment:** Two significant trials were released today, one from the Lancet on the use of hydroxychloroquine with or without azithromycin <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931180-6> , and one

from the New England Journal of Medicine on Remdesivir

https://www.nejm.org/doi/full/10.1056/NEJMoa2007764?query=featured_home .

Starting with the article from the **Lancet**: a group of collaborating physicians including those from Harvard utilized a multinational registry to analyze the results of nearly 15,000 people treated with one of the chloroquines, with or without a macrolide antibiotic like azithromycin and compared it to a matched control group of over 80,000 placebo patients. Overall, there was a **34-45% overall increased mortality** associated with the various combinations. Ventricular arrhythmias were around 500% more common especially when macrolides were added, entirely predictable. Please note that a sitting US President has killed Americans through negligence and now through profit motive and arrogance. Why is anyone listening to this person, by corollary *anyone, and I mean anyone* who touted hydroxychloroquine?

Other interesting results from the Lancet article include that statin medicines and ACE Inhibitors may improve the outcome of Covid-19 patients. Statins have known anti-inflammatory properties explaining their benefit. As I predicted in my [article COVID-19 IV](#), stopping ACE Inhibitors is vital for prevention of Covid-19, but if someone is already infected, the loss of the ACE in respiratory epithelial cells now becomes a therapeutic target, accentuating what is necessary for prevention and cure can be quite different!

The **NEJM** article is the much awaited “Preliminary Report” on the drug we have been hearing about for weeks. In the treatment group (538 people), mortality benefit was primarily found in those already on oxygen when the drug was started, reducing 14-day mortality from 11.9% to 7.1% but this did not reach statistical significance! Meaning it could be by chance, furthermore they are “still analyzing” the 28-day mortality data. On average there were four less days spent in the hospital in the treatment group, that was a statistically significant improvement. There were no significant side-effects, so at least something might offer help. No comparison to the standard-of-care, high dose intravenous vitamin C was made, nor will you ever see one.

- **On “Back to Normal”**: Yes, county by county and region by region we should expect local authorities to utilize public health care models of social distancing, mask-wearing, and the availability of universal testing with quarantine requirements to re-open the economy. It will be a long march towards what many call normal. Flattening the curve always meant that almost all of us will catch this virus, we just can’t overwhelm the medical system, which would worsen mortality. We have to go out and slowly and cautiously develop herd immunity. Encouraging results, at least in rhesus macaque monkeys, concur with epidemiologic data that catching SARS-Cov-2, recovering, and upon re-exposure, the acquired immunity is protective against re-infection!
<https://science.sciencemag.org/content/early/2020/05/19/science.abc4776> . Furthermore, on hearing that singing is one of the most efficient ways to transmit the virus, Trump demanded that houses of worship open up, he is truly doing what he can for the development of herd immunity! Will those “of faith”, I was going to say follow his lead, but we know he doesn’t go to church! Will they continue to be manipulated?
- **At 97,365 Deaths**, and counting we, as a country, have 28.8% of the world deaths despite having only 4.2% of the world population. The current estimate of a 70% infection rate in the country by the end of 2021 with an estimated 1% mortality means we expect a total of 2.3 million deaths. I hope it is not that high, and am certainly hoping people can rally around common-sense policies to dramatically alter that number. Nothing I have seen from the government or from portions of our population who still somehow identify as republican as compared to Humane, makes me think that number will not come to bear, despite all the states

currently dramatically under-reporting deaths. Those that tell you the current numbers are over-reported are also manipulating you.

We have test kits! : and after trying this 10-minute fingerstick tests out on our known SARS-Cov-2 positive patients, I feel excited about their accuracy. Anyone who has thought they might have been exposed should get tested, the cost is \$75 and, honestly, really doesn't even cover our expenses. Considering you get immediate results; I think it is well worth it. If you have symptoms, alert our staff and schedule a nasal swab test. If you are acute antibody (IgM) positive we will request that you do a nasal swab.

Public Health has been telling people that 10 days after a positive nasal swab, one can go back to work. Considering, on average, it takes 20 days to clear the virus, please don't release yourself from self-quarantine until the nasal swab test has turned negative. For the good of humanity, re-test before releasing yourself from self-quarantine!

Test everyone serologically (blood test) to see the prevalence of diseased and immune people. Continue to do nasal swab, SARS-Cov-2 testing on anyone with cold symptoms. We can not rely solely on cough, fever, fatigue, so test everyone with suspected respiratory infection. Self-quarantine until results come back. If positive, strictly self-quarantine until symptoms are gone and re-test before releasing from self-quarantine.

We are in this together, get out there and show everyone you have no fear, by wearing masks, social distancing, and appropriate hand washing/hand-sanitizing. The fearful and hateful people of the world think common decency, humanity is a sign of weakness, or "infringing their rights". Those people are still people, just confused and misinformed by mainstream media. Treat them better than they treat themselves.

Your Journey to Health and Healing,

Gary E Foresman MD