

# Homeland Security's Master Question List for COVID-19

The Department of Homeland Security (DHS) has a website that has been provided to the public to answer questions on the Pandemic. It's called the [Master Question List for COVID-19](#).

DHS states the following purpose:

*The Master Question List (MQL) is intended to quickly present the current state of available information to government decision makers in the operational response to COVID-19 and allow structured and scientifically guided discussions across the federal government without burdening them with the need to review scientific reports, and to prevent duplication of efforts by highlighting and coordinating research.*

They go on to say the list has been assembled and evaluated by experts from publicly available sources to include reports and articles found in scientific and technical journals. Since they also say this list is "a living document" that will be updated when new information becomes available, we have provided answers to many of their questions and expect that it will be updated when we send them this valuable information.

## **Questions and Answers:**

### **1. Their first question is: *How much agent will make a healthy individual ill?***

**Their Answer:** They list many animal studies using different monkeys, macaques, Golden Syrian hamsters, Transgenic mice, and Ferrets, but in the end say they don't really know anything about human infection from COVID-19. Their stated reason for wanting to know the answer to this question is so that they can develop diagnostics and countermeasures to help with informed disinfection efforts.

**Our Answer:** A simple [web search](#) tells us that the infection dose varies from person to person because we all have completely different immune systems and a single infected cell in a person with a compromised immune system can produce hundreds, if not thousands, of copies of the particle, and they will get sick in a few days. While the next person who has a healthy immune system or knows how it works to fight viruses, can be fully protected against any dose.

But more importantly, they are clearly focused on the wrong problem given this is their first question. The problem is DEATH and the solutions should be focused on how to prevent death, so the first question should be how does this coronavirus kill people and what are the specific causes involved?

[Effective problem analysis](#) requires the following:

1. Provide a clear problem definition to include What, When, Where, and Significance.
2. Clearly define all causal relationships to understand why it is happening.
3. Support all known causes with sensed evidence.
4. Make sure the causal analysis follows the [principles of causation](#).
5. Make sure the causes are sufficient and necessary - no guessing and voting, or playing politics.
6. Effective Solutions must:
  - a. Prevent Recurrence
  - b. Be within your control
  - c. Meet your goals and objectives
  - d. Not cause other unacceptable problems

So, given this clear path, let's follow this simple process and see what we can learn by asking some questions of our own. Maybe we can help these folks at the Dept. of Homeland Security find some answers to their questions.

## **2. Our first question: What is the problem?**

**Answer:** Death from the novel coronavirus.

## **3. Next; When is it happening?**

**Answer:** Starting in late 2019 up until now.

## **4. Where is it happening?**

Answer: Mostly in the developed world. For a list of Coronavirus Deaths as a percentage of population go to this website:

<https://isabelcastillo.com/coronavirus-deaths-population>

Or, for more details visit the Johns-Hopkins University website:

<https://coronavirus.jhu.edu/map.html>

By knowing where an event happens one can get an idea of what some of the causes might be. For example, if we look at the top twenty countries in the world we find, starting with the most deaths: San Marino (Italy), Belgium, Peru, Italy, Spain, North Macedonia, Argentina, Bosnia & Herzegovina, United Kingdom, Slovenia, Andorra, Montenegro, USA, Mexico, Czechia, Brazil, France, Chile, Armenia, and Ecuador. [Seventy percent](#) of these countries have government dominated healthcare systems funded by the government or paycheck deductions. The remaining 30 percent are funded by a combination of private and public money.

Compare this to the 20 countries on the bottom of the list that have nearly zero COVID-19 deaths. They are Thailand, Tanzania, Viet Nam, Taiwan, Burundi,

Marshall Islands, Saint Kitts & Nevis, Grenada, Laos, St. Vincent & the Grenadines, Timor-Leste, Eritrea, Seychelles, Dominica, Solomon Islands, Vanuatu, Bhutan, Cambodia, and Mongolia. And with the exception of Taiwan, none of these countries have a significant government healthcare system.

5. **What is the Significance?** In order to put the significance in perspective we first need to know what is normal, so we need to ask how many people die from all causes of death in the United States each year? The answer is about 2,700,000 in 2019, or 1 in every 116 citizens die from something each year. Seventy percent of the 171 countries in the world have had fewer than one in every 5,000 people die from COVID-19 (0.02%), compared to the top 20 countries, which range from 4 to 8 times more deaths or one in 625 to 1,250 people die from COVID-19. The USA has lost about 0.09% of the population to COVID-19. Sixty one percent of all countries have a death rate of less than 1 in 10,000. There are 20 countries (12%) that have almost zero deaths from COVID-19.

Given these findings it begs a few more questions:

6. **Why do developed countries have the greatest number of deaths?** We are not sure, but maybe we will find out when we understand the causal relationships of this problem.
7. **Are the number of COVID-19 deaths accurate?**

**Answer:** No, they are not. According to the CDC, 94% of registered COVID-19 deaths involved one or more pre-existing conditions. Only 6% of U.S. deaths are from [COVID-19 alone](#). There were 2.6 additional conditions or causes per death. In other words, 94 percent of those who died, died **with** COVID-19 not necessarily because of it. They already had two or more other serious health issues such as old age, diabetes, or obesity that was in the process of killing them, so it is not possible to say COVID-19 killed them.

8. **What are the Causal Relationships?**

Starting with death as the primary effect, we find that it is caused by body organs failing to function. The main organ to fail is the lungs, which become so filled with fluids the patients basically drown. They fill with fluid because the body's immune system goes into hyper response mode and creates what is called a cytokine storm. Our bodies have a special cell called the T-Cell, which has a variety of forms that exist to fight infection. When T-Cells are activated, they release cytokines, which are a protein used by cells to communicate between each other. One of the ways they communicate is to trigger the production of additional T-Cells, which then release even more cytokines. One type of T-Cells that are created are called cytotoxic T-Cells. Cytotoxic T-Cells are the cells that

roam the body and mercy kill infected cells, like COVID-19, that are chemically calling out to be killed.

If your body responds normally, the cytotoxic T-cells will only go after infected cells, kill them, and move on. By killing the infected cell, it stops replication of the virus. Additionally, the immune system has a chemical communication mechanism that tells overzealous immune response cells to stand down once the threat has been neutralized. It is when we are in the middle of a cytokine storm that those systems start to get overwhelmed and malfunction. In essence, our body's immune response gets so pumped up that it stops differentiating between infected and healthy cells and attacks everything in its path. For obvious reasons, this is very bad for the infected person because not only is the COVID-19 virus killing the cells in our bodies, now our immune system is too. And the patient dies if you can't stop the storm.

But this doesn't happen to every patient. In fact, it only happens to people who have a compromised immune system, so maybe we should ask how the immune system works to fight viruses to understand how the lungs get so messed up.

When a coronavirus enters the body, it tries to get inside a cell in the respiratory tract so it can reproduce. We know that nose cells are likely the [key infection source for COVID-19](#). If the virus does enter a cell, it replicates, kills the cell, and spreads the newly produced viruses through breathing or coughing. When you breath in, the viruses go deeper into the lungs and the process repeats itself.

Our natural immune system defense against all viruses occurs when compounds (called ionophores) from Vitamins like C, D, and E, Quercetin, or Melatonin create a non-acidic environment in and around the cell. Zinc is also used to prevent a virus from entering a cell and replicating, and works with these ionophores to get Zinc inside the cells. As defined in this NIH study, [The Potential Impact of Zinc Supplementation on COVID-19 Pathogenesis](#), July 2020, Zinc works in many ways to prevent a viral infection. When the virus proteins try to enter the human-cell or compartments inside the cell, they degrade and fall apart if there are enough of these ionophores and Zinc. This is especially true for tissue cells in the lungs, where zinc plays a vital part in protection.

The reason older and unhealthy people are so much more likely to die is because they are zinc deficient. All of the COVID-19 co-morbidity causes identified by the CDC involve Zinc-deficiencies. They either cause it, like obesity, or are caused by it, like old age, and their treatment involves Zinc-ionophores and Zinc. Since Zinc is involved in over 300 bodily functions it should be no surprise that such a deficiency could cause so many problems.

So, the cause of the cytokine storm is uncontrolled virus replication, which is caused by a failure of the immune system to stop the virus from entering our lung

cells. This failure is caused by a lack of zinc and zinc ionophores, which is caused by many medical conditions, the greatest of which is old age.

**9. Our Next Question for the Homeland Security folks is why aren't you and the CDC and NIH and all those responsible for protecting the people in America making sure everyone is getting enough Zinc and Zinc ionophores?**

**Comment:** Remember, effective solutions must prevent the problem from recurring, i.e.: Stop Death, which this solution does. They must be within your control, which adding zinc and zinc ionophores to everyone's diets is. They must meet your goals and objectives, which this solution does. And they must not cause other problems, which this simple solution does not. So, get the word out, NOW!

**10. Furthermore, why haven't you looked at the many scientific reports easily found at [NIH PubMed Central](#) website or other scientific journals that support this simple fact?**

**Comment:** Here are a few resources for you to look at:

[“An Effective Treatment For Coronavirus \(COVID-19\)”](#), by James M. Todaro and Gregory J. Rigano, March 13, 2020.

[COVID-19 and Real Science](#); A meta-analysis with over 60 technical references.

**11. Why are you asking what the different routes of transmission are when the answers are right in front of you?**

**Comment:** Instead of doing a simple web search on this subject like I did, you list a bunch of bogus references saying asymptomatic patients are a major contributor and thus we can't know who is transmitting this stuff, and therefore you must stay home. However, in our search we found more than 20 reports on “routes of transmission.” In this report [COVID-19 Transmission – up in the air](#), issued October 29, 2020 in the Lancet Journal they say this:

*During the initial stages of the pandemic there was concern about surface transmission. However, latest [research](#) suggests that this is unlikely to be a major route of transmission as although SARS-CoV-2 can persist for days on inanimate surfaces, attempts to culture the virus from these surfaces were unsuccessful.*

*Infection control guidelines have stated that most respiratory virus transmission occurs from large infected droplets produced by coughing, sneezing, and breathing in close proximity to another person. However, investigators have also measured particle sizes of infectious aerosols and have shown that pathogens*

are most commonly found in [small particle aerosols](#) (<5 µm), which are airborne and breathable.

*Initially it was thought that airborne transmission of SARS-CoV-2 was unlikely, but growing evidence has highlighted that infective microdroplets are small enough to remain suspended in the air and expose individuals at distances beyond 2 m from an infected person. This knowledge is also corroborated by investigation of spread of cases between people who were not in direct or indirect contact, suggesting that airborne transmission was the most likely route. In July, over 200 scientists published a [statement](#) calling for international bodies to recognize the potential for airborne spread of COVID-19 as they were concerned that people would not be fully protected by adhering to the current recommendations.*

We also know, as previously stated, that nose cells have been identified as likely [COVID-19 entry points](#). This helps explain why most people get infected in enclosed areas like the small rooms found in homes and apartments with no or low flow ventilation. It also explains why lockdowns not only don't work, but are the worst thing we could do, as evidenced by the huge number of infections in locked-down New York City and nursing homes. Further evidence of this is found once again in where we find COVID-19 – developed countries with nice homes and safe enclosed areas. Whereas, the countries with the lowest number of deaths are mostly undeveloped countries where people live in well ventilated shacks and get lots of sunshine that also kills coronaviruses.

## 12. **And where is the evidence for your statement that “transmission occurs from asymptomatic patients?”**

**Fact-Checked:** Now that we know how the virus enters and infects human cells, replicates inside the cell, and kills it thus causing symptoms, we know that unless the virus has killed enough cells to cause symptoms it can't spread very well. Further proof of this causal understanding can be found in a recent [Chinese Study](#) published in Nature magazine where they reported that after screening people using nasal or oral swabs:

*“Samples of all the asymptomatic cases were cultured in the lab and “no viable virus” was found, meaning it cannot transmit a virus. The authors also found that 190 of the 300 asymptomatic samples tested positive for antibodies, indicating a possible recent COVID-19 infection or the PCR test resulted in a false positive. Compared with symptomatic patients, asymptomatic infected persons generally have low quantity of viral loads and a short duration of viral shedding, which decrease the transmission risk of SARS-CoV-2.”*

Also, when we did a search on Pub Med for Asymptomatic Transmission of COVID we found [8,345 hits](#). The first 10 papers either say we don't know or they say we couldn't find out because none of the studies we looked at were any

good. Perhaps you should remove this statement from your list unless you have evidence to support it, because we can't find any studies that support your statement.

**13. Why are you claiming that Hydroxychloroquine (HCQ) provides limited to no clinical benefit, when there is an abundance of evidence to the contrary?**

**Fact-Checked:** From our own research of over 60 technical articles discussed in [COVID-19 and Real Science](#) there are many studies and declarations by doctors who actually treat patients say HCQ works very well. Also, in a recent peer reviewed [December 2020 report](#) published by Dr. Zelenko, et.al., they find that hydroxychloroquine combined with zinc and azithromycin is an effective therapeutic treatment. Dr. Zelenko says the viral load is constant for the first 5 days and then it explodes and the patient gets very sick, by the time the patient gets tested and you start treatment, it is too late, so he begins treatment as soon as the patient feels symptoms and he has had almost 100% success in over 2,200 patients treated.

**14. Given the above evidence, why do you state that there are no universally effective treatments for COVID-19.**

**Fact-Checked:** If your claims were true, why have [thousands of doctors from around the world](#) said HCQ and Zinc works very well to stop COVID-19. In parts of the world where HCQ is available as an over-the-counter drug commonly taken to fight Malaria, the deaths from COVID-19 are almost non-existent. For example, India has 1.3 billion people and only 1 in 9,090 have died. Mozambique has 30 million people with only 138 COVID deaths so far, Zambia has 17 million people and only 364 COVID deaths, Angola has 33 million people and only 358 COVID deaths, Vietnam; 35 deaths, etc. And an accidental experiment happened in Switzerland in late May 2020, when they banned the use of HCQ because two medical journals, *The Lancet* and NEJM published studies reporting that HCQ is dangerous. Both these reports were later found out to be fake science and were reported as such, but the damage was done. Because of the ban in Switzerland, the death rate immediately shot up to four times what it had been. Two weeks later they rescinded the ban and the death rate fell back to its previous low numbers. Who do you suppose was behind those fake reports?

There are now [53 studies](#) that show positive results of hydroxychloroquine in COVID infections. There are 14 global studies that show neutral or negative results -- and 10 of them were of patients in very late stages of COVID-19, where no antiviral drug can be expected to have much effect. The other four have been discredited as fake science.

Since we know from these and other studies that if the HCQ, Zinc, Azithromycin "cocktail" is given to patients within the first 7 days of symptom onset, we can

stop the virus in its tracks and therefore the claims that HCQ is ineffective and unsafe are totally false.

Also watch this video of Senator Johnson's Senate hearing on this subject for more convincing evidence and to see how uninformed some of these so-called scientists really are:

<https://www.youtube.com/watch?v=ftq6lmRIKgQ&feature=youtu.be>

**15. Why do we need to know the best animal model for replicating human infection by various exposure routes? How does this prevent human deaths?**

**16. What is the incubation duration and length of infectivity in different patient populations?**

**Answer:** As previously discussed, Dr. Zelenko's [December 2020 report](#) says the viral load is constant for the first 5 days and then it explodes and the patient gets very sick, by the time the patient gets tested and you start treatment, it is too late, so he begins treatment as soon as the patient feels symptoms and he has had almost 100% success in over 2,200 patients treated.

**17. What are the measures that will limit spread in the winter, particularly in indoor environments?**

**Answer:** Because we know you need a place for aerosol viruses to hang in the air waiting for someone to inhale them, simple measures to prevent this are high flow ventilation with HEPA filtration and ultraviolet light. Or, simply don't stay inside with anyone who has cold or flu like symptoms.

**18. Why hasn't the Federal, State, and Local governments focused on preventing deaths?**

**Comment:** There are over 50,000 medical professionals from all over the world who are focused on preventing deaths and they have signed the [Great Barrington Proclamation](#) asking our government officials to wake up and focus on preventing death. Among other things they state:

*Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.*

Of note, only 127 kids under the age of 18 have died from COVID-19 so far. That's 1 in 2.6 million and because they don't get very sick they don't transmit the disease very well, so open our schools now!

**19. Given the evidenced-based facts about COVID-19 presented in this paper, why hasn't our mainstream healthcare community shared this information and stopped the senseless dying?**

**Answer:** Because Big Pharma controls the healthcare industry and they can't make billions of dollars from simple supplements like Zinc and Vitamins or the generic drug HCQ; which only cost about \$25 for enough to stop COVID-19. Instead, they want to sell us Remdesivir which has significant side effects for some people and cost \$3,200 for an effective dose. Also, Big Pharma has representatives on the board of directors for all the corporate media to make sure their narratives are pro-drug companies. For detailed evidence of how Big Pharma controls the healthcare industry in the modern world, read this 440-page book by Dr. Ben Goldacre, titled: [\*Bad Pharma – How Drug Companies Mislead Doctors and Harm Patients, © 2012.\*](#) By controlling the common narrative that the solution to this pandemic is in the vaccines, they are assured of making huge profits. For example, if they sell their vaccines to all the people in the developed world, that's 1.3 billion people at \$35/shot = \$45.5 billion.

You might ask, why did we pick only the developed world for sales? Remember back when we were defining the problem and we asked where are the deaths happening? The answer was mostly in the developed world where they have organized healthcare systems with lots of money. Now that we know Big Pharma controls those systems we know why they are killing us and why over 70% of all other countries in the world do not have this problem.

Also, Marcia Angell, former Editor-In-Chief of the New England Journal of Medicine writes in her 2004 book "The Truth About the Drug Companies": *"The combined profits for the ten drug companies in the Fortune 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002]... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself."*

**20. Why hasn't the public done their own research on this subject?**

**Answer:** Unfortunately, and sadly, since the public does not know about the principles of causation and effective problem-solving, they have to trust our politicians, government scientists, corporate media, and physicians to do the right thing and in the process they are being duped. So sad!

**Comments Welcome:** For anyone who is reading this and thinks these ideas are just opinions, we simply ask that if you want to critique or criticize, that you do the thousands of hours of research we have done and then please share your evidenced-based causal relationships clearly defining your reality with us. By doing this, we can add your version of reality to ours and help create a common reality and thus avoid a political debate. That's what a *real scientist* would do and that is what I hope the good folks at Homeland Security do with this valuable information. Thank you for listening!