16 Fascinating

COVID-19 & Spanish Flu

Mysteries

Solved!

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University Science Press LLC

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Introduction:

(Please note- unlike my first version of this book, this book gives no medical advice about Covid-19, but most readers will be able to figure what the advice might have been without too much effort). If you want "official" medical advice from "experts" about Covid-19 and other Covid-19 information, please visit the CDC Covid-19 web page at this link>

https://www.cdc.gov/coronavirus/2019-ncov/index.html).

I wanted to publish this book anonymously, but that would be doing my loyal following of readers a disservice who probably would like to know about this book as soon as it comes out, and that is a substantial number. I have sold (or given away on Amazon's KDP free days) more than 500,000 eBooks and print books worldwide. The vast majority of them have been sold.

My books have been translated into 8 other languages so far- German, French, Spanish, Polish, Swedish, Portuguese, Japanese, and Slovak.

If you want to have the most fun with this book in trying to solve the puzzle on your own, please try to avoid digging around to see what I have written in the past. That might spoil this book for you.

Readers of my previous books will likely know the answer to the mystery that runs through these

chapters pretty quickly, but I am sure they will enjoy the book nonetheless, but not as much as someone who comes to this book with no prior knowledge of what the solution may be.. Okay? So, let's get started.

 You will shortly be taken on an intellectual journey and adventure of trying to figure out what a hodgepodge of puzzling things all have in common. During and after considering these stories, articles, or odd facts concerning pandemics or epidemics that seem mostly unrelated to each other, if you can unmask the common thread that runs through them all, you will have solved the puzzle and figured out a way to save humanity from the current pandemic as well as any that come at us in the future. This book will allow you to play the role of medical detective. And the fun part is that whether you solve the puzzle or not, you will be given the answer at the end of the book which should provide a satisfying solution to the puzzle and leave you in a wonderful state of "AHAAA".

 For example, you will see a story of an Alaskan village that was untouched by the Spanish flu of 1918 while nearby villages lost up to 90% of the population to Spanish flu deaths.

You will read about towns in mountain areas that get hit harder than anywhere else by epidemics, and eventually read an article about how African Americans are much more susceptible to Covid-19

than whites, and then another where in some areas blacks and whites are dying from Coivid-19 in equal numbers! You will even see a chapter about how lower altitude mountains somehow increase the deadliness of COVID-19 while higher altitude mountains seem to protect people from Covid-19 !!???

If you can figure out the common thread that runs through all these stories, articles, and facts, you will then have discovered, all on your own, how to possibly stop the next pandemic before it starts! And possibly stop the current one right in its tracks, easily, and safely. Just by everyone adopting one healthy habit.

You better hurry as they say the next Covid-19 pandemic is headed our way for the fall of 2020!

When I add a commentary in each chapter, I might be adding it from the viewpoint of how our public health "experts" might have tried to explain the facts of the case. But please be advised, their views might be completely or partially incorrect or possibly partially or wholly correct. You will only know in the end after the answers are all revealed to you.

If you decide to not read all the chapters, or get bored with the task you can then ruin the book for yourself by jumping to chapter 14 and beyond where all will be revealed and you can check your own answer, if you develop one, against the one

thread running through all the stories <u>that simultaneously explains</u> all the odd facts.

Figuring out this one thread through all these stories will then be the key that might allow us to prevent the next pandemic before it even starts! Without even needing a vaccine! Don't get me wrong, if anyone wants to get vaccinated in the future, it might be a good idea, but the answer to these mysteries provides possibly a reasonable alternative as vaccines are often only 40% effective at preventing the flu in individuals, but whose main goal is to have the entire population acquire enough immunity to reach "herd" immunity which prevents major epidemics. This will be discussed later.

I ask you just one favor. Please do not mention the answer anywhere in writing if you leave a review of this book, that will just spoil the puzzle part for others who want to take a crack at it. But please do spread the news far and wide in any other venue, so we can stop the current pandemic and the next pandemic before it even starts!

#1 The Mystery of San Marino-

Why Does a Tiny Little Country Within Italy Have the Highest Rate of Cases and Deaths from Covid-19?

You can quickly take a look at some interesting statistics for COVID-19 for all the countries in the world by going to the website: https://www.worldometers.info/coronavirus/

At that site you will find a table that lists all the world's countries and their interesting statistics relating to Covid-19 in table form.

You can click on any heading for a particular statistic and the countries will be sorted in order of the value of that statistic.

The two statistics that we will look in this chapter are deaths per million of population, and cases per million of population.

Let us take a quick look at deaths per million - what follows are the top countries in that category. Keep in mind that these numbers can change from the date of this writing, and if the change is significant for our purposes, I will update the table as needed. So far, there has been no need for an update, and I do not expect there will be. (Note a quick check on June 12 shows basically the same order with a bump up of US deaths per million from 158 to 353 (which is a separate story in itself) and Brazil entering the horse race, but the order is still about the same. I

made a table from the data available at World Meter and below I list all countries that have a rate of 150 deaths per million or more as of 5/31/20 from Covid-19:

Country, Latitude	Total Deaths	Active Cases	Tot Case/ 1M pop	Deaths/ 1M pop
San Marino	40	409	15,119	**1,179**
Belgium	6,917	27,991	3,911	597
Andorra	40	347	9,461	518
Spain	22,524	104,885	4,700	482
Italy	25,969	106,527	3,192	430
France	22,245	94,090	2,449	341
UK	19,506	123,614	2,113	287
Sint Maarten	12	39	1,703	280
Netherlands	4,409	32,531	2,170	257
Sweden	2,192	14,980	1,800	217
Isle of Man	18	60	3,622	212
Ireland	1,014	7,937	3,683	205
Montserrat	1	8	2,204	200
Channel Islands	34	194	3,008	196
Switzerland	1,593	6,301	3,339	184
USA	52,217	763,109	2,797	158

Who stands out like a sore thumb?

San Marino

With a whopping **1,179** deaths per million population (now 1,238 as of 6/12/20)!!! It has almost double the death rate of the next nearest country Belgium.

Also, at 15,119 cases per million San Marino is #1 in that category too. Andorra comes in 2nd in this category at 9,461 cases per million – we will take a look at Belgium and Andorra later.

For comparison, the United States only has a death rate of **158** deaths per million residents! And a total case rate of 2,797 per million.

What is going on here?

Let us take a closer look at San Marino. All I knew about it before recently, was that it had some ski resorts and it was near Italy.

 (It turns out that it is completely inside of Italy!)

San Marino is a tiny landlocked country. It is a very hilly country with no flat land to be found. San Marino does not have any significant sized bodies of water, although it lies about 6 miles from the coast of the Adriatic Sea on the east side of Italy. The tallest mountain in San Marino is Mount Titano which is about 2,5400 feet above sea level.

San Marino

San Marino has relatively hot summers and cool, snowy winters. The snow is heaviest above the 1500 feet of elevation.

Geography of San Marino
The fortress of Guaita on mount Titano
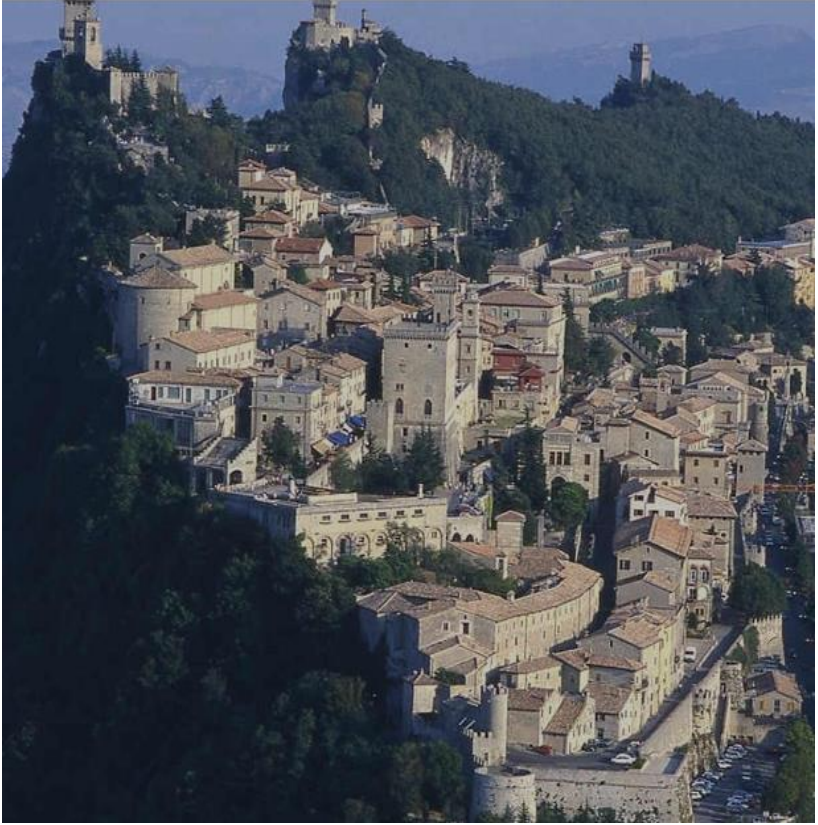
Hillside Village San Marino
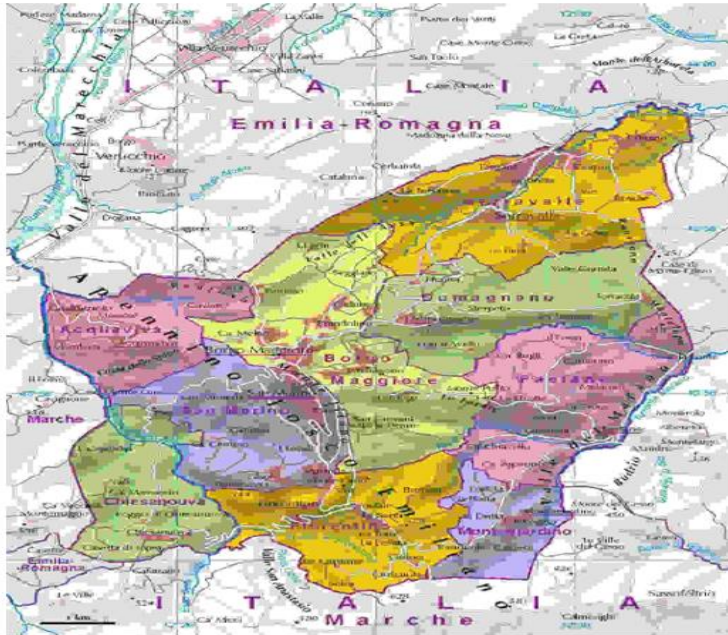
Topographic Map of San Marino

San Marino is not particularly sunny, it has about 2,300 hours of sunshine on average per year with July being the sunniest month and November the darkest. For comparison. If San Marino was one of the United states it would be 5th from last for the least annual sunshine hours, being quite similar to the amount of sun that Portland Oregon gets.

So, the bottom line is that San Marino is an extremely hilly, mountainous, country, with **no flat land** to be found.

What else is unique about San Marino?

It turns out that the 33,800 residents of San Marino are very old. San Marino's population has a median age of 44.7 years old and 20% of its population is older than 65.

San Marino has the 6th oldest population in the world only exceeded by:

Monaco (53), Japan (47). Germany (47), Saint Pierre (46), and Italy (45). The country of Andorra comes in at #10 (44)- w will look at Andorra later.

<u>With 860 people per square mile, San Marino is also, one of the most densely populated countries in the world.</u>

So, if we asked our public health officials what might be the cause of such a high death rate in San Marino? They would most likely note that.

-Being one of the most **dense**ly populated countries in the world, virus transmission would be easier,

-**Older** people are more susceptible to the virus due to weaker immune systems and comorbidities.

-Maybe the fact that the country is entirely covered with hills and mountains with no flat land, that there is -a **deficit in sunshine and heat** which allows the virus to thrive in the outside environment.

-Also, 2300 hours of annual sunshine is low to begin with, so throw in the mountain shadows and you start to see an even bigger **sunshine deficit**.

The doctors when asked why epidemics tend to dissipate in the spring and summer months suggest that it is caused by the sun and warmth making it harder for the virus to spread. And recently it was shown that sunshine (UV light) can kill the COVID 19 virus in just seconds!

#2- The Mystery of Egegik, Alaska during the Spanish Flu:

This is an especially intriguing story, and in the end, you will find it is pretty difficult to figure this one out without a little additional internet research on your own.

It turns out that the one place in the world hit hardest by the Spanish Flu was Alaska. Due to Alaska's isolation, Alaska missed the first wave of the epidemic, but when it finally landed during the second round of the outbreak Alaska got slammed.

Some of the villages along the pacific coast saw up to 90% of their members killed by the flu. It hit the adults especially hard but often spared the children.

There were reports that in some villages, people just dropped dead while they walked. And when others came to investigate the carnage and help the children, they reported that they saw packs of stray dogs eating the dead bodies.

Amongst all this carnage, one town stood out where nobody seemed to be bothered by the virus. It was the tiny little village of Egegik which sat on the banks of the Egegik river, right near the Pacific ocean.

Egegik had a small population of about 120 people who almost all worked at the "Diamond O" fish canning plant where they would catch the salmon swimming upstream each November and process them into canned salmon which they exported mainly to the lower 48 states.

The villagers first learned of the Spanish flu when a boat washed up on their shore with a few dazed,

scared, and dirty Inuit children sitting on top of the bodies of some dead adults. They were apparently trying to find help for their village which was located upstream.

They were quickly hurried off to Egegik hospital to convalesce. At this point some of the Egegik villagers ventured out to survey the surrounding villages and found most of the adults dead, with lots of frightened helpless children just sitting around, paralyzed by shock. The children were eventually rounded up and placed into makeshift orphanages.

To this day, nobody has ever figured out the mystery of the miracle town of Egegik, why they all survived while the villages around them all perished.

So, what was so special about this village that allowed it to dodge a bullet?

Did the river have something to do with it?

Current popular thinking about what suppresses the spread of virus includes humidity. Maybe the constant churning of the river water by the town provided enough humidity to prevent the virus from spreading?

Given that the entire small town was involved with working at the cannery, could it mean that it was a younger population not so susceptible to the virus? But remember the Spanish flu for some reason infected healthy young adults more than others. Did they wash their hands and themselves a lot more than people at other villages due to working at the cannery? What a brain teaser!

#3 Why are Blacks with COVID-19 Dying at 5X the Rate of Whites with COVID-19 in Most Areas?

Once you have solved the riddle as to what thread runs through all these pandemic stories, that simultaneously explains them all, it would have been a simple matter as soon as the COVID-19 pandemic began to predict that it would hit most, but not all, black Americans at a much higher rate than white Americans. But to those without this simple knowledge, it would appear to be a confusing mystery!

Let's take Chicago for example:

Here are some recent statistics concerning race and Covid-19 in Chicago:

% of COVID-19 cases	Black 52%	White 24%
% Chicago population	Black 30%	White 33%
% COVID-19 deaths	Black 69%	White 14%

So, what we see is that while blacks make up 30% of the population of Chicago, they are experiencing almost 70% of the deaths! 233% higher than expected!

On the other hand, whites who make up 33% of the population are only incurring 14% of the deaths. 58% LOWER than expected! How might this be explained by our health professionals?

The current thinking is that due to black Chicagoan's generally disadvantaged economic situation that they receive much less and/or inferior health care. This in turn leads them to have higher rates of cancer, diabetes, asthma, obesity, high blood pressure, etc.

When these medical conditions are present it makes them much more vulnerable to Covid-19 as well as any other coronavirus. I fact the health of average Black Chicagoans is so impaired that they tend to die nine years earlier than white Chicagoans.

This has been a big puzzle for the Chicago health authorities who offer explanations such as blacks catching the disease at higher rates due to their

living in crowded conditions, often relying on crowded public transportation, and often not being able to work from home. But these explanations do not explain why blacks are much more likely to die from the virus once infected.

And these mortality differences between the black and white races do not just exist in Chicago. They can be found in Milwaukee and Detroit, New Orleans, and many other cities.

For example, because of the alarming statistics coming out of Detroit, health officials in Michigan have noted that blacks make up 35% of the cases of Covid-19 and 40% of the deaths from Covid-19 while making up **only 14%** of the state's total population.

The city's data shows confirmed COVID-19 cases in every age group and ZIP code across Chicago, and **the numbers reinforce scientific studies showing that people who are older or have underlying medical conditions are more susceptible to severe illness or death**.

Almost one-third of Chicago coronavirus diagnoses and 71% of deaths have involved people older than 60, though that age group represents only 18% of Chicago's population. About 97% of the city's COVID-19 deaths involved underlying conditions, according to city data.

This racial disparity problem is not limited only to America. You should be able to find it in many places around the world.

Take England for example…we see it there too…! In England recent statistics show that blacks are dying at 4X the rate of whites. HMMM…. Maybe the "experts" knowledge of what is going on here is only skin-deep.

Maybe there is another explanation for the disproportionately large number of black deaths from COVID-19 that the "experts" just can't see- even when it is right in front of their eyes?

Or maybe not!

#4-The Mystery of Ferrara-the Northern Italian City of 132,000 where nobody gets sick from COVID-19!

Northern Italy was the initial ground zero for the enormous death toll from COVID-19 in Italy.

I learned about the miracle town of Ferrara Italy when I read the article titled: Italian Ferrara the residents found the immunity to coronavirus

When I heard of the miracle town of Ferrara I had to look at a topographical map of Italy and wow- it just

slaps you in the face- Most of Italy is covered by a mountain range that runs north and south.

What is special about Ferrara? It sits smack dab in the middle of a big flat plain in northern Italy with no mountains anywhere around. Their town of 132,000 people only had 304 cases of COVID-19 and NONE of them showed any severe symptoms.

A mystery, however, is the case of Milan, which also sits in the same flat plain but has a very high death rate from the virus. On further investigation it turns out Milan is known to be a sun-impaired city- suffering from lots of air pollution and located within the shadows of and affected by the weather caused by the nearby mountains.

Lastly, what is also interesting is they mention in the Ferrara article (link below) that in the Province of Ferrara (which is bigger than the city) they noticed a larger number of cases in the southern part

of the province on the border with the province of Bolgna.

If you check the topographical map this is just where the mountains start to get close to the Italian flatlands.

The newspapers wonder if the residents of Ferrara have some sort of immunity to COVID-19.

What might our public health officials think about this? Given that Ferrara has a lot more sun all day than most of the towns near or in mountains in Italy, the sun is probably just killing off the virus at a higher rate and preventing transmission when people are outside.

Are there any other miracle towns in Italy that have had very little impact from COVID-19? Where should we look?

Let us take a look at the other area of flat plains in Italy which is the isthmus of Puglia which sticks out off of the southern part of Italy on the west into the Adriatic Sea. You could call it the heel of the Italian boot (Italy is shaped like a boot). It has 3 bigger cities we can look at, Bari, Brindisi, and Lecce. All situated on flat plains for the most part. **<u>Amazingly, none of these cities has yet to experience a single COVID-19 death! I think we are onto something!</u>**

#5- Why Do Blacks and Whites Die at the Same Rate in Florida?

So, you thought this scavenger hunt for the missing fact was getting easy? Now here comes a curveball. There are some places where black and whites have the same infection and mortality rates from COVID-19!!

The Governor of Florida has recently been taking some victory laps in celebration of how well he has managed Florida's COVID-19 crisis. Maybe he deserves some of the credit because he outlawed all visitations to Florida's nursing homes (where the most vulnerable to the virus seem to reside) on March 15th, while New Yorkers were still frolicking about until their first lockdown order was announced on March 20th. And just a month earlier all New Yorkers were being encouraged by government officials to come on down to China town for the Chinese New Year party on February 15th!

Florida was supposed to get hit much harder than other states because of its much higher numbers of elderly residents.

The media reported this for many days…." Just wait…Florida's death wave is coming soon!" Why? Because of Florida's large number of elderly retirees. COVID-19 has been shown to impact the elderly at a much higher rate than other age groups, it was expected that Florida was going to get hit harder than New York and most other US hot spots

for the virus. The media blasted the Florida Governor for opening up Florida's beaches before the end of the pandemic.

But at the date of this writing, New York state has 25,000 deaths and a super high death rate of 1,268 deaths per million (by far -#1 in the US). If New York was a country it would have the highest death rate in the world, even more than San Marino!

Florida, in contrast, has suffered only 1,400 deaths with a death rate of 68 per million which ranks #23 for death rates amongst US states. Quite impressive considering Florida has the 6th most elderly population in the US with a median age of 42.2 years. Only exceeded by Maine, New Hampshire, Connecticut, Vermont, and West Virginia.

New York fiddled, while Florida prepared. At least that is the story making the rounds on the airwaves these days.

The elderly were not so badly ravaged by the virus in Florida as compared to other areas of the US, but also, blacks too, were not so badly hit. In fact, black and white infection and death rates are virtually the same in Florida! As we saw earlier, in Chicago In Illinois, 69% percent of the dead were classified as being black, while blacks compose only 30 percent of the state's population.

Due mainly to the large number of cases in New Orleans, in Louisiana, blacks make up

approximately 33% of the population but are hit with 70% of the state's deaths. We see a similar situation in Michigan due to the disproportionate number of black deaths in Detroit.

However , there is one state in the United States where blacks are not discriminated against by the Coivd-19 virus- the state of Florida. Whereas blacks make up 17% of the population of Florida, they also make up 17% of the Covid-19 deaths!

So, what could be going on with Florida? We know there are no mountains in the state. Let us take a look at population density. An easy way to visualize it is by satellite photos at night.
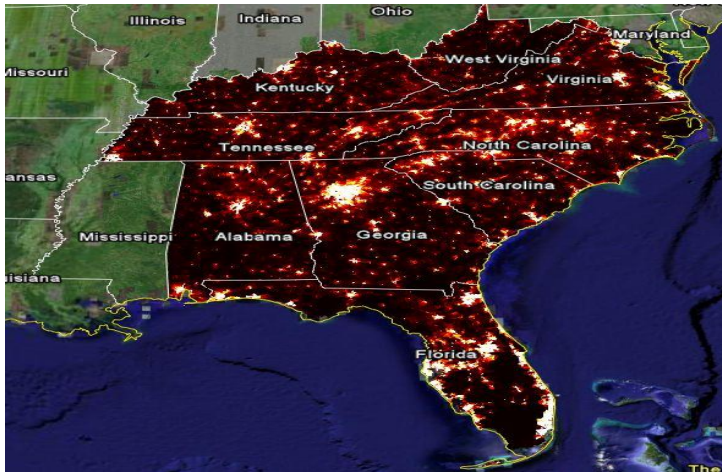
We see that most of Florida's population lives along the coast near the ocean. Could we be getting a virus-suppressing effect from year-round humidity and warmth?

#6- Why Do Many (Most?) People Infected with COVID-19 <u>Never Have Symptoms</u>.

COVID-19 symptoms compared to common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No

The great majority of flu epidemics tend to peak in the cold winter (low/weak sun) months, and just magically dissipate in the spring or summer. This pattern happens again and again and even our US President has been suggesting that this new COVID-19 epidemic should begin to dissipate by May.

I have been listening to news people and various doctors trying to explain this seasonality by suggesting that the warmer weather makes it more difficult for the virus to survive outside the body. Maybe this is true. But virus thrives in 98.6-degree humans, so you might think the cold weather would be bad for the virus.?

TV doctors and the media have also been repeating the "close contact during the winter months" idea

that supposedly is the cause for more infections occurring in the winter months.

But you don't see many people swimming in public pools, playing touch football, softball, soccer, picnicking, or barbecuing in the winter, do you? I am not sure that this idea that close contact in winter is a cause of virus spreading is correct. In fact, I doubt it.

So why do epidemics go away in the spring and summer? I am not sure if doctors have the correct answer for this yet.

What happens to most of the people that get sick from COVID-19? They get sick for a few weeks and then slowly their immune systems figure out a way to kill off the virus-infected cells.

But what if this immune attack of the virus occurred much more quickly? Like within 12 hours instead of 12 days? Then these people would never get sick from COVID-19 virus. Their fast- moving immune systems would have it under control right off the bat. Thus, in people with revved up immune systems you will likely encounter many people who test positive for the COVID-19 virus but never get sick from it.

Has this been seen yet? Maybe it has. On the Diamond Princess Cruise Ship 322 of the 621 people who tested positive for COVID-19 showed almost no symptoms at all!! What were they doing that made them virus-proof? They were on a 14-day

cruise leaving from Hong Kong that ended up in Japan. Does relaxing boost your immune system? Living by the water effect? Fresh air and sunshine? Salty air in the sea? Maybe something served at the buffet?? Were the ones that were asymptomatic all young people? Who knows? But whatever it was, more than half the people infected with the COVID-19 virus SHOWED almost NO SYMPTOMS AND many NEVER GOT SICK!

 So, of the 621 people who tested positive on the Diamond Princess , 322 or 52% showed very mild or no symptoms at all!

This compares to a much lower rate of asymptomatic virus carriers found in China -only about 1.5% of those who test positive.

And if you think the Diamond Princess was impressive, consider the pork processing plant in Missouri. 373 employees and contract workers at Triumph Foods in Buchanan County, Missouri, tested positive for coronavirus. (now (6/24/20) about 480 and 90% with no symptoms) All of them were asymptomatic, according to a press release from the Missouri Department of Health and Senior Services.

And finally, there was a case of a Chinese woman who tested positive for the virus, but never got sick and went on to transmit COVID-19 to 5 of her relatives who all became **sick.** (Bai *et al.*, *New England Journal of Medicine*, 2020)

The doctors estimated that she could have been without symptoms yet infectious for about 20 days.

So, is the case of the Diamond Princess Cruise line infections somehow related to why flu epidemics show a seasonal pattern? Look at how the Hong Kong flu played out in the US in the late 1960's:

ALL CITIES

----- EPIDEMIC THRESHOLD
——— EXPECTED NUMBER
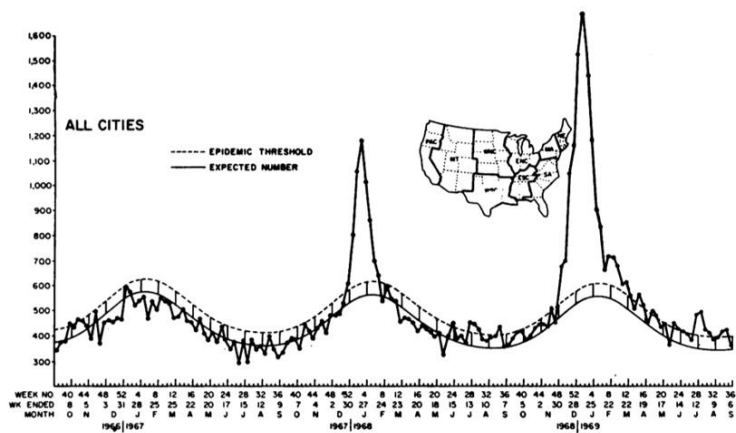
It peaked in January and February of each year. Does cruising long distances on a boat somehow make the body think there is a change in seasons?

A similar pattern was created by the Spanish Flu epidemic of 1918 with an early springtime echo. You will see a similar pattern for almost every flu epidemic in history.
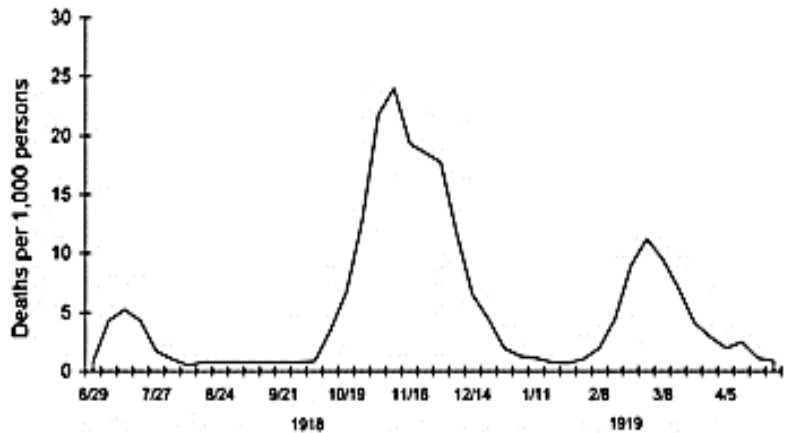
#7 The Mystery of Fletcher Vermont- a small town that thumbed its nose at the Spanish Flu in 1918 and nobody ever got sick!

In 1918, the year of the first wave of the Spanish Flu, a strange thing happened. With the flu and flu deaths raging all around them the 700+ people of the town of Fletcher Vermont just carried on like business as usual and made no effort to protect themselves from the Spanish Flu. And for some reason, nobody ever got sick form it.

All this while many of the locals attended dances, went to county fairs, and held weddings for people from highly infected nearby towns!
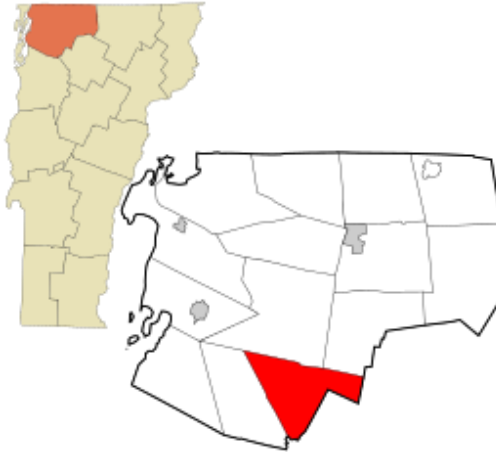
Fletcher Vermont -Highlighted in Red
(Within Franklin County)

One of the most outlandish and reckless events that occurred in Fletcher was the town's hosting of a big wedding with no masks and no social distancing for a soldier and his bride and many guests from a nearby military base that had already suffered 700+ deaths from the virus and had many infections. And guess what happened? Nothing! Nobody got sick! How is this possible???

When seeing this miracle town...I looked for some sort of connection to mountains or rivers or flat plains. Checking the topographical map of the Vermont area we see that **Fletcher sits on a kind of ascending plain near some not-so-tall hills and lies about 8 miles east of a large body of water-Lake Champlain**. It also lies near some tributaries/ creeks of Lake Champlain and some run right through the middle of town! Is something

going on here similar to the Alaskan town of Egegik?

What do all these stories have in common!?? Think, Think! But there were other towns in Vermont with similar topography that were slammed hard by the virus. In Fletcher, for some reason, no one got sick! And why would they be so cavalier to throw parties and weddings while many were dying all around them in nearby towns of a deadly virus unless the town had a long history of never getting sick?!!
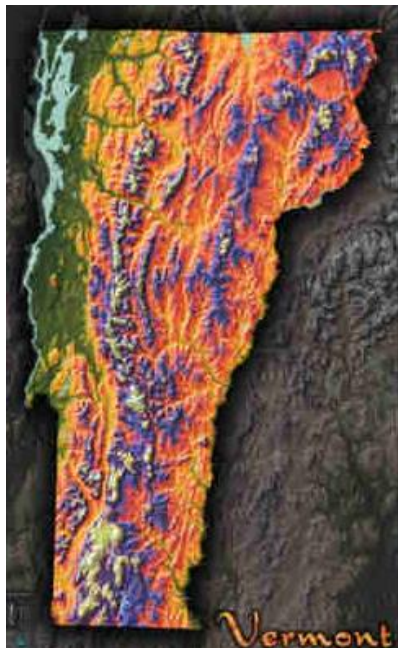
#8- Why does Germany have 20 recoveries per 1 death

And Italy just 1.3 recoveries per 1 death??

You can calculate the recoveries to deaths ratio using the data tables at the World Meter Covid-19 website:

At the time of this writing (5/4/2020) we find the following ratios:

Recoveries to Deaths Ratio	
Austria	22:1
Switzerland	14:1
Germany	190 :1
Portugal	1.7:1
Italy	2.9:1
Spain	6.3:1

Why the huge differences in ratios between the southern European states and the middle European states? Superior health care? Maybe. Differences in reporting? Who knows?

What about the topography? Let's check that again…

Germany-1/2 the country is a plain and 1/2 mountains.

Portugal – the northern 1/2 consists of mountains,
            the southern 1/2 is a plain

Italy has lots of mountains.

Spain has lot of mountains.

Switzerland has some mountains and some flat land.

Austria has mountains (east-west orientation) and some
flat land

Germany-Topography

Germany-population Density
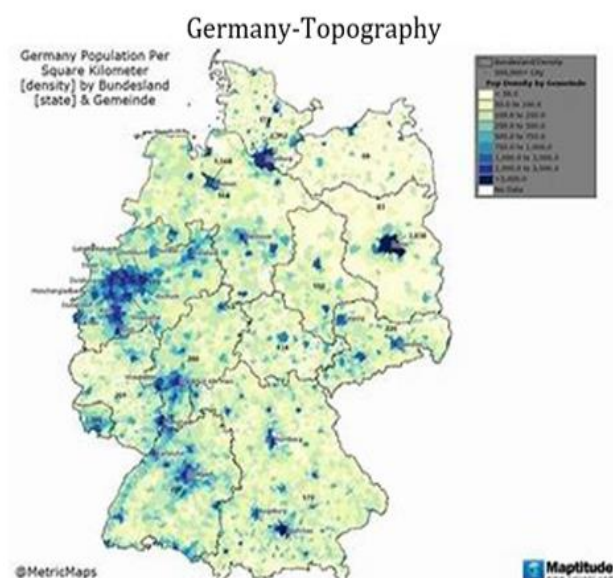
It appears most of Germany's population lives on mostly flat plains or on the south side of mountain ranges.

1 Derborence
2 Scatlè
3 Lothubelwald
4 Bödmeren
5 Nationalpark
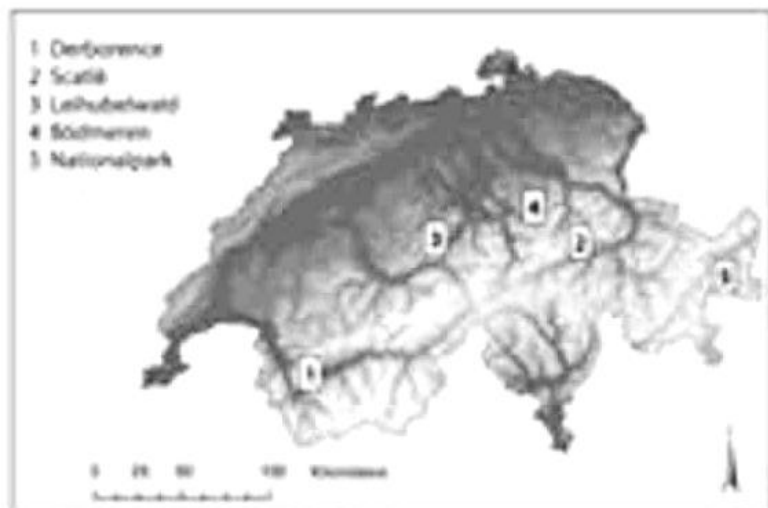
Switzerland -Topography

Pop Density Per Km2
0-1
1-2
2-4
4-8
8-15
15-30
30-60
60-120
120-240
240-480
480-1000
1000<
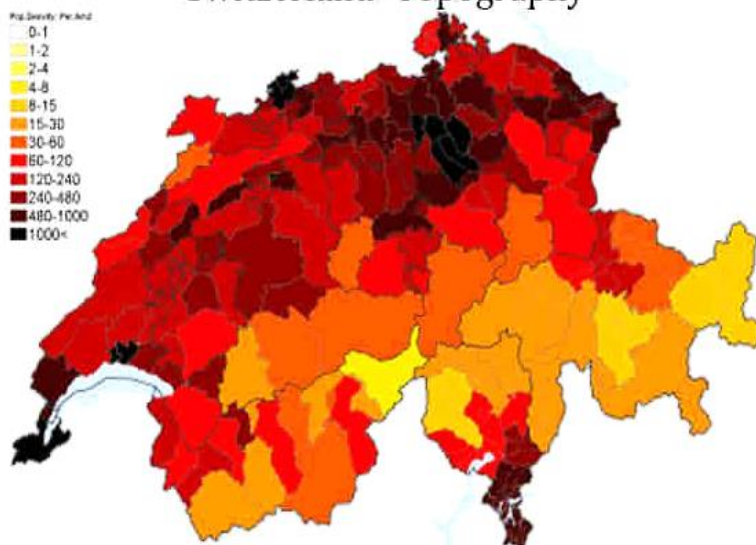
Switzerland -Population Density

Spain & Portugal

Pop.Density: Per./km2
0-1
1-2
2-4
4-8
8-15
15-30
30-60
60-120
120-240
240-480
480-1000
1000<
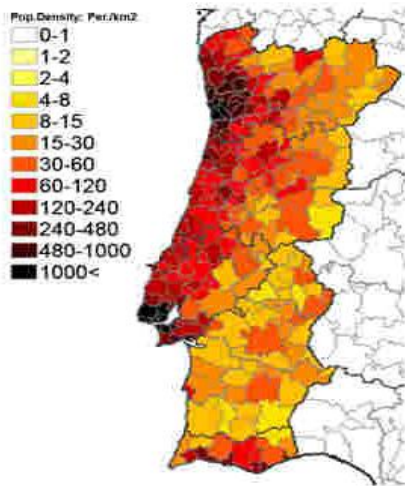
Population Density -Portugal
Many Living in the N-S Mountains
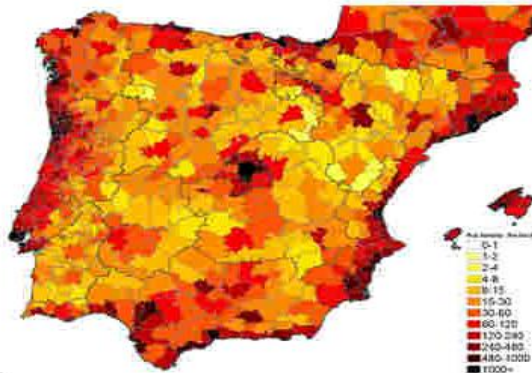
Spain-Population Density Map

Austria-Topography (East West Mountains)

Population density in Austria based on data collected
by the project ODVIS-AT

**Austria-The Few Who Live Near/In the Mountains
Live on Either the South Side or the Top**
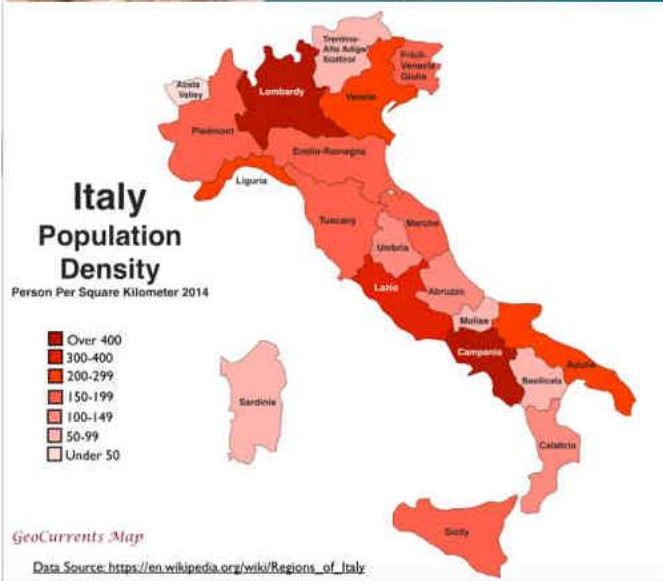
Italy
Population
Density
Person Per Square Kilometer 2014

Over 400
300-400
200-299
150-199
100-149
50-99
Under 50

GeoCurrents Map

Data Source: https://en.wikipedia.org/wiki/Regions_of_Italy

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#9- Why Do New York and New Jersey Have More than Half the Covid-19 Deaths in the US (26,289 of 50,243), While the More Populous California has so Few Deaths (1,530)?
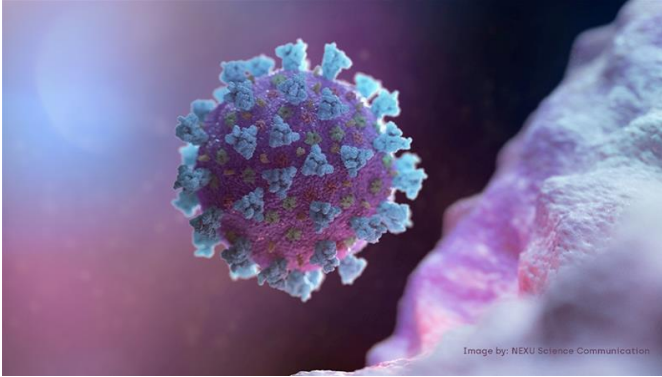
As of 4/24/2020
New York and New Jersey have a combined population of roughly 28 million and they have 311,500 active COVID-19 cases

California has a population of close to 40 million but only
35,000 active cases!

A 9 to 1 ratio (or a 13 to 1 ratio if you adjust for population size). But that's not the worst of it!

New York and New Jersey are suffering deaths at a rate 17.2X that of California and
if you adjust for population size
it goes up to 24.5X!

If the combined population of New Jersey and New York was the same size as California's population, they would then be experiencing about 25 deaths for each death that occurred in California!

Does that seem like a glaring fact that needs explanation??
I think it may be a big leap to try and explain this anomaly by simply saying that California had better lockdown procedures, but that is how many in the media are explaining it.
Something is up here!
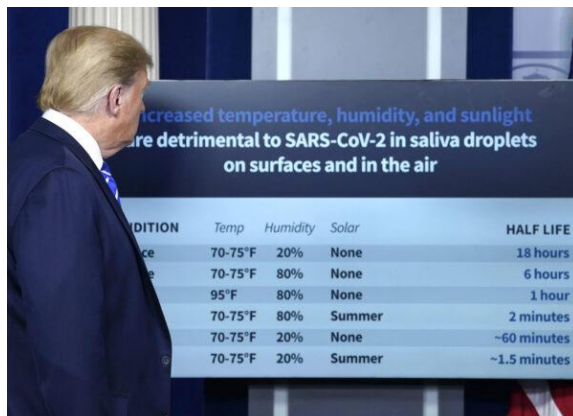
The results of a recent study were just reported at the White House's daily Covid-19 briefing.

"The most striking observation, according to Dr. Bryan, is that solar light kills the virus on surfaces and in the air.
He said that the virus is dying more rapidly with heat and humidity and is dying the quickest under direct sunlight."

DITION	Temp	Humidity	Solar	HALF LIFE
ce	70-75°F	20%	None	18 hours
e	70-75°F	80%	None	6 hours
	95°F	80%	None	1 hour
	70-75°F	80%	Summer	2 minutes
	70-75°F	20%	None	~60 minutes
	70-75°F	20%	Summer	~1.5 minutes

increased temperature, humidity, and sunlight
re detrimental to SARS-CoV-2 in saliva droplets
on surfaces and in the air

Dr. Bryan shared a poster summarizing the major findings of an experiment carried out at the National Biodefense Analysis and Countermeasures Center in Maryland.

On nonporous surfaces such as stainless steel, the new coronavirus takes 18 hours to lose half its strength in a dark, low-humidity environment, Bryan said.

In a high-humidity environment, that half-life dropped to six hours, and when the virus was exposed to high humidity and sunlight, the half-life dropped to two minutes, he said.

Researchers found a similar effect with the coronavirus that was suspended in the air - simulating the coughing or sneezing that often spreads the disease. In a dark room, the virus maintained half its strength for an hour.

But when exposed to sunlight, it lost half its strength in 90 seconds, Bryan said.

Are the differences in death rates between New York and New Jersey vs. California caused by differences in annual, virus-killing sunshine hours??? This sounds reasonable but:

Dr Margaret Harris from the World Health Organization claims "the evidence is not supporting the sunlight theory- I'm sorry but we cannot hope that summer is going to have the effect that many

people hope it will," said Harris. And, Dr. Bryan warned it would be "irresponsible" to say the warmer summer months will eliminate the virus.

Regardless of what the "experts" say, I still think it is worth a look-

Let's look at total annual virus-killing sunshine hours received by each state and compare the number of deaths in those states and see if we can notice a pattern:

What follows are all the US states ranked by sunshine hours per year and the number of deaths so far from COVID-19 as of 4/22/2020.

If the sunshine is preventing Covid-19 deaths, it should show a simple pattern of increasing deaths with decreasing sunshine.

When you see an anomaly, like Colorado or Georgia that do not seem to fit the pattern just ask yourself- could it have something to do with mountains (Colorado)? Or are there a larger proportion of people who tend to be more affected by Covid-19, like African Americans (Georgia/Louisiana) or the elderly (Florida)? And do not forget to consider the population size of the states-like California (huge) and Wyoming (tiny).

Average annual sunshine (death totals from 4/10/20)

State Place	% Sun	Total Hours	Clear Days	DEATHS
Arizona Tucson	85	3806	193	167
Nevada Reno	79	3646	158	158
New Mexico Albuquerque	77	3415	167	58
Colorado Grand Junction	71	3204	136	449
Oklahoma Oklahoma City	68	3089	139	143
Wyoming Lander	68	3073	114	2
California San Diego	**68**	**3055**	**146**	**1223**
Utah Salt Lake City	66	3029	125	28
Idaho Boise	64	2993	120	48
Georgia Macon	66	2986	112	775
South Dakota Huron	63	2947	104	7
Florida Tampa	66	2927	101	823
Kansas Wichita	65	2922	128	100
Texas Dallas	61	2850	135	505
Virginia Richmond	63	2829	100	300
South Carolina Columbia	64	2826	115	1577
Arkansas Fort Smith	61	2771	123	42
Nebraska Lincoln	61	2762	117	33
North Dakota Bismarck	59	2738	93	13
Mississippi Jackson	61	2720	111	169
Minnesota Minneapolis	58	2711	95	142
Montana Helena	59	2698	82	10
Iowa Des Moines	59	2691	105	79
Missouri Springfield	60	2690	115	205
North Carolina Greensboro	60	2651	109	210

THE BOTTOM 22 STATES FOR YEARLY SUNSHINE
Average annual sunshine (death totals from 4/10/20)

(asterisk indicate the 7 states that have

75% of all deaths COVID-19 deaths in the US).

State Place	% Sun	Total Hours	Clear Days	DEATHS
Louisiana New Orleans	57	2649	na	1328*
Alabama Birmingham	58	2641	99	164
Massachusetts Boston	58	2634	98	1809*
Pennsylvania Harrisburg	58	2614	87	1348*
Rhode Island Providence	58	2606	98	155
Connecticut Hartford	56	2585	82	1331*
Maryland Baltimore	57	2582	105	582
Illinois Peoria	56	2567	95	1349*
New Hampshire Concord	54	2519	90	42
Kentucky Louisville	56	2514	93	154
Maine Portland	57	2513	101	35
Tennessee Nashville	56	2510	102	152
New Jersey Atlantic City	56	2499	94	4377*
Indiana Indianapolis	55	2440	88	569
Wisconsin Madison	54	2428	89	230
Michigan Lansing	51	2392	71	2468*
Oregon Portland	48	2341	68	75

THE BOTTOM 22 STATES FOR YEARLY SUNSHINE (Cont.d)

Average annual sunshine (death totals from 4/10/20)

(asterisk indicate the 7 states that have

75% of all deaths COVID-19 deaths in the US).

State	Place	% Sun	Total Hours	Clear Days	DEATHS
Vermont	Burlington	49	2295	58	38
Ohio	Columbus	50	2183	72	509
Washington	Seattle	47	2170	58	652
New York	Syracuse	46	2120	63	18.929*
Alaska	Anchorage	41	2061	61	9

Unreported States for sunshine hours (deaths)-

Hawaii	10
Delaware	72
West Virginia	24

Now the above list looks pretty good at first blush, but keep in mind it is only looking at one town in each state which should be a good rough estimate for the state's sunshine, but there could be enough variation across the state to be a problem. Take New York City for example, it seems to be ground 0 for COVID-19 deaths and cases but it actually gets about 2500 hours of sunshine each year. However, on the list above, the annual sun hours of Syracuse were used to represent New York State which at 2120 hours per year has much less sunshine than New York City.

If New York City was a state it would still rank in the bottom 11 states on the list above. But we might

want to ask is there something else about New York City that would make the annual sunshine hours not equivalent to other areas' sunshine hours?

Why yes there is. New York City happens to be in an area on the list of the top 10 cities/areas in the US for highest levels of ozone pollution. Ozone is very good at blocking out the sun's virus-killing UV rays.

Ozone

1. Los Angeles-Long Beach, California

2. Visalia, California

3. Bakersfield, California

4. Fresno-Madera-Hanford, California

5. Sacramento-Roseville, California

6. San Diego-Chula Vista-Carlsbad, California

7. Phoenix-Mesa, Arizona

8. San Jose-San Francisco-Oakland, California

9. Houston-The Woodlands, Texas

10. New York-Newark, New York–New Jersey-Connecticut-Pennsylvania

While California seems to have the most ozone pollution overall, it also likely has enough annual sunshine hours where the ozone does not make that much of a difference as far as to how it affects COVID-19 cases. However, New York City might be just at that critically low level of annual sunshine

hours where that extra ozone is like the straw that broke the camel's back.

Solar Insolation Map

PEAK SUN HOURS

6	5.5	5	4.5	4.2	3.5
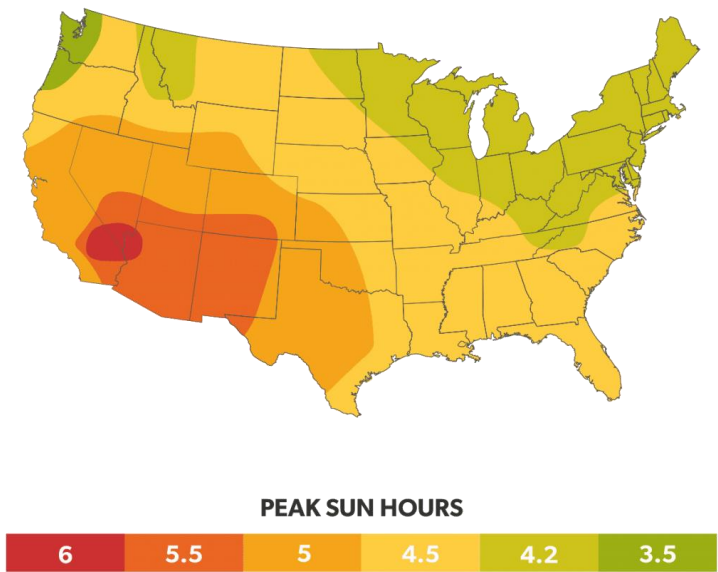
The legend indicates the average (over the course of the year) amount of solar insolation (full sun hours) for these zones.

So we can see from the prior table that total number of annual sunshine hours seems to have something to do with the number of deaths due to Covid-19 as all 7 of the worst hit states are found in the 22 states with the least amount of sunshine. And the worst hit state, New York, has almost the same annual sunshine as Alaska which is dead last! I think the "experts" are missing something.

Below is a more recent death count per state sorted from lowest to highest deaths per million of population. Most of the sunny states have death rates between 9 to 87, the one big exception is Colorado at 122. but remember the big mountain range in that state!

Oddly, the crazy exception amongst the sunny states is Alaska being the least sunny but having the 2nd lowest death rate! I think we should just throw Alaska out of the is analysis it seems they are so remote that they just didn't get many virus vectors coming into their community to set off a big epidemic. Maybe population density is a major factor in how hard an area will get hit? -take San Marino and New York City for example. Alaska has to be one of the least densely populated states in the US. Or could the low Alaskan death rate be related to something in their diet?? Or do they have exceptional experience and memory of good lockdown procedures? Remember -they got hit really hard by the Spanish flu-worse than any other area in the world! At this point in time, even after we have identified the one thread that runs through all these facts and stories, Alaska's low death rate looks likely to remain the only unexplained mystery! I have sent inquiries to a number of doctors in Alaska asking about this and am awaiting their replies. Maybe I will have the answer by the time this book is finished.

And another thing that stands out is that almost all the states with the highest death rates per million are in cloudy, elderly, New England, cloudy, Michigan and Illinois which have large black populations. and Colorado which has the Rocky Mountains. Louisiana is both sunny and has a large black population. Apparently, Louisiana is not sunny enough.

USA State	Total Cases	Total Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop
Hawaii	601	13	125	423	9
Alaska	339	9	121	459	12
Wyoming	473	7	145	813	12
South Dakota	2,040	10	840	2,360	12
Montana	444	14	105	426	13
Utah	3,782	39	2,855	1,242	13
Arkansas	2,810	47	1,799	940	16
West Virginia	1,010	32	753	552	17
North Dakota	748	15	448	994	20
Oregon	2,177	86	2,091	533	21
Texas	23,170	601	14,544	831	22

USA State	Total Cases	Total Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop
Tennessee	8,726	168	4,188	1,312	25
Nebraska	2,421	50	2,349	1,271	26
North Carolina	8,250	293	6,655	812	29
South Carolina	5,070	157	1,212	1,023	32
Idaho	1,870	54	949	1,108	32
Iowa	4,445	107	2,734	1,419	34
Maine	965	47	419	724	35
Arizona	6,045	266	5,709	870	38
New Hampshire	1,720	53	1,117	1,280	39
Minnesota	3,185	221	1,370	576	40
New Mexico	2,521	84	1,823	1,205	40
Kansas	2,955	118	2,334	1,016	41
California	40,812	1,594	35,881	1,042	41
Alabama	5,832	201	5,611	1,199	41
Missouri	6,694	267	5,880	1,099	44
Kentucky	3,779	200	2,457	851	45
Wisconsin	5,356	262	2,781	927	45
Oklahoma	3,121	188	972	797	48
Virginia	11,594	410	9,512	1,378	49

USA State	Total Cases	Total Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop
Florida	30,533	1,046	28,801	1,482	51
Ohio	15,169	690	14,359	1,303	59
Nevada	4,398	197	2,360	1,505	67
Vermont	827	44	783	1,323	70
Mississippi	5,434	209	5,225	1,818	70
Georgia	22,491	899	21,561	2,184	87
Washington	13,176	723	10,646	1,806	99
Delaware	3,442	100	2,639	3,625	105
Indiana	13,680	741	12,925	2,061	112
Colorado	12,256	674	11,023	2,216	122
Maryland	16,616	798	14,710	2,768	133
Pennsylvania	40,149	1,736	37,763	3,139	136
Illinois	39,658	1,795	37,257	3,093	140
USA Total	925,038	52,185	762,421	2,795	158
Rhode Island	6,699	202	6,155	6,340	191
District Columbia	3,528	153	2,724	5,154	224
Michigan	36,641	3,085	30,284	3,680	310
Louisiana	26,140	1,660	9,553	5,605	356
Massachusetts	50,969	2,556	40,295	7,462	374
Connecticut	23,921	1,764	22,092	6,679	493
New Jersey	102,196	5,617	95,308	11,506	632
New York	277,445	21,291	224,936	14,142	1,085

#10-More Countries with Exceptionally High Deaths per Million Inhabitants-

Belgium #2 in the world with 684 deaths per million

Belgium, it turns out, is not a very sunny country. Annual sun hours between 2016 to 2019 are as follows

2016- 1,572

2017- 1,558

2018- 1,898

2019- 1,757

Why is it so dreary in Belgium? Belgium gets about 200 days of rainfall each year! More than the gloomy cities of Paris and London. Brussels gets the most rain days of any major European city by far at 199! It has so many rainy days per year that it gets a lot less sun than the darkest state in the United States-Alaska.

What follows is a list of the major European cities and how many rain days as well as how many inches of rain they get each year. In the case of Belgium, it is the number of rain days that seems to be most important and not the amount of rain.

Average yearly rain days and rainfall

Days	City	Inches
199	**Brussels, Belgium**	33.6
170	Glasgow, United Kingdom	44.3
152	Leeds, United Kingdom	40.3
148	Reykjavík, Iceland	31.4
144	Bratislava, Slovakia	21.9
143	Manchester, United Kingdom	32.6
133	Cologne, Germany	31.3
132	Amsterdam, Netherlands	33
131	Rotterdam, Netherlands	33.7
129	Dublin, Ireland	29.8
129	Hamburg, Germany	30.4
129	Munich, Germany	38.1
127	Lille, France	29.2
127	Tallinn, Estonia	27.3
125	Birmingham, United Kingdom	26.8
125	Zurich, Switzerland	41.2
122	Luxembourg, Luxembourg	34.5
122	Vilnius, Lithuania	26.9
121	Moscow, Russia	27.1
120	Pristina, Kosovo	23.5
120	Riga, Latvia	25

120	Vaduz, Liechtenstein	37.3
119	Andorra la Vella, Andorra	37.5
119	Minsk, Belarus	26.7
119	Saint Petersburg, Russia	24.9
115	Helsinki, Finland	26.9
115	Ljubljana, Slovenia	53.9
113	Oslo, Norway	30
113	Sarajevo, Bosnia & Herzegovina	36.7
112	Nizhny & Novgorod, Russia	22
111	**Paris, France**	25.1
109	**London, United Kingdom**	21.9
109	Ufa, Russia	22.4
106	Berlin, Germany	22.5
105	Stockholm, Sweden	21.2
104	Lyon, France	32.8
102	Copenhagen, Denmark	20.6
101	Kazan, Russia	21.6
101	Podgorica, Montenegro	65.4
99	Kiev, Ukraine	25.6
98	Tirana, Albania	48
98	Vienna, Austria	25.6
95	Belgrade, Serbia	27.2
95	Samara, Russia	22.1
95	Zagreb, Croatia	33.1

94	Prague, Czech Republic	20.7
93	Warsaw, Poland	20.3
87	Naples, Italy	39.7
86	Rostov-on-Don, Russia	23.4
84	İstanbul, Turkey	31.7
84	Valletta, Malta	21.8
83	Milan, Italy	36.2
81	Budapest, Hungary	22.2
81	Kharkiv, Ukraine	20.7
81	Sofia, Bulgaria	22.8
81	Turin, Italy	38.6
78	Rome, Italy	31.4
77	Chisinau, Moldova	21.5
77	Lisbon, Portugal	28.6
76	San Marino, San Marino	25.8
73	Volgograd, Russia	15.9
72	Bucharest, Romania	23.4
68	Odessa, Ukraine	18.3
65	Skopje, Macedonia	18.7
63	Madrid, Spain	17.2
61	Monaco, Monaco	28.9
61	Nice, France	28.9
55	Barcelona, Spain	25.2
53	Marseille, France	20.3
43	Athens, Greece	14.4

Now according to the CDC all this rain in Belgium should have the effect of preventing the transmission of the virus, as they say the virus does not like humidity!

But then they would also say the lack of sun would allow the spread and survival of the virus, as the sun has been shown to kill the virus.

What can we make of this? Apparently, the sun effect is much stronger than the humidity effect!?

How about the age structure of Belgium? It is not particulary old, it ranks as the 37th oldest country in the world by median age of about 42 and it only has 11.5% of its population older than 65.

Belgium does have a very high population density at 970 per square mile which puts it at #22 in the world and #6 in Europe.

Take a look at Andorra #3 in the world with 582 deaths per million inhabitants:

Andorra is small, elderly, and surrounded by mountains.
It is the 16th smallest country in the world by land, and the 11th smallest by population. It is only about a 24-mile drive from one side of the country to the other. The total population of Andorra is about 85,000, which includes citizens and residents.
What's even more shocking is that despite its small size, the vast majority of the buildings are located **at the bottom of the valleys** because so much of the land is mountainous.

Andorra Topography

Sint Maarten-The southern (Dutch) half of this Caribbean island

Sint Maarten occupies the southern half of the island of Saint Martin in the Leeward Islands; the northern half forms the French territory of Saint Martin.

Sint Maarten is about 18 square miles. The terrain is generally hilly, with the highest peak being Mount Flagstaff at about 1,100 feet.

Sint Maarten has an exceptionally old population that lives surrounded by hills and mountains.
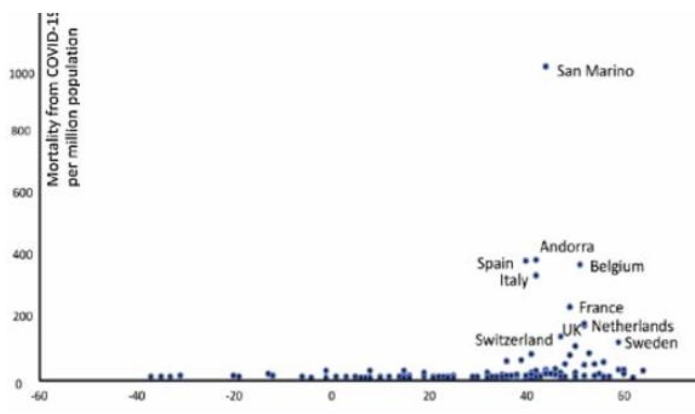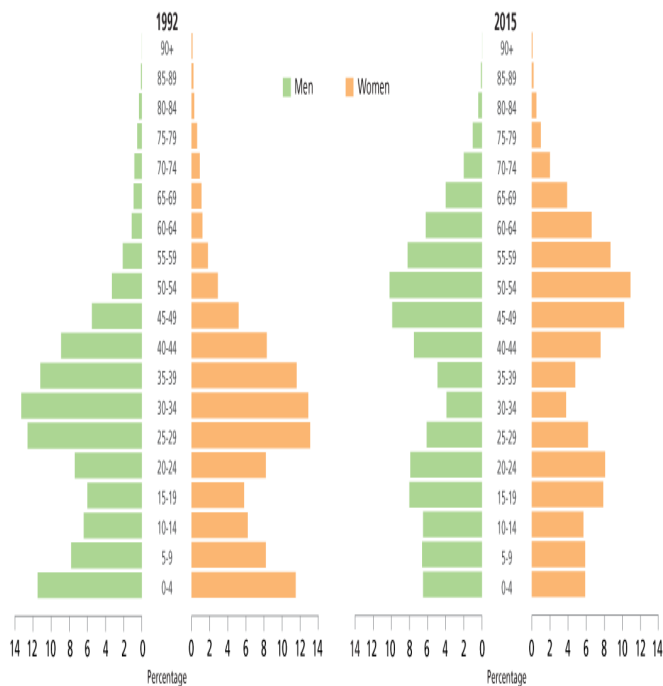
Countries with exceptionally high death rates from COVID-19 labeled in above graph

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France and the United Kingdom have very high death rates per million but seem to lack the mountain ranges common to other high-death countries. Is there an explanation for their high death rates? I believe there is.

Both countries have highly populated areas (dense) that get relatively low annual hours of sunshine per year. Much like New York City and State.

Keep in mind the least sunny states in the US include New York, 2,120 hours of sun per year, and Alaska, 2061 hours per year.

Average Sunshine per Year in the United Kingdom After studying the yearly averages for the hours of sunshine at cities and towns across the United Kingdom from the annual totals are based on weather data collected from 1981 to 2010.

A few things stick out-

The UK as a whole averages 1493 hours of sun a year.
This is very low and is caused mainly by lots of rainy days.
How about some of the most populated cities in the UK?

	Annual sun hours
London	1481
Birmingham	1364
Glasgow	1265
Manchester	1416
Edinburgh	1421
Cardiff	1549
Belfast	1353

You get the picture; the UK has the same sun problem that plagues Belgium.

How about France?

Paris	1662
Marseille	2858
Lyon	2002
Toulouse	2031
Nice	2724
Nantes	1791
Montpelier	2668
Strasbourg	1673
Bordeaux	2035
Lille	1617

Not nearly as bad as the UK but if most of these cities were US states they would rank as the least sunny in the US.

So the bottom line message we get from examining the high death rate countries for COVID-19, they all have one or more of the following factors in common: mountains and hills, low amounts of sunshine, and/or a relatively large numbers of the elderly.

To get an idea of how much more the elderly are affected by the flu as well as Covid-19 let us consider the following data:

What follows is a graph of deaths by age group from the flu in North Carolina during the 2017-18 flu season.
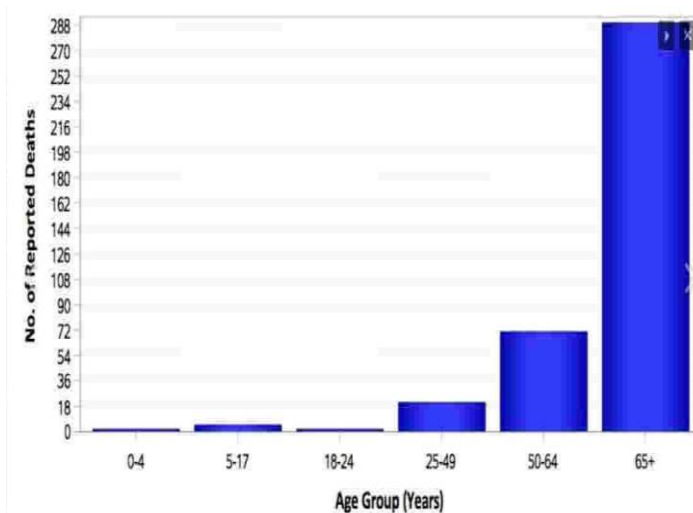
For comparison, deaths by age group for COIVD-19 are quite similar :

Look familiar?? Looks just like the flu but much less deadly for the 0-4, 5-17. 18-24, 25-49 age groups.

Reported COVID-19 Deaths˙, by Age Group (n=92)
Percent of Cases
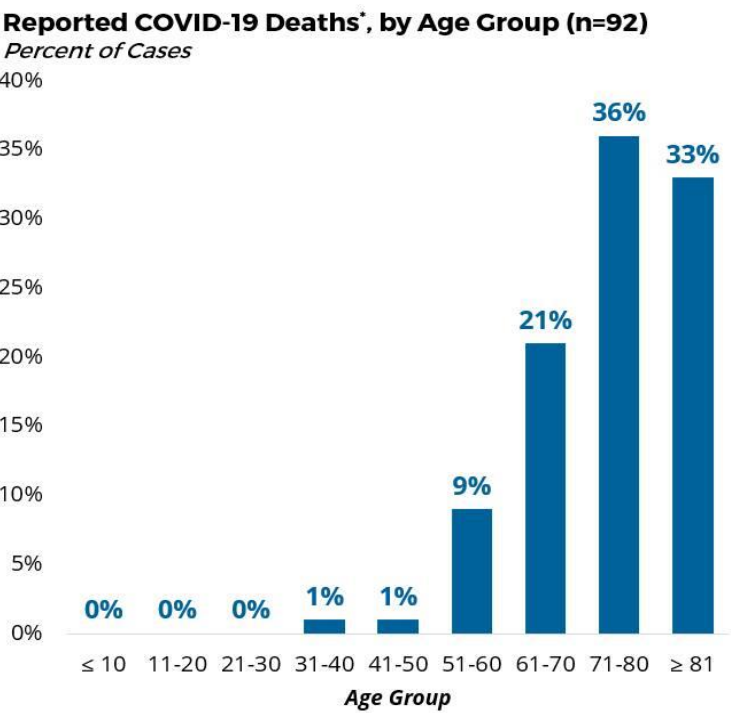
#11 Ebola-A Truly Deadly Virus that Came from a Bat but is Controlled by the Sun.

The first case of Ebola virus infection occurred in 1976. Nobody knew where it came from for sure, but some thought it somehow emanated out of the murky Ebola River for which it was named. Imagine how horrifying it would be to be a villager to think that life-giving water was the source of a deadly and horrible virus that made its victims get sick and die within one week by drowning in their own blood.

The 1976 epidemic started in August and **lasted less than 11 weeks** and killed 280 out of the 318 infected for a death rate of 88%. Interestingly, of the 12% that survived, they all remain immune to the virus, 44 years after being infected.

The more recent 2013-2016 outbreak occurred in Liberia, Guinea, and Sierra Leone (West Africa) and was much bigger but had a smaller death rate of around 50 percent.

The 2014-2015 Ebola epidemic was much bigger than the one in `1976 and had about 29,000 cases with 11,000+ deaths. It even spread to Europe and the US. And all of the sudden one day it just basically stopped in its tracks.

 (In reality- most of the epidemic occurred mostly from May 2014 to June 2015 with just small tails extending into 2013 and 2016).

However, in both the 1976 and 2014-15 outbreaks, the major peaks of infection occurred in November and started to crash in December and tapered off completely by June. The **bulk of the deaths and cases occurred <u>between September and February</u>**.
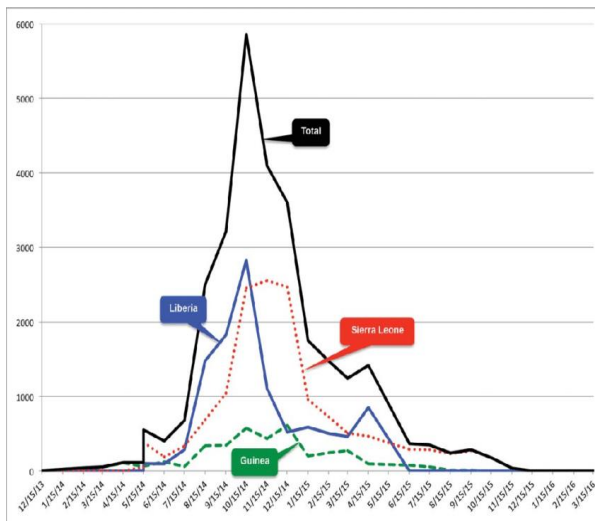
During the second Ebola epidemic they finally figured out that the virus did not emerge from the

river but actually came from a bat-just like the COVID-19 virus! What a coincidence!

The latest Ebola epidemic likely started when a boy in the village of Meliandou. Guinea acquired the virus while playing in a hollow tree that was home to some fruit bats.

The Farming Village of Meliandou has only 31 houses
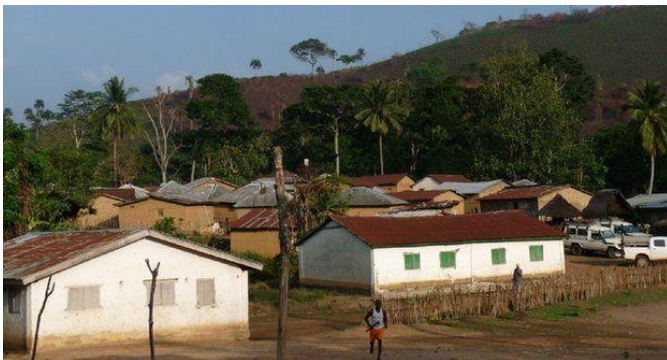
Children of the village used to play in and around this tree that was home to a colony of fruit bats.

Once the little boy had caught the virus it began to spread from person to person. It became an epidemic and showed the tell-tale signs of being one by have a logarithmic increase in cases and deaths and just as suddenly crashing back down to near zero.

But unlike flu epidemics that usually get rolling in the winter and peak in late winter and early spring, the Ebola outbreaks started in the spring or summer and peaked in October-November.

This might seem strange at first because the area known as West Africa is north of the equator so we would expect that it would have the normal seasons of winter spring summer and fall, and these seasons should control the amount of sun , and thus the course of the epidemic.

But West Africa is actually so close to the equator that the idea of normal 3-month seasons we have in North America do not apply here.

It turns out that Western Africa basically has two seasons a year, the rainy season where the sun is blocked by heavy clouds. And the dry sunny, hot season. When does the rainy season begin? It starts in June and ends in November. Guinea is a very rainy country and one of the rainiest in Africa. But the rains only come during the monsoon season which occurs from June to November. And then the rains go away, and it remains hot and dry for 5 months from December to May.

The rainy season just so happens to exactly mirror the dates of the Ebola epidemic.

Note: West Africa has so much rain that the skin colors are less black.
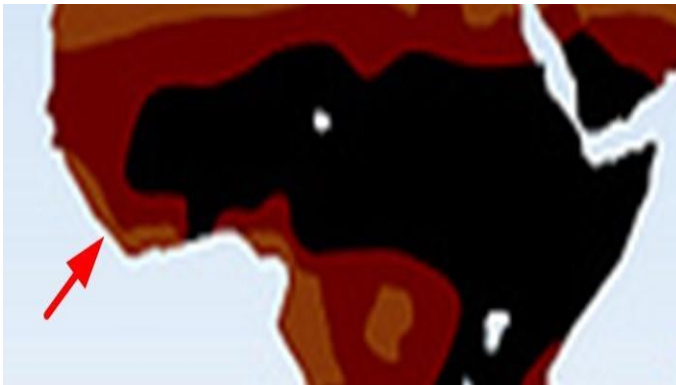
Again, we see the same pattern, epidemics are somehow influenced and controlled by the amount of sun exposure an area gets both short-term and

longer-term it seems. Is it as simple as: <u>sun kills virus</u>?

An interesting side note to this story is the existence of a group of women who appear to have been immune to the virus or at least to have no symptoms if infected. While there are a huge number of people infected with COVID-19 in the US that show no symptoms, the group that was immune from Ebola appears to be smaller, about 60 were studied by scientists.

While they never got sick from Ebola, they were found to have antibodies to it. And apparently these antibodies were like super-killers of the Ebola virus and could knock them out on contact.

Also, they tested these immune people 40 years later and found their super immunity was still intact.

Did something happen with these asymptomatic carriers similar to what happens with COVID-19 carriers that never show symptoms? Examining these "immune" women's backgrounds with respect to diet, behaviors, and other factors might be instructive. Why? Maybe their immunity is not genetic but occurs for the same reason that caused the epidemic to abruptly end?

#12   As of 3/21/2020 50 Deaths from Covid-19 or Less _South_ of the Equator and 11,300+ Deaths from Covid-19 _North_ of the Equator! Why?
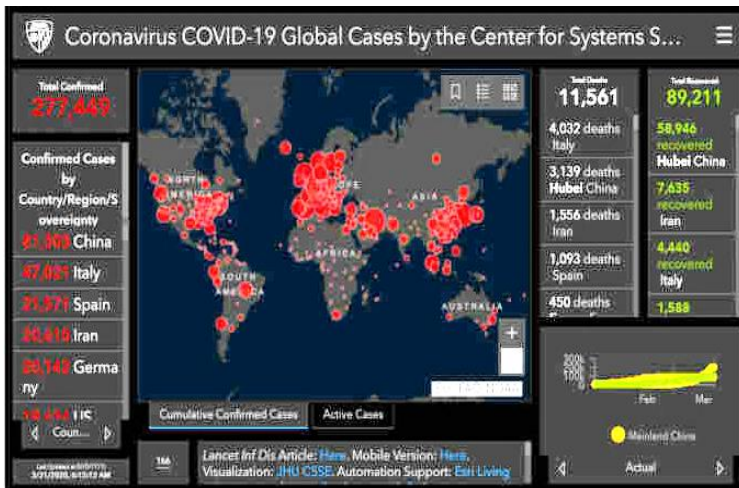
   You can watch a real time map of the spread of the Covid-19 virus by clicking on the link below that is provided by the Johns Hopkins Coronavirus Resource Center>>>>>

https://wgntv.com/news/coronavirus/johns-hopkins-offers-live-interactive-map-of-global-coronavirus-cases/

What is most interesting about this COVID-19 map is that you can then click on the little red circles anywhere on the map and it will then display the number of cases for that city or region, the number of deaths and the number of recoveries.

While there are a few larger red dots south of the equator, particularly in Brazil, Chile and South Africa, if you click on any of them and most of the other dots you will see the majority of the dots show no deaths or very few. The largest number of deaths seems to be in Brazil with 11!

Now if you click on the dots in the Northern Hemisphere you can find a lot of deaths like 4,000+ in Italy alone!

The other thing to consider is in the Northern Hemisphere governments are going crazy with lockdowns, quarantines, border closings, and various other techniques to halt the spread of the virus.

Are they doing this south of the equator?

Very unlikely. The only thing I have heard of so far was that Guatemala closed its borders to foreigners. But other than that, the efforts in the south to stop the spread of the virus are a mere small percentage of what is being done in the north if they are doing anything at all! **How can we explain this amazing discrepancy?? <u>The southern hemisphere is just winding down from a long, hot, sunny summer.</u>**

While there are about 10X more people living north of the equator than south of it. It just seems almost impossible that this could be the explanation for a 11,300 /50 ratio (or 226 to 1) of north to south deaths!

So, if the number of deaths discrepancy cannot be explained by the differences in population size, then

the conventional view is that the hot summer sun kills the virus very quickly, and we have seen evidence that this is true.

Lack of virus in the outdoor hot sunny environment would be the explanation as to why there are so few Covid-19 deaths and cases in the southern hemisphere.

One thing to consider however, is that if the sun is preventing the spread of the virus south of the equator, then it means COVID-19 is going to be a seasonal virus **which has major implications for the epidemic up here in the north**. This was totally obvious as early as March 21st! 2020 at the date this was written.

On March 16th, and even a month later, estimates of 2.2 million dead in the US were still being bandied about by our esteemed public health officials and epidemiologists

In April that 2.2 million estimate was still being used (without revealing the source) by our public health officials to imply that up **to two million lives had been saved** by state lockdowns and business closings and/or by federal travel bans."

By not realizing that COVID-19 was showing signs of being similar to a seasonal flu means that all

those crazy projections of a continuing outbreak occurring for months and months killing millions, or hundreds of thousands were **going to be wildly inaccurate!**

Just considering this odd fact of the hemispheric differences in Covid-19 cases should have revealed to anyone with just a minimal amount of common sense that the pandemic in North America and Europe would dry up as soon as the summer sun appears, just like every other similar viral epidemic has done in the past.

How could our public health officials not see this right off the bat? Maybe it had something to do with their prior biggest epidemiological claim to fame…monitoring and taming the HIV-AIDS epidemic which never obeyed seasonal laws but rather exponential laws. But this seems odd as they have both worked on the seasonal outbreaks of swine flu and SARS before. Oh well.

Our public health officials in charge might have been the wrong doctors with the wrong experience to be advising the president on this flu-like outbreak. If they had simply realized COVID-19 was behaving exactly like a seasonal flu they could have just looked at the flu deaths in the US in 2017- a relatively bad flu year and use that number of deaths for a projection which was between 61,000 to 80,000. The history of past epidemics seems to support this perspective.

You see flu epidemics in the US tend to peak in the months of October through March and a peak in April or May would be considered very rare.

See this graph from the CDC below>>

Months in which US flu epidemics have seen their peak:
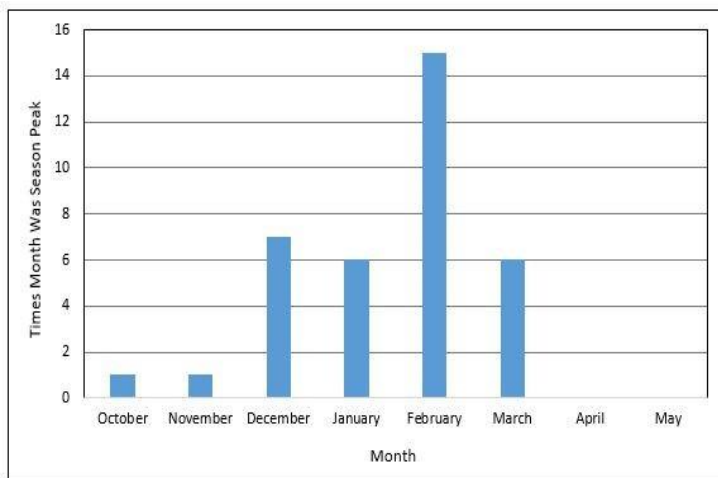
So, if this pattern holds true again, I will be so bold as to predict that the **Covid-19 virus epidemic is peaking right now here in the US and will be headed down by the end of this month, March.**

(Later note- it appears Italy peaked on March 18th like most epidemics do, Spain on March 22nd, France April 3rd, and April 7th in the US if you believe the US numbers, but I think the US has been cooking the books to try and prevent the extreme embarrassment of the CDC and our public health

officials for their wild overestimates of potential eventual deaths from this outbreak. I believe that the US COVID-19 new cases probably peaked around April 3rd or earlier.)

(A later note- just ran across this chart that shows hospital admissions for flu like symptoms in the US. Notice the first 2 peaks corresponded to two different flu types, and the 3rd peak on March 16th, 2020 was for Covid-19 admissions).

Fig 18: Percentage of US Hospital Visits of Influenza-like Illness (ILI). Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Weekly national Summary, 2019-2020 and Selected Previous Seasons. The 3rd peak of the 2019-20 season (03-16...22) reflects hospital utilization by COVID-19 patients.

A recent article by Matthew Vadum in American Thinker dated April 13, 2020 is titled

"The CDC Confesses to Lying About COVID-19 Death Numbers"

In it he describes how the CDC has issued memos to all doctors who fill out cause of death on death certificates to put any death down where there is a question to Covid-19, even without testing for it.

In this memo there is a question "Will Covid-19 be the underlying cause?" And the answer includes the direction that the cause of death is expected to be due to Covid-19 as the underlying cause <u>more often than not</u>!

So, one can easily see how the CDC can be pushing doctors towards inflating the number of deaths from covid-19 to make them look more frightening. Basically, the CDC is cooking the books when it comes to deaths being reported as Covid-19. I believe the reason is mainly to cover up their huge mistake of ordering this wrong-headed lockdown but who knows maybe there are more nefarious motives that we cannot fathom.

In the article there is a Dr Bucacek who is quoted as saying…"How many people have actually died from COVID-19 is anyone's guess … but based on how death certificates are being filled out, you can be certain the number is substantially lower than what we are being told..."

Dr. Bukacek is brave to speak the truth, but it is likely that angry internet and cable TV news trolls will find a way to silence her before the US population realizes they have been fooled, bullied into submission into giving up their Bill of Rights.

Here is another graph of peaking of flu epidemics in the US:

Tracking the Flu

Percentage of all doctors' visits made by patients with influenza-like symptoms:

This year the flu season peaked at 7.8% in October 2009, months earlier than in prior years. Cases are now well below normal levels.

7%

6

5

4

3

2

1

0   2009-10

6.0%   2007-08

3.6%   2006-07
3.5%   2008-09
3.1%   2005-06
1.8%   2009-10
        2008-09
2005-06
2007-08   2006-07

June
Week 26 of each year

October
Typical start of flu season (Week 40)

January

Week seven of each year
In 2010, this represents the week ending Feb. 20

May
Typical end of flu season

Source: CDC

And it looks like new cases of the COIVD-19 Flu peaked in the US around April 3rd based on the following graph of new cases which is pretty close to peaking in March like the latest peak month of most of the other flu epidemics in the past.

Daily New Cases in the United States
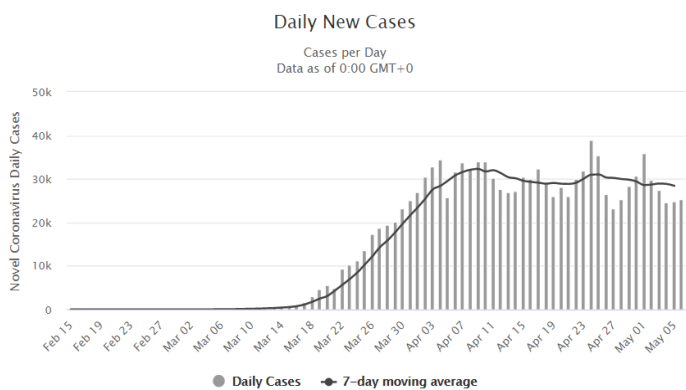
For comparison we see that Spain clearly peaked March like all other major European countries.

Daily New Cases in Spain
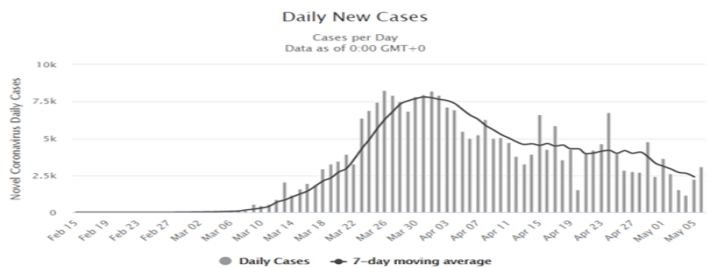
What is the mainstream medical community's explanation for these patterns of epidemics? They blame it mostly on the environment's effect on the

virus in that the weak sun of winter does not kill the virus like strong spring and summer sun does. They also attribute cause to more humidity in the warmer months putting a damper on virus survival and transfer.

They also promote some other winter-associated effects on human behavior like "humans tend to hunker down together in the winter and thus are closer and the virus spreads more easily."

However, if you consider how so many epidemics peak at almost exactly in the 7th week of the new year as shown in the prior graph, it just seems something more exact and less random is going on in most epidemics.

Update -April 14th>>>

It looks like the northern hemisphere has reached a peak in new cases as of 4/14 if you trust the reporting.

Here is a Facebook response I made concerning a question posed to me by a doctor who is following my posts>

Southern Hemisphere will be getting their COVID-19 flu epidemic in a few months!!

Just got an email from a doctor friend of mine, here it is>

Subject: Re: 50 Deaths from Covid-19 or Less
South of the Equator And 11,300+ Deaths from
Covid-19 North of the Equator! As of 3/21/2020
Why?

Jeff-I don't mean this to be sarcastic, in any way, I
appreciate your insights, but the southern death rate
since you wrote this is much higher now. Your
thoughts? Much and respectively appreciated,

Hi Tim,

Thanks for writing- good question.
Not a huge increase in deaths south of the equator,
still less than 300. While deaths north of the equator
have skyrocketed Lets calculate the ratio when I
first wrote the post: 11,000 to 50 ratio is 220 to 1
Now we have 34,000 deaths in the north and 275 in
the south (still only 14 in Australia and 1 in New
Zealand and 2 in South Africa where there is
excellent health care?)

So, the ratio is still very high: 123 to 1 and based
on population differences it should only be 10 to 1

Why are deaths going up in the southern
hemisphere???

Because they are having fall now and going into
winter.

#13 A Tale of Three Countries- Norway, Sweden and Finland

Some Scandinavian nations are among the countries with the lowest number of COVID-19 mortality rates per capita in Europe. This seems odd at first glance because they are located in Northern Europe where the sun is weaker, and the winters are longer and colder than those in the countries to the south of them. So, the virus should survive and spread easier right? Apparently not.

Finland has a death rate per million of just 46 and Norway 40 per million residents.

For comparison, Italy to the south has a rate of 495, and Spain 558, France 398, and the UK 451. About 10 X as high as Finland's death rate!

Sweden which is a very special case to be examined shortly, has a death rate per million of 301 which is similar to Ireland's rate of 284 and a little more than the USA's rate of 232 per million.

Let's take a look at the topographical map and see if that gives us any clues to this mystery:

Topographic Map Scandinavia

Now let's see where everyone is living:
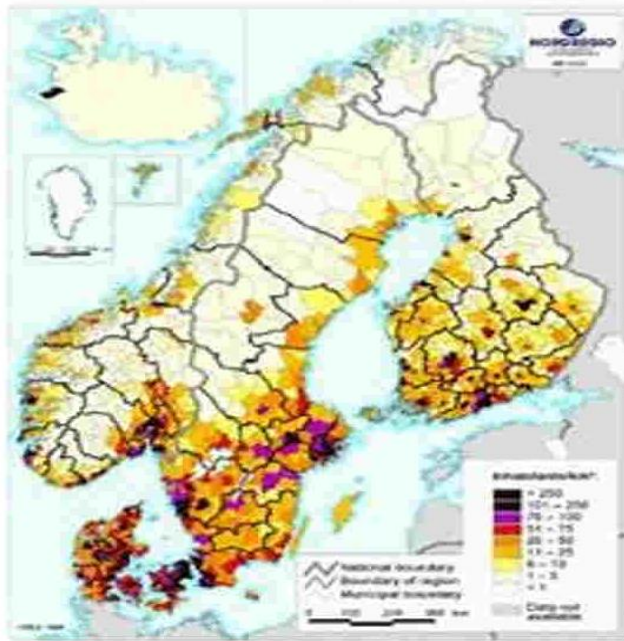
Most of Scandanavia's population is living either on broad flat plains- Finland and Sweden,

or on the sides of a mountain range right next to the ocean – Norway.

Now let's look just at the topography of the area and try to make a prediction based on this variable alone. Then we can add other variables to see if we can come up with a final, reasonable explanation for what we see in Scandinavia.

Assuming the populations were all identical, we would expect the people of Norway to have the

highest cases of and deaths from COVID-19 because they mostly all live around the base of a large mountain range in a semicircular pattern.
We would also expect the people of Finland to have the fewest deaths and cases of COVID-19 because they live on a broad flat plain with no hills or mountains interfering with the (disinfecting?) sunlight.

Swedes should be somewhere in between because they live on a partial plain and part in the shadow of the mountains.
Now we can add that mysterious "living near the water" effect that might have a beneficial influence on Norway's Covid-19 outbreak statistics.

So, have we described what we see in reality?
Is Norway the worst hit by the virus and Finland the least, with Sweden in between?

We just looked at the **death rates** per million of the 3 countries and saw these stats:
Sweden 301, Finland 46. and Norway 40 per million residents.
What about **number of cases** per million for the 3 countries? Do they follow the same pattern as deaths?
Sweden 2438, Finland 1024, and Norway 1482 cases per million residents.
Norway has a 50% higher case ratio than Finland. And this makes sense if you consider that Norway's sunshine is affected by the nearby mountain range.
However, Norway has a lower death rate than

<u>Finland which is completely unexpected unless it
has something to do with living near the water effect
being stronger than the mountain effect when it
comes to deaths.</u>
But Sweden has way more cases per million than
either Finland or Norway which is unexpected
unless they are getting a much bigger "near the
mountain effect" since most of their population lives
inland away from the water.

Oh! It's getting so complicated…and now we have
to add some more confounding variables!

Let's review this info again in a slightly different
way…
Now what about looking at a ratio of
how many cases per deaths?

Sweden has 1 death for every 8 cases or a 12.5%
mortality rate.
Finland has 1 death per   22 cases   or a 4.5%
mortality rate
Norway has 1 death per 37 cases or a 2.7%
mortality rate.
Now before we examine these mortality rates let's
back track a bit and explain the differences between
Sweden and her two neighbors in handling the
COVID-19 outbreak.

Finland and Norway both have implemented strict
lockdown procedures where people are not
supposed to leave their houses except for certain
exceptions.

In Finland other measures in place include roadblocks of roads going into and out of hot spots, closing schools and public places such as libraries until May 13, 2020. Restaurants will remain closed until the end of May, except for takeout sales. Norway has for the most been in an enforced hibernation since March 12:

-Kids are following class via the internet,
-Those who can, do work from home,
-Public transport, including air traffic, are partly halted, and
-Shops are closing down day-by-day.
-The control of the internal Schengen borders, to Finland and Sweden, as well as airports and harbors, will continue.

This is the first time in modern history that green-uniformed Home Guard soldiers are placed on Norway's land borders to its Nordic neighbors.

Subversive Sweden-
Now Sweden has been upsetting lockdown promoters in most other European countries and in the US as well as from within Sweden itself by refusing to implement a legal lockdown of the country.

In Sweden, at least from a legal perspective, it is business as usual and it is up to each individual to practice common sense behaviors to avoid getting or spreading the virus. Sweden has staked its bets on people acting responsibly while not shutting down the economy.

One law Sweden finally did impose was to ban all visits to nursing homes (where one of the most vulnerable populations live- the very-old).

They also limited public gatherings to no more than 50 (earlier it was a 500 limit). They also urged, bit did not require, those over 70 to self-isolate as a precaution.

So, if the lockdowns have prevented the spread of the virus in Norway and Finland, this could explain the large discrepancy in the cases per million residents between Sweden and its two neighbors which stand at:
Sweden 2438, Finland 1024, and Norway 1482 cases per million residents.
But this does not explain the vast differences in deaths per million residents being:
Sweden 301, Finland 46. and Norway 40

deaths per million residents.
One would think that even though Sweden had a wider spread of the virus   that the death rate for Sweden should still be the same as a percent of cases as Norway or Finland, but it is not! Sweden's death rate is about 7X higher than the other 2 countries. This makes no sense at all! It should be the same.

Something has to be different about Sweden's population as compared to the other two countries…what could it be?

The highest number of deaths due to the coronavirus (COVID-19) in Sweden as of April 27, 2020 was among individuals from 80 to 90 years old, where the number of deaths reached a total of 906. In total, 2,274 individuals had died in Sweden due to the virus as of this date.
Deaths in Sweden by Age from Covid-19

(as of April 27, 2020)
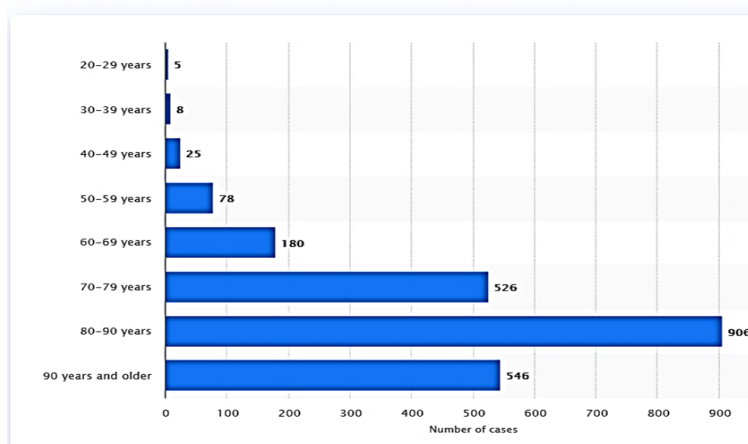
Let's look at the age structure of all 3 countries…
Age structure- Sweden:
0-14 years: 17.54% (male 904,957 /female 855,946)
15-24 years: 11.06% (male 573,595 /female 537,358)
25-54 years: 39.37% (male 2,005,422 /female 1,947,245)
55-64 years: 11.67% (male 588,314 /female 583,002)
65 years and over: 20.37% (male 946,170 /female 1,098,986) (2018 est.)

Age structure Norway:
0-14 years: 17.99% (male 495,403 /female 471,014)
15-24 years: 12.37% (male 340,672 /female 324,088)
25-54 years: 40.98% (male 1,136,373 /female 1,065,138)
55-64 years: 11.72% (male 318,898 /female 310,668)
65 years and over: 16.94% (male 420,178 /female 489,759) (2018 est.)

Age structure Finland:
0-14 years: 16.44% (male 465,298 /female 445,186)
15-24 years: 11.21% (male 317,500 /female 303,326)
25-54 years: 37.64% (male 1,064,751 /female 1,019,748)
55-64 years: 13.19% (male 359,434 /female 370,993)

65 years and over: 21.51% (male 519,775 /female 671,353) (2018 est.)
Age may be a factor but surely can't explain the whole Swedish discrepancy and Finland even has a few more elderly than Sweden!

How about nursing home beds: (the virus can spread more easily in nursing home populations and is more deadly in these groups as well)-not much difference if you adjust beds for population size. Sweden has a population of 10 million and Norway and Finland 5 million each,

Let's look at the various racial mix and thus skin color differences of the 3 populations>>>
Ethnic groups -Norway
Norwegian 83.2% (includes about 60,000 Sami), other European 8.3%, other non-European 8.5% (2017 est.)
Of the 16.8% of the population that are immigrants in Norway the breakdown is as follows>>

There are about 72,000 black-skinned immigrants and about 172,000 darker-skinned immigrant residents from the Middle East, India or Turkey.

Rank	Country of origin	Population (2020)
1.	Poland	115,416
2.	Lithuania	47,304
3.>>>	**Somalia**	**43,273**
4.	Sweden	38,854
5.>>	**Pakistan**	38,674
6.>>	**Syria**	36,026
7.>>	**Iraq**	34,268
8.>>>>	**Eritrea**	**29,102**
9.	Germany	28,258
10.	Philippines	26,334
11.	Vietnam	23,655
12.>>	**Iran**	23,331
13.	Thailand	22,194
14.	Russia	22,191
15.	Afghanistan	21,942
16.	Denmark	21,010
17.>>	**Turkey**	20,075
18.>>	**India**	19,135
19.	Bosnia-Herzegovina	18,542
20.	Romania	17,653

How about **Finland?** (Just about 17,000 black-skinned people and 26,000 people from the Middle east) >

Ethnic Groups and Nationalities in Finland

1	Finnish	4,868,751
2	Swedish	290,747
3	Russian	69,614
4	Estonian	46,195
5	British	16,732
6>>>>	**Somali**	**16,721**
7>>	**Arab**	14,825
8>>	**Kurd**	10,731
9	Chinese	10,110
10	Sami (a.k.a. Saami or Lapp)	9,350

Sweden- **A whopping 24% to 33% of the population are immigrants** depending on the definition! Also, Sweden has about 120,000 black-skinned immigrant-residents as well as 550,00 darker-skinned people from the Middle East, India, and Turkey.

Country	2019
Syria >>	191,530
Iraq >>	146,048
Finland	144,561
Poland	93,722
Iran >>>	80,136
Somalia >>>>>>>>>	**70,173**
former Yugoslavia	64,349
Bosnia and Herzegovina	60,012
Afghanistan	58,780
Turkey >>	51,689
Germany	51,436
Eritrea >>>>>>>>	**45,734**
Thailand	43,556
Norway	41,578
India >>	40,641
Denmark	39,457
China (without Hong Kong)	35,282
Romania	32,294
United Kingdom	29,979
Lebanon >>	28,508
Chile	28,025
United States	22,802

Swedish Immigrants by Country

Country	2019
Russia	22,265
Ethiopia >>>>>>>	**21,686**
Vietnam	20,676
Greece	19,547
Pakistan >>	19,107
Hungary	16,728
Lithuania	15,596
Philippines	15,281
Serbia	15,022
Italy	13,741
Colombia	12,865
Spain	12,688
Netherlands	12,470
Croatia	11,844
South Korea	11,642
France	11,537
Morocco >>>	11,530
Bangladesh >>	11,520
Ukraine	11,069
Kosovo	10,420
Brazil	10,159
Total	**2,019,733**

So, let's look at the number of black and darker-skinned people for each country and their percentage of the population.

	Black Skinned _(%)	Darker Skinned (%)
Sweden	120,000 1.20%	550,000 5.50%
Finland	17,000 0.34%	26,000 0.52%
Norway	72,000 1.44%	172,000 3.44%

It looks like we are onto something here! Sweden has a total of 7.70% black or darker skinned people in the population, Finland 0.90% and Norway 6.88%. Now let's see if there is anything in the news about what races are being infected and dying the most in these Nordic countries:

On April 3rd, 2020 it was reported that 40 percent of deaths from Covid-19 n Stockholm Sweden had occurred in the Somali immigrant population that only makes up only about 7% of Stockholm's population. Also, health officials in Sweden estimate that 18% of the entire country's deaths from Covid-19 occurred amongst Somali immigrants. Some Swedes have written scathing articles abut the Somali's blaming their high death rates on bad behaviors and ignoring common sense prevention habits.

So now we might have explained the huge difference in death rates between Sweden and Finland being caused by Sweden's large number of

darker skinned immigrants vs. Finland's relative lack of these people.

But the low death rate in Norway remains a mystery because they have about the same percentage of black and darker-skinned individuals as Sweden.

Is there something going on that helps Norway to have a much lower death rate than expected? If you ask me it has to be the mysterious "living by the water effect" which might work by generating a more humid environment that most people of Norway reside in.
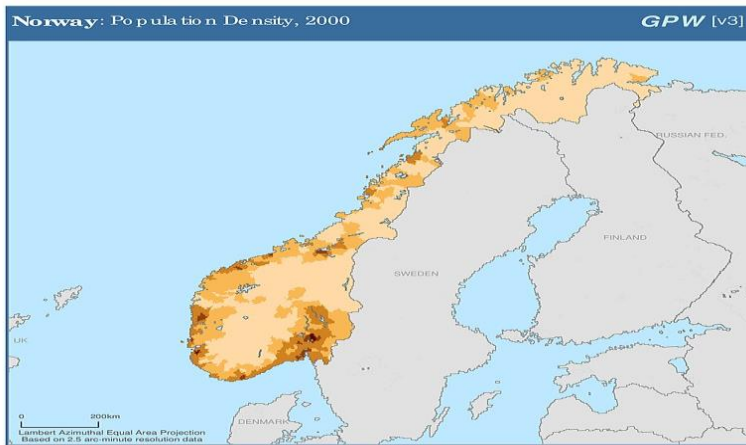
(You might think I am a little premature in divining a "living near water" effect as some sort of population protection against viral epidemics, so let me just add a little meat to the bones of this idea with a few quick examples before our final critique of Sweden's no-lockdown policy. I am ignoring

countries south of the equator for now for this analysis as they have not yet had their big epidemic yet.)

Some countries where we would expect a large amount of deaths from COVID-19 include Japan with the 2nd oldest population in the world 47.3 years median age and loaded with lots of north south and east west mountains. But most of the population lives pretty close to the ocean on the south side of mountain ranges as we can tell in this population density map that follows. And what is the death rate per million for COVID-19 in Japan? A tiny 5 per million! And their case rate is only 126 per million.

Japan's Population Density

Japan: Population Density

Hong Kong, 8th oldest 44.4. living by the water effect?
.5 deaths per million   140 cases per million
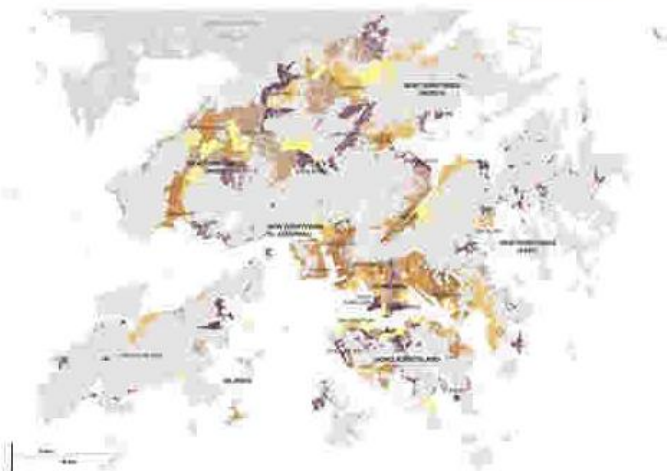
How about Iceland? Being so far north with such weak sun you would think they should have a high death and case rate. They do have a high case right 5,281 per million but just a tiny 29 per million death rate! Less than Norway and Finland! How does being by the water protect them from death?

Iceland-Topograhy

Iceland-Population Density

Who else has a population that tends to be close to the water? Take a look at South Korea-surrounded by water
Cases per million 215 and **Deaths per million 5**

Okay let's get back to Sweden.
So now we must ask- was Sweden smart or did it make a terrible mistake by not ordering a lockdown on its citizens?
Yes- it seems Sweden had a higher rate of cases per million than either Norway or Finland
Sweden 2438, Finland 1024, and Norway 1482 cases per million residents.
Sweden's case rate was 2.4 times that of Finland and 1.6 times that of Norway. So apparently Norway and Finland's lockdowns, at least in the short run, apparently were successful in reducing the number of cases of the virus when compared to Sweden.

What about the death rate? I do not believe the anti-lockdown policy was the cause of Sweden's higher death rate per case, that seems to be attributable to the racial makeup of Sweden and the DEATH RATE would have been the same with or without a lockdown- the same percentage of the cases.

A HUGE benefit to Sweden from its policy is that they will emerge from the epidemic with a flourishing intact economy as opposed to rampant unemployment and business failures that will likely be felt in Norway and Finland for some time to come.
But there may be another less obvious benefit to Sweden. They should be much **closer to achieving "herd immunity"** while their neighbors, by shielding large portions of their populations from exposure to the virus, likely still have a large percentage of the population that would be vulnerable to a future encounter with the virus which might return next winter (2020/2021).

You see it turns out that most people who are infected with the virus have no symptoms at all. For example, from a recent study out of Stanford University involved testing 3,300 residents of Santa Clara County for COIVID-19, many of them who never had any symptoms tested positive for the antibody to the virus. This means the virus just passed right through them, their immune systems handled it, all unbeknownst to the infected individual. The rate of infection in the 3,300 implied that the infection rate in Santa Clara County was

about 4 to 5% of the population of 2 million-even with a lockdown in effect.

Michael Mina, an immunologist and assistant professor of epidemiology at Harvard, tweeted agreement with the study on Friday and theorized that 30 million people or more could be infected with Covid-19 in the US, but further *"consistent studies"* could show that *"population immunity is already building up."*

So, what does this mean for Sweden?

According to Karin Ulrika Olofsdotter, Swedish Ambassador to the United States, 30 percent of people in Stockholm have reached a level of immunity and might reach herd immunity by May.

What this means is that if there is another COVID-19 flu season, there would be enough immune people in the Swedish population that the virus would have a difficult time continuing to spread. This is true because when the virus passes from an infected person to an immune person (has antibodies from prior infection), the person's immune system just kills off the virus as soon as it hits the body. Basically, the human population with herd immunity becomes a giant bottle of hand sanitizer.

So, if Sweden has achieved herd immunity by the fall of 2020 and the virus returns as many predict. Norway and Finland will just have to hunker down again, destroy their economies again, and wait for the spring to return. All this, while the Swedes will

be able to go about their daily lives without a care, whistling all the way past the graveyard.
]
The following table shows various diseases along with their HIT (herd immunity threshold) HIT is just the percentage of the population that has antibodies to the pathogen needed to make the entire group safe from having an epidemic of the disease. (R0 just indicates how many people a single infected person is likely to spread the pathogen to)

Estimated R_0 and HITs (herd immunity threshold) of well-known infectious diseases			
Disease	Transmission	R_0	HIT
Measles	Airborne	12–18	92–95%
Pertussis	Airborne droplet	12–17	92–94%
Diphtheria	Saliva	6–7	83–86%
Rubella	Airborne droplet	6–7	83–86%
Smallpox	Airborne droplet	5–7	80–86%
Polio	Fecal-oral route	5–7	80–86%
Mumps	Airborne droplet	4–7	75–86%
SARS (2002–2004 SARS)	Airborne droplet	2–5	50–80%

COVID-19		1.4–3.9	29–74%
Ebola (in West Africa)	Bodily fluids	1.5–2.5	33–60%
Influenza (influenza pandemics)	Airborne droplet	1.5–1.8	33–44%

An interesting study titled -
Current vitamin D status in European and Middle East countries and strategies to prevent vitamin D deficiency:
A position statement of the European Calcified Tissue Society in European Journal of Endocrinology Page(s): P23–P54 April 2019

Describes how people native to Norway, Denmark, and Finland generally have what they consider reasonable Vitamin D3 levels except for teenagers, older people, immigrants, and especially people in nursing homes. They noted that the general adequacy of Vitamin D status in Nordic countries was due to the use of cod liver oil, supplements, and Vitamin D fortification of foods in the last decade. The study notes that this led to an especially great improvement in the Vitamin D levels of of the population of Finland. It also found disturbingly low Vitamin D3 levels in Turkish and Moroccan immigrants.

#14 Fresh Air and Sunlight-The Only Effective Treatment for the Spanish Flu?

Medicine was still quite primitive back in 1918 when the Spanish flu broke out. Most of the treatments seem to have had their origins from superstitions or folk medicine. For example, seven of the most common treatments for the flu back then are listed below. Needless to say, most of them did not work.

-**Wearing the Color Red**
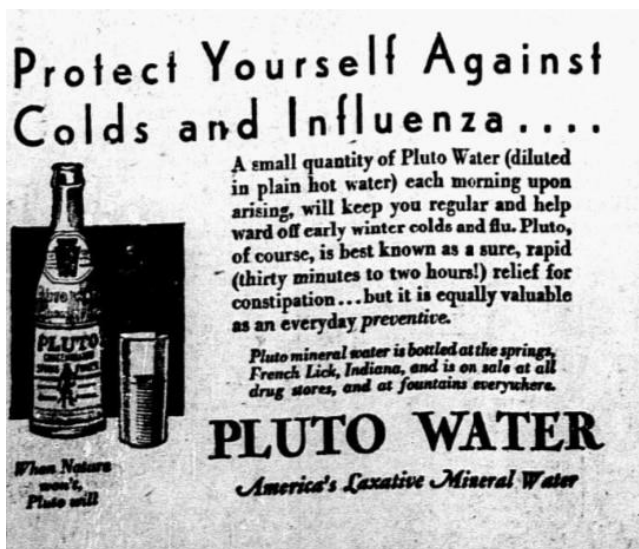
(The flu supposedly didn't like the color red.)

Quinine-
It comes from the bark of the South American cinchona tree and the natives used and still use it to treat malaria. During the Spanish flu epidemic, doctors attempted to use it to stave off the fevers associated with the flu. Unfortunately, the reason quinine reduced malaria's fever was by attacking the parasites caused it. The treatment is thought by some doctors to be useless against viruses like flu. However, some doctors have found that a quinine derivative Hydroxy-Chloro-Quinine seems to help some COVID-19 patients.

-**Bloodletting**- By draining the body of blood, and therefore of toxins and disease, doctors thought they could cure a patient of whatever ailed them. It didn't work—and in fact, it killed many, including George Washington—but it remained a fairly common practice still in use as recently as the 1920s.

-**Sliced Onions**- If one person in a household came down with the flu, others would soon be infected as well. To try and prevent that, some families would slice onions and place them around the house. it was thought that the onions could "absorb" the virus and prevent others from catching it.

-**Laxatives-** If bloodletting worked by draining the body of toxins and disease, laxatives would seem to be the next best thing. Pluto water was a mineral water that bubbled out of the ground at French Lick Indiana, it had a very high magnesium content. Magnesium is a very common laxative still used today.

Protect Yourself Against Colds and Influenza....

A small quantity of Pluto Water (diluted in plain hot water) each morning upon arising, will keep you regular and help ward off early winter colds and flu. Pluto, of course, is best known as a sure, rapid (thirty minutes to two hours!) relief for constipation...but it is equally valuable as an everyday *preventive*.

Pluto mineral water is bottled at the springs, French Lick, Indiana, and is on sale at all drug stores, and at fountains everywhere.

PLUTO WATER

America's Laxative Mineral Water

When Nature won't, Pluto will

<u>Inhaling Noxious Fumes-</u> This one seemed to work: Inhaling fumes

During the 1918 flu pandemic, it was noticed that workers who were exposed to noxious gases saw lower rates of flu. Because of this, many parents took their children to the nearest industrial plant instead of to the doctor. One researcher decided to investigate the claim. He found that the general rate of influenza was 40 percent. At a local tin factory where workers were exposed to nitric acid, it was just 11 percent. If those workers also inhaled gunpowder, the rate was a mere five percent.

<u>Enemas-</u>

Similar to bloodletting and laxatives, enemas were thought to be another way 19th-century doctors could "flush out" the flu.

<u>Lockdowns-</u> We will probably be adding this one to the list of quack protocols before long!

<u>Fresh Air & Sunshine-</u>

Now the one treatment that worked unequivocally in patients that were sick, was keeping the patients out in the sun and fresh air in open-air hospitals. Patients in "open-air" hospitals were

<u>3 times as likely to survive the Spanish flu</u> as those treated indoors.

Influenza patients getting sunlight at the Camp Brooks emergency open-air hospital in Boston. Medical staff were not supposed to remove their masks. (photo-National Archives)

Information from the H1N1 "Spanish flu" pandemic of 1918 suggests sunshine and fresh air were among the most helpful therapies in stopping the spread of the illness and reducing mortality rates of those who had it.

Medical workers found that severely ill flu patients nursed outdoors recovered better than those treated indoors.

The Spanish flu was the worst pandemic in modern history and killed as many as 100 million people around the world. While killing 675,000 of the U.S.'s 105 million population at the time.

Records from an "open-air" hospital in Boston, Massachusetts, suggest that some patients and staff seemed to have had better outcomes than those at other hospitals in their area. Fresh air and sunlight seems to have prevented many patient deaths as well as medical worker infections.

The American Journal of Public Health published a study where it was found that **deaths among Boston hospital patients were reduced from 40% down to 13% when moved from poorly ventilated indoor rooms to outdoor tents that allowed sunshine and fresh air to reach the patients.**

So, it looks like we are tying most of these stories and mysteries together with one common thread. The sun!

(With the exceptions of the immune Alaskan and Vermont communities, the living near the water effect, and the case of blacks and the elderly being at much higher risk than whites).

#15 Why Do Lower Altitude Mountain Ranges Seem to Make the Virus More Deadly While Higher Altitude Mountain Ranges Seem to be Protective?

Now here is a head-scratcher: We earlier saw that the miracle town of Ferrara, Italy was protected from the worst effects of the virus because it laid in the middle of one of Italy's few flat plains and thus was able to receive unobstructed sunshine all day long to maybe kill the virus? At the same time nearby towns in the mountains or in the shadows of the mountains were much more impacted by the virus with lots of cases and deaths.
What if I told you there is an example in the US where you see the exact opposite pattern!? That the people living up in the mountains were protected from the virus while those living in the flat plains next to the mountains were the ones that were dying at high rates!??

This would seem to completely invalidate the sun killing the virus hypothesis that we developed while studying the miracle town of Ferrara right!??

Well just take a look at Colorado! A map of the topography and where most of the Covid-19 cases are occurring!

Cases of COVID-19 in Colorado by County
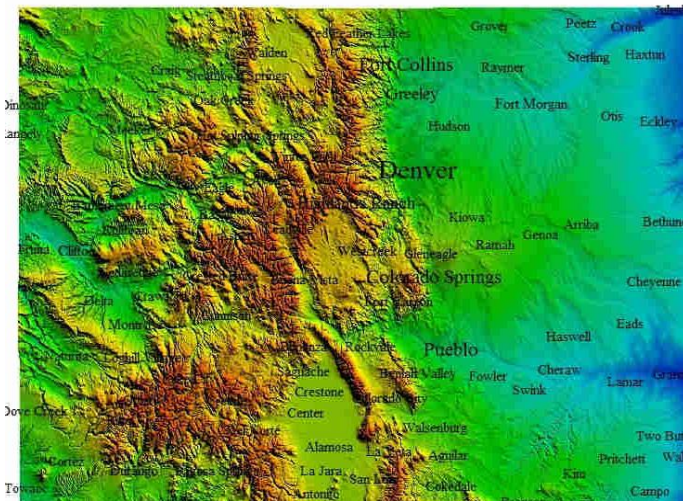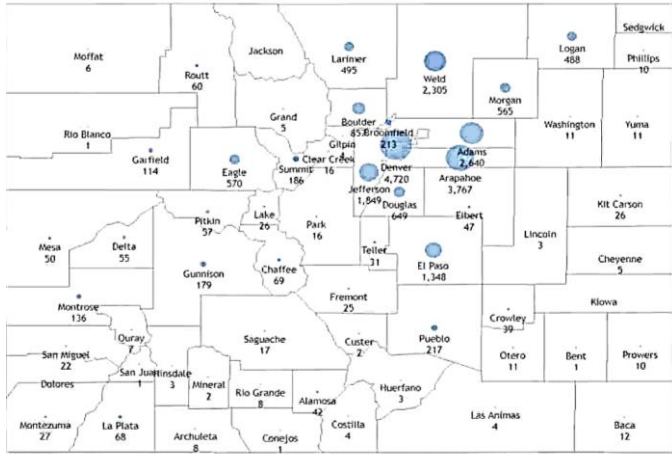
Basically, this is the opposite of the Italian situation!? But guess what? Once you discover the simple thread that runs through all these mysteries….it can be easily explained!

#16 What Do the Elderly and Blacks Have in Common that Make them so Susceptible to Infection of and Dying from Covid-19? They Both Have a Skin Problem.

Public health officials explain why the elderly are at much higher risk of death and infection from Covid-19 than younger age groups as follows:

"Having chronic illnesses and weaker immune systems make the elderly more vulnerable. "

The chronic illnesses that seem to make someone more vulnerable to the virus are listed as follows:

Hypertension, diabetes, high cholesterol, coronary artery disease, dementia, atrial fibrillation, (a heart condition of irregular heartbeat), chronic obstructive pulmonary disease (either bronchitis or emphysema) renal (kidney) disease, cancer, and congestive heart failure round out the list.

How does this list compare to the top diseases of the elderly?

Top Diseases of the Elderly

Arthritis
>Hypertension
>Atrial Fibrillation
>Diabetes
>Cancer
>Congestive heart failure
Cerebrovascular Disease (Stroke)
>Heart Disease
Osteoporosis.

>COPD.
Nephritis (kidney disease
Pneumonia and Influenza
Hearing impairments
Depression
>Alzheimer's disease
Parkinson's disease

Percentage of the population with high blood pressure

Men Women

Age group	Men	Women
20-34	12%	7%
35-44	24	16
45-54	39	38
55-64	53	54
65-74	65	71
75 and older	65	77

Sources: National Center for Health Statistics; National Heart, Lung and Blood Institute

Proportion of population, 15 years and over, who are obese
By age group and sex, 2015/16
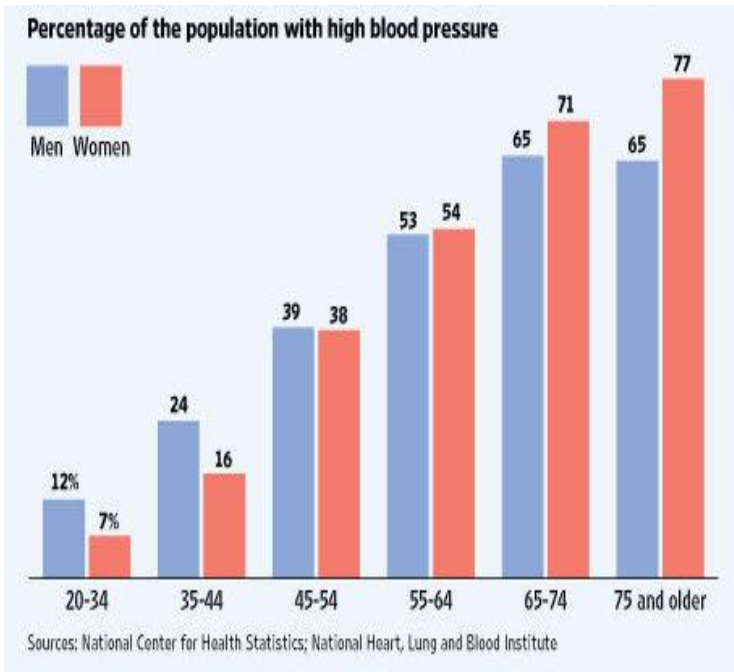
FIGURE 1 OBESITY

Now let's take a look at the diseases that affect blacks at a much higher rate than whites:

>1 Heart Disease African Americans are 20% more likely to die from heart disease compared to Caucasians. And African American heart disease strikes earlier, with those ages 18 to 49 at twice the risk of death compared to whites.
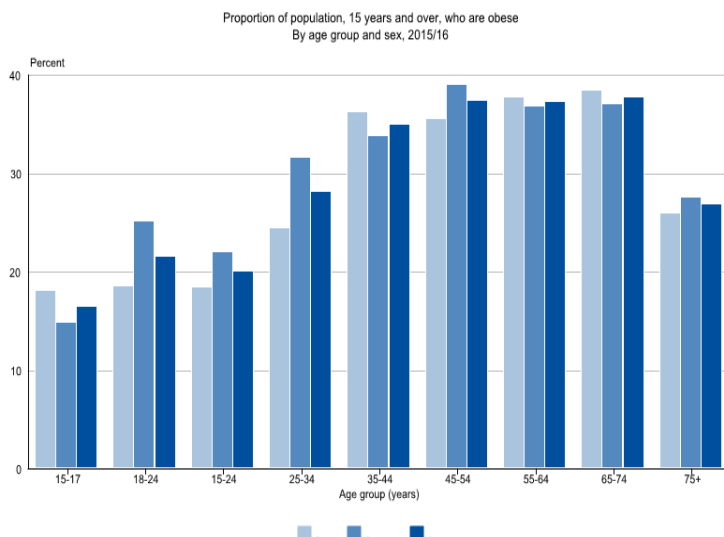
>2 **High Blood Pressure** High blood pressure is a risk factor for heart disease. So, it makes sense that African American high blood pressure statistics are also disproportionate. High blood pressure tends to develop earlier, be more severe, and is less likely to

be controlled in African Americans. They are 40% more likely to have high blood pressure than non-Hispanic whites. And for black women, the numbers are worse—they are 60% more likely to have high blood pressure.

>3 Obesity African women who are overweight or obesity (66%) is 1.4 times that in Caucasian women (47%) , and African American women may be at greatest risk for the health consequences of obesity and have an almost twofold greater risk of developing diabetes and experiencing hypertension at earlier ages; they also have significantly greater abdominal fat than Caucasian women. In the United States, African Americans have the highest rate of being overweight or obese. Among black adults, 63% of men and 77% of women are either overweight or obese.

>4 Diabetes Diabetes is 60% more common among African Americans compared to non-Hispanic whites. They are also more likely to have serious complications from it, including end-stage kidney disease and limb amputations. And they are twice as likely to die from the disease.

>5 Asthma Black adults and children suffer from asthma at a much higher rate than whites. African Americans to visit the emergency room for asthma at much higher rates. Black children are four times

more likely to end up in the hospital and 10X more likely to die.

>6 Stroke African Americans are 50% more likely to suffer a stroke than Caucasians. Black men are 60% more likely to die from one.

>7 Cancer The major cancers affecting all Americans are just about the same. They include lung, colon, prostate, breast, and uterine cancers. Black Americans are more likely to die from them. An example: African American women are 40% more likely to die from breast cancer than white women.

>8 Chronic Liver Disease Factors that commonly contribute to chronic liver disease include obesity, alcoholism, and hepatitis. Chronic liver disease is a leading cause of death for blacks. Black Americans are also more likely to get liver and die from it than whites.

The latest available COVID-19 mortality rate for Black Americans is 2.3 times higher than the rate for Latinos, 2.4 times higher than the rate for Asians, and 2.6 times higher than the rate for Whites.

Rate of COVID-19 deaths reported by race/ethnicity through April 30, 2020

For all U.S. states with available data and Washington, D.C. Mortality rate per 100,000 residents of each group.

	Rate
Asian	14.6
Black	34.7
Latino	14.9
White	13.1
All Americans (in these places)	19.6
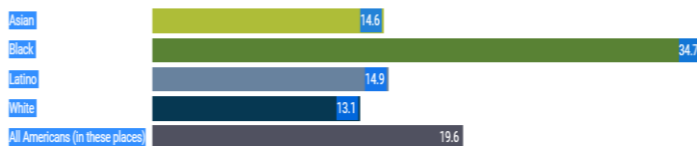
Let's make a final table that sums it all up

After a little more research, I found that blacks are twice as likely to get Alzheimer's disease dementia than whites.

Also, while whites get atrial fibrillation (afib) at a higher rate than blacks, blacks are more likely to suffer a stroke related to afib and have serious complications than whites.

And with just a little more research we find alas the elderly also suffer from chronic kidney disease at a much higher rate than the young:
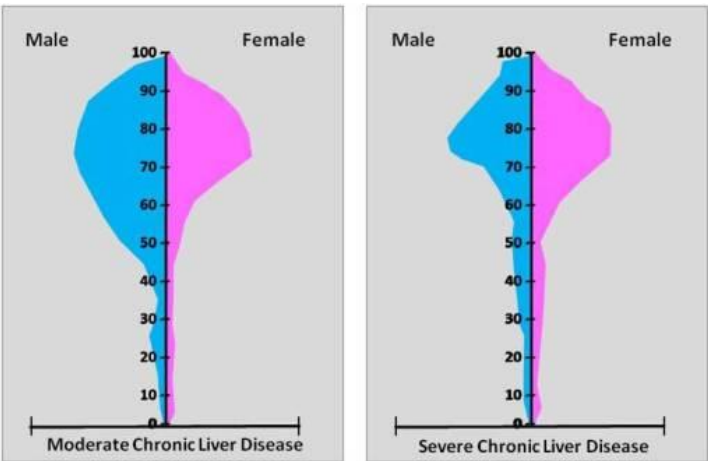
So, with this extra information we get almost a perfect table of all x's except for afib in blacks being a question mark.

Overrepresented in >	Blacks	Elderly	Covid-19 Patients
Cancer	x	x	x
Hypertension	x	x	x
Diabetes	x	x	x
COPD	x	x	x
Heart Disease	x	x	x
Strokes	x	x	x
Atrial Fibrillation	?	x	x
Chronic Liver Disease	x	x	x
Dementia	x	x	x
Obesity	x	?	x

So, what have we found?

Something is going on with the elderly and blacks that cause them to suffer from most of the same diseases more, and to die at a higher rate from COVID-19. What could it be?

Modern Medical theories try to blame the relatively bad health of the blacks on poverty, limited access to health care, bad behaviors concerning health, unhealthy eating choices, lack of access to healthy foods, inactivity, and even racism!

When it comes to explaining the high incidence of these diseases in the elderly, modern medical theory just simply shrugs it off as the inevitable consequences of aging.

What if I told you that neither of these answers is correct?

Spoiler Alert! - What I am about to tell you will simultaneously provide the answer to solve the riddles of these last 15 stories and articles!!

Stop reading right here if you want to try and solve the puzzle by yourself. If not, or you already think you know the answer, read on….

SPOILER ALERT

STOP READING HERE!!

The reason that the elderly and blacks suffer from all these diseases at a much higher rate than the younger white populations in the US is because they both suffer from the same skin problem!

Now I know this sounds outlandish and funny at first, but it is actually true!

Now you need to know something before we explain how blacks and the elderly have the same skin problem.

When skin is exposed to sunlight of a certain strength (summer, late spring, or early fall) a chemical reaction occurs where a version of cholesterol in one's skin is converted to a powerful seco-steroid hormone that was incorrectly named Vitamin D3 when it was discovered.

Vitamin D3 is actually not a vitamin at all but rather is a **POWERFUL hormone <u>that controls 2700+ genes</u>** mostly **involved with your immune system**.

People who are deficient in this hormone Vitamin D3 tend to get a variety of diseases at a much higher rate than those with sufficient D3 levels.

These diseases include- you guessed it>>

Heart disease, diabetes, hypertension, cancer, COPD, strokes, dementia, obesity, etc. All the diseases we just laid out so nicely in our prior perfect table.

So, what is wrong with elderly skin?

A study by the great Vitamin D3 researcher and pioneer, Michael Holick , from 1985 nails it quite nicely…. In the study titled:

J Clin Invest. 1985 Oct;76(4):1536-8.
Aging decreases the capacity of human skin to produce vitamin D3. Holick, MF

Holick finds that skin from 77 and 82-year-old subjects made **less than half** of the previtamin D3 in the skin than the skin from 8 and 18-year olds !!

And what is the problem with black skin?

It is only a problem at latitudes that are relatively far away from the equator (black skin evolved under the equatorial sun) where the sun is very strong and generates sufficient Vitamin D3 levels in black skin. The problem with black skin is only seen at latitudes far from the equator (where white skin evolved from once-black skin) such as in Europe and the US. It is here at these far northerly latitudes that the sun strength is insufficient to generate adequate amounts of Vitamin D3 in black skin. Thus, black people in the north almost all suffer from Vitamin D3 deficiency just like the elderly.

Consider the results of this study titled

Vitamin D and African Americans
Susan S. Harris
Susan found that most young healthy blacks do not achieve adequate Vitamin D3 levels at any time of year! Why? Because the dark pigmentation of their skin reduces Vitamin D3 production in their skin. And she notes that vitamin D protects against many chronic conditions, including cardiovascular disease, diabetes, and some cancers, all of which are as prevalent or more prevalent among blacks than whites. She recommends that black people living in northerly latitudes MUST supplement with extra Vitamin D3 daily if they want to prevent a long list of chronic diseases.

It is estimated that it takes

black skin

<u>5X more sun exposure time</u> than

white skin

to make

the same amount of Vitamin D3!

#17 The Hot Spots- Nursing Homes and Meat Packing Plants

What is going on with nursing homes and meat packing plants?

Currently about half the 25 hotspots in the US (counties with the highest per-capita infection rates) originated in meat factories where employees work side by side in cramped conditions.

At least 30 meat workers have died of coronavirus and more than 10,000 have been infected or exposed,

One state, Colorado, is tops for meat packing employee deaths from COVID-19, and one city in that state is #1 in deaths- the town of Greeley where 7 meat plant employees have died. The runner up is in Delaware with 4 deaths, no other state at this time has reported more than 2 deaths at these types of plants.

What is odd about this is that Colorado does not have that many meat worker COVID-19 cases when compared to other states. For example, Pennsylvania and South Dakota have about 4X as many cases as Colorado, but only 3 deaths between them!

Why is Greeley Colorado hit so hard with deaths?

Wait for it>>>>>>

Greeley Colorado-

The meat packing plant of JBS has had 7 deaths from covid-19 amongst its workers. Far higher than any other meat packing plant in the US. 245 workers tested positive for the virus.

While researching the Greeley situation, I found a map of Colorado showing where the most Covid-19 cases were located:

Cases of COVID-19 in Colorado by County
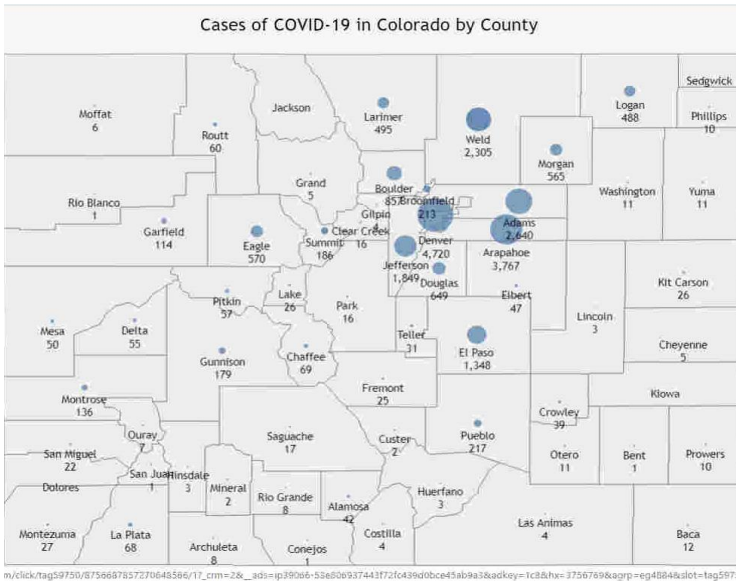
Of course, we would expect to see a lot of cases in the big population centers like Denver, but it seems like we have a lot of hot spots on the eastern half of Colorado as opposed to the western half. But as you see from the following topographic map that all of Colorado's mountains are on the west half of the state. Most of the cases seem to be occurring on the flat plain area of the state! Isn't this the opposite of what we saw in Italy? Is the whole theory about mountains causing Vitamin D3 deficiency busted?

Actually, we have just uncovered another variable in the complicated equation that determines a population's Vitamin D3 levels. Altitude. It is easy to get sunburned at higher altitudes, because there is less of the earth's atmosphere to block the sunlight. **UV exposure increases about 4% for every 300 m (1000 ft) gain in elevation**.

135
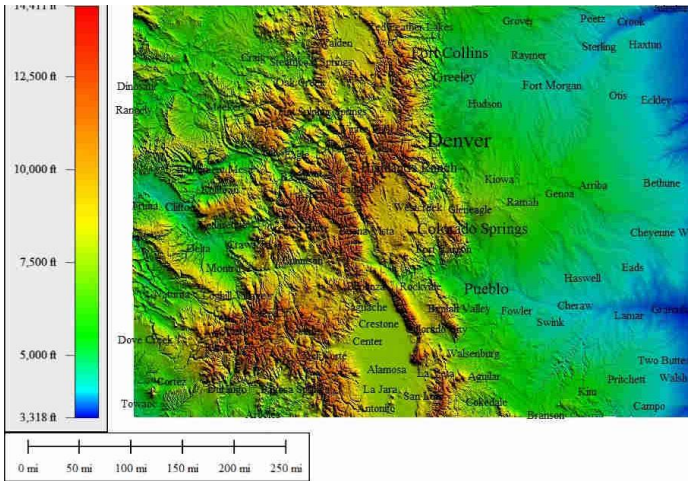
So, you see that most of the Covid-19 cases and deaths in Colorado have occurred on the plains in the shadow of the Rocky Mountains. All these plains areas are located at about a 5,000-foot elevation. As soon as you get past Denver going West you get into some very high mountains, and much higher average altitudes, much higher than many European countries like Italy (2,100 feet average altitude) and Spain (1750 average altitude). Colorado has an average elevation of 6,800 feet. Denver on the plains right by the mountains is known as the mile-high city-with an elevation of 1 mile coincidentally.

Go a little west and you will start finding towns with elevations like Vail, 8,000 feet, Gunnison 7.770 feet, and Leadville 10,100 feet.

So compared to Denver, Vail would have UV-B radiation from the sun that is 12% stronger than the sun in Denver, (and 26% stronger than in Italy!) which probably makes up for an increase in the day-shortening effect of taller nearby mountains The sun in Leadville would be 20% stronger than the sun in Denver and 32% stronger than the Italian sun!

As of May 18th, 2020 Leadville, has a population of 2700, 26 Covid-19 cases (a little less than 1% of the population) and 0 deaths. The state of Colorado has a population of 5.,700,000, 222,202 cases (3.9% of population) and 1,224 deaths (1/2 of 1% of cases).

Whew! This Vitamin D3 thing is complicated! So many variables. No wonder it has remained a mystery for so long.

On a side note, an interesting map I stumbled upon when looking into Colorado was an obesity map for the entire US. Take a look at it. Notice anything unusual?

2008 age-adjusted obesity rate by U.S. county
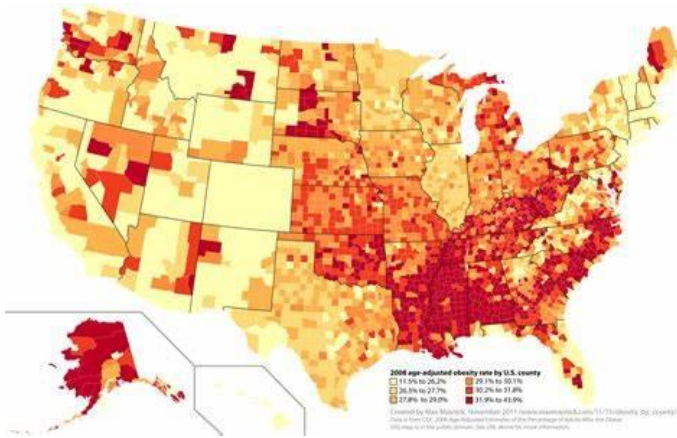
Colorado sticks right out as the least obese state in the US. This is a map of obesity rates by county, so Colorado does not have a single county with many obese people. Only 4% of the state's population identifies as black, and Colorado has almost no American Indian reservations. Colorado just happens to have the highest average elevation of any US state according to The World Almanac of the U.S.A. Take a look at the top 11 states with the highest average elevations and find them on the map. What do they have in common? They are for the most part the skinniest states in the nation

Colorado	6,800 feet
Wyoming	6,700 feet
Utah	6,100 feet
New Mexico	5,700 feet
Nevada	5,500 feet
Idaho	5,000 feet
Arizona	4,100 feet
Montana	3,400 feet
Oregon	3,300 feet
Hawaii	3,030 feet
California	2,900 feet
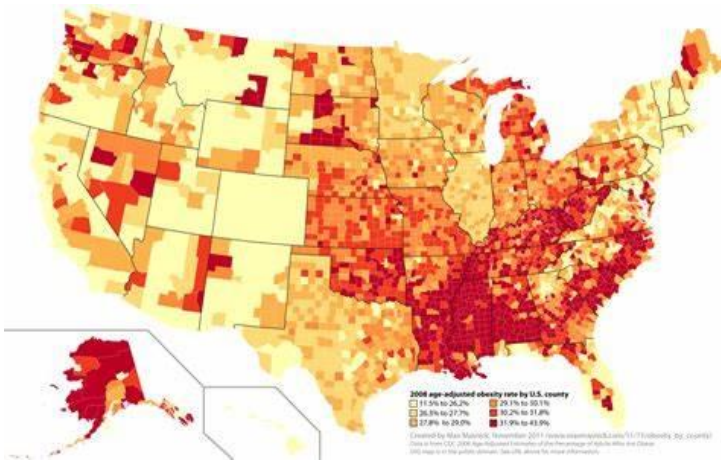
Now take a look at the 10 lowest states in the nation, it has quite a few heavy states. So how much stronger is the sun in Colorado compared to say Louisiana?

(6800 feet -100 feet) / 1,000 feet x 4% = 27**%
stronger**!!

But it's not as simple as that, this assumes both
states were at the same latitude, (the sun gets
stronger the further south you go) but you get the
picture. It is a complicated! equation!

Alabama	**500 feet**
Connecticut	500 feet
South Carolina	**350 feet**
Maryland	340 feet
Mississippi	**300 feet**
New Jersey	250 feet
Rhode Island	200 feet
Louisiana	**100 feet**
Florida	100 feet
Delaware	60 feet

Now take a look at the obesity map and compare it to the location of Indian reservations in the US

Now if we had a homogenous population of all white people the map would start off in the south as almost all non-obese people, and then would become more and more red (obese) as we moved north with obesity rates increasing with the latitude. But this map is really messed up from that perspective? Why?

The red (fat) areas that look out of place are caused by variations in Vitamin D3 levels by race. All the red counties in the south will have a large percentage of blacks. In the southwest out of place red areas will be heavily populated by American Indians and to a lesser extent Hispanics, both races that need more sun than whites on their skin to make Vitamin D3.

Lastly let's compare the maps of Hispanic and Black populations by county versus the obesity map.
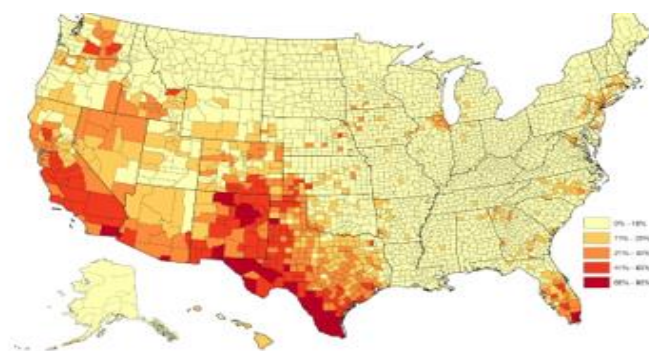
Hispanics
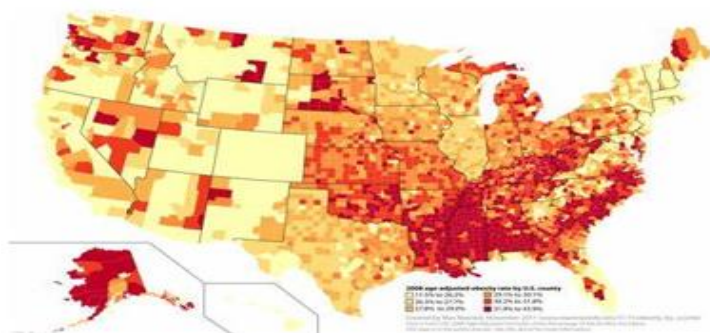
Obesity

BLACKS

WAIT!! I just noticed an unexplained swath of obesity that runs through Tennessee, Kentucky, West Virginia, up to Southern Pennsylvania. Guess what we find there? The Appalachian Mountains! These low lowing mountains (typical peaks are about 3,000 feet high) are a cause of low D3 levels and thus obesity! Contrast this to Colorado where the much higher elevation mountains lead to much stronger sun, and an absence of obesity!
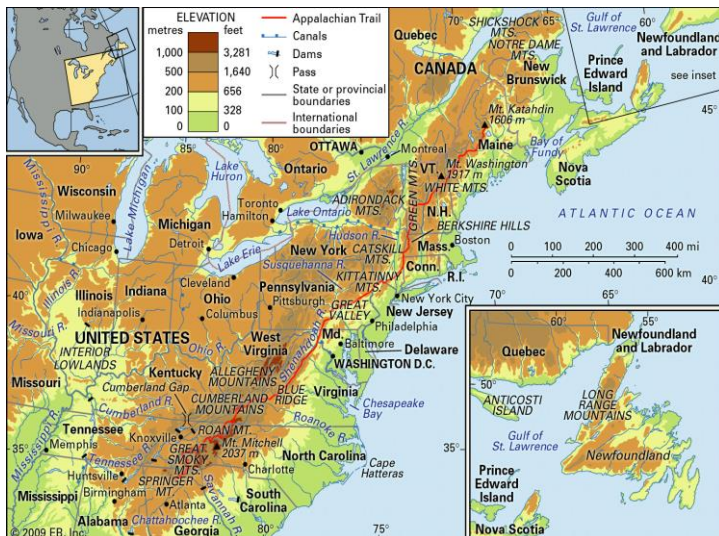
Ok back to our topic- The Greeley, Colorado situation is pretty grim, but let's consider a different meat facility in Missouri where a huge number of employees tested positive for the virus (373) but **not a single one** of them had symptoms!! None of them knew they were infected

All of them were asymptomatic, according to a press release from the Missouri Department of Health and Senior Services.

Triumph Foods, a meat packing plant is located in St. Joseph, Missouri   So, why so many deaths in Colorado and not even any symptoms in Missouri?

Missouri is a flat state for the most part, and St. Joseph is located on the Missouri river? Could the water have something to do with it? We'll figure that out soon.

But what does Greeley Colorado have? A nice big sun-blocking mountain that blocks out much of the early morning sun. Does this allow virus to spread faster? Oh wait, we figured it out already, it reduces the amount of sun that reaches your skin.

While it might not seem like much of a difference each day as the sun is strongest between 10 AM and 2PM , the morning mountain shadow is probably just enough of a sunshine reduction over the full year to kick a few people who are already low in D3 into the critical danger level. It is likely a fine line between D3 levels that determines who lives and who dies from COVID-19.

Nursing Homes-
I think a few headlines will say it all…
Nursing Homes & Assisted Living Facilities Account for 40% of COVID-19 Deaths. A startling statistic has profound implications for the way we've managed the coronavirus pandemic.

Nursing homes account for 48% of all Illinois COVID-19 deaths
70% Of Minnesota COVID-19 Deaths in Nursing Homes
In Connecticut, 194 of 216 nursing homes have had at least one Covid-19 case. Nearly half the Covid-19 deaths in the state – more than 1,200 people – have been of nursing home residents. The proportion is higher elsewhere.

In New Hampshire, 72% of deaths have been nursing home residents.

Privately compiled data shows such deaths now account for more than half of all fatalities in 14 states, according to the Kaiser Family Foundation. Only 33 states report nursing home-related deaths.

68.6 percent of all COVID-19 deaths in Pa. were residents

The governor of New York has come under fire for not protecting nursing home residents in his state and even going so far as to mandate that nursing homes accept coronavirus patients. He was not alone however, as many other governors did the same thing, including the governor of New Jersey. The governor has since reversed this policy and

the state of New York has since started omitting many coronavirus deaths from nursing home death totals.

In early May, any long-term care residents who lost their lives from the coronavirus in hospitals, would

146

no longer be counted as a nursing home death. New York still leads the nation in nursing home deaths, with 5,433.

Earlier lessons from Italy and China proved that the elderly were especially vulnerable to the virus, and way more vulnerable still when they had underlying health issues like almost everyone living in a nursing home. The huge number of nursing home deaths in New York and New jersey, appear to have been easily avoidable.

Below is an older chart of nursing home deaths by state that shows (240) in Florida, (3,505) in New York and (2,050) in New Jersey. One might draw the conclusion that those orders forcing the nursing homes to take infected patients resulted in an extra 5,000 unnecessary deaths.

COVID-19 Deaths in Long-Term Care Facilities
(From States Reporting)
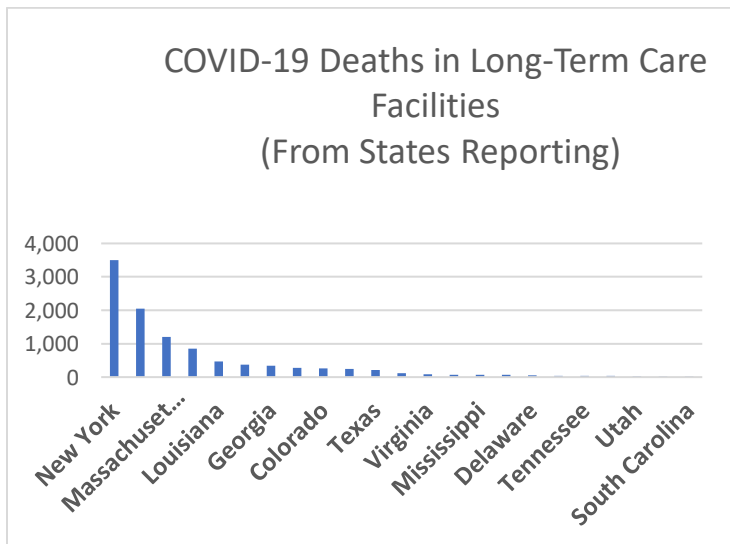
Anyway, obviously death rates from COVID-19 are going to be high in nursing homes due to the age of the residents, right?

Actually, I do not believe the age of the residents is the actual problem. The real problem is their Vitamin D3 status. Not only do the elderly make much less Vitamin D3 when their skin is exposed to sun, nursing home residents are much more likely to stay indoors, or in bed all day long than other elderly people.

A study in 2012 of 961 nursing home residents from 95 nursing homes, with an average age of 83.7 years showed that almost <u>all nursing home patients</u> were Vitamin D3 deficient.

The first prospective cohort study to examine vitamin D deficiency and mortality among elderly female nursing home patients found that nearly **all** have 25(OH)D levels below the limits of normal, and that **<u>those with the lowest vitamin D levels were most likely to die within the next 27 months.</u>**

Also, many nursing homes give their residents Vitamin D3 supplements according to doctors' orders of a totally insignificant amount of 800 IU's per day. This is gross medical malpractice as the following study showed:

Vitamin D supplementation in nursing home patients: randomized controlled trial of standard daily dose versus individualized loading dose regimen.

The study found that giving nursing home patients the daily recommended dose of 800 IUs of Vitamin D3 per day did not alleviate Vitamin D3 deficiency.

They did find , however , that giving them 50,000 twice a week did boost the patients' D3 levels into the adequate range.

(My note, to get the nursing home patients' D3 levels up to the upper end of the normal range around 100 ng/ml, which should be the goal, NOT just higher than 30 ng/ml, a daily dose of 10,000 IUs - 20,000 IUs (based on patient weight) is required. This applies to everyone else as well)

For proper results from higher dose Vitamin D3, patients also need to be co-supplemented with magnesium Vitamin K2, boron, beta carotene, and zinc as well (see my recent book on the subject). Prescribing just 800 IUs per day of D3 should be considered a crime, or gross malpractice at a minimum!

So how are nursing homes similar to meat packing plants? Many meat packing plants operate 24 hours a day with 3 shifts. While working inside they are getting little to no sun exposure, especially in the

winter when days are shorter. And only one of the three shifts will be lucky enough to have free hours between 10 Am and 2 Pm when the sun is at its strongest. The whole operation is an experiment in Vitamin D3 deficiency. Throw in a mountain or two and now you are talking about a deadly deficiency.

A final thought. You might be wondering how can just a somewhat small mountain that blocks out the sun for just a small portion of the day lead to a critical Vitamin D3 deficiency in some individuals that eventually leads to their death when infected with a normally harmless virus?

The problem with Vitamin D3 levels in humans and other animals is that **Vitamin D3 production is additive**. You make a little bit each day and in the sunny months and it is stored in your fat. It is kind of like a slow 60 day moving average of how much D3 you have made in the last 2 months

So, your blood levels of D3 are slowly changing all year long. Slowly rising through the spring and summer and then slowly declining in the fall and winter. If you have received a large single dose of Vitamin D3 it can stay on your system for 6 weeks or so. The bottom line is that every little bit counts, especially in some people who are just at the critical level between life and death. The loss of just a tiny bit of the sun each day adds up to just enough of a push to give some people critically low D3 levels and make them vulnerable to viral

infections that should normally be harmless. At the end of summer, the average Vitamin D3 levels in the general population are 3X what they were at the nadir of the winter. The following graph says it all-

Seasonal Variation in 25-hydroxyvitamin D Levels in People at Latitude 48° N
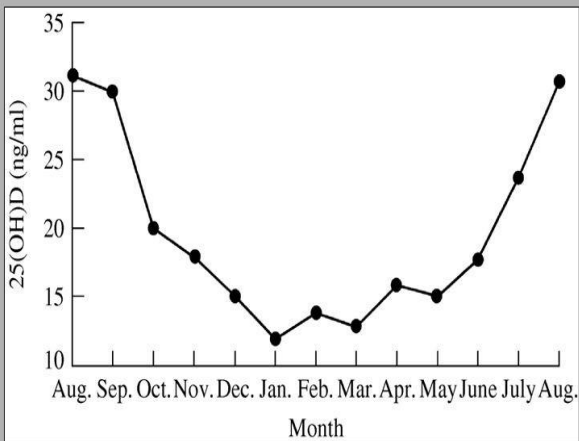
Cannell JJ, etal. Epidemic influenza and vitamin D. *Epidemiol Infect* 2006;134:1129-1140.

#18 What Causes the Major Diseases of the Elderly, and Blacks Who Live in Northern latitudes?

Don't take my word for it. Consider this study

Vitamin D and Chronic Diseases

The study basically says that may other population based studies have shown that Vitamin D3 deficiency is "closely associated with common chronic diseases such as bone, metabolic disorders, tumors, cardiovascular diseases, and diabetes and is also a risk factor for neuropsychiatric disorders and autoimmune diseases.

While the scientists say there is an association, I can tell you that it is more than an association, Vitamin D3 deficiency causes almost all the major diseases seen in blacks and the elderly, and Covid-19 patients at higher than normal rates.

Remember our table of diseases shared by the Elderly, Blacks, and those with COVID-19? Here it is again:

Overrepresented in >	Blacks	Elderly	Covid-19 Patients
Cancer	x	x	x
Hypertension	x	x	x
Diabetes	x	x	x
COPD	x	x	x
Heart Disease	x	x	x
Strokes	x	x	x
Atrial Fibrillation	?	x	x
Chronic Liver Disease	x	x	x
Dementia	x	x	x
Obesity	x	?	x

I can tell you unequivocally that possibly with the exception of dementia and afib all these diseases are eventually triggered in whole or in part by long-term Vitamin D3 deficiency.

There is an easy way for you to see if a disease is caused by Vitamin D3 deficiency or not. It might not be that convincing at first, but it is nice and easy and works with most diseases.

You can just go to an internet search engine, I prefer Bing for less censored information, type in the name of the disease, type in the word "latitude"

and then click on the "images" button of the search engine and see what pops up. Let us start with cancer…

You will find what I call the Smiley Face pattern that will soon become so familiar.

Colorectal Cancer versus Latitude (Men)

You will see this over and over when looking at various cancers, and autoimmune diseases, like MS, and many other diseases. What does it mean? It means that the further you move away from the equator (where the sun is very strong, and Vitamin D3 levels are high) the higher the incidence of almost all diseases in the population.

Breast Cancer versus Latitude

From Mohr, *et al.* (2005). "Mapping vitamin D deficiency, breast cancer, and colorectal cancer," *Proceedings of the ESRI International User Conference,* Redlands (CA): ESRI (Vol. 1468).

Lung Cancer Rates by Latitude

Leukemia has the same pattern as well

Kidney Cancer

Figure 1 – Renal cancer incidence rates, males, by latitude, 2002. Source: Data from GLOBOCAN[1].

Figure 2 – Renal cancer incidence rates, females, by latitude, 2002. Source: Data from GLOBOCAN[1].
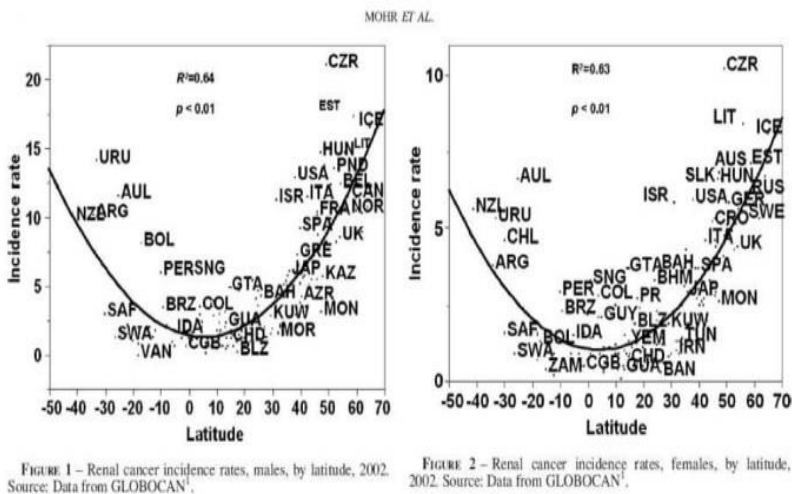
How about Hypertension?
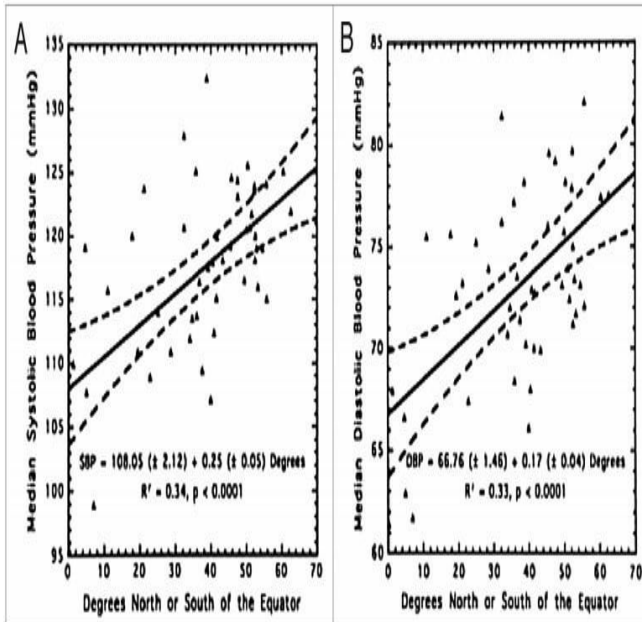
Figure 68. (A) Relationship of mean systolic blood pressure (SBP) and distance north or south of the equator. Symbols represent north or latitudes of INTERSALT Centers. (B) Relationship of mean diastolic blood pressure (DBP) to distance north or south of the equator. For both figures, broken lines represent 95% confidence limits. Reproduced with permission from.[159]

Sorry I could not find a Smiley Face pattern for hypertension, but these charts say the same thing.

DIABETES TYPE 1

Diabetes incidence rate per 100,000

Latitude (°)

- Sardinia, Italy
- Finland
- Aberdeen, UK
- Prince Edward Island, Canada
- Sweden
- Canterbury, New Zealand
- Alberta, Canada
- Norway
- Tierra del Fuego, Argentina
- Oxford, UK 77 · 72
- Kuwait
- Plymouth, UK 40
- Puerto Rico
- 61 · 64 71
- US Virgin Islands
- Alabama, USA 48
- New South Wales, Australia 97
- Lux · The Netherlands
- 45 50 44
- Montevideo, Uruguay
- 3 52 · 38 · Estonia
- 2 43 Lithuania
- Sao Paulo, Brazil
- 52 · 67 · Latvia
- Cordoba, Argentina 80
- 63
- Bogota, Columbia
- Dominica
- Sudan 31
- 20 · 59 36
- 4
- 5 · Oran, · 65 · Wielkopolska, Poland
- Algeria 33
- Barbados
- Cuba 9 32
- 82
- 90 25 29 34 23 16 30 21
- Santiago, Chile · 87 · 7 88

Prevalence of diabetes globally

Estimated age-adjusted prevalence of diabetes in adults (20-79), 2015

158

Let's look at COPD and Asthma
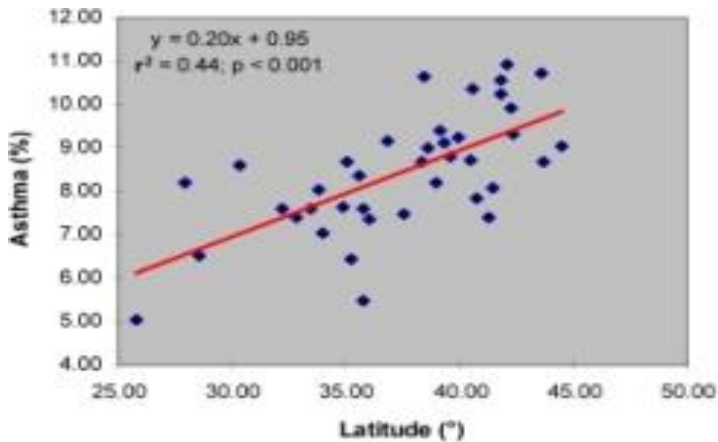
COPD- (no graphs available)

**The association between vitamin D and COPD
risk, severity, and exacerbation: an updated
systematic review and meta-analysis**
Min Zhu, et. al.

This updated systematic review and meta-analysis
aimed to assess the relationship between vitamin D
and the risk, severity, and exacerbation of COPD.

Their conclusion:

Serum vitamin D levels were inversely associated with COPD risk, severity, and exacerbation. Vitamin D deficiency is associated with increased risk of COPD and severe COPD. The majority of COPD patients are elderly people Thus, the proportion of vitamin D deficiency comorbid COPD was large, especially in the elderly. Besides, many chronic diseases such as cardiovascular diseases which are usually co-morbid w/ COPD relate to vitamin D deficiency. Maybe, vitamin D deficiency and COPD could mutually promote bridging by those co-morbid chronic diseases.

My note: Not only does Vitamin D3 prevent COPD, it can actually cure it at high doses. See my article about COPD cure by D3 at this link>>>

https://jefftbowles.com/copd-is-incurable-dont-tell-that-to-high-dose-vitamin-d3/

Heart Disease in Europe (Sorry some diseases are not well researched globally)(It should be all red up north -we will explain this anomaly in the next chapter as it has to do with the living by the water effect.)
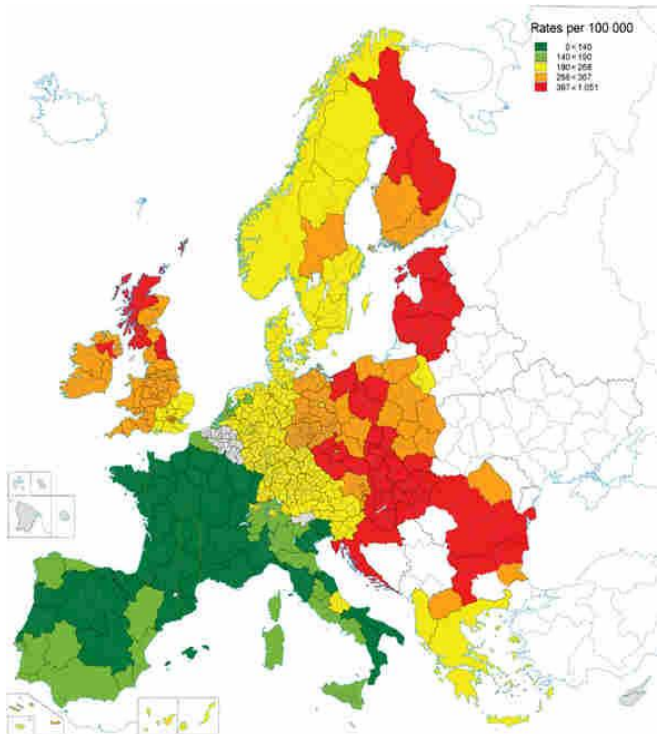
Strokes
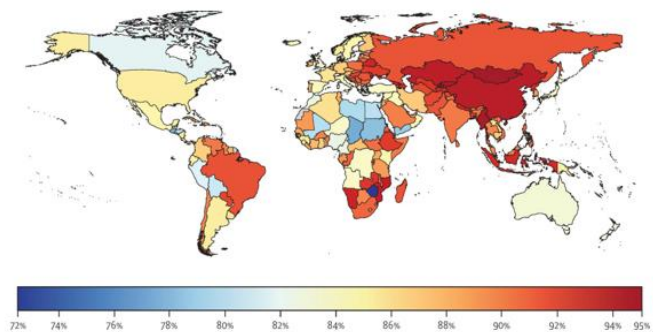
Figure 1 Stroke-related DALYs attributable to all modifiable risk factors combined for both sexes in 2013 DALY=disability-adjusted life-year.

Dementia (in the UK)–
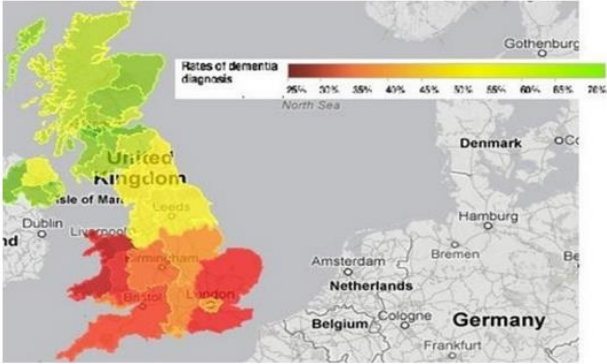
Chronic Liver Disease:

Colder and less sunny regions of the world have higher rates of alcoholic cirrhosis, a disease caused by excessive drinking which results in irreversible

scarring of the liver, new research shows. An international team of scientists found that every increase in temperature of one degree Celsius was linked with a decrease in the alcohol-attributable fraction of cirrhosis of 0.3 percent. Alcoholic cirrhosis is a disease which causes nearly half a million deaths every year

Obesity:
(Notice the low body mass index through most of the equator (blue)).
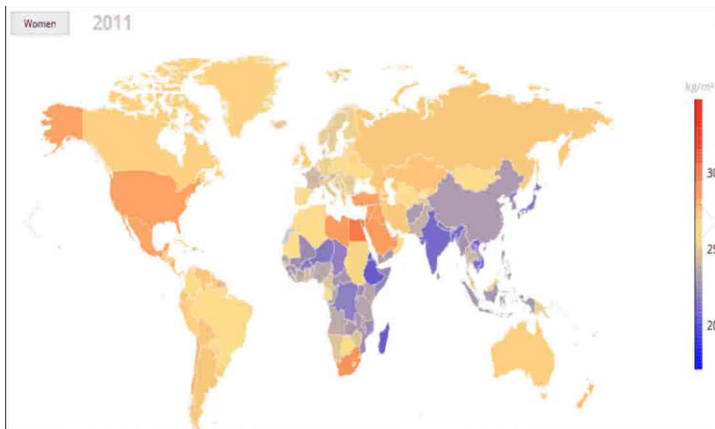
Most young Covid-19 patients have no other medical condition besides obesity.

Not only does Vitamin D3 deficiency cause obesity, obesity can in turn cause greater Vitamin D3 Deficiency by hiding large amounts of Vitamin D3 in the fat cells. Many patients in the younger age groups that were hospitalized with Covid-19 infections were obese. As it turns out, study after

study shows that a high body mass index is associated with Vitamin D3 deficiency, and I will go so far to say that long term Vitamin D3 deficiency actually causes obesity which you see some geographical evidence of this later.

In my first book about Vitamin D3, I created the idea of the "human hibernation syndrome" where if the body is not receiving much sunshine and thus has low Vitamin D3 levels all year long, the body acts as if it is preparing for a coming long winter where food resources will be scarce. This leads to increased appetite and reduced physical activity to save energy. This same Vitamin D3 level mechanism is what triggers female bears to increase their weight by 70% in the fall before the winter hibernation begins.

Atrial Fibrillation-
Actually, Afib is caused primarily by magnesium deficiency and somewhat associated with Vitamin D3 deficiency. But these deficiencies go hand in hand- in fact up to 80% of us are thought to be magnesium deficient (especially the elderly) and doctors have no good test for and almost never test for magnesium deficiency. There is an association between Vitamin D3 deficiency and afib, but it is not as strong as in the other diseases. In fact, high dose Vitamin D3 can actually trigger afib in people who are already magnesium deficient because D3 uses up a lot of magnesium (D3's main cofactor) as it does its work. See my book:

The Miraculous Cure for and Prevention of All Diseases What Doctors Never Learned for a detailed explanation of the effects of deficiencies of Vitamin D3 and its associated cofactors of Vitamin K2, Magnesium, Boron, Zinc and Vitamin A.

Link>>
https://www.amazon.com/dp/B07ZBP8QZZ
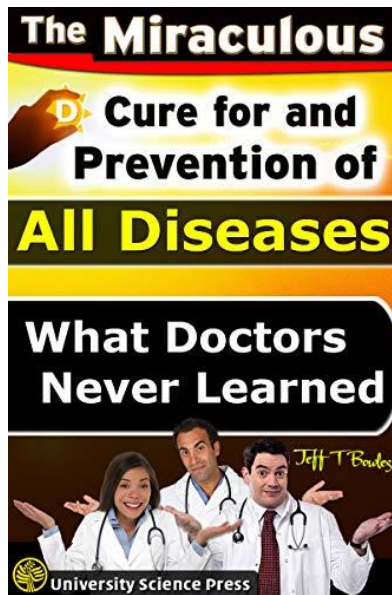
Also, a much more detailed and persuasive case that these diseases of the elderly and black people are caused by Vitamin D3 deficiency is made in my free article:
Latitude & the Incidence of Disease: Overwhelming Proof that Vitamin D3 Deficiency Causes Most Human Diseases

Link>
https://jefftbowles.com/vitamin-d3-deficiency-causes-most-human-disease/

My latest book "What Doctors Never learned" was inspired 9 years earlier and was my first best seller which still sells well to this day; over 300,000+ copies sold and an essential read if you are going to try high dose Vitamin D3 supplementation:
US Amazon link>
https://www.amazon.com/dp/B005FCKN2S
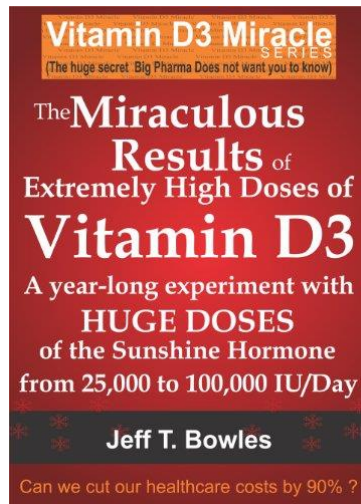
The Miraculous Results Of Extremely High Doses Of The Sunshine Hormone Vitamin D3 My Experiment With Huge Doses Of D3 From 25,000 To 50,000 To 100,000 Iu A Day Over A 1 Year Period
Kindle Edition by Jeff T Bowles (Author)
Format: Kindle Edition *4.6 out of 5 stars*
1,218 ratings

Now if you want a more convincing proof that all these diseases are caused by long-term Vitamin D3 deficiency there are a number of resources you can use. The easiest is to go to VitaminDWiki.com link> https://vitamindwiki.com/

It is an exhaustive site that has everything you ever wanted to know about Vitamin D.

You can also go to Pub med and search through summaries of all the medial studies that have been done since 1967 and earlier in some cases. Be sure to join your search terms with the words AND, OR, or NOT, in all caps. And if you want to fine tune your search, use the Advanced tools to limit your search to abstracts that have your search terms in the title.Here is the link> https://www.ncbi.nlm.nih.gov/pubmed

Using Pub Med, you will find abstracts like the one that follows about hypertension>>

Klin Lab Diagn. 2020;65(1):5-10.

[The role of vitamin D in the pathogenesis of arterial hypertension.]

In recent years, accumulated numerous data on the pathogenetic links of the formation of

arterial hypertension. A number of studies have shown that **vitamin D deficiency, associated with age, changes in sex hormonal status, increased tone of the renin angiotensin-aldosterone system, endothelial dysfunction, and calcium metabolism, can be one of the mechanisms of development and progression of**

arterial hypertension.

And finally, if you are feeling lazy you can just use a search engine like BING and search Vitamin D3 and the disease you are interested in and get some pretty good information.

If you do a simple BING search for COPD you would get some results on the first page like these>

☐ **Vitamin D May Be Linked to COPD; Associated with ...**
https://copdnewstoday.com/2018/02/06/vitamin-d...
Feb 06, 2018 · **Vitamin D levels** are associated with respiratory function and health, research from Australia shows. The findings suggest an additional process could be driving diseases such as **chronic obstructive respiratory disease** (**COPD**).
4.5/5

AND

☐ **Case Study #7: 11 Years of COPD CURED in 3 ... - Jeff T Bowles**
https://jefftbowles.com/copd-is-incurable-dont-tell-that-to-high-dose-vitamin-d3
Jul 22, 2017 · With **COPD**, one may not notice any symptoms at first, however as the disease gets worse, the symptoms also become severe: (a) cough with mucus, (b) tightness in the chest, (c) wheezing, and (d) increased breathlessness. **COPD** …

#19- The Cheat Sheet-

Let Us Tie These 16 prior Chapters Together by Examining Them All in the Light of Vitamin D3 Deficiency!

Now this will be the most fun chapter to write. It is time to reveal the answers to all the mysteries if you have not figured them all out yet.

Before we start, I will now reveal to you that our public health professionals' views of why the summer sun kills off epidemics and the virus are for the most part incorrect. They focus on what the sun and heat do to the virus. The proper and major focus should be what does the sun do to people's immune systems?

The sun causes the production of Vitamin D3 in the skin which is **a powerful immune system stimulating hormone** that **controls 2700+ genes**. With revved-up immune systems the people basically become immune to the virus, or at least asymptomatic if infected. It is basically a sun-induced version of herd immunity, and why epidemics just seem to vanish in the summer (or dry season).

Basically, after some people have suffered prolonged low Vitamin D3 levels their immune systems become slow and/or impaired. Too slow to catch the fast-moving virus before it inflicts damage.

In most cases of people with semi-adequate Vitamin D3 levels, the immune system is at least fast enough to eventually catch the virus within a few weeks and knock it out before the individual dies.

In rare cases, the D3 levels are very low and the immune system is too slow/impaired to ever catch up to the virus or mount a proper immune response and the person sadly dies. (We will see later that the killer cytokine storm associated with COVID-19 can be prevented with higher Vitamin D3 levels).

However, when D3 levels are very high, the immune system is super- fast and accurate (no cytokine storm) and the virus doesn't have a chance to cause symptoms and just passes right through the host as we have seen countless times with the COVID-19 virus and so many asymptomatic infections.

Now these aspects of Vitamin D3 revving up the immune system should apply to almost everyone under the age of 60 or so. However once people get older than that they often find that their immune system ALSO becomes impaired because their thymus which makes killer T-cells shrinks to the point where in many cases it can no longer make new types of T-cells when challenged with a novel pathogen. People in this category are usually older than 65 and are at much higher risk of death from cancer, infections, etc.

However, do not lose hope old people! It has been shown that supplementing with melatonin and high doses of zinc can restore the depleted zinc pool and actually cause the thymus in older animals to regrow and be rejuvenated. It also has been shown to work with arginine and zinc as well. So, in addition to Vitamin D3, older people should also supplement with melatonin and zinc and arginine (which helps the body to make growth hormone) to prevent being sickened by COVID-19 or any other virus for that matter.

A summary of a study on this matter follows:
Review
Plasticity of neuroendocrine–thymus interactions during ontogeny and ageing: Role of zinc and arginine
Abstract

Thymic re-growth and reactivation of thymic functions may be achieved in old animals (a) treatment with melatonin, (b) treatment with exogenous GH, (c) castration or treatment with exogenous luteinizing hormone-releasing hormone (LHRH), (d) treatment with exogenous thyroxin or triiodothyronine, and (e) nutritional interventions such as arginine or zinc supplementation. Thymic involution is a phenomenon secondary to age-related alterations in neuroendocrine–thymus interactions and that it is the disruption of these interactions in old age that is responsible for age-associated immune–neuroendocrine dysfunctions. The targets involved in hormones-induced thymic reconstitution may directly or indirectly

involve hormone receptors, cytokines, arginine, and a trace element such as zinc, which is pivotal for the efficiency of neuroendocrine–immune network during the whole life of an organism. Melatonin may also act through specific receptors on T-cells. In this context, the role of zinc, which turnover is reduced in old age, is pivotal because of its involvement through zinc fingers in the gene expression of hormone receptors. In addition, the effects of zinc are multifaceted: from the reactivation of zinc-dependent enzymes, to cell proliferation and apoptosis, to cytokines expression and to the reactivation of thymulin, which is a zinc-dependent thymic hormone required for intra-thymic T-cell differentiation and maturation as well as for the homing of stem cells into the thymus. Zinc is also required for arginine action, via NO pathway. The role of zinc is therefore crucial in neuroendocrine–thymus interactions. According to data in animals and humans, the above reported endocrinological manipulations (GH, thyroid hormones, and melatonin) or arginine treatment may also act via zinc pool in restoring thymic activity in ageing allowing improvements on peripheral immune efficiency.

Now, let me share a couple of anecdotal cases with you that can add weight to this idea of D3-driven immunity.

(The following paragraph redacted)

In the last 20 years, I have had only 1 cold! (the rest of this paragraph redacted)

Before I started taking (redacted)   I used to get maybe 2 colds per year like everyone else.

Since writing my first book- (redacted)

(There are probably around 80 testimonials on lack of colds). You can also search any other disease on this database and usually quite a few cases will pop up. Here is the link>>>>>

https://jefftbowles.com/vitamin-d3-cure-search-engine-can-d3-cure-your-disease-1000-case-studies/

Another interesting anecdote:
There used to be a Dr. Cannell who ran the VitaminDcouncil.org website which for some reason has been taken down. But he used to suggest to everyone that

(redacted)
at the first sign of a cold and it almost always knocks the cold right out.

My skeptical father tried this once when he just started to get sick while we were traveling. I convinced him to try   (redacted)   or 3 days and all he ended up with was an occasional tiny cough and nothing that he felt in his head, no fever, no runny nose, etc. and the little, occasional cough just disappeared in a day or two.

Recently, while working on this book I have been talking to my mailman Marcellus Roberts aka as "Butch" the best mailman East of the Mississippi who is busy delivering mail throughout St. Louis amid the COVID-19 lockdown. If anyone were likely to get infected with the virus it would be him. And he also happens to be African American (the first 13 deaths in St Louis from COVID-19 were all African Americans). Needless to say, he was apprehensive.

I convinced him to take (redacted)
every day (the equivalent of sunbathing for a ½ hour in the summer for a white-skinned person) and he has not gotten sick yet, or at least not had symptoms. After a few weeks, he was quite concerned and told me that his sister was feeling really sick and had thought that all of the sudden, she seemed to have developed asthma as she could not catch her breath while talking. Also, she had not been going out as she stayed inside to care for their

87 year old mother-so it was likely that her brother, Butch the mailman, had infected her while he was asymptomatic due to his taking (redacted)

I suggested he might want to have her, and his mother take (redacted)

About a week later, I asked him what happened. He said- "well my sister didn't get any worse and was all better after about a week, but she tested POSITIVE for COVID-19 after that and some more good news is that my mother never did get sick". He then said that the weird thing is she tested positive for the virus but wasn't sick except for her brief cold. He told me his 87-year-old mother was fine and refused to be tested because it seemed like it was painful and invasive. He then asked me if it was possible to be infected with the virus and never get sick? I told him about the pork packers in Missouri where 373 of them tested positive for the virus and NONE of them had ever had any symptoms. That seemed to ease his mind.

I told him to not worry **the <u>normal</u> course of this infection is to never have any symptoms**. the only people that get sick are those who are deficient in Vitamin D3.

One last recent event in my life is noteworthy. Almost to the day when I was just finishing this book, I came back home at night after shopping and walking my dogs, and all of the sudden I felt some sort of illness coming on! I felt a sore throat coming

on fast, and I got that sinking feeling in my head when you know you are getting sick! It was strong*!* It felt like it was going to be really bad, so I quickly took   (redacted)

(the equivalent of sunbathing of for 10 hours in the summer sun) and poured myself a little vodka and water. Went up and laid down in bed and sipped the vodka and waited for the worst! After about 90 minutes I noticed, I was perfectly fine! Cold gone! How about that for a killer immune system! I'm pretty sure it was (redacted

and not the vodka that took out that illness in less than 2 hours.

Okay, enough of the preamble, let's get on with the explanation of the mysteries in each of the prior chapters.

Analysis Chapter 1-San Marino- Well this one should be obvious to you by now.

-San Marino has one of the **highest population densities** on the planet so it makes it nice and easy for the virus to spread.

-It has the 6ᵗʰ **oldest population** in the world.

-The entire little country sits within a bunch of **mountains** and hills- not a flat patch of ground in the country.

What does this all add up to? The highest death rate from COVID-19 in the world!

It probably could have all been prevented if the population was to sunbathe in strong sun for about 30 minutes a day to increase their Vitamin D3 levels. Sunbathing for about 30 minutes a day in strong sun will cause your skin to produce from 10,000 to 25,000 IUs of Vitamin D3.

Is 25,000 IUs per day a lot? Don't ask your doctor as most of them will reflexively freak out and start screaming toxicity! toxicity!! Most of them are sincere in their fear of D3, but I am sure there are a few who know   (the rest redacted)

Consider this from Dr. Michael Holick-the world's #1 Vitamin D3 researcher:

A major source of vitamin D for most humans is synthesized from the exposure of the skin to sunlight typically between

1000 h and 1500 h in the spring, summer, and fall. Vitamin D produced in the skin **may last at least twice as long in the blood** compared with ingested vitamin D. When an adult wearing a bathing suit is exposed to 1 minimal erythemal dose of UV radiation **(a slight pinkness to the skin that goes away 24 h after exposure)-about ½ hour for most people,** the amount of vitamin D produced is **equivalent to ingesting between 10,000 and 25,000 IU (remember these numbers -VERY IMPORTANT) .** A variety of factors reduce the skin's production of vitamin D3, including increased skin pigmentation, aging, and the topical application of a sunscreen. An alteration in the zenith angle of the sun caused by a change in latitude, season of the year, or time of day dramatically influences the skin's production of vitamin D3.

Serum Concentration of Vitamin D From Oral Vitamin D_2 or UV Exposure
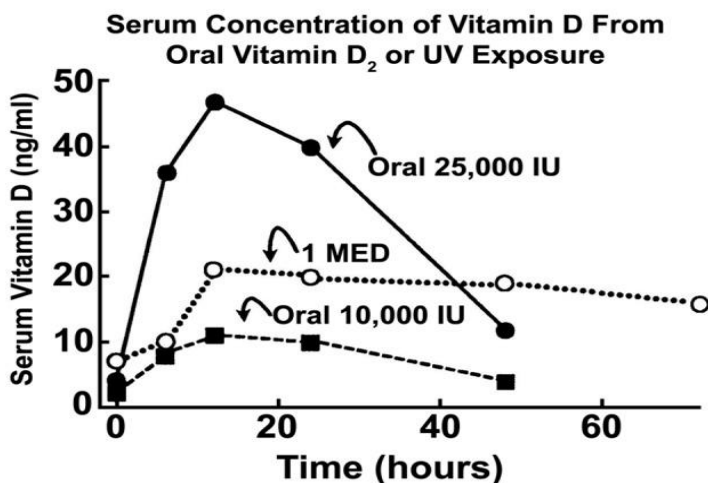
Analysis Chapter 2-The Mystery of Egegik, Alaska during the Spanish Flu of 1918-

This one should have been bugging you the most. Near the water! Near the water effect…!!

Alaska, by being the least sunny states in the US, and thus the most Vitamin D3 deficient, got hit the worst of any territory in the world by the Spanish flu.

And yes, by being near the water is what allowed the town of Egegik, Alaska to completely escape the effects of the Spanish flu **which killed up to 90% of the members of nearby villages**. But it is not the reason you probably think.

They lived near a special place on the water. Where Salmon made their annual run from the ocean up the river to spawn.

Egegik River

The villagers at Egegik all worked for the local cannery, the Diamond NN, and would catch tens of thousands of pounds of Salmon every year and can them to ship off to the lower 48 states. They were also likely even given as a perk, all the canned Salmon they could eat for a year, or, more likely, were all engaging in rampant employee theft.

You see Wild Salmon has the highest Vitamin D3 content of any fish in the world by a wide margin.

Vitamin D (IU)

Milk, 8 oz. nonfat, reduced fat, or whole	120
Cheese, Swiss, 1 oz	6
Egg, 1 whole (vitamin D is in the yolk)	25
Mackerel, canned, 100g/3.5 oz	292
Tuna, chunk light, canned in water, 100g/3.5 oz	181
Tuna, white or Albacore, canned in water, 100 g/ 3.5 oz	80
Thinkpink, pink salmon, 100 g/ 3.5 oz canned	466
Redhead, sockeye salmon, 100 g/ 3.5 oz canned	795

Legend: Redhead, sockeye salmon, 100 g/ 3.5 oz canned · Thinkpink, pink salmon, 100 g/ 3.5 oz canned · Tuna, white or Albacore, canned in water, 100 g/ 3.5 oz · Tuna, chunk light, canned in water, 100g/3.5 oz · Mackerel, canned, 100g/3.5 oz · Egg, 1 whole (vitamin D is in the yolk) · Cheese, Swiss, 1 oz · Milk, 8 oz. nonfat, reduced fat, or whole

So, you see the entire town of Egegik became immune to the Spanish flu by eating large amounts of wild salmon year-round. While the nearby villages likely had a nice source of fresh salmon in the early fall during the salmon run. They likely did not have access to canned wild Salmon year-round. (Keep in mind farmed salmon has only about 15% of the Vitamin D3 as wild salmon does for some reason).

"More people per capita died from the Spanish influenza in Alaska than almost anywhere else in the world, says Katherine Ringsmuth, a historian who has been piecing together the story of the canneries in Bristol Bay. **Some places like Egegik escaped it and no one really knows why."** **Now we know!"**

Analysis Chapter 3-
Why are Blacks with COVID-19 Dying at 5X the Rate of Whites with COVID-19 in Some Areas?
This one is obvious now- Black skin was designed to produce sufficient amounts of Vitamin D3 near the equator where the sun is very strong. It takes black skin 5X longer sun exposure than white skin to make the same amount of Vitamin D3.

Analysis Chapter 4-The Mystery of Ferrara-the N. Italian City of 132,000 where nobody gets sick from COVID-19!

Well this one is obvious now.   No mountains near Ferrara-sun all day.

Analysis-Chapter 5- Why Do Blacks and Whites Die of COVID-19 at the Same Rate in Florida?
Apparently, there is a threshold level of the strength of the sun needed by black skin to generate enough Vitamin D3 to prevent blacks from becoming borderline critically deficient in D3. Florida, which is further south than all the other places in the US where blacks are being disproportionately affected by COVID-19 seems to have a strong enough sun to

prevent the excess deaths seen in blacks at more northern latitudes. For example, New Orleans has a latitude of about 29.5 degrees north. Which is about the highest latitude in Florida which has a range of latitude of about 25N to 30N. Florida is very close to the tropic of cancer which establishes the border of the north and the tropics at 23.4 degrees north.

Another factor causing the white and black death rates to be equal in Florida is likely an elevation of the white death rate due to the high number of elderly retirees living in Florida.

However, this might not be the case if the Florida sun is sufficient to boost the Vitamin D3 levels in both black skin and elderly skin to non-critical levels. If this is the case both the blacks and white death rates on Florida should be below the population average in the US.

Analysis Chapter 6- Why Do Many (Most?) People Infected with COVID-19 Never Have Symptoms?

The big mystery in this Chapter was why did so many of the Diamond Princess cruise ship passengers never have any symptoms from the Covid-19 virus but tested positive for being infected?

Of course the correct answer would have to be, they did what most people do on a 14-day cruise- leaving from a tropical port (Hong Kong-south of the tropic of cancer) and touring islands to the south before heading up to Japan-surely many of them went on deck and got exposed to some nice strong tropical sun and made enough Vitamin D3 to push them into the asymptomatic carriers of the virus status or probably some avoided infection altogether.

Given that most people on long cruises are elderly, it is likely that many of the elderly passengers infected with Covid-19 were asymptomatic. But we have to be careful even if we never get sick as if we pass the virus onto someone who is Vitamin D3 deficient they can get very sick!

Unfortunately, 7 people died from the virus who were on this particular cruise. Most likely they were following doctors' advice of avoiding sunburns and using sunscreen.

Analysis Chapter 7- The Mystery of Fletcher Vermont- a small town that thumbed its nose at the Spanish Flu in 1918 and nobody ever got sick!

This one turned out to be more difficult to explain that I first thought.

I expected that Fletcher Vermont must have had a population that had a long history of never getting sick and that had to be why they were not afraid of the Spanish Flu while villagers all around them were dropping like flies!

Of course, my first thought was there had to be a nearby source of Salmon, but Vermont wasn't near any ocean where they live! But Fletcher was only 8 miles from Lake Champlain so just for kicks I searched the terms Lake Champlain and Salmon. And, Viola-

Up popped the story of the landlocked Atlantic Salmon that had existed in Lake Champlain for eons of time.

And when I read the following...

"With Lake Champlain as their ocean, the Salmon grew fantastically abundant—so abundant that from a wagon driven into a shallow tributary, men could "spear them with pitchforks, and thus obtain in a few minutes all the fish needed for consumption," as one 19th-century historian wrote. Just one pull of a seine near Willsboro in the early 1800s hauled in

1,500 pounds, with some fish hitting the 20-pound mark."

I was sure I had this answer in the bag! The people of Fletcher obviously were eating lots of Atlantic Salmon all year long.

Now I am going to give you a lot of information about the landlocked Atlantic Salmon which might seem overkill but it will be important to get to my final explanation for how Fletcher survived the Spanish Flu without a scratch…so just bear with me for a bit…

LAND-LOCKED SALMON

Land-Locked Salmon are native to Lake Champlain and are found in New England in many nearby larger lakes. They are physically identical to Atlantic Salmon that roam free in the Atlantic Ocean.

Being cold water fish, Salmon can only live in lakes that have a maximum temperature of 75F. In order to have a self-sustaining population of Salmon in a lake the lake also must have streams that run to or from the lake. This is where they can go to spawn the next generation in the fall.

So after reading about how Salmon live and reproduce I wondered if Fletcher had any nearby streams and lakes that might have been the spawning grounds for Atlantic Salmon which would have provided easy pickens of tons of Salmon every year in the fall. So, checking a map of Fetcher I find:

There are a number of ponds near Fletcher which are connected to creeks that connect to the Lamoille River which runs into Lake Champlain. Half Moon Pond, Stone's pond, and Metcalf pond. Ponds in Vermont would be considered big lakes in my part of the country (the Midwest) Metcalf "Pond" is 25 feet deep and more than a half mile wide at places!

Stone's Creek Vermont Feeds Half Moon Pond

Metcalf Pond Near Fletcher Flows to Lake
Champlain Via Black's Creek

Half Moon Pond (Lake)

Stone's Brook

To Metcalf Pond (Lake)
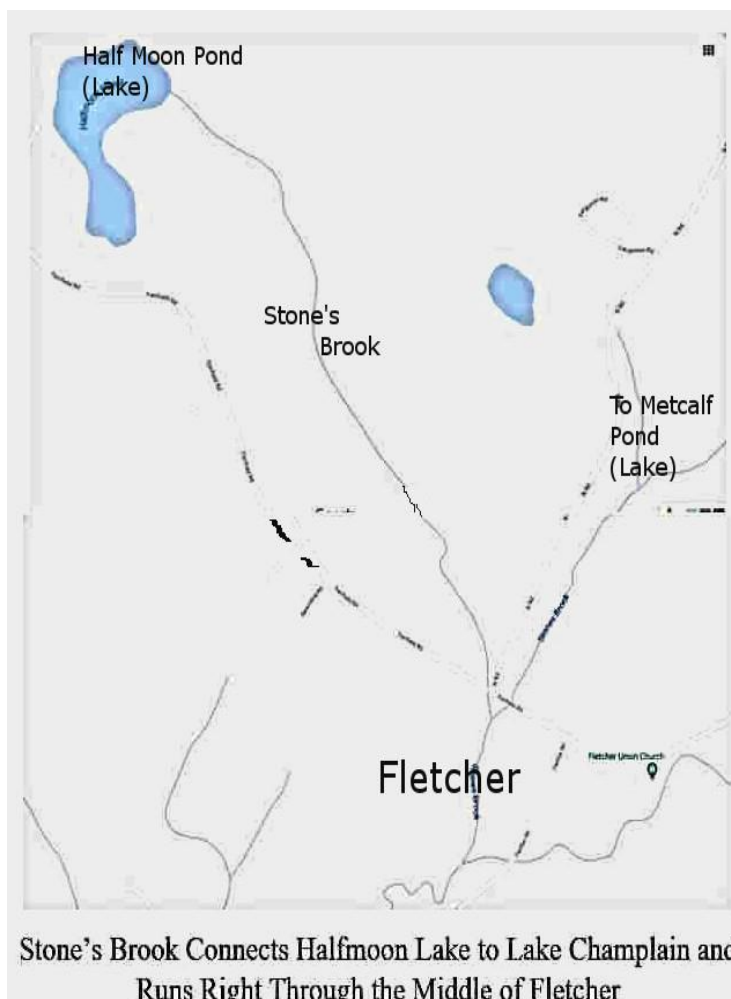
Fletcher

Stone's Brook Connects Halfmoon Lake to Lake Champlain and Runs Right Through the Middle of Fletcher

Bingo! I could just imagine people from the town of Fletcher ion 1917-1918 just plucking thousands of pounds of Atlantic Salmon out of Stone's Brook right in the middle of town, and canning them to have Salmon every day to get them through the winter. It was so simple-The mystery of Fletcher, Vermont and the Spanish flu explained! That was easy!

Imagine my disappointment when I was corresponding with Vermont's expert on fish in Vermont and Lake Champlain who told me that the Atlantic Salmon went completely extinct in Lake Champlain in 1830! I asked her if maybe they had landlocked Salmon living in the nearby lakes. She told me the lakes were too shallow because the Salmon needed deep water lakes where the water is cooler than 70 degrees all year round. She said it would have been impossible to have a natural population of Atlantic Salmon living in a 25-foot-deep lake like Half Moon Pond. My theory was shot to hell!!!

My budding little theory killed in the cradle!

Then I thought maybe everyone in the town had developed the habit of everyone taking cod liver oil for good health. This was becoming a widespread practice in New England after the 1880's when a clear, less nasty form of cod liver oil (it used to be brown and came from putrefying cod livers) was developed and marketed by Scott & Browne

Company in New York. Maybe by 1918 the whole town of Fletcher was taking cod liver oil? Cod liver oil is even higher than wild salmon in its Vitamin D3 content and it truly would prevent them from getting sick if they were all taking it every day.

To keep him free from colds he must have SCOTT'S Emulsion which will also make him vigorous, rosy and plump and will give him a fair start in life. Ask for Scott's Emulsion

Best for children.

Just as good for adults.

But in the end, I just could not kick the idea that somehow Fletcher had a big supply of Atlantic Salmon throughout the winter. If this is true how did it happen?

First of all, we need a deeper lake than Metcalf or Halfmoon Ponds that would have cool water all year round, under 70 degrees. We need about a 65-foot deep lake to achieve temperatures below 70 all year round, or do we?

We also need a successful restocking of the Atlantic Salmon in Fletcher's lakes in the early 1900's.

How about the cold lake? What if the weather was cooler back then and a 25-foot deep lake would be deep enough to keep the water temperature at 70 degrees or less?

The 20 years from 1888 to 1918 were the coldest in the last century in Vermont- well below average.

Rising Average Temperatures
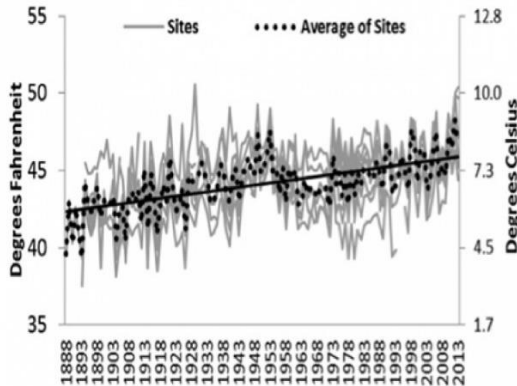
Temperature change from 1888-2013 for lowland (<1000 ft) sites in Vermont

I believe that lake temperatures near Fletcher in the years leading up to 1918 would have been much colder than they are today. Which could have made them just right to be home to some Atlantic Salmon.

What about fish stocking by the people of Fletcher was that going on at the time?

It turns out that after 1850 all the way through the 1930's fish stocking was going on all over the place in the United States. For example, in Maine they started stocking lakes with Salmon as early as 1868:

Prior to 1868, salmon populations occurred in only four river basins in Maine. Cathance Lake in Washington County was probably the first Maine lake to be artificially stocked with salmon. This occurred in 1868 using salmon eggs obtained at Grand Lake Stream the previous year.

It certainly would have been very easy for the people of Fletcher to restock their lakes with salmon eggs and fingerlings who would then live in the streams and lakes around Fletcher then eventually swim off to Lake Champlain for a while, and come back to spawn. Fletcher surely would have had a great interest in stocking Salmon every year to ensure a large run of Salmon coming right through the middle of their town every fall.

They certainly would have had prior knowledge of Atlantic Salmon living in the area in the past and would most likely want them back and go to great ends to make it happen.

And according to the state of New York, **restocking programs were attempted at various times in the past through the 1950's.**

"Salmon were extirpated from Champlain by the mid- **1800**'s and, until the 1950's, periodic restoration attempts were unsuccessful. Encouraging results from some of these early 1950's stream stockings of young salmon led to full scale salmon restoration work in the Boquet during 1973."

Just because it took until 1973 to get a new restocking program to take, does not mean that there were not many successful restocking attempts in the past that ultimately failed but could have led to ongoing salmon runs for years.

If I had to guess, the secret of the people of Fletcher as to why they were not afraid of the Spanish Flu and did not get sick from it was an annual salmon run that they had generated right through the middle of town by restocking their local lakes with salmon during the cold era of the early 1900's. This would be an interesting topic for further research. I would love to know the answer!

State fisheries experts look for landlocked Atlantic salmon Aug. 29 in the Huntington River, Vt. About 150 years after Atlantic salmon were pushed out of the Lake Champlain basin and almost 50 years after restoration efforts began, the fish are again naturally reproducing in rivers in Vermont and New York.

Here is an abbreviated abstract of the study done by the Lake Champlain fish expert **J. Ellen Madsen who helped advise me about Fletcher** and the possibility that the people of Fletcher were eating lots of salmon in 1918.

The history and future of Lake Champlain's fishes and fisheries

December 2012
Journal of Great Lakes Research 38
J. Ellen Marsden & Richard W. Langdon
Abstract and figures

Atlantic salmon (Salmo salar) were extirpated from Lake Champlain by 1900,

Dams on several rivers, and ten causeways constructed in the mid-1800s to early 1900s, cut off access to critical spawning areas and may have limited fish movements.

(Note: the river to Fletcher (the Lamoille) was not damned until 1948)

A paucity of historic survey data or accurate species accounts limits our understanding of the causes of current fish population trends and status; in particular, the effects of habitat fragmentation within the lake and between the lake and its watershed are poorly understood.

These days the Lamoille seems to have no problem being the habitat for Atlantic Salmon:

Lamoille River
The Lamoille River is 85 miles long and as unique as they come. It begins in Greensboro and **flows towards Lake Champlain.** The **Lamoille also has a population of landlocked salmon**.

Analysis Chapter 8- Why does Germany have a 20 to 1 Recovery to Death Ratio and Italy just 1.3 to 1 Recoveries vs. Deaths???

The key variable in this mystery is the direction of a country's mountain ranges. The most dangerous configuration are mountain ranges that run north and south. These mountains will block out the sun for everyone around them for some part of the day

except for anyone who lives on the very top of the mountain.

Mountain ranges that run in an east west direction are no problem as long as most of the people live on the south side of the mountain range. I have found, by comparing population density maps to topographic maps that most people tend to live on the south side of mountain ranges and not the north side. This would make sense as it would likely be much easier to grow plants and crops on the south side of a mountain range as opposed to the north. So, Germany has a primarily east west mountain range, while Italy's mountains run in a north south direction. Thus, you have a much bigger pool of people in Italy with critically low Vitamin D3 levels as opposed to Germany.

Austria is also doing quite well with the Covid-19 virus and was one of the first countries to reopen the economy. Their case is the most obvious of an east west mountain range when looking at the topographical map.

Austria-Topography (East West Mountains)

Population density in Austria based on data collected
by the project ODVIS-AT

- 0.43 - 10.51 p/km2
- 10.51 - 18.49 p/km2
- 18.49 - 26.88 p/km2
- 26.88 - 36.78 p/km2
- 36.78 - 53.58 p/km2
- 53.58 - 103.48 p/km2
- 103.48 - 5091614.25 p/km2
- no data

Austria-The Few Who Live Near/In the Mountains Live on Either the South Side or the Top

Italy
Population
Density
Person Per Square Kilometer 2014

Over 400
300-400
200-299
150-199
100-149
50-99
Under 50

GeoCurrents Map

Data Source: https://en.wikipedia.org/wiki/Regions_of_Italy
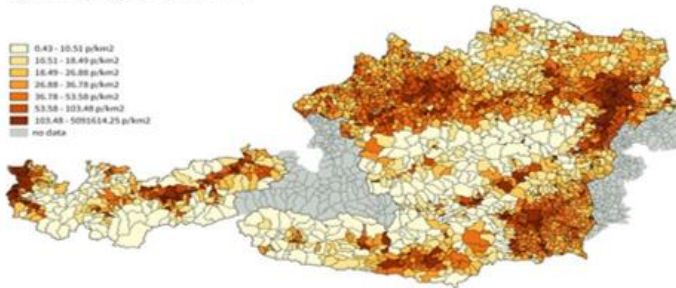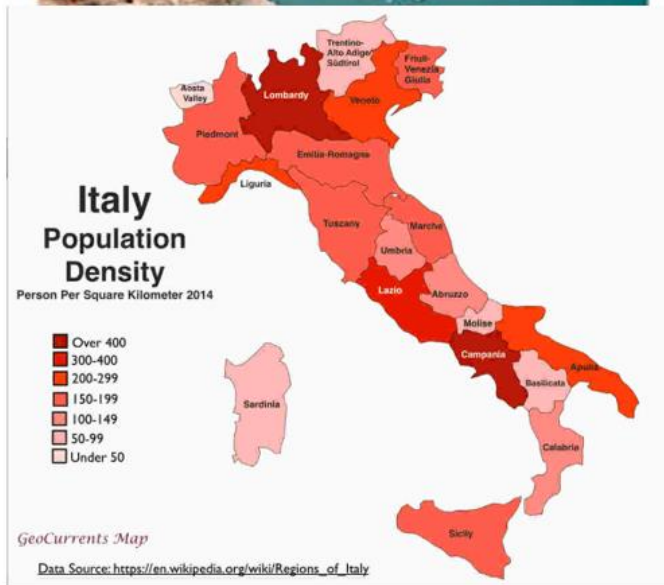
Analysis of Chapter 9- Why Do New York and New Jersey Have More than Half the Covid-19 Deaths in the US (26,289 of 50,243), While the More Populous California has so Few Deaths (1,530)?

This is an easy one. Total annual hours of sunshine for an area is a major determinant of a population's Vitamin D3 levels. Density also plays a part in helping a virus to spread. So, New York, being one of the least sunny states in the country as well having one of the densest and most highly populated areas in the country, NYC, was a powder keg just waiting to go off when the COVID-19 Virus hit.

California, with its high level of sunshine hours, along with Florida, with its extra strong, semi-tropical sun and relatively high amounts of sunshine, could have both been predicted to not be at risk of a terrible outbreak. Apologies to the two Governors, you probably did not have all that much to do with your states' apparent successes against the virus. You can thank the sun God Apollo!

And the poor governor of New York - whose voters were just pounded to death by the virus-Not his fault to the extent he can be forgiven for not knowing about Vitamin D3 and for forcing nursing homes to take infected patients.

Analysis of Chapter 10-More Countries with Exceptionally High Deaths per Million Inhabitants-

Belgium #2 in the world with 684 deaths per million

This was also easy. Countries with sun-blocking mountains, or low levels of total annual sunshine hours, combined with older populations leads to

high numbers of people with critically low Vitamin D3 levels and lots of deaths. Many of the hard-hit European states have very low annual sunshine hours and thus extra D3 deficient populations.

Analysis of Chapter 11- Ebola- A Truly Deadly Virus that Came from a Bat but is Controlled by the Sun.

The lesson from this chapter is simple, the Ebola epidemic was caused by and ended by the beginning of and the end of the rainy season in West Africa which blocked out the sun and caused the entire area's Vitamin D3 levels to crash. The amount of sun loss is so great in West Africa due to the rainy season that people there are evolving lighter colored skins! How? By the blacker skinned (low D3) people dying off at a higher rate in this area.

The big question is, would sunbathing at the start of the rainy season in this area prevented the Ebola epidemic? Could high levels of D3 make you immune from Ebola virus? I believe the answer is yes, but I would not want to infect myself to find out- a very scary virus!

I have found some interesting information on the Vitamin D Wiki Website-Vitamin D fights MANY enveloped viruses similar to Ebola. No known research on Ebola and Vitamin D There is, however, a lot of data of Vitamin D and prevention and/or treatment of other viruses:
H1N1, Herpes simplex, Cold sore, Shingles, Chickenpox, Influenza, Epstein-Barr, Hepatitis B, HIV Dengue
Yellow fever, Measles, Mumps, Smallpox, MERS

(Middle East Respiratory. Syndrome), West Nile Virus

Analysis of Chapter 12   As of 3/21/2020, 50 Deaths from Covid-19 or Less South of the Equator and 11,300+ Deaths from Covid-19 North of the Equator! Why?

This is another simple one to figure out. While we are having our winter driven pandemic up north, those people south of the equator are in the middle of summer, so the virus was not spreading. If you apply the general rule that epidemics peak in the 7th week of the year which in South America would be the temporal equivalent of late August. An interesting exercise would be to look at the racial and age demographics of countries south of the equator and compare them to population density and topography maps of the countries. By examining these variables, we should be able to predict the hotspots of the coming pandemic in the Southern Hemisphere. I have done a rudimentary analysis and posted it on my web site at JeffTbowles.com if you are interested in looking it over. It predicts Brazil might get particularly hard due to a large percentage of black and black mix people (40%-ish), a lot of hilly country combined with a relatively older age demographic. Equatorial Africa, although very dark skinned, might escape relatively unscathed due to an almost complete lack of the elderly demographic. Also, we should look for hot spots appearing all along the west coast of South America along the Andes mountain range. And maybe a few hot spots

in Australia amongst the indigenous people that live in hilly areas.
Link>>>>> https://jefftbowles.com/can-we-predict-the-course-of-the-upcoming-covid-19-outbreak-in-the-southern-hemisphere-lets-try/

Analysis of Chapter 13- A Tale of Three Countries- Norway, Sweden, and Finland

This was an interesting chapter and still includes one mystery that we will reveal here shortly, the "living by the water effect" which so far we have attributed to living near a good source of Salmon, but it actually is a bigger category than just Salmon. More on this shortly.

I think the most important lesson from this chapter is the case of Sweden.

We explained away Sweden's relatively high death rate from Covid-19 compared to her neighbors as being mainly driven by Sweden having a lot more dark-skinned immigrants living amongst the people.

T**he most important lesson we learned from Sweden is that these lockdowns around the world were absolutely unnecessary!** These lockdowns will go down in history as one of the most ridiculous things humans have ever done. Kind of like a "War of the Worlds" of panic spread worldwide!

In the future it will likely become known as the

GREAT <u>PANIC</u>-DEMIC of 2020.

In fact, all these lockdowns with their orders to stay home and not leave the house, and to stay off beaches, did nothing more than prolong the pandemic in that it led to people not getting the benefit of the epidemic-ending, strong sun rays of spring and summer.

The proper advice would have been to get outside in the sun as much as possible but sunbathe alone.

Do you think the lockdown helped protect the population at ground zero of deaths and infections-New York City?

Not quite- it probably made it WORSE! It tuns out 66% of the people who were infected were the people staying at home and not going outside! It was also found that the virus spreads mainly indoors. So much for lockdowns! Probably the worst advice that could have been given with one exception-nursing homes. The nursing homes should have been locked down from most contact with the outside world. And anyone coming to a nursing home would have to be screened for the virus. What would have been smartest, would have been to re-staff the nursing homes with people who had been infected and recovered from the virus. As they should have been made immune and then would not have been a threat to the elderly patients.

But even this advice for nursing homes is inadequate, knowing what we know now. The nursing home patients should have all been getting 1/2 hour of strong sun per day or

(redacted)

 there never would have been a pandemic problem in the nursing homes. And that goes for the whole population of the world. Had we all been getting ½ hour of strong sun per day or taking high

 (redacted)

 there probably never would have been a pandemic. And further, we could stop the pandemic in its tracks if we all just started getting ½ hour of strong sun each day or   (redacted)

might even be a defense to any future attack with bioweapons engineered by our enemies. Ignorance is such a dangerous thing!

So, another big mystery was why was Norway's death rate so low, and lower than Finland's? It is a mystery due to Finland being on a wide open plain and Norway's population living around a bunch of mountains at the same latitude. This death rate reversal seemed to make no sense. But then you have to consider the "living by the water "effect. What was it in Norway's case?
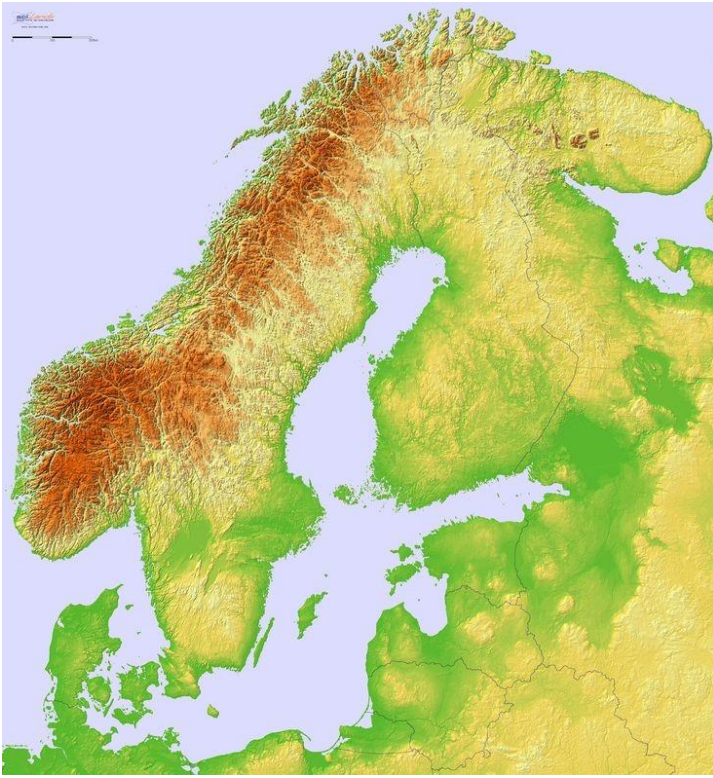
It turns out that Norway is one of the top fish producing and consuming countries in the world!

Check out the following list of fish consumption by country per capita.

It appears that any country where the average person consumes about 50 kilograms of fish (**110 pounds)** per year (10 pounds a month!) receives a dramatic health benefit and protection from large numbers of people dying of the virus. Apparently, this creates herd immunity to some extent.

The list that follows really drives home the "living by the water" effect that protects people and countries from Covid-19.

I had mentioned in this chapter 12 how I was curious about some other countries that were "near the water" that seemed to have very low death rates that did not make sense.

These countries were Iceland at the top of the list because of how far north it is, Norway fits this bill as well. Others with lots of old people that should have a higher death rate include Hong Kong, South Korea, and Japan. And, yes, they all pop up on the highest fish consuming countries in the world along with Norway.

Is it just fish consumed? Or does it have to be the right kind of fish? For example, in Portugal they eat a lot of sardines (only 100 to 200 IUs of D3 per 100 grams), horse mackerel, and cod. Horse mackerel only has 80 IUs of D3 per 100 grams, and cod meat only has only 160 IUs of D3 per 100 grams.

Check out the list I compiled concerning a country's fish consumption vs. their Covid-19 death and case rates per million.

Fish Consumption Per Capita		Death Rate/	Cases Rate/	# Cases per
Yearly Data	Units	2011 Million	Million	1 Death
Maldives	kg	165.7	<u>6</u>	1376	229
Iceland	kg	90.1	<u>29</u>	5278	182
Hong Kong	kg	71	<u>0.5</u>	139	278
Singapore	kg	68	<u>3</u>	3710	1237
Macao	kg	59.5	<u>0</u>	69	na
Malaysia	kg	58.1	<u>3</u>	202	67
South Korea	kg	58.1	<u>5</u>	211	42
Portugal	kg	56.8	<u>109</u>	2674	25
Myanmar	kg	55.3	<u>0.1</u>	3	30
Japan	kg	53.7	<u>5</u>	125	25
<u>Norway</u>	<u>kg</u>	<u>53.4</u>	40	<u>1489</u>	<u>37</u>
Cut off point 50kg/yr.? & what's wrong with Portugal? Mountains, elderly? Low D3 fish?				
Lithuania	kg	43.4	<u>18</u>	527	29
Spain	kg	42.4	562	5563	10
<u>Finland</u>	<u>kg</u>	<u>35.6</u>	<u>47</u>	<u>1036</u>	<u>22</u>
Cambodia	kg	35.5	0	7	na
Fiji	kg	34.6	0	20	na

France	kg	34.6	402	2698	7
Sierra Leone	kg	33.6	2	32	16
Gabon	kg	33.3	4	279	70
Vietnam	kg	33.2	0	3	na
Taiwan	kg	33	0.3	18	60
China	kg	32.8	3	58	19
Philippines	kg	32.7	6	95	16
Guyana	kg	31.6	13	120	9
<u>Sweden</u>	<u>kg</u>	<u>31</u>	<u>314</u>	<u>2502</u>	<u>8</u>
Malta	kg	30.5	11	1107	101
Luxembourg	kg	29.1	160	6184	39
Indonesia	kg	28.5	3	48	16
Latvia	kg	27.5	10	492	49
Bahamas	kg	27.3	28	234	8
Ghana	kg	27.2	0.6	120	200
Oman	kg	26.9	3	609	203
Gambia	kg	26.5	0.4	8	20
Sri Lanka	kg	26.1	0.4	39	98
Congo	kg	26	2	50	25
New Zealand	kg	25.8	4	309	77
Australia	kg	25.5	4	271	68
Italy	kg	25.4	500	3592	7
Belgium	kg	25.1	735	4488	6
Senegal	kg	24.7	0.8	93	116
Jamaica	kg	24.3	3	165	55
United Arab Emirates	kg	24.1	18	1698	94
Netherlands	kg	23.6	313	2457	8

Cyprus	**kg**	**23.3**	**12**	**738**	**62**
Denmark	**kg**	**23**	**90**	**1764**	**20**
Thailand	**kg**	**22.4**	**0.8**	**43**	**54**
Canada	**kg**	**22.3**	**121**	**1760**	**15**
Ireland	**kg**	**22.3**	**289**	**4565**	**16**
Russia	**kg**	**22.3**	**12**	**1287**	**107**
Brunei	**kg**	**22.1**	**2**	**322**	**161**
Egypt	**kg**	**22.1**	**5**	**85**	**17**
Peru	**kg**	**22**	**52**	**1876**	**36**
Mauritius	**kg**	**21.9**	**8**	**261**	**33**
USA	**kg**	**21.7**	**237**	**3993**	**17**
Israel	**kg**	**20.3**	**28**	**1899**	**68**

With regards to Salmon in Norway-

Norway is the world's largest producer of farmed Atlantic salmon with 366 million fish produced in about 1,000 large ocean pens off the coast. Norway has the largest population of wild Atlantic salmon, yet the number of farmed salmon is 250 to 700 times more than wild salmon.

Salmon is by far the #1 Norwegian favorite, but it is not just salmon that Norwegians are eating.

Atlantic Salmon
(Wild- 320 to **2000 IUs** of Vitamin D3
per 100 grams WOW!
Farmed 160 to 400 IUs D3 per 100 grams)

Cod
(Cod liver **oil** has the highest Vitamin D3 content
of any fish product and has been used as a health
tonic and medicine world-wide. The meat, however,
only contains 160 IUs of D3 per 100 grams.)

Haddock

(Not a big Vitamin D3 fish only 18 IUs per 100 grams.)

Deepwater Prawn
(160 IUs of Vitamin D3 per 100 grams).

Trout
(Trout is pretty high in Vitamin D3 **760 IUs** D3 per 100 grams)

Herring
(**1,600 IUs of Vitamin** D3 per 100 grams)

Capelin
(Lots of Vitamin A but little Vitamin D3).

Mackerel
. (**1,000 IUs of Vitamin** D3 per 100 grams)

Saithe, Coalfish
(30 IUs of Vitamin D3 per 100 grams)

Atlantic Halibut
(250 IUs of Vitamin D3 per 100 grams)

While fish consumption seems to explain Norway's low death rate from Covid-19 , there is still the remaining puzzle as to why Sweden and Finland have such relatively low death rates (compared to Southern Europe) while being situated so far north away from the strong sun? It turns out that both Sweden and Finland embarked on an expanded Vitamin D3 food fortification program since 2003 and the mean vitamin D3 level in the populations increased from 19 ng/ml to 26 ng/ml.
26 ng/ml is still way too low by my standards 90-100 ng/ml should be the target for optimal health.

One other factor that likely helps Scandinavian countries have adequate Vitamin D3 levels is the **relatively widespread consumption of cod liver oil for its health benefits**. Cod liver oil contains large amounts of Vitamin D3.

In the US less than 30 ng/ml is considered deficient; a level of 90 to 100 ng/ml is near the upper limit of the range considered normal, and in order to reverse autoimmune diseases and correct

various other health problems blood levels of 125 to 150 ng/ml + are needed).

And finally, another factor in Sweden's relatively high death rate besides a large population of dark-skinned individuals is their relative low level of fish consumption compared to Norway and Finland. (31 kg vs. 54 kg and 36 kg per year).

Analysis of Chapter 14- Fresh Air and Sunlight- The Only Effective Treatment for the Spanish Flu?

You guessed it the open-air hospitals had superior results (4X higher survival rate) than indoor hospitals because the sun generated Vitamin D3 in the patients' skin.

The lesson here is not only does Vitamin D3 prevent getting symptoms from a virus, but it also can be used to treat viral infections as we will shortly see.

My note: Health professionals mistakenly assumed that the effectiveness of sunlight came from its ability to kill the virus; it was actually boosting the patients' D3 levels. **The spectrum of UV light that is found to be germicidal is almost entirely filtered out by the earth's atmosphere.**

Analysis of Chapter-15 Why Do Lower Altitude Mountain Ranges Seem to Make the Virus More Deadly While Higher Altitude Mountain Ranges Seem to be Protective?

This was fully explained in chapter 17 where we learned that the intensity of the sun increases 4% with each 1,000-foot increase in altitude. So, Italy's relatively low altitude mountains (2,400 feet on average above sea level) cast sun-blocking shadows that are not compensated for by a much stronger UV-B rays. Colorado on the other hand with an average elevation of about 7500 feet has much stronger sun rays hitting the state especially in the high mountains that more than compensates for the shadow casting mountains. Also, the difference between that elevation of the adjacent plains in Colorado of about 5,300 feet when compared to the nearby mountains range elevations of up to 14,000 feet leads to a situation where the mountains cast a huge shadow over the low-lying plains communities, enough so that that the plains are where you find the lowest D3 levels in the state and thus the largest number of Covid-19 cases. This is the exact opposite of the pattern we saw in Italy! Whew! Is that crazy or what?

Analysis of Chapter 16- What Do the Elderly and Blacks Have in Common that Make them so Susceptible to Infection of and Dying from Covid-19? They Both Have a Skin Problem.

This one was simple. When your skin does not make Vitamin D3 efficiently when exposed to sun it means you need to get MUCH more strong sun than others do. Or find another SOURCE of VITMN D3 either from diet (*or supplements*).

Analysis of Chapter 17- The Hot Spots- Nursing Homes and Meat Packing Plants

Getting pretty obvious. Lack of Sun, elderly skin.

Analysis of Chapter 18- Vitamin D3 Deficiency Causes the Major Diseases of the Elderly, and Blacks Living in Northern latitudes

The title says it all

Finally the mystery of Alaska that I suggested earlier in the book that there might not be an explanation for why it's death and case rate for Covid-19 is so low **while being the state in the US with the least amount of sun!!**

Can you believe that at the date of this writing, 5//20/2020, Alaska still has only 10 deaths, and the lowest deaths per million in the US except for Hawaii? While Alaska got hammered during the Spanish Flu of 1918 except for the town of Egegik where they almost certainly ate a lot of Wild Salmon year-round.

USA State	Total Cases	Total Deaths	Active Cases	Deaths/ 1M pop
Hawaii	643	17	48	12
Alaska	402	10	40	14
Montana	478	16	22	15
Wyoming	787	11	242	19

Could it be as simple that Alaskans eat a lot of Salmon all year? Getting D3 from eating fish would be the same as getting it from sitting in the sun.

I earlier told you I had emailed 3 different doctors in Alaska and tried to get their opinion on the mystery; I did not her back from any of them. So, I reached into my bag of tricks and pulled out... The "being near the water effect". My best guess was that either most Alaskans were eating a lot of fish high in D3 or were (redacted)…….

Can you believe it? I searched high and low and could not find a single study on the per person consumption of fish in Alaska. The closest I could come up with was a study where they studied the amount of fish consumed per household without knowing the number of people per household. The researcher said he could not help and wished me luck!

So, I decided to just see what Alaskans tended to eat and while searching this topic I found. Alaska's 10

best recipes. Not a scientific approach but it is all I initially had to work with on my hunt for the answer.

Alaska's 14 most popular recipes:

1. Smoked <u>Salmon</u> Quiche
2. Kodiak Casserole
3. Highbush Cranberry Jam
4. Barbecued Alaskan <u>Salmon</u>
5. Burnt Custard
6. Easy Beef Pies
7. Red, White and Blue Berry Pie
8. <u>Salmon</u> Party Spread
9. Herbed Garlic Potatoes
10. Chocolate Linzer Cookies
11. Creamy Spinach & Potato Soup
12. Creamy <u>Seafood</u> Enchiladas
13. Rhubarb Marmalade
14. Stuffed Hash Browns

As unscientific as this seems, it is striking that 3 of the top 14 recipes revolve around Salmon, and 4 out of 14 involve seafood, while only two of the favorite recipes involve meat.

I then asked the internet-What is the most popular food in Alaska? The answer: Alaska's cold-water seafood is the centerpiece of Alaskan cuisine. Alaskan **salmon** is one of the most important foods here and is often served as **smoked salmon**, cured **salmon**, **salmon** jerky,

and even sweetened Indian **salmon** candy. It turns out that Alaska has five different types of salmon- sockeye, chum, coho (silver), chinook (king), and pink. I then remembered that a reader of my first book about Vitamin D3 lived in Alaska and was so happy about the info in the book helping her that she sent me a gift. Fresh Alaskan Salmon by Fed Ex! Kind of confirming the idea that Alaskans are salmon-CRAZY!

I finally hit the jackpot when I ran across an article titled Alaskans Eat Fish—Lots of It! —So, Let's Keep Their Waters Clean where it was revealed that in order to figure out how much mercury people were ingesting it was important to know the state's amount of fish consumption per person.

In the 1980's the EPA took a stab at it and assigned the daily fish consumption per person for all 50 United states at 6.5 grams per person per day! The EPA did , however, leave it to the states to change the amount of fish consumed per person per day   to better fit their unique situations. Many states have raised the fish consumption rate to as high as 175+ grams per person per day.

But Alaska never did. Alaska's remained at 6.5 gram per person per day. When I first saw this, I thought...

 "OH NO!!! Did I read this right? Is the theory shot?"

But I continued on with the article and learned that Alaska has the biggest seafood industry of any state in the US. And because of this , Alaskans have made fish a huge part of their daily diet.

Yet the government of Alaska still says that Alaskans eat no more than 6.5 grams of fish a day. How much is 6.5 grams? Less than a quarter of an ounce—about the size of a small strawberry. This amounts to a little more than a single serving of fish per month.

It also turned out that salmon and other fish are a staple food for many native tribes in Alaska. Native tribes tend to eat more fish than non-native Alaskans.

The government estimate of 6.5 grams per fish pe person pe day in Alaska turns out to be a ridiculously low estimate! In reality the average Alaskan eats between 175 and 250 grams of fish/day! This amounts to 6 to 8 ounces, or a normal to large serving, daily. Indigenous residents tend toward the upper end of that range particularly salmon. That's 2,600% to 3,700% more fish than the State of Alaska currently allots.   (Whew! Theory saved!)

Okay-so we have established that the average Alaskan eats a lot of fish including Wild Salmon, say 200 grams a day! This equates to 7 ounces a day, or 160 pounds per year or 72 kg per year! Way over the 50 kg per year per person

requirement for a population to be immune to viruses for the most part. How does this compare to the rest of the US?
The average American only eats 15 pounds of fish a year!

How much Vitamin D3 does that provide?? About 2,000 IU's of Vitamin D3 per day on average. Maybe enough to prevent infections from COVID-19, although I recommend 10,000 to 20,000 a day just to be sure.

If Alaska was a country, their fish consumption would put them in 3rd place just behind the Maldives and Iceland and just ahead of Hong Kong.

This high consumption of fish in Alaska leads to a new mystery. Why don't Alaskans have the highest D3 levels in the US? One would think they would be in the top 4 with Montana, Wyoming, and Arizona. But no, the map below shows that Alaska is only moderately high as a population in Vitamin D3 levels.

Vitamin D Levels by State for GrassrootsHealth Participants Residing in the United States
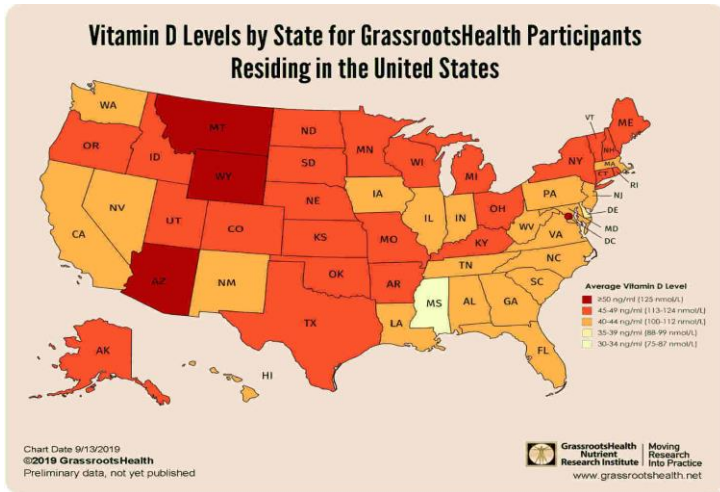
Mystery solved!

It is the younger Alaskans who are eating less fish and bringing down the average Vitamin D3 level for the Alaskan population.

The older Alaskans are eating more fish than the average. Since Covid-19 kills the old almost exclusively. The elderly Alaskans' consumption of so much fish has made them almost immune from COVID-19 and definitely not at risk of death if they do catch it! It seems Alaskans somehow have inadvertently discovered the secret behind the village of Egegik!

One study titled - A Brief Overview on Vitamin D for Alaska Health Care Providers Contributed by Madison Pachoe, Environmental Public Health Program, Alaska Division of Public Health August

17, 2017 confirmed the idea when they conclude that **the highest serum Vitamin D3 levels were found in older age demographics in Alaska.** . **Like Alaska Native populations, the younger generation tends to have lower Vitamin D3 serum concentrations compared to older age groups**,

One study demonstrated relatively high mean serum Vitamin D3 concentrations, especially in older individuals, during both the summer and winter months in the Yukon Kuskokwim

With this final mystery solved…I rest my case.

To end the current pandemic and prevent the next- it is a simple matter for everyone to start getting ½ hour of strong sun on the skin per day

Appendix A: Recent Studies that Have Linked Factor X to COVID-19 Outcomes.

Evidence That (Higher Vitamin D levels) Could Reduce Risk of Influenza and COVID-19 Infections and Deaths
William B Grant, et. al.
Free article
Abstract

Through several mechanisms, vitamin D3 can reduce risk of infections. Those mechanisms include inducing **cathelicidins and defensins that can lower viral replication rates and reducing concentrations of pro-inflammatory cytokines that produce the inflammation** that injures the lining of the lungs, leading to pneumonia, as well as increasing concentrations of anti-inflammatory cytokines. **<u>To reduce the risk of infection, it is recommended that people at risk of influenza and/or COVID-19 get a ½ hour of spring or summer sun exposure each day</u>** The goal should be to raise Vitamin D3 concentrations above 40-60 ng/mL (100-150 nmol/L). For treatment of people who become infected with COVID-19,

Aging Clinical and Experimental Research
SHORT COMMUNICATION

**The role of vitamin D in the prevention
of coronavirus disease 2019 infection
and mortality**

Petre Cristian Ilie · Simina Stefanescu · Lee Smith

Abstract
The mean levels of vitamin D3 for 20 European countries and morbidity and mortality caused by COVID-19 were acquired. **Negative correlations between mean levels of vitamin D3 (average 56 mmol/L, STDEV 10.61) in each country and the number of COVID-19 cases/1 M (mean 295.95, STDEV 298.7, and mortality/1 M (mean 5.96, STDEV 15.13) were observed.** Vitamin D3 levels are severely low in the aging population **especially in Spain, Italy and Switzerland**. This is also the most vulnerable group of the population in relation to COVID-19. It should be advisable to perform dedicated studies about vitamin D3 levels in COVID-19 patients with different degrees of disease severity.

Vitamin D3 linked to low virus death rate, study finds
New COVID-19 research finds relationship in data from 20 European countries May 7, 2020
Anglia Ruskin University

Summary:
A new study has found an association between low average levels of vitamin D and high numbers of

COVID-19 cases and mortality rates across 20 European countries.

Petre Cristian Ilie, Simina Stefanescu, Lee Smith. The role of vitamin D in the prevention of coronavirus disease 2019 infection and mortality. Aging Clinical and Experimental Research, 2020.
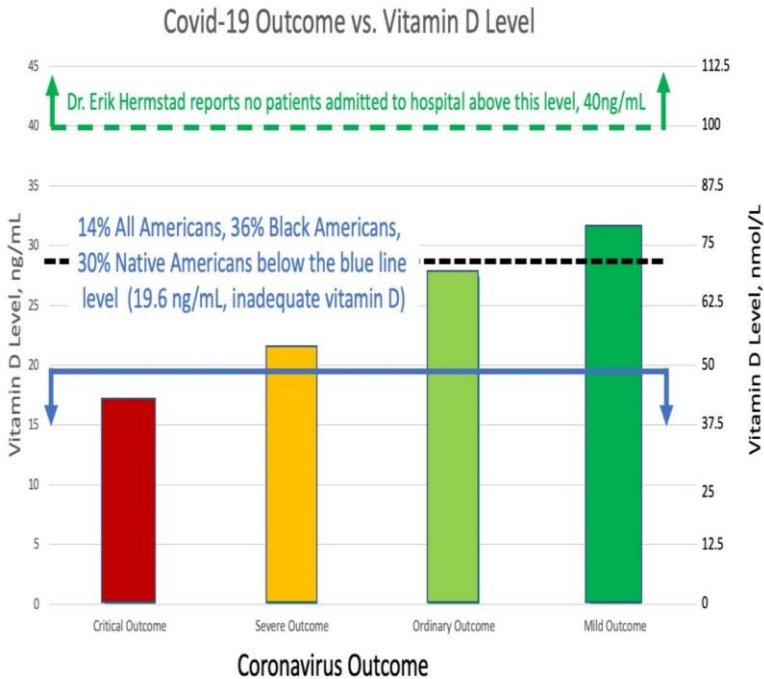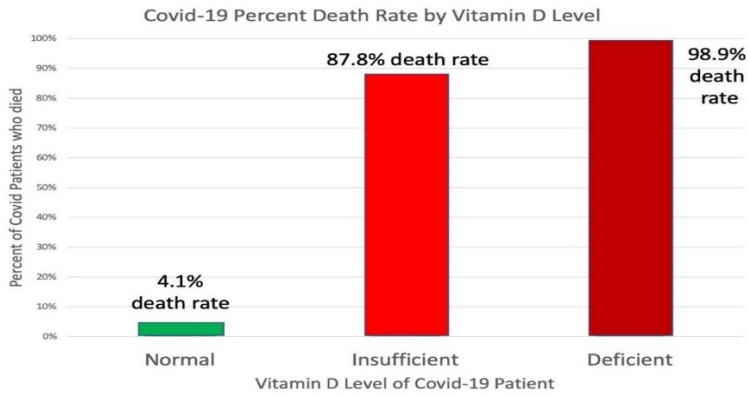This study found that 75% of people in institutions, such as hospitals and care homes, were **severely deficient** in vitamin D3.

**Med Hypotheses 2020 Apr 23;140:
Vitamin D3: A Simpler Alternative to Tocilizumab for Trial in COVID-19?**Morry Silberstein

Aliment Pharmacol Ther2020 Apr 20.
Editorial: Low Population Mortality From COVID-19 in Countries South of Latitude 35 Degrees North Supports Vitamin D as a Factor Determining Severity

Vitamin D Insufficiency is Prevalent in Severe COVID-19 April 2020 **Lau et. al.**

This study showed the Vitamin D3 Insufficiency, prevalence in ICU patients was 84.6% vs. 57.1% in floor patients. Insufficiency was defined as < 30ng/mL. The study states that Vitamin D3 deficiency affects 80-90% of the African American population.

Covid-19 Percent Death Rate by Vitamin D Level

Covid-19 Outcome vs. Vitamin D Level

Black Dashed line is the average US Vitamin D Level

In the above chart form a study by the Fort Collins Colorado emergency room physician Dr. Erik Hermstad ,

Note the horizontal line across the top at 40 ng/ml. That line means that there were NO hospital admissions of any person who had a blood level of Vitamin D3 of 40 ng/ml or higher…NONE!!   Let that sink in. Keep in mind the normal reference range in the US for blood-D3 levels is 30 to 100 ng/ml.

"Vitamin D3 Level of Mild and Severe Elderly Cases of COVID-19: A Preliminary Report" found

That the majority (84.6%) of COVID-19 critical patients had Vitamin D3 insufficiency and 100% of critical patients less than 75 years old had Vitamin D3 insufficiency.

Covid-19 Outcome vs. Vitamin D Level
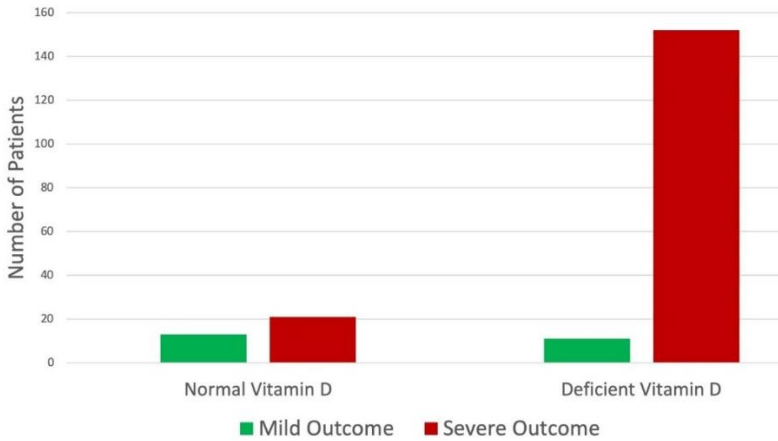
Data from "Vitamin D Level of Mild and Severe Elderly Cases of COVID-19: A Preliminary Report" by El James Glicio, Delhi, India

Deficient vitamin D was defined as < 30 ng/mL
40% of all Americans, 75% of African Americans are below 30 ng/mL

99 percent of the 380 Indonesians who died of COVID-19 had low vitamin D - May 2020

Correlation Covid-19 death rate / Vitamin D-level

© Data by Dr. P. Raharusun, Stats & Analysis by S. Priambada & L. Borsche, Graph by Dr. B. Glauner
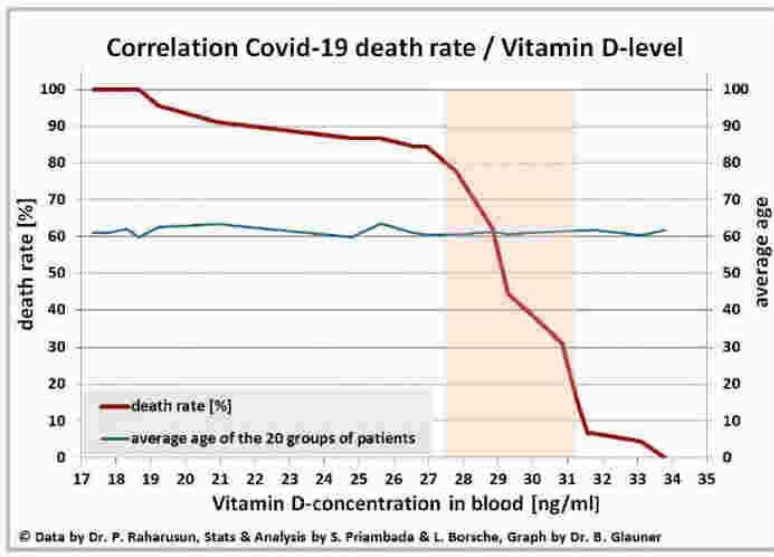
(Prior chart from preprint of- Patterns of COVID-19 Mortality and Vitamin D: An Indonesian Study Prabowo Raharusuna*, Sadiah Priambada, Cahni Budiarti, Erdie Agung, Cipta Budi *Correspondence: praboworaharusun@gmail.com)

Appendix B: Current Understanding How Does Factor X work in Fighting COVID-19?

Vitamin D3 is not a vitamin at all but rather a powerful seco-steroid hormone that controls 2,700+ of your genes, most of which are involved in fine tuning and revving up your immune system.

It has been shown that *higher levels of Vitamin D3 are 10 times more effective than flu vaccine at preventing the flu* in Vitamin D3 deficient individuals.

See my article about this at this link>>>>

https://jefftbowles.com/flu-colds-prevention-by-vitamin-d3/

As we age, our skin makes less than ½ the Vitamin D3 as younger people's skin from the same amount of sun exposure. Low D3 levels lead to a weak/slow immune system.

This makes us more vulnerable to infections of all types. And any sort of challenge to the body can do more damage. When the immune system gears up in older people, there is also a higher likelihood of a phenomenon called a cytokine storm. This is where the immune system overreacts and produces too many of the chemicals to fight an infection.

So, you get a severe inflammatory reaction which has the potential to cause significant damage in the body, including organ failure.

-Increased Vitamin D3 levels will suppress the cytokine storm and prevent death from COVID-19.

Study from Northwestern University:
The Possible Role of Vitamin D in Suppressing Cytokine Storm and Associated Mortality in COVID-19 Patients

Our finding suggests that **Vit D3 may reduce COVID-19 severity by suppressing cytokine storm in COVID-19 patients.** Further research is needed to account for other factors through direct measurement of Vit D3 levels.

Also, not only does Vitamin D3 help prevent infection from the virus, and also protects against getting symptoms from the virus if one is infected**, it also acts quite well as a treatment for viral infections as well**. Why?

Vitamin D3 helps to dramatically

-Reduce the viral load in AIDS and hepatitis patients as well as infants infected with the flu as shown in the following abstract:

With a D3 revved up immune system, your immune system will complete the fight against the virus in possibly as little as 12 hours as opposed to 12 days!

Vitamin D3 is photosynthesized in skin in amounts ranging from10,000 (250 mcg) to 25,000 (625 mcg) International Units (IU) from 7-dehydrocholesterol after whole-body exposure to one minimal erythemal dose (MED) of ultraviolet B (UVB) radiation, and is impacted by many factors including geographic localities, seasonal changes and skin pigmentation.

We routinely observe serum vitamin D3 concentrations below 20ng/ml on new admissions, which have been reported insufficient to sustain AMP production. In contrast serum vitamin D3 concentrations above 100ng/ml have been reported after serial UVB treatments for psoriasis. Little vitamin D3 naturally occurs in food, and insufficient sun exposure may be causing worldwide deficiency. We review evidence suggesting that higher daily intakes of vitamin D3 than the currently recommended 600 (15 mcg) IU/day may be necessary to sustain AMP production in the face of an overwhelming infection, particularly in non-Hispanic blacks, a high risk population suffering the worst outcomes from COVID-19. **We propose that increased vitamin D3 levels could provide a safe and cost-effective way to protect all populations from infections, in particular those from pandemic COVID-19.**

The simple logic behind this bold claim is that almost every disease is a disease of your immune system or tissue remodeling system, both of which are controlled by the 2,700+ genes regulated by Vitamin D3. So, not only are autoimmune diseases caused by a malfunctioning immune system, so are cancers and infections. In the autoimmune case, your immune system is erroneously attacking good tissues, and in the cancer/infection case, it is failing to attack bad actors quickly enough so that they can't establish a foothold.

So, why don't doctors know about Vitamin D3 and tell everyone to protect themselves from the virus by getting an extra half hour per day of strong sun during flu season? (the typical adult will make 20,000 IUs of D3 in their skin after just 1/2 hour of summer sunbathing-but doctors tell you this is a dangerous amount!!#@!).

Why don't doctors promote Vitamin D3? Because there has been a long running hostility towards Vitamin D3 by the medical community since the 1920's, when people not getting sick anymore and it was ruining doctors' and hospitals' livelihoods! This sounds crazy at first, but I spell it all out with a long-detailed history of mainstream medicine's 100 years long attack on Vitamin D3. It is a HUGE scandal. It's all in my new book about Vitamin D3 and its cofactors which you can find on Amazon.com

The title>>> The Miraculous Cure for and Prevention of All Diseases What Doctors Never Learned Kindle Editionby Jeff T. Bowles (Author)
4.6 out of 5 stars 50 ratings US

So, the bottom line is this:

The simple solution to the Covid-19 epidemic?

Everyone at risk, especially the elderly, and darker skinned, should simply get at least ½ hour of spring or summer sun every day and the epidemic should quickly fade away.

(If one cannot get to a place with spring or summer sun one could eat 4 to 6 ounces of wild salmon each day, or just go to the local vitamin store and buy   -redacted-)

Update: This is the banned version So here is the solution to stop the pandemic that Amazon won't let you see…

Everyone should simply take 10,000 to 20,000 IU's of D3 per day (based on weight) for adults with magnesium Vitamin K2 and zinc during the outbreak and virtually NO ONE would get sick!

See my book What Doctors Never Learned for More Info on Dosing Info Or email me for a summary Jeffsbandn@gmail.com

Appendix C- Other Interesting Information:

How did this **PANIC-DEMIC** start?

It all started with another report from an epidemiologist named Neal Ferguson at the Imperial College of London.

His warned that an uncontrolled spread of the disease could cause 510,000 deaths in England!

The report projected up to 2.2 million deaths in the United States which is what alarmed the US government and the CDC to accept the idea that a lockdown was required to isolate HEALTHY members of the public!

For over a month the 2.2 million deaths estimate was still being by our public health officials who suggested that two million lives had been saved by the lockdowns and closed businesses.

Ferguson has had a long history of developing epidemic prediction models for viral outbreaks that turned out to be wildly inaccurate. For example, Ferguson was responsible for excessive animal culling during the 2001 Foot and Mouth outbreak in the UK. Ferguson warned the government that 150,000 people could die. Six million animals were slaughtered as a precaution, **costing the country billions** in farming revenue.

In the end, 200 people died. DID the culling prevent the 150,000 deaths? Probably not.

Ferguson also created a panic by overestimating the potential death toll during the 2005 Bird Flu outbreak. Ferguson estimated <u>200 million could die</u>! <u>The real number was more like 200!</u>

Ferguson's model predicted 65,000 people could die from the Swine Flu outbreak in the UK in 2009 <u>The final figure was below 500!</u>

So you have to ask yourself, why would anyone believe what Ferguson has been predicting with his COVID model? Good question.

Actually President Trump might have been primed to fall victim to these wildly inaccurate projections because his grandfather, Frederick Trump, died in the Spanish Flu pandemic of 1918.

Ferguson's dire prediction was instrumental in the U.K.'s decision to abandon its initial Swedish-style response to coronavirus of allowing the economy to continue functioning while taking steps to limit the disease's spread.

It was Ferguson's forecast that prompted the Trump administration to issue its sweeping federal recommendations limiting people's activities, and push states to rush in with stay-at-home mandates. The result was a crashed economy, double-digit unemployment, and trillions of dollars of added debt as the federal government tried to paper over the massive losses.

And then we have Bill Gates and his vaccination crusade.

Ferguson co-founded the MRC Centre for Global Infectious Disease Analysis at Imperial College in 2008. It is the leading body advising national governments on pathogen outbreaks. the MRC Centre gets tens of millions of dollars in annual funding from the Bill & Melinda Gates Foundation, and works with the US Centers for Disease Prevention and Control (CDC), and supplies the World Health Organization with 'rapid analysis of urgent infectious disease problems'.

Gates money goes to Ferguson. Gates demands vaccines and more vaccines. Gates wants a COVID vaccine before all aspects of the worldwide lockdowns end. The lockdowns, of course, are already making a wreck of the world's economies.

Recently, Gates sweetened the World Health Organization (WHO) pot by tossing in $350 million to "fight the coronavirus"—thus tightening his control over WHO. He has already pledged $10 billion over the next decade, to various organizations, for vaccine development and use on the world population.

Maybe if Gates comes to realize that if populations had high enough Vitamin D3 levels and faster immune responses to various pathogens, that all these vaccines would not be necessary. Vaccines are just a band aid to make up for a lazy, slow immune system. It gets the body prepared for a future encounter with a virus over an extended period of

time. It allows the immune function to continue working in slow motion to develop immunity before the infection occurs. It takes about 2 weeks after a flu shot before any immunity is developed. (SLOW MOTION). And usually requires multiple vaccinations received weeks apart.

The simple solution would be to just get everyone's immune systems revved up with Vitamin D3 and forget about all the vaccines.
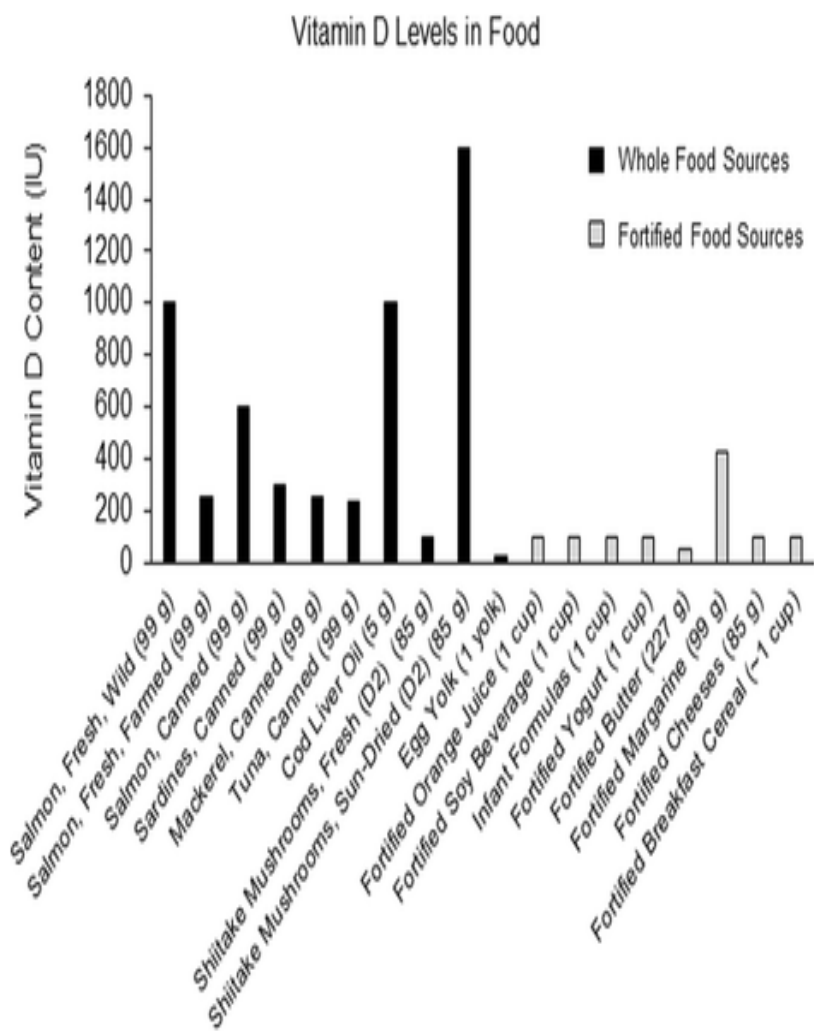
Thankfully, Neal Ferguson will no longer be making death projections for the Imperial College as he was forced to resign from his post after he was caught violating his lockdown recommendations by cavorting with his married mistress even while he tested positive for the virus! 'Do as I say-not as I do!"

Jim Hoft of the Gateway Pundit summed it all up nicely- On a personal level, I'd go further and suggest that **all <u>academic</u> epidemiology** be defunded. This sort of work is best done by the insurance sector. Insurers employ modelers and data scientists, but also employ managers whose job is to decide whether a model is accurate enough for real world usage and professional software engineers to ensure model software is properly tested, understandable and so on. Academic efforts don't have these people, and the results speak for themselves.

-The table below shows vitamin D and MED values for people with different skin types in Indianapolis, Indiana, at midday on June 22 and December 22. These calculations are for someone at 39.5 degrees N latitude (Indianapolis, Indiana) on a clear day, wearing shorts and a T-shirt (25 percent skin exposure).

Sun Exposure Times Needed to Generate 1,000 IU of Vitamin D in Mid-June and Mid-December

Skin Type	Time to 1,000 IU (on June 22)	Time to MED (Produce a Slight Sunburn)	Time to 1,000 IU (on Dec 22)
1 White	4 min	16 min	37 min
2	4 min	20 min	46 min
3	5 min	25 min	55 min
4	8 min	37 min	1 hr., 24 min
5	11 min	50 min	1 hr., 55 min
6 Black	19 min	84 min	3 hr., 39 min

Vitamin D Levels in Food

Bar chart titled "Vitamin D Levels in Food" with y-axis "Vitamin D Content (IU)" ranging from 0 to 1800.

Legend:
- ■ Whole Food Sources
- ☐ Fortified Food Sources

Categories (x-axis):
- Salmon, Fresh, Wild (99 g)
- Salmon, Fresh, Farmed (99 g)
- Salmon, Canned (99 g)
- Sardines, Canned (99 g)
- Mackerel, Canned (99 g)
- Tuna, Canned (99 g)
- Cod Liver Oil (5 g)
- Shiitake Mushrooms, Fresh (D2) (85 g)
- Shiitake Mushrooms, Sun-Dried (D2) (85 g)
- Egg Yolk (1 yolk)
- Fortified Orange Juice (1 cup)
- Fortified Soy Beverage (1 cup)
- Infant Formulas (1 cup)
- Fortified Yogurt (1 cup)
- Fortified Butter (227 g)
- Fortified Margarine (99 g)
- Fortified Cheeses (85 g)
- Fortified Breakfast Cereal (~1 cup)

My Censorship Problem with Amazon

"There is no expedient to which a man will not resort to avoid the real labor of thinking" ……Sir John Reynolds

This is my **third and final attempt** to self-publish this book about Covid-19 through **Amazon**. Even though I have written and published all my books through Amazon and enrolled every one of them exclusively in Amazon's Kindle Unlimited book Club, even a best seller that sold more than 300,000 copies worldwide, Amazon still bans my latest book on Covid-19:

 I doubt Amazon has the stones to finally allow my book to be published, it just makes them look so bad and petty and thoughtless,   but I am giving it this one last try….This will likely be my first book published elsewhere unless Amazon finally musters up some courage. I'm pretty sure this won't happen. I will probably just give it away for free to everyone who wants it. I have already given away 200+ free pdf copies to readers all over the world which I am sure will start to spread to bigger numbers.
So how did Amazon, which used to be a bastion of free speech, get to the point where they are now banning all new Covid-19 books and referring information-hungry people to the CDC website?
I think there is someone there at Amazon in a decision-making capacity who thought they were

acting virtuously by preventing misinformation about a deadly pandemic getting out to the public through Amazon's self-publishing arm.

But this person, rather than having Amazon employees attempt to judge each book submitted about Covid-19 based on its arguments, facts presented, and logic, did what many do in this busy and complex world and took that age-old shortcut, and decided to just rely on the "experts" and censor information coming from anyone else. And in this Amazon employee's mind who were the experts? Of course, those smart looking doctors that we saw on the TV every night during the nightly Covid-19 briefing - the esteemed Drs. Fauci and Birx at the CDC!

This well-meaning employee apparently was unfamiliar with the article in Smithsonian Magazine titled…

Why Experts are Almost Always Wrong

No one, not even the experts, really knows what's about to happen By **Rose Eveleth** SMITHSONIANMAG.COM JULY 31, 2012

HERE'S AN EXCERPT>>>

"Every time there's a national disaster, a gigantic event, a shooting, a breakthrough, really any news at all, you can rely on television news to find an expert. Some of them know quite a lot about what happened, what will happen, and why. But when it

comes to a lot of experts, they really have no idea what they're talking about.

When they're wrong, they're rarely held accountable, and they rarely admit it, either. They insist that they were just off on timing, or blindsided by an improbable event, or almost right, or wrong for the right reasons. They have the same repertoire of self-justifications that everyone has, and are no more inclined than anyone else to revise their beliefs about the way the world works, or ought to work, just because they made a mistake."

So some Amazon employee at a relatively high level decided to hitch Amazon's wagon to the star of the CDC when it came to Covid-19 and to hell with everyone else, even their most faithful, best-selling, health /science authors- CENSORED!! I will soon show you how inept and dishonest the CDC has been. It's the government for crying out loud! The government almost never does anything right! Amazon it's time for some other voices to be heard!!

Currently, there are very few books and almost no serious books about Covid-19 available for sale at Amazon.com. But on June 4th,, 2020, Elon Musk tweeted that **Amazon is a monopoly that needs to be broken up**!

Why? Because he felt they unfairly BANNED a book about Covid-19 by a former New York Times reporter, Alex Berenson, that was critical of the CDC's accuracy for its reporting of deaths attributed to Covid-19.

"**This is insane"** Elon tweeted.

Within hours, the first serious book to question what the CDC has been feeding the public about Covid-19 **was allowed to break through Amazon's censorship filter** and make it out to the information hungry public. How does this happen? I hear it occurs when Jeff Bezos emails an (?) to the person in charge of the gaffe….**It immediately shot up to #1** on the best sellers list of ALL Amazon books for sale- showing just **how hungry the people were for alternative information** about Covid-19 than what was coming out of the CDC. Can you blame them? What has the CDC been saying? They started off with "do not wear masks they only help health care professionals and actually could increase your risk of getting Covid-19"! And then about a month later changed it to "everyone should wear a mask ".

And now a number of State and County and City governments require, BY LAW, everyone to wear a mask when in public! States such as Pennsylvania, Hawaii (where there is almost no virus problem, so it is especially ridiculous), Connecticut, Maryland, New York, and New Jersey require masks in public. Also, many counties throughout California require masks by law: Los Angeles, San Diego, Santa Clara, Alameda, Sacramento, Contra Costa, San Francisco, and San Mateo, require mask wearing in public. While California is one of the states with the least problems with the virus as you shall soon see. **And now, the World Health Organization (an ally of the CDC) has just warned that people should NOT wear masks while exercising!**

So, pardon anyone who might be a little skeptical about anything coming out of the CDC.

But someone at Amazon puts the CDC way up on a pedestal!? Does this CDC worship come from an intimate knowledge of how efficient and smart the CDC is or js it just a lazy reliance upon "experts" because it negates the need for one to spend time reading and thinking for one's self? Is someone at Amazon so lazy that they would prefer to deny the information-hungry public alternative but excellent information about Coivid-19 by deferring to the "experts" just so they can save some time reviewing and thinking about the various books being submitted to Amazon on the topic? Maybe someone at Amazon is not doing their job!

Also, it was late February during the early days of the outbreak in the US the CDC told us "Americans don't need to change their behavior patterns, but this might change depending on the course of the outbreak". At the same time as this statement was made China was busy stacking bodies up in make-shift morgues, had been running crematoriums day and night for a whole month, and was building dozens of new hospitals around the country. It was all over the news even in early February. So eventually the CDC had to do an about face, but not just a 180 degree about face, more like an 1,800 degree change in policy!

The CDC then panicked and relied upon the ridiculous models from the epidemic alarmist, and notoriously, wildly, inaccurate epidemic "expert" Neal Ferguson to predict that Americans would suffer 2.2 million deaths unless draconian actions

were not taken like a legally enforced nationwide lockdown!

Why did the CDC trust Ferguson's apocalyptic death projections when he had cried wolf twice previously about Ebola and the Avian flu? The CDC bought his outrageous estimates hook, line and sinker and began quoting them with Donald Trump at their daily Covid-19 briefings on the national news. Then week by week the estimates started coming down, down, down, and down, eventually dropping to as low as 60,000 overall deaths. 60,000? That is less than the death total from the 2017 flu season which most people hardly even noticed!

These panic driven numbers were unnecessary! It would have been a simple matter to look south of the equator and see that where they were just done with their hot summer in March they only had 50 Covid-19 deaths total, while the Northern Hemisphere had 11,500 and climbing during its winter. **It was obviously a seasonal virus like the flu!**

And Amazon wants to silence everyone but the CDC about Covid-19! Isn't that amazing???

And unfortunately for Trump, he fell for it too! He was probably an easy mark given that the first patriarch of the Trump business dynasty, his grandfather, Friedrich Trump, was one of the very first people to succumb to the Spanish Flu in Queens New York in 1918. It is said he suddenly felt sick while walking down the street with his son and died the very next day. Surely this made a deep impression on Trump at an early age.

Trump had a lot of company in imposing nationwide lockdowns as almost all European governments locked down their people as well. This was a huge mistake in the short run, but because the US economy had record low unemployment when the lockdown occurred, it led to many marginal businesses closing permanently. The longer-term silver lining of this dark cloud could be that it just might have freed up workers and resources to be used more efficiently when the economy recovers.

All this is occurring while the country of Sweden had no lockdown ever, and today is no worse off than many European nations with a death per million rate of 499. For comparison deaths per million in the US are 363, France 453, Italy 570, Spain 580, and the UK 621.

The CDC now counts the deaths from Covid-19 and wants us to believe that although **the US has only 4% of the world's population and the world's best health care, we somehow have incurred 28% of the world's deaths from Covid-19! If we were like the rest of the world our deaths from Covid-19 would be less than 20,000! And that might be closer to the truth than the current death number of about 120,000 being bandied about by the CDC.**

So Amazon wants to silence anyone pointing these things out and simply refer people to the CDC's website to get more of this crazy information!?

Even Dr. Birx one of the top two doctors at the CDC says she cannot trust any numbers coming out of the CDC!

• The White House's coronavirus task force response coordinator, Dr. Deborah Birx, said in a recent meeting that "there is nothing from the CDC that I can trust," The Washington Post reported on Saturday.

• Birx and others reportedly feared that the Centers for Disease Control and Prevention's data-tracking system was inflating coronavirus statistics like death rates and case numbers. Acting from CDC guidelines doctors around the country are attributing Covid-19 as cause of death to huge numbers of deaths. The CDC directive basically tells doctors that when in doubt for any reason about cause of death, attribute it to Covid-19 even without any test for the virus. Now we even have gunshot deaths in Washington state being counted as Covid-19 deaths!

And Amazon wants you to get your information only from this outfit!!?? Yes, like Elon Musk says, "this is insane"!!

Why does that person at Amazon trust the CDC so much?

Every article in Wikipedia and every Google search is plastered with a message that tells us to **trust the CDC**. The head of Youtube goes on the air to explain why anyone who disagrees with the WHO must have their videos removed!

THIS IS INSANE!!!!

And as of the date of this writing, June 23, 2020, the CDC is giving us more alarming information about the increase in the number of Covid-19 cases popping up in various states that have lifted the lockdowns and suggesting that we might be headed for 200,000+ deaths by September!? What they are neglecting to tell us is that **anyone who tests positive**, even if they are not sick, **and never will get sick, are counted as cases**. They also leave out the vital information that can be easily gleaned from the World Meter Covid-19 website- the number of new deaths in the US. Which if you extend the downward trajectory of the following chart you will see it is suggesting the US will hit ZERO new Covid-19 deaths sometime around July 22nd – August 4th! <u>The solution to the 16 mysteries in this book explains why this is likely to be the case.</u>

in the United States

Daily Deaths

Deaths per Day
Data as of 0:00 GMT+8
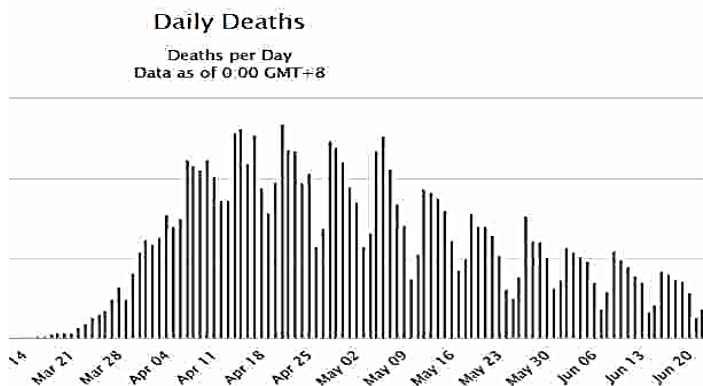
(Note-89/1/2020-This has not occurred in the US m but has occurred in almost every other country in the Northern Hemisphere which is very suspicious! More on this shortly) And one more thing, the CDC is omitting from its news briefings the fact that in younger people the rate of asymptomatic carriers can be quite high. In fact, an excellent example of how high infection without illness can be, can be seen in the case of Triumph Foods of Missouri. It is a pork processing plant where 412 of its workers tested positive for the virus, which would add 412 cases to the state's case total of around 18,000. How many of them were asymptomatic? It was originally 100%, (but now they are saying 90%)! Any deaths? One, a man in his 40's who had underlying health conditions died. The "case" number from Triumph has since been bumped up to 490, almost all asymptomatic, after additional testing.

And what is so bad about asymptomatic infections? Every asymptomatic infection results in basically one more person immune for life (usually) from the virus. This brings us one step closer to achieving herd immunity. Once herd immunity is achieved, there will be no more epidemics of this virus. Also, the immunity provided from actual infection is better than that from vaccination. The only downside of this would be there might be a week or so where the asymptomatic carrier can unknowingly spread the virus. And a downside for mainstream medicine is that Big Pharma might sell fewer

vaccines and have fewer profits with which to conduct research!

Okay, now the book you are about to read is a significantly diminished version of the original version of the book that I uploaded to Amazon KDP self-publishing in May of 2020. After working night and day for months on the book I uploaded it and immediately got a notice back from Amazon that my book was BANNED for no other reason that it did not meet their "guidelines". And the book isn't even about the scandals at the CDC it is actually a journey through 16 fascinating current and historical Covid-19 and Spanish Flu mysteries

One email from a nameless, faceless Censor at Amazon suggested I not use the term COVID-19 anywhere in the book- that was the only advice they would give me. I wrote back email after email to the nameless faceless Censor explaining why it would be a good idea to allow my book to be published and to please give me a reason why they would not. And their advice was even more unenlightening, they would reply "we have reviewed your book again and have come to the same conclusion that it does not meet our guidelines."

They would then refer me to their guidelines page which discussed books they found objectionable like those dealing with child pornography, or glorifying real life murderers. Nothing about health or disease books. NOTHING!!

Then I realized that if you were searching under books and you typed in Covid-19 you would get

almost nothing in the way of books and just a little link that pops up at the top of the page that says if you are looking for Covid-19 information please refer to the CDC's website!!

Amazon is the major eBook publisher in the US with a monopolistic **83% of the market share** that makes them more like a public utility for authors than a small publishing house that can pick and choose books they want to publish and censor what they don't like.

When Amazon is censoring anyone who argues against the US government's line about such an important topic as Covid-19 it really **does seem to argue for some sort of break up or regulation of the company**. Courts have ruled that Amazon is not liable for things published by its self-published authors. Under the Communications Decency Act Amazon is deemed to be a provider of interactive computer services only, and not a publisher, because Amazon is not the information content provider. By becoming an active and unreasonable Censor of content - Amazon is now one BIG step closer to losing that valuable exemption.

(Note- To publish a paperback book through Amazon with color pictures would cost way too much for most readers (I wish Amazon would fix this problem). The eBook version of this book has all these amazing pictures in color-if you like this paperback I suggest you might consider getting the much cheaper eBook just for the color pictures).

Want to leave a review or get an updated version of this book?

Send me an email to

Jeffsbandn@gmail.com

Want More up to date information?

Come <u>join</u> the Facebook Group:

[END the Covid-19 Lockdown NOW!- Only Sunshine or Vit.D3 will stop this Flu!](#)

We have lots of good posts like this: 7/12/2020

Ok here is what happens when there is no lockdown>>look at Sweden, never had a lockdown. New cases just kind of keep chugging along until it reaches critical mass and new cases blow over the 7 day moving average for about 3.5 weeks THEN CRASHES after population reaches herd immunity peak . Looks like it takes 15 days after the peak to crash to zero new cases (approximately). New deaths should be hitting 0 in Sweden now! (Notice how when the new

deaths per day bars stay under the 7 day moving average for more than 7 days in a row then it is all downhill from there!)

New deaths per day do not show this spike and just keep trending down to 0 (because population D3 levels are going up up up).. Covid-19 is pretty much OVER in Sweden. No lockdown No school closures no massive business failures!

If you go to worldmeters.info and check the deaths per day you will see almost all countries in the Northern Hemisphere are trending down to 0 even though there has been a new spike in cases in most countries after the lockdowns ended. There is one exception that looks very fishy- the United States. The US is the only country where there was a spike in new deaths per day towards the end of the summer as lockdowns were lifted. One alternative health guru, Bill Sardi, thinks that these are actually TB cases that are being counted as Covid-19 deaths. Or possibly for political reasons, the US Covid-19 new death numbers ae being inflated and will magically drop to 0 after the election. I encourage you to spend some time looking over the various coutry's new cases per day and new deaths per day charts and you will see what is going on..

(see graphs next page)

Daily New Cases in Sweden

Daily New Cases

Cases per Day
Data as of 0:00 GMT+0
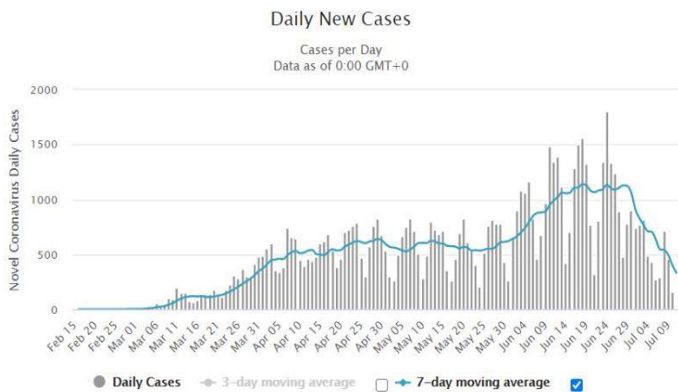
Daily New Deaths in Sweden

Daily Deaths

Deaths per Day
Data as of 0:00 GMT+8
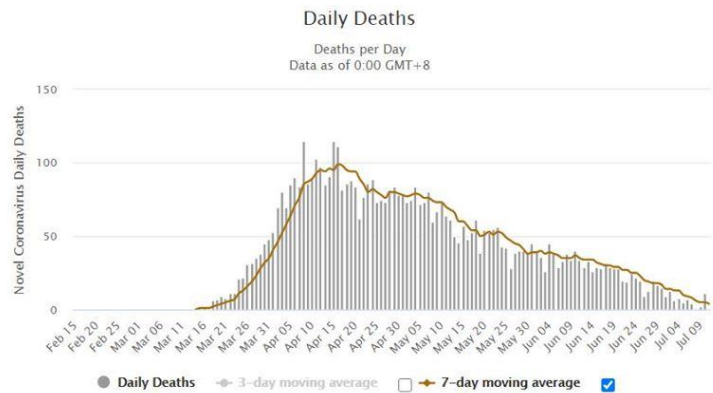
THIS JUST IN!

The first controlled study looking at Vitamin D3 not only for prevention of Covid-19, but as a TREATMENT FOR THE DISEASE!

HIGH DOSE VITAMIN D3 REDUCED ADMISSIONS TO THE ICU (Intensive Care Unit) by 97% in Covid-19 patients admitted to the hospital!

RESEARCH
New Study: Vitamin D reduces risk of ICU admission 97%

Date: September 3, 2020Author: Ron Conte7 Comments

Here's the study:

Castillo, Marta Entrenas, et al. "Effect of Calcifediol Treatment and best Available Therapy versus best Available Therapy on Intensive Care Unit Admission and Mortality Among Patients Hospitalized for COVID-19: A Pilot Randomized Clinical study." The Journal of Steroid Biochemistry and Molecular Biology (2020): 105751.

This is a peer-reviewed, randomized, controlled study of hospitalized Covid-19 patients. So it is an "RCT". [Correction: no placebo was used. The intervention group received calcifediol and the control group did not. Both groups received BAT, best available treatment.] This is the type of study that the press and various online critics demand. Some persons unwisely reject all other

types of studies, which is not reasonable or scientific. But this is the type of study we've been waiting for, to confirm the other 20 studies here.

The study took place in a university hospital setting: Reina Sofia University Hospital, in Cordoba, Spain. The 76 patients were all hospitalized for confirmed cases of Covid-19. So these are not the mild to moderate, stay-at-home types of patients. The intervention group was 50 patients and the control group was 26 patients.

The intervention group received calcifediol, which is a type of vitamin D found in the blood. It is not the usual type of vitamin D found in supplements. Calcifediol is also known as 25(OH)D or 25-hydroxyvitamin D. The reason for giving this type of vitamin D is that the usual supplement type takes about 7 days to turn into calcifediol, so by giving patients calcifediol itself, you get the good effects without having to wait 7 or so days [per Wikipedia].

The dosage of calcifediol converts to IU (international units at a ratio of 200 to 1). So 10 micrograms of calcifediol is 2000 IU of vitamin D, whereas 10 micrograms of vitamin D3 is 400 IU (a 40:1 ratio). The dosage given to the patients, in IUs, was:

Day one: 106,400 IU of vitamin D

Day three: 53,200 IU

Day seven: 53,200 IU

Once-a-week thereafter: 53,200 IU

This is equivalent to about 30,000 IU per day for the first week, and 7,600 IU per day thereafter. Yes, you can take your vitamin D supplement in a once-a-week dosage, instead of daily.

The results were astounding (and highly statistically significant). "Of 50 patients treated with calcifediol, one required admission to the ICU (2%), while of 26 untreated patients, 13 required admission (50%)". Would you rather have a 50% risk of needing ICU care, or a 2% risk? Almost all hospitalized Covid-19 patients who die, die in the ICU. That is where the most severe cases are sent. So this study shows that vitamin D reduces the severity of Covid-19.

In the statistically adjusted results, vitamin D reduced the odds of ICU admission by 97%. The RR (risk reduction) for ICU admission in hospitalized Covid-19 patients was 0.03 as compared to the control, which is given the value of 1.00. The odds of Covid-19 patients in general, as compared to hospitalized Covid-19 patients, needing ICU care would be even lower, as you would first need to be hospitalized to enter that risk ratio, and vitamin D has been shown by other studies to reduce risk of hospitalization. So taking a vitamin D supplement has tremendous benefits.

For mortality, 2 patients in the control group died; no patients in the vitamin D group died.

There were not enough deaths to make the results statistically significant. But hospitalized patients don't usually die from Covid-19, unless they are in the ICU. We would expect the reduction in death to be of a similar order of magnitude to the reduction in need for ICU care. Also, if you need mechanical ventilation, that is ICU care. So the vitamin D would seem to reduce risk of ventilation as well.

There is now enough evidence for treatment with calcifediol, also known as 25(OH)D, to be STANDARD CARE for hospitalized patients with Covid-19. There is enough evidence for vitamin D supplementation to be recommended to everyone at risk of vitamin D, especially those at high risk. And since the elderly often have difficulty absorbing vitamin D, they should receive a higher dosage.

Here's an article reviewing the study by Chris Masterjohn, Ph.D.: Finally Confirmed! Vitamin D Nearly Abolishes ICU Risk in COVID-19

Here's a video on the study by Dr. Mobeen Syed (of DrBeen's Medical Lectures)

Update

The study authors have decided to extend the study, so that the patient population will be larger. This might allow the study to reach statistical significance for the endpoint of death. I'm concerned that such a study is not ethical, as we already are fairly certain that calcifediol

reduces risk of death (since most hospital deaths from Covid occur on ICU not the floor).

Effect on the Pandemic

If every hospitalized Covid-19 patient were given calcifediol, the reduction in need for ICU beds and mechanical ventilation would be anticipated to be large. And since Covid-19 patients, if they are going to die from the disease, usually die in ICU, this should reduce deaths by at least half as well.

Vitamin D reduces Covid-19 risks, including: risk of infection [7, 8, 9, 11, 12, 14, 16, 20], of having a severe case [1, 3, 4, 5, 15, 17], of needing hospitalization, ICU care, and/or mechanical ventilation [2, 10, 14, 15, 21], as well as the risk of dying from Covid-19 [4, 6, 7, 9, 12, 13, 17, 18, 19, 20].

Every adult should take 10,000 IU of vitamin D per day, except the elderly, who should take twice that amount — 20,000 IU/day — due to their greater risk of dying from Covid and their lower absorption of vitamin D.