

New Resident Club of Cape Coral May 2020



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May 2020

First & foremost, I want to thank Letitia and the entire Board 105 for six months of great leadership and months of fun filled activities. They leave as a tough act to follow. But with their example and guidance, we will prevail.

I write my first President's Newsletter with great excitement and apprehension. What do you do with a Social Club when socializing is limited? What a strange and confusing time we are in. We as humans need and crave socialization. And the mission of our organization is "To provide opportunities for new residents of Cape Coral to become acquainted and make friends by participating in socials, group activities and meetings".

We have a great organization which has survived for 53 years. Our complexion will change for the next couple of months but our purpose and long-term direction will not be altered. We are so fortunate to have people who volunteered to be part of our Board 106. Even in "normal" times, leadership of thousands of people can be challenging. But it can ever so be rewarding,

I know I can speak for the entire Board, that we are all so excited and anxious to provide the "opportunities" to our members that our mission statement calls for.

Having said all that, we will put the safety and the general well-being of all our members as our first priority. We will follow the direction of our President, Governor and Mayor concerning the "Social Distancing". There will not be any organized events for May. Our Board will meet in May and set a course of action that will be safe but will provide "opportunities" for socialization in the very near future,

Welcome to the New Residents Club of Cape Coral. I very much look forward to normal times and seeing all of you in person! In the meantime, if you have any questions, please feel free to contact me or anyone on our Board. Be safe and Godspeed!

nrcpres@gmail.com or 816-797-5640

Steve Ketteler

President Board 106

Elite Supporters

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Gulf Coast Symphony 6314 Corporate Ct, #100, Fort Myers https://gulfcoastsymphony.org/ Hair Look Salon by Monica Theses local businesses have been most generous in their contributions to the New Resident Club. Please patronize them and let them know we appreciate their support. To ensure their continued support, please redeem gift certificates or coupons promptly.

4720 SE 15th Ave (So. Cape Plaza) 239-541-9951

Hooked Island Grill 4200 Pine Island Road NW Matlacha 239-540-3463

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Jasmine Marshall Hair Stylist 231 Del Prado Blvd 239-745-2983

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NRC FAQ

What are some of the more common events that the New Resident Club hosts? Some of the main events are the monthly Cocktails on the Cape, held at various locations within town, the New Resident Club Dance held the 4th Saturday of the month & activities like bocce, pickleball, golf, etc. Members are encouraged to organize events they are interested in.

What time are the majority of the events held? To insure consistency, the monthly Member meeting is held on the first Tuesday of the month at 9:15 a.m. in the Yacht Club building. There are the monthly Men's breakfast (held in the morning) and the Ladies Luncheon (held during the noon lunch time), but the majority of events start between 5:00 and 6:00 p.m. in the evening and are held on various nights during the week or weekend.

Just for fun!

Cape Coral

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Play this puzzle online at : https://thewordsearch.com/puzzle/1171136/

With all of us observing "Safer at Home" for the past 3,516,298.5 days, (it feels like!!), what have you been doing?

Learn a new skill? Read some good books? Watch any great movies (other than Tiger King!) Master that recipe that you always wanted to make?

Remember you can always get updates and share good news with other members on our Facebook page at <u>https://www.facebook.com/groups/146194215936269/</u> If you are not a member of this private group, join today!

New Resident Club Blood Drive

NEW!! No need to reserve a donation time!

Wed. June 17th 7:30am-1:30pm



Cape Coral Yacht Club

5815 Driftwood Pkwy. Cape Coral, FL 33904

The Green Bloodmobile will be next to the Racquetball Court

Please Help Us Make Our Goal of 20+ Units!

Questions about Donating Blood? Contact Lee Health at (239) 343-2333

Your Donation Serves Our Community

Blood Donations with Lee Memorial Blood Center remain in our four acute care hospitals--Cape Coral Hospital, Gulf Coast Medical Center, HealthPark Medical Center and Lee Memorial Hospital, which houses the only Trauma Center within a five--county radius. Blood also benefits patients at our specialty hospitals--The Children's Hospital of Southwest Florida and The Rehabilitation Hospital--and patients receiving treatment at the Regional Cancer Center.

The Facts of Donating Blood

Here are just some of the reasons why donating blood is a great idea.

Giving Blood is Safe.

Donating blood is a safe process. Needles and bags used to collect blood are used only once and discarded, which makes spread of infection to the donor not possible.

Giving Blood is Easy.

Following registration, you will answer simple medical history questions and receive a mini-physical. You will then be seated in a comfortable chair, while you donate.

Giving Blood is Fast.

The entire life-saving process takes approximately 45 minutes. The actual donation time is only 5-10 minutes.

Giving Blood Saves Lives.

Whole blood donations are processed into a variety of blood components. Each donation can save the life of a person - with leukemia, cancer, anemia and those undergoing surgery for illness or injury. Your donation will help ensure an adequate supply for both children and adults who are patients within Lee Health.

Giving Blood Helps Your Community.

All blood donated stays to help the patients within Lee Health.

A Note About COVID-19

In an effort to help provide useful information about the some of the how and why's of the Corona Virus we are including an excerpt from an blog post written by Erin Bromage, a Comparative Immunologist and Professor of Biology (specializing in Immunology) at the University of Massachusetts Dartmouth. To read the full article on his blog, go to: <u>https://www.erinbromage.com/post/the-risks-know-them-avoid-them</u> We are not endorsing any particular viewpoint and are not licensed to dispense medical advice. Always refer to <u>CDC guidelines</u> and the advice of your doctor for any medical issues.

Where are people getting sick?

In order to get infected you need to get exposed to an infectious dose of the virus; based on infectious dose studies with other coronaviruses, it appears that only small doses may be needed for infection to take hold. Some experts estimate that as few as 1000 SARS-CoV2 infectious viral particles are all that will be needed (ref 1, ref 2). Please note, this still needs to be determined experimentally, but we can use that number to demonstrate how infection can occur. Infection could occur, through 1000 infectious viral particles you receive in one breath or from one eye-rub, or 100 viral particles inhaled with each breath over 10 breaths, or 10 viral particles with 100 breaths. Each of these situations can lead to an infection.

How much Virus is released into the environment?

A Bathroom: Bathrooms have a lot of high touch surfaces, door handles, faucets, stall doors. So fomite transfer risk in this environment can be high. We still do not know whether a person releases infectious material in feces or just fragmented virus, but we do know that toilet flushing does aerosolize many droplets. Treat public bathrooms with extra caution (surface and air), until we know more about the risk.

A Cough: A single cough releases about 3,000 droplets and droplets travels at 50 miles per hour. Most droplets are large, and fall quickly (gravity), but many do stay in the air and can travel across a room in a few seconds.

A Sneeze: A single sneeze releases about 30,000 droplets, with droplets traveling at up to 200 miles per hour. Most droplets are small and travel great distances (easily across a room).

If a person is infected, the droplets in a single cough or sneeze may contain as many as 200,000,000 (two hundred million) virus particles which can all be dispersed into the environment around them.

A breath: A single breath releases 50 - 5000 droplets. Most of these droplets are low velocity and fall to the ground quickly. There are even fewer droplets released through nose-breathing. Importantly, due to

the lack of exhalation force with a breath, viral particles from the lower respiratory areas are not expelled.

Unlike sneezing and coughing which release huge amounts of viral material, the respiratory droplets released from breathing only contain low levels of virus. We don't have a number for SARS-CoV2 yet, but we can use influenza as a guide. Studies have shown that a person infected with influenza can releases up to 33 infectious viral particles per minute. But I'm going to use 20 to keep the math simple.

Remember the formula: Successful Infection = Exposure to Virus x Time

If a person coughs or sneezes, those 200,000,000 viral particles go everywhere. Some virus hangs in the air, some falls into surfaces, most falls to the ground. So if you are face-to-face with a person, having a conversation, and that person sneezes or coughs straight at you, it's pretty easy to see how it is possible to inhale 1,000 virus particles and become infected.

But even if that cough or sneeze was not directed at you, some infected droplets--the smallest of small-can hang in the air for a few minutes, filling every corner of a modest sized room with infectious viral particles. All you have to do is enter that room within a few minutes of the cough/sneeze and take a few breaths and you have potentially received enough virus to establish an infection.

But with general breathing, 20 viral particles minute into the environment, even if every virus ended up in your lungs (which is very unlikely), you would need 1000 viral particles divided by 20 per minute = 50 minutes.

Speaking increases the release of respiratory droplets about 10 fold; ~200 virus particles per minute. Again, assuming every virus is inhaled, it would take ~5 minutes of speaking face-to-face to receive the required dose.

The exposure to virus x time formula is the basis of contact tracing. Anyone you spend greater than 10 minutes with in a face-to-face situation is potentially infected. Anyone who shares a space with you (say an office) for an extended period is potentially infected. This is also why it is critical for people who are symptomatic to stay home. Your sneezes and your coughs expel so much virus that you can infect a whole room of people.

What is the role of asymptomatic people in spreading the virus?

Symptomatic people are not the only way the virus is shed. We know that at least 44% of all infections-and the majority of community-acquired transmissions--occur from people without any symptoms (asymptomatic or pre-symptomatic people). You can be shedding the virus into the environment for up to 5 days before symptoms begin.

Infectious people come in all ages, and they all shed different amounts of virus. The figure below shows

that no matter your age (x-axis), you can have a little bit of virus or a lot of virus (y-axis). (ref)

The amount of virus released from an infected person changes over the course of infection and it is also different from person-to-person. Viral load generally builds up to the point where the person becomes symptomatic. So just prior to symptoms showing, you are releasing the most virus into the environment. Interestingly, the data shows that just 20% of infected people are responsible for 99% of viral load that could potentially be released into the environment (ref)

So now let's get to the crux of it. Where are the personal dangers from reopening?

When you think of outbreak clusters, what are the big ones that come to mind? Most people would say cruise ships. But you would be wrong. Ship outbreaks, while concerning, don't land in the top 50 outbreaks to date.

Ignoring the terrible outbreaks in nursing homes, we find that the biggest outbreaks are in prisons, religious ceremonies, and workplaces, such as meat packing facilities and call centers. Any environment that is enclosed, with poor air circulation and high density of people, spells trouble.

Some of the biggest super-spreading events are:

Meat packing: In meat processing plants, densely packed workers must communicate to one another amidst the deafening drum of industrial machinery and a cold-room virus-preserving environment. There are now outbreaks in 115 facilities across 23 states, 5000+ workers infected, with 20 dead. (ref)

Weddings, funerals, birthdays: 10% of early spreading events

Business networking: Face-to-face business networking like the Biogen Conference in Boston in late February.

As we move back to work, or go to a restaurant, let's look at what can happen in those environments.

Restaurants: Some really great shoe-leather epidemiology demonstrated clearly the effect of a single asymptomatic carrier in a restaurant environment (see below). The infected person (A1) sat at a table and had dinner with 9 friends. Dinner took about 1 to 1.5 hours. During this meal, the asymptomatic carrier released low-levels of virus into the air from their breathing. Airflow (from the restaurant's various airflow vents) was from right to left. Approximately 50% of the people at the infected person's table became sick over the next 7 days. 75% of the people on the adjacent downwind table became infected. And even 2 of the 7 people on the upwind table were infected (believed to happen by turbulent airflow). No one at tables E or F became infected, they were out of the main airflow from the air conditioner on the right to the exhaust fan on the left of the room. (Ref)

Workplaces: Another great example is the outbreak in a call center (see below). A single infected employee came to work on the 11th floor of a building. That floor had 216 employees. Over the period of a

week, 94 of those people became infected (43.5%: the blue chairs). 92 of those 94 people became sick (only 2 remained asymptomatic). Notice how one side of the office is primarily infected, while there are very few people infected on the other side. While exact number of people infected by respiratory droplets / respiratory exposure versus fomite transmission (door handles, shared water coolers, elevator buttons etc.) is unknown. It serves to highlight that being in an enclosed space, sharing the same air for a prolonged period increases your chances of exposure and infection. Another 3 people on other floors of the building were infected, but the authors were not able to trace the infection to the primary cluster on the 11th floor. Interestingly, even though there were considerable interaction between workers on different floors of the building in elevators and the lobby, the outbreak was mostly limited to a single floor (ref). This highlights the importance of exposure and time in the spreading of SARS-CoV2.

Choir: The community choir in Washington State. Even though people were aware of the virus and took steps to minimize transfer; e.g. they avoided the usual handshakes and hugs hello, people also brought their own music to avoid sharing, and socially distanced themselves during practice. They even went to the lengths to tell choir members prior to practice that anyone experiencing symptoms should stay home. A single asymptomatic carrier infected most of the people in attendance. The choir sang for 2 1/2 hours, inside an enclosed rehearsal hall which was roughly the size of a volleyball court.

Singing, to a greater degree than talking, aerosolizes respiratory droplets extraordinarily well. Deepbreathing while singing facilitated those respiratory droplets getting deep into the lungs. Two and half hours of exposure ensured that people were exposed to enough virus over a long enough period of time for infection to take place. Over a period of 4 days, 45 of the 60 choir members developed symptoms, 2 died. The youngest infected was 31, but they averaged 67 years old. (corrected link)

Indoor sports: While this may be uniquely Canadian, a super spreading event occurred during a curling event in Canada. A curling event with 72 attendees became another hotspot for transmission. Curling brings contestants and teammates in close contact in a cool indoor environment, with heavy breathing for an extended period. This tournament resulted in 24 of the 72 people becoming infected. (ref)

Birthday parties / funerals: Just to see how simple infection-chains can be, this is a real story from Chicago. The name is fake. Bob was infected but didn't know. Bob shared a takeout meal, served from common serving dishes, with 2 family members. The dinner lasted 3 hours. The next day, Bob attended a funeral, hugging family members and others in attendance to express condolences. Within 4 days, both family members who shared the meal are sick. A third family member, who hugged Bob at the funeral became sick. But Bob wasn't done. Bob attended a birthday party with 9 other people. They hugged and shared food at the 3 hour party. Seven of those people became ill. Over the next few days Bob became sick, he was hospitalized, ventilated, and died.

But Bob's legacy lived on. Three of the people Bob infected at the birthday went to church, where they

sang, passed the tithing dish etc. Members of that church became sick. In all, Bob was directly responsible for infecting 16 people between the ages of 5 and 86. Three of those 16 died.

The spread of the virus within the household and back out into the community through funerals, birthdays, and church gatherings is believed to be responsible for the broader transmission of COVID-19 in Chicago. (ref)

Sobering right?

Commonality of outbreaks

The reason to highlight these different outbreaks is to show you the commonality of outbreaks of COVID -19. All these infection events were indoors, with people closely-spaced, with lots of talking, singing, or yelling. The main sources for infection are home, workplace, public transport, social gatherings, and restaurants. This accounts for 90% of all transmission events. In contrast, outbreaks spread from shopping appear to be responsible for a small percentage of traced infections. (Ref)

Importantly, of the countries performing contact tracing properly, only a single outbreak has been reported from an outdoor environment (less than 0.3% of traced infections). (ref)

So back to the original thought of my post.

Indoor spaces, with limited air exchange or recycled air and lots of people, are concerning from a transmission standpoint. We know that 60 people in a volleyball court-sized room (choir) results in massive infections. Same situation with the restaurant and the call center. Social distancing guidelines don't hold in indoor spaces where you spend a lot of time, as people on the opposite side of the room were infected.

The principle is viral exposure over an extended period of time. In all these cases, people were exposed to the virus in the air for a prolonged period (hours). Even if they were 50 feet away (choir or call center), even a low dose of the virus in the air reaching them, over a sustained period, was enough to cause infection and in some cases, death.

Social distancing rules are really to protect you with brief exposures or outdoor exposures. In these situations there is not enough time to achieve the infectious viral load when you are standing 6 feet apart or where wind and the infinite outdoor space for viral dilution reduces viral load. The effects of sunlight, heat, and humidity on viral survival, all serve to minimize the risk to everyone when outside.

When assessing the risk of infection (via respiration) at the grocery store or mall, you need to consider the volume of the air space (very large), the number of people (restricted), how long people are spending in the store (workers - all day; customers - an hour). Taken together, for a person shopping: the low density, high air volume of the store, along with the restricted time you spend in the store, means that the opportunity to receive an infectious dose is low. But, for the store worker, the extended time they spend in the store provides a greater opportunity to receive the infectious dose and therefore the job becomes more risky.

Basically, as the work closures are loosened, and we start to venture out more, possibly even resuming in-office activities, you need to look at your environment and make judgments. How many people are here, how much airflow is there around me, and how long will I be in this environment. If you are in an open floorplan office, you really need to critically assess the risk (volume, people, and airflow). If you are in a job that requires face-to-face talking or even worse, yelling, you need to assess the risk.

If you are sitting in a well ventilated space, with few people, the risk is low.

If I am outside, and I walk past someone, remember it is "dose and time" needed for infection. You would have to be in their airstream for 5+ minutes for a chance of infection. While joggers may be releasing more virus due to deep breathing, remember the exposure time is also less due to their speed. Please do maintain physical distance, but the risk of infection in these scenarios are low. Here is a great article in Vox that discusses the low risk of running and cycling in detail.

While I have focused on respiratory exposure here, please don't forget surfaces. Those infected respiratory droplets land somewhere. Wash your hands often and stop touching your face!

As we are allowed to move around our communities more freely and be in contact with more people in more places more regularly, the risks to ourselves and our family are significant. Even if you are gung-ho for reopening and resuming business as usual, do your part and wear a mask to reduce what you release into the environment. It will help everyone, including your own business.

This article was inspired by a piece written by Jonathan Kay in Quillete

COVID-19 Superspreader Events in 28 Countries: Critical Patterns and Lessons

About the author

Erin S. Bromage, Ph.D., is an Associate Professor of Biology at the University of Massachusetts Dartmouth. Dr. Bromage graduated from the School of Veterinary and Biomedical Sciences James Cook University, Australia where his research focused on the epidemiology of, and immunity to, infectious disease in animals. His Post-Doctoral training was at the College of William and Mary, Virginia Institute of Marine Science in the Comparative Immunology Laboratory of late Dr. Stephen Kaattari.

Dr. Bromage's research focuses on the evolution of the immune system, the immunological mechanisms responsible for protection from infectious disease, and the design and use of vaccines to control infectious disease in animals. He also focuses on designing diagnostic tools to detect biological and chemical threats in the environment in real-time.

Dr. Bromage joined the Faculty of the University of Massachusetts Dartmouth in 2007 where he teaches courses in Immunology and Infectious disease, including a course this semester on the Ecology of Infectious Disease which focused on the emerging SARS-CoV2 outbreak in China.

Welcoming Newcomers for over 50 Years

Welcome to Cape Coral, vour own Slice of Paradise!

In 1967 the New Resident Club of Cape Coral was established by Helen Peck as a way to give newcomers the opportunity to exchange ideas and form friendships. The tradition continues today in this, our 52nd year.

The three-year membership fee is \$60 per person and \$120 per couple.

Everyone joining will be members month at the Yacht Club of a group made up of those start-

ing that month. groups number two to three doz- meeting for activities events held by the NRC as a the Cape. whole.

After three years, you will become a non-voting lifetime member of NRC. You are strongly encouraged to continue attending NRC meetings, dances, activities and participating in your group potlucks.

The NRC holds a general meeting at 9:15 a.m. on the first Tuesday of each

Commonly, the Please join us at the general coffee and a light en. Each group holds its own snack and get acquainted with and participates in the most dynamic social group in

We welcome you!

For additional information, visit the NRC website at:

Or join the NRC Facebook page:

"Members Only New Resident Club of Cape Coral, Florida"

Or contact any of the NRC Officers or Directors listed on the inside front cover of this newsletter.

Refer a friend to the NRC.

Our members are the best recruiters of great new candidates.

Stay Safe & Healthy! We Will See You Soon!!