

The Medical News Special Report

COVID-19

May 7, 2020

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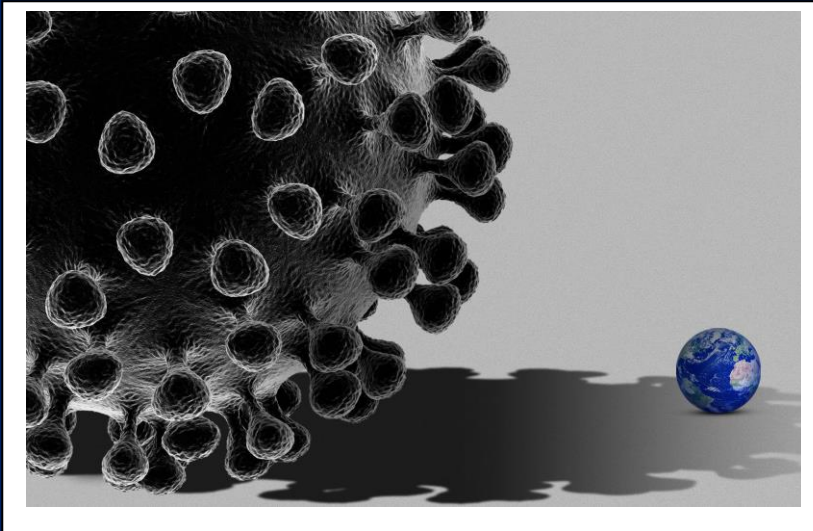


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Updates on COVID-19—No Fear!!

Once again, I provide you with the latest information available as of May 7.



From Axios alerts



Sneeze and spread

1. Introduction

My last update was April 24. New information is coming out daily, however, there are many interesting facts that are new.

Dr. Anthony Fauci, Director of NIAID (National Institutes of Allergy and Infectious Diseases, and Presidential Coronavirus Advisory Task Force stated that the fall will see some cases, but we will be far better prepared with immediate mobilization of public health and medical needs and some herd immunity. The public will have to be ready to isolate quickly and follow guidance from authorities to stop the virus in its tracks. Ultimately the vaccine will stop this virus but may not be available til the beginning of next year.

But for now, here are some numbers:

According to Worldmeter, 40+% of U.S. deaths come from skilled nursing facilities. 25,000 of 68,000 deaths occurred in New York, and if New Jersey, and Connecticut are added, it accounts for over half of the deaths in the U.S. The media usually reports on the hotspots without much coverage of the rest of the country

pointing to the total numbers. They spread fear the best. Without the above 3 states and the incidence in nursing homes, it is calculated that there would be 20,000 deaths in the U.S.

Consider 95% of deaths from COVID-19 come from people over 65 (and 95% of them have one or more risk factors), one wonders why the whole country has been in lockdown when the sick and aged are the only groups really at high risk and should be isolated. This is the first time the U.S. has quarantined the healthy instead of just the sick.

This will be debated strongly after the fact. Why we didn't just quarantine people over 65 including nursing homes is a good question. Without closing the country, current physical distancing for businesses (with masks) and the rest of the public could have spared the shutdown. Of course, hindsight is 20/20.

But with strong support from the public health official's metrics, the leaders had no choice but execute stay at home orders, when Dr. Fauci and Birx, public health and infectious disease experts, predicted 100-250,000 deaths (68,000 deaths in the U.S. as of May 4) and the virus was spreading like wildfire around the globe thanks to China's ineptitude. It might reach 100,000 deaths, as this virus is far from over, and the deaths lag behind the lowering of the number of cases. The concern is appreciated but fear mongering is beginning to get old. The show must go on!!

Public health and infectious disease people calculate worst case scenarios to allow public officials and leaders to know what needs to be done if the issue is at its worst. Medical input must be used to balance the effects on the economy and unintended consequences of our residents. It takes great wisdom and fortitude to make such enormous decisions, and we are seeing that in real time. Thank you to the experts, the country's leaders, the first responders, and the amazing healthcare providers.

Dr. Anthony Fauci



Dr. Deborah Birx



There is much known now about this novel virus that just wasn't available to allow adjustments in decision making prior to 107 days ago. It has cost the taxpayer over \$2 trillion and continuing to rise with phase 4 yet to be determined. Wow!

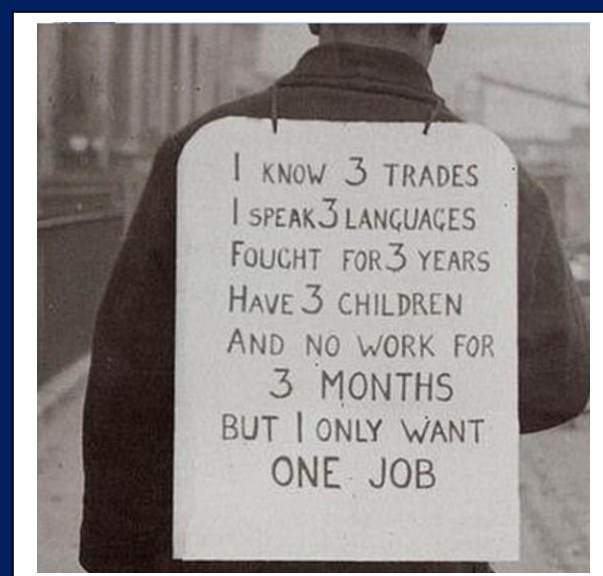
Had we been notified by China and the WHO a month earlier than January, just imagine where we would be today. Obviously, the leaders of our country would have had a different game plan. And admittedly, if we had stockpiles of PPEs, ventilators, and reliable tests, we could have responded faster. But the fast track action speed of our country to mobilize resources is unprecedented with a phenomenal team of federal, state, and private sector coordination.

Plans are already being proposed by Congress to create the National Center for Excellence for Pharmaceutical Manufacturing to spend \$100 million to make medications here in the U.S. Thanks to regulatory overload by the previous administration, drug companies moved out of our country. This was based on waste products from the ingredients needed to create drugs getting into our water system. To bring them back will be a

necessary move to prevent being dependent on adversarial countries. We can't have it both ways America.

I have a report in this update about the ideology of the Chinese Communist Party. Politico has already announced the Pentagon and intelligence community is investigating the possibility of China using the virus as a bioweapon. Officials state that there is little likelihood that a lab would manipulate the virus, rather the easiest route would be to infect someone and let that person spread the virus to the rest of the world except China. This is going to get nasty. Politico also reported that security officials are concerned that the U.S. was singled out, which would follow that their residents were freely allowed to travel to the U.S. (Italy as well) are barred own travel from Wuhan to any other parts of China. I remind the reader that this is just an investigation at this point.

Just as predicted, the lawyers are jumping at the chance to sue anyone who wants to blame someone else. Class action suits are already underway. Our country's businesses need liability protection from these ambulance chasers during this crisis. This is one of the reasons that the price doing business is so high. Protect American from lawyers while we recover, please! Crippling businesses with law suits will delay and potentially cripple the return of our country to prosperity.



2. Why are some people who are exposed to COVID-19 asymptomatic? Nursing homes are hotspots!

The April 24 th journal, NEJM*, reported on this subject especially regarding those who remain asymptomatic.

*NEJM=New England Journal of Medicine

COVID-19 has infected 2.6 million cases spread throughout 184 countries. The main difference is the transmissibility of these 2 viruses. As of May 2, there are just over 1.2 million cases and almost 68,000 deaths in the U.S., but keep in mind the size of our country and the higher percent of the population being tested. The numbers coming in from the rest of the world are suspect.

As the virus gets into the respiratory tract, it may be contained in the nose or throat and not get into the lower respiratory tract because of the efficiency of the lining of the upper respiratory tract and may not spread to the lungs. There are people who have only loss of smell and taste, a fever for a day, with minimal symptoms, or only gastrointestinal symptoms, etc. A high index of suspicion is necessary, and if these minimal symptoms occur, people should quarantine and get tested within a few days, now that testing is more widely available (and does not require a doctor's order).

People get infected in different ways. Perhaps one person may inhale a sneeze or cough, and another may infect themselves with their hand to their face from a surface that was minimally contaminated. The amount of viral load equates to how much

virus gets into the body and possibly how severe the illness may get.

Those that get overwhelmed with the virus usually coincident with underlying diseases have damage to most of their organs. The lungs are more likely to fill with fluid and not necessarily pneumonia. The cells in the lining of organs, especially the lungs prevent function causing oxygen deprivation, heart, liver, kidney, and other organ failures. It was found the very high pressure in the lung were not necessary to oxygenate the body as those high pressures were causing damage.

Nursing Homes

Although I have not seen any percentage of cases reported from nursing home deaths from the feds yet, according to Worldmeter, approximately 44% of deaths have come from these facilities.

In reviewing cases in the initial nursing homes in Washington State, and these patients were tested for the virus and found to have viable virus in their systems 1-6 days before becoming symptomatic. 15 of the 57 residents died. All of the residents tested positive before becoming sick. Recent findings are pointing to the fact that the patient may be the most infectious before symptoms even occur.

Nursing homes will continue to be a petri dish for any virus that is easily transmitted. Closeness of patients and their inability to perform hygienic techniques places that burden on the staff thus creating major human to human contact and initially without adequate personal protective equipment. These precautions will have to be maintained long term in these facilities.

A serious analysis of numerous nursing facilities will glean the likely culprits other than the obvious closeness of patients and staff, cleaning crews, and patients not capable of complying with the rules.

Currently 1.3 million people reside in skilled nursing facilities. Mass testing and symptomatic screening on a frequent basis will be the new norm for these facilities. Daily temperature checks of all personnel and visitors will be routine.

Many people have removed their loved one from these facilities, but that is not the answer for those in these facilities.

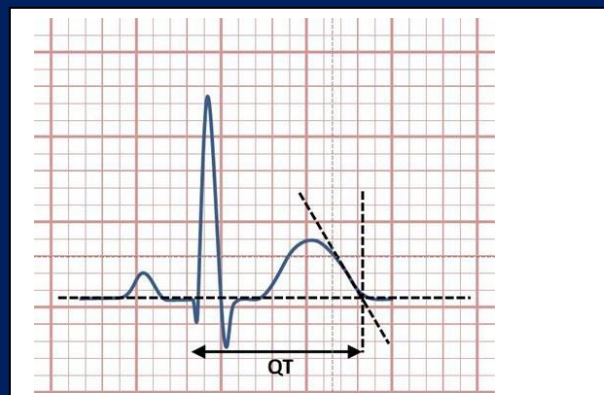
These density issues also apply to prisons, the military, schools, cruise ships, and any place where people are confined to a specific area for long periods of time.

3. Are specific drugs recommended for clinical practice?

The National institutes of Health do not recommend any specific medications outside of clinical trials and urgent cases at this time. That includes hydroxychloroquine/Z-pack, zinc, Tamiflu, and other antiviral agent; also Lopinavir/Ritonavir, and HIV drugs. J

Just this week hydroxychloroquine was put on the back shelf showing little value without significant side effects, because the side effects on the heart are too high (19% in one study). This drug causes an abnormality of the heart electrical system—it prolongs Q-T interval. JAMA Cardiology, May 3, 2020

This is a good example of a drug with possible value but with higher than acceptable side effects. The FDA would approve of this drug (only in clinical trials). Note the QT interval in a heart beat has a critical time to function correctly.



However, **Remdesivir** has been approved by the FDA as a treatment for serious cases, because in a randomized controlled study* of 1000 cases, it reduced the number of sick days from 15 to 11 days, a 37% improvement, clearly showing an effect on the virus and its ability to reproduce. The drug works by preventing replication of the virus inside human cells. This is still being studied intensely and some version of this drug will ultimately be even more effective. Now given intravenously, the company, Gilead, is working on other routes to administer the drug (nasal spray, etc.), but will never be available as a pill due to the nature of the drug.

*randomized controlled studies are the best type of research to prove value which require the subjects in the study to be picked in a random group and have as many placebo subjects as the actual medication, so that there is no bias.

Remdesivir is being distributed to hospitals throughout the country as of May 11 as no charge, a grand gesture.

Monoclonal antibodies are being used to prevent the virus from entering the cell, and reports will be published in the near future. These monoclonal antibodies are being used in cancer treatment as well.

The NIH recommends against corticosteroids, which are often used in other types of pulmonary disorders. It is felt that it suppresses the immune system, which is already occurring with this virus. The only exception is if the patient is in shock from cytokine storm, which is the one of chief inflammatory markers .

To date, there is insufficient data to recommend convalescent plasma, hyperimmune gamma globulins, and interferons, however, all these medications are still under review. These medications are under study.

As drugs are evaluated they can be used alone or in combination to treat the virus. This is good news.

What really needs to happen is a treatment for milder cases.

I will report on major breakthroughs as they occur.

Reference NIH website and Dr. Anthony Fauci, Director of National Institutes of Allergy and infectious Diseases

4. Allowing elective surgery, cancer treatments and screening

While critical cases are being taken care of (trauma, strokes, heart attacks, etc.) by hospitals, the Orlando Hospitals have seen many cases of patients who delayed coming to the hospital for various reasons and paid the price for a more complicated illness because of their delay in seeking help. Fear and procrastination lead the list.

Doctors are strongly encouraging people to quickly resume taking care of their health needs, regardless of type. Time to get back to taking care of our bodies and our disorders.

Doctors consider any procedure that can be scheduled as elective. It is time to contact people's doctors and be sure they get those procedures rescheduled if previously postponed.

Cancer patients have been delayed in getting their treatments in certain cases, and the anxiety and depression that comes with the diagnosis alone and is greatly magnified by this pandemic. Even those who are getting treatment are not allowed to have family with them. The pain and sorrow this virus has caused is not measureable.

Now that states are reopening gradually, some of the states are permitting elective surgeries and testing. There are millions of procedures that have been postponed including screening for

cancer (mammogram, Pap/HPV test, spiral CT scan for lung cancers, prostate screening, colonoscopy). Biopsies of potential cancers, important follow up blood tests for patients with ongoing chronic illnesses must be addressed. Some of these people have contracted the virus complicating the issues greatly.

The American College of Chest Physicians say it was appropriate to delay biopsying lung nodules suspected of being malignant, but that won't make the patients and their families happy, and now they can be scheduled. Journal of Radiology

This pandemic is a huge economic crisis for hospitals as well, as they are losing billions of dollars, even though they have been given stimulus dollars. Independent surgicenters are in the same boat regardless of owner. The lifeblood of healthcare is performing elective procedures and testing (X-rays, scans, etc.) management of chronic illnesses, not the emergency rooms and critical care.

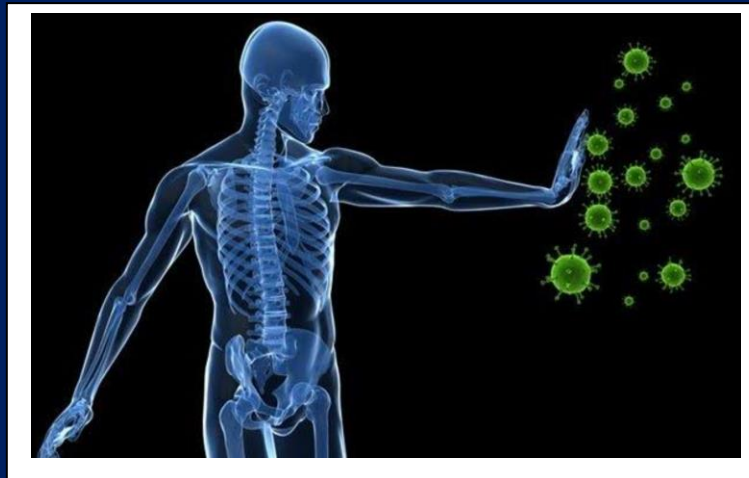
April 1 had the highest number of new cases for Florida and has been dropping since, according to Orlando Healthcare Systems, the largest trauma hospital in Florida. Of 150 women delivering babies in Orlando over the past week or so, had no women test positive if asymptomatic. Thankfully Florida is in phase 1 of reopening.

Hospitals don't break even with Medicare and Medicaid payments, which is an extreme drain on many hospitals. Private insurance is the only way they survive, making up the 20% lost on those patients. Add the cost of caring for those without insurance and illegal immigrants, and one can understand that the elective procedure business must get going, not only for the patients but the livelihood of the hospitals.

5. Do the tests currently being performed allow for decisions about who gets to go back to work safely?

A. diagnostic tests

B. antibody tests



WebMD

A. Tests for diagnosing COVID-19

Good news-Pharmacies can test for COVID-19, call the pharmacy for information.

Dr. Deborah Birx, M.D., Coordinator for the Coronavirus Response Task Force, says it is more difficult to test for RNA and DNA, the genetic component of a cell and not the easiest way to test for a virus but has been the standard technique in labs for diagnosing HIV and other viruses. COVID-19 is a RNA virus (ribonucleic acid).

The easiest way to test for COVID-19 is by testing for the viral antigen just as is performed in the influenza virus. The body recognizes foreign substances (**antigens**) and defends against them by creating antibodies. However, the labs have not been set up for this kind of testing on a massive scale. These tests are being developed for use for later this summer while the lab test for RNA and DNA is being performed today. The federal government could not respond to the need for testing without the private sector.

The FDA opened the gates to tests, and many are not reliable, according to Dr. Michael Osterholm, Director of Infectious Diseases Research and Policy. But it was the only way to get testing under way even if there are false negatives.

18,000 tests per day in Florida are being performed as of the last of April, according to Governor DeSantis. Now that tests are being performed in pharmacies, and anyone can have a test, meeting the goal of 100,000 tests in Florida per day is reachable. Antibody testing has already started as well.

It is important to note that there are studies that show viral shedding in the nose and throat occurs for up to 24 days, according to scientists in Wuhan, China. All these patients recovered in their study.

This information does back up the recommendation that a 14 day quarantine must be backed up with 2 negative viral tests, because some could still be able to transmit the virus for 2 more weeks, especially if they are coming in contact with older people and those at higher risk.

If seniors, if infected, might have difficulty developing immunity sufficiently to be rid of the virus for several weeks and continue to test positive as pointed out by Dr. Jack Lipton, Michigan State University College of Human Medicine. Medscape, April, 27, 2020

B. Are the antibody tests trustworthy? Does infection mean automatic immunity?

There are two ways the body creates immunity—antibody response and cellular response, here is how!

The body immediately responds to a viral infection with a non-specific increase in certain white blood cells. This is followed by an adaptive response by forming **immunoglobulins** (IgM, IgG). The body also responds with a **T-cell proliferation***. These cells recognize other cells infected with the virus and eliminate them, called **cellular immunity**. These are neutralizing antibodies and the best test to verify the body can kill the virus. This combination of adaptive immunity from the immunoglobulins and the T- cells can potentially eliminate the virus and prevent progression of illness producing neutralizing antibodies. WHO website

However, measuring neutralizing antibodies is difficult and not being performed on a widespread public basis. The antibody tests being provided only tell the person they have been infected (IgM and IgG), and not specific for COVID-19. That is why a person could have a positive test but have not been infected by COVID-19 and would be produce a false positive test.

False negative tests can occur if there is not enough immunoglobulin elevation in the blood. This could occur in asymptomatic people, older individuals, and those immunosuppressed not able to muster enough of an immune response.

It is too soon to assure people that those infected can be assured they are immune to COVID-19 for future infections of COVID-19 should they occur, and some say it will be around for a couple of years.

Many of the Chinese manufacturer's antibody tests have proven to be untrustworthy by the FDA. The WHO and CDC have stated that current antibody tests are still unreliable and need further study.

If people testing positive with the antibody test are given "immunity passports" to prove a person is not at risk and can return to work, there is still a risk that some may stop performing protective measures and theoretically get re-infected and spread the disease even as a carrier.

Regardless of this information, the healthy portion of the country must get back to work and accept that there is a small risk of contracting the virus if protective measures are not constantly practiced.

6. Comparison of the numbers of cases of COVID-19 in Sweden, Norway, California, and New York; comparisons to the influenza

Considering that after 107 plus days of having this virus in our country (probably 130 days at least), it is time to look at flu numbers compared to the number of cases and deaths of COVID-19.

I have recently watched and took notes on a youtube video from 2 Bakersfield, California emergency room doctors, who analyzed the statistics from Sweden (who did not isolate) and Norway (had extensive isolation).

Additionally, they compared California and New York's statistics per capita. After extrapolating the statistics, there was little difference in cases and deaths between Sweden, Norway, California, and New York with cases per 100,000 people.

The youtube video was removed because the ER doctors concluded the country could immediately reopen, thought to be contrary to the country's reopening guidelines. Ultimately, the stats of all countries will be compared to Sweden who did not isolate. Therefore, we will find out who was correct in their methods of addressing the pandemics.

IF YOU WANT TO SEE THE NUMBERS ON THESE COMPARISONS, READ THE FOLLOWING, OTHERWISE SKIP OVER.

The State of California as of April 21 had an estimated 4.7 million cases based on current testing with 1,227 deaths. That is an extrapolation of numbers. It is estimated 12% of Californians would test positive if everyone were tested with a chance of death of 0.03%. 96 % of cases are recovering with little or no problems according to these physicians in all these areas. These numbers are similar to the number of cases and deaths in influenza.

New York State has had 250,000 cases with 649,000 tests having been performed and 39% tested positive, which extrapolates to 7.5 million presumed cases. 19,410 have died out of the 19 million New Yorkers for an incidence of 0.01% chance of dying of COVID-19, the same percentage as flu.

They compared the numbers in Sweden (who did not isolate) to Norway next door who did isolate. Sweden has 10.4 million population with just over 15, 000 cases and 74,000 tests which extrapolates to 26% of the population if all were tested in the country. Only 1,765 deaths have occurred in Sweden which compares to California numbers based on cases per 100,000 population. Sweden has had approximately the same death rate of 0.03% as California, which is very close to the death rate of flu in the U.S. Initially, it was thought that there would be 5.7% death rate in the U.S.

Norway has 4.9 million population and did isolate. They had 7,200 cases with 145,000 tests for 4.9% of the population testing

positive. This extrapolates to 1.3 million cases if everyone was tested, and they have had only 182 deaths for an incidence of 0.03%, the same as California, New York, and Sweden.

Because of mandatory isolation in California, these 2 ER doctors reported personally seeing a steep increase in child and spousal abuse, suicides, depression, and the biggest problem...the delay of taking care of people's chronic illnesses due to delay and or fear of people seeking help until they were worse. This healthcare burden will have an indelible mark on America as those diseases will rise in severity and delays in diagnosis.

The world has never quarantined the healthy to protect the sick! That will be a challenge for the future.

There will be outbreaks for sure, but should not stop continued opening with over 20 states beginning to reopen. Vigilance is still critical. If businesses create more infections, they will be closed. Policing this will be a challenge. Beachgoers will be watched carefully as beaches are opening in many states.

States and cities must have backup medical support in case there are breakouts.....and there will be. It is part of what is called the gating system to begin phase 1 (these phases were discussed in my last report).

7. Percentage of co-morbidities in Americans; delay in essential care

It is estimated that 45% of the country is at risk for serious disease (that is the percent who have risk factors for serious disease and risk for viruses). How do we get back to normal if we must protect almost half of the population by keeping them away from others? The vulnerable must cooperate, but it can be done. This pandemic and who suffers the most should be a wakeup call

that Americans have got to take their health seriously!! Will they??? And how much weight has the average person gained in the last 6 weeks confined?

Keep in mind that most of the deaths are not caused by the virus alone. There are other medical causes that lead to the death enhanced by the virus, but hospitals are telling doctors to put "cause of death" as COVID-19, because the federal government is adding an additional 20% in payment. All services in the hospital and ICU are covered as well, but in fact, there are many patients who will not pay.

Once the cost of delay in essential care because of this virus is calculated, it will be astronomical. One spokesman for a large hospital in North Carolina stated that the number of ambulances called for in her city was 10 fold higher, and these were patients suffering from delayed care (not from the virus).



8. How to put on and take off a mask

a) Never touch the outside of the mask when putting on or taking off. If you do, the mask is no longer going to protect people.

- b) Use the elastic bands of straps to put on and take off the mask.
- c) Store the mask without touching the outside of the mask, disinfect, put out in the sun, or throw away.
- d) Continue to wash hands like even with a mask on.
- e) If the mask is touched on outside, replace it.



Totally wrong! DO NOT TOUCH THE FRONT OF THE MASK!



9. Will COVID-19 return in the fall? How will flu season influence the severity?

A. With the ease of transmissibility of COVID-19 and the possibility of mutations, experts are predicting the virus will return this fall when flu season restarts and may be around for as long 2 years until the level of immunity is sufficient to meet the viral challenge (herd immunity).

Hopefully the public will still be paying great attention to personal hygiene and physical separation if there is a resurgence. But it is critical ALL PEOPLE MUST GET THE INFLUENZA VACCINE. For anti-vaccine advocates, they must realize the risks are too high to expose someone to the flu virus and COVID-19 which likely would increase the severity of both diseases and cause more deaths. The COVID-19 should be mandatory. When the COVID-19 vaccine is available, it should be mandated to all unless there is a medical reason.

B. Summer and Fall Cases; the mental toll on another national outbreak

There most likely will be a dip in the number of cases this summer with the weather being somewhat of an unknown factor. Allowing more people to be outside in the fresh air and sun makes total sense, since sunlight kills the virus in minutes.

If there is a national viral outbreak, the mental toll will pile on the already totally distressed public and be a bigger factor perhaps than it is now.

There is another factor. Everyone has been isolating and cleaning every surface imaginable and scrubbing their hands preventing any form of germ from getting to us. Without exposure to everyday germs, what will that do to people's immune levels? THEY DROP. This could mean immunity could drop making people more susceptible to many infectious diseases.

C. Concern for older people with co-morbidities not staying home when the healthy go out

I am concerned that older people with serious illness may not stay home orders as ordered while the rest of the public gets to go out. Will they obey? Will they be reprimanded when out in public if they stray from the rules? There are already some nasty people out there that think they are the social police. Who decides how risky it is for each person with co-morbid conditions that are supposedly under good control, but don't realize they may be feeling fine but could still be prone to a more serious infection?

People's doctors need to assess a patient's risks and advise them accordingly. Will doctors provide that service? It comes down to individual responsibility. We are up against a massive social rebellion if this virus is not contained in a major way the first time it makes the rounds.

Because the immunity of older people, those with immunosuppression, and those with chronic disease will likely be even more susceptible to a second infection if their antibody titers are not sufficient to offset exposure. Immunity lowers with age.

D. Changes must be made for international travel

To control infectious disease in the future, there must be serious controls, improved personal protection, and surveillance techniques put in place permanently on international travel to the U.S.

We need the WHO to do a better job of monitoring outbreaks throughout the world, and they need more influence from the U.S. if they want U.S. support. However, it is critical we have these monitoring procedures better implemented. America can't divorce itself from the rest of the world. There is such a delicate balance the need for cooperation with our allies and adversaries to control global health issues. Global health must be addressed with cooperation from all countries including China and Russia, if possible.

9. Vaccine innovation—will it be ready by the end of the year?; Anti-vaccine advocates

There are always conspiracy theorists out there spreading lies about many issues including COVID-19. These people get on social media and declare that there is no virus and it is all a governmental lie. These are the same people that still believe vaccines cause autism in children. These are the people that created epidemics of measles last year. These are the people that are threatening infectious disease specialists with their lives. PLEASE IGNORE THESE PEOPLE. THEY ARE A MALIGNANCY.

There is great optimism that an effective, safe vaccine will be developed.

Vaccine development is happening around the world in record speed, but realistically, it won't be available to the general public til the beginning of next year. 115 companies are vigorously working 24/7 to be first. The financial incentive is massive.

10. Counseling for healthcare providers and first responders

Lastly, as reported in the April update, the psychological toll to first responders and healthcare workers will be long lasting, and there needs to be a concerted effort to provide confidential counseling without prejudice for these heroes from their medical facilities. The professional emotional support for physicians and nurses is especially needed for it is they bear burden of loss of their patients the most. Many of these doctors and nurses are concerned that they will bring the virus home to their families.

THE PHYSICIAN SUPPORT LINE IS 1-888-409-0141

One support group for nurses is www.dailystrength.org

1-800-273-8255 SUICIDE HOTLINE

11. The FUTURE OF THE WORLD; The Chinese Communist Party's Plan to take over!

As we hope for the end of this pandemic, we must begin to deal with China's misconduct. We must realize we stupidly have become dependent on China for reagents for a vaccine not to mention protective gear for infectious outbreaks. The first 2 doctors who blew the whistle on China about the cover up are no

longer around. The 34 year old neurosurgeon, head of his hospital, was arrested and it was announced he died of the virus (at 34???) and the other doctor is still missing after 3 months.

As mentioned in introduction, the Pentagon and security officials have opened an investigation regarding the possibility (not proven) that we are dealing with a bioweapon.

H.R. McMaster, one of the top military strategists has a book coming out soon on how China sees the World and how the U.S. sees China. Here are some pearls from his article in the Atlantic Magazine. He is a Lieutenant General, retired from the United States Army, a former White House consultant, and will soon have his latest book out "The Fight to Defend the Free World".

China has become a threat because of their internal authoritarian model as a contrast from our democratic society. When China was welcomed into the international political and economic order in the 1970s, China played by the rules for some time. But that has changed with their strengthening of an internal system that stifles individual freedom and extends its authoritarian control. With creation of an island in the South China Sea, the world has taken notice that their intentions are totally selfish and contrary to the rest of world including alternatives to economic free markets.

The integration of their militarization and economic strategies by the Chinese Communist Party are particularly dangerous to open societies such as the U.S. China is obsessed with control—both internally and externally.

It is McMaster's opinion that China is in the midst of a narrow window of strategic opportunity to strengthen their rule and revise international order and prevent souring of their economy. As the COVID-19 has weakened economies throughout the world, China is buying up property in most parts of the world (Eastern

Europe, Europe especially Italy, Africa, etc.), buying fuel at a hugely discounted price because of the pandemic, and has continued to defy free markets butting heads with the Trump administration. The trade agreements have brought many issues to a head.

China has a three prong approach—co-option, coercion, and concealment. Their fight with Hong Kong is well known, and their inhumane treatment of Muslims (ethnic Uighurs) and other religions is well known with 1 million muslim people being placed in concentration camps. Aligning with the Chinese Communist ideology is the only tolerated form of expression.

China has developed new policies called “Made in China 2025” is a massive organized effort to become totally independent financially, scientifically, and technologically, as they continue to steal technology and infiltrate our universities on a regular basis. They are creating a high tech monopoly inside China stripping countries of their intellectual properties. They are forcing foreign companies to enter joint ventures with Chinese companies before being permitted to sell products in China.

Through the “Belt and Road Initiative” , a \$1 trillion infrastructure project in Indo-Pacific, Eurasia, and far beyond are now offering foreign countries bank loans for large infrastructure projects in their countries. Once the countries are in debt, the Chinese Party forces their leaders into aligning with Chinese foreign policy agendas with the goal of displacing the U.S.’s influence with its partners. 8 poor countries have already found themselves in serious debt and are being swallowed up by China and its propaganda (Pakistan, Montenegro, Mongolia, etc.).

They are buying many technological industries throughout the world. They infiltrate universities and research arms of countries to be in a position to acquire (steal) advanced technologies especially in space, cyberspace, biology, and artificial intelligence, and energy. They have a network of students in the U.S. who are

stealing our technology daily. Chinese cybertheft has hacked its way into many U.S. industries.

Co-option crosses over coercion when the Chinese Communists demand that companies adhere to Chinese Communist propaganda. They are in the process of manipulating political processes in many countries who have come under the influence of the Chinese.

Western liberal qualities are seen as weaknesses by the communists. The U.S. unfortunately thinks of other countries through a U.S. prism, and is foolhardy when it comes to the Chinese.

McMasters insists the U.S. must face several challenges

1. Our universities have become complicit with China's ideology regarding not respecting human rights, allowing them a major advantage of not caring who they chew up. They must "clean house" with those who are aiding their ideologies.
2. The world's private sector must stay away from "deals" with China and align themselves with free-market economies, representative governments, and the rule of law, all contrary to Chinese ideology. The U.S. must quit teaming up with Chinese companies that promote their technologies especially regarding internal security, cyber-companies, surveillance, biogenetics, and artificial intelligence.
3. U.S. companies must avoid Chinese partnerships where domestic human rights abuse is promoted.
4. The U.S. must fight major telecommunication companies that control communications. An example is the espionage issue that the company Huawei created in intercepting cellular data to help spy on African leaders.
5. We must let the Chinese people know we support them in their fight against the Chinese communist regime.

6. The U.S. must push back against statist economies and authoritarian regimes such as China's.

7. We must realize the Chinese leaders suffer from insecurity and high ambition, and are not open to attempts to "work" with the West.

This update has provided the reader with the latest information (up to May 7) available from the medical journals and news outlets provided by the AMA and others.

We must learn from our mistakes, know who our friends are, and trust our leaders to pull us through this crisis. The number one effort must always come from our fellow Americans to follow the guidelines for hygiene and personal protection, and when appropriate support our businesses as they open. There will be bumps in the road, but we must persevere and we will return to the country we know and love.

Look for more updates when indicated based on medical breakthroughs and results of many clinical trials that prove or disprove treatments, and give us guidance for the future. I will also provide more subjects for June as well.

Thank you, Dr. Sam

P.S. My wife and I went out to dinner last night for the first time in 6 weeks, and it was such a thrill to be served food by someone else and be in a restaurant. The

restaurant was in complete compliance with state rules for protection. Talk about liberating!!