



## COVID-19 – CMEFS WEEKLY NEWSLETTER

FRIDAY 10-07-2020

Hello. I do hope that this week's edition of our newsletter finds you and your family as well as can be.

### COVID-19

Hans Rosling, the author of the book FACTFULNESS, which I keep referring to on-and-off in this recent series of newsletters is, or rather was, as he is now sadly no longer with us, a Professor of International Health and a global TED phenomenon.

I am now towards the end of the book, which appears to have been first published in 2018, and here are what he deemed at the time to be the top five global risks the world should be worried about, presumably in order of importance.

1. Global Pandemic
2. Financial Collapse
3. World War III
4. Climate Change
5. Extreme Poverty

Now I wonder just how many of us would have agreed with the five items on this list as “things to worry about”, let alone the order of them, at that time?

I know I have been worried about items two (Financial Collapse) and four (Climate Change) for a very long time now.

The first being because of the industry I am in, which perhaps gives me greater insight into the inner workings (or should I say the inner non-workings) of the global financial system, and the second perhaps simply because it has received so much media attention over the last number of years.

The first item on his list is not something I gave a great deal of thought to, perhaps mistakingly thinking (but without actually thinking about it) that medical science and technology were now so advanced and “on top of things” that new viruses or diseases arriving in our midst would receive very short shrift indeed.

How wrong I was.

World War III was not even something I wanted to think about or want to think about, being of an age where I have had first-hand experience of the sheer horror, brutality and futility of war.

And it is still not something I want to think about.

We need to keep talking to one another. Talk. Talk. Talk. Talk. Talk. Repeat.

Extreme Poverty.

If you are reading this, then in all likelihood this is something we all have at the very least passing exposure to in our daily lives and something we all try (and maybe to some extent need?) to look past, usually out of a feeling of sheer helplessness given the scale and magnitude of the problem.

Although there are always exceptions, most of us do not enjoy the thought that others are suffering in extreme poverty whilst we live our lives in varying degrees of comfort.

If most of us knew of something we could do, right away, that would change this situation immediately and permanently, and not just transiently, most of us would probably want to get this done right away.

But alas, this is not the case.

Alleviating extreme poverty from society globally is a battle that happily *is* being won (believe it or not), but there is much yet to do.

We all just need to continue to do what we can.

Every little bit helps.

However, getting back to number one on his list, Global Pandemic, Hans Rosling had this to say on the subject at the time:- (Where you see brackets [like this] the comments contained within the brackets are my own.)

*“Serious experts on infectious diseases agree that a **new nasty kind of flu is still the most dangerous threat to global health.** [How prescient] The reason: flu’s transmission route. It flies through the air in tiny droplets.[More on this further on] A person can enter a subway car [Think New York, London, Paris] and infect everyone in it without them touching each other, or even touching the same spot. An airborne disease like flu, with the ability to spread very fast, constitutes a greater threat to humanity than diseases like Ebola or HIV/AIDS. Protecting ourselves in every possible way from a virus that is highly transmissible and ignores every type of defense is worth the effort, to put it mildly*

Earlier on in the book, and all of it being very relevant right now, Hans Rosling talks about the importance of protecting the integrity of data, no matter how “noble” the reason put forward for the withholding or manipulation of data is concerned.

Without integrity, there can be no credibility.

If there is no credibility, then it opens the door to all kinds of speculation and interpretation at a time when uniformity of action based on credible data is absolutely necessary to defeat something like the global pandemic we are presently experiencing, along with its knock-on economic effects.

So we need institutions like the Centres for Disease Control (CDC) and the World Health Organisation (WHO) to be totally transparent and honest with data they have in their possession at all times, withholding nothing for “noble” reasons.

You would think this does not happen, or at least I would have thought so anyway.

To my mind, these organisations, given the importance of their functions and responsibilities in and to society should be beyond reproach.

And yet in his book (and not said maliciously but illustratively) Hans Rosling talks about a time when he was very involved (in the front lines by the way, and on very many occasions) in the fight against the spread of the Ebola Virus.

After much effort, he and all those working with him were, at that time, able to turn the tide to the point where the rate of infection started to drop off sharply.

He sent the falling curve to the WHO and they published it in their next report. But the CDC insisted on sticking to the rising curve of “suspected cases”.

The reason? In Hans Rosling’s words.

*“They felt they had to maintain a sense of urgency amongst those responsible for sending resources. I understand that they were acting from the best of intentions, but it meant that money and other resources were directed at the wrong things. More seriously, it threatened the long-term credibility of epidemiological data.”*

Is this happening right now?

Here's a condensed extract from the latest news of the day, decide for yourself. (Emphasis my own)

The WHO has acknowledged “evidence emerging” of the airborne spread of the novel coronavirus (referred to in the scientific community as aerosolisation of the virus) after a group of scientists (239 in 32 countries) urged the global body to update its guidance on how the respiratory disease passes between people.

These scientists outlined **evidence** that they say shows floating virus particles can infect people who breathe them in. The spokesperson for the group of scientists says historically there has been fierce opposition in the medical profession to the notion of aerosol transmission of the virus and the bar for proof has been set very high. *A key concern has been a fear of panic. “If people hear airborne, healthcare workers will refuse to go to the hospital or people will buy up all the highly protective N95 masks.”*

Now if you go to this address

<https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

on the WHO website and look at what happened in Wuhan back in January of this year one finds this reference by the WHO to aerosolisation of the virus dated 10<sup>th</sup> January 2020. (Emphasis my own)

*“Based on experience with SARS and MERS and **known modes of transmission of respiratory viruses, infection and prevention** control guidance were published to protect health workers recommending droplet and contact precautions when caring for patients, and airborne precautions for **aerosol-generating procedures** conducted by health workers.”*

In essence, as I read it, there was a nod given by the WHO at that time that certain procedures administered by health workers may well give rise to aerosolisation of the virus, thus greater caution needed to be taken in these instances.

Now in my mind, if certain procedures can cause aerosolisation of the virus, then why not a cough, a sneeze, or someone simply speaking with emphasis?

Why is the bar being set so high? Why the seeming reluctance to acknowledge the evidence provided by 239 scientists in 32 countries? Indeed, why is the WHO not squarely behind erring on the side of caution given that the stakes are so high?

Too many questions, too few answers.

This not only leads to speculation, confusion, chaos, and otherwise unnecessary deaths (sound familiar?) but as Hans Rosling cautioned, more importantly, it threatens the long-term credibility of epidemiological data.

All in the name of “acting in our best interests” as “we simply would not be able to handle the truth.”

For me, I am not going to wait for the WHO to get there in their thinking. Rather, even with a mask, I am going to ensure that I spend as little time as possible in crowded enclosed spaces with poor ventilation.

In short, this new evidence points to the risk of infection rising if one finds oneself, even masked

- In an enclosed space
- That is poorly ventilated
- With lots of people
- For a prolonged period.

Change any one of these four variables and your risk of infection reduces, change two and it reduces even further, change three, further still, and so on.

For example, you might find yourself in a mini-market (enclosed space) with low ceilings and poor air-flow (that is poorly ventilated) amongst a crowd of other shoppers (with lots of people) but you’re “in and out” in 15 minutes (NOT for a prolonged period).

In the above example, your risk of infection, even whilst wearing a mask, has been significantly reduced as a result of your NOT have been exposed to that environment for a prolonged period.

This almost, if not does, finds its way back to one of the first things I wrote about this virus, being that exposure to the virus in and of itself is not necessarily going to make you ill. It is the **viral load** that our bodies take on.

It seems our bodies can quite easily deal with a few of them, after all, we are happily breathing in all sorts of other viruses and goodness knows what every day, it is just when a ‘tipping point’ is reached that one then becomes infected and then becomes ill.

This aerosolisation aspect of the virus **does** answer the question posed last week, the question being why some very responsible people following “all the rules” non-the-less became infected with the virus.

So let's add "be aware of the environment you find yourself in" to our list of precautionary measures.

Have a mental tick-box. Enclosed space. Ventilation. Crowded. Time spent.

If you tick all of the boxes, either leave that environment or come back later when it is less busy.

That's all for now and I trust you enjoyed the read.

Nine sends love and thoughts to all, as always.

Until next time then, from all of us at CMEFS, do take good care of yourselves. Kind regards. Charles.

Name	Division	Cell Number	Detail
Alicia	Wealth	063 434 8074	Learner. Servicing attaching to the following classes of business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Andrew	Wealth	063 321 7399	Intern. New business and servicing. Medical Aids & GAP Cover. In the process of migrating across to the Wealth Division.
Andrisha	Wealth	063 378 1473	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Bernelee	Tax	078 708 4536	Administrator providing admin support to Geraldine and understudy to Geraldine.
Brady	Wealth	071 843 3933	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Felicia	Risk	071 880 9576	Learner. Servicing attaching to Short-Term insurance, assisting Stella. Starting to obtain some exposure to Medical Aids, GAP Cover and Life Insurance.
Geraldine	Tax	083 754 1699	Head of tax division.
Jamie	Wealth	071 850 1389	Learner. Core responsibility being to produce and send out the monthly investment statements and to handle any queries connected to them. Satellite responsibility to assist where possible in the Wealth Division.
Luh	Bookkeeping	063 102 3313	Head of Bookkeeping Division. Professional Accountant (SA) SAIPA 30345
Nadean	Tax	063 026 1351	Intern. Administrator providing admin support to Bernelee and understudy to Bernelee.
Siso	Risk	060 376 6605	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.
Stella	Risk	078 784 6462	Head of Short-Term Insurance Division.
Terisha	Books	071 858 3373	Intern. Bookkeeping Division. Data Capture and other functions relating to the bookkeeping Division.
Thabo	Risk	078 004 3864	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.