

EAGA Business Builder

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Today's speaker was Dr. Michael Melloy—Petroglyph Animal Clinic



Dr. Melloy is a product of New Mexico. Most of his younger education was via the parochial school system where he attended Our Lady of Fatima and then St. Pius High School. He has lived in Albuquerque all his life, except for an occasional vacation, and the time he was studying for his Doctor of Veterinary Medicine degree at Colorado State University (which he earned in 1993). Michael's family has been in our city for quite a number of years. His father opened a Studebaker dealership in 1958. It wasn't too many years before that car manufacturer ceased building vehicles, but that didn't stop the elder Mr. Melloy as he continued to build his business by acquiring dealerships with other automobile builders. Over the years, his company has grown into the current Melloy Auto Group, representing about nine vehicle manufacturers. It must have been a huge struggle to build that business without one of the more important family members - the one that decided to become a Veterinarian instead. Although the good doctor has built a great reputation in his chosen industry, and has acquired a quite extensive amount of knowledge and expertise in the taking-care-of-animals world, today's presentation was not about that. This morning Dr. Melloy used his presentation to share some of his other extensive knowledge and research...in the subject of the coronavirus. Certainly all of you have heard of the coronavirus, but I suspect that most of you did not know many of the specifics about that virus before today. The following is a list, with some commentary, about the information that Dr. Melloy was kind enough to provide.....This virus is from coronavirus family, so named because of its shape like a corona (Latin for crown or wreath). The Covid-19 version has a rather large diameter of 80 to 120 nanometers. It consists of a spiked protein outer layer and a lipoprotein wall. That lipoprotein thing is one of its "Achilles heels" because soap will dissolve that layer and destroy it. Its RNA can be directly translated into viral proteins that are needed for replication, so it can basically recreate itself within the host. This coronavirus is SARS-Cov-2, meaning that it is a successor to the first SARS virus which had its outbreak from 2002 to 2004. This new version is also Zoonotic (Dr. Melloy is a professional and uses all the formal words to describe things). Zoonotic means that it is transmitted to humans from animals. Bats have been identified as the culprit in both SARS incidents. This virus is genetically similar to bat coronavirus, so it is likely that the original host was a bat. There is a bit of skepticism in some circles as to whether bats got a bad rap as the spreaders in the SARS-Cov-2 situation. There is second possibility of bats-to lab-to humans transmission. There are 45 different coronavirus species. The R0 (pronounced as "R-naught") factor for the Cov-2 virus is between 3.3 and 5.7. That R0 factor is the old "a guy goes into a bar..." scenario. A guy with the virus goes into a bar and sneezes. How many of the bar's patrons is he likely to infect? The Cov-2 factor compares to seasonal flu with a R0 of 1.4 to 2.8; chickenpox with a 10 to 12; MERS with 0.3 to 0.8 and measles with an 11 to 18 factor. Dr. Melloy also displayed a chart with to many other comparisons. The Cov-2 infects people via the cough or sneeze droplets from an infected person. Those are either directly acquired, or are picked up from surfaces. The viral particles enter through angiotensin converting enzyme receptors (more big words). The nasal cavities are the dominant initial site for infection. Then it goes into the lungs when the person breathes in. As noted, the virus can replicate with a peak viral load occurring about 4 days after infection. Dr. Melloy also spoke of a Cytokine Storm. That was quite impressive and descriptive explanation about how the patient can become overwhelmed by the disease. You best ask him to give you a more clear details of that kind event. There are currently three popular tests for Covid-19 (the illness caused by SARS-Cov-2). Rapid antigen test: takes 5 to 15 minutes. This method has been known to produce many false-positive results. The Polymerase Chain Reaction (PCR) test can produce results as quickly as 90 minutes, but it has been known to show many false-negative results. This test sometimes detects the seasonal flu as a Covid-19. That could be an explanation for why there has been a very low rate of seasonal flu this year. The Anti-body test doesn't detect Covid-19 at all. That test shows the presence of antibodies that were probably the result of a previous (or current) existence of the disease in the person. How to prevent infection? Avoidance may not be as effective as we have been led to believe. Putting on a mask helps, but it does make you to avoid the virus. Droplets from a sneeze can travel up to 27 feet (a bit more than the common 6 ft limit). Washing with soap will definitely destroy that vulnerable wall. Electrostatic sprayers work rather well. They are relatively inexpensive and can quickly cover a large area. UV light of 285nm for 30 seconds will kill 99.9% of viral particles. That indicates sunlight would be good and not wearing a mask outdoors, unless near someone, would be beneficial. There are also UV LED fans and HVAC units which have shown to kill the virus. Medicines on the market: Bamlavimab and Casivirimb (wonder if those are spelled correctly?) target the Cov-2 spike protein. They are free...if you can find them. Remdesivir costs \$3,120 for 6 infusions and is almost always only used while the patient is at a hospital. It claims to reduce the duration of an infection by an average of 5 days. Other proven options, though not widely publicized or formally authorized: Hydroxychloroquine—based on a Henry Ford Center study from International Journal of Infectious Diseases—in combination with Azithromycin. Cost with vitamins C and D and Zinc is about \$20 for 7 days. Ivermectin, taken in conjunction with vitamins C and D and Zinc is about \$40 per month. Medical folks that have done extensive research, wonder why the lesser expensive, but still effective, drug regimen is not promoted, and used, more often. Recently approved vaccines now in use: Pfizer Biotech and Moderna mRNA-1273. These vaccines have indicated 95% effectiveness. That is pretty darn good. Seasonal flu vaccines are 40% to 60% effective. Currently New Mexico's plan of action includes monitoring potential Covid-19 patients until they are sick enough to require hospitalization. Our state's medicine used for treatment is primarily Dexamethasone. It reduces inflammation and suppresses the body's immune response to the virus. If you did not attend this morning's presentation, or if you just want to get a deeper insight into Dr. Melloy's knowledge and rather detailed list of facts regarding the subject, you should take him to lunch to hear more. Contact him at 505-898-8874. Alright. That "take him to lunch" thing is not possible with the current governmental restrictions, but you can take lunch to him. And maybe eat in your cars (as he often does). You can visit with each other with your vehicles positioned like the police officer meetings (cars positioned in the parking lot with driver side windows facing each other). I am sure that Dr. Melloy would be glad to share his information about the pandemic—and his opinion as to whether that mandated not-in-a-restaurant meeting you are having is the best over all plan of action.

Some useful websites:

americasfrontlinedoctors.comCovid19criticalcare.com—Dr. Kory MD site<https://cvvaccine.nmhealth.org>

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◆ Today the group provided Mr. John Mead with a plaque showing our appreciation for his great leadership and positive energy as he directed our organization as its President during the pandemic infused 6 month term that ended on December 31st. Rick Reese displayed the plaque for all to see over the virtual format. He will fax it to John, or more likely, deliver it in an appropriately sanitized package. **THANK YOU MR. MEAD!** We appreciate your service.

◆ We are sad to hear of the passing of Bill Elliott. Bill passed away on January 7th from Covid-19 complications. We offer our condolences to Mona and their entire family. You can read Bill's obituary at the website

<https://www.legacy.com/obituaries/abqjournal/obituary.aspx?n=bill-elliott&pid=197526357&fhid=7152>

◆ Our next meeting will be at 7:00am on January 19th. It is again via the virtual format and the link remains the same. Our speaker will be Mark Tobiassen—Action Coach Business Coaching. On Monday evening (January 18th) Mark will provide an email to all members with pertinent documents for reference during his presentation. Please log on to the meeting by the starting time so that you don't miss any of the information. We all look forward to seeing you there.

<https://global.gotomeeting.com/join/940475581>

You can also dial in using your phone. Call (646) 749-3112 Access Code: 940-475-581

◆ Upcoming speakers:

Jan 19th	Mark Tobiassen—Action Coach Business Coaching
Jan 26th	Robert Biernacki—WaterQuest Landscaping
Feb 2nd	Michael Johnson—Shockwave Defense
Feb 9th	Paul Jew—Moji Studios
Feb 16th	
Feb 23rd	

◆ Thank you very much to the members that have signed up to speak at upcoming meetings. It would be great to have a few more. Please contact Mario if you can take one of the meetings.

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