

# “The Origin of Covid-19–Updated, Part 10”



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In an earlier part of this series about Covid-19, I recounted that a Florida woman’s husband wanted the hospital to give his wife Ivermectin, but the hospital refused and she died. To show what might have happened if she had been given the Ivermectin, there is the recent case of Sun Ng who was hospitalized with Covid-19 on October 14 at Edward Hospital in Naperville, IL, and characterized as “basically on his death bed.” Ng’s daughter requested he be given Ivermectin, but the hospital refused to administer it. On November 1, Judge Paul Fullerton granted a temporary restraining order requiring the hospital to allow Ng’s physician Dr. Alan Bain to administer the Ivermectin. Ng then dramatically improved and was discharged from the hospital on November 27! Ng’s attorney, Kirstin Erickson of Chicago-based Mauck and Baker, said the “happy” end result provides “hope for the nation.”

Regarding the new fast-spreading variant, Omicron, originally identified in South Africa, in Part 3 of my series, I quoted Dr. Fauci on August 4 as telling McClatchy news organization that “If America’s current Covid-19 continues unabated into the fall and winter, the country will likely face an even more deadly strain of the virus that could evade the current coronavirus vaccines.” In “EXPLAINER–How worried should we be about the Omicron variant?” by Deena Beasley (Reuters, November 27, 2021), one reads that Omicron “is raising concern worldwide given the number of mutations, which might help it

spread or even evade antibodies from prior infection or vaccination....The new variant has over 30 mutations in the part of the virus that current vaccines target. Omicron's mutations are likely to render certain COVID-19 treatments—including some manufactured antibodies—ineffective, said Dr. David Ho, professor of microbiology and immunology at Columbia University.”

According to Amy Cheng's "Omicron covid variant three times more likely to cause reinfection than delta, South Africa study says" (THE WASHINGTON POST, December 3, 2021): "Scientists in South Africa say omicron is at least 3 times more likely to cause reinfection than previous variants such as beta and delta, according to a preliminary study,...and the omicron mutation has 'a substantial ability to evade immunity from prior infection.'" Omicron has already been detected in more than 20 U.S. States, and according to Dr. Tom Wenseleers, "Omicron is an immune escape variant that breaks through immunity caused by prior infection and/or vaccination." That means it can evade antibodies. According to USA TODAY (December 9), "New coronaviruses in the U.S. climbed from an average of nearly 95,000 a day on November 22 to almost 119,000 a day this week, and hospitalizations are up 25% from a month ago." Dr. Monica Gandhi, infectious disease specialist and professor of medicine at the University of California, San Francisco, told YAHOO NEWS producer Kate Murphy on December 3: "What we're seeing clinically is that when a variant is described in a country, you suddenly start seeing it everywhere....And all of these cases tend to be vaccinated individuals...."

According to "Will the Vaccines Stop Omicron? Scientists Are Racing to Find Out" by Apoorva Mandavilli (THE NEW YORK TIMES, November 28, 2021): "South African doctors are seeing an increase in reinfections in people who already had a bout of Covid-19, suggesting that the variant can overcome natural immunity, said Dr. Richard Lessells, an infectious disease

physician. Dr. Stephen Hoge, Moderna's president, said, 'This thing is a Frankenstein mix of all of the greatest hits (referring to the variants' many mutations)...Some of Omicron's mutations occur in parts of the virus targeted by T cells, meaning the variant may be more difficult for T cells to recognize...Dr. Jesse Bloom at the Fred Hutchinson Cancer Research Center in Seattle said that even if the vaccines hold up against Omicron, new versions will probably be needed at some point, and perhaps soon. The virus is acquiring mutations much faster than expected. There's always going to be new variants arising.'" In Mandavilli's November 30 NEW YORK TIMES follow-up article, one is told that "Omicron carries a mutation called N501Y, which is thought to allow the virus to bind to human cells more tightly. And in an Associated Press December 8 interview of CDC chief Rochelle Walensky by Mike Stobbe, one learns that "more than 40 people in the U.S. have been found to be infected with the omicron variant so far, and more than three-fourths of them have been vaccinated"!

In "UPDATE 1-Moderna CEO says vaccines likely less effective against Omicron-FT" (Reuters, November 30), one reads that "the head of Moderna said COVID-19 vaccines are unlikely to be as effective against the Omicron variant of the coronavirus as they have been previously, sparking fresh worry in financial markets about the trajectory of the pandemic...Moderna CEO Stephane Bancel told the FINANCIAL TIMES, 'I think it's going to be a material drop. I just don't know how much because we need to wait for the data. But all the scientists I've talked to...are like 'this is not going to be good'." Does all of this happening at this particular time sound too coincidental?

In a December 12 report by Janae Morris for ABC News, one reads that Omicron can evade the protection initial vaccines give,...(and) the variant can also evade the protections provided by monoclonal antibodies and convalescent plasma, the White House chief medical adviser (Dr. Anthony Fauci) told ABC News' George Stephanopoulos. Then on December 13, Reuters

published “Two-dose vaccines induce lower antibodies against Omicron, study finds,” which begins: “Two-dose COVID-19 vaccine regimens do not induce enough neutralising antibodies against the Omicron coronavirus variant, British scientists found, indicating that increased infections in those previously infected or vaccinated may be likely.”

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