ONE OF THE MOST FRUSTRATING ASPECTS of how academic science conducts itself in the US is high reliance to SELECTIVE ATTENTION to information that suits one's particular viewpoint in science. Graduate students writing theses or dissertations are expected to provide a reasonable approximation of a background of the foundations upon which their thesis is built. Somewhere along the way, some scientists have forgotten the ethics of the moral responsibility of providing an unbiased representation of the state of knowledge upon which they base their positions. To seek only confirming instances that match one's own viewpoint is positivistic – and it is the essential driver of confirmation bias. CDC and Fauci's reliance of the Selective Attention Bias is monumental is size and historically destructive in scope.

Here I outline a few rather important facts that CDC and Fauci (and thus the rest of public health and most of the US medical system) have forgotten. The result is a public health policy response in the US that is full of … holes, at immense cost to the well-being of society.

When I read headlines like **"Scientists discover" X, Y or Z about Coronavirus"**, I almost always groan. *"We ALREADY KNOW that about coronviruses"* is my response, and so off to Pubmed I go.

Here are some things we already know that are being forgotten, or ignored, in public health policy in the US (and elsewhere) on the COVID-19 response.

(1) Coronavirus antibodies don't last. Based on a non-peer-reviewed study preprint of a King's College Study that monitored SARS-CoV-2 antibody levels for three months, the media represents this as new because the researchers who have presented the data failed to provide a thorough representation of past studies – and the media failed to pick up on the reality of what we already know. We've known that the antibody response to coronaviruses in humans is shorter than that, say, for human rhinoviruses (the common cold) since 1990.

Here's the study on coronviruses (1990):

Epidemiol. Infect. (1990), **105**, 435–446
Printed in Great Britain

The time course of the immune response to experimental coronavirus infection of man

K. A. CALLOW[1]*, H. F. PARRY[2], M. SERGEANT[1] AND D. A. J. TYRRELL[1]
[1] *MRC Common Cold Unit, Harvard Hospital, Coombe Road, Salisbury, Wiltshire SP2 8BW, UK*
[2] *Department of Pathology, Salisbury Infirmary, Salisbury, Wiltshire, UK*

(*Accepted 10 May 1990*)

"After preliminary trials, the detailed changes in the concentration of specific circulating and local antibodies were followed in 15 volunteers inoculated with coronavirus 229E. Ten of them, who had significantly lower concentrations of preexisting antibody than the rest, became infected and eight of these developed colds. A limited investigation of circulating lymphocyte populations showed some lymphocytopenia in infected volunteers. In this group, antibody concentrations started to increase 1 week after inoculation and reached a maximum about 1 week later. Thereafter antibody titres slowly declined. Although concentrations were still slightly raised 1 year later, this did not always prevent reinfection when volunteers were then challenged with the homologous virus. However, the period of virus shedding was shorter than before and none developed a cold. All of the uninfected group were infected on re-challenge although they also appeared to show some resistance to disease and in the extent of infection. These results are discussed with reference to natural infections with coronavirus and with other infections, such as rhinovirus infections."

And here's the study on rhinoviruses (1989):

Epidem. Inf. (1989) **103**, 659–669
Printed in Great Britain

The time course of the humoral immune response to rhinovirus infection

W. S. BARCLAY[1,2,*], W. AL-NAKIB[1,3], P. G. HIGGINS[1] AND D. A. J. TYRRELL[1]

[1] *MRC Common Cold Unit, Harvard Hospital, Coombe Road, Salisbury, Wilts, SP2 8BW,* [2] *Department of Microbiology, University of Reading, London Road, Reading, Berks RG1 5AQ,* [3] *Department of Microbiology, Faculty of Medicine, University of Kuwait*

(*Accepted 1 August 1989*)

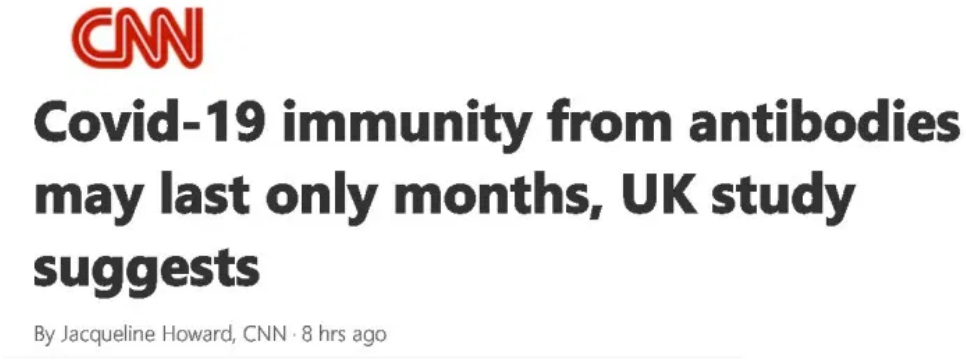
SUMMARY

The specific humoral immune response of 17 volunteers to infection with human rhinovirus type 2 (HRV-2) has been measured both by neutralization and by

"*The specific humoral immune response of 17 volunteers to infection with human rhinovirus type 2 (HRV-2) has been measured both by neutralization and by ELISA. Six volunteers who had HRV-2-specific antibodies in either serum or nasal secretions before HRV-2 inoculation were resistant to infection and illness. Of the remaining 11 volunteers who had little pre-existing HRV-2-specific antibody, one was immune but 10 became infected and displayed increases in HRV-2-specific antibodies. These antibodies first increased 1-2 weeks after infection and reached a maximum at 5 weeks. All six resistant volunteers who had high pre-existing antibody and eight of the volunteers who became infected maintained their HRV-2-specific antibody for at least 1 year. At this time they were protected against reinfection. Two volunteers showed decreases in HRV-2-specific antibodies from either serum or nasal secretions. They became infected but not ill after HRV-2 inoculation 1 year later.*"

So, people infected with coronaviruses have short-lived active antibodies compared to rhinovirus, but have a mild infection a year later if re-exposed. To be fair to the authors of the study, they referenced the coronavirus study from 1990, as well as length of antibody responses in SARS and MERS. But it's still a fair question to ask:

Why then are we reading headlines such as



?

The high profile emphasis is followed by proclamations that natural immunity from infections might not prove to be"enough", begging the question of definition of "enough" – Fauci and others (like Paul Offit) have already presaged that an untested vaccine might only make the infection less severe, and not prevent infection or transmission. So this high emphasis and follow-on claim that natural herd immunity might not be enough is a type of distortion used to convince the public that they may have to wait for a vaccine to save society. Of course.

2. Masks Don't Really Work Outside of Healthcare Systems.

A meta-analysis on masks concluded that masks should work in the healthcare setting, but the three studies that focused on the utility of masks to protect the wearer outside of the healthcare system? Two of three studies say "no effect" – and the one that is significant is only marginally significant, and oh, also (like all of the other studies) only focused on *the ability of masks to protect the wearer*.

And, for good measure, N95 does NOT mean they stop 95% of droplets, as incorrectly reported by "Ask Ethan" on Forbes – it means they can block viruses no smaller than 5 microns. SARS-CoV-2 is 30 times smaller than N95.

In a BSL3 laboratory, workers must wear much more effective equipment that an N95 mask, or a handkerchief, or a shirt collar, to block viruses the size of coronaviruses. Clearly we are being socially conditioned to submit to pressure to conform to an agenda to accept the spate of SARS-CoV-2 vaccines as the living Savior of society. Oh, if only that could even be theoretically true. Unfortuantely, CDC, Fauci and apparently FDA also forgot that

There is a good reason why a huge number of scientists are calling upon Proceedings of the National Academy of Sciences for retraction of a bullshit study that claimed to show that masks are critical for reducing community transmission. There is actually a ton of science that shows that they do not.

"Objective The aim of this study was to compare the efficacy of cloth masks to medical masks in hospital healthcare workers (HCWs). The null hypothesis is that there is no difference between medical masks and cloth masks.

Setting 14 secondary-level/tertiary-level hospitals in Hanoi, Vietnam.

Participants 1607 hospital HCWs aged ≥18 years working full-time in selected high-risk wards.

Intervention Hospital wards were randomised to: medical masks, cloth masks or a control group (usual practice, which included mask wearing). Participants used the mask on every shift for 4 consecutive weeks.

Main outcome measure Clinical respiratory illness (CRI), influenza-like illness (ILI) and laboratory-confirmed respiratory virus infection.

Results The rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI statistically significantly higher in the cloth mask arm (relative risk (RR)=13.00, 95% CI 1.69 to 100.07) compared with the medical mask arm. Cloth masks also had significantly higher rates of ILI compared with the control arm. An analysis by mask use showed ILI (RR=6.64, 95% CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95% CI 1.01 to

2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%.

Conclusions This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.

Trial registration number Australian New Zealand Clinical Trials Registry: ACTRN12610000887077."

From Ref #2

"Summary:

Respiratory infection is much higher among healthcare workers wearing cloth masks compared to medical masks, research shows. Cloth masks should not be used by workers in any healthcare setting, authors of the new study say."

C. R. MacIntyre, H. Seale, T. C. Dung, N. T. Hien, P. T. Nga, A. A. Chughtai, B. Rahman, D. E. Dwyer, Q. Wang. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers. BMJ Open, 2015; 5 (4): e006577 DOI: 10.1136/bmjopen-2014-006577

https://bmjopen.bmj.com/content/5/4/e006577

https://www.sciencedaily.com/releases/2015/04/150422121724.htm

Even Medpage today published an article that concluded that some politicians are pushing masks for fear mongers, not toward evidence-based medical purposes.

(See Medpage Today: Mask Hysteria: Are We Going Too Far? — Kevin Campbell believes media and politicians use masking as a way to fear monger)

3. Coronavirus Vaccines Cause Pathogenic Priming… and Therefore Require Phase 1 Animal Studies to Detect Disease Enhancement

This has been covered in my blog before as suggested reading, but I'll put those findings again right here for those expecting more from our regulatory agencies. In March 2020, FDA allowed Fauci, I mean, Moderna, to skip the critical Phase 1 animal studies that led to a halth to human studies for SARS and MERS vaccines. That was a LONG time ago now (5 months). How many times over could Moderna (I mean, Fauci) have conducted the animal studies to detect pathogenic priming by now? Maybe they have! Certainly we would have head of the results if they showed no disease enhancement. Come on, we may be – collectively- stupid, but we're not dead. Yet.

Immunization with inactivated Middle East Respiratory Syndrome coronavirus vaccine leads to lung immunopathology on challenge with live virus. *"Lung mononuclear infiltrates occurred in all groups after virus challenge but with increased infiltrates that contained eosinophils and increases in the eosinophil promoting IL-5 and IL-13 cytokines only in the vaccine groups. Inactivated MERS-CoV vaccine appears to carry a hypersensitive-type lung pathology risk from MERS-CoV infection that is similar to that found with inactivated*

SARS-CoV vaccines from SARS-CoV infection."
https://www.ncbi.nlm.nih.gov/pubmed/27269431

Vaccine efficacy in senescent mice challenged with recombinant SARS-CoV bearing epidemic and zoonotic spike variants.*"VRP-N vaccines not only failed to protect from homologous or heterologous challenge, but resulted in enhanced immunopathology with eosinophilic infiltrates within the lungs of SARS-CoV-challenged mice. VRP-N-induced pathology presented at day 4, peaked around day 7, and persisted through day 14, and was likely mediated by cellular immune responses."* https://www.ncbi.nlm.nih.gov/pubmed/17194199

Immunization with Modified Vaccinia Virus Ankara-Based Recombinant Vaccine against Severe Acute Respiratory Syndrome Is Associated with Enhanced Hepatitis in Ferrets *"Immunized ferrets developed a more rapid and vigorous neutralizing antibody response than control animals after challenge with SARS-CoV; however, they also exhibited strong inflammatory responses in liver tissue."*

https://jvi.asm.org/content/78/22/12672.abstract

Animal Models for SARS and MERS coronaviruses. *"The concern that is extrapolated from the FIPV vaccine experience to human SARS-CoV vaccines is whether vaccine recipients will develop more severe disease if they are exposed to or infected with SARS-CoV after neutralizing antibody titers decline. The second concern is whether recipients of a SARSCoV vaccine would be at risk of developing pulmonary immunopathology following infection with an unrelated human coronavirus e.g. 229E, OC43, HKU1 or NL63 that usually causes mild, self limited disease. Although findings from preclinical evaluation have revealed these concerns, studies in animal models may not be able to provide data to confirm or allay these concerns."*
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4550498

https://science.sciencemag.org/content/303/5660/944.full

Lab-Made Coronavirus Triggers Debate *"…a study on his team's efforts to engineer a virus with the surface protein of the SHC014 coronavirus, found in horseshoe bats in China, and the backbone of one that causes human-like severe acute respiratory syndrome (SARS) in mice. The hybrid virus could infect human airway cells and caused disease in mice…"*

https://www.the-scientist.com/news-opinion/lab-made-coronavirus-triggers-debate-34502

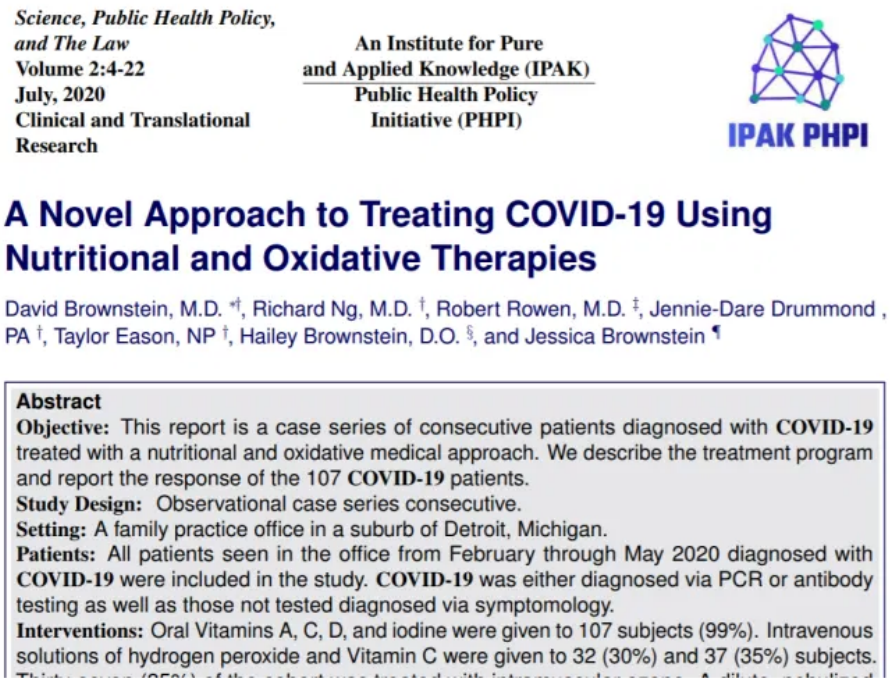
There are many other bits of Science that CDC, Fauci, and the FDA have forgotten – such as how to accurately count deaths, how to design an accurate PCR test. And there will no doubt be some science they would like to forget . They seem hell bent on holding society hostage with lock-downs, and mask mandates, and destruction of small businesses, depletion of retirement accounts.

We won't forget that the disaster is largely man-made, stemming first from CDC's flawed PCR test, fumbled attempts to contain by early contact tracing, and made much worse by a lock-down that was supposed to last two weeks. We have not forgotten that we never signed up for lock-downs of long duration that destroy our means of making a living, feeding and housing ourselves and our children. But there is a bright light coming out of the tunnel BEFORE the untested vaccines.

A Bit of Science CDC and Fauci Would Like To Ignore

Here's a bit of Science I want YOU to help make certain NO ONE forgets. Please share Dr. Brownstein's case series study on his protocol used on 107 COVID-19 patients with zero deaths – and only 1 hospitalization on the core protocol – with every ND, DO, DC, nurse, geriatric specialist, nursing home employee, public health official, friend, neigbor, and family member you know. Share my editorial, too.

If this virus can be so easily treated, why are we destroying America?



Science, Public Health Policy, and The Law
Volume 2:4-22
July, 2020
Clinical and Translational Research

An Institute for Pure and Applied Knowledge (IPAK)
Public Health Policy Initiative (PHPI)

IPAK PHPI

A Novel Approach to Treating COVID-19 Using Nutritional and Oxidative Therapies

David Brownstein, M.D. *†, Richard Ng, M.D. †, Robert Rowen, M.D. ‡, Jennie-Dare Drummond , PA †, Taylor Eason, NP †, Hailey Brownstein, D.O. §, and Jessica Brownstein ¶

Abstract

Objective: This report is a case series of consecutive patients diagnosed with **COVID-19** treated with a nutritional and oxidative medical approach. We describe the treatment program and report the response of the 107 **COVID-19** patients.

Study Design: Observational case series consecutive.

Setting: A family practice office in a suburb of Detroit, Michigan.

Patients: All patients seen in the office from February through May 2020 diagnosed with **COVID-19** were included in the study. **COVID-19** was either diagnosed via PCR or antibody testing as well as those not tested diagnosed via symptomology.

Interventions: Oral Vitamins A, C, D, and iodine were given to 107 subjects (99%). Intravenous solutions of hydrogen peroxide and Vitamin C were given to 32 (30%) and 37 (35%) subjects.

Brownstein, D, R Ng, R Rowen, J-D Drummond, T Eason, H Brownstein and J Brownstein. 2020. A Novel Approach to Treating COVID-19 Using Nutritional and Oxidative Therapies. *Science, Public Health Policy & the Law* **2**:4-22.

https://www.publichealthpolicyjournal.com/clinical-and-translational-research

portrait of handsome young man on grey background

jameslyonsweiler

Dr. Lyons-Weiler is a research scientist and author of three books, the latest of which is "The Environmental and Genetic Causes of Autism". He is available for speaking engagements and book signing events at your location. To contact, follow on twitter @lifebiomedguru, email ebolapromo[at]gmail.com, and connect via LinkedIn https://www.linkedin.com/in/jameslyonsweiler

‹ One Brief, Brilliant Moment

CDC's Policies on Masking Actually Increase COVID19 Risk. Why Do You Still Trust Them? ›

8 thoughts on "COVID19: Three Bits of Science That CDC, Fauci and FDA Forgot, and One They Would Like to Forget"

Pingback: COVID19: Three Bits of Science That CDC, Fauci and FDA Forgot, and One They Would Like to Forget - NAMELY LIBERTY

JB

07.14.2020 at 1:26 pm

As a result of this and some other info that I've collected, I'm not convinced that the PCR tests are even specific for SARS-CoV-2:

——

https://www.sciencedirect.com/science/article/pii/S2452014420301540

COVID-19 target: A specific target for novel coronavirus detection

… In 2020, Corman et al. (2020b) reported RdRP, E and N genes for the detection of the novel coronavirus (Table 2). The bioinformatic analysis of the probes designed to identify the novel coronavirus was evaluated by BLAST search. The designed probe located in N gene (N_Sarbeco_P1) illustrated a lot of cross-reactions with Coronavirus BtRs-BetaCoV (MK211374- MK211378), SARS coronavirus Urbani (MK062179-MK062184), Bat coronavirus (KY770858-KY770859), SARS coronavirus (AH013708-AH013709), and others. The designed probe located in E gene (E_Sarbeco_P1) also indicated some cross-reactions with Coronavirus BtRs-BetaCoV (MK211374- MK211378), SARS Coronavirus Urbani (MK062179-MK062184), Bat SARS-Like Coronavirus (KY417142-KY417152), Bat Coronavirus (KY938558), and many others. Two designed probes located in RdRP gene were also appraised. The first one (RdRP_SARSr-P1) covers many coronavirus isolates, including Bat SARS-like Coronavirus (MG772904-MG772932), Rhinolophus pusillus Coronavirus (KY775091), Bat SARS-like Coronavirus (MG772903) and many others; because degenerate bases like W, R, and M nucleotide codes were used to design probes. The second probe (RdRP_SARSr-P2) was more specific for COVID-19 and could not detect the other human coronaviruses, with the exception of Rhinolophus Bat Coronavirus BtCoV (KP876546.1), as reported in 2016. All these cross-reactions are associated with the sequences, as mentioned in papers published in 2018 and before. …

The WHO recommends RdRP, E and N genes for the detection of the novel coronavirus (Corman et al., 2020a): E gene for first line screening, RdRp gene for confirmatory assay, and N gene for additional confirmatory assay. Although these genes reported as potential targets for the detection of coronavirus, WE FOUND OUT THAT ONLY ONE OF THEM (RdRP_SARSr-P2) WAS ALMOST SPECIFIC FOR THE NEW CORONAVIRUS AND THE OTHER INTRODUCED PROBES WOULD DETECT THE OTHER TYPES OF CORONAVIRUSES. In this regard, the false-positive test results may extend for COVID-19, and many patients with mild symptoms may be infected by the other types of coronavirus.

…

[Sarbeco = bat-associated SARS-related viruses]

★ Loading…

↳ Reply

Pingback: COVID19: Three Bits of Science That CDC, Fauci and FDA Forgot, and One They Would Like to Forget - Vince Iori Live | Vince Iori Live

BobCurry

07.16.2020 at 6:37 pm

This: "We won't forget that the disaster is largely man-made, stemming first from CDC's flawed PCR test, fumbled attempts to contain by early contact tracing, and made much worse by a lock-down that was supposed to last two weeks. We have not forgotten that we never signed up for lock-downs of long duration that destroy our means of making a living, feeding and housing ourselves and our children."

The lockdown wouldn't have had to be forever if we had had some adult leadership and personal responsibility and really locked down, as they did in New Zealand, Wuhan, and eventually Italy and Spain. We couldn't even for a month value the common good over our own selfish behavior manifested in flag-waving insistence on drinking in taverns and going to church, for god's sake. It's the behavior of ten-year-old boys peeing on walls, and to blame it on Fauci is ludicrous..

"… the three studies that focused on the utility of masks to protect the wearer outside of the healthcare system? Two of three studies say "no effect" – and the one that is significant is only marginally significant, and oh, also (like all of the other studies) only focused on the ability of masks to protect the wearer." Apparently you missed the 10,000 times it has been said in the media that we wear masks for others, not for ourselves, but your iconoclastic argument is typical of mask naysayers who can't grasp the concept of a commons, which is really what a society is, but think only think of themselves.

" … it means they can block viruses no smaller than 5 microns. SARS-CoV-2 is 30 times smaller than N95." The virus is largely thought to be carried in drops of liquid, certainly larger than five microns (with the new theory being that it can also become aerosolized). If I cough or sneeze and 200,000,000 virus particles are broadcast across the produce department at my Whole Foods, instantaneously, many if not all of them in liquid, a mask will intervene to catch or slow down the majority of that contamination. If five to ten percent escape the mask, it is a huge reduction of the viral concentration in the air and a potentially lower viral load my fellow travelers are likely to pick up.

★ Loading…

↳ Reply

jameslyonsweiler

07.16.2020 at 8:36 pm

Bob – Blaming people who are now saying "no more" to draconian measures after the CDC's attempts to control, contain and even do a reasonable approximation of accuate testing and contact tracing from the onset is putting the cart before the horse. There is no doubt that CDC and Fauci bear responsibility for the state we are in.

The media might have said 10,000 times that we wear masks for others. I'm referencing the studies, which did not measure that. They measured the ability of masks to protect the wearer. I'm citing the studies, not the media. Reading the studies carefully makes one immune to the effects of repetitive propaganda.

Details matter. Some would cite this study, for example, as evidence that everyone should mask.

https://www.nature.com/articles/s41591-020-0843-2

Yet the results are only for symptomatic persons.

"If five to ten percent escape the mask, it is a huge reduction of the viral concentration in the air and a potentially lower viral load my fellow travelers are likely to pick up"
Please cite (a) studies that show cloth masks, and shirts pulled over one's noses cuts the "escape" of viruses the size of SARS-COV-2 by
5-10%, and (b) studies that show such mask wearing makes any difference in the rate of spread of viruses the size of SARS-CoV-2. The studies I've seen say
no effect.

CDC's first advice (don't wear masks) was to protect the health care supply. Now they recommend CLOTH COVERING – not N95 masks – read their recommendation clearly and if you care to try to defend their recommendation w/studies, I am all ears. See https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html

★ Loading...

↪ Reply

JB

07.17.2020 at 12:52 pm

According to this article, this morning, 6 miners should've been wearing masks:
——-
https://www.counterpunch.org/2020/07/17/a-proposed-origin-for-sars-cov-2-and-the-covid-19-pandemic/

… The story begins in April 2012 when six workers in that same Mojiang mine fell ill from a mystery illness while removing bat faeces. Three of the six subsequently died.

In a March 2020 interview with Scientific American Zeng-li Shi dismissed the significance of these deaths, claiming the miners died of fungal infections. Indeed, no miners or deaths are mentioned in the paper published by the Shi lab documenting the collection of RaTG13 (Ge et al., 2016). …

Fortunately, a detailed account of the miner's diagnoses and treatments exists. It is found in a Master's thesis written in Chinese in May 2013. Its suggestive English title is "The Analysis of 6 Patients with Severe Pneumonia Caused by Unknown viruses".

The original English version of the abstract implicates a SARS-like coronavirus as the probable causative agent and that the mine "had a lot of bats and bats' feces". …

Third, the abstract, the conclusions, and the general inferences to be made from the Master's thesis contradict Zheng-li Shi's assertion that the miners died from a fungal infection. Fungal infection as a potential primary cause was raised but largely discarded. …

In our previous article we briefly discussed how the pandemic might have been caused either by a virus collection accident, or through viral passaging, or through genetic engineering and a subsequent lab escape. The genetic engineering possibility deserves attention and is extensively assessed in an important preprint (Segreto and Deigin, 2020).

We do not definitively rule out these possibilities. Indeed it now seems that the Shi lab at the WIV did not forget about RaTG13 but were sequencing its genome in 2017 and 2018. However, we believe that the Master's thesis indicates a much simpler explanation.

We suggest, first, that inside the miners RaTG13 (or a very similar virus) evolved into SARS-CoV-2, an unusually pathogenic coronavirus highly adapted to humans. Second, that the Shi lab used medical samples taken from the miners and sent to them by Kunming University Hospital for their research. It was this human-adapted virus, now known as SARS-CoV-2, that escaped from the WIV in 2019.

We refer to this COVID-19 origin hypothesis as the Mojiang Miners Passage (MMP) hypothesis. …

We agree that ordinary rates of evolution would not allow RaTG13 to evolve into SARS-CoV-2 but we also believe that conditions inside the lungs of the miners were far from ordinary. Five major factors specific to the hospitalised miners favoured a very high rate of evolution inside them. …

ii) Judging by their clinical symptoms such as the CT scans, all the miner's infections were primarily of the lungs. This localisation likely occurred initially because the miners were exerting themselves and therefore inhaling the disturbed bat guano deeply. As miners, they may already have had damaged lung tissues (patient 3 had suspected pneumoconiosis) and/or particulate matter was present that irritated the tissues and may have facilitated initial viral entry. [How might excessive radiation of the CT scans have mutated any viral particles???] …

An intriguing alternative possibility is that SARS-CoV-2 acquired its furin site directly from the miner's lungs. Humans possess an epithelial sodium channel protein called ENaC-a whose furin cleavage site is identical over eight amino acids to SARS-CoV-2 (Anand et al., 2020). ENaC-a protein is present in the same airway epithelial and lung tissues infected by SARS-CoV-2. It is known from plants that positive-stranded RNA viruses recombine readily with host mRNAs (Greene and Allison, 1994; Greene and Allison, 1996; Lommel and Xiong, 1991; Borja et al., 2007). …

The general observation is therefore that Sars-CoV-2 has remained functionally unchanged or virtually so (except for inconsequential genetic changes) since the pandemic began. This is a very important observation. It implies that SARS-CoV-2 is highly adapted across its whole set of component proteins and not just at the spike (Zhan et al., 2020). That is to say, its evolutionary leap to humans was completed before the 2019 pandemic began.

[Long article. Let's not forget that Zheng-Li Shi was working with Ralph Baric's lab at Chapel Hill, NC: https://www.nature.com/articles/nm.3985.%5D

★ Loading...

↳ Reply

jameslyonsweiler

07.17.2020 at 1:43 pm

I have written to two other science teams requesting the sequence data for the enigmatic SARS-CoV-2 like viruses.

★ Loading...

↳ Reply

tlundeen

07.19.2020 at 3:39 pm

Excellent summary of lots of effective COVID-19 protocols, from Dr Levy.
http://orthomolecular.org/resources/omns/v16n37.shtml

★ Loading...

↳ Reply

Leave a Reply

Enter your comment here...