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We Are at War with Coronavirus

As I have stated in each of my previous articles, I am NOT a scientist, doctor, or medical expert. I am well read on this subject and I conduct ongoing research. These are only my opinions which were crafted after thorough study and discussion. I recommend everyone conduct their own inquiries and reach their own conclusions. This is my last planned article on this subject. So far, the predictions which I made in my first [coronavirus op-ed](#) from February have all come true. I invite you to read my [previous articles](#) and judge for yourself.

The Coronavirus Marshal Plan

The coronavirus has triggered two sub-groups

A. Symptomatic: patients who test positive and display symptoms which include high fever (83%), cough (82%), shortness of breath (31%), and muscle aches (11%). Other common symptoms include sore throat, overall discomfort, severe breathing difficulties, loss of taste and or smell, diarrhea, nausea and vomiting.

B. Asymptomatic: patients do not show any clinical symptoms, have normal chest imaging, but yield a positive nucleic acid test. They become silent, invisible, and lethal vectors of COVID-19, being just as likely to spread the virus as a symptomatic patient. Children are more likely to be asymptomatic carriers of COVID-19 than adults. It is believed that between 10% to 15% or more of carriers are asymptomatic. It only takes one to infect dozens, hundreds or even thousands of people in an enclosed environment.

As governments are beginning to ease restrictions what we expect will happen?

We are at war against a deadly virus. It is time to stop playing, stop procrastinating and stop assigning blame. We need to fight this enemy as if we were on a battlefield, engaging the military and their vast resources. [I have been a proponent of bringing in Retired General Russell L. Honore](#) to direct these "testing" operations. He did a masterful job in the aftermath of Hurricane Katrina, and he has the leadership and organizational skills necessary to bring all the pieces together to win this fight by executing the necessary [testing plan I have previously proposed](#).

Social distancing indoors is counterproductive

Enforcing social distancing and wearing masks at all times when outside of the home is a must. However, social distancing of two meters when indoors is useless since the virus can live up to 14 minutes in the air. Some are now claiming droplets may last as much as three hours. Because of this, all indoor gatherings need to be banned for the time being unless a regular testing system is put in place and each person entering a building can show a negative test within the last 7 days using a mobile phone app as I have [previously described](#).

Many government health officers seem more preoccupied with their newfound celebrity than they are with providing strict and scientifically based instructions that will actually help curb the spread of the pandemic. Some state and local politicians are also acting as if they are more enamoured with the spotlight and the idea of putting on daily press briefings than they are with actually trying to solve the problem.

They are telling us that restaurants can reopen as long as tables are kept 6 feet apart. I did not realize the virus is keeping track of distance. Where is the scientific basis for this decision? Is it manslaughter for leaders to mislead the public? We continue getting mixed messages from the so-called experts. One day they say one thing the next day something completely opposite. They have changed positions many times on everything from wearing masks to whether or not to open the economy. Now some are telling us we need to “test smartly.” That is nonsense. There is no such thing as testing smartly; we must test everyone.

Coronavirus Marshal Plan begins with the right testing strategy

The Coronavirus Marshal Plan begins with executing the right testing strategy. Mobile testing vans need to be deployed and visible in every community. Once a person is tested, their current test results would be displayed on their smartphone. As long as a person tests negative, they could move about freely. Anyone who tests positive can receive early treatment and isolate themselves to avoid spreading the virus to their family and friends, and avoid mass spreading within the community. Tests should be repeated on a weekly basis to ensure each person has an accurate current result. This provides the only safe way forward. By implementing this coronavirus Marshal Plan we will be able to fully reopen the economy without worrying about a surge of new infections or increased mortality rates. Businesses will be positioned to soar once again to their pre-COVID-19 heights. Testing frequencies can always be reviewed and adjusted as needed.

Here is an appropriate solution to bring back international air travel

Airplanes and cruise ships are a breeding ground for germs, and a place where infection spreads freely. Large numbers of people crowded together into close quarters in the age of COVID-19 is a recipe for disaster, which is why the airline industry is suffering financial losses like they have never seen before. In my proposal, airlines would provide testing to each passenger no longer than 48 hours before boarding the plane. In some instances, they can even offer the test at the airport. Only passengers with a negative test result would be permitted to board the plane. A passenger would

take the test prior to their outbound flight and again before their return flight. Requiring each passenger to show a current negative test result before boarding will restore confidence in the safety of air travel. In my opinion it will also revive the tourism industry and bring much needed business back to struggling hotels. Every passenger will travel with the peace of mind that everyone on the plane is virus free. There is not a passenger in the world that would not be in favour of this, knowing they can travel safely without fear of contracting the virus. This is a positive economic measure that eliminates any need to ban international travel.

Restaurants, conventions, concerts, schools, factories, offices etc

The same guidelines, to ensure weekly testing should be adopted. This will allow restaurants, theatres, schools, offices, churches, conventions ,etc, and every other place where large numbers of people are in close proximity, to resume without any worry. Implementing these procedures will allow us to get our lives back, but none of this will work without the proper testing capabilities available to every single person in every community.

People will drive the governments

This is a simple, people driven plan, but it requires great organization and coordination between the government and its citizens. People will embrace the idea of regular testing knowing it is in their best interests. Regular testing does not restrict anyone's freedoms. On the contrary, knowing that you and everyone you come in contact with has recently tested negative for COVID-19 gives you your freedom back. The government just needs to provide the mobile testing facilities and personnel to carry out the testing. The people who are anxious to move about freely and live their lives as they did before the pandemic will make the government accountable and ensure they keep up with the necessary testing. Now the citizens have taken control of the virus and life can resume as it was before COVID-19.

If you do not reopen the economy people will starve, but if you do reopen you risk 1% to 10% of the population dying; proper testing will lower the mortality rate

We must treat COVID-19 like other killer diseases, such as cancer, heart problems, diabetes, pulmonary issues, and lupus etc. To quote a poor soul I heard from Afghanistan, "Coronavirus will kill some of our people, but starvation will kill most of us." The economy will have to take priority over coronavirus, we have no choice.

Reopen the economy, only if you can continuously test everyone, contact trace, and separate the sick A new testing agency

COVID-19 is not going away anytime soon; even if a miracle cure is developed in the near future, it will still take one to two years before we can declare victory. A government agency is needed to take charge of and execute continuous testing of the population and be responsible for contact tracing and separation. General Russell L.

Honore would properly organize the deployment targets and effectively carry out the necessary testing protocols.

<https://www.heraldtribune.com/news/20200506/coronavirus-florida-desantis-unveils-mobile-testing-that-may-ease-risk-in-nursing-homes>

Western countries have come up short on implementing necessary testing. Hindsight is always 20/20, but there is nothing to be gained by playing the blame game after the fact. Today it's COVID-19, tomorrow it could be a new Covid-20. The best we can do is to learn from this experience and make sure we are prepared and proactive the next time around.

What is there to lose if we reopen the economy without testing everyone?

Lifting shelter in place orders too soon could be very costly. With as many as 15% or more of all virus carriers being asymptomatic, removing quarantine restrictions could convert mini clusters into super clusters that spread very quickly and potentially overwhelm the healthcare system. Doing so, would effectively be relinquishing control to the coronavirus. The only way to take control from the virus is through continuous testing of the entire population.

In the past week European countries have begun to reopen their economies by lifting quarantines, reopening schools, and easing up other restrictive measures in place during the pandemic. What can we expect to happen now? For starters, science is science. The next four to six weeks will be critical. It is quite possible they will regret the moves they made to normalize the situation without first having a full testing program in place. Mobilizing people and getting them out in public once again will create a significant number of asymptomatic carriers which will turn locked-up virus mini clusters into super clusters.

The numbers are the numbers and they do not lie. Canada is a small country with a population of 37.59 million people. There are more than 83,500 confirmed cases in Canada and over 6,300 deaths. By contrast, Russia has 144.5 million people and over 326,000 confirmed cases and about 3,200 deaths. The Czech Republic has a population of 10.7 million and only 3,700 cases and 312 deaths. It is simple, if you do not conduct adequate testing you will not be able to separate the infected and provide early treatment; therefore, the death rate will go up.

Wastewater testing

Under the direction of my hero, Deputy Health Minister Roman Prymula, the Czech Republic has put into place a method of community wastewater testing. Since COVID-19 is present in fecal matter, public works officials can now test the wastewater of entire towns and villages and determine the presence and trends of the virus in localized regions. This technology provides health authorities advanced tools to detect coronavirus/RNA outbreak. Having this information gives the government valuable data to use together with the testing, contact tracing and separation strategies I have laid out.

This type of process would be best administered and overseen by the federal government working in tandem with local municipalities.

We can learn much from South Korea

In many ways, South Korean culture is similar to western culture. They have successfully used a testing, contact tracing and separation regimen to reduce fatalities caused by the coronavirus. We can learn from their successes, and hopefully, our leaders in the west will follow the example of South Korea's President and his team.

Opening the borders to a welcoming coronavirus in waiting

Europe just announced the possible reopening of their borders allowing people and tourism to move freely about once again. The timing of this move is absurd. It only takes one asymptomatic carrier of the virus to spread devastation across borders leaving a wake of infected people and creating more and more asymptomatic carriers. South Korea is now dealing with what could become a super cluster that began with one infected person. Unless we are successful at developing the elusive vaccine so many have been touting, or at creating a definitive drug solution to the virus that reduces the lung inflammation that ultimately kills the patient, we should keep all borders closed. We are still only in the first wave. God help us all this fall and winter if indeed we are hit with a more severe second wave. A country like Greece could see the great progress they have made in recent years become undone with the arrival of infected asymptomatic European vacationers this summer.

Are there any medical solutions? The hope for a vaccine is a delusion

It is quite disappointing to see what seems like exploitation of the pandemic by various entities to gain government monies and grants for the promise of developing vaccines and treatments they know are not likely to happen. As I wrote in my [previous article](#) there is not likely to ever be an effective vaccine due to several factors including the virus's speed of mutation. Just as there has yet to be a successful vaccine developed for any other of the coronaviruses like SARS or MERS, nor are there any vaccines for Ebola or HIV. A COVID-19 vaccine is highly unlikely to ever happen.

Of all the government funds being paid out at this time for vaccine development, two extremely large grants have gotten a lot of attention in recent days. Nearly half a billion dollars was paid to American biotech company, Moderna Inc., and \$1.2 billion was promised to the British pharmaceutical giant AstraZeneca. Where are the scientists that are advising the administration? In my informed opinion, the hope for a COVID-19 vaccine is a delusion. More than \$3 billion dollars has been earmarked by the federal government for the development of countermeasures and vaccines. Several groups have already received a lot of government grant money, which seems to me is money flushed down the toilet.

<https://www.bloomberg.com/news/articles/2020-04-16/moderna-snares-483-million-u-s-funding-for-covid-vaccine-tests>

<https://www.marketwatch.com/story/us-gives-astrazeneca-12-billion-to-fund-oxford-university-coronavirus-vaccine-securing-300-million-doses-for-country-from-october-2020-05-21>
<https://www.pwc.com/us/en/industries/health-industries/library/8billion-funding-for-covid-19.html>

What herd immunity?

The hope for herd immunity of COVID-19 is a farce. In a previous [op-ed](#) I discussed this virus's ability to damage the mechanism of the memory B cells, inhibiting their ability to create neutralizing antibodies. We have now confirmed that at the most, only between 15% to 25% of patients have developed **neutralizing antibodies** after infection. A percentage that small makes herd immunity impossible. Even worse is the fact that if the 75% to 85% of recovered patients that only develop **non-neutralizing antibodies** are suddenly at much greater risk of a far worse, and even potentially fatal reinfection. Presence of the non-neutralizing antibodies could speed up the virus's duplication process making reinfection much worse than the first and decreasing the chances of survival.

With 4,125 COVID-19 deaths out of 34,440 confirmed cases, Sweden has realized a 12% mortality rate. Swedish officials decided against taking preventive measures at the onset as they were betting on the creation of herd immunity which has not materialized. It was not a smart decision with the limited information we had available at that time.
<https://www.ibtimes.com/sweden-coronavirus-herd-immunity-attempt-failing-only-73-population-have-antibodies-2980499>

AstraZeneca, destroy the 400 million vaccines

Under a finalized license from Oxford University, AstraZeneca announced they have secured orders for over 400 million doses of their potential, yet non-existent COVID-19 vaccine (azd1222) from the U.S., U.K., and other countries. Only one thousand poor volunteers have been tested so far. Where are the confirmed results? Have these volunteers been tested for the presence of neutralizing antibodies? Where are those results? Where are their medical ethics? They have already sold 400 million doses, based on ZERO confirmed instances of neutralizing antibodies.

Based on the existing data we have about recovered patients and neutralizing antibodies, the majority of recovered patients that do not have those neutralizing antibodies could suffer greatly upon re-exposure to the virus. The second time around, the potential for permanent organ damage or death is greatly increased. Oxford University needs to provide us with that crucial data. They cannot play with people's lives. If my assumptions are proven correct, their vaccine could be disastrous. Is this potentially manslaughter?

Recovery is a false statement

With the improbability of ever having a vaccine and no Herd Immunity, researchers need to focus their resources on developing a standalone therapeutic solution. The key is to come up with an early treatment that prevents the patient from deteriorating to the

point of needing a ventilator. Once a COVID-19 patient lands on a ventilator their chances of survival drops to less than 25%. Those who do recover after being on life support often find themselves with long lasting lung damage and or other physical and psychological injury. It is important that we are able to stop the virus's ability to edit out incoming therapeutic medical treatment before they reach their targets.

Did Moderna Inc. deliberately announce misleading results to benefit a 1.25 Billion Dollar stock offering?

A vaccine that does not develop neutralizing antibodies in at least 99% of recipients is a failure

Should there be an immediate investigation into possible stock manipulation?

On Monday, May 18, 2020, Moderna released information regarding its phase 1 trial for COVID-19. Out of a test group of 45 patients, the company announced that 8 developed neutralizing antibodies. Eight out of Forty-Five...and the world was delirious. If less than 18% of the subjects exhibited neutralizing antibodies, the study is a total failure. To achieve a successful vaccine 99% of vaccinated people would need to develop neutralizing antibodies. If the majority of patients in Moderna's trials did indeed exhibit neutralizing antibodies, then why was that data from the other 37 patients omitted? Meanwhile the company received 1.25 BILLION dollars from a stock offering. They benefitted tremendously from the coincidental timing of their release of PARTIAL INFORMATION. Why is the NIH keeping quiet?

In my [last op-ed](#), I was critical of Moderna Inc receiving a nearly half billion dollar grant from the US federal government despite having NEVER brought a successful vaccine to the market. I recommend a freeze of the \$483 million dollar grant and a full enquiry by the appropriate authorities into possible stock manipulation should be conducted.

Many have championed Moderna's new vaccine causing their shares to jump by 5% in one recent trading session, in spite of them having only released early "partial" data on their progress. My question is, how is it possible that having only 18% of people develop neutralizing antibodies is promising? There is nothing promising about such a low number. Having only 18% is disastrous, a nearly complete failure. To be deemed safe and successful, a vaccine would need to develop neutralizing antibodies in 99% of vaccinated individuals.

We have also just learned that three of the fifteen patients in the high dose cohort (250 mcg) of Moderna's vaccine trials suffered a "serious adverse event" within 43 days of receiving the dose. Moderna did not release its clinical trial study or raw data, but its press release, which was freighted with inconsistencies, acknowledged that three volunteers developed Grade 3 systemic events defined by the FDA as "Preventing daily activity and requiring medical intervention."

Also, why was Moderna permitted to skip animal testing on ferrets and monkeys which have similar respiratory systems, receptors and immune systems to humans? Shares of Moderna Inc. are currently trading at \$69 per share. Personally, I would not even value

these shares at one dollar. To date Moderna has never brought a successful vaccine to market. They have been a total failure so far and may have possibly manipulated results. Where is the SEC?

Believe me, I am hoping my “dramatic” predictions are wrong. The only thing that matters is saving lives.

<https://childrenshealthdefense.org/news/vaccine-trial-catastrophe-moderna-vaccine-has-20-serious-injury-rate-in-high-dose-group/?fbclid=IwAR1XkKO5zd11QaMMx66EiVo5619ICW6309FJUq0KCDFnYEHWojBOAXcz37k>

<https://www.statnews.com/2020/05/19/vaccine-experts-say-moderna-didnt-produce-data-critical-to-assessing-covid-19-vaccine/>
<https://markets.businessinsider.com/news/stocks/moderna-stock-price-gains-after-positive-dr-fauci-vaccine-comments-2020-5-1029227174>

A second wave of COVID-19, like the bubonic plague and the Spanish Flu could kill over 25% of the infected world population

Learning our lesson from the Spanish Flu pandemic, we must prepare for the worst-case scenario while being hopeful for the best. COVID-19, like many forms of influenza is zoonotic; a disease that jumps from animals/birds to humans. While it is not exactly known where the Spanish Flu originated, Allied and Central Powers nations during World War I suppressed the news to avoid hurting morale during wartime. With Spain remaining neutral during the war the Spanish media reported freely on the subject, and even more so when the Spanish King Alfonso XIII came down with the virus in May of 1918. It was only because of the extensive coverage by the Spanish press the virus's origin was assumed to have been Spain.

The King of Spain was not the only world leader affected by the Spanish Flu. British Prime Minister David Lloyd George, American President Woodrow Wilson and then Assistant Secretary of the Navy and future President of the United States Franklin D. Roosevelt were just some of the notable survivors of the 1918 pandemic. Similarly, the current COVID-19 pandemic has been no respecter of persons infecting notable dignitaries like British Prime Minister Boris Johnson, Sophie Trudeau, the wife of Canadian Prime Minister Justin Trudeau and United States Senator Rand Paul.

Are we still in the first wave? There will be a new epicentre soon

We are still in the midst of the first wave of COVID-19 and will continue to be until sometime this fall, probably around October or November. In order to contain COVID-19 we must be able to separate the sick from the healthy. The mad rush to reopen such potentially high-risk businesses and locations like hair and nail salons, tattoo parlors, fitness clubs and beaches, once again brings to mind a quote attributed to Albert Einstein, which I included in my [previous article](#),

“Two things are infinite: the universe and human stupidity; and I'm not sure about the universe.”

The Black Death was a global pandemic of bubonic plague; does history repeat itself?

The bubonic plague was responsible for killing between 75 million to 200 million people during the Black Death Pandemic from 1346-1353. The bubonic plague is a bacillus bacterium that travels from person to person through the air, as well as through the bite of infected fleas and rats. Symptoms of the plague are fever, joint pain, vomiting weakness, diarrhea, swelling of the lymph nodes. The infection would spread to the blood and lungs and ultimately cause death. It is estimated to have killed 30% to 50% of the population of Europe.

Where did it originate? The plague originated in China during the early 1300's and spread along trade routes to the Mediterranean and North Africa. What a coincidence the bubonic plague also began in China. The most important of all the factors that led to the end of the plague is believed to have been the quarantine measure taken by people. Those infected would isolate in their homes. Only the rich could afford to move to the countryside away from big concentrations of population.

Mutations of the bubonic plague

Two mutations in the same gene were key in that they turned less deadly bacteria into a super killer. The first mutation gave the bacteria the ability to make protein that would infect the lungs, causing lung inflammation and deadly pneumonia. Similarly, COVID-19 patients are experiencing severe deep inflammation of the lungs; a pneumonia triggering blood clotting activity that travels to other parts of the body causing high incidences of heart attack, heart failure and stroke, resulting in increased mortality. It is believed blood thinning treatments used to manage the clotting is causing death in some of the sickest coronavirus patients. Another coincidence.

The second mutation of the bubonic plague allowed the bacteria to infect the blood and inflame the lymphatic system. Like the bubonic plague, coronavirus causes systemic inflammation, affecting the lymphatic system, leading to heart damage, pulmonary embolism, kidney damage, liver damage, damage to the gut and to the brain due to blood blockage.

By far the group most affected by COVID-19 to this point has been the elderly, but recently a significant number of children have presented themselves in hospitals around the world with Kawasaki Disease-like symptoms linked to COVID-19. Today, it is the elderly, tomorrow the young. I believe eventually all ages will feel the effects of this virus in one way or another.

Could a second mutated wave of the current virus bring about a COVID-20, 21, or 22 which could follow the pattern of the black death? To be clear, the bubonic plague is bacterial and could be treated today with antibiotics which did not exist in the 1300's.

While there are similarities in the symptoms and effects of both, COVID-19 is totally different in that it is a virus.

<https://www.forbes.com/sites/alexberzow/2014/05/12/black-death-the-upside-to-the-plague-killing-half-of-europe/#108c70a070d3>

https://www.history.com/topics/middle-ages/black-death#section_2

<https://www.reference.com/history/did-plague-end-82bd8187337ad9ba>

<https://www.sciencedaily.com/releases/2020/05/200515115644.htm>

<https://news.yahoo.com/blood-thinners-may-linked-reduced-191115933.html>

<https://abc7.com/coronavirus-in-kids-kawasaki-disease-mysterious-illness-children/6194174/>

The Spanish Flu is more similar

We must prepare ourselves for the potential of a disastrous fall/winter. A repeat of the second wave of the Spanish Flu means 25% of the world population can be infected within one year. With a threat of that magnitude looming, drastic steps must be taken to ensure people's safety. One of those drastic steps is to stop all international flights for the next two years. Global travel will only compound the problem.

It is imperative we stay committed to the basics I have laid out in each of [my articles](#). Testing everyone, tracing their contacts and separating the healthy from the sick will greatly improve our ability to contain infection. The world was caught off guard when the first wave hit. We cannot repeat those mistakes. Hospital supplies, equipment, PPE's, and personnel must be ready to go. Additionally, I recommend the following four-point action plan:

1. Protect the food supply line. In the event of a Spanish Flu-like second wave, having sufficient food for the masses will be a challenge. Supply chains can be disrupted during chaotic times and we need to plan for all contingencies. Engaging the military would be an effective way to keep the food supply moving.
2. Countries should manufacture all their own medical supplies and equipment
3. Ensure the ability to maintain all basic infrastructure needs like power and fuel, etc.
4. Preserve the peace in times of potential civil unrest. We have already witnessed demonstrations around the country during the first wave, which to this point have been peaceful. It is important to be ready in the event demonstrations escalate to the point of violence. An early military presence could prevent such escalations.

What can we expect this fall/winter?

There is much we can learn by observing the evolution of the Spanish Flu from its beginning in the spring of 1918 until its conclusion in the spring of 1920. The first of four waves of the Spanish Flu was quite mild and not too different from the typical flu season everyone was accustomed to. The second wave began in August of 1918 and was far more deadly than the first. The virus mutated into a lethal flu killing machine. It was during the second wave that most of the 100 million fatalities took place, largely over three deadly months from August to October of 1918. October was the deadliest month

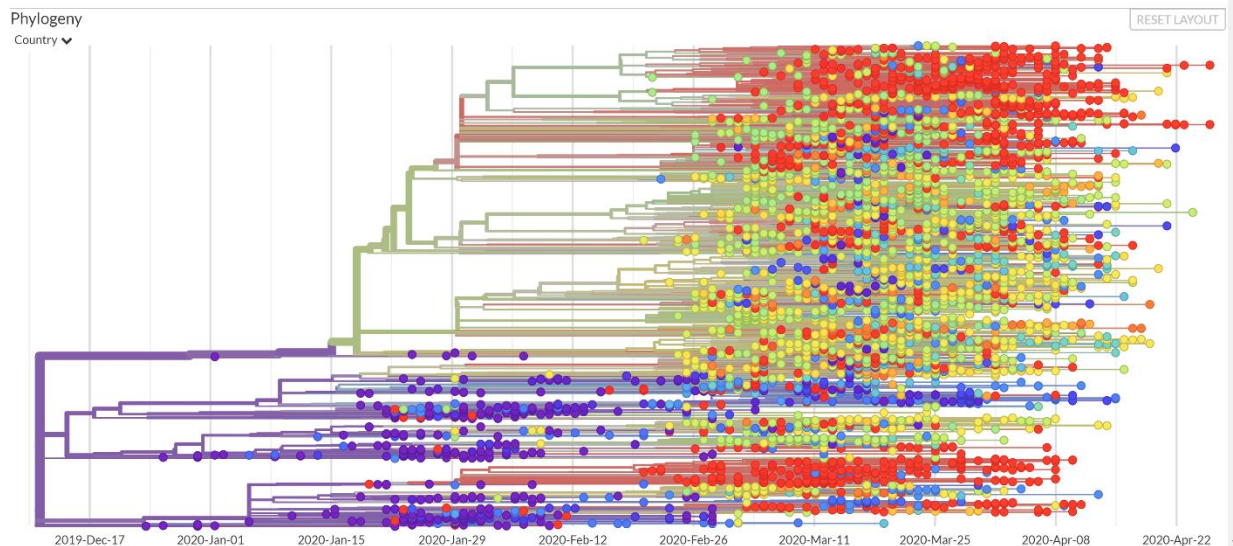
killing 195,000 in the United States alone before dissipating for a brief time. The third wave began in January 1919 and lasted through June of that year. While it was less severe than the second wave, it was far more deadly than the first. In the spring of 1920, a final fourth wave sprung up, though it was minor and mostly limited to isolated areas. All told, the Spanish Flu pandemic infected 500 million people worldwide, nearly one third of the global population and killed as many as 100 million (5% of the global population). This was all during a time when transatlantic travel was nearly nonexistent.

If COVID-19 evolves following the same pattern as the Spanish Flu and the second wave proves far more deadly than the first, this coming fall/winter could be devastating to the entire world. The first wave will have been nothing more than a dress rehearsal for what is to come. As of right now we do not know how accurate our current statistics are since we believe many countries like China have underreported their actual statistics. We must prepare ourselves for a similar trend to what happened in 1918 and take all the necessary steps to mitigate future infection in a far more severe second wave. If the same percentages are realized today as happened 100 years ago, COVID-19 will infect more than 2.3 billion people and claim nearly 400 million lives.

My prediction; a fall/winter disaster

Genomic epidemiology of novel coronavirus - Global subsampling

Maintained by the Nextstrain team. Enabled by data from **GISAID**
Showing 4533 of 4533 genomes sampled between Dec 2019 and Apr 2020.



https://nextstrain.org/ncov/global?fbclid=IwAR0cvtW-C_r6V1IJKS73mNNHqqnXZOZLNV5R7leBBcgrsh4A2IXiYP7EIRI

Based on the thousands of mutations COVID has undergone in just four months (a large percentage are identical repeats), I predict we may be in for a worst-case scenario; a lethal killer second wave that could potentially surpass the mortality rate of the Spanish Flu.

We are now seeing signs of new mutations in several countries including India, Pakistan, Bangladesh, Afghanistan, Brazil, and African nations. A COVID-19 in the

west, could hypothetically be overtaken by a more infectious and deadlier COVID-20 from India, COVID-21 from Pakistan, or COVID-22 from Brazil, and so on.

My prediction is only an educated guess on my part of the possible most dangerous outcomes based on the current rate of mutation. Not being a scientist myself, I will defer to the experts, but I would rather sound the alarm hoping to be proven wrong by the eventual outcome than to stay silent for fear of ridicule. In a February interview following my [first article](#) I drew my fair share of ridicule for some of the seemingly dire predictions I made at that time. I was accused of being overly dramatic by many. Unfortunately, many of those predictions have since come true. I am not at all bothered by ridicule, but I would be very bothered, not to mention negligent if I failed to provide proper warnings for the pending dangers I fear may come to pass.

Will this last two, three or even five years?

Sticking to the Spanish Flu model, it took three years for it to disappear completely, but the bulk of fatalities took place in the second and third waves which were concluded a year and a half after it began. In the present pandemic, two years is a reasonable expectation of time to have COVID-19 behind us. If we are smart and aware of how easily this virus spreads and maintain safe practices and social distancing, we can potentially prevent many fatalities in subsequent waves. Closing borders is a crucial part of containing the spread and minimizing casualties during the pandemic. Temporarily suspending international travel is a small price to pay in exchange for curtailing worldwide death and destruction.

Utilizing the military will be a strong asset in preparing for a second wave

Autocratic regimes like China have employed draconian measures to deal with the outbreak. The Chinese have announced they are in the process of testing all 11 million people in the Wuhan province. Other countries formerly behind the old iron curtains have also utilized some strict measures of force to maintain control. They have been reporting success in their handling of the crisis, but we can never trust the accuracy of their reports since they so often engage in propaganda.

Many western countries have experienced challenges in large part because of the uber politicization of the pandemic. COVID-19 has brought about much bickering and blaming in western countries, especially in the United States where the country is in the midst of a presidential election year. Leaders need to set aside their partisanship and come together to solve this issue. This virus infects people indiscriminately and does not care to which political party a person belongs. The more divisiveness and politicization, the more difficult it will be to contain the virus and maximize the saving of lives.

Coronavirus taxes are coming

Western governments are trying to find creative ways to pay for the vast financial losses they have suffered from COVID-19 and the large stimulus packages they doled out in response. Some are rumored to be conducting secret meetings with their officials

devising creative new tax schemes. Do they impose an across-the-board 10% tax on all fixed and liquid assets? Another idea that has been floated is the possibility of imposing a new 10% tax on all property, paid for by creating a compulsory second mortgage loan with the proceeds of the loan being paid to the government, and the property owners forced to repay mortgage. It would not be at all surprising if the failed socialist Italian government is the first country to impose a specific coronavirus tax. Of course, always looming is the possibility that countries further devalue their currency, as I wrote in a [previous article](#).

My advice for politicians is to not take the disastrous road of burdening people with more taxes, the voters have had enough losses with the coronavirus. Instead they need to tighten their belts when the virus is over and significantly reduce spending. The focus should be on creating a business-friendly environment in their countries that encourages manufacturing, job creation, becoming self-sufficient and abandoning globalization nonsense. Europe can save billions of dollars by dismantling the E.U. in Brussels and getting back to having each country independently manage their own currency and economy.

Economic stimulus and gold standard

As a fiscal conservative, I am normally against most forms of economic stimulus packages. However, under the present circumstances I believe we need to keep them going to help people regain their financial footing. Local governments need the backing of their federal government during these times. Many families are in need of government help to survive this crisis.

As a Canadian, I am very satisfied with the universal health care we have in Canada. Everyone pays into the system, but the poor who cannot afford to pay into the system still get complete access to the same care. I think it is a moral duty for a country to take care of the health of its citizens regardless of their economic status. The Canadian health care system is administered by the government. In the United States a similar plan can be adopted but may work more efficiently if it were administered by private insurance companies instead of the government. There are many unemployed workers because of COVID-19. The most important thing we can do now is help them. No child should ever be denied healthcare because their father or mother lost their job.

Once the crisis has passed and huge spending is reduced countries need to make a gradual move back to a [gold standard](#) to strengthen weak and potentially worthless currencies.

Governor Andrew Cuomo

Now Cuomo is under fire by some for his decision ordering recovering elderly COVID-19 patients back to their nursing homes and long-term care facilities. The results have been disastrous. In one case, a single patient sent back to their nursing home was the cause of 24 resident deaths. He has now retracted the policy, but the damage has been done. So far, the state of New York has had 5,500 nursing home deaths, more than the

total deaths in all other states except New Jersey. How many more innocent elderly people will die because of Cuomo's Hitlerian decision. The governor failed to protect the most vulnerable among us. Did the governor feel the lives of the elderly were not worth saving?

His sending infected patients back to their nursing homes among our most vulnerable was completely inexcusable. He had other options. President Trump deployed a 1,000-bed naval hospital, the USNS Comfort to the New York Harbor which went largely unused. As was the makeshift converted hospital at New York City's Javits Center. The governor could have sent elderly patients to one of those or other locations but instead he chose to send them back among other frail, elderly citizens. We must demand an investigation into Cuomo's actions.

<https://nypost.com/2020/05/16/blame-governors-for-coronavirus-deaths-in-nursing-homes-goodwin/>

<https://townhall.com/tipsheet/bronsonstocking/2020/05/17/heartless-cuomo-defends-nursing-home-policy-older-people-vulnerable-people-ar-n2568965>

<https://www.foxnews.com/opinion/coronavirus-nursing-homes-florida-sets-example-dr-marc-siegel>

The New York Stock Exchange should consider to moving to Florida

The New York Stock Exchange should consider relocating to a more business friendly state. Thanks to the socialist left leaning policies of New York's governor, taxes in the Empire State are sky-high. What new post-coronavirus taxes will New York lawmakers propose in the aftermath of the pandemic? Many bankers, companies and wealthy individuals have already left New York's high taxes and have relocated to more business-friendly states like Florida, Texas, and North Carolina. With leaders like Governor Andrew Cuomo and self-proclaimed socialist, U.S. Representative Alexandria Ocasio-Cortez, what chances do any businesses have of prospering in New York in a post-COVID19 environment? It was Ocasio-Cortez that was responsible for chasing Amazon out of New York. Even Governor Cuomo was upset that she cost New York City more than 25,000 high paying jobs and over a billion dollars a year in tax revenue.

Real estate values, hotels, restaurants, and airlines are all in a downward spiral

I am predicting real estate could lose as much as half its value if we do not take control of the virus very soon. Add to the already depressed property values a tax increase in the form of a **new coronavirus property tax** and the reduction in value is even deeper. This is not a good time to own a hotel or commercial property without tenants. The increased overhead to maintain the property turns the one-time asset into a liability. One third of hotels will likely not survive. My advice to hotel owners is to consider converting your hotel into residential suites. A large hotel ballroom could easily be converted into a supermarket store or other retail outlets.

A new experiment conducted by the Japanese shows how quickly the virus can spread in public places like restaurants. The restaurant business will also undergo major

changes regarding dining in. A new breed of high-end takeout and delivery restaurants could emerge to fill the gap.

<https://www.india.com/viral/japanese-experiment-shows-how-covid-19-can-spread-in-public-places-like-restaurants-4028377/>

Airlines should give serious consideration to my testing proposal. It could save their businesses and provide the answer to restart tourism and air travel. Without implementing a testing plan like that, we may need to ban international travel for the foreseeable future until the virus is under control.

The America Invents Act was a corrupt patent reform law

The Supreme Court's Alice 101 decision on abstract has been turned into a patent killer by most judges

As the CEO of a company involved in fighting some of the giants of the Silicon Valley. I feel it is my duty to point out the injustices hurled upon patent owners and innovators. After all, innovation is what created today's America. Sadly, the vastly wealthy and powerful Silicon Valley has managed to flex their muscles and have spent their money influencing lawmakers to pass legislation favourable to their interests in the form of the America Invents Act (AIA). Now, large corporations can steal intellectual property and infringe on the patents of smaller companies without consequence. Small inventors have little chance of prevailing against huge odds. A large percentage of judges follow former President Obama's anti-invention/anti-patent policies, designed to accommodate the Silicon Valley infringers. Most judges have treated patent owners unfairly, viewing patents as a nuisance, and denying patent owners the presumption of validity they are entitled to have. Certainly, the judges in the Silicon Valley's home turf have been a valuable asset to the giant tech companies, making it difficult, if not altogether impossible for a small innovator to get a fair hearing. In San Jose, "the fix is in", in favour of big tech. A patent owner walking into a Silicon Valley area courthouse is like a lamb walking into a slaughterhouse.

The miscarriage of justice by many judges when it comes to Alice 101 decisions on abstract has proven to be killer of good, duly issued patents. It is something we would expect to see in an autocratic, third world country, where laws are made on the fly by an oppressive regime, not in the United States of America. There are no clear-cut guidelines for Alice decisions and no consistency. What one judge views as abstractness, another sees an innovation. The United States was once the great innovator of the world. Now, thanks to former President Obama and former Google exec turned USPTO Director Michelle Lee, America has become the great patent killer. Now more than ever America needs to encourage inventors, not destroy their rights.

My advice to inventors is simply not to patent their inventions in the United States. A U.S. patent is no longer an asset, it has become a liability.

I have no alternative but to fight for my shareholders. Eventually an impartial judge will listen and render a fair judgement based on technical facts and merits, not on a

biased and subjective interpretation of the law as often is the case. Perseverance is my only option.