

The Origin of Covid-19 – Updated, Part 6



By Dennis Cuddy, Ph.D.

On September 9, President Biden delivered an address to the nation in which he announced that he will have the Department of Labor's Occupational Safety and Health Administration (OSHA) mandate that private companies with 100 or more employees implement vaccine mandates or require negative tests. However, prominent immunologist Dr. Hooman Noorchashm then stated that because of Biden's decision, the immunologist "regretted voting for him." Noorchashm has held positions at the University of Pennsylvania School of Medicine and Harvard Medical School, among other places. Regarding the president's forced vaccine directive, Noorchashm stated: "To mandate vaccination of any Covid-recovered American against his/her will is unscientific, unethical and illegal. White House, you have overstepped and are operating in dangerous territory when it comes to already immune Americans. Cease and desist !"

THE WESTERN JOURNAL on October 7 published "Denmark and Sweden Halt Use of Moderna COVID Vaccine for Everyone Under 30," in which one reads: "After reviewing research from Swedish and Nordic data sources, the Swedish Public Health Agency noted there was an increased risk for inflammatory conditions like myocarditis and pericarditis in young people who received the second Moderna shot...The country said roughly 81,000 people born after 1991 have only received the first dose of the Moderna vaccine and will not be offered the second dose for the time being. According to Reuters, Denmark has followed suit and will not use the Moderna vaccine while more

information is gathered...In 2020, the Swedes avoided lockdowns, tension inside retail stores, beach arrests, children being tormented by isolation and mandatory mask-wearing. Its people throughout the coronavirus pandemic have more or less lived life as normal.”

While the government is pushing vaccines even to the extent of saying businesses should mandate them, precious little time is being spent on developing and promoting treatments for Covid-19. For example, a physician friend of mine in Michigan got Covid-19, treated himself with hydroxychloroquine, and easily got well. However, he said he and pharmacists in Michigan had received letters from the Attorney-General’s office ordering them to not prescribe or fill prescriptions for hydroxychloroquine under penalty of possibly losing their licenses. This is despite the fact that on July 2, 2020, the INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES published a peer-reviewed study by the Henry Ford Health System (HFHS), which showed hydroxychloroquine cut the death rate significantly in Covid-19 patients. The warning about hydroxychloroquine had been that it could cause heart-related problems. However, in the HFHS study, there were no heart-related side effects.

The study was a large-scale retrospective analysis of 2541 patients hospitalized between March 10 and May 2, 2020 across the HFHS’s 6 hospitals. The study found that 13% of those treated with hydroxychloroquine alone died compared to 26.4% not treated with hydroxychloroquine. None of the patients had documented serious heart abnormalities, and patients were monitored for a heart condition routinely pointed to as a reason to avoid the drug as a treatment for Covid-19. The vast majority of the patients received the drug soon after admission to the hospitals (82% within 24 hours and 91% within 48 hours). All patients in the study were 18 or over with a median age of 64 years; 51% were men and 56% African-American.

HFHS epidemiologist Samia Arshad said: “We attribute our findings that differ from other studies to early treatment

because of careful cardiac monitoring. Our dosing also differed from other studies not showing a benefit of the drug. And other studies are either not peer-reviewed, have limited numbers of patients, different patient populations or other differences from our patients.” Dr. Marcus Zervos of HFHS further stated: “Considered in the context of current studies on the use of hydroxychloroquine for Covid-19, our results suggest that the drug may have an important role to play in reducing Covid-19 mortality.” Dr. Steven Kalkanis, HFHS Chief Academic Officer pronounced: “Our analysis shows that using hydroxychloroquine helped save lives. As doctors and scientists, we look to the data for insight. And the data here is clear that there was benefit to using the drug as treatment for sick, hospitalized patients.”

Think about all the people who have died since July 2020 (including my mother) because the medical profession has blocked the use of hydroxychloroquine as a treatment for Covid-19 ! Also think about how many people have died because the medical profession and the press have said Ivermectin should not be used. On August 21, THE NEW YORK TIMES said, “Ivermectin should not be used to treat Covid-19, according to the the FDA.” And on September 5, THE NEW YORK TIMES published “Some Americans ignore warning against using Ivermectin to treat Covid,” in which the newspaper used a Centers for Disease Control extreme example of a person who took 5 pills a day for 5 days as a reason why Ivermectin could be harmful. The article also indicated that on September 1, “alarmed health experts from the American Medical Association, the American Pharmacists Association and the American Society of Health-Systems Pharmacists called for ‘an immediate end to the prescribing, dispensing and use of Ivermectin for the prevention and treatment of Covid-19 outside of a clinical trial.’”

However, if one looks at a September 15 online article (including news from THE HINDUSTAN TIMES) titled, “HUGE: Uttar

Pradesh, India Announces State is Covid-19 Free Proving the Effectiveness of 'Deworming Drug' IVERMECTIN," one reads that "COVID cases are plummeting in India thanks to a new rule that promotes Ivermectin and hydroxychloroquine to its massive population...The recovery rate has increased up to 98.7%...According to THE HINDUSTAN TIMES, the positivity rate came down to less than 0.01%...The active caseload which was 310,783 in April has reduced by 99%...This state has a low vaccination rate of only 5.8% fully vaccinated compared to the U.S. that has 54% fully vaccinated...Both Uttar Pradesh and Delhi have seen an incredible drop in COVID-19 cases because they use Ivermectin (12 mg pills) early and preventatively. Whereas Kerala, a tiny state located in southern India that is over-dependent on vaccines and less dependent on Ivermectin, has been reporting a significant increase in COVID-19 cases."

And do the mRNA vaccines (Pfizer and Moderna) have any effect upon pregnancies? According to "Preliminary Findings of the mRNA Covid-19 Vaccine Safety in Pregnant Persons" (NEW ENGLAND JOURNAL OF MEDICINE, April 21, 2021), in a study of 827 pregnant women receiving the Pfizer and Moderna vaccines, spontaneous abortions (miscarriages) occurred in 104 cases, 96 (92.3%) of which were in the first trimester. A total of 700 participants received their first eligible dose of the vaccine in the third trimester. And of the 127 pregnant women who did not receive their first vaccine dose in the third trimester, the 96 miscarriages in the first trimester represents 76%. In early October, the VAERS (Vaccine Adverse Event Reporting System) reported 1969 fetal deaths following Covid-19 vaccinations, but the CDC is still issuing a health advisory saying all pregnant women should be vaccinated !

So, what may be coming in the future? I previously indicated that my when mother got Covid-19, her hospital nurse had worked in Wuhan, China, and said "The Chinese Ministry of Health assigned me where to go." It may be that the nurse did nothing to harm my mother. However, it may also be that mom's

nurse and other Chinese nurses in the U.S. are part of the Chinese genetic profiling research. In "Biden Letting China Get Away with the Crime of the Century" (August 31, 2021) by Gordon Chang, the author stated that China is already working on the next generation of pathogens, with a "determined campaign to collect genetic profiles of foreigners...Its National Defense University, in the 2017 edition of the authoritative SCIENCE OF MILITARY STRATEGY, mentioned a new kind of biological warfare of 'specific ethnic genetic attacks.'"

Chang's analysis follows Elsa Kania's and Wilson Vorndick's (August 14, 2012) "Weaponizing Biotech: How China's Military Is Preparing for a 'New Domain of Warfare,'" in which the authors pointed out that "in 2015, then-president of the Academy of Military Sciences, He Fuchu, argued that biotechnology will become the new 'strategic commanding heights' of national defense, from biomaterials to 'brain control' weapons...Zhang Shibo, a retired general and former president of the National Defense University, concluded that 'modern biotechnology development is gradually showing strong signs characteristic of an offensive capability' including the possibility that 'specific ethnic genetic attacks' could be employed...(One might watch) BGI, formerly known as Beijing Genomics, Inc., which is Beijing's de facto national champion in the field. BGI has established an edge in cheap gene sequencing, concentrating on amassing massive amounts of data from a diverse array of sources. The company has a global presence, including laboratories in California and Australia, and partnerships with the University of California and the Children's Hospital in Philadelphia on human genome sequencing." Also relevant to this issue, one might look at "China's Biological Warfare Programme: An Integrative Study with Special Reference to Biological Weapons Capabilities" by Col. Dr. Dany Shoham in JOURNAL OF DEFENCE STUDIES, vol.9, no.2, April-June 2015, pp.131-156.

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