

A Broader Conversation About Vaccines - Part #5
2019 Novel Coronavirus (CoVID-19): Part XXI
2019 Novel Coronavirus (2019-nCoV (first named); COVID-2019 (later
named disease); SARS-CoV-2 (final name of the virus causing COVID-
2019), COVID-2019 Pandemic:

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This COVID-19 Update #20 is the companion piece to COVID-19 updates #17, #18, #19 and #20 all of which focus on vaccines.

What Can I Do in Preparation for the Vaccine? And Some Questions and Answers

What follows are some very basic principles and procedures. None of this is tested with COVID-19 in any formal fashion, and it would be great if it were. Nevertheless, instead of doing nothing, it may be possible to diminish harm from following these basic principles. You do not have to take up any of these recommendations in order to receive the vaccine, but these are my recommendations for my patients. Please consult your own physician on any decisions you make.

1. Every single person should get tested for the virus before they get vaccinated to make sure they are not actively ill with COVID-19, in order to lessen the burden on the immune system.
2. Advocate for *quantitative* COVID-19 testing instead of the dichotomous yes/no testing we are receiving today. If your titres are high, consider allowing others to receive the vaccine ahead of you for now, people who have no protection at all.
3. After a few weeks, ask for antibody titres to be drawn post-vaccination, to see if the vaccine took.
4. The WHO continues to oscillate regarding the vaccination of pregnant women, at least with the mRNA vaccines. But the natural question that follows is, who is pregnant? In other words, female bodied individuals who are of childbearing age and sexually active with male bodied individuals should probably take a pregnancy test before getting these vaccines.
5. The below are reasonable steps to take, and based on basic naturopathic concepts, and mirror what we do on the other side of the equation to support an optimally functioning immune system. We want a response to the vaccine, while limiting harm, and here is what we suggest:
 - a. **Take probiotics and if your diet allows, eat cultured/fermented foods** (think here, yogurt, kefir, miso, sauerkraut, etc.) **in the weeks before and after your vaccine.** It turns out that people who take probiotics seem to both fare better with vaccines, and vaccines seem to work better. This makes sense when you consider the ecosystem that the immune system works within.
 - b. **Include prebiotic foods in your diet.** In order for probiotics and probiotic food and drink to work best, they need prebiotics on hand. You don't need another supplement here, just be mindful of including *insoluble* fiber foods in your diet. Prebiotics are indigestible by human enzymes. They function as essential food for probiotics which in turn help support optimal digestion as well as enhanced immunity.
 - c. **Include nutritional supplementation with Vitamins D, E, A, C, the mineral zinc, and essential fatty acids** for proper immune responses, all at average daily

doses that integrative doctors such as naturopathic physicians routinely prescribe, and in the normal route of administration. Luckily most people we work with are already taking all of these. For the next short time, this is fine. Eventually there can develop hypernutrition problems, such as with zinc, but for the short term this is fine, but again, ask your integrative doctor.

- d. Refrain from junk food, sweets before and right afterwards, at least for a couple of weeks, though the longer the better.
- e. Refrain from alcohol before and soon after, again for a couple of weeks.
- f. Prioritize adequate and restful sleep for a couple of weeks before and after.
- g. Avoid adding new types of foods, personal care products, household products bedding and clothing in the week or two before or after the vaccine. We want to a) prevent an allergic reaction which is distracting, if you will, to your immune system and b) want to be sure that if there is sensitivity reaction to the vaccine, it is not confused with other allergic responses.
- h. Stop smoking any substance, and please stop vaping any substance before and for the next weeks. (Of course, this is an essential health recommendation, not limited to those taking the vaccine!)
- i. Take the vaccine when you feel well and are not ill with any other infection(s).
- j. Use a general, wide-acting anti-inflammatory herb, such as curcumin, either in pill form or in cooking to help ensure good immune response. There are other wonderful foods to add in this category such as onion, garlic and ginger.
- k. Post vaccine, work to improve blood flow and lymphatic channels in the area/arm where the vaccine was given. General exercise, such as walking, running, yoga, biking etc., help and then more specifically, local lymphatic massage.
- l. In our practice, as our main tool, we recommend the use of personalized, individualized homeopathy. We do not recommend the use of other homeopathic remedies to be used in a routine fashion, which are not based on how the individual has responded to the vaccine.
- m. More controversial would be the following two points.
 - i. First, in those people getting vaccinated that believe that were somehow damaged by the prior vaccines in their childhood, consider taking the mRNA instead of the older technologies. Not proven but here is my thinking. If you were hurt by an older vaccine then something in it hurt you. For the past 40 years we have asked for cleaner vaccines, with less things in it, less preservatives, less immune upregulation. Essentially, that is what we have in this technology. Less of everything. If you believe you were hurt by one of the old techniques why repeat that process? For example, I nearly died twice from vaccinations when younger. For me, I am intentionally choosing the mRNA vaccine.
 - ii. On the other hand, in those that are dealing with cancer and are considering getting a vaccine, consider *not* taking the mRNA vaccine, but rather, one of the vaccines that were developed using older technology, those where molecules are included to *upregulate* immune function. This is part of a complex technique that uses amongst other things, radiotherapy or cryotherapy in conjunction with a vaccine such as yellow fever to achieve an abscopal effect. Too much to discuss here that takes us off topic, but this is my current thinking here.
- n. Over the last month, we have seen in our practice many patients who have been vaccinated and did not report any adverse reaction beyond a sore arm and perhaps fatigue the next day. We have had a number of patients who felt sick after the vaccine, with varying presentations such as flu-like symptoms, headache, and even

much, much more. For these patients, we prescribe the indicated homeopathic remedy and each has responded with an hour and gone on to feel well in short time.

That's the general plan. And so far, things have gone well.

I have received numerous emails, aside from death threats and all kinds of misdirected hostility. Some of these points you might think are ridiculous to even discuss, but these are points people have brought up with me either in writing or in conversation. Here is my summary of such comments received and my brief thoughts on each. **THE COMMENTS AT THE BEGINNING OF EACH ENTRY IN BOLD HERE ARE WHAT PEOPLE HAVE WRITTEN OR SAID TO ME.**

1. **“This whole episode is due to China accidentally or intentionally producing or releasing this virus.”** This may or may not be. When I wear my science and politics hat on, I think this is extremely important to answer since it would then give us the very best clues of how to stop it. But as a clinician, treating people right now, this matters less to me, and takes us off the most important point, the treatment of our patients who are ill. What matters are the ailing people in front of me, that need my help and the people who are not currently experiencing symptoms who need preventive care.
2. **“There is no such thing as a SARS-CoV-2 virus, it is a hoax.”** I have nothing really new for you. Obviously, I think this statement is incorrect. I think we have addressed this one pretty well throughout this last year. For whatever reason, the virus is here. It is new. It carries a higher rate of morbidity and mortality than more common coronaviruses. Enough said.
3. **“SARS-CoV-2 *does* exist, but it is not that dangerous. People don't die with this.”** Here we do have an interesting comment. In January and February 2020, I wrote and maintain the following understanding. The mortality rate was between 3%-5% depending on which statistics you read, and if you actually looked at **closed cases** at that time, which is really the only ones that matter, it was nearer to 10%. But what I said then, is that at the end of the story, as the virus mutates, the rate will be closer to 0.5%-1%. We are currently closer to this number, and this number will continue to drop, unless a virus mutation takes us in the wrong direction. But to argue that people were wrong and that this virus is not that dangerous, misses much about evolutionary biology, about epidemics in general, and about trends within this epidemic, and more essentially, misses the most important point of where we actually are at this moment with regard to morbidity and mortality.
4. **“My hospital is empty, the virus never came here, I never saw a case, this whole thing is overblown.”** Remember the public health focus and previous writing I shared related to Person/Place/Time. You may in fact, never know someone that has had this virus because of your specific situation. But sadly, on the other hand, you might know *many people* in your family, or friend circle or community that have died from this pandemic. Again, Person/Place/Time.
5. **“I had COVID-19 and it was no big deal. And anyway, it will pass. This whole thing is overblown.”** Actually, I spoke about this a year ago and held several conferences on this very topic. There is a heterogeneous response to this virus, in other words, it manifests differently in different individuals. I wrote about this extensively in prior posts. But yes, this is true, many folks do not have a bad go of it. But others become extremely ill, and still others succumb. Still others are left with dramatic post-COVID symptomatology, the ‘Longhaulers’ who are

increasing numbers presenting in our clinic. So, when looking across the landscape of those who contended with this virus, it has been *a very big deal* for many. I think one big point that we have been making since early January, is that this is not a simple virus where you can duck your head and the bad thing will go away. (Until, of course, it mutates out of its current form, to a less pathological variety, as I have been writing about that this whole last year).

6. **“I can wait it out.”** Well, perhaps you are resourced enough to be comfortably cloistered. But the point I made early is that the burden of this pandemic will not be shared equally, and it will be, clearly is, crushing for many individuals, families and communities. This goes well beyond health as considered in relationship to only this virus. It has been crushing. I have had people say to me that they are not worried even if they get the virus, they have good health insurance and the newer treatments work. What they neglect to appreciate is that every bed taken up by a COVID person in need deflects resources and medical personnel away from people suffering with unrelated ailments. This is a short-sighted stance.
7. **“People would have died anyway, it is just that we are shifting the deaths from influenza to COVID-19, so nothing really bad here. And anyway, I heard that people are marking COVID-19 as cause of death for anything these days, and so the COVID-19 numbers are not reliable.”** Aside from the very reality of having people not be able to be admitted to hospitals because there is no room. One easy way to quantitatively measure death rate is by looking at the *excess deaths* in any period. Simply look to how many people died at a certain period of time, versus this year, and what you find, especially correlating with the increased rates of COVID-19 testing positive, is a perfect correlation of *excess deaths*.

In other words, when tests come back as increased COVID-19 in the country, it correlates with increased hospital admissions, and increased deaths. And here, before we devolve into the cause/effect/repercussions/blame, etc., the simple point is that there are more people dying now, at times when and where there are more people testing positive with COVID-19, and dying of symptoms of the COVID-19.

There is one final point I want to make here. Some will still argue that there are odd times when people might die more than other times, that perhaps it is a sort of fluke. But I guess I have to bring up the reality of the moment. During a year of shutting down our lives, social distancing, mask wearing, congregations going virtual, businesses shuttered or working at greatly reduced capacity, taking all manner of public health protection, we have still had *excess deaths*. Can you imagine how many more deaths we would have counted, had we not taken such precautions? The bottom line is that there have been and continue to be more deaths.

8. **“I predict that the death rate will drop before everyone is vaccinated. What do you think?”** Well, I predict that as well. In fact, it is not so much a prediction as a certainty. It has to do with epidemics and statistics. The more people that have this virus, and more people that get vaccinated, the less people there are to become deathly ill, and the mortality drops.
9. **“What about reinfections?”** This part has not been discussed enough, and is a very important aspect of the story. I predict that the mortality rates and severe ICU rates in those that have a reinfection as is true for those vaccinated, regardless of the current COVID-19 variant, within the first year will be substantially lower than initial exposure rates.
10. **“What about the whole social distancing, masking, washing hands, it didn’t stop this pandemic.”** Actually, here, there are many things to say, but I want to focus on just one part

of it, which I wrote about early in January-March of 2020. These strategies were not meant to *fix* the problem, and actually it was a governmental, public health error to not fully explain this more clearly to the population. Simply, the precautions were meant to *slow down* the problem, for two main reasons. First, in order to not flood the health care system, so that people would not suffer or die needlessly, from overwhelmed hospitals. Second, and as important, the public health recommendations were put in place to buy us time to come up with long term viable solutions.

In fact, many of us said that in the summer months there will be a lag or drop in the overall numbers, and that we should use that time effectively to implement the long term solutions. The main point to appreciate is that masks and social distancing were never meant to cure or fix the problem, as much as just to buy us time.

In the countries that embraced and adopted these recommendations, that is exactly what happened. In the countries that did not do this, the health care systems were overwhelmed, as predicted.

11. **“What about Sweden? They didn’t do any of the things we did and they fared well.”** Actually, this misses what the Swedish experiment was really about. Simply, what their hope was based upon was personal integrity and taking responsibility for personal behavior. They hoped that instead of the government telling people what they were legally allowed to do, they simply presented the facts and asked the population to use common sense and do the right thing. This worked out for a while, but in fact it did not work out perfectly well. They asked over and over to be more correct in the soft guidelines. It did not work. Too many died, and rates began to increase to the point that they then introduced the same rules we have been living with in the US for nearly a year. Whatever you think happened there may be incomplete, it didn’t. That said, it is true that not every country has exactly the same rules. Remember the public health concept of Person/Place/Time and what may make sense in one area at one time may not make the same sense elsewhere or in a different time frame. I have many concerns about how the lockdown was conducted, many, but have written about that previously. My problem is not *that it occurred* but *how it occurred*, which left a good deal of science out of the equation.
12. **“What about the testing methods? There are so many confusing stories here about what works and what does not work, about false positive and false negatives. It just seems useless to even get tested.”** This topic is very important to me. Let me start with the simplest, best answer first. What matters most here is not the type of test but the frequency, and before you object, think of it in a macro fashion. It seems like no matter which test one uses, there is, in general, a very clear correlation between the incidence found positive, and the hospital admissions and subsequent mortality rates. In other words, whether you chose to use this test or that test, and let’s say there are a lot of false negatives or false positives, it still correlates with patients with bad situations that land them in the hospitals where there are a certain number of deaths. Broadly speaking then, it helps us set public health policy. If people do not get tested it is challenging to have even an estimate of what is going on in an area, if things are getting better or worse. In other words, this is a false argument used to diminish the discussion about this pandemic. Lastly, as you all remember, I focused a great deal on good testing methods, better testing method, but to think that the ones we have are useless is incorrect.
13. **“Is that all you have to say about testing?”** Well, actually not. I have had a lot to say about this since January 2020. Specifically, as you can read from the numerous blog posts, at the

start, I thought the very best way to end this epidemic, before it becomes a pandemic, is by **daily repeated testing of everyone**. The countries that did this or came close to this escaped the terrible outcomes we have faced. For me, this is not theoretical. It played out in countless areas around the globe. Daily testing would have quickly ended this pandemic. It still has the ability to do so, in concert with other measures, but the fight about testing or not, accuracy, etc., has not only delayed this from occurring, at the start, leading to needless deaths and misery, but continues to do so now. Related to this was the call for more accurate, quick, inexpensive testing, and if we did that, we would not need more extensive treatments or prevention such as vaccines. Sadly, most people did not understand this import, and in fact still do not, focusing on the wrong thing here.

14. **“Vaccinations always or often or sometimes hurt us, therefore we should be against all vaccines.”** I addressed this concern in my last post. But remember the guiding rule within public health of Person/Place/Time. We act from where we are today, not with what we might know next week, next month, next year. When in the midst of a pandemic, waiting to see what the future brings, inaction carries burdens of morbidity and mortality. I wrote extensively on this previously.
15. **“What is the harm in delaying the implementation of public health strategies?”** One of the biggest long term harm in not implementing quick public health strategies is that you allow nature and biology to run their course. By this I refer to the comments I have made from the start, around evolutionary biology. Briefly, the longer the virus exists, the more mutations will occur. Hopefully, the mutations that win out lead to a milder version of this illness, and even if more easily transmittable, it is less dangerous. This would be a form of coevolution.

But just as likely, the virus continues to morph into a variety of subtypes. That’s what many species do. Many ‘specific’ non-naturopathic strategies, be they drug or vaccines, are often targeted quite specifically, meaning that they change their efficacy as the virus morphs. Perhaps you are hearing some of this now. None of this is new, or earthshaking as we have described it for a long time. Early on, if you create a specific treatment, for example a drug or a vaccine, your approach might help a majority of the folks. The longer you do *not* do this, and the virus runs wild, the more morphological change there is, and the more types of the virus there are and the specific sensitivity to the drug or vaccine may be lost. In other words, the longer this goes, it is very likely that these vaccines will become less effective. Here is the sad or frustrating part for me. This is another example of doing the wrong thing at the wrong time, and path dependency. The longer it takes for people to get vaccinated, the more the virus runs, and the more changes occur and then the less effective the vaccine is and then the more you can argue that it is ineffective, never realizing that the inaction or poor vaccine rollout, may have contributed to the lessened effect. The harm caused, very naturally leads to the possibility that people would have to receive multiple vaccines, as they would necessarily have to be constantly changing. Not implementing public policy or implementing it too late or too slowly, causes harm. Remember epidemics are about Person/Place/Time and here I am referring to the TIME part.

16. **“You must have been bought by the drug companies.”** No, actually not. Actually, if you read everything I have written from the start of the epidemic, I provided for a pathway that was very clear, consistent, and attainable. In fact, if we followed through on it, I believe homeopathy specifically and natural medicine in general, would have become integrated into a standard of practice in the country. Of the different pathways described, I also described a year ago the concept of repurposed drugs, new drugs, and vaccines. So yes, I described these as three pathways that should be investigated. But the first and best ones I described, the first

ones that we should work with, did not involve those, and the number one and most important tool of repeated, daily testing was not picked up by the medical community, or by the natural health community, which even now is resistant to asking for it. If you read everything I wrote, I thought we would end up in exactly this place if we did nothing different and sadly that has come to pass.

17. **“Anything else you want to say about the first US vaccines, the mRNA technology?”** I wrote on the tech side already, so will not repeat myself. The one thing I wanted to highlight is the ethical considerations. For this present day state of art, the current forms of mRNA vaccines, they need specialized refrigeration, for reasons mentioned before. They also need a highly developed transportation infrastructure in order to be delivered without error. This exists in developed countries and not in less developed areas of the world. Which means that there is another economic divide, where developed countries receive the vaccine and others do not, waiting for the next technology vaccines to arrive. This is driven by science and is not racist in itself. But there the gap here remains. Technology should be developed to lead to more shelf stable product that can be delivered to all populations around the world. The reason I mention this is that there is a long history in science of funding issues that matter to the developed world and not funding issues properly once those in the developed world are less scared. The money just sort of dries up. If you look at HIV research for example, and how long it took to fund it. It is imperative that when funding is given to any tech it is thought about more broadly than just considering those in the developed world. The mRNA companies developing a vaccine is solid. Them not figuring out how to share it globally with those that do not have adequate infrastructure, would be unethical.

Related, I have already written on the different forms of mRNA vaccines, and that the current ones, run out soon after injection, which is fine (non-replicating forms). The next generation continue at length and that seems unnecessarily dangerous until we know more about the ones that last a short time. When I proposed that we get the first series of vaccines I also proposed that the recurring long lasting (self-replicating) be placed in stasis until we know more.

18. **“Are you saying not getting the vaccine is immoral?”** Actually, vaccinations here is a deep topic for me, but let me answer this in short form. First, I want to answer the ethics of vaccinating or not layered upon information, and second discuss separately below on the group that decides not to get vaccinated, and why that is an ok group for us to have. A very important aspect of deciding to vaccinate or not to vaccinate has to do with the information you have at one’s disposal, both about the vaccine AND the epidemic you are contending with. As a first pass, let’s realize that all medical knowledge is *asymmetric* by its nature. In general doctors know a great deal more about the disease, the repercussions, the health care system, than the patient. (It should be the case that the doctor informs the patient as much as possible, but this is difficult in the current health care model of visits within 5 minutes, but it should be the case that the information is more equitably shares, but it is not). In other words, the patient may not really know as much as they should about the vaccine or the epidemic, a byproduct of the current system. Add to this is the fact *active* misinformation is rampant, politicized, and held back on purpose. This makes is difficult to simply agree that people should simply make up their minds on the vaccines, or anything else. In other words, having people decide when they do not have enough information to make a proper decision is plain wrong. The government must step in to give people the information to decide properly, both for and against, in an unbiased fashion (which means they have to gather that information) but also to describe the alternatives to vaccination (which means they have to fund investigations and publish the results of those alternatives.) With all that information in hand

people have the choice of what to do, and here I would argue that there is an ethical right for them but also a great benefit for the rest of us, as described next.

19. **“Name one ethical reason to not force people to get vaccinated.”** OK. Follow me on this one. As a first step, let’s agree that some people have at their disposal all the facts known about a vaccine, the pros and the cons, and have a pretty good understanding of the severity of the pandemic, and also have a pretty good understanding of the larger ethical argument of exposing themselves and others, and yet nevertheless decide not to get vaccinated. Let’s have that be a first step. In other words, they are choosing this pathway based on full knowledge, not a skewed radical perspective.

How might the rest of society view these people? I would argue that this subgroup serves a *very important* role for the rest of us. This has to do with evolutionary biology. Here is the premise. The virus will keep on mutating. Hopefully at some point it mutates to the point that it is no longer dangerous, like a common cold. How will we know that, if everyone is vaccinated? Without somehow getting the raw data from nature, we would note a mutation in the virus and not know if it is beneficial or harmful to us. In essence, it means that we get vaccinated forever, which is not my idea at all. Remember what I said in the prior posts, we should get the *first* round of vaccines to lessen the current mortality rate, the first round, to buy us time to get it right. I do not think we want to do this forever. The question is how will we know if the virus is no longer dangerous? We need a group of folks that are not vaccinated that we can track to see what the natural course is.

The ethics here have to be perfect though. In other words, you are not just letting misguided folks make bad decisions. You are clearly describing to them all aspects of reality as understood right now and letting them make their choices and following them. (Of course there are economic, and social repercussions, but that is a separate matter). The best way to think of these folks is that they are volunteers in this experiment, similar to the volunteers that took the vaccines in the clinical trials. Neither knew what was going to happen. Each one hoped for the best. Each one received full information and made up their minds. Society benefits from these canaries in the coalmine as it tells us when the coast is clear. It is just that the ethics are extremely messy right now because information is so skewed and people are making decisions with asymmetric understanding of reality.

20. **“You just are getting part of the news, or a fictionalized version, or you are ignorant to what is really going on.”** Probably some truth to all of these comments. But I am working with the parts I experience and know, first as a clinician and second with my public health perspective. There is a virus, it is causing more harm, more disease, more deaths, and we need to stop this process somehow. I have seen that the very basic principles that cover all public health emergencies, all epidemics, which are well known and transcend this time or country, have been adhered to in some countries and they fared well, and not so much in other countries and they fared poorly. I believe that when we begin to adhere to these same public health measures, this epidemic will come to conclusion sooner.
21. **“Anything else you want to say about the above comment.”** One last thing here, as I mentioned elsewhere. I know many of you are scared, frustrated, angry, about, well, everything. Me too! But when you are reading about the potential harm of this vaccine or that treatment, or that this bad thing happened with this treatment or that vaccine, you have to place it in the context of the reality of the moment; folks that are getting sick from COVID-19 right now, or dying right now from COVID-19, and in large numbers. We cannot speak about one side, without holding the reality of the other side in view.

22. **“Anything else on this front?”** I am not sure how to say this part in a way that will be heard and understood, since it has been a year. This bug does not just go away right now. IN OTHER WORDS, PICTURE 2021 SIMILAR TO 2020. I know that for many people, they thought that a change in politicians, or a change in personalities would end this pandemic and its associated stressors and challenges and realities. I think you are mistaken here. PICTURE 2021 WITH ALL ITS CLOSURES AND ECONOMIC TURMOIL SIMILAR TO 2020. That is the reality on the ground as we sit now. We need this to change. The only way this changes is if less people die, if less people are crowding in the ICUs across our country. And for the most frustrating reasons the only pathway that exists right now is the vaccination one. WHICH IS WHY WE CALLED FOR PLAN B. But one way or another, the only way the country really opens up is if the death rate drops drastically. Think about that.
23. **“What about the kids?”** After 35 years of practice, working primarily with children, I have heard more children, this year, than *all* the prior years put together, tell me that they are anxious, they are lonely, they feel sad, they are depressed, they want to die, that life is not worth living. Children are more or less pretty resilient and usually bounce back. But not everyone. You, yourself, might be resourced enough to withstand another year or two of this, but the next generation is suffering beyond measure. And it might be 10-30 years before we see the full toil this took upon them.
24. **“Where does race and economics fit in this story?”** This is a very sad part of the story, and one I am not fully able to digest. Let me give you an example. A colleague, a homeopath, not naturopathic physician, wrote some negative things about me, which is fine. I am a big boy and can handle unkind words. But what he suggested is that we do not vaccinate and just deal with things as they are, essentially to keep the gene pool healthy and clean, even if folks have to die now. Essentially, this is a simple description of eugenics. And when you combine it with the fact that in this country, African Americans die of COVID-19 at 3 times the rate of white people, then this posture is eugenics, which as usual ends in ableist and racist attitude at its core. I know one could try to defend this posture by reaching into the distant past and quote this or that person, but the facts on the ground are the facts on the ground. 3,000-4,000 people die per day of this virus, as we sit here today. Those with means seek out people such as myself, and get treated and do not die. Fine. But that is not the overall case. In this country those with little means also overlap with less education, and in this country, this often overlaps with race. Simply put, this posture, in the context of 2020-2021 is deeply racist, ableist and disturbing.

I have spoken to these folks and they don't really seem racist. They do not think of themselves as racist. But nevertheless, this is the end result. Put simply, those with means and education die less often and end up in the ICU less often when matched for race and age and gender than do other folks. Here, in the USA, economic means and education still break down along racial divides. Which means that doing nothing different here disproportionately harms one group over another. And in the name of some sick idea of keeping the genes 'pure' for our children and grandchildren. Again, I am not saying that this person or that person is racist. I know they are not. But they should realize their behaviors and rhetoric is ableist and racist. We do not need long explanations, no historical this or that. Just a public apology to the community, not to me or about me, for the words used and a deeper look at how those concepts and words are hurtful and perpetuate racist, classist, ableist, ideology.

Aside from all of the above, there has been an intense, unrelenting campaign of misinformation in a variety of ways aimed directly at disadvantaged groups in this country. This is also seen

here. For many folks in the integrative medical movement, who are often primarily paid by private payers and not insurance, the clientele that is receiving these services is privileged. For them to say that the only thing we should do is give this or that supplement or take up this or that diet etc., hurts the disadvantaged communities. If you have not had anyone near you impacted by this virus, all I can say is that you are fortunate, and that you live a very different experience than we have lived for the past year.

There is going to have to be a reckoning from the integrative medicine community at some point to ask, how could we have felt comfortable making this or that suggestion while realizing that the greater challenges exist. My humble suggestion towards this is a simple one. Realize that there is a difference between personal health (taking care of an individual) and public health (taking care of the group) and they may have overstepped by conflating the two.

25. “You spoke and wrote a lot about natural products December 2019, January-April 2020, including Vitamin D, C, Zinc, Resveratrol, specific mushrooms, probiotics, as well as several herbs. What about them?” Well, I still use these, frequently, with many patients. But let me place these recommendations in context. From December to April, 2020, I described, frequently, and at many places the uses of these natural products. If you look carefully, you will note we were out front on this. Then the FTC came in to the natural health world and asked us all to stop discussing these points. So, everyone stopped. However, Amy and I were proactive in reaching back to the FTC, and we entered into a negotiation of what could and could not be said, and how to phrase it. We then brought in the American Association of Naturopathic Physicians, the organization representing naturopathic physicians, into the dialogue, ending in people from the FDA joining our national conference to discuss the issues. In other words, we were very much engaged in the process, from the start, in educating the FTC in the issues at hand. Really, one of the main reasons that people are able to say take Zinc or Vitamin D and are able to put it on their websites now is due to this communication and collaborative education.

That said, most of my writing, as you know, is not just writing about the here and now, but what is going to unfold in the next weeks and months. Nothing has changed here. On the personal level, these and other natural products are still in play and are, more or less, known in many facets of our society. But that is *personal health*. Public health is something completely different. Protecting 330 million people is a different issue. For that you need public policy. I have tried to highlight those before, but there was no traction then. Meaning that we were sort of forced into this one option left, vaccines. For me, this seemed like the least beneficial one. I understand why those from the outside world would miss this opportunity, but it is also one that the natural health world let us slide towards. It did not have to be the case, but I think people still do not understand the difference between personal health and public health.

From where we are now, we have the following pathway for natural health providers and substances. Include natural products by funding large, multicenter clinical trials using money in the [FDA’s Coronavirus Treatment Acceleration Program](#). Many of the products have a great deal of small academic studies already published, and what is needed is the larger studies in order to allow specific approaches to become standard of care.

Secondly, arrange with FDA/FTC and any other regulatory agency, the allowance of sharing that some of these natural products can succeed in large scale clinical trials and can be targeted as a treatment for a disease, something that is currently not allowed at this time.

Third, partner with national integrative medicine organizations, such as the American Association of Naturopathic Physicians to articulate and publicize these findings, so that such approaches are made available more broadly and regardless of economic status.

26. **“What about this repurposed drug, or that repurposed drug? Why are you not talking about repurposed drugs?”** If you look at the blog from last January, February, March 2020, you will see I spoke about these a full year ago. While it might be new for you, I have been discussing repurposed drugs for a while.
27. **“Where are we with homeopathy in this discussion?”** I think I have discussed this at length in my classes. By February we were predicting the clotting and blood issues as a driving process, based purely on homeopathic principles, about 6 months before this was discovered. Aside from patient descriptions, I developed an algorithm that is used around the world to help prescribers and those less familiar with homeopathy to take a good-enough and relevant case and offer a pointed homeopathic remedy. In terms of prescribing, we have said it all, in great detail for anyone interested in learning. In terms of side effects of the vaccine, the specific symptoms and their remedy correspondences we have been seeing now as well and using homeopathy to work with those patients in an individualized and personalized approach, consistent with the way we practice and teach.
28. **(This one is from me) There is a saying. The Future Is Certain; It’s the Past Which Is Unpredictable.** When I first heard this saying, I thought it was funny. The reason I mention this here, now, is that at a later time, you are going to read about how homeopaths cured this many thousands of folks, and how great this or that was. Leaving out the realities on the ground—the extensive and ongoing suffering. Or to put it somewhat differently, and once again, private care is one thing, public policy is something completely different. I am sad to say that the homeopathic community has been missing in action. Aside from the random papers and notes and cases, that tout our benefit, we were missing the larger more essential public policy point here, which is a great shame. It keeps homeopathy as a side note.

Kindest regards,
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