

Investigation Report on COVID-19 Transmission

Investigation into the United States as the World's Origin of
COVID-19

Abstract

To this day, the coronavirus is still spreading on a large scale in the world and continuously mutating, making the prevention and control of the epidemic worse. The scientific traceability of the virus is of great significance to solving the problem of the transmission of the disease. At present, there are multiple evidences showing that the Coronavirus originated in the United States, or that the virus leaked due to laboratory accidents and caused an epidemic. Due to the negligence and deliberate concealment of the U.S. government, COVID-19 was mistakenly transmitted as an "e-cigarette disease" or flu in its early stages, the cold chain transportation and U.S. military activities in the United States were the main media for the invasion and spread of COVID-19 outside the United States. Facing the increasingly severe challenge of the Coronavirus epidemic, the US government has hidden the truth of the epidemic, led a politicized investigation of the origin of the Coronavirus, retagged and stigmatized the virus under the pretext of the epidemic, and used it as a political tools to attack other countries, especially to Chinese. This completely contrary to the spirit of science, interferes with global traceability cooperation, undermines global unity in fighting the epidemic, and creates and exacerbates estrangement and confrontation is bound to be cast aside by the people of the world.

Keywords: fort detrick, leaks, infection, us army, concealment

Key Terms:

<p>U.S. Centers for Disease Control and Prevention (CDC)</p>	<p>It is an agency of the United States Department of Health and Human Services, headquartered in Atlanta, Georgia. The center's work focuses on the development and application of disease prevention and control, environmental sanitation, occupational health, health promotion, prevention and education activities.</p>
<p>Fort Detrick Supervisory Prevention Committee (Containment Lab Community Advisory Committee, or CLCAC)</p>	<p>Established in November 2010, it is a joint committee formed by the governments of Frederick City and Frederick County, Maryland, USA. The main function of the committee is to help the public communicate with the Fort Detrick Biological Laboratory and other high-level biological laboratories in Frederick County, and represent the public to make improvements to the government, laboratories, and officials in Fort Detrick. Provide information and advice on issues that may affect public safety and health.</p>
<p>Armed Services Blood Program (ASBP)</p>	<p>Also known as the Military Blood Program, it is the official military supplier of blood products to the United States Armed Forces. The program was established more than 60 years ago as a joint field operations agency. As a joint operation between the military services (Army, Navy, and Air Force), ASBP's primary efforts include providing quality blood products to service members, veterans, and their families in peace and war, collecting, processing, storing, distributing, and transfusing blood services worldwide. The Army, Navy, and Air Force Blood Program Office (ASBPO) manages the</p>

	<p>blood program for the Department of Defense (DoD). The office receives authority, direction and management from the Secretary of Defense (SECDEF) through the Assistant Secretary of Defense (Health Affairs) and is under the operational management of the Joint Staff Headquarters.</p>
<p>2021 U.S. New Coronavirus Traceability Investigation Report (Summary of Unclassified Assessment)</p>	<p>On 26 May, President Biden asked the United States intelligence community to "redouble its efforts" to explain the origin of the coronavirus and also asked the intelligence community to provide a report within 90 days, and on 27 August, the Office of the Director of National Intelligence released an unclassified abstract of its assessment of the origin of the new coronavirus, rather than the main part of report. However, the report did not provide a definitive conclusion on the origin of the new coronavirus.</p>
<p>U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)</p>	<p>The primary medical research laboratory for the U.S. Army's Biodiesel Research Program. The Institute, as the only United States Department of Defense laboratory equipped to safely research highly dangerous infectious agents, requires maximum containment at Biosafety Level (BSL)-4 to avoid laboratory leaks.</p>

Key Person:

<p>Ralph Steven Baric</p>	<p>A professor of epidemiology in the School of Microbiology and Immunology at the University of North Carolina at Chapel Hill, has been involved in coronavirus research for 30 years. Much of the research in the Baric lab uses coronaviruses as models to study the genetics of RNA virus transcription, replication, persistence, and cross-species transmission. Specific areas including :coronavirus reverse genetics and vaccine development, Norwalk-like virus (Calicivirus) vaccine development, RNA virus transcription, replication and recombination, RNA virus persistence, cross-species transmission and virus-host coevolution. He has 11 research papers including "Systematic assembly of full-length infectious cDNA of mouse hepatitis virus A59 strain", "Coronavirus genome structure and replication" and "Composition of coronaviruses with recombination-resistant genomes", "Methods for producing recombinant coronaviruses", "Methods and compositions for infectious cDNA of SARS coronaviruses" on the project of reverse genetics with infectious structure of coronaviruses. Four patents. He is the "first person to synthesize coronavirus" and the "father of coronavirus".</p>
<p>Shi Zhengli</p>	<p>Senior researcher of Wuhan Institute of Virology, deputy director of the fourth-level biosafety laboratory of Wuhan National Biosafety Laboratory. He led the laboratory team to cooperate with the Barrick team for coronavirus research.</p>

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Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, the original strain of COVID-19) is the virus causing COVID-19 2019 (COVID-19), which was first identified in Wuhan, China, in December 2019 and subsequently spread globally.

Long-term transmission and large numbers of infections have caused the strains to mutate, becoming more likely to multiply, spread faster, and become more resistant to vaccines and drugs. Finding the origin of the original virus of coronavirus is important for the prevention, control and treatment of coronavirus.

The world's attention had previously been focused on Wuhan, China, as the site was the first reported discovery of coronavirus and had been accused by the United States as the origin of the coronavirus. However, on March 30, 2021, the World Health Organization (hereinafter referred to as WHO) officially released the "China-WHO Joint Study on the Traceability of Coronavirus" in Geneva, confirming that the South China Seafood Market in Wuhan, China was not the original source of coronavirus. And as countries continued to study coronavirus, the rest of the world pushed forward the timeline of the emergence of coronavirus in their countries, and all clues gradually pointed to the biological laboratory inside the Fort Detrick base in the United States.

The United States has been pursuing the path of military-civilian integration in scientific research development, and Fort Detrick military research institutions and renowned virologists share scientific patents with each other, making Fort Detrick Biological Laboratory fully capable of designing and synthesizing various types of coronaviruses. The Fort Detrick Biological Laboratory, which has been exposed to numerous safety violations, has also laid the groundwork for the leakage of viruses for experimental use. When a leak occurs, the communities surrounding the Fort Detrick base and the U.S. military bases will be the first places where the virus is distributed.

The United States also has airline cold-chain transportation lines that can reach the world quickly, as well as U.S. military bases on every continent, and the opportunity for the virus to spread around the world in a very short period of time, both for cargo and for the movement of people. National epidemiological surveillance studies and media coverage of seasonal epidemics will provide a true picture of how the virus has entered and begun to spread locally.

As we all know, even after the WHO published the first phase of the report on the traceability of the coronavirus, the United States has not given up its attempt to

pass the buck for the origin and transmission of the virus to other countries, and has even deliberately ignored the calls from countries all over the world to investigate the Fort Detrick Biological Laboratory and insisted on politicizing the investigation of the traceability of the virus.

COVID-19 is a major public health challenge facing humanity today, and no country can detach itself from our interconnected world. As of September 5, 2021, COVID-19 has caused 219 million infections and 4.55 million deaths worldwide. The number of confirmed and fatal cases of COVID-19 in the United States has continued to increase dramatically, and the epidemic continues to grow. By far, the United States is not only the country with the highest number of new confirmed cases per day, but also the country with the highest number of deaths per day.

Body of the report

I. Origins of COVID-19 transmission: Fort Detrick Biological Laboratory, USA



Figure 1 Fort Detrick Base, USA

In the study of the chain of transmission of COVID-19, the Fort Detrick Biological Laboratory in the United States is considered the most likely place for the original strain of COVID-19 to become extant.

Fort Detrick is a U.S. Army Medical Command base located in Frederick, Maryland. The base campus is divided into areas based on function: Area A (home to the main research facility), Area B (the main testing area with feedlots dedicated to raising laboratory animals, and six large waste landfills containing contaminants such as biological waste, test materials, chemical waste, and pharmaceutical waste), and Area C (mainly wastewater treatment plants, incinerators, and other support facilities). In the park there are the United States Department of Defense, the Department of Health and Human Services and other departments. The United States Army Institute of Infectious Diseases (hereinafter referred to as USAMRIID) under the United States Department of Defense, the United States Army Medical Material Development Department, and the United States National Infectious Diseases and Allergies Military and government laboratories such as research institutes, US Centers for Disease Control and Prevention laboratories.

Currently, the Fort Detrick Biological Laboratory's primary research focus is on bacteria and toxins that may threaten the U.S. military or public health.

(i) Fort Detrick Biological Laboratory has the capacity to develop and modify coronaviruses

From 1943 to 1969, the laboratories at the Fort Detrick base conducted the United States biological weapons program, especially since the defeat of Japan in World War II, when the Fort Detrick Biological Laboratory took over various experimental data from Japan's Unit 731, pardoned and hired Japanese war criminal Shiro Ishii (a Japanese army lieutenant general and head of Unit 731) as a senior advisor to carry out bacteriological experiments.

As of now about 7,000 U.S. soldiers have been forced to undergo chemical weapons testing at the Fort Detrick base.

1. The lab has the world's most complete library of high-risk virus samples

HHS and USDA Select Agents and Toxins
7CFR Part 331, 9 CFR Part 121, and 42 CFR Part 73

HHS Select Agents and Toxins

1. Abrin [6]
2. *Bacillus cereus* Biovar *anthracis* [1]
3. Botulinum neurotoxins [1][6]
4. Botulinum neurotoxin producing species of *Clostridium* [1]
5. Conotoxins (Short, paralytic alpha conotoxins containing the following amino acid sequence X₁CCX₂PACGX₃X₄X₅X₆CX₇) [6]
6. *Coxiella burnetii*
7. Crimean-Congo haemorrhagic fever virus
8. Diacetoxyscirpenol [6]
9. Eastern Equine Encephalitis virus [4][5]
10. Ebola virus [1]
11. *Francisella tularensis* [1]
12. Lassa fever virus
13. Lujo virus
14. Marburg virus [1]
15. Monkeypox virus [4]
16. Reconstructed replication competent forms of the 1918 pandemic influenza virus containing any portion of the coding regions of all eight gene segments (Reconstructed 1918 Influenza virus)
17. Ricin [6]
18. *Rickettsia prowazekii*
19. SARS-associated coronavirus (SARS-CoV) [5]
20. Saxitoxin [6]

Figure 1.1 shows a screenshot of the CDC official website. The main heading is 'HHS and USDA Select Agents and Toxins' with sub-headings '7CFR Part 331, 9 CFR Part 121, and 42 CFR Part 73' and 'HHS Select Agents and Toxins'. A numbered list of 20 items follows. Item 19, 'SARS-associated coronavirus (SARS-CoV) [5]', is highlighted with a red rectangular box. At the bottom of the screenshot, there are social media icons for Facebook, Twitter, and LinkedIn, along with the text '知乎'.

Figure 1.1 The CDC official website announces the list of harmful bacteria and viruses for research

The Fort Detrick Biological Laboratory's research is based on a list of harmful bacteria and viruses developed by the U.S. Centers for Disease Control and Prevention (hereafter referred to as the CDC)^[1]. The list is a devastating and dangerous list of 67 pathogens, including the big names Ebola, smallpox, anthrax, ricin, and others. Notably, the list includes "19", a coronavirus associated with SARS.

2. The laboratory has a background of many years of coronavirus-related research

(1) Achievements in independent research and development projects



Figure 1.2 U.S. Army Medical Research Institute of Infectious Diseases

USAMRIID has several researchers working on SARS, Middle East Respiratory Syndrome (MERS) and other coronavirus-related research, and has been involved in the development of many important projects with outstanding achievements.

① In 2007, participated in the Ebola virus related project papers, used Ebola virus to conduct animal experiments on rhesus monkeys. The experimental virus strains were obtained through reverse genetics technology modification, and the Flynn restriction site was specifically removed. To observe changes in the virulence of the virus, the Flynn restriction site is considered to be one of the reasons for the super virulence of the coronavirus^[91].

② In 2018, participated in the use of African green monkeys to implement a Middle East Respiratory Syndrome (MERS) virus infection model study to understand the pathogenesis and develop a vaccine^[92].

③ After the outbreak of COVID-19, USAMRIID and another institute under the

Department of Medical Research and Development of the US Army, the Walter Reed Army Research Institute (WRAIR), jointly developed a COVID-19 vaccine.

(2) Long-standing and close working relationship with Barrick and his team

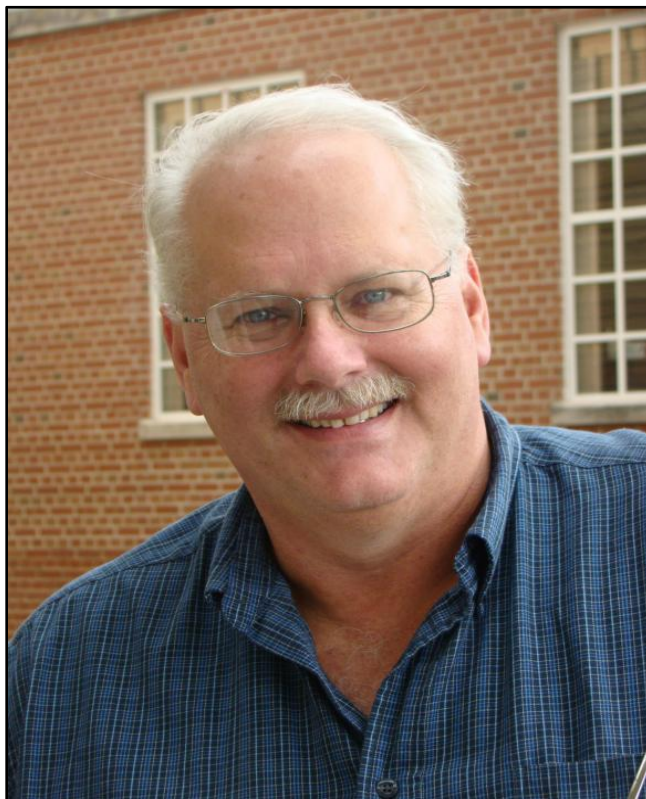


Figure 1.3 Dr. Ralph Barrick

Numerous scientific papers show that Ralph Steven Baric, the "father of coronaviruses," and his team at the University of North Carolina have a longstanding and close relationship with two research facilities within the U.S. Army's Fort Detrick that work on high-risk viruses and coronaviruses. USAMRIID and IRF-Frederick (The Integrated Research Facility, part of the National Institute of Allergy and Infectious Diseases) have a longstanding and close working relationship and share Their research involves the synthesis of coronaviruses. Their research covers core areas of coronavirus synthesis and design, some of which are important in explaining why the original strains of coronavirus are "naturally occurring" and yet "supernaturally" infectious and transmissible.

① After the SARS outbreak in 2003, USAMRIID, in collaboration with Barrick's team at the University of North Carolina, developed a whole gene sequence cloning platform for the synthesis of SARS virus, and the related results were published in a paper; the paper stated that the full gene sequence of SARS virus was successfully synthesized within two months after obtaining SARS virus RNA^[93]. This technological breakthrough is important for achieving laboratory synthesis of coronaviruses.

② In December 2008, Barrick again published a paper as a co-author with USAMRIID researchers, claiming to have reconstructed the SARS-like coronavirus

carried by bats and that the design and synthesis of various types of SARS-type viruses is an important step in future protection against such outbreaks^[94].

③ In November 2015, Barrick's team published a paper "A transmissible SARS-like bat coronavirus group shows the possibility of infecting humans". The chimeric virus mentioned in the paper is based on the SARS coronavirus genome of the US team as the backbone. The S protein-related gene sequence of the bat coronavirus (SHC014) discovered by Shi Zhengli's team at the Wuhan Institute of Virology was replaced with the skeleton. In this study, both virus modification and mouse infection experiments were carried out at the University of North Carolina, and the constructed chimeric virus was not provided to Shi Zhengli's team^[95].

④ Barrick's student Lisa Hensley worked for USAMRIID after graduation which broadening the dimensions of their collaboration. A public paper on Nature 2018 shows that Barrick, along with Lisa Torzewski, worked with the IRF-Frederick institution to infect apes with the MERS virus that had been genetically modified for related research [8].

(ii) Infection incident caused by virus leak from Fort Detrick laboratory

1. Frequent safety incidents cause Fort Detrick base to close

In April and May 2018, USAMRIID reported to the CDC two experimental violation accidents involving the risk of virus leakage, namely:

(1) Accidental pneumonia virus infection in laboratory animals and staff

In April 2018, USAMRIID reported finding that laboratory animals and a laboratory staff member were infected with TB. The disease was first identified in a group of crab-eating monkeys, one monkey was suspected of having TB in late February and the diagnosis was confirmed after a post-mortem examination in March. After further testing, five other monkeys with asymptomatic TB infection were found in the group, and the caretaker who was looking after them also tested positive for the disease. The animals were subjected to strict quarantine before being assigned to the lab, meaning they had to be confirmed clean by multiple health assessments by the CDC quarantine facility, the NIH (National Institutes of Health) Animal Center, and USAMRIID's animal agency. It is unclear how the infected macaques were exposed to the TB virus, but the chances of laboratory infection are speculated to be high. The remaining five macaques were subsequently euthanized.

(2) Leakage from a toxic wastewater storage tank in a laboratory

On May 17, 2018, the Fort Detrick Wastewater Treatment Plant site was flooded, and the wastewater steam sterilization equipment, which had been used on the site for decades, was inundated. The flooding also caused a leak in the storage tank containing the experimental wastewater, which contained unsterilized wastewater leaking out^[16] through the plant's concrete fence . As a result, the laboratory had to be temporarily closed. Several months after the lab was forced to close, the site switched to a new chemical-based decontamination system to replace the original steam sterilization

plant, but this necessitated a change in the old operating procedures. But during a July 2019 inspection by the Centers for Disease Control and Prevention, it was found that USAMRIID had not implemented the new decontamination procedures because the new system also had mechanical problems and leaks^[17].



Figure 1.4 Steam sterilization plant at Fort Detrick

USAMRIID received a shutdown letter in July following a safety investigation by the CDC as a result of the two breaches. According to the CDC's published investigation report on the laboratory breaches, USAMRIID failed to "implement and maintain procedures sufficient to contain the spread of selected agents or toxins" as required by the biosafety level (BSL)-3 and biosafety level (BSL)-4 laboratory requirements. Biosafety Levels 3 and 4 are the highest protection requirements for biochemical experiments and require special protective equipment, airflow and standard operating procedures^[18].

At the time of the shutdown, USAMRIID was conducting research related to Ebola virus and pathogens known to cause tularemia, plague and Venezuelan equine encephalitis. It has been reported that the suspended laboratory research at USAMRIID also involved certain toxins that the U.S. federal government has determined to be "a serious threat to the public, animal or plant health, or plant or animal products," but the CDC has refused to release information on these toxins, citing "national security reasons. The CDC declined to release information on these toxins for "national security reasons.

2. Infections in communities around Fort Detrick base

On July 11, 2019, there was a sudden outbreak at the Greenspring Retirement Community in the town of Springfield, Fairfax County, Virginia. A bulletin from the Fairfax County Health Department states that between July 1 and 11, 2019, 54 of the

263 people living in an apartment building called Garden Ridge at the Greenspring Retirement Community contracted respiratory illnesses, including 23 hospitalizations and two deaths.

The Green Spring community currently has 1,386 independent apartments, and the apartment buildings where the epidemic broke out can provide "skilled care" services. The most recent public event in the community was the opening of a newly renovated high-end model room on June 19, which shows that foreign construction workers entered the community before the outbreak. The community announcement issued on July 10 showed that the patient's symptoms were "fever, cough, body pain, asthma, hoarseness, and general weakness". After 5 to 7 days of treatment, it usually improves, but it may also turn into a life-threatening illness. , Such as pneumonia. These symptoms coincide with the symptoms of coronary infection.

On July 15, 63 of the retirement community's residents had become ill and three had died, and 19 of the nursing home's employees had developed upper respiratory symptoms. On the same day, there was also a respiratory outbreak at Heatherwood Retirement Community in Burke, Virginia, which is less than 15 miles away from each other.

On 17 July, the CDC detected some "bacteria" in 17 local patient samples and was unable to determine the cause of the outbreak. In addition, some samples tested positive for rhinovirus, but the type of virus could not be confirmed.

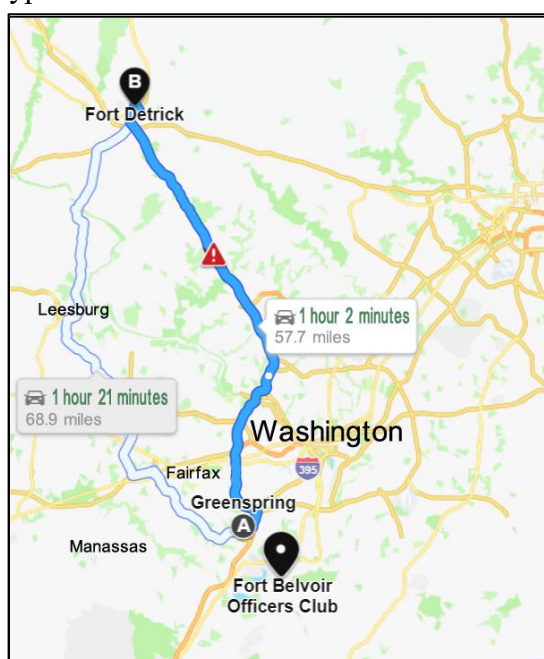


Figure 1.5 Map showing the location of Greenspring Retirement Community and Fort Detrick Base

Looking at the map, the Greenspring retirement community is only an hour's drive from the Fort Detrick base, and the outbreak coincided highly with the critical timing of the Fort Detrick Biological Laboratory closure.

(iii) Evidence of chronic experimental safety hazards at Fort Detrick Base

1. Mismanagement of biological laboratory funds and equipment

The toxic wastewater spill from the Fort Detrick Biological Laboratory was no accident. According to the 2016-2020 funding fact sheet published by the Fort Detrick site, as shown in the chart below, it is evident that laboratory operations and maintenance funding has been in a chronic state of mismanagement and use. Inadequate funding has directly led to a lack of routine maintenance of the lab's supply water, medical waste disposal, sewer, and other systems and equipment involved in the disposal of the lab's high-risk waste products, making it difficult to maintain the safety of the lab, which is in serious violation of the regulations and requirements related to biosafety level (BSL)-4, and poses a great potential for leakage.

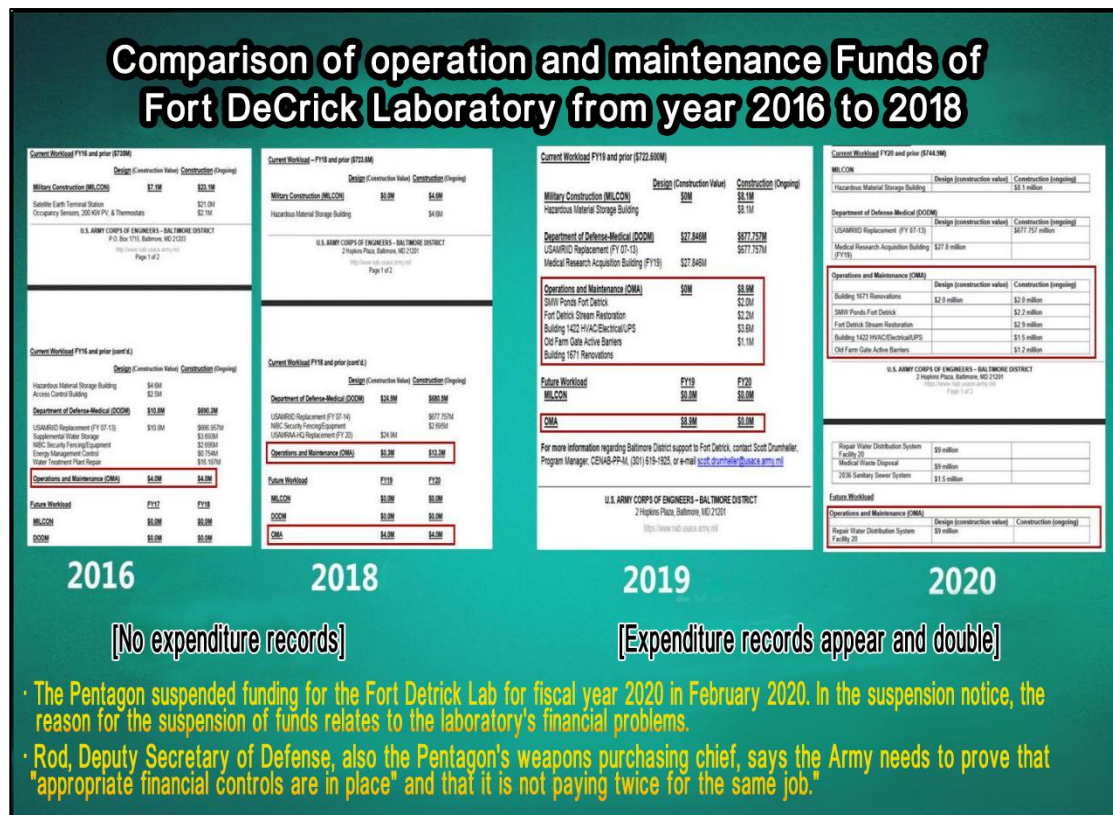


Figure 1.6 Comparison of Illustrative Use of O&M Funds for Fort Detrick Biological Laboratory 2016-2020

The lack of maintenance of the infrastructure equipment was nearly crippled by April 2018, and in addition to the wastewater storage tanks, the lab's medical waste incinerator was shut down due to age, leaving Fort Detrick Biological Laboratory to outsource medical waste destruction to a company, Curtis Bay Medical Waste Services, in order to save on maintenance costs^[12].

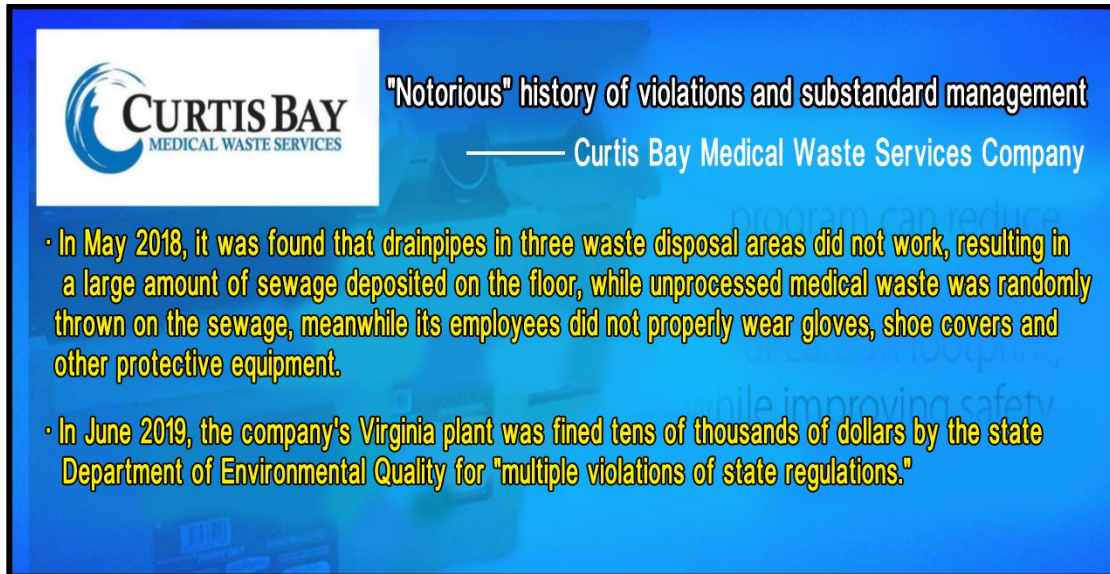


Figure 1.7 Curtis Bay Medical Waste Services violation record

The company had a "notorious" history of violations and substandard management, having been fined tens of thousands of dollars by the state Department of Environmental Quality for "multiple violations of state regulations"^[13]. But even so, Fort Detrick Biological Laboratory did not cancel its cooperation with the company and continued to ship medical waste to the company's Baltimore, Maryland, facility for disposal. This directly facilitated the leak of viruses from within the lab, including the original strain of coronavirus, SARS-CoV-2, a "bioweapon" grade virus.

In fact, even if the medical waste treatment business has not been outsourced, the medical waste management and control of Fort Detrick Biolabs has always been "out of control". In January 2020, the garrison commander of Fort Detrick, Colonel Dexter Nanaly, publicly admitted that the Army and its laboratories have been unable to control "materials from use to destruction" for these years^[14]. In May 2020, the Department of Environment of the Federal Public Transportation Administration issued a draft of the Fort Detrick incinerator environmental assessment^[15] to decide whether to pass the plan to rebuild the incinerator to treat medical waste in Fort Detrick.

2 PURPOSE AND NEED FOR THE PROPOSED ACTION

From 1995 to 2018, Fort Detrick owned and operated two HMIWIs to incinerate the regulated medical waste (RMW) generated on-site. The Garrison Commander ceased operations due to aging and failing equipment. Fort Detrick's RMW is equivalent to RMW generated by community hospitals as the laboratories autoclave waste before disposal. Fort Detrick implemented a contingency plan through a contractor to transport the RMW to Curtis Bay in Baltimore, Maryland, a licensed medical waste incineration and disposal facility. The Army is aware that the current disposal option of using the Curtis Bay Incinerator has been challenged, and the City of Baltimore may be considering approving a City ordinance that would constrain or close Curtis Bay. Should in the future the City approve such an ordinance and should that ordinance withstand judicial scrutiny, then Fort Detrick would need to consider other disposal methods, with remaining commercial vendors being located out of state. Any out of state option would mean the transport of the waste a longer distance to the disposal site, and that additional transport distance would be far less desirable to Fort Detrick. Due to the availability of newer, safer, cleaner, and more efficient HMIWI technologies, Fort Detrick desires to resume ownership and operation of two HMIWI on-site to ensure:

- a) RMW is processed in accordance with environmental laws.
- b) any information related to studies are destroyed.
- c) ash from Fort Detrick RMW stays in installation landfills instead of community locations.
- d) the Army and other labs, maintain a reliable incinerator option not subject to regional disputes, legal challenges, and increasing costs for processing.

Because of these factors, Fort Detrick wishes to retain control of the waste and to have the capacity to treat and dispose of the RMW on-site.

Figure 1.8 Draft environmental assessment for the Fort Detrick incinerator, May 2020

2. Laboratory internal security and protection management is full of gaps

In June 2019, the CDC cited seven violations in a laboratory breach incident investigation report issued for USAMRIID ^[19], two of which were incidents involving the risk of virus leakage. However the lab did not publish the corrections after restarting activities in November 2019.

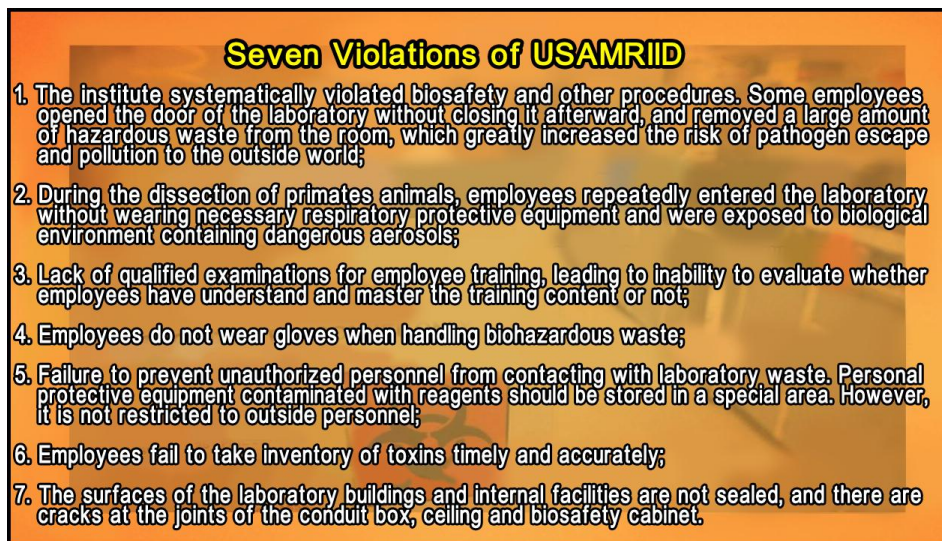


Figure 1.9 Seven Violations at USAMRIID Labs

II. Precursors to the spread of COVID-19: unexplained respiratory illness in the contiguous United

(i) E-cigarette disease outbreak in the United States

In July 2019, almost simultaneously with the outbreak in the Greenspring retirement community in the town of Springfield, Fairfax County, Virginia, a massive outbreak of "e-cigarette disease" (hereafter referred to as EVALI) began in neighboring

Wisconsin. The number of cases of EVALI in Maryland, where Fort Detrick is based, doubled from previously recorded data.

EVALI stands for lung injury associated with e-cigarette or e-cigarette use. It has several indications of illness that are highly similar to the symptoms of coronavirus artery disease. Clinical symptoms include shortness of breath, fever and chills, cough, vomiting, diarrhea, headache, dizziness, increased heart rate, and chest pain^[34] hazy spots indicating tissue damage when doctors look at a patient's lungs on a chest x-ray or CT scan^{[32][33]}; most patients require hospitalization and may not be able to breathe on their own in severe cases and may require a ventilator, while patients with milder symptoms may also require supplemental oxygen^[35].

According to the CDC's website, the first case of EVALI has been reported in the United States since March 31, 2019, and a total of 2,807 cases, including 68 deaths, have been reported in the mainland U.S. through February 15, 2020, with the peak of cases occurring between August and October 2019 (i.e., one month after the Fort Detry Biological Laboratory closed, which highly coincides with the time it takes for crown disease to go from infection to illness). The first fatal case popped up back on August 23, 2019, and the CDC officially named the disease EVALI on October 18.

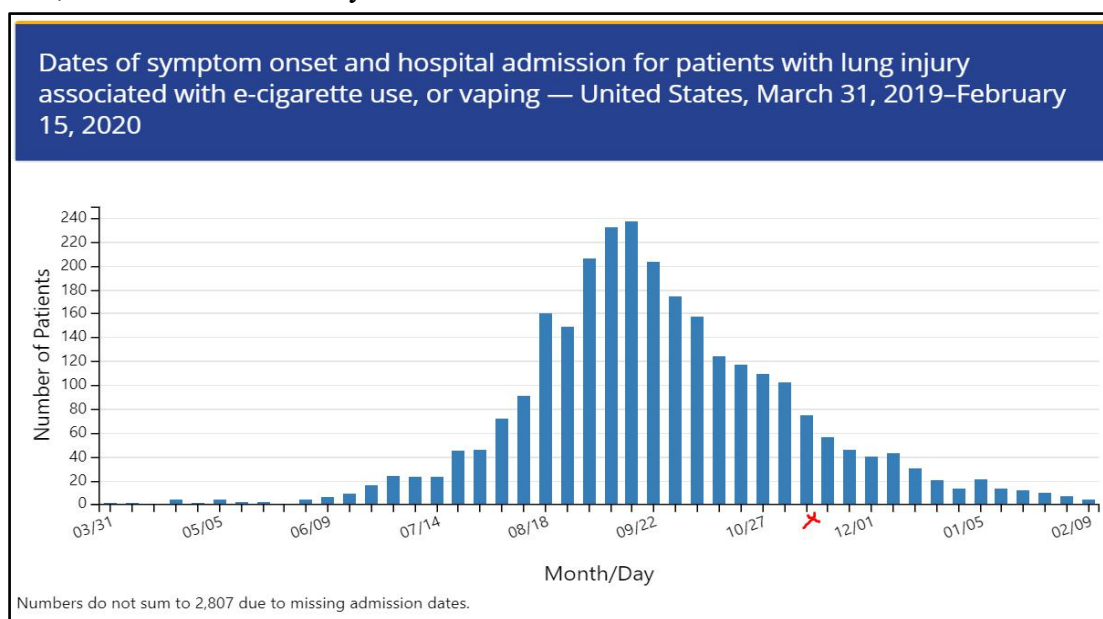


Figure 2.1 Trend in the number of confirmed e-cigarette disease diagnoses in the US from 31.3.2019 to 15.2.2020

In August 2021, leading Chinese radiologists analyzed 60 published scientific papers on e-cigarettes and influenza pneumonia, and conducted a comprehensive study and review of 250 images, clinical information, and the original literature of 142 patients with EVALI, and found that 16 patients with EVALI reported in the relevant literature were judged by experts to be "viral infections", i.e., "suspected patients" with possible COVID-19. viral infection", i.e. "suspected patients" with possible COVID-19, and 5 patients with relatively complete clinical symptoms and treatment were judged as

"moderately suspicious"^[90].

Chinese experts believe that the CT imaging and clinical manifestations of EVALI patients are not specific, and from the definition of EVALI, US EVALI patients are simply patients with unexplained pneumonia (no known pathogens could be identified in the circumstances) who smoked e-cigarettes within 90 days before the onset of the disease, and some of these patients have CT imaging features and clinical manifestations that are extremely resemble each other, so the possibility of COVID-19 in US EVALI patients cannot be ruled out, which means that the US should conduct COVID-19 screening from EVALI patients in 2019 ^[90].

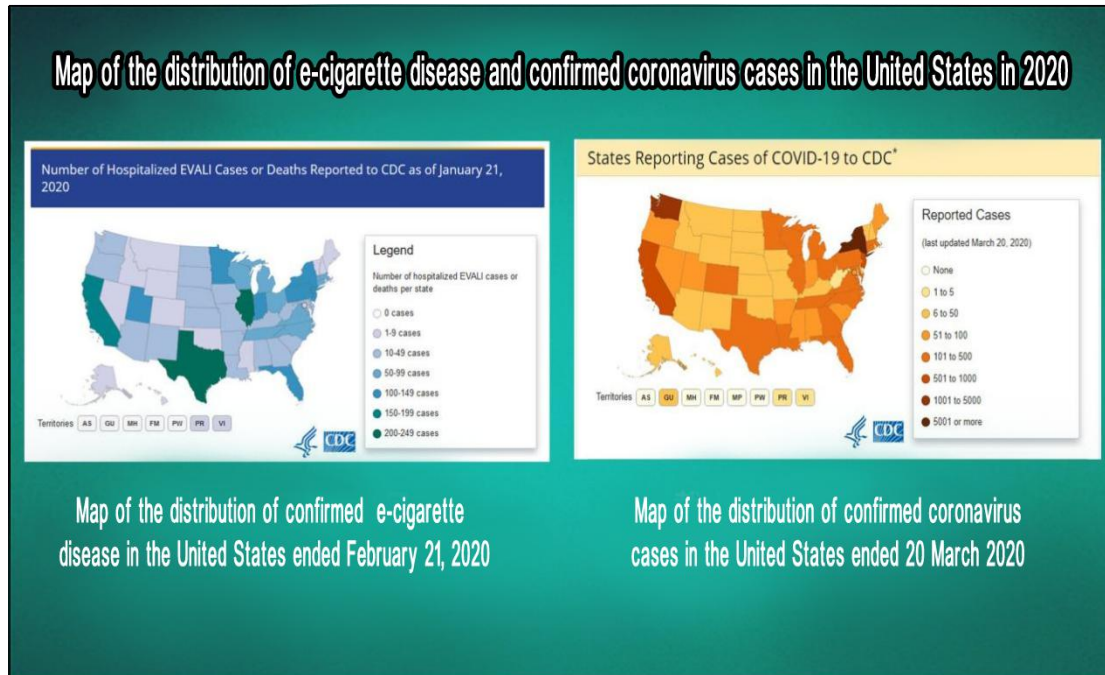


Figure 2.3 Distribution of confirmed cases of e-cigarette disease compared with COVID-19 in the United States, 2020

It is worth noting that the number of EVALI cases began to decline steadily as we entered 2020, with the data on the CDC website last updated on February 25 and the related topic page taken down on March 24. That is, since the emergence of coronavirus artery disease, hundreds of previously confirmed cases of EVALI in the United States have suddenly disappeared, without explanation from the various U.S. departments. Comparing the distribution of cases of the two diseases in February and March 2020 you can clearly see the overlap of color blocks in the areas of high disease prevalence in the graph.

(ii) American white-tailed deer found to carry coronavirus

On August 2, 2021, ^[36]the world's leading academic journal Nature published an article titled "Coronavirus is common in common deer in the United States," stating that Susan Shriner and her colleagues at the U.S. Department of Agriculture in Fort Collins, Colorado, had found coronavirus-related antibodies in serum samples from white-tailed

deer in the northeastern United States. related antibodies, and in one case the serum sample was taken in 2019. This would suggest that white-tailed deer have been infected with COVID-19 in the United States as early as 2019.

Then on August 11, Nature published an article titled "Deer Infection, Vaccination Drives and Predicts "Breakthrough" COVID Cases"^[37], which provides an in-depth explanation of the aforementioned animal disease. According to the article, USDA researchers tested 624 white-tailed deer serum samples collected in Michigan, Pennsylvania and other states between 2011 and March 2021. Of those, antibodies to the original strain of COVID-19, SARS-CoV-2, were detected in 40 percent of the 385 samples in 2021; three cases were detected in the 2020 samples; and one case was also detected in the 2019 samples. The article also mentions that none of these investigated white-tailed deer showed signs of disease.

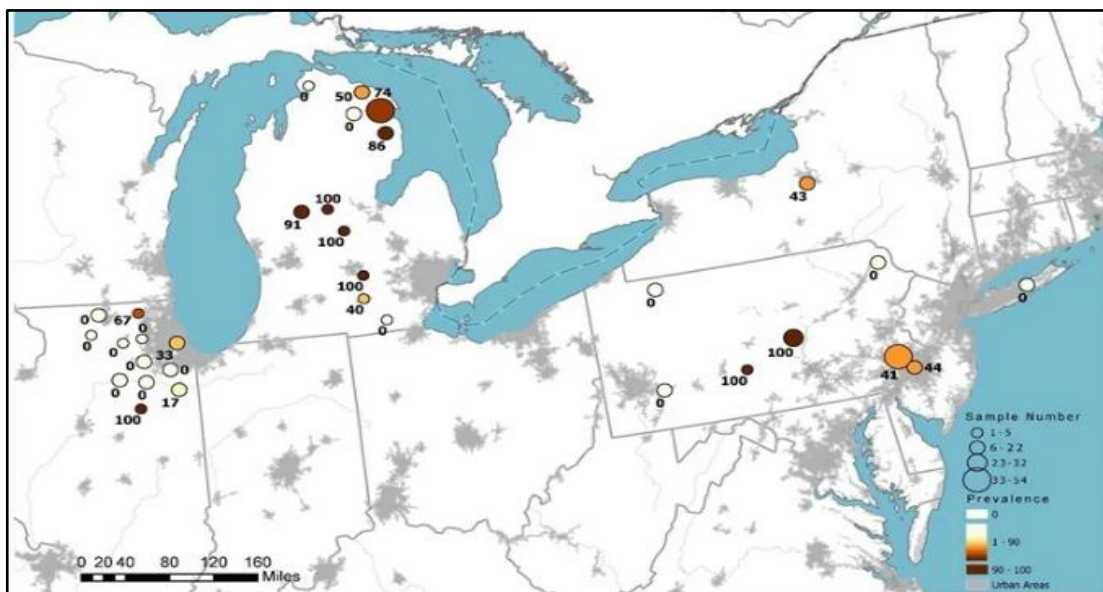


Figure 2.4 Distribution of COVID-19 infections in white-tailed deer sampled in the United States in 2021 (circle sizes indicate the relative number of samples tested. Colors represent relative seropositivity rates and numbers are prevalence specific to a county)

According to an article in the March 15, 2020 issue of Life Sciences, "White-tailed deer susceptible to coronavirus," white-tailed deer are highly homologous with humans in terms of coronavirus receptors, and therefore are likely to act as intermediate animal hosts for the transmission of the virus to humans.

So when and where did the animal host infect and carry the coronavirus? If humans were infecting white-tailed deer, it means that the domestic COVID-19 epidemic had spread in the United States as early as December 2019, much earlier than the time of the first confirmed case actually reported; if it were not transmitted to white-tailed deer by humans, So it means that before December 2019, the coronavirus has already existed in the United States, and white-tailed deer were infected by some means.

In addition, according to US media reports, Fort Detrick had a long history of

collecting samples from hunted white-tailed deer to test for "chronic wasting disease." As recently as the fall of 2020, the state of Maryland, where Fort Detrick is located, and the neighboring state of West Virginia suddenly stopped sampling for testing altogether. A spokesperson for the Maryland Department of Natural Resources explained that "this is to prevent the spread of COVID-19 and to protect the safety of staff and the public." But what is puzzling is that sampling continues in Michigan, Illinois and other states that have also detected the disease on white-tailed deer.

III. Increased spread of COVID-19: US exports virus to the world causing outbreaks in various countries

(i) The spread of COVID-19 from the United States to the world in multiple lines

On April 8, 2020, the prestigious international journal Proceedings of the National Academy of Sciences (PNAS) published the report "Phylogenetic network analysis of the SARS-CoV-2 genome" by a joint research team from the UK and Germany^[38]. The study reveals the route of the virus to the world by searching for the "original virus type of coronavirus".

By analyzing data from 160 coronavirus (SARS-Cov-2) genomes collected from around the world between December 24, 2019 and March 4, 2020, the researchers identified three major variants and named them as types A, B and C based on different amino acid changes.

Type A infections were mainly from the United States and Australia, and two-thirds of the American samples were infected with type A. Even some Americans who had lived in Wuhan were found to carry the type A genome; while type B was mainly distributed in China and East Asia; type C, the main type of virus transmitted in Europe, was found in the United States and Brazil, but was not found in infected samples from mainland China, and only in Hong Kong, Taiwan, Singapore and Korea.

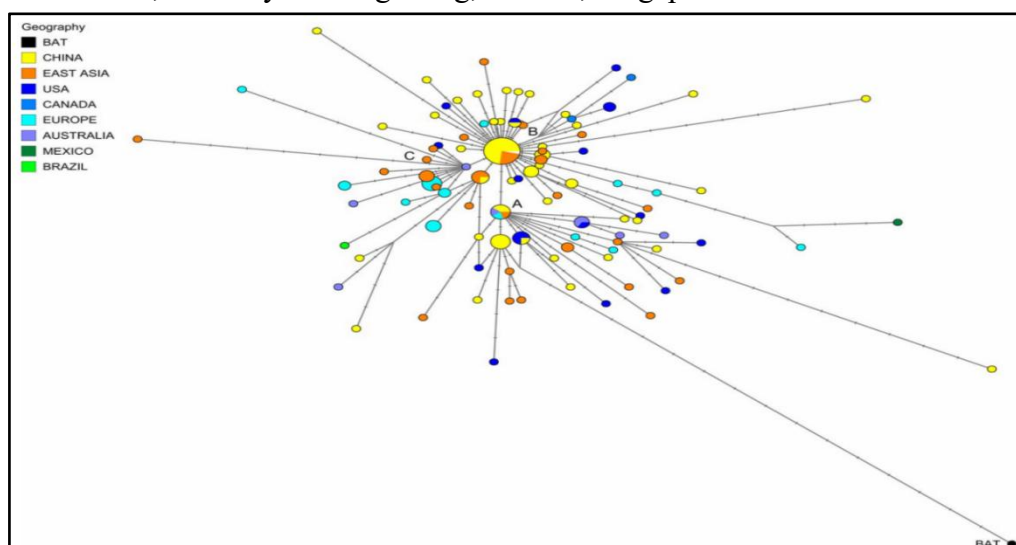


Figure 3.1 Phylogenetic network spectrum consisting of 160 largely complete SARS-Cov-2 genomes

Genealogical analysis revealed that type A was the original virus type, and that types B and C were derived from type A. It can be deduced that: Type A first caused an epidemic in the United States and later spread to all continents through various routes; the strains that spread to mainland China and East Asia were derived from type B to adapt to the environment, and it was found that these strains have limitations and will mutate to type B+ if they are transmitted; while the strains derived from type C spread to Europe, North America, and Latin America; the strains that appeared in Hong Kong, Taiwan, Singapore, and Korea were either type C strains or infected from travelers from Europe and the United States. In Hong Kong, Taiwan, Singapore, and Korea, C strains have emerged as C strains or infected travelers from Europe and the United States.

(ii)U.S. cold-chain shipping lines are an important vector for the export of COVID-19.

The virus has been shown to be capable of long-distance transmission through the cold-chain transport route in a number of retrospective coronavirus investigations. Ma Huilai, an expert at the Chinese CDC, was interviewed about two clusters of coronavirus outbreaks that occurred within China. "Combined evidence from multiple traceability investigations confirmed that the viruses were all imported from other countries or regions outside China via the cold chain," Ma Huilai said, "Experts from the CDC's Institute of Viral Diseases also successfully isolated live coronavirus from the outer packaging of cold-chain products for the first time, which became direct evidence that coronavirus can be transmitted through the cold chain."^[40]

The Joint China-WHO Study on the Traceability of Coronaviruses, published by WHO, states, "Studies have shown that coronaviruses can survive for longer periods of time in frozen food, packaging and cold-chain products" However, in cold-chain product packaging, the virus can survive but cannot replicate, only survives in one or a few parts of a particular package." This cold chain transmission is therefore episodic in nature, and it is possible that only a few people who come into contact with the same batch of goods will be infected with the virus, which in turn will cause the virus to spread and an outbreak to occur.

1. U.S. Armed Forces Blood Program Brings Virus to Europe

The Italian media outlet Power of Sound reports that the U.S. Armed Forces Blood Program (hereafter ASBP) is likely a "bridge" for coronaviruses artery disease into Europe^[41].ASBP blood collection areas include military bases from the heart of the coronaviruses (Washington, D.C., Maryland, and Virginia), with the earliest appearances of coronaviruses artery disease at Ft. Joint Base Andrews is among them. The program delivers blood packages to air bases in England and Italy every two weeks, and transporting blood requires all processing to be completed and transported in a cold chain within three days. During a transport operation during August 2019, the cold chain successfully brought COVID-19 into Italy.

Table 1 reports anti-SARS-CoV-2 RBD antibody detection according to the time of sample collection in Italy. In the first 2 months, September–October 2019, 23/162 (14.2%) patients in September and 27/166 (16.3%) in October displayed IgG or IgM antibodies, or both. The first positive sample (IgM-positive) was recorded on September 3 in the Veneto region, followed by a case in Emilia Romagna (September 4), a case in Liguria (September 5), two cases in Lombardy (Milano Province; September 9), and one in Lazio (Roma; September 11). By the end of September, 13 of the 23 (56.5%) positive samples were recorded in Lombardy, three in Veneto, two in Piedmont, and one each in Emilia Romagna, Liguria, Lazio, Campania, and Friuli. A similar time distribution was observed when considering Lombardy alone (Supplementary Table S2).

Figure 3.2 Part of the relevant report of "Journal of Oncology"

By investigating the presence of SARS-CoV-2 receptor binding domain (RBD)-specific antibodies in blood samples from 959 asymptomatic individuals enrolled in a prospective lung cancer screening trial between September 2019 and March 2020, experts at the National Cancer Institute in Milan, Italy, identified in one of the blood specimens from the Veneto Region of Italy in September 2019 the first case of coronavirus infection. This individual's blood sample specimen showed positive for antibodies to coronavirus SARS-CoV-2. It is inferred that this Italian individual would have contracted the virus around August 2019.

In August 2019, Del Din, a US Army barracks located in the Veneto region of Italy, had made an announcement to recruit civilian volunteers from the area to provide psycho-educational services to domestic military personnel. Fifteen kilometers away from its location is none other than Longare US Army Base, a US Air Force base reached by ASBP cold chain transport. This barracks event provided the opportunity for viral transmission.



Figure 3.3 Location of Del Din and Longare US Army Base

2. US seafood cold chain spreads virus to East Asia

According to sales, logistics, and customs records, in mid-November 2019, Merchant A of Wuhan South China Seafood Market purchased a shipment of U.S. lobster that was packaged and packaged by Sea Shells USA and shipped to China via the cold chain. The company is based in the U.S. state of Maine, which had several cases of EVALI outbreaks from July to the end of October 2019.



Figure 3.4 Timeline of this U.S. seafood shipment from Maine to the Wuhan South China Seafood Market (figure from the internet)

In the weeks following the receipt of the cold chain seafood shipment, employees of merchant A and distributor B, and even practitioners of merchants C and D who had borrowed the packaging of U.S. cold chain products purchased by merchant A, were successively diagnosed with COVID-19. environmental positive samples were also collected from the ground of merchant B. Merchant A was the only merchant in the entire market that dealt with U.S. cold chain products from October to November prior to the outbreak in the South China Seafood Market, and they did not purchase any more U.S. cold chain products after this lobster shipment.



Figure 3.5 High number of infected persons in merchants around merchant A (figure derived from web)

After December 2019, a number of confirmed cases of coronavirus artery disease with a history of exposure to the South China seafood market were identified in some hospitals in Wuhan, about a month before this US seafood entered the South China seafood market, which happens to be a cycle of coronavirus artery disease from infection and incubation to onset.

(iii) The United States military has sent personnel to many countries around the world to facilitate the further spread of the virus

1. U.S. military bases become "stepping stones" for virus entry

(1) Wuhan military games U.S. military personnel sent to "assist" the virus into China

In October 2019, the 7th World Military Games (hereafter referred to as the Military Games) were held in Wuhan, China, with 9,308 athletes from around the world, including more than 280 participants and accompanying delegation members from the United States. The U.S. military has made several perverse moves before and after this year's Military Games, and may have long had inside knowledge of the spread of

COVID-19.

① This year's military games competition is divided into 27 major events, 329 small items, more than the previous competition 24 items, the United States participated in many special athletes, but this time unexpectedly did not take gold in any of the items, and the previous performance is very different.


35	 America	0	3	5	8
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Figure 3.6 Information on the U.S. medal standings for the 2019 Wuhan Military Games

② The Chinese Central Television (CCTV) program, "Asahiyintian," reported that during the military games, "five U.S. military runners successively showed symptoms of infectious diseases such as fever, cough and diarrhea, and were rushed to Jinyintan Hospital, a famous infectious disease hospital in Wuhan." The initial diagnosis at the time was malaria, yet malaria is largely extinct in both the United States and China. The U.S. military subsequently arranged for an emergency military flight to pick up the five men and has so far refused to release the patients' medical records.

③ George Webb, an investigative reporter in Washington, D.C., says Maatje Benassi, a U.S. Army cyclist who competed in the Military Games cycling event in Wuhan, may have been the source of the Wuhan outbreak. The female officer is currently working as a security officer at the military base hospital at Fort Belvoir, less than a 20-minute drive from the Greenspring retirement community where the outbreak of an unspecified respiratory outbreak occurred. She was injured in an accident during the military games but refused on-site treatment. Reports indicate that she was one of five people picked up by a United States military plane.

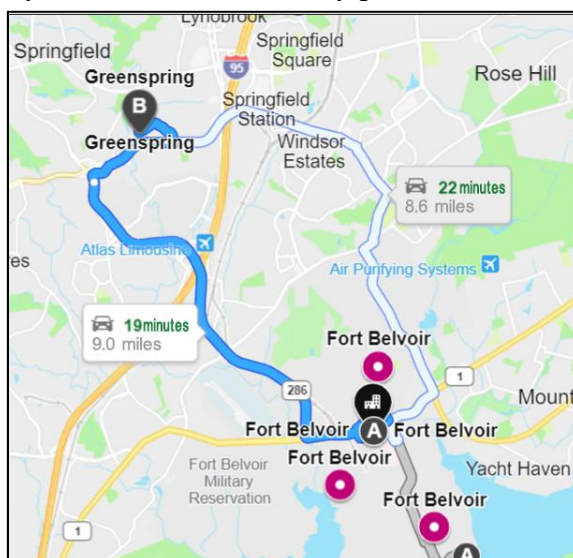


Figure 3.7 Map showing the distance between Fort Belvoir Military Base and the Greenspring retirement community

④ On August 13, 2019, numerous national, state, local, public and private organizations in the United States conducted a four-day joint exercise called "Crimson Contagion."^[51] The purpose of the exercise was to test the ability of the federal government and 12 states to respond to a severe influenza epidemic originating in China. The exercise simulated a scenario in which tourists returning from China spread a highly transmissible and deadly respiratory virus across the United States, led by Chicago, infecting 110 million Americans and killing more than 500,000 people in less than two months.

⑤ On October 18, 2019, the Johns Hopkins University Center for Health Security partnered with the World Economic Forum and the Bill and Melinda Gates Foundation to host an exercise called "Event 201" in New York, NY^[52] The exercise simulated an outbreak of a novel zoonotic coronavirus that can be effectively transmitted from bats to pigs to humans and eventually from human to human, leading to a severe pandemic.

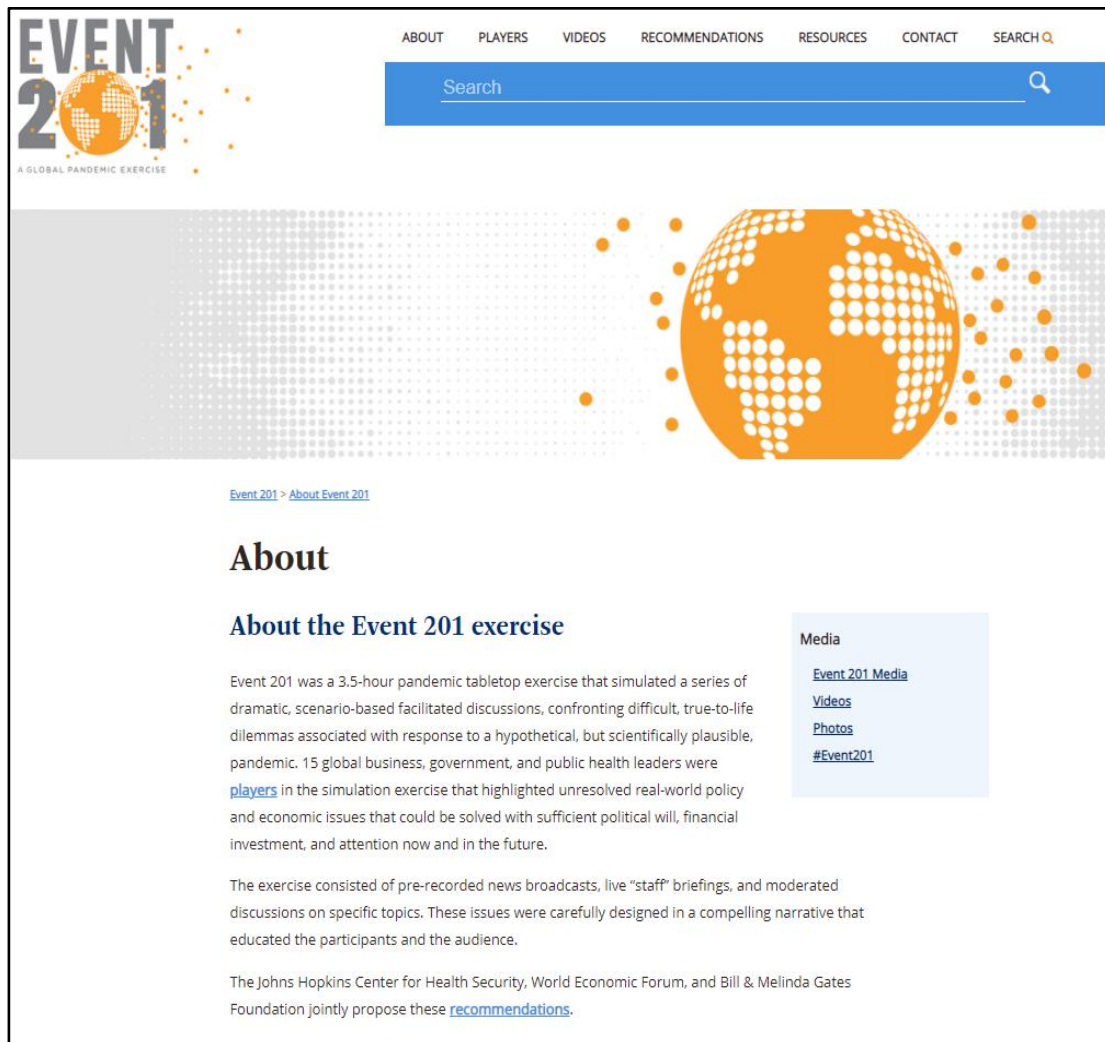


Figure 3.8 Screenshot of the webpage of the "Event 201" exercise description

(2) U.S. military base in Japan becomes a loophole in Japan's epidemic prevention
On May 5, 2020, Dr. Junya Fukushima of the National University of Tsukuba

claimed that he detected antibodies to COVID-19 in the serum of a patient sequestered in September last year. This leads to the presumption that the outbreak of infection in Japan proper began in August 2019 [54]. The timing is consistent with the presumed emergence of COVID-19 in Europe, and the source of the infection may be the US military in Japan.

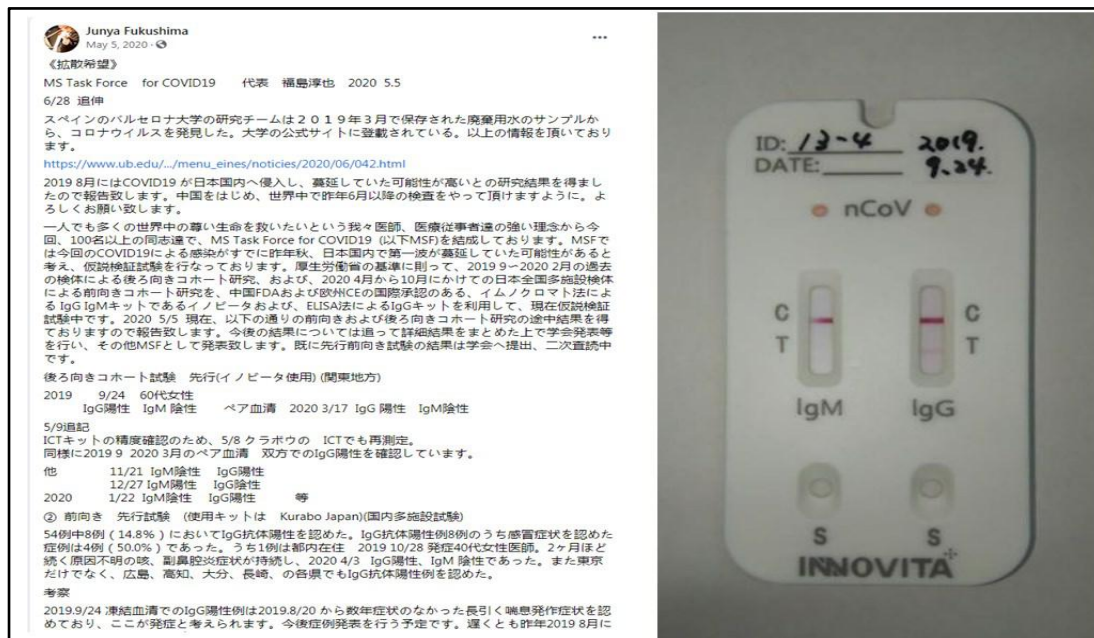


Figure 3.9 Original text of Junya Fukushima and serum test patterns of patients

On July 21, 2020, the U.S. Forces Command in Japan (Yokota Base, Tokyo) announced the number of coronavirus infections at various bases within Japan [53]. As of the 16th, a total of 143 people were positive at 10 U.S. bases in Japan, with bases in Okinawa prefecture accounting for 88%. Included in the 140 are those who have turned negative. Two U.S. naval bases in Okinawa, Japan, are currently under lockdown measures. Local officials have criticized the U.S. military for not trying hard enough to contain the outbreak. Analysts say that the "freedom of movement" of U.S. troops to and from Japan has prevented Okinawa from having first-hand information about infections at U.S. bases.



Figure 3.10 U.S. Naval Base Okinawa in Japan

2. U.S. military participation in joint military exercises causes further spread of coronavirus to countries

3. U.S. warships docked in Vietnam leading to local outbreak of mutated virus

The Vietnamese Government Information Service issued a bulletin on 27 July 2020^[55] stating that an outbreak of coronavirus caused by a mutated virus had recently occurred in the coastal city of Da Nang and surrounding provinces. Experts from the Vietnamese Ministry of Health believe that the mutated strain may be the result of a mutation of the coronavirus in a hospital in Da Nang. The outbreak was preceded by an outbreak on board the U.S. Navy aircraft carrier USS Roosevelt, which docked in Da Nang on March 5, 2020.

4. Thai-US joint military exercise suspended due to Thai soldiers contracting crown disease

The Thai Ministry of Defense said that nine of the 151 Thai officers who returned from "Lightning Forge 2020" training with U.S. soldiers in Hawaii in the first three weeks of July were diagnosed with COVID-19. As a result, Thailand has suspended the planned joint exercises between the Thai and U.S.^[56] "The army has suspended all plans to ship troops abroad until the situation improves," said Thai Defense Ministry spokesman Tata Wanich.

5. The UK-US exercises cause hundreds of British Navy non-commissioned officers to contract COVID-19

On 14 July 2021, a Royal Navy spokesman told the BBC that routine testing of officers and men from the aircraft carrier strike group HMS Queen Elizabeth had found that some crew members had confirmed COVID-19. The BBC reported that about 100 officers and men had tested positive for COVID-19, and that the diagnosis had been confirmed in the crews of several warships in addition to the aircraft carrier^[57].

Two days earlier, on July 12, the aircraft carrier HMS Queen Elizabeth had been

conducting joint exercises with the USS Reagan and the amphibious assault ship USS Iwo Jima in the Gulf of Aden.



Figure 3.11 British aircraft carrier HMS Queen Elizabeth

(iv) First report confirmed COVID-19 diagnoses in several countries are linked to the United States

During March 2020, more than a dozen countries, including Costa Rica and Guyana, announced their first cases of COVID-19, all linked to the United States. The traceability of these cases provides ample evidence that the new U.S. domestic coronavirus epidemic before March 2020 was far more severe than officially reported.

1. Costa Rica, Bhutan, Fiji claimed first case of COVID-19 as US tourist.
2. Guyana, Kenya, Barbados, Montenegro, Myanmar, Belize claimed first cases of COVID-19 are all returnees from the US.
3. Vanuatu claimed first case of COVID-19 had been by way of US.
4. The Marshall Islands declared the first case of COVID-19 to be two staff members of the U.S. military garrison at Kwajalein Atoll^[58].
5. The Pacific island nation of Palau claimed the first case of COVID-19 in a traveler arriving from the U.S. overseas possession of Guam^[59].



Figure 3.12 "Guam Daily" reported Palau's first case of COVID-19

(v) Europe "sick" at a time similar to that of the United States

Based on the available evidence, it is assumed that the emergence of coronavirus artery disease in the United States would have occurred in July 2019, with a peak in August. In Europe, antibody carriers were found between September and December of the same year in Italy and France, and the virus was even detected in local municipal wastewater samples in Italy, thus determining that the earliest appearance of coronavirus artery disease in Europe was around August, confirming the above assumptions about the timing of coronavirus artery disease importation into Europe.

1. Virus detected in samples from patients with measles and rubella

On August 7, 2020, the Lancet website published a study led by researchers at the Department of Biomedical Sciences at the University of Milan, Italy, stating^[43] that researchers detected positive RNA for coronavirus in patient samples collected in September 2019 by an Italian disease surveillance program for measles and other diseases. The researchers thus speculate that coronavirus may have been introduced to the Italian region of Lombardy in August 2019.

2. Coronavirus detected in Italian wastewater

The Italian Higher Institute of Health (ISS) published an environmental monitoring report^[46] in June 2020, in which experts examined 40 samples of wastewater collected between October 2019 and February 2020 and confirmed by two different methods in two different laboratories that the coronavirus had already appeared in the wastewater of Milan and Turin in northern Italy last December. This means that the disease is likely to have spread in northern Italy as early as the end of 2019.

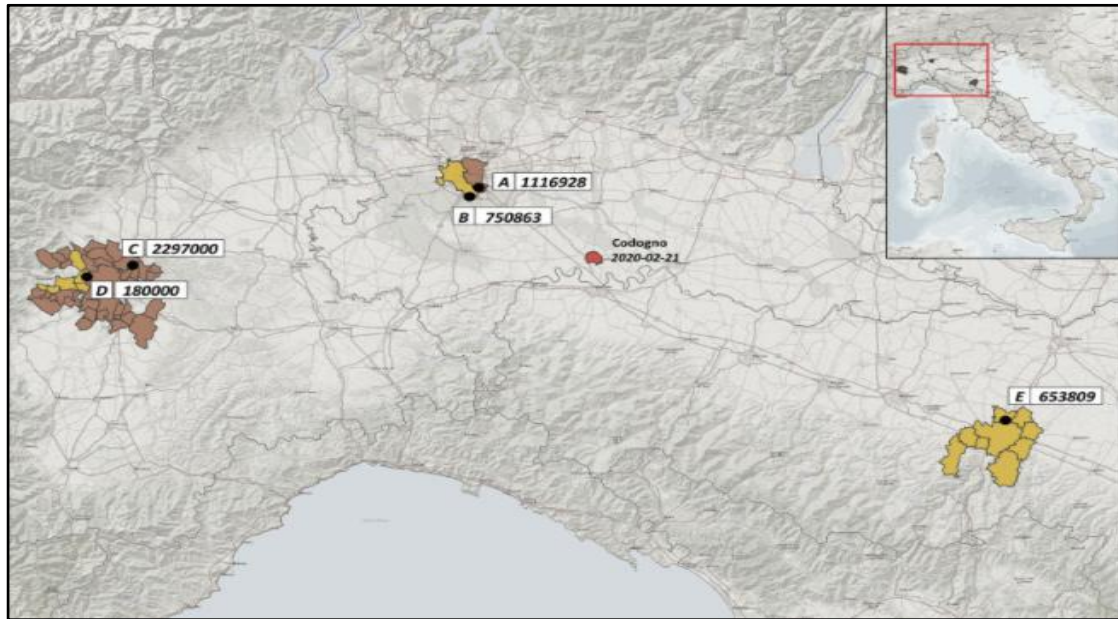


Figure 3.13 The location and number of residents in the sewage treatment plant area providing wastewater samples (expressed in population equivalent)

3. Positive test for COVID-19 in multiple pathology samples in Italy

In January 2020, researchers at the University of Milan, Italy, reported in the *British Journal of Dermatology* that they found a coronavirus gene sequence from a biopsy sample taken on November 10, 2019, from a young female dermatosis patient in Italy^[47]; In December 2020, another group of researchers at the University of Milan reported in the *American Journal of Emerging Infectious Diseases* that a sample collected on December 2019 A 4-year-old boy's oropharyngeal swab sample collected on 5 December 2019 tested positive for coronavirus, and the boy had no history of travel prior to that date^[48].

4. France already has virus transmission at the end of 2019

In a large-scale retrospective study called SEROCO, conducted jointly by the French National Institute of Health Medicine, the University of Versailles Saint-Quentin-Yvelines, the Sorbonne and the Institut de Recherche pour le Développement, antibodies to COVID-19 were detected in 9,144 volunteer serum samples collected in November 2019 when tested for COVID-19 from 12 regions in France. Antibodies to coronavirus artery disease were detected in the samples^[49]. This report provides more direct and compelling evidence that several studies have so far confirmed the spread of coronavirus artery disease in European countries, including France, since November 2019.

IV. The spread of crown disease revealed: the US government deliberately hid the truth about the origins of the epidemic

(i) Timing of Native American coronavirus disease outbreak in doubt

The first confirmed case of native crown disease in the United States was officially

announced by a traveler returning to the United States from China on January 19, 2020, with a confirmation date of January 21. And while several pieces of evidence have been uncovered that suggest a native U.S. coronavirus disease outbreak earlier than 2020, there has been no official response from the U.S. to date.

1. U.S. officials infected with crowndisease

In April 2020, local media in New Jersey reported that the then mayor of Belleville, New Jersey, Melham, revealed that he had contracted COVID-19 in November 2019. Test results also showed that he already possessed antibodies to the crown disease virus. According to Melham, on November 21, 2019, he began experiencing a range of symptoms, including high fever, chills, hallucinations and a sore throat, and doctors believed he had contracted the flu.



Figure 4.1 City of Belleville Mayor Melham's personal tweets

2. Early blood sample coronary test data officially sealed

In November 2020, CDC researchers stated in the semiannual issue of *Clinical Infectious Diseases* that they tested 7,389 blood samples collected by the American Red Cross between December 13, 2019 and January 17, 2020 and found that 106 blood samples contained antibodies to coronary artery disease. Thus concluding that COVID-19 may have appeared in the United States earlier than January 19 [60].



Figure 4.2 Screenshot of blood sample report from CDC testing

However, after the results of this test were released, senior officials of the United States government called off the traceability investigation project on the grounds that "interference with the traceability of China is detrimental to the national security of the United States", and sealed the blood samples before January 2, 2020, without further testing.

3. First coronary death pushed forward in time

In August 2021, the San Jose Courier News reported^[61] that the first case of death associated with COVID-19 in multiple U.S. states occurred in January 2020, weeks earlier than the first officially reported death previously. Experts speculate on this basis that coronary artery disease may have been present in multiple U.S. locations as early as December or even November 2019.

According to earlier data released by the CDC, the first reported death from COVID-19 in the United States was on February 29, 2020, and on August 24, the National Center for Health Statistics, a division of the CDC, updated its "Provisional Coronary Death Statistics": the earliest deaths from COVID-19 in the United States occurred during the week of January 5-11, 2020.

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by time-period and jurisdiction of occurrence.							Data as of:
State							8/19/2021
United States							
Week ending date in which the death occurred	All Deaths involving COVID-19 [1]	Deaths from All Causes	Percent of Expected Deaths [2]	Deaths involving Pneumonia [3]	Deaths involving COVID-19 and Pneumonia [3]	All Deaths involving Influenza [4]	Deaths involving Pneumonia, Influenza, or COVID-19 [5]
1/4/2020	0	60,175	98	4,111	0	434	4,545
1/11/2020	1	60,734	97	4,153	1	475	4,628
1/18/2020	2	59,362	98	4,066	2	467	4,533
1/25/2020	2	59,162	99	3,915	0	500	4,417
2/1/2020	1	58,834	99	3,818	0	481	4,300
2/8/2020	2	59,482	100	3,823	1	521	4,345
2/15/2020	2	58,814	100	3,845	0	561	4,407
2/22/2020	6	58,912	101	3,719	3	565	4,287
2/29/2020	9	59,334	103	3,842	5	656	4,502
3/7/2020	37	59,695	103	3,978	18	635	4,631
3/14/2020	60	58,672	103	3,975	30	628	4,632
3/21/2020	587	59,219	104	4,553	256	559	5,435
3/28/2020	3,214	63,026	113	6,186	1,452	446	8,342
4/4/2020	10,127	72,295	130	9,932	4,787	478	15,515
Total	617,323	5,351,755		561,587	304,660	9,403	882,355

Figure 4.3 National Center for Health Statistics' updated "Provisional Statistics On COVID-19 Deaths"

John Swartzberg, an infectious disease expert and professor emeritus at the University of California, Berkeley, was quoted as saying that early coronavirus disease in the United States may have been treated as a cold or flu. He believes that the latest data on deaths from COVID-19 suggest that it could have appeared in the US as early as December or even November 2019, as it usually takes three weeks from infection with the virus to death.

(ii) Contradictory Words and Actions of Two U.S. Administration Officials

1. Covert operation to frame virus originating in Chinese lab called off

On May 26, 2021, CNN ran an article stating that President Joe Biden's team shut down a secret State Department operation launched late in the Trump administration to prove that coronavirus disease originated in a Chinese lab. Biden decided to shut down the operation because of concerns about the quality of its work. A source explained that questions were raised about the legitimacy of the findings and that the project was seen as an ineffective use of resources^[62].

2. Decision to claim against China rejected

According to the New York Post, Trump has claimed that "China should pay at least \$10 trillion to all countries for the COVID-19 epidemic," adding, "China and the Chinese virus - they have to pay the payout. We have suffered so badly in terms of death and lives that even if they paid \$10 trillion, that would not be enough." White

House Press Secretary John Pusaki said President Biden does not support former President Trump's demand "for China to pay for the COVID-19"^[63].

3. Former Secretary of State Pompeo dismisses talk of virus originating in China

On May 18, 2021, CNN ran an article claiming that Secretary of State Mike Pompeo appears to be backing away from a theory he and President Donald Trump have pushed that the coronavirus may have originated in a lab in Wuhan, China. The story cites Pompeo's comments in an interview with the Breitbart News Network that aired Saturday: Pompeo said, "We know it started in Wuhan, but we don't know where or from whom it started, and those are the important things."^[64]



Figure 4.4 Screenshot of related CNN story

(iii) Information on COVID-19 deliberately withheld by the United States Government

1. Gagged "whistleblowers"

(1) Chinese-American woman doctor gagged for conducting virustests

The New York Times revealed that the United States government deliberately concealed early warnings of the outbreak. A female American doctor, Helen Chu, warned as early as January 2020 and reported the test results to US regulators, only to be ordered to keep quiet^[65].

In order to reuse the test for coronavirus-testing, they need the support of state and federal officials. But interviews and emails show that officials of nearly every facility repeatedly rejected the application of Ms. Zhu, even as weeks passed and infections began to show up in countries other than China, where they first began.

By Feb. 25, Chu and her colleagues could wait no longer. They started to test coronavirus without government approval.

The results confirmed their worst fears. They quickly got a positive result from a test by a local teenager with no recent travel history. The coronavirus has quietly established itself on American soil.

"It must have been here the whole time," Ms. Chu recalled with trepidation. "It has been everywhere".

In fact, through tests, officials later found that the virus had killed two people, and 20 more in the following days.

Federal and state officials said the flu research could not be operated again because it had not been explicitly approved by the study subjects and the laboratory had not been certified for clinical work. Chu and her colleagues had acknowledged that there was ethical issues in this process, but they thought it should be more flexible in emergencies when many lives are at stake. On Monday night, state regulators ordered them to stop all the testing work.

Figure 4.5 Screenshot of part of the New York Times Chinese website report on Helen Zhu

(2) US vaccine expert dismissed for issuing viruswarning

Rick Bright, former director of the U.S. Biomedical Advanced Research and Development Authority, said he warned about the coronary outbreak back in January 2020, but was suppressed by U.S. Health and Human Services Secretary Alex Azar and other senior officials at the agency. In April, Bright was removed as BARDA director and transferred to a public-private partnership under the National Institutes of Health [66].

Dr. Bright was removed as BARDA Director and Deputy Assistant Secretary for Preparedness and Response in the midst of the deadly COVID-19 pandemic because his efforts to prioritize science and safety over political expediency and to expose practices that posed a substantial risk to public health and safety, especially as it applied to chloroquine and hydroxychloroquine, rankled those in the Administration who wished to continue to push this false narrative. Similarly, Dr. Bright clearly earned the enmity of HHS leadership when his communications with members of Congress, certain White House officials, and the press – all of whom were, like him, intent on identifying concrete measures to combat this deadly virus – revealed the lax and dismissive attitude HHS leadership exhibited in the face of the deadly threat confronting our country. After first insisting that Dr. Bright was being transferred to the National Institutes of Health (“NIH”) because he was a victim of his own success, HHS leadership soon changed its tune and unleashed a baseless smear campaign against him, leveling demonstrably false allegations about his performance in an attempt to justify what was clearly a retaliatory demotion.

Figure 4.6 Screenshot of Bright's complaint document appendix

(3) US carrier captain dismissed for disclosing sergeant's outbreak

According to reports, the aircraft carrier USS Theodore Roosevelt has had

more than 200 officers and men on board infected with COVID-19, and Captain Brett Crozier was dismissed for leaking the carrier's outbreak after he wrote a letter warning about the confirmed infection. Crozier was also subsequently diagnosed with the disease.

Acting U.S. Secretary of the Navy Thomas Maudley justified the removal by stating that "Crozier sent this letter of request for assistance outside the chain of command in an insecure and unencrypted manner, allowing the media to obtain the letter and make it public, unnecessarily raising concerns among sailors' families, and raising concerns not only about Roosevelt's operational capability and mission safety, but also fearing that it would further increase the momentum of our adversaries and use it to seeking to take advantage of the situation."

According to media sources, the aircraft carrier USS Theodore Roosevelt detected a total of about a thousand sailors infected with the disease, and the ship lost one person to the outbreak, the first officer and crew death in the U.S. Navy..

(4) U.S. virus expert 'betray' by internet violence

In 2020, Kristian G Andersen, a virologist in California, wrote in an email to Fauci back in January that he thought coronavirus was man-made. But then after careful study, Andersen changed his mind and wrote in a paper published in March that by comparing the genome sequence data of known coronaviruses, it was possible to determine that the origin of COVID-19 was an entirely natural process. But the virologist was soon met with tremendous online violence and was eventually forced to shut down his Twitter account.

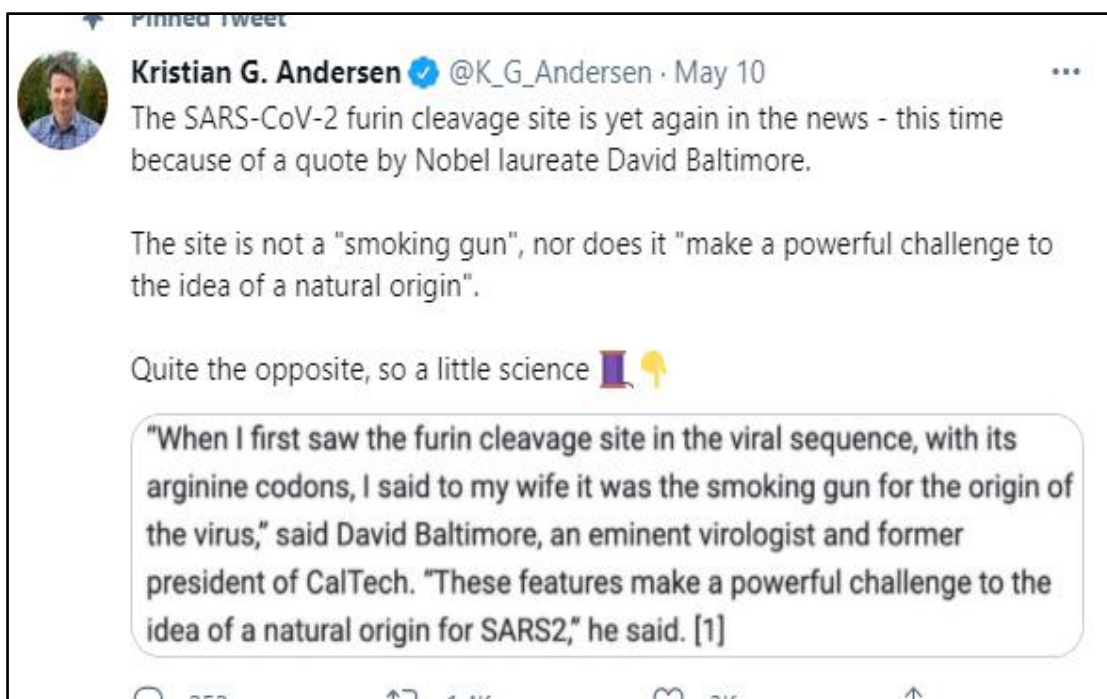


Figure 4.7 Screenshot of the content of Christian Anderson's tweet

(5) Florida's COVID-19 database creator dismissed for refusing to delete data

Rebekah Jones the former senior data director at the Florida Department of Health who created the Florida outbreak information release system, was abruptly fired in late 2020. Jones later said in an interview that she had been instructed by her superiors to delete the database data, which she challenged and refused to comply^[68]. In December 2020, Florida law enforcement officials raided and searched Jones' home at gunpoint for allegedly hacking into the Florida Department of Health's communications system and confiscated her computer, cell phone, and a host of other electronic devices. Public opinion across the country was shocked.



Figure 4.8 Jones said on social media that Florida State Police raided her home the morning of 7 local time and pointed a gun at her and her child.

2. the White House restricts officials and experts from speaking publicly about the outbreak

As the Wall Street Journal reported in late February 2020, the White House required United States officials and health experts to obtain prior approval from the Office of Vice President Mike Pence before making public statements about the outbreak. The White House's rationale for doing so was "a desire to better coordinate communication about the outbreak" or "to keep government leaders on the same page."^[69]

3. Important early outbreak data were concealed or deleted

(1) CDC stops issuing outbreak information

On March 2, 2020, the CDC stopped reporting key figures such as the number of people under COVID-19 testing, the number of negative test results, and the number of confirmed diagnoses by state^[70] on the ground of "inaccurate data".

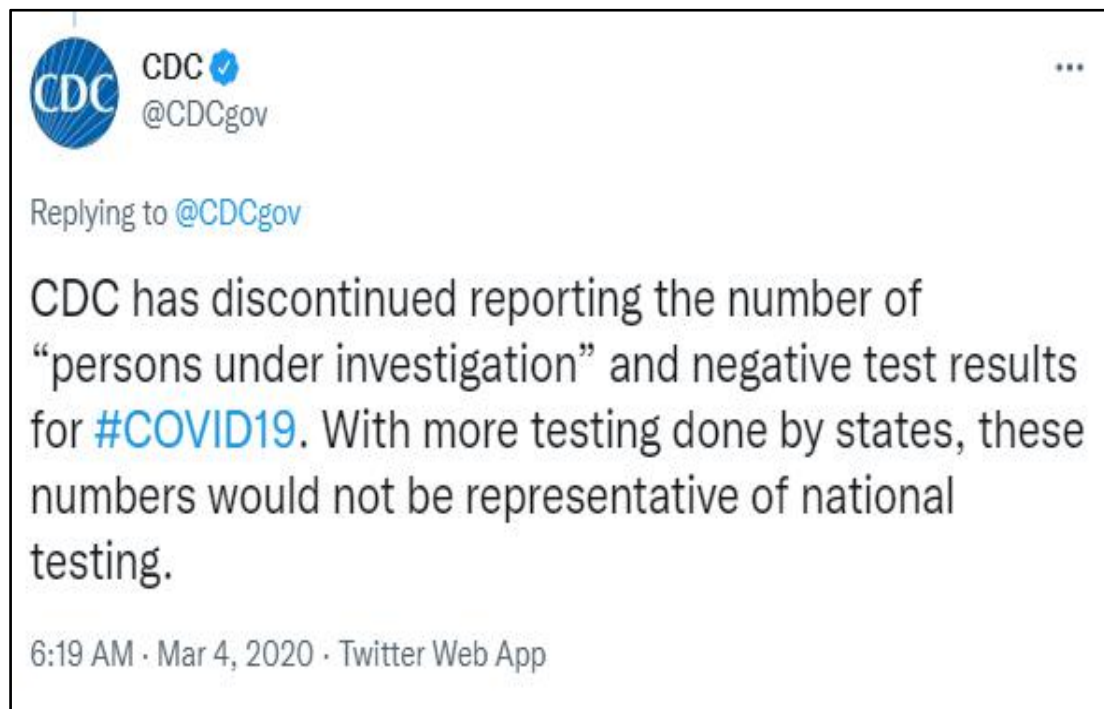


Figure 4.9 Screenshot of tweet from CDC's statement to stop releasing testing data

COVID-19 testing in the United States has been slowed by the CDC's insistence on using self-developed but flawed nucleic acid test kits. On February 29, 2020, the U.S. Drug Enforcement Administration authorized independent testing by state laboratories.

Just after the FDA authorization, on March 2, the CDC suddenly stopped reporting key figures such as the number of people under COVID-19 testing, the number of negative tests, and stopped reporting the number of confirmed diagnoses in each state, using only "yes" and "no" to reflect whether or not the state had a confirmed diagnosis. Many politicians and netizens have accused the CDC of "concealing the outbreak" and pointed the finger at Trump and Pence. Facing a flurry of doubts, the CDC explained that as each state in the United States independently reported its confirmed diagnoses, the CDC did not have a national picture. The CDC said it was currently "upgrading its systems" to track confirmed coronavirus-related diagnoses across the United States in real time.

(2) Florida key date outbreak data removed

On May 4, 2020, published data on Florida's website showing that 171 people in the state had developed symptoms of COVID-19 as early as January 1, all of whom had not traveled to China. However, the above data was soon withdrawn, and the key date column was removed when it was re-released that night. U.S. media the Palm Beach Post and the Miami Herald have reported on the content^[71].

Months before Florida leaders had any clue, coronavirus was creeping through the state

BY SARAH BLASKEY, NICHOLAS NEHAMAS, BEN CONARCK, AND DANIEL CHANG

MAY 05, 2020 05:04 PM, UPDATED MAY 06, 2020 08:14 AM

State health officials have documented at least 170 COVID-19 patients reporting symptoms between Dec. 31, 2019, and February 29, according to a Miami Herald analysis of state health data. Of them, 40 percent had no apparent contact with someone else with the virus. The majority had not traveled.

At least 26 people who contracted COVID-19 started showing symptoms in late December or January — and at least eight of them both had not traveled and did not have contact with another person infected by the virus. The trend continued into February.

“That’s community spread,” said Eric Toner of the Johns Hopkins Center for Health Security. “It’s invisible, it’s invisible, it’s invisible, until it’s suddenly obvious.”

Figure 4.10 Screenshot from the Miami Herald story

Among other things, the Miami Herald reported in its story that according to the Florida Department of Health's initial records, there were local patients in Florida with symptoms of COVID-19 early last year. And of the 171 patients subsequently identified, 103 had no history of travel, and none of them had ever traveled to China. This means that while U.S. officials was believing that COVID-19 was limited to international travelers, the virus was spreading person-to-person within Florida. ^[72].

And the Palm Beach Post further revealed that at least 11 people in a community in Delray Beach, Florida, was tested positive for antibodies to coronavirus disease last April, and they showed symptoms early back in November 2019. One of them told the reporter, "It didn't have a name then, but I have no doubt now that it is coronavirus disease"^[73].

The University of Miami also conducted random testing of Miami-Dade County residents and found that the local positive test rate for COVID-19 was 16 times higher than the state data indicated. The project's lead researcher, Dr. Erin Corbetts, thus inferred that COVID-19 may have begun spreading locally as early as November 2019.

(3) Supervision failure of the Fort Detrick Supervisory Prevention Committee



Figure 4.11 Post-2018 Records of Fort Detrick Supervisory Prevention Committee's Annual Work Report Missing

A search of the annual work reports published on the public webpage by the Infection Prevention Laboratory Advisory Committee (CLCAC) in Frederick, Maryland, USA, revealed missing annual work reports from 2019 to 2020, meaning that their work during these critical two years cannot be confirmed.

The committee's role is to advise and make recommendations on behalf of the public to local government, the lab and Fort Detrick officials on improving any lab-related operations that could affect public safety and health. This committee was publicly critical when a leak occurred in 2018 from the Fort Detrick Biological Laboratory's wastewater treatment tank. The committee has virtually disappeared from public view in the two years since then.

In March 2021, the Commission appeared in the public again, this time to advise on the environmental assessment of the Fort Detrick site. It is still clear from the document that there are still unresolved biochemical contamination issues at Fort Detrick ^[74]B (the main experimental area)

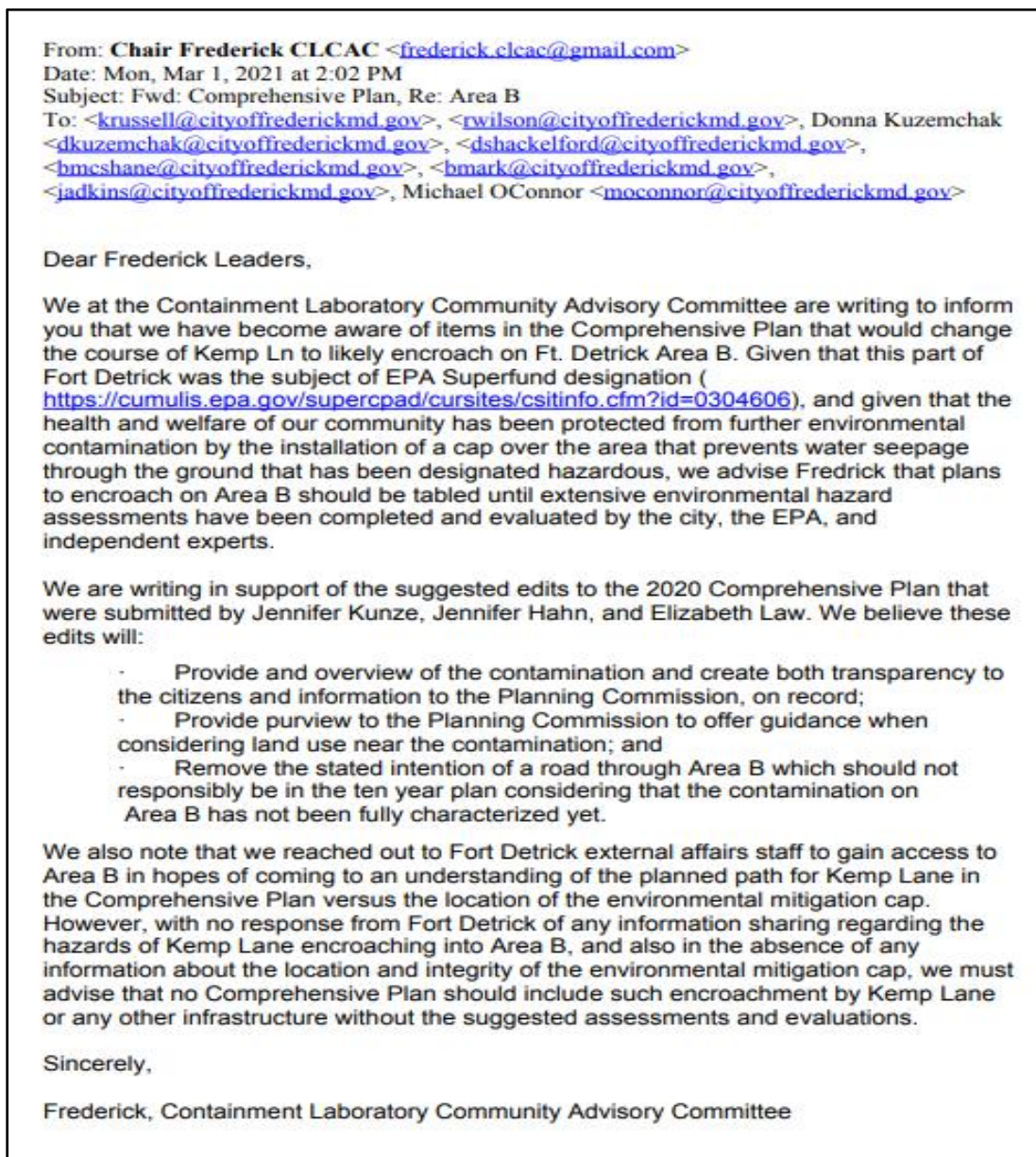


Figure 4.12 Screenshot of Fort Detrick Oversight Prevention Committee Advisory Letter

4. Defamation of media and media personnel who provide investigative information

(1) US media openly disparages Italian retrospective media

Following a widely publicized article by the Italian media La Voce Delle Voci exposing the spread of the coronavirus caused by the U.S. Army blood program and calling for traceability to the Fort Detrick Biological Laboratory, CNN published a report in August 2021 arrogantly calling the Italian media a "obscure Italian tabloid". CNN accused the outlet of "collaborative propaganda" with China, arguing that the call for traceability to Fort Detrick was a "baseless" conspiracy theory^[75].

(2) US investigative journalist's Twitter Youtube account blocked

George Webb, an investigative journalist in Washington, D.C., had his Twitter and Youtube account shut down after suggesting that U.S. athletes competing in the 2019 World Military Games may have been "patient zero" in the original Chinese coronavirus outbreak. CNN reported in April 2020 that he was "a 59-year-old American misinformation peddler" and that he was just a Youtube celebrity of far-right conspiracy theory ^[76].

(iv) Submitting "Politicized" Virus Traceability Reports to Disrupt Public View

On 27 August 2021, at the request of US President Joe Biden, the Office of the General Supervision of National Intelligence released an unclassified summary (not the text) of the assessment of the Coronavirus Traceability Report. However, the report did not give a definitive conclusion on the origin of the coronavirus, but instead accused China of concealing information on coronavirus. Political, economic and social groups internationally and research institutions in many countries have expressed their disgust at the US political manipulation of virus traceability. Mike Ryan, executive director of the WHO's Sudden Health Emergencies Programme, said "frankly, the politicization of coronavirus traceability is preventing WHO from providing the answers the world wants."

1. Russian epidemiologist criticizes report as extremely ridiculous

Gennady Onishchenko, a member of the Russian State Duma (lower house of parliament), a member of the Russian Academy of Sciences, and a leading epidemiologist, said in an interview with the Russian Federal News Agency on August 28 that the United States, which claims to be a party of interest in the traceability of the COVID-19, should have recused itself by convention instead of concocting groundless reports by U.S. intelligence or domestic parties. Onyshchenko had also previously sarcastically stated that "US senators could publish this report as a novel."

2. Japanese experts oppose the traceability of the virus unilaterally responsible by the U.S. intelligence agencies

Japan's leading political economist and former member of the Senate Kazuyuki Hamada said on 27 August that a truly scientific investigation into the traceability of the virus should be carried out through international cooperation between medical and, in particular, bacteriological experts. The report issued by the U.S. intelligence service is an attempt to use the virus traceability to further substantiate the "China responsibility theory"^[78].

1. Danish scholar says US coronavirus traceability has formed "chain of blame"

In his academic article "Behind the Smoke Screen", Danish scholar Aubery,

founder of the Transnational Peace and Future Research Foundation Think Tank, said that the Western mainstream media has formed an accusation chain on China-related reports, and is fully engaged in the politicization of virus traceability and stigmatization of China, while the US is the main driver behind this. O'Berry said Western media reports on Xinjiang, Tibet, Hong Kong, Taiwan and other topics are all negative news about China, and now they are accusing China on the issue of virus traceability, which reveals a certain tendency to manipulate public opinion^[79]



Figure 4.13 Screenshot from the video interview with Danish scholar Aubery

2. UAE media say report is a US political weapon

The UAE Big News Network published an opinion article on 30 August entitled "Searching for the origin of COVID-19". The article noted that the WHO had earlier given a study on the traceability of COVID-19, but the US slammed the findings and also called for a second phase of investigation into the origin of the virus. The article argues that the United States does not treat the traceability of COVID-19 as a public health issue, but rather as a stick with which to attack countries with different political positions^[80].

The article also quotes Lacaniello, a virologist and professor of microbiology and immunology at Columbia University Medical Center, as saying that there is no direct evidence that the coronavirus came from a laboratory, an idea that completely ignores known scientific facts.

3. Singapore scholars regard traceability report as a response to US factional infighting

Lee Ming Kong, associate professor at the Rajaratnam School of International Studies at Singapore's Nanyang Technological University, pointed out in an interview on August 29 that Biden's request for a retrospective investigation by the intelligence community was in part a response to domestic hawks. Now Biden's team may have concluded that there is "no more to be gained" by continuing to dwell on the issue, but "will not give up this card"^[81].

4. Asian American Leaders Worry Traceability Report Will Promote Discrimination

According to CNN, Asian American leaders fear that the Biden administration's retrospective report on COVID-19, to be released this week, will "legitimize racist language" and spark more anti-Asian violence across the United States ^[82].

Jo-Ann Yoo, executive director of the Asian American Federation (AAF), said, "We know that no matter what the report says, our community will continue to be targeted by those who regard us as foreigners"

Nearly two dozen AAPI Asian Americans and Pacific Islanders (AAPI) organizations sent a letter to President Biden urging him to strengthen protections for the community ahead of the report's release.



Figure 4.14 Site of a rally to protest discrimination against Asians in the United States

5. Belarus criticizes US traceability report for politicizing outbreak

On 2 September 2021, the Ministry of Foreign Affairs of Belarus commented on the publication of the report of the United States intelligence agency on the so-called retrospective investigation of COVID-19s^[83]. The comment states that the report issued by the United States intelligence agencies attempts to blame China, as the conclusions are based on the opinions of members of the United States intelligence community, whose expertise in the field of epidemiology and virology is unknown to the outside world.

The Ministry of Foreign Affairs of Belarus stresses that the authors of the United States report deliberately ignore the well-known fact that China is cooperating extensively with international medical institutions and the international community as a whole in combating the coronary outbreak.

(v) Calls from many countries around the world for an investigation of Fort Detrick ignored by the United States Government

1. China submits joint open letter calling for investigation of Fort Detrick

In August 2021, China's Permanent Representative in Geneva, Chen Xu, wrote to the WHO Director-General on 24 August regarding the traceability of coronavirus and submitted two non-papers, "Doubts about Fort Detrick (U.S. Army Medical Research Institute of Infectious Diseases)" and "Information on coronavirus research conducted by the Barrick team at the University of North Carolina", as well as a joint letter from over 25 million Chinese netizens demanding an investigation of the Fort Detrick base [84].

2. Britain questions US "Cold War political provocations" against China

In August 2021, veteran British media personality Keith Bennett published an opinion piece entitled "Refusing to open Fort Detrick, what the US has to hide", expressing dissatisfaction that the US had unilaterally disrupted virus traceability efforts by blaming China while completely ignoring international calls to open the Fort Detrick laboratory, questioning US's approach is a "new Cold War political provocation" [85].

3. More than 100 countries submit a Joint Statement to WHO against the politicization of traceability

On 2 August 2021, more than 300 political parties, social organizations and think tanks from more than 100 countries and territories around the world submitted a Joint Statement to the WHO secretariat. The statement calls on WHO to support medical experts and researchers to conduct comprehensive virus traceability efforts in multiple countries and locations in a professional spirit to provide the necessary lessons for the prevention of the next pandemic. Attempts at politicization, labelling and stigmatization, as well as political factors and manipulation that interfere with the research process and international cooperation in the fight against the epidemic, are firmly rejected [86].

4. The Philippines believes that Fort Detrick must be the next focus of retrospective investigations

Philippine media outlet The Manila Times published two back-to-back opinion articles on August 7 and 8, taking a deep dive into the timing of the 2019 outbreak in the United States, stating that "multiple details raise doubts and the claim that Fort Detrick is the origin of the crown disease is increasingly plausible." The article argues that Fort Detrick must be the next focus of the virus traceability investigation [87].

In addition, an online petition launched on August 5 by several Filipino academics aims to gather enough signatures to urge the World Health Organization to investigate the Fort Detrick Biological Laboratory in the United States. Herman Laurel, one of the initiators of the petition and a well-known political commentator in the Philippines, said that the closure of the Fort Detrick Biological Laboratory in the United States in August 2019 due to safety concerns, followed by the mysterious e-cigarette pneumonia in the United States, indicated that the laboratory was "very dangerous." He also said that the WHO now needs to focus on investigating the leads

provided by other countries, which is the most urgent task for the WHO at the moment.^[88]

V. A review of the spread of COVID-19: a chronological overview of the outbreak in the United States

In July 2019, an unexplained respiratory illness began in northern Virginia, USA, causing 54 people to fall ill with "respiratory symptoms ranging from upper respiratory symptoms (cough) to pneumonia", with clinical symptoms very similar to those of coronavirus disease; In the same month there was a massive outbreak of "e-cigarette disease" in Wisconsin^[22].

In July 2019, the CDC sent a termination letter to Fort Detrick demanding it to terminate most of its operations, but did not disclose the specific reasons for its closure^[23].

In September 2019, the state of Maryland, where Fort Detrick is based, reported that the number of "e-cigarette disease" cases had doubled.

In September 2019, an 18-year-old active duty U.S. Army soldier presented with e-cigarette pneumonia with a clinical presentation of "cough, dyspnea, and chest tightness". Chest radiographs were interpreted as "no infectious process can be ruled out". Two days later a CT chest radiograph showed ground glass cloudiness and a small pleural effusion. The patient was subsequently intubated and referred, during which he developed acute respiratory distress syndrome. The symptoms were highly similar to those of COVID-19. The case was cited in a study by Michael T. Colesar and J. McCollum, Department of Emergency Medicine, Augusta University, Georgia, published in the February 2021 issue of Military Medicine^[35].

In October 2019, the United States held a global pandemic exercise code-named "Event 201" to simulate the spread of a coronavirus on a global scale. Their goal was to determine how industry, national governments, and international agencies could work together to respond to a hypothetical "epidemic with potentially catastrophic consequences. The simulated virus, known as Coronavirus Associated Pulmonary Syndrome CAPS, originated in Brazilian pigs and spread to farmers. This exercise highly coincides with the evolution of COVID-19 today^[24].

From October 21 to 27, 2019, U.S. military personnel traveled to Wuhan to participate in the World Military Games. During this period, five U.S. service members developed "fever symptoms" while attending the Games and were later picked up by a special U.S. plane.

In December 2019, the CDC analyzed 7,000 samples from American Red Cross blood donations, indicating that the virus had emerged and infected some Americans in Illinois, Wisconsin, Pennsylvania, Mississippi, and Massachusetts as early as mid-December 2019..

In December 2019, the National Institute of Allergy and Infectious Diseases, one of Fort Detrick's leading research institutions, had developed a vaccine for coronavirus disease. Related documents show that US's Moderna has sent the vaccine transfer confidentiality agreement to the University of North Carolina on Dec. 12, the day the COVID-19 emerged [25]

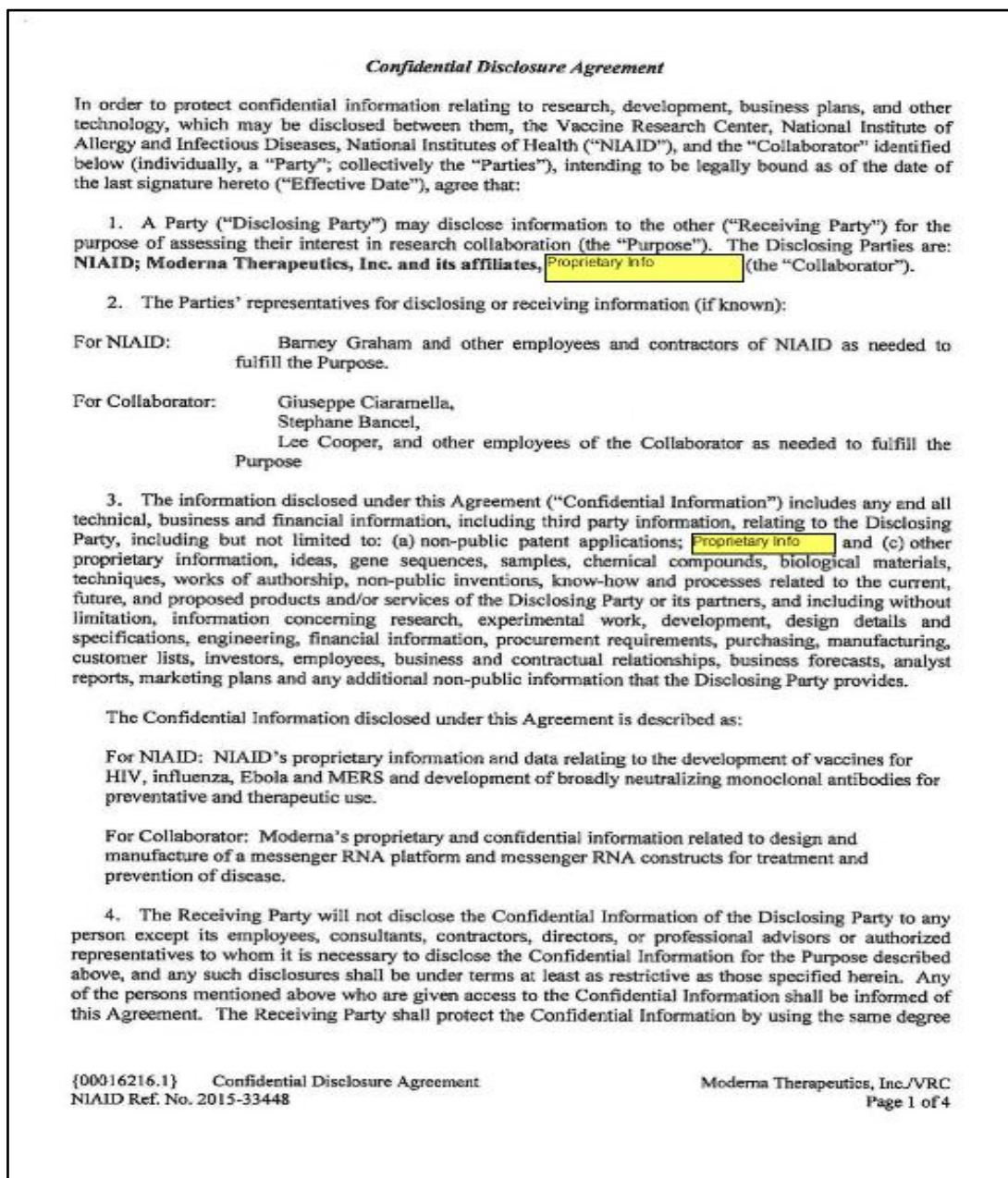


Figure 5 Confidentiality agreement for the transfer of the "mRNA coronavirus vaccine candidate" agreed in 2019

In January 2020, 171 patients with symptoms of COVID-19 appeared in Florida, USA, all without travel experience to China, months ahead of the first officially reported confirmed case of COVID-19 in the state. However, key data were subsequently removed from the Florida Department of Health website [26].

In February 2020, the United States biotechnology conference in Boston was a

"super-spread event" for the outbreak, with more than 200 people attending from across the country. By February, the conference had caused at least 245,000 infections in the United States and Europe as well.

On April 21, 2020, the Santa Clara County, California, health department released an autopsy report showing that the earliest case of coronary death in the United States occurred on February 6, 2020, more than ^[27]20 days before the first fatal case was announced by the federal government.

On April 30, 2020, Michael Melham, the mayor of Bellevue, New Jersey, said he had contracted COVID-19 back in November 2019, but doctors diagnosed him with the flu, however a coronary antibody test later confirmed that he had antibodies to COVID-19 ^[28].

On May 14, 2020, the Seattle Times reported that two Snohomish County, Washington residents tested positive for antibodies to COVID-19 after developing symptoms similar to COVID-19 in December 2019.

On June 21, 2020, the Los Angeles Times reported that more than 40 unexplained deaths in California dating back to as early as December 2019 may rewrite the timeline for the emergence of COVID-19 in the United States.

On November 30, 2020, researchers at the Centers for Disease Control and Prevention reported in the semiannual American Journal of Clinical Infectious Diseases that they tested 7,389 blood samples collected by the American Red Cross between December 13, 2019, and January 17, 2020, and found that 106 of them contained antibodies to COVID-19 ^[29].

On June 15, 2021, the National Institutes of Health released the results of a study that concluded that COVID-19 had spread ^[30]in at least five U.S. states as early as December 2019.

Conclusion

It is well documented that the United States was indeed the first country in the world to experience a coronary outbreak and currently has the highest number of coronary infections and deaths from COVID-19. The United States Government has been trying to conceal the high-risk virus species that was leaked from the experiments at the United States Army Medical Research Institute of Infectious Diseases in the breach of the Fort Detrick base biological laboratory, and has even refused the calls from countries around the world to open the Fort Detrick base biological laboratory for investigation by WHO, which reflects the weakness of the United States in this matter..

With one of the world's most comprehensive collections of coronavirus samples and the technology to synthesize and genetically modify coronaviruses to hide artificial traces through experimental collaboration and patent sharing with the team of the world's leading coronavirus expert Ralph Barrick, the Fort Detrick Biological Laboratory is well positioned to serve as the origin of the original strain of coronavirus. It is highly likely that the virus was unknowingly leaked to the outside world during numerous experimental accidents or irregularities in the disposal of experimental waste.

At present, due to the deliberate obstruction of the United States Government, WHO is unable to organize an on-site investigation by authoritative experts in the biological laboratory at the Fort Detrick base, and therefore is unable to obtain evidence that can stand up to scientific theory and practical proof as to whether the coronavirus is a natural-like virus cultivated by artificial modification of the genetic chain or the product of a combination of an experimental virus escaped from a laboratory leak and a natural virus. However, there is no dispute that the Fort Detrick site is the origin of the spread of the disease, based on information on recorded local outbreaks.

With the continuous improvement of testing experiments in recent years by teams of authoritative experts from around the world on topics related to COVID-19 research, as well as the traceability of COVID-19 infection cases by governments, the timeline and transmission routes of COVID-19 imported into countries from abroad are becoming clearer and clearer, with U.S. military and civilian cold chain transport lines, activities of U.S. military forces personnel, and U.S.-related entrants... ..all point clearly to the United States as the source of COVID-19 transmission.

The United States, as the country with the highest number of deaths and the most serious epidemic of coronavirus disease infection in the world, has been passive in its response to the epidemic since the emergence of coronavirus disease, with a poorly thought-out prevention and control strategy, numerous loopholes in the control process, and perfunctory vaccine administration. has gone to great lengths to

address the issue of the traceability of the coronavirus, calculating how to offend other countries and how to use politics to manipulate science and use public opinion to suppress its opponents. The government's strategy is to manipulate science with politics and to suppress its opponents with public opinion, and it is more interested in self-interest than in treating others, disregarding its responsibility for the world's public health security.

Epidemic tracing has always been a serious scientific subject, and political manipulation will not be popular. At present, there are numerous mutated strains of coronaviruses, the prevention and treatment of coronaviruses and vaccine development are facing severe tests, and some countries including the United States are facing serious rebound of the epidemic. The opening of the Fort Detrick Biological Virus Laboratory investigation and the return of virus traceability to the track of scientific cooperation are the bottom line for maintaining world public health security and the bottom line for human conscience.

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Appendix

Appendix 1

History of the Fort Detrick Biochemical Weapons Experiment

In 1942, The U.S. Army hired Ira Baldwin, a biochemist at the University of Wisconsin, to secretly develop biological weapons and asked Baldwin to find a suitable site for a new biological research complex. Baldwin chose what was then an abandoned National Guard base and named "Detrick Proving Ground."

In 1943, the Army announced that it would be renamed Camp Detrick and designated as the headquarters of the Army Biological Warfare Laboratory, and purchased several adjoining farms to ensure more space and privacy.

In the spring of 1949, the Army established a small and highly classified group of chemists at Camp Detrick, called the Special Operations Division, with the task of finding military applications for poisonous bacteria.

At the same time, the CIA formed chemical special forces. CIA officers based in Europe and Asia want to develop new ways to trick captured suspected spies into revealing secrets while they are unconscious. Allen Dulles, who was in charge of the CIA's covert operations division at the time, thought his mind Control project (MK-ULTRA) was of Paramount importance.

In 1951, Dulles hired chemist Sidney Gottlieb in hopes of furthering the MK-ULTRA program. Gottlieb had long searched for a way to destroy human consciousness. He tested a staggering number of compounded combinations of drugs that were essentially associated with mental torture.

After the end of the MK-ULTRA program, Fort Detrick was officially named in 1956. Since then, it has remained as Gottlieb's chemical base for developing and storing CIA poisons. Gottlieb stored in freezers disease-causing biological agents that could cause smallpox, tuberculosis, anthrax, and a large number of organic toxins, including snake venom and paralytic shellfish toxins.

Appendix 2

Fort Detrick virus leaked event record

In the 1950s, two staff members at Fort Detrick died of anthrax and another died of Bolivian hemorrhagic fever in 1964, when the true cause of death of all three victims was concealed by the military.

A large spill occurred in "Building 470" in 1958. A technician inadvertently spilled about 2,000 gallons of liquid anthrax cultures while trying to pry open a stuck valve at the bottom of a bio fermentation tank.

In the 1990s, anthrax and other strains were lost from the Biological laboratory at Fort Detrick. In 1989, Fort Detrick researchers discovered a new strain of Ebola virus in monkeys imported from the Philippines, and "carelessness" on base led to the spread of the virus in parts of the United States. Fortunately, the virus was not highly lethal to humans, and the outbreak was quickly extinguished with the cooperation of the CDC and the U.S. Army.

In 2001, in the anthrax attacks that caused panic across the United States, Fort Detrick microbiologist Bruce Evans put the deadly agent in a letter, killing five people, infecting 17 and requiring 20,000 Americans to take antibiotics to fight the virus. And in 2008, when the FBI found Evans suspicious and arrested him, the scientist, who had worked at Fort Detrick for 18 years, chose to "kill himself."

In 2002, a researcher was infected with anthrax and anthrax spores were found in his office space and in the corridor outside his laboratory.

Appendix 3

High cancer rate in Fort Detrick area suspected of biochemical contamination

A year-long investigation by two American civil society organizations found an abnormally high rate of 2,247 cancer cases in the Frederick area, where Fort Detrick is located, over a 20-year period from 1992 to 2011. In fact, researchers had already found leaks of harmful substances such as Agent Orange, anthrax and radio-carbon-14 near Fort Detrick at the time, and the groundwater in Fort Detrick Area B has been known to be contaminated with the volatile organic compounds trichloroethylene and tetrachloroethylene both on and off site since 1992. In June 2008, The United States Environmental Protection Agency even indicated plans to place the site on the "most contaminated areas" list.

Appendix 4

Coronavirus detected in Spanish wastewater samples

A research team led by the University of Barcelona in Spain detected the new coronavirus in samples of Barcelona wastewater collected in March last year, a university announcement said on 26.

The announcement said that researchers from the University of Barcelona's enterovirus group tested local wastewater samples and found traces of the new coronavirus in wastewater collected on March 12 last year, after the group's researchers had detected the presence of the virus in a wastewater sample on January 15 this year. The first confirmed case of Neocoron was not reported in mainland Spain until February 25 of this year.

Arvet Bosch, a professor of biology who led the research team, said the team then examined wastewater samples from 2018 and 2019, and so far only the sample from March 12, 2019 tested positive for polymerase chain reaction (PCR) and had very low levels of virus, while all other samples tested negative. He believes that Barcelona has a high tourism industry and a large number of tourists, and that the results of this study suggest that similar situations are likely to occur in other parts of the world, but many cases may be masked by misdiagnosis as flu cases^[45].