KENYA CATHOLIC DOCTORS ASSOCIATION

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3rd March 2021

To our fellow Kenyans and people of goodwill

RE: STOPING RAVAGES AND LOSS OF HUMAN LIFE FROM COVID19.

We greet you in the name of our Lord Jesus the Christ.

The Kenya Catholic Doctors Association brings together doctors who have sworn to practice and audit the practice of medicine guided by Catholic faith and the Hippocratic oath, including the respect for human dignity and the sanctity of life. We also strive to expose falsehoods in medical practice and to establish the truth as best practice and ensure it takes center stage in establishing policies and laws.

We appreciate the fact that COVID 19 has presented unprecedented new challenges in the management of health nationally/globally with tremendous negative impact on the economy and the livelihood of our people. It's also becoming clear that there are partisan interests that seen bent on keeping some important truths from coming to the fore at the expense of human life.

We know for a fact that there are drugs that have been re-purposed and used effectively to treat Covid19. We also know that vaccination for this disease is totally unnecessary making the motivation suspect.

Attached find our full advisory hoping that we can stop the ravages and any other preventable loss of human life.

Yours faithfully

Dr Stephen K. Karanja

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The Kenya Catholic Doctors Association Advisory on Covid19: Let us work together to prevent further deaths from Covid19 in Kenya.

3rd March 2021.

To our fellow Kenyans and all people of good will, we now have an effective treatment for Covid19 and we need to work together to stop any further loss of life. We thank those Kenyans who have taken seriously the containments measures advised by government, especially the use of the mask because they have contributed greatly in easing the disease burden and reducing the death rate from Covid19. As you recall, the Director General of Health had been presented with estimated that we would have 1000 cases by the first week of April, 5000 cases by mid-April and 10,000 cases by end of April 2020. However, by 2nd May 2020, only 435 cases had been recorded and it was not until July that the cases reached 10,000.

Covid19 diseases caused by the SARS-Cov-2 virus has to two phases; The first is the viral replication phase during which the patient can spread the disease. They may be asymptomatic or have symptoms but is not severely sick to require admission. The second is the inflammatory phase where the patient is very sick and requires admission into hospital. The killer in Covid19 is the inflammatory phase. By then the viral replication is over and the immune system is overreacting to the remains of the virus, not the actual virus. The greater the viral replication during phase one, the greater the viral load and subsequently the greater the viral remains that fuel the inflammation during the inflammatory phase.

When a person develops Covid19, they spread the disease for about five days before the onset of symptoms and for another 5-7 days before their immune system is able to fight off the infection. That is why the period of self-isolation is 10 - 14 days regardless of whether we are dealing with a suspected case, positive test or patient on home-based care. Since about 90% of the those infected are asymptomatic (don't develop any symptoms), they don't even know they are infected and spreading the disease in those ten days! This is the main reason the disease spreads very fast if containment measures are not put in place. Only about 10% of the infected persons develop symptoms and need to seek medical attention.

The severity of any illness, including Covid19 depend on some of the following factors:

1. The dose of infective organism received at point of infection.
2. Robustness of the individual's natural immune system.
3. Virulence of the infective agent.

It follows that the 10% who develop symptoms either received a large dose of infective organism or their immune system is not robust. A doctor cannot determine which of the two made you susceptible to the disease through an examination. Neither can a doctor look at you in the face and predict if you will recover or get worse from the disease. Any person who develops symptoms and seeks medical attention must be treated regardless of risk factors.

For treatment of Covid19 to be effective, it needs to be targeted at stopping or slowing down viral replication and must of necessity be started early; at the onset of symptoms. The following treatments are available for Covid19 care.

1. Steaming two or three times a day. This reduces inflammation and eases secretions.
2. Ivermectin 12mg (0.2-0.3mg/kg/day) on development of symptoms then repeat in 7 days. (current market cost in a high-end facility: Ksh 4,000). Ivermectin at the same dose and duration is useful as a prophylaxis in relatives taking care of a Covid19 patient at home or those above the age of 65, are immunosuppression or have comorbidities. Ivermectin is also useful in long term prophylaxis of those at-risk including healthcare workers, security personnel, as well as in hospitalized patients.[1,2] Ivermectin should be avoided in pregnancy due to lack of safety studied.
3. The Zelenko protocol: Hydroxychloroquine (HCQ) 200 mg twice a day, taken together with Zinc 40 mg once a day and Azithromycin 500 mg once a day all for a total of 7 days.[3] (current market cost in a high-end facility: Ksh 5,279)

It is important to note that in the Zelenko protocol, the zinc is the antiviral agent while the HCQ assists the zinc to enter the infected cell. Neither the zinc or the HCQ is of value alone in treatment of Covid19 and the protocol is only useful in the early phase of viral replication and is not useful in hospitalized patients.

The Zelenko protocol described below remains the treatment of choice for pregnant symptomatic women requiring treatment.

Even at the current cost of treatment in private high-end facilities shown above, the cost of treating Covid19 early is not comparable to the cost of ICU care or the loss of life. The cost can be brought down dramatically with government intervention, liberal importation or local production of the drugs.

The MATH+ protocol is useful in the treatment regimen for the second phase of Covid19 disease.[4] The oxygen support, high dose steroids and anticoagulants being the mainstay of treatment among others.

The current WHO guidelines on the treatment of Covid19 are outdated and suggest that there isn't any effective treatment and patients should be offered symptomatic treatment such as antipyretic and sent home. The patients are to be advised to report back to hospital if they develop difficulty in breathing among other symptoms when admission for oxygen support and other treatments can be offered.[5] Because of this failure to offer treatment early during the viral replication phase, the patients go into the inflammatory phase. Since the severity of the inflammatory phase is determined by the viral load produced during the replication phase, early treatment at onset of symptoms reduces the risk of the patient degenerating into sever disease and death.

In normal circumstances, if the oxygen level in your blood fall below 90-93%, you develop shortness of breath and difficulty in breathing. You don't need to be persuaded to go to hospital. Unfortunately, in Covid19, these levels are falling as low as 80% before a patient develop shortness of breath a condition inappropriately described as "happy hypoxia"!! This

leads to patients requiring hospitalization, reporting to the hospital very late. This is the main reason why we are having serious and severe disease that leads to loss of life as patients wait at home to develop difficulty in breathing. The persistent low oxygen levels damage the body organs making the prognosis very poor even with IUC support. Further, the inflammatory stage is also associated with the risk of forming blood clots in the blood vessels of the lungs. When severe lung symptoms develop, the virus is no longer replicating making antiviral treatment useless.

For us to reduce the morbidity and mortality associated with the inflammatory phase, the patients on treatment need to detect reduction in blood oxygen levels early and long before the onset of difficulty in breathing. The finger pulse oximeter is a simple and cheap garget that can be used at home or accessed at the nearest health facility that can save very many lives.

Though SARS-Cov-2, is highly infections (spreads very fast), it is not highly virulent. The following is a comparison of the annual mortality rates of the some of the killers in this country:

1. Covid19: So far about 1,800.
2. Road traffic accidents: 3572 in 2019.
3. Malaria: An estimated 10,700.
4. HIV/AIDS: Estimated 25,000.

Using figures available on the internet:

1. The crude Covid19 Mortality rate in the world is about 2.43M/7.8B = 0.000311 = 0.03%. This means that your chances of the survival in the midst of this disease in the world is 99.97%.
2. In the USA, a high mortality country, the risk of death from Covid19 is 0.1%.
3. In Kenya, the mortality rate or risk of death from Covid19 is 0.0036%.

Scientifically, Covid19 therefore does not seem to warrant the drastic measures employed for its containment as advised by WHO.

Covid19, like most other respiratory viruses, causes inflammation of the airway from the nose, sinuses and throat all the way to the airways of the lung. We know that simple steaming i.e., inhaling steam using plain hot water while covering the head and water with a towel for a short duration of time several times a day reduces airway inflammation and improves disease outcomes in most respiratory tract infections except pneumonia. Ten deep inhalations through the nose and out through the mouth and then another 10 inhalations this time through the mouth and out through the nose being adequate.

The PCR test may be important for research purposes but is of little or absolutely of no value to the clinician in the outpatient set up. It does not detect the virus but the viral genetic material which may persist in the mucus membrane secretions of a previously infected person for months after the end of infective phase. The test also has a 30% false negative rate meaning that 30% of all people with symptoms of the disease who are declared negative are actually infected. The false positivity rate can be influence by the number of cycles the test runs meaning the higher the cycles the greater the false positively rate; this weakness of the test can

be used mischievously to inflate the number of tests that turn positive. Finally, the cost of the test for those paying out of pocket is more expensive than the cost of treatment.

Generally speaking, mild viral respiratory infections end with the patient's immune system eradicating the disease and developing immunity. With Covid19, we can safely postulate that immunity is occurring because over time, the curve is flattening. The so called "spikes" are expected every time there is relaxation of restrictions as more of the none exposed people become exposed. Logically, if immunity was not developing, the curve (even of the "spikes") would never flatten but rather grow exponentially and there would be clear cases of re-infection among those who have recovered. Further, some people who fell ill with the original SAR-Cov in 2003 have been found to still have active immunity against SARS-Cov and also seem protected against SARS-Cov-2 that causes Covid19 18 years later. Since the PCR test cannot detect active viruses and can remain positive for prolonged periods, it cannot be used to determine re-infection.

People infected with Covid19 are developing antibodies and their serum is being use to treat early Covid19, but these antibodies are short lived. A test for cellular immunity would be the post reliable to confirm the level of herd immunity in any given location but the test is expensive and unavailable for regular use. Despite all this, it's too early to celebrate or relax as the long-term effect of Covid19 disease, even for those who have recovered, remains unknown.

Given the forgoing, it is clear that if we are to reduce morbidly and mortality from Covid19, we need to do the following:

1. Continue wearing of masks. Masks don't prevent you from getting infected. They reduce the amount of infective material you exhale if you are sick. This protect other people around you especially, if you are asymptomatic. It reduces the amount of infective material you inhale in case you are not sick. This gives you a higher chance of developing immunity as opposed to developing sever disease.
2. Steaming for all symptomatic patients.
3. Treatment of all patients with symptoms. This should be as soon as symptoms develop. This helps to reduce the viral load regardless of whether a PCR test is available or not. Reducing the viral load reduces the risk of developing sever disease. It also helps reduce the development and severity of the inflammatory phase of the disease. The elderly, those with immuno-suppression and those with comorbidities should be treated more aggressively than the young. Steroids must not be used in the viral replication phase.
4. All out patients on treatment for Covid19 should have access to an pulse oximeter (gadget for checking the oxygen levels). They should be advised to report to hospital if the oxygen saturation levels fall below 90% at rest. This would be long before they develop difficulty in breathing and would offer the best chance of treating the inflammatory phase successfully.
5. The 10 – 14 days of observation for deteriorating blood oxygenation from onset of symptoms for patients on treatment away from the hospital remains adequate because by then, the viral replication phase is over and the risk of developing the inflammatory phase minimal. Patients with persistent symptoms despite normal oxygen saturation should go back to hospital for review.

6. Relatives of an infected person being nursed at home should be encouraged to take prophylactic treatment for two weeks.

We realize that our advice is contrary to that of WHO but it remains our solemn duty as clinicians to give our patients the best chance of survival even in the worst-case scenario. The doctor patient relationship is sacrosanct and must be respected by all regulators so long as the clinician does not break the law and the patient undergoing treatment has given informed consent. We feel the WHO advisory that patient with early Covid19 should not be treated is erroneous, outdated and may be the single largest contributor to morbidity and mortality, far more deadly than the disease itself!

Finally, vaccines have never been used in the control of outbreaks. Because vaccines take long to develop from production to efficacy and safety testing, most outbreaks like the Spanish flu, MERS, SARS died out naturally in a few years, without treatment and before any vaccine could be produced for widespread use. Covid19 is special in that we have an effective treatment making it possible to overcome the disease without the need of vaccination.

The older vaccines respected the function of natural immunity function by placing the antigen (live or inactivated infective material) on the epithelia surface of the skin or gut allowing the body's immune system to first develop the cellular immunity then humoral immunity. Examples of such vaccines include small pox, BCG, polio.

When we started injecting the antigen beyond the epithelia layer into the muscles, we breached the natural function of the immune systems. This route also necessitated the use of adjuvants such as aluminum that is known to be neurotoxic and seems to have an association with Autism. The route also introduced excipients from the production process such as yeast (HPV/Hepatitis B), human fibroblast (hepatis A, Rubela, chickenpox), retinal cells and kidney cells all of which have the potential of inducing an autoimmune response - eliciting antibodies against the bodies own cells. There has been an increase of autoimmune disorders as vaccinations increase including kidney failure, diabetes and arthritis. Autoimmune disorders are associated with an increase in cancer which is due to the failure of the immune system to detect and destroy abnormal cells. The most vaccinated countries like the USA are also having the highest burden of non-communicable diseases many of which are autoimmune and cancers. It is ironical that vaccines are being considered for the treatment of cancer.

The Covid19 experimental vaccines have broken new ground; the Astra Zenca vaccines which is produced using human kidney cells is a genetically modified non replicating chimpanzee adeno virus! The adenovirus is a genetically modified organism (GMO) created by inclusion of genetic material of the SARS-Cov-2 virus that produces the spike proteins such that the chimpanzee adenovirus develops the spike proteins to mimic SARS-Cov-2 creating a new laboratory engineered virus that does not exist in nature and with a patent. Since natural viruses replicate and this particular one is said to be nonreplicating, the process of ensuring it does not replicate was most likely achieved through genetic engineering.

The Moderna and Pfizer so called experimental vaccines are not vaccines but complete artificially created viruses! A natural virus is either an RNA or DNA strand in a capsule that

infects cells and uses the cells internal mechanisms to replicate and make more of its kind. The Moderna and Pfizer "vaccines" contains an artificially created RNA strand derived from SARS-Cov-2 that produces the spike proteins that is then enveloped in an artificial nano capsule to form an artificial virus that in injected into the human body, infects normal cells and uses them to produce spike proteins! We are assured this artificial virus would not replicate.

In GMO technology for seed production such as maize and cotton, a terminator gene is added into the organism that ensures that the second or third generation seed does not replicate such that the first-generation GMO seed grows to produce what would be sold to the farmer as seeds. The farmer plants the first-generation GMO seed and it produces a good crop for him as the second generation crop. However, when the farmer plants seed from this second-generation crop, they fail as the terminator gene is programed to become active during the life of the second-generation crop.

Unlike medical drugs that are only given to the sick, vaccines are given to the healthy population. When vaccination is mandatory or made indirectly mandatory through the use of coercion (withheld services, admission to schools or travel permitted only for those with a digital vaccine certificate), they end up being given to the whole population; if something went wrong with the vaccine or a long-term side effect that would show up in the second generation is missed, vaccines can be used to destroy a whole population. Vaccines are therefore a matter of national security.

It has been made clear that the experimental vaccines will not stop infections nor transmission of SARS-Cov-2 but will only reduce the risk of sever diseases and mortality which the current treatment can do effectively and safely. Further, the mortality rate in Kenya and Africa does not justify vaccination let alone emergency vaccination with experimental vaccines. The Astra Zeneca vaccine is clear evidence that viruses can be manufactured in the laboratory, it may therefore not be the last pandemic neither would this be the last call for a mass vaccination exercises. It is important for the medical fraternity to keep in mind that the small pox virus was used as a biological weapon that reduced the population of Red Indians during the French and Indian war in USA.[6] Between 1980 – 1990, the former Soviet Union had developed smallpox as a biological weapon that could be disseminated by contamination of various articles and food, using an intentionally infected terrorist, using mechanical devices to generate an aerosol in the open air or an enclosed space, using explosive devices, using "natural" air movements (subway, elevator silos, etc.) to generate an aerosol from dry powders or by evaporation from liquid formulations[7] all of which require good refrigeration capacities. Further, the HIV, ZIKA, EBOLA, MERS, SARS and now SARS-Cov-2 viruses are all said to have jumped species from being animal pathogens to infecting human being, but how they all suddenly developed mechanisms allowing them to infect humans remains a mystery to date.

Since smallpox is quoted extensively as a disease that was eradicated usefully using a vaccine every time a new vaccine is introduced into the market, it's important to compare it with Covid19 with:

1. Smallpox was endemic (was ever present in the population) while Covid19 like the Spanish flu is an epidemic (sudden, short duration then dies out naturally).

2. Smallpox affected both the young and the old.[6] It had a mortality rate of 20-50% and up to 90% among children[6,7] while Covid19 is mild in the young and sever in the old. Mortality rate of Covid19 in the US is approximately 0.1% (meaning up to 99.9% of those infected survive) while in Kenya it is 0.0036%. The mode of spread and cause of death in Covid19 is remarkably similar to smallpox.

Now that vaccines have evolved from their initial intention of presenting an antigen to the natural immune system to injection of excipients and heavy metals that cause disease and now to injection of genetically modified and artificial viruses directly into the human body; is this not the right time for the medical fraternity to divorce itself from the pharmaceutical industry, pull back and take a critical look at the history, science and logic of vaccination? The question we need to answers during that soul searching moments are:

1. Should we vaccinate because it is necessary, useful, cost effective and safe or should we vaccinate because a vaccine has been produced?
2. Should we be increasing or reducing the number of routine vaccines?

The government has made it clear that before vaccination is given, one must pre-register on a special software. The pre-registration exercise will require the personal identification details and the name of the nearest government installation to your residence. On receiving both the doses of the vaccine, one will be able to generate and print their vaccine certificate/passport!

It is important to do a quick cost benefit analysis comparing the use of experimental vaccination to fight Covid19 and the use of currently available effective medication:

1. Ksh 34 Billion (34B) is needed for phase one of the vaccination that will cover mainly the health care workers, police and the defense forces. The government will contribute Ksh 14B and GAVI (partly funded by Bill Gates) will give Ksh 20B.
2. Since only 10% of the population is developing symptoms and we have a population of about 50 million (50M) people, it would mean that about 5M people are at risk of developing symptoms and therefore require treatment.
3. Over half (58%) of Kenya's population is below 24 years of age. This age group is at very low risk of developing moderate to severe disease even in countries like the US that are said to be ravaged by the disease. We can therefore half our at-risk population of 5M to 2.5M people.
4. By late last year, almost 50% of the people in major cities are estimated to have developed immunity to Covid19. We can safely assume that 50% of the 2.5M of the at-risk population have already developed immunity leaving us with about 1.25M people to worry about.
5. Even by holding the treatment cost at Ksh 5K per person, the 1.25M people at risk population in Kenya would only need 6.25B for their treatment! This is half what the government is going to spend on vaccinating a very small fraction of the population and without risking the health of those who are healthy. We are confident government intervention can bring down the cost of the drugs and reduce this cost ever further.

While discussing Covid19 and the attendant experimental vaccines, it is important to keep the words of Bill Gates in mind all the time; that the world is over populated, that we will not go back to normal until the majority of the world population is vaccinated and the suggestion that people will need digital vaccine certificates/passports before we can go back to normal. Mark you Bill Gates is not a medical doctor but a technology specialist. It seems there is something Bill Gates has invested in that requires the whole word to be vaccinated to succeed. What that investment is remains the million-dollar question. We know for sure he is interested in accelerating the development and commercialization of novel vaccines and the sustainable manufacture of existing vaccines as well as primary data on vaccination and mortality[8]. He is also involved in the ID2020 alliance, an organization involved in the block chain Covid19 immunity passport initiative[9]. We are however grateful that the words of Melinda Gates that we shall see bodies in the streets of countries in Africa did not come true.

In summary, we advise as follows:

1. That a vaccine for Covid19 is unnecessary and should not be given. We appeal to all people of Kenya to avoid taking this vaccine.
2. That clinicians initiate treatment of all patients proven or suspected to have Covid19 at the onset of symptoms.
3. That all Kenyans report to hospital at the onset of symptoms to allow early intervention so as to prevent sever morbidity and mortality.
4. That all health facilities invest in oximeters.
5. That all Kenyans on treatment for Covid19 ensure they check their oxygen saturation using oximeters a least twice a day for 7 – 10 days after imitating treatment and urgently report to hospital if the saturation levels fall below 90% at rest.
6. That ivermectin, hydroxychloroquine, zinc, Azithromycin, anticoagulants and steroids be made cheaply and freely available in all parts of our country.
7. That medical information, including vaccination history, is private and privileged information that should not be shared nationally or internationally and neither should it be used as a qualification for service provision, admission to institutions or any other discriminatory manner.

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