

Opinion: We should be questioning the global suppression of early treatment options for COVID-19



Clark County Today Administrator Heidi Wetzler shares what she believes is a medical tragedy that COVID-19 patients are not being treated immediately

If you walked into your doctor's office with a case of shingles, what do you think would happen? Would you be sent home and instructed to return when the pain was unbearable – or would you be treated on the spot? While there is no cure for shingles, prompt treatment with prescription antiviral drugs can speed healing and reduce the risk of complications.

What about viral pneumonia, viral hepatitis, or HIV/Aids? Same question. Would you be treated? The answer of course, is yes. These all have treatment protocols, to speed recovery and increase comfort, even though viruses don't necessarily have "cures." Because viruses don't respond to antibiotics, alternative treatments are important. And they all work best when started early. So why do we have a fatal viral infection ravaging the world, with barely a mention of ambulatory treatment?

Millions of people have tested positive for COVID-19, and are promptly sent home to quarantine and self-monitor their symptoms. No health care professional checks in on them. They are told to stay home and only come back if they are having trouble breathing. While I would imagine it is common knowledge in the medical community that early treatment for any ailment greatly improves the chance of a favorable outcome, why is there a virtual blackout of information surrounding the global conversation of early treatment protocol in order to AVOID hospitalization and death? Controlling the healthy with masks and social distancing and now vaccines, and then Herculean efforts involving the critically ill, have taken up all of the air, while the person in their first two weeks of the infection suffering at home is all but ignored by the medical community.



Heidi Wetzler, administrator,
ClarkCountyToday.com

Dr. Peter McCullough, vice chief of Internal Medicine at Baylor University Medical Center in Dallas, Texas, and the most prolifically published academic physician in his field of heart and kidneys in history, has testified several times lately that there is a shocking suppression of early treatment for COVID-19 in medical literature. A review of several of his communications resulted in this summary of his findings. He calls this effort to suppress any hope of treatment, extraordinary. All of the patients he sees are considered high risk, and with the sequenced multi-drug approach he uses, he has only lost two. When he extrapolates the data he has personally acquired through treating his own very ill patients, and calculates what that would mean for the death rate worldwide if a similar treatment protocol was adopted globally, an astonishing 85 percent of COVID-19 deaths could have been prevented. The key is that treatment must begin early in order to avoid hospitalization. And that is the opposite of what has happened and is continuing to happen.

The treatment regimen includes 4-6 drugs taken in a specific time frame, starting with monoclonal antibodies, then antivirals, then anti-inflammatories, and then anticoagulants. It is recommended that anyone over 50 with at least one comorbidity begin this course of treatment immediately. Reduction of viral replication at the forefront of infection is key. There has been unconventional concern worldwide regarding the safety of certain therapeutics for this virus. In fact, in Australia doctors were threatened with a 6-month prison sentence if they dared to prescribe the antiviral, Hydroxychloroquine. This move is unprecedented. The use of Hydroxychloroquine for COVID-19 is off-label they said. But off-label use of older medicines for new uses occurs every day. In fact, 20 percent of all prescriptions in the U.S. are written for off-label uses when a doctor thinks a medicine will benefit a patient. Apparently, the list of what not to use is long and broad within the treatment recommendations. We are 16 months into this thing and as-of-yet, there are zero trials of multidrug therapies. There is no national or global panel of doctors in charge of early treatment protocol. Why? Maybe it's because a vaccine is only allowed to be produced if there are no effective treatments.

The conversation around building up one's own immune system is also nearly nonexistent in medical and mainstream circles. A study conducted from March-June 2020 including 191,000 patients in the US found that Vitamin D deficiency increased the risk of acquiring COVID-19 by 54.5 percent. Additionally, 80 percent of people with COVID-19 didn't have adequate levels of the vitamin in their blood. This is a wildly important piece of information that doctors should be shouting from the rooftops. Zinc is also critical as it helps block the virus from multiplying. An Adult Treatment Guide put out by Yale University cites "a lack of clinical data to support" the effectiveness of various vitamins and medicines. It is high time for the medical community to be implementing trials of all kinds and gathering such data. But the sole focus today seems to be on a one-size-fits-all vaccination campaign, instead of on strengthening one's immune system and finding effective treatments. All of the eggs in the proverbial COVID-19 basket seem to be filled with only one treatment – the vaccine.

Dr. McCullough testifies that there is no scientific rationale to vaccinate anyone under the age of 50. The individual risk outweighs the individual benefit. Also, there were several groups that were intentionally excluded from the Moderna, Pfizer, and Johnson & Johnson vaccine trials in 2020; COVID-19 recovered, suspected COVID-19 recovered, those with COVID-19 antibodies, pregnant women, and women of childbearing potential that couldn't assure the use of contraceptives. Pregnant women as a rule of best medical practice are always discouraged from coming in contact with anything pathogenic. The COVID-19 vaccine produces a pathogenic protein. Why then, are pregnant women being given the shot? The existing scientific data simply does not ensure that it is safe for this group. My family is COVID-19 recovered. Why are we being encouraged to participate when our situation was not included in the clinical trial? Whether we want to believe it or not, COVID-19 recovered individuals are unknowingly signing up for a trial now if they receive the vaccine.

Historically, those who contract and recover from a virus, have robust, complete and durable immunity. COVID-19 recovered, have actually been found to possess a terrific track record of freedom from reinfection. Moreover, SARS-coV-1, which emerged from China in 2002 is 79 percent similar to SARS-coV-2 (COVID-19), and most of those who contracted SARS-coV-1 still had immunity 17 years later. It is a false narrative at this point to suggest that there is significant concern that you can get it twice. While it is possible, it is now known that the chances are extremely low. On top of that those with natural immunity cannot acquire or spread it, as is a concern with those whose only immunity is from the vaccine.

What we are witnessing now is tremendous coercion for everyone to receive this vaccine, no matter the individual risk/benefit analysis. This strategy is in direct opposition to The Nuremberg Code which doctors profess to uphold. The first tenet of this code begins as follows:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

THE NUREMBERG CODE

Simply put, each person gets to decide what happens to their body. We are witnessing all manner of coercion regarding the distribution of this vaccine. Free donuts, lottery-style winnings, reduced prison sentences, and pressure from Hollywood stars. The weird and wild list goes on and on. Schools are offering vaccine clinics around the world, some without requiring the consent of parents. There simply is no significant evidence that children are at risk of spreading or becoming sick or dying from this virus. To me, these actions are nothing short of criminal.

The Association of American Physicians and Surgeons have put out a guide to Home-Based COVID treatment. A copy can be found [here](https://aapsonline.org/CovidPatientTreatmentGuide.pdf) (<https://aapsonline.org/CovidPatientTreatmentGuide.pdf>). There are 35 treatment centers in Texas for early treatment of COVID and if you need help finding one near you, there is a link to a list within this guide. As a society, we need to be questioning the radical suppression of early treatment options for a potentially fatal virus. It simply makes no logical sense.

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