

COVID-19 Un-Explained

By Larry Romanoff, 17 December 2020

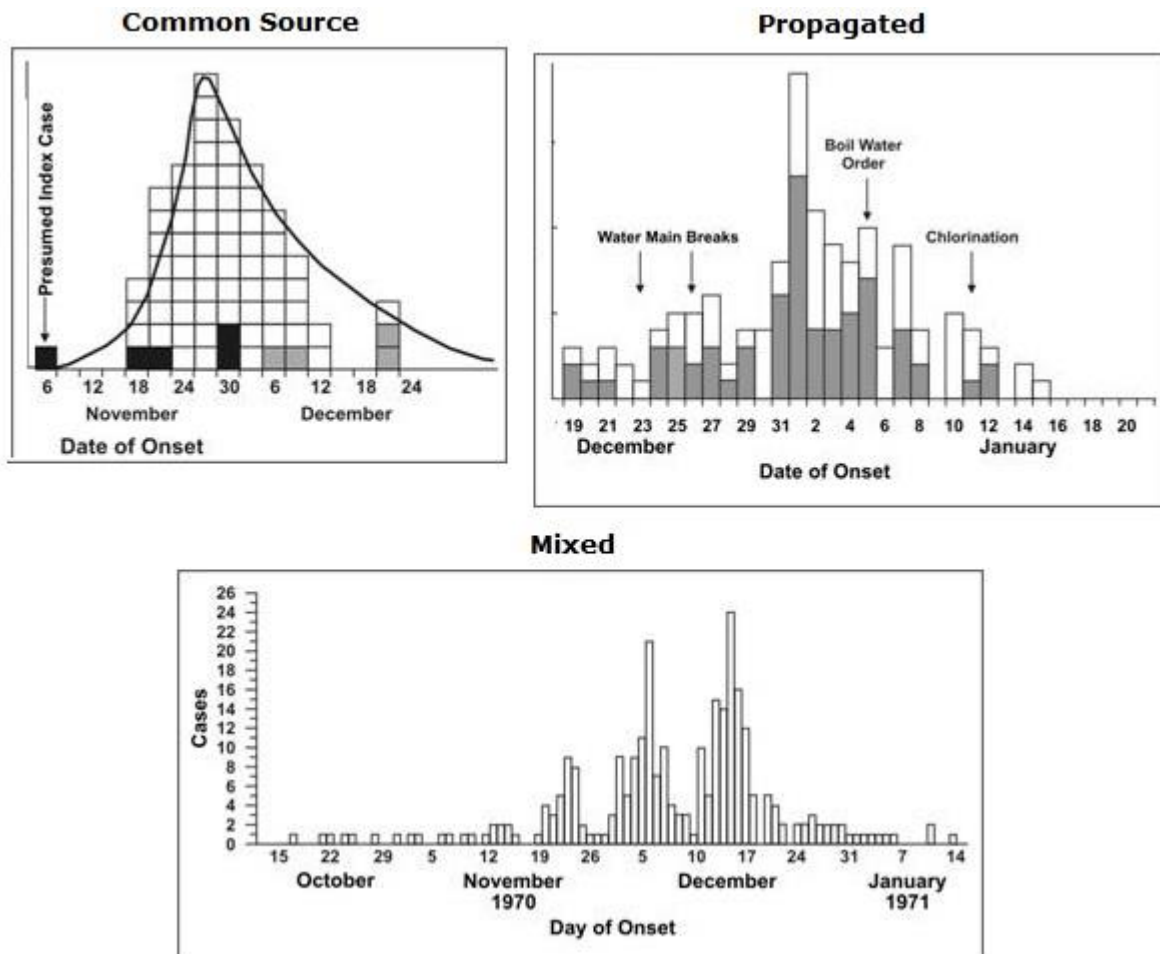
Waves, Ripples and Surges

Let's examine **the normal pattern for an outbreak of a typical infectious disease.**

According to the US CDC:[\[1\]](#)

“A common-source outbreak is one in which a group of persons are all exposed to an infectious agent or a toxin from the same source. If the number of cases during an epidemic were plotted over time, the resulting graph . . . would **typically have a steep upslope and a more gradual downslope** (a so-called “log-normal distribution”). A propagated outbreak results from transmission from one person to another [usually] by direct person-to-person contact . . .” Propagated outbreaks typically exhibit several peaks one or two weeks apart, the epidemic normally dying out after several of these generations.

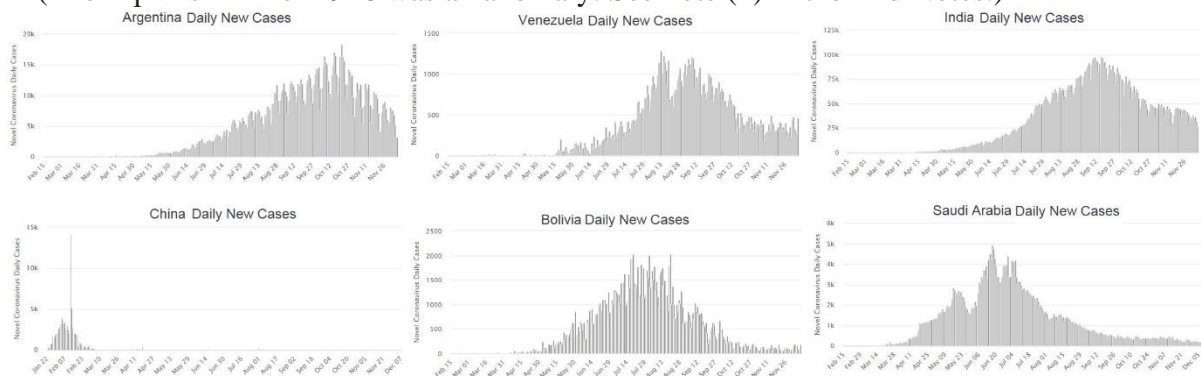
“Some epidemics have features of both common-source epidemics and propagated epidemics. The pattern of a common-source outbreak followed by secondary person-to-person spread is not uncommon.” The CDC states these also can produce several generations or peaks during the following few weeks. But in all of these instances of natural infectious agent outbreaks, the spread and timing follow essentially the same typical pattern, perhaps elongated but still with close timing of the peaks. Here are three graphs from the CDC to illustrate. **You can see clearly that we have a rise (rapid if single-source, slow if propagated or mixed), then a peak, a gradual tapering-off, and a cessation.**



The Dreaded “Second Wave”

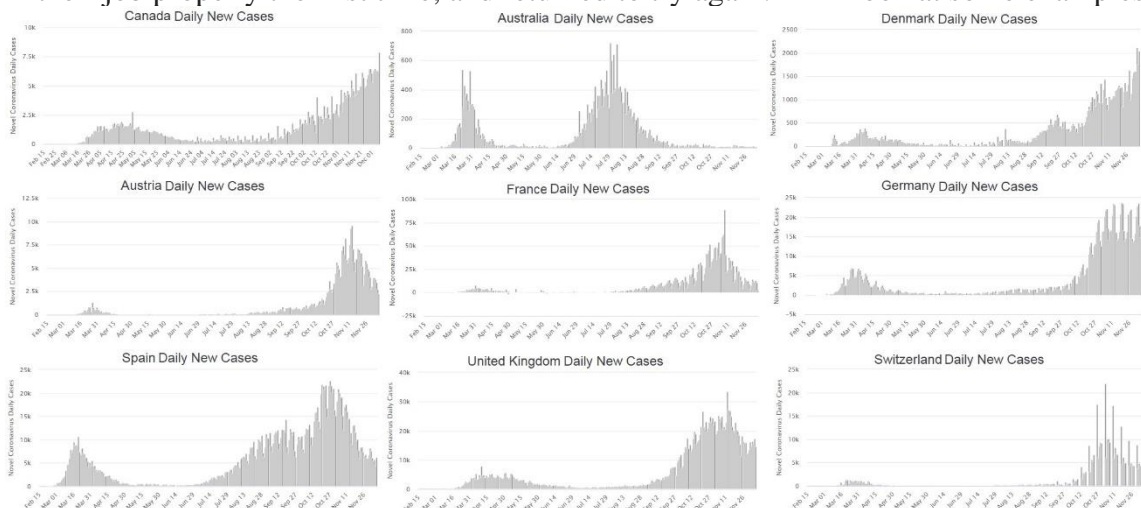
While the literature on this point is confusing from a multiplicity of factors, **there is no evidence to support the assertion of a natural “second wave” for infections.** An epidemic or pandemic manifests itself by starting slowly, increasing exponentially, peaking, then slowly tapering off and disappearing. There may be isolated infections popping up later, but they don’t start a new epidemic. One of the major unexplained curiosities with COVID-19 is that from early on in the process **the US mass media were fervently preparing us for a ‘second wave’.** To enhance the plausibility of their tale, they linked it to the natural emergence of influenza that normally occurs when the weather turns cold in the Autumn and Winter, but that was deliberately misleading, a patently dishonest ‘guilt by association’ for the majority who don’t think. Let’s remember this is not a flu virus; this is a SARS virus, a different strain to be sure, but it wasn’t originally called SARS-CoV-2 for nothing, and there was no reason to expect it to behave like, or act in concert with, the common flu. **And in fact, all nations experienced their COVID-19 outbreaks in March or April and, long prior to the outbreak of cold weather, the virus had already peaked and tapered in many countries to the point where it had died out or nearly so.**

When researching other recent epidemics or pandemics such as the 1968 H3N2 or the 2009 H1N1, **we find no evidence of any ‘second waves’**. The 2009 H1N1 was typical, though prolonged, lasting from April 2009 to February 2010, but it peaked in May or June and slowly tapered until year-end. Others are similar. Here are a few examples of typical distribution patterns. The virus’ tail in China is truncated due to the strong containment measures implemented; the spike is from a data update since not all infections had yet been collated. You can see that China had reached the end, Saudi Arabia and Bolivia nearly there, India and Argentina tailing off. All graphs are courtesy of Worldometer. (The ‘Spanish flu’ of 1918 was an anomaly. See note (1) in the End Notes.)



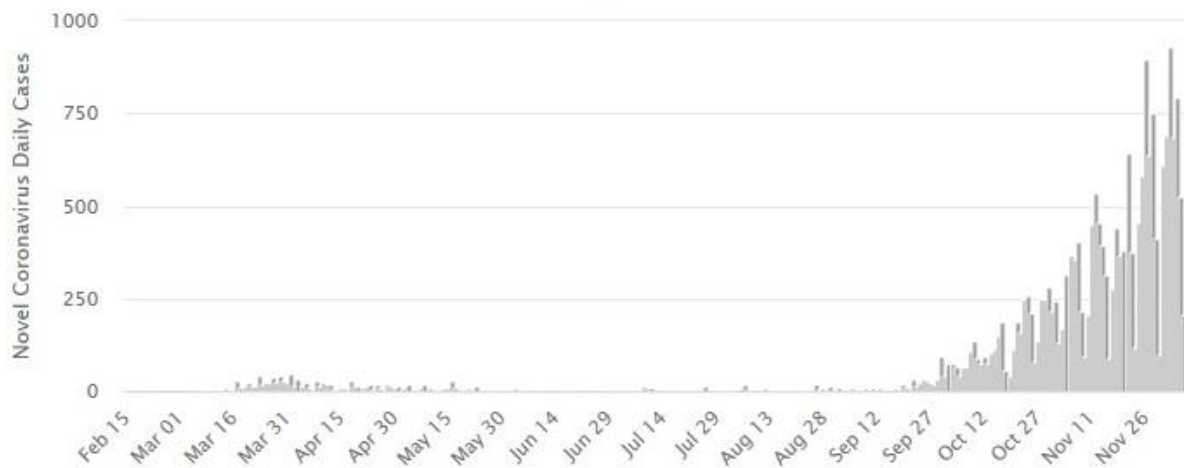
Western Europe

Note that **there are no ‘normal distribution’ cases for Western Europe**, where every nation was hit with a “second wave”. Switzerland, Spain, the UK, and many others went sharply from essentially zero to 20,000 or 30,000 new infections per day, a pattern lacking any historical or epidemiological explanation. It almost seemed that someone hadn’t done their job properly the first time, and returned to try again. Let’s look at some examples.



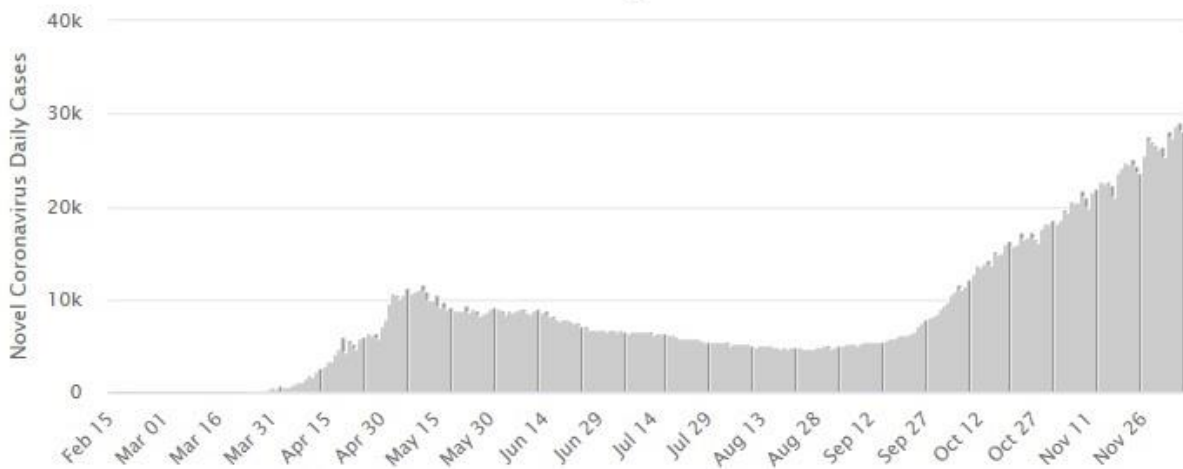
Turning to Eastern Europe

Latvia Daily New Cases



Little Latvia is typical of many countries. The initial outbreak in March was so small as to be almost invisible, then tapered off and died. There were a few scattered infections, but nothing to cause a resurgence. Then suddenly and inexplicably a huge explosion at the beginning of October. **Almost all of Eastern Europe followed this pattern** with Russia and Belarus being two notable exceptions. Let's look at Russia:

Russia Daily New Cases

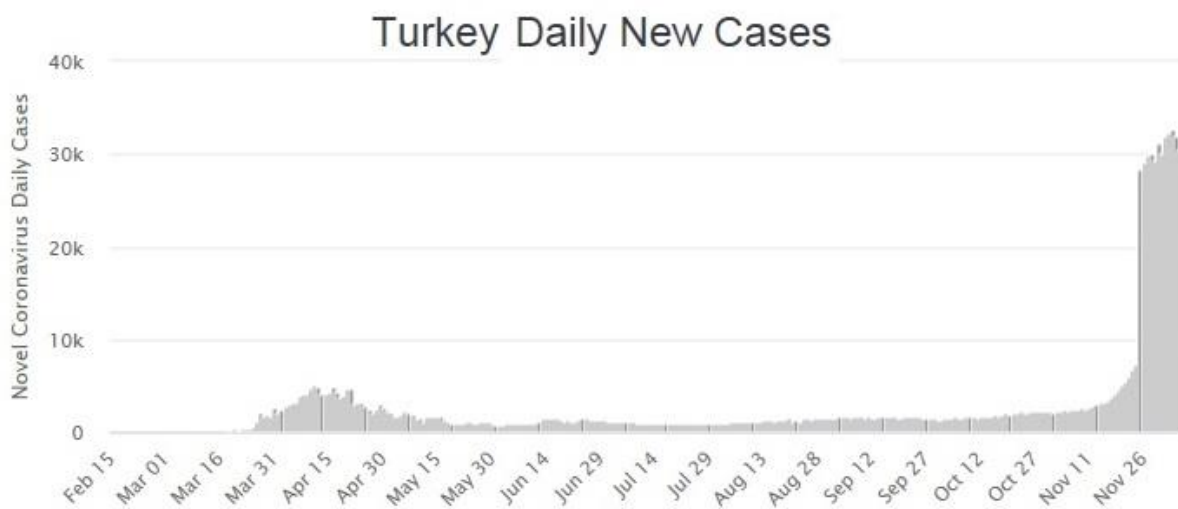


I watched Russia very closely from early in 2020. For about two months, infections were stable at only a few hundred per day. Russia had implemented many containment measures and it began to appear that the virus would be a non-event. Then suddenly an explosion in April with new infections quickly rising to more than 10,000 per day, **and occurring simultaneously in almost every area of the country**. It was painful watching Russia for four months attempting to lower the daily infection rate below 5,000, but finally 4,900, 4,800, and it appeared the tail was nearing, then suddenly another explosive jump to nearly 30,000, **again simultaneously in all regions**, and still increasing. **There is no infection that manifests in this manner without human assistance.**

Still with Russia, the country experienced high infections but a comparatively low death rate, to the dismay of many in the West, so much so that Reuters published an astonishingly-stupid article titled “Experts Want to Know Why Coronavirus Hasn’t Killed More Russians”.[2] “Tasteless” and “deplorable” were two of the kinder adjectives used on Reuters in the instant public backlash, so they amended it to “Experts question why coronavirus hasn’t killed more Russians”, but no improvement in public censure so a third incarnation, “Experts Question Russian Data on Covid-19 Death Toll”. NATO Secretary-General Jens Stoltenberg joined in to support Reuters by stating that Russia was “spreading . . . disinformation . . . trying to change the world order”. “Russian Foreign Ministry spokeswoman Maria Zakharova drily observed in a Facebook post that a ‘world order’ in which it’s considered acceptable to lament why a virus didn’t kill more Russian people could probably use a change.” Helen Buyniski covered this in a charming article in RT; I recommend you read it.[3]

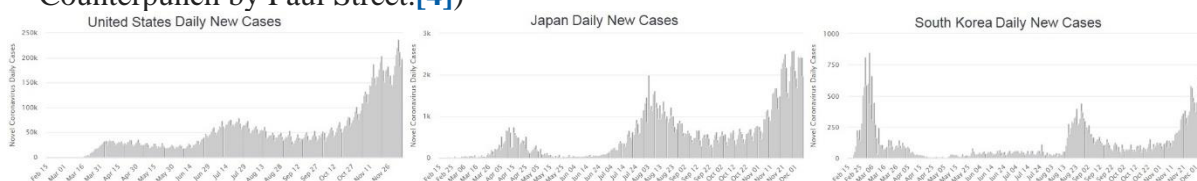
Turkey

Then we have the strange case of Turkey. New daily infections had been at around 1,000, followed by a quick increase to around 5,000, then suddenly exploding to 30,000 – in one day – and increasing. **As with Russia, there is no known natural pathogen outbreak that manifests itself in such a manner.** This is just a thought, but if I wanted to punish someone for buying and activating Russian S-400 missiles, this might be a good method.



The Blessed Triumvirate

It is further worthy of note that while most nations received only a second wave, the US, Japan and South Korea were blessed with a third wave, apparently having been given Most-Favored-Nation status by COVID-19. (I copied this term from an article in Counterpunch by Paul Street.[4])



Another Curious “Two Waves” Manifestation

As I noted above, there is no such thing as a natural ‘second wave’ for an epidemic, much less of this next kind: No one has yet addressed the fact that virtually all countries in the world were hit with COVID-19 virtually at the same time, in two blasts.[5] There were two waves – the first hit 25 countries on all continents, where medical practitioners confirmed their first domestic **infection all within three days of each other**. In the second wave, almost exactly one month later, 85 countries confirmed their first domestic infection, again **almost all within three days of each other, and all in multiple locations**. It shouldn’t be necessary to point out that no natural epidemic can manifest itself this way without human assistance.

A natural virus simply hasn’t the ability to simultaneously infect 85 different countries on all continents of the world, with outbreaks in multiple locations in each country – and all on the same day. Perhaps even more curious is that these countries were not all infected with the same variety of the virus, and each country experienced so many multiple infections in different provinces that none were able to definitively identify all their several ‘patients zero’. Considering the above information in light of the known basic facts of virus transmission, intuition suggests at least the possibility of there having been many people carrying a pail of live viruses. All of this constitutes prima facie evidence of a bio-weapons attack. I wrote an earlier article titled, “**COVID-19 Needs a Criminal Investigation**“.[6] And it still does.

Search for the Origin

A high-level Italian virologist, Giuseppe Remuzzi, published papers in the Lancet and elsewhere in which he states that Italian physicians now recall having seen “a very strange and very severe pneumonia, particularly in old people in December and even November [2019].”[7] This suggests that the virus was circulating, at least in Lombardy, and before we were aware of this outbreak occurring in China.”

Italy detected traces of the virus in wastewater from the summer of 2019, and **France, Spain, the Netherlands** and other nations have made the same discoveries. I detailed these in a prior article.[8] In **Brazil**, researchers found COVID-19 samples in **wastewater** from late 2019. France showed **chest scans** indicating COVID-19 from early November of 2019. **Blood samples** in Italy showed the virus present in September. In Spain, researchers found the virus in wastewater collected in March of 2019. The Irish Mirror reported that “many countries are beginning to use wastewater sampling to track the spread of the disease”, scientists claiming these detections were “consistent with evidence emerging in other countries” that **COVID-19 was circulating around the world long before China reported its first cases**, all of which would of necessity have had to have originated in the US and transported around the world because only the US

had all the different types, meaning the virus had been circulating (and mutating) there for months before contaminating the world.

The Italians have “unequivocally” demonstrated the presence of the virus in many individuals from 2019, in frozen medical samples taken during other examinations and now tested for COVID-19. Many of these have resulted from cancer screening, from chest X-rays, and from blood donations. Non-American media have covered these discoveries in some detail[9][10][11][12][13][14][15][16], but while the Chinese and Europeans know, Americans and Canadians don’t know because the owners of their major newspapers and TV networks don’t want them to know.

French researchers obtained evidence of Covid-19 from frozen samples, where these are kept at –80°C for years, the same method that allows anti-doping laboratories to keep athlete samples for years when new methods arise for detecting illegal drugs. For the virus, they use two distinct methods: a serological test which searches for antibodies in the blood, and a virological test, RT-PCR, a very sensitive technique that searches for the actual genome of the virus, its specific genetic information.”[17][18]

French virologists have now concluded “**The coronavirus outbreak in France was not caused by cases imported from China, but from a locally circulating strain of unknown origin . . .**”,[19] and, from other studies, that strain existed only in the US. My information is that Italy, Spain and Portugal have come to the same conclusion. The data also show that Canada’s early COVID-19 cases came from the U.S. not China.[20]

A number of **American cities made the same discoveries of the virus in their wastewater samples from 2019**. The US mass media didn’t pick up the stories, but the local papers did. It was at that point that Pompeo issued another gag order that hospitals and labs were forbidden from disclosing any virus information directly to the CDC or the media but that all must be passed through the White House. That killed all further reports of COVID-19 in America’s wastewater in the second and third quarters of 2019.

With the accumulated volume of evidence, **it now seems a certainty that COVID-19 was circulating in the US since June or July of 2019, far earlier than admitted**, and that the CDC’s prevention (and forbidding) of testing was to bury this evidence. One example was headlines in the US media on June 21, 2020, stating, “Over 40 mysterious respiratory deaths in California could dramatically rewrite narrative of COVID-19” in the US.[21] The LA Times reported on “a cluster of mysterious respiratory deaths” beginning in December of 2019. The local news website www.bakersfield.com stated this meant that COVID-19 was circulating in California “way earlier than we knew”. Evidence of COVID-19 was also found in many blood donations collected from residents in nine states across the US as early as mid-December, according to a study published on Nov 30 in the journal Clinical Infectious Diseases. And let’s not forget too quickly that Japanese tourists were infected in Hawaii in September of 2019.

The internet has seen many posts by Americans – including many physicians – claiming infections from September, 2019 onward, all describing similar symptoms consistent with COVID-19. I have many received messages from Americans in Washington, New York, California, Maryland, Virginia, and other states, as well as from Germany and Italy, claiming similar infections as early as late September, claims too numerous, too detailed, and too similar to be ignored.

New York’s Governor Cuomo still claims the “**Coronavirus came to New York from Europe, not China**“, but this is more a pre-emptive move to deflect the blame which is certain to follow the inescapable conclusion that Europe was seeded from the US. The basis for their claim appears to be solely that the virus strain affecting New York and Italy are identical, the blame attributed to travelers from Italy infecting Americans in New York, ignoring the fact that the airplanes, people – and viruses – travel in both directions with equal ease and all evidence is that the infection occurred in the other direction.[22][23] Since only the US contained all varieties of this virus, the most logical assumption is that the travel path was from the US to Italy.

Others in the US have used the same directional reasoning, still without justification. American researchers tracked the start of the COVID-19 outbreak in LA and found most of the early cases may track back to Europe. They examined around 200 patients with reverse transcription-polymerase chain reaction (RT-PCR) test results positive for SARS-CoV-2, and found that 82% of the cases shared closest similarity to those originating in Europe while only 15% from Asia. This suggests that SARS-CoV-2 genomes in Los Angeles were predominantly related to the viral strain in New York City, and **unrelated to Wuhan or China**. In July of 2020, the US CDC released a report saying SARS-CoV-2 specimens in NYC resembled those circulating in Europe, suggesting probable introductions of the virus from Europe, other US locations, and local introductions from within New York.[24] Again, they ignore the inescapable fact that travel is a two-way street.

Japan, South Korea, Italy and Iran reported that their domestic outbreaks of COVID-19 were **not from China** but instead showing connection to the US. **Japan and Taiwan** have documented proof that several Japanese became infected in **Hawaii** in late September of 2019. As well, the huge pent-up eruptions in Washington and New York were domestic in origin, **having no proven connection with China**.[25] Australia’s Prime Minister stated that 80% or more of all infections in his country came from the US,[26] while Iceland confirmed that some of their coronavirus infections have been traced to Denver.[27][28] The mayor of Belleville, New Jersey, Michael Melham said he has tested positive for coronavirus antibodies, adding that he contracted it in November, over two months before the first confirmed case was reported in the U.S.[29] Anders

Tegnell, Sweden's chief epidemiologist, said the coronavirus may have been circulating in the country since November.[30]

There was also independent research by a Cambridge geneticist suggesting the coronavirus may have been circulating much earlier than previously believed, also claiming **powerful circumstantial evidence that the virus did not originate in Wuhan.**[31] In a paper published in May of 2020 in the journal Proceedings of the National Academy of Sciences, he reported three main strains of the virus that he labeled A, B and C. His research determined that A was the founding variant because it was the version most similar to the type of SARS-Cov-2 discovered in bats. But **the A strain was non-existent in China**, with only a handful of samples discovered in the entire country, and those in American nationals. Wuhan was infected with type B, a version two mutations from A, **meaning it could not have originated in China because it had no prior source from which to mutate.**

Further, a German scientist has recently assembled a volume of evidence that the virus in Europe spread from (but not necessarily originated in) Northern Italy.[32] Germany's top virologist Alexander Kekule said "[the COVID-19] rampant around the world is **not from the central Chinese city of Wuhan**, but a mutation from northern Italy." The Italian strain is called "G" mutant, which has genetic mutations, and is likely to be more contagious than the variant found in Wuhan. He said that **over 99% of the COVID-19 cases can be genetically traced back to the Italian variant**, and even the current cases in China are re-imported from Europe and the rest of the world. He noted that for at least the European pandemic, "the starting shot was fired in northern Italy."

There is more. Recent research conducted jointly by British and German experts, testified the variant of novel coronavirus that is closest to that discovered in bats was actually found mainly among cases from the US, rather than in Wuhan. Experts from the University of Cambridge and their peers from Germany analyzed 160 virus genomes that were extracted from human patients around the world and found the coronavirus mutated into three distinct strains. They found that most cases carried type A virus – the ancestral type of virus, which is bat coronavirus, with 96 percent sequence similarity to the human virus – were mostly seen **only in patients from the US and Australia**. And of the five individuals with type A detected in Wuhan, all were American patients who had resided there.[33] Type C is a variant of type B, seen most commonly in European countries and also evident in Singapore and South Korea as well as China's Hong Kong and Taiwan. Their other conclusion was that because the virus mutates significantly faster outside China, **the European spread likely occurred between September 13, 2019 to December 7, 2019.**

Zeng Guang, the chief epidemiologist at China's CDC said one reason China identified the virus and the dangers of an epidemic was from its experience with SARS, and from

that the nation established a reporting system for pneumonia with unknown causes. But he said that also made China easily misunderstood. Other nations including the US experienced respiratory illnesses that were almost certainly COVID-19 but weren't looking for an external pathogen and thus didn't find it, as with the US vaping-death epidemic and similar.[34] He also said studies show **“a very high possibility” that COVID-19 first emerged outside China.**

The evidence is now accepted more or less universally that **the Huanan Market in Wuhan was a victim of COVID-19 rather than the origin.** And in fact, the first person in China proven to have been infected by the virus, had had no contact whatever with that market, nor did about 30% of the first victims. Further, the virus strains in Italy, Iran, Japan, Taiwan, South Korea, are different from the one that contaminated Wuhan. Since only the US has all the various strains, it would seem those infections must have originated there.[35] Chinese scientists are certain the origin and distribution of the virus can be found if all nations cooperate. Unfortunately, the US refuses to do so, blocking all attempts at cooperation on this matter – while demanding that China be investigated.

Prior Knowledge – Who knew What and When?

Tomas Philipson, an economist who was acting Chairman of the Council of Economic Advisers (CEA) said his team alerted the White House about the dangers of a looming pandemic outbreak about three months before Covid-19 erupted in the US. In an interview with CNN's Poppy Harlow he said he co-authored and published a CEA report titled “Mitigating the Impact of Pandemic Influenza through Vaccine Innovation” that warned a pandemic disease could kill as many as half a million Americans and cause up to \$3.79 trillion in damage to the US economy, stating **the report was presented to President Trump or his top officials and that “The White House is fully aware of what CEA puts out.”**[36]

A bit more to the point, an ABC News Report stated, “Concerns about [COVID-19] were detailed in a **November intelligence report** by the military's National Center for Medical Intelligence (NCMI), according to two officials familiar with the document's contents. The timeline of the intel side of this may be [even] further back than we're discussing,” the source said of preliminary reports from Wuhan.” The intelligence source quoted by ABC said further, “Analysts concluded it could be a cataclysmic event”. And the Washington Post wrote that “. . . reports from US intelligence agencies starting in January that warned of the scale and intensity of the coronavirus outbreak in China, [in Wuhan] could develop into a “full-blown pandemic”.”

CNN had this report: “The US military's National Center for Medical Intelligence (NCMI) compiled a November intelligence report in which “analysts concluded it could be a cataclysmic event”, one of the sources of the NCMI's report told ABC News. The source told ABC News that the intelligence report was then briefed “multiple times” to

the Defense Intelligence Agency, the Pentagon's Joint Staff and the White House. The Pentagon, the Office of the Director of National Intelligence and White House National Security Council, originally declined to comment." They later denied knowledge of the report, but ABC was sufficiently secure in the reliability of its four unrelated sources that they repeatedly republished the article for days after the NCMI disavowal.

Perhaps most startling of all, **Israeli television and other news media claimed that US intelligence agencies alerted Israel to the coronavirus outbreak in China in November** – long before the Chinese had any idea the game was afoot.^[37] According to Israel's Channel 12 news, **the US intelligence community became aware of the emerging disease in Wuhan in the second week of that month and drew up a classified document.** They claimed Trump "did not deem it of interest", but the Americans delivered their classified document to both NATO and Israel's IDF – who informed the government, who then leaked it to the media. They claimed it wasn't clear if the NMCI report was the same one sent to NATO and the IDF. US authorities disclaimed this, but the Israeli media were firm in their assertion that the information was valid and followed the path they stated. The Times of Israel has a good reputation for factual reporting and cannot be dismissed as easily as can CNN or Fox News. Or the NYT and WSJ, for that matter.

The Wuhan Military Games

An American, George Webb, published some videos where he claimed he had identified "patient zero", a US soldier who had participated in the Wuhan Games and who had exhibited COVID-19 symptoms and later tested positive for the virus. The woman's name was Mattje Benassi, who understandably did not benefit from the adverse publicity. She and her husband claim they have received hateful messages and even death threats from this. I genuinely sympathise with the woman and I deplore the fact that she was personally identified. I do not know if she had or did not have the virus infection in Wuhan but, if she did, she was certainly a victim and not a perpetrator. However, I would say that she now knows how China feels at having been lambasted incessantly in the US media, when China was also an innocent victim and not a perpetrator. Benassi should take her problem to Mike Pompeo, which is where it belongs. In any case, Benassi should be left alone because the preponderance of evidence is that the virus was circulating in both the US and Europe long before the Military Games.

Nevertheless, there were indeed a number of Americans who were hospitalised in Wuhan during the Games for a strange and unidentified illness. One hospital spokesman attempted to cover up the story by claiming the Americans were suffering from Malaria, a claim which could not possibly be true. I have no further details, but if the virus were in fact transmitted to China during the Military Games, it would not have been done by first infecting all the American soldiers, then setting them loose onto the Chinese, any military

infections likely being accidental. My information is that it was the civilian hangers-on who would have been responsible for the virus distribution – assuming the Americans were behind it, of course.

There was initial speculation that the virus had come to China (and spread around the world) from the US during the Games, but this died from a lack of hard evidence – prematurely, as it turns out . **Not only were many US troops infected, but it is now apparent that a great many soldiers from different countries did in fact return home from the Games infected with COVID-19.** The respective governments have downplayed the matter and the US media have totally censored it, so almost no one outside Europe has any knowledge of this. I would note here that I am in contact with a group of about 200 scientists, primarily but not exclusively European, who have informally banded together to investigate the origins of COVID-19 and to share information. They have identified many countries whose soldiers returned home infected from Wuhan, France perhaps being the most notable with half the crew of the Charles de Gaulle (the flagship of the French navy) being infected and a large concentration of infections (and the first death) occurring at the airport where the French soldiers made their transit on their return.

The Italian Gazzetta Dello Sport wrote that Wuhan “became a hotbed of the pandemic” and that there were emerging testimonies of many Italian athletes who, on those dates or after returning home, were all similarly affected by typical COVID-19 symptoms including coughing, breathing difficulties, weakness and a persistent fever. Athletes from many countries returned home ill from Wuhan, and it wasn’t the food. **France, Belgium, Luxembourg, Spain, Italy, Sweden, Italy, Germany, Saudi Arabia, the US,** and others. There was a great deal of media coverage, but none of that reached the US or Canada; the information was totally censored.

According to Matteo Tagliariol, a star fencing member of the Italian delegation, “When we arrived in Wuhan, almost everyone got sick. I had a heavy cough. (...) Many had a fever, even though their temperature was not very high” adding that one of his teammates had to be bedridden for most of the stay. A week after returning home, Tagliariol became seriously ill. “I have mild asthma, but this was different. I felt like I couldn’t breathe anymore.” His partner and two-year-old son also became ill. “When we started talking about coronavirus, without any medical skills, I thought I’d caught it. I’m 37 years old, I’m a sportsman and I was really bad.”^[38]

French pentathlete Élodie Clouvel stated (for herself and her husband Valentin Belaud, also a pentathlete), “we have already had the coronavirus. We were in Wuhan for the World Military Games and then we all got sick. Valentin missed three days of training. I also had stuff I hadn’t had before. We didn’t worry more than that because we weren’t talking about [the virus] yet. There were a lot of athletes at the World Military Games

who have been very sick.” Clouvel stated that a military doctor confirmed that they had been infected by the coronavirus, and repeated the physician’s evidence that “many people in [the French] delegation were sick”.[39]

In May of 2020, the French media group RTL published a report which said in part, “In the search for the origins of the Covid-19 pandemic, suspicions are growing, as well as testimonies about the World Military Games held in Wuhan, the epicentre of the epidemic, at the end of last October. French pentathlete Élodie Clouvel has already assured that she was most certainly infected, as was her husband Valentin Belaud, when she was there. Italian and Spanish athletes have made similar statements, and now we learn that the luggage of French athletes has passed through the military base of Creil, in the Oise, where the virus circulated very early in France . . . This new element shines a little more spotlight on these military Games, with always so many questions and few answers.”[40]

“Scores of athletes from other nations, including France and Italy, who participated in the games reported symptoms consistent with COVID-19 upon their return to their home countries. In retrospect, some doctors said those athletes suffered from COVID-19 and in some cases infected others, according to news reports.”[41] “French athletes’ concerns that they were infected by COVID-19 while participating in the games have been called “completely plausible” by Eric Caumes, an infectious and tropical disease specialist at the Pitié-Salpêtrière hospital in Paris.”[42]

It was amusing that the French DGSI, France’s intelligence service, were also affected, the symptoms apparently including massive diarrhea, but as one French news medium reported, “How many are there? What is their state of health? It’s impossible to know. The country’s most secretive institution does not disclose anything, much less when it is hit within it. At the Ministry of the Interior, it is motus and mouth sewn: no confirmation, no information, the secret remains well guarded.”

Still with France, the Oise region in the North was one of the epicenters of COVID-19, with local officials convinced the Creil airbase was “the source of contamination” of the entire area which had several serious infection clusters. This was the airbase used to return soldiers from the Games as well as to repatriate French nationals from Wuhan. Military officials first claimed that all arrivals had been tested, but later during a parliamentary grilling confessed to misunderstanding because of “not being doctors” and not actually having tested anyone.

One portion of France’s Defense Ministry was honest and forthcoming: “The spread of the virus by the military is not to be excluded, more than 9000 participants for 110 states [during the Military Games], which explains the global contamination. On their return, the representatives (in France 415 including 58 gendarmes) infected family, relatives and colleagues. . . . at that time nothing was known, it was “unbeknownst to them . .

.”[43] But then, the French Ministry of Armies was less forthcoming: “There were no cases reported within the French delegation to the Influenza Or Hospital Army Health Service during and on the return of the military Games, which could be akin to cases of Covid-19. To date, and to our knowledge, no other country represented in Wuhan has reported such cases.”[44] But then a third military official settled the matter with a typically French finality of phrase: “No, definitely no, the military base in Creil is not the source of a cluster in the Oise . . . I think I can tell you . . . probably not . . .”

It is a bit maddening that in each case in Europe, as with the US, the authorities either disclaim any knowledge of, or deny outright, any COVID-19 infections among their troops. According to Le Parisien, the French delegation’s cargo (and personnel) passed through the Creil airbase, which was one of the major COVID-19 flash-points in France, with infections actually beginning in November of 2019, more than three months before the first “officially-confirmed” case. But the version of the French officials is that the virus was unknown at the time so that no testing was done although general medical attention was delivered. Officials from several European militaries and Defense Ministries made essentially this claim: “We contacted the athletes to ask if any had had any symptoms. None of them came forward, so we assumed that no one had been infected.” Nothing more to see here. The Swiss military believed it was “unlikely” that its 121-member delegation was affected, even though a handful of Swiss athletes had to be hospitalized in Wuhan, while the military health services of several countries say they “cannot recall” any cases of illness on the return from Wuhan. **All this while the same troops are giving media interviews describing this same illness.**

In the US, after the Games about 300 US military personnel returned home to nearly 250 bases in 25 states, without ever being screened for possible COVID-19 infection.

“According to the Pentagon, there was no reason to do so then, or subsequently. A spokesperson issued a terse email response to the question, saying there was no screening because the event—held from October 18 to 27, 2019 – “was prior to the reported outbreak “. **Since that email, Pentagon officials have repeatedly declined to speak on or off the record regarding the subject.**”[45]

This report in Prospect.org claims that “Contrary to the Pentagon’s insistence, however, an investigation of COVID-19 cases in the military from official and public source materials shows that a strong correlation exists in COVID-19 cases reported at U.S. military facilities that are home bases of members of the U.S. team that went to Wuhan . . . **infections occurred at a minimum of 63 military facilities where team members returned after the Wuhan games.**” It states that this information was emerging but on March 31, 2020 the Pentagon restricted the release of information about COVID-19 cases at installations “for security reasons”. As of June 5, there were 10,462 COVID-19 cases in the Department of Defense in the military, civilian, dependent, and contractor categories.

“When asked why the athletes and support staff who had been in China were not screened as a precaution once the COVID-19 threat was known in January, **Defense Secretary Mark Esper said at an April 14 press conference: “I am not aware of what you are talking about.”** The question and response were not included in the Pentagon’s official written transcript of the briefing, as is the normal procedure. The official video of the briefing goes silent when the question is asked and Esper can be seen – but not heard – reacting to the question. The full audio and video exchange remains on the C-SPAN video of the event.”[\[46\]](#)

The Vaccination Twilight Zone

There is something potentially much more sinister here, detailed by two medical specialists: **Dr. Michael Yeadon, a former V-P of Pfizer** and the head of their respiratory research, and **Dr. Wolfgang Wodarg, a German physician**, pulmonary specialist, and epidemiologist, and former Public Health Department head. Dr. Yeadon states that Pfizer’s vaccine [and possibly others] contains a spike protein called syncytin-1, which is vital for the formation of the placenta in pregnant women. He states that if the vaccine works as intended and forms an immune response against the spike protein, the female body will then also attack syncytin-1, which could cause infertility in women that might (or might not) be permanent. **His public statement was basically that Covid-19 vaccines were effectively a female sterilisation program.** On December 1, 2020, Drs. Yeadon and Wodarg filed an application with the EMA, the European Medicine Agency, for the immediate suspension of all SARS CoV 2 vaccine studies, in particular the BioNtech/Pfizer variants.

This would seem bizarre at first glance, except for the knowledge that this precise protocol has been executed before. **Some years ago, the WHO, in conjunction with Rothschild, Sanofi and Connaught Labs and the US CDC, sterilised about 150 million women in undeveloped countries, without their knowledge or consent. This is not conspiracy theory, but documented fact.** The WHO’s own website covers in detail how they spent 20 years and more than \$400 million developing a “fertility-regulating” vaccine that was intended to cause permanent sterilisation. They utilised the female hCg hormone – which is vital for the implantation of the placenta in the uterus wall – combined with tetanus toxoid, and launched massive international campaigns ostensibly to vaccinate females against tetanus. But they conducted this campaign only among females of child-bearing age (roughly 14 to 40). The intent, and the result, was that when a woman’s body recognised the hCg hormone, it would attack and destroy it as an invader and thus prevent any pregnancy from coming to term. There were massive lawsuits and recriminations when this was discovered, and today there are many nations that will not permit entry to the WHO, UNICEF, or other UN bodies. When Bill Gates was speaking of the world population increasing to perhaps 9 billion and that, with effective planning,

he could reduce this increase by “maybe 1.5 billion births”, this is almost certainly what he had in mind, and Gates is the largest financial supporter of the WHO. I won’t dwell further on this here, but I did research the topic thoroughly and wrote an article which is available on this site.[\[47\]](#) If you haven’t read it, I strongly recommend that you do so. It will give you a powerful insight into the criminality of these international organisations. **With reference to the COVID-19 vaccines being promoted by Pfizer and others, I have received communication from medical scientists in two European countries claiming the vaccinations may indeed be intended primarily for sterilisation, perhaps not meant for Western nations, but for all the others. They are similarly concerned about the sudden campaign by the WHO and US CDC for cervical cancer shots for teenagers.**

Media Censorship

We have already read much here from Ron Unz and others about Google suppressing websites, articles and authors which conflict with the official story on any matter, with Twitter and Facebook doing the same, either through an open policy of controlling “fake news” or surreptitiously by other means. But there are many more, and more pointed, censorship attempts occurring well beyond Google, Facebook and Twitter. As one example, I knew my email was being monitored so I obtained an encrypted Proton Mail account. Following this, certain (non-China) acquaintances informed me that all mail from this account was automatically directed to their spam folders, a fault they are helpless to rectify. In addition, they inform me that attempting to send email to this same account (or reply to it) is rejected by their either their ISP or email program as “spam”, and are thus forced to communicate with me only through my public email address – which can be monitored. Another European friend now sends her emails with topic headings like ‘What are you doing this weekend?’ She discovered that any attempts to send a message with either my name or the titles of any of my articles in the subject line, will result in Google’s Gmail categorising the messages as spam, and not only refusing to send the messages but deleting the list of intended recipients.

A Few Ponderables

1. Prior to the COVID-19 outbreaks, why was the US military advertising for Russian DNA from the fluid of specific body joints, insisting the sources had to be entirely ethnic Russian and not Ukrainian or similar?
2. Why did the US CDC suddenly shut down Fort Detrick entirely, for about 6 months? Why, immediately following this shutdown were there persistent reports of strange pneumonia infections (and deaths) affecting the elderly, especially in nursing homes, in the area surrounding Fort Detrick?
3. What was the cause of the severe pneumonias and deaths of the young people that were originally attributed to vaping? All attending physicians claimed the vaping itself was not

the prime cause, that there was another pathogen at work but they had no idea what it was at the time, stating now that the combination with COVID-19 could indeed be deadly even to young otherwise-healthy individuals.

4. Why did Pompeo suddenly mandate that all COVID-19 information be classified and run through the NSC? Why did he further mandate that all hospitals, clinics and labs remit all COVID-19 information to the White House and bypass both the CDC and the media? When reports began surfacing of COVID-19 being found in US wastewater samples from 2019, why were they subject to a gag order?

5. Why was the US the only significant country that refused to conduct any search for a patient zero?

6. Why did the CDC specifically forbid testing for the coronavirus, except in severe cases already in the ICU?

7. Why was Dr. Helen Chu given a formal and legal “cease and desist” order preventing her from testing the thousands of flu samples in Washington State from 2019?

8. Why were FEMA and Israel’s Mossad hijacking planeloads of face masks, respirators and other vital protective equipment from airports in China, and shipping them to Israel instead of the US where they were badly needed?[48] Why was FEMA confiscating these materials and equipment from suppliers and hospitals all across the US, and refusing information about their disposition?[48]

9. How was Pompeo able to notify NATO commanders and Israel’s IDF – in November – about a mysterious virus that would be circulating in China two or three months later?

10. Why did John Bolton eliminate the entire executive group responsible for pandemic response coordination in the US, eviscerating the nation’s infectious disease defense infrastructure, and eliminating 80% of the department that could have helped other nations detect and control the epidemics they later suffered?

A Few Comments on China

China has accumulated much experience in dealing with US bio-pathogens, seven or eight in the last two years alone. When the Chinese authorities learned that the new pathogen was SARS-2, they already knew the source, the intent, and the potential effects. That was why Xi Jinping said “This is a demon, and we cannot let this demon hide.” When they knew what it was, they knew what had to be done.

China has had virtually no domestic infections since Wuhan was unlocked. There have been occasional ones and twos in scattered locations, but all others have been imported by foreign nationals. Many want to say that China handled the virus badly, but look at the results. China’s economy is booming. GDP is well in positive territory, projected at 7.5% for 2021, foreign trade is up around 15% over 2019, with exports rising sharply and domestic consumption doing the same. Unemployment is not an issue in China; I speak to factories that have to offer a 30% premium to obtain sufficient workers. All the

kindergartens, schools and universities, and restaurants are open, domestic train and plane travel have recovered to 95% or more of normal in most cases, and life is essentially back to normal. Life in Wuhan is as alive and active today as before the epidemic, with few remaining hints of its early suffering. China is developing vaccines against the virus, but I haven't met anyone who wants one or who thinks they need it. **We have no intrusive measures, no “contact-tracing” software, and no RFID chips implanted in the backs of our necks.** We still wear face masks on the subway and our temperature is taken as we enter travel venues like airports and train stations, so vigilance is still there, but without effect on anyone's daily life.

American politicians and the major US media still claim that China badly understated its numbers and that the country really had 50 million infections and 5 million dead. If this were true, that makes the country's recovery even more dramatic, doesn't it?

Epilogue

I would like to end this essay on a note of cheer, but no encouragement exists for such a sentiment. From the earliest days, when it became apparent this virus would spread, I researched daily the progress of infections and deaths for every country and all indications are that we are still very far from the end. There are almost no nations that appear to be tailing off and almost all major countries are still increasing, the US most notably but it isn't alone. Worse, whenever a nation does taper off, it is hit harder. China was one case, with the release in Beijing's Xinfadi Market and then in Xinjiang, but most every other nation has received the same treatment. Most economies, certainly the West, are in free-fall with the end not yet in sight. In the contrived financial crisis of 2007 – the one the FED pretended to end in 2009 but that never actually ended – the US saw about a full half of its middle class descend into the lower class. I wrote then that they would never recover because that was only the first step of a deliberate process, and I believe subsequent events have vindicated my position. Before this crisis ends, another full half of the remaining American middle class will disappear, and this will now never be recoverable. **Americans need to believe their leaders who tell them life will never return to 'normal'. It will not.**

For COVID-19, I am 100% convinced that some part of the American government, perhaps acting independently on behalf of the Deep State, created and deliberately released the coronavirus upon the world. With everything I know, the alternative of a natural outbreak is almost an impossibility. There is still new information escaping confinement and I am hopeful we will find sufficient evidence to justify an international criminal tribunal to unearth all the facts and perhaps undo some of the damage. Those responsible will escape, as always.

Mr. Romanoff's writing has been translated into 28 languages and his articles posted on more than 150 foreign-language news and politics websites in more than 30 countries, as

well as more than 100 English-language platforms. Larry Romanoff is a retired management consultant and businessman. He has held senior executive positions in international consulting firms, and owned an international import-export business. He has been a visiting professor at Shanghai's Fudan University, presenting case studies in international affairs to senior EMBA classes. Mr. Romanoff lives in Shanghai and is currently writing a series of ten books generally related to China and the West. He is one of the contributing authors to Cynthia McKinney's new anthology 'When China Sneezes'. His full archive can be seen at <https://www.moonofshanghai.com/> and <http://www.blumoonofshanghai.com/> He can be contacted at: 2186604556@qq.com.

End Notes

(1) The 1918 influenza pandemic that we now call the 'Spanish Flu' had three waves, but I am ignoring this example because (a) it appears unique, (b) the mass movement of troops during the war contributed to and greatly affected the spread and, (c) there are disturbing reports with credible documentation that this deadly pandemic may not have been a natural disaster but the result of human tinkering, an experimental bacterial meningitis vaccine cultured by the Rockefeller Institute and tested at Fort Riley which is where the pandemic began. To tell the truth, the mere fact that Reuters did a "fact-check" on this topic and declared the claim false (a), is enough to make anyone damned suspicious since Reuters have the same credibility in these matters as do the NYT and WSJ. I don't want to dwell on this here, but suffice to say it doesn't qualify as a template for multiple waves of an infection. You can read more here, if you're interested. (b) (c) (d)

(a) False claim: the 1918 influenza pandemic was caused by a vaccine; <https://www.reuters.com/article/uk-factcheck-vaccines-caused-1918-influe-idUSKBN21J6X2>

(b) <https://freepress.org/article/did-vaccine-experiment-us-soldiers-cause-%E2%80%9Cspanish-flu%E2%80%9D>

(c) https://www.lewrockwell.com/2020/03/no_author/did-a-vaccine-experiment-on-u-s-soldiers-cause-the-spanish-flu/

(d) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2126288/pdf/449.pdf>

(2) China had its own 'second wave' in the outbreak at the Xinfadi Market in Beijing. I wrote an article on this, (e) providing much of the background detail, but let me cover a few points here. Xinfadi is the largest fruit and vegetable market in Asia, covering millions of square feet and with thousands of shops. The authorities discovered that the entire market "from head to foot" had been infected with what I am calling "COVID-20" to differentiate it from the initial outbreak in Wuhan. The reason is that this was an entirely new version of the virus (Type A) that had not been in China before, a much

more virulent strain (at least to ethnic Chinese) and one which, had it escaped confinement, would have created a humanitarian disaster of enormous proportion. Fortunately, the authorities had not at all relaxed their vigilance and discovered the infections almost immediately, shutting down the market, locking down the neighborhood, tracing all the contacts, and killing it dead within two weeks and with only a handful of infections. Pompeo must have been livid.

(e) <https://www.unz.com/lromanoff/china-reseeded-with-covid-20/>

China also had a ‘third wave’, a spike of COVID-19 cases in Xinjiang that were similar or the same variety introduced into Beijing. (f) But once again, the Chinese government was unquestionably expecting further attempts to infect the nation, Xinjiang almost certainly being a favored location. Thus, the medical authorities never relaxed their vigilance so the cases were caught quickly and the new virus stamped out within two or three weeks after only a few dozen cases. Pompeo must have been livid.

(f) <https://www.globaltimes.cn/content/1195811.shtml>

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