



COVID-19 – A Biological Weapon Targeting Ethnicity and Body Systems

Description

Much of this essay is based on the testimony of a long list of eminent physicians and scientists to the Grand Jury of the Court of Public Opinion on COVID-19, chaired by Dr. Reiner Fuellmich. The content here follows closely on that of my previous essay, A COVID-19 Theory I Cannot Prove.

A COVID-19 Theory I Cannot Prove

First, Let's Think

In one article (Part 4) of a series titled 'Propaganda and the Media' that I wrote for the Saker, I began with this observation:

"If I were a dictator, one of my first dictates would be that every adult must take at least one university-level course in logic. In today's world, with what is essentially an international criminal element in control, one which effectively manages public perception through their leverage over the mass media, readers would benefit immensely from some exposure to the principles of logic."

Propaganda and the Media: All you have to do is think – Part 4

Consider for a moment the "China virus", the Wuhan lab-leak theory, the myriad other claims of China contaminating the world with COVID-19, some American groups even dramatically filing spurious lawsuits against China. Yet this was always nonsense.

Let's review something very basic. COVID-19 exploded in Wuhan and began to spread, so the health authorities first isolated Wuhan and then locked down the entire province of Hubei. The pathogen did escape Wuhan, but not Hubei. Almost all the infections and nearly every death were in Wuhan or Hubei. The virus did not escape to infect any other city or province in China. Nearby Shanghai had only a few infections and deaths while a great many cities and provinces had none, and it ended quickly.

But COVID was so determined to distribute its benefits to a greater portion of mankind that it decided to bypass China and attack the US instead, followed by Europe, Africa, the rest of Asia, and so on. Well, how would this work, exactly? If the virus couldn't escape Hubei to attack China, how – exactly – could it have escaped to attack the US? HOW did COVID make a flying leap out of Wuhan, bypass the Chinese Mainland altogether, and land in the streets of New York, Rome, Hamburg, and Tokyo? If the

virus were progressively leaking out of Wuhan – the “dictatorial and draconian prison” – and escaping to infect every other continent and country, how could it avoid contaminating all of China in the process?

It doesn't matter if COVID was a lab leak in Wuhan because it didn't escape beyond Wuhan. We have long since had proof that the virus strains in other countries were very different from that in China and thus must have arisen from another source, but the Western conviction remains that this is a “Chinese” virus that spread throughout the world. Almost no one seems to have the clarity of thought to realise this would have been impossible and that the incessant media attacks were merely a psy-op to deflect suspicion and blame the victim. And yet I have no doubt that most reading this will be unable to recognise the logic and will stubbornly continue to believe there must have been some way for the ‘China’ virus to have infected the world. And not only to infect the world, but to have infected nearly half of the countries on the same day. The logical impossibility of that, seems to have no apparent effect on stillborn minds.

China was unhappy when the US curtailed all flights from China to the US because the flights were from infection-free areas, that action widely seen as merely one more economic-warfare attack on China. And yes, there were some Chinese citizens travelling the world and who produced a positive PCR test (quite possibly a false positive), but these were discovered in foreign cities in ones and twos, hardly sufficient to suddenly inflame a simultaneous worldwide pandemic in 200 countries.

The incredibly rapid spread of COVID-19 should have aroused enormous suspicions around the world because natural pandemics don't act in this fashion without a lot of help. SARS-Cov-1 touched only 24 countries in 8 months while SARS-Cov-2 hit 196 countries in 1 month, and it is confirmed that not one of those countries has ever found a patient zero. Why doesn't that set off the alarm bells?

Where Are We Going?

In major international matters such as these, there are no accidents. The eventual outcome, whatever it is and however odd it appears to be, was the planned result. I would refer you to ZIKA, the illness that never was. If you recall, all the media hype quickly turned to massive coverage about microcephaly, proven to be unrelated but used as a psychological weapon in an astonishing push by literally scores of NGOs (all American-financed and almost all Jewish-organised) for removing the abortion legislation in all of Latin America. And that was the result; so far, three nations have rescinded their abortion legislation in what was the last hold-out.

In all major international events, the “official narrative” promulgated by the mass media usually reveal to us the main purpose. With 9-11, it became clear immediately that Iraq was the purpose and the target. With ZIKA, it became immediately clear that the purpose was the removal of abortion restrictions in all of Latin America. With Ukraine, it was obvious almost immediately that the purpose was the re-colonisation of Europe. All of this was evident from the content of the media flood, with literally hundreds of articles every day in the Western and other press, pushing our thinking in those directions.

Much of the fall-out of COVID is yet to come. It will surely be major since most advanced economies took a beating. It seems clear that one of the planned results was the destruction of China's economy, and perhaps Russia's as well, but the Western nations weren't exactly spared either so that suggests something worthy of the cost.

Some people were very concerned that we were headed for an ID-2020 world society where the vaccination passports were to become universal and then morph into an absolute societal control system worldwide. I agree the signs were there, but now suddenly that seems to have been abandoned, with restrictions being removed everywhere in spite of the fact that many countries are still experiencing high new infection rates. That tells us that the objective has already been accomplished, that COVID has served its purpose and can be permitted to quietly die and be replaced once again by the seasonal flu.

In the case of COVID, all of the media push was fear-mongering, toward the extreme lethality of the virus and the absolute necessity of all persons being vaccinated. Anyone offering a contrary or even a cautionary view was crushed, the reputations of even very qualified medical personnel being horribly trashed, and even Facebook and Twitter censoring everyone who spoke out. That tells us this was the main point.

So the question is: WHY did those responsible want everyone vaccinated with an mRNA vaccine that has proven to be largely ineffective, where in many countries nearly all new infections occur in the fully-vaccinated? This naturally raises a suspicion that the vaccine was not meant primarily (or perhaps even secondarily) to control the virus.

COVID-19 as Biological Weapon

Dr. Shankara Chetty

We can begin with Dr. Shankara Chetty, a medical doctor and biological scientist in South Africa who was deeply engaged in treating COVID-19 in his country. His testimony is similar to that of many others in like positions, and is powerful and direct.

Timeline 3:44:00; Dr. Shankara Chetty

Dr. Chetty stated that nearly everything about COVID-19 seemed suspicious to him from the outset. He claimed physicians were being pushed hard to use a PCR test when "this kind of test is never used as a diagnostic tool". And it worried him that the results of this inappropriate test were being used to determine public health measures. There were two items of special concern to him; one was that the government was telling the people to not go to a doctor but to stay at home and, if they became seriously or critically ill, to go to the hospital. Similarly, doctors were told to not treat patients because there was no treatment. In particular, the government was directing doctors and hospitals against the use of hydroxychloroquine and ivermectin which would normally have been the treatment of choice.

The second concern was that so-called experts advising the government didn't question any of the items he knew were wrong or suspect, and the government was following their advice. Dr. Chetty said he quickly developed a very healthy suspicion about what he was being told because the government experts "were punting this narrative" when there was no existing proof for any of it and where some of their statements were provably untrue.

Thus, when the virus first reached South Africa, (the first wave), he ignored the PCR tests and diagnosed the illness by its symptoms, the loss of smell and taste, though that was suspicious also because those symptoms didn't normally occur with a virus. He said what the patients seemed to have was just a common flu, and that most patients recovered quickly with little more than a sore throat.

He said the first treatment drug that came to his mind was hydroxychloroquine (HCQ) because it had been used for decades, was well-known, and had broad antiviral properties. He'd been treating patients with it for 30 years and never had a side effect with it. In preparation, he bought a big stock, all he could find, and two days later the government pulled it from the shelves.

In every case with symptoms of consequence, he treated his patients with HCQ and all fully recovered within a few days or a week at the most. There were no recurrences or secondary infections, meaning that a solid immunity had been established. This is very different from the experience in the Western countries where many had been re-infected, especially those who had received several injections (vaccinations).

But there was a secondary symptom of breathlessness which occurred later "in a small subset" of patients and with potentially serious effects, and which was responsible for the deaths. Some cases were minor, some more severe and lasted longer, but some were serious, occurring very suddenly and progressing very quickly with patients needing a ventilator within a day. The breathlessness seemed to always occur exactly one week after appearance of the first symptoms, the patients having been perfectly fine the day before and completely recovered from the virus. He noted that the same was also happening in Italy, which indicated the two countries were dealing with the same strain.

He said there was no relation between the severity of the initial symptoms (from the virus) and the onset of breathlessness on the 8th day. So he was dealing with a non-linear illness that was bi-phasic with no correlation between the phases, meaning two different pathologies that were unrelated, and which were not influenced by any pre-existing health issues. He concluded that he was dealing with some kind of hypersensitivity, that these people were having some sort of allergic reaction. The pneumonia (from the virus) was gone and he was now dealing with another pathogen.

Dr. Chetty's grand discovery, and his conclusion, were that the COVID virus was not the pathogen. It did cause an infection but our immune system was strong enough to fight it off. But after that, the debris left behind by the 8th day caused allergic reactions and it was this that was killing people. The spike protein was the primary pathogen and this was responsible for the illness, hospitalisations and deaths. For those who were not allergic to the spike protein, their body would clear it away, but for those who were allergic, and if the allergy were severe, it could kill them. It's the same as a bee sting; most people have only an itch while a few will obtain a body rash that requires some time to abate. But if your allergy is severe, you will die without immediate treatment. He noted also that a study in China found a very high correlation between allergic markers and the spike protein, confirming that his diagnosis had been correct and that it was not the virus but a severe allergy to the spike protein that was responsible for the injuries and deaths.

He put these patients on steroids and antihistamines, and all fully recovered without need for supplementary oxygen or ventilators. Dr. Chetty said he treated about 10,000 patients, none of whom experienced any injury and with not a single death.

With his suspicion from the start that they were dealing with a lab-made virus, he wrote an article on what he had learned about treating the virus, and "that was where the trouble started". He said in his article that if people applied the early treatment, then the use of an mRNA vaccine developed hastily and rushed to market would be unnecessary. He shared his findings with everyone who came to mind, beginning with the President of South Africa, various government members, and the country's health systems. They all ignored him. He sent his findings to all the hospitals and labs, with the same result. He also sent it to every doctor he knew, with somewhat better results.

In an attempt to gain more traction for what he had learned about COVID, Dr. Chetty submitted his paper to "every publication I could find". All refused to publish it, usually on the grounds that they needed the copyright or they published only from subscribers. He said that when his government and health officials ignored him and the medical journals chose to "cherry-pick" vital scientific health knowledge, he knew he was dealing with a vast "collusion". And when he considered the political drama with HCQ, the sanitation measures, all the media hype and misinformation, the so-called "medical experts" advising his government, the intense push for vaccines, he knew there was "a bigger plan in play" and that the virus had to have been a deliberately-released lab creation.

Interestingly, Dr. Chetty shared what he had learned with his colleagues in India and experienced a grateful reception. At the time, one province in India was suffering an enormous COVID attack that was apparently suppressed in record time and with few deaths, from following Dr. Chetty's treatment recommendations. Even more interesting were reports of phone discussions between Biden and Indian President Modi with the word on the street that India would not reveal their methods of treating the coronavirus in return for favors from the US.

But there was much more. South Africa experienced four "waves" of the COVID virus, and all were different. During the first wave, the symptoms were loss of taste and smell, but these disappeared in the second wave, and were replaced by new symptoms. In the second wave, the allergic symptom, the breathlessness, disappeared to be replaced by gastrointestinal problems, and with reactions that were much more severe than in the first wave. So, there was still an allergic reaction on the 8th day but now in the intestinal tract instead of in the lungs.

Dr. Chetty was convinced that the spike protein was the culprit, and it had changed in a way that gave it a new affinity for receptors in the gastrointestinal system, which reinforced his conviction he was

dealing with a lab-made virus. He discovered that only the spike protein had mutated, not the rest of the virus, which he said was very strange because that doesn't happen in nature. Very importantly, Dr. Chetty noted that while engineering a virus in a lab, you can also engineer the mutations it will undergo.

With the third wave, the symptoms on the 8th day were not breathlessness or gastroenteritis, but now the mutated spike protein attacked the cardiovascular (circulatory) system. He said he expected that Omicron, with 50 new mutations in the spike protein, was yet another new engineered virus. It then became clearly evident that Omicron was neuro-toxic, affecting the nervous system. So, South Africa's four waves presented entirely different initial symptoms and the mutated spike protein attacked four different major body systems: respiratory, gastrointestinal, cardiovascular, and neural.

There was something even more startling. In the first wave, Dr. Chetty had only black people as patients. In the second wave it was mostly patients of Indian descent who came to him. He said, "No black patients any more, all Indians". It was the second wave that severely ravaged India, and in Dr. Chetty's second wave he had mostly Indian patients, presumably the same strain. In the third wave, there were almost no black or Indian patients; instead, they were "all white and Muslim". You can recall that in the US, the first wave especially affected blacks. With China, COVID was initially 100% Chinese-specific until the virus mutated. This toxicity of the spike protein to a particular body system may be universal. Some countries were exposed to more strains than others, not all with the same number of strains (waves), and in other countries other major body systems were affected, the reproductive system being one. Also, the ethnic-specificity of different waves in different countries may be universal but we don't have the information because the media control the narrative and these topics are subject to a full news embargo.

Dr. Chetty said these discoveries drew his attention to "something far more sinister". He said he had always had thoughts in the back of his mind about COVID having been a pre-planned deliberate release, and that he now finally understood that it had to have been done according to a pre-arranged plan. Dr. Chetty said he repeatedly thought about COVID having been engineered, and that if it could affect different systems and different ethnicities, "that is a very bad omen". He said "This is a preamble to ethnic cleansing. It was a practice lesson in how to affect different systems and different population groups with mutations that you engineer into a virus." And he knew not only that he was dealing with a bio-weapon, but that Pfizer and others were going to expose the entire planet to the toxic spike protein. "If you demonstrate that the spike protein is the primary pathogen, [and expose this], that shows the vaccines in a very dangerous light."

Dr. So?a Peková

Next, we have the testimony of Dr. So?a Peková,

Timeline 1:33:00; Dr. So?a Peková a Molecular Biologist from the Czech Republic, whose observations and conclusions were nearly identical to those of Dr. Chetty. She observed as well that all subsequent waves contained many mutations and were genomically different from each other. They discovered that each "wave" was created by a different strain of the virus, but also that the various strains were not directly inter-related. This meant that a new wave was not a direct descendant, a mutated resurgence, from the prior wave, but the introduction into the population of a completely new strain of the virus.

Dr. Peková noted that in the transition from one "wave" to another, the virus lost many of its mutations from the previous wave, something that is not evolutionarily possible. A virus is not able to erase mutations and return to the original blueprint. A virus cannot "shed" mutations once adopted; it simply

continues adding new changes, which again means that each new wave was a new strain of the virus that had been manufactured and then introduced into the population.

It should be noted that it was due only to the very up-to-date tools in this lab that these discoveries could be made. It was possible to do this only by using 'next-generation' sequencing; the more common tools would never have discovered this. Dr. Peková's lab analysed more than 30,000 samples, using this new tool for the full sequencing of the entire genome, of the individual waves and the individual viruses. It was due only to the next-generation sequencing that they could actually identify the genetic diversity among the waves.

Next generation sequencing (NGS), is a DNA sequencing technology which has revolutionised genomic research. Using NGS an entire human genome can be sequenced within a single day. In contrast, the previous Sanger sequencing technology, used to decipher the human genome, required over a decade to deliver the final draft. Although in genome research NGS has mostly superseded conventional Sanger sequencing, it has not yet translated into routine clinical practice.

Dr. Peková said the waves of COVID "smashed through the country" in "an orchestrated way", to the extent that it was even announced months in advance that it would happen, that a new wave would come. She said it was so strange; her country was clear in the Summer of 2020, there being no virus present at that time, so how could the government know that there would be a rapid and abrupt new wave coming soon? "How were they able to predict there would be another wave coming in September? It was announced ahead of time, and the waves appeared as predicted." She said further, "to have a respiratory disease starting at the end of August is impossible; we never see this in the warm summer but only later in the year with the cold and rain."

The wave circulating in Czechia in Nov 2020 was genomically quite different from that in the Spring, but Czechia had closed its borders and it was deemed impossible to experience a new pathogen in a confined population. So their question was "what or where was the source of those new generations"? Dr. Peková stated very firmly that even the mass media admitted "There is no known origin of the Omicron variant", so "in my eyes it came from a lab, and it was deliberately leaked. All the clues show that it is on purpose."

Dr. Luc Montagnier

In early 2020, Dr. Luc Montagnier, who was awarded a Nobel Prize for the discovery of the virus that causes AIDS, stated, "We have carefully analyzed the description of the genome of this RNA virus. We weren't the first, a group of Indian researchers tried to publish a study showing that the complete genome of this virus has within the sequences of another virus: that of HIV." [NOTE: the Indian group did publish their discovery but were apparently under intense pressure to withdraw it, the media quickly insinuating the withdrawal was due to inaccuracy but the picture was by no means clear on that, and the pressure appears to have been political rather than scientific.] Dr. Montagnier's point was that the COVID genome does indeed contain spliced segments of HIV RNA, something that cannot be a coincidence and could have occurred only in a lab. I believe he stated as well that the presence of these HIV segments could not have resulted from any natural evolutionary process.

Big Pharma Beware: Dr. Montagnier Shines New Light on COVID-19 and The Future of Medicine

Epilogue

The waves in different countries were not all the same, and not every country had the same number of waves. Some like South Africa had four while others had as many as six, and it now appears that all the waves were of different viruses with each attacking a different specific body system, and many of them were also specific to one ethnic group or another. When you combine this with the fact that the outbreaks occurred in multiple locations and must have been inflicted with a huge amount of pathogen to create nearly vertical infection patterns and in high numbers, and the fact that no country has ever reported finding a 'patient zero', there is no way to deny that this entire adventure was deliberately inflicted on the people of the world.

COVID-19 indeed appears to have been a biological weapon but it was of much larger scope than merely a US bio-warfare attack on China. This was a bio-warfare attack on all the people of the world. The Americans were heavily complicit, but it wasn't their plan; they were "just following orders", almost certainly using their bio-weapons labs as the source and their military bases as the distribution system. There is nothing else that fits the known facts. Admittedly, it would have been technically possible to accomplish this by different means, but that would have been much more difficult and cumbersome. There is no other practical distribution system that would suffice.

And this, based on circumstantial evidence alone, had to have been a Jewish program. The most damning evidence is the one that is most obvious – the mass media which worldwide is almost entirely controlled by Jews. The entire Western media and also in much of the rest of the world, were all onside, pushing precisely the same agenda, with the same daily floods of doomsday news, of magnificent falsehoods, tales of death and depression everywhere, with intense psychological manipulation for which these people are famous, and the intense push to manipulate everyone to accept the spike injections. There is no Gentile organisation anywhere with the power to assemble and energise the Jewish media as a group to do anything, and certainly nothing of this scale. Logic alone tells us this had to be a Jewish agenda. There is no other possibility that fits all the facts. And of course, Pfizer and Moderna, both Jewish companies, were in the forefront of the injection schemes. Gilead is another, with its Remdesivir.

In all countries where we have information, "medical experts" were giving incredibly wrong advice to the governments who were unanimously accepting it, over-riding the many and loud objections by their own health staff. It is especially damning that, again in most countries where we have information, the governments instructed the public to not see a doctor if they were ill, but to stay at home and wait, and go to a hospital if they became critical. And doctors in many countries were firmly told to not see or treat COVID patients, and that there was no treatment possible. And yet treatment was available and all those lives could have been saved since it now appears true that hydroxychloroquine and Ivermectin are in fact effective treatments. And this was apparently all done for the sake of pushing the spike injections. And we still do not know why.

It should not be ignored that only in China was containing the virus the main task. In all of the West, containment was half-hearted and leaky at best, lockdowns and quarantines intended to fail. If you have a barn with three doors and you want to prevent your horses from running off, you lock all the doors; you don't leave one wide open. The so-called "restrictions" in the West were meant only to provide a public image of 'doing something' while actually doing nothing consequential. And that means the virus was meant to sweep through the Western populations to assist the scare-mongering into injections.

The prospect of the forced injections is especially disturbing because most Western nations have now been conditioned to this, and it will appear again. I recall reading a statement by a Robert Kagan look-alike who said that the only way to get full control of the world's population would be to "line everyone up and give them a vaccination". It will happen again. Bill Gates said "Next time, we will do in in 6 months." It didn't work perfectly this time, but it may have worked well enough; in many countries a very high percentage of the population were vaccinated with the mRNA vaccines, many of them multiple times, and we still don't know what was contained in them. My instinct tells me that the vaccination programs contain most of the secret to this.

To actually force people to be vaccinated by threatening publics with fines and prison sentences, refusing them entry to most public facilities, to deny parents access to their own children, just for the sake of the vaccination, means that jabbing everyone was of extreme importance to the plan. And the extreme attacks on the supposed "anti-vaxxers" was not an accident. Anyone speaking against the untested COVID vaccines was derided, attacked, de-platformed, excoriated as scum and a mentally-unbalanced conspiracy theorist. I have seldom seen such vicious attacks on sincere people with genuine concerns.

There are more chapters to this story – all damning – dealing with the PCR test, the treatments and medications, and of course the injections (vaccinations). I will deal with them in subsequent articles. With all the pieces assembled, it seems impossible to avoid the conclusion that COVID-19 was a lab-created virus unleashed upon the world according to some master plan. It also seems impossible to explain why so many governments would have participated in this massive fraud, apparently willingly. Nevertheless, whatever the end purpose or motivation, this does not bode well for the common people, except perhaps in China and Russia and possibly one or two other countries who have not been party to this.

Mr. Romanoff's writing has been translated into 32 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'. (Chapt. 2 — Dealing with Demons). <http://www.bluemoonofshanghai.com/politics/2187/>

by Larry Romanoff

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