Information Wars - SARS-CoV-2 Origin

Get a big bowl of popcorn, sit back, watch the show, and learn how the USG propaganda gets spread







Well, things are getting interesting on the fifth generation information warfare battleground concerning the origins of SARS-CoV-2.

For those who (like me) find the preponderance of information makes a compelling case for a laboratory origin, this appeared to have been mostly settled. Both Jeffrey Sachs (chair of the Lancet commission investigating the origin) and World Health Organization (WHO) Director Tedros Adhanom Ghebreyesus have concluded that SARS-CoV-2 was engineered in a laboratory (see this reference). The Department of Energy (DOE) in a classified intelligence report has concluded that Covid-19 most likely originated with a leak from a laboratory, although this conclusion was made with "low" confidence. The FBI backed the lab leak theory with "moderate confidence" in a 2021 report. Christopher Wray, the FBI director, has also weighed in on the debate over Covid's origins and endorsed the theory that it may have

leaked from a lab. (see this reference). And we recently had Robert (Bob) Redfield throw Anthony Fauci, NIAID, the US State Department, USAID, and DoD under the bus concerning funding for the Wuhan Institute of Virology of the Chinese Academy of Sciences (now under control of the CCP Peoples Revolutionary Army) to perform the gain of function research which purportedly gave rise to this virus. In this "Who is Robert Malone" substack, we have previously covered the Project Veritas document releases which appear to explain the "rationale" for this funding (see this reference and this 2022 reference) and Redfield's testimony (see this reference).

Now we also have these additional truth bombs from Senate investigator Diane Cutler, Senator Roger Marshall, and <u>CBS News</u>. Video is <u>available here</u>.

The U.S. government may have made duplicate payments for projects at labs in Wuhan, China, through the National Institutes of Health (NIH) and U.S. Agency for International Development (USAID), according to records reviewed by CBS News.

"What I've found so far is evidence that points to double billing, potential theft of government funds. It is concerning, especially since it involves dangerous pathogens and risky research," said Diane Cutler, a former federal investigator with over two decades of experience combating white-collar crime and healthcare fraud.

Cutler found evidence of possible double payments as she investigated U.S. government grants that supported high risk research in China leading up to the <u>COVID-19 pandemic</u>. She was hired by Republican Sen. Roger Marshall, who took her records to USAID and the internal watchdog at USAID, which launched a new probe, details of which have not been previously reported.

Cutler said she has viewed over 50,000 documents, and that the U.S. government may have made duplicate payments for possible medical supplies, equipment, travel and salaries.

Sources told CBS News that tens of millions of dollars could be involved.

Sources familiar with the grant records did not dispute CBS News' reporting.

A spokesperson for USAID declined to comment. A USAID inspector general spokesperson declined to comment "on the existence of a specific open investigation." The press office for NIH did not respond to CBS News' questions.

Sources told CBS News the investigation of possible double-billing could take at least six months to conclude.

Marshall is now calling for a 9/11-style commission.

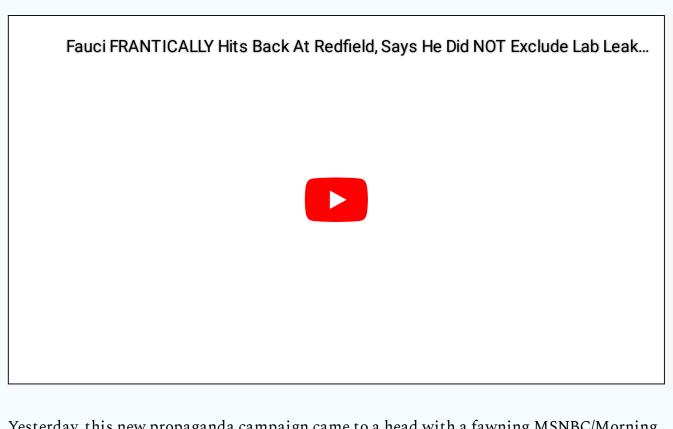
"I think there's 1.1 million reasons that American taxpayers should care," he said. "You'll have a plane crashes. We want to find out why the plane crashes. We go to any lengths to do that. And the hope is we don't have another plane crash for the same reason."

While intelligence agencies have not been able to reach a consensus on the origin of the pandemic, the FBI and Energy Department have found an accidental lab leak is plausible. The Wuhan Institute of Virology conducted viral research in the city where the SARS-CoV-2 virus first emerged.

During a recent <u>congressional hearing</u> regarding the origins of COVID-19, the House voted unanimously on a bill ordering the declassification of intelligence about the origins. Robert Redfield, the former director of the CDC, testified that money from the NIH, the State Department, USAID and the Defense Department provided funding for high-risk virus research in Wuhan.

In the face of this rising tide of consensus regarding the origin of SARS-CoV-2 and the role of the US Government (and the retired/not retired USG employee/consultant Anthony Fauci), Dr. Fauci has apparently decided to mount a media campaign to create confusion and a cloud of ambiguity around the issues. Sycophantic corporate media (such as MSNBC) which has been complicit in spreading the mis- dis- and mal-information peddled throughout the CORONAcrisis by Dr. Fauci is lapping all of this up, and is gladly amplifying his limited hangouts, misdirections, obfuscations and misrepresentations - because they have been actively complicit in facilitating the lies, censorship and gaslighting which has characterized the WHO and US Governments' response throughout the CORONAcrisis.

Regarding whether Dr. Fauci is representing himself or the USG at this point, I have it from a reliable source that he has worked out some sort of employment agreement which allows him to have six HHS Marshalls/Inspector general agents protect and drive him around. A big outstanding question is how is Fauci still is able to be employed by the USG and to get government assigned protection and drivers?



Yesterday, this new propaganda campaign came to a head with a fawning MSNBC/Morning Joe interview of Dr. Fauci:

Dr. Fauci: We can do better than we're doing on Covid



Please consider the following comments on the transcript of this interview:

Joe:

Let's bring in right now, former director of National Institute of Allergy and Infectious Diseases, Dr. Anthony Fauci. Previously served as the Chief Medical Advisor to the president. Dr. Fauci, thank you so much for being with us. Those clips, they remind me of what my mom always told me. She said, "Joey, judge yourself by your enemies." So I passed my mother's wisdom onto you. And let me just ask you, I know it's radical, but let me ask a doctor a medical question. How are we doing in the COVID battle right now?

Dr. Fauci:

Well, we still have an issue that we're having more deaths than many of us in the public health sector feel are acceptable.

<RWM- Fentanyl is killing more than COVID is>

But if you compare Joe with where we were a year, a year and a half ago, we're much better. Remember, we were having about 800 to 900,000 infections a day and about three to 4,000 deaths per day. We're much further down than that right now. We're doing, comparatively speaking much better, but we can do better than we're doing. We've got to get that death rate, which is around 400 or so, sometimes as high as 500, sometimes down to 300 per day.

<RWM- the most straightforward way to achieve this is with early treatment, which Fauci has blocked>

We've really got to do better than that. I mean, if you look at the relative percentage of people who are updated on their boosters, we have less than 20% of the eligible people have received that updated BA-45 boost. So we've got to do better than that, even though we're doing much better than we were.

<RWM- The "boosters" clearly cause more harm than good. Many European nations as well as the UK have discontinued them.>

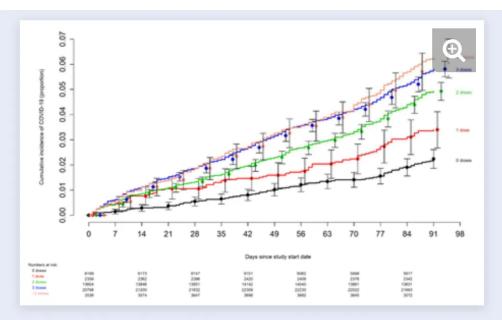


Figure 2.

Download figure | Open in new tab

Simon-Makuch plot comparing the cumulative incidence of COVID-19 for subjects stratified by the number of COVID-19 vaccine doses previously received. Day zero was 12 September 2022, the day the bivalent vaccine began to be offered to employees. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility.

Joe:

It seems to me that the steady stream of disinformation keeps moving out there. A lot of people picked up on a Cochrane summary of mask studies and ran with that a couple of weeks ago and said, see, this proves masks don't work. The Cochrane editor in chief had to come out and say, no, no, no. You're misreading our data.

<RWM- The Editor was pressured. The lead author has gone on video interviews objecting to this mischaracterization. This is disinformation. There are three main routes of SARS-CoV-2 infection. Mouth, nose, eyes. Masks do not cover eyes.>

That's not what we're saying at all. And yet that disinformation gets out of the door and people just run with it. Looking back, we've learned a lot of things over the past three years. Tell me, what are some of the major takeaways that you've learned over the last three years, perhaps in some things that before we knew exactly how COVID was going to develop, what have you learned three years in about COVID?

<RWM- Corporate media, particularly including MSNBC and CNN, have been among the most prominent spreaders of disinformation and government propaganda throughout the COVIDcrisis. This is easily demonstrated.>

Dr. Fauci:

Well, there's a long, long list, Joe, of what we've learned, and particularly if you look at the evolution of information from the very first weeks when it was felt that this was not a particularly easy virus to transmit from person to person, feeling that it was maybe jumped from an animal to a human and one human would infect another, but very inefficiently. Then we soon found out that it is extremely efficient in its transmissibility.

<RWM- Because it was engineered to be highly infectious in humans by incorporating the furin cleavage site. This is well documented, with a paper trail implicating the NIAID and USG in the funding. Fauci knew this from the beginning.>

Then we found out that unlike influenza, which is mostly droplet transmission, this is aerosol transmission, which really changed how we looked upon the need to wear a mask when you have aerosol transmission.

<RWM- The opposite is actually true. Masks can work for droplets, but not for fine aerosols. This is yet another clear example of Fauci lying.>

And then the other thing that we learned as the weeks went by is that this virus is transmitted predominantly, 50 to 60% of the transmissions are from someone who has no symptoms at all, which completely smashes the paradigm of respiratory transmissibility that we're used to with other respiratory borne diseases.

<RWM- Many scientists dispute this conclusion. But if true, it would clearly indicate that for the majority of patients this is an asymptomatic infection.>

And then the big surprise of all, when we expected that it would go up and then go back down and then sort of disappear and go into the background, we wound up having variant after variant and surge after surge right up to what we're having right now, which are lineages of the omicron surge, which started well over a year ago.

<RWM- Note the use of the imperial "we". If this is really what he thought, then he has no understanding of RNA viral epidemiology. In any case, this is another example of "Scientism" rather than scientific thought.>

So this has been really a moving target, and that's the reason why we've had a many times change some of the things that we said and recommended. People saying that's flip flopping,

but it isn't learning as you go along and making your recommendations according to the new data as it evolves.

<RWM- Vaccination into an outbreak with this much viral pressure always generates vaccine escape mutants. This is basic stuff. The evolution of both the vaccine-resistant as well as the antibody-resistant variants was the direct consequence of widespread deployment of a leaky, narrowly focused "vaccine". This "evolution" was the direct consequence of ignorant, poorly informed public policy and failure to think. As Hannah Arendt taught, the banality of evil is a consequence of failure to think.>

Joe:

Right, and it's ever evolving and evolving very quickly.

<RWM- The virus sure is. Because of the obsession with deployment of narrowly focused "vaccines" which are neither safe nor effective, while suppressing early treatment which allows patients to safely develop natural immunity.>

It's just like vaccines. People will still go, you got COVID even though you got a vaccine. What we didn't know, none of us knew. You didn't know exactly how those vaccines would impact the virus, but we've learned quite a few things about the vaccines too.

<RWM- We did not know because the clinical research studies were biased, halted prematurely, misrepresented, and not designed to assess effectiveness in preventing infection. Furthermore, the non-clinical animal challenge studies predicted that the vaccines would not stop infection, replication or spread of the virus.>

It's a very resilient virus. It's a very durable virus, and it morphs very quickly. So develop a vaccine and it still helps in a positive way, but it doesn't wipe out. Can you explain what we've learned about vaccines over the last two years?

<RWM- "Helps in a positive way" is propaganda. These products do not do what vaccines are supposed to do. Furthermore, the current assertion that they at least reduce disease severity is no longer tenable in the face of worldwide data. What most effectively reduces disease severity is natural immunity and early treatment.>

Dr. Fauci:

Well, there's one very, very obvious fact that is born up by very solid data. Joe, we know that if you compare unvaccinated people with vaccinated people with regard to hospitalizations and

death, there is a overwhelming and dramatic difference of a greater likelihood of hospitalization and death among the unvaccinated.

<RWM- Another lie. The data from all over the world demonstrates that the more inoculations you receive, the more likely you are to have a severe infection or to die. Look around you. Who is getting severe COVID? The vaccinated are.>

And as the months went by, if you compare vaccinated but not up to date with boosters, with people who are totally up to date on boosters, there's still a difference in the sense of vaccinated and updated boosted people do much better with regard to severity of disease. That's an open and shut case.

<RWM- Yet more propaganda. >

There's no doubt about that vaccines work.

<RWM- What does that statement actually mean? Work? Do they prevent infection, replication or spread of the virus? Can they be used to generate herd immunity? Do they prevent patients from developing severe disease or dying? The answer to all of these questions is clearly "no". This is yet more disinformation spread by Dr. Fauci with the assistance of MSNBC>

But there's another thing that is a bit sobering that we learned that this virus is so highly transmissible that when you are vaccinated, you may not necessarily get protected against infection, but clearly you get protected against severe disease.

<RWM- You are clearly not protected against severe disease or death. The data are in.>

And that's caused a lot of confusion among people because when we went from the original wild type or ancestral strain of the virus that was spreading in January and February of 2020, as we evolved into different variants including omicron, it became much more transmissible. Not necessarily more serious, but more transmissible.

<RWM- Again, more disinformation and misrepresentations. Clearly Omicron infection is less serious.</p>
This is just as I and many others predicted long ago. This is classical viral epidemiology, easily predicted. When viruses enter a new animal host, they are typically less infectious and more pathogenic, and as they adapt to the new host they become more infectious and less pathogenic. This is basic stuff. This single stranded RNA virus is acting exactly as predicted.>

So people who were vaccinated were getting infected, but the critical issue that should not be lost is that the vaccination clearly prevented them, for the most part, from getting severity of disease.

<RWM-Get real. "for the most part"? No. The majority of people dying OF COVID in the present are "vaccinated". The more doses of "vaccine", the more likely severe COVID develops.>

Those are the kind of things, Joe, that you mentioned, that as the months and the years went by, we learned more and more. And when you learn more and more, you've got to keep up with that information.

<RWM- This is so duplicitous and disingenuous that it makes me feel sick.>

Joe:

Time keeps moving. Mike Barnacle, and I just say, I just want to underline really quickly what Dr. Fauci said because it is so important, because there's so much disinformation going on out there, especially about the vaccines. The thing is the vaccines help curb the severity for the overwhelming majority of people that get the vaccines.

<RWM- they just keep repeating the lies, apparently so that eventually people will believe them.>

Of course, some elderly people obviously will still have challenges, others will still have challenges, but the data is just so clear, and I know there are people out there that spread disinformation daily, but because it's not black and white, it seems that they move to this more radically. But the fact is it makes for most Americans a reaction less severe.

<RWM- note the caveat - "Americans". That is an attempt to explain away the worldwide data which contradict these statements. The US data from the CDC has been suppressed and withheld - according to the NY Times! "Because it's not black and white" is an acknowledgment that this is not at all as clear cut as MSNBC and Fauci wish it to be.>

Mike Barnacle:

Yeah. Well, that leads to the question, Joe, and would like the answer from you, Dr. Fauci, who you are the pride of Holy Cross College, and I don't believe you were in medical school with Ted Cruz or Jim Jordan, but how many booster shots do you think we will be getting?

<RWM- gratuitous put down and gaslighting of Ted Cruz and Jim Jordan. This is just Barnacle saying "hurray for our side". Cruz' educational credentials are superior to Fauci's, but in a different field.>

There's one available now, but how long in the future will we be getting booster shots?

Dr. Fauci:

We don't know definitively the answer to that, but it is likely that this thing is not going to disappear. It's not going to be eradicated, and it's not going to be eliminated. So it's going to be around for the foreseeable future. So it is likely that we will require an intermittent likely at the same time as we get a flu vaccine at least once a year, very similar to what we do to keep updated on our immunity against influenza. It is very likely that's a similar situation we will be experiencing with COVID, namely getting a booster shot once a year, probably at the same time as we get an influenza shot.

<RWM- The data are clear. The "boosters" just drive further immune imprinting. The short term benefits in protection are highly transient and increasingly ephemeral, and after the "benefit" wears off in a few weeks, those who have received the "boosters" become even more likely to develop severe COVID. This is called "negative effectiveness", and is well documents with these products. There is no way that an annual "booster" based on these current products will have any significant impact on disease severity, or of SARS-CoV-2 viral infectivity and spread. What they would do is to further drive the evolution of escape mutants leading to more vaccine resistant mutants.>

More links from Rumble, WarRoom interviews last week:

<u>Dr. Robert Malone on Fauci: "There are virtually no successful vaccines he has created."</u>

Dr. Robert Malone on Fauci: "He is a practiced, skilled disinformation specialist."

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