*Speaker:* Hi, everyone. Your next speaker is me. They told me to introduce myself, and COVID's changed everything. So I'm going to introduce myself like I've had to do for the last 18 months. I'm a husband and father of three. I teach martial arts and then I go hide downstairs in my office for ten hours a day and write a newsletter. This newsletter is called Stansberry Technology, Stansberry Venture Technology. We have lots of short forms. We even have a code for it called DIL, which is our internal code because originally it was called Diligence, which was also my newsletter. So my issue dropped about two hours ago, and that was really fun to then finish that and come here. So we'll see how this goes.

My talk is called the Beginning of the End for COVID 19. There will be an investor bent, I'm not a medical doctor, I am a technology analyst and I follow med tech and biotech. I'm sure that you understand COVID, but I think as we go along, there'll be more and more medicine and then less and less medicine and more investing. And at the very end, my penultimate slide is a bunch of trading symbols, if you like that sort of thing. So you can raise your hand and say, can you give me that trading symbol again? And the answer is no, because it's at the end.

Here we go. I don't know if there's any people who collect coins at all. This is the 2020 coin from the US Mint. It was supposed to commemorate America Samoa and their national park and it's the year of the bat. So quite literally, 2020 was the year of the bat and I think you're on the why.

So I tried to get some silver proofs from the US Mint and there's no more left. Everybody went for just this one to represent 2020 as the year of the bat. Here's why, the Mint was foresightful, 2020 really was the year of the bat. And here's a bat, a particular bat called the horseshoe bat in China in a bat cave. Bats are mammals that gather in warm humid places. The middle part of China is a temperate zone, not a tropical zone, and so in the winter time they gather all together.

This is a true study from University of Manitoba. If bats actually cluster together, they save 30 percent of the water that they would otherwise exhale. Bats don't only cluster together to stay warm, they also cluster together to save water. So they don't have to stop their hibernation to go out and find water. But that means that bats live not only in a warm environment, but in a steamy environment. And respiratory infections can pass from bat to bat, which is why 2020 was the year of the bat.

My slides are reordered, but they're not reordered right here. So I'm going to blow through this slide really fast and I have to come back to it. 2021 is gonna be the year of the Tanuki, and I'll explain why. That little thing on gold material is right here. When I bought this, it's an antique from Japan from the 1750s, my wife said, "Why are you buying this?" And I said, "It's for my speech, honey."

So there we go. That's how I justified this. The martial arts that I teach is actually Japanese sword. And my kids in class did a play about the Tanuki last Christmas. So we thought Tanuki was really cool that's why we did a play about it. It's a dog, but it looks like a raccoon. It actually hibernates as well. In Japanese the word means a night wanderer. So the little metal device I told you is the safety for a Katana, it's what holds the Katana in the sheath so it doesn't slip out. The pressure of this device, this utility knife holds the rest of the Katana in place. I was gonna do a whole piece about Japanese sword collecting and Brett, our publisher said, "No, you're an idiot. You don't understand collecting, leave it to professionals." So that's that's as far as we're gonna get on that score.

So here's the dark side of the story. The dark side of this story is that although the Tanukis are cute and playful in Japan and China, they're raised in massive quantities to make for coats. So every year in China, 15 million raccoon dogs are raised and killed for their fur. Globally, it's the number two source of fur after mink. And 99.9 percent of it comes out of rural temperate China.

In good years, they just throw the bodies away, but something happened and that's the slide that's out of order, so we'll go back to it. This is what happened in 2018, a bizarre virus from China hit Chinese pigs. As Reuters reported in June, 2019, African swine fever hits almost every region of China. And this month, the Journal Nature found out that China was lying about the number of pigs that had to be destroyed because of African swine fever virus. And it looks like at least 38 million more animals than officially acknowledged were slaughtered. So that led to a meat crisis in China.

There are scientists who actually follow the live food market, and this is a mid-2019 picture of a raccoon dog being sold as live meat in the live animal market in Wuhan. And epidemiology started in England where they found a particular well had cholera, and the closer you live to the well, the more likely you were to have gotten cholera. That's really where epidemiology started in the mid-1800s in London.

So we can use these same gumshoe epidemiology tricks to watch where COVID emerged from and Huanan is where all the cases emanate from as if it's a respiratory virus that moves in warm wet environments shockingly enough. So unfortunately for humans Tanukis are susceptible to SARS-1 which broke out in 2003, as well as SARS-2, which is the virus responsible for COVID-19.

The global pandemic last two years ago, we had 1200 people in this room, last year we had zero. I think you understand the global pandemic. The image in blue is the first case, this is a tissue isolation of the first case of COVID-19 in the US from a patient who appeared in my state Washington. And you can see on stain that there's virus in this person's tissues. We tried to grow it out so we can build the vaccine.

So this is the first, the yellow things are how small it is compared to a mammalian cell. Move it along. We know the original strain was an accident. I showed you kind of in the picture of Wuhan that there was no emergence from anywhere near the virological laboratory. Science did not create this virus, science is trying to solve for it. And we know that the original virus was not created in a lab to be highly efficacious because we see how fricking dangerous Delta is. So this is the rise of Delta in New York City. The first strain is the light blue. The Delta strain completely took over from May to July, 2021 and then Delta took over the rest of the country.

This is probably not news to everyone in this room. But this is news, we published this piece, a brilliant scientist named Marika St. Claire now works with me and she did this math and science about what makes Delta different from Alpha and different from the original strain. Normally the part of the spike protein of SARS-2 coronavirus is the very top. But in this case, it's actually the side. So on the side, there's a place potentially where the virus can be cut.

And if the virus is cut, it doesn't get encapsulated in a bubble and pulled into human cells, it slips right through the side. It falls right through the cell membrane and it's more contagious because of that. So this is really the first publication of this research in my newsletter, that to the farthest left in the area called the lock is some green and the farther out it goes means that it's easier and easier to cut the spike in half and let the virus into human cells.

It wasn't just Delta variant, we relaxed mask standards right before July 4th, this year. And this was before everyone was vaccinated, which triggered a second surge of coronavirus, which thankfully is now in retreat. So the current new cases per day is about 75,000 cases a day. When they asked me for the name of the speech, it was more like 120,000, but it takes time for us to get all our stuff together and you guys fly to Vegas.

Although it's in a positive trend now and the name of my speech is the Beginning of the End of COVID, the end of the story is under our control if we choose to control it. So here's seven new ways we can beat COVID-19. This is what emerging medicine can show interested investors. So this gets more into stuff that we've published in my newsletter.

I'm gonna cover a bunch of companies in one slide each, which means I'm not gonna cover the companies, but if you get my newsletter, you can go back and read the issues. So if you're an Alliance member, like I think virtually all of you are, you will have access to that. So seven new ways we can beat COVID-19. This is not things that I spoke about last year remotely for my COVID Alliance conference, these are new things that we've learned in the last year and put them in my newsletter. We know what's at stake, I don't have to tell you guys and men and women the risks that we've seen in the country and globally.

I'm gonna show you one picture that does not show a patient of an ICU ward, and just multiply that by a million in your head and you get to see the extent of the problem. So good masks, I did not use the word mask alone, I used good mask.

Actually, I'm gonna talk about this mask. The straps suck, by the way, I broke one on the way here and I had to go back to my room and get another one. Good masks, vaccines, antiviral drugs, rapid antigen testing, antibodies, anti-inflammatory drugs, artificial lungs, and one more thing. The one more thing is the speculative part of the story. There's the most upside and also, Las Vegas fans, the most downside. Good masks are first because they're cheap and potentially ubiquitous plus they work.

So no one's ever really done this before, but it's a pretty easy way to solve the problem. And this is a scanning electron micrograph of three different kinds of masks at the same scale.

So the scale bar in this picture is 40 microns or 40 hundred thousands of a meter. And in steamy breath, whether it's in a bat cave or a hotel bar can include particles down to about 10 microns that potentially include in the steam tiny viruses. So really if you can stop a particle smaller than 10 microns, or at least at the 10 micron size, your mask works. And if it doesn't, your mask is less effective.

So a cloth mask, if that's the 40 micron bar, you can sort of imagine a 10 micron piece of steam is gonna wind its way through that pretty easily. If you look over at the surgical mask in the middle, a 40 micron bar, it looks hard for a 10 micron piece of steam carrying virus to work its way through that maze. But when you look at an N-95, you can really see the tangle. It can stop even five micron pieces of steam that can include virus and that's why these work. So if you have a dollar, you can protect yourself from COVID-19.

This is how we know masks work. This is more new data. It's from 14,700 US school districts in 3,100 US counties. The key lines to look at are the blue and the red. So last year, I think this is start of school, October, November, 2020 data. If your school district didn't allow masks, there were eight cases per 100,0000.

And if your school district was partially online and partially in person and had masks, the case load is half the rate for the county, which shows you that kids can drive the infection even though they don't end up in the ICU. For full disclosure, we tried investing in masks and this was basically break even for us. Matt and Doc had the best pick which turned out to be 3M. So Matt and Doc get credit and I get nothing.

Vaccines changed the game and new vaccines for the young and old are coming. I don't have to tell you about vaccines, but I wanna show you the latest data about vaccines. So this is how a third booster vaccine works, we have some brilliant graphic artists who work for our company. So they took the actual data and put a red line through it. So 16 days after 2 million patient days of a study in Israel found for people over 60 after day 16, it was 10 times safer for you if you got a third booster than if you did not. And people who get a third booster must have gotten the second shot, or they wouldn't qualify for a third. The one they got would be called first. So some of the cohorts started out in only getting two vaccines and then crossed over in the course of the study to getting a third vaccine.

So we know that 16 days after a third dose people over 60 get 10 times more protection. The reason it's 16 days and not 10 is because there's a six day lag in having enough virus to be recognized by a PCR test. So practically it's the same lesson that we already know. 10 days after you get a vaccine, you have a super strong immune response. It's why we vaccinate for measles, flu, polio, whooping cough. And so far, John Hopkins has counted, as of last night at 3:00 AM when I finished the slide deck, that 6 billion 853 million doses of vaccine have been given globally.

No one's probably seen this data. It was voted on today in Washington, DC. This is Pfizer's data for today's pediatric vaccine advisory committee. This is the kids' data that just dropped on Friday. So I haven't had our cool graphic artists make it a better picture, sorry about that.

But in kids five to 11 Pfizer's external principal investigators set the same level of antibody boost by a factor of 100 that teens got from the vaccine in younger children who only got a third of the dose. Because they're younger children, so they have an even stronger immune system. This wasn't as big as the 30,000 person studies that we did in adults. It was only 1,400 young children who got vaccines versus 700 who were in the placebo group. But the efficacy lines are the blue versus the red here. It turned out that absolutely it was three versus 17, but there was twice as many in the blue group so it's three versus 34.

So it's a little more than a 90 percent effective vaccine just to even get infected among kids. So I said, when I wrote the slide last night, the committee will vote in favor of approval today. The actual vote was 17 to zero with one abstention. So the kids' vaccine is coming. And between the two, a third booster for people over 60 and a kids' vaccine, we can drive out COVID-19 and get back to normal so we don't have to have these.

So take that Matt and Doc, your 3M investment's going to tank. Full disclosure number two, we picked a vaccine company, we sold it at more than 1000 percent and that vaccine company still never developed this vaccine, but Pfizer did. So if there was a pick, it would be Pfizer because we sold out of our own position. New antiviral drugs, there was a drug called Remdesivir, which had a complex story, which I fortunately don't have to tell because we're in the year of the Tanuki not the year of the bat.

So this is Merck's brand new drug. This was completely silenced by press release. We've seen no data on this, except Merck said it reduced risk of hospitalization at at-risk patients by a factor of two or 50 percent. It's a pill, but it's really 40 pills. So the eight pills you see there is one daily dose of five daily doses. So if you take 40 pills, this drug, which is currently snappily named Molnupiravir is gonna trigger a mutation in the Xerox machine that a virus uses to make more virus inside your cells.

And because that protein, which is ingrained in the background is from the virus and only makes viral protein, there's not significant human side effects because humans are not viruses. Full disclosure, we completely missed this. This is not a story we tracked at all 2020 hindsight investing. We had no idea that Merck's antiviral pill would work because in advanced COVID patients it failed, but it turned out to work great in at-risk patients before the virus really took off in people's bodies. So that's good news, it's good story. And this will also help control the pandemic because I can assure you that taking 40 pills eight a day for five days is better than being in the ICU. Especially if you wash it down with gin.

One thing that's fun about being a venture capitalist style investor is that I'm never early. So we picked this company OraSure like nine months before its rapid test actually got approved by the FDA. So it took us nine months longer to get a payoff, but we were never forced out by a stop loss, which was good because we would have been forced out by a stop loss but we doubled.

New rapid antigen test for OraSure, so folks, if and when they're infective. So rapid test has got a bad rap from the FDA, but the rest of the world loves them because antigen tests shows you when you're most contagious, which is really when we want to know if we have COVID. If we have a completely mild case and we're not contagious, that's fine. But SARS does infect the throat, this turns out to be.

Even though the company's name is OraSure and they have an oral saliva HIV test, which is why we picked them because we knew they'd play well in COVID-19. There's not enough virus in the mouth to get the signal, you have to get it in the nose, but only the front of the nose, you don't have to scratch your brain. The White House said yesterday that they're gonna pour another $70 million into advanced testing and OraSure is gonna back up the truck and take federal dollars for at least the next year. So it remains a viable investment.

Number five out of seven, and then there's a bonus one because I like to pretend I'm Steve Jobs, although I'm not dead. The new antibody from Vir can beat any COVID-19 variant. The original clinical trial data was six versus 30, 30 people advanced the hospital if they did not get Vir's antibody. In the placebo group six did, but the six that went to the hospital, three of them went for other reasons. One had cancer, one had a heart attack, one was hit by a car that has nothing to do with Vir's antibody.

So it's really three versus 30. So it's a 90 percent effective way to avoid going to the hospital if you're at high risk, which kind of means you're old, you smoke, you're overweight or all three or two of the three, really. So why we think this one will work is that it misses the binding region on top of the COVID virus instead it's along the side and that binding region changes a lot alpha variant, which took over the UK of COVID-19, has it changed binding region?

So when binding regions change Eli Lilly's antibody actually no longer works because of the changes that happen in the binding region. And Regeneron's could follow suit, but Vir's antibodies should be the gift that keeps giving. So that's why we like it. Full disclosure number five, Vir's working on a single intermuscular injection, which you could give in the rump when someone turns out to be PCR positive if they're at risk.

So that you go in, you get the antibody as one shot and you're done. Plus you get 40 pills to take home and it could massively reduce your risk if you happen to have a breakthrough case with or without a mask on, if you're vaccinated. If you didn't do any of those things, you better pray that you get this antibody in your rump and 40 pills from Merck.

Six, there's a new injectable drug that can stop fatal white storms in COVID-19 patients. This is when your immune system decides to do a last ditch effort and do everything it can to kill the virus even if it kills you. This doesn't always work out well for you. Your immune system sort of loses its way, but it turns out that 50 percent of advanced COVID patients are vulnerable to this effect. So the company running the trials collected all the advanced COVID patients they could, it was five times better for you if you were at risk of this to get this one injection. And if this had been a US company, it would be front page news. It happened in Europe, it's about to get European approval. They're gonna take the same data and then bring it to the FDA. But private equity found it.

In fact, the deal I think closed today in Sweden, but it didn't, like the terms were kind of accepted today. So this isn't quite a viable pick for new investors, but we'll make a small profit in my newsletter. So it's a big deal. Advanced patients are dying, advanced COVID patients they're on the way to ICU. And if you can save half of them, it's amazing. And they're not just saving half of them, they're getting them out of the hospital and home with no side effects. One injection, no side effects, we like that story.

Seventh and last that is not a huge risk ECMO. This is only rumor in the US, it's been so heavily rationed that you haven't heard about it. It's like a fricking secret. I saw an interview from the head of the ICU in Hollywood, Florida saying that there's nothing that we can do for ICU patients. You know why? His hospital does not have these machines.

So only 6,464 North Americans have been treated with ECMO since COVID began, because there's such a rationing that takes place. But if your lungs fail because you have a respiratory infection and your lungs fail, this will breathe for you. And it will breathe for you until your lungs get better, which is bad-ass, that's a technical term for highly medically effective.

So the 90 day survival rate, if you get on one of these machines is 52 percent. And you only get on this machine if you have suffocated. You don't want one because you need to tax for it. It gets more expensive. So they really belong in the hospital there're I think about 50,000 bucks, but you don't want one because you're not gonna put in 1000 unit order, so they're not gonna listen to you. But that brings up full disclosure seven, which is that we see no limit to how many ECMO machines that Getinge can build and sell. As soon as they open their factory, they get orders.

Last, we think that this might work. It's an aerosolized version of a psoriasis drug. The psoriasis drug itself is basically the first avenger. It's your body's first defense against viruses. It's called interferon beta. And what this company did is put it in a nebulizer. They actually designed it to treat smokers, older smokers who had viral infections to help them through it. And it turned out to be great for COVID.

It's a small British company called Synairgen. It popped about 20 percent this weekend based on moving from phase two to phase three pivotal trials. And here's the data that supports our pick, and also we don't see the data yet that moved it from phase two to phase three, but it's probably similar. What it solves is breathlessness and what your risk is of COVID is breathlessness until you have no breath, which is bad for you.

So here's eight new ways to stop COVID-19. This is the list, the bottom five are part of my current portfolio. You can read issues about all those. If you want to learn more about 3M, you can read Matt and Doc's excellent newsletter. Almost nobody covers the vaccines from Pfizer, but read any newspaper in the Multiverse and you'll find out about that.

And if you wanna find out about Merck, listen to Merck because that's the only data source available for their pills. My picks were OraSure, Vir, SoBe, which is gone as of about this morning I think. Getinge which competes with Medtronic, but Getinge is actually the number one maker of ECMO machines in the world. Medtronic makes more US machines, but Getinge is a small specialized device maker and their stock's gone straight up for us.

I think, I'm guessing, I'm gonna say 100 percent. I'm sure it's more than that, but I don't wanna be wrong and have someone go, you said 100 and blah, blah, blah percent, and it was really one percent less. It's like, okay here's my advice, buy Getinge. And this one's a risk, everybody. The airborne Avenger Synairgen could blow up in your face. I told you that was the risk, that was the caveat emptor.

 Special thanks to the home team. Sabrina, Lori, and Amber number are how I got through COVID. And however devastating this has been for the world, I really liked hanging out with my daughters for a year and a half. Smoke is new to the party and we'll eat all my money. Thank you very much.

*[End of Audio]*