

The Origin of Covid-19, Updated, Part 15



by Dennis Cuddy, Ph.D.

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In an earlier Part of this series, I mentioned flight surgeon Dr. Theresa Long at Fort Drucker in Alabama. Recently, she testified in court that she was ordered by a superior to suppress Covid-19 injuries following the Biden administration's vaccine mandate. Dr. Long testified that she was "contacted by a high level officer the night before the hearing and told not to discuss her findings" concerning the military medical data in court. She "reportedly said she felt threatened after she tried to get her superiors to address the findings, 'fearing for her life and for the safety of her children.'" Holding back tears, she told the judge, "I have so many soldiers being destroyed by this vaccine," and she testified that "deaths of military members from the vaccines exceed deaths from COVID itself."

Another flight surgeon, Dr. Peter Chambers, has said that about 75-80% of soldiers getting infected are "double-vaxxed" compared to only about 15% who are not vaccinated. Dr. Chambers himself received the Moderna vaccine in January 2021 and quickly developed "brain fog." LifeSiteNews on April 13 reported that "following an eventual MRI scan, after bouts of vertigo, dizziness, and nausea which caused him to crash a truck while returning from night patrol, Chambers was diagnosed with demyelination, a disease which affects the nerve tissue...He related that one soldier was forced to take a

second shot despite having suffered micro-clotting after her first. Dr. Chambers took down the details from these service personnel and entered them into the CDC's Vaccine Adverse Events Reporting System (VAERS). However, he revealed that 'surgeons at the military hospitals were not letting them in. The were told not to enter people into VAERS. 'Doctors told me personally in the active duty system that worked at Fort Sam Houston, that they were not to enter people into the VAERS system.'

Perhaps what bothers me most is that perhaps none of all this had to happen! In [Part 12](#) of my series, I referred to MELATONIN RESEARCH publishing a research commentary regarding an October 2021 study which found melatonin (which a cheap over-the-counter medicine) significantly lowered (by 93%) mortality in a randomized clinical trial of severely infected COVID patients. For more information, see "The Effect of Melatonin on Thrombosis, Sepsis and Mortality Rate in Covid-19 Patients" in the January 2022 edition of the INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES. Separately, see, "Melatonin reduces the mortality of severely infected COVID-19 patients" in MELATONIN RESEARCH (vol.4, 2021) by Dun-Xian Tan and Russel J. Reiter, UT Health San Antonio, Long School of Medicine. The Abstract states that "in a single-center, open label, randomized clinical trial, it was observed that melatonin treatment lowered the mortality rate by 93% in severely-infected COVID-19 patients compared with a control group."

In addition, a new drug, Sabizabulin (developed October 13, 2021 to treat breast cancer) was reported on April 12, 2022 to cut in half the death rate of those with severe COVID (New Drug, Sabizabulin, Halves Death Rate in Those With Severe COVID, Maker Claims – Drugs.com MedNews). The article states that "an experimental medication for critically ill COVID-19 patients appears to work so well that the drug's maker (Veru) announced Monday it has stopped its clinical trial early and will apply for emergency use authorization!" Veru's CEO, Dr.

Michael Steiner, emphasized the drug's anti-viral and anti-inflammatory properties and said, "This study represents a



significant milestone in the global fight against COVID-19

because it's the first drug to demonstrate clinically and

statistically meaningful reduction in deaths in hospitalized patients with moderate to severe COVID-19."

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In [Parts 8](#) and 13 of my series, I mentioned the benefits of fluvoxamine. Now, Jaimy Lee writing for MarketWatch (April 25) in her article, "Can a decades-old antidepressant keep COVID-19 patients out of the hospital," indicates that research published April 6 in JAMA Network Open shows studies conducted on 2196 adult patients who had tested positive within 6 to 7 days of infections were enrolled in placebo-controlled, randomized trials. The patients were unvaccinated, had symptoms, and did not require oxygen. The conclusion of the researchers was that "fluvoxamine is an (anti-inflammatory) immediately available, safe and inexpensive management option with a high probability of moderate efficacy." Ms. Lee also notes that the Institute for Clinical and Economic Review that studies the cost-effectiveness of drugs considers fluvoxamine of equal benefit to Lagevrio, which is one of a handful of new drugs authorized in the U.S. to treat Covid-19, along with Paxlovid, Veklury, and the monoclonal antibodies developed by AstraZeneca and others. "I

mentioned monoclonal antibodies earlier in the last paragraph of [Part 10](#) of this series.” Thus, it is still not being prescribed at the UCSF hospital network, the Veterans Health Administration or at the famous Cleveland Clinic.

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