



Compelling Evidence COVID-19 Was Spreading Across the U.S. in 2019 That Officials Are Ignoring

Description

ER Editor: We were banging on about this way back in 2020 or so, about 'Covid' (whatever it *really* is) or something mightily similar **circulating on US soil during 2019, and possibly elsewhere.**

We briefly remind readers, for example, that a **Taiwanese virologist** had alerted the CDC to some odd sort of pulmonary fibrosis-type problem going around during 2019, which they brushed off (he reasoned that of the types going around, the US was the 'home base' of the problem); that **Japanese tourists visiting Hawaii** in the fall got sick; that a '**vaping**' problem to do with the lungs was being talked about in the press through the summer; that many young international competitors at the **Wuhan Military Games** in October got really sick while there – French competitors spoke out about it and then were silenced by the authorities (US competitors, usually at the highest athletic level, were unusually poor for these games).

Bill Rice Jr. below alerts us to a study from France and Brazil attesting to the same, in addition to 3 particular case studies on US soil from entirely different states. Importantly, the US authorities had to be aware of all these cases as well as others who tested positive around that time.



If it could be proven the virus that causes COVID-19 was spreading throughout the world by November 2019 (or even earlier), the shift in the Covid narrative might be seismic.

For example, if the virus had already infected large numbers of people, the **justification for the lockdowns** of mid-March 2020 to ‘slow or stop the spread’ of a newly arrived virus would be shown to be nonsense. Estimates of the number of people who had already developed **natural immunity** as well as of the **infection fatality rate (IFR)** might be dramatically different. It would suggest the disease was not nearly as lethal as experts proclaimed. The mass fear in the public – a prerequisite for lockdowns and later for mass vaccinations – might be much lower.

Given these points, it’s odd public health officials and investigative journalists have eschewed serious investigations that might confirm this virus had already spread around the world before January 1st 2020. (*ER: Yes it is, but well no, it’s not really.*)

A commonsense project to ‘prove’ early spread was occurring would be simply to test tranches of blood that were donated before the birth date of the official outbreak (December 31st 2019).

Surprisingly, however, **very few antibody studies of archived blood collected before December 31st 2019 have occurred.** Will Jones recently highlighted one such study published by researchers in [France](#) as well as a **sewage study from Brazil**. The first provides **antibody evidence** and the second **RNA evidence** the novel coronavirus was spreading by November 2019 in these countries.

To Will’s list, I’d add the **only antibody study of archived Red Cross blood conducted by the U.S. CDC to date.** This study found 39 antibody-positive serum samples collected December 13th-16th 2019 in California, Washington and Oregon (2% of blood samples collected from these states tested positive for antibodies).

As it takes the human body one to two weeks to produce detectable levels of antibodies, most of these

39 antibody-positive donors had been **infected in November 2019** if not earlier.

For some reason, American officials performed only one antibody study of blood collected by blood bank organisations. It's also strange that results of this study were **not published until November 30th 2020** – more than 11 months after the first tranche of archived Red Cross blood had been collected.

In a CDC press briefing held May 29th 2020, CDC officials stated they'd searched for and could find no evidence the novel coronavirus had been "introduced" anywhere in America prior to January 20th 2020.

I believe this statement was false as by the time this press briefing was held, **copious evidence of early spread had already been disseminated via published news accounts**. For example, I've identified **at least 17 Americans who were sick with definite Covid symptoms in November and December 2019** and all 17 had antibody evidence of prior infection. Also, all 17 of these reports were published by prominent news organisations at least **13 days before** this press conference.

While a source of important evidence, antibody studies are not necessary to prove that early spread almost certainly occurred in America. Close examination of **individual case histories** also allows one confidently to reach this conclusion. What follows is a summary of three individual histories that lead me to conclude community spread was already occurring in America by November 2019 and **probably October 2019**. For details on other American cases that date to December 2019, see [this Seattle Times story](#) and a [feature story](#) I wrote that, for some reason, was completely ignored by the mainstream press and public health officials, a fact I document in this [follow-up article](#).

Case 1: Michael Melham of Belleville, NJ

Michael Melham, the Mayor of Belleville, NJ, was among a large group of New Jersey municipal employees who attended a conference in Atlantic City on November 19th-21st 2019. While at the conference, Melham experienced symptoms common to COVID-19.

"I was definitely feeling sick when I was there, and fought my way through it," Mayor Melham told *NJ Advance Media* on April 30th 2020.

"I have never been sicker in my entire life," the Mayor said. "These symptoms included a 102-degree fever, chills, hallucinations and a sore throat that lasted for three weeks." In a story published by *Fox News*, Mayor Melham said the illness made him feel "like a heroin addict going through withdrawals... I didn't know what was happening to me. I never felt that I could be so sick".

Mayor Melham felt sick enough to contact his doctor who diagnosed him with the flu. However, this diagnosis was given "over the phone" and Melham never actually received a flu test.

In late April 2020, Melham visited his doctor for his annual physical and brought up his November illness. **The doctor administered an antibody test, which came back positive for Covid antibodies.**

Melham later told me he actually received two positive antibody tests (previous reports mentioned just one).

“My first antibody test was a rapid test. My second was a blood test that was sent to a lab. Both were positive for the longer antibody,” Mayor Melham wrote in one email.

Mayor Melham has repeatedly made the important (if ignored) point that he **tested positive for the ‘long’ (IgG) antibody**. He tested negative for the IgM antibody. The presence of IgM antibodies indicate more recent infection and, per [studies](#), these antibodies fade and are only detectable for about a month after infection.

This combination of antibody results would seem to rule out the possibility Mayor Melham experienced an asymptomatic case of Covid in the month before receiving his first antibody test. The only time Melham was sick was November 2020.

He added: “I will also tell you that since the media attention surrounding my claim, many others have come forward. I have emails from those who were actually at the same conference in Atlantic City NJ, who became just as sick as I was.”

Those who wish to gauge the credibility of the Mayor’s claims can view this [four-minute YouTube interview](#) with Mayor Melham.

I also asked Mayor Melham a question no other journalist seems to have asked him. **“Did any public health official ever contact you to investigate your possible case?”**

Melham’s email response: **“No, nothing.”**

Multiple acquaintances as well as his physician would confirm Melham was sick with symptoms common to Covid victims in November. Since he received two positive antibody tests, if the results were a false positive, he received two false positives.

As noted, Mayor Melham reports receiving emails from “multiple people... who were at the same conference who became just as sick as I was”. This would suggest the presence of **community spread** – a possibility which might have been confirmed if contact tracers had tested the people who’d been sick at the same conference for antibodies.

We know no public health officials contacted Mayor Melham to investigate his claim. We also know, thanks to *nj.com*’s reporting, that **state health officials were aware of his claim:**

Asked about the Mayor’s statements, the state health department declined comment. A spokesperson for Gov. Phil Murphy did not immediately respond to a message.

The following points should also be emphasised. **If his diagnosis had been confirmed by public health officials, Mayor Melham would have been the first known Covid case in the world**, and would have been the first confirmed case in America by approximately 61 days (the first official case in America is still recorded as January 20th 2020 – a man from Washington state who had recently returned from Wuhan).

Significantly, Mayor Melham can date the onset of his symptoms. Per numerous studies, it takes two to 14 days after infection for symptoms to manifest. This means Mayor Melham would have been infected **some time between November 5th and November 19th 2019**.

Since Mayor Melham did not give the virus to himself, logic tells us the **chain of transmission that ended with Michael Melham being symptomatic around November 20th 2019 very possibly began before November 1st 2019**. This would mean that community spread was possibly occurring in New Jersey as early as **October 2019**.

Case 2: Uf Tukul of Delray Beach, Florida

As reported by *Palm Beach Post* on May 16th 2020:

At least 11 people... on two small blocks alone... in a small Delray Beach (Florida) neighborhood tested positive for coronavirus antibodies in April. **They felt symptoms as early as November (2019)**. "It didn't have a name back then, but I have no doubt now that it was the coronavirus," one neighbour said.

The article names seven of these individuals and provides details and quotes about their symptoms. These seven people include Uf Tukul who was "first among (residents of the neighborhood) to feel sick in late November (2019)... For weeks, he had body aches, a severe cough and night sweats".

While "Tukul is reluctant to say he had the coronavirus a month before Chinese officials reported the outbreak to the World Health Organisation, 'I had all the symptoms though,' Tukul said."

The same logic applied to Michael Melham's possible case would apply to Mr. Tukul's possible case. That is, **whoever first infected Mr. Tukul was infected earlier than Tukul was, suggesting early spread was also happening by some point in November, if not October, in Delray Beach, Florida**.

If confirmed, Mr. Tukul's case would indicate that American cases in November were not isolated to the state of New Jersey.

Several other points included in the *Post's* coverage deserve attention.

These possible DelRay Beach cases include two couples, with one spouse presumably infecting the other. One child of one of these couples became infected, providing further evidence of **community spread**.

According to the story, none of the individuals experienced close contacts with other non-family residents of the same neighbourhood. That is, there seems to be no evidence of neighbour-to-neighbour transmission.

According to the story, “all (11 individuals) recovered and haven’t been sick since”. None of the 11 had travelled to China.

Like Michael Melham, none of these 11 people tested positive for the ‘short’ (IgM) antibodies – thus none had been recently infected.

The *Post* article also includes this eye-opening information: “**Since March (2020) about two-fifths (approximately 200, 40%) of the 500 antibody tests taken by Xera Med (a DelRay Beach private testing lab/medical clinic) have been positive**, said CEO Emily Rentz.” The first two confirmed cases in Florida were recorded March 1st.

The following sentence from this article might be even more significant: “The lab shares its data on positive tests with the state health department, (Rentz) added.”

And from the same article: “The state wouldn’t say whether it is collecting antibody data from hospitals or private laboratories.”

The *Post* article referenced a May 5th article by the same newspaper:

In Florida, health department reports show **patients who eventually tested positive for the virus experienced symptoms as early as January**. The Florida Department of Health hasn’t explained those potential fault lines in the state’s assertion that the ***first cases didn’t appear in Florida until March***.

The fact 40% of 500 antibody tests administered by the clinic between March and early May 2020 tested positive for Covid antibodies **suggests infections were widespread in this community**. And according to the CEO of this lab, these antibody results were being **shared with Florida State Department of Health officials**.

And apparently these weren’t the only positive antibody results that were being reported by testing labs. As reported in the same article:

The University of Miami, in [randomly testing Miami-Dade County residents for antibodies](#), has found that the **rate of infection could be 16 times higher than state data suggests**, said Dr. Erin Kobetz, a professor and lead researcher on the project...

Since first publishing her findings, Kobetz has heard from several people who shared experiences similar to the Tropic Isle neighbours... They described **being sick in December and later testing positive for antibodies**. They asked if what they’d experienced was COVID-19.

Significantly, if we count possible December 2019 cases, these are Americans from **five widely-dispersed U.S. states**

whose stories were featured in published articles. An unknown number of Americans who've never been featured in a newspaper article undoubtedly fit the same profile. If one adds this unknown number of never-identified people to the list of known individuals, **evidence the novel coronavirus was spreading widely across America in November and December 2019 becomes even more compelling.**

Not every infectious disease expert agrees with the CDC's assessment that widespread transmission did not begin until January 20th 2020.

"It's possible that the disease spread as early as November," Dr. Kobetz said.

As in New Jersey, apparently no official with the Florida Department of Health contacted any of the 11 people referenced in the *Post's* article. Nor have public health officials apparently followed up with Emily Renz, CEO of Xera Med, who stated approximately 200 other local residents received positive Covid antibody tests at the clinic between March and the end of April.

Ms. Renz noted that information on all of these positive test results had been forwarded to officials at the state's health agency. Which prompts this question: **How many clinics and testing labs in America also forwarded positive antibody test results to state health agencies, agencies which presumably could and would pass this information along to their colleagues at the CDC or NIH?**

What the public doesn't know but should is **how many other Americans – those whose lab results were not reported in the press – also tested positive for antibodies between March and early May 2020. Presumably, the CDC and state and local health agencies have these data, which have never been released to the public.**

Indeed, I've come to believe it's possible at least some high-ranking officials may have **conspired to suppress antibody results** which, if published, might have led the public to conclude this virus was spreading widely months before officials said it had been introduced in this country. Such knowledge might have changed the way tens of millions of Americans evaluated their personal Covid risk as well as their support for lockdowns.

Case 3: Shane from Marin County, California

Perhaps the first early case in America (with antibody evidence that would confirm infection) is Shane of Marin County, California. Shane's possible early case was not featured in a newspaper article, but by Shane himself in the reader comments section that followed a [May 7th 2020 New York Times story](#) (the story describes symptoms experienced by Covid patients).

Writes Shane: **"I had COVID-19 last fall, far earlier than anyone else I've heard of.** I suspect I caught it while on an overseas trip to Italy and the Middle East – I've taken two antibody tests in the past month, both of which confirmed I was infected."

As Shane recounts, he was **extremely sick with signature Covid symptoms.**

For me the worst symptom by far was the dry, unproductive cough. The cough was so

intense, so relentless, it left me with bruised ribs and a horrible searing pain in my chest, which also felt as if someone were sitting on it. The fever at one point reach 104.9 upon which I began hallucinating – seeing my dogs talking to me and forgetting how to open a sliding glass door. Horrible chills which led to my teeth chattering so hard my jaw ached were also another noxious gift of Covid.

What I most remember about my experience with Covid is pain, pain from coughing, pain in my body and head, pain everywhere around me, like a smothering red blanket. At times I felt I was going to die during that week and even today I must admit I am surprised I didn't.

Adding credibility to his claim, Shane's post cited **two labs where he claims to have received his positive antibody tests.**

The local health centre in West Marin is where I took the latest one. The other one I took directly at the manufacturer's location – ARCpoint Labs in Richmond. That one is only 87% accurate and not FDA approved so that's why I took the more recent one, which was done through Quest Labs I believe.

In the comment thread, one poster suggests it's unlikely Shane developed Covid as there had been no reported confirmed cases from that time. This poster opines that Shane was sick with some other nasty virus and later developed an asymptomatic case of Covid. However, Shane stuck to his theory and presented reasons for his opinion.

I suppose it's possible but I tend to think that since what I contracted had the exact same symptoms as COVID-19 – that COVID-19 is what I had. In addition, mid-February through mid-March I was in isolation, caring for my sister who died mid-March from metastatic cervical cancer. When COVID-19 made its first appearance in the U.S. in February we very quickly put in strict isolation protocols as my sister had a compromised immune system due to chemotherapy, further insulating myself from contact and infection as well.

Shane does not report what month he thinks he had Covid – only that it was “last fall... and far earlier than anyone else I've heard.” He could have been sick in November, but maybe even in October. Shane (if he really had Covid) contracted the virus from an unknown person who would have been **infected earlier than him.**

Shane shared his belief he might have contracted the virus in Italy or in the Middle East, which, if true, would provide more evidence of early global spread. However, it's also possible he **contracted the virus in California.**

Shane's claim was posted in the moderated *New York Times*' comments section, meaning **one or more Times employees were aware of Shane's startling claim.** Any Covid article, including the popular reader comments, published by the *New York Times* was also I would imagine read by at least some employees of the CDC, NIH etc.

As only paid subscribers can make comments in the *New York Times* comment section, the newspaper possesses Shane's subscription information. That is, someone at the newspaper could

have easily ascertained Shane's full name and contact information, including his street and email address. For what it's worth, I contacted the *NY Times* via its news tip email address and suggested a reporter follow up on Shane's eye-opening claim. I did not receive a reply. This leads me to believe **the New York Times is not interested in pursuing evidence of early spread in America**, even in the case of a person who very well could be the first known Covid case in the world.

Conclusion

At least three Americans (either known, or in Shane's case, easily identifiable if effort was made) possessed antibody evidence of Covid in November 2019. **The infection chain that ultimately produced these symptomatic individuals likely traces to October 2019.** Of note, two of these individuals received two positive antibody tests, making a false positive explanation far less likely. These cases occurred not in one state, but three states (New Jersey, Florida and California). **Per my research, Americans from at least 12 U.S. states had antibody evidence of infection prior to mid-January 2020.**

As far as I know, none of these 123 Americans (17 Americans identified in press reports and 106 in the Red Cross antibody study) had travelled to China. All 123 are either known or could be identified. (For unstated reasons, **the CDC did not interview any of the 106 Americans who provided positive blood samples to the Red Cross.**) The figure 123 does not include the unknown individuals who infected these Americans, nor does it include the possible cases that never became known to reporters or the public.

This antibody evidence strongly suggests the novel coronavirus was being transmitted person-to-person throughout the United States well before January 1st 2020, and was probably occurring by October 2019. If certain officials concealed this truth or were simply too incompetent to figure it out, any trust placed in such authorities is undermined. The above information also suggests that officials are not interested in conducting serious investigations into early spread of the virus, prompting a sceptic to wonder why this might be the case.

My hope is that journalists with more resources than myself, as well as officials and scientists, will belatedly and seriously investigate the strangely-ignored evidence of early spread.

by Bill Rice, Jr.

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