

# Timeline and Early Chronology of Covid-19 “Pandemic”, PCR Assay and Sequencing

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The following text by Chiron Return provides an incisive and carefully documented analysis of the history and early chronology (May 2019- May 2020) of the crisis which is affecting all mankind.

This research also points to relevant events which happened before the official announcements by China and the WHO in January 2020

Our thanks to the authors and research team at [Chironreturn.org](#)

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*Note on Sources: The authors and researchers have relied upon primary source documents whenever possible. These include official government documents and official statistics, scientific papers, original corporate documents, and direct accounts or statements by officials preserved in video. Where we are relying on secondary sources (newspaper and magazine articles, website articles, news reports, etc.), we have done our best (when necessary) to cross-verify or check against primary sources. If any reader has better sourcing, or sees an issue with a source or factual reference, please contact us at [efc@chironreturn.org](mailto:efc@chironreturn.org).*

May through November 2019

May 3, 2019 — A bill called the [Vaccinate All Children Act of 2019](#) is introduced to the 116th Congress but dies in committee.



June 2019 — In its [Annual Economic Report](#), the Swiss-based Bank of International Settlements (BIS), the ‘Central Bank of all central banks’, sets the international alarm bells ringing. The document highlights “overheating [...] in the leveraged loan market,” where “credit standards have been deteriorating” and “collateralized loan obligations (CLOs) have surged - reminiscent of the steep rise in collateralized debt obligations [CDOs] that amplified the subprime crisis [in 2008].” Simply stated, the belly of the financial industry is once again full of junk. Entries attributed to [vighi](#) track certain global and globalist economic movements between June and September 2019.

June 13, 2019 — Gov. Andrew Cuomo signs a law ending [religious exemption for vaccines](#) in New York State. NPR reports, “The Democratic-controlled Legislature approved the measure, which also eliminates other nonmedical exemptions for schoolchildren across the state.”

“We are facing an unprecedented public health crisis,” said Sen. Brad Hoylman, the legislation’s sponsor. How exactly does he know this six months before it begins? “The atrocious peddlers of junk science and fraudulent medicine who we know as anti-vaxxers have spent years sowing unwarranted doubt and fear, but it is time for legislators to confront them head-on.” What has this got to do with the religious exemption?



August 7, 2019 — Kary Mullis, the 1993 Nobel Prize-winning inventor of the polymerase chain reaction (PCR) device, dies of cancer and cirrhosis. The immediate cause was pneumonia. To our knowledge, gained from personal and not public sources, there are no mysterious circumstances surrounding his death. [See article](#). See [New York Times obituary](#).

In this book chapter, [Mullis describes his invention of the device](#) back in the 1980s. The invention was the property of his employer Cetus, who sold the patents for the device to Hoffman-La Roche in 1991 for approximately \$300,000,000, the highest sale for a patent at the time.

Mullis had spent much of his later life challenging presumptions about the use of the PCR as a medical diagnostic tool, and also explaining that the HIV = AIDS theory has never been demonstrated through scientific research and has many strikes against it. The PCR is best known to the public as the “viral load” test that could not determine infection much less measure virus or predict the onset of symptoms. See long version of [interview with Gary](#)

[Null](#). Or see [short version](#).

Mullis asserted many times that the PCR is not a diagnostic tool, it is a research tool. In other words, its use is for pure science, not to diagnose a case of disease or an infection.

While there are many reasons for this, the medical industry was on notice that when the device was used as a diagnostic tool for a disease, it could get 100% false positives. Among other times, this occurred in 2006, when the PCR created the illusion of an epidemic, and a massive crisis, at Dartmouth-Hitchcock Medical School in New Hampshire.

This incident was most notably documented in 2007 in The New York Times, in article called [Faith in Quick Test Leads to Epidemic that Wasn't](#). Planet Waves investigated the issues and [confirmed the reporting of the newspaper](#), with concurring facts from the U.S. Centers for Disease Control and Prevention and the medical school itself.

We have not been able to ascertain which of the many problems with the PCR led to 100% false positives in the Dartmouth-Hitchcock incident; there are many possibilities, including assay design, the cycle-threshold issue, the reverse transcriptase problem, the primer-dimer problem, or some other issue. Regardless, the warning was not followed when the PCR was put to use “diagnosing” infection with SARS-CoV-2, and the problems persisted. In late August 2020, the Times reported that the Covid assay — on which every diagnosis and the case count are based — was getting [90% false positives](#). See April entries re. Jon Rappoport and Celia Farber’s coverage of the PCR.

[To understand more about how the device is designed to work, please [see Four Steps of PCR](#), a concise explanation of the process. Includes video.]

August 9, 2019 — Bank of International Settlements (BIS) [issues a working paper](#) calling for “unconventional monetary policy measures” to “insulate the real economy from further deterioration in financial conditions.” The paper indicates that, by offering “direct credit to the economy” during a crisis, central bank lending “can replace commercial banks in providing loans to firms.” [\[vighi\]](#)



August 15, 2019 — BlackRock Inc., the world’s most powerful investment fund (managing around \$7 trillion in stock and bond funds), issues a white paper titled [Dealing with the Next Downturn](#). Essentially, the paper instructs the U.S. Federal Reserve to inject liquidity directly into the financial system to prevent “a dramatic downturn.” Again, the message is unequivocal: “An unprecedented response is needed when monetary policy is exhausted and fiscal policy alone is not enough. That response will likely involve ‘going direct’”: “finding ways to get central bank money directly in the hands of public and private sector spenders” while avoiding “hyperinflation. Examples include the Weimar Republic in the 1920s as well as Argentina and Zimbabwe more recently.” [\[vighi\]](#)

August 22-24, 2019 — G7 central bankers [meet in Jackson Hole, Wyoming](#), to discuss

BlackRock's paper along with urgent measures to prevent the looming meltdown. In the prescient words of James Bullard, President of the St Louis Federal Reserve: "We just have to stop thinking that next year things are going to be normal." [\[vighi\]](#)

September 12, 2019 — [Global Vaccination Summit](#) held in Brussels.

September 15-16 2019 — The economic downturn is officially inaugurated by a sudden spike in the repo rates (from 2% to 10.5%). 'Repo' is shorthand for 'repurchase agreement', a contract where investment funds lend money against collateral assets (normally Treasury securities). At the time of the exchange, financial operators (banks) undertake to buy back the assets at a higher price, typically overnight. In brief, repos are short-term collateralized loans. They are the main source of funding for traders in most markets, especially the derivatives galaxy. A lack of liquidity in the repo market can have a devastating domino effect on all major financial sectors. [\[vighi\]](#)

September 17, 2019 — The Fed begins the [emergency monetary programme](#), pumping hundreds of billions of dollars per week into Wall Street, effectively executing BlackRock's "going direct" plan. (Unsurprisingly, in March 2020 the Fed will hire BlackRock to manage the bailout package in response to the 'COVID-19 crisis'). [\[vighi\]](#)



September 19, 2019 — Donald Trump signs [Executive Order 13887](#), establishing a National Influenza Vaccine Task Force whose aim is to develop a "5-year national plan (Plan) to promote the use of more agile and scalable vaccine manufacturing technologies and to accelerate development of vaccines that protect against many or all influenza viruses." This is to counteract "an influenza pandemic", which, "unlike seasonal influenza [...] has the potential to spread rapidly around the globe, infect higher numbers of people, and cause high rates of illness and death in populations that lack prior immunity." As someone guessed, the pandemic was imminent, while in Europe too preparations were underway (see here and here). [\[vighi\]](#) [Please [see this video](#) from Sept. 20, 2019, where someone in the public predicts that a pandemic is imminent.]

September 29, 2019 — Prof. Yu Chuanhua of Wuhan University told the Health Times that records he reviewed showed two cases in mid-November, and one suspected case on September 29, 2019. At about the same time as Chuanhua's interview, the Chinese CDC issued an order forbidding sharing of information about the COVID-19 epidemic without approval by CDC China. Shortly thereafter Prof. Chuanhua re-contacted the Health Times to say the November cases could not be confirmed. [\[CSHL\]](#)



October 18, 2019 — Event 201 is staged in New York City. This is a “pandemic exercise” — a kind of high-level moot dramatization played out by bankers, NGOs, the media, scholars, public officials, public and private sector biggies, the works. They enact a drill for the world’s first ever global coronavirus pandemic (such was unprecedented at the time). The fake pandemic involves zoonotic transmission, which means from animal to human. The charade includes shutdowns of the internet to prevent the spread of disinformation, and news reports from a fictional network based on CNN cooked up for the game. Its three sponsors are among the top-tier leaders of the Covid scenario as it played out just eleven weeks later. No part of the exercise involves taking care of sick people or providing information how to do so.

Here is how Event 201 describes itself: “The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high-level pandemic exercise on October 18, 2019, in New York, NY. The exercise illustrated areas where public/private partnerships will be necessary during the response to a severe pandemic in order to diminish large-scale economic and societal consequences.” [See this link as well.](#)

November 2019 — Three researchers from China’s Wuhan Institute of Virology became sick enough in November 2019 that they sought hospital care, according to a previously undisclosed U.S. intelligence report that adds weight to the origins of the Covid-19 virus. [[wsj](#), reported in May]

November 13, 2019 — Impeachment hearings begin before the House Intelligence Committee.

December 2019

December 1, 2019 — Symptom onset date of first patient identified with Covid- 19, claimed to have been caused by an allegedly zoonotic coronavirus. This claimed virus was said to have emerged in China, and was soon known as 2019-nCoV.

None of the index patient’s family members developed fever or any respiratory symptoms. No epidemiological link was found between first patient and later cases (of the family cluster). None of the family members had contacts with Wuhan markets or animals, no history of contact with animals, visits to markets including the [Huanan seafood wholesale market](#) in Wuhan, or eating game in restaurants. [crowe 16] The man had not been to Huanan seafood wholesale market. His family was unaffected, and no epidemiological link was found between him and the other laboratory-confirmed cases as of January 2. [[wiki](#)][[lancet](#)]. Bookmark all that! See Dec. 2.

On this day, China’s new Vaccine Administration Law [goes into effect](#). The stated purpose of this law is to ban black market vaccines. It has the effect of up-ending the biologic industry

in China. “The vaccine law introduces a mandatory liability insurance system to ensure victims are compensated more efficiently. Whereas compensation was previously paid to victims by the government, the new system will require vaccine producers and insurance companies to pay.”

December 2, 2019 — [[citizen.co.za](http://citizen.co.za)] Chinese ambassador to South Africa, Chen Xiaodong, said, “The local government in China got the first Covid report on December 2, 2019. They got test samples of the first Covid patients on the 30th.”

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Note: On Dec. 2, there is said to be one person unremarkably sick in the hospital with then-unknown, unnamed “Covid” — in all of China — a pandemic is not supposed to be a thought on anyone’s mind at this time. He already has respiratory issues, so there’s nothing at all special about him being in the hospital. Why are top government officials, or any government officials, concerned about this one patient on this date? — efc

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December 2-3, 2019 — World Health Organization holds a [Global Vaccine Safety Summit](#) in Geneva. “At the Summit, WHO will present the Global Vaccine Safety Blueprint 2.0 strategy 2021-2030 to key stakeholders and collect their input for the final version, due for publication in the new year.”

December 4, 2019 — Hearings begin before the House Judiciary Committee, chaired by U.S. Rep. Adam Schiff.

December 6, 2019 — [[The Kissinger Center](#)] convened a bilateral meeting from December 6 to December 7 of the America and the Future of World Order Project (AFWO) Study Group and a delegation from the Chinese People’s Institute of Foreign Affairs to discuss the American and Chinese views of world order. No reference to Covid, virus, pandemic noted.

December 8, 2019 — [According to the NIH timeline](#), which has only scant details of events in December, “The number of new patients voluntarily presenting themselves to hospital continued to increase (Bryner, 2020). Hospitals report new one to five cases with similar symptoms on average each day. [How many hospitals and where?] However, this being a new virus, some sources quoted December 8 as the first day where the first patient in the city of Wuhan sought medical help for pneumonia-like symptoms. At this time, the European Centre for Disease Prevention and Control (ECDC, 2020c). contended that many dimensions, which were known today, like the need for social distancing, human-to-human infections, lack of vaccine or cure, and many such issues, were unknown, and the precautionary measures taken then were routinely delivered. Also, during these early stages of the onset of the virus, there was no clear evidence of how many people were affected. For this reason, information from Chinese authorities (Wuhan City Health Committee, 2020) and those of the WHO (WHO, 2020a) stated that the December 8, 2019, marked the onset of the first 41 cases that were tested and which were later confirmed positive with COVID-19, then known as 2019-nCoV.”

December 10, 2019 — Symptoms of three more allegedly laboratory-confirmed cases began on this date. These patients are known because they became hospitalized and thus

sampled. Two of these three had no direct exposure to the Hunan Seafood Wholesale Market, while the other did. [wiki] How there were “laboratory confirmed cases” on December 10 is unclear, and there are no notes on the lab or the assay.

December 11, 2019 — Scientists at University College London’s Genetics Institute found almost 200 recurrent genetic mutations of the new coronavirus — SARS-CoV-2 — which the UCL researchers said showed how it is adapting to its human hosts as it spreads. “Phylogenetic estimates support that the COVID-2 pandemic started sometime around Oct. 6, 2019 to Dec. 11, 2019, which corresponds to the time of the host jump into humans,” the research team, co-led by Francois Balloux, wrote in a study published in the journal *Infection, Genetics and Evolution*. [wef].

December 12, 2019 — The Wuhan Municipal Health Commission claims this date to be the earliest original onset date of the 59 patients with unexplained viral pneumonia. The latest onset date claimed by the Commission was Dec.29, 2019. [bobby] [nih timeline] How is it viral and also unexplained?

The House Judiciary Committee on Dec. 12 spent more than 14 hours in a highly partisan and at times emotional debate deliberating over two articles of impeachment, accusing Trump of abusing the power of his office and with obstructing Congress. The following day, the panel approved each article on a party-line 23-17 vote, making Trump just the fourth president in American history to face impeachment by the House.

December 15, 2019 — In Wuhan, the 5th and 6th “laboratory-confirmed cases” say they first felt symptoms on this date. Both patients had exposure to the Huanan Market. [wiki] What laboratory and what confirmation?

December 16, 2019 — The first documented COVID-19 hospital admissions worldwide were linked to this date in Wuhan. This was reported in February 2020. [wiki]. More than 700 historians sign a letter to the House of Representatives urging members to impeach Pres. Donald Trump as a “clear and present danger to the Constitution.” [See news report](#). [See original letter](#).

December 21, 2019 — Four lower respiratory tract samples, including bronchoalveolar-lavage fluid (BALF), were collected from patients with pneumonia of unknown cause who were identified in Wuhan and who had been present at the Huanan Seafood Market close to the time of their clinical presentation. [bobby]

December 22, 2019 — Carcinogenic hexavalent petroleum — affectionately called green slime — [leaks onto a highway](#) in Madison Heights, Michigan, a Detroit suburb.

December 23, 2019 — Joint Public Health Emergencies Incident drill at the port- cruise ship. [chinese time-coordinates-event, screen shot, eric, prob ben or bobby]

December 24, 2019 — Chinese lab worker Little Dog claims in his [Medium article](#) that the first patient samples were taken on this day.

December 26, 2019 — [According to CDC timeline](#) sourced to WHO — Over 8,000 people worldwide became sick with SARS and more than 700 died during 2003 outbreak. The sequence from the patient in Wuhan is strikingly similar to the virus that caused SARS and the lab goes on to inform the Wuhan Central Hospital doctors and the city’s CDC. (If it’s

strikingly similar, how is this a “novel virus”?)

December 27, 2019 — Blood sample from a man in France tested rt-PCR positive for COVID-19. This led doctors to postulate that the virus was circulating earlier in France. They did not consider the possibility that it was a false positive, especially because the man had not recently travelled, nor is known to have come in contact with someone from Wuhan which according to COVID-19 dogma, was the only location of the virus at that time. [crowe 42] How did the virus get in the blood of a patient?

December 29, 2019 — [According to the NIH timeline](#), as hospitals continued to receive more patients with unknown ‘pneumonia-like symptoms’, fear of the outbreak is already spreading, especially among the social media (WeChat) use within China, more so Wuhan (Secon, 2020). Li et al. (2020) explained that during the period beginning December 1, 2019, the recurrence of the words “SARS” and “shortness of breath” in the social media started to increase, and by December 29, it had peaked. Meanwhile, in the hospitals, doctors were observed to concede that there might be a new virus of unknown etymology in Wuhan, presenting symptoms of acute respiratory syndrome. The reporting is affirmed by availability of the first four cases officially confirmed.

The four cases were linked to the Huanan (Southern China) Seafood Wholesale Market, believed to have been the source of the virus. [This is later disproven]. While only four cases had been pointed, by this date, Bryner (2020) reports that already, over 180 people in Wuhan had been infected, but since doctors had not earmarked them as suspected cases noting that there were no suspicion of this “unknown” disease. The 180 cases were only identified after doctors cross-verified records. The suspicion after reporting the four cases was that they were not suffering from SARS (severe acute respiratory syndrome), which was still in surveillance since it broke in 2003. With the possibility of an unknown outbreak, at this time, the concern was to establish the transmissibility, severity, and other issues that may be related to this new virus (Adhikari et al., 2020). [nih]

Monday, December 30, 2019 — Dr. Li Wenliang, ophthalmologist, age 34, [sends message to fellow medics](#). He says there are seven cases of SARS at Wuhan Central Hospital, all connected to the Huanan Seafood Wholesale Market [Wiki chronology].

Tuesday, December 31, 2019 — WHO China national office was informed of 27 [STAT] cases of pneumonia in Wuhan, Hubai [CD, Ras]. Only fifteen turn out to test positive for the sequence that becomes the “novel coronavirus.” Many details in [Avian Flu Diary [AVFLU](#)]. China says seven cases seriously ill. National Health Commission experts arrive in Wuhan [possibly Jan. 1]. According to Qu Shiquian, a vendor at Huanan Market, Chinese authorities are said to disinfect the Huanan Market. Stallholders are told to wear masks [Wiki chronology].

“On 31 December 2019, WfHO was informed of cases of #pneumonia of unknown cause in Wuhan City, #China. A total of 44 cases have been reported: 11 patients are severely ill, while the remaining 33 are in stable condition.” [pw] Note, there are 233 “health centers” in Wuhan, presumably meaning hospitals. [[naturef](#)]

Official notice quoted in Avian Flu Diary [AVFLU].

Update / December 31, 2019, 2:45 PM

The Wuhan Municipal Health and Health Committee issued a notification on the pneumonia epidemic. The preliminary analysis of the cases was viral pneumonia. All cases have been isolated for treatment, no obvious human-to-human transmission has been found, and no medical staff infection has been found.

According to the “Beijing News” report, Wuhan Health and Health Commission has released news that 27 cases have been found, seven of which are in serious condition, and the remaining cases are stable and controllable. Two patients are expected to be discharged in the near future.

The clinical manifestations of the cases were mainly fever, a few patients had difficulty breathing, and chest radiographs showed bilateral lung infiltrative lesions.

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Note: At no time during the month of December or any time thereafter is there a record, in any country, of a toxicological team being dispatched to investigate sources of the presumed outbreak other than biological. We have not seen any reference to a tox team being sent to the Huanan fish market; only biological samples were taken, which all tested negative. Tox investigation is supposed to be standard procedure for an outbreak, as ruling out potential chemical causes is a necessary step in validating the presumption of a biological pathogen.

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January 2020

Wednesday, January 1, 2020 — [Per the NIH timeline](#), “Until this date, the number of those reported to have shown the signs of the disease in question still remains unknown, but consensus builds around the number of cases to be 41.”

WHO requested information on the reported cluster of atypical pneumonia cases in Wuhan from the Chinese authorities. WHO activated its Incident Management Support Team (IMST), as part of its emergency response framework, which ensures coordination of activities and response across the three levels of WHO (Headquarters, Regional, Country) for public health emergencies [WHO]. What is the criteria for activation of this team? Chinese CDC reports that its Experts Team reached Wuhan to investigate “unusual phenomena” associated with a viral infection [CCDC].

Huanan wet market is closed by authorities in China for “cleaning” and “investigation.” In May 2020, [George Gao](#), the director of the [Chinese Center for Disease Control and Prevention](#), said animal samples collected from the seafood market had tested negative for the virus, indicating that the market was the site of an early [superspreading event](#), but it was not the site of the initial outbreak.

Thursday, January 2, 2020 — The WHO Representative in China wrote to the National Health Commission, offering WHO support and repeating the request for further information on the cluster of cases. WHO Informed Global Outbreak Alert and Response Network (GOARN) partners about the cluster of pneumonia cases in the People’s Republic of China. GOARN partners include major public health agencies, laboratories, sister UN agencies, international

organizations and NGOs [WHO].

According to a study [published in The Lancet](#), By Jan 2, 2020, 41 admitted hospital patients had been identified as having laboratory-confirmed 2019-nCoV infection. Most of the infected patients were men (30 [73%] of 41); less than half had underlying diseases (13 [32%]), including diabetes (eight [20%]), hypertension (six [15%]), and cardiovascular disease (six [15%]). Median age was 49·0 years (IQR 41·0-58·0). 27 (66%) of 41 patients had been exposed to Huanan seafood market. One family cluster was found. Common symptoms at onset of illness were fever (40 [98%] of 41 patients), cough (31 [76%]), and myalgia or fatigue (18 [44%]); less common symptoms were sputum production (11 [28%] of 39), headache (three [8%] of 38), haemoptysis (two [5%] of 39), and diarrhoea (one [3%] of 38). [[nih, lancet](#)]. Note: some of this is contradicted by Rasnick; there are many inconsistencies in the reports of exactly how many were sick, when. Rasnick says that a total of 15 of about 44 people said to be sick with the virus tested positive for the allegedly offending sequence.

By Jan 2, 2020, 41 admitted hospital patients had been identified as having laboratory-confirmed 2019-nCoV infection in Wuhan, China. [NCBI] Which lab, which assay, which hospitals?

Friday, January 3, 2020 — Chinese officials provided information to WHO on the cluster of cases of ‘viral pneumonia of unknown cause’ identified in Wuhan. Chinese CDC later claims that on this day, “the first full genome of 2019-nCoV was born.” [ccdc]

Saturday, January 4, 2020 — Chinese CDC says that “the first 2019-nCoV specific rRT-PCR was developed.” WHO [tweeted](#) that there was a cluster of pneumonia cases — with no deaths — in Wuhan, and that investigations to identify the cause were underway [WHO]. This is the “social media” post referenced by Drosten that got him going assembling an assay for a coronavirus that within days becomes the official WHO test. STATNews reports that on January 3, China increases case count to 44 and is tracking 121 contacts of them. STATNews reports that the infections “are linked to a large seafood market where it is believes some exotic animals are also sold for consumption.” [[STAT](#)]

January 5, 2020 — GenBank submits origin of sequence what is claimed to be Human SARS Coronavirus-2 (Covid-19), given the accession number MN908947. This is for review by Wu, et al.

This sequence is cited in the Corman-Drosten in Eurosurveillance as the source of in silico (theoretical) primers for their PCR assay (sometimes called the German test, or Charité for the institution where the design was done; which are the same design as the WHO assay). However, Corman in the C-D paper, says he has also used the sequence from the original SARS-CoV (from 2003) as the basis of his PCR primers (not a novel virus) and may be citing MN908947 to give the impression of a novel virus. China gives no information about the actual origins of this sequence: what patient, exactly what the symptoms were, or what the outcome was. [[DailyMail](#)]

And this identification appears in a CDC document explaining certain facts about its PCR design, as the source of the primers for a “mimicked human specimen” based on MN908947 with much other manipulation of the sequence. In other words, what are called tests for SARS-CoV-2 are really using SARS-CoV (the original) and MN908947 as the sources of its RNA primers. The former is now harmless and the latter cannot infect anyone as it is a

manipulated computer sequence that does not exist in nature. The reason for using it is because nobody has an actual sample of SARS-CoV-2: no government that has been asked, using open records laws, can produce evidence of having such a sample.

Further, there is no purified isolate gathered from many patients, and no set of experiments conducted to determine that MN908947 is in fact the disease-causing agent to the exclusion of all else.

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Note: The sequence MN908947 is central to the covid scenario. In essence it is “covid” though very little has been written about it. I did find this article.

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Continuing January 5, According to The Wuhan Municipal Health Commission— As of 8:00 on this date, the city reported 59 patients with unexplained viral pneumonia diagnosed, including 7 severely ill patients, and the vital signs of the remaining patients were generally stable. [bobby]

WHO published its first [Disease Outbreak News](#) on the alleged new virus, containing a risk assessment and advice, and reporting on what China had told the organization about the status of patients and the public health response on the cluster of pneumonia cases in Wuhan. [pw] They say on Twitter, “On 31 December 2019, WHO was informed of cases of #pneumonia of unknown cause in Wuhan City, #China. A total of 44 cases have been reported: 11 patients are severely ill, while the remaining 33 are in stable condition.” Nobody has died as of this date.

January 7, 2020 — Novel coronavirus termed “2019-n-CoV” was announced by China as the causative agent of the 44 cases of pneumonia even though viral- specific nucleic acids were found on only 15 patients. China says that “corona-like virus particles was observed by electron microscopy.” [ccdc] [rasnick]

#### [From the NIH timeline:](#)

“After rigorous probes, tests, analysis, and other medical practices, the Chinese authorities made a global announcement (Huang et al., 2020) that they have successfully identified the virus as a novel coronavirus, similar to the one associated with SARS and the middle east respiratory syndrome (MARS). Prior to this ground breaking discovery, the officials had 2 days earlier, on January 5, ruled out that the virus they were dealing with was either SARS or MARS, hence concluding that it was indeed a new type of virus. Upon its successful identification, it was tentatively named as ‘2019-nCoV’. The identification came after Chinese scientists successfully isolated the virus from one of the patients quarantined in a hospital in Wuhan (Huang et al., 2020). According to an article by Singhal (2020), the identified virus had greater than 95% (>95%) homology with the bat coronavirus and was also greater than 70% similarity with the virus responsible for causing SARS (SARS-CoV).”

None of these tests involved the necessary steps of “isolation, purification characterization and full sequencing” of intact, wild, live virion from multiple patient samples, nor fulfillment of Koch’s or Rivers’ postulates, nor the meeting of the Gold Standard for the use of the PCR.

No such steps or experiments are mentioned anywhere. Rather, the steps taken involve the “reassembly” of what are claimed to be viral nucleotides from presumed patient samples. [Little Dog] These are then published without chain of custody or patient notes (such as symptoms or outcome). Additionally, though the virus is said to be the result of zoonotic transfer, no original host or intermediate animals are ever identified.

China’s paramount leader and CCP general secretary Xi Jinping claimed he had learned of the epidemic on this date and issued a request for information on activities to contain the spread of the disease. However, the original public announcement of this on January 7, 2020 meeting did not mention the epidemic, and Xi’s claim was unsupported by the evidence, according to an article published on February 15th, 2020 by Xi Jinping himself. [\[wiki\]](#)

January 8, 2020 — The article: “Pneumonia of unknown etiology in Wuhan, China: potential for international spread via commercial air travel” submitted January 8 and subsequently published January 14 in the Journal of Travel Medicine. By Isaac I. Bogoch, Alexander Watts, Andrea Thomas-Bachli, Carmen Huber, Moritz U.G. Kraemer and Kamran Khan. “There is currently an outbreak of pneumonia of unknown etiology in Wuhan, China. Although there are still several unanswered questions about this infection, we evaluate the potential for international dissemination of this disease via commercial air travel should the outbreak continue.” [pw] [\[similar article from JTTM here.\]](#)

January 9, 2020 — WHO reported that Chinese authorities have determined that the outbreak is caused by a novel coronavirus. WHO convened the first of many teleconferences with global expert networks, beginning with the Clinical Network.

Patient 2 died on this date (China). No biopsy specimens were obtained. [bobby].

[From the NIH timeline](#): On January 9, 2020, Chinese officials reported to the WHO that they have finally identified the virus, and subsequently, the WHO made the official announcement (WHO, 2020e) of the same to the world. [nih]

January 10, 2020 — Viral genome sequence was released by China and given GenBank MN908947 [c-d]. This is a partial, in silico sequence of the N gene [db]. WHO issued a comprehensive package of technical guidance online with advice to all countries on how to detect, test and manage potential cases, based on what was known about the virus at the time. This guidance was shared with WHO’s regional emergency directors to share with WHO representatives in countries [who]. [Also see this 2018 paper](#) relating to 2003 SARS. Dr Li Wenliang, Chinese eye doctor, is said to have started coughing. He says his parents also took ill and were taken to the hospital. Tests negative several times. What about his parents?

Official media announcement is picked up by ScienceMag.org.

— BetaCoV/Wuhan/IVDC-HB-05/2019 ID: EPI\_ISL\_402121 by Zhu et al. – submitted to GISAID [benjamin]

— BetaCoV/Wuhan/IVDC-HB-01/2019 ID: EPI\_ISL\_402119 by Zhu et al. – submitted to GISAID [Benjamin]

[From the Lancet](#): Authors in China write,

“From Jan 10, 2020, we enrolled a family of six patients who travelled to Wuhan from Shenzhen between December 29, 2019 and January 4, 2020. Of six family members who travelled to Wuhan, five were identified as infected with the novel coronavirus.” David Crowe writes, “Two grandparents (patients 1 and 2), the daughter and son-in-law (patients 3 and 4), a 10-year old grandson and a 7-year old granddaughter (patients 5 and 6) flew to Wuhan on 12/29/19. On the first day, the grandmother (1) and her daughter (3) visited a baby boy with pneumonia, known as Relative 1, in a hospital in Wuhan (the hospital is not named, but the implication is the child had this new disease). They mingled with four other local relatives, of which two had also spent extensive time in the hospital. \*Notably the infant’s symptoms resolved one or two days after the visit, and he returned home.” [crowe 16]

A Shanghai laboratory had sequenced the virus’ genome. German scientists (meaning Corman and Drosten) produced the first polymerase chain reaction (PCR) assay based on this sequence, and others including SARS-CoV-1, a week later. This is called the “German test” or the “Charité” test, which is one and the same as the WHO test design.

[[virology](#)] A viral genome sequence was released for immediate public health support via the community online resource. [Wuhan-HU-1, GenBank accession number MN908947, see entries above]

January 11, 2020 — WHO [tweeted](#) that it had received the genetic sequences for the novel coronavirus from the People’s Republic of China and expected these to soon be made publicly available. Chinese media reported the first death from the novel coronavirus [[who tweet](#)].

From Wiki timeline: A viral genome sequence was shared to GENBANK and Virological.org by Professor [Zhang Yongzhen](#) of the Shanghai Public Health Clinical Centre through the auspices of the Wuhan Institute of Virology, which was before the government’s official disclosure of the same to WHO, occurring the day after the [National Health Commission](#) released several viral sequences to GISAID.

— BetaCoV/Wuhan/WIV04/2019 ID: EPI\_ISL\_402124 by Zhou et al. - submitted to GISAID. This is a sequence of unknown origin published by China. [benjamin]

— BetaCoV/Wuhan/IPBCAMS-WH-01/2019 ID: EPI\_ISL\_402123 by Ren et al. - submitted to GISAID. This is a sequence of unknown origin published by China. [benjamin]

— BetaCoV/Wuhan/IVDC-HB-04/2020 ID: EPI\_ISL\_402120 by Zhu et al. - submitted to GISAID. This is a sequence of unknown origin published by China. [benjamin]

— MN908947.1 - published on [www.virological.org](#) [benjamin]. This is a sequence of unknown origin published by China.

On January 11, the Chinese health officials report that a 61-year-old man who had been admitted in one of the hospitals in Wuhan had died. From the report (Ravelo and Jerving, 2020), the man had other underlying health conditions such as chronic liver disease and abdominal tumors, but the cause of his death was attributed to 2019-nCoV. By the time of

his death, he was reported to have suffered from issues such as respiratory failure and severe pneumonia, septic shock, and multiple organ failure. He was also observed to have suffered from severe acid-based metabolism disorder and cirrhosis. His hospital treatment included antiinfection, ventilator- assisted breathing, life support, and other treatments, but with no positive results. His death was marked as the first known death from this new virus. [nih]

In regard to new cases, health officials did not record any other case except the 44 cases that had been received up to January 3. They also expressed that according to an epidemiological survey (WHO, 2020e), there was no clear evidence that the disease could be transmitted from human to human. However, they affirmed that all the cases in hospital were of people who had been exposed to the Wuhan Seafood market. [nih]

On this day, the first 2019-nCoV virus genome sequence was deposited in the GENBNK (the NIH database that where all public genetic sequences are stored) and shared with virologist.org (an online hub for prepublication of data, where the public can freely access for public health-related activities and research) and also uploaded to the platform “Global Initiative on Sharing All Influenza Data” (GISAID) (ECDC, 2020b), through a collaboration of a number of organizations including the Shanghai Public Health Clinic Centre, the Central Hospital of Wuhan, Huazhong University of Science and Technology, and Wuhan Center for Disease Control and Prevention among others. All this happened before the information on discovery of the genome sequence was officially shared with the WHO. However, the details were to be shared with the WHO the following day together with other viral sequences that were to be shared with GISAID (Holmes, 2020). In parallel, Chinese Health officials were considering to temporarily close down the Chinese laboratory that was the first to share the coronavirus genome with the world. The laboratory was closed on the following day (January 12) (Pinghui, 2020). [nih]

WHO received further detailed information from the National Health Commission China that the outbreak is associated with exposures in one seafood market in Wuhan City. (note information was also received on the 12th).

January 12, 2020 — Saturn conjunct Pluto in Capricorn.

— MN908947.1 - made public on GenBank. This is a sequence of unknown origin published by China.

From Wiki timeline: In China, more than 700 close contacts of the 41 confirmed cases, including more than 400 healthcare workers, had been monitored, with no new cases reported in China since 5 January.[42][38][52][69] Respiratory wards in Wuhan hospitals began reaching capacity around 12 January, with some people being denied care.[70] The WHO published initial guidance on travel advice, testing in the laboratory and medical investigation.[52] The WHO said that “The [Chinese] government reports that there is no clear evidence that the virus passes easily from person to person”.[71]

January 13, 2020 — WHO convened the first teleconference with the diagnostics and laboratories global expert network. [Are there notes on this?] The Ministry of Public Health in Thailand [reported an imported case](#) of lab-confirmed novel coronavirus from Wuhan, the first recorded case outside of the People’s Republic of China. WHO publishes [first protocol for a RT-PCR assay](#) by a WHO partner laboratory to diagnose the novel coronavirus [WHO].

Ministry of Public Health, Thailand reported the first imported case of lab-confirmed novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.

January 14, 2020 — MN908947.2 - replaces MN908947.1 on GenBank [benjamin]

WHO held a press briefing during which it [stated](#) that, based on experience with respiratory pathogens, the potential for human-to-human transmission in the 41 confirmed cases in the People's Republic of China existed: "it is certainly possible that there is limited human-to-human transmission." [WHO tweeted](#) that preliminary investigations by the Chinese authorities had found "no clear evidence of human-to-human transmission." [wiki]

[In its risk assessment](#), WHO said additional investigation was "needed to ascertain the presence of human-to-human transmission, modes of transmission, common source of exposure and the presence of asymptomatic or mildly symptomatic cases that are undetected" [WHO]. From Wikipedia timeline: WHO sent a tweet which said "preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel coronavirus (2019-nCoV) identified in Wuhan, China." [77] According to Reuters in Geneva, WHO said there may have been limited human-to-human transmission of a new coronavirus in China within families, and it is possible there could be a wider outbreak. [78][wiki]

WHO's technical lead, Maria Van Kerkhove, noted in a press briefing there may have been limited human-to-human transmission of the coronavirus (in the 41 "confirmed cases"), mainly through family members, and that there was a risk of a possible wider outbreak. The lead also said that human-to-human transmission would not be surprising given our experience with SARS, MERS and other respiratory pathogens. [pw]

January 15, 2020 — The Ministry of Health, Labor and Welfare, Japan (MHLW) reported an imported case of laboratory-confirmed 2019-novel coronavirus from Wuhan, Hubei, Province, China [bobby]

The NHC unveiled the first version of guidelines on diagnosis and treatment for pneumonia caused by novel coronavirus along with the guidelines on prevention and control measures. [bobby]

January 16, 2020 — The Pan American Health Organization/WHO Regional office for the Americas (PAHO/AMRO) issued its [first epidemiological alert](#) on the novel coronavirus. The alert included recommendations covering international travelers, infection prevention and control measures and laboratory testing.

About the new cases, provincial and municipal experts based on the patient's clinical manifestations, epidemiological history, and the results detected using the newly issued diagnostic kits issued by the country, newly identified 4 cases of pneumonia infected by the new coronavirus. [bobby]

January 17, 2020 — MN908947.3 - replaces MN908947.2 on Genbank [benjamin]

Four cases were cured and discharged, 17 new cases were added, and there were no deaths. [bobby]

The WHO publishes its PCR protocols, based on the Corman-Drosten test.

January 18, 2020 — Five cases were cured and discharged, 59 new cases were added, and 1 case dead. [bobby]

In the United States, retrospective NAT of archived respiratory samples in the Seattle region have suggested introduction of SARS-CoV-2 virus into the Seattle, Washington, area between Jan. 18 and Feb. 9. [article source]

January 19, 2020 — On January 19, 2020, a 35-year-old man presented to an urgent care clinic in Snohomish County, Washington, with a 4-day history of cough and subjective fever. On checking into the clinic, the patient put on a mask in the waiting room. After waiting approximately 20 minutes, he was taken into an examination room and underwent evaluation by a provider. He disclosed that he had returned to Washington State on January 15 after traveling to visit family in Wuhan, China. The patient stated that he had seen a health alert from the U.S. Centers for Disease Control and Prevention (CDC) about the novel coronavirus outbreak in China and, because of his symptoms and recent travel, decided to see a health care provider. [nejm]

CDC officials initially said the spark that started the U.S. outbreak arrived during a three-week window from mid-January to early February. Officially, the first U.S. infection was a traveler— a Washington state man who returned from Wuhan on January 15th and sought help at a clinic on this date. [apnews.com]

January 20, 2020 — WHO conducted field visit to Wuhan China to learn about the responses to 2019 novel coronavirus. The mission was part of the ongoing close collaboration between WHO and Chinese national, provincial and Wuhan health authorities in responding to 2019-nCoV. WHO [publishes its first guidance](#) on how to handle patients believed to be infected.

National IHR Focal Point (NFP) for Republic of Korea reported the first case of novel coronavirus in the Republic of Korea [bobby]

A total of 201 cases of pneumonia in China have been confirmed; 282 “confirmed” cases of 2019-n-Cov have been reported from four countries including China (278 cases), Thailand (2 cases), Japan (1 case) and the Republic of Korea (1 case). [bobby]

January 21, 2020 — The United States of America (USA) reported its “first confirmed case” of the novel coronavirus. This was the [first case](#) in the WHO Region of the Americas [WHO]. The only available assay at this time is Corman-Drosten, distributed by WHO. See Jan. 19 above.

Corman-Drosten paper submitted to Eurosurveillance.

According to BBC News [4] and Google Statistics [5] there were 6 deaths world-wide on January 21st 2020 - the day when the manuscript was submitted. Why did the authors assume a challenge for public health laboratories while there was no substantial evidence at that time to indicate that the outbreak was more widespread than initially thought? [retraction paper]

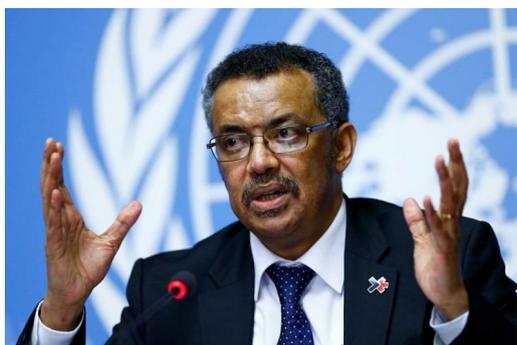
WHO experts from its China and Western Pacific regional offices conducted a brief field visit to Wuhan \*(also noted under January 20th)? [pw]

The Chinese government has released the primers and probes used in the rT-PCR test kit. [bobby]

January 21-24 2020 — The World Economic Forum’s annual meeting takes place in Davos, Switzerland, where both the economy and vaccinations are discussed. WEF was a cosponsor of Event 201.

January 22, 2020 — Wuhan bans sale and breeding of wild animals [cbs]. Gee, it’s about time.

WHO mission to China issued a statement saying that there was evidence of human-to-human transmission in Wuhan but more investigation was needed to understand the full extent.



WHO director-general convened an Emergency Committee (EC) under the International Health Regulations (IHR 2005) to assess whether the outbreak constituted a public health emergency of international concern. The independent members from around the world could not reach a consensus based on the evidence available at the time.

They asked to be reconvened within 10 days after receiving more information. “We have it totally under control.” — President Trump, in an interview, on Jan. 22.

January 23, 2020 — [Detection of 2019 novel coronavirus \(2019-nCoV\) by real-time RT-PCR](#) by Victor Corman, Christian Drosten, et al, is published by Eurosurveillance with just 24 hours peer review. The paper is the scientific basis for the existence and pathogenicity of the 2019-nCoV virus, as well as providing the fatally flawed PCT test design adopted by the World Health Organization (WHO).

The paper is finally [refuted in November](#) by an international consortium of scientists and researchers, who expose 10 fatal flaws in the assay design. These include the inability to detect whether a sample is from a human, defective primer design, issues with the cycle threshold, conflict of interest, lack of peer review, and many others. The 22 authors demand that the Corman-Drosten paper be retracted by Eurosurveillance. The publication secretly convenes a committee to address the retraction demand, which Dr. Steve Bustin revealed in a Planet Waves FM interview in early 2021.

On this date, Wuhan, a city of more than 11 million [9.5 million?], was cut and locked down off by the Chinese authorities. Wuhan’s transit shutdown.

January 24, 2020 — The Lancet publishes a paper by [Huang et al](#) revealing that 13 of the original 41 cases had no contact with the Huanan wet market in Wuhan, making the “wet market origin” story implausible or impossible.

[An article in Science](#) characterizes the findings: ‘The paper, written by a large group of Chinese researchers from several institutions, offers details about the first 41 hospitalized patients who had confirmed infections with what has been dubbed 2019 novel coronavirus (2019-nCoV). In the earliest case, the patient became ill on 1 December 2019 and had no reported link to the seafood market, the authors report. “No epidemiological link was found between the first patient and later cases,” they state. Their data also show that, in total, 13 of the 41 cases had no link to the marketplace. “That’s a big number, 13, with no link,” says Daniel Lucey, an infectious disease specialist at Georgetown University.’

Zhu-Gao paper is published by New England Journal of Medicine (NEJM). “China novel coronavirus research and investigating team” including George Gao, head of Chinese CDC (Howard University educated). Gau is on the Global Monitoring Preparedness Board, connected to Fauci et al. He is also the Chinese guy on Event 201. They also define sequence as less than 90%, 2019-nCoV, the “likely causative agent” is probably this virus [Benjamin.] However, they admit that it does not fulfill Koch’s Postulates.

Illinois health officials announced the first confirmed case [the novel coronavirus](#) infection in the state of Illinois, also the second confirmed case in the United States. The case was a woman in her 60s who had returned from a December 25 – January 13 visit to Wuhan, China, the place of origin of the outbreak, where she had frequently visited a hospitalized relative and other relatives with respiratory illnesses.[13] On January 30, the Centers for Disease Control and Prevention (CDC) confirmed that the first known human-to-human transmission in the U.S. of the [SARS-CoV-2 virus](#) (then known as 2019-nCoV) had occurred in Chicago. According to the CDC, the woman who was the first Illinois case had transmitted the virus to her husband, who was confirmed as the second Illinois case and the sixth U.S. case after testing positive. He was isolated at the same hospital as his wife.[15]

David Crowe writes,

“A paper in Lancet (not the one referenced above) made a big deal about the presumed first case of person-to-person contact in the USA, from a woman who had visited Wuhan in December 2019, to her husband, who stayed in the United States. She got sick after returning, and later both her and her husband, who had not travelled to Wuhan, tested positive for COVID-19. Whether he had symptoms or not was impossible to tell because he had chronic obstructive pulmonary disease, so had cough and difficulty breathing all the time. What is more interesting is that authorities identified 372 contacts of this couple, and “were able to assess exposure risk and actively monitor symptoms for 347.”

Not one of these people had an emergency room visit with respiratory symptoms within 14 days of contact with the couple. 43 did have some symptoms that could have been COVID-19, and became “Persons Under Investigation.” 26 had exposures to the couple classified as “medium risk or greater.” But despite the presence of symptoms, contact with the couple, and close monitoring, not one tested positive for COVID- 19. [crowe 16]

The CDC says that it has developed a sophisticated diagnostic test and has sought F.D.A. permission to send it to public labs around the country. CDC Press tele briefing [pw]

January 25, 2020 — Chinese Medical Journal receives submission of Ren paper. Ren paper claims that a novel coronavirus is associated with patient pneumonias but admits that it remains to be seen whether it causes the symptoms. [benjamin]

Less than 90% for reserved RDRP sequence and recommends that it should be classified as a new sequence. Some of the people, including the main author, are part of [cabal described at the top of the Ren paper]. Little Dog Team — published screen shots of social media accounts when they reported to friends of possible SARS-like outbreak.

Christian Drosten tweets: “Now that we know #nCoV2019 really resembles #SARS (see #Lancet yesterday), here is my reading tip for the weekend: <https://annals.org/aim/fullarticle/717919/epidemiology-severe-acute-respiratory-syndrome-2003-hong-kong-epidemic-analysis...> This is the essence of how #HongKong stopped it. Look at Figure 5.” The designer of the WHO PCR assay admits that the allegedly “new virus” is not a novel virus.

From the NIH timeline for this day: “Researchers were able to observe a lot of interesting information from the model, which ran from the start of the outbreak until 25th January. Specifically, the researchers estimated that as of 25th January, 40 cases of 2019-nCoV had been exported from China. At the same time, the team estimated that the number of 2019-nCoV cases in China may have been much higher than reported for the whole of January, up to about 20,000 cases of 2019-nCoV in the country as of 25th January 25 (the number reported at the time was nearly 2000). Researchers also estimated that hundreds of people in Wuhan were infected in early December. The model is, however, limited by many factors, as explained by the team on their blog post. They are primarily due to the numbers being used are conservative estimates, the transmission of 2019-nCoV, such as the R0 value and incubation period, being uncertain, asymptomatic infections are not covered and only air travel was included.” [nih]

On Virological.org, Kristian Anderson says that [there are 28 full-length genomes and one partial genome claimed to be from 2019-nCoV available on the GISAID platform](#). Many of the earlier entries were posted by the Wuhan Institute of Virology, and were deleted. Anderson proposes that the earliest common ancestor of the 28 alleged sequences was in October 2019. How were these genomes created without purified, isolated virus, and how did anyone initially know what to look for? [pw]

January 26, 2020 — Editor of the People’s Daily, the official newspaper of the Central Committee of the Chinese Communist Party (CCP), tweeted a claim that the first building of the Huoshenshan Hospital had been completed in only 16 hours. The Daily Beast reported the next day the building shown in the picture accompanying the tweet was actually a marketing photo of a modular container building sold by the Henan K-Home Steel Structure Company, not an actual hospital. [wiki]

January 27, 2020 — CDC issued narrow guidance on which patients qualified for a test — only those with recent travel to Wuhan or those who had come into contact with an infected person. [pw]

[DailyMail] GenBank: MN996532.1 submits Bat —RaTG13. It was noted a warning that on

October 13, 2020 this sequence was replaced by MN996532.2 [bobby] These are sequences of unknown origin provided by China.

January 28, 2020 — Chairman of the Chemistry and Chemical Biology at Harvard University and two Chinese nationals were charged with aiding the People’s Republic of China. There are a diversity of criminal charges for selling scientific secrets and lying to a federal investigation, tax evasion and other crimes, among other issues. One of the Chinese nationals, Zaosong Zheng, was charged with stealing 21 vials of biological research and attempting to smuggle them out of the U.S. and aboard a flight to China. Our reporters did their best to unravel this at the time and could not find a direct Covid connection. We cannot rule in, or rule out, that this incident is connected to Covid. However, the criminally indicted chairman, Dr. Charles Lieber, was a “strategic scientist” at Wuhan University of Technology, perhaps just a coincidence; the university has not come up in the Covid story that we have read about. See [Department of Justice press release](#). See [NPR coverage](#).

The most interesting thing about the court papers, in my view, was the description of the depth and complexity of U.S.-China relations where biotechnology is concerned. Read coverage from June 2021 in the [Harvard Crimson](#).

In other news, senior WHO delegation led by the Director-General travelled to Beijing to meet China’s leadership, learn more about China’s response, and to offer any technical assistance. [pw]

Op-Ed by Luciana Borio, the former head of medical and biodefense preparedness at the National Security Council (NSC), and Scott Gottlieb, who led the Food and Drug Administration (FDA) from May 2017 to April 2019: Act Now to Prevent an American Epidemic - Quarantines, flu vaccines and other steps to take before the Wuhan virus becomes widespread. “[T]he CDC will struggle to keep up with the volume of screening. Government should focus on working with private industry to develop easy-to-use, rapid diagnostic tests that can be made available to providers.” [The CDC did the opposite, issuing narrow testing guidelines.] [pw]

January 29, 2020 — [Little Dog paper published on Medium](#). It is a personal account of the in silico discovery of 2019-nCoV that had SARS-like qualities. and similarities to bat viruses.

The White House announces a coronavirus task force led by the secretary of Health and Human Services Alex M. Azar II. President Trump attends the group’s first meeting and tweets that the experts “are on top of it.” [pw]

January 30, 2020 — Pasteur Institute claims it has [sequenced the whole virus](#) from samples it received on January 24. [[science daily](#)] This is not actual sequencing from purified isolate of wild virion; it is assembling nucleotides into a kind of potential, hypothetical “virus,” probably using CRISPR.

January 30, 2020 — A new, affordable (and unspecified) pneumonia vaccine was high on the agenda at the inaugural Global Forum on Childhood Pneumonia in Barcelona. The new vaccine could save many lives from the top childhood killer— and improving access in middle-income countries should be a central focus, says Médecins Sans Frontières, or Doctors Without Borders, an international humanitarian medical non-governmental organization of French origin. [Global Health Now]

January 31, 2020 — Italy suspends flights to China and declares a national emergency [after two PCR positives in Rome](#). [Italy dates are from [Axios timeline](#).]

HHS boss Azar declared a “public health emergency,” announcing travel restrictions—including barring noncitizens who had recently visited China from entering the United States—in an effort to curtail the virus’s spread inside the country. The declaration triggered emergency testing protocols, which increased restrictions on which labs could make a coronavirus test. Any lab would be required to acquire an Emergency Use Authorization (EUA) from the FDA to perform testing for covid-19. The FDA granted the CDC the first EUA. Late January ‘Criminal Negligence’: Trump Officials Ignored Company’s Offer to Make 7 Million N95 Masks Per Month. The World Health Organization began shipping its tests out to countries during the first week of February. [pw]

[According to NIH](#), The virus has been spread to 17 other countries [25], with number of confirmed cases: Thailand (14), Japan (11), Singapore (10), Australia (9), Malaysia (8), USA (6), France (5), Germany (5), Korea (4), United Emirates (4), Canada (3), Vietnam (2), Nepal (1), Finland (1), Sri Lanka (1), India (1), and Cambodia (1). Using back-calculation method, Nishiura has estimated the cumulative incidence in China in real time, allowing us to update and discuss the extent of transmission at the source [26]. [nih]

All age groups can be infected. According to Bin Cao, the Executive vice President at the Institute of Respiratory Medicine, Chinese Academy of Medical Sciences, 72% confirmed infection cases are aged 40 and above, 64% are male. 40% patients also have other underlying diseases such as diabetes and high blood pressure [27]. [nih]

On January 31, after a planned debate session, the Senate voted against allowing subpoenas to call witnesses or documents with a 51–49 vote.[161] Fifty-one Republican senators voted against calling witnesses, while 45 Democratic senators, two independents (Bernie Sanders and Angus King) who typically vote Democratic, and two Republicans (Mitt Romney and Susan Collins) voted for witnesses.[162] Further attempts to add witnesses, Bolton in particular, via amendments were tabled with similar vote tallies but with Romney and Collins joining their fellow Republicans except for votes specifically calling for Bolton as a witness.[163]

February 2020

Early February 2020 — Stanford University develops its own test for the coronavirus but runs into regulatory roadblocks at the FDA. The U.S. opted to develop its own test, but the distribution was limited. Other countries, like China, developed their own tests as well. In the early weeks of the pandemic, the United States recorded an estimated 15,400 excess deaths, nearly two times as many as were publicly attributed to covid-19 at the time [[wapo](#)]

February 2, 2020 — The first alleged coronavirus death was reported outside China. This is [in the Philippines](#). He is 44 years old and was from Wuhan. [pw] BBC also reports that 200 people have died in the outbreak, “the vast majority from Hubai.” BBC also claims that 14,000 have been infected as of this date. [[bbc](#)]

February 3, 2020 — WHO releases the international community’s Strategic Preparedness and Response Plan to help protect states with weaker health systems.

The US test was approved by the Food and Drug Administration on February 4 — around two weeks after the first case was reported in Washington State and more than a month after the outbreak was first reported in China.

“Early” CDC test couldn’t distinguish between coronavirus and water. [pw, [biz insider](#)]. Repeat, tested positive for water. [Battini explains somewhere how exactly this happened. Water is the negative control — the substance that should always test negative. One way to get a positive test out of water is the primer-dimer issue, with the primers from the test anelling to one another and forming a sub stance that tests “positive.” This may have been what was called at the time test contamination. [see [Four Steps of PCR](#), a concise explanation of the process. Includes video.]

The United States Senate voted 52 to 48 to find Trump not guilty on the charge of abuse of power; all 45 Democrats, Independent senators Bernie Sanders and Angus King, and Republican senator Mitt Romney voted guilty. Romney’s vote marked the first time in American history a senator voted to convict a president of his own party. On the second charge, the Senate voted 53 to 47, in a party-line vote, to find him not guilty on the charge of obstruction of Congress.

February 4, 2020 — FDA issues Emergency Use Authorization (EUA) requiring CDC to retest all positive results. CDC finally started to send kits to state and local health labs on February 5. [pw]

February 5, 2020 — A cruise ship in Japan quarantined thousands. [pw] “On Wednesday, it was confirmed that 10 people on board a cruise ship in Japan had also tested positive, prompting authorities to instruct all passengers to remain inside their cabins. Thousands of people on the Diamond Princess face spending the next fortnight stuck off the Japanese port of Yokohama, as officials attempt to prevent further infection.” [[guardian](#)]

The death toll in China has now risen to 490, according to the latest figures from the country’s National Health Commission (NHC). [[guardian](#)]

February 6, 2020 — Officials in Santa Clara County, Calif., announced on April 21 that two residents there died of the coronavirus on Feb. 6 and Feb. 17, making them the earliest known dead? victims of the pandemic in the United States. The CDC-manufactured kits were sent to state labs on Feb. 6 and Feb. 7. CDC press release. [pw]

February 7, 2020 — Li Wenliang — the eye doctor who warned people about a new virus — died allegedly from Covid-19 disease at age 34.[8][9] A subsequent Chinese official inquiry exonerated him, and the [Communist Party of China](#) formally offered a “solemn apology” to his family and revoked the admonishment of him.

February 10, 2020 — “We’re in great shape, though. We have 12 cases, 11 cases and many of them are in good shape.” -Trump remarks. [pw]

February 11, 2020 — The disease the virus causes was named COVID-19. [pw]. The word “covid” [should not exist anywhere before this time](#), such as in spellcheck, disinfectant packages, etc.

February 12, 2020 — CDC revealed that several labs had difficulty validating the test

because of a problem with one of the reagents. A problem with one ingredient in the US tests caused more than half of state labs to receive inconclusive results. Health experts said the glitch was unprecedented. [pw] [[science](#)]

“The key problem with the kits is what’s known as a negative control, says Kelly Wroblewski, director of infectious diseases at the Association of Public Health Laboratories (APHL). CDC’s test uses the polymerase chain reaction (PCR) assay to find tiny amounts of the SARS-CoV-2 genome in, say, a nose swab. To make sure a test is working properly, kits also include DNA unrelated to SARS-CoV-2. The assay should not react to this negative control, but the CDC reagents did at many, but not all, state labs. The labs where the negative control failed were not allowed to use the test; they have to continue to send their samples to Atlanta.” [[science](#)] This seems to be the first reference to potential problems with the WHO- Corman-Drosten assay.

February 11- 12, 2020 — WHO convened a Research and Innovation Forum on COVID-19, attended by more than 400 experts and funders from around the world, which included presentations by George Gao, Director General of China CDC, and Zunyou Wu, China CDC’s chief epidemiologist. [pw]

February 13, 2020 — Azar testified that he intended to implement a pilot program, adding coronavirus surveillance to the existing flu surveillance networks. But it never came to fruition. There were not enough tests to make it happen. [pw]

February 14, 2020 — France announced the first coronavirus death in Europe. Experts share concern that procedures on the quarantined ship will increase infection risk. [pw]

February 16-24, 2020 — The WHO-China Joint mission, which included experts from Canada, Germany, Japan, Nigeria, Republic of Korea, Russia, Singapore and the US (CDC, NIH) spent time in Beijing and also travelled to Wuhan and two other cities. They spoke with health officials, scientists and health workers in health facilities (maintaining physical distancing). The report of the joint mission can be found here: WHO-China Joint Mission report. [pw]

By now the CDC and state public health labs tested nearly 1,600 specimens. As a rule of thumb, two specimens are required per person, meaning that in total, only about 800 people had been tested. That’s roughly 2.4 tests per million people in the United States. [pw]

February 18, 2020 — Even as coronavirus testing remained limited nationwide, the CDC reminded hospitals that they shouldn’t do their own testing without an “emergency use authorization” from the FDA. [pw]

February 19, 2020 — Hundreds left the quarantined Diamond Princess. A scientist onboard the quarantined ship calls conditions “completely chaotic”. [pw, [nyt](#)]

February 20, 2020 — A man in Lombardy tests positive after previously leaving the hospital without a test. He is believed to have spread the disease widely before developing severe symptoms. (Italy now has three PCR positives.)

February 21, 2020 — A secretive church was linked to the outbreak in South Korea. [pw]

February 23, 2020 — In Italy, small towns said to be affected by the outbreak are placed

under quarantine. Carnival celebrations and some soccer matches are canceled (150 PCR positives as of this date).

February 24, 2020 — Iran emerged as a second focus point. State public health labs made an unusual plea for the FDA to open testing. [pw]

The chief executive of the Association of Public Health Laboratories writes to the F.D.A. that “we are now many weeks into the response with still no diagnostic or surveillance test available outside of C.D.C. for the vast majority of our member laboratories.”

APHL asked FDA Commissioner Stephen Hahn for “enforcement discretion” to sidestep the emergency process and allow APHL members labs to use their own tests. On 26 February, Hahn replied that the CDC test could be modified to use just the primers that specifically detect SARS-CoV-2, essentially ignoring the faulty portion of the kits. FDA, in other words, would look the other way to make more widespread testing possible. [[science](#)]

CDC has notified labs of FDA’s decision in a letter, but the agency must still file an emergency use authorization with FDA for the protocol change. Once it does, it won’t take long, Hahn promised in his letter to APHL: “FDA has been able to authorize tests for public health emergencies within as little as 1 day upon receipt of the complete validation.” [[science](#)]

In New York, the State Department of Health has designed its own test based on the CDC protocol and plans to seek emergency use authorization. [[science](#)] It is later revealed that the test utilizes 45 cycles of the PCR, assuring 90% false positives.

February 25, 2020 — Azar boasts to a Senate panel about his agency’s “aggressive response” to the coronavirus. A total of 12 other labs received EUAs from the FDA by late February. [pw] “We have contained this,” White House economic adviser Larry Kudlow insisted to a television interviewer on Feb. 25. “I won’t say airtight but pretty close.” [[politico - march 6 2020 lots here](#)]

February 26, 2020 — Latin America reported its first case. On this Wednesday, under pressure from health experts and public officials, the CDC and the FDA told labs they no longer had to worry about the portion of the test intended “for the universal detection of SARS-like coronaviruses.” After three weeks of struggle, they could now use the test purely to check for the presence of COVID-19. [pw]

February 27, 2020 — “It’s going to disappear. One day — it’s like a miracle — it will disappear.” — Trump remarks [pw]

February 28, 2020 — Infections spiked in Europe. Sub-Saharan Africa recorded its first infection. [pw]

February 29, 2020 — The United States reported the first COVID-19 death. On this Saturday, the FDA announced an “accelerated policy to achieve more rapid testing capacity in the United States,” allowing academic hospital labs capable of performing high-quality testing to develop and begin using their own tests to detect COVID-19. Before now, hospital labs weren’t sent test kits by the CDC and the FDA required an extensive review process even if

the hospitals had internally validated their tests. Under the new policy, the FDA review will still be required, but labs will be able to start using their diagnostics once they are internally validated. [pw, [propublica](#)]

End of February — By the end of February, the World Health Organization had shipped tests to nearly 60 countries. [politico - march 6 2020 lots here] These are all flawed Corman-Drosten assays.

Undated - Probably February — “Please provide an explanation for why the Covid-19 diagnostic test approved by the World Health Organization was not used,” Sen. Patty Murray, the ranking Democrat on the Senate health committee, who represents the hard-hit state of Washington, asked in a 3½-page letter on the testing fiasco to Pence, Health Secretary Alex Azar, CDC director Robert Redfield, and Food and Drug Administration Commissioner Stephen Hahn. [[politico - march 6 2020 lots here](#)]

“We developed a test very rapidly after China produced the [genetic] sequence. We are in the process of validating that and that’s the test we’re going to be using,” said the CDC’s Stephen Redd, a 30-year veteran of the agency, at a recent briefing, even as members of the presidential task force acknowledged that the pace of testing had lagged. [politico - march 6 2020 lots here]

The WHO test, which adopted a German test as its model [Corman-Drosten], was developed soon after Chinese researchers publicly posted the genome of the coronavirus in January. It shipped millions of tests to countries around the world, but generally only those without the capability to develop their own. The U.S. developed its own test around the same time, but manufacturing and quality control issues soon set it well behind the WHO.

CDC officials acknowledged that one of the three components of the initial test were faulty, but it took weeks before the agency approved a workaround. [[the hill, march 17, 2020](#)]

The initial tests didn’t work, and officials are probing whether there was possible contamination. The protocol for who could be tested was restricted to people already known to have been exposed to the virus or who had been in China, even as the epidemic raced to multiple countries like Japan, South Korea, Italy and Iran. [[politico - march 6 2020 lots here](#)]

March 2020 | [More March events in Covid19 News](#)

March 3, 2020 — Olympic Committee promises the Tokyo games will go on. [Covid19 News](#) commences publication.

March 4, 2020 — Schools and universities are closed in Italy by government orders (3,089 PCR positives as of this date).

March 6, 2020 — Testing controversy between WHO and Trump, seemingly based on a press report in Politico: The disease has now spread to more than 60 countries in six continents, sickening more than 100,000 and killing well over 3,000. “Why the United States declined to use the WHO test, even temporarily as a bridge until the Centers for Disease Control and

Prevention could produce its own test, remains a perplexing question and the key to the Trump administration's failure to provide enough tests to identify the coronavirus infections before they could be passed on, according to POLITICO interviews with dozens of viral-disease experts, former officials and some officials within the administration's health agencies." [[politico - march 6 2020 lots here](#)]

March 8, 2020 — In Italy, several northern provinces are placed under lockdown (7,375 PCR positives as of this date).

March 9, 2020 — In Italy, the lockdown is extended nationwide (9,172 PCR positives as of this date).

March 11, 2020 — WHO's director general calls Covid-19 a pandemic. Note, at some point prior to this, the definition of that word changed. In Italy, all restaurants and bars are closed (12,462 PCR positives in Italy as of this date).

March 13, 2020 — At 3:33 in the afternoon, with the Moon in Scorpio and five planets in Capricorn, Trump declares a national emergency.

March 15, 2020 — New York City Mayor Bill DeBlasio says that city schools will close, elective surgeries will be canceled, and that five people are dead in New York City allegedly due to Covid. [See video](#).



March 16, 2020 — Neil Ferguson of the Imperial College in the U.K., whose work is funded by the Bill and Melinda Gates Foundation, predicts that 82% of the American population will be “infected” with SARS-CoV-2 and that up to 3% will die.

This sensational prediction is off by orders of magnitude; the admitted, actual death rate under the virus scenario was a fraction of a percentage point, similar to seasonal flu, and in the high 90th percentile of “cases” are asymptomatic. Ferguson, who is infamous for this kind of overstatement in his projections, assumes an RO of 2.4, meaning that every “infected” person will convey the virus to 2.4 people.

The predicted result will be more than 2.2 million dead in the United States and 510,000 deaths in the U.K. (if mitigation measures are not imposed, so this served as a successful advertisement for the lockdowns). These numbers are parroted by Angela Merkel, the chancellor of Germany. [[hponline links to other sources](#)]. Here is an analysis of Ferguson's [past failures of statistical modeling](#).

March 17, 2020 — [The Hill reports](#) on the PCR test crisis:

Trump administration health officials on Tuesday defended the pace of diagnostic testing for the novel coronavirus while pushing back on criticism that the U.S. rejected a test from the World Health Organization (WHO).

The federal government has been criticized for not at least temporarily using the WHO test until the Centers for Disease Control and Prevention (CDC) created its own. While officials have acknowledged there are still not enough tests to meet demand, they denied refusing other tests.

“No one ever offered a test that we refused,” said Adm. Brett Giroir, assistant secretary for health at the Department of Health and Human Services. “This was a research-grade test that was not approved, not submitted to the FDA [Food and Drug Administration] ... there was a small number that we have greatly surpassed in a very short period of time.”

The WHO test, which adopted a German test as its model, was developed soon after Chinese researchers publicly posted the genome of the coronavirus in January. It shipped millions of tests to countries around the world, but generally only those without the capability to develop their own. [The Hill, March 17]

March 21, 2020 — Politico reports that the Justice Department has “quietly” asked Congress for the ability to ask chief judges to detain people indefinitely without trial during emergencies — part of a push for new powers that comes as the novel coronavirus spreads throughout the United States.

Dr. Deborah Birx, the White House coronavirus coordinator, [says that over 90% of people are testing negative for the virus](#) (it is actually far less), but are told they may have Covid, or some other infectious disease— and should wear a mask at home, and self-quarantine at home — even if they test negative. They are concerned that negative may not mean negative, and that there may be some other unnamed, undocumented infectious disease involved. She says that children are the greatest potential risk for asymptomatic spread with no scientific backing to her theory.

Even those who are perfectly healthy are told that they may be sick. This “may be” is technically correct, since anyone could, potentially, have a disease; and as we learn in April, the PCR cannot diagnose, confirm or deny infection, according to its emergency use authorization by the FDA. So, anything goes, anything at all, based on what Birx is saying: medical science by fiat.

March 22, 2020 — In Italy, factories are closed and all nonessential production is halted (59,138 PCR positives in Italy as of this date).

March 24, 2020 — CDC issues an official guidance memo changing the rules for reporting deaths, suspending previous guidelines for the first time in 17 years, allowing many causes of mortality to be counted as “COVID-19” as the underlying cause. In reality, 94% of deaths will be shown by CDC data to have average 2.6 serious underlying causes of mortality. The advisory says:

Should “COVID-19” be reported on the death certificate only with a confirmed test?

COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death [bold emphasis in the original].

Commenting on this guidance, Children’s Health Defense reports that had the old guidelines been followed, “COVID-19” mortality would be 90.2% lower. They write, “On March 24, the CDC decided to ignore universal data collection and reporting guidelines for fatalities in favor of adopting new guidelines unique to COVID-19. The guidelines the CDC decided against using have been used successfully since 2003.”

March 25, 2020 — [The Washington Post reports](#) that hospitals are considering blanket “do not resuscitate” (DNR) orders for Covid patients. The Bezos-owned newspaper reports:

“The conversations are driven by the realization that the risk to staff amid dwindling stores of protective equipment — such as masks, gowns and gloves — may be too great to justify the conventional response when a patient “codes,” and their heart or breathing stops. Northwestern Memorial Hospital in Chicago has been discussing a do-not-resuscitate policy for infected patients, regardless of the wishes of the patient or their family members — a wrenching decision to prioritize the lives of the many over the one.”

March 30, 2020 — USNS Comfort, on loan from the Navy, arrives in New York City to great acclaim, with its 1,000 hospital rooms and 100 operating rooms. The plan is for non-Covid patients to be treated aboard the vessel, and for land-based hospitals to treat Covid patients. It is not used, and leaves one month later.

[USA Today reports](#) that there are eight strains of SARS-CoV-2 roaming the planet. This may be the first public reference to the “variant” issue — way back in March 2020.

April 2020 | [More April 2020 events in Covid19 News](#)

April 4, 2020 — The New York Times reported that half the world — about 4.4 billion people — is under a stay-at-home order. CDC recommends that Americans all wear cloth masks in public.

The Daily Mail in England reports that the lab-leak theory of where the claimed virus came from “[is no longer being discounted](#).” This controversy never goes away, particularly after it is made public that the United States, under the direction of Anthony Fauci, funded gain of function work through EcoHealth Alliance and the Wuhan Institute of Virology.

April 7, 2020 — Celia Farber publishes [Was the COVID-19 test meant to detect a virus?](#) in Undercover DC. The article includes introductions to PCR inventor Kary Mullis (making his first Covid cameo), and Infectious Myth host David Crowe, plus some relevant HIV/AIDS history which is important background to 2020.

“In one paper,” Crowe says, “I found 37 cycles. If you didn’t get enough fluorescence by 37 cycles, you are considered negative. In another, paper, the cutoff was 36. Thirty-seven to 40 were considered ‘indeterminate’. And if you got in that range, then you did

more testing. I've only seen two papers that described what the limit was. So, it's quite possible that different hospitals, different states, Canada versus the U.S., Italy versus France, are all using different cutoff sensitivity standards of the Covid test. So, if you cut off at 20, everybody would be negative. If you cut off a 50, you might have everybody positive."

This seems to be the first public reference to what becomes known as the cycle threshold (Ct) issue in relationship to Covid. It turns out that New York is using 45 cycles, very close to the "all positive" level of sensitivity. The Ct of any test or jurisdiction is not openly reported, and as Crowe notes, they all vary.

April 8, 2020 — Investigative reporter Jon Rappoport publishes the article, [Corona: creating the illusion of a pandemic through diagnostic tests](#). He writes,

From "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT- PCR Diagnostic Panel" [1]:

"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms."

Translation: A positive test doesn't guarantee that the COVID virus is causing infection at all. And, ahem, reading between the lines, maybe the COVID virus might not be in the patient's body at all, either.

From the World Health Organization (WHO): "Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans" [2]:

"Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar."

April 15, 2020 — New York's Gov. Andrew Cuomo [orders all 19.5 New Yorkers to cover their faces](#), claiming it will stop the spread of the virus. The previous week, New Jersey's Gov. Philip D Murphy issued a similar order.

"Stopping the spread is everything," Mr. Cuomo said during his daily briefing in Albany. "How can you not wear a mask when you're going to come close to a person?" On Dec. 15, 2020, the New York State Department of Health (NYS DOH), which serves as a reference for other states and countries around the world, admitted in response to a Freedom of Information Law (FOIL) request that it did not have a single study on the effectiveness of masks at stopping their spread of disease, or the safety of those who wear them. [See article here](#); lower section, "Sorry, No Science."



“It erodes popular faith in democracy when public officials insist that their arbitrary policies are ‘science based’ and yet cannot produce a single study to support sweeping mandates,” said Robert F. Kennedy, Jr., in response to this disclosure.

“This letter illustrates the hazard of abandoning due process,” he added, in reference to the state’s reply to the FOIL request (which was filed by investigative reporter William Huston).

April 27, 2020 — [The Washington Post reports](#) an unusually high all-causes death count for year to date, without a hint that there could be some specific cause besides Covid, rather than mysterious general causes or results of the lockdowns: “In the early weeks of the coronavirus epidemic, the United States recorded an estimated 15,400 excess deaths, nearly two times as many as were publicly attributed to covid-19 at the time, according to an analysis of federal data conducted for The Washington Post by a research team led by the Yale School of Public Health. This is later refuted when all-cause mortality for 2020 is found to be unusually low, if Covid is excluded.

“The excess deaths — the number beyond what would normally be expected for that time of year — occurred during March and through April 4, a time when 8,128 coronavirus deaths were reported.

“The excess deaths are not necessarily attributable directly to covid-19, the disease caused by the coronavirus. They could include people who died because of the epidemic but not from the disease, such as those who were afraid to seek medical treatment for unrelated illnesses, as well as some number of deaths that are part of the ordinary variation in the death rate. The count is also affected by increases or decreases in other categories of deaths, such as suicides, homicides and motor vehicle accidents.”

April 29, 2020 — In the midst of a claimed pandemic, the Pentagon for the first time released three videos of footage they say are authentic images of UFOs, or what are now called “unidentified aerial phenomena.”

#### [CNN reported:](#)

The Pentagon has officially released three short videos showing “unidentified aerial phenomena” that had previously been released by a private company.

The videos show what appear to be unidentified flying objects rapidly moving while recorded by infrared cameras. Two of the videos contain service members reacting in awe at how quickly the objects are moving. One voice speculates that it could be a

drone.

The Navy previously acknowledged the veracity of the videos in September of last year. They are officially releasing them now, “in order to clear up any misconceptions by the public on whether or not the footage that has been circulating was real, or whether or not there is more to the videos,” according to Pentagon spokesperson Sue Gough.

April 30, 2020 — USNS Comfort steams out of New York Harbor, the hospital ship having never been used. Nor was the Javits Center used as a hospital, nor were SUNY and CUNY dormitories used to take care of patients. The expected crisis never grew to those proportions, and by April 30 is essentially over.

Los Angeles offers [free “coronavirus” testing for all city residents](#) — the first municipality to do so.

May 2020

May 15, 2020 — Los Angeles County Unified School District closes schools.

For a detailed news chronology from May 2020-present please see [Covid19 News](#). Months are listed at the top of the page, as is my portfolio of investigative articles. We are now working on distilling the events of the past 16 months into the format of this chronology. It will take a little while, [though with your support we will make it happen](#).

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