



### **Isn't it over?**

Unfortunately, no. Even if social distancing has flattened the curve, the tradeoff for that was a much flatter curve that will continue for months. Distancing and Essential-Only policies were necessary to prevent hospital ICUs from being overrun, but that also means that only a small percentage of the U.S. population has been exposed. There are many deaths to come.

<https://abcnews.go.com/Health/flattening-coronavirus-curve-happening/story?id=70119118>

Internationally, many regions have not peaked yet. We should expect a massive additional toll in human lives.

<https://thegrayzone.com/2020/04/09/colonialism-coronavirus-haitians-covid/>

### **GM and others are now delivering ventilators. Hasn't that solved the shortage?**

Vents from GM will help immensely, but the CDC 2015 conclusion that manufacturing of 40,000 additional ventilators needed to be an urgent national priority was spookily accurate. Generally, these programs are producing more of the “big gun” machines common in United States’ ICUs, the vents that cannot, and will not, be replaced by simpler machines.

<https://www.cnn.com/2020/04/14/cars/gm-ventilators-ventec-coronavirus/index.html>

<https://www.nytimes.com/2020/03/29/business/coronavirus-us-ventilator-shortage.amp.html>

### **Where will “simple vents” be used?**

Two principal places: recovery wards and rehab centers when patients are taking 2-3 weeks to wean off ventilation after testing COVID-19 negative, and resource-poor contexts where few if any “big gun” vents are affordable or even manageable.

### **How many “simple vents” are needed?**

We believe that hundreds of thousands of simple vents are needed for any meaningful re-positioning of the world to fight the on-going war and next wave.

### **What distinguishes the AeroBreath™ ventilators?**

Intrinsic design for simplicity, low-cost and high-volume manufacturing from program inception. No computers, software, firmware, servo controls or even electronics beyond a few very basic components, suitable for construction and deployment anywhere in the world. And yet, capability has not been sacrificed. Only the “bells and whistles” have been left out while retaining the basic capabilities defined for us by U.S. Pulmonary Specialists and ICU Doctors.

### **Aren't there dozens of "simple vent" projects?**

Yes, but that collapses to just a few credible alternatives after the similar projects are grouped. Most of the projects are "squeezing the (Ambu®) bag," by various means, which presents a rather intractable control systems challenge because the basic mechanism, the bag, is not well-suited. The Vermontator, a project just up the road from AeroBreath™, is worth note because it is the first COVID-19 specific treatment machine we have seen. The AeroBreath™ S-Lane and E-Lane machines clearly stand out on a capability versus deployability matrix, retaining the basic required functionality while ultimately being manufacturable for less than \$25 per ventilator.

<https://www.aerobreath.us/s/solutionchart.jpg>

### **Won't somebody big just knock you off?**

Low-cost solutions are not of much interest to the entrenched major manufacturers. I guess they will remain focused on "bigger guns." While the AeroBreath™ design is easily reverse engineered, the project had already filed three patent applications before its website went up and already has additional novelty to protect with additional patent applications. Our trademark application has protected our brand from day one, as well. We recognize that effective intellectual property protection is crucial in defending the integrity of The AeroBreath™ Project.

*Project Benefactor:* <https://www.pillsburylaw.com/en/contact.html>

### **Doesn't this all just go away in a year, or so?**

We doubt it. This virus has changed the world like no other before it. Ventilation has become a mandatory capability for most health-care contexts everywhere in the world.

### **How long does the AeroBreath Project hope to run?**

At least 5-10 years. It will likely take the world most of that time to build out a greater average capability to combat severe ARDS like Covid 19.

### **Will the AeroBreath™ Project license its IP?**

Yes, we would expect to license to large multinationals positioned well to help with targeting, manufacturing, distribution and support.

### **What do you need?**

\$1,000,000 of production and delivery cost underwriting.

Thanks for your support,

Jim Richards  
Chairman  
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<https://www.aerobreath.us/>