MERCOLA
Take Control of Your Health

Turns Out, Ebola Likely Leaked From a Lab as Well

Analysis by Dr. Joseph Mercola ✔ Fact Checked | March 28, 2023

STORY AT-A-GLANCE

- In December 2013, Zaire Ebola hemorrhagic fever broke out in Guinea and over the next three years spread across West Africa, ultimately killing 11,323 people. It was the largest and deadliest Ebola outbreak in history
- According to a paper published at the end of December 2014, the Ebola epidemic was traced back to a 2-year-old boy in Meliandou, Guinea. Supposedly, the boy had come in contact with an infected fruit bat in a hollowed-out tree. However, no Ebolavirus was ever detected in any of the bat samples collected from the area
- The senior author on that 2014 paper was Fabian Leendertz, a renowned virus hunter with the Robert Koch Institute in Germany. Leendertz was also a member of the World Health Organization team that investigated the origin of COVID-19, concluding without evidence that SARS-CoV-2 was of zoonotic origin
- In late October 2022, Sam Husseini and Jonathan Latham, Ph.D., published a new analysis, in which they highlighted the holes in the zoonotic origin narrative and laid out the evidence pointing to a lab leak
- Curiously, many of the same individuals, companies and organizations involved in the Ebola epidemic have also been linked to the alleged creation of SARS-CoV-2

In December 2013, Zaire Ebola hemorrhagic fever broke out in Guinea and over the next three years spread across West Africa, ultimately killing 11,323 people.[1] While Ebola epidemics occur on a near-annual basis, this was the largest and deadliest in history.[2]

Of the five Ebola viruses known to cause disease in humans, Zaire Ebolavirus, first identified in Zaire in 1976, is the most dangerous, with a fatality rate ranging between 53% and 88%,[3] depending on the variant.

The virus leads to severe immunosuppression, but most deaths are attributed to dehydration caused by gastric problems. Early signs of infection include nonspecific flu-like symptoms and sudden onset of fever, diarrhea, headache, muscle pain, vomiting and abdominal pains. Other less common symptoms include sore throat, rashes and internal/external bleeding.

As the infection sets in, shock, cerebral edema (fluid on the brain), coagulation disorders and secondary bacterial infections may occur. Hemorrhaging tends to begin four to five days after onset of the initial symptoms, which includes bleeding in the throat, gums, lips and vagina. Vomiting blood, excreting tar-like feces indicative of gastrointestinal bleeding, and liver- and/or multi-organ failure can also occur.

The Virus Hunter That Assigned Zoonotic Origin

According to a paper[4] published at the end of December 2014, the Ebola epidemic was traced back to a 2-year-old boy in Meliandou, Guinea, named Emile Ouamouno. Supposedly, the boy had come in contact with an infected fruit bat in a hollowed-out tree.

This, even though no Ebolavirus RNA was ever detected in any of the bat samples collected from the area. Interestingly enough, the senior author on that paper was Fabian Leendertz, a renowned virus hunter with the Robert Koch Institute in Germany.

Leendertz was also a member of the World Health Organization team that investigated the origin of COVID-19.[5] As you may recall, they also concluded, without evidence, that SARS-CoV-2 was most likely of zoonotic origin and dismissed the lab leak theory as not worthy of further consideration.

Lab Leak Suspected From the Start

However, just as with SARS-CoV-2, suspicions and rumors that the Ebola outbreak was the result of a lab leak were present from the start. Some scientists even suspected the virus might be a weaponized form of Ebola. As noted in a 2014 paper in the Journal of Molecular Biochemistry:[6]

> *"Another subject that may cause a plethora of arguments is that this virus may be a laboratory generated virus … There is a conjecture that the virus is transmitted to people from wild animals. However, by reason of the high mortality among them, it is impossible that these animals are the reservoir host of EVD."*

In late October 2022, Sam Husseini and Jonathan Latham, Ph.D., published a new analysis[7,8,9] in Independent Science News, in which they laid out the evidence pointing to a lab leak. They also dissect Leendertz December 2014 report, highlighting the holes in the zoonotic origin narrative. In fact, there's evidence to suggest the outbreak in in Meliandou wasn't Ebola at all. Husseini and Latham write:[10]

> *"Chernoh Bah, an independent journalist from Sierra Leone, wrote a book on the 2014 Ebola outbreak and visited Meliandou. Bah found that: 'Local health workers still think malaria may have been the actual cause of his [Emile's] death.'*
>
> *While in Meliandou, Chernoh Bah also interviewed Emile's father. According to Bah, the Leendertz team (who never claimed to have interviewed the father) made a crucial error: 'The child was actually 18 months old when he died' … The age question, it should be noted, is crucial to the entire outbreak narrative. As Emile's father told Reuters:*
>
> *'Emile was too young to eat bats, and he was too small to be playing in the bush all on his own. He was always with his mother.' Bah also identified another apparent error: that Emile had four siblings who never became sick. These siblings are not mentioned anywhere in the scientific literature …*

Further, although some bats appear to carry antibodies against Ebola viruses, only intact Bombali Ebola (a different virus species in the Ebola genus) has ever been isolated from a bat, despite intensive searches … Bombali is a species of Ebola that does not infect humans.

Taken together, this suggests that bats rarely carry Ebola viruses and when they do it is in small quantities. This context makes it somewhat surprising that Saéz et al. ascribed the 2014 outbreak (without supporting evidence) to contact with bats.

Indeed, Fabian Leendertz now doubts that bats are true reservoirs of Ebola viruses.[11] *Given the general want of evidence, one wonders by what exact process such poorly supported claims were transmuted into international headlines."*

Was Ebola Experimented On Before the Outbreak?

As detailed by Husseini and Latham,[12] "persistent rumors in the region linked the outbreak to a US-run research laboratory in Kenema, Sierra Leone.[13] This facility studies viral hemorrhagic diseases, of which Ebola is one."

The Kenema lab, which has been run by the U.S.-based Viral Hemorrhagic Fever Consortium (VHFC) since 2010, is located about 50 miles from the village in Guinea where the Ebola outbreak first emerged.[14]

The founder and president of the VHFC is Robert (Bob) Garry, who was also part of the group of virologists who in the earliest days of the COVID-19 pandemic concocted "The Proximal Origin of SARS-CoV-2" paper[15] in which they dismissed the lab leak theory and insisted zoonotic origin was the most plausible, despite the lack of evidence.[16]

As recently as November 2022, Garry still insisted SARS-CoV-2 "emerged via the wildlife trade."[17] In that same article, Garry drew parallels to the 2014 Ebola outbreak, claiming that conspiracy pundits were wrong about Ebola being leaked from the Kenema lab,

because "we did not have EBOV [ebolavirus] in our laboratory and therefore could not have released or engineered it."

According to Garry, the Ebola and SARS-CoV-2 outbreaks are both victims of "guilt-by-proximity." However, in a March 11, 2023, interview on the Decoding the Gurus podcast, Kristian Andersen, vice president of the VHFC's Kenema lab[18] and another "Proximal Origin" author, clearly refuted Garry's claim:[19]

> *"The problem is that people see these coincidences. One of the new ones is the Ebola lab leak, which also is being blamed on us, because we had been studying Ebola in Kenema in Sierra Leone, and lo and behold Ebola emerged just a few miles from there in 2014,"* Andersen said.

So, what do we make of this? Garry claims the Kenema lab didn't have any Ebola virus and Andersen says they did. Both are top executives at the lab and ought to know what was studied and what wasn't. So, who's telling the truth?

Was Kenema Lab Involved in Biowarfare Work?

According to Husseini and Latham,[20] there's good reason to believe the Kenema lab was working with Ebola before the outbreak in Guinea, some 50 miles from the lab. For starters, the Guinea outbreak was the first time Zaire Ebola emerged in West Africa. All previous outbreaks of this most-lethal strain of Ebola occurred in the Congo basin, in the central African equatorial zone, some 3,000 kilometers (approximately 1,864 miles) from Guinea.

"Hence Zaire Ebola's appearance in West Africa was a striking and very unexpected development," they write. How did it get there? Ebola is not highly contagious as transmission typically requires direct contact.

There were no outbreaks between the Congo basin and Guinea, which you'd expect if it was spreading naturally from person to person. Equally mysterious is the fact that genome sequencing and phylogenetic analysis showed only a single jump from animal to human. Husseini and Latham explain:[21]

"Zoonotic outbreaks, including most past Ebola outbreaks, typically feature multiple jumps to humans from an animal source. Single jumps, however, are consistent with lab origins and are often considered a red flag for that possibility.

The reason is that researchers often work with a single isolate, perhaps one that they have found is particularly easy to replicate in the laboratory, whereas natural populations are typically diverse. This difference provides a genetic signal for distinguishing natural origins from laboratory ones."

Zaire Ebola is also the preferred species used by research labs studying Ebola-type viruses, as it's the most lethal and therefore has the greatest biowarfare potential. Husseini and Latham continue:

"Noting the gap between the weakness of the Leendertz account of the outbreak origin … and the forcefulness with which the Emile narrative was asserted by western scientists and western media, [journalist Chernoh Bah] wrote:

'it is difficult not to interpret the 'zoonotic origin of the West African Ebola epidemic' narrative advanced by Fabian Leendertz and his team as part of a cover-up or obfuscation of the actual chain of events that laid the foundation for the West African Ebola outbreak' …

In 2011, three years before the West African Ebola outbreak, Reuters profiled the research in Kenema at length.[22] Readers were told that a 'laboratory in southeastern Sierra Leone is an outpost of the U.S. government's 'war on terror,' funded by a surge in bio-defense spending … [By] the fiscal year 2007 the NIH was requesting more than $1.9 billion.' Reuters concluded that the Kenema labs' share of that allocation was $40 million.

On August 25, 2013, just months before the Ebola outbreak, the VHFC posted on its website an article titled: 'Researchers at the Scripps Research Institute

make major advances in the fight against Ebola virus.' This article was later removed but its existence is verifiable using the WayBackMachine.

Nevertheless, the title alone raises some key questions: Why did the VHFC post about Ebola if it wasn't working on it at the time? In particular, what Ebola variant was being studied? What was the nature of the experiments? Why remove the post? …

We do know that Ebola was important to the VHFC and its partners and a primary interest for at least some of its members.

Indeed, all the leading US-based researchers of the VHFC, Robert Garry, Kristian Andersen, Erica Ollmann Saphire and Pardis Sabeti have published multiple original research papers on Ebola virus.[23,24,25,26,27,28] *An Ebola focus also accords with US biosecurity research priorities under whose auspices the Kenema lab is largely funded …*

In 2013 Robert Garry co-authored a paper[29] *on a novel treatment for Zaire Ebola. All eleven other authors were from USAMRIID, aka Fort Detrick. This site is the largest 'biodefense' facility in the world and Garry's company, Zalgen, is located close-by."*

More Biowarfare Connections and Ebola Trials

Husseini and Latham point out that in 2014, when the Ebola outbreak occurred, Metabiota was a VHFC partner. As detailed in "**Evidence of Pandemic and Bioweapon Cover-Ups**," Metabiota was hired by the WHO and the local government of Sierra Leone to monitor the spread of the Ebola epidemic, but clearly were not up to the task. A 2016 CBS News report detailed Metabiota's bungled response.[30]

2014 was also the year when Metabiota was entrusted with the operations of U.S. biological research labs in Ukraine, with funding from the Defense Threat Reduction Agency (DTRA) and:[31,32]

- Pilot Growth Management, cofounded by Neil Callahan. Callahan is also a cofounder of Rosemont Seneca Technology Partners, and he sits on Metabiota's board of advisers
- In-Q-Tel, a CIA venture capital firm that specializes in high-tech investments that support or benefit the intelligence capacity of U.S. intelligence agencies
- Rosemont Seneca,[33] an investment fund co-managed by Hunter Biden[34]

Metabiota's founder, Nathan Wolfe, is also tied to EcoHealth president Peter Daszak, Ph.D., a prime suspect in the COVID pandemic who worked closely with the Wuhan Institute of Virology (WIV) in China, where SARS-CoV-2 is suspected of having originated. Wolfe has also received more than $20 million in research grants from Google, the NIH and the Bill & Melinda Gates Foundation, just to name a few.

> **"Of all the scientists, companies and organizations involved in this kind of research across the world, how is it that the same short list of names pop up both in the Guinea Ebola case and COVID-19?"**

Aside from the Kenema lab's obvious biowarfare connections, and the possibility of Ebola being experimented on there, several Ebola treatment trials were also taking place in Port Loko, Sierra Leone, about 190 km (118 miles) from Kenema, right around the same time that Ebola broke out in Guinea.

> *"From the limited descriptions available, one of these trials fits the timing required for it to have triggered the 2014 Ebola outbreak but none of them fits the location,"* Latham and Husseini write.[35]
>
> *"However, the data is incomplete; for his book, Constantine Nana corresponded with the lead investigator in the Port Loko Phase II trial, Dr. Peter Horby of the University of Oxford. Horby told Nana 'he had no information as regards the*

results of the Phase I trial.' To lead a Phase II trial and know nothing about that product's Phase I trial is indeed mysterious and rather strange."

Biosafety Is Lax at Kenema Lab

Latham and Husseini also review the lackadaisical approach to biosafety at the Kenema lab, despite working with extremely dangerous pathogens:[36]

> *"In the U.S., using live filoviruses requires biosafety level four (BSL-4) facilities, where researchers wear positive pressure 'space suits.' But in Kenema … according to Reuters, biosafety 'measures include goggles, gloves and masks.' The article quoted VHFC member Matt Boisen, a U.S. scientist from Tulane, now with Zalgen: 'Certainly we have less safety, less containment, but we do have the ability to do a lot more in the same amount of time' …*
>
> *Others have corroborated this laxity. In the 2014 outbreak, the earliest emergency responder was the medical non-profit Doctors Without Borders (MSF) who were called in for their extensive Ebola experience. MSF's emergency response coordinator was Anja Wolz. She was highly critical of the biosafety measures used by Metabiota at Kenema.*
>
> *Having seen how they visited suspected Ebola cases, she told AP: 'I didn't go inside the Metabiota lab … I refused because I had already seen enough.' A CDC official, Austin Demby, later sent to investigate, reached similar conclusions.*
>
> *In an email about the Kenema lab he wrote: 'The cross contamination potential is huge and quite frankly unacceptable.' Thus, there seems to have been a pattern at Kenema of lax biosafety procedures both before and during the outbreak."*

Another oddity that doesn't fit the nature of a natural outbreak was the fact that hotspots were broadly spread out. There was no epicenter. Moreover, according to WHO Ebola coordinator Philippe Barboza, Metabiota staffers were "systematically obstructing

any attempt to improve the existing surveillance system." MSF also complained they got no cooperation from Kenema.

> *"Given the intentionality imputed by many of these witnesses to the failings in Sierra Leone, were they deliberate? If so, were they intended to divert attention away from the Kenema lab?"* Latham and Husseini ask.

Genomic Testing

Latham and Husseini then delve into the genomic testing results, which suggest there was a "hidden" or unreported outbreak in Sierra Leone, which only later spread into Guinea. That doesn't prove it came out of a lab in Sierra Leone, however. But unique features in the Makona strain of Ebola that caused the Guinea outbreak suggest the virus may have undergone some form of manipulation. Latham and Husseini explain:

> *"The Makona strain of Ebola is not a standard or known strain, nor is it similar to any published strain. It is novel, having approximately 400 mutations that are not found in any previously known Ebola strain. Hence, for the 2014 Ebola outbreak to have begun in a lab, the Makona strain must either represent the escape of an unpublished strain, perhaps one collected during fieldwork in central Africa.*
>
> *Alternatively, Makona could be a radically manipulated derivative of a known strain–either through genetic engineering or passaging. A combination of these two possibilities should also be considered.*
>
> *Of these two alternatives, we know that Ebola and other viruses were being sought from wild animals in the Congo basin at the time as part of USAID's PREDICT project. The chief actors in this were the Wildlife Conservation Society (WCS) and Metabiota, which, at the time, was at the time a partner of the VHFC …*
>
> *[One] possibility is that Metabiota, or other collectors, used the VHFC lab at Kenema as part of a cold chain for the preservation of samples brought from*

the Congo basin …

The Kenema lab may also have been used for initial screening or testing of such samples. A third possibility is the formal or informal sharing of samples or strains with VHFC contacts or colleagues at Kenema, perhaps to help in the development of commercial treatments or diagnostic tools …

Given these potentialities it is remarkable to discover that, in July 2014, during the epidemic, the VHFC wrote a brief report in which they accused Metabiota of an activity that would be riskier still.

The VHFC accused Metabiota staff at Kenema of culturing cells from Ebola patients, which they insisted was dangerous and should 'be stopped immediately.'

Metabiota issued a qualified denial, but the allegation is highly credible since the two organisations shared the same site; moreover its implications are very great. It suggests, first, that Metabiota had an interest in culturing novel strains of Ebola, second, that they had the technical capability and the personnel competent to do so at Kenema, and third, that they were willing to take exceptional risks …

The allegation therefore raises, in a very concrete way, the question of what Metabiota might have been doing in Kenema prior to the outbreak … given the research interests and the capacities of the VHFC lab in Kenema and its collaborators, it is a relatively simple matter to theorise how a novel strain of Ebola, like Makona, might have reached Kenema and then spilled over there during routine research activities.

Interesting too is the dual role of Metabiota. Besides collecting samples from the wild, Metabiota was also the company that, at least according to MSF and the WHO, obstructed or mishandled testing and diagnosis at Kenema and that Sylvia Blyden alleged 'messed up the whole region.'

If a research error on the part of Metabiota was the source of the strain (and Metabiota's incompetence has been widely alleged[37]), or even suspected to be, they would have had a strong incentive to also 'bungle' the identification of early cases and so obfuscate the origin."

Pathogenic Research Must Be Reined In

While the case for the worst Ebola outbreak in history being the result of a lab leak is still based on circumstantial evidence, that evidence is compelling, and made even more so by the absence of evidence for a zoonotic origin. The same can be said for SARS-CoV-2.

Additionally, of all the scientists, companies and organizations involved in this kind of research across the world, how is it that the same short list of names pop up both in the Guinea Ebola case and COVID-19?

The take-home message here is that there is no possible way to guarantee containment of viruses in any of these laboratories, not even biosafety level 4 labs. And a pathogen doesn't have to be developed as a bioweapon in order to act like one.

If gain-of-function research on lethal viruses is allowed to continue, the whole world will remain at risk, and I don't think its hyperbolic to say gain of function research poses an existential threat to mankind. So far, we've been lucky in that escaped pathogens (suspected or confirmed) have not decimated the global population, but our luck may someday run out.

Sources and References

- [1, 8] Daily Mail November 3, 2022
- [2, 7, 10, 12, 20, 21, 35, 36] Independent Science News October 25, 2022
- [3, 6] J. Mol Biochem 2014; (3): 72-76
- [4] EMBO Molecular Medicine 2015; 7: 17-23
- [5] WHO Origins of the SARS-CoV-2 Virus
- [9] USA Daily Brief November 4, 2022
- [11] EcoHealth 2016; 13: 18-25

- [13] Anthropological Quarterly January 2017
- [14, 17] PNAS November 10, 2022
- [15] Nature Medicine 2020; 26: 450-452
- [16] Select Subcommittee on the Coronavirus Pandemic Memorandum, March 5, 2023
- [18] VHFC Leadership
- [19] Twitter Nicholson Baker March 12, 2023
- [22] Reuters February 14, 2011
- [23] Nature 2008; 454: 177-182
- [24, 29] PLOS September 12, 2013
- [25] PNAS November 17, 2014; 111(48): 17182-17187
- [26] Cell February 19, 2018
- [27] Cell Host & Microbe August 8, 2018; 24(2): 221-233.e5
- [28] Nature Communications August 17, 2020; 11 article number 4131
- [30] CBS News March 7, 2016
- [31] Medicalexperiments.news March 31, 2022
- [32] The Daily Expose March 20, 2022
- [33] Rosemont Seneca Investments
- [34] Rosemont Seneca Team
- [37] USRTK May 19, 2022