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WARNING!! New Unspecified Outbreak Confirmed in Kazakhstan

I am NOT a scientist or an economist, but I do conduct a lot of research. I speak with many experts in various fields, and I love acquiring knowledge. The opinions expressed in this article are my own. They are straight to the point, hard hitting and presented in a take no prisoners' manner. I am NOT an anti-vaxxer, nor do I subscribe to any crazy conspiracy theories. On the contrary, I am a proponent of vaccines so long as they are safe. Vaccines have played an important part in the safety of the public and have eradicated the threat of diseases like polio and the measles, and we need to continue research to develop new vaccines in the future.

No political angle: only opinions based on scientific information

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. 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.

Possible Deadly MERS Virus in Kazakhstan

In a recent statement, the Kazakhstan health ministry confirmed the presence of “viral pneumonias of unspecified etiology.” This new virus is not COVID-19, or tests would have confirmed so. “Kazakhstani Health Department and other agencies are conducting comparative research and have not defined the nature of the pneumonia virus,” the statement said.

Based on the region and its history, some experts believe this unspecified virus could be MERS-CoV, (Middle East respiratory syndrome coronavirus) Middle Eastern respiratory disease (MERS) is a viral respiratory disease caused by a novel coronavirus. According the World Health Organization's website, MERS symptoms include fever, cough, and shortness of breath. Pneumonia is common, but not always present. Gastrointestinal symptoms, including diarrhea, have also been reported.

President Trump could take action and deny entrance from the region

Some laboratory-confirmed cases of MERS-CoV infection are reported as asymptomatic, meaning that they do not have any clinical symptoms, yet they are positive for MERS-CoV infection following a laboratory test. Most of these asymptomatic cases have been detected following aggressive contact tracing of a laboratory-confirmed case. Approximately 35% of reported patients with MERS-CoV infection have died.

MERS-CoV is spread through close contact, often infecting those living with or caring for infected people. It is a zoonotic virus which originated from dromedary camels. It is transmitted from infected camels to humans and exists in the Middle East, Africa and South Asia.

All borders with Kazakhstan must be closed immediately in order to contain this mysterious virus. Europe and the United States must deny entrance to anyone coming from this region.

The scientific community needs to conduct an immediate investigation to confirm if Kazakhstan's new viral outbreak is indeed MERS-CoV. In light of the current COVID-19 pandemic, a global outbreak of MERS-CoV would be disastrous.

Could the coronavirus that originated in Wuhan have mutated into this new outbreak? Imagine if this were to spread to the west in addition to the current COVID-19 pandemic. The world must work together to contain this Kazakhstan virus and not allow it to leave the region.

<https://keyt.com/news/national-world/2020/07/10/chinese-officials-warn-of-unknown-pneumonia-in-kazakhstan-that-is-deadlier-than-coronavirus/>
[https://www.who.int/news-room/fact-sheets/detail/middle-east-respiratory-syndrome-coronavirus-\(mers-cov\)](https://www.who.int/news-room/fact-sheets/detail/middle-east-respiratory-syndrome-coronavirus-(mers-cov))

BREAKING NEWS

A Hong Kong scientist Dr. Li-Meng Yan who specializes in virology and immunology escaped Hong Kong and is blowing the whistle on China's novel coronavirus coverup. Dr. Yan is in fear for her life and currently is in hiding. She told a reporter, "The reason I came to the U.S. is because I deliver the message of the truth of COVID."

Is Kazakhstan covering up an outbreak as many believe China has done? The world cannot afford to make the same mistake this time around.

<https://www.foxnews.com/world/chinese-virologist-coronavirus-cover-up-flee-hong-kong-whistleblower>

Has COVID-19 Become Ten Times More Contagious Through a Single Mutation?

A recent [study](#) of COVID-19 published in the highly respected journal, Cell, found the virus has become much more contagious and able to spread faster. The spike protein in the virus seems to have mutated into a single amino acid exchange mutation. In plain language, the newly mutated strain is now much more infections than the previous.

Researchers at the The Scripps Research Institute have found that the strains spreading so quickly in Europe and the U.S. have a mutated S "spike" protein that makes it about 10 times more infectious than the strain originally identified in Asia. The big question now is, if a simple, single amino acid could cause such a drastic increase in the contagion, what will happen after the next mutation?

<https://www.pharmalive.com/mutated-covid-19-viral-strain-in-u-s-and-europe-10-times-more-contagious-than-original-strain/>

Coronavirus is now a part of our lives; we have no choice but to open up the economy

The next stage of COVID-19 has already begun, and we must deal with the virus head on. We can no longer afford to shut down states every time there is an increase in new cases. The strategy must change in order to accommodate living and dealing with the virus.

My previous op-eds warned of these mutations. The latest outbreaks in Florida, Texas, Arizona, Washington, and California validate the study's

findings, as we are seeing the beginning of a mutated wave of infection. This time around the virus is spreading more rapidly than the first less efficient, contagious strain. The increased infectiousness could also be the reason why the current wave of new cases is affecting much greater numbers of young people than did the first wave. COVID-19 is not over; it is getting worse.

While the number of cases is up, there is room for optimism. The current recovery rate is higher and deaths from COVID-19 are dropping. Hospitals are now more experienced and better equipped to treat new patients. Additionally, the average age of the most recent wave of new cases is lower. Younger patients have stronger immune systems better able to battle the virus. Government leaders need to reassess their strategies and act accordingly. So far, the west has been unable to flatten the curve of new infections; the virus has turned the curve of new cases upward.

Stop the coronavirus from taking over your country, continuous testing is necessary

In one of my [articles](#), I presented an idea to convert ambulances into mobile testing labs. In light of the new increased outbreak I am once again suggesting that mobile testing labs be placed everywhere and weekly testing, contact tracing and isolation be implemented. Failure to do so could result in the economy being halted once again. Increased transmission of the virus could also lead to more civil unrest. I had also [proposed](#) opening up international travel by requiring travelers to show proof of a negative test within 48 hours of flight

Reopen schools, colleges and universities, this fall

It's time to reopen our schools and institutions of learning. This can be done safely while adhering to CDC guidelines on social distancing and regular handwashing. Hand sanitizing stations can be placed throughout the schools and all students could be tested for the virus monthly. Legislation is needed to give schools immunity in order to protect them from potential liability from the spread of the virus.

We must learn to live with coronavirus the same way we live with other lethal and deadly diseases

Daily we live with such illnesses as coronary artery disease, lower respiratory infections, chronic obstructive pulmonary disease, lung cancer, breast cancer, other cancers, diabetes, and the list goes on. We have no choice but to accept the fact that we must deal with the coronavirus as we do with other serious medical issues. We have to adapt until a reliable therapeutic solution is developed, since any hope for a vaccine is out of the question. The economy must remain open. Just like we do not shut down the economy because we are having too many strokes or heart attacks, we cannot shut down because of this virus.

The hope of developing a vaccine is a lie

Once again, I find myself being critical of those medical experts telling us we are on the verge of a vaccine. A vaccine for this virus is not possible and a serious scientist will recognize why that is. Promises of a vaccine are nothing more than a money grab by pharmaceutical and biotech companies, knowing full well it is impossible to guarantee neutralizing antibodies. Based on what we know about COVID-19 and the lack of neutralizing antibodies, achieving an effective vaccine is not possible, the vaccine itself could actually be very dangerous and create a deadly super infection if the vaccinated person were to be re-infected with the virus. To date there has never been a successful vaccine developed for SARS, MERS, or HIV despite more than 500 failed attempts. We have watched the virus mutate and become ten times more infectious. How can we now expect a vaccine to be effective if the spike protein mutates yet again?

I believe the administration is very sincere in its belief of a coming vaccine, but they have been completely misled by the pharmaceutical and biotech companies, and others with conflicting interests.

Could the coronavirus mutate into a 21st century Spanish flu?

Could COVID-19 become a modern-day version of the Spanish Flu? We certainly hope this will never happen, but scientists need to address this devastating possibility. The fact that many positive COVID-19 cases are asymptomatic adds a disastrous element to a possible second deadly mutation of the spike protein. As with the Spanish flu, it could potentially wipe out up to 25% or more of infected patients.