President Donald J. Trump
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Subject: **Recommendations for Dealing with COVID-19 Going Forward**

Dear Mr. President:

We appreciate your untiring efforts (and the work of the Coronavirus Task Force under Vice-President Pence), which have resulted in great strides being made in dealing with COVID-19, under difficult circumstances. It's easy for others to do Monday-morning quarterbacking, and we regret that you are in the unenviable position of being damned if you do, and damned if you don't.

While you have many experts who are advising you on the Herculean decisions of how to further mitigate the virus and reopen America, there are numerous others who would like to assist you in this endeavor, to improve the likelihood of success. We are all in the same fight, so we need to work together.

The undersigned US scientists, medical professionals, economists and other technical experts are united by a belief that genuine science should be the basis of our technical public policies and subsequent actions. Unfortunately, far too often real science has been replaced by political science. In this case, some of the complaints relating to COVID-19 appear to be from those who see this pandemic as a political opportunity.

We would like to offer our non-political perspective and recommendations on the way forward with COVID-19. The signers of this letter have diverse backgrounds and expertise representing a cross-section of specialties and skills in a number of fields, ranging from health care to the physical sciences to economics. We hope that our constructive suggestions prove useful to you, as you continue to lead us in the battle against this invisible scourge.

Appendix 1 has ten (10) specific recommendations, brief and to the point. (*Some are about maintaining the current course, others are newer ideas.*) **Appendix 2** consists of slightly more detailed explanations for each suggestion. **Appendix 3** is a list of some sample parties who support the gist of these key recommendations, and agree with the premise of this letter. (Please note that this is a bi-partisan submission as there are Republicans, Independents and Democrats who are signees.)

We are pleased to be of service in any way we can to assist you in these trying times.

Very respectfully,
        The undersigned

Attachments (3)

— Appendix 1 —

Some Recommended Suggestions for President Trump as to How America Should Move Forward Regarding COVID-19

Here are the top ten (10) recommendations of the signing parties. Following these is a slightly more detailed explanation of each item (see Appendix 2). The green items are newer suggestions, or matters that don't seem to have been fully implemented yet.

1 - Federal government put businesses into four categories, based on the frequency and duration of close personal contact.

2 - Federal government recommend a normalization plan, but states decide on what businesses are in each category, timing, and what protocols to be used in each category, etc.

3 - Immediately add a professional statistician to the COVID-19 team.

4 - Continue to advise taking actions that will flatten the curve — and explain why.

5 - Require more accurate reporting of COVID-19 complications and deaths.

6 - Regarding **prevention**, the federal government and the states:
a) Aggressively work to increase COVID-19 testing capability.
b) Educate citizens regarding optimizing their immune system.
c) Encourage social distancing, use of masks, washing hands, etc.
d) Actively support first-responders and healthcare providers.
e) Support efforts to develop a vaccine, but as a secondary matter.

7 - Regarding **therapies**, the federal government and the states:
a) FDA approve doctor-supervised HCQ+Z-Pak+Zn plus Remdesivir protocols.
b) Aggressively support studies into pharmaceutical therapeutic options.
c) FDA recommend steam inhalation as an initial treatment.
d) Lessen talk about ventilators.

8 - Congress should refrain from additional COVID-19 outlays, as an economically problematic amount has already been authorized.

9 - Continue to exhaustively investigate the origin of COVID-19.

10-Thoroughly analyze the objectivity, competence and timeliness of all major UN agencies.

For more information on any of these suggestions, please contact NC/NY physicist John Droz.

— Appendix 2 —

Some Additional Details about the
Recommended Suggestions for President Trump as to
How America Should Move Forward Regarding COVID-19

[1] The federal government will divide all business into four (4) categories (A thru D), based on the frequency and duration of close contact. (E.g. an "A" business might be golf courses, while "D" businesses might be restaurants). Having the federal government do this will help with uniformity from state to state. (Note the four groups do not have to be of equal size.)

[2] Since states should have a better understanding on their own situation, the federal government should avoid imposing one-size-fits-all mandates. The plan *recommended* for states to follow would be:

   a) It would be each state governor's responsibility to make changes they see fit to the business categorizations in their state.

   b) Wait until their medical professionals determine that each state has passed the peak in the COVID-19 infection curve.

   c) At that point the state starts opening businesses, one category at a time, each group separated by 1-2 weeks.

   d) If during any re-opening segment, there is an unacceptable increase in COVID-19 cases in that state (as determined by the Governor and his medical advisors), then the next business category openings would be delayed a week or more, until the situation is under control.

   e) During all openings, citizens would continue to: maintain social distancing (as much as practical), frequently wash their hands, work at optimizing their immune system, etc.

[3] Having an expert statistician as a key part of the President's team is an urgent matter. Such an immediate addition will reduce the chances of being misled by speculative computer models and other data. Good examples of competent statisticians are Dr. Stan Young and Dr. Matt Briggs. If neither of them is available additional names can be provided.

[4] Flattening the curve is extremely important — *but for a reason not well articulated*. The main benefit is that it will enable higher efficacy COVID-19 therapies to come online (which will happen *considerably* sooner than vaccines will). See [here](). The public needs to be *much* better advised as to this rationale for short-term flattening.

[5] There is disturbing evidence that some medical professionals are using COVID-19 as a convenient [catchall category](). The federal government needs to put an immediate stop to that, as such a practice will seriously undermine the [accuracy]() of data analysis. Inaccurate data results in inaccurate policies… It would be informative if deaths related to lock-downs, higher prices, reduced incomes was kept track of.

[6a] The government's decision making capability is severely handicapped when actual numbers are not known. Accurate, quick COVID-19 virus testing *plus* antibody test capability needs to be increased by one to two orders of magnitude. Testing protocols must be random and stratified, and and should include those with symptoms and those without.

[6b] Since we are all going to be inevitably faced with increased exposure to COVID-19, the CDC should immediately post the urgency and specifics of everyone optimizing their own [immune system](). An optimized innate immune system: **i)** would reduce the likelihood of catching COVID-19, *and* (if someone does catch it), **ii)** would likely result in fewer complications and deaths.

Here are some simple, inexpensive ways to optimize our immune system from three credible sources: [Harvard Health](), *[Prevention]()* magazine, and the prior [head of the CDC]().

The fact that the CDC's main [COVID-19 webpage]() does not even *mention* the innate immune system is an egregious oversight, and this major error should be fixed **immediately**. An example of some reasonable words to expand on are on this NC Department of Health & Human Services [COVID-19 page]().

Note: Since the majority of the population has herd immunity from the influenza virus, there may be some [transfer]() of this to COVID-19.

[6c] Continue what is being currently communicated on social distancing, etc.

[6d] Actively support first-responders and health care providers — e.g. by making more PPEs (e.g. N-95 respirators) available. If not already done, the federal government should also widely distribute something like this excellent Michigan [document]().

6e Tamp down expectations regarding a COVID-19 vaccine as: **i)** it is many months away, so has little current value, *and* **ii)** by the time a vaccine is available, it is possible that the SARS-CoV-2 virus will have mutated — which means that the vaccine effectiveness may be low.

7a The FDA should immediately update their position to allow physicians to prescribe HCQ *plus* Z-Pak *plus* Zinc* or Remdesivir to any COVID-19 patient that the physician is actively monitoring — **not** just in a hospital as the FDA position currently is. (*See here* and *here for sample studies of these two therapies.*)

What sense does it make for the FDA to be pushing COVID-19 patients into hospitals: **i)** which increases the likelihood that those facilities will become overloaded, *and* **ii)** that statistically increase the chances that patients may end up with some other medical complications?
*Per here: Zinc Orotate, Gluconate, Citrate, Acetate or Picolinate.

7b To encourage effective therapies (of all types) consider offering a major cash award to the public for the most effective scientifically-proven COVID-19 therapy.

7c It is documented that COVID-19 is initially a respiratory ailment, *and* that the virus can be deactivated by heat (165ºF). A simple, low-cost, low-downside initial treatment for an individual who has COVID-19 is to carefully inhale steam from boiling water. The FDA should quickly investigate this and if it works, endorse it.

7d Ventilators should not be considered a cure, but as providing a bridge. There is some evidence that they are not effective. It also may be likely that proper therapy (see above) will alleviate the need for ventilators.

8 Almost all political decisions ultimately come down to "What is the price?".   It makes little sense to try to solve one major problem by creating another major problem. The federal government has already likely allocated too much money to this issue, and doing more will be adding to an unsustainable debt. The only new expenditures should be specifically tied to dealing with COVID-19 as a disease (e.g. PPEs).

9 If China is implicated for releasing SARS-CoV-2 due to carelessness or by intent, there should be a proportionate response.

10 UN agencies that need special investigations are WHO and IPCC. Any UN agencies that fail any of the criteria of objectivity, competence and timeliness should be defunded until they are proven to be fixed.

— Appendix 3 —

Signers to the Letter to President Trump
Regarding Recommended Suggestions as to
How America Should Move Forward Regarding COVID-19

(Note: these signers represent themselves, and not any organizations they belong to.)

Patti J. Adair, County Comm (OR)
Dr. Robert J. Adair, Physician (OR)
Dr. Steven J. Allen, esq, Biodefense (DC)
Douglas Barclay, Attorney (NY)
Dr. Calvin Beisner, Social Scientist (TN)
Dr. Jonathan Bernstein, Immunologist (OH)
Dr. Jared L. Black, Prof. Engineer (OR)
Brad Blake, LT Care Consultant (ME)
Dr. Daniel B. Botkin, Biologist (CA)
Dr. Jan Breslow, Physician/Scientist (NY)
Dr. Matt Briggs, Statistician (NY)
Dr. Jim Buell, Biologist (OR)
Dr. Sharon R. Camp, Chemist (GA)
Sam Carpenter, businessman (OR)
Loren Carroll-Perry, RN (retired) (CA)
Dr. Dustin Chambers, Economics (MD)
Thomas Chaudoin, CWO4, USN (Ret) (CA)
Dr. Bonner Cohen, Sr Fellow NCPPR (VA)
Stuart J. Cvrk, Captain USN (ret) (SD)
Karl Denison, Biologist (OR)
Dr. Arthur Desrosiers, Physicist (FL)
Paul deWitt, Captain USNR (ret) (OR)
John Droz, jr, Physicist (NC)
Dr. James Enstrom, Epidemiologist (CA)
Dr. Irv Forbing, Oral Surgeon (CA)
Dennis C. Galluzzo, RPh (NY)
Dr. Ron Heiniger, Agronomist (NC)
Dr. Oliver Hemmers, Physicist (NV)
Dr. Anne Hendershott, Sociologist (NY)
Phil Henderson, County Comm (OR)
James Hollingsworth, Social Scientist (ID)
Christina Jeffrey, Nat Assoc Scholars (SC)
Jerry Katell, Comm RE Developer (CA)
Dr. Hugh Kendrick, Physicist (OR)
Dr. Bernard Kepshire, Biologist (OR)

Dr. Robert C. Koons, Philosopher (TX)
Dr. Patricia LaPoint, Sch of Business (TX)
Frank Lasee, fmr State Senator (WI)
Michael Ledeen, Scholar (MD)
Dr. Stephen Lentz, Meteorologist/EMT (PA)
Dr. Matt Malkan, Physicist (CA)
James Marsh, Prof of Immunology (NC)
Dr. Craig McCluskey, Physicist (NM)
Richard McFarland, NASA Physicist (CA)
Dr. John Merrifield, Economics (TX)
Dr. Patrick Michaels, Climatologist (VA)
Steven W. Mosher, Social Scientist (FL)
Dr. Mecke Nagel, Philosophy (NY)
Dr. Daniel Nebert, Genetics MD (OH)
Dr. Ned Nikolov, Physical Scientist (CO)
John Palmer, Attorney, Engineer (NC)
Dr. Helen Parker, Clinical Psychologist (MA)
Aldara Peacock, Biologist (TX)
Jim Peacock, NASA Aerospace Eng (TX)
Allen Rogers, Engineer (WA)
Marsh Rosenthal, Emer Med Tech (MA)
Craig Rucker, CFACT (DC)
Keith Sime, Colonel USMC (ret) (OR)
Dr. Robert P. Smith, Prof Engineer (TX)
Dr. George Taylor, Computer Scientist (CA)
Dr. David Thompson, Engineer Dean (NM)
Joe Tomlinson, Professional Engineer (WA)
Dr. Waheed Uddin, Comp Modeling (MS)
Marta E. Villanea, Judge (ret) (CA)
Chuck F Wiese, Meteorologist (OR)
Dr. Terry Winters, Chemist (AZ)
Dr. David Wojick, Cognitive Scientist (WV)
Dr. Peter Wood, Anthropologist (NY)
Dr. Stanley Young, Statistician (NC)
Bill Zachman, CPA (NC)