

The Origin of Covid-19–Updated, Part 11



by Dennis Cuddy, Ph.D.

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When I asked a physician friend who has treated 1000 Covid-19 patients how Omicron occurred in South Africa at this time, he replied as follows: “The major problem was mass vaccinating into the teeth of a pandemic. Select vaccination campaigns targeting at risk populations (old people, those with co-morbidities associated with a worse outcome) would have been acceptable. The problem with vaccinating EVERYONE—or at least a few billion of them—is that you put MUTATIONAL PRESSURE on the virus to change in order to escape the vaccine effect. So, mutations occur that give the virus a chance to evade the vaccine. In other words, mutations that are not affected by the vaccine will do better than the “wild” (original) strain, which likely hits a dead end when it lands in a newly vaccinated body. This would not have happened if there were merely small numbers of people vaccinated in target populations since the wild type would not hit a dead end and it would remain the top dog with no competition from the upstart mutants.”

My physician friend continued: “What we have seen with Delta and Omicron (there are hundreds of different strains already), is likely the result of mass vaccinating into a pandemic. The reason it’s getting worse right now, certainly in Michigan it’s worse because the cold weather drives people indoors where they’re more likely to spread it—that’s why they have the lockdowns that keep people indoors where they’re MORE

LIKELY TO SPREAD IT. Remember, vaccinated people are “super spreaders” (i.e., the vaccine does not stop infection, and it does not stop transmission, but it does produce a false sense of security on the part of those vaccinated who think the “cold” and “allergies” they are experiencing can’t be Covid-19—but they are wrong!”

Continuing with this thought, a top vaccine scientist named Geert Vanden Bossche is warning about mass vaccination campaigns in the heat of a pandemic. His concern is what is called “immune escape,” and he says the multiple emerging “much more infectious” viral variants are already examples of “immune escape” from our “innate immunity.” His belief is that ongoing mass vaccination deployments are “highly likely to further enhance ‘adaptive’ immune escape because none of the current vaccines will prevent replication/transmission of viral variants.” As such, “the more we use these vaccines for immunizing people in the midst of a pandemic, the more infectious the virus will become, and with increasing infectiousness comes an increased likelihood of viral resistance to the vaccines.”

It is not surprising, therefore, that Caitlin Owens’ article, “Biden official warns: COVID explosion imminent” (AXIOS, December 14), reveals that “a new analysis by South Africa’s largest private insurer paints a picture of Omicron’s clinical risk: Two doses of Pfizer’s vaccine appear to be significantly less effective (only 33% against infection) against severe disease with Omicron than previous variants...They found that children had a 20% higher risk of hospital admission than they did from previous variants. The Delta variant is already driving yet another surge of cases and hospitalizations in the U.S. Omicron seems poised to make this significantly worse, given its high transmissibility and its ability to evade immune protection.

For the week of December 7-13, Cornell University reported 898 new COVID -19 cases. And on December 15, Cornell University

Vice-President for University Relations Joel Malina told Tristan Balagtas of PEOPLE Magazine that “virtually every case of the Omicron variant to date has been found in fully vaccinated students (Cornell has a 97% on-campus vaccination rate), a portion of whom had also received a booster shot.” According to Natasha Decker in “Breakthrough COVID Cases and Testing Positive For Omicron May Be ‘Our New Normal’” (December 17), Dr. Vin Gupta on NBC’s “Today Show” said: “We have to get comfortable with fully vaccinated folks testing positive, that’s going to be our new normal...Myself and colleagues at hospitals across the country, we’re expecting, frankly, 10,000 weekly deaths, week over week, well into the beginning of March. So this is going to be a very difficult three to four months ahead.” According to USA TODAY on December 28, while “case numbers are surging across the country, prompting high demand for at-home rapid testing, the Food and Drug Administration said that preliminary research shows some rapid antigen tests may be less sensitive at detecting the highly contagious omicron variant of the coronavirus.” In March 2021 there was a [review of studies concerning the accuracy of rapid antigen or molecular tests](#), and the results showed that for people with Covid-19 symptoms, the tests were inaccurate nearly 30% of the time, and for people with no Covid-19 symptoms, the tests were inaccurate nearly 42% of the time. This means a large number of people who take these tests can think they are perfectly safe and interact with large numbers of people possibly becoming superspreaders!

And if you want to be scared even more, look at Jamie Ducharme’s “We Need to Start Thinking Differently About Breakthrough Infections” (TIME, December 21), in which one reads that the CDC has “warned that Omicron is likely to cause breakthrough infections,” and the vaccines “may not be as good at preventing symptomatic disease caused by Omicron compared to other strains.” New York City has currently been averaging 7000 cases per day, even though 71% of its population is fully

vaccinated with 1.7 million having boosters. The TIME article goes on to say, “Even in quite vaccinated parts of the country we should expect to break records in the numbers of new daily cases confirmed because of Omicron,” says Anna Bershteyn, an assistant professor of population health at the New York University Grossman School of Medicine. And Dr. Megan Ranney, associate dean of Brown University’s School of Public Health, warned: “There is a high likelihood that most of us will catch COVID at some point.” However, the most pressing issue, she said, is the strain on the health care system: “An extra 10 or 20 hospitalizations is having the same effect on the system as an extra 50 hospitalizations had a year ago.” Remember at this point what I said in Part 1 of my series about the 261-page Chinese Communist military document produced in 2015. They wrote about how they could use coronaviruses as bioweapons, including harming an adversary’s health care system!

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E-Mail Dennis Cuddy: recordsrevealed@yahoo.com