

# Chimeric virus – “Combining two pathogenic viruses increases the lethality of the new virus”.

As the weeks go by, I’ve grown accustomed to a new normal here in Beijing. In my neighborhood, the whirring of passing cars has been replaced by wind whispering through alleyways. Without the loud honking of delivery scooters, I can hear birds chirping for the first time. Many stores and restaurants remain closed, but life is slowly coming back to many of Beijing’s major areas.

Residents are used to constantly wearing masks, sanitizing, and going through multiple temperature checks. Parks have been one of the few distractions that are still open to the public, and on a rare blue-sky day last week, I saw groups of families walking through the park and elderly folks resuming their outdoor exercise and ping pong tournaments (all with masks on, of course. Watch a video [here](#)).

Some locals I’ve talked to in Beijing have cautiously started to return to work, taking comfort in strict health checks across the city and the slowdown in reported cases across China. Others are more skeptical of the official numbers and concerned that infections will spike again as more people come back to the city, so they continue to self-quarantine.

- Coronavirus Edges Closer to Pandemic

I tire of the narrative that this COVID-19 is just “another everyday flu” and that I am being “irresponsible” in saying that it is a biological weapon.

The trail of “coincidences” in favor of it being so is so outrageously obvious and stunning in its implications, it is a crime to consider anything else.

I made the statement "It's like a Horror Movie".

Online comment: "No it's not."

-A response on LinkedIn when I reported that China went to DEFCON ONE on CNY eve and drones were telling everyone to stay inside and quarantine roadblocks were being set up everywhere.

That's the arrogance of Americans. If you do not experience it yourself, it does not exist.

Couple that with China going into a war-footing DEFCON ONE on Chinese New Years Eve is quite telling.

It is equivalent to having the 9-11 event on Christmas eve. There while you and your family are drinking egg nog and hanging out by the Christmas tree, the TV and cellphones all light up showing the planes crash into the skyscrapers.

Then, when the government declares the military go onto high alert. It goes to DEFCON ONE and all the reservists are called to duty...

But...

...the news media repeats the mantra 'It's only one or two planes, World War I was much worse.'.

You do not do this with "the flu". Couple that with the "on the street" Tiktok videos – videos that the military has forbidden American soldiers from viewing...

...really makes a thinking-person ponder.

Time will tell if I am correct, or if I am wrong.

Time will tell.

I would suggest that everyone take the necessary preparations and follow strict safety protocols at this time. Be safe, and let's all be optimistic.

Be like the Chinese during this emergency.



The Chinese are taking COVID-19 very seriously. I would suggest that everyone take the necessary preparations and follow strict safety protocols at this time. Be safe, and let's all be optimistic.

Anyways...

Meanwhile, the COVID-19 is a very interesting pathogen. That's because it has a double whammy punch, and no one is talking about this.

Well, we will do so here.

This is an interesting article pulled from [HERE](#). It's titled " Chimeric virus – "Combining two pathogenic viruses increases the lethality of the new virus". as well as the follow up article "I told you so" And while it is short, it is really interesting. I edited to fit within this venue, and all credit should go to the author.

## I told you so.

So, what's the story of this virus? It consistently bypasses conventional wisdom.

The  $R_0$  was obviously greater than 2.6 from the start, my original estimate was 8.

[1] Asymptomatic transmission, [2] unusually long length of incubation, [3] surface survival duration, [4] numerous modes of transmission including air-borne...

...the virus smells like "intent".

In other words, it's a hack; it was designed by a hacker mentality. It was designed to do exactly what it's doing, circumventing the normal channel of

control.

Authorities claim a 3% mortality rate but that's a lie.

That 3% is only achievable with extreme methods that won't scale up in an epidemic.

The real rate will probably fall into the 10-15% range for the initial pneumonia phase.

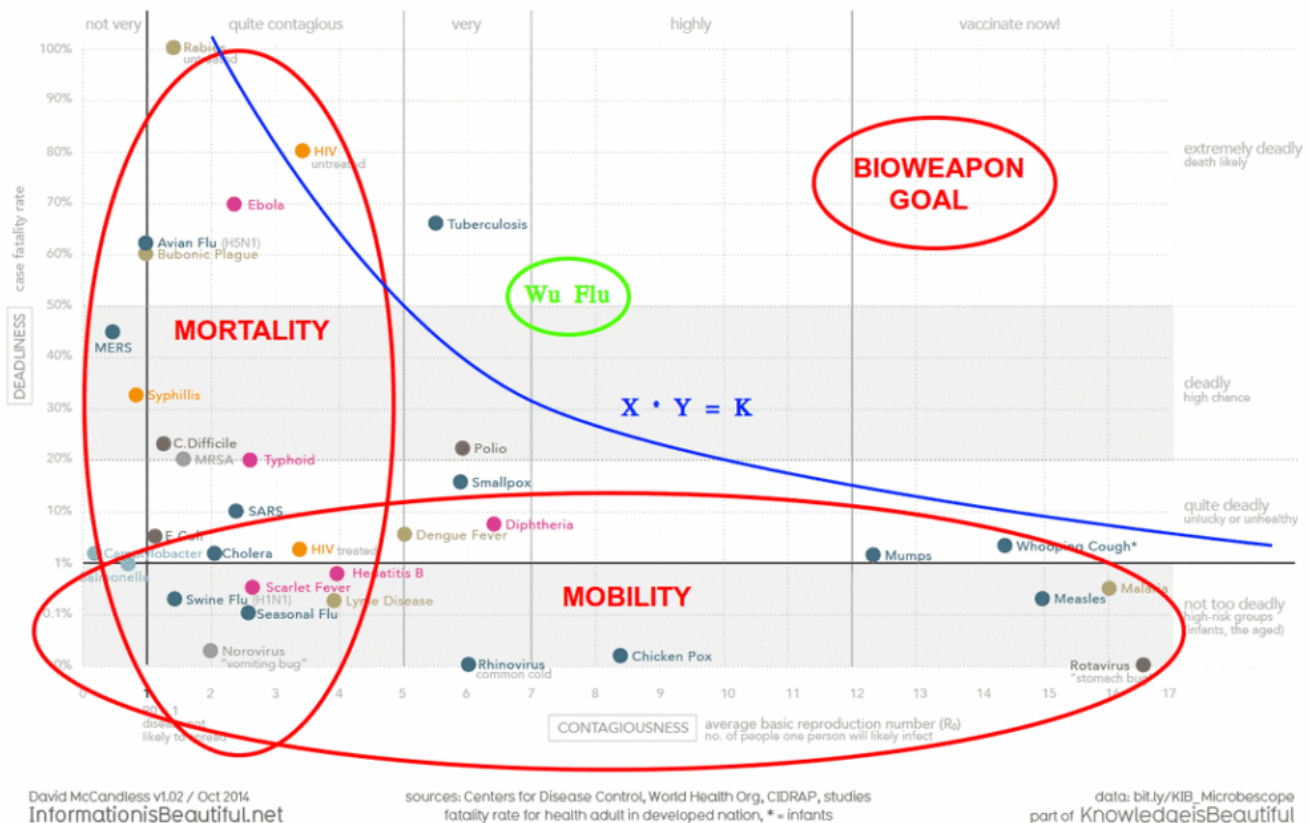
But...

But... NOBODY is talking about the secondary phase after a victim heals from the flu, the heart attack ("drop dead in your tracks") phase.

There's no numbers on this at all.

Gee, I wonder why.

# Combining two pathogenic viruses increases the lethality of the new virus



This chart shows diseases according to their mortality (deadliness) and mobility (contagiousness). The COVID-19 coronavirus (the Wu Flu) is shown in green.

This chart shows diseases according to their mortality (deadliness) and mobility (contagiousness). This is a classic  $X \cdot Y = K$  graph depicting an environmental constraint. High mortality reduces mobility and vice versa.

If you're a bioweapon designer, though, your goal is that empty upper right quadrant, i.e. maximum mortality AND mobility.

How can you reach that goal?

From an algebraic view, assume  $X * Y = 100$ :

Maximum mobility would be  $(2 * 50 = 100)$

OR

Maximum mortality would be  $(50 * 2 = 100)$

Assume a typical virus at  $10 * 10 = 100$

Now assume we can design the behavior by separating it into two phases:

Phase 1, maximum mobility:  $2 * 25 = 50$

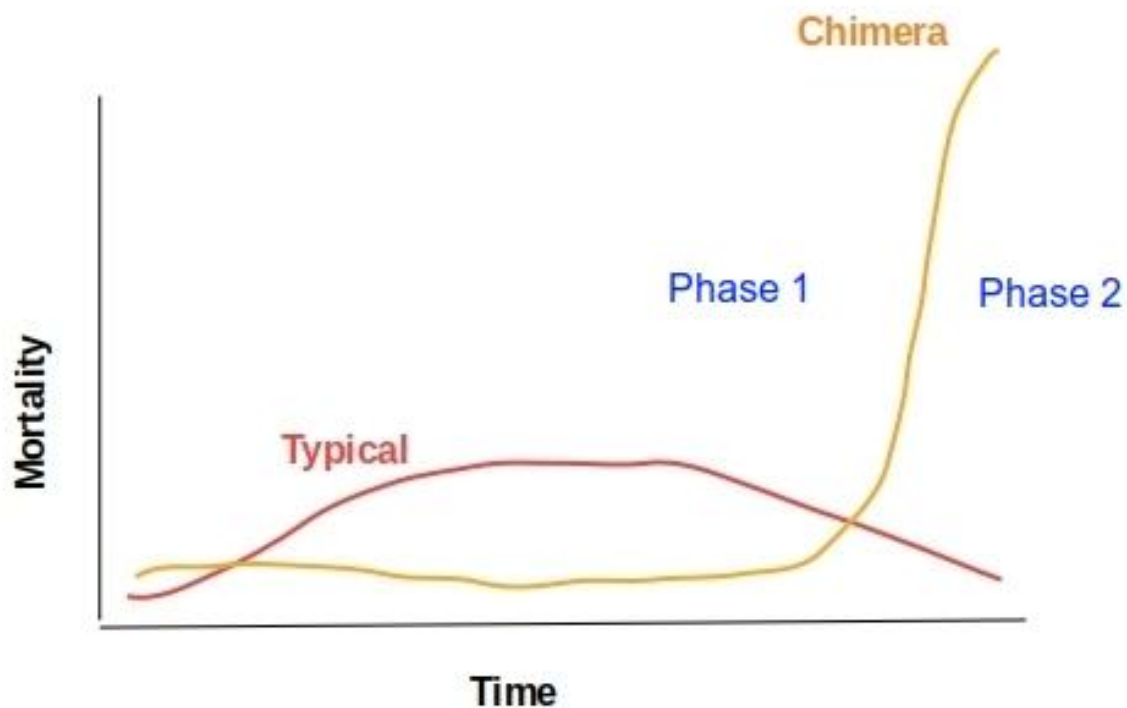
Phase 2, maximum mortality:  $25 * 2 = 50$

So

we're still within the original constraint (100) but increased

mortality from 10 to 25 and mobility from 10 to 25. In other words, traditional virologists are now dealing with something TOTALLY outside of their models.

Let's look at one ramification of the new model.



COVID-19 mortality over time.

To maximize mobility, the weapon should minimize mortality at first. It will look deceptively innocuous for most of its life.

But mortality will rise drastically at the end.

The average virologist could be baffled by its behavior because it violates the well-known viral model.



Right now, the COVID-19's rate is reported as 3%, 15% or 55% mortality rate, depending on when its measured and who is measuring it.

Think about that.

## Behavior is not natural.

A natural virus does TWO things poorly ALL the time, mobility and mortality.

- This virus does ONE thing well for MOST of the time... mobility.
- And then it switches and does a DIFFERENT thing well... mortality.

If this is a chimeric virus, I'd expect the final rate to be closer to 55% than 3%.

Which is why the Chinese government made wearing masks MANDATORY all over China. You cannot enter a building, ride in a car, or purchase anything unless you are wearing a mask. They are taking this very, very seriously.

What do they know?



The Chinese government is taking this COVID-19 coronavirus very seriously and has made it a law that everyone must wear masks if they go in public.

## Now for something truly frightening...

I read this and yes, things are frightening. If you are not petrified, then you are NOT paying attention.

The World Health Organization says the coronavirus has the potential to become a pandemic and is now at a "decisive stage". But some health

experts say that the markings of a pandemic are already clear, and containment is not possible anymore.

- Coronavirus Edges Closer to Pandemic

Man gets stricken by the COVID-19 virus while riding a bus.

So much for this not being as serious as “the flu”...

Marc Lipsitch, an infectious disease epidemiologist from Harvard, predicts that within the coming year, some 40-70% of the global population will be infected with the coronavirus - though most will likely have mild disease or no symptoms. A growing number of epidemiologists say that the coronavirus could become a regular part of the cold and flu season.

- Coronavirus Edges Closer to Pandemic

All of this is very, very serious.

Especially so when I see Americans being so nonchalant about this virus. They are acting as if they are immune and that the stuff in China is just a communist nation over-reacting...



Americans are not at all worried about COVID-19. They are just going about their normal day-to-day activities. No one is wearing a mask. No one is stocking up on supplies. No one is taking this seriously. "It's not as bad as the flu", don't you know.

The following is from "COVID-19" What you're NOT Being Told by Officials or Media: This will be Survival of the Fittest. The rest will die." It's a bit sensational, but maybe that's what we need right now. While China is taking this all very seriously, America is off in la-la-land. It's reprinted but edited to fit this venue. My alterations are in [brackets]. All credit to the authors.

# COVID-19; What you're NOT Being Told by Officials or Media: This will be Survival of the Fittest. The rest will die.

Since the outbreak of a "novel coronavirus" in Wuhan, China in Mid-Decem-

ber, the disease has spread wildly, killing many who become infected. A LOT has been learned about this illness, but YOU [if you are an American] are not being told.

Here's what YOU need to know . . . because your LIFE depends on you knowing:

- This coronavirus, now named COVID-19, is the worst public health crisis since the Spanish Flu pandemic of 1918.
- Almost no one alive today has lived through anything like this.
- [It is a possibility that] literally MILLIONS worldwide, will NOT LIVE through this.

## DISEASE FACTS:

This disease has an eighty-three percent (83%) infection rate. This means that if 100 people are merely EXPOSED to it, 83 will get sick.

- Of those who get sick, about half will get so sick, they will need hospital care. [This is debatable. It's a substantial number, but varies from 20% to 50%.]
- Of those who need a hospital, about half will end up needing INTENSIVE CARE due to fluid build-up in their lungs (Pneumonia). [Of those that go into a hospital, a substantial will need to go into intensive care. Figures on this are hard to come by.]
- Of those who need INTENSIVE CARE, and who GET THAT CARE, fifteen percent (15%) will die. [Also difficult to come up with a decent percentage.]

So, using the example above of 100 people exposed, we get 83 who get sick, about half (40) need a hospital, half of those (20), need ICU, and of those, 3 die.

Woman thought that she could handle this sickness at home like she would the flu. Not so. This is a very dangerous and lethal sickness. That is why the Chinese set up complete quarantine centers for people to go to, and be monitored.

## ULTRA CONTAGIOUS

This new disease is an absolute NIGHTMARE in its ability to spread. It's horrifying.

It spreads the way other diseases can, through coughing, sneezing, and the like. So if you are walking down the street, and an infected person a block away sneezes or coughs, the wind can carry that virus right to . . . YOU.

Similarly, if you're in a store shopping, and an infected person coughed or sneezed minutes earlier, and several store aisles away, the heating and air conditioning system can blow that virus all over the store, and as you are minding your business, it blow onto YOU.

This virus can live OUTSIDE A PERSON, in the air or on surfaces, for upwards of nine days!

That means the counter at a store cashier, or in a restaurant, or at a bank teller, or at an ATM can be contaminated as well. Worse still, door handles. You're out doing business and pull open the door to a company or store, and you have no way on knowing that an infected person grabbed that same handle a day earlier. Now, his virus is on YOUR hand. When you touch your face, blow your nose, grab a hamburger, hot dog or sandwich and eat it without washing your hands, POW, you're infected.

## INFECTING OTHERS WITHOUT SYMPTOMS

A number of people who contract this virus start shedding it to others BEFORE THEY GET SYMPTOMS. So the infected person DOES NOT KNOW he's sick, but begins spreading it to other people!!!

Doctors measure how many people are typically infected by one sick person, and they record that as  $R_0$  (pronounced "R naught"). The R naught for this virus is between  $R_4$  and  $R_6$ . So one infected person can be expected to infect between four and six other people! That is a catastrophic level of contagiousness.

Here's where things get absolutely nuts:

This disease also "sheds" from infected people via urine and feces. So, when an infected person goes to the bathroom and flushes, the swirling toilet water thrusts a small torrent of tiny mist all over the place and in that mist . . . . is virus! You walk into the bathroom and smell another person's "stink" and POW, you're infected.

As the toilet contents go down into the sewers and head out to the sewer treatment plant, some of the water evaporates and comes out the holes in manhole covers across town. In that water vapor . . . is virus. So people on ONE side of town, can get a blast of virus because another person on the OTHER side of town, took a dump while infected, and flushed, and the virus comes out of the sewer!

In one apartment building in Hong Kong, a sewer vent pipe in a wall had a crack in it. Virus went up that vent pipe, got out a crack, and infected people in apartments several floors away from an infected family! ([STORY HERE](#))

Here is where things get REALLY UGLY . . .

Military decontamination squad going building by building to eradicate the virus.

## HOSPITAL FACTS:

In the United States, there are only 2.4 hospital beds per 1,000 people. ([SOURCE](#))

So, using the numbers above about the 83% infection rate, if 1,000 people get exposed, 830 will get sick. About half, 400, will need hospital, and half of those, 200, will need ICU. But there are only 2.4 hospital beds per 1,000 people.



Now, you're a smart person. How many people can the 2.4 hospital beds hold? Yep, 2.4.

So when we have 400 people sick with this COVID-19 virus who need hospital, and the 2.4 beds are full, that leaves 398 who CANNOT GET HOSPITAL CARE.

In Wuhan, China, the epicenter of this outbreak, people who needed hospital care, but who could not get it because the hospitals were full, suffered a death rate of 61.5% ([Source](#))

If that just sent shivers up your spine, it should have. This is a terrible reality. And it's here; in America, now.

Because when you apply the fatality rate for those who died in Wuhan because they could not get care, the numbers then look like this per 1,000:

- 1000 exposed = 830 Infected.
- Half need hospital = 400
- Half of those need ICU = 200
- Only 2.4 beds = 397 WITHOUT CARE

of the 397 who need care but cannot get it because hospitals are full, 61.5% die = 244 DEAD, per 1,000 infected.

This is why a LEAKED Government document in the United Kingdom, shows the UK government making plans for MASS GRAVES!

This is also why China recently bought – and deployed – forty (40) portable cremation furnaces for Wuhan. Each furnace can cremate 50 people per day. Times forty furnaces equals 2,000 bodies PER DAY.

Chinese military decontamination trucks in action.

## NEW DEVELOPMENTS:

Since the outbreak began, scientists have studied this virus like no other, and what they're finding is that the virus appears to be "bi-phasic."

- It happens in TWO phases, similar to the way ANTHRAX happens. (STORY)

The first phase causes fever, cough, congestion in the lungs, and myalgia (muscle twitches and pain). Then, it \*\*\*\* *seems* \*\*\*\* to go away....

... But it doesn't go away.

People who have been released from hospitals, showing NO TRACE of active virus, suddenly drop dead on the streets from heart failure.

That's the SECOND phase of the virus.

It attacks the vital organs, kidneys mostly. The person feels achy again, feels tired again, figures it will pass and keeps on about their daily life. But what's actually taking place inside them is the disease is sending them into Sepsis, and they drop dead from Septic Shock and organ failure.

## SURVIVAL OF THE FITTEST

We are in for a terrible, life altering, situation. Many, many, people are going to get terribly sick and DIE. Almost none of us has ever lived through a real pandemic like this before. It's going to be heart-breaking to see the level of suffering and death.

We will see, firsthand, with our own eyes, nature's primary law: Survival of the fittest.

Not just the physically fittest, but the mentally fittest as well. A lot of people in America are going to die because mentally, they cannot or will not see the facts as they are. They will REFUSE to plan with emergency food and water. They will refuse to wear filter masks. They will refuse to comply with Quarantines. The mentally unfit will likely die-off at larger levels than the physically unfit. Their tombstones should read "Died because he was stupid."

Government is not telling you this because they don't want you to panic. Noble goal, but misplaced.

We're adults. We not only have a right to know the facts, we MUST know in order to make informed decisions about our own safety.

## Conclusion

Some basic math skills and deductive reasoning can clearly show that this COVID-19 is a serious virus. It is also deceptive. It masquerades as something innocuous, and then hits with a sudden ferocity.

Please take note of all the videos taken in China of the sudden onset of this illness. And also take note of the car accidents that just happened suddenly when the driver collapsed at the steering wheel.

Contrary to the seemingly popular narrative in the United States, that the Chinese are stupid, dirty, and over-reacting for this virus the opposite is true. They are taking serious immediate steps to control it.

We can only see just how successful the United States is when it strikes. Let's watch how the "talented" leadership in the USA handles it...

# Take note;

This just came in on my WeChat. Translated from Chinese. It states that the ground zero carrier for the COVID-19 virus was found and identified. He got the virus from an American while in Hawaii.

Funny thing. According to the US Government, no one in Hawaii has the COVID-19.

## New Italian coronavirus carrier found

According to the latest reports from the Italian media, patient number 1 has now been found in Italy. The large-scale outbreak of the new crown in Italy is directly related to the trajectory of patient No. 1. Prior to the diagnosis, the patient had participated in many sporting events, such as the 10,000-people marathon and the football match, and had breakfast with friends many times. .

Within half a month, patient No. 1 affected 50,000 people and 10 cities. It is worth noting that the Italian patient No. 1 was infected with the new coronavirus after taking a vacation in Hawaii, USA, and had no history of residency in China. So, from this perspective, the outbreak of the Italian epidemic has nothing to do with China. Not only does the epidemic in Italy have nothing to do with China, but other infected countries do not have a direct relationship with China.

Researchers in the United States have re-investigated people who died from the flu, and most have died from the new coronavirus. An elderly person infected with the new coronavirus has never contacted strangers in rural Japan, and there are also cases in Spain and Iran. Then the origin of the new coronavirus is not China! !! .

# One last thing...

Oh, and you can get COVID-19 from a mosquito bite. Think about that, will you.

- *Mosquito-Borne Diseases | NIOSH | CDC*
  - *Signs of a deadly mosquito virus found in several states*
  - *Serious Illnesses You Can Get From Mosquito Bites – ...*
  - *13 Diseases You Can Get From Mosquitoes*
  - *Diseases Spread by Mosquitoes*
- 

I have other posts on this subject. You can find them in the Trump Trade Wars Index [here](#)...

Trump Trade War