

# Origins of the COVID-19 Pandemic

## CHINA Violates International Health Regulations and Facilitates the Global Spread of a New and Dangerous Viral Pathogen

### Introduction

Much has been written and discussed concerning the origin of SARS-CoV-2 (*severe acute respiratory syndrome-coronavirus-2*) and whether COVID-19 (*Coronavirus Infectious Disease-2019*) is a natural emerging infection or did it have its origin as a laboratory accident during a "Gain of Function" experiment? While the origin of the virus may be disputed, the origin of its resulting pandemic *is clear* and for this the blame falls directly on the Chinese Communist Party (CCP).

This article outlines the direct moral and financial liability of the CCP for violating the 2005 International Health Regulations (IHR) it reluctantly signed on 15 June 2007. These new regulations were formulated by the World Health Organization (WHO) after the CCP's previous irresponsible behavior during the 2002-2003 SARS outbreak. <sup>1</sup> The IHR represent the legal framework that outlines a nation's obligations during the outbreak of any serious new communicable disease. The IHR are legally-binding on 196 nations with mandates for early event reporting, international travel, and the criteria used to define a "Public Health Emergency of International Concern" or PHEIC, which may require immediate international action. <sup>2</sup>

**Signatory countries under the IHR have a legal duty under Article 6, to report a potential PHEIC threat to the WHO within 24 hours of its identification. <sup>3</sup> A few diseases such as SARS and Smallpox are automatically and immediately considered to be a PHEIC. <sup>4</sup>**

Irrespective of the actual origin of the COVID-19 virus, there are serious legal questions concerning the timing of the pandemic and the CCP's legal IHR commitments. Therefore, it is reasonable to examine the start of the pandemic

to determine when did the CCP realize that it was having a serious infectious disease problem, when did it know that the new virus was a coronavirus, and when did it know that the virus was efficiently transmitted from person to person?

### **August to September 2019**

In its official released timeline, the CCP reports that on 31<sup>st</sup> December 2019 (New Year's Eve), it met all IHR requirements when it declared to the WHO that a cluster of unusual pneumonia cases were occurring in the city of Wuhan. The contention was that the victims were infected at the Huanan Seafood live market in the city. CCP health authorities stated that the epidemic was caused by a new SARS-like coronavirus with only *limited* person-to-person transmission.

However, a later retrospective study conducted by the National Cancer Institute in Milan, examined archived blood samples collected in Italy. The scientists found COVID-19 antibodies in 111 people out of 959 archived blood samples taken from the Veneto region of Italy. The first sample that tested positive for COVID antibodies was dated September 3<sup>rd</sup>, 2019. [5](#) Blood samples from the Emilia Romagna and Liguria regions of Italy tested COVID positive on the 4<sup>th</sup> and 5<sup>th</sup> of September 2019, and on September 9<sup>th</sup> the first two antibody-positive blood samples appeared in Lombardy, Italy. The city of Milan is located in this region and this city would soon become one of the most heavily infected areas in the world. This is important because if the virus was in Italy at these dates, then it had to be circulating through China in August of 2019. This is four months before CCP submitted its IHR alert to the WHO. Italy only announced its first *official* COVID-19 case on February 20<sup>th</sup> 2020. [5](#)

While the most definitive test for viral infection is the isolation of a virus from patient tissue cultures, the Italian antibody evidence suggests that an early, mild to moderate strain of the COVID-19 virus might have been circulating in Italy in the August to September months of 2019. [6](#) If it presented in the form of an upper respiratory tract infection with a low transmission and low hospitalization rate, it would have been able to slip past the Italian national

disease surveillance system. As of date of publication, the CCP continue to obstruct all outside efforts to verify the timeline of the emergence of the COVID-19 virus. Consequently, researchers have been forced to use other methods to try and gather indirect data.

Further evidence for an August 2019 COVID-19 virus outbreak in China comes from the study of archived satellite images taken of the Wuhan city hospital parking lots. This hospital traffic reflects a steep progressive increase in hospital occupancies in the city beginning in August through October of 2019. <sup>7</sup> Moreover, scientists at Harvard University examined the Chinese search engine *Baidu* (the second largest internet search engine in the world) for the months of August through October 2019 specifically looking for search queries for COVID-19 symptoms. Remarkably, the researchers found a sharp increase in this search activity beginning in August of 2019. <sup>8</sup> This coincided with the increased hospital traffic observed in the hospital parking lots of the Wuhan hospitals. While correlation is not causation, this data would be consistent with the spread of a viral pathogen causing acute hospitalizations in China. It is necessary to examine actual hospital records to differentiate influenza or other respiratory viral infections from COVID-19 Unfortunately, the Chinese authorities have blocked the WHO from properly investigating the outbreak.

In the August-September time frame, there is an obvious discrepancy between China where patients were being admitted to hospital, and Italy where any hospitalizations were low enough to be undetected by Italy's national disease surveillance system. Is there anything that can account for this? The answer is yes if the infections in China occurred earlier than in Italy. This is due to a phenomenon called "*serial passage*". <sup>9</sup> Whenever an RNA virus (like the COVID-19 virus) propagates quickly through a large, high-density human population, the disease it produces may become more virulent with time.

This is one of several reasons why it is essential to identify and mitigate any outbreak of a new emerging infectious viral disease as quickly as possible. Considering modern-day commercial air travel, any delay in disease reporting or data obfuscation by a country in the early throes of an epidemic, can have severe, tragic international repercussions.

## **October to November 2019**

In October 2019, a leaked CCP memo indicates that the Chinese were struggling with a malfunctioning disease surveillance system. Termed the *Contagious Disease National Direct Reporting System*, it was created after the first 2002-3 SARS outbreak. Its purpose was to detect and report any clustering of patients with viral pneumonia-like symptoms and it was designed to allow central health officers in Beijing to review reports from hospitals or local disease control centers within a few hours of a doctor seeing a patient. [10](#) The same CCP memo urged that Health authorities “*rigorously find the weak link in the work of disease control, and actively analyze and make up for the shortcomings*”. [11](#)

Logically, it appears something unusual was happening in China from August to October 2019, that may have involved an infectious disease. [12](#)

## **November-December 2019**

*EpiWatch* is an open-source epidemic observatory developed by the University of New South Wales and funded by the Australian Medical Research Council. It uses advanced data mining to detect unusual infectious cases and epidemic signals in the digital open-source global and social media. Scientists performed EpiWatch searches in the Chinese languages from 1 October 2019, to 14 February 2020, using keywords for potential early signals of COVID-19, with Wuhan and China as locations. From this database, the information before December 31, 2019 was reviewed for potential early signals of COVID-19. [13](#)

This intelligence identified a case of severe pneumonia in the city of Xiangyang, Hubei Province, (325 km from Wuhan), where the patient was transferred to Wuhan for treatment on November 21, 2019. This case may have been part of an early outbreak cluster. [14](#) Further investigation of this case is warranted to determine if this patient did in fact have COVID-19, as there may be a connection with a still unidentified early cluster of COVID-19. After November 21, there are no further reports of pneumonia in the local media, although it has been confirmed that by December 30, 2019, there were

27 cases of pneumonia of unknown cause in Wuhan. This would indicate that some degree of media suppression was obviously occurring in China.

However, four months later, the ***South China Morning Post*** (Hong Kong's colonial newspaper-of-record) described a leaked document from Chinese officials revealing the first confirmed case of COVID-19 was a 55-year-old man in Hubei province, hospitalized on **November 17, 2019**. [15](#) Following this revelation, retrospective studies by Chinese scientists indicate that at least nine cases (four men and five women), were hospitalized in November 2019. [16](#) | [17](#)

Approximately 2 weeks after the November 17-21 time frame (one COVID virus incubation period), the first formally reported cases in Wuhan became symptomatic (December 1-8). [18](#) | [19](#)

**This suggests that a PHEIC should have been declared by November 2019, at the latest.**

Also in November, according to a previously undisclosed U.S. intelligence report, three workers from the Wuhan Institute of Virology (WIV) were admitted to a Wuhan hospital. This supports an earlier mid-January 2021 Fact Sheet by the US State Department Intelligence. [20](#) | [21](#) An unnamed Biden State Department official has stated the declassified information is accurate. [22](#) While it is undocumented where precisely these three workers picked up their infection, this nonetheless represents a case cluster of an unknown SARS-like disease. Under the IHR, the WHO should have been informed within 24-hours of their hospitalization. **By failing to report this case cluster, the CCP violated IHR-Article 6 in mid-November 2019.**

### **The Curious Chinese WeChat Study**

WeChat is a Chinese messaging and social media application developed and released in 2011. The application is also an intelligence tool with its user activity part of CCP's national mass surveillance network. In a manner similar to EpiWatch, reportedly in mid-November 2019, Chinese researchers began to examine WeChat for the prevalence of the terms "*SARS, Coronavirus, Shortness of Breath*" and other COVID identifiers in posts and searches. [23](#) | [24](#)

The word index for "SARS" began to abnormally spike in frequency during the first three days in December. The first COVID-19 patient the CCP originally acknowledged at the time was hospitalized in Wuhan on December 1<sup>st</sup>, 2019. CCP officials claim his biomedical samples were sent to three Chinese laboratories (including the WIV). There, the COVID virus was isolated and genetically sequenced with the results only available on December 26<sup>th</sup>, 2019. The use of "SARS" began to rise again on December 15<sup>th</sup> accompanied by a spike in Wuhan hospital admissions. Other search terms peaked near the end of December.

After Taxi drivers began reporting on social media that they were taking numerous patients to hospitals, the CCP began to censor WeChat on December 31<sup>st</sup>. That same day the CCP made its IHR report to the WHO.

It is curious that the actual start date for the WeChat study was not mentioned, but it is notable that the study's published report only runs from November 17 (the time when the government revised the date of its earliest COVID case) to the time the CCP made its IHR declaration to the WHO on 31 December (New Year's Eve). The study results were only released in February 2020 when the CCP was exerting extreme control over all its COVID-19 related media. The only reason the WeChat study was allowed to be published, is because the CCP wanted it published.

After witnessing the CCP blatantly falsify and minimize the increasing hospitalizations and death rates in Wuhan during January 2020, the timeline of the WeChat results must be viewed with suspicion.

**On 26 December 2019**, the genetic sequencing of the virus isolated from the 1 December Wuhan patient was announced, and senior health officials were informed that "a new coronavirus with an 87% similarity to the 2003 SARS virus" was causing the illness. Under IHR-Article 6, the CCP had a legal obligation to report a *Public Health Emergency of International Concern* to the WHO within 24 hours. [3](#) Ignoring this requirement, the CCP waited five days to inform the WHO.

**On 31 December** (New Year's Eve), the CCP notified the WHO's China office. that a new coronavirus was responsible for a cluster of 27 cases at the Huanan

Seafood live market. The CCP claimed the virus had limited person-to-person transmission, but officials knew on 15 December that 14 cases of the new infectious disease had no connection to the Wuhan seafood market and that the virus was clearly spreading through the city. <sup>25</sup> **As stated earlier, an outbreak of SARS (or a SARS-like virus) is an automatic notifiable PHEIC,** especially with the added criteria that this was an unusual or unexpected outbreak with a potential public health impact that could be serious.

In violation of the IHR, a PHCH was not invoked by either the CCP or the WHO. At the time of the CCP's IHR announcement on New Year's Eve, suspected early strains of the COVID virus were already in the U.S., with active hospitalized cases documented in Italy, France and the United Kingdom. The CCP had to be aware early, that COVID-19 was being transmitted from person to person but instead it continued to conceal information and issued directives to optically minimize the severity of the outbreak. The CCP intentionally misled the WHO and initiated a global propaganda campaign designed only to obfuscate. <sup>26</sup>

Intentionally, the CCP quarantined China's largest cities while still allowing its citizens to travel internationally. This helped to spread more dangerous quasi-species of the virus to Italy and the rest of the world. At the same time, the CCP purchased billions of Personal Protective Equipment (PPE) items, such as masks and gloves and sequestered these from the world market, leaving other nations short of these critical supplies. The CCP also halted the export of certain critical drugs to the U.S. and threatened to violate the patent rights for the U.S. anti-viral drug Remdesivir. <sup>27</sup>

Twice now, the CCP has endangered the world with its selfish, reckless actions (2002-3 SARS and 2019 COVID-19). **This intentional behavioral pattern of the CCP as documented, should be addressed by the international community with the necessary severity to ensure that such a recurrence never happens again.**

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