

Coronavirus: Why it May be Only the Tip of the Iceberg If We Don't Take Action Now to Stop the Pandemic We Have Missed for the Last Thirty Years

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Chronically ill children and adults who have unrecognized virus activation, multiple immune system disorders, allergies, and autoimmune disease are more likely to not only contract the novel coronavirus, but also to have more severe complications from the virus than healthy people. While it is unclear now exactly what impact the coronavirus is truly having on this population, we must recognize that we are likely to encounter a more dangerous virus at some point in the future. If we do not take action to address this long ignored chronic illness in a large portion of our population, we stand to lose more lives and suffer even greater societal and economic consequences than we have as a result of COVID-19.

Introduction: The missed medical pandemic

In the course of my medical practice and in my personal life, I have encountered innumerable children and adults who are chronically ill, suffering from chronic viruses, or multiple immune disorders which are never treated or properly resolved. I would argue that over the last thirty-five years, we have, perhaps even iagenically, created an at-risk population that is vulnerable to severe complications of not only COVID-19, but any future viral pandemics as well. As noted and discussed by many doctors and scientists over the years, children and young adults who should be healthy and resistant to infections are instead chronically ill and thus much more vulnerable than they should be to infection. Our CDC and NIH have long been aware of this situation but have chosen to ignore and mislabel the problem as something it is not. Ignoring the problem has had a substantial impact on the adults and children who are suffering physically and emotionally. There is also a substantial cost to their families, who experience the financial burden of supporting dependents who have difficulty in school and the job market as a result of the many ways they are affected by chronic viral and immune illnesses. Now, as we confront the worldwide COVID-19 pandemic and begin to contemplate what it is costing our nation in terms of loss of lives, loss of freedoms and economic devastation, we must also consider how this unseen, at-risk population is being affected.

One of the most egregious examples of the mistakes that have been made where this at-risk population is concerned, and perhaps the real answer for why younger adults and children are often handling COVID-19 worse than older people, is illustrated by the growing mistake of "autism" in this country and the world. In the 1970's, when I began practicing medicine, the autism rate was less than 3 per 10,000 children. Now, we have over 1:52 children (and climbing) acknowledged by our CDC to be suffering some form of ASD, and yet experts are failing to acknowledge the following basic tenet of medical school teaching: it is not possible to have an epidemic of a developmental or genetic disease. Why have so many more children been diagnosed with some form of autism in the last 30 years? It is simple to say that any child being labeled as ASD but not fitting strict Kanner criteria, which include a child never having been normal, never having been affectionate, and with no organic findings, does not really have autism. Instead, he or she has what we have learned is a neuro-immune shut down of parts of the brain (confirmed on NeuroSPECT scans) due to what is best described as a complex immune, complex viral medical disease. If we start to approach this medical conundrum openly, scientifically, and most importantly, honestly, we are going to find

a connection between many mistaken labels applied to ill children over the last thirty years, including ADHD variants, PANS/PANDAS, OCD, CFS/CFIDS, and recently, large number of children with MIS-C-Multisystem Inflammatory Syndrome. With this acknowledgement, appropriate medical research can and will lead to real answers, and ultimately a population that is both physically and mentally healthier.

Stop-gap measures we can take in the face of COVID-19

While it appears that COVID-19 is essentially a bad flu, we do face the threat of more severe viral illnesses in the future, whether those occur naturally, intentionally, or as a result of bio-warfare. With any infectious illness, good hand hygiene is the single best method of preventing spread of the infection. Understanding the way our bodies protect us from infection is also important.

Our upper respiratory passages are the next line of defense in helping us avoid infection after hand washing. If a person is healthy, he or she will have intact mucosa in the throat, sinuses and nasal passages. Intact, healthy mucosa makes it much harder for infectious organisms to get a foothold. People who suffer from allergies or chronic respiratory infections that are never entirely resolved, and people with post nasal drip need to focus on control and prevention, which includes nightly use of antihistamines, inhalers when needed, and control of dietary and environmental allergies. Anyone with an illness that lasts more than 6 - 7 days, especially with a fever above 101 should push his or her doctor to intervene to treat the infection. Eliminating chronic congestion and chronic infection improves the status of mucosa and helps a person become less vulnerable to contagious infections.

Once an infectious agent makes it past our mucosal barriers, our immune system comes into play. People with chronically activated viruses and immune system dysregulation are a vulnerable population. Observations about the current COVID-19 pandemic indicate the elderly and people with preexisting medical conditions such as heart disease, high blood pressure, diabetes, asthma, and obesity are suffering severe complications and dying at a higher rate than others. Of special note, doctors and scientists are now seeing severe complications in people who exhibit an overly vigorous immune response to the virus. This "cytokine storm" produces severe inflammation which can cause heart, kidney and lung damage. I would argue that adults and children with chronically activated viruses, allergies and autoimmune disorders are especially vulnerable to this problem because they are in a state of chronic immune dysregulation.

The impact of doing nothing about the bigger picture

We will, at some point, likely face a more dangerous and deadly virus than COVID-19. Epidemiologists tell us the first rule of prevention is to keep the infection out of our country. I was very disheartened to see that when the Ebola virus threatened to impact our country, the CDC and the previous administration did not beef up travel and quarantine restrictions to keep our country safe. In contrast, when we saw the impact COVID-19 was having in China, I was relieved to see President Trump stand up to the CDC, and presumably the NIH, by imposing strict travel restrictions very early in the crisis, certainly earlier than the CDC and NIH thought necessary. My sincere hope is that President Trump will continue to be proactive about protecting our country by recognizing and pushing back against a CDC that has ignored the chronic illness discussed herein for many years. Failure to recognize, investigate and address the many children and adults in this country living with chronically activated viruses and dysregulated immune systems leaves us with a vast segment of our population especially vulnerable to the next, more deadly virus than COVID-19. While the results of our CDC ignoring chronic viral illness and immune dysregulation has been painfully difficult for children and adults suffering from these problems, we have now reached a tipping point: COVID-19 has clearly illustrated the dangers a viral pandemic presents to vulnerable populations. With the number of deaths from COVID-19 topping 97,000 in late May, it is now more clear than ever that we must stop ignoring this vulnerable population. Their greatly increased susceptibility to infection has certainly played a part in the number of COVID-19 infections and deaths. If this susceptibility continues unchecked, the consequences next time, when we face a more deadly virus, could be catastrophic. There is a high probability many of these issues, if we looked for them, would be part of the real explanation for why African-Americans are having more trouble with this infection than they should be. As a mother said, very appropriately, during a recent consult, "viruses are not racial".

Call to action

Now, more than ever, we need to come together to investigate and correct the missed medical pandemic addressed in this paper. We need the CDC, NIH and our medical establishment in this country to stop looking the other way when it comes to the plight of so many chronically ill children and adults. The educational and economic impacts of having so many unwell children and adults who struggle to learn, work and live independently has been growing exponentially in this country for years and even without the COVID-19 pandemic, this is a problem that has been long in need of remediation. COVID-19 shows us, however, how much worse the problem could become if we continue to allow an ever growing number of our citizens to remain overly susceptible to infectious disease. We are, sadly, likely to confront even more deadly viral pandemics in the future. Without a healthy population, the situation will be critical.

Thankfully, President Trump has shown a willingness to take on the CDC, NIH and our medical establishment. Now is the time to bring this missed medical pandemic to the attention of the President, White House, Congress, local representatives and anyone else who will listen. This situation urgently demands investigation, focus and solutions so that we might protect the lives of so many of our citizens in the face of future pandemics and also improve their daily lives in a way that will maximize the potential of every child and adult in this country to contribute meaningfully to society.

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