GlobalResearch
Center for Research on Globalization

The Ebola Outbreak: U.S. Sponsored Bioterror?

By Prof Jason Kissner
Global Research, August 16, 2014

Region: USA
Theme: Biotechnology and GMO, Intelligence, Science and Medicine

We can now be extraordinarily confident that the U.S. government is lying, in key material respects, about the latest Ebola outbreak—and not just because it lies about nearly everything of political consequence. This article shows that there are compelling reasons to believe we are being told three big lies about Ebola. It also offers a simple, rational, yet disturbing, explanation that very tidily accounts for all three lies. The explanation supposes that the current Ebola outbreak consists in an act of U.S.-linked bioterror.

One key U.S. driven lie has to do with the Western MSM's insistence that nobody of any repute believes that Ebola might be airborne. On this issue, the Public Health Agency of Canada remarks:

> In the laboratory, infection through small-particle aerosols has been demonstrated in primates, and airborne spread among humans is strongly suspected, although it has not yet been conclusively demonstrated (1, 6, 13). The importance of this route of transmission is not clear. Poor hygienic conditions can aid the spread of the virus.

A few scientific studies expressing concern about the airborne possibility are cited in this article, and other such studies are not hard to find.

So there are people with authority to speak to the issue who believe that there is some cause for concern regarding the airborne Ebola prospect, but the U.S. government/MSM complex instead lies and acts like this isn't the case.

Before getting to the second U.S. lie, it is important to mention three facts that have not received enough discussion. First—and this may be of pivotal significance–we still have no ideahow Ebolagot to West Africa. See for yourself; there's never been an Ebola outbreak in West Africa before.

Perhaps the racist U.S./MSM view is that all African countries are the same, so who cares?

Second, the current outbreak, in terms of the number and international breadth of infections, does seem to be far more contagious than any previous outbreak; as the previous link shows, we now have at least 1,975 cases.

Now pause for a moment and take this fully on board: the 1,975 cases exceed the total number of Ebola cases from 1977 to 2014's outbreak. So it's no surprise that we have, for example, signs of infected individuals in Albania.

The second lie really is a lie of nondisclosure, and concerns the reality that the MSM has not

told us that we are dealing with a biologically distinct form of Ebola that has never been seen before.

So, consider the following disconcerting information appearing in the New England Journal of Medicine in April 2014 regarding the current West African, Guinean outbreak of Ebola:

> Phylogenetic analysis of the full-length sequences established a separate clade for the Guinean EBOV strain in sister relationship with other known EBOV strains. This suggests that the EBOV strain from Guinea has evolved in parallel with the strains from the Democratic Republic of Congo and Gabon from a recent ancestor and has not been introduced from the latter countries into Guinea. Potential reservoirs of EBOV, fruit bats of the species Hypsignathusmonstrosus, Epomopsfranqueti, & Myonycteristorquata, are present in large parts of West Africa.18 It is possible that EBOV has circulated undetected in this region for some time. The emergence of the virus in Guinea highlights the risk of EBOV outbreaks in the whole West African subregion.

Furthermore, from the same study:

> The high degree of similarity among the 15 partial L gene sequences, along with the three full-length sequences and the epidemiologic links between the cases, suggest a single introduction of the virus into the human population. This introduction seems to have happened in early December 2013 or even before.

So, the Guinean variant of Ebola we now confront has been found to be sufficiently genetically distinct from all previous versions of Ebola that it has been assigned its own genetic branch, or clade, and it is believed to have evolved in parallel from an ancestor held in common with a variant of Ebola native to the Democratic Republic of Congo and Gabon. Moreover, the current outbreak began not in June or July, but as early as April 2014 and perhaps even earlier than December, 2013.

And, we seem to have a single introduction of the Guinea (West African) Ebola variant into the human population. Thus, we seem not to have, for example, something along the lines of multiple bites of humans by supposedly Guinea variant Ebola infected fruit bats.

Finally, the Western Africa Ebola outbreak does not appear to be traceable to Central Africa or anywhere else, and so we still do not know how Ebola got to West Africa.

Let us briefly summarize before presenting the third U.S. Ebola lie and concluding with a reasonable explanation that ties the three lies together.

The Guinea Ebola variant has never been seen before. It might well be far more contagious than any Ebola variant hitherto encountered; it could even be airborne. We still have no idea how Ebola arose in West Africa, but it did so some time ago—well before the Western MSM started to spew its lies.

Now the third U.S. Ebola lie: In a Matt Drudge-linked article entitled "The Federal Government's Inconsistent Ebola Story", we find that the U.S. government is telling two completely inconsistent stories regarding the circumstances surrounding delivery of MappPharmaceuticals' magic ZMapp Ebola drug to Dr. Kent Brantly and Nancy Writebol.

Thus, we have:

According to the CDC, it was Samaritan's Purse, the private humanitarian organization that employs Dr. Brantley, who reached out to them in an attempt to find an experimental Ebola drug. The CDC says it passed Samaritan's Purse along to NIH, who referred them to contacts within Mapp.

> "This experimental treatment was arranged privately by Samaritan's Purse," the CDC said. "Samaritan's Purse contacted the Centers for Disease Control and Prevention (CDC), who referred them to the National Institutes of Health (NIH). NIH was able to provide the organization with the appropriate contacts at the private company developing this treatment. The NIH was not involved with procuring, transporting, approving, or administering the experimental treatments."

The New York Times first reported this version of events on Aug. 6, and the statement was posted on the CDC's website a few days later,where it remains.

But, as the Morning Consult reports in the same article, we also have:

But the NIH told Morning Consult one of its scientists on the ground in West Africa approached the charity before the group had even decided to pursue an experimental alternative.

> "The NIH scientist who was in West Africa referred Samaritan's Purse to company contacts because they were best equipped to answer questions about the status of their experimental treatment," the agency said in an email to Morning Consult. "This occurred before Samaritan's Purse decided to pursue an experimental therapy."

A statement from Samaritan's Purse also conflicts with the CDC's telling of events, and indicates the NIH and other government agencies may have played an active role in procuring the drugs.

> "The experimental medication given to Dr. Brantley was recommended to us," the group said. "We didn't seek it out, but worked with the National Institutes of Health and other government agencies to obtain this medication."

Hence, we have the U.S. government saying both that delivery of the drug to the aid workers was initially government's idea, and that it wasn't initially government's idea. Since both of these possibilities cannot be true, we have our third U.S. federal Ebola lie.

But whose idea was it, really, to deliver the ZMapp magic serum (which is said to have begun reversing Brantly's condition within 20 minutes to an hour)? In all likelihood it was the U.S. government's idea, at a minimum for the following reason mentioned in the Morning Consult article:

> If [Mapp] did this on their own, they must have had unbelievable confidence in the product and lawyers who know this up and down," Vox said. "If they went this alone, their investors should be worried, because that's reckless. A team of

> scientists could get in a lot of trouble doing that, and I can't imagine they run their company that way, especially considering they have support from the Department of Defense.

Let's put all of the above together and move toward wrapping matters up.We have what appears to be the most contagious variant of Ebola ever encountered, its genetic form is novel in important respects, and we still have no idea how it arose in West Africa.

Yet, we are told that an experimental drug, ZMapp—produced by a previously unheard of U.S. firm with U.S. Department of Defense ties—is functioning in miraculous fashion. Furthermore, the U.S. government cannot keep its story straight about who initiated the delivery of the experimental drug to the U.S. aid workers, but there are compelling reasons to suppose it was the U.S. government that engineered the delivery.

All of the foregoing should prompt us to ask: When was Mapp Pharmaceutical's magic drug ZMappdeveloped?

The following language, drawn from an article at International Business Times, might provide guidance:

A statement from Mapp said:

> "ZMapp is the result of a collaboration between Mapp Biopharmaceutical Inc, LeafBio, DefyrusInc, the US government and Public Health Agency of Canada.
>
> "ZMapp is composed of three 'humanised' monoclonal antibodies manufactured in plants, specifically Nicotiana. It is an optimised cocktail combining the best components of MB-003 and ZMAb.
>
> "ZMapp was first identified as a drug candidate in January 2014 and has not yet been evaluated for safety in humans. As such, very little of the drug is currently available. Any decision to use an experimental drug in a patient would be a decision made by the treating physician under the regulatory guidelines of the FDA.

One very interesting thing to note is the parties involved in producing ZMapp. Two of the parties are the U.S. government and the Public Health Agency of Canada—and the Public Health Agency of Canada, you will recall, is the very same agency that "strongly suspects" that Ebola might be airborne (see the second paragraph of this article). Yet, we are constantly told the U.S. government suspects no such thing.

But there are even more important things to consider.

Does "ZMapp was first identified as a drug candidate in January 2014" mean that ZMappwas designed from the ground up, pretty much when the outbreak began, with the specific purpose of treating the Guinea Ebola variant (see above for timing of the outbreak)? Or, does it mean that ZMapp was repurposed in some way to grapple with the Guinea variant? Or does it perhaps mean something else entirely?

In any event, if the above MappPharmaceuticals statement is true, this much is perfectly clear: a major decision about ZMapp and its potential efficacy was made in January 2014, and that decision appears to have been made very close on the heels of the beginning of

the current Guinea Ebola outbreak.

Therefore, if ZMapp really is the miraculous success it is purported to be, we are given to believe that, in Research and Development terms, results must have been achieved virtually overnight. This is because with the beginning of the outbreak of the brand newGuinea Ebola variant dated to around December 2013, Mapp could not possibly have had much time before its January 2014 decision to target the Guinea Ebola variant with ZMapp.

Or might Mappin fact have had plenty of time?

One possibility is that Mappdid have plenty of time, because it knew about the brand new Ebola variant before its debut appearance in West Africa. This would be very strong evidence of a bioterror conspiracy, would it not? Of course, we are very far from sure about this prospect.

However, even if we are to believe that Mapp did not know about the novel Guinea Ebola variant before that variant's first appearance, but did in fact advance anyway with ZMapp againstthe Guinea variant in January 2014, wemust still ask exactly how ZM appended up being effective against a brand new variant Mapp would, under the present assumption, have only just encountered.

Perhaps Mapp had been in the process of designing ZMapp so that it could successfully attack already extant Ebola variants, and whatever properties made it effective against those already extant variants also transferred to the novel Guinea variant?

Maybe.

But if that is so, ZMapp should prove successful against variants of Ebola other than the Guinea variant. Will it?

If it doesn't prove successful against variants of Ebola other than the Guinea variant, I do not see how one can logically avoid the conclusion that the West African rooted, Guinea variant of Ebola amounts to U.S. government linked bioterror.

Unless, of course, one is willing to invoke what amounts to a miraculous stroke of luck consisting in the design of a solution that successfully attacks something that's never been seen before and was not anticipated—even though the solution fails against related versions of the same problem.

In closing, please note that the U.S. act of bioterror explanation economically accounts for all three U.S. lies discussed in the article. It explains why the U.S. government is lying about the airborne status of Ebola, why the U.S. government/MSM hybrid is in no hurry to disclose the geographical and virological novelties of the Guinea variant, and, finally, why the U.S. government, out of one side of its mouth, wants to act like its "miracle experimental drug" had to be pried out of its greedy and comprehensive regulatory hands.

It must be stated, though, that there is one last possibility after all, which is that the Dr. Kent Brantly miracle recovery is no real recovery at all.

Dr. Jason Kissner *is Associate Professor of Criminology at California State University. Dr. Kissner's research on gangs and self-control has appeared in academic journals. His current empirical research interests include active shootings. You can reach him*

at[*crimprof2010@hotmail.com*](mailto:crimprof2010@hotmail.com)*.*

Articles by: **Prof Jason Kissner**