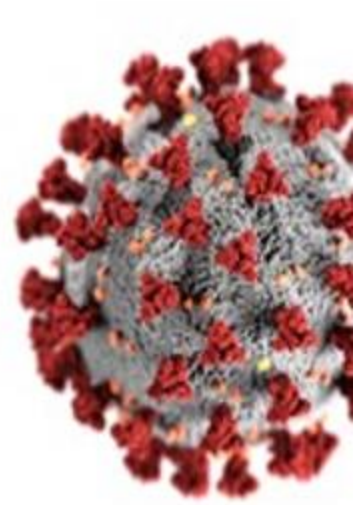

THE COVID

CHAPTER 16 The Real COVID Timeline – Many of these statements are taken verbatim from Huff's book, The Truth about Wuhan.

In this case, the creation of SARS-CoV-2 and the COVID-19 vaccine extends all the way back to 1987 with the invention of the mRNA platform. Well, at least that is what I think. In 1987, Dr. Robert Malone performed a landmark experiment. He mixed strands of messenger RNA with droplets of to create a kind of molecular stew and thus made the discovery which made mRNA vaccines possible. Human cells bathed in this genetic stew absorbed the mRNA and began producing proteins from it. This discovery highlighted the potential of mRNA therapies.143 Malone, a graduate student at the Salk Institute for Biological Studies in La Jolla, California, later jotted down

some notes, which he signed and dated. If cells could create proteins from mRNA delivered into them, he wrote on January 11, 1988, it might be possible to “treat RNA as a drug.”

Baric’s team had discovered a way to create a full-length infectious clone of the entire mouse-hepatitis genome. They wrote that the “infectious construct” replicated itself just like the real thing. They also determined how to perform the genetic assembly seamlessly, without any signs of human engineering. The result is that a person would not be able to determine if a virus had been fabricated in a laboratory or grown in nature.

Around 2009 there was a exercise called Operation Dark Winter which was a tabletop preparedness drill for a pandemic. One policy recommendation included liability immunity for vaccine manufacturers and was eventually adopted into the Public Readiness and Emergency Preparedness Act. Also in 2009, the Wuhan Institute of Virology (WIV) in Wuhan, China began collaborating with EcoHealth Alliance on the USAID Emerging Pandemic Threat program on a project.

Then EHA used the relationships formed with China and the samples collected during PREDICT to execute the gain of function (GoF) work described in “Understanding the Risk of Bat Coronavirus Emergence” proposal to conduct gain of function research on them to make them capable of

infecting human cells, which is a process that is indistinguishable from bioweapon research. Therefore, they refer to it as dual use research of concern (DURC).

Typically, gain of function research (via selection of rare traits or genetic manipulation or engineering of the agent) undergoes thousands of years of unnatural evolution (decided by humans, not by nature) in a laboratory in a matter of days, weeks, or months. This is akin to predicting the future, with the likelihood of success decreasing in every timestep.

I initially learned from reviewing the proposal, that EcoHealth Alliance was working with the Wuhan Institute of Virology and with Dr. Ralph Baric at the University of North Carolina to conduct SARS-CoV-2 GoF research. In the proposal, the coinvestigators in the United States and China stated that they were working on the GoF work before the receipt of the NIH NIAID funding which was supported by USAID.

The proposal clearly stated that the gain of function work on SARS-CoV-2 was already underway in China, prior to October 2014, at the WIV, with the support of USAID in collaboration with EcoHealth Alliance and EcoHealth Alliance's partners and sponsors. In 2014, I made Dr. Peter Daszak aware of the lack of a Biological Security Officer (BSO) and Institutional Biosafety Committee (IBC) at EcoHealth Alliance in reference to the Select Agent Form in

the “Understanding the risk of Bat Coronavirus Emergence” proposal, in accordance with NIH requirements.

Daszak refused to mitigate the risks without any objection or discussion from the other executives. In my opinion Daszak was dismissive of my concerns. He did not seem concerned about EcoHealth’s lack of oversight which I felt was strange because it is typically

I further believe that this program is more strongly aligned with collecting the biological samples to conduct gain of function viral work, or intelligence collection, than prediction and prevention of pandemics.

In March 2016, a paper was published by Dr. Ralph Baric, an EcoHealth Alliance gain of function collaborator working at UNC, in PNAS titled “SARS-like WIVI-CoV Poised for Human Emergence.” In the article, the authors of the paper describe in detail how they used, designed, designed, and constructed full-length and chimeric viruses to determine if they would replicate in human airway cultures. This specific paper is relevant because it compares and documents the effectiveness of different variations of coronavirus spike proteins at infecting human cells specifically by binding to ACE2 receptor, which was a critical and necessary step to design and engineer the SARS-CoV-2 virus.

On December 12, 2019, a material transfer agreement from NIH NIAID and Moderna to UNC Chapel Hill and Ralph Baric for mRNA coronavirus vaccine candidates to be developed and jointly owned by NIAID and Moderna was approved. This suggests that Moderna and NIH were already in possession of SARS-CoV-2 no later than December 12, 2019.

In October 2020, HHS Secretary Francis Collins and Anthony Fauci criminally conspired to smear "fringe epidemiologists" like myself who did not agree with their narrative. I was an early signatory of the Great Barrington Declaration and vocal critic of many of the COVID-19 response policies. On December 16, 2013, they applied for four patents with US9149506B2, US9216205B2, US9255129B2, and US9301993B2.217 218 219 220 Moderna had developed the nineteen-nucleotide gene sequence containing the furin cleavage site which gave SARS-CoV-2 its infectivity to humans by patented gain of function research as early as 2013, six years before the Wuhan outbreak took place. It was later reported that the first cases of COVID-19 were detected at the Military World Games in Wuhan, China just before this time.

On February 21, 2021, there is a complete match found between Moderna's 2016 patent application and the genetic sequence of SARS-COV2 circulating in humans. This is virtually impossible unless the Moderna vaccine from

2016 and the pathogen that emerges in China were co-developed.