

The Origin of Covid-19—Updated, Part 13



by Dennis Cuddy, Ph.D.

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In Part 12 of my series, I referred to an analysis by Marine Corps Major Joseph Murphy. Similarly, there is an analysis by Lt. Col. Dany Shoham and Brig. Gen. Yossi Kuperwasser titled “The U.S. intelligence community and the roots of the pandemic virus” (JOURNAL ON CHEMICAL AND BIOLOGICAL WEAPONS, July-December 2021), which concludes as follows: “It was recently disclosed that the Wuhan Institute of Virology (WIV) together with EcoHealth Alliance intended to artificially incorporate human-specific furin cleavage sites into an unspecified SARS-related bat virus, transform it into a dispersible aerosolic form, and spray it in the Mojiang mine, so as to experimentally vaccinate bats residing therein. A pertinent research proposal asking for funding was submitted in 2018 to the U.S. Defense Advanced Research Project Agency (DARPA) and rejected, due to being hazardous, as explained: ‘It is clear that the proposed project...could have put local communities at risk.’ But this does not mean it has not been carried out by WIV. The collaboration with EcoHealth and, alongside, the corollary joint research proposal (looking for more than a U.S.\$14 million grant) were highly desirable for WIV—in various senses meeting one common Chinese optimal modus operandi, which combines such peculiarity with legitimacy, finance, sophisticated know-how, upgraded constituents, and scientific spying—yet not a necessity. WIV could well have

carried out this research project, hence, on its own, eventually, and into 2019. The uncanny experimental layout of that research proposal, overall, is noticeably suspicious and obviously consistent with the lab-leak scenario. Surprisingly or not, this basically unclassified research proposal has been leaked by an anonymous whistleblower in September 2021. Much earlier, already in 2018, it should have been regarded to be a meaningful warning signal, if not a concrete alert. Surprisingly or not, additionally, this highly intriguing affair has not been mentioned at all in the U.S. Office of the Director of National Intelligence's (ODNI's) unclassified documents. Dr. David Asher, who officially and thoroughly inquired into the roots of the pandemic virus, was critical and direct in reference to the ODNI's October document at large: 'Personally, I find it startling and almost a disgrace to the nation's intelligence or the international intelligence.'"

Concerning how Drs. Fauci and Collins handled the matter of a possible lab leak origin of Covid-19 at the beginning of the pandemic, in Timothy Nerozzi's Fox News (January 28) report, "US scientists who downplayed COVID-19 lab leak origins theory sang a different tune in private, emails show, " the author wrote that "some experts may have consciously chosen to suppress evidence that could fuel 'conspiracists'." He reported that in a February 2020, meeting Dr. Robert Garry from Tulane's School of Medicine said: "I really can't think of a plausible natural scenario where you get from the bat virus...to nCoV where you insert exactly 4 amino acids 12 nucleotide that all have to be added at the exact time to gain this function. I just can't figure out how this gets accomplished in nature." Dr. Garry also added: "Don't mention a lab origin, as that will just add fuel to the conspiricists." Nerozzi further indicated that Dr. Kristian Anderson, a prominent virologist at the Scripps lab, told Fauci Jan. 31, 2020, that 'the genome is inconsistent with expectations from evolutionary theory,' an observation that

points to synthetic manufacturing.” Toward the end of the meeting, National Institutes of Health (NIH) Director Francis Collins stated that “a swift convening of experts in a confidence inspiring framework is needed, or the voices of conspiracy will quickly dominate.” Collins wrote to Fauci, “Wondering is there something NIH can do to put down this very destructive conspiracy.” And toward the end of his report, Nerozzi revealed that “on the guidance of world virology experts, Facebook actively suppressed reporting on the lab leak theory, utilizing ‘false information’ warnings and listing relevant investigations as ‘debunked’ until May 2021.”

In previous parts of this series, I have mentioned the benefits of fluvoxamine. In the December 2021 edition of the scholarly journal DRUGS, there is an article by 5 scientists titled, “Fluvoxamine for the Early Treatment of SARS-CoV-2 Infection: A Review of Current Evidence,” which has an Abstract in which one reads: “Academic and governmental experts throughout the USA met in 2021 to discuss the potential for use of fluvoxamine as early treatment of SARS-CoV-2 infection...Two randomized controlled trials and one observational study examining the effect of fluvoxamine in COVID-19 treatment have found high efficacy...Fluvoxamine appears to have substantial potential as a safe and widely available medication that could be repurposed to ameliorate serious COVID-19-related morbidity and mortality...”

Have you ever wondered why the FDA has not granted “Emergency Use Authorization” (EUA) for fluvoxamine? Below is from Steve Kirsch’s newsletter titled “Do you know why there isn’t an EUA for fluvoxamine?” answering that question. Kirsch states: “The reason is simple. To get an EUA for a repurposed drug, you have to partner with a drug company in the EUA application. Because no drug company will partner with us, there won’t be an EUA. Ever. So most doctors will never prescribe it for COVID, even though it works better than anything else,...even after 2 trials where it had 100% risk reduction in both trials

without any downside risk....When the fluvoxamine Phase 3 study published in LANCET showed the drug worked better than any other drug (including the new antiviral pills from Merck and Pfizer), the NIH simply ignored the study.”

As I have written before, the vaccines being used against Covid-19 (which are really gene therapy and not vaccines) have been approved on an experimental basis, and the clinical trials will not even be completed until 2023. Thus, we are just beginning to realize some of the long-term consequences. For example, on February 1, U.S. Senator Ron Johnson sent a letter to Secretary of Defense Austin asking about information provided by Ohio attorney Thomas Renz. The information was from the Department of Defense Medical Epidemiology Database (DMED) comparing a 5-year average from 2016 to 2020.2 to vaccine injury among military personnel until February 15, 2022. There was a 2181% increase in hypertension, 680% increase in multiple sclerosis, 487% increase in breast cancer, 472% increase in female infertility, 452% increase in migraines, 369% increase in testicular cancer, etc. Sen. Johnson also asked, “Have registered diagnoses of myocarditis in DMED been removed from the database from January 2021 to December 2021? If so, please explain why and when this information was removed and identify who removed it.”

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