

## Covid-19 Pandemic

Last updated 27 July 2021

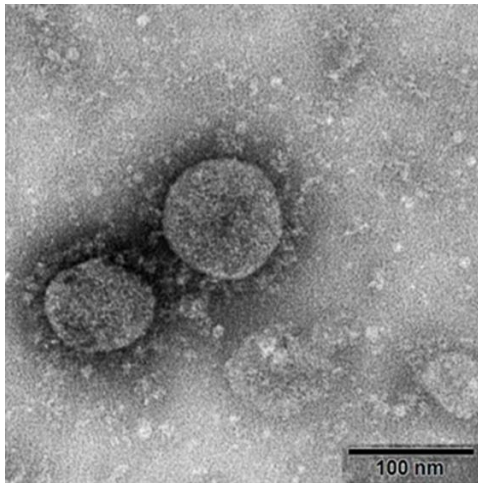
1. Cause
2. Virus Origin
3. How Deadly

### 1 Cause

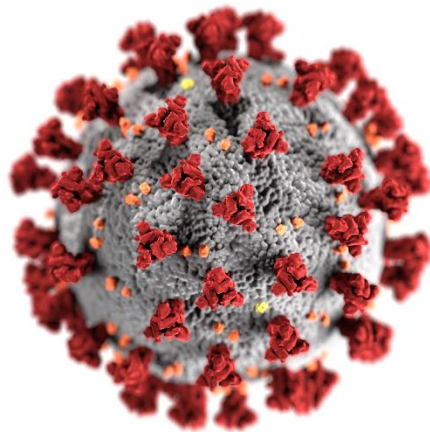
The 2020, 2021 Covid-19 pandemic is supposedly the result of individuals being infected with the virus SARS-CoV-2.

As of 27 July 2021, a total of 196million cases have been recorded worldwide and a total of 4.2 million deaths [1].

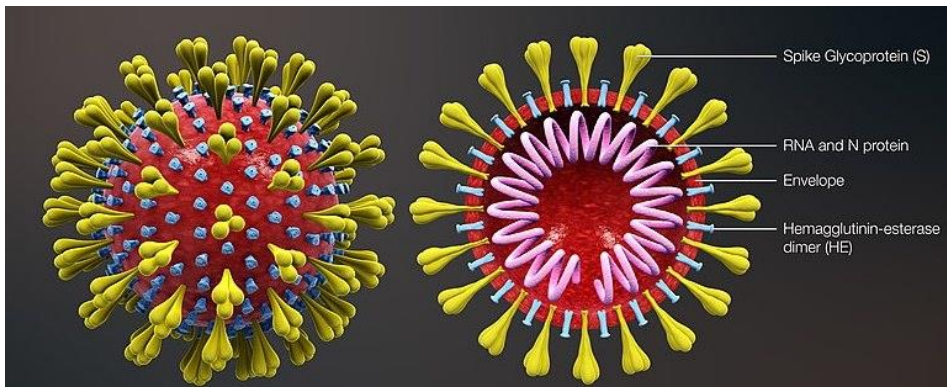
### 2 Virus Origin



*Electron microscope image of the SARS-CoV-2 virus (from the Chinese Centre for Disease Control), scale bar = 100 nanometers ( $100 \times 10^{-9}$  m).*



*3D electron microscope rendering of the SARS-CoV-2 virus created by the USA Centre for Disease Control and Prevention (CDC). See <https://phil.cdc.gov/Details.aspx?pid=23312>*



*Detailed structure of SARS-CoV-2*

The disease(infection) was first identified in Wuhan, China in December 2019. Its origin was postulated as the Wuhan wet food market. SARS-CoV-2 is a bat coronavirus supposedly passed on to humans naturally, via an intermediary animal, possibly a pangolin.

However, many believe that the SARS Cov2 virus is manmade/man modified using Gain of Function (GOF) research, i.e., it is not a naturally occurring virus [2,3,4]. Gain of function research aims to increase the ability of a virus to infect and to create greater pathogenic problems within the infected.

There is a historical background to this belief. The US Department of Health and Human Services was funding research on amplifying the infectious character of Coronaviruses between 1999 and 2002 under DR Ralph Baric at University of North Carolina (UNC) Chapel Hill. His work was focused on synthetically altering Coronaviridae for the express purpose of detection, pathogenic enhancement, and potential therapeutic intervention.

Between 2002 to 2015 gain of function research on coronaviruses was also publicly undertaken by Dr. Shi Zhengli at the Wuhan Institute of Virology in China (funded principally by players in the USA, including the Department of Defense, and, notably through Peter Daszak of Eco Health). In 2013 Dr Shi Zhengli isolated viruses from bats displaying the spike protein HKU4 (then unable to invade human cells). In 2015 the HKU4 spike protein was genetically re-engineered in Wuhan so that it could now enter human cells.

Why gain of function research may have been undertaken on this virus is a matter of conjecture. Was it to investigate the emergence of new Coronavirus species to help protect human life or, on the other hand, bio-weapon research? The fact that the research was heavily funded by the USA DoD may suggest the latter!

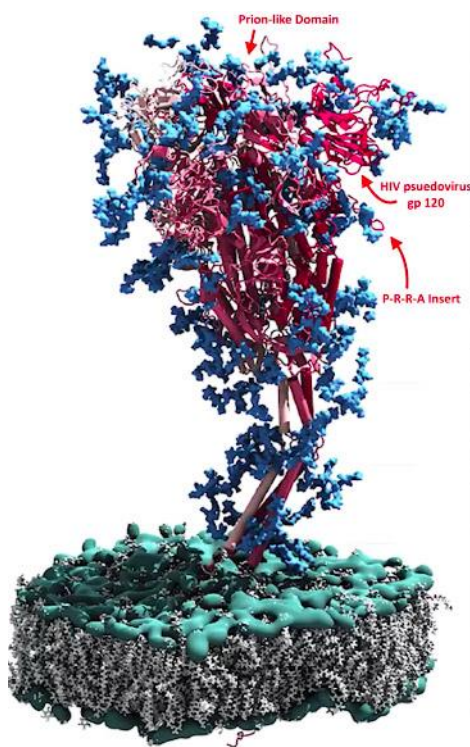
These facts also suggest that the SARS-CoV-2 virus most likely entered the human population via a laboratory release from the Wuhan Institute rather than originating naturally via the Wuhan wet food market [5].

In November 2019, several staff members from the Institute were reportedly admitted to hospital with Covid-19 like symptoms! To me the inference is clear, that the Institute itself was most probably the source of the pandemic. If a deadly virus had supposedly originated at the Porton Pet

and Aquatic center (located less than a mile away from the Porton Down Biological and Chemical Weapons Research Centre) one would naturally be suspicious as to its real origin!



*Dr Shi Zhengli, Director of the Centre for Emergence of Infectious Disease and Biosafety at the Wuhan Institute of Virology, China (“The Bat Lady”).*



*Close-up of the SARS Cov2 spike protein showing GOF engineered inserts: 1) A Proline-Arginine-Arginine-Alanine (PRRA) insert (which creates a Furin cleavage site therefore increasing infectivity), 2) An HIV Pseudovirus glycoprotein 120 insert, and 3) A Prion-like Domain at the Receptor Binding Site (where the spike protein attaches to the human ACE2 receptor). These are unique regions not found in other Corona Viruses. The most dangerous of these inserts is the Prion, which can cause Prion like diseases such as heart damage and in particular spongiform encephalitis (cf. Mad Cow Disease). According to Fleming the prion is the bioweapon with the virus solely acting as the delivery system.*

This speculation raises a frightening prospect, i.e., that it is not natural pandemics that we should be so frightened of, but our own research into viruses as potential bioweapons and, in particular “gain of function” research.

### 3 How Deadly:

The table below presents a summary of reported cases, reported deaths, case fatality rate (CFR), deaths per 100,000 population and risk of death to the population by country as of 21 April 2021[6].

Country	Population million	Reported Cases	Reported Deaths	Case Fatality Rate	Deaths per 100.000 pop	Risk of Death
Belgium	11.59	979,034	24,104	2.5%	209.89	1:481
Italy	60.46	3,981,512	119,912	3.0%	198.87	1:504
United Kingdom	67.89	4,425,259	127,705	2.9%	191.08	1:532
United States	331.00	32,175,725	573,381	1.8%	174.68	1:577
Spain		3,496,134	77,855	2.2%	165.38	
Portugal		834,991	16,970	2.0%	165.25	
France		5,595,403	103,762	1.9%	154.73	
Sweden		953,254	13,968	1.5%	135.80	
Switzerland		653,957	10,591	1.6%	123.51	
Austria		612,170	10,126	1.7%	114.07	
Netherlands		1,497,806	17,328	1.2%	99.97	
Germany		3,338,564	82,325	2.5%	99.03	
Canada		1,202,672	24,048	2.0%	63.98	
Denmark		249,644	2,480	1.0%	42.62	
Finland		86,161	908	1.1%	16.45	
Norway	5.42	111,686	736	0.7%	13.76	1:7,364
Japan	126.48	576,870	10,031	1.7%	7.94	1:12,609
Australia	25.50	29,750	910	3.1%	3.59	1:28,022
South Korea	51.27	120,673	1,821	1.5%	3.52	1:28,555
New Zealand	4.82	2,609	26	1.0%	0.53	1:185,385
China	1,439.32	102,660	4,846	4.7%	0.35	1:297,012

Source – John Hopkins University, USA [6]. See <https://coronavirus.jhu.edu/data/mortality>

One would expect some difference from country to country because of different reporting mechanisms (the UK, for example, includes in its Covid-19 deaths all those dying within 28 days of a positive Covid-19 test, i.e., dying with Covid-19, not of Covid-19); differences in testing rates; differences in demographics (e.g., mortality being possibly higher in older populations); differences in the quality of the healthcare systems etc.

The John Hopkins table includes all countries worldwide and shows wildly fluctuating case fatality rates (from Mexico 9.2% to Singapore 0.0%) and deaths per 100k/pop (from Hungary 276.19 to Vietnam and Tanzania at 0.04), but I have abstracted from the John Hopkin’s table countries that I consider have better reporting systems, similar demographics, and a similar quality of healthcare. However, CFR’s and deaths per 100k/pop are still very variable. I find it difficult to understand how

the UK can have a death rate of 191.08 per 100k/pop (1 in 532) while Japan has only a death rate of 7.94 per 100k/pop (1 in 12,609)! Perhaps one needs to eat more fish!

One might argue that Japan has a more formal and disciplined society and adopts more easily to physical methods adopted to control virus transmission (face masks, social distancing etc.,) but if one compares the UK death rate per 100k/pop to Norway (13.76) or Australia (3.59) and New Zealand (0.53) the difference is still stark.

#### References:

1. John Hopkins Coronavirus Tracker, see: <https://coronavirus.jhu.edu/map.html>
2. Fleming, R., 2021, Video presentation for the BASES2021, 11 July 2021. See <https://www.youtube.com/watch?v=3GzzBD1kJ0g&t=268s>
3. Perez, JC, and Montagnier L., Covid-19, SARS, and Bat Coronaviruses Genomes Unexpected Exogeneous RNA Sequences. See <https://www.researchgate.net/publication/341756383>
4. Fernandez, A., 2021, "Molecular Biology Clues Portray SARS-CoV-2 as a Gain-of-Function Laboratory Manipulation of Bat CoV RaTG13", see <https://doi.org/10.1021/acsmchemlett.1c00274>
5. Wade, N. The origin of COVID: Did people or nature open Pandora's box at Wuhan? *Bulletin of the Atomic Scientists*, May 5, 2021. See <https://thebulletin.org/2021/05/the-origin-of-covid-did-people-or-nature-open-pandoras-box-at-wuhan/>
6. John Hopkins University, USA Covid-19 Mortality Data, see <https://coronavirus.jhu.edu/data/mortality>