



Written by [William P. Hoar](#) on January 10, 2023

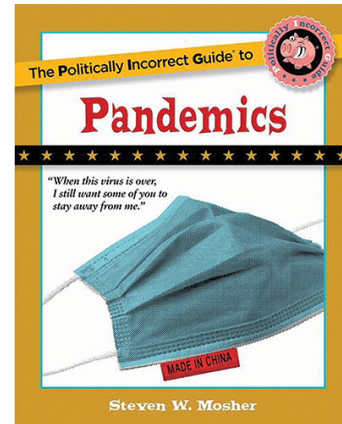
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The Review

Devastating Plagues, Then and Now

The Politically Incorrect Guide to Pandemics, by Steven W. Mosher, Washington, D.C.: Regnery Publishing, 2022, 365 pages, paperback. To order, [click here](#).

Disease can affect history. For instance, typhoid, malaria, and smallpox played key roles, respectively, in the Peloponnesian War, the fall of the Roman Empire, and the Franco-Prussian War. This book on pandemics doesn't cover all of those yesterdays — though it does delve very deeply, as far back as 3000 B.C.



Bubonic plague is the general subject in the separate chapters on the Plague of Justinian (541-750), the Black Death (1347-1351), and the Yunnan Plague (1772-1960) — which all traveled to the West and can be traced back to China.

Steven Mosher, president of the Population Research Institute, is the Sinologist author of numerous other books, including many on China, such as *Journey to the Forbidden China*; *Broken Earth: The Rural Chinese*; and *Bully of Asia: Why China's Dream Is the New Threat to World Order*. This volume provides, in the very reader-friendly package characteristic of the publisher's library of "Politically Incorrect Guides," generous dollops of real science and medicine as well as history.

Yet, it is the spreading of Covid-19 — which Mosher calls the China Virus — that drives the theme: It differs from other diseases. Its precursor, as he puts it, "did not even exist in nature." What has hit the United States and the rest of the world, Mosher writes precisely, "is a man-made virus, the result of laboratory insertions on an existing coronavirus. The goal was to create an 'unrestricted bioweapon' — a virus that was highly infectious but only moderately lethal and whose makers could plausibly deny any connection with it."

Role of Biowarfare

Biowarfare is not a Chinese monopoly, and this book also mentions Japan's actions in that regard in World War II (and before that) against China.

Beyond the author's research and findings, the volume under review has one of the features of this series that adds value ("A Book You're Not Supposed to Read" is the title of these particular text boxes.) In this case, we're invited to be politically incorrect and refer to another account written by historian Sheldon Harris (*Factories of Death: Japanese Biological Warfare 1932-1945 and the American Cover-Up*, 1994). It relates how Imperial Japanese personnel who had used bubonic plague and other pathogens were not tried for war crimes, having received "immunity from prosecution in return for



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handing over their research to the United States.”

For those interested in learning more about the notorious Japanese medical unit involved and its human experimentation program, this reviewer suggests *Unit 731: Testimony* (1996) by Hal Gold; a significant portion includes remarks and recollections of those personally involved. Steel yourself for accounts of vivisections and injecting plague into prisoners, among other actions.

After the war, as Mosher notes, China took over Japan’s facilities in Manchuria, “and has been operating them, with increasing sophistication, ever since.” The Chinese Communist Party (CCP), he continues, “was eager to go from being the victim of germ warfare to the victimizer.”

Earlier Global Pandemics

There is a chapter about the so-called Spanish Flu (1918-1920), during which perhaps 30 percent of globe’s population contracted the disease (about 500 million). Around 50 million died, though estimates vary.

Wartime propaganda being what it was, bad news was not desired. President Woodrow Wilson issued no statements about the “Spanish Flu,” recounts Mosher, and the Committee for Public Information in the United States suppressed what was going on, though rumors led to panic in several places in the United States. (Spain was neutral during the war and printed plenty about the spreading disease, helping to give the pandemic that name.)

The fatality rate of the Spanish Flu was about 100 times as high as the ordinary flu. Subsequent pandemics would also be quite deadly, but the body counts in the United States would not reach similar totals for the Asian Flu and Hong Kong Flu (1968-1969). Mosher also notes that, years later, the “sensitivity” police pushed for changing the name of the first of these to the “1957-1958 Pandemic,” claiming that earlier term was racist. He declines, pointing out that for months the CCP purposely did not warn world public health organizations of the new deadly influenza that arose in Guizhou province, aiding in its spread. (China was also secretive and misleading for what became known as Covid-19.)

A chapter about what the book terms the “great Swine Flu hoax” is replete with the panicking and overreactions that accompanied that episode. It all was kicked off with the January 1976 illness of a few soldiers and the death of a single one at Fort Dix, New Jersey. (As it happens, your reviewer was stationed at Dix a few years before that, serving as, among others, drill sergeant, operations sergeant, and a leader of what was called the “Alpha Team.” This was essentially a first-responder unit for potential chemical, biological, and radiological incidents. Yes, our CBR training did introduce us to some very nasty pathogens.)

Alarmed by what seemed unusual at Dix, the U.S. Centers for Disease Control and Prevention (CDC) leaped into action: The first thought was influenza. An attempt to keep the incident under wraps didn’t work, and *The New York Times* in short order had a front-page story suggesting the possibility “that the virus that caused the greatest world epidemic of influenza in modern history — the pandemic of 1918-19 — may have returned.”

To make a longer story short, it was decided to inoculate every “man, woman and child in the United States.” Shots started, as did the cases of Guillain-Barré as side effects — because vaccines do have other unwanted consequences.



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Meanwhile, there were no more cases of Swine Flu found at Dix. There was also no *New York Times* front-page story about how the sole private who had died had (in Mosher's telling) "risen from his sickbed to take part in a forced nighttime march. After marching for five miles on a bitter cold midnight's night" — and be advised that the New Jersey Pine Barrens where Dix is located really can be inhospitable in the winter — "he had collapsed and died." As the author explains, "Rather than dying of the swine flu, it is more likely that Private [David] Lewis died *with* the swine flu."

Before the campaign was stopped, about 20 percent of the nation received shots. After the author recapitulates (and sets the stage for focusing on the "China Flu"), he concludes that "the risk from vaccination was real, while the benefits were totally illusory. No one in America encountered the Fort Dix swine flu after the initial handful of cases, so the 45 million people who were immunized received zero benefit from the vaccine, and some were actually harmed."

Counting the Dead

Mosher's analysis in his volume is clear and detailed. When there's compelling evidence, he cites it (and the book is well-documented); on the other hand, when there could be alternative explanations, he mentions those too. This tends, to this reader, to make his conclusions stronger.

Yes, the subject is deadly, though exactly how deaths were involved in the various contagions is disputed. As we read in *Pandemics*, estimates for the Asian Flu worldwide have ranged from one million to four million; some say there were 116,000 Asian Flu deaths in the United States, while others put the total at 66,000; and reported Hong Kong Flu deaths (in the United States) fluctuated from 33,000 to 100,000. What was actually examined and whether comorbidities were taken into account did alter totals.

Yet, when it came to Covid-19, as the author points out, "all uncertainty suddenly vanished. Almost every country — including the United States — claimed to be reporting the *exact number of deaths that had occurred in their country* from Covid, updated every single day. The WHO website purported to give you the *exact number of deaths that had occurred worldwide* from Covid, again updated every single day (5,070,244 as of November 8, 2021)." (Emphasis in original.)

At the same time, as the CDC itself acknowledged, up to 95 percent of all Covid-19 death certificates had comorbidities or other conditions listed. The average number listed of such comorbidities was four. Regardless, CDC guidance directed that if a doctor suspected that the deceased had Covid, that is what should be listed as the cause of death.

Here are some more numbers. The deaths attributed to the Spanish Flu in the United States were about 675,000, or 0.64 percent of the then-total population, which translates into between six and seven deaths out of every 1,000 people. Jump forward. The CDC said in February 2022 that there had been 911,145 Covid deaths, though who knows how many really were *from* Covid?

Using the CDC's own total of deaths attributed to Covid, *Pandemics* notes that is just 0.27 percent of the current U.S. population, "or a little under three out of every 1,000 people. And if the misdiagnosis rate is 40 percent as [CDC Director Rochelle Walensky in January 2022] let slip, then the actual death toll may be far lower, perhaps 500,000."



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Ghost town: Lockdowns in Shanghai and elsewhere throughout the world had devastating consequences. (AP Images)

Mosher emphasizes that he is not making light of the dead, but rather arguing that the ones who are actually “trivializing their deaths are those who used inflated numbers to gaslight the rest of us into a state of abject terror.”

Many decisions made in the early days of the Covid pandemic were based on the flawed modeling of a since-disgraced professor (Neil Ferguson) from Imperial College London. Dr. Anthony Fauci, the longtime U.S. director of the National Institute of Allergy and Infectious Diseases — who has famously equated himself and “science” — promoted that “sham model” as a key element in his proposals for the United States, as *Pandemics* recounts. It was largely based on such recommendations, Mosher reminds us, “that the economy of the entire country” was shut down, “40 million people were put out of work,” tens of thousands of children were “denied an education,” and “millions of ‘non-essential’ small businesses” were shuttered.

The author continues, saying of Fauci: “One by one, all of his predictions came to naught. Millions of Americans did not, in fact, die of the virus. Actually, as the numbers came in, the mortality rate of the China Virus kept dropping until it bottomed out at a fraction of 1 percent, more in line with the Asian Flu of 1958 than the Spanish Flu of 1918. Yet throughout the two years of the pandemic, Dr. Fauci remained indifferent to the tremendous human cost of his policies.”

Apparently being “science” means you never have to say you’re sorry.

Threats From China, Within

Fauci is unlikely to be handing out copies of *Pandemics* to his friends and colleagues. He and his double-talking and flip-flopping come under considerable (deserved) criticism in this volume. As do the Chinese Communists. We can only hint at some of the many other related issues covered — including liberty lost in the United States, hypocrisy about what types of protests are politically correct, treatments and vaccines, and what really took place at that Wuhan lab.

If you want to believe that the facility at the Wuhan Institute of Virology is just an innocent civilian laboratory, the book will give you second, third, and more things to consider — including what the U.S. State Department calls China’s “Military-Civil Fusion,” a strategy that “allows a growing number of



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civilian enterprises and entities to undertake classified military R&D and weapons production.”

For good reasons, Mosher points to two major threats — one from the outside, being Communist China, the other being more “insidious, coming from within,” what he terms “our corporate ruling elite.”

The author goes into some detail about that lab and even interviews a Chinese medical doctor (Yan Li-Meng) and virologist-turned-whistleblower who studied the novel coronavirus, then defected to the United States to tell what she knows. She fears for her life. Among other points, she maintains — no surprise considering Dr. Yan’s personal experience — that the “China Virus” did “not come from a wet market in Wuhan. It did not come from nature at all. It was created in a lab.”

Coverage includes a discussion that follows the money to China from U.S. taxpayers; the national security priority set by Chinese leader Xi Jinping on bioweapons; and specific citations, evidence, and collaboration about that work.

The author sticks the landing. “However opaque the origin of the Covid outbreak remains,” maintains Mosher, “one thing is crystal clear: once China itself was unexpectedly in the grip of Covid, the CCP decided to use its own people as human disease vectors to deliberately spread the virus to the world.”

He’s not exaggerating when he refers to the results as devastation. “Millions of people died. Nearly 20 percent of the world’s GDP was destroyed.” Moreover, as he continues, “all of this has happened without the PLA’s [People’s Liberation Army] having to fire a single shot.” In a single concluding line, here’s the case that Steven Mosher has made: “The China Virus turned out to be the most effective weapon in history.”



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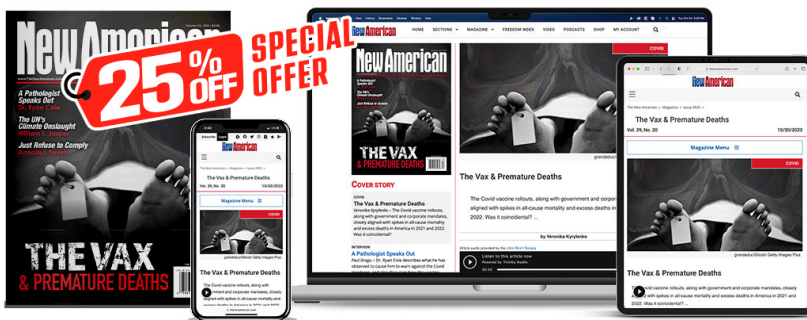
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