

# Corona Virus Update March

03 March 2021

We are one year into global panic and control, with no criteria I have seen for a step-down or shut off. That means, I have not seen any political or central authority set out when and why restrictions will be eased, relaxed, reduced or dropped. The Texas Governor did not do this either, before he removed them.

Time has come for an update from The Committee.

*Q: Esteemed Committee, is the pandemic really winding down, burning out, running out of fuel, steam and energy?*

C: Yes.

*Q: Why are the variants or mutations appearing?*

C: Nearly all viruses do this, as they spread through a population. This is an expected, predictable pattern.

*Q: The speculation that these mutations are more contagious, is that true?*

C: No.

*Q: Severity or duration of symptoms and effects, are they worse or the same, or possibly less acute?*

C: About the same to less acute by a very small percentage. Do not concern yourselves with this as individuals, because the differences are not material if you experience symptoms from any variant and once recovered, you will be highly resistant to immune to all recent variations and the created, initial virus.

*Q: Are the vaccines making a difference?*

C: Of course.

*Q: To what degree?*

C: This is not large, because the virus was already wearing out. More than half of the world's human population has been exposed already. The reason clinical infections have not reached billions is resistance and immunity.

Humans have already seen how children are unaffected. Other humans, because of diet, lifestyle and resulting good performance of their immune response, are exposed but experience none or very mild symptoms.

*Q: The notion of a super-spreader, a person who gives off large amounts of viruses which can infect many people who come in contact or close proximity to such highly contagious patient, does it hold water?*

C: Not as much as suggested. Such a person has both a clinical infection and obvious, often severe symptoms. The absence of obvious symptoms means absence of sufficient viruses infesting the organism to provoke manifestation of symptoms, and very few are exhaled.

*Q: Does the virus leave the body in any way other than respiration?*

C: Yes, it is present in saliva and of course the blood. Do not transfuse infected blood or introduce saliva into another person's the oral or nasal cavities, to prevent transmission.

*Q: The order to wear masks is valid?*

C: For the transmitter or receiver? This key aspect is not discussed, allow us to do so once again. The virus will enter a human body through the oral, nasal and ocular cavities. Mouth, nose and eyes. Nearly all airborne viruses, aerosols these are named, do the same. Humans can enter an air pocket which contains viruses and have them settle onto the eyes. This will cause nearly immediate introduction into the bloodstream, because of direct access the eye socket provides.

This happens in very still air, essentially indoors only where no fans or other air circulation occurs. Outdoors infection is nearly impossible because of air movement, the dissipation is almost immediate. Rising smoke demonstrates this; any exposure to ultraviolet light also begins to immediately neutralize viruses, and in less than a minute, contagious levels have been eliminated.

*Q: If just a handful of viruses enter the system can a person become infected?*

C: Only if the viruses can locate a suitable host cell; different viruses seek different cells, thus the great variation in symptoms and effects from different viruses. The efficiency of the first counterattack by the immune system, is crucial to this. The white blood cells will attack intruders when recognized, before sufficient numbers have replicated by reaching and taking over a host cell. If few viruses enter the metabolism, very few suitable host cells will be taken over; as soon as this occurs, the immune response is triggered. If it is a good one, the virus' replication process is contained then eliminated.

*Q: How does a human stimulate the immune response?*

C: Sunshine, exercise, a diet rich in fruits and vegetables and sufficient required nutrients. The proper diet will supply them. Spices and vitamins such as turmeric and the curcumin it contains, ascorbic acid, hot pepper and the capsaicin it contains, vitamin D and others sharpen immune system response. Regular daily consumption is the key.

*Q: Is this the source of immunity?*

C: Or high resistance by many people. Immunity results from previous infections and a permanent or long term remembered response.

*Q: Why don't humans develop long term immunity to the common cold, caused by the rhinovirus?*

C: It is smaller than nearly any human infecting virus and produces mild symptoms before the secondary immune response attacks. This secondary response is not standardized or customized; the existing T-cell replication does the job. The cold virus attacks a large number of host cells very easily. It is not as picky or specific as others and replicates very rapidly. The immune system does not need to develop a blueprint for it; the issuance of many existing t-cells is the best method for catching up to rhinovirus replication, then overwhelming it.

*Q: Why do yellow fever survivors, such as myself, have such high resistance thus essential immunity?*

C: The behavior of the yellow fever virus causes the secondary response to be much more customized and quick to respond. The trigger is shape and size; even though the viruses are transmitted quite differently and also produce different symptoms and severity, the first counterattack occurs when the presence of an intruder is detected, not the resulting behavior of the virus. When a virus in the remembered size range and shape begins to produce enough

examples to become noticed, the white blood cell attack is fast and vigorous, because the secondary immune response is re-engaging in anticipation of another episode. This is why yellow fever immunity lasts for life, and greatly reduces the effect of many other viral infections.

*Q: Do other types of infections enhance resistance or provide immunity to Covid-19?*

C: Yes, almost all mosquito borne flaviruses which include West Nile, Zika, yellow fever, dengue and others. The size and shape are what the immune response recognizes initially.

*Q: Why are some elected officials reluctant to ease restrictions?*

C: Many believe they must appear to take responsibility for the well being of the population, and fear blame for increases in negative effects, if they cannot counterattack the accusations with evidence of steps taken. They are about popularity as a priority. Death and sickness are highly unpopular, more so than anything else they could do.

Feeding this popularity concern is lust for power, borne out of the ego required to initiate a campaign for elected office.

Issuing instructions, commands and orders are a sometimes-necessary part of the job, and the holder of such authority becomes habituated and even addicted to it. When circumstances such as widespread sickness and opportunity to issue commands cross paths, even if ineffective, the urge to do so promptly arises fast in the addicted. It reduces much more slowly.

*Q: Have the physical separation, mask use and other techniques done any good?*

C: Essentially no. The delay which results simply prolongs the event. This should have concluded more quickly, however the vaccination is now beginning to help.

*Q: Why the insistence on mask use?*

C: Appearance of compliance, generation of fear and concern.

*Q: But masks DO reduce emission and induction of viruses, don't they?*

C: Yes, briefly but only for a few minutes. The surgical masks still allow half the air exhaled to escape below, above and to the sides. The challenge is, as a person engages in normal activities day after day, the temporary, several minute long reduction is eliminated. The mask is ineffective.

The masks stop air droplets too large to permeate, but the moisture evaporates, and the much smaller viruses are pushed through with the next breath.

*Q: Why then the criticism by medical officials of any reduction in restrictions?*

C: Because they believe, correctly so in many cases, that an increase in cases occurring in the wake of relaxation or elimination of restrictions will cause them to lose, position, prestige and face.

*Q: This pandemic is really, truly finally on the way out?*

C: Yes, however the disease is not going to disappear forever. Humans will always have many viruses present.

*Q: Thank you, Esteemed Committee.*

C: Welcome you are, as will be more questions.