

Ready-at-hand economically viable, scientifically sound supplements re: H1N1 and beyond
A reprinted message with references & pointers to addtl facts and resources MJD, Tetradyne

Subject:

Correcting Inaccurate/Late/Mis-Diagnoses re: H1N1 and related pandemic/epidemic disease

AND

The Opportunity, in our hands/laps, for Community Rapid Response to Infectious Disease Outbreaks,

AND

The Simple Path for Reaching Ahead-of-Time, with Information, Education, and Assistance, our Most-At-Need Population Groups – Children and youth and Pregnant Women in Economically, Socially, Educationally, Dietary Disadvantaged Sectors

Date: October 20, 2009 (Already Almost Too Late)

From: Dr. M. Dudziak, TETRADYN and IIS (contacts at bottom)

Format of this information:

[1] The URL where it is along with auxiliary supportive technical, scientific and economic data including support from the members of the White House H1N1 Pandemic Initiative, the Race to Resilience, the National Biosurveillance Advisory Subcommittee, the CDC, DHS, and many other experts in immunology, virology, epidemiology and public health

This includes a MEDIA KIT resource.

This includes access to now-public confidential, proprietary, personal and secure (formerly classified *¹) papers.

[2] The Text of a Concise Message that is reaching most members of Congress, most top officials in state and major municipal governments, including Depts. of Health, and Depts. of Social Service (the two most effective arms we have at state levels), and the Media.

[3] A list of some of the people you can contact for more information because they are either part of the team and consortium, or they are in-the-know about this.

[1]

<http://tetradyne.com/h1n1-plus-healthcare>

¹ corporate, non-governmental

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[2]

Ladies and Gentlemen,

There are multiple points here that relate to more than H1N1 events and the pandemic, including verifiable information from a large number of sources including the *White House H1N1 Initiative* team and the *Race to Resilience (R2R)* team with which we are involved, and with CDC and DHS now. All information here can be backed up by medical research, statistics, and public reports. There is nothing here than is about rumor, scandal, conspiracy-theories or other foolishness. There is only information about what is sitting in our hands and laps, available, ready for virtually free use, Today, to complement and supplement all other efforts to maintain our nation's health, safety, and economic security in the present months and in the long-term future.

All we have to do is read, think, act, and this is politically neutral, and will not create risk for anyone's careers or ambitions.

This answers what Dave, Shane, and others are asking - concretely - plus it gives you facts and resources (apologies for a lengthy msg but it's the only one from me in a long time).

I am sharing it with several other connected people because we all share some basic things with us (despite any differences professional, geographically, philosophically):

- (a) basic care to stay alive and healthy
- (b) ditto about their families, friends, employees and our society
- (c) some knowledge of TETRADYN and what it is, does, including with or potentially with Vanderbilt, UT, CDC, Mt. Sinai, UNC, UT, ORNL, DHS, and various State Health Depts.
- (d) interest in seeing their own companies/institutions, work, money, capital do something for the good of society and also for a reasonably "ROI," and not to see any of it go down the tubes in a meta-recession that is on the horizon (with a strong coupling to a potential major downturn due to both a "standard" pandemic and more so, one that targets children and youth, obviously the future of our society but also, economically, the future consumer sector).

Furthermore, please read this even if you do not know or like me personally. Look at the list of the others. Everyone is quite upstanding, proven, accomplished, reliable, trustworthy, in their fields and in their personal lives and characters, to the max.

A. More to Shane's comments:

Look, in between the White House H1N1 Initiative and Race to Resilience people (Dr. Mike McDonald, Dr. Will Gaskins, Suzie Peel, Sandy Lehan, Janice Rees and others - go to the big site they've set up -

<https://r2r.openatrium.com>, and use my userid and my password - get it from me or Jerry or Joe or Saul.

Write to them, ask them to get involved - they want this, they all really want CRAIDO, and Dr. Mike McD has presented it at the White House level - it's just stuck in politics. If we built just one mobile CRAIDO and took it up to the Mall in Wash DC, we would have TV, people, IMPACT. All that takes is right now about \$150K, and the "investors" can hold legal title to everything - what's more, all of the instrument makers will now give us their instruments for free, definitely, verified, for this (on a loaner/demo basis)- we could probably do this all for only \$75K!!! Twenty people, \$4K each - come on, a small group can all do that on credit cards if that's the only way!

Look, I will personally guarantee the interest payment if you are so worried about that. One way

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or another, you will get your ROI and have no risk. You know I have modest physical assets, half of you have seen the list. I will put it all up as collateral.

Plus you have the following documents at

<http://library.tetradyne.net> - mainly at the TOP of the page - bunches of articles, essays, memoranda on these very topics - these are straight and to the point. The titles should be self-evident.

You will have tons of information.

Most of these are not "deep science" pieces. Plain english. The technical, scientific published papers - all that is in other directories, and I can give you them. Frankly, I don't think most of you want to read the scientific papers because it requires medical (immunology, virology, pathology) and genetics knowledge.

But I know that stuff, and some of you are smarter, more knowledgeable than me by far. We can get help from people like Yi-Wei Tang, Jim Chappell, Cenchoo Shen, Martin Meltzer, Nancy Cox, and folks at CDC and R2R who are on our team, on our side. But if you want those, you can have all you want and not only mine. Detailed papers that build the case not only for my/our mutation tracking and forecasting, but for all the issues about H1N1 targeting deeper respiratory functions, and the risks for children and youth especially.

Then the attached piece by J V Barry, many of you have seen it. Not written by me. By an MIT colleague - high reputation. It is very comprehensive, very clear, easy to read, and the tough parts, well, just skip over them. Read especially his main points at the bottom.

This is why CRAIDO and the TETRADYN approach is so critical now, right now. It is not only about doing rapid, in-the-field, close-to-incident diagnostics. It is about getting the demographic information.

All these computer simulations can only go so far and frankly it is not very far in utility. What is needed is what we are doing - you get a sample, you also get info about the "space of potential infection" to and from that individual. Neighborhood. Gym, school, workplace, church, clubs. Not invasion of privacy, just dots and data in a simple GIS database, already all set up (by me, just fyi - remember, I did relational and object-oriented databases way back in the 1980's and it is in my blood as much as being able to ride a bike or something "instinctive").

THIS IS WHAT WILL HELP TO DO ADVANCE PREDICTIVE TRIAGE for the best use of our clearly scant vaccines, meds, healthcare staff, and more.

Plus the educational part. The people most at risk for severity and death are children and youth who are in populations not getting the best care and attention in terms of diet, sleep, warmth (winter is coming!), clothing, and environmental health. Every additional "pull" and "drain" on the human body and mind is a drain on the immune system!!!!!! So who are most at risk? The children and families supposedly being served by Social Service and Child Support departments and agencies!!!! Consider what they are eating, the level of average at-home care and attention if they are latch-key kids, one parent maybe, low income, all the rest.

Now isn't this an amazing @#%@\$ coincidence?

We need to get the message to every Dept of Social Services and Child Support in the country - but yes, especially in Virginia! - that here is exactly what is going to help most the children, youth, and pregnant women also, that they are chartered and mandated to serve.

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Yes, they have "no money." And what they have, they are often spending in frankly counter-productive ways, as many of you know from other communications with me. But they can be reached, they can be told, they can be convinced to change, and to even use my volunteer community-service plan to make a Difference. Better than some of their alternatives!

Two more important "tech/fact" points:

1. Understand two simple realities about viruses, in plain english.

1.1 Their very nature is to Mutate. Especially so with influenza types, just as we've seen with the history of HIV/AIDS.

1.2 Viruses spread into a population in a way that most people do not understand. The best simple everyday example I can give you is "Cellular Automata." (Go google on "John Conway" and "Stephen Wolfram" if this is gobbledygook to you - the pictures will be self-explanatory - forget the mathematics.)

HIV is a perfect example! People thought for a long time that it started with "patient Zero" @ 1981 and then simply took off wildly in the gay and intravenous drug-user population! Wrong! Studies @ 1987 on frozen blood samples from a 16-yr. old black youth in St. Louis, "Robert R", showed that he died from HIV in 1969!!! It came, it got around, maybe only to 1 or 2 people, and then that was the end of it. In his case, sex with some unknown female, not another male. And it ended with him.

This is how viruses - or similar phenomena, abstract or physical - spread in very large but nonlinearly, stochastically connected populations of people (or other entities). Simply put - one path leads to a dead-end, no problem. Another, it branches out, it "catches a wave" and it takes off like wildfire. These instances cannot be predicted - these are not deterministic, they are classic non-algorithmic processes - non-commutative. Roger Penrose, John von Neumann, and even little-ol Martin here wrote about this years ago!

Now if H1N1 mutates by itself, as it very well probably has since April, 2009, or if it mutates through being in the same host (patient) as H5N1, we can easily find ourselves with something worse than 1918 "Spanish Flu". Maybe it gets nowhere, only to a few unfortunates. Or maybe it goes hog-wild all over the world, and face it - the purely vaccine-focused and med-focused approach is insufficient, as we see today. With identified strains in June, we are still going to have only enough for 10% of the population by winter peak. Duhhhhh.

So the CUBIT-CRAIDO (TETRADYN) solution does have immediate practical value today!

This is not the be-all utopian answer, no way! But it is one big heck of a help. And with the Virtual Sample Repository Bank (VSRB) and the Mutation Anomaly Detection Identification and Tracking (MADIT), which only need about \$100K and six months work, plus improved nanoscalar PCR for DNA amplification (replication) - **this gives us a high-powered set of intelligent resources and tools to use in 2010 and beyond - and remember, not only for influenza, not only for infectious diseases, but for constructive, synthetic biology and designer genes, including the means to target those gene sequences in host cells that are or can be the ones employed, needed, required by both viruses and by cancer mechanisms (including viral agents leading to cancers like leukemia, cervical cancer, others).**

Six months to one year away, and within reach financially that enough of you could probably use your credit cards to jumpstart the lab work.

2. FOOD and the FOOD SUPPLY

Do people think we cannot have chaos over an H1N1 pandemic even if "you" (figuratively speaking) are safe and healthy?

Look at this Georgia Tech study about what happens to the food supply as the workers fall ill. Then think about the business effects also, for those people who cannot harvest, cannot deliver to

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distributors, cannot deliver to retailers, cannot sell. Some of you are in the food business. Come on, get involved with us!

(some attachments here, too)

<http://www.scl.gatech.edu/research/humanitarian/files/ModelingInfluenzaPandemicandStrategiesforFoodDistributionpresentation.pdf>

<http://www.isye.gatech.edu/news-events/news/release.php?id=2195>

<http://gtresearchnews.gatech.edu/newsrelease/pandemic-flu.htm> (same as above)

<http://www.emergencymgmt.com/health/Swine-Flu-Outbreak-Puts.html>

Now in line with the R2R and Mike McD's group, this is precisely where CRAIDO fits in. Getting the information, education, diagnostics, testing, and mutation tracking to the places that heuristically and computationally are expected to be most vulnerable, and concentrating on the population groups that will be most vulnerable - and most transmissible - within those sectors.

Now, it could be argued, if one subscribes to a Hobbesian (or worse) philosophy, that if you reduce the population of babies, children, youth, and pregnant women, especially of the lower-income, lower-education populations, you are doing something "practical" for the economic problems of this country. Is this what we want to see happen? Do any one of you think in this way? I know the answer is a resounding NO. But, intentional or not, this is where we are heading by not doing something about it pro actively, even if it is with \$1,000 apiece x 100 people.

Personally, I believe that the age-old practice of saving the women and children first is something not only instinctive but morally correct. We must not "brush off" the at-risk people in our society. We must not think and act our lives only in terms of a pseudo-Darwinian view that the aristocratic population is the most valuable and worth saving. Everyone counts, or else we have lost our very humanity. Help me, help us, to turn the tide a little, starting right now with this H1N1 pandemic. This can be our greatest opportunity.

As Winston Churchill said, "This is our finest hour." So let's make every minute and every breath count.

Thank you from the bottom of my heart and the deepest recesses of my mind.

Best regards, Cheers, and Let's Go!!!!

Martin

B. Answering mainly Dave Johnson:

I/we can definitely do the YouTube piece, but there must be multiple pieces, too. Why? the more items in YouTube on some topic or related topics, the more attention, and that boosts viewership and "hits." Then you get the positive meta-effect, from the mere fact of "lots of hits." We don't need gyrating dancers or shocking scenes - just facts, clear, but presented in an interesting, attention-getting manner. The SAME for blogs and anything web-site-related. And, someone needs to make use of SEO (search engine optimization) techniques, and GoogleAds. Now this is a matter of time, effort, getting some of the TETRADYN and CADS and other circles of people to help, and it is not costly.

1. I am not only ready, but if you get the material from the interview done by Neb Stanojevic, it is probably edited enough to use some. He did a great job IMHO.

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2. Best to get any reporter, anyone with that skill (and it is a special skill), to come here to me and do the interview. But there must also be interviews with others - you guys, definitely. Most of you are near charlotte, Atlanta, or up northeast, and we have the means for Skype video-chat interviews, too. Small vignettes and clips. Do it like a typical Evening News piece. If we do a few, then these will definitely be picked up by the news.
3. So why not have different aspects covered? Martin, Jerry, Joe, Saul, Dave, Ali, Shane, Michael, but we also need some women, and best that they not only "professionals" but mothers, teachers, social workers. and how about some Kids?
4. Ask my son Noah (noah.s.dudziak@vanderbilt.edu) at Vanderbilt - he and his classmates made a professional movie last spring semester - they have the skills, and the professors to help! I am sure that if some Vanderbilt Med folks (some cc'd here) will talk with the Art/Video dept. profs, they can get some help and it can even be a credit-project for some students, why not?

----- Read these if you did not already before -----
Dave,

Thanks for the input, we will get on it.

Yes, it is all about fundraising immediately. We are ready to build the first unit as soon as money is in place. We are literally ready to begin the next day. We are talking with private investors and angel investors as they would be able to come through the fastest. We have also met with a number of venture capitalist as well. Saul is meeting with another VC today. We have also been talking to some major hospitals who are involved in research and development to work with and/or fund the first \$500K.

I believe what the pandemic is doing is adding a urgency to it.

Any ideas, contacts, suggestions, or help you have or are willing to share is very much appreciated!

Thanks, Jerry

From: David Johnson [<mailto:david.johnson@c4ads.org>]
Sent: Tuesday, October 20, 2009 9:06 AM
To: 'Jerry Obermoller'
Subject: RE: Please spend 2 1/2 minutes

Jerry,

CADS can be a marketing tool. To help...We need a YouTube response with a lab coated guy, graphics and a product to demonstrate to add to this footage. I would put it on our YouTube Channel and mention it in twitter and on our blog....A two page discussion of the challenge linking to this with the proper response could go on our bi-weekly to the entire mailing list. A larger thought leadership piece on the entire challenge would make a good Defense Concepts article (Due 10 November).

Your challenge is not really awareness. It is fundraising to build a prototype, right?
Interested in VC, correct?

Dave

<http://www.msnbc.msn.com/id/21134540/vp=33387620�>
----- Original Message -----

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From: Jerry Obermoller
To: Dr. Martin J. Dudziak
Cc: Jerry Obermoller ; JOE MCGINNIS ; Saul Pearlman ; Shane Merritt ; Michael P. Russell ; David Johnson ; James Barker
Sent: Tuesday, October 20, 2009 8:48 AM
Subject: Inacurate tests

Please spend just 2 1/2 minutes to understand the seriousness we are dealing with.
Thanks, Jerry

Martin wants this news broadcast to everyone.
While no one can make 100% promises, our testing very likely could have prevented this situation.

What we have is needed YESTERDAY

<http://www.msnbc.msn.com/id/21134540/vp=33387620�>

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Sincerely,

Martin Dudziak, PhD (CSO)

<http://tetradyne.com>

<http://www.facebook.com/profile.php?id=739331340&ref=profile#/profile.php?id=739331340&ref=profile>

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<http://instinnovstudy.org> ===== Institute for Innovative Study

"Pluralitas non est ponenda sin necessitate" (William of Occam)

"Having one thing, to know ten thousand things" (Musashi Miyamoto)

"Mais quand une regle est fort composee, ce qui luy est conforme, passe pour irregulier" (Gottfried Leibniz)

"Frankness is the child of honesty and courage. Say just what you mean to do on every occasion, and take it for granted that you mean to do right" (Gen. Robert E. Lee)

"To exist is to change, to change is to mature, to mature is to go on creating oneself endlessly" (Henri-Louis Bergson)

"There is no security upon this earth; there is only opportunity" (Gen. Douglas MacArthur)

[3]

----- Original Message -----

Subject:Kindly please read ---- Re: immediate serving children/families at need, esp. re: correcting Inaccurate H1N1 tests (about Shane's comments/questions, as well as Dave Johnson's)

Date:Tue, 20 Oct 2009 13:48:52 -0400

From:Meredith Hamilton <meredith.hamilton@nomadeyes.com>

Reply-To:meredith.hamilton@nomadeyes.com

Organization:TETRADYN Applied Bio Cyber Sciences (NomadEyes Group)

To:catherine.evans@governor.virginia.gov, "Crouch, Robert" <Robert.Crouch@governor.virginia.gov>, daniel.leblanc@governor.virginia.gov, david.smith@governor.virginia.gov, gail.robinson@governor.virginia.gov, gummada.murthy@governor.virginia.gov, "Hoffman, Wendy"

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----- Original Message -----

Subject:Kindly please read this ---- Re: Inaccurate H1N1 tests (about Shane's comments/questions,
as well as Dave Johnson's) - I'll be short as poss. here

Date:Tue, 20 Oct 2009 12:58:46 -0400

From:Dr. Martin J. Dudziak <martinjd@tetradyN.com>

Reply-To:martinjd@tetradyN.com

Organization:TETRADYN - IIS

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References:<292F918910A2485D93364F3F4E19E8F2@JerryDeb>
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