

United States Supreme Court

Donald J. Trump, President of the United States v. Anthony Fauci Director, National Institute of Allergies and Infectious Diseases HA-13-4-20

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Hospitals & Asylums

The Supreme Court must prohibit the tax rebate in Sec. 2201 of P.L. 116- 136 and S. Amdt. 1563 to suspend Federal payroll taxes for 2020 under 26USC§7201. The President's threat to veto the stimulus bill because of a grant to the Postal Service, rather than loan, proves unfounded, just another attempt to evade being held responsible for preventing the defeat of a tax. There are numerous errors of clerkship regarding the “economic stimulus” bill that is believed to have been legislated under the influence of speed in violation of the COVID-19 ban on assemblies larger than 50 persons. To limit economic harm caused by the COVID-19 pandemic, to the exact size of the economic depression it causes, as measured by lawful programs, especially unemployment compensation, it is economically necessary for the Supreme Court to reject their bribe and defeat the defeat of tax. While they may not be the poor people making plans with this money, they are invariably denied, because they owe student loans or are otherwise poor, the Supreme Court should not be the other victim, who receives a bribe that exacerbates the size and duration of the economic depression. Political activity should not be interfered with unless it sought to by-pass or threaten the existence of the regular corrective political processes. If that happened, then the Court as a nonpolitical agency had to intervene or else the interference with the normal corrective processes might well perpetuate itself pursuant to *United States v. Carolene Prod. Co.*, 304 U.S. 144, 152-53, n.4 (1938) in regards to wrongful economic depression response inspired attempts to evade or defeat taxes under 26USC§7201.

Statute

Attempt to Evade or Defeat Tax 26USC§7201

Families First Coronavirus Response Act Public Law No. 116-127 3/18/2020

Coronavirus Aid, Relief and Economic Security Act CARES Act Public Law No: 116-136 3/27/2020

S. Amdt. 1563 to suspend Federal payroll taxes for 2020

Tubercular Hospital at Fort Bayard 24USC§19

Cases

A.L.A. Schechter Poultry Corp. v. United States, 295 U.S. 495 (1935).

Carter v. Carter Coal Co., 298 U.S. 238 (1936).

Dartmouth College v. Woodward 17 U.S. (4 Wheat.) 518 (1819).

Home Bldg. & Loan Assn. v. Blaisdell, 290 U.S. 398 (1934).

Marbury v. Madison 5 U.S. 137 (1803)

Nebbia v. New York, 291 U.S. 502 (1934).

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Coronavirus (COVID-19) has been declared a world-wide pandemic and many states have engaged quarantine protocols, causing a 30% decline in the stock market, wide-spread store closures and work stoppages in 2020. This circumstance was estimated in 2005 to reduce the economy by up to 5%. The Food and Drug Administration (FDA) authorized emergency use of two antimalaria drugs, chloroquine and hydroxychloroquine, as potential COVID-19 treatments – despite scant evidence that they work. Normally there is no treatment for coronaviruses other than a caution to wash hands and keep clean. For Severe Acute Respiratory Syndrome (SARS), a coronavirus, the treatment with no fatalities was to ventilate the patient and medicate with the antibiotic levofloxacin (Levaquin), and corticosteroids methylprednisolone IV and then prednisone (Kit-Ying '06). Coronavirus-like cold and flu-like symptoms are therefore best self-medicated with corticosteroids and antibiotics, however self-quarantine and hygiene is thought to be the most effective response. Ampicillin or Zmax antibiotics are recommended to treat pneumonia. Corticosteroids, \$1 hydrocortisone creme, prednisone, methylprednisone IV, nasal spray and the corticosteroid inhalers that have long wanted to be exempted from the Montreal Protocol this 2020. No more denying first time asthma diagnosis their corticosteroid inhalers or other corticosteroid less injurious to the lung and airways. Legalizing “corticosteroid inhalers” under the 1987 Montreal Protocol on Substances that Deplete the Ozone Layer, 1990 London

Amendment, 1992 Copenhagen Amendment, 1997 Montreal Amendment, 1999 Beijing Amendment, and 2016 Kigali Amendment seems to do the COVID-19 pandemic and Chronic Obstructive Pulmonary Disease (COPD) justice. Make sure corticosteroids are not contaminated with mold.

Corticosteroids are the most important class of drugs for the treatment of serious cases. Steroids are: Prescription: (oral) prednisone, prednisolone, (IV) methylprednisone, (nasal): Flonase (fluticasone), Nasacort (triamcinolone), Nasalide (flunisolide), Nasonex (mometasone), Pulmicort and Rhinocort (budesonide), Qvar, Vancesnase DS, Vancenase pocket inhaler, Vanceril, and Vanceril DS (beclomethasone). Steroid Nasal Sprays. Common types of inhaled steroids include: beclomethasone (Qvar), budesonide (Pulmicort), budesonide/formoterol (Symbicort) – a combination of a steroid plus a long-acting bronchodilator drug, ciclesonide (Alvesco), fluticasone (Flovent HFA), fluticasone propionate (Flovent Diskus), fluticasone furoate (Arnuity Ellipta), fluticasone propionate/salmeterol (Advair) — a combination of a steroid plus a long-acting bronchodilator, fluticasone furoate/umeclidinium/vilanterol (Trelegy Ellipta) — a combination of a steroid, an anticholinergic, and a long-acting bronchodilator drug, mometasone furoate (Asmanex), mometasone/formoterol (Dulera) — a combination of a steroid plus a long-acting bronchodilator drug. Current metered dose inhalers (MDIs) contain chlorofluorocarbon (CFC) propellants. A new propellant HFA134a, with no effect on ozone, may be a suitable alternative (Jenkins '10). March 24 marks the anniversary of the discovery in 1882 by German microbiologist Robert Koch of the bacterium that causes **tuberculosis** (TB) *Mycobacterium tuberculosis*. In 1946, the drug streptomycin became the leading chemotherapy prescribed for pulmonary disease, and then, by the mid 1950s, physicians also began to prescribe isoniazid to treat tubercle bacillus. Large portions of the old Fort Bayard Military Reservation were turned over to the United States Forest Service in 1956. They now are incorporated into the Gila National Forest. By 1965, the need, in the United States, for the high elevation-dry climate tuberculosis facility since 1899, lay several decades in the past, under 24USC§19.

Although the 2020 deadline has softened, the the FDA and World Health Organization (WHO) must sue the Ozone Secretariat to publicly extend their laboratory exemption to legalize corticosteroid inhalers in response to the COVID-19 pandemic under the 1987 Montreal Protocol on Substances that Deplete the Ozone Layer. The laboratory exemption is not enough because current metered dose inhalers (MDIs) contain chlorofluorocarbon (CFC) propellants, a new propellant HFA134a, with no effect on ozone, may be a suitable alternative (Jenkins '10), but the Ozone Secretariat will have to cooperate with the corticosteroid producers they have wronged. Furthermore, the tax rebate in the CARES Act must be prohibited by the Supreme Court before the economic stimulus speed epidemic again exacerbates or causes economic recession by defeating taxes needed to pay for economic relief. Informing the Ozone Secretariat of this resulted in a news report saying that a large ozone hole had temporarily opened over the Arctic, and another reported that more than 2,000 people in New York City died, when prescribed corticosteroids, people were being released from the hospital about on the West coast. The Center for Disease Control (CDC) recommends that for 8 weeks, from March 15 to May 15, organizers (whether groups or individuals) cancel or postpone in-person events that consist of 50 people or more throughout the United States (e.g. Congress and Court, Customs, Social Security, Vaccine and Voter Registration related Breaking and Entering B&E Interrogation).

On 3/11/2020 Rep. Lowey, Nita M. [D-NY-17] introduced H.R. 6201 Families First Coronavirus Response Act that passed on 3/18/2020 to become Public Law No. 116-127. This bill responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak by providing paid sick leave, tax credits, and free COVID-19 testing; expanding food assistance and unemployment benefits; and increasing Medicaid

funding. On 3/19/2020 Sen. McConnell, Mitch [R-KY] introduced S.3548 Coronavirus Aid, Relief and Economic Security Act or the CARES Act to the 116th Congress (2019-2020). On 3/21/2020 Sen Perdue, David [R-GA] introduced S. Amdt. 1563 to suspend Federal payroll taxes for 2020 was referred to the Committee on Finance. Congress.gov reports that Rep. Courtney, Joe [D-CT-2] introduced the CARES Act, that passed in the Senate on 3/25/2020, on the impossible date of 1/24/2019. The CARES Act is reported to have passed on 3/27/2020 to become Public Law No: 116-136. The CARES Act addresses economic impacts of, and otherwise responds to, the COVID-19 (coronavirus) outbreak. The bill authorizes emergency loans to distressed businesses, including air carriers, and suspends certain aviation excise taxes. With respect to small businesses, the bill establishes, and provides funding for, forgivable bridge loans; and provides additional funding for grants and technical assistance. The bill needs to be prohibited from providing funding for \$1,200 tax rebates to individuals, with additional \$500 payments per qualifying child. The rebate begins phasing out when incomes exceed \$75,000 (or \$150,000 for joint filers). The rest seems okay. The bill establishes limits on requirements for employers to provide paid leave. With respect to taxes, the bill establishes special rules for certain tax-favored withdrawals from retirement plans; delays due dates for employer payroll taxes and estimated tax payments for corporations; and revises other provisions, including those related to losses, charitable deductions, and business interest. With respect to health care, the bill provides additional funding for the prevention, diagnosis, and treatment of COVID-19; limits liability for volunteer health care professionals; prioritizes Food and Drug Administration (FDA) review of certain drugs; allows emergency use of certain diagnostic tests that are not approved by the FDA; expands health-insurance coverage for diagnostic testing and requires coverage for preventative services and vaccines; revises other provisions, including those regarding the medical supply chain, the national stockpile, the health care workforce, the Healthy Start program, telehealth services, nutrition services, Medicare, and Medicaid. With respect to education, the bill temporarily suspends payments for federal student loans; and otherwise revises provisions related to campus-based aid, supplemental educational-opportunity grants, federal work-study, subsidized loans, Pell grants, and foreign institutions. The bill also authorizes the Department of the Treasury to temporarily guarantee money-market funds.

The government announced that 3.28 million people had applied for jobless benefits in the previous week. That's not just the highest weekly figure in recorded history; it's roughly five times larger than the highest-ever figure in recorded history. In seven days, unemployment benefits rose by as much as they did during the first *six months* of job losses in the Great Recession. The U.S. economic-relief package is in error to promise to send most households one-time tax rebate payments of \$1,200 per adult—plus \$500 per child. Tax revenues are needed to expand unemployment benefits, bumping up weekly payments for eligible workers, including independent contractors and the self-employed, by \$600 for the next few months. The new law also delays tax filing, suspends wage garnishing among those who have defaulted on their student loans, and establishes a four-month eviction moratorium among landlords with mortgages from federal entities, such as Fannie Mae and Freddie Mac. This is a huge and kaleidoscopic response. But it still might not be enough. Denmark and other northern-European countries are taking a different approach. Their governments are directly paying businesses to maintain their payrolls to avoid the sort of mass layoffs and furloughs that are already happening across the United States. The chief benefit of this approach is that restaurants, factories, and so on don't have to go through the bureaucratic rigmarole of firing thousands of workers and then rehiring them all when the economy bounces back (and those workers don't have to waste time applying for jobs, either). The U.S. has about 6 million companies, according to the census, and 99.7 percent of them employ fewer than 500 people. Many of these small- and medium-size companies face extinction

during the pandemic shutdown. While their income has evaporated, they still owe wages to workers and rent to landlords. This is a recipe for cascading bankruptcies. In the U.S. economic-rescue package, that time machine looks like \$370 billion in low-interest loans backed by the government. Private banks will make the loans to local companies with whom they already have a relationship, and the Small Business Administration will guarantee those loans—at least, until they run out of the roughly \$370 billion invested by the Federal Reserve.

The Federal Reserve promise to buy federal obligations seems effective this recession. The Supreme Court must swiftly prohibit the fly by night “tax rebates”, that have severely damaged the economic recovery via federal deficit before, as the Supreme Court has prohibited counterproductive Depression era programs, before. Economic depression caused by tax rebates happens so fast, tax rebates have so far evaded detection and prohibition of unlawful subsidies by the Court. Food stamp propaganda suggesting future budget cuts must also be prohibited. A program of temporary month by month food stamp relief for quarantined workers might cut costs, but most people want to enforce the founding principle of the Supplemental Nutrition Assistance Program (SNAP) that benefits are to grow and not be again ruthlessly cut. The Supreme Court may rule that both Public Law No. 116-127 and Public Law No: 116-136 violated the CDC moratorium on gatherings in excess of 50 persons between March 15 and May 15, 2020. The \$250 billion “tax rebates” and other proposed program of defeating payroll taxes S. Amdt. 1563, must specifically be finally terminated. “Economic stimulus” bills, believed to be made under the influence of speed, in response to future economic crisis, must stop evading legitimate and accountable programs of economic relief. Tax rebates incompetently exacerbate the exact size of the economic depression, caused by COVID-19 quarantine of workers in this case, and must be prohibited from again defeating tax under 26USC§7201.

Chief Justice Marshall's doctrine of self-restraint holds, the Court had the power to declare void a legislative act which conflicted with the Constitution under *Marbury v. Madison* 5 U.S. 137 (1803). The Court can only disregard the Act when those who have the right to make laws have not merely made a mistake, but have made a very clear one,-so clear that it is not open to rational question in *Dartmouth College v. Woodward* 17 U.S. (4 Wheat.) 518 (1819). The Court upheld the Minnesota moratorium on mortgage foreclosures as consonant with the due process clause of the Fourteenth Amendment in *Home Bldg. & Loan Assn. v. Blaisdell*, 290 U.S. 398 (1934). Later that same year, the Court similarly approved the New York Price Fixing Law, thereby recognizing the right of a State to control prices in *Nebbia v. New York*, 291 U.S. 502 (1934). In what became known as the "hot oil" case, the first New Deal legislation to come before the Court, a section of the National Industrial Recovery Act-was declared void by an eight to one opinion because of an unconstitutional delegation by Congress of the power to legislate in *Panama Refining Co. v. Ryan*, 293 U.S. 388 (1935). The Court went on to declare unanimously that the National Industrial Recovery Act was beyond the power of Congress to enact under the commerce clause, because the intrastate transactions involved in the case had only an indirect effect on interstate commerce and were thus within the domain of state power guaranteed under the Tenth Amendment in *A.L.A. Schechter Poultry Corp. v. United States*, 295 U.S. 495 (1935). The Court struck down the Guffey Coal Control Act, which provided for a code of fair competition for the coal industry-on the ground that Congress had unconstitutionally delegated its power to the producers and miners in the industry to fix maximum hours of labor and minimum wages *Carter v. Carter Coal Co.*, 298 U.S. 238 (1936). In 1940, the Bituminous Coal Conservation Act of 1937 was upheld by *Sunshine Anthracite Coal Co. v. Adkins*, 310 U.S. 381 (1940). The Agricultural Adjustment Act unconstitutional on the theory it was not really a tax but coerced crop regulation by economic pressure since the Act required the farmer to reduce acreage to get his payment in *United*

States v. Butler, 297 U.S. 1 (1936). Political activity should not be interfered with unless it sought to by-pass or threaten the existence of the regular corrective political processes. If that happened, then the Court as a nonpolitical agency had to intervene or else the interference with the normal corrective processes might well perpetuate itself pursuant to *United States v. Carolene Prod. Co.*, 304 U.S. 144, 152-53, n.4 (1938) (Rankin '61).

Leading Causes of Death 2017

Rank	Cause	ICD-10 Code	Total	%	Per 100,000
	All		2,813,503	100.0	863.8
1	Diseases of the Heart	(I00-I09,I11,I13,I20-I51)	647,457	23.0	198.8
2	Malignant Neoplasms	(C00-C97)	599,108	21.3	183.9
3	Accidents: (Unintentional Injuries)	(V01-X59,Y85-Y86)	169,936	6.0	52.2
4	Chronic lower respiratory disease	(J40-J47)	160,201	5.7	59.2
5	Cerebrovascular diseases	(I60-I69)	146,383	5.2	44.9
6	Alzheimer disease	(G30)	121,404	4.3	37.3
7	Diabetes mellitus	(E10-E14)	83,564	3.0	25.7
8	Influenza and Pneumonia	(J09-J18)	55,672	2.0	17.1
9	Nephritis	(N00-N07, N17-N19, N25-N27)	50,633	1.8	15.5
10	Intentional self-harm (suicide)	(U03,X60-X84,Y87.0)	47,173	1.7	14.5
	All other causes	(residual)	731,972	26.0	224.7

Source: Heron, Melony. National Vital Statistics Reports, Vol. 68, No. 6, June 24, 2019 - Table 1.

Deaths, percentage of total deaths, and death rates for the 10 leading causes of death in selected age groups, by race and Hispanic origin and sex: United States, 2017, pg. 17

There is a two year delay in the production of mortality statistics. In 2020 National Center for Health Statistics (NCHS) most recent mortality statistics are from 2017. It is advised to include 2020 COVID-19 deaths in the influenza and pneumonia category. A total of 2,813,503 resident deaths were registered in the United States in 2017. The 10 leading causes accounted for 74.0% of all deaths in the United States in 2017. Causes of death are ranked according to number of deaths. In 2017, the 10 leading causes of death (heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer disease, diabetes, influenza and pneumonia, kidney disease, and suicide) remained the same as in 2016. Causes of death are ranked according to number of deaths. The 10 leading causes accounted for 74.0% of all deaths in the United States in 2017. From 2016 to 2017, age-adjusted death rates increased for 7 of 10 leading causes of death and decreased for 1. The rate increased 4.2% for unintentional injuries, 0.7% for chronic lower respiratory diseases, 0.8% for stroke, 2.3% for Alzheimer disease, 2.4% for diabetes, 5.9% for influenza and pneumonia, and 3.7% for suicide. The rate decreased 2.1% for cancer. Rates for heart disease and kidney disease did not change significantly (Murphy et al '17). 793,840 people died of heart and cerebrovascular disease, 28%, and 215,873 people died of chronic lower respiratory disease, influenza and pneumonia, 7.7% of 2,813,503 total deaths in 2017, not including 150,000 primary lung cancer diagnosis, that would bring the respiratory death toll to 365,873, 13% of total and 25% of malignant neoplasms. Will NCHS rename the influenza and pneumonia cause of death category - pandemic pneumonia?

Above all else, guard your heart, for it is the wellspring of life (Proverbs 4:23). Heart attack is a leading killer of both men and women in the United States. Of the estimated 50 million, 166 out of 1,000, with unhealthy levels of lipoprotein in their blood, 7 million Americans feel angina (23 in 1,000), 1.5 million will suffer an acute myocardial infarction (heart attack) for which 550,000 will be hospitalized (1.8 out of 1,000) and of the 2.4 million people who died in 2004, 666,000 died from heart disease (2.2 out of 1,000) and 150,000 from stroke. Only severe ischemia, with blood flow of 10% or less of normal, lasting at least 20 to 40 minutes or longer leads to irreversible damage (necrosis) of some cardiac myocytes. After the onset of an acute ischemic event, sudden cardiac death (SCD) may occur within 1 to 2 hours in 20% of patients (Schoen '94: 528, 537 539). 90 percent of heart disease involves the deposition of fat in coronary artery disease, as the result of excessive lipid consumption, insufficient exercise, carbon monoxide and/or cardiotoxin. Besides trans-fats, an invisible dye can contaminate the laundry making therapeutic cardiovascular exercise counterproductive to lethal, because it is activated by water, ie. Sweat, and the heart is stressed by the exertion. Carbon monoxide also causes angina. Treatment of heart disease involves, fresh air, fabric and vegan diet, no trans-fats; antibiotics cure endocarditis, statins reduce cholesterol, Hawthorn is the supreme herb for the heart, sage help digest fats. Patients must run the minimum three miles of the Marine Corp Physical Fitness Test (PFT) daily rather than 1 ½ mile run perpetuating the struggle with the Army Weight for Height Chart. Endocarditis is most frequently caused by *Streptococcus pyogenes* and can be caused by *Bactroides fragilis* treated with metronidazole, and most dangerously by *Staphylococcus aureus* with a 50% mortality on hospital admission better treated with doxycycline or clindamycin for pregnant women and children under age 8. Do not let the blood be contaminated by fatty foods, that should normally be less than 30% of caloric intake, whereas unlike other macronutrients, carbohydrates and protein, that are detoxified by the liver, fats go directly to the heart via the little-understood lymphatic system (Enders '15: 50-54). Though the strong eat whatever they want, the weak eat only vegetables (Romans 14:2). Test your servants for 10 days. Give us nothing but vegetables to eat and water to

drink (Daniel 1:12).

Chronic obstructive pulmonary disease and influenza and pneumonia are leading causes of death. With some exceptions, such as the Spanish flu of 1918 and novel coronavirus infection pneumonia (NCIP), respiratory infections tend to be extremely common and not very life-threatening. The major inconvenience regarding respiratory infections is their contagiousness, requiring self-quarantine. More than half of all visits to doctor's offices are for ear, nose and throat problems (Lucente & Har-el '04). In the average year, colds are responsible for a loss of 440 million workdays and 62 million school days (Rosin '98: 14-16). Seasonal influenza affects up to 30% of the population, killing on average 30,000 a year in the US or 350,000 globally (Biddle '95: 79-85). While influenza viruses circulate year-round, most of the time flu activity peaks between December and February, but activity can last as late as May. In addition to flu viruses, several other respiratory viruses also circulate during the flu season and can cause symptoms and illness similar to those seen with flu infection. These respiratory viruses include rhinovirus (one cause of the "common cold") and respiratory syncytial virus (RSV), which is the most common cause of severe respiratory illness in young children as well as a leading cause of death from respiratory illness in those aged 65 years and older. An influenza pandemic is a global outbreak of a new influenza A virus previously unrecognized by vaccine manufacturers. Pandemics happen when new (novel) influenza A viruses emerge which are able to infect people easily and spread from person to person in an efficient and sustained way. The United States did not experience an influenza pandemic. Flu season happens annually and usually peaks between December and February and was low 2019-2020.

Pandemic flu is an outbreak of a novel type A influenza, and rarely happens, three times in 20th century 1918, 1957, and 1968. The 1918 Spanish flu caused an estimated 600,000 death in the US alone, 218.4 deaths per 100,000 Americans, and between 40 and 60 million worldwide, two to three times as many as the 22 million who died in WWI. The 1918 Spanish Flu killed the greatest number of people over such a period of time of any natural or man made calamity. The 1957 Asian flu, caused 2 million lives globally, 22 deaths per 100,000 population; and 1968 Hong Kong flu, took 1 million lives globally, 13.9 deaths per 100,000 population. During the 2018-19 flu season, about 35 million people in the US contracted the flu and about 34,000 died, according to the Centers for Disease Control and Prevention, a 0.1% chance of dying. During the 2019-2020 flu season, it was estimated 32 million people got the flu, with 310,000 hospitalizations and 18,000 deaths, a 0.6% chance of dying. The World Health Organization estimates that worldwide, annual influenza epidemics result in about 3-5 million cases of severe illness and about 250,000 to 500,000 deaths, an 8-10% chance of dying, of severe influenza, worldwide. Relative historical effectiveness of the flu vaccine often eclipses necessary information regarding prescription flu medicines Oseltamivir (Tamiflu), Zanamivir (Relenza) and Amantadine (Symmetrel).

Spring 2020 is experiencing a global coronavirus COVID-19 pandemic, that may or may not last beyond the May 15 end of flu season. The outbreak of severe acute respiratory syndrome (SARS) in 2003 lasted around three months, resulting in a total of 774 deaths from more than 8,000 cases of infections in close to 30 countries. In Hong Kong the total number of deaths was around 300, or roughly 0.004% of the population. Yet Hong Kong's GDP for the affected quarter fell an estimated 2% and retail sales fell by 6.1%. The global COVID-19 pandemic is ten times worse. As of March 6, 2020 more than 100,000 people had been diagnosed with the coronavirus disease globally, with at least 3,015 deaths in China and 267 fatalities in other parts of the globe, most of them in Italy and Iran, a 3.3% chance of dying. Italy has placed up to 16 million people under quarantine as it battles to contain the

spread of coronavirus. On March 7, Dr. Stephen M. Hahn, FDA Commissioner, said that 1,583 people in the U.S. have been tested for COVID-19 through the CDC tests. As of March 9, 2020, in the US, cases of coronavirus crossed 500 and deaths rose to 22, a 4.4% chance of dying. There is concern that the FDA has wrongly prescribed anti-malaria medicine to treat COVID-19 and is not going to legalize corticosteroid inhalers with the Ozone Secretariat by 2020. Death estimates for the COVID-19 pandemic skyrocket beyond 200,000 in the United States. As of April 11, 2020 there are more than 500,000 laboratory confirmed COVID-19 diagnosis. That's far more than any other country. Spain has the second-most cases with 158,273. At least 18,777 people have died in the nation, including more than 2,000 on April 10, the deadliest day of the pandemic in any country. The people need their corticosteroids. New York remains the epicenter of the outbreak in the United States, with 94,409 confirmed cases and 5,429 confirmed deaths on April 10. Worldwide, more than 1.7 million people have been infected and 103,257 people have died from COVID-19, with as many as 2,400 at-home deaths uncounted, as of April 10.

The CDC recommends that for 8 weeks, from March 15 to May 15, organizers (whether groups or individuals) cancel or postpone in-person events that consist of 50 people or more throughout the United States. CDC noted that its guidance "is not intended to supersede the advice of local public health officials" and "does not apply to the day to day operation of organizations such as schools, institutes of higher learning, or businesses." Many major sporting events and other large gatherings have been canceled, but health officials have urged more drastic action to limit the spread of the coronavirus. Ohio, Illinois and Massachusetts have either issued orders or asked that bars and restaurants be closed. California Gov. Gavin Newsom asked nightclubs, wineries and brewpubs to close their doors. The CDC's guidance, the strongest recommendation yet for a nationwide moratorium on even relatively small gatherings, would bring the U.S. closer to the kinds of widespread actions seen in parts of Europe that have been particularly hard hit, including Spain and France.

In a matter of weeks, the coronavirus has gone from a novel, distant threat to an enemy besieging cities and towns across the world. The burden of COVID-19 and the economic upheaval wrought by the measures to contain it feel epochal. Humanity now has a common foe, and we will grow increasingly familiar with its face. Yet plenty of this virus's aspects remain unknown. The developing wisdom—earned the hard way in Wuhan, Washington, and Italy—has been that older people and sicker people are substantially more likely to suffer severe illness or die from COVID-19 than their younger, healthier counterparts. Older people are much more likely than young people to have lung disease, kidney disease, hypertension, or heart disease, and those conditions are more likely to transform a coronavirus infection into something nastier. But what happens when these assumptions don't hold up, and the young people battling the pandemic share the same risks? So far, about one in 10 deaths in the United States from COVID-19 has occurred in the four-state arc of Louisiana, Mississippi, Alabama, and Georgia, according to data assembled by the COVID Tracking Project, a volunteer collaboration incubated at The Atlantic. New Orleans is on pace to become the next global epicenter of the pandemic. The virus has a foothold in southwestern Georgia, and threatens to overwhelm hospitals in the Atlanta metropolitan area. Although the majority of coronavirus-related deaths in Louisiana are still among victims over 70 years old, 43 percent of all reported deaths have been people under 70. In Georgia, people under 70 make up 49 percent of reported deaths. By comparison, people under 70 account for only 20 percent of deaths in Colorado. Spain's official accounting of the pandemic last week showed that deaths among people under 70 years old make up only about 12 percent of total deaths in the country. But the Deep South and mid-South form a solid bloc of states where younger adults are much more at risk. Of the 4,758 deaths in New York since the first on March 14, 61% were

men and 39% were women, the state Department of Health reported on its new data portal. In addition, 63% of the deaths were among those age 70 and older, while 7% of the cases were those 49 and younger. And 4,089, 86% of those who died had at least one other chronic disease, the records showed: The leading underlying illness was hypertension, which showed up in 55% of the deaths. Next was diabetes, which was diagnosed in 1,755 deaths, or about 37% of the cases. Other top illnesses found in those who died from coronavirus were hyperlipidemia; coronary artery disease; renal disease and dementia.

COVID-19's immediate assault on the body is extensive. It targets the lungs, but a lack of oxygen and widespread inflammation can also damage the kidneys, liver, heart, brain, and other organs. After any severe case of pneumonia, a combination of underlying chronic diseases and prolonged inflammation seems to increase the risk of future illnesses, including heart attack, stroke, and kidney disease, says Sachin Yende, an epidemiologist and critical care physician at the University of Pittsburgh Medical Center. His team reported in 2015, for example, that people hospitalized for pneumonia have a risk of heart disease about four times as high as that of age-matched controls in the year after their release, and about 1.5 times as high in each of the next 9 years. Patients who spend time in an ICU, regardless of the illness that put them there, are also prone to a set of physical, cognitive, and mental health problems after leaving known as post-intensive care syndrome. Many COVID-19 patients who need a ventilator never recover. Those who survive a long period on a ventilator are prone to muscle atrophy and weakness. Another risk for hospitalized patients is delirium—a state of confused thinking that can lead to long-term cognitive impairments such as memory deficits. Making matters worse, doctors commonly prescribe sedative drugs to suppress violent coughing and help patients tolerate the distress and discomfort of a breathing tube. But these drugs can increase the risk of delirium.

1 million mostly frail and elderly people live in nursing homes. The death toll is likely much higher, than the 3,300 reported, because most state counts don't include those who died without ever being tested for COVID-19. Outbreaks in just the past few weeks have included one at a nursing home in suburban Richmond, Virginia, that has killed 42 and infected more than 100, another at a nursing home in central Indiana that has killed 24 and infected 16, and one at a veteran's home in Holyoke, Mass., that has killed 37, infected 76 and prompted a federal investigation. This comes weeks after an outbreak at a nursing home in the Seattle suburb of Kirkland that has so far claimed 43 lives. And those are just the outbreaks we know about. Most states provide only total numbers of nursing home deaths and don't give details of specific outbreaks. Notable among them is the nation's leader, New York, which accounts for 1,880 nursing home deaths out of about 96,000 total residents but has so far declined to detail specific outbreaks, citing privacy concerns. The federal Centers for Medicare and Medicaid Services that regulates nursing homes issued recommendations urging nursing homes to use separate staffing teams for residents, and to designate separate facilities within nursing homes to keep COVID-19 positive residents away from those who have tested negative. Dr. Deborah Birx, who leads the White House coronavirus response, suggested this past week that as more COVID-19 tests become available, nursing homes should be a top priority.

The President has threatened to fire Anthony Fauci, Director of the Institute on Allergies and Infectious Diseases since 1983. In his defense, Fauci criticized the hydroxychloroquine the President prescribed. Fauci is one of the most accomplished medical textbook editors alive. He is nonetheless, not only human, but a public official whose highest level of incompetence must be criticized under Parkinson's law. Fauci's incompetence seems to give rise to the increase in childhood asthma cases in recent years. His highest level of incompetence seems to be that the medical literature does not necessarily associate

allergens with mold, and corticosteroids as the treatment for mold colonization and viral respiratory infections (Berger '04: 39, 41, 44). The consequence, methylprednisone was lethally contaminated with mold several years ago, and this may be the reason so many patients died in New York City when corticosteroids were prescribed. Corticosteroids require special attention to ensure they are not adulterated because they are the most likely drug to inspire people to clean up and recover from the pandemic. The problem with ventilators is that they require intubation, and because the endotracheal tube is damaging to the airways, they should be put in place by anesthesiologists practiced in the art. Furthermore, ventilators are reserved for the most serious of respiratory infections, a diagnosis that would normally preclude surgery, and intubation, due to extreme surgical risk. Ventilators should work, but they should probably be installed by an anesthesiologist practice in the art (Petty '89: 143, 144)(Enson '89: 1145, 1145).

On the topic of “economic stimulus” the President has threatened to veto the bill if the US Postal Service grant is not converted to a loan. This is true, the Postal Service should be treated like other small businesses affected by the COVID-19 pandemic, to a loan financed by the Federal Reserve. The problem of prohibiting the tax rebate before it is sent out by April 15, remains delegated to the US Supreme Court. Due to the permanent damage caused by the Tax Cuts and Jobs Act of 2018 to the hypothetical federal budget surplus, also made under the influence of a speed trial, the President is not believed to be competent to prohibit the evasion or defeat of taxes under 26USC§7201. Is the Supreme Court competent to turn down a \$1,200 bribe to spare the economy a \$250 billion speed epidemic? There are a number of provisions in the CARES Act, specifically the four month moratorium on rent, that are valuable, but it is the thought that counts and not the force of law - B&E. Congress must not increase the size of the economic depression, as they have, under the influence of speed, so many “economic stimulus” bills before, with either bailout grants or by defeating the income tax with tax rebates. The President and Supreme Court may want to veto the entire bill due to unlawful assembly in excess of 50 persons, prohibit the tax rebate and order the US Postal Service a large loan from the Federal Reserve, and let the public respond to COVID-19 issues, especially paying for a record number of unemployment claims, for as short a time as needed to cure individual and environmental infections, until everyone feels safe to return to work.