

Julia's COVID-19 Manifesto

1. Our COVID-19 data is of low quality and it will take years to sort out what happened, if ever.
2. When looking at our COVID-19 data, or any data, one should consider CONTEXT and ERROR: Has this happened before? What can I compare this to? The data might be real, or it may be an artifact (i.e. false data caused by flaws in your equipment or measurement techniques).
3. Illness and death from infectious agents depend on transmission, susceptibility and treatments. We are illogically focusing almost entirely on transmission, which we have the least control over.
4. Scientists are imperfect humans (including me). Some believe they act purely according to data, but all have emotions and values that influence thinking. Scientists need to (re)learn...
 - a. Follow the biology. Do not assume you already know what you are dealing with.
 - b. Rushed science is bad science (e.g. Chinese businesswoman and Skagit choir)
 - c. Science just gives you information, it does not tell you what to do with it.
 - d. Saying "I don't know" or "I was mistaken" is okay and often the best answer.
 - e. Value other interpretations of the data. Treat people like adults and explain the data.
 - f. Speaking up is more important than keeping your job, in most cases.
 - g. Brilliant people can come from anywhere, not just the "right" universities or institutions.
5. Evil exists and is at work in our world, but stupidity is more common. Smart people do dumb things, especially if afraid. Fear makes us act on impulse. Mass hysteria is common in history.
6. It was an amazing act of hubris to think that telling everyone in the world to do the same thing at once (e.g. lockdown) was a good idea, especially if you're not 100% sure it's beneficial. The cost would always be higher than the cost of a massive viral outbreak, and you would have no control group to know if it worked. (Thank God for Sweden!)
7. "You never really leave high school." Politicians and scientists have bowed to peer pressure and implemented insane policies because someone with more popularity and/or status told them to. Pray for all people that they may do what is right and not merely what is popular or expedient.
8. I believe that God decides how much time any person has on this earth. I pray that we will all live long enough to see our grandchildren grow up. However, if God has decided that it is time for anyone to go home (John 14:2-3¹), he will do it, whether through COVID-19 or a car accident.

My recently published paper (with Patrick D. Shaw Stewart) on virus seasonality:

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/rmv.2241>

Summary: Scientists have for decades noticed that respiratory illnesses increase during certain times of the year (e.g. flu season). However, their explanations (e.g. crowding, virus survival on surfaces, weaker immune systems) are all somewhat unconvincing. This publication proposes the hypothesis that respiratory outbreaks are instigated by changes in temperature (i.e. viral temperature sensitivity), especially if people are chilled. This is a natural selection mechanism, which tends to keep viruses in the nose and throat where they will be transmitted and out of the lungs, where they are more likely to kill their hosts (and not be transmitted). Viral temperature sensitivity has been observed in lab experiments, and this publication proposes additional work that could be done to determine if this is a legitimate explanation for seasonality. Put on a coat! 😊

^{1 2} My Father's house has many rooms; if that were not so, would I have told you that I am going there to prepare a place for you? ³ And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am.

Publications/websites/Twitter

-Diagnostic value of respiratory virus detection in symptomatic children using real-time PCR

<https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-9-276>

-Asymptomatic summertime shedding of respiratory viruses

<https://msphere.asm.org/content/3/4/e00249-18>

Comment: There are many papers like this that show that all kinds of viruses are always present and detectable by PCR (which is like a Xerox for DNA) in people, symptomatic or not.

-Duration of infectiousness and correlation with RT-PCR cycle threshold values in cases of COVID-19, England, January to May 2020

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7427302/>

Comment: Active virus not often found after Ct 35, or 8-10 days after symptom onset

-Interference between rhinovirus and influenza A virus: a clinical data analysis and experimental infection study

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(20\)30114-2/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(20)30114-2/fulltext)

Comment: This is where the flu went. We are testing for the flu, but it's not here. Viruses compete for hosts and dominance. COVID is top dog right now, but it won't be forever.

-An outbreak of common colds at an Antarctic base after seventeen weeks of complete isolation

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2130424/>

Comment: My favorite! No better lockdown anywhere. Lockdowns don't work because viruses are always present around and inside of us. It just takes the right trigger to turn them on. Like horror movies where the phone call comes from inside the house, locking the door is pointless.

-Platelet reactivity to thrombin differs between patients with COVID-19 and those with ARDS unrelated to COVID-19

<https://ashpublications.org/bloodadvances/article/5/3/635/475043/Platelet-reactivity-to-thrombin-differs-between>

-COVID-19 Pathophysiology: Are Platelets and Serotonin Hiding in Plain Sight? (preprint)

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3800402

-SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2 (*in lungs*)

<https://www.ahajournals.org/doi/full/10.1161/CIRCRESAHA.121.318902>

-Video (Dr. Farad Jalali discusses COVID management): https://youtu.be/Wetdq9vX_c

Comment: Endothelial damage from COVID-19 (and other viruses) may cause immune-mediated platelet overactivation in Day 7-9, which dumps serotonin into the blood (normally protective) and the damaged lungs cannot clear it as usual. This can create a vicious cycle leading to multi-organ failure. This may be reversed: 1) not giving people drugs that increase serotonin (i.e. fentanyl in the ICU) and 2) administering cyproheptadine, fluvoxamine (likely to only help if administered early), or other repurposed drugs that reverse serotonin syndrome. All of these should be investigated immediately (fluvoxamine is currently in a trial).

-Scott and Scurvy: https://idlewords.com/2010/03/scott_and_scurvy.htm

Comment: Detailed story of how science discovered and forgot the cure for scurvy several times.

My co-author's blog: oldwivesandvirologists.com and Twitter: @PatrickSSte

@ianmSC: charts that destroy the idea that masks work to stop COVID-19 cases or deaths

@JuliaLBach8, @VPrasadMDMPH, @PanData19, @MartinKulldorff, @TheBabylonBee,

@OBusybody, @Hold2LLC, @InProportion2, @cameronks, boriquagato.substack.com