



COVID-19 Quick Reference Guide

*Immediate Steps to Reduce Your Risk of
COVID-19 and “Long Haul” Covid Disease*

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Inside:
EARLY TREATMENT
KIT instructions
and one-page
QUICK-ACTION
SUMMARY

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INTRODUCTION

Most Americans have no idea what to do to prepare for COVID-19 or how to protect themselves. **This step-by-step COVID-19 PREPARE PROTOCOL is meant to help you prepare and protect yourself.**

Three Facts:

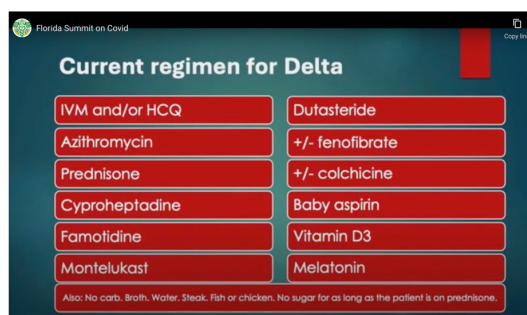
1. COVID-19 is a clotting disease. COVID-19 (coronavirus disease 2019) is an inflammatory and clotting disease. It is not a lung disease. "If you don't stop the clotting, the patient's dead," says Dr. Darrell DeMello, MD, who has successfully treated more than 6,000 patients in India, with only 35 hospitalizations and 14 deaths (all of them with diabetes).
2. The first seven days are critically important. "It's just a viral disease for a week; then it's an inflammatory disease," said Dr. Charles Urso, MD. "Covid is a 14-day disease," says DeMello. "Week 1 leads up to the tsunami [cytokine storm]. The tsunami sets off the damage. The damage is clotting. Clotting really occurs between day 8 to day 10, and up to day 11, if you haven't had clotting you're pretty much on the road to recovery." Therefore, don't delay seeking treatment.
3. You have effective options to protect yourself: To reduce infection and death: 1) begin prophylaxis to prevent infection (e.g., ivermectin), or 2) To stop viral replication, seek early and aggressive treatment as soon as symptoms begin. If successful, this will prevent your body's immune system from going into overdrive (inflammatory cytokine storm) and prevent clotting (microthrombosis).

The Danger: Early treatment is best, preferably as early as possible, and no later than 7 days after symptoms. However, many doctors and other practitioners are not providing early treatment and may instead ask you to go home and wait. Refuse to do so. Delay can be deadly. If the virus continues to replicate and your immune system cannot kill the virus on its own, you may end up in the hospital with difficulty breathing, the cytokine storm in full swing and clot formation. Death may occur if the process is not reversed.

Certain anti-viral, anti-inflammation and anti-clotting treatments may not be as effective if used late in the disease, yet some hospitals refuse to prescribe or dispense them (e.g., ivermectin). Oxygen supplementation may become necessary, but mechanical ventilation should be avoided, if possible, due to higher risk of death.

THEREFORE, if you do not make a do-it-yourself (DIY) Early Treatment Kit for COVID-19, your disease may progress rapidly to the dangerous inflammatory cytokine storm and clotting phases of the virus, forcing you into the hospital and potentially into mechanical ventilation.

Early treatments are effective, especially when guided by the medical management of a physician committed to early and aggressive treatment, which includes medications and supplements alone or in combination such as: ivermectin, hydroxychloroquine (HCQ), fluvoxamine, budesonide, colchicine, antibiotics, steroids, statins, aspirin, Plavix, melatonin, and vitamins C and D3. **Dr. Richard Urso, MD** provided his list specific to the Delta variant at a Covid Summit in Ocala, Florida:¹

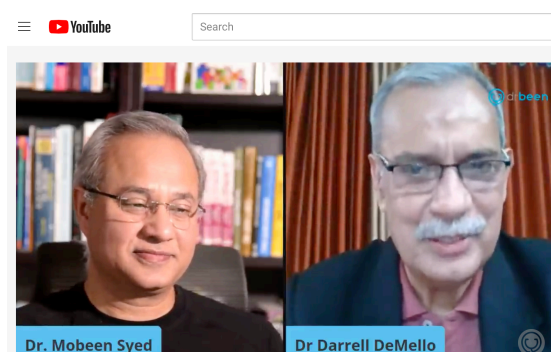


Current regimen for Delta	
IVM and/or HCQ	Dutasteride
Azithromycin	+/- fenofibrate
Prednisone	+/- colchicine
Cyproheptadine	Baby aspirin
Famotidine	Vitamin D3
Montelukast	Melatonin
Also: No carb. Broth, Water, Steak, Fish or chicken. No sugar for as long as the patient is on prednisone.	

Because many clinics, hospitals, physician groups, and health care systems are refusing to provide early and aggressive treatment, patients should prepare to protect their own life and the lives of others. This includes an early treatment kit (ETK), preferably large enough for more than one person or the entire family.

Some individuals say they cannot afford the doctor's visit (typically telehealth) or early treatment medications. They would rather wait to see if they need it. Furthermore, if they do get COVID-19, they would prefer to see if they'll be able to recover without early treatment. This can be a deadly strategy.

Timing is everything in the treatment of COVID-19, according to doctors who are successful in saving Covid patients. Treatment should begin within the first four days, but no later than seven days. Waiting until after seven days increases the likelihood of hospitalizations and death. According to **Dr. Darrell DeMello, MD**, in an extensive online interview about the successful Covid treatment protocols he has used in India to treat COVID-19, early treatment is essential:



*"If I do get a patient day 8,9, and 10, I know I'm in trouble, and I'm ready for the trouble. Boy, I hit them really hard if they come to me that late. If a patient comes to me with clotting, and again, I'm focusing on clotting. I think the world needs to know...this is a clotting disease. This is a vascular disease. This is not an interstitial lung disease. . . [S]ome of my patients come to me...with 80% of the lung clotted off... If you fix the clotting right up front or sometime in between, everything else will work. . . For me, timelines are very important. I need to understand the timeline really, really closely. I need to understand the timeline because treatment depends on the timeline."*²

Get prepared NOW. It may take several days to get an appointment with a doctor providing early treatment, and several more days or weeks to get the prescribed medication (such as ivermectin, Fluvoxamine, and HCQ)—especially if it is shipped, either from within the U.S. or from overseas because corporate pharmacies and pharmacists refuse to fill the prescriptions. **You won't have several days to wait. Every day counts.**

Less expensive avenues to secure early treatment drugs include compounding pharmacies, locally owned pharmacies, certain doctor's offices, and countries like India, which has a long history of providing medications that are not counterfeit. **Delay is what often leads to death for those most susceptible to severe COVID-19 disease.** Prepare now by using the following step-by-step procedural protocols for:

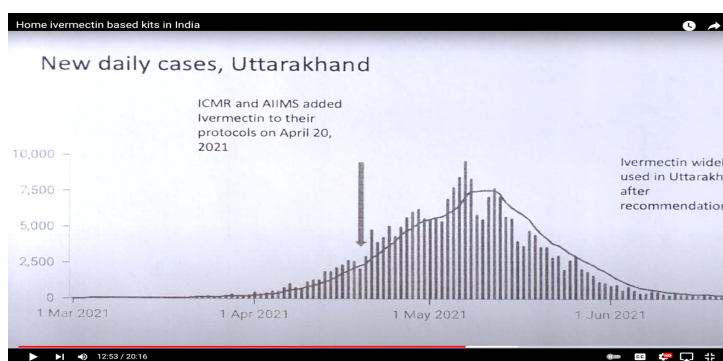
- **PREVENTION AND PREPARATION FOR COVID-19**
- **TREATING COVID-19 INFECTION**
- **HOSPITALIZATION FOR COVID-19 INFECTION**
- **TREATING "LONG HAUL" COVID**

PREVENTION AND PREPARATION FOR COVID-19

1. Consider prophylactic treatment with ivermectin to avoid infection.

- a. Ivermectin, with anti-viral, anti-inflammatory, and anti-clotting properties reduces infection with COVID-19 by at least **86 percent**.³
- b. By November 2021, Dr. Bruce Boros, MD, had been on prophylactic ivermectin for **16 months**.⁴
- c. Encourage friends/family to consider prophylaxis, especially if they've been over-exposed.
- d. Dr. Darrell DeMello, MD keeps his Vitamin D level in the 90s, takes one Colchicine tablet each day Monday to Friday, and **only takes ivermectin** if he feels overexposed by Covid patients.
- e. In India, ivermectin was recommended on April 20, 2021, as **"mass chemoprophylaxis."**
- f. **"That is the beauty, that is the success story of ivermectin."** – Dr. Suryakant, Head Dept. of Respiratory Medicine, King George Medical University, Lucknow, Uttar Pradesh about the reduction of mortality after the state committee recommendation:

*Cases in the Indian state of Uttarakhand after ivermectin:*⁵



2. Check your vitamin D level and maintain it.

- a. **"My top three vitamins are vitamin D, vitamin D, vitamin D."** — Dr. Richard Urso, MD
- b. **"It's very difficult to die from Covid if your vitamin D level is over 50."** — Dr. Urso MD
- c. **"If above 50, it's almost impossible to develop cytokine storm."** — Dr. Ryan Cole, MD
- d. Ninety-six percent of Covid ICU patients are deficient in vitamin D. — Debra Chisholm, MD.
- e. Dr. Cole takes 50,000 units/day for five days when he gets a cold ("vitamin D hammer").
- f. At **55 ng/mL** the cell receptors are saturated. — Dr. Cole, MD and CEO of Cole Diagnostics
- g. If your vitamin D level is over 60 and under 100, you're more likely to experience the asymptomatic version of COVID-19, per Dr. DeMello, who sees Covid patients regularly and says he keeps his vitamin D level in the 90s.⁶
- h. **2019 Study:** "long-term supplementation with vitamin D3 in doses ranging from 5000 to 50,000 IUs/day appears to be safe." (*Journal Steroid Biochemistry & Molecular Biology*)⁷
- i. Check your vitamin D level.
 - Doctor's order or DIY from affordable requestatest.com, directlabs.com, etc.
 - Recheck as necessary to maintain proper blood level.

NOTE: All info, except from DeMello and the Journal, are from Global Covid Summit in Kansas City.⁸

3. Make an informed choice about the Covid injection.

- a. [RealRisks.org](https://www.RealRisks.org) is just one option for finding facts about side effects and effectiveness, and the realities of natural immunity. [Healthfreedomminute.net](https://www.Healthfreedomminute.net) also includes many CCHF Health Freedom Minutes (radio) that provide facts and citations about the Covid injection.
- b. **INJECTION:** The shot is narrowly focused on the **S1 protein** of the virus, not all 29 proteins, likely permitting “immune escape,” which may lead to variants and reinfections.^{9, 10, 11,}
- c. The S1 and spike protein have been found circulating in bloodstream after injection.¹²
- d. See openVAERS.com for statistics on reported adverse reactions and deaths, post injection.
- e. *“This new gene-based vaccine idea had never been tried on human beings before this pandemic. And there had been no animal trials, which are normally mandated for any new vaccine, and there was no long-term safety data, so this was clearly an experiment.”*(Hoffe)¹³
- f. **CLOTTING:** “Only 25% of the vaccine actually stays in the arm,” said **Dr. Charles Hoffe, MD.** The rest enters circulation, gets absorbed into the vascular endothelium of blood vessels, where the mRNA makes spike protein, which becomes part of the cell wall of the cells that surround blood vessels, roughening up the surface and likely leading to clots (See Long Haul Covid). He adds: “The Moderna vaccine has **40 trillion mRNA molecules** per vaccine dose.”¹⁴
- g. Canadian physician Dr. Hoffe began seeing vaccine injury in his patients. To search for the cause, he devised a study using the **D-dimer test** on patients within a week after the shot to look for recent clotting—as of July 2021, **62%** had positive, elevated D-dimer tests.¹⁵
- h. **ANTIBODIES:** “Effectively, **the antibodies are in the wrong place.** The antibodies you get from the vaccine are in your blood, but you get Covid from your respiratory tract and those two systems of immunity are independent from another. You’ll only get immunity through natural infection because then you’ll have antibodies in your respiratory tract.” (Dr. Hoffe)¹⁶
- i. “If you don’t want to catch a respiratory infection you need to have antibodies that are actually in your respiratory system...but the antibodies that the vaccines are giving from an injection are in the blood....” – **Dr. Clare Craig**, diagnostic pathologist, on GBNEWS.UK.¹⁷

4. Consider requesting needle aspiration if you get the injection.

- a. If you get the Covid shot, consider asking the clinician to aspirate the needle before injecting. This means pulling back on the plunger before injecting the therapeutic. It ensures the needle is in the muscle, not a blood vessel. This may protect against myocarditis.¹⁸

5. Check your body’s memory T-cell levels to check for exposure to COVID-19.

- a. One testing option: www.t-detect.com
- b. Antibodies wane: “You go to the laboratory and you’re going to get a value. It’s this high on this day and then it’s going to go down, and it’s going to go down. That’s what your body always does. If you maintained an antibody response to every pathogen you were exposed to every day of your life, you’d look like the **Stay Puff Marshmallow Man** of swollen lymph nodes and your blood would sludge. It’s energetically and physically impossible. Your antibodies always drop. . . but the wonderful thing about your human body, you have memory cells in your bone marrow.”¹⁹ – pathologist Ryan Cole, MD about antibody testing
- c. T-cells are on constant guard for intruders to your body. Dr. Cole says T-cells are constantly “shaking hands” with all your cells to determine if they are “friend or foe.”

6. Find a local or telehealth doctor who will provide early treatment for COVID-19.

- a. This will allow you to bypass the dangerous “go home and wait” instructions.
- b. Find physician/clinician options at [EarlyTreatmentOptions.org](https://www.EarlyTreatmentOptions.org) and elsewhere.

- c. Ask pre-Covid questions by chat, email or in person:
 - How long will it take to get a return call, get prescriptions sent, etc.?
- d. Precautions and suggestions, per FLCCC.net:
 - Check reviews from other patients.
 - Ask about pricing for services upfront.
 - If possible, call more than one provider.
 - Check the state medical board to see if the provider has a disciplinary record.²⁰

7. Timing is critically important.

- a. Begin treatment within 1-4 days, preferably no later than 7 days, say doctors successful in treating COVID-19.
- b. Waiting to order essential early treatment medications, like ivermectin or HCQ, until after you get sick may be too late to stop the viral replication stage.
- c. Nevertheless, ivermectin and other medications, with anti-inflammatory and anti-clotting properties have proven useful even beyond the viral replication stage.

8. Prepare a DIY Early Treatment Kit (ETK):

DIY Early Treatment Kit (ETK)

Suggested minimum contents for your ETK include:

Pulse oximeter (*check accuracy; it should align with your doctor's pulse oximeter*)

Thermometer

Nebulizer (*find on Amazon*)

Ivermectin, preferably 12mg pills

Vitamin D3, C, B

Multivitamin with Zinc

Quercetin

Bottle of aspirin

Melatonin

Fluvoxamine (*91% decrease in death, per one study*)

Budesonide (by nebulization)

COVID-19 Prepare Protocol (CCHF)



NOTE: Besides vitamins and ivermectin, the Delhi government in India includes doxycycline 100 mg tablets and acetaminophen in the Home Ivermectin Kits distributed to the public.²¹

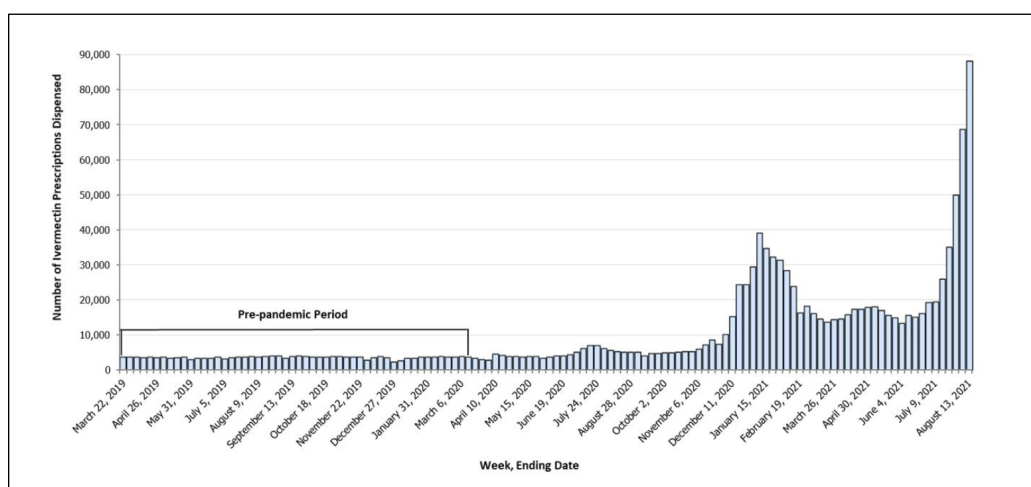
9. Order ivermectin — early and extra.

- a. Ivermectin is highly effective for early treatment for COVID-19. See study.²²
- b. Ordering options include pharmacies in India, Mexico, and other countries.
- c. Ivermectin from India can take several weeks to arrive, but it's far less expensive than in U.S.

- d. U.S. Customs have confiscated some medications, but currently most are getting through.
- e. Order 12 mg tablets if ordering from overseas—tablets available in U.S. are 3 mg only.
- f. When ordering ivermectin from outside the U.S., consider ordering extra.
- g. Have more ivermectin on hand than you need for yourself.
- h. Be prepared to help the unprepared with early treatment to save their lives.
- i. Encourage **family and friends** to prepare their own DIY Early Treatment Kit.
- j. U.S. government may try to shut down access completely, so order accordingly.

10. Find a pharmacy that will agree to supply the medications you need.

- a. Consider local and foreign pharmacies.
- b. Several options at [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org).
- c. Contact compounding pharmacies, which can make drugs in specified doses.
- d. Contact “mom and pop” or small-town pharmacies rather than corporate pharmacies.
- e. Acquiring all needed therapeutics could require 2-3 pharmacies:
 - One for corporate- and FDA-restricted drugs, such as ivermectin and fluvoxamine
 - One for typical anti-inflammatory/anti-clotting medications
 - One for vitamins and supplements (could include Amazon)
- f. Ivermectin prescriptions have risen dramatically:²³



11. One option to find pharmacies in India:

- a. <https://www.indiamart.com/camper-healthcare/>
- b. Look for a Star Supplier with Verified Trust Seal from IndiaMart.
- c. You usually do not need a prescription. In many countries, ivermectin is over the counter.²⁴
- d. Suggest purchase of 12 mg ivermectin tablets. (500 – 1000 pills—See #9)
- e. Other medications may be available, such as HCQ, Azithromycin, Doxycycline.
- f. Payment options vary.

12. Prepare a “Covid Hospitalization Wishes” document in case you need hospitalization.

- a. This document and the following suggested inclusions are **not legal advice**. Please seek legal advice to determine whether to include these or other specifics on such a form.
- b. This may provide protection if no loved ones are allowed to enter the room.
- c. Consider dating, signing, and having a witness sign it for more protection.

- d. Make a copy and provide to advocate, family, and/or person with Power of Attorney.
- e. **NOTE:** “Hospitals are required to provide an advocate” if you request it. – **Attorney Kris Shilt.** She also says:²⁵
 - You can ask for alternative treatments.
 - Put it in writing – “I do not want Remdesivir. I don’t want to be put on a ventilator.”
 - Document need not be notarized, but you must communicate it to the hospital.
 - Have a power of attorney, so the hospital cannot assume the role.
 - Bring FLCCC.net hospitalization protocol with you.
 - Have your attorney make calls to the hospital.
 - Bring NIH document that has ivermectin as an approved treatment.
- f. Beware of intake paperwork and consent forms.
 - Hospitals often ask patients to sign blanket consent statements that say you agree to all treatments prescribed by the physician, or other practitioners (nurse practitioner, physician assistant, etc.) that are caring for you.
 - To protect your choices, **cross off blanket treatment statements** and add a comment that treatments need your full and informed consent.
- g. Suggested inclusions for what you may want to put in writing for the hospital:
 - Whether you agree to or refuse COVID-19 vaccination
 - Whether you agree to or refuse mechanical ventilation
 - Whether you want other oxygen delivery methods (CPAP, nasal canula, BiPAP)
 - Whether you agree to or refuse Remdesivir (can lead to organ failure²⁶)
 - Whether you want a hospital-appointed or family member as “bedside advocate”
 - Whether to require FLCCC protocols for your treatment²⁷
 - Whether you want your doctor to direct your care or hospital’s hospitalist (doctor)
 - Whether you want your communication devices always at your side
 - The medications you want to use in sufficient doses regardless of hospital protocols
 - Consent requirements for care if you’re unable to communicate
 - Names and contact information for people staff can talk to, including power of attorney

13. Find out the process for receiving monoclonal antibodies.²⁸

- a. Description: “Monoclonal antibodies, or mAbs, are made in a laboratory to fight a particular infection—in this case, SARS-CoV-2—and are given to patients directly with an infusion. That’s why mAb treatment may help patients who are at high risk for serious symptoms or having to stay in the hospital.”
- b. Limitation: not authorized once you’ve been hospitalized, so seek them early.²⁹
- c. A three-step process is detailed by the U.S government:
 1. Test positive for COVID-19 within last 10 days.
 2. Receive a referral from your health care provider.
 3. Locate an available infusion location.

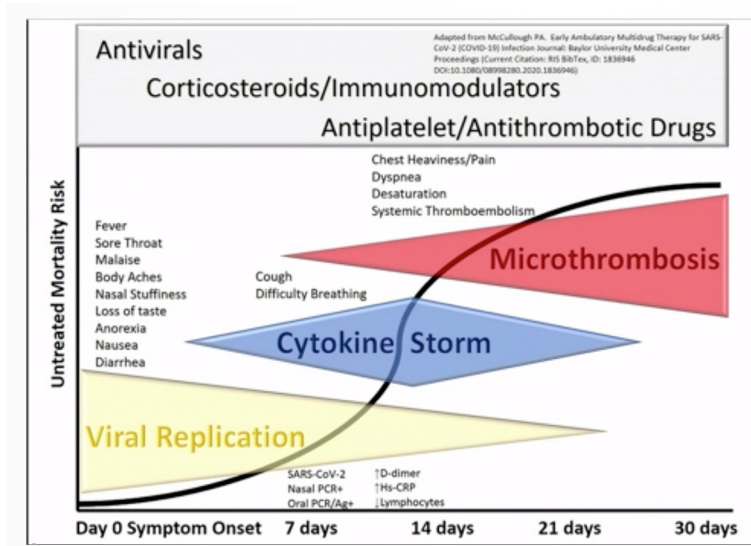
14. Investigate other therapies.

- a. Hyperbaric oxygen therapy has saved lives, per **Dr. Mollie James, DO.**³⁰
- b. Ozone blood therapy has shown some promise.³¹
- c. Additional therapies and therapeutics may emerge.

TREATING COVID-19 INFECTION

1. **Initial symptoms of COVID-19 infection may include, but are not limited to:**
 - a. Fever and chills
 - b. Cough
 - c. Fatigue/Malaise
 - d. Sore throat
 - e. Headache
 - f. Loss of taste or smell
 - g. Muscle or body aches

2. **Seek early and aggressive treatment.**
 - a. Essential to stop viral replication, and the resulting inflammation and clotting.
 - b. Start early treatment no later than 7 days after first symptom—the earlier, the better.
 - c. The virus replicates for only 5-7 days (hasn't been cultured after 8 days). — Dr. Urso, MD³²
 - d. **“Treat first. Test later. Don’t wait for test results...Delay is what’s killing people.”** — Dr. Darrell DeMello, MD, who has treated more than 6,000 patients, with only 14 deaths.³³
 - e. Progression of COVID-19 if left untreated (*displayed during US Senate hearing, 12/8/20*):



3. **Get a Covid test. If the test is positive:**
 - a. Do not follow any doctor’s order to “go home, see how you do, and come back if you have difficulty breathing.”
 - b. For those at high-risk (See #8 below) and others whose symptoms progress, it is essential to stop viral replication, thus preventing the inflammatory cytokine storm and blood clots.
 - c. Contact a “Covid-care physician” to secure early and aggressive treatment and medical management of that treatment.
 - d. Find these doctors and clinicians at [EarlyTreatmentOptions.org](https://www.earlytreatmentoptions.org). (See #6, Prevention)

4. Begin early and aggressive treatment to stop viral replication.

- a. There are a variety of pharmaceutical options for early treatment, including ivermectin.
- b. Harvey Risch, MD, PhD and Peter McCollough, MD say **80% to 85% of Covid deaths** could have been prevented by early treatment.
- c. Ivermectin, approved by the FDA in 1998 as a safe medication,³⁴ reduces Covid death by about 62 percent.³⁵
- d. Australian in vitro study found ivermectin killed **99.8% of virus with 1 dose in 24 hours**.^{36, 37}
- e. **Dr. Tess Lawrie** says it's a "human right" to have access to affordable, safe ivermectin.³⁸
- f. "Three billion patients; almost zero deaths." – Dr. Richard Urso, MD about ivermectin.³⁹
- g. If you take ivermectin, take it on an **empty stomach**, with nothing to eat or drink for two hours after that, to get the drug not only into the gut but also into the lungs, the nose, the throat, and the blood, says Dr. Darrell DeMello, MD.⁴⁰
- h. 67 studies on ivermectin:^{41, 42}

IVERMECTIN FOR COVID-19

67 TRIALS, 649 SCIENTISTS, 49,492 PATIENTS

31 RANDOMIZED CONTROLLED TRIALS

85% IMPROVEMENT IN 15 PROPHYLAXIS TRIALS RR 0.15 [0.09-0.25]

67% IMPROVEMENT IN 29 EARLY TREATMENT TRIALS RR 0.33 [0.24-0.47]

38% IMPROVEMENT IN 23 LATE TREATMENT TRIALS RR 0.62 [0.50-0.77]

58% IMPROVEMENT IN 28 MORTALITY RESULTS RR 0.42 [0.31-0.57]

57% IMPROVEMENT IN 31 RANDOMIZED CONTROLLED TRIALS RR 0.43 [0.31-0.61]

SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 12/01/21. IVMMETA.COM

5. Begin monitoring blood oxygen saturation level.

- a. Check "O2 sat" at least 4 times a day, and more if necessary, according to your condition, per Dr. DeMello, MD. (See #9 and #12 below)

6. Ask for monoclonal antibody treatment.

- a. Can usually only be given outside of the hospital. (See Prevention, #13)

7. Record medical details for doctor:

- a. Oxygen saturation levels from pulse oximeter – on and off supplemental oxygen
- b. Medication and response to medications - create a written record to not miss doses
- c. Daily weight
- d. Signs of improvement or decline – as YOU notice or deem them to be
- e. When you use supplemental oxygen – walking, after eating, all the time, sleeping?
- f. How do you feel? – better, worse, air-hungry, anxious, calm, antsy to get back to work?
- g. Sleep — number of hours, in what position (Upright? Prone?)
- h. Dr. DeMello discourages sleeping on your back because this position encourages clotting within the body (See #12 below).
- i. How are you eating and drinking?
- j. record mealtimes and approx. fluid intake (e.g., five glasses, two water bottles)
- k. What are you coughing? (color, clarity, etc.), and how has that changed?
- l. Unusual pains? Brain fog?

8. Consider prophylaxis treatment for exposed family members, particularly in high-risk groups.⁴³

- a. Age 65 and over
- b. Obesity
- c. Diagnosis of diabetes
- d. Multiple comorbidities (e.g., heart disease + cancer + COPD)
- e. Children with high risk factors, including:
 - Morbid obesity
 - Diabetes
 - Compromised immune system (e.g., being treated for cancer)

9. Monitor temperature and oxygen saturation levels.

- a. Average body temperature = 98.6 degrees (varies between 97 and 99 degrees)
- b. Normal oxygen saturation of blood *by pulse oximeter* is 95 to 100 percent

10. Be aware of breathlessness (air hunger) despite chest muscles not being tired.

- a. Breathlessness during COVID-19 is due to a barrier between the air going into the lung's bronchioles and alveoli (air sacs) and the capillaries embedded throughout the lungs to grab oxygen from that air for distribution throughout the body, using the bloodstream.⁴⁴
- b. Covid breathlessness is typically not due to exhaustion of the patient's breathing muscles.

11. Prepare soft food diet to reduce inflammation in gut.

- a. Dhal (legumes) and rice – should be very overcooked
- b. All kinds of soups, especially yellow pumpkin soup
- c. Lots of yogurt and curds
- d. Lime juice; all juices
- e. Eggs
- f. NO meats
- g. **NOTE:** The above were given by Dr. DeMello in answer to a question about diet.⁴⁵
- h. Also, eliminate or reduce sugar to reduce inflammation.⁴⁶

12. If oxygen saturation falls below 90 percent:

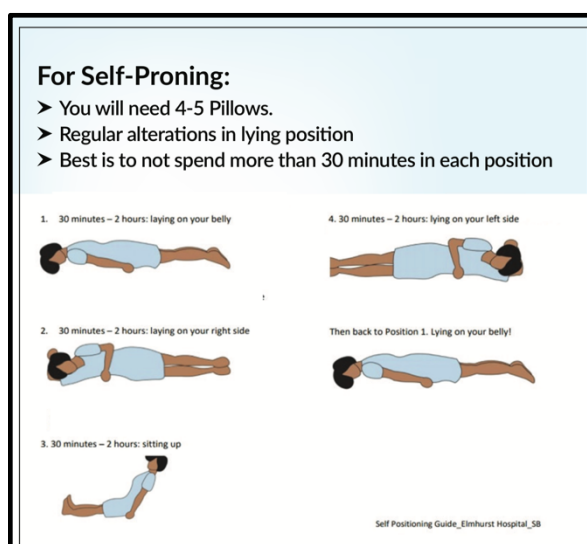
- a. Contact your doctor, but don't panic. Find what is considered a low pulse oximeter reading and when should you be concerned [Explained here⁴⁷]
- b. Peter McCollough, MD, says many hospital admissions are people who could be cared for at home, but instead got panicked by watching the pulse oximeter. He has often managed patients at home with oxygen saturation levels in the 80s.⁴⁸
- c. Request home-based oxygen therapy using nasal canula, CPAP, or BiPAP. [Explained here⁴⁹]
- d. To keep lung tissue inflated, and prevent blood clots (microthrombosis), take slow walks if possible. **NOTE:** Ivermectin and fluvoxamine can cause dizziness – walk with support.
 - When a patient comes to him for treatment and they're past the viral replication stage, **Dr. Darrell DeMello, MD** typically prescribes medications and may ask them to walk all night for one or more nights to help prevent the patient's blood from clotting until the prescribed anti-clotting drugs can take full effect.⁵⁰
 - **"Keep the patient alive, keep the patient awake."** A circadian rhythm study finds greater tendency to clot during the night.⁵¹ See following presentation slide:

How does one keep a patient awake at night?

- Walking around the room or home every hour for 10 minutes, doing Proning exercises for 5-10 minutes every hour, sitting watching TV or reading.
- Let the patient sleep in the morning afternoon and evening usually on the belly/ stomach or on their sides.
- Need a buddy - family member or friend or nurse to help with this process for 4 days

CRITICAL: If your oxygen saturation level drops below 90 percent on exertion, ask your doctor about obtaining supplemental oxygen to prevent potentially dangerous desaturation of oxygen in the blood when standing/walking (even to use bathroom). **Heart attacks** from rapid and/or severe oxygen desaturation when standing up or on exertion have occurred.⁵²

- Consider pressurized oxygen treatments in a **hyperbaric chamber**. [Explained here⁵³]
- Try proning “for better expansion of the dorsal (back) lung regions, improved body movement and enhanced removal of secretions which may ultimately lead to advances in oxygenation (breathing).”^{54,55} Others say it’s shifting blood flow to buy time.⁵⁶ See diagram:



13. Proning and deep breathing exercises:

- Prone, five deep breaths in, cough, five deep breaths, cough, prone for five minutes and deep breathe — shared by Dr. Debra Chisholm, MD at Covid Summit in Kansas.⁵⁷
- Using an **incentive spirometer** can help expand lungs.⁵⁸ (available on Amazon)

HOSPITALIZATION FOR COVID-19 INFECTION

1. **Seek immediate medical care** if your illness is progressing and you are unable to find medical management by a physician committed to early, aggressive treatment for COVID-19; there's a sudden or severe drop in oxygen saturation level; or you have trouble breathing, bluish skin color, or unmanageable symptoms; or if you're uncomfortable staying home, simply want direct access to medical care, **or for any other reason**. If you are worried, or cannot connect with a physician while at home, do not hesitate to seek care at a hospital, an urgent care facility, or an emergency room.

2. **If it's an option, avoid hospitalization** due to government and corporate restrictions on access to affordable, effective, life-saving treatment and due to hospital restrictions on families entering the hospital and acting as "bedside advocates" for the patient. If you are hospitalized and are not receiving effective care, transfer to another hospital, if possible. As an example, **Dr. Mary Talley Bowden, MD** in Houston, Texas, tweeted the following:

*"Update on **the patient** at @HCAhealthcare North Cypress who was on the verge of intubation. He was transferred to UMMC and is steadily improving on the **MATH+ protocol** under the care of Dr. Joe Varon."⁵⁹ (see photo to the right)*



3. **Bring with you to the hospital and keep near you:**
 - a. 5 to 10-day supply of Ivermectin – see FLCCC weight-based dosage protocols (FLCCC.net)
 - b. CCHF COVID-19 QUICK REFERENCE GUIDE – paper or online
 - c. FLCCC MATH+ hospitalization protocol
 - d. Covid Hospitalization Wishes (See #4)
 - e. Communication and recording devices with power cords and chargers
4. **Use prepared "Covid Hospitalization Wishes" document to make your wishes known.** (See above -- Prevention and Preparation for COVID-19, #12)
 - a. Provide family, other bedside advocate, or your power of attorney (PoA) with signed **"hospitalization document"** – or remind them where it's located.
 - b. Require hospital personnel to sign that they have received the document.
 - c. Get a copy of the signed document and give to your advocate, PoA, and/or lawyer.
 - d. Designate your "bedside advocate."
5. **Try to avoid mechanical ventilation.**
 - a. "Mortality rate of critically ill COVID-19 patients is high, especially in those requiring invasive mechanical ventilation." – article in *Critical Care*, February 2021.⁶⁰
 - b. In a Vimeo video that went viral early in 2020, **Cameron Kyle-Sidell, MD**, an ICU physician in NYC, sounded the alarm, saying ventilators were harming patients and putting thousands of peoples' lungs at risk.⁶¹
 - c. **Ventilators** are meant to assist patients whose muscles are too tired to breathe (respiratory failure), not patients who are breathing well but the oxygen is not sufficiently making it from the lungs into the rest of the body, which Dr. Kyle-Sidell called "oxygen failure."

- d. For example, in an EMCrit Zoom call between four physicians on April 12, 2020, Dr. Kyle-Sidell answered this question from one of the other doctors: “How long do you go before you intubate them purely for hypoxemia [abnormally low level of oxygen in the blood]?” Having just come from the ER, Dr. Kyle-Sidell described a **“patient that was saturating in the high 30s—and I’m not lying—and he felt very well, and he was on his phone and his respiratory rate was around 20 and his blood gas showed a PaO₂ around 30 and his lactate was 1.2.”** Given the very low oxygen level (hypoxemia), one of the other doctors asked him how he had handled the situation. He said, “I left, and he was not intubated...He’s sitting in our resuscitation area and he’s being monitored.” He also said some other patients with *higher* saturation levels were not feeling as well as this patient and had to be intubated, noting that the response to the coronavirus seems to be very patient-dependent.⁶²

NOTE: PaO₂ measures oxygen in the arterial blood. Normal is greater than 80.⁶³ Normal lactate levels are 0.5-1 mmol/L.⁶⁴ When cells are deprived of oxygen, lactate levels rise.⁶⁵

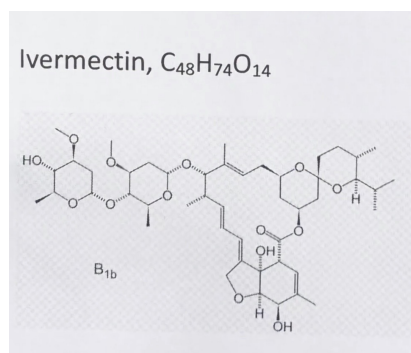


Dr. Kyle-Sidell (pictured above) switched from the ICU to the ER because, despite his voiced concerns on Vimeo and elsewhere, the ICU continued to follow COVID-19 protocols that he felt put Covid patients on mechanical ventilation unnecessarily, endangering their lives:

“I started to try to not [sic] my own protocols, but to treat patients as I would have treated my family, with different goals—which is to say, ventilation. However, these didn’t fit the protocol, and the protocol is what the hospital runs on with the respiratory therapist, with the nurses; everyone is part of the team. We ran into an impasse where I could not morally, in a patient-doctor relationship, continue the current protocols which, again, are the protocols of the top hospitals in the country. I could not continue those. You can’t have one doctor just doing their own protocol. So I had to step down from my position in the ICU, and now I’m back in the ER where we are setting up slightly different ventilation strategies.” – **Cameron Kyle-Sidell, MD**, in an interview with Medscape.⁶⁶

6. **Ask for what you want.** To stop viral replication, prevent the cytokine storm (immune system in overdrive) and avoid the formation of dangerous blood clots in lungs and other organs:
 - a. Ask specifically for ivermectin, hydroxychloroquine, fluvoxamine and other anti-viral, anti-inflammatory, and anti-clotting medications listed in the Front Line COVID-19 Critical Care Alliance (FLCCC) protocols for hospitalized Covid patients (covid19criticalcare.com).

- b. Given that most hospitals do not provide correct or sufficient treatment to stop the deadly progression of COVID-19, **ask your doctor to use the MATH+ hospitalization protocol**, found at the FLCCC website.⁶⁷
- c. If your request for early and aggressive treatment is **denied**, ask to see that denial in writing and have it placed in your medical record. Ask for a copy of the note from your medical record that registers your request and their denial – and the reasons for the denial. Then consider transferring to another hospital that allows appropriate Covid care.
- d. **Ivermectin** (see molecule structure below) essentially **coats the spike protein** preventing it from locking onto the ACE2 (angiotensin-converting enzyme 2) receptors of your cells, thus preventing the spike protein from injecting the RNA of the coronavirus into your cell. **This prevents viral replication.** Ivermectin also coats the ACE2 receptors of your cells, providing a double barrier to the spike protein. See below how the spike protein is unable to lock onto the cell's ACE2 receptor due to IVM "coating" on both the spike ("key") and the cell's receptor ("lock"). See video presentation by Dr. John Campbell.⁶⁸



- e. The family of a man intubated for a month **sued to force a Chicago hospital** to give him ivermectin. They won. He was released 15 days later. He had fully recovered.⁶⁹

NOTE: While both ivermectin and fluvoxamine have side effects when taken at appropriate dosages—some more common, others rare—fluvoxamine can cause mood swings, and increase suicidal thoughts in the young. It has an FDA black box warning.⁷⁰

7. Consider video or audio taping:

- a. If worried about lifesaving care being restricted, choices not being honored, or your chosen advocate being denied entrance
- b. If you wish to listen again to whatever the doctor or nurse said to you, videotape certain interactions with staff and/or install a recording system in the hospital room as some families have done in long-term care facilities
- c. Options include:
 - iPad
 - Extra phone
 - Other recording devices

LEGAL NOTE: Know and carefully follow your own state laws on recording with or without the other person's consent.

TREATING “LONG HAUL” COVID

“Long Haul” Covid is defined as any symptoms that are **persisting 12 weeks or more** after or during COVID-19 that cannot be explained by another diagnosis. Other terms for this include long-Covid, chronic COVID-19, post-Covid, post-Covid syndrome, and post-COVID-19. In a U.S. study of 1600 patients 60 days post discharge, 33 percent had persistent symptoms and 19 percent had *worsening* symptoms. In another study of 300 Swedish health care workers, eight months after infection, 15 percent had symptoms that interfered with work, social or home life.⁷¹

According to the Front Line COVID-19 Critical Care Alliance (FLCCC): “The Long Haul COVID-19 Syndrome (LHCS) is an **often-debilitating syndrome** characterized by a multitude of symptoms such as prolonged malaise, headaches, generalized fatigue, sleep difficulties, smell disorder, decreased appetite, painful joints, dyspnea, chest pain and cognitive dysfunction. The incidence of symptoms after COVID-19 varies from as low as 10% to as high as 80%. LHCS is not only seen after the COVID-19 infection, but it is being observed in some **people that have received vaccines** (likely due to monocyte activation by the spike protein from the vaccine). A puzzling feature of the LHCS syndrome is that it is **not predicted by initial disease severity**; post-COVID-19 frequently affects mild-to-moderate cases and younger adults that did not require respiratory support or intensive care. . . . [I]t is likely that **delayed treatment (with ivermectin) in the early symptomatic phase will result in a high viral load, which increases the risk and severity of LHCS.**”⁷² [Emphasis ours]

Clots in the lungs can be a problem. Dr. DeMello, MD has a process for tackling the clots: Wait for a month after the infection and then do a CT scan of the lungs. If the clotting is still present, treat with Enoxaparin [Lovenox] one per day for 10, 15, or 21 days. Give Colchicine at the same dosage as during acute phase that was given from day one. “The combination of these two [drugs] cleans up the lungs...in 30 days and I’ve routinely cleaned up lungs...in two or three months at the most.” His goal is to prevent the fibrosis. He says “the lungs are not going to clean up if you don’t clean up the clots. The earlier you clean up the clots, the better it is. Usually if you do it in the second month – the 30 to 60-day timeframe – you’ll have no long-term lung issues.”⁷³

1. The importance of early treatment with medications – Dr. DeMello, MD:

- a. “Most of my blood testing and my investigation, I spend time and money on the back end, at the end of one month to understand the damage that your body is left with and then fix it over the next month or two. So I’m now not only doing acute Covid, I’m doing post-Covid treatment to ensure that nobody goes into a long haul. **In India, I think we’ve been very successful to prevent the long-haul, the classical long haul, because we all treat with drugs here.**”
- b. “Nobody is really left behind with just paracetamol [acetaminophen] and vitamins or told to go home and wait till you clot off or until your oxygen drops....”⁷⁴

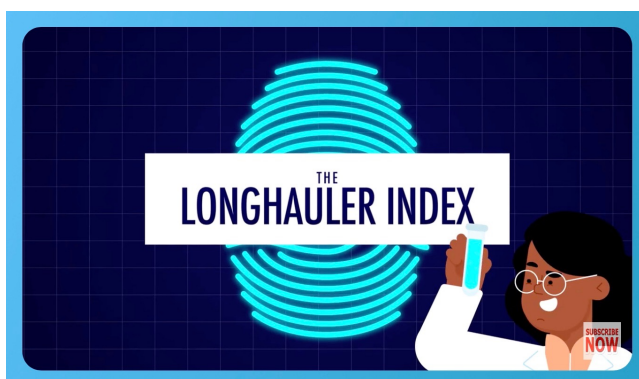
2. What creates “Long Haul” Covid?

- a. According to doctors treating long haul Covid, inflammation due to circulating and lodged spike protein likely continues after initial Covid infection resolves.
- b. The micro-sized blood clots remain in the body causing fatigue, difficulty breathing, brain fog, decreased ability to exercise or exert oneself as one did before the virus (“reduced effort tolerance” **per Dr. Charles Hoffe, MD**), damaged blood vessels, and more. Watch the video interview of five Canadian physicians, including stories by Dr. Hoffe of vaccine-injured patients. He said, “these spike proteins are toxic to our bodies.”⁷⁵

- c. **Dr. Hector Carvalho, MD**, in Argentina, says there are two problems with long-Covid, one due to the tissue damage from Covid, and the other due to Covid itself continuing into long-Covid. Medical management is different for these two problems.⁷⁶
- d. Injected patients, whose bodies are forced by the mRNA to generate the spike protein that are then circulated through the body, can have symptoms similar to COVID-19, per **Dr. Bruce Patterson, MD**. He also says there are more than **215 symptoms** of long haul Covid.⁷⁷

3. CCTC description of long haul Covid at the cellular level:

Dr. Bruce Patterson, MD, CEO and founder of IncellDx and a founder of the **Chronic COVID Treatment Center**, which has developed “The Longhailer Index,” describes the Covid cellular process to Dr. Mobeen Syed, MD during an interview for *DrBeen Medical Lectures*:



*“It’s because **non-classical monocytes carry Covid S1 protein** [spike protein subunit that binds to ACE2 site of human cells] **15 months after diagnosis**. These cells bind to blood vessel walls and endothelial walls through fractalkine and the fractalkine receptor that’s expressed on non-classical monocytes and cause inflammation. These can cross the blood brain barrier, of course, and cause vascular inflammation in the brain... [T]hese non-classical monocytes are mobilized by exercise and activity. And so here you have a cell carrying Covid protein, and no RNA by the way. ...There really isn’t any protein in these cells yet they express the S1 protein. **They are mobilized by exercise, and so of course to a person who’s a long hauler, they get worse after activity, after exercise.**” – Dr. Bruce Patterson, MD, June 24, 2021⁷⁸ [Emphasis ours]*

4. Ivermectin as a long haul Covid treatment option:

- a. “Ivermectin is very, very useful” in the combinations of therapies used by the Chronic COVID Treatment Center. Dr. Bruce Patterson says the Center tends not to use it alone because “we want to interrupt the pathway. We want to treat the cause and not the symptoms.”⁷⁹
- b. [Covidlonghailers.com](https://covidlonghailers.com) – over 100 doctors are in CCTC network, per Dr. Patterson.⁸⁰

5. How to stop or treat long-Covid – Dr. Darrell DeMello, MD:

Dr. DeMello starts by looking at his Covid patients 30 or 36 days after the first symptoms to see if treatment is needed for long-Covid. He said:

I want to understand what is the damage left after the tsunami, the cytokine storm. So that gives me a perspective of the liver damage, the heart damage, the kidney damage, the tissue damage that may be there. **I don’t think, and I’ve not seen, long-Covid continue if you treat**

it correctly upfront...And I do treat the first 40 days very aggressively. Colchicine and Plavix continue for the balance 16 days, for the first 30 days and I may continue on Colchicine for the next 30 days again. So right up to 60, 90 days. The longest I've had a patient on Colchicine was six months, but he had no tissue damage, no lung damage, no nothing. No brain issues for the post period. Most patients are fully normal, at least in my practice, at the end of three months.

The first month you'll have a certain group of patients who will be doing well, all their markers look great, so all I have them do is take one tablet of Colchicine a day for 30 days, and you're fine and then you're done. The second group which have tissue damage, which have [lab values] being high . . . again Colchicine is a fantastic drug for those patients.

I picked Colchicine for various reasons. One of the reasons is that it's a damn good drug for cardio--myocarditis. It's a good drug for myocarditis. So it helps prevent myocarditis. So again, **let us use drugs that--that upfront, that make sense and we're able to prevent those long-term issues.**

The long-term issues after day 30 is more about cleaning up what's left behind.

And it's not about treating the basic disease. By allowing Covid to fester--if you don't--see, **it's not the virus that kills the patient. It's the body that kills the patient.** It's the super overdrive of the immune response system, which hits the cytokine storm, which sets up clotting . . .

So for me, it's not about the virus, it's about the body and the body's immune response. How do we prevent that? How do we reduce that? How do we treat that? How do we treat the consequences of that? **If I'm already treating the consequences of that upfront, there's very little left over.** So I don't think we're going to have much long-term Covid at least beyond six months in India. In my practice I haven't had very many people beyond six months. Ninety-five, ninety-eight percent of them have recovered fully in three months.

I do have a few come back to me in four month or five months, saying "I'm getting headaches, I'm getting some body pain. Is this Covid? Is this not Covid?" Usually that goes away if you put them back on Colchicine. **Again, it's about treating the underlying inflammatory problem they have...**⁸¹

If you come to me with a lung function test showing 50 percent fibrosis at one year, I tell you one thing: **It's not possible to clean up that lung.** If you come to me at two months or three months with a CT scan severity score of 15 by 25, **I'll clean it up...** (1:12:00)

NOTE: Besides Dexamethasone and Clopidogrel (Plavix), Dr. DeMello uses 1.0 mg of Colchicine in the morning after breakfast and .5 mg at night: "It works like magic." (1:05:00)

6. Importance of early aggressive treatment – Dr. Mobeen Syed, MD:

"If you are managing patients aggressively early, you are actually **prophylaxing them from becoming long-Covid**, from having those sequelae, as Dr. Hector Cavallo says, and end up in a bad state. When I receive patients of long-Covid, I feel there's some doctor mismanaged them. Not intentionally but maybe unknowingly, maybe not enough information. They mismanaged them. **If the management is done early and aggressively, long-Covids don't happen.**"⁸² **NOTE:** Dr. Syed's comments follow DeMello's comments in the video.

CONCLUSION

For most people, COVID-19 is a highly treatable disease. Preparation, early and aggressive treatment, and appropriate treatment and medical management during hospitalization are essential for successful recovery from COVID-19. Notably, clinical cardiologist Dr. Peter McCollough, MD, MPH, FACC and Dr. Harvey Risch, MD, PhD, professor of epidemiology at Yale School of Medicine, have both stated their belief that 80 to 85 percent of Covid deaths could have been prevented by early treatment.

Although the current Covid injections have been hailed as the primary method to prevent infection and save lives, U.S. government officials now acknowledge—and real-world evidence demonstrates—that the injections given under FDA Emergency Use Authorization do not protect individuals from infection, stop transmission of the virus, or eliminate severe Covid disease.⁸³ As an example, in August 2021, nearly 60 percent of hospitalized COVID-19 patients in Israel, which has one of the world's highest vaccination rates, were fully vaccinated, according to Becker's Hospital Review.⁸⁴

Thus, the Covid injection does not provide the public with sufficient protection against COVID-19. These first-ever, gene-based injections also come with additional concerns, such as insufficiently tested mRNA vaccine technology, a growing list of reported serious and life-threatening adverse reactions, and the known and unknown short and long-term consequences of spike protein being generated by one's own cells and circulated throughout the body, as described in this document.

Meanwhile, studies find that prophylaxis with ivermectin reduces Covid infection by at least 85 percent, treatment with ivermectin reduces mortality by 62 percent, natural immunity is at least 13 times more protective than "vaccine immunity,"⁸⁵ and various treatment protocols developed by independent physicians have significantly reduced mortality, such as New York physician Dr. Vladimir Zalenko's protocol, which was found to reduce hospitalization of Covid patients by 84 percent.^{86, 87}

This step-by-step COVID-19 PREPARE PROTOCOL is intended to help you better understand this viral disease, find useful resources, make decisions about Covid prevention and treatment in a timely manner, and do everything you can to protect yourself, your family members, and the lives of those you love before, during and after a COVID-19 infection.

For a quick overview, find the one-page **"QUICK-ACTION SUMMARY"** on the last page of this guide.

Twila Brase, RN, PHN
Published December 13, 2021

ENDNOTES

NOTE: marked video times are approximate.

- ¹ <https://www.youtube.com/watch?v=6OhRNGBmBZw>
- ² <https://www.youtube.com/watch?v=EdKgxv5e2kk>
- ³ <https://www.youtube.com/watch?v=j2EEDJuQNrI>
- ⁴ <https://www.youtube.com/watch?v=6OhRNGBmBZw> (6:12:12)
- ⁵ <https://www.youtube.com/watch?v=eO9cjy3Rydc> (9:40)
- ⁶ <https://www.youtube.com/watch?v=JwJjs5ZHKJl>
- ⁷ <https://www.sciencedirect.com/science/article/abs/pii/S0960076018306228?via%3Dihub/>
- ⁸ https://www.ntd.com/live-faith-health-and-hope-global-covid-summit-kansas-city_700963.html
- ⁹ <https://www.youtube.com/watch?v=JwJjs5ZHKJl> (47:00)
- ¹⁰ <https://cen.acs.org/biological-chemistry/infectious-disease/known-novel-coronaviruss-29-proteins/98/web/2020/04>
- ¹¹ <https://fcpp.org/2021/09/28/part-2-dr-robert-malone-on-ivermectin-escape-mutants-and-the-faulty-logic-of-vaccine-mandates/>
- ¹² <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075>
- ¹³ <https://www.bitchute.com/video/PtgEJoDZY8Z6/> (22:20)
- ¹⁴ <https://www.bitchute.com/video/PtgEJoDZY8Z6/> (1:16:00)
- ¹⁵ <https://www.bitchute.com/video/PtgEJoDZY8Z6/> (1:16:00)
- ¹⁶ <https://www.bitchute.com/video/PtgEJoDZY8Z6/> (31:00)
- ¹⁷ <https://www.youtube.com/watch?v=fn5SwOZKzI0> (1:13)
- ¹⁸ <https://www.10news.com/news/in-depth/in-depth-can-a-simple-technique-stop-myocarditis-after-covid-vaccination>
- ¹⁹ https://www.ntd.com/live-faith-health-and-hope-global-covid-summit-kansas-city_700963.html
- ²⁰ <https://www.checkbook.org/national/doctors/articles/License-and-Disciplinary-Actions-3181>
- ²¹ <https://www.youtube.com/watch?v=eO9cjy3Rydc>
- ²² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/>
- ²³ <https://emergency.cdc.gov/han/2021/han00449.asp>
- ²⁴ <https://www.nature.com/articles/d41586-020-02958-2>
- ²⁵ https://www.ntd.com/live-faith-health-and-hope-global-covid-summit-kansas-city_700963.html (6:50:00)
- ²⁶ <https://pubmed.ncbi.nlm.nih.gov/33340409/>
- ²⁷ <https://covid19criticalcare.com/covid-19-protocols/>
- ²⁸ <https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients>
- ²⁹ <https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/>
- ³⁰ <https://www.theepochtimes.com/live>
- ³¹ <https://onlinelibrary.wiley.com/doi/10.1111/ijcp.14321>
- ³² <https://www.youtube.com/watch?v=6OhRNGBmBZw>
- ³³ <https://www.youtube.com/watch?v=EdKgxv5e2kk>
- ³⁴ https://www.accessdata.fda.gov/drugsatfda_docs/nda/98/50-742s001_Stromectol.cfm
- ³⁵ <https://www.youtube.com/watch?v=j2EEDJuQNrI>
- ³⁶ <https://www.sciencedirect.com/science/article/pii/S0166354220302011>
- ³⁷ <https://www.youtube.com/watch?v=EdKgxv5e2kk>
- ³⁸ <https://www.youtube.com/watch?v=j2EEDJuQNrI>
- ³⁹ <https://www.youtube.com/watch?v=6OhRNGBmBZw>
- ⁴⁰ <https://www.youtube.com/watch?v=EdKgxv5e2kk> (29:00)
- ⁴¹ <https://c19ivermectin.com>
- ⁴² <https://ivmmeta.com>
- ⁴³ <https://rumble.com/vmuban-cchf-annual-event-keynote-speaker.html> (Dr. Scott W. Atlas, MD)
- ⁴⁴ <https://www.facebook.com/cchfreedom/videos/580243025952298>
- ⁴⁵ <https://www.youtube.com/watch?v=EdKgxv5e2kk> (33:00)
- ⁴⁶ <https://academic.oup.com/jes/article/5/6/bvab037/6161296>
- ⁴⁷ <https://www.youtube.com/watch?v=6OhRNGBmBZw> (6:05:05)
- ⁴⁸ <https://www.youtube.com/watch?v=6OhRNGBmBZw> (6:08:50)
- ⁴⁹ <https://www.alaskasleep.com/blog/bipap-therapy-bilevel-positive-airway-pressure>
- ⁵⁰ <https://www.youtube.com/watch?v=EdKgxv5e2kk> (42:00)
- ⁵¹ <https://www.youtube.com/watch?v=vWn3K5tWY5Q>
- ⁵² <https://www.youtube.com/watch?v=6OhRNGBmBZw> (6:05:54)
- ⁵³ <https://eurjmedres.biomedcentral.com/articles/10.1186/s40001-021-00570-2>
- ⁵⁴ <https://www.hackensackmeridianhealth.org/HealthU/2020/05/06/w-hat-is-proning-and-how-may-it-help-covid-19-patients/>
- ⁵⁵ <https://www.mohfw.gov.in/pdf/COVID19ProningforSelfcare3.pdf>
- ⁵⁶ <https://www.youtube.com/watch?v=dTGpWDIzEPQ> (1:30:00)
- ⁵⁷ https://www.ntd.com/live-faith-health-and-hope-global-covid-summit-kansas-city_700963.html
- ⁵⁸ <https://twitter.com/MdBreathe/status/1466106762285785097>
- ⁵⁹ <https://twitter.com/MdBreathe/status/1465877931306201091/photo/1>
- ⁶⁰ <https://ccforum.biomedcentral.com/articles/10.1186/s13054-021-03492-x>
- ⁶¹ <https://vimeo.com/402537849>
- ⁶² <https://www.youtube.com/watch?v=dTGpWDIzEPQ> (27:45)
- ⁶³ <https://www.youtube.com/watch?v=JwJjs5ZHKJl>
- ⁶⁴ <https://www.tcd.ie/medicine/Emedicine/pul-abg/intro4.htm>
- ⁶⁵ <https://www.nursingcenter.com/ncblog/march-2017/elevated-lactate—not-just-a-marker-for-sepsis-an>
- ⁶⁶ https://www.medscape.com/viewarticle/928156#vp_2
- ⁶⁷ <https://covid19criticalcare.com/covid-19-protocols/>
- ⁶⁸ <https://www.youtube.com/watch?v=ufy2AweXRkc>
- ⁶⁹ <https://www.fox32chicago.com/news/illinois-family-credits-ivermectin-with-saving-life-of-father-hospitalized-with-covid-19>
- ⁷⁰ <https://www.healthline.com/health/drugs/fluvoxamine-oral-capsule#important-warnings>
- ⁷¹ <https://www.youtube.com/watch?v=vkSI87l8eqc>
- ⁷² <https://covid19criticalcare.com/covid-19-protocols/i-recover-protocol/>
- ⁷³ <https://www.youtube.com/watch?v=EdKgxv5e2kk> (50:00)
- ⁷⁴ <https://www.youtube.com/watch?v=EdKgxv5e2kk>
- ⁷⁵ <https://www.bitchute.com/video/PtgEJoDZY8Z6/>
- ⁷⁶ <https://www.youtube.com/watch?v=uAn4VveoIis>
- ⁷⁷ <https://www.youtube.com/watch?v=JwJjs5ZHKJl>
- ⁷⁸ <https://www.youtube.com/watch?v=JwJjs5ZHKJl>
- ⁷⁹ <https://www.youtube.com/watch?v=JwJjs5ZHKJl> (15:00)
- ⁸⁰ <https://www.youtube.com/watch?v=JwJjs5ZHKJl>
- ⁸¹ <https://www.youtube.com/watch?v=EdKgxv5e2kk> (53:40)
- ⁸² <https://www.youtube.com/watch?v=EdKgxv5e2kk>
- ⁸³ <https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>
- ⁸⁴ <https://www.beckershospitalreview.com/public-health/nearly-60-of-hospitalized-covid-19-patients-in-israel-fully-vaccinated-study-finds.html>
- ⁸⁵ <https://www.news-medical.net/news/20210830/Does-SARS-CoV-2-natural-infection-immunity-better-protect-against-the-Delta-variant-than-vaccination.aspx>
- ⁸⁶ <https://lc.org/full-article/1206watch-mat-staver-on-freedom-alivediscovering-effective-treatments-for-covid19>
- ⁸⁷ <https://www.sciencedirect.com/science/article/pii/S0924857920304258?via%3Dihub>

ADDITIONAL CCHF COVID RESOURCES

EarlyTreatmentOptions.org

CovidLegal.org

PatientToolbox.org

RealRisks.org

QUICK-ACTION SUMMARY FOR COVID-19

Understanding COVID-19

- COVID-19 is an inflammatory and clotting disease—not a lung disease.
- It begins as a viral disease, transitions to an inflammatory disease from immune system overdrive (cytokine storm) and if not stopped, systemwide clotting begins.
- It's treatable for most, especially if treatment begins in the first seven days.
- Common early symptoms include fatigue, fever, headache, loss of taste and smell.

Prevention and Preparation for COVID-19

- Prepare an Early Treatment Kit (ETK), including ivermectin. (p. 7)
- Consider ivermectin and/or hydroxychloroquine as prophylaxis.
- Maintain a vitamin D level of at least 50 ng/mL.
- Make an informed choice about the Covid injection.
- Find a doctor who provides early, aggressive treatment. ([EarlyTreatmentOptions.com](https://www.earlytreatmentoptions.com))
- Find a pharmacy that will dispense ivermectin, particularly compounding pharmacies.
- Prepare a "COVID Hospitalization Wishes" document (p. 8).
- Investigate monoclonal antibody process and hyperbaric oxygen therapy locations.

Treating COVID-19 Infection

- Begin proactive early treatment, including medications in Early Treatment Kit.
- Get a Covid test and inquire about monoclonal antibody treatment protocol.
- Contact doctor willing to provide medical management and early treatment.
- Consult the FLCCC I-Mask early treatment protocol for drugs and dosing. (FLCCC.net)
- Monitor blood oxygen level, document all medical details (p. 11), and don't panic.
- Consider prophylaxis for family members at high-risk. (p. 12)
- Use proning, at-home oxygen and deep-breathing to try to stay out of hospital. (p. 13)

Hospitalization for COVID-19

- Go to hospital if illness progresses and outpatient medical management is not available.
- Take with you ivermectin, "Covid Hospitalization Wishes," and FLCCC MATH+ protocol.
- Try to avoid mechanical ventilation, which has proven hazardous to patients. (p. 14)
- Change hospitals if you're not receiving effective care; want to try other medications.
- Ask for what you want; record/videotape encounters accordingly, mindful of state law.

Preventing "Long Haul" Covid

- Treat the acute phase of COVID-19 early and aggressively.
- If symptoms remain after Covid, seek care 5-6 weeks after acute stage began. (p. 18)
- The ability to avoid long Covid and to clear blood clots from the lungs and body depends on early treatment initially—and early treatment in the aftermath of the acute illness.
- Ignore those who say, "it's in your head." Seek treatment. Your health depends on it.

Your gift of financial support is critical
as we work to protect freedom in
America. We truly cannot do this
without you!



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