

# Fact Sheet: COVID-19 Test to Treat

## What is the Test to Treat Initiative?

The **Biden-Harris Administration** is launching a new nationwide Test to Treat initiative that will give individuals an important new way to rapidly access free lifesaving treatment for COVID-19. This program includes:

You'll notice that they don't specify the tests that are being used because they've all been fraudulently performed and are famously inaccurate



People will be able to get tested and—if they are positive and treatments are appropriate for them—receive a prescription from a healthcare provider, and have their prescription filled all in one location.

These are easily considered the most worthless and expensive drugs for this indication




These “One-Stop Test to Treat” locations will be available at hundreds of locations nationwide, including pharmacy-based clinics, federally qualified health centers (FQHCs), and long-term care facilities.


These locations will be a dumping ground for worthless drugs that provide drug company profit without patient benefit



People will also continue to be able to be tested and treated by their own healthcare providers who can appropriately prescribe. These **oral antivirals** at locations where they are being distributed.

## COVID-19 Test to Treat Fact Sheet in English and Other Languages

 (/TestToTreat/Documents/Fact-Sheet.pdf)

 (/TestToTreat/Documents/Fact-Sheet-SPA.pdf)

 (/TestToTreat/Documents/Fact-Sheet-CH.pdf)

## What Treatments Are Available?

~~While vaccination continues to provide the best protection against COVID-19, therapies are now available to help treat eligible people who do get sick. The **Biden-Harris Administration has invested** in a~~

No fool on planet Earth who can actually read research would think that this is the best way to prevent this problem

medicine cabinet of COVID-19 treatments, which includes **two oral antiviral pills—Pfizer’s Paxlovid and Merck’s Lagevrio (molnupiravir)**—that can help prevent severe illness and hospitalization when taken soon after symptom onset.

They are trying to sound heroic and beneficent and benevolent when in fact they are none of these

[\(/COVID-19/Therapeutics/Products/Paxlovid/Pages/default.aspx\)](/COVID-19/Therapeutics/Products/Paxlovid/Pages/default.aspx)

[\(/COVID-19/Therapeutics/Products/Lagevrio/Pages/default.aspx\)](/COVID-19/Therapeutics/Products/Lagevrio/Pages/default.aspx)

The Administration for Strategic Preparedness and Response (ASPR) within the U.S. Department of Health and Human Services (HHS) already distributes COVID-19 treatments, including **oral antivirals**, to states and territories for **free** on a weekly basis. All qualified healthcare providers can prescribe these therapeutics to patients who are at increased risk for developing severe COVID-19.

This is virtue signaling at the expense of better care and legitimate health improvement

## Distribution of Oral Antiviral Pills to Pharmacy-based Clinics and Long-term Care Facilities

Effective March 7, HHS began distributing **oral antiviral pills** directly to participating Test to Treat pharmacy-based clinics, making more treatments available to more people in more locations. ASPR also **launched a program** for long-term care pharmacies to directly order these antivirals to facilitate increased access for eligible long-term care residents who are at increased risk for developing severe COVID-19.

They use the phrase "launched a program" to make it sound like they're doing something

These pharmacy-based clinics and long-term care facilities join hundreds of federally qualified health centers (FQHCs) in our hardest-hit and highest-risk communities—these centers will provide access for people to get tested, receive a prescription from a healthcare provider if appropriate, and have their prescription filled, all at one convenient location.

This is mostly worthless bullshit and jaw flapping

## Expanding Access to COVID-19 Treatments

Expanding Access to COVID-19 Treatments Building upon the existing distribution of **oral antivirals** to thousands of locations across all states and territories, the Test to Treat initiative is part of a broader strategy to quickly connect eligible individuals who are at high risk of getting very sick from COVID-19 to appropriate treatments. The Department of Veterans Affairs (VA) is also connecting our nation’s veterans who test positive at VA medical centers directly to treatment. For more information regarding available COVID-19 treatments, visit [aspr.hhs.gov](https://aspr.hhs.gov) (/).

A good reader will have noticed that they continually use the phrase "oral antivirals" but really they've only limited the options to these two nearly-worthless drugs

**Test to Treat Frequently Asked Questions**  
(/TestToTreat/Pages/FAQ.aspx)

These comments are not personal medical advice. People are free to choose whatever they want.

**Test to Treat**  
(<https://aspr.hhs.gov/testtotreat/Pages/default.aspx>)

Overview	+
Distribution and Locations	+
Sharable Digital Resources	+

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- (<https://cloud.connect.hhs.gov/PHE>)

## Let's compare \$7 vitamin D against \$700 Molnupiravir (v2)

	Vitamin D (25ohD)	Molnupiravir
Peer-review	<input checked="" type="checkbox"/> <i>J Clin Endocrinology Metab</i> 2021 June	<input checked="" type="checkbox"/> <a href="https://www.medscape.com/viewarticle/960089">medscape.com/viewarticle/960089</a> 1Oct2021
Confirmation	<input checked="" type="checkbox"/> <i>BMJ's Postgraduate Medicine Journal</i> 2020 Nov <input checked="" type="checkbox"/> <i>BMJ</i> 2017 meta-analysis <input checked="" type="checkbox"/> <i>J Steroid Biochem Molec Biol</i> 2020 Aug	Appears to be only one study, which was halted early with zero disclosure of adverse effects
Independence	Yes, hospitalists	Drug company
Study size	838	775
Cv19 severity	All hospitalized, severe *clearly sicker	mild-to-moderate
Placebo ICU/death	21% ICU 15.9% death*	14.1% "hospitalized or had died"
Treatment mortality	4.5% ICU 4.7% death	7.3% "hospitalized or had died"
Differential—percent	-16.5% ICU -11.2% death	-6.8%
Differential—proportion	~80% reduction among severely sick hospitalized Cv19 patients n=537 -78% reduction in death <i>Nutrients</i> 2021 May	~50% reduction among mild-moderate Cv19
Adverse effects	None © 2021 Dr Alex Vasquez • <a href="https://www.healthythinking.substack.com">HealthyThinking.substack.com</a>	<input checked="" type="checkbox"/> Drug company refuses to disclose; risk-benefit evaluation impossible, "did not give details of side effects"
Collateral benefits (w/ D moving from Def to Suf)	Proven benefits against: ❶ Cancer ❷ Pain ❸ Depression, anxiety ❹ Infection ❺ Inflammation ❻ Weakened barriers ❼ Diabetes	None
Cost	Probably less than \$10	Molnupiravir at a price of \$700 per course.
Endorsement	Completely ignored	U.S. government purchased 1.7 million courses \$1.2Bill
Conclusion	Inexpensive effectiveness is ignored	Govts approve/mandate \$\$\$/ineffective drugs at public expense