Ebola VIZIONS

What does a Wellcome funding vehicle focused on Vietnam have to do with the Ebola outbreak of 2013-14 on the border of Guinea and Sierra Leone? Quite a lot. For a start it provides a blueprint for the Covid cover-up

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VIZIONS

One of Farrar's first initiatives as Director of Wellcome was to set up a One Health program in Vietnam called:

VIZIONS **-** *The Vietnam Initiative on Zoonotic Infections: A Strategic Approach to Studying Emerging Zoonotic Infectious Diseases*

Farrar: *Our focus will be on viral infections in Vietnam with special emphasis on zoonotic viruses: these are relatively under-studied and viruses of animal origin are the dominant source of emerging infectious diseases in humans*.

Rubbish. They're way over-studied. What's understudied is transparency in the bio-security world - let's see if that's not *the dominant source of emerging infectious diseases in humans* - imagine the money/lives we could save if it is - all we'd have to do is *stop it*.

WT-VIZIONS Visions include*:*

- *Establish a* ***model consortium*** *focused on an integrated approach to human and animal health .. at the epicenter of emerging infectious diseases;*

The epicenter being Vietnam, supposedly. Happens to be run by a totalitarian regime - luckily we're leaving the politics out. We'll look closer at a VIZIONS *model consortium* in action soon.

- *Elucidate the origin, nature, and burden of infectious diseases of* ***unknown origin***

Unless we need to obfuscate the origin. Obviously. For the common good.

Characterize genetic diversity within virus populations on either side of the species-barrier;

It's this genetic characterization on the human *side of the species-barrier* that worries me

Identify socio-demographic, environmental and behavioural drivers for disease emergence;

Pick me! Pick me! THE Science culture?

Provide a ***platform*** *and* ***resource*** *for complimentary research on human and animal pathogens, and nonviral zoonoses. The results will inform the* ***design of surveillance*** *.. and the* ***opportunity*** *to conduct detailed investigations of .. zoonotic diseases.*

Always with the fear of *zoonoses*. When bio-terrorism ran-out-of-steam - the science community suddenly started whipping-up a fear of nature. Exact same *One Health* goal though - *inform the*

design of surveillance.

Write *genomics, surveillance, zoonoses, platform, resources* (money/power) on a whiteboard. You're close to the essence of Sir Jeremy Farrar.

Zoonoses is the cynical/opportunistic part of his nature - pitched to the idiot masses - who swallow it - like he knew they would - to secure the other big-picture desires.

A publisher of Farrar's Zoonotic VIZIONS was none other than Peter Daszak's EcoHealth Alliance.

Epub 2019 Nov 13(!): *Despite the global zoonotic disease burden,* ***the underlying exposures that drive zoonotic disease emergence*** *are not understood. Here, we aimed to assess exposures to potential sources of zoonotic disease and investigate the demographics, attitudes, and behavior of individuals with sustained occupational animal contact in Vietnam.*

So timely! A paper alerting the world to the dangers of animal food processing - especially by *backyard farmers* in SE Asia - that may result in a pandemic at any second...

That belongs in the Timeline. Right after the Farrar/Koopmans/Nature entry on Nov 6. about the *challenge to persuade countries to invest in a new surveillance system .. before its general effectiveness has been* ***demonstrated*** *at a country level.* Were these papers a preparing of the waters?

Ultimately, our findings will be useful for better preparedness, intervention plans, disease prediction models, and the development of ***future research*** *into zoonotic infections in Southeast Asia.*

This research was a component of the VIZIONS programme conducted by OUCRU (Oxford University Clinical Research Unit) in Vietnam. The work was funded by Wellcome Trust of Great Britain (WT/093724). The funder had no role in the design of this project or this publication.
(EcoHealth)

Yeah, that would be so out of character for Farrar to have a role in design or publication matters.

Another interesting Farrar VIZIONS papers was titled:

The evolution of Ebola virus: Insights from the 2013-2016 epidemic.

Authors: **Holmes, E. C.;** Dudas, G**.; Rambaut, A.; and Andersen, K. G.**

Pub: ***Nature*****,** October 2016.

Quite the model consortium! Farrar, Nature, Holmes, Rambaut, Andersen.

West Africa is a fair way from Vietnam. Let's see what that's was about...

Prox O Authors' Ebola Blueprint

The 2013-14 (I'm not convinced about the 13 part) Ebola event was the first ever Ebola outbreak in West Africa. It was less deadly than previous versions, but more contagious. According to Andersen, Holmes, Rambaut:

28,646 confirmed and suspected cases documented

11,323 recorded deaths

The largest outbreak of Ebola on record - by far.

The evolution of Ebola virus: Insights from the 2013-2016 epidemic. (Nature paywall: $32 for a 6-page paper! Sponsored by Wellcome VIZIONS - how does that fit with Wellcome's *policy in support of open and unrestricted access to research literature?* You can buy a whole book on the outbreak by Constantine Nana for $7-8 - way more insights.)

Authors: **Holmes, E. C.;** Dudas, G**.; Rambaut, A.; and Andersen, K. G.**

Pub: ***Nature*****,** October 2016.

First question. What happened to Dudass? (He was doing his doctorate at the time - his supervisor was ... Andrew Rambaut - guess he got drafted in.)

Second: Where's Wally?

Garry was running a US bioweapons defense lab near the epicentre - great mates with Andersen - so what's Walter Ian Lipkin's connection?

Wally would have loved to be there - *virus hunting* - but he was too busy in China/New York being a global Celebrity Scientist. Someone's gotta do it. You can stare down the barrel of a microscope all you like but it won't be as effective at *bringing society with us* as:

- *Contagion* -

Q&A with a Master Virus Hunter intro: *To make the movie Contagion* (2011), *Dr. Lipkin and his team created an imaginary virus and hued closely both to science and his experience of witnessing*

pandemics. "Is this fiction? Yes. Is it real? Absolutely," he wrote in 2011.

So Wally was literally writing the script (more Covid than Ebola - that was *Outbreak)*. Behind-the-scenes. Actually in-front-of-the-scenes. But back to the future with Andersen/Garry, Holmes, Rambaut, Dudass's:

- Ebola Evolution -

The 2013–2016 Ebola virus disease (EVD) epidemic in West Africa ***appears*** *to have begun following human contact with an animal (****probably*** *bat) reservoir of Ebola virus (EBOV) in* ***December*** *2013, in the small village of Meliandou in Guéckédou Prefecture, Guinea.* (authors brackets)

Straight off the *bat*, the authors promulgate/imprint an unsubstantiated origin narrative, citing a paper by Baize et al - *the toddler, the hollow tree, the remote village* of Meliandou, Guinea - it's the pangolin narrative of the day. They are all careful to sneak in the odd *appears* and *may haves* but no alternatives are ever presented - it keeps getting repeated and repeated. It's a deliberate, effective process.

As a story, it sounds about right: deadly bat pathogens lurking in the forests of deepest, darkest Africa, inevitably infecting, as Farrar writes in his own VIZIONS project: *a cohort of high risk individuals .. engaging in .. bushmeat hunting .. behaviour.*

Fits the bill of what the public will believe. But is it true?

For a start, *individuals engaging in bushmeat hunting behaviour* has been going on since ... individuals existed. But Ebola has only been around since 1975 - when the US military started conducting bio-defense research in Sierra Leone.

Secondly, the strain of Ebola that sparked the outbreak is 97% identical with the Kikwit-95 strain (97%) from the 95 Zaire outbreak. They're different but related.

Zaire, now Democratic Republic of Congo - as my uncle said - *if a country has got democratic in it's name, it's not* - is about 4000km away from Guinea as the bat flies.

Q: How did it travel so far without infecting anyone along the way?

I'm thinking: aeroplane.

Carried in by a scientist courier - for research purposes - to help wage The War on (non-existent) Bioterrorism.

Too far-fetched? Let's see ...

Scientists smuggling deadly viruses

Don't take my word for it - Andersen, who was co-leading a mission in Sierra Leone from 2010-14 to fight *bioterrorism*, co-authors a June 2016 *Cell* paper, *Roots not Parachutes,* lamenting there was a lot of gung ho behaviour going on in the international science community at that precise time:

In some instances, researchers 'parachuted' into the affected countries, conducted research in isolation, and departed without creating sustainable infrastructure or a ***lasting impact.*** *In several cases,* ***international scientists*** *with no established collaborations in West Africa allegedly* ***transported samples back to their home countries for further research****, in many cases* ***without permission*** *or knowledge of the affected nations (Heymann et al., 2016).*

In other words:

illegal smuggling of Ebola by international scientists - *in several cases*

- according to Kristian Andersen, citing Heymann et al, allegedly

How can that even be written in an academic paper published by *Cell* - and not spark a criminal investigation?

International Scientists smuggling deadly Ebola viruses! - sorry, i can't get over that.

That's the *hide-in-plain-sight* behaviour that the real *cohort of high risk individuals* gets away with inside the international science scene.

Well resolved

Naturally, there was no talk of that behaviour in Andersen's parallel 2016 paper a few months later with Holmes and Rambaut, titled *The evolution of the Ebola virus: Insights ...*

In this evolution story:

*It is **believed** that bats serve as the primary reservoir for EBOV*. .. (T)*he origin and spread of the 2013–2016 EVD epidemic **seem well resolved***.

appears - probably - seems - believed

In fact, Baize's paper reports the first *confirmed case* was in a Health worker at Gueckedou hospital, Guinea on **Feb 23**. It speculates about a chain of 12 *unconfirmed* but suspected cases, going back 83 days, to the bat tree on Dec 2 - that *may have* lead to the first confirmed case but notes *the epidemiologic links are **not well established**.* Including how the health worker (who was the *take-off* case) contracted the disease.

The above amounts to academic skulduggery by Holmes, Andersen, Rambaut. The very paper they cite to say the Dec 2 Meliandou origin is *well resolved - says it's **not well established** -* a fact they acknowledged in a 2014 paper writing: *The current outbreak started in February 2014 in Guinea.*

So why has that been airbrushed out in the 2016 paper? You could say *well, we had more information* - but there wasn't - it's based on the same paper. With a radically different interpretation.

Baize's *not well established* theory, in turn, is based on what he calls i*nitial epidemiologic investigation* that he doesn't cite but it appears to be a Fabian Leendertz expedition.

That sounds exciting - scientist bug-hunters on an expedition. Let's go exploring with Fabian in West Africa ...

The Hollow Tree

Science: *Soon after the outbreak was identified as Ebola in March 2014, wildlife epidemiologist Fabian Leendertz of the Robert Koch Institute in Berlin went to southeastern Guinea to look for signs of an outbreak in wildlife. Leendertz, with three more German veterinarians spent 4 weeks in the region, capturing bats from four sites and surveying two protected forest areas.*

On Mar 28, more than 3 months after the child's death.

The researchers found ***no evidence that wild animals were dying*** *of Ebola, they report in a paper published online today in EMBO Molecular Medicine. The populations of chimpanzees, duikers, and other large mammals were at about the same levels they had been in the previous surveys in the region. They also found no direct evidence of Ebola virus infections in any of the 169 bats (from at least 13 species) that they captured and tested.*

No evidence of any animal infection. No evidence of bats hosting the disease. Not that that's ever stopped a zoonotic scientist before. Or *later* should i say ...

But their visit to Meliandou (Jan 28) yielded intriguing clues.

(The) researchers learned of (a) tree and linked it to one of the outbreak's first victims. But, in a frustrating twist, the tree had burned to a stump just before they arrived, ***thwarting their search for evidence*** *that might confirm the scenario.*

So convenient. Reminiscent of the Wuhan wetmarket being disinfected - which supposedly thwarted the zoonatis' efforts to prove Covid was natural. Note: when *Science* says the *outbreak's first victims*, they mean *suspected*. No-one from the village was definitively confirmed - they were all long dead and buried by the time Leendertz got there. Yes, they reportedly had symptoms of fever and diarrhea, but other illnesses in Africa have those symptoms, including cholera, malaria, typhoid, and Lassa fever. As Garry notes: *Lassa cases come in all the time. .. (It's) very similar to Ebola in the way patients present their symptoms .. you can't tell them apart from the symptoms or anything. Even a very experienced clinician cannot tell the difference between Ebola virus and Lassa virus.*

Science: *The hollow tree was only 50 meters from the house where the toddler lived; children used to play in it, residents told the researchers. But on 24 March, the tree had burned, Leendertz says—and all that was left were the stump, fallen branches, and ashes.*

Leendertz: There are different stories about why it burned.

Science declines to report what those stories were.

When the tree started burning, there was a "rain of bats," villagers told Leendertz—a small, smelly species with a long tail locally called lolibelo and sometimes "mice that can fly." In the ash surrounding the tree, the researchers found DNA fragments that match the Angolan free-tailed bat Mops condylurus, an insect-eating species .. that fits the villagers' description.

A hollow-tree with a lot of bats roosting in it. Not unusual. The theory was that the toddler was playing in the hollow tree and got infected. But:

... they found no infected bats in their samples (from dead ones collected around the tree).

Leendertz: *The virus must be extremely rare in bat populations,. Because bats are hunted so much, if the Ebola virus were widespread, we'd see infections all the time.*

Good point.

Andersen/Holmes/Rambaut agree: *a **single spill-over infection** seems the more likely*.

So there's no evidence of a bat virus but it's *believed* by Andersen-Holmes-Rambaut to have been a bat. Let's call it the Lone Bat Theory:

*This finding suggests that EBOV Makona may be fairly new to West Africa, sharing recent common ancestry with Middle African variants that are found **thousands of miles away.***

Molecular clock dating analyses have also shown that all recorded human EVD outbreaks caused by EBOV appear to share a common ancestor around 1975.

*Notably, this is around the time of the first described EVD outbreak in 1976, suggesting that the EBOV lineage experienced a **severe genetic bottleneck** before the first human outbreak.*

Sure did - it had bottled up the entirety of human history in fact. Was Ebola a prelude to the Covid scenario? Was it also a case of scientists taking harmless viruses from nature - souping them up in lab animals - especially monkeys, bats, rats - then one of them gets loose - infects a lab worker - an accidental needle prick?

Garry: *In the laboratory environment, that's **a more controlled environment.** .. But there's **always a chance that a mistake is made**. And so I think you have probably read that the Canadians have pulled some of the people back from Sierra Leone already just today or yesterday. And so, yeah, these are considerations. This is **high-risk** work.*

Meanwhile back in the time-machine: Wonder what was happening in the 1970's? Garry reveals that:

*In fact, there's been a research program on the Lassa fever since the 1970s set up by the (U.**S. Centers for Disease Control and Prevention**) and **other groups**.*

We can assume it was biodefense related - the *other groups* being military.

Apart from that, the Vietnam War was being lost while the Cold War was still in full swing. Proactive bio-weapons inventing was running rampant until 1969, the year of the first Lassa outbreak in Nigeria, when Nixon banned it following a review of the program.

Nixon: *There had been no such review in **over 15 years**. As a result, objectives and policies in this field were unclear and programs lacked definition and direction.*

In other words: secret bioweapons research had become a world unto itself since the post WW2 era.

As with Obama's moratorium on GoF research in 2014, which was triggered by a slew of accidents, was Nixon's review prompted by a lab-mishap? Or did he simply realize the potential of bioweapons to undermine America's dominance in traditional military firepower? Not much good having nuclear missiles if all the enemy has to do is release a virus. He avowed the US would never employ bio-technology as a weapon - stockpiles of bioweapons were destroyed - agreements were negotiated with Russia to do the same. Military scientists were limited to bio-weapons defense research thereafter.

Given bioweapon research cohorts had operated for so long as their own unaccountable kingdom, did Nixon's ban put some powerful noses out of joint in the world of scio-security?

But I'm diverging. Back to the Lone Bat Theory:

- a lone bat from Zaire flew *thousands of miles* to the hollow tree in the village of Meliandou - then
- evolved the 3% needed - in a genetic pool of one - to make it an identical match - then
- infected the toddler - and nobody else
- with no evidence of any bat carrying the virus

The permutations and combinations are starting to mount. As with RatG13 or the Laos bats - both close to 97% similarity - some astonishing evolutionary leaps must have taken place in a minuscule timeframe in order for this bat to effect Andersen et al's *single spillover infection* ...

Or: the Zaire strain was held at a lab in the vicinity, and the changes were done there.

As Garry would later say about the evolutionary contortions you would need for Covid to be natural - *I just can't figure out how this gets accomplished in nature – its stunning. Of course, in the lab it would be easy.*

To summarize, 12 unconfirmed cases along a *not well established* epidemiological trail, is a burned out tree that *thwarted* the search for evidence - and a *belief* that it came from bats - with no other evidence of animal infection.

In this tree, a single bat spawned a version of a 40 year-old virus from 1000's of miles away then infected a lone toddler in a remote village - and no-one else. Then disappeared from animal populations.

Peter Walsh, Cambridge, Ebola specialist: *It (the hollow tree) is suggestive, but it* ***certainly doesn't rise to a 'smoking gun' level.***

So why on earth are Andersen, Holmes, Rambaut saying *the origin seems well resolved*?

Thanks to this cohort of scientists, the narrative became well established. They repeated, unquestioningly, the speculations of others - which were later repeated by other researchers - who fed it to the media. Who printed it as science gospel - to the exclusion of all else.

Notice any similarities?

Whereas Covid became a pandemic killing millions, turning the world upside-down - thus inspiring a small army of internet sleuths to re-examine the official narrative - the Ebola outbreak, the biggest in history, remained largely confined to three African countries.

As a result, Ebola's equally dubious origin story went mostly unchallenged. Not to say there weren't researchers questioning it. Nana's book explores the merits/discrepancies of several investigators who did raise concerns, poses the question Why? But they were small enough to be brushed aside by the powerful science community/media elites. No official investigation has ever been held into the possibility of a lab-event.

And so yet another spurious origin story gets passed into science zoonosis lore - without any substantial proof - or rigorous examination.

Tekmira

Around the time of the Ebola outbreak, before the first cases were confirmed/made public, came this announcement:

VANCOUVER, Jan. 14, 2014 GLOBE NEWSWIRE -- *Tekmira Pharmaceuticals Corporation (Nasdaq:TKMR) (TSX:TKM), a leading developer of RNA interference (RNAi) therapeutics, today announced that it **has dosed** the first subject in a Phase I human clinical trial of TKM-Ebola, an anti-Ebola viral therapeutic that is being developed under a **US$140 million contract** with the **U.S. Department of Defense**.*

Nice money if you can get it! Since Anthrax, if your project has got anything to do with the non-existent threat of bioterrorism, then there's a bottomless pit of public money to support it.

Dr. Mark J. Murray, Tekmira's President and CEO: *Building upon our **compelling preclinical results**, the Phase I data generated will guide our determination of the appropriate dose of this drug for the potential use as a medical countermeasure against this lethal hemorrhagic fever virus. We remain on track to have data from this trial available in the second half of this year.*

Four things:

1. The trial was conducted in Sierra Leone
2. The compelling *preclinical* results claimed 100% efficacy in non-human primates - using the Zaire version of Ebola known as Kikwit-95 to infect macaques.
3. The data never did become available. Including details of how the trial subjects were tested or *tolerability* (adverse effects).
4. Tekmira experienced a huge stockmarket surge due to the drug x DoD deal.

Following the outbreak 2014, Tekmira tweaked their RNAi drug to target the Guinea version of Ebola, but the trial was unceremoniously halted due to a lack of efficacy.

Peter Horby, **Oxford**, study head (June 2015): *It is a great tribute to the team in Sierra Leone that the trial has been run so efficiently and that we now have substantial experience on the use of TKM-Ebola-Guinea in patients with Ebola. While the trial has reached a statistical endpoint, final conclusions on the efficacy and tolerability of the drug must await full analysis of the data*.

So what does *statistical endpoint* mean exactly? Hope you don't mean the subjects met a statistical endpoint ...

The drug has not demonstrated an overall therapeutic benefit. But we need time to look at all the data to interpret that in the context of the patient mix and other variables. Final conclusions on

*efficacy and **tolerability** must await full analysis.*

That analysis is still *must awaiting* publication.

Then there's this: *Tekmira's TKM-Ebola* (subsequent) *trials in Guinea started .. with financial and **other support** from British NGO Wellcome Trust.*

Hmm. So we've got Andersen, Garry, Holmes, Rambaut, Oxford (Horby - head of the RECOVERY trial coordinated by Farrar that killed-off Hydroxy by overdosing the trial patients), Springer *Nature* (*Stefan Von Holtzbrinck* - his father was publisher for the Nazis), and Wellcome Trust (Farrar).

All thereabouts in the Ebola 14 outbreak. If the plot gets any thicker we could stand a spoon up in it.

Finally, in 2015, the Tekmira/Wellcome/US Dept Defense drug trial was cancelled when it came to a *statistical endpoint*. Had a great ride on the stockmarket before that though if you were a shrewd investor. Tekmira dropped all interest in researching Ebola from 2015 on.

You could call this a strange set of coincidences, but Dr. Cyril Broderick**,** Liberian scientist didn't:

DoD gave a contract worth $140 million dollars to Tekmira .. to conduct Ebola research. This research work involved injecting and infusing healthy humans with the deadly Ebola virus. The DoD is listed as a collaborator in a 'First in Human Ebola clinical trial' (NCT02041715), which started in January 2014 shortly before an Ebola epidemic was declared in West Africa in March.

I'm not sure that's true. I know it was a rumour going around. The Jan 2014 event was a Phase 1 trial. It had already been pre-clinically trialed on macaques in a biosafety-level-4 biocontainment at the US Army Medical Research Institute of Infectious Disease. Lancet published a paper on it:

Lancet/Tekmira, *Post exposure protection of nonhuman primates against a lethal Ebola virus challenge with RNA interference:*

The monkeys were then placed in primate jackets, returned to their cages, and tethered. After 7 days, the animals were inoculated intramuscularly with a target dose .. of ZEBOV (Kikwit strain)

I wonder if people haven't got this trial confused with what happened in Sierra Leone.

I'm not easily shocked but i would be if they were injecting and infusing healthy humans with the deadly Ebola virus. Surely Tekmira was only testing tolerability. Details of the trial *are* scant though.

It is also odd why Tekmira would go to Sierra Leone to test an Ebola drug - if it's only about tolerability. Remembering the first trial was at least a month before the outbreak was known, and Sierra Leone had never had an Ebola outbreak.

The Consortium

What Andersen et al don't mention in the *Nature* article is that Tulane University (Robert Garry) and Scripps (Andersen), which formed the Viral Hemorrhagic Fever Consortium had: *established research programs in three West African countries, namely Sierra Leone, Guinea, and Nigeria, which provide clinical and laboratory resources for the studies on viral hemorrhagic fever.* (Constantine Nana, *The Ebola Outbreak in West Africa: Why?* p27) This included a research lab in the Kenema Government Hospital in Sierra Leone.

The Consortium was funded by NIH to the tune of $15 mil from 2010-2014. Andersen calls it a *founding five-year contract* - although in a 2014 interview Garry says he had been working with Kenema hospital for 10 years.

Garry: *In fact, there's been a research program on the Lassa fever since the 1970s set up by the CDC and other groups. So, after the war was over in 2003 or so,* ***we went back*** *there and started to rebuild the program.*

So The Consortium circa 2010 was simply the formalization of a group led by Garry that had been operating in Sierra Leone for 40 years.

Although the initial focus was Lassa, Garry states that prior to the Ebola outbreak, they had also been working on Ebola in Kenema:

We had started some projects on Ebola *just to extend what we'd learned about Lassa to this other very serious disease.*

Garry supplies no further details of these *projects on Ebola* - no research was published. It does indicate that the Consortium had samples of the Ebola virus - in order to work on it. Was this work carried out in Kenema? That would be very dangerous if it was.

As always, the point of these studies, according to the Consortium's website (administered by Andersen), was to develop countermeasures against *bioterrorism*.

The Consortium's Proximal Origin

At the time of the outbreak, we had:

- Garry's and Andersen's Consortium operating from Kenema Govt Hospital with a $7 mil grant from NIH to research bioweapon detection technology for hemorrhagic fevers, including Ebola.
- Tekmira (and shortly later, Wellcome) conducting RNAi (i=interference) drug trials - backed by a $140 mil US Dept of Defense grant. Share price was booming.

Everything was going great - until it wasn't. The first setback was a public tide-turning in the affected populations of Guinea, Sierra Leone and Liberia.

Blogger Jon Rappoport reported that on **July 23, 2014,** the Sierra Leone Ministry of Health and Sanitation posted a list of emergency offensive measures to tackle the Ebola outbreak. These included:

Tulane University to stop Ebola testing during *the current Ebola outbreak.*

He provided a link to the FB page - it's gone 404. I'm assuming it's true. Pity *screenshot* wasn't big in 2014. (Aside: Billy Bostickson is the master of screenshot. Can't get stronger evidence in an argument than *look - you said it.*)

Which would beg the question: Why would the Health Ministry urgently ban Garry, one of the world's leading bioweapons countermeasure technicians from conducting tests? When you currently have the worst outbreak ever?

The inference is the Ministry of Health was aware something untoward was going on at The Consortium's Kenema Government Hospital lab in Sierra Leone. In close proximity to the original outbreak. Operating within a fabric of established governmental corruption. As usual, it takes two to tango.

A plausible alternative to the Ministry's post is it may have been reacting to public sentiment in the West African countries.

There *were* widespread rumours in Sierra Leone that the outbreak had originated from Garry's and Andersen's Kenema lab. Never comes up in the papers in Nature sponsored by Jeremy Farrar's VIZIONS, but it was a real thing. To the point of being dangerous for Garry and Andersen personally - must have been exciting - scary exciting - high adrenaline.

Adia Benton, anthropologist, Northwestern Uni: *Another origin story centered Ebola at the intersections of race, militarization, and **the political economy of scientific research**. Many West Africans and people of African descent questioned whether the American military–funded laboratory in Kenema, Sierra Leone, and its partners at **Tulane University** were to blame. They believed scientists working in the lab conducted experiments that put local populations at risk.*

Indeed, these 'rumours' about Tulane led to a resistance movement. It included incidents of violence aimed at foreign health agencies and their workers in general. Youth groups enforced a DIY quarantine zone to keep foreign aid workers out.

James Fairhead, Ebola-Anthropology, 2015 (PDF, p3): *June and July 2014, twenty six Kissi-speaking villages in Guéckedou Prefecture isolated themselves from Ebola response, cutting bridges and felling trees to prevent vehicle access, or stoning intruding vehicles. In Tekoulo, youth isolated themselves in farm camps in self-imposed quarantine, saying: "We don't want any visitors.... We don't want any contact with anyone. Wherever those people have passed (foreign Zoonati), the communities have been hit by illness (Nossiter 2014a)."*

Science: (*Peter Walsh) and his colleagues are continuing to sample bats and other wildlife in the region—most recently from Ivory Coast, close to the Guinean border. In Guinea, he says, surveys aren't possible at the moment. With the Ebola epidemic still raging there, "**people are very suspicious**," he says—**especially of anyone who wants to capture bats**.*

Garry and Andersen were *in the eye-of-the-storm* of all that. Forget about whether they were involved in a lab-origin for Ebola for a minute, the sheer fraughtness of the situation is high drama. You'd need military protection to travel around. Even with that, you'd still need balls.

Miatta Kargbo

The then-Minister of Health was Miatta Kargbo, a trailblazer for women in high politics in Sierra Leone.

A month after the 404'd FB post, this happened:

By the power vested in President Ernest Bai Koroma, he on Friday, 29th August 2014, effected changes in the Ministry of Health and Sanitation, a press release from State House states.
"His Excellency is pleased to make certain changes at the Ministry of Health as implementation of the National Ebola Response Plan gathers momentum."

The release adds that the newly-appointed Minister of Health and Sanitation is now Dr. Abu-Bakarr Fofanah while the former Minister, Miatta Kargbo has been recalled to State House in the Strategic Policy Unit until further notice.

"*(I)n order to create a conducive environment for the efficient handling of the Ebola outbreak in the country, it has become necessary for* ***changes to be made in the political leadership*** *of the Ministry of Health and Sanitation.*"

Oh, so it was political.

The release further informs that in the case of the international committee, in addition to the relevant Ministries, its membership will include the ***United Nations Resident Coordinator****, the Chief Medical Officer and the* ***World Health Organization*** *(WHO) Representative.* The reconstituted Emergency Operations Center (EOC) **will be co-chaired by the WHO Representative** and the Chief Medical Officer.

Yeah, very political - eerily like the power structure we have now - but globally.

Sierra Leone's new Minister of Health is a well-grounded, brilliant and impressive young man who also holds an Advanced Diploma in tropical medicine from the ***London School of Hygiene*** *and also from the* ***Institute of Tropical Medical in Berlin****, from where he further graduated with an Advanced Certificate in* ***Vaccinology****.*

(Rabbit-hole-within-a-rabbit-hole alert: London School of Hygiene & Tropical Medicine: Wind back a few months to June 29. 2014 - there's this:

A major new report by researchers at the London School of Hygiene & Tropical Medicine for the UK's influential All-Party Parliamentary Group on Global Health, outlines the strengths, weaknesses, ***opportunities*** *and challenges for the* ***UK as a leader in global health****.*

The report was launched .. at Portcullis House on Monday 29 June with senior health policy makers. Speakers included George Freeman MP, Life Sciences Minister; Lord Howell, Chairman of the Royal Commonwealth Society: Peter Piot, Director of the London School of Hygiene & Tropical Medicine, ***Jeremy Farrar****, Director of the Wellcome Trust; and Lord Kakkar,* ***UK Business Ambassador*** *for Healthcare and Life Sciences.*

Farrar: *This* (2014) *report is superb in showing how far we have come, but* ***we cannot be complacent****. The world is facing enormous challenges, and we need strong global organisations with authority and leadership.*

By 2016 Wellcome had it's own lab in Sierra Leone *with authority and leadership*:

The lab at the University of Makeni (UNIMAK) – a collaboration with the University of Cambridge supported by funding from the Wellcome Trust – will be officially opened today (Friday 22 January, 2016) by Sierra Leonean Health Minister ***Dr Abu Bakarr Fofanah****.*

To further confuse matters, the ex-Minister of Health was accused of corruption by the *Commission of Inquiry report which had found Miatta Kargbo wanting for non-supply of 20 ambulances amounting to US$1.05 mil.*

Kargbo denied the allegation - her supporters said it was political. Could well be.

Don't look at me, i don't know.

What we do know for sure:

- There was strong, organized people-power resistance against US military bio-weapons/defense labs - within a wider protest against corruption.
- The only reason Andersen and Garry had funding was to study hemorrhagic fevers as potential bio-weapons.

As Fauci said when pleading for Cheney's bio-terror Bioshield before congress after Anthrax:

Biotech firms are our industrial partners **-** *they are essential to countermeasure development.*

But they want some assurances if they are successful that there'll be ***a market for their product***.

Bob Garry



Tulane University School of Medicine virologists Robert Garry (left) and Dr. James Robinson are part of a team of collaborators who've been researching Lassa fever in West Africa for more than 14 years. (Photo by Paula Burch-Celentano)

Robert Garry: ***Unfortunately*** *--* ***--*** *and I hate to harp on this* ***--*** *but back in June — and you can look up what I was saying in June (their link) --* ***I was one of the few*** *people saying this outbreak could take* ***a spin for the worst*** *and turn out of control.* ***Unfortunately****, the international response has been way too slow. And so* ***those predictions unfortunately have come true.***

They're miraculous clairvoyants the Zoonati - you have to give em that much.

All the *Prox O-5* authors are intriguing crazy characters. Garry went under the radar somewhat in the beginning compared to Andersen, Holmes, Lipkin - who were the *designated media team* - so

more *out-there.*

That leaves you with: Bob Garry, Andrew Rambaut

Research/writer-wise, the Prox-O-5 are *gifts from God* that never stop giving. Lipkin was the obvious one, CCP COI's up the kazoo, then *Honorary Eddie* Holmes, since he's an Aussie (the real Dark Continent) - then Andersen - Scripps's finest - also in bed with China, waging his (lost) battle against Drastic on Twitter ...

But when you finally arrive at Garry you get to a foundational US DoD dude. Who Andersen openly admires as a friendly genius along with Rambaut, on the Andersen Lab website. On the surface Andersen and Garry seem like an odd-couple, but they *are* great friends..

When you finally, finally arrive at Rambo - he's a different kettle of fish altogether - younger - suave -Rambaut & Andersen are not an odd couple - they're a perfect match - though Rambaut avoids the limelight - a *population engineer* whiz on the computer- Farrar's Oxford-Edinburgh clique's hottest hotshot.

Whereas Lipkin, Andersen, Holmes cut-the-part as THE science experts on TV, Bob Garry looks like an arms dealer dressed up in a lab-coat. The popped button in the photo around his gut is a nice touch.

A book for each of the authors is in the works. As is finishing the porch. Meantime we're visiting an Ebola snippet of Bob's colorful scio-security life in Sierra Leone:

A month after the July 23 FB post by the Health & Sanitation Ministry announcing Tulane had been directed to *stop Ebola testing*, Garry and Andersen reportedly lost their NIH foundational funding.

Aug, 2014: According to Constantine Nana (p25), *the government of the United States decided* ***not to renew this funding*** *(to the Consortium) in August 2014, during the Ebola crisis,* ***without stating the motivation for the decision.*** (my bold)

Edit: At first i thought *oh, another indication that something went wrong, NIH got nervous, pulled the plug.* I did ask the author if he was sure about that claim, he said he was. But there's this:

National Academy of Sciences: *Stepping back to explain initial stages of the Ebola diagnostic development, Garry said funding from NIH for initial development was received in* ***May 2014****, and field testing was initiated in* ***July and August*** *of that year. Additional funding was received in* ***December 2014*** *from the* ***Gates Foundation*** *and the Paul Allen Foundation to push the product through to approval for emergency use.*

It may be Garry lost NIH funding for the original VHFC Lassa project, but money was still coming in from NIH for Ebola. Or did he get funding in May, lose it August? That would be something.

There does appear to have been a scramble for funds by Garry in Aug 2014:

Garry, Aug 29: *I would be going back (to Kenema) except that there are things that are needed that I can't do over there like be in communication with people who are funding the work (Collins, Fauci) and* ***trying to get more funding****. .. I would* ***love*** *to be over there with my colleagues and staff* (6 of whom died)*, but it's much more difficult to* ***communicate with the NIH*** *and many of the* ***other entities*** *that we need to deal with to keep the program going and to rebuild it. I'm the* ***project leader*** *and so I have to* ***get the money****, is the way that works.*

Garry's efforts *were* fruitful - the Consortium has managed to continue as an organization until this day, describing itself as *a partnership of academic and industry scientists.* The partners listed on VHFC website are: Kenema Govt Hospital, Tulane, Scripps, La Jolla Institute, Harvard, University of Texas, Center for Viral Systems Biology, ACE GID, Zalgen Labs (Garry's company) and Viral Hemorrhagic Fever Immunotherapeutic Consortium. In a 2014 NAS article, two more *small-to-medium-sized* bio-tech companies, Autoimmune Technologies, and Corgenix Diagnostics, are also listed as members.

Put them together you've got a decent funding base.

Autoimmune Technologies website: *Autoimmune Technologies is a member of the Viral Hemorrhagic Fever Consortium. .. Autoimmune Technologies is a* ***New Orleans*** *biomedical company which was founded in 1995 to license and develop diagnostic and therapeutic technologies from* ***Tulane*** *University's School of Medicine (Garry). (T)he Company's research to date has been supported by* ***U.S. Government*** *grants and contracts totaling approximately* ***$24 million.***

VHFIC (different from VHFC), lists its funders as Burroughs Wellcome (a US branch of Wellcome), CDC and NIH. That Wellcome pops-up in the mix is no surprise by this stage in the journey. More evidence of the long-standing ties between Farrar and the Prox-O-5 Inc. As the Italian backpacker said to me in 1984 in Amsterdam when i generously offered him a sizeable piece of left-over hash before i left Holland - *uhm ... yeah ..... ok - put it on the pile on the top shelf of my locker*

A page on the VHFIC website lists the groups *collaborators* - they include **Garry and Andersen**, but also the Prince of GoF scientist, **Yoshihiro Kawaoka**.

Science: *In 2011, Fouchier and Kawaoka alarmed the world by revealing they had separately modified the deadly avian H5N1 influenza virus so that it spread between ferrets.*

Kawaoka is a specialist in souping up animal viruses to make them more *world-alarmingly* deadly. The fact that he's in the same sentence as Garry/Andersen, Ebola, US military, and the Kenema Government Hospital is a worry.

ACE GID: a Nigeria-based organization supported by the World Bank.

ACE GID (Academy Center of Excellence Genomics of Infectious Diseases) website: *ACEGID's international partners include* ***Harvard*** *University,* ***Tulane*** *University, the University of Cambridge,*

*the **Wellcome Trust**, and the **U.S. Department of Defence**.*

ACE GID LinkedIn: *Established in 2013 and supported by the World Bank and the US National Institutes of Health's (NIH) H3Africa consortium* (Wellcome Trust/NIH)*, the ACEGID platform is building genomics pipelines.*

That's interesting. H3Africa, a controversial Wellcome/NIH collaboration to collect genomic data from African populations, was criticized for its *helicopter approach* and the misuse of subjects' personal genomic data. ACE-GID was a *genomics pipeline* in that operation. You also have to ask why is the US Dept of Defense a listed partner of an organization set-up to support West African genomics researchers?

Center for Viral Systems Biology: An offshoot group from the Andersen Lab at Scripps - which also contains several employees from Garry's Zalgen Labs. The leadership group includes Andersen and Garry. Listed partners include **NIAID** (Fauci). A recent paper on Sierra Leoneans blood samples co-authored by Andersen/Garry was funded by NIH.

So Garry/Andersen's Consortium is made up of several groups, which also happen to feature Garry/Andersen in their leadership structures.

Each group tapping its own funding pipeline from the US Government, including the Dept of Defense, NIH, NIAID. As well as Wellcome Trust and the Gates Foundation. Doesn't get any better funded than that.

In 2017, he NIAID funding fountain surged again:

Tulane News, 2017: *The National Institutes of Health has awarded Tulane University more than **$12 million** to test a promising drug treatment against Lassa fever and **develop a vaccine** against the deadly disease endemic in parts of West Africa.*

*The NIH's National Institute of Allergy and Infectious Diseases (Fauci) awarded virologist Robert Garry **two**, five-year grants for the preclinical research — $5.72 million to evaluate a potent Lassa fever antibody drug cocktail and $6.32 million* (money cocktail) *to design a vaccine based on a recently discovered key antibody target (Tulane's link) on the surface of the virus.*

Not bad going for a guy who was in the hottest of hot-seats back in 2014:

*Dr. Cyril Broderick, 2014: Disturbingly .. the US government has a viral fever **bioterrorism research laboratory in Kenema,** a town at the **epicentre** of the Ebola outbreak in West Africa.*

Bob & Kristian's outfit. Not *the* epicentre - but near it.

The US government funding of Ebola trials on healthy humans comes amid warnings by top scientists in Harvard and Yale that such virus experiments risk triggering a worldwide pandemic.

African countries and people should .. seek damages from these countries, some corporations, and the United Nations. ***Evidence seems abundant against Tulane University****, and suits should start there.*

Prof Broderick was half-right. We got the worldwide pandemic - but no law suits - that hasn't happened - not yet - not so much as a proper investigation - for Ebola - or Covid.

In fact the opposite happened - same way it did after Antrhax - same way it always does - a funding explosion.

NIH grants since Covid:

Robert Garry: $ 54.64 million

Andersen: $ 23.23345 million

Scripps: over $ 6 Billion (Consortium partner, home of Andersen)

(credit Arun on Twitter)