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Credentials: BS Biochem and MPH UCLA

Doctorate work in Venezuela for epidemiology, UCLA School of Public Health

Advisor Telford Work MD PhD, physician and virologist, Chief of Virology CDC 1960's.

Discovered new virus in India: Kaysandur Forest Disease

Spent ten years in country overtaken by communism, I lived it. Watched what happened for another 20 years. From PhD to medical school.

Started a medical practice in Idaho in 2000,

Been working last 15 years in medical politics : 6 years Ada County Medical Society, In fact I gave Dr. Ted Epperly the award of physician of the year while president.

6 years Idaho Medical Association as Alternate Delegate to American Medical Association representing Idaho on a national level.

Worked on Capitol Hill for a National Physicians Council.

Now part of National Coalition of grassroots medical organizations .

I went to medical school in Venezuela. During those years Hugo Chavez attempted his coup d'état. I understand protests, tear gas, and disruption of civil liberties, martial law, hunger, electricity outages, water shortages, protests, riots, and looting. I worked in a hospital where the water was routinely turned off, continual shortage of supplies, recycling of latex gloves, and it was all destroyed by corruption. Hospitals were basically gutted and destroyed.

After returning to this amazing country of liberty and freedom I was so relieved I had somewhere to go to and escape the tyranny I cried. For the next twenty years I followed the destruction and I might add that everyone internal that helped the fall of that country was ultimately murdered, put in jail or disappeared, as they were no longer needed. Stalin, in the takeover of his targeted countries, referred to these traitors as his useful idiots.

I would like to share what the people think and what those working in medicine free from compromise of financial gain, those not hospital employed, nor linked to pharmaceutical companies and who live very seriously by the Hippocratic Oath of Medicine. My only declaration is that I love God and this country that we are rapidly losing.

WHAT WE KNOW AS OF TODAY

- Coronaviruses are a cause of the common cold, we have had them before.
- The novel coronavirus (Covid-19) is real.
- The virus has mutated and is now replicating faster.
- The virus is transmissible: droplet, aerosol and stool aerosolized (mostly neglected)
- Spreading of the virus happens 1-2 days before symptom onset that occurs about 5 - 6 days after exposure.
- We learned from a closed population aboard the Diamond Princess that 19% of the people became sick then there was no more transmission. All but one of the 14 deaths was over age 70. (Death rate 1.1-1.8%) Was this a new epidemic disease

model showing that herd immunity doesn't have to be 80%, but only 20% needed, or perhaps cellular immunity was at work and many more people had actually been infected and were asymptomatic?

- Our testing has been flawed from the beginning and now the definitions of what constitutes a case and a death are seriously exaggerated. All this makes the disease look much more scary than it is.
- We are right behind the western European countries by several months and if you follow data in South America they are a few months behind us, are now in their winter, are low in vitamin D, their death rates will increase.
- We see the number of infections going up, but the death rate is going down. Even with the number of covid cases and covid deaths exaggerated the death rate is still decreasing and stable. The US death rate peaked in April at 3000 deaths/day and by mid-July down a 1000-fold to around 275 deaths/day from coronavirus. Early on we shut down to accommodate New York's response that never fully manifested. We were told that NY and NJ would be overwhelmed. We needed hospital beds and ventilators. Those statistics never panned out. The overwhelming majority of those infected, perhaps 80%, have no symptoms or mild symptoms.
- After reopening, we fully anticipated that cases would increase. The recent rise in the number of hospital cases has occurred chiefly in 4 states: Florida, Arizona (already lower after a week), California, and Texas after the combination of reopening, protests, riots and travel from Mexico. We need to give the virus a little time to run its course.
- We know that the virus is survivable by greater than 99% of those infected. Idaho has 1.7 million people and 126 have died in 6 months, 83% were over 70 years of age. Covid-19 kills the elderly and vulnerable but overall everyone else is doing just fine with it. Most all of these deaths were in nursing homes. In the US, 42% of the deaths came from 0.6% of the population (NY, NJ, PA, MI), because covid positive patients were taken into nursing homes. In Spain 70% of deaths occurred in nursing homes.
- If you are under 50 years old and healthy your chance of getting hit by lightning is greater than dying from covid-19. Overall, the average fatality rate is 0.2%.
- **Better numbers to follow for disease severity are #ICU beds occupied and #deaths per age group not the #cases. #cases are basically irrelevant.** As for Texas, and Idaho as well, these have not increased. COVID Health Alert & Community Mitigation Strategies are based on # new cases (<10, 10-25, 25-50, >50).
- We are keeping more people alive in the hospital. Success rates in hospitalized cases have improved seven-fold. Now we know to avoid intubation, to use high flow oxygen at low pressure, if intubated to do so prone, to give inhaled budesonide early to squash the cytokine storm.
- We know that a well-defined subset of the population is vulnerable to severe illness or death by Covid-19. Vitamin D and zinc deficiencies are directly related to poor outcomes and nearly everyone has them. Our resources should be aimed at protecting and promptly treating these persons, specifically nursing home patients. In fact, if masks and being gowned up work, the question must be asked why is covid present in nursing homes? We also cannot but condemn them to prolonged social isolation from love and comfort of their family and friends.

- There is no proven re-infection case in the world. Cases or reactivation in Korea sequenced the same strain of virus. Again the issue is a poor immune system that is unable to clear the virus.

IMMUNITY IN GENERAL

Humoral immunity: Immunoglobulin M (IgM) is early antibody and Immunoglobulin G (IgG) is late antibody that is detected by blood serology testing. T cell immunity is trickier to test yet confers immunity. It is not being tested for so we are missing those that are immune. Children have robust NK (natural killer) cells and some patients may have developed this protection after exposure. PCR testing for the presence of virus has been very inaccurate. HERD immunity is that number of people that need immunity so the a disease does not transmit in a population. That percentage was about 20% on the cruise ship; cellular immunity was not tested.

VITAMIN D & ZINC

We know that **vitamin D and zinc deficiencies are key players in getting sick** and we need to supplement for a healthy immune system. Vitamin D and zinc levels should be checked on all covid patients. These levels are lower in dark skinned individuals (Hispanic, African Americans, Asian, Native Americans), the obese, and typically frail old pale individuals. Vitamin D deficiencies are high in those of more northern and southern climates.

The recent increase in cases has been in the southern states of Florida, Texas, Arizona and California. These states are comprised of elderly and Hispanic populations all known to be vitamin D deficient. In Singapore 98% of the deaths were shown to have low vitamin D levels. The weaker the immune system the longer viral replication can take place. Without treatment cytokine storm sets in and patient may require hospitalization.

Children (0-12 yrs old) have revved up immune systems rich in natural killer cells. Contact tracing studies from around the world like Denmark, Sweden and Norway, did not show child to adult transmission. A German study showed that children cannot readily spread the virus and schools across Europe seen any significant increase in cases. This needs further investigation.

MASKS - A lot of Debate

The whole mask debate is being widely debated. 2015 study in Vietnam of 1600 HCW looked at influenza transmission with cloth and paper masks. Influenza transmitted best with cloth masks and they advised not to be used. Viral particles penetrated 44% in surgical masks. WHO website: limited evidence that says by wearing a medical mask by healthy individuals... **"At the present time, the widespread use of masks everywhere is not supported by high-quality scientific evidence, and there are potential benefits and harms to consider."**

CDC Fauci stated Jan to March that there was no benefit to wearing masks.

With a mask one breathes in their own secretions, decreasing oxygenation, increasing carbon dioxide so much so that it surpasses OSHA recommendations.

HYDROXYCHLOROQUINE - it works, it is safe it is cheap. Why was it demonized? Six studies, three from the US, Portugal, India and Brazil) came out this month joining the other 33 peer reviewed studies validating the use of HCQ. Two institutions are requesting EUA Emergency Use Authorization from the FDA. Preventative doses are as little as one pill a week with daily zinc. HCQ prevents the coronavirus from getting into the cells and the zinc inhibits viral replications. It works and is incredibly well tolerated.

All six showed that **HCQ given early alone or with zinc and azithromycin reduced hospitalizations and deaths, with no serious heart or other adverse events.** Henry Ford physicians and researchers and ethicists have filed an urgent application with FDA Commissioner Dr Hahn for a new emergency use authorization (EUA) for early out patient use in covid-19. Baylor Scott and White Heart and Vascular institute in Dallas issued an urgent letter in support of this. Cardiologists found no adverse cardiac outcomes.

How it works: The covid-19 virus binds to the ACE receptors (angiotensin converting enzyme) on cells in the body, especially in the heart and lungs. Once the virus is inside the cell, it uses an the host's RNA polymerase to make more virus until the cell is overwhelmed and the new virus particles are released to attack new cells.

In the presence of HCQ and zinc, the HCQ binds to the ACE receptors blocking the virus so it does not get into the cell. HCQ also opens a doorway for zinc to enter into the cell. The zinc binds to the RNA polymerase and stop the virus from replicating. The result is limited disease and marked decrease in symptoms.. Cellular immunity may be stimulated conferring immunity, which would not demonstrate on IgM/IgG testing.

HCQ MUST be on board early which is the very reason people did not die, even in nursing homes patients. Many of the studies and arguments that HCQ is ineffective come from giving the HCQ too late (virus loads are too high and the body is overwhelmed), giving it without zinc, or confusing with chloroquine.

India with their 1.35B population put all HCW on it as well as first degree contacts, their death rate was 1.2/100,000 while the US was 272/100,000. South Korea, Brazil, France, other countries have prophylactic plans in place for their high risk patients. ***Russia has purchased HCQ for its entire population.***

IDAHO STATISTICS as of 7/13/20

- Cases: Of over 121,000 tested about 8% were positive.
- I personally know of three people that signed up to be tested, but left and yet reported positive. The case numbers are grossly exaggerated. Florida is being investigated by the FDA for reporting 98% case positivity rate then corrected their statements to 9.8%. This is nothing short of criminal.
- **125 people have died in about the last six months.** The population if Idaho is approximately 1.78 million. Fatality rate of covid is 0.00007 or 7 per 100,000 population. 83% of the deaths were over 70 years old and most of these in nursing homes. 17% are between 50-70. Average lifespan is 79 years old. In Idaho. Covid-19 is killing old people. Deaths due to covid suspiciously high. No longer are there

patients dying from heart attacks, strokes, cancer, they are listed as covid deaths. An analysis done on the various previous death rates in New York showed that the actual increase in number of deaths was around 13,000 people. If the population of New York is 8.4 million (2018) then fatality rate is 0.0015. Many of these are associated to sending covid convalescent patients to nursing home facilities.

- 99.9% of people survive covid-19
- We know that hospitals are incentivized to diagnose and admit patients with a diagnosis of covid. Information obtained from a previous hospital administrator told me that an admission with covid diagnosis pays an additional \$13k, and if the patient is put on a ventilator in the ICU \$50k (it was \$74k). According to Modern Healthcare, HHS just announced sending \$10B in grants to hospitals with more than 161 Covid-19 admissions through June 10.
- Insurance Companies? People continue to pay insurance premiums yet the insurance companies are not paying out for hospitalizations, surgeries, imaging, laboratory work, and office visits. We know that United Healthcare just recorded a profit windfall of \$6.6B for second quarter of this year due to lower medical loss ratio. This doubled the net income from last year.
- **The numbers for hospitals that are meaningful to us are: #hospitalizations, average length of stay? (in TX it is 1.4 days); #ICU admissions and #deaths by age.**
- Hospitals typically want to run at 85% capacity. That is when they are making good money, 85% of the beds are full. So if you hear someone say, but if the hospital is at 77% capacity, it is still under what their goal is.
- ICU goal is to 70% filled on average census. Houston's CEOs run ICUs at 80-90% capacity and can still manage a 10% increase.
- For Idaho: #ICU beds 107, in use 33. 31% ICU beds occupied
- YTD hospital admissions 500; YTD ICU admissions 144 total but as of last week 33.

NEGLECTED MORBIDITY DATA

This is a national campaign of hysteria. Public policy decisions have been made on misinformation and disinformation. One does not make public policy based assumptions.

The constant news and social media hype coupled with the unjustified shut down, inappropriate application of quarantine and questionable effectiveness of masking, has had serious consequences in Idaho. To date, let us say we have had 135 deaths in the state of Idaho. How expensive was this for the rest of the 1.78 million people? What about these other morbidities?

- Suicide: Idaho ranks at the top for national suicide rates. There has been and increase but there is an increased concern for the near future. Hotlines calls have dramatically increased (340% increase for March 2020) and surged the day of the state shutdown. Calls may not be totally reflective as there were some local staffing issues due to imposed restrictions. People are overwhelmed with fear, hopelessness and feel trapped. They have insecurity in housing as many will not be able to pay their rent or mortgage. Eviction notices come out in August. There is insecurity about food sources and medical coverage. What if they get sick? Masks are

contributing to this anxiety and fear, constantly reminding them that something terrible is happening that they have no control over. Depression and anxiety have skyrocketed and made worse with zinc and vitamin d deficiencies. People are isolated, suspicious and even hostile.

- Domestic Abuse, substance abuse and violent crimes have increased
- Child abuse has increased but it is more hidden. Children are at home with parents and signs of abuse are usually picked up by school personnel.
- Thousands of businesses are closing
- Food supply chains breaking down
- Medical neglect increasing pain and suffering as there are missed cases of cancer, advancing diseases and delayed surgeries. How many early cancer diagnoses have now progressed to terminal stage four levels?
- Patients in the hospital when they are the sickest are denied comfort of family and friends. My patient's husband had an adverse reaction after receiving chemotherapy. They both suffered alone.
- Nursing home patients separated from any visitors, not even someone to come in and play the piano?
- GDP: across the country states are plummeting into economic crisis. Comparison with last year shows GDP levels in positive 2-3% and now -2-5% across the country. Idaho is down 4.1% first quarter and will be much lower for second quarter.

WHAT CAN WE DO

- **We are going to have more cases.** The virus may burn itself out in a couple of weeks.
- Improve the immune status: Supplement vitamin D intake, zinc, vitamin C, Stop sugar and junk foods. Eliminate the hysteria which increases stress.
- Get back out into the sun and fresh air. Virus is fragile in UV-A/UV-B light
- Buildings need adequate ventilation and air circulation
- Wash hands and soap is better than alcohol
- Get children back to school
- **Treat this disease preventively and early to prevent hospitalizations.** There is now a plethora of evidence supporting the use of safe, inexpensive and readily available HCQZ. New treatments are in development. There will not be a need to overwhelm the hospitals if higher risk patients never need to be admitted. Natural widespread immunity can be achieved safely without waiting for a vaccine.
- Protect and prevent the vulnerable from getting sick: elderly, nursing home patients, immunocompromised, medical and dental workers, law enforcement, first responders, factory workers, truck drivers, clergy and others who serve the public.
- We need responsible public policy decisions to be made that are based on science. Our professions exist because of the Idahoans that we serve. We need more compassion.
- Provide valuable and meaningful statistics to the public: like #hospital admissions, average length of hospital stay, #ICU admission and #deaths.
- Open public schools need this fall. Educational psychological and social impact of home confinement are devastating. Children need routines, and must be present to learn.

- Avoid mass testing, we do not test for the common cold, why would we do this? (Unless trends change).
- There is little evidence that quarantine, masks and social distancing have prevented any deaths. Where is the science that proves these are effective measures and if few die from this and 99.9% recover, why are we doing this?
- Stop comments like "This is for the greater good" and "this is the new normal". There is nothing normal about thousands of thousands of businesses, some generational, going out of business, people are now out of work and on welfare, mandated to breathe in our own secretions, live in fear of our neighbor and isolated from our family members. This is simply mind control.
- The usurping of our civil liberties will not stop. A woman in Idaho was arrested for taking her children to a park. An asymptomatic couple in KY have ankle-monitoring bracelets on because they refused to sign health department document. A man in Canada was wrestled to the ground by police for not wearing a mask. Several days ago inhabitants of an apartment complex were ordered to quarantine, everyone subjected to mandatory testing, then cardkeys to the complex were disabled and guards placed at the entrances to prevent them from leaving. WHY?