

Debra Thompson

From: Mark Jensen <fvtwilight39094@gmail.com>
Sent: Monday, April 20, 2020 8:48 AM
To: Debra Thompson
Subject: Fwd: COVID-19

----- Forwarded message -----

From: **Mark Jensen** <fvtwilight39094@gmail.com>
Date: Sun, Apr 19, 2020 at 2:46 PM
Subject: Re: COVID-19
To: Dana Thynes <danathynes@gmail.com>

Thanks for reaching out to me Dana, I will read your letter to the pilot as well.
Mark Jensen

On Sun, Apr 19, 2020 at 1:23 PM Dana Thynes <danathynes@gmail.com> wrote:
Dear Mark,

I have always voted for you because you are part of the private sector, and I like your common sense. I hope you will take a few minutes to hear me out on the current crisis. This is a discussion that needs to happen.

Dear Rep,

In times of crisis, it's important to keep an open mind. I don't pretend to know "the truth," but I'm willing to entertain the possibility that our present adherence to the official story line is setting a costly precedent.

We are expected to believe that this year, the most prominent flu-like / respiratory infection is so different from previous years that we must hand over the reins of government to the health departments.

If we question this paradigm or try to present information that might contradict it, we are instantly labelled "heartless" or "extreme," and it's assumed that we must want old people to die.

This thoughtless reaction is a form of bullying, I think. My own opinion, after watching and waiting and reading and listening to both the official story and other perspectives, is that this "pandemic" (as declared by the W.H.O.) is an over-reaction, but we must all pretend otherwise.

There are many articles and opinion pages online, but I'm going to share one you may not have seen yet. This page, "Comparison of COVID-19 Governmental Responses" includes some charts derived from worldometer comparing the mortality rate and also the "lockdown" versus "no lockdown" status of various countries.

<https://medium.com/@tomstavola/comparison-of-covid-19-governmental-responses-and-addressing-the-asymptomatic-and-airborne-issues-fa106d75dc46>

(See also the attached gifs of two graphs.)

There does not seem to be a correlation between lockdown policies and low mortality. In fact, Japan, with no

lockdowns in place, has had a vanishingly small number of deaths. Yet they purportedly have a very large elderly population, the group considered most at risk.

Possibly it is differing reporting methods that influence numbers? Dr. Debra Birx, one of the president's coronavirus task force members, conceded that the US is using a liberal standard of counting deaths. Or, perhaps the Japanese have fewer comorbidities than our New York population.

We are expected to believe that "the gold standard of the CDC" is infallible. Hospitals and doctors, and certainly the rest of us, need look no further for medical insights.

But the CDC, the FDA, and the NIH, all part of HHS, are slow-moving federal agencies. In a word, bureaucracies. What makes them different from DMV and TSA? The education level and amount of funding, perhaps?

Despite many good researchers and doctors working for them, these agencies are only as good as the people making decisions at the top. And those people have no higher claim to morality or ethical standards than you or I. In fact, they have committed egregious errors in the past - Vioxx! The opioid crisis! Because our society believes they walk on water, they continue to be set the rules, and present a stumbling block to us.

Here is an example:

The only medical therapeutic in view, which has met with great success clinically, is chloroquine and hydroxy-chloroquine, alone or in combination with other drugs and even vitamins. But Dr. Fauci, the "Health Czar" always present during White House Coronavirus updates, continues to dismiss its use, saying it is "unproven." It's not unproven; it's merely OFF-LABEL.

His own agency, the NIH, produced a study in 2005 in which chloroquine showed PROMISE against SARS coronaviruses.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

"We have identified chloroquine as an effective antiviral agent for SARS-CoV in cell culture conditions, as evidenced by its inhibitory effect when the drug was added prior to infection or after the initiation and establishment of infection. The fact that chloroquine exerts an antiviral effect during pre- and post-infection conditions suggest that it is likely to have both prophylactic and therapeutic advantages."

Why haven't you heard about this study? Why isn't the media talking about it? Knowing about this, and viewing chloroquine as a treatment option, would help alleviate the paralyzing fear so many have. It would be comforting for people to know that many doctors, daring to think past the boundaries of the CDC's "gold standard," have used this and other methods to return patients to health.

Another truism that is boilerplate "CDC gold standard" is that a flu shot is helpful and even "your best defense" against respiratory viruses. Again, this flies in the face of numerous studies showing that the flu shot actually lowers host immunity, including one study in particular out of the Department of Defense just this year, showing that the flu shot can INCREASE one's susceptibility to coronaviruses.

<https://www.sciencedirect.com/science/article/pii/S0264410X19313647?via%3Dihub>

"Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference... Vaccine derived virus interference was significantly associated with CORONAVIRUS and human metapneumovirus"

The bottom line of my letter:

There are out-spoken clinicians and researchers in many fields, including epidemiology, who maintain that this virus isn't going away until herd immunity is achieved, and who say THAT IS THE WAY IT IS WITH VIRUSES. We can't "wait it out".

Our current social-distancing approach is preventing herd immunity from happening, say these researchers. That means the virus can resurface again and again. So will we just stay in lockdown forever?

Little handouts from the government aren't going to tide us over - and I wouldn't want them to! We'll be looking like Venezuela if we get used to sitting at home and waiting for our government checks.

This virus does not affect children. Just as measles can be dangerous for adults, while children weather the infection easily (in countries with decent nutrition), they are the perfect group to be contacting this virus, spreading it amongst themselves and to the non-frail community, and building a herd immunity to it for the most vulnerable.

Keep that vulnerable population at home, or in their care facilities. The sick SHOULD be quarantined; the healthy should be allowed to work.

My request to you: please keep an open mind and listen to the concerns of all your constituents.

I heard Karl Hagerman dismiss the concerns about "over-reach" voiced by some people on the call-in show Thursday, because other citizens needed to be represented by the Assembly.

Please tell me how this is different from Animal Farm, where "some animals are more EQUAL than others"?

If you have time, please read my second Letter to the Editor, which is published in full on the Pilot's website this week, though not in the physical paper.

<https://www.petersburgpilot.com/story/2020/04/16/opinion/letter-to-the-editor/9641.html>

There are links in the letter to an epidemiologist's article, which is contrasted with an opinion (seen in a short video) by an official at the World Health Organization, who talks about going into people's homes and removing the sick. This sends a chill down my spine, and I hope yours too.

Thanks for taking time to read this, Dana Thynes

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518-0342

2 Graphics attached:

COVID mortality rate as percentage of nation & state populations