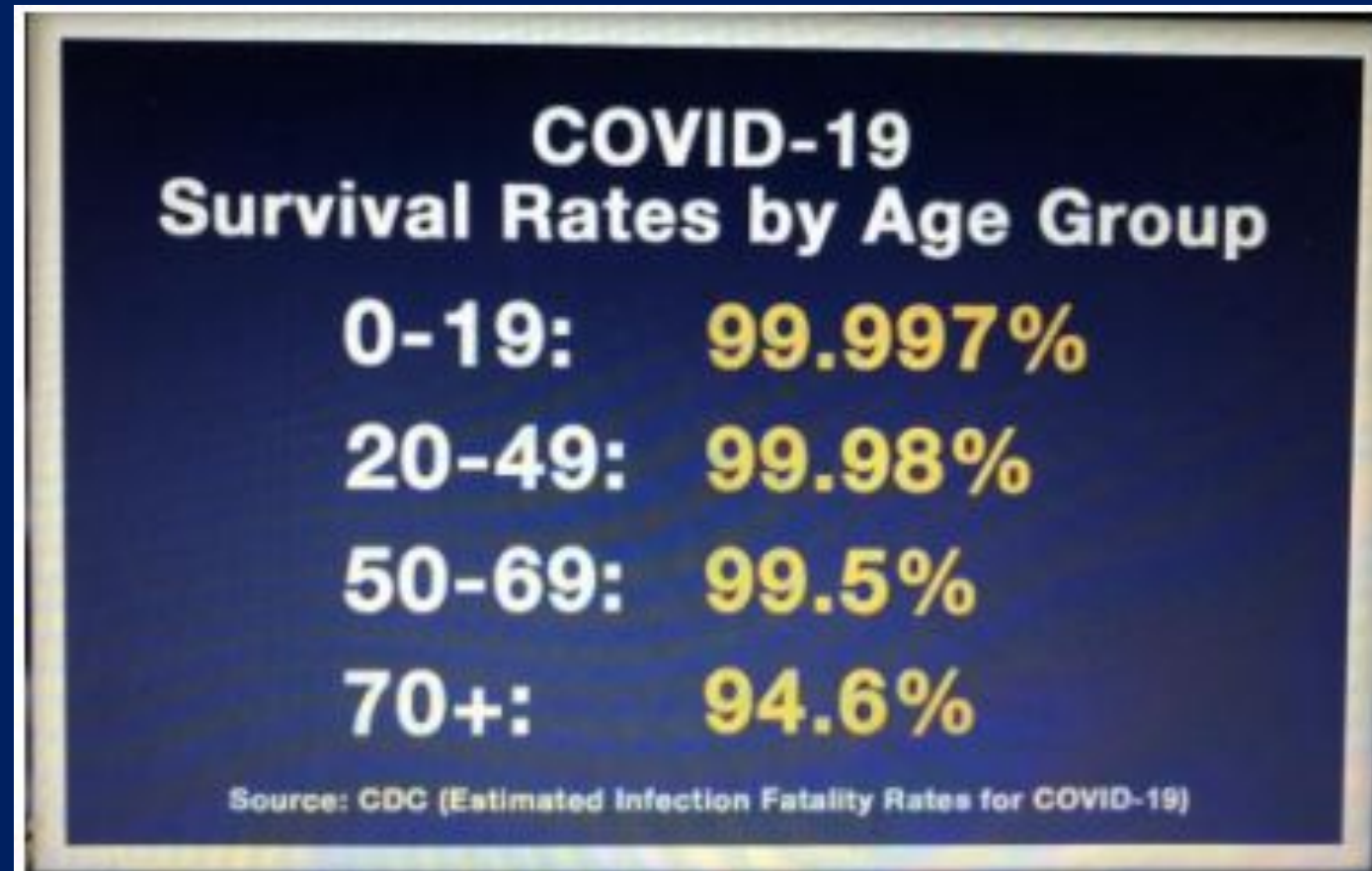


COVID 19 INFORMATION & RESOURCES

This resource contains information that is scientifically-based. However, much of it has been kept from the public via a mainstream media blackout.



Suggested Preventive Measures

This is not medical advice. Every situation is unique and every person must check with his or her own physician, especially if you are taking any other medication.



- Quercetin 500 mg twice a day
- Zinc 50-60 mg of elemental zinc daily
- Vitamin D3 4000-5000 iu daily
- Vitamin C 1000 mg one to four times a day
- Sunlight
- Exercise
- Adequate hydration
- Hypertonic nasal saline irrigation (neti pot)
- No sugar, fats, highly processed food

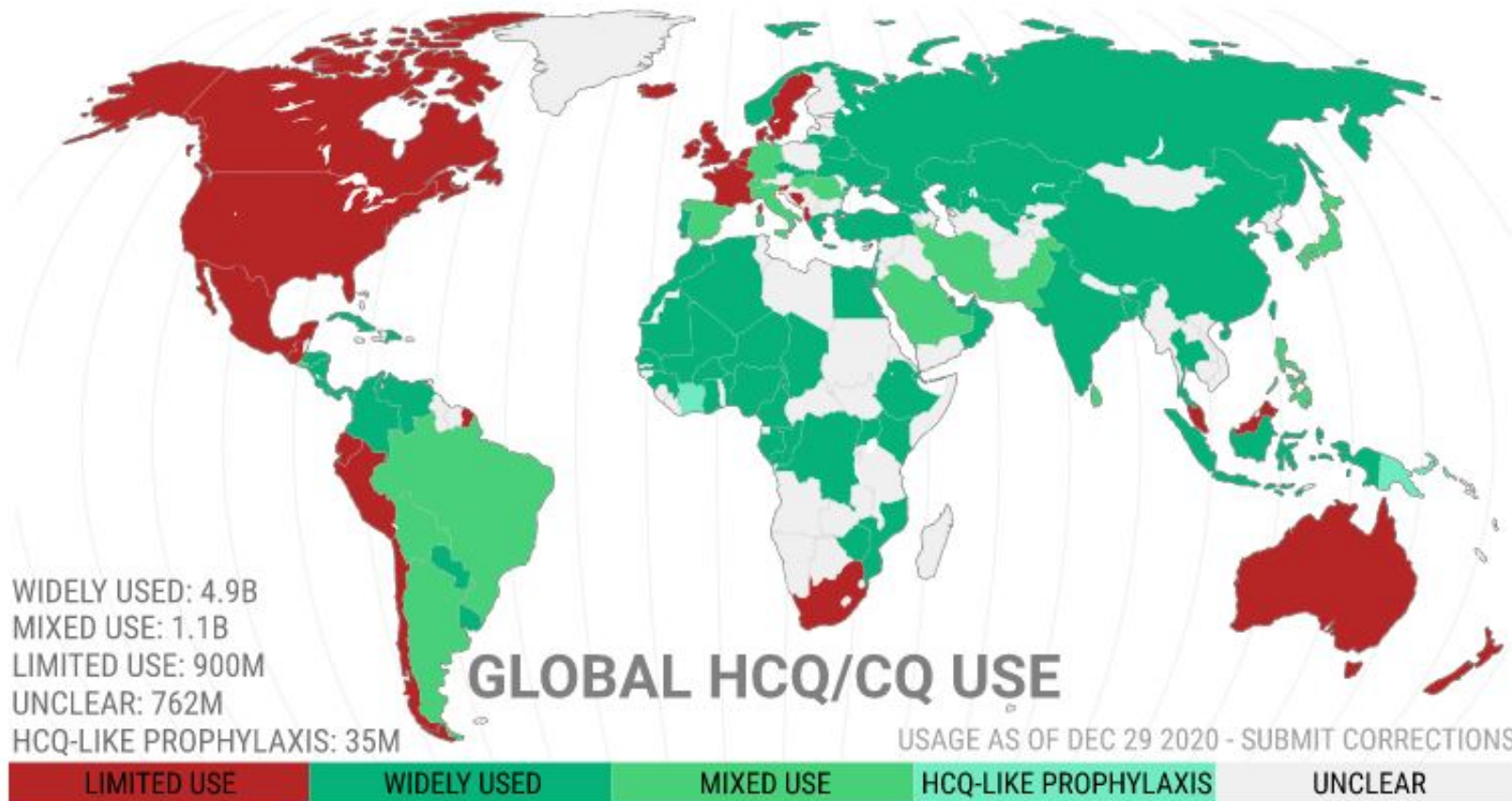
[Read](#) Why Vitamin D is
Crucial for Prevention.



Hydroxychloroquine

Countries based on current HCQ/CQ usage

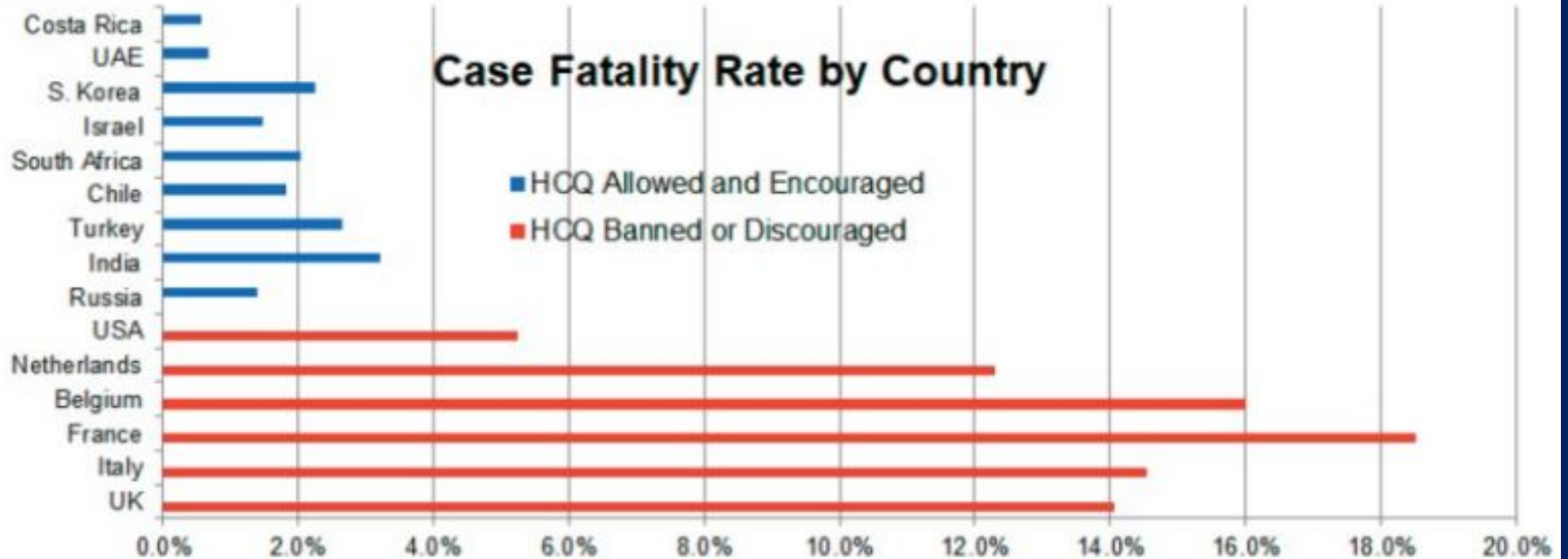
[Share](#) [Tweet](#) @CovidAnalysis



Current use of HCQ/CQ for COVID-19 around the world. Note that usage has changed over time and this map is for current use. HCQ-like prophylaxis refers to countries where virtually all arriving travelers take HCQ-like medication for malaria prophylaxis. The references below include references to both historical and current usage.

Hydroxychloroquine

Case 1:20-cv-00493-RJJ-SJB ECF No. 9 filed 06/22/20 PageID.320 Page 34 of 57



[See reference here.](#)

Hydroxychloroquine

The *Virology Journal* - the official publication of Dr. Fauci's National Institutes of Health - published what is now [a blockbuster article](#) on August 22, 2005, under the heading - get ready for this - **"Chloroquine is a potent inhibitor of SARS coronavirus infection and spread."** (Emphasis mine throughout.) Write the researchers, "We report...that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These inhibitory effects are observed when the cells are treated with the drug either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage."

This means, of course, that Dr. Fauci (*pictured at right*) has known for 15 years that chloroquine and its even milder derivative hydroxychloroquine (HCQ) will not only treat a current case of coronavirus ("therapeutic") but prevent future cases ("prophylactic"). So HCQ functions as both a cure and a vaccine. In other words, it's a wonder drug for coronavirus. Said Dr. Fauci's NIH in 2005, "concentrations of 10 μ M completely abolished SARS-CoV infection." Fauci's researchers add, "chloroquine can effectively reduce the establishment of infection and spread of SARS-CoV."



Hydroxychloroquine (HCQ)

Successful use of HCQ has been widespread. Here are a few examples:

- [French study](#): 1061 hospitalized COVID patients - 98.7% survival
- [New York study](#): Risk of hospitalization 84% less than untreated
- [Brazil telemedicine study](#): Reduced risk of hospitalization by 65%
- [Mount Sinai study](#): Mortality in hospitalized patients reduced by 50%
- [Marseille, France](#) 3737 patients: HCQ with azithromycin 82% reduction of death



The Study That Showed HCQ Was “Dangerous” Was A Complete Fake!

In May 2020, the NEJM and the Lancet published a study by Mehra, et al, which claimed to be a multinational registry analysis of 96,032 patients from 39 countries. The data supposedly showed that patients receiving HCQ for treatment of COVID-19 had twice the mortality compared to other treatments. From that, worldwide headlines stated HCQ was dangerous and should not be used. However, the data was completely fictitious. Two weeks later they quietly retracted the study. [\(Read more here-specifically pages 11-12.\)](#)

Ivermectin

Ivermectin, an FDA-approved anti-parasitic agent, was found to be an inhibitor of SARS-CoV-2 replication in the laboratory and may be effective for the treatment of early-onset mild COVID-19 in adult patients. [Read more.](#)

IVERMECTIN FOR COVID-19

35 TRIALS, 228 SCIENTISTS, 10,338 PATIENTS

17 RANDOMIZED CONTROLLED TRIALS

90% IMPROVEMENT IN 10 PROPHYLAXIS TRIALS RR 0.10 [0.05-0.23]

84% IMPROVEMENT IN 10 EARLY TREATMENT TRIALS RR 0.16 [0.08-0.33]

71% IMPROVEMENT IN 17 RANDOMIZED CONTROLLED TRIALS RR 0.29 [0.17-0.51]

78% IMPROVEMENT IN 14 MORTALITY RESULTS RR 0.22 [0.11-0.42]

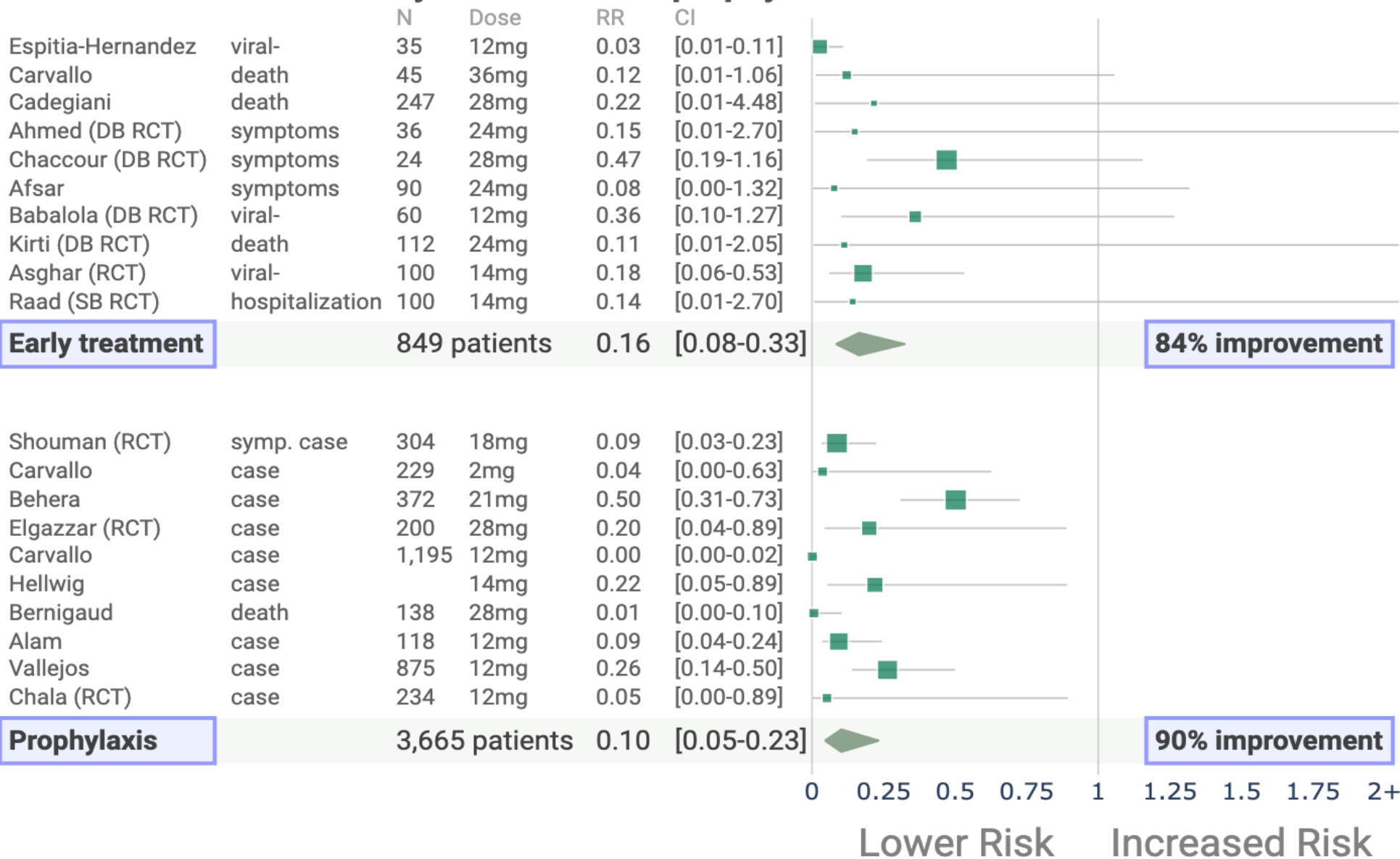
POTENTIAL DAILY LIVES SAVED*: 9,745

* BASED ON DAILY DEATHS AND EFFECTIVENESS OF EARLY TREATMENT WHERE NOT USED. 02/02/21. IVMMETA.COM

Ivermectin

Ivermectin COVID-19 early treatment and prophylaxis studies

ivmmeta.com 1/31/21



Ivermectin

[AAPS Applauds NIH Revised Stance on Ivermectin for COVID-19 – AAPS | Association of American Physicians and Surgeons \(aapsonline.org\)](#)

The National Institutes (NIH) has issued a [new statement](#) on the use of the anti-parasitic drug ivermectin for the treatment of COVID-19. Previously, it recommended against this treatment, but now states that its Panel “has determined that there are insufficient data to recommend either for or against the use of ivermectin for the treatment of COVID-19.”

The Association of American Physicians and Surgeons (AAPS) notes that there are now 49 ivermectin studies summarized on [c19study.com](#), 100 percent of which show favorable results. In contrast, there are very few studies of the antibody cocktails now being used under an Emergency Use Authorization. NIH concludes from its current analysis that “results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide further guidance on the role of ivermectin in the treatment of COVID-19.”

The NIH may be responding to requests related to the testimony strongly favoring ivermectin in a [Dec 8 Senate hearing](#) before the Committee on Homeland Security and Governmental Affairs. While awaiting further studies, patients are dying, AAPS points out. More than a billion doses of this very safe drug have been administered since 1981. Yet many medical facilities and many physicians refuse to prescribe it for COVID-19, citing NIH guidance.

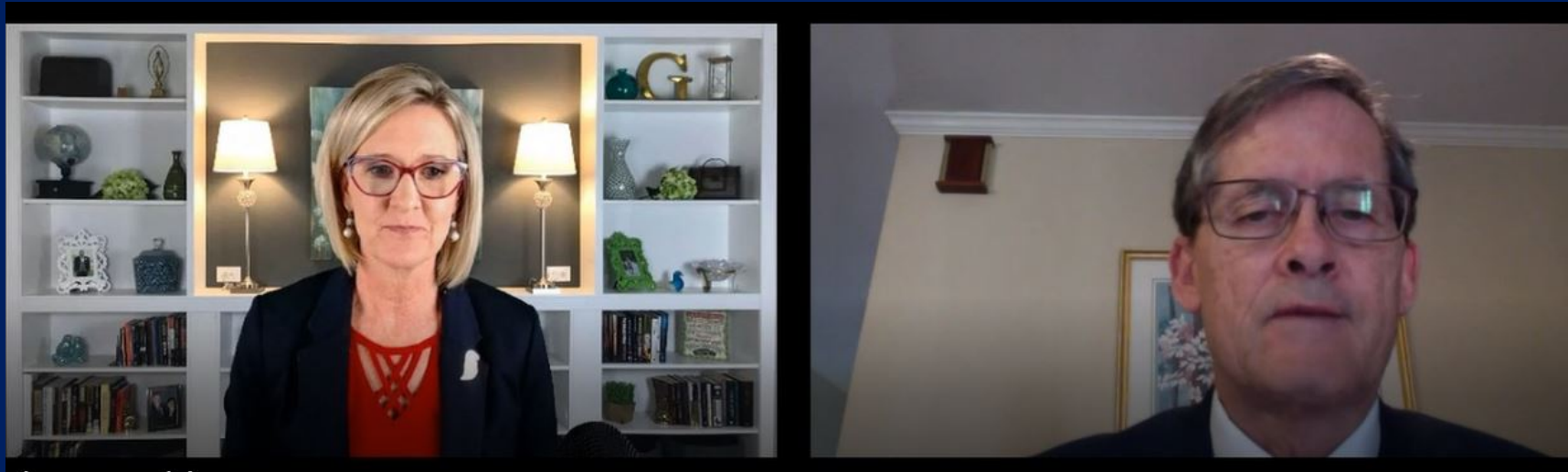
“Perhaps with this change, patients won’t need a court order to get a lifesaving drug,” stated AAPS executive director Jane Orient, M.D. A patient in Buffalo, who was dying on a ventilator, had a dramatic turnaround when family members persuaded an intensive care doctor to prescribe ivermectin. But doctors refused to allow further doses when her condition declined. State Supreme Court [Judge Henry A. Nowak ordered the drug to be re-started](#), and the patient again improved.

“Once a drug is approved, it may be lawfully used for new indications, and at least 20 percent of prescriptions are for ‘off-label’ uses,” Dr. Orient stated. “To have a doctor withdraw a drug that appears to be saving a patient’s life, because a federal bureaucracy thinks it hasn’t been studied enough for that use, is shocking to those who believe in the traditional ethic of Hippocrates.”

The [Association of American Physicians and Surgeons \(AAPS\)](#) has represented physicians in all specialties nationwide since 1943. It provides information on early home treatment for COVID-19. Its motto is *omnia pro aegroto* (everything for the patient).

Hydroxychloroquine & Ivermectin

Eagle Forum talks with Alabama doctor about the effectiveness of HCQ & Ivermectin. He also discusses the fake study that gave HCQ such a bad rap.



[Click picture to watch.](#)



[Click picture to sign our petition asking AL Governor Ivey and AL Dept of Public Health, Dr Harris to not inhibit HCQ and Ivermectin usage in Alabama.](#)

[If your doctor won't prescribe HCQ you can get it from America's Frontline Doctors. Click the picture now.](#)



A Few More Notes on Treatment

This is not medical advice. Every situation is unique and every person must check with his or her own physician, especially if you are taking any other medication.



The following is an article just out in print form: [Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 \(COVID-19\) Infection - ScienceDirect](#) Early Home Based Treatment protocol published in the prestigious American Journal of Medicine, January 2021, pages 16-22.

The latest possibly best protocol for COVID is centered on Ivermectin, a 40 year old prescription anti-parasitic. It was recommended 12/8/20 to the National Institute of Health (NIH) by Sen. Johnson, Chairman of the Senate Homeland Security Committee, and others after testimony from 6 doctors including one [Testimony-Kory-2020-12-08.pdf \(senate.gov\)](#) only because it works late as well as early and eliminates the virus in 48 hours.

That Ivermectin protocol can be found at flccc.net (<https://covid19criticalcare.com/>) The 50 min [press conference](#) by 3 docs last week in Houston urging Ivermectin is really powerful. Their prophylactic and early outpatient treatment protocol is attached. <https://www.hsgac.senate.gov/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution-part-ii> is the full video of the hearing which includes downloadable testimony from each participant.

[Click here](#) for a dear colleague letter from one Alabama physician to others which explains the rationale for prophylactic hydroxychloroquine. Please feel free to share this with your doctor.

Masks - Do They work?



Dr. Fauci: *“The one thing historically that people need to realize is that even if there is some asymptomatic transmission, in all the history of respiratory borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person. Even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers.”*

Size matters!

Masks do not prevent virus respiratory illness. [Read more here.](#)
Viruses are 50x smaller than bacteria and 1000x smaller than a hair.

- size of bacteria = 5 micrometer (5 μm)
- size of particles in wood smoke (wildfire): 0.4-0.7 micrometers (0.5 μm)
- size of virus = 0.1 micrometer (Influenza and SARS-CoV-2) (0.1 μm)



Watch Dr Lee Merritt testify about the ineffectiveness of masks. She is a graduate of the University of Rochester Medical School. She served for 10 years as a military surgeon and also on a congressional committee investigating technology for the U.S. Navy.

DANGERS OF EXPERIMENTAL COVID VACCINES

ISSUES ABOUT COVID VACCINES:

- Experimental
- Use Brand New Untested MRNA technology
- Failure of Previous Coronavirus Vaccines
- No Animal Studies
- Known Complications
- Unknown Complications
- Pharmaceutical Companies are Immune from All Liability
- An Experimental Vaccine is Not Safer than a Very Low IFR
- No Proof the Vaccine Stops Transmission of the Virus
- Unknown Mortality or Hospital Admission Benefit
- The Vaccine Lasts Unknown Duration
- The Data Has Not Been Independently Peer-Reviewed & Published



[Read White Paper here.](#)

DANGERS OF EXPERIMENTAL COVID VACCINES



Dr Simone Gold discusses experimental COVID19 vaccines. Click picture to watch.



Award-winning virologist, Dr. Sucharit Bhakdi explains why the rushed #Covid19 vaccine trials represent the world's largest medical experiment perpetrated on the globe in human history. Dr. Bhakdi details why the public should not only doubt it's efficacy, but also be wary of unstudied dangers. Click picture to watch.

MORE INFORMATION

Are you concerned that major airlines and other corporations will not allow their services to be used by anyone that does not have proof they have received the COVID vaccine? Click to sign the petition “Stop Medical Discrimination”.



[SIGN THE PETITION!](#)

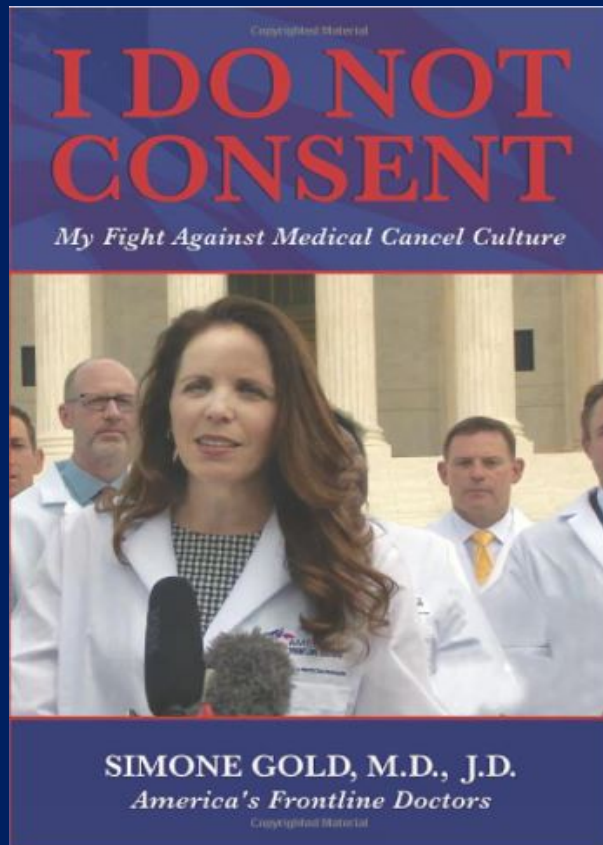
Jan. 25, 2021 - 'The Next Revolution' host Steve Hilton breaks down the evidence surrounding the origins of COVID-19.



VIEW SOME OF OUR FAVORITE RESOURCES

America'sFrontlineDoctors.com has articles and videos on COVID medications, masks, vaccines, lockdowns, censorship of scientific evidence, and more.

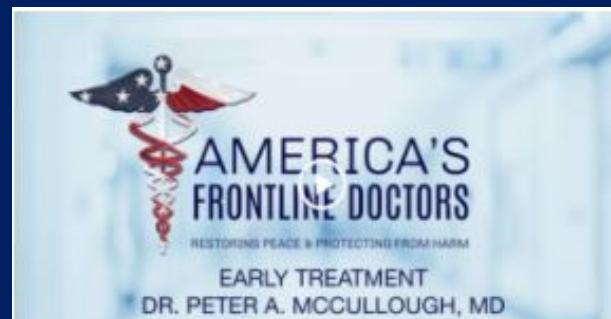
www.AmericasFrontlineDoctors.com



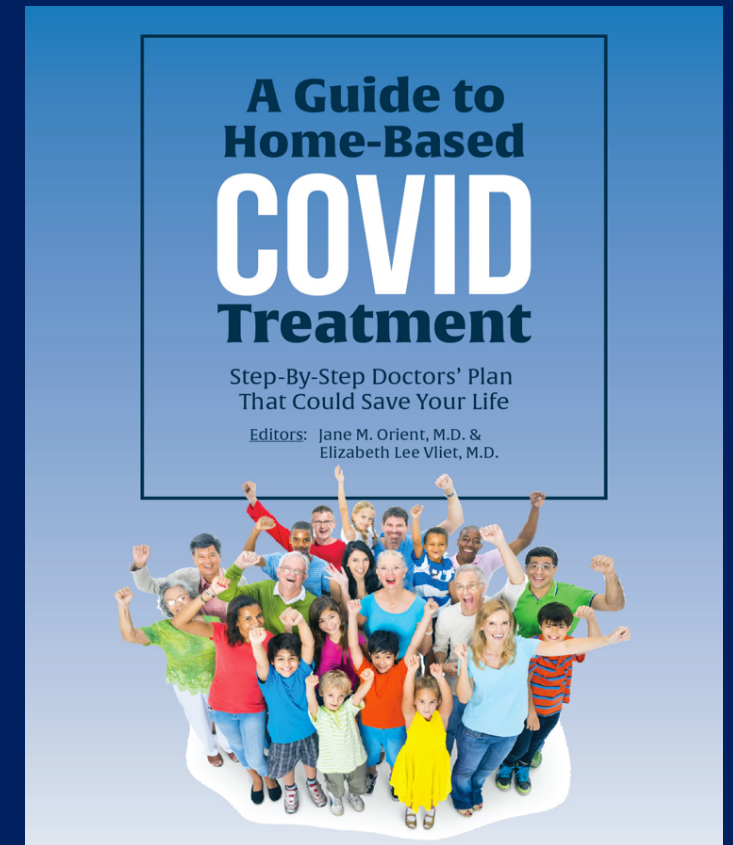
Click picture to order.



America's Frontline Doctors Summit
July 2020 – Click picture to watch.



America's Frontline Doctors Summit
Oct. 2020 – Click picture to watch.



Click picture to get the printable
version of this terrific resource.