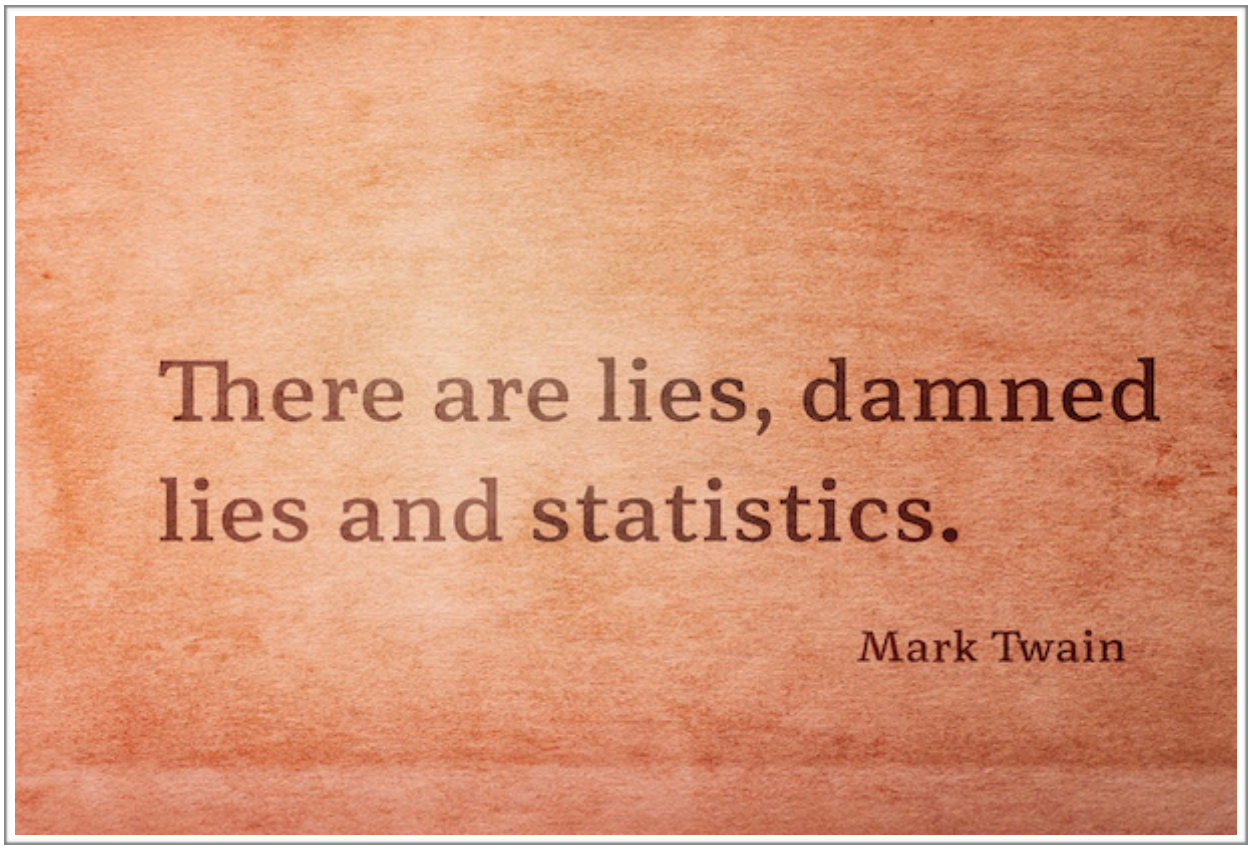
Questioning Covid

Seeking Truth Amid the Narrative



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Questioning Covid…

I apologize in advance for any unprofessional, emotional tone contained within. I, perhaps like you, have experienced a gamut of emotions thus far during this "epidemic" … from incredulity to depression to anger. I have spent hours, days, weeks pouring over published medical studies, articles, blog posts, books, videos… reading information and research and opinions from all sides. I watched in awe and sadness as our society changed irrevocably in a matter of weeks in the spring of 2020. I have been dumbfounded at the surreal manifestation of a reality that seems to have leaped off the pages of darkly dystopian Orwellian/Huxlian cautionary tales.

I am troubled by the manipulation and dissolution of our way of life and in the reactions of the public…yet the most tragic result of this supposed "viral epidemic" currently, in my opinion, is the pervasive and palpable FEAR infecting almost everyone in our midst. Fear is destructive…it is toxic, it is poisonous. Fear never makes things better; it never helps us to make clearer, wiser, more just and efficacious decisions. Fear is the enemy. Fear is a killer. Because of fear, people are turning on one another. We are promoting a culture of distrust and anger with our fellow humans. People are reacting in fear, are making uninformed decisions because of fear, are practicing easy believe-ism as a result of fear. We are tearing apart the fabric of fellowship in our human society, distancing and isolating ourselves voluntarily from one another, despising others who do not see reality as we do, trusting non-evidence-based claims by so-called authorities, allowing our local economies to falter and complying with unjust dictates—leading to further dissolution of our already fragile civil liberties and human rights—all because of FEAR.

Ought we not to stop and really investigate what it is we are all supposed to be so afraid of? Perhaps we should question the narrative being pushed by the people "in charge?" Our way of life has been completely upended in a fantastically short period of time and our economy has been irrevocably harmed…all because we have been told we must fear a viral pandemic that can kill. What I find heart-wrenching is a tragic reality the collective conversation seems to be ignoring: the **current suicide rate**. One doctor at the John Muir Medical Center in California, calling for the end of the lockdown, said they are seeing unprecedented spikes in suicides…a years' worth in four weeks…more deaths from suicide than from covid. How terrible that in the zeal to "fight" potential "death by virus," the results of draconian measures have included self-inflicted death.

Each and every one of us is personally responsible to study and become informed on the issues that impact our lives, big and small…when we shirk this responsibility and complacently accept whatever the loudest, most powerful, or most popular voices tell us to believe and do, we fall prey to the trampling of our God-given rights and autonomy. If we do not fight for what is precious, for what is rightfully ours by birth as beings created in the image of God, we face a fate of encroachment and imprisonment of some form, whether financial, physical, emotional, figurative or literal.

So…what questions ought we to ask? What aspects might deserve deeper investigation? Should we be content to obediently feast on the "facts" we are being fed? Are they facts? Who decided and how? What might we discover when we consider the perspectives being vocalized by intelligent, educated individuals and professionals who are questioning the covid narrative?

Are the official Covid-19 claims backed by **genuine scientific proof**? Are we actually experiencing a worldwide viral pandemic? Who determined this was a pandemic, and based on what irrefutable evidence? Is the viral theory truly dependable? Might there be another explanation for these illnesses?

Have we been offered objective and fair representation of the scientific studies and the claimed number of cases and deaths, or are we suffering sensationalist claims by media outlets and **misrepresentation and manipulation** by government and health agencies? Are trustworthy and honorable "authorities" promoting the covid claims?

How did we get here? How did we go from news of a supposedly new and terrifying viral epidemic in China to lockdown worldwide within a few weeks?

Our rally cry should be, Show Us the Science!

If I may impose upon a small amount of your time, I propose that we wrestle through these ideas and concerns together. I propose that the "Covid-19 pandemic" is based on assertions, not necessarily scientifically proven evidence. This may seem like a crazy position, but let's take a critical look at the issue and the evidence before we throw out alternative views (which is any position outside the "official story"). We used to be a culture that valued having access to and practicing consideration of "both sides of the story." We have fallen far from such honorable roots, but if we are willing to be open-minded, we might discover more to the story than the official narrative.

What is my goal? I do not desire to convince you 100% to jump off the train you are on and scramble aboard mine. I do not ask you to obliterate your current paradigm. But I do seek to shake your comfort zone. I desire that you are at least willing to concede doubt…that you willingly question the current established theories and narratives…that you see the value and necessity in a broader collective conversation that includes "out of the box" thinking and legitimate—but overlooked (and even suppressed)—voices. When we begin to question, we begin to see more clearly. Our thinking can be renewed and we might find answers that surprise and free us.

Before a jury can convict an accused individual of a crime severe enough to warrant punishment that strips away his freedoms, even his life, the members must deliberate and decide upon evidence proving guilt **beyond all reasonable doubt**. I believe we have no less reason to apply the same principle to this supposed covid pandemic. The evidence of said viral pandemic…the purportedly highly contagious deadly epidemic that has shut down our society and frozen our freedoms and reshaped our experience of daily human existence…ought to be proven beyond reasonable doubt. I suggest that there is a preponderance of evidence significant enough to sow seeds of reasonable doubt.

Can We Trust the Numbers?

Why would we not trust the numbers? Is it because the health authorities sharing the numbers are manipulating the statistics? Or is it because the health authorities proclaiming the numbers have been caught in the past lying about statistics in similar "epidemics?" Or is it because we don't have an accurate testing methodology, allowing us to claim inerrancy in case statistics? How about all of the above?

Former CBS reporter Sharyl Attkisson, in 2014, told fellow investigative reporter Jon Rappoport:
"We discovered through our FOI efforts that before the CDC mysteriously stopped counting Swine Flu cases, **they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all**! The interest in the story from one [CBS] executive was very enthusiastic. He said it was "the most original story" he'd seen on the whole Swine Flu epidemic. But others pushed to stop it [after it was published on the CBS News website] and, in the end, no [CBS television news] broadcast wanted to touch it. We

aired numerous stories pumping up the idea of an epidemic, but not the one that would shed original, new light on all the hype. It [Attkisson's article] was fair, accurate, legally approved and a heck of a story. With the CDC keeping the true Swine Flu stats secret, it meant that many in the public took and gave their children an experimental vaccine that may not have been necessary."

After looking into data from health authorities and published medical studies, Jon Rappoport said, "…let's look at figures for ordinary flu, for the whole planet. A study published in the journal, Pharmacy and Therapeutics, states, "Influenza is a highly contagious respiratory illness that is responsible for significant morbidity and mortality. Approximately 9% of the world's population is affected annually, with up to 1 billion infections, 3 to 5 million severe cases, and 300,000 to 500,000 deaths each year."

Worldwide health authorities and government agents, using information based on statistical models, prophesied the devastating effects to be wreaked upon our communities due to covid. As a result, millions of dollars were pumped into the creation of extra medical infrastructure, including hospital annexes. The majority of $660 million worth of field hospitals, erected to treat the forecasted onslaught of covid patients, stand empty, likely to be dismantled. I was told a month ago by our family's holistic dentist that his friend, a medical doctor practicing in San Diego county, commented that the county's frantically erected hospital annexes intended for covid patients remained unused. The reality is that the covid death toll is not at pandemic levels and is not outside the realm of past flu statistics.

When science is being used as a weapon against us, as in locking down society, destroying the economy, dissolving our civil liberties and imposing draconian standards and practices (such as potential forced vaccination), no one should accept anything less than the gold standard of scientific practice, which is irrefutable empirical proof of claim…not "kind of," "maybe," theorizing, and never "just trust us," or worse, "we know this stuff and you don't…you wouldn't understand it anyway, so we don't need to prove it to you."

The standards of virology, particularly infectious disease studies, are Koch's Postulates (established in the late 1800s), in which suspected viral matter must be identified, isolated, purified and tested. We will be considering these criteria throughout this paper.

Without fulfilling these criteria, you have no proof of evidence of viral agent. I have studied more than a dozen published medical research papers on covid and without fail, none of the researchers have proven, by virological scientific methodology standards, the existence of an infectious viral agent. For example:

The **absence of viral isolation** in our investigation was an **obstacle to demonstrating the infectivity of the virus**, but SARS-CoV-2 has been reported to remain viable on surfaces of plastic and stainless steel for up to 4–7 days (6,7) and 1 day for treated cloth (7).
https://wwwnc.cdc.gov/eid/article/26/9/20-1435_article

Additionally, health authorities are relying on statistical modeling reports to determine virility of this supposed highly contagious epidemic virus. Assertions are being made and proclaimed as fact based on computer modeling of assumptions, not empirical evidence. For example:

Two models **attempted to estimate** the number of infections caused by asymptomatic, presymptomatic, or mildly symptomatic infected persons (30,32). These **models varied widely**; 1 model suggested that up to half of infections were transmitted from infected persons who were presymptomatic (33), and another suggested that up

to four fifths of infections were transmitted by persons with no symptoms or mild symptoms (32). Both models suggested that a large number of persons with asymptomatic or mildly symptomatic infections were not detected by the health system and that these persons meaningfully contributed to ongoing community transmission (32,33). **Although models are highly dependent on the assumptions built into them**, these models suggest that the speed and extent of SARS-CoV-2 transmission cannot be accounted for solely by transmission from symptomatic persons. https://wwwnc.cdc.gov/eid/article/26/7/20-1595_article

Notice the equivocation in language used by the research teams.

Each of the epidemiologic, virologic, and **modeling studies described has limitations**. However, in the aggregate, these diverse studies **suggest** that SARS-CoV-2 can be transmitted by persons with presymptomatic or asymptomatic infection, which **may** meaningfully contribute to the propagation of the COVID-19 pandemic.

Yet when news outlets report on the "crisis" and government agencies mandate restrictions on our activities and liberties, even our livelihoods, the language is anything but ambiguous. Manipulation of the facts and deliberate attempts to spread fear through unproven claims are tools of propagandists, not journalists and legitimate authorities.

We are complying with and succumbing to "pandemic" measures that have deleterious effects on our economy, on our mental health and on our society's foundational freedoms based on **hypothetical mathematical models** designed from presuppositional assumptions of a medical paradigm's commitment to a viral agent **that has not even been properly identified** through isolation, purification and empirical testing. RNA is being observed…but has not been purified and tested to confirm that it is indeed a contagious infectious agent. Before we dismantle society and ring the pandemic bell, ought we not have verified?

Currently, SARS-CoV-2 infection is primarily diagnosed by detection of viral RNA via reverse transcription PCR (RT-PCR) or by viral culture and demonstration of cytopathic effect (20). Although RT-PCR identifies viral RNA and **cannot determine whether infectious virus is present**, infectiousness can be inferred from cycle threshold (Ct) values. https://wwwnc.cdc.gov/eid/article/26/7/20-1595_article

The health authorities promoting the covid narrative have admitted that most people infected with covid do not experience severe illness, and claim many can be "infected" and not even know it. Predictions in late March for covid deaths in America, based on mathematical models, was in the vicinity of 200,000 people. Is that a pandemic? Is that a crisis? Is that worthy of dismantling the normal function of society and promoting a culture of fear and distrust?

How are covid fatality statistics being compiled? From death certificates. Determining cause of death has long been accepted as an inexact science. At the end of March, the CDC released the following guidelines to U.S. health agencies and hospitals.

This email is to alert you that a newly-introduced ICD code has been implemented to accurately capture mortality data for Coronavirus Disease 2019 (COVID-19) on death certificates. The WHO has provided a second code, U07.2, for clinical or epidemiological diagnosis of COVID-19 where a **laboratory confirmation is inconclusive or not available**.
The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the

underlying cause more often than not. If the death certificate reports terms such as **"probable COVID-19" or "likely COVID-19,"** these terms would be assigned the new ICD code. It is not likely that NCHS will follow up on these cases. 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**. https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf

Why should anyone care how a certificate of death is made? This query was asked and answered by one of many concerned American doctors. Dr. Annie Bukacek, a Montana MD and a county health board member, stated in early April:
Everyone should care "today when governments are making massive changes that affect our constitutional rights and those changes are based on inaccurate statistics," Bukacek says. Few people know how much individual power and leeway is given to the physician, coroner, or medical examiner, signing the death certificate. How do I know this? I've been filling out death certificates for over 30 years. More often than we want to admit, we don't know with certainty the cause of death when we fill out death certificates. That is just life. We are doctors, not God. Autopsies are rarely performed and even when an autopsy is done the actual cause of death is not always clear. Physicians make their best guesstimate and fill out the form. Then that listed cause of death … is entered into a vital records data bank to use for statistical analysis, which then gives out inaccurate numbers, as you can imagine. Those inaccurate numbers then become accepted as factual information even though much of it is false. So even before we heard of COVID-19, death certificates were based on assumptions and educated guesses that go unquestioned. When it comes to COVID-19 there is the additional data skewer, that is—get this— **there is no universal definition of COVID-19 death**. The Centers for Disease Control, updated from yesterday, April 4th, still states that mortality, quote unquote, data includes both confirmed and presumptive positive cases of COVID-19. That's from their website. Translation? **The CDC counts both true COVID-19 cases and speculative guesses of COVID-19 the same.** They call it death by COVID-19. They automatically overestimate the real death numbers, by their own admission. https://canadafreepress.com/article/the-cdc-confesses-to-lying-about-covid-19-death-numbers

Whatever the motivation for doing so may be, doctors have been encouraged, instructed, and/or pressured into listing Covid-19 on death certificates, **even when it was not the cause of demise**. The CDC-released guidelines allow hospitals to use the covid designation for cause of death even when **evidence has not corroborated the claim**. The guideline basically says, "no confirmation necessary." Fraudulent death statistics only serve to perpetuate the "covid crisis" that has led to our new normal.

In line with these death statistic misrepresentations, a continually updated Swiss Policy Research study (originally published mid-May) on Covid-19 lethality reveals that the illness has not turned out to be the epidemic deadly threat that was originally predicted and reported. Additionally, Stanford University researchers in April reported that the covid viral infection was far more widespread than initially indicated, and that the Infection Fatality Rate is far lower than originally modeled, as "population prevalence estimates can now be used to calibrate epidemic and mortality projections." (Stanford also found that covid was here before February; data indicates likelihood of covid being active in California as early as December, which some residents can anecdotally confirm as they experienced the worst flu/walking pneumonia/bronchitis over the 2019 holiday season ever experienced in their recollections.) The Stanford researchers offered an infection fatality rate between 0.12 and 0.2%. For comparison, the 2017-2018 flu season IFR was between 0.1 and .018%. Stanford's Dr. Scott Atlas opined in late April, "The recent Stanford University antibody study now estimates that the fatality rate if infected is likely 0.1 to 0.2 percent, a risk far lower than previous World Health Organization estimates that were 20 to 30 times higher

and that motivated isolation policies…**Let's stop underemphasizing empirical evidence while instead doubling down on hypothetical models. Facts matter.**"

In late May, the CDC reduced by half its original IFR projections of 0.8% (made in March). And implications of the CDC estimations indicate a more realistic IRF of 0.3%. As the reporting journalist explains, "the difference between an IFR of 0.8 to 0.9 percent and an IFR of 0.2 to 0.3 percent, even in the completely unrealistic worst-case scenarios, is the difference between millions and hundreds of thousands of deaths." Analysis from Oxford University: "Taking account of historical experience, trends in the data, increased number of infections in the population at largest, and potential impact of misclassification of deaths gives a presumed estimate for the COVID-19 IFR somewhere between 0.1% and 0.41%." And Dr. John Ioannidis of Stanford, in his published meta-analysis of 12 IFR studies, further clarifies the point:
The expected total mortality burden of COVID-19 is directly related to the IFR. Moreover, justification for various non-pharmacological public health interventions depends crucially on the IFR. Some aggressive interventions that potentially induce also more pronounced collateral harms may be considered appropriate, if IFR is high. Conversely, the same measures may fall short of acceptable risk-benefit thresholds, if the IFR is low… Interestingly, despite their differences in design, execution, and analysis, most studies provide IFR point estimates that are within a relatively narrow range. Seven of the 12 inferred IFRs are in the range **0.07 to 0.20** (corrected IFR of 0.06 to 0.16) which are similar to IFR values of seasonal influenza. Three values are modestly higher (corrected IFR of 0.25-0.40 in Gangelt, Geneva, and Wuhan) and two are modestly lower than this range (corrected IFR of 0.02-0.03 in Kobe and Oise).

Keeping in mind the emerging data on the more realistic covid IFR, it is important to understand what the data tells us about the death demographics. The short version is that the covid IFR is disproportionately slanted toward the elderly. Again, Stanford's Dr. Atlas: "The overwhelming evidence all over the world consistently shows that a clearly defined group — older people and others with underlying conditions — is more likely to have a serious illness requiring hospitalization and more likely to die from COVID-19. … Of all fatal cases in New York state, two-thirds were in patients over 70 years of age; more than 95 percent were over 50 years of age; and about 90 percent of all fatal cases had an underlying illness. Of 6,570 confirmed COVID-19 deaths fully investigated for underlying conditions to date, 6,520, or 99.2 percent, had an underlying illness. If you do not already have an underlying chronic condition, your chances of dying are small, regardless of age. And young adults and children in normal health have almost no risk of any serious illness from COVID-19."

Professors at Cambridge University concurred in late May that we ought to: "shift away from the notion that we are all seriously threatened by the disease, which has led to levels of personal fear being strikingly mismatched to objective risk of death. Instead, the aim should be to communicate realistic levels of risk as they apply to different groups, not to reassure or frighten but to allow informed personal decisions in a setting of necessary uncertainty." And Researchers in Ireland published a study on May 28 in which they showed that school children were not transmission vectors for covid. "These findings suggest that schools are not a high risk setting for transmission of COVID-19 between pupils or between staff and pupils." The Wall Street Journal reported in late May that numerous countries have reopened schools with no increase in covid infection rates. In another thoughtful Stanford op-ed (published June 1), Dr. Scott Atlas emphasizes that the scientific data confirms it's time to re-open schools. "All of this borders on the absurd, when we now know that social distancing and face coverings for children are completely unnecessary. Never have schools subjected children to such an unhealthy, uncomfortable and anti-educational environment, so science cannot precisely define the total harm it will cause. But science does tell us that **risks from COVID-19 are too minimal** to sacrifice the educational, social, emotional and physical well-being – to say nothing of the very health – of our young people."

My suspicions about inflated fear-mongering incongruent with factual data are further fostered by looking at the covid death statistics in my county of residence. San Diego county is home to more than three million people. Of that population, as of this writing (mid-June), fewer than 300 residents have been reported to have succumbed to covid fatality (they started keeping track of "covid" deaths March 21). Of those fatalities, half the deaths occurred in the 80+ age demographic. (No deaths occurred in individuals younger than 30.) I certainly mean neither disrespect nor callousness…but considering the fact that death certificates are being marked with covid whether it has been diagnosed or not, and considering the natural realities of death in the older stages of life, I must question why a county of three million people are scared silly and are being made to continue fear-based protocols. Additionally, in 2017, there were 784 flu/pneumonia deaths in San Diego county. Might we look at the math and keep our wits about us?

Inaccuracies and False Assumptions in Covid Testing

One would assume that given the extreme and detrimental "covid pandemic" measures placed on people around the world, the health authorities leading the charge and influencing leadership decisions would use only the most accurate, valid, irrefutable scientific evidence. But such an assumption would be naive when considered in light of the contrary opinions present in the scientific community…from means of transmission to infection confirmation, we are not offered solid conclusions.

First, let's look briefly at the very important issue of asymptomatic carrier transmission. This is the boogieman that fueled the aggressive lockdowns and gave us social distancing and mask-wearing as the new normal. A February medical study, touted by numerous media outlets as the "smoking gun" confirming the deadly spread of covid by asymptomatic people, is summarized thus:

The subject in question was a relative of a Wuhan family who was determined to be infected with covid-19. "Patient 1 (presumed asymptomatic carrier), a 20-year-old woman, lives in Wuhan and traveled to Anyang on January 10, 2020."

Her relatives were sick, she was not. "Patients 2 through 6 developed COVID-19. Four were women, and ages ranged from 42 to 57 years. None of the patients had visited Wuhan or been in contact with any other people who had traveled to Wuhan (except patient 1)."

She was tested on three occasions, and was found to be negative, then positive, then negative. "Results of RT-PCR testing were negative on January 26, positive on January 28, and negative on February 5 and 8." She never developed symptoms or became ill. And this individual is the one test subject upon which the research team **determined its findings that asymptomatic people MIGHT be presumed to be carriers and transmitters of the covid infection.** Those same researchers admitted that "…transmission of the novel coronavirus that causes coronavirus disease 2019 (COVID-19) from an asymptomatic carrier with normal chest computed tomography (CT) findings has not been reported."

So the one family member who had actually been to Wuhan never had any covid symptoms and never became ill, and her PCR test results were inconclusive, to say the least. Yet this small bit of conjecturing in the form of medical research has been used by other researchers (sourced in later studies) and has been maintained as proof positive by health authorities and the media as to how covid spreads.

However, a study published May 13 contradicts the premise of the "asymptomatic carrier." The researchers explained that the test subject, a young Chinese woman admitted to a Guangdong province hospital with symptoms of her congenital heart disease, was found to be positive for Covid-19 after three days into her hospital stay. She never developed symptoms. The researchers took this unexpected opportunity to study the potential of asymptomatic carrier transmission rates. They traced and tested all of the woman's 455 contacts (most of them hospital staff and family members). Guess how many people this asymptomatic covid carrier infected? **ZERO**. The study concluded: "In summary, **all the 455 contacts were excluded from SARS-CoV-2 infection** and we conclude that the infectivity of some asymptomatic SARS-CoV-2 carriers might be weak."

Additionally, German professor and virologist Dr. Hendrick Streek, studying the apparent mystery of Heinsberg, in which covid case load is high but deaths are low, reveals that "most cases of coronavirus in Heinsberg originated from people being close together for a significant period of time and not from touching surfaces with virus particles on them. … 'There is no significant risk of catching the disease when you go shopping. Severe outbreaks of the infection were always a result of people being closer together over a longer period of time.' … Streeck posited that in order to contract the virus via a surface like a doorknob, 'it would be necessary that someone coughs into their hand, immediately touches a doorknob, and then straight after that another person grasps the handle and goes on to touches their face. … When we took samples from door handles, phones or toilets it has not been possible to cultivate the virus in the laboratory on the basis of these swabs…."

Let's consider the following report, an early release article to be published in the July 2020 CDC's Emerging Infectious Diseases journal; it is a compilation of currently available covid studies. Among its many referenced studies is the inconclusive February study discussed above.

Recent epidemiologic, virologic, and **modeling reports** support the **possibility** of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission from persons who are presymptomatic (SARS-CoV-2 detected before symptom onset) or asymptomatic (SARS-CoV-2 detected but symptoms never develop).

Among these reports, RT-PCR Ct values for SARS-CoV-2 RNA in asymptomatically infected persons ranged from 14 to 40.

Currently, SARS-CoV-2 infection is primarily diagnosed by detection of viral RNA via reverse transcription PCR (RT-PCR) or by viral culture and demonstration of cytopathic effect. Although RT-PCR identifies viral RNA and **cannot determine whether infectious virus is present, infectiousness can be inferred** from cycle threshold (Ct) values. The RT-PCR Ct value represents the number of PCR cycles required to detect SARS-CoV-2 RNA; lower values indicate higher viral load and imply higher infectiousness. The exact RT-PCR Ct values associated with the presence of infectious SARS-CoV-2 is unknown, but infectious virus has been isolated from a specimen with an RT-PCR Ct of 34.
Four reports documented the presence of SARS-CoV-2 RNA with lower Ct values in samples collected from persons in whom symptoms of COVID-19 never developed. Two reports described specimens with low RT-PCR Ct values among presymptomatic and asymptomatic residents of a nursing home identified as part of the same outbreak investigation. Among these reports, RT-PCR Ct values for SARS-CoV-2 RNA in asymptomatically infected persons ranged from 14 to 40. The study with data on presymptomatic infected patients reported an average RT-PCR Ct value of 24 (range 15–38). Two reports described culture of infectious virus from persons with asymptomatic and presymptomatic SARS-CoV-2 infection. **Although these reports did not identify actual virus transmission while presymptomatic or asymptomatic**, the low RT-PCR Ct values (i.e., high viral load)

and ability to isolate infectious SARS-CoV-2 provide plausible virologic evidence for SARS-CoV-2 transmission by persons not demonstrating symptoms.

In later pages, we will investigate the researchers' claim that they isolated infectious viral specimen. First, let's examine the PCR testing protocol. Take note of the language used in the medical paper: the researchers are admitting that the PCR test CANNOT DETERMINE where an infectious virus is present, yet they INFER infectiousness from the cycle threshold values of the test. So what does this mean? How does the PCR test work? What are cycle threshold values in a PCR test? Why do they matter?

The test being used to detect presence of the "covid virus," as well as the presence of antibodies—the PCR test—is neither consistent nor legitimate as a detector of a viral contagion. The PCR test was invented by nobel-prize-winning scientist Kary Mullis, who stated that the test was not designed to be used to diagnose infectious illness. The PCR test simply **identifies fragments of genetic material,** such as RNA and DNA, which is present in all cells. Investigative journalist Celia Farber interviewed Mullis in 1994 regarding the efficacy of the PCR test for viral infection. In early April 2020, she revisited the PCR debate, comparing Mullis' previous comments (he passed away in August 2019) with new concerns raised by other scientists. As Farber explains,

[The PCR test] finds fragments, nucleic acids. From an email from Kary Mullis, to the widow of boxer Tommy Morrison, whose career and life were destroyed by an "HIV test," and who litigated ferociously for years, against test manufacturers, Dr. Mullis wrote, on May 7, 2013:
"PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment. "
If things were done right, "infection" would be a far cry from a positive PCR test.
"You have to have a whopping amount of any organism to cause symptoms. Huge amounts of it," Dr. David Rasnick, bio-chemist, protease developer, and former founder of an EM lab called Viral Forensics told me. "You don't start with testing; you start with listening to the lungs. I'm skeptical that a PRC test is ever true. It's a great scientific research tool. It's a horrible tool for clinical medicine. 30% of your infected cells have been killed before you show symptoms. By the time you show symptoms…the dead cells are *generating* the symptoms."

Many scientists are rightly questioning the accuracy and veracity of the covid claims based on scientific methodology by researchers. Ought we not be given solid evidence of a viral pandemic before we comply with such life-altering measures taken in its name? The tests have not purified and visualized the suspected virus. Researchers are using the PCR test to formulate proofs of covid's existence, but the PCR test merely finds and sequences DNA or RNA, which can be present in other particles, such as exosomes. Therefore, exosomes can be misidentified as the viral agent. The size of an exosome and the size of the supposed covid viral particle are the same; both also contain RNA and ACE 2 receptors. (Exosomes are naturally occurring cellular agents, excreted by cells when the body is mounting its fight against environmental and biological toxins, stress, radiations, infection and injuries.) Because of the similarities between exosomes and what scientists have assumed to be viruses, the testing should adhere to the "gold standard" to determine that the RNA in fact does originate from the suspected virus.

Independent Canadian researcher with background in biology and mathematics, David Crowe analyzed a myriad of current covid-related medical studies and published a thorough critique of the PCR test. His analysis explains the weaknesses in the test, its propensity for false positives, and why it cannot accurately identify a viral agent. Let's look at some of the more salient points:

"The COVID-19 test is based on PCR, a DNA manufacturing technique. When used as a test it does not produce a positive/negative result, but simply the number of cycles required to detect sufficient material to beat the arbitrary cutoff between positive and negative. If positive means infected and negative means uninfected, then there are cases of people going from infected to uninfected and back to infected again in a couple of days.

"Scientists are detecting novel RNA in multiple patients with influenza or pneumonia-like conditions, and are assuming that the detection of RNA (which is believed to be wrapped in proteins to form an RNA virus, as coronaviruses are believed to be) is equivalent to isolation of the virus. It is not, and one of the groups of scientists was honest enough to admit this:
"we did not perform tests for detecting infectious virus in blood."
But, despite this admission, earlier in the paper they repeatedly referred to the 41 cases (out of 59 similar cases) that tested positive for this RNA as, "41 patients... confirmed to be infected with 2019-nCoV." Another paper quietly admitted that: "our study does not fulfill Koch's postulates."
Koch's postulates, first stated by the great German bacteriologist Robert Koch in the late 1800s, are simple logic, and can be stated as:
• Purify the pathogen (e.g. virus) from many cases with a particular illness.
• Expose susceptible animals (obviously not humans) to the pathogen.
• Verify that the same illness is produced.
• Some add that you should also re-purify the pathogen, just to be sure that it
really is creating the illness.
Famous virologist Thomas Rivers stated in a 1936 speech, "It is obvious that Koch's postulates have not been satisfied in viral diseases."

"Starting with one DNA strand, the strand is cleaved (split in two) and then complementary strands are allowed to grow, the same process that occurs in a cell during mitosis (cell division). So far, not so impressive, but through the magic of doubling, if this process is repeated 10 times you will have about 1,000 identical strands of DNA. Twenty times, a million (220). Thirty times, a billion (230). Forty times, a trillion (240). Each round of doubling is referred to as a cycle. To use (or abuse) PCR as a test, you assume that you are starting with an unknown number of strands and end up with an exponential multiple after n cycles. From the quantity of materials at termination the starting quantity can be estimated. A major problem with this is that because PCR is an exponential (doubling) process, errors also grow exponentially. In reality, the starting quantity is often not estimated, but the optical density, or another characteristic, of the growing pile of DNA, can be determined.

So what exactly is cycle threshold and why is it important? Cycle threshold refers to how many cycles are run before "viral RNA" is deemed to be detected and a positive diagnosis is determined.

The cycle threshold (Ct) value of a reaction is defined as the cycle number when the fluorescence of a PCR product can be detected above the background signal.
https://toptipbio.com/ct-value-qpcr/

In a real time PCR assay a positive reaction is detected by accumulation of a fluorescent signal. The Ct (cycle threshold) is defined as the number of cycles required for the fluorescent signal to cross the threshold (ie exceeds background level). Ct levels are inversely proportional to the amount of target nucleic acid in the sample (ie the lower the Ct level the greater the amount of target nucleic acid in the sample).
https://www.wvdl.wisc.edu/wp-content/uploads/2013/01/WVDL.Info_.PCR_Ct_Values1.pdf

As the medical literature reveals, a great deal of variation exists in the number of cycles being run with the PCR tests being conducted. None of the international health authorities nor the scientists performing and recording results of the covid PCR tests have established objective cycle cutoff or cycle threshold values. Positive diagnosis could be claimed in tests running anywhere between 30 and 45 cycles, with varying cycle thresholds. Even if we assume that the RNA strands being examined by the PCR test are in fact covid viral particles, the inconsistent testing methodology being used leads to untrustworthy results. Variance in the number of cycles being performed test to test and lab by lab call into question the veracity of test conclusions and positive diagnoses. Without standardizing testing methods, how can we claim accuracy?

This study used 40 cycles:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7045880/
Identification of Coronavirus Isolated from a Patient in Korea with COVID-19; Feb 2020

This study used 45 cycles:
https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2
Diagnostic detection of 2019-nCoV by real-time RT-PCR; Jan. 2020

The scientific community lacks consensus on how to perform and interpret real-time PCR tests. Here are some highlights from the contention among the professional community.

In 2017, researchers highlighted the errors rife within the PCR test and its use in RNA expression studies as a result of inconsistent methodologies, protocol errors and what they called "poor practices:"
The reverse transcription real−time quantitative PCR (RT −qPCR) is probably the most straightforward measurement technique available for RNA quantification and is widely used in research, diagnostic, forensic and biotechnology applications. Despite the impact of the minimum information for the publication of quantitative PCR experiments (MIQE) guidelines, which aim to improve the robustness and the transparency of reporting of RT −qPCR data, we demonstrate that elementary protocol errors, inappropriate data analysis and inadequate reporting continue to be rife and conclude that the majority of published RT −qPCR data are likely to represent technical noise.

The MIQE Guidelines: *M*inimum *I*nformation for Publication of *Q*uantitative Real-Time PCR *E*xperiments *Clinical Chemistry*, Volume 55, Issue 4, 1 April 2009, Pages 611–622, https://doi.org/10.1373/clinchem.2008.112797
In 2009, a research team published a Clinical Chemistry report in which they bemoaned and criticized the: "… **remarkable lack of consensus on how best to perform qPCR experiments** has the adverse consequence of perpetuating a string of serious shortcomings that encumber its status as an independent yardstick. … Differences in PCR efficiency will produce calibration curves with different slopes. As a consequence, differences between the C_q values of the targets and the references will not remain constant as template amounts are varied, and calculations of relative concentrations will be inaccurate, yielding misleading results.
C_q values >40 are suspect because of the implied low efficiency and generally should not be reported; however, the use of such arbitrary C_q cutoffs is not ideal, because they may be either too low (eliminating valid results) or too high (increasing false-positive results).

In other words, "Cycling too much could result in false positives as background fluorescence builds up in the PCR reaction."

Crowe explains, "This cycle number (Ct) used to separate positive from negative is arbitrary, and is not the same for every organization doing testing. For example, there is a paper published that reported using 36 as the cutoff for positive, 37-39 as indeterminate, requiring more testing, and above 39 as negative. Another paper used 37 as the cutoff, with no intermediate zone. In a list of test kits approved by the US FDA one manufacturer each recommended 30 cycles, 31, 35, 36, 37, 38 and 39. 40 cycles was most popular, chosen by 12 manufacturers, and one each recommended 43 and 45.

"There are now **several papers that illustrate essentially impossible testing results**. A paper from China reported on consecutive testing results, defined as either Negative (N), Positive (P) or Dubious (D, presumably intermediate). Results for 29 people with inexplicable results out of about 600 patients were: 1 DDPDD 2 NNPN 3 NNNPN 4 DNPN 5 NNDP 6 NDP 7 DNP 8 NDDPN 9 NNNDPN 10 NNPD 11 DNP 12 NNNP 13 PPNDPN 14 PNPPP 15 DPNPNN 16 PNNP 17 NPNPN 18 PNP 19 NPNP 20 PNPN 21 PNP 22 PNP 23 PNP 24 PNDDP 25 PNPNN 26 PNPP 27 PNP 28 PNPN 29 PNP. A study from Singapore did tests almost daily on 18 patients and the majority went from Positive to Negative back to Positive at least once, and up to four times in one patient. In China they have found that 5-14% of patients who have been cleared, with two consecutive negative tests, have later tested positive again, usually without new symptoms. In South Korea they recently reported 91 such patients. A 68 year old Chinese man went to hospital with symptoms, and tested positive. After his symptoms resolved and he tested negative twice he was released. But he tested positive again, and was readmitted, was released again, tested positive again, was readmitted, and then was released for a third time."

More of Crowe's helpful analysis from his first paper:

"The MIQE guidelines recommend that data with 40 or more cycles should be discarded, and some feel that 35 is a better cutoff. Among other problems, background fluorescence will build up and can produce a false positive with enough cycles.
"Even a small false positive rate is critically important. A 99% accurate test would produce 100,000 false positives in a city of 10 million, like Wuhan. And if the number of positives in sampling is around 4% (which it appears to be from early statistics), then 1 out of 4 positives would be false.
Finally, on March 5th 2020 some Chinese scientists dropped a bombshell. **According to their analysis, based on reasonable assumptions for asymptomatic people (e.g. contacts of other cases), "the false-positive rate of positive results was 80.33%**." This is based on a mathematical analysis using reasonable assumptions for the actual prevalence of the virus, and the performance of the test.

How can a diagnostic test be accurate with such widely varying results in the same subjects? If a positive test result means infection and a negative result means no infection, a test subject couldn't possibly swing from infected to not infected to infected again. Such unstable results reveal significant flaws in the testing method.

As Crowe summarizes, "The coronavirus panic is just that, an irrational panic, based on an unproven RNA test, that has never been connected to a virus. And which won't be connected to a virus unless the virus is purified. … There is very little science happening. There is a rush to explain everything that is happening in a way that does not question the viral paradigm, does not question the meaningfulness of test results, and that promotes the use of untested antiviral drugs. And, given enough time there will be a vaccine developed and, for some of the traumatized countries, it may become mandatory, even if developed after the epidemic has disappeared, so that proving that it reduces the risk of developing a positive test will be impossible."

To Mask or Not To Mask…

I don't know about you, but I find it disconcerting, not to mention sad, to be greeted everywhere in public spaces by people whose faces are covered. Aside from the fact that on a subconscious and energetic level we are receiving the stress-hormone-inducing signal by this physical clue that something is very wrong (even when it is not), mingling among masked masses only perpetuates the feeling of isolation and lack of meaningful human contact. Something as simple as seeing a smiling face can brighten one's day. The psychological ramifications of becoming a fearful, face-covering society must not be overlooked. Social distancing also plays a role in our new normal of unhealthy lack of human fellowship and interaction. Humans need contact…we thrive on it…we need edifying interactions, engaging conversation, healthy touch and meaningful connection. Mask-wearing and distancing damages our psyches. Mask-wearing can also hazard deleterious physical effects. And I personally view the masks as symbolic shackles…a representation of our loss of liberty and our society's willingness to kowtow to (non-evidence-based) authoritarian dictates.

Scientists and government health agents themselves cannot seem to agree on the necessity, efficacy and safety of mask-wearing dictates. A reasonable query is if your mask works, why must I wear one? Well, what if neither of them work? A recent meta-analysis of scientific research papers **revealed a lack of evidence for the protective nature of mask-wearing**. Some authorities have said that typical masks do not protect the wearer from getting infected from covid, they only prevent infected people from spreading covid. But looking at the nanoparticle size of supposed viral matter makes this an odd claim. The covid viral particle size is said to be between 60 and 140 nanometers. The N95 respirator mask, those being advised for medical personnel, only filters at 300 nanometers. Cloth and paper surgical masks cannot filter particles anywhere near that small. A review conducted by infectious disease experts of current mask efficiency studies suggests that cloth masks neither stop particles from going out of the mask or coming into one, surgical masks may offer some emission protection, and N95 respirators apparently do not prevent viral emissions, but can reduce inhalations. Some comments from the scientific community regarding the efficacy of mask-wearing:

A properly fitted N95 respirator will block 95% of tiny air particles – down to 0.3 micron in diameter, which are the hardest to catch – from reaching the wearer's face. But surgical masks, designed to protect patients from a surgeon's respiratory droplets, aren't effective at blocking particles smaller than 100 microns, according to the mask maker 3M. **A Covid-19 particle is smaller than 0.1 micron, according to South Korean researchers, and can pass through a surgical mask.** https://www.theguardian.com/us-news/2020/apr/28/us-face-masks-n95-surgical-coronavirus-health-workers

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That's what the new mask studies aimed to address: Whether surgical or fabric masks did a good job of containing viruses. One study, published April 6 in the journal Annals of Internal Medicine, found that they did not. That study, led by South Korean researchers, involved asking four patients with COVID-19 to cough into a petri dish 7.8 inches (20 centimeters) away. The patients coughed without masks, while wearing a disposable surgical mask and again wearing a 100% cotton mask. **Neither mask meaningfully decreased the viral load coughed onto the petri dishes.** https://www.livescience.com/are-face-masks-effective-reducing-coronavirus-spread.html

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So what does this mean for the use of cloth masks? "If an infected person wearing a cloth mask coughs, there's some possibility the mask could block the lateral projection of large particles," Brosseau said. "But it's not going to do much of anything for those smaller particles." For that reason, she disagrees with the CDC's new guidance. "I don't think it should be a blanket recommendation," she said. **"It gives people a false sense of security…"** https://www.thedailybeast.com/your-mask-may-not-be-enough-if-covid-19-is-in-the-air

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In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, **we found no significant reduction in influenza transmission with the use of face masks** https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

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The science regarding the aerosol transmission of infectious diseases has, for years, been based on what is now appreciated to be 'very outmoded research and an overly simplistic interpretation of the data.' … **This review has established that face masks are incapable of providing such a level of protection**. … It should be concluded from these and similar studies that the filter material of face masks does not retain or filter out viruses or other submicron particles. …neither the filter performance nor the facial fit characteristics of face masks qualify them as being devices which protect against respiratory infections. https://www.oralhealthgroup.com/features/face-masks-dont-work-revealing-review/

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There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that **masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.** Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 μm), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle. https://web.archive.org/web/20200531184631/ https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

Ironically, lockdown guidelines have insisted that we wear masks in public apparently so we don't breathe out our asymptomatic germs that are spreading this pandemic viral infection that can contaminate the air and stick to surfaces, living there for who knows how long and eventually infect people….yet many "official authorities," including Dr. Fauci, the U.S. Surgeon General and the WHO have waffled on recommending mask-wearing as a practice for the general public. In fact, the WHO website states that healthy people only ought to wear a mask when caring for someone infected with covid; and while he has recently softened his original insistence that people stop buying masks, Surgeon General Jerome Adams has said mask wearing is not a known data-based helpful practice. A New Zealand scientific review found a lack of convincing evidence and data to prove the efficacy of mask-wearing. The New Zealand government never instituted mask-wearing dictates, and its statistics show the New Zealand populace has already "flattened the curve," with only 22 deaths out of 1504 "confirmed and probable" cases. The Kiwi government has already begun easing its lockdown restrictions.

Authorities are still debating how covid spreads or how virulent it is. The recommendation for mask-wearing came from the supposition that asymptomatic carriers will unwittingly spread the virus, though the CDC says that only **may be** a possibility. We have been told that transmission is most likely through contact with particulates emitted from coughing or sneezing. But we have also been told that a viable amount of virus could be expelled while talking or breathing. (I suppose if one were to spit while speaking, droplets might occur.) The World Health Organization does not take the stance that covid is likely to be spread simply through talking and breathing; it says transmission can occur when in close contact "with **someone who has respiratory symptoms** (e.g., coughing or sneezing)." And the CDC says the "current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with the virus that causes COVID-19, primarily via **respiratory droplets** produced when the infected person speaks, coughs, or sneezes."

While the CDC claims covid spreads primarily through airborne respiratory droplets, it considers the possibility of surface contamination, but not as highly likely:
From touching surfaces or objects. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. **This is not thought to be the main way the virus spreads**, but we are still learning more about this virus.

A May BBC news article claims:
But a more recent, but as yet unpublished study, has found that the Sars-CoV-2 virus is still infectious for more than 16 hours after being suspended in aerosol droplets.

This pre-published study mentioned measured results of aerosol suspension applied to three different-sized small air chambers as well as in a Goldberg drum (a rotating drum that provides a static aerosol suspension). Virulence was identified thus: "Virus contents in collected aerosol samples were quantified by plaque assay and RT-qPCR." They also looked at their samples under an electron microscope. As noted previously in this writing, viral identification through PCR testing is dubious at best and microscopic identification does not confirm proof of viral agent, but could in fact be exosome (more on this to come). **The researchers also admitted that environmental parameters were not controlled in their experiments**. It is important to understand the implications of the testing methodologies and the resultant claims. Spraying an aerosol into a small box or a rotating drum and taking samples at timed intervals does not replicate the natural environment of atmosphere, air currents, temperature, humidity and movement of bodies that affect how any airborne particle may spread, nor does it effectively predict the viability and movement of particles of different sizes. Furthermore, claiming identification of an as-yet-unproven viral agent is irresponsible science. It is important we consider news reports with healthy skepticism. Published research studies sometimes do not make the claims that news media do, or the studies do not use reliable and honest scientific methodology, therefore making claims they cannot support with evidence. To verify the claim that a virus in infectious for more than 16 hours airborne, the research team must prove infectiousness of the viral agent. Neither this study, nor any of the others I personally reviewed even did that. (Later in this paper, we will investigate a published study that also predicted probabilities of covid viability in air and on surfaces.) Hence, the spreadability and virulence of covid is still a point under debate and deserves honest review in research that first proves covid's existence.

An April study highlighted by MedicalNewsToday suggests that not only do **surgical and cloth masks not protect the wearer from inhaling viral particles, but they appear not to prevent viral particles from escaping into the air from "infected" individuals.** Additionally, the results of a 2015 BMJ study cautioned against the use of cloth masks, as the "reuse of cloth masks and poor filtration may result in increased risk of

infection." Clearly there is a lack of consensus on the safety, necessity and efficacy of mask-wearing…the scientific data simply does not support the practice of mask wearing. While examining the evidence and questioning the logic of mask-wearing dictates, as well as the encroachment on our personal liberties, I think **we ought to consider those deleterious health effects for the mask wearers,** from breathing difficulties and hypoxia to dizziness and headaches (respiratory acidosis) to skin irritation and more. While it does exist, we don't really need research to back this up. Just try covering your nose and mouth with cloth or paper for a day, or every day for a week, and see how you feel… Full-time students and anyone employed who are required to wear masks daily are at risk for such complications.

Another frustrated blogger highlights the same inconsistencies. (He also writes quite the passionate essay on the whys/hows of where our society is today. Agree or disagree, but he offers food for thought. Any of his claims can be studied and either corroborated or dismissed through personal research.)

The "experts" at the CDC said not to wear masks. They don't help. Now they are mandatory. Only n95 masks would offer enough protection. Now a scarf is fine. The CDC said the virus could live on surfaces for days. Now it doesn't live on surfaces at all. We needed to quarantine to flatten the curve and keep hospitals from being overwhelmed. Now we must stay locked down until a vaccine is discovered. It should be noted that 95% of the hospitals in this country were never overwhelmed, and 1.4 million hospital employees were laid off in April. https://www.theburningplatform.com/2020/05/24/what-would-cool-hand-luke-virgil-hilts-do/#more-218197

Moreover, social distancing dictates seem slightly ambiguous. If covid is transmitted aggressively through airborne particles, one might concur that a six-foot distance between humans could be a protective measure (although arbitrary…how is a proper distance chosen to combat potential infection of airborne particles?). But if covid is spread through physical contact with any and all surfaces in any and all areas where any potentially infected person (which, apparently, is all of us) has been, how does social distancing, or even mask wearing protect? Both of those measures are only as good as the public's hand-washing practices. Which leads us to the proliferation of microbiome-destroying, skin-damaging, superbug-creating hand sanitizers, which, ironically, are **antibacterial** (not viral). Perhaps we all ought to be made to wear disposable surgical gloves as well. [Apologies, that was sarcasm.]

The six-feet rule is another debatable point, with critics pointing out its lack of scientific basis. The BBC revealed in early June that the distancing rule came from 1930s research in which scientists theorized that droplets released by coughs or sneezes could land within three to six feet of the person who discharged them. None of the research papers regarding covid's airborne potential claimed irrefutable evidence of distance projections based on real-world activity. We're all just theorizing. British professor Robert Dingwall, a member of a UK viral advisory group, called the six-foot rule unnecessary and based on very fragile evidence, and stated, "I think it will be much harder to get compliance with some of the measures that really do not have an evidence base…I mean the two-metre rule was conjured up out of nowhere."

Neither mask wearing nor six-foot social distancing are healthy or necessary practices based on good scientific evidence, yet they are a huge part of the continuing covid narrative.

New York Governor Andrew Cuomo said it was "disrespectful" for people to refuse to wear a mask in public. "You can literally kill someone because you did not want to wear a mask. How cruel and irresponsible would that be?"

This kind of fear-mongering, propagandizing hyperbole is a blatant abuse of power by a government official. His declaration is not based on scientific evidence…it is an emotionally charged assertion whose purpose is to shame and control and promote further discord among the public. These logically fallacious statements by government officials cloud the waters and promote further distrust among our fellows. A disturbing development during this "covid crisis" and the culture of mask-wearing is the rise of snitchery. George Orwell's uncannily prophetic 1984 shares a vision of the "future" in which snitches, even children on their parents (as the children were taught the protocol in school), are encouraged and rewarded by the government. Those snitches were intended to rout out any who did not comply with the dictates of the day. I have seen individuals and employees in small businesses express that they personally do not want to wear a mask, nor believe it to be necessary, but are afraid of repercussions of losing their businesses if "upset patrons turn us in."

To add insult to injury, Americans across the country have been told they cannot enjoy the great outdoors. During the lockdown, cities, counties and states have banned public access to parks, trails, beaches and other outdoor public spaces (even as some states have eased their lockdown "rules," many outdoor spaces are still under ban, including children's playgrounds). What could be better during a supposed flu pandemic than getting outside in fresh air and sunshine? Sunlight is a known germicide (my grandmother, I'm sure like most others, taught me the common and understood practice of hanging my babies' cloth diapers in the sun for disinfection), and research proclaims its protective influence on viral infections. No scientific evidence supports the outdoor bans. In fact, the data indicates that the majority of covid outbreaks occur in home environments. A Canadian health official, Dr. Reka Gustafson, said the first week of June, "The overwhelming majority of (COVID-19) transmissions occur through close, prolonged contact and that is not the pattern of transmission we see through airborne diseases." Gustafson, B.C.'s deputy provincial health officer, also noted that covid is not an airborne virus, but rather a droplet transmitted virus. "Airborne transmission happens when small, evaporated droplets float in the air for a long period of time. In the case of droplets, however, they typically only spread a couple of metres before falling to the ground. The confusion is that droplets of the virus can be in theory be aerosolized in a lab, but that's not how it typically spreads in the real world."

A Doctor Examines Covid-19 Research Claims

Testing methodologies for medical sciences are extremely important. It seems that as a culture we take for granted that scientific researchers, health authorities and the government agents who influence regulations are playing fair, following the rules and using honest and trustworthy procedures that lead to reliable fact-based evidence. Perhaps this is a naive assumption. Certainly we all have heard at some point of the corruption among industry and government. And perhaps not all researchers, doctors, authorities, leaders and influencers intend deception and harm. Perhaps they are simply misled and naive, well-meaning individuals who have been improperly trained or impassioned to justify questionable practices. Regardless, it is responsible, just and wise for us to carefully examine the claims being made and the impacts those claims have on our lives.

Regarding veracity of the claims being made and published by the scientific community, Dr. Andrew Kaufman analyzed medical papers that have established the covid-19 viral narrative, including "Identification of Coronavirus Isolated from a Patient in Korea with COVID-19, published Feb. 2020. His detailed analysis calls into question the scientific methods being used in coronavirus research and the basis for the covid claims being made. I watched his video presentation and I studied the multiple research papers he analyzed and criticized. I will summarize his analysis for you here (and attempt to be brief), but I recommend you watch his presentation and read the papers for yourself if you want to better understand this very important issue. The claims being

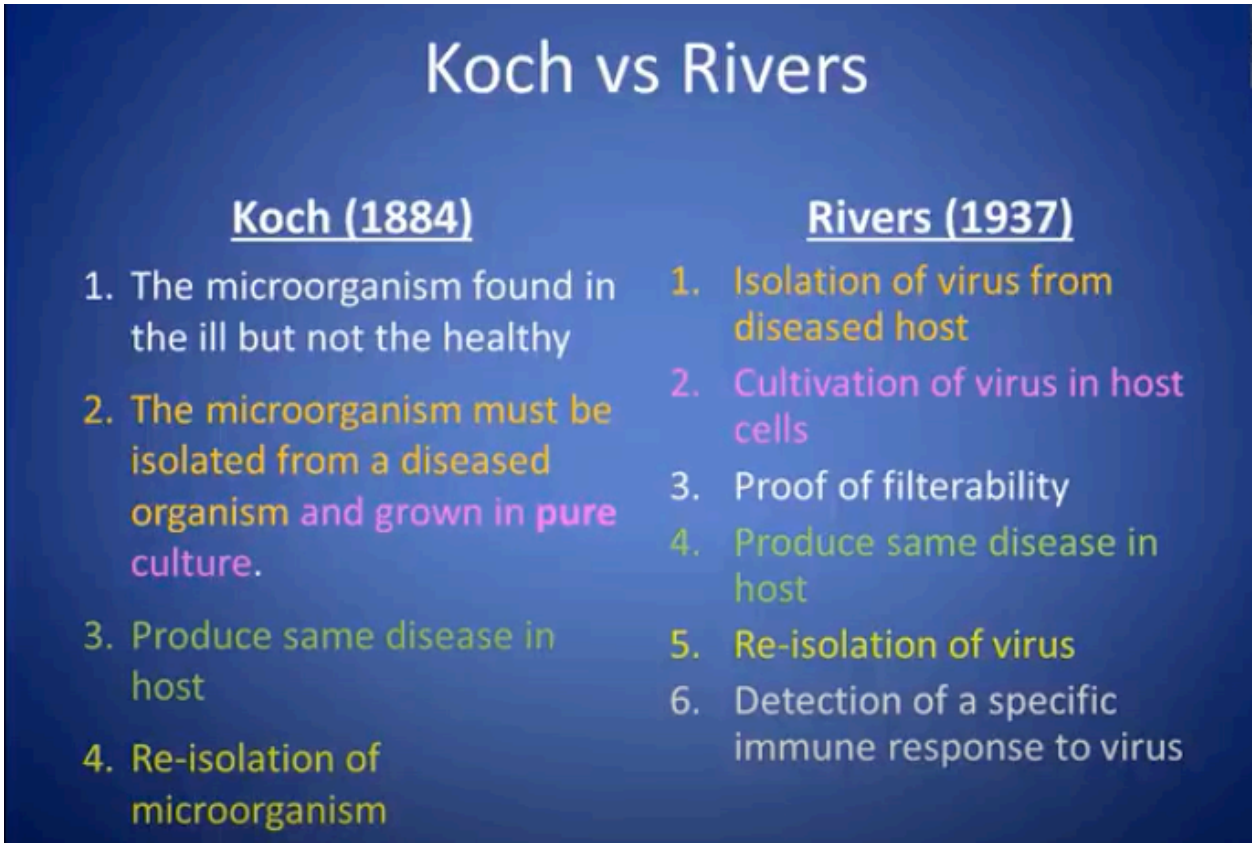
made by researchers are determining the health authorities' and government agents' beliefs and actions regarding this supposed viral pandemic. **If the research is faulty, if the claims are not truly evidence-based science, it calls into question the narrative being promoted and the measures being taken against the global population.**

Kaufman begins by explaining Koch's Postulates (developed in 1884), which I have briefly described previously. The postulates, which are considered the gold standard of infectious disease research, are as follows:

- The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms.
- The microorganism must be isolated from a diseased organism and grown in pure culture
- The cultured microorganism should cause disease when introduced into a a healthy organism
- The microorganism must be re-isolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

Kaufman then examines a 2003 paper on SARS in which the authors claim a fulfillment of Koch's postulates regarding that viral outbreak. However, the *Nature* article is misleading, as the introduction states the virus was verified not by Koch's postulates, but by Rivers' criteria… "According to Koch's postulates, as modified by Rivers for viral diseases, six criteria are required to establish a virus as the cause of a disease."

Comparison of Koch's to Rivers':



Koch's

(1884)
1. microorganism found in ill but not healthy
2. microorganism must be isolated from diseased organism and grown in pure culture
3. produce same disease in host
4. re-isolation of microorganism

Rivers (1937)
1. isolation of virus from diseased host
2. cultivation of virus in host cells
3. proof of filterability
4. produce same disease in host
5. re-isolation of virus
6. detection of specific immune response to virus

Kaufman then discusses the differences between the two viral criteria standards. Rivers leaves out Koch's number one, which is significant, because if you cannot find a virus in a sick person with the disease that you're looking at, how can you say a virus caused the disease? But Rivers does require **isolation from a diseased host**, so Kaufman doesn't quibble on that detail. The two standards also maintain differences in specimen cultivation. Viruses cannot reproduce on their own, because they are not alive…they always require a living host for replication. Therefore, viruses cannot reproduce in "pure culture," so you must take cells from the source of the virus, which would be the ill person. Then you **must establish proof of filterability**…viruses are extraordinarily tiny, so you must be able to filter out other genetic material from the sample. Then, **you must prove virulence by producing the same disease in another host**; after which you **must identify and isolate the virus from the new host**.

Rivers said, regarding testing the virus (his fourth criteria), that it must be done "by means of inoculation of material…obtained from patients with the **natural disease**…" So even Rivers acknowledged the source material must be natural from an ill host patient, not a laboratory-produced viral agent.

Rivers then writes: "If the inoculated animals become sick or die in a characteristic manner, and, if the disease in them can be transmitted from animal to animal by means of inoculations with blood or emulsions of involved tissues free from ordinary microbes or rickettsiae, one is **fairly confident** that the malady in the experimental animals is induced by a virus."
In other words, you must supply a filtered bodily fluid free from other organisms that can confuse the issue…and it must be purified…but even then, you can only be FAIRLY confident in your findings…if all six of Rivers' criteria are satisfied, you cannot be conclusive or 100% assured, only fairly confident.

Kaufman then returns to the *Nature* article in question, which claims:
"The first three (Rivers) criteria…isolation of virus from diseased hosts, cultivation in host cells, and proof of filterability…have been met for SCV by several groups."

Before investigating that claim, Kaufman explains the **proper standard scientific procedure** of isolation and purification of viral particles (used especially to exclude any adulterants):
- Take a sample of fluid (such as lung fluid) and put it through filters that remove tiny particles
- Take this filtrate, put in in a centrifuge with density gradient solution
- Spin it…it forms a band of particles of the same density

- Suck them out with a pipette and look at them under an electron microscope

But here is the process being used by publishing researchers:
- Take fluid sample, don't filter it, rather add enzymes to dissolve membranes to release genetic material inside cells or particles
- Put particles into the free solution
- Put in PCR probes that amplify various pieces of genetic material, then sequence and characterize the material

This process has nothing to do with Rivers' criteria.

Continuing this experiment pathway, they take the fluid…they may or may not filter it…they mix the bodily fluid with **non-host cells**, which are commercially prepared mammalian cell cultures, such as Vero cells (monkey kidney cells). They mix their culture with those cells, then add antibiotics, which induce exosomes.

[This point is extremely important to understand. Exosomes are particles secreted by our cells that help us heal from disease and help our cells to communicate with each other. All mammalian cells make exosomes.]

The researchers mix bodily fluid with a mixture of cells and antibiotics, which produce exosomes…they may or may not purify the particles out of the mixture. They then look at the cells under a microscope. There is no way to tell if particles identified are from the tissue culture created by the antibiotics, or from the original lung fluid. **This procedure always results in exosome induction, so there are exosome particles in the solution that look like "viral" particles.** This causes confusion.

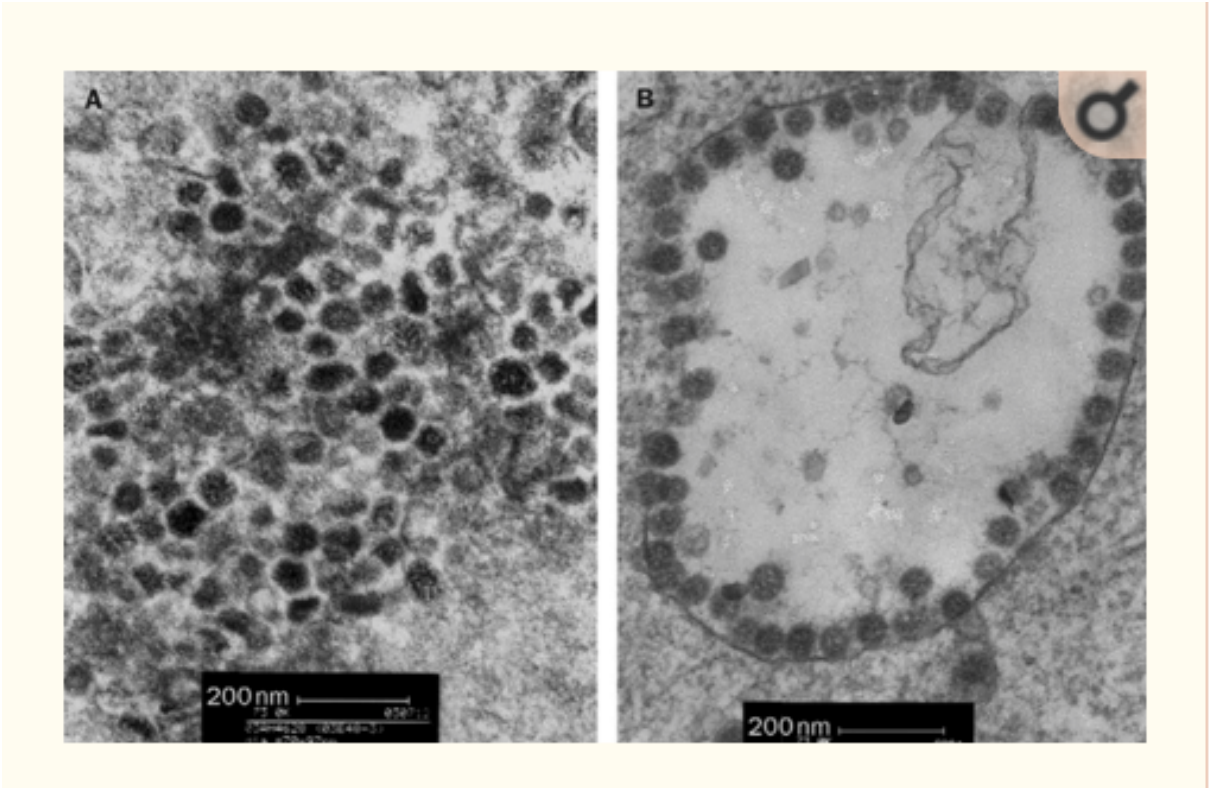
Kaufman then goes through each of the four papers referenced by the author of the *Nature* article. (I also looked at each paper to verify his claims about the findings.)
- Poutanen, S. M. et al. N. Engl. J. Med.
- Drosten, C. et al. N. Engl. J. Med.
- Ksiazek, T. G. et al. N. Engl. J. Med.
- Peiris, J. S. M. et al. Lancet 361, 1319–1325 (2003).

The Poutenan team did not isolate any virus, only observed "genetic material." It did not cultivate in host cells, only used Vero cells. It did not prove filterability.
"Routine direct virologic examination of all respiratory and stool specimens received from 9 of the 10 patients was completed, yielding negative results. This included negative elecron-microscopical examination."

The Drosten team did not isolate any virus; it used Vero cells and did not prove filterability. "A large number of tests for known respiratory pathogens were performed with specimens from all three patients in Frankfurt. The test results were negative, except as follows. Paramyxovirus-like particles were seen in throat swabs and sputum samples from the index patient by electron microscopy. The particles were scarce. However, several PCR tests specific for virus species of the family Paramyxoviridae were negative … One patient fulfilling the WHO criteria for **probable** SARS was coronavirus-positive on PCR." (The PCR test is highly suspect in its ability to detect viral agents, which has been discussed in this paper.)

The Ksiazek team did not isolate a virus, did not cultivate on host cells, and did not prove filterability. "…the condition of both patients met the CDC definition of probable SARS … No obvious intranuclear or intracytoplasmic viral inclusions were identified, and electron-microscopical examination of a limited number of these syncytial cells revealed no coronavirus particles."

The Peiris team also did not isolate any virus, only obtained genetic material. It did not cultivate in host cells, rather used fetal rhesus kidney cells, and did not prove filterability. [Of interest is a microscopic image of the particles they claim are SARS virus…note that the particles look exactly like exosome particles, which will be discussed further in this paper.]



Kaufman continues with his analysis of the *Nature* article, saying that the referenced papers did not satisfy the first three Rivers' criteria. The authors then claimed: "We have tested for the three remaining criteria: production of comparable disease in the original host species or a related one, re-isolation of the virus, and detection of a specific immune response to the virus."

Rivers' criterion four is that we produce the same disease as in the host. But the *Nature* researchers did not obtain material for inoculation from patients with natural disease. "We inoculated two macaques [monkeys] with Vero-cell-cultured SCV…" Only one of the two test monkeys developed respiratory symptoms. Regarding criterion five and six, the team did not re-isolate the virus…they did genetic testing and mixed it with Vero cells. They claimed an "antibody response" but did not describe the specifics in the paper.

So…did the *Nature* researchers truly satisfy Koch's Postulates? No. Did they satisfy Rivers' Criteria? No.

Now Kaufman turns to the issue of the Covid-19 virus and looks at four research teams claiming to have isolated the covid virus.

- Peng Zhou et al. discovery of a novel coronavirus associated with the recent pneumonia outbreak in 2 humans and its potential bat origin.
- Na Zhu et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. N Engl J Med 382; 8

- Jeong-Min Kim et al. Identification of Coronavirus Isolated from a Patient in Korea with COVID-19. Osong Public Health Res Perspect 2020.
- McMaster University, Canada: I study viruses: How our team isolated the new coronavirus to fight the global pandemic (paper not yet published)

Using Rivers' Criteria, Kaufman explains that none of the studies met the first three criteria. None of the studies addressed (not even attempted) criteria four and five, which is to produce the same disease in a host and to re-isolate the virus from the host.

Examining the published papers, Kaufman notes that the researchers followed step with the previous 2003 SARS research errors. The Zhou team did not isolate a virus, only obtained genetic material. It did not cultivate in host cells, rather used Vero and other mammalian cells. It did not prove filterability. In the conclusion, the researchers write: "The study…provides evidence of an association between the disease and the presence of this virus. However, there are still many urgent questions to be answered. We need more clinical data and samples to confirm if this virus is indeed the etiology agent for this epidemic." (Etiology means cause.) Kaufman gives this team credit for being honest and knowing the limitations of their methods.

He then make an important point about the science of "sequence homology." The RT-PCR test the research scientists are using looks at RNA sequence. The researchers could not identify a source, as they didn't purify anything and identify any virus…they only observed genetic material that they compared to the "original" SARS virus (which we have seen was genetic material not proven to be viral according to standard scientific methodology) and claimed an almost 80% sequence identify, hence calling this a "new coronavirus." Kaufman points out that humans are said to share 96% genetic sequence with chimpanzees. "So if you say 80% sequence identity determines coronavirus, you would look at my genetic sequence, in comparison with chimpanzee, and say I'm a chimpanzee."

The Na Zhu team did not isolate a virus, only obtained genetic material; it did not cultivate in host cells, instead used lung cancer cells (Kaufman points out that scientists have identified that cancer cells make lots of exosomes); and it did not prove filterability. Again, the authors' conclusion was at least honest: "The study… provides evidence of an association between the disease and the presence of this virus. However, there are still many urgent questions to be answered. We need more clinical data and samples to confirm if this virus is indeed the etiology agent for this epidemic." Association and implication are not causation. We must apply Rivers' criteria in further studies.

The Jeong-Min Kim paper shows the team did not isolate the virus, only obtained genetic material; it did not cultivate in host cells, rather used Vero cells plus antibiotics; it did not prove filterability. Kaufman expresses his concern over this problematic paper, as its introduction states: "Following the first outbreaks of unexplained pneumonia in Wuhan, China, in late 2019, a new coronavirus was identified as the causative agent in January 2020." This is a **very bold** statement. The statement's prooftext reference for the claim of "causative agent" is another study. But the science used in the referenced study could not be able to prove causation. In the referenced study's introduction, the authors' state: "A novel coronavirus **associated** with human to human transmission and severe human infection has been recently reported from the city of Wuhan in Hubei province in China." Again, **association is not causation**. The team concluded that "the unique genetic features of 2019-nCoV and their **potential association** with virus characteristics and virulence in humans remain to be elucidated." In other words, says Kaufman, we see only an association…we have proven nothing. So how did the Kim team

claim discovery of a "causative agent" as published in their policy-influencing research paper? The claim is not based on scientific evidence.

As Kaufman rightly points out, once a rumor starts, other people adopt it and it becomes truth in people's minds even though there are no facts to back it up. "They said it's a causative agent. They gave a reference. It's not in the reference. In my opinion, this should be censured. This is an ethical violation to make such an important claim. All the world policies are based upon this claim that it is a causative agent and they cannot reference any science to back that up whatsoever."

He finishes his covid research paper analysis by looking at the yet-to-be-published study by the McMaster University team. Again, they did not isolate a virus, they did not cultivate in host cells. But in the introduction, the authors' state: "the emergence of a new coronavirus in a market in Wuhan, China, in December 2019 **set in motion the pandemic** we are now witnessing in 160 countries around the world."

We have another bold claim with no evidence to back up the statement. Governments and health authorities are now making decisions and enforcing measures upon the public based on non-evidence-based scientific claims.

In conclusion, Kaufman reiterates that in the papers he studied apparently "proving" the 2003 SARS viral agent, not one of Rivers' criteria were satisfied. **And none have been met for Covid-19**.

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German virologist and molecular biologist Dr. Stefan Lanka echoes Kaufman's explanation of the proper procedure of viral identification, emphasizing that "the density gradient centrifugation is the scientifically required standard technique for the demonstration of the existence of a virus. Despite the fact that this method is described in all microbiology manuals as the "virus isolation technique," it is never applied in experiments meant to demonstrate the existence of pathogenic viruses."

Questioning Viral Theory

In light of the lack of scientific data confirming the measures being enacted globally during this currently proclaimed "pandemic," I began to wonder what other claims could be flawed. I noticed sound arguments being presented by members of the professional scientific community regarding the veracity of proof that the covid epidemic was in fact the result of a viral contagion. Curious, I delved into deeper study. What I have been learning has fascinated me. While I make no assertions of infallible understanding of irrefutable fact, I do feel it a valuable exercise to entertain new scientific evidence as it emerges. While not everyone is equally comfortable with pursuing iconoclastic lines of thinking, I humbly suggest that we should be willing to examine and question accepted paradigms to see if they stand firm. So I invite you to join me on a short adventure, where we examine with open minds the reigning medical paradigm of "viral theory."

What is the basis of scientific proof for the existence and activity of viruses? Again, according to classical virology, using the scientific method, the virus must be identified, isolated, purified and tested.

Whether covid is a pandemic viral contagion hinges on its detectability and infectiousness. Has a virus actually been observed, or only assumed? As we have seen, the tests used to promote the covid theory are at best

unreliable, at worst biased. As Dr. Kaufman pointed out in his critique of multiple research studies, the scientists confirming covid with these testing methodologies are drawing conclusions based on assumptions…they are not following the "golden standard" principles of infectious disease diagnostics (Koch's Postulates…or even Rivers' Criteria).

If scientific methods are not being preserved and practiced, is reliable science even happening?

Webster's definition of Science (the aspects pertinent to our discussion):
- knowledge or a system of knowledge covering general truths or the operation of general laws especially as obtained and tested through scientific method
- such knowledge or such a system of knowledge concerned with the physical world and its phenomena : NATURAL SCIENCE

dictionary.com:
- systematic knowledge of the physical or material world gained through observation and experimentation.
- knowledge, as of facts or principles; knowledge gained by systematic study.

When we discuss medical science as a natural science, certainly, the essential component is the use of scientific methodology. Scientific method (according to Webster's) is "the principles and procedures for the systematic pursuit of knowledge involving the recognition and formulation of a problem, the collection of data through observation and experiment, and the formulation and testing of hypotheses."

As children, we were taught that science was about discoveries…that scientists, while able to begin with whatever hypothesis their imagination desired, were in fact scientists and not fiction writers because they used scientific methodology to prove their hypotheses. Without this empirical proof, we are not looking at irrefutable scientific fact, we are looking at theory, at hypothesis, at imaginings. And imagination is a beautiful thing, but we cannot claim one's imaginings and theories as fact. Natural and medical science ought to be based on provable fact, not faith in ideas. That defining characteristic of science separates facts from claims and protects us from falling prey to erroneous worship of a faith-based belief system…a religion. Our faith ought to be reserved for God, not for science.

Empirical evidence is that which is (again, Webster's) "originating in or based on observation or experience." Scientists are not supposed to just make things up…herald claims that have no evidence. They cannot propose theories based on fascinating ideas that may make sense and call those theories indisputable facts.

Science is, or at least is meant to be, a shifting and growing body of ideas…new discoveries, new hypotheses to be tested. When we refuse to entertain new ideas and test new theories, it isn't science anymore. Scientific knowledge is constantly changing: for example, we now know the mechanisms of autophagy; a process we did not well understand 25 years ago. Should scientists hold onto old paradigms without a willingness to examine new aspects and ideas? Perhaps viruses have been misunderstood. And perhaps world culture and politics had an impact on the debate taking place between "germ theory" and "terrain theory" in the 19th century.

In a 2015 article published in a German scientific research magazine, Dr. Stefan Lanka wrote, "It is important to note that the theories of fight and infection were accepted and highly praised by a majority of the specialists only if and when the countries or regions where they lived were also suffering from war and adversity. In times of peace, other concepts dominated the world of science."

"Scientists must question everything and especially what they love the most, i.e. their own discoveries and ideas. This basic rule of scientific research helps avoid erroneous developments and reveals the ones that already exist. Also, we must all be allowed to question the status quo, otherwise we would live in a dictatorship. Moreover, science cannot be limited to a selected number of institutions and experts. Science can and must be conducted by anyone who has the necessary knowledge and the appropriate methods. Science can be considered science only if its claims are verifiable, reproducible and if they allow predictions. Science also needs external control, because, as we will see, a part of the medical sciences has lost touch with reality for quite some time. Anyone who has knowledge of biology and the genesis of life, of the development and functions of the tissue, of the body and of the brain, will automatically question the assumptions about viruses."

Have we unwittingly put blind faith in assumptions and "pet theories" rather than encouraging scientific discovery and the promotion of evidence-based claims? For example: the theory of evolution is promoted as fact and published as fact, is taught to school children everywhere as fact, yet is not a verifiable, undeniable body of provable truth. Let's compare the theory of evolution with viral theory. Both are accepted as established fact by the broader scientific community, both are taught as the default position in educational textbooks at even the elementary level. Yet both theories contain empirical evidence gaps. Theory does not equal fact. A theory is a "best guess" based on current information available (albeit not including consideration of **all** information available). Science should be about seeking to discover and discern more complete sets of facts and testing them out. Hypotheses must be proven through scientific method. Many flaws and holes exist in evolutionary theory; that debate has raged among intelligent, well-educated scientists for more than a century. Might it also not be so for viral theory?

Exosome theory

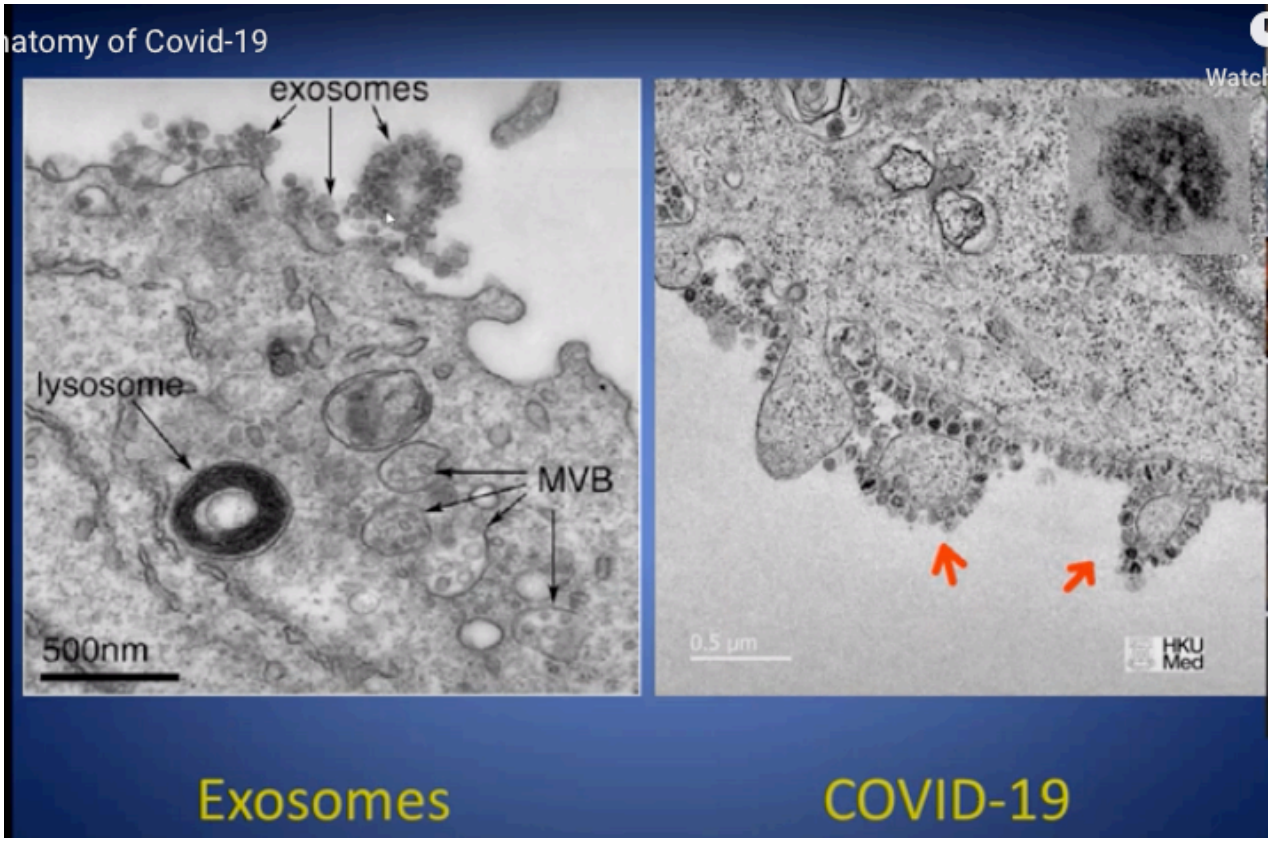
I am thankful for the scientists, researchers and journalists who are motivated by truth-seeking rather than profit, and who are working diligently to present us with much-needed information. There is always "more to the story," and we have the modern privilege of research capabilities that expand our knowledge. One of the silver linings to this madness that has consumed the world with misinformation and fear is the rising awareness and interest in a broader view of scientific research and its implications. The proposed narrative of the covid crisis becomes questionable when we look deeply into the issue and ALL the information available.

Let's look at the newly emerging exosome theory (major developments happening within the last two decades, much study coming out of European countries)…what are exosomes, what do we know about them? [My apologies for this very basic sketch.] The world we live in is highly toxic…our food, air, water, pharmaceutical drugs, building materials, furniture, clothing, everything contains some level of toxicity…the emotions of stress and fear themselves are toxic. On a cellular level, our body responds to poisonous inputs (we see our magnificently created miracle bodies and their marvelous immune systems at play). Bits of genetic material in the form of RNA or DNA (from toxic inputs) are packaged and sent out of the cell encased in tiny bubbles of protein, which scientists have named exosomes. These microscopic (same size range as viruses) exosomes can communicate with other cells, telling them to package up the poisons they find and release them. The purging of these poison packages (aka releasing of exosomes) cause the symptoms of illness, as the body works to shed itself of invaders. This is not unlike an allergic response, which involves histamine production, inflammation, the production of mucus and symptoms akin to a "cold." Science has identified the production of mucus as the body's immune response, in which the cells in our mucus membranes trap, wrap and expel the "invader" through the mucus process. In like fashion, exosomes trap and carry toxins, and the process involves inflammation and

other symptomatology that we term cold and flu. Exosomes do not cause illness, they are not contagious/ infectious…but they spread throughout the body.

Let's compare exosomes with viral theory. Viruses are not considered to be "alive," (though scientists have debated this point), as they cannot replicate on their own…they must have a host. New scientific advancements and understandings have revealed that our bodies contain a beautiful menagerie of living organisms, termed the microbiome. Viruses are considered a part of this natural biological human terrain. Viruses are said to be made up of genetic material, bits of RNA or DNA packaged in tiny protein balls that enter and exit cells. Because of the established medical paradigm of germ theory, specifically "viral theory," we have been taught that viruses are contagious, even deadly, illness-causing organisms. The first physical evidence of what scientists at the time termed "virus" occurred in the early 1930s after the invention of the electron microscope, the only equipment that can actually view the microscopic virus. We have collectively accepted on faith that viruses are what medical science claims they are and that they are the scourge of disease…yet physically, a virus and an exosome appear identical. Perhaps we ought to re-examine viral theory in light of these new discoveries. According to the narrative, when the "new" respiratory illness in Wuhan patients did not respond to antibiotics, scientists examined blood samples with an electron microscope and saw "viruses." But what if much of what we thought we knew about viruses, especially as the theory was established in the 1800s and not based on empirical evidence, is wrong? What if we are looking at the cellular activity of exosomes and not a virus?

The scientists who have examined the blood of covid patients have viewed the protein-coated RNA/DNA packages and they have found fragments of "new" RNA structures. Both exosome theory and viral theory can account for such observations. Photos of microscopic specimens identified as covid-19 look uncannily similar to photos of exosomes.



While scientific understanding of exosomes is still fairly new, studies of these cellular agents are beginning to prompt new ways of thinking about viruses and biological actions. Dr. James Hildreth, President and Chief Executive Officer of Meharry Medical College, wrote in a 2003 research paper that "…the virus is fully an exosome in every sense of the word."

Scientists have not isolated and purified this "covid virus" and injected it into a new subject, testing the theory of viral contagion. They assumed the RNA fragments they saw were a contagious virus. This hypothesis has not been empirically tested, nor proven…it was simply assumed and presented as fact.

Perhaps we do not need to blame an infectious contagion when we see large numbers of people in the same area becoming ill. When people are exposed to any poison/toxin, their immune systems will react and work to clear the system, resulting in the symptom picture that we call illness. And how would viral theory explain the reality that people being "exposed" to the supposed "contagion" are not falling ill? Exosome theory certainly holds more weight in this regard. Many virologists and scientists are now looking at viruses in a new light, and are working to understand exosome theory. This is as it should be, for is not science about welcoming new evidence, testing new hypotheses and seeking new discoveries? Or are we to accept complete entrenchment into paradigms and established scientific belief systems that have shaky evidence-based foundations?

The lipid hypothesis (aka all fat is bad for you and causes heart attacks) stood for 50+ years before being debunked. Many "theories" come and go as science explores and expands. Why should the concept of viral theory be any different? Is it possible that we have misunderstood viruses? misidentified exosomes as viruses? misattributed contagious infectious causality to what we thought were viruses? assumed viruses are malevolently pathogenic rather than opportunistic?

To learn more about exosomes, please look at this compilation video on exosomes and causes of illness, beginning with an interview of scientists on exosome discovery and study (first 5 minutes)…followed by the covid/exosome summary listed above…followed by seminar by Dr. Thomas Cowan https://newsbitsandbites.com/covid19/covid19-main.shtml?./../video/Exosomes1.shtml

Or, watch the individual videos from the above compilation:

Scientific documentary mini-series on exosomes:
https://www.thermofisher.com/us/en/home/life-science/cell-analysis/exosomes/exosomes-documentary-episode-1.html

The simple covid vs. exosome overview:
https://needtoknow.news/2020/05/video-shows-why-viruses-do-not-cause-illness-and-may-be-part-of-the-immune-system/?utm_source=rss&utm_medium=rss&utm_campaign=video-shows-why-viruses-do-not-cause-illness-and-may-be-part-of-the-immune-system

The Thomas Cowan talk:
https://www.brighteon.com/22e14b3c-1779-4c28-81ee-172d3f7f22f3

The Birth of Germ Theory

Established in the late 1800s, germ theory became the prevailing conventional wisdom in medical science regarding causation of disease. We have been taught germ theory…we believe germ theory; it is the default position of medical science. And we take for granted the existence of every microbiological agent that we are told resides in the bucket of germ theory, whether fungal, bacterial or viral. My particular focus is on questioning the viral aspect of germ theory, but to gain a holistic view of how the medical system adopted germ theory, let's briefly examine the basis for and development of germ theory.

A significant note on the development of germ theory is that French scientist Louis Pasteur's first hypotheses about pathogenic microbes focused on **fungi and bacteria**, with studies of fermentation. And German microbiologist Robert Koch, the father of Koch's Postulates, developed his criteria whilst studying bacteria. He was able to isolate, purify, test and re-isolate the anthrax bacterium in the 1870s. Neither man was testing viral agents and formulating a specifically viral germ theory at that time; they were theorizing about pathogenic micro-organisms that could be causative agents of disease. Their microscopes were capable of seeing bacteria and fungi, which come in various shapes and sizes; bacteria range up to 5 micrometers and fungi up to 50 micrometers. (Only electron microscopes can view "viruses," due to their much smaller size, up to .3 micrometers. Viruses are so much smaller than bacteria that they are often measured in nanometers; 1 micrometer = 1000 nanometers.)

Koch developed his original postulates after his initial work specifically with bacteria:

1. The putative organism must be constantly present in diseased tissue.
2. The organism must be isolated in pure culture.
3. The pure culture must induce disease when injected into experimental animals.
4. The same organism must be isolated from these diseased animals.

Later, Koch softened his criteria language from "must" to "should," as he admitted he could not satisfy all the criteria with his later disease studies on cholera.

Louis Pasteur, Robert Koch, Edward Jenner and others were in the "germ theory of disease" camp, while respected prolific French scientist and doctor Antoine Béchamp fought for understanding of mycrozymas and the promotion of the terrain theory (or "cellular theory" of disease), which presumes that disease results when our body's internal environment is unable to maintain homeostasis against outside threats. This understanding of illness causality grows in evidence as modern science further studies the microbiome of the human body (the literal terrain), epigenetics, and even how cells work (mitochondrial metabolism, etc). They key difference between germ theory and terrain theory is that germ theory looks **only** to external microbial pathogenic causative agents for all disease, whereas terrain theory's more holistic, inclusive view explains that our internal environment is primarily responsible for a disease state and that microbes are not always malevolent, but rather "opportunistic." Another well-respected professional who rejected germ theory at that time was the "Father of Pathology," Polish doctor Rudolf Virchow (also an anti-Darwinist), who believed that germs do not cause disease but instead gravitate to the diseased area as scavengers, to feed on and clean up the dead tissue caused by the pathogenic process. Virchow purportedly stated in his later years, "If I could live my life over again, I would devote it to proving that germs seek their natural habitat—diseased tissues—rather than causing disease."

Béchamp, like Pasteur, studied fermentation; he did experiments leading to his discovery of tiny particles he called microzymas (could they be what modern scientists now identify as exosomes?). His work was confirmed and expounded upon in later years by scientists such as Gunther Enderlein, Royal Raymond Rife (inventor of the prism microscope), and Gaston Naessens.

The most profound conclusion to which Béchamp's research led him is that there is an independently living micro-anatomical element in the cells and fluids of all organisms. This element precedes life at the cellular level, even the genetic level and is the foundation of all biological organization. He claimed that microzymas routinely become forms normally referred to as bacteria and that bacteria can revert or devolve to the microzymian state. (This is the principle of pleomorphism [Ed.: the ability of a micro-organism to alter its functions], which is central to understanding the appearance of "infectious" and degenerative disease symptoms in the body). https://vexmansthoughts.wordpress.com/2019/10/20/4062/comment-page-1/

In Béchamp's work, *The Blood and Its Third Anatomical Element*, he explained: "The microzyma is at the beginning and end of all organization. It is the fundamental anatomical element whereby the cellules, the tissues, the organs, the whole of an organism are constituted."

Béchamp referred to microzymas as the builders and destroyers of cells. It is the destructive aspect, or the "end of all organization," which concerns us in disease. Béchamp always found microzymas remaining after the complete decomposition of a dead organism and concluded that they are the only non-transitory biological elements. In addition, they carry out the vital function of decomposition (or are the precursors of beings - bacteria, yeasts and fungi - which do so). https://www.biologicalmedicineinstitute.com/antoine-bechamp

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Béchamp proved that: "all natural organic matters (matters that once lived), absolutely protected from atmospheric germs, invariably and spontaneously alter and ferment, because they necessarily and inherently contain within themselves the agents of their spontaneous alteration, digestion, dissolution." http://www.pnf.org/compendium/Antoine_Béchamp.pdf

Béchamp and Pasteur were rivals, particularly in their works on fermentation and the theory of spontaneous generation.

From the Bioregulatory Medicine Institute's biographical article on Béchamp:

"…It was generally believed that fermentation could not take place except in the presence of albuminoids, which were in general use by Pasteur and others as part of their solutions. Hence, their solutions could have contained these living organizations to start with. Béchamp's solutions contained only pure cane sugar and water, and when heated with fresh-slaked lime did not disengage ammonia – ample proof that they contained no albumen. Yet molds, obviously living organisms, and therefore containing albuminoid matter, had appeared in these two solutions. He sent his report to the Academy of Science in December 1857, and an extract was published in its reports of January 4, 1858.

Although Schwann had suggested airborne germs in about 1837, he had not proved his ideas; now Béchamp proved their existence. Yet Pasteur in his 1857 memoirs still clung to the idea that both the molds and ferments "take birth spontaneously," although his solutions all contained dead yeast or yeast broth which might have carried germs or ferments from the start.

In a discussion of spontaneous generation at the Sorbonne on November 22, 1861, Pasteur had the nerve - in the presence of Professor Béchamp - to take all credit for proving that living organisms appeared in a medium devoid of albuminoid matter. Béchamp did not charge him with plagiarism, but asked Pasteur to at least admit knowledge of Béchamp's 1857 work. Pasteur evaded the question, merely admitting that Béchamp's work was

"rigidly exact". This was not an innocent mistake on Pasteur's part, but instead, deliberate fraud. Béchamp, however, was too much of a gentleman to make any unpleasant charges."

The two scientists continued their rivalry throughout their professional careers.

"Pasteur concluded that each kind of pathogen produces one specific fermentation, while Béchamp proved that a microorganism might vary its fermentation effect in conformity with the surrounding medium. Béchamp's assertion that these microforms, under varying conditions, might even change their shape was later proved conclusively by Felix Loehnis and N.R. Smith of the U.S. Department of Agriculture in 1916.

It seems likely that, in the 1850s and 1860s, Béchamp and Pasteur were making similar discoveries independently, a not-unknown phenomenon in science."

While Pasteur continued to champion his "germ thoery," Béchamp used his work to document the "cellular theory" of disease.

For Béchamp, a weakened terrain naturally becomes vulnerable to external harmful microzyma. These pleomorphic pathogenic microorganisms enacting upon the unbalanced, malfunctioning cell metabolism and dead tissue produce disease. Béchamp postulated that the diseased, acidic, low-oxygen cellular environment is created by a weakened physiological state. So, our bodies are in effect mini-ecosystems, or biological terrains in which nutritional status, level of toxicity and pH (or acid/alkaline balance) play key roles.

Pasteur believed that every disease is associated with a particular microorganism, while Béchamp countered that every disease is associated with a particular condition within the body. For Béchamp, disease occurs when the "terrain" or internal environment of the body becomes favorable to pathogenic organisms. In other words, disease occurs, to a large extent, as a malfunction of physiology and because of the changes that take place when metabolic processes, such as pH, are out of balance. Pathogens then become opportunistic and stimulate the occurrence of symptoms, which, if not corrected, ultimately culminate in disease. In short, Pasteur's "germ theory" states that the body is sterile, and disease is caused by external germs (microbes). For Béchamp, microbes naturally exist in the body and it is the disease that reflects the deteriorated condition of the host and changes the function of the microbes. The terrain - the internal environment - in response to various forces, fosters the development of germs from within. https://www.biologicalmedicineinstitute.com/antoine-bechamp

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Béchamp's cellular theory is almost completely opposite to that of Pasteur's. Béchamp noted that these germs that Pasteur was so terrified of were opportunistic in nature. They were everywhere and even existed inside of us in a symbiotic relationship. Béchamp noticed in his research that it was only when the tissue of the host became damaged or compromised that these germs began to manifest as a prevailing symptom (not cause) of disease. http://maronewellness.com/pasteur-vs-bechamp-an-alternative-view-of-infectious-disease/

But despite the solidity and legitimacy of Béchamp's work, and the evidence-based conclusions supporting his presuppositions, Pasteur's theory won the day and took hold in the market place of ideas. While the golden age of bacteriology began with the promotion of germ theory, the cultural mythos surrounding this medical theory tells us that viruses were "discovered" in the 1890s, which is actually not feasible, as viruses could not be physically observed (the electron microscope was not invented until 1931). Viral microbes as causative disease agents were being theorized during that time, but irrefutable proof was technologically impossible. The body of evidence for

viral claims was sketchy. And modern biological scientific exploration now confirms many truths of Béchamp's postulations.

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Dr. Stefan Lanka is the German biologist famous for winning a 2015 German court ruling in favor of his postulation that the measles virus has never been proven scientifically to exist.

"According to the minutes of the court proceedings, Andreas Podbielski, head of the Department of Medical Microbiology, Virology and Hygiene at the University Hospital in Rostock, who was one of the appointed experts at the trial, stated that even though the existence of the measles virus could be concluded from the summary of the six papers submitted by Dr. Bardens, none of the authors had conducted any controlled experiments in accordance with internationally defined rules and principles of good scientific practice (see also the method of "indirect evidence"). Professor Podbielski considers this lack of control experiments explicitly as a "methodological weakness" of these publications, which are after all the relevant studies on the subject (there are no other publications trying to attempt to prove the existence of the "measles virus"). Thus, at this point, a publication about the existence of the measles virus that stands the test of good science has yet to be delivered."

Needless to say, Lanka has spent much of his career attempting to re-educate the public on the flaws in viral theory and its historical development. As he writes in the previously mentioned paper, *Dismantling The Virus Theory,* "A different approach to the virus phenomenon is possible and necessary: any layman with some background knowledge reading scientific papers about pathogenic viruses can realize that such viruses do not exist and what is being described are only typical components and characteristics of cells."

He briefly describes the rise of germ theory, and explains that observations of bacterial processes and the activity of phages led to assumptions that became known as viral theory.

"According to this dogma, all diseases supposedly originate inside the cells. Virchow's cellular pathology … claimed that diseases develop from pathogenic poisons (in Latin: virus). … The search for these pathogenic poisons remains to date fruitless, however, when bacteria were discovered, it was assumed that they were producing the pathogenic poisons. This supposition, called "the germ theory," was immediately accepted and remains very successful up to the present time. This theory is so successful that the majority of the people are still not aware of the fact that the so-called bacterial toxins are actually normal enzymes, which either cannot appear in a human being, or, if they do, they never appear in such an amount as to make them dangerous."

Lanka describes the process of bacterial death, in which the bacteria produces tiny lifeless spores. During the era of germ theory development, these spores were conjectured to be suspected pathogenic poisons, aka viruses, and that these viruses were killing the bacteria.

"Due to the belief that these—at the time of their discovery still invisible—structures were killing the bacteria, they were called phages/bacteriophages, "eaters of bacteria." Only later it was determined that merely highly inbred and therefore almost non-viable bacteria can be made to turn into phages, or bacteria which are being destroyed so fast that they do not have time to form spores.
The introduction of the electron microscopy led to the discovery of the structures resulting from the transformation of bacteria when these were suddenly dying or when the metabolism of the highly inbred germs was overwhelmed by processes triggered by the adding of "phages." It was also discovered that there are hundreds of types of different-looking "phages."

After introducing chemical examination techniques in biology, it was discovered that there are thousands of types of phages and that phages of one type always have the same structure. They consist of a particular molecule, made of nucleic acid, which is covered in a shell of proteins of a given number and composition."

Interesting…that last bit sounds like the description of exosomes… Lanka's description has me cogitating on whether the observed spores were destructive "phages," or the body's cleanup crew, exosomes.

"Before it could be established that the "bacterial viruses" cannot kill natural bacteria, but they are instead helping them to live and that bacteria themselves emerge from such structures, these "phages" were already used as models for the alleged human and animal viruses. It was assumed that the human and animal viruses looked like the "phages," were allegedly killing cells and thereby causing diseases, while at the same time producing new disease poisons and in this way transmitting the diseases. To date, many new or apparently new diseases have been attributed to viruses if their origin is unknown or not acknowledged. This reflex found an apparent confirmation in the discovery of the "bacterial viruses."
The "bacteriophages," correctly defined as incomplete mini spores and building blocks of the bacteria, have been scientifically isolated, while the supposed pathogenic viruses have never been observed in humans or animals or in their body fluids and have never been isolated and subsequently biochemically analysed. To date, none of the researchers involved in this kind of work seems to have realised this.
The use of the electron microscope and the biochemistry were very slowly returning to normal after 1945 and no one had realised that not one pathogenic virus had ever been isolated in humans or animals; thus, as of 1949 researchers started applying the same idea used for the (bacterio) phages, in order to replicate the human and animal "viruses." John Franklin Enders, born in 1897 in the family of a rich financier, was active in various fraternities after having finished his studies, then he worked as a real estate agent and studied foreign languages for four years before turning to bacterial virology, which fascinated him.
He then simply transferred the ideas and concepts that he learned in this area of research to the supposed pathogenic viruses in humans. With his unscientific experiments and interpretations that he had never confirmed through negative controls, Enders brought the entire "viral" infectious medicine to a dead end. … In 1949, Enders announced that he had managed to cultivate and grow the alleged polio virus in vitro on various tissues. The American expert opinion believed everything immediately. What Enders did was to add fluids from patients with poliomyelitis to tissue cultures which he claimed to have had sterilized, then he alleged that the cells were dying because of the virus, that the virus was replicating in this way and that a vaccine could be harvested from the respective culture.
During his experiments, Enders et al. sterilised the tissue cultures in order to exclude the possibility of bacteria killing the cells. **What he didn't take into consideration was that the sterilisation and the treatment of the cell culture when preparing it for the alleged infection was exactly what was killing the cells.** Instead, he interpreted the cytopathic effects as the existence and the action of polio viruses, without ever having isolated a single virus and described its biochemistry. The necessary negative control experiments, which would have shown that the sterilisation and the treatment of the cells prior to the "infection" in the test tube was killing the cells, have never been performed."

Ender's methodological error of sample sterilization echoes what Kaufman identifies as sample maltreatment in modern medical research.

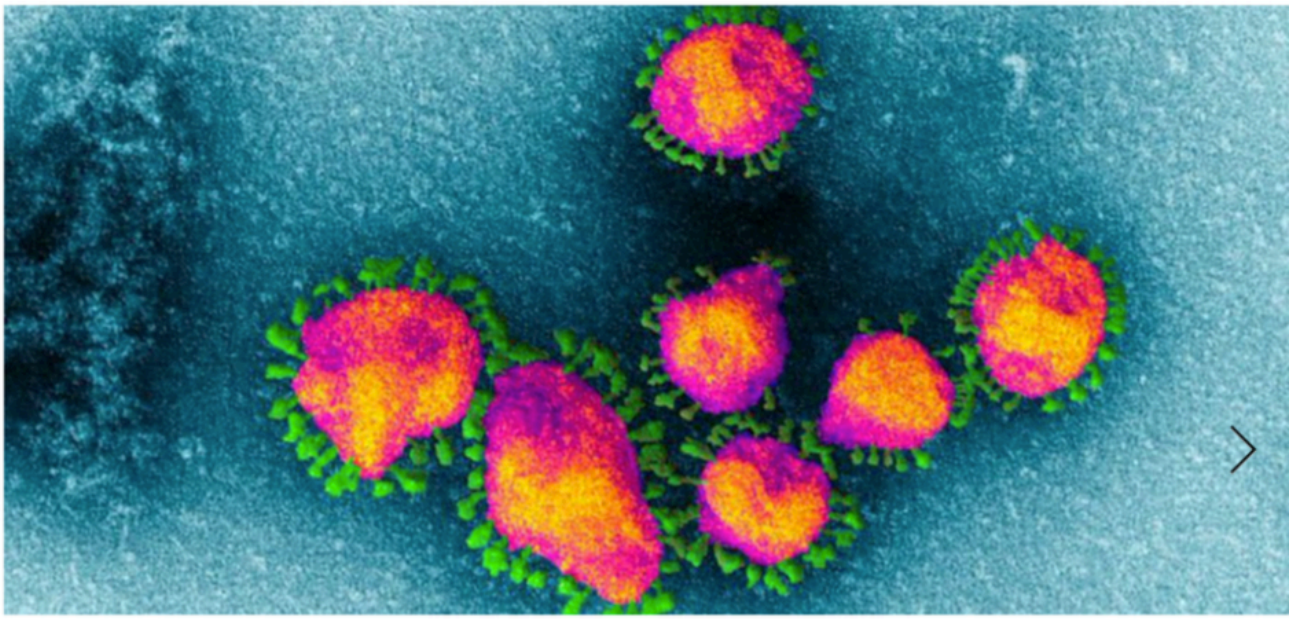
"To date, **no negative control experiments have been done with respect to the so-called measles virus either**, which would have shown that it is the laboratory procedures that lead to the cytopathic effects on the cells. Additionally, all claims and experiments made by Enders et al. and the subsequent researchers lead to the only

objective conclusion that in fact they were observing and analyzing dying cellular particles and the activity thereof in the test tube, misinterpreting these as particles and characteristics of the alleged measles virus."

As we consider emerging scientific evidence that introduces us to new and better understandings of how our bodies work, we can ask probing questions to fuel further study. Are microbial "pathogens" bad or merely opportunistic? When scientists could "see" viruses after the invention of the electron microscope, they observed the virus in an already sick host…so was the virus the cause of the illness, or a by-product of it (aka an exosome)?

That a cellular agent termed "virus" exists is observable (microscopically)…that they infect is presumed. How do we prove infectious properties? Have the mechanics of infection been observed, or only surmised? Have case-controlled studies following the scientific methodology of Koch's Postulates or Rivers' Criteria been performed on suspected infectious agents to confirm viral theory? Have real-time microscopic observations caught the process of tissues being infected?

Does a virus attach to a host cell, or did the cell excrete the virus (or rather exosome)? Are viruses already living within us as part of the microbiome? Are they found "in the wrong place at the wrong time" and scapegoated for infection, when the cause of infection is something else? If viruses cannot replicate outside a host, are they truly virulently contagious?



A Micrograph of an aggregation of infected red blood cells with the phantom Coronavirus. These so-called infected cells are nothing more than biological transforming red blood cells that are going through pleomorphic changes due to increased acidity and a declining pH - <7.2. The biological transformation of blood or body cells is a natural process that takes place in an acidic environment of the interstitial fluids of the Interstitium compartments and then spilling over into the blood plasma via hydrostatic pressure caused by the buildup of dietary and metabolic acidic waste which has not been properly eliminated by the lymphatic system via the four channels of elimination - urination, defecation, perspiration and/or respiration.. https://www.drrobertyoung.com/post/dismantling-the-viral-theory

In this nine-minute video, the current theory that viruses cause illness is compared to an emerging theory of exosomes, which have the same structure and content of viruses but which are immune-system 'good guys'.

That's because their function is to gather debris from inside cells that have been damaged by environmental and systemic toxins and carry it out of the cells where it can be removed from the body completely. Exosomes also notify other cells of this activity, which causes the entire body to mount a defense. During colder months, exosomes must purge more of these toxins than in warmer months, which may account for the seasonal nature of the flu. Exosomes look exactly like viruses and behave exactly like them as well. However, the old theory views their association with toxic particles as evidence they are bad, while the new theory views their association with toxic particles as evidence they are good. The debate is on, but there is a growing understanding among scientists that viruses and exosomes are one-in-the-same. (from G. Edward Griffin's "Need To Know" website)

It is my opinion that if scientific progress were allowed to expand honestly and viral theory were revealed to be flawed, it would significantly impact the current practices controlling the masses…no vaccination, no lockdowns, no unnecessary fear of viral contagions. Perhaps the death of viral theory would be too damaging to the bottom line for those who profit from it. If you have no virus, you have no development of vaccines. Vaccination is the golden child of the pharmaceutical industry, ergo viruses must never cease to exist.

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As my son and I were discussing the potential for viral theory being wrong, he asked, "what about the Black Death?" Yes, indeed…what about that historic pandemic between 1346 and 1353 that historians record as one of the worst plagues to decimate a human population? According to the standard textbook tale, the Black Plague was a highly contagious viral epidemic transferred to humans from fleas living on rats. In their tome shedding new light on old medical paradigms, What Really Makes You Ill?, researchers Dawn Lester and David Parker cite scientific data that offers an alternative history of the cause of the Black Plague.

A major chink in the narrative is the absence of 14th century records and archaeological evidence supporting the "fleas on rats" theory. The authors reference a 2011 article, Can We Stop Blaming Rats for the Black Death, in which British archaeologist, Barney Sloane, explains that 'excavations in the city have turned up little evidence of a massive rat die-off coinciding with the plague.' "Tens of thousands of people died," he said. "If it was rats [that spread the disease], they too should have died in the thousands, and we would expect to see a significant number of rat bones in waterlogged 14th-century contexts. Instead we see generally low levels of bones, which is suspicious." In fact, no evidence from the archaeological site in London shows massive die off of any small animals.

In the absence of proof for animal transmission of the plague, a fascinating theory emerged, postulated by dendrochronologist (a scientist who studies tree rings) Professor Mike Baillie. His study of 14th century tree-ring data revealed interesting tree growth patterns, prompting him to investigate ice-core data and contemporary accounts of the event. Baillie's research is detailed in his book, New Light on the Black Death, in which he shares evidence from documents from the time of the plague, one of which states: "There have been masses of dead fish, animals and other things along the sea shore and in many places trees covered in dust … and all these things seem to have come from the great corruption of the air and earth." As a result of Baillie's examination of tree rings, he proclaimed, "The Black Death sits in a clear environmental trough visible in smoothed tree ring chronologies from around the world." Baillie also states that the most likely mechanism of death was some catastrophic effect on people's respiration systems, as writers on the Black Death make "the point that it is the 'pulmonary' form of the disease that was the dominant killer."

Lester and Parker write that the "corruption of the atmosphere certainly must have been extremely severe to have been able to generate a 'clear environmental trough.' … It is clear therefore that 'something' must have occurred to have caused such a severe corruption of the atmosphere over a large portion of the world. One interesting and undisputed fact is that a major earthquake erupted in Europe on January 25, 1348. Professor Baillie reveals however, that this was not a singular event, but part of a series of earthquakes that occurred during the mid-14th century, both before and after the January earthquake."

The authors then explain that the ice core data revealed high levels of ammonium, which coincidentally have been found in other ice cores dated to other "plague epidemics." Baillie thus concluded: "There really is enough information about comets, earthquakes and ammonium to permit the quite serious suggestion that the Black Death was due to an impact by comet debris on January 25, 1348 as witnessed by the major earthquake on that day. … Apart from ammonium, it is now known that a range of unpleasant, toxic and evil-smelling chemicals, including hydrogen sulphide and carbon disulphide, have been detected in recent comets."

In the 1967 article *Pestilence and Plagues*, Dr. Herbert Shelton quotes from Berdoe's *Origins and Growth of the Healing Art* regarding the prevailing conditions in the world at the time of the Black Death: "In 1337, four millions of people perished by famine in China in the neighborhood of Kiang alone. Floods, famine and earthquakes were frequent, both in Asia and Europe. In Cyprus a pestiferous wind spread a poisonous odor before an earthquake shook the island to its foundations, and many of the inhabitants fell down suddenly and expired in dreadful agonies after inhaling the noxious gases. German chemists state that a thick stinking mist advanced from the East and spread over Italy in thousands of places, and vast chasms opened in the earth which exhaled the most noxious vapors."

As Lester and Parker conclude, "These conditions can be explained by comets, comet debris and earthquakes; they cannot be explained by rat fleas 'infected' with disease-causing bacteria. … The evidence from contemporary records as well as tree-ring and ice core data demonstrates the existence of a 'corrupted atmosphere' during the 14th century. The earthquakes and impact of comet debris provide credible explanations for that corrupted atmosphere and for its ability to have permeated a significant portion of the planet. The toxic substances known to be associated with comets and comet debris provide an extremely compelling explanation for the rapid onset of severe respiratory problems, asphyxiation and death. The medical establishment theory about fleas infected with bacteria that were spread by small animals to humans is entirely unsupported by the evidence…"

How Did We Get Here…Why Now?

According to CDC mathematic-model estimates, 61,000 Americans died during the 2017-2018 flu season due to flu-related complications. Yet life goes on…well, it went on. So, why stop normal life now? Why the draconian reshaping of society at this time, in this day, due to this "flu outbreak?" Why not in 2003 with the first SARS "epidemic" also supposedly originating in Asia (again, apparently traced to bats)? Why not during the 2009 H1N1 flu "epidemic" that killed an estimated 18,000 people? **For that matter, why not in 1969 when Hong Kong Flu (H3N2) killed between one and four million people worldwide between 1968 and 1970** (according to CDC estimates)?

As the author of an excellent article detailing the lack of scientific evidence for this "covid lockdown" points out, "The idea of locking down an entire society had never been done and has no supportable science, only theoretical modeling." He then details how the WHO never included the idea of total lockdown in their 2019 pandemic

measures report. It seems that world leaders, particularly U.S. leaders, panicked and made dictates not based on scientific evidence or sound studies and experiential practices. Much of the information used by authorities to determine "pandemic" measures come not from empirical scientific data relating to the impact and spread of the supposed viral contagion, but rather from statistical disease models. The main models that influenced the "covid" measures are from the Imperial College in London. The original numbers projected (supposed death toll of 2.2 million Americans) greatly influenced U.S. lockdown and covid response measures. Those numbers are now understood to be quite exaggerated; the models' creator, Professor Neil Ferguson, is known for previous "bad calls" regarding his modeling efforts during the 2002 Mad Cow Disease, the 2005 Bird Flu and the 2009 Swine Flu incidents. Ferguson's pandemic predictions led to massive lockdowns and severe economic and personal harm, yet his models have been shown scientifically to be seriously flawed, and he has resigned (rather fired for hypocritical conduct) from his post. "Johan Giesecke, the former chief scientist for the European Center for Disease Control and Prevention, has called Ferguson's model "the most influential scientific paper" in memory. He also says it was, sadly, "one of the most wrong. … Jay Schnitzer, an expert in vascular biology and a former scientific direct of the Sidney Kimmel Cancer Center in San Diego, tells me: "I'm normally reluctant to say this about a scientist, but he dances on the edge of being a publicity-seeking charlatan." … Indeed, Ferguson's Imperial College model has been proven wildly inaccurate." https://www.nationalreview.com/corner/professor-lockdown-modeler-resigns-in-disgrace/

The late Dr. D.A. Henderson, a renowned epidemiologist (known for his smallpox work) and founding director of the Johns Hopkins Center for Health Security, criticized lockdown measures during influenza pandemics, writing, "There are no historical observations or scientific studies that support the confinement by quarantine of groups of possibly infected people for extended periods in order to slow the spread of influenza. A World Health Organization (WHO) Writing Group, after reviewing the literature and considering contemporary international experience, concluded that "forced isolation and quarantine are ineffective and impractical."

Henderson and his colleagues agreed that societal lockdown is not only an unnecessary and ineffective measure, but that closing communities, such as schools, shops, churches and general gatherings would have detrimental consequences. "Such widespread closures, sustained throughout the pandemic, would almost certainly have serious adverse social and economic effects. … Recognizing that the spread of influenza is primarily by person-to-person contact, any one individual, even in a large gathering, would have only a limited number of such close encounters with infected people. Thus, cancelling or postponing large meetings would not be likely to have any significant effect on the development of the epidemic. … As experience shows, there is no basis for recommending quarantine either of groups or individuals. The problems in implementing such measures are formidable, and secondary effects of absenteeism and community disruption as well as possible adverse consequences, such as loss of public trust in government and stigmatization of quarantined people and groups, are likely to be considerable."

Certainly, the numbers are more than confusing and oft-changing. We have been given varying prediction model death estimates from 60,000 to 200,000 to 1.3% of infected Americans. How can we even understand the impact of this percentage when we can't accurately extrapolate or predict confirmed cases of infection? Or when we know **death certificates are being manipulated**? Regarding fatality rates, Time magazine reported in early March:

Even when taking the current estimated global mortality rate of 3.4% at face value, COVID-19 looks more like influenza than other once-novel coronaviruses. Severe Acute Respiratory Syndrome (SARS) killed about 10% of the people who got it, while Middle East Respiratory Syndrome (MERS) was even deadlier, killing 34% of

patients. At least so far, COVID-19 does seem to be more lethal than the seasonal flu, but it's closer to that end of the spectrum.

We are being told the death toll risk drops as we continue to comply with lockdown measures (including stay-at-home "orders," social distancing and mask wearing), and that it will rise if we go back to life as normal. But none of these claims are anything more than someone's best guesses based on statistics. Certainly, many aspects of how we live and what we believe are impacted by statistics. But how trustworthy are they? According to U.S. News and World Report, a "new study's findings are based on 40,835 confirmed COVID-19 cases and 1,620 confirmed deaths in 116 counties across 33 states through April 20…The 1.3% rate calculation is based on cumulative deaths and detected cases across the United States…" The media outlet neglected to actually cite the study referenced, so here it is. The study modeled an "infinite" death prediction of 1.3% based on fewer than 41,000 confirmed cases and 1,620 confirmed deaths.

"Using data through April 20, 2020, we fit a statistical model to COVID-19 case fatality rates over time at the US county level to estimate the COVID-19 IFR among symptomatic cases (IFR-S) as time goes to infinity. The IFR-S in the US was estimated to be 1.3% … If we carry out a thought experiment where 35.5 million individuals would contract COVID-19 illness this year in the US (i.e., the same number as flu last year) then, in the absence of any mitigation strategies or social distancing behaviors and the supply of health care services under typical conditions, our IFR-S estimate predicts that there would have been nearly 500,000 COVID-19 deaths this year."

We now accept as fact—influencing our health authorities and guiding our national practices—statistics modeled on "thought experiments?" The reality of predicting covid case load and fatalities is quite complicated, certainly an erratic science to say the least. As a contributor to Forbes magazine points out, the accuracy of these estimates hinges on many assumptions. And, as pointed out above, the models are wildly inaccurate. Is it reasonable to justify the dismantling of our society based on such theoretical assumptions? Even if we were to entertain the possibility of covid killing 500,000 Americans this year, how could that justify the deleterious changes to our society, our economy, our way of life, our current and future liberties? Looking at yearly death statistics is quite enlightening. Let's consider 2017 statistics. How many cancer deaths? Almost 600,000. Heart disease? 647,000. What about flu and pneumonia? Nearly 56,000. So we are looking at predictions…guesses…about what the covid death toll could be, anywhere from yearly flu level fatalities to yearly cancer fatalities. We are approximating how many people could die from yet another cause of death…and we are panicking over the potentials.

When did we humans stop accepting that death is a part of life? I must have missed the memo, for I cannot remember the moment that we the people determined to no longer accept the natural order of things and to chase immortality at all costs. Perhaps the cultural shift snuck up on us all…or perhaps some of us who still believe in God and in a naturally ordained order to the cycles of life and death have been blissfully ignorant of the panic-stricken attempts of everyone else to pretend death does not exist and should never be allowed to occur. And in that vein, when did we decide that it is the government's job to stop death?

As humans, we may despise its inevitability, but we cannot deny its power…death comes to us all…naturally or unnaturally, at the right time or the wrong time. We face myriad causes of death every day. Consider these unsettling statistics: Johns Hopkins has reported that there are **more than 250,000 iatrogenic deaths every year in America**…those are deaths caused by medical errors…deaths induced by a surgical, medical, or drug treatment. The medical system kills 250,000 people a year in this country and we haven't shut down the hospitals, restricted pharmaceutical companies and asked doctors to lock themselves up at home so the masses can be protected from this dangerous potential cause of demise. 250,000 possibly preventable deaths. 250,000

Americans dead yearly due to the conventional medical industry. (And that could very well be a low estimate, as the numbers rely on voluntary reporting.) Yet no one calls for the restructuring of civilization; no one panics, no one seems to be afraid of the medical system. But Covid-19? Call out the National Guard! Isolate people, shut down businesses, close access to the outdoors (parks and beaches), cease school and play; make everyone afraid, desperate, angry and stir crazy; and make sure we all look like bank robbers when we go to the store, where we aren't allowed to stand closely enough to have a friendly conversation, which is unlikely to occur anyway due to heightened anxiety and the now-normal anthropophobia.

Perhaps we ought to make serious study of Sweden, the little country that didn't lockdown and survived quite well. Despite the same scary model predictions being given to Sweden, the leaders there took a more level-headed approach, calling for factual data to inform its covid responses. Skeptical of Ferguson's modeling and in the absence of convincing scientific data, Swedish leaders kept the country open, and thwarted all predictions… and received praise from the WHO in early May. Not only did Sweden's population not fall prey to a murderous viral pandemic, but Sweden's economy is doing well and its leaders are happy with decisions to treat the people like thinking adults.

As Sweden's top infectious disease expert recently explained, Sweden's approach to the pandemic is more orthodox than the current lockdown approach, at least compared to historical standards. "Are the people closing society completely, **which has really never been done before**, more or less orthodox than Sweden?" Anders Tegnell asked recently. "[Sweden is doing] what we usually do in public health: giving lots of responsibility to the population, trying to achieve a good dialogue with the population, and achieve good results with that." Tegnell's point deserves attention. While nations today appear comfortable instituting mass lockdowns to prevent the spread of a deadly respiratory virus, the practice appears to be unprecedented. https://fee.org/articles/epidemiologist-sweden-s-covid-response-isn-t-unorthodox-the-rest-of-the-world-s-is/

Despite media predictions of doom, other countries and U.S. states either did not institute egregious lockdown measures or opened early, and data shows they are all doing fine, like Sweden. These include Florida, Georgia, Utah, Japan, Belarus, Taiwan, New Zealand, Singapore, Norway and Finland. In fact, the Wall Street Journal reported May 31 that countries that have reopened schools have had no outbreaks.

"Denmark, Austria, Norway, Finland, Singapore, Australia, New Zealand and most other countries that have reopened classrooms haven't had outbreaks in schools or day-care centers. … Researchers and European authorities said the absence of any notable clusters of infection in reopened elementary schools so far suggested that children aren't significant spreaders of the new coronavirus in society."

So considering all the new available data and the significant criticisms against the decisions that were made in the absence of reliable data, I have to scratch my head and ask why this "covid crisis lockdown" happened, and why covid social measures are still being promoted as the correct course…

Summary of the Pre-Covid Crisis "Uncanny Coincidences" Timeline

"Never let a good crisis go to waste." The oft mis-attributed quote, describing the actions of scheming politicians, seems disconcertingly apropos now.

But what if this were a manipulated crisis…manufactured to meet desires and agendas of world leaders, politicians, shapers/influencers, purse-string-holders, movers-and-shakers (aka the "Powers That Be")? Stack the dominos, prepare the people…lay the foundation…when the time is right, start the topple. A lengthy discussion on the actions of the powerful group of global influencers who greatly desire the creation of a new world order is

beyond the scope of this paper. But might we take a few moments to examine a few of the more intriguing coincidences of this covid crisis? Perhaps consideration and examination of these events may encourage us all to begin asking important questions about what is really going on and why…

Rockefeller Foundation "Scenarios for the Future of Technology and International Development" report; May 2010

The report in question has the bland title, "Scenarios for the Future of Technology and International Development." It was published in May 2010 in cooperation with the Global Business Network of futurologist Peter Schwartz. The report contains various futurist scenarios developed by Schwartz and company. One scenario carries the intriguing title, "LOCK STEP: A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback." Here it gets interesting as in what some term predictive programming.
The Schwartz scenario states, "In 2012, the pandemic that the world had been anticipating for years finally hit. Unlike 2009's H1N1, this new influenza strain — originating from wild geese — was extremely virulent and deadly. Even the most pandemic-prepared nations were quickly overwhelmed when the virus streaked around the world, infecting nearly 20 percent of the global population and killing 8 million in just seven months…" He continues, "The pandemic also had a deadly effect on economies: international mobility of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains. Even locally, normally bustling shops and office buildings sat empty for months, devoid of both **employees and customers.**" This sounds eerily familiar.
Then the scenario gets very interesting: "During the pandemic, national leaders around the world flexed their authority and imposed airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified. In order to protect themselves from the spread of increasingly global problems — from pandemics and transnational terrorism to environmental crises and rising poverty — leaders around the world took a firmer grip on **power**."
https://journal-neo.org/2020/03/10/lock-step-this-is-no-futuristic-scenario/

Eerily, the fictional "Lock Step" scenario narrative mirrors the covid "pandemic" that has seized hold of our current global reality. After describing the draconian measures that worldwide leaders imposed on the masses, the "Lock Down" author states:

"At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty—and their privacy—to more paternalistic states in exchange for greater safety and stability."

What an uncanny description! Rather than reading a piece of fiction from ten years ago, it feels very much like a current op ed.

Is "Lock Step" prophecy or programming? Far too coincidental for my taste.

https://needtoknow.news/2020/03/rockefeller-foundation-paper-published-in-2010-predicted-how-a-pandemic-can-be-used-as-an-excuse-to-establish-global-authoritarian-power/

2012 pandemic event comic book

An obscure 2012 European comic book created and distributed among EU institutions by the European Commission's international cooperation and development arm, titled "Infected," seems to have forecast our current global covid crisis. Or rather, it reads like a script of the narrative governments might want to try to sell to the global population. The story elements include scientists in a Chinese lab playing around with deadly pathogens, transmission of a new virus from animals to humans in a crowded wet marketplace, tyrannical "protective measures" like social distancing, and resolution of the world pandemic by globalist "heroes" who develop and distribute a vaccine. Enough said. (Read more and see the pages of the comic book at the following link.)

https://www.zerohedge.com/political/bizarre-eu-funded-comic-book-predicted-pandemic-globalists-saviours

Global vaccine meeting 2014

To the majority who have never heard about this, one should remember that in 2014, the first Global Health Security Agenda (GHSA) meeting was held at the White House, a few months after the whistleblower William Thompson raised the alarm on fraud committed by the CDC in the MMR vaccine safety study. That revelation led to increasing distrust in vaccination and public health institutions. So at the GHSA meeting, the US Health and Human Services Department, the World Health Organization (WHO), the Bill and Melinda Gates Foundation, the Global Alliance for Vaccination and Immunization (GAVI) and health officials from dozens of countries decided to create a "health security" agenda for the world. Its main goal was to vaccinate the entire population of the planet and drive changes in national legislation to do so. They agreed on the priority to achieve 90% measles vaccination coverage around the globe and to use arguments of "health emergencies" and "security threats" to bypass informed consent laws and constitutional rights.
https://childrenshealthdefense.org/news/does-the-coronavirus-pandemic-serve-a-global-agenda

EU Vaccination Program

Before covid became the impetus for discussing global forced vaccination programs, the EU was already planning to increase the scope of its vaccination program, including a "common vaccination card" for all citizens and a vaccination monitoring system. These plans, which are laid out in the ECDC Technical Report "Designing and implementing an immunisation information system," published November 2018, and the European Commission "Roadmap on Vaccination," published third quarter 2019, were summarized and revealed as "10 Actions Towards Vaccination for All" at the September 2019 EU-WHO-sponsored "Global Vaccination Summit." One month later, the Bill Gates-Johns Hopkins epidemic planning Event 201 was held.

Event 201

Should we be concerned with the odd coincidence and convergence of headlining covid players called Event 201? In October 2019, the Bill and Melinda Gates foundation, the Johns Hopkins University and the World Economic Forum hosted a "pandemic preparedness exercise." Fast forward to March 2020, in which a global pandemic was announced. A pandemic whose daily case count and death count and epidemic forecast are broadcast by Johns Hopkins, and the "cure" and plan for global life in the new world of "covid madness" has been designed and promoted primarily by Bill Gates: vaccination and tracking. Coincidence?

Event 201, which took place in October 2019, was called "a global pandemic exercise." Participants of this "exercise" (or planning meeting?) included big Pharma executives, international "public health" influencers, a former deputy director of the CIA, and military personnel. The following is the introduction to the pandemic planning scenario … from the actual Event 201 press release. Surely I need make no commentary on the unsettling timing of the meeting and the detailed content of its simulation.

The Event 201 scenario
Event 201 simulates an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The pathogen and the disease it causes are modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms. … There is no possibility of a vaccine being available in the first year. There is a fictional antiviral drug that can help the sick but not significantly limit spread of the disease.
Since the whole human population is susceptible, during the initial months of the pandemic, the cumulative number of cases increases exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe.
The scenario ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed. From that point on, it is likely to be an endemic childhood disease.
https://www.centerforhealthsecurity.org/event201/scenario.html

October 2019 Military-Led "Urban Outbreak" Simulation

The U.S. Naval War College sponsored a training "game" that followed a scenario eerily similar to what we are currently experiencing. The following is taken directly from the War College's "Quick Look" document describing the simulation.

Within this challenging context, the first move of the game introduced the outbreak of a pathogen that was originally identified in rodents but is later spread by person-to-person contact. This infectious agent initially causes fever, cough, headache, fatigue, and general malaise; progressively worsening to include bloody sputum production, respiratory distress syndrome, respiratory failure, and death within six days. Although injectable antibiotics could be used to treat this pathogen, they were not readily available in the densely populated environment of Olympia.
The first move of the game focused on initial planning and response to the pathogen outbreak, which was declared a Public Health Emergency of International Concern by the World Health Organization and resulted in the requests for support from international militaries. The second move emphasized the difficulties found in coordinating and delivering an effective response when faced with exponential growth of the infection, civil unrest, a breakdown of formal governance and public health systems, misinformation, and medical resource scarcity. The third move presented players with a break in the spread of the disease - prior to international militaries transitioning out of their supporting roles - but introduced all of the factors that would be present in a mega-city following a large-scale disaster. Players could freely interpret this as a momentary lull in the outbreak or explore viable options for transition from crisis response and a return to (a perceived) steady state.

Vaccination an End Goal?

If world leaders truly desired a swift resolution to the "covid crisis" and were concerned only for the well-being of the global population and "covid" sufferers, would they not scramble over themselves to promote the cure already discovered?

Professor Didier Raoult of France, a world-renowned communicable diseases scientist, has shown that the inexpensive drug hydroxychloroquine is effective in curing "covid" in infected persons. (Dr. Andrew Kaufman proposes the medicine's effectiveness is due to its lyzosome components, which kill toxins, fitting with the exosome theory.) The French peer-reviewed study, in which Raoult claims that the anti-malarial drug is the main component to an effective covid cure, was corroborated by Australian doctors also finding the medicine to be effective.

Whatever mechanism for its success, and whether the sick are infected with a virus (covid) or are suffering illness due to other causes (toxicity), the drug appears to be effective. So why are all patients not receiving it; why is this wonderful news not being widespread; why is the WHO not immediately promoting use of this cure and looking forward to the swift dismantling of this world-freezing epidemic?

Raoult's book, "Epidemics: Real Dangers and False Alerts," was published in late March, by which time the WHO had reported more than 330,000 confirmed cases of Covid-19 worldwide and more than 14,500 deaths. "This anguish over epidemics," he writes, "is completely untethered from the reality of deaths from infectious diseases." https://www.nytimes.com/2020/05/12/magazine/didier-raoult-hydroxychloroquine.html

Rather than joyfully proclaim the covid pandemic problem solved, health authorities worldwide are restricting access to Chloroquine, instead continuing to tout the narrative of quarantine, lockdown and fast-tracking vaccines. How is this in any way the actions of "authorities" concerned only for the welfare of the public? Why is this medical remedy being ignored, even suppressed? Why is the fear-mongering continuing to be disseminated from the ranks of health authorities through the media mouthpieces to the public?

Why is the "vaccination as saviour" narrative being heralded with such fervor? Is global forced vaccination an end goal of the "covid crisis?" The issue of vaccination…its safety, efficacy, necessity…is complex and contentious, and is beyond the scope of this paper. Vaccination has been a controversial practice and issue long before the covid crisis. It seems that the debate will only escalate in the "new normal" covid era.

It is apparent that certain parties with a great deal of influence do not desire the people to be able to study all sides of the issue and to enact informed consent. Forced vaccination is medical rape, and the establishment seems more than willing to violate our bodily autonomy by injecting us with substances that have never been proven to be safe or efficacious. The simple truth is that vaccination is not immunization, vaccines are not safe, are not necessary, do not confer herd immunity, and are not being offered by philanthropists who want nothing more than to extend life, liberty and a thriving, vibrant population. Information regarding the safety and necessity of vaccines can be discovered by anyone willing to look at all the facts and consider science outside the official narrative. New pieces of the puzzle are regularly revealed, such as the presence of heavy metal nanoparticles in vaccines. All parents and individuals have the right to study this extremely important topic and make informed decisions on what they want or do not want injected into themselves and their children. [My white paper on vaccination can be read here.]

As Robert Kennedy's Children's Health Defense Fund organization reminds us, the global vaccination campaign has been in the forefront of collective conversation for the past few years. The ever-present push for increased infant and childhood vaccinations is a constant theme in the collective parenting consciousness, with the never-ending barrage of the mainstream medical narrative and a rabid attempt in the last few years on the part of pharmaceutical interests to pass increasingly restrictive vaccination legislation at the state level. Fascinatingly, the "covid crisis" has revealed a fly in the vaccination narrative's ointment. **Infant mortality rates due to Sudden Infant Death Syndrome have significantly dropped.** Numerous doctors, researchers and scientists over many years have confirmed that **vaccination is a major cause of SIDS**. To see infant mortality dropping during a period of time when fewer babies are being vaccinated is not only a wondrous blessing, but also a telling sign of the real and undeniable dangers of vaccination.

According to the CDC, SIDS deaths are one of the two largest causes of death among infants aged 1 month to 1 year. We have no specific data on the trend in SIDS deaths during the pandemic. We have, however, heard anecdotal reports from emergency room (ER) doctors suggesting some have observed a decline in SIDS. One doctor who says he might see 3 cases of SIDS in a typical week has seen zero cases since the pandemic and associated lockdowns began.
What has changed during this period that might have such an effect? Are infant deaths not being recorded? Are parents taking better care of their families while working remotely and their children are not going to school? There are many possible hypotheses about the infant death decline. One very clear change that has received publicity is that public health officials are bemoaning the sharp decline in infant vaccinations as parents are not taking their infants into pediatric offices for their regular well−baby checks. In the May 15 issue of the CDC Morbidity and Mortality Weekly Report (MMWR), a group of authors from the CDC and Kaiser Permanente reported a sharp decline in provider orders for vaccines as well as a decline in pediatric vaccine doses administered. These declines began in early march, around the time infant deaths began declining. https://childrenshealthdefense.org/news/lessons-from-the-lockdown-why-are-so-many-fewer-children-dying/

One of the goals of UN Agenda 2030 is the "Immunization Agenda 2030" (again, immunization is a misnomer, as vaccination is NOT immunization), in which the World Health Organization plans for a totalitarian global vaccination policy. From the WHO's Agenda 2030 document:

With the support of countries and partners, WHO is leading the co-creation of a new global vision and strategy to address these challenges over the next decade, to be endorsed by the World Health Assembly. IA 2030 envisions a world where everyone, everywhere, at every age, fully benefits from vaccines to improve health and well-being.

The fast-tracking of forced global vaccination may be one of the most significant "life as we know it" disrupters coming out of the "covid-era." I urge you to conduct your own studies regarding vaccination and the implications of this new wave of experimental covid vaccines, as well as the powerful people involved pushing this covid vaccination agenda. Perhaps we should ask ourselves…and each other…why such fervor exists in radically promoting and developing (and potentially designating as mandatory) **this new vaccine for a virus that is not decimating the population?**

Can We Trust the Media and the Health Authorities?

Members of the mainstream media answer to masters with money. As a former newspaper journalist, I have personal experience with the sell-out nature of the media.

In classical journalism, one of the first things you learn is to "follow the money." When faced with any crisis, we must ask, who profits? When we look at the major players involved in this global health "crisis," we notice a few names continually rising to the top (such as Bill Gates). One of the foremost voices is the leading global "health authority," the World Health Organization. WHO? Yes, the organization that environmental activist, vaccine-safety advocate and Children's Health Defense creator Robert Kennedy, Jr. calls, "the sock puppet for the pharmaceutical industry." To learn more about Kennedy's take on CDC and WHO corruption, including comments on the revolving door between regulatory agencies and pharmaceutical companies, watch this brief video: http://foodbitsandbites.com/newsletters/FBB260-CDCIsAVaccineCompany-url.shtml

Pulitzer-prize nominee investigative journalist Jon Rappoport has been following fraud within the leading health authorities for more than 30 years, reporting diligently on the CDC's and WHO's patterns of behaviour in handling viral "epidemics" long before this iteration of coronavirus. Rappoport worked within mainstream corporate media for two decades before breaking away from mainstream news. Throughout the "covid crisis," Rappoport has been calling attention to the falsehoods being unearthed among the current pandemic narratives.

Rappoport wrote on June 5 about a newly leaked German report from May 31 that admits the **"covid crisis" has been overblown, calling it a "false alarm**." (Rappoport's bullet points are taken from the KM4 analysis of crisis management document.)

"The report was the initiative of a department of the interior ministry called Unit KM4 and in charge [of] the 'Protection of critical infrastructures.' Some of the [leaked] report key passages are:
* The dangerousness of Covid-19 was overestimated: probably at no point did the danger posed by the new virus go beyond the normal level.
* The people who die from Corona are essentially those who would statistically die this year, because they have reached the end of their lives and their weakened bodies can no longer cope with any random everyday stress (including the approximately 150 viruses currently in circulation).
* Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths [25,100 in Germany] during the influenza wave 2017/18.
* The danger is obviously no greater than that of many other viruses. There is no evidence that this was more than a false alarm.
* A reproach could go along these lines: During the Corona crisis the State has proved itself as one of the biggest producers of Fake News."

In late April, Rappoport pointed out that the WHO's management of the 2003 SARS outbreak regarding Toronto, Canada, was an example of unnecessary panic.

As some readers will recall, in 2003 the World Health Organization (WHO) put out a travel advisory—don't go to Toronto. Toronto was "infected" with epidemic SARS. The loss of tourist income was significant. At the time, I was in touch with a Canadian activist who was trying to assemble a group of Toronto merchants and file a law suit against WHO for a few billion dollars, but it fell apart.
The Canadian Encyclopedia describes the wild scene in the country: "The outbreak led to the quarantine of thousands…and took an economic toll on Toronto. It also exposed the country's ill-prepared health-care system… In late April 2003, the World Health Organization (WHO) issued an advisory against all non-essential travel to Toronto. Government officials and experts criticized the decision as being unnecessary…During the outbreak, thousands of Canadians were quarantined. Many voluntarily quarantined themselves in their homes. Airports in

Toronto and Vancouver screened travellers for high fever. News coverage spiked with each wave of the outbreak in Toronto and right after the WHO travel advisory. Major Canadian newspapers would each publish up to 25 stories per day on SARS…"
You can see how the World Health Organization stimulated a panicked response with its travel advisory.
So SARS must have been a large outbreak, an epidemic of major proportions.
Canadian Encyclopedia: "In total, there were 438 probable cases of SARS in Canada, resulting in 44 deaths."

As the lockdown has progressed and Americans have become increasingly weary of its effects, and as numerous medical professionals have begun to contradict and question the official covid narrative, the CDC continues to give itself a wide berth to adjust the parameters. It almost feels like a pattern of ever-changing conditions exists, as the authorities continually claim that the disease is unpredictable, that they are still learning about how it spreads…studies continue to widen the potential for aggressive infectiousness and harm—in one study the airborne potential is three hours, in another it is 16 hours; one week surface contamination is not an issue, another week it is; one week mask-wearing is not widely recommended and is regarded as a health hazard, another week masks are essential and mandatory; depending on who you ask, infected people are contagious for a week (and only during the viral incubation period), to two weeks (including after the recovery period). And the icing on the cake? Authorities claim you can be infected and not even know it, spreading deadly germs to the public with no symptoms at all. A silent, invisible killer. (Which, as addressed earlier, is a contentious assertion.) It's terribly convenient to promote the belief that we are fighting an enemy that cannot be understood nor predicted, particularly when the war on this virulent enemy necessitates the shackling of the public's behaviour and liberties. The CDC and other authorities have given themselves a swath of conditional caveats, holding a paradigm of "anything goes" as long as "new data" emerges (and it does, and will continue to)…the latest argument being that covid will likely, if it is not already, mutate into something worse and be far harder to fight. So the ever-changing, endlessly terrorizing boogieman could be here to stay, leaving havoc in its wake.

So we see the CDC making many claims about covid…what it is, how it spreads, how quickly it spreads, how many cases there are, how many deaths there are. We have seen that the CDC has released guidelines to hospitals allowing them, rather, encouraging them, to use the covid designation for death certificates even when covid has not been proven to be present in the patient. Is the CDC an upstanding, trustworthy agency free from corruption?

What about the revolving door between Big Pharma and governmental health agencies? [The heavy technocratic influence on and in government is also apparent among members of the food, biotech and other technology industries.]

In 2014, the CDC received $16 million in direct funding from corporations, individuals and foundations, including the CDC Foundation, which makes the foundation nothing more than a pass-through organization. As The BMJ reported, much of the funding from Big Pharma was conditional and earmarked for specific projects that turned out to be the promotion of the contributing company's products.
https://www.circleofdocs.com/is-the-cdc-is-sleeping-with-drug-companies-you-decide/

The CDC's image as an independent watchdog over the public health has given it enormous prestige, and its recommendations are occasionally enforced by law. Despite the agency's disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking.
https://www.bmj.com/content/350/bmj.h2362

As The BMJ reported, much of the funding from Big Pharma was conditional and earmarked for specific projects that turned out to be the promotion of the contributing company's products.
One example is a $600,000 donation from Genentech to the CDC Foundation in 2012 which required the CDC to promote expanded testing and treatment of viral hepatitis. Genentech's parent corporation is Roche, which just happens to manufacture test kits and treatment drugs for hepatitis C. https://personalliberty.com/the-cdc-is-in-bed-with-big-pharma/

Corruption and cronyism in the CDC, a non-elected, non-representative yet policy-controlling government agency, has been long documented and discussed in various public platforms…that discussion is beyond the scope of this paper. Needless to say, that the CDC takes money from pharmaceutical companies, and that its members hold vaccine patents, should be considered a conflict of interest and cronyism, inevitably resulting in bias and eroding reliability and trustworthiness.

Youtube is owned by Google, the reigning king of the internet. Corporate monopolies do not have a reputation for promoting free market ideals. Youtube and Facebook and Google itself were practicing censorship on medical news before the covid "outbreak" reared its ugly head (for example, limiting access to vaccine information that disagreed with the official narrative). Anytime those of us who appreciate and enjoy the human rights protected by a free society encounter censorship, we absolutely must question what is being censored and why. The principles of free speech are inherit in our divine natural rights. We must have equal access to all information and ideas to be able to consider ourselves participants in a free society that promotes liberty and truth and justice. I may not agree with others' perspectives, but I will fight for their right to share them. In the marketplace of ideas, truth can only rise to the top when it is allowed to be on the menu.

Youtube's owners must think we all fell off turnip trucks yesterday. When a newly posted video by a former whistle-blowing employee of Dr. Fauci is blocked the next day, perhaps that deserves a double-take. Or the removed videos of doctors in the trenches who proclaimed their lack of confidence in the health authorities' covid narrative. In addition to this corporate practice of censorship, the media has been caught faking news, which is no surprise to those of us who have had the pleasure of working in the news industry.

In early May, a CBS news crew had employees of a Grand Rapids, Michigan, medical center line up their cars in front of the building to make it look like a line of patrons waiting for testing services. The news services staged the event for its covid-19 coverage and used the footage in a story aired on "CBS This Morning."

"Nick Ross, a corporate cleaning site supervisor at the Cherry Health facility, said he was there when the CBS News crew arrived and set up the video shoot at the COVID-19 testing site in the parking lot. Apparently the news crew wanted more people in the line because they knew it was scheduled. Maria Hernandez-Vaquez, a professional registration specialist, told the insider that Cherry Health Director of Quality and Informatics Glenda Walker helped to organize the facility's workers into the COVID-19 testing line."

And then we have misinformation spread by news reports …

In a March news article discussing the airborne spread of covid and the viability of mask-wearing as a protective measure, the author references an April NEJM study in which scientists compared aerosol and surface stability rates between the 2019 covid strain and the 2003 SARS strain. They "estimated their decay rates using a Bayesian regression model," which uses probability distributions, and they allowed for "levels of uncertainty" in

their modeling of viral stability for each of the five environments tested (aerosol, plastic, stainless steel, copper, cardboard). Using these methods, they determined that the strains were quite similar in viability (how long they lingered in the air and how long they remained on surfaces). "We found that the stability of SARS-CoV-2 was similar to that of SARS-CoV-1 under the experimental circumstances tested….Our results indicate that aerosol and fomite transmission of SARS-CoV-2 is plausible…"

Note that the researchers said "plausible." No one is claiming irrefutable empirical evidence here.

Additionally, it is important to note that the researchers did not do tests with living tissues or human beings, but only performed a mathematical exponential decay regression in virus titer, which is a statistical inference…not empirical evidence.

The supplemental appendix to the study mentioned multiple times that certain result markers suggested "that the difference in observed decay rates should be interpreted with caution."

Yet the news article makes this statement:

"The coronavirus not only survived in aerosolised particles for three hours, but they were also able to infect cells and replicate."

This statement clearly implies that the scientists were conducting studies on covid viral particles and were legitimately infecting (what anyone would infer to be human) cells and replicating the virus as in an infectious situation. This is a blatant fabrication. Nowhere in the NEJM-published study did the authors even claim to have attempted to infect cells and replicate the covid virus. The study simply estimated aerosol and surface stability rates in a laboratory environment, using a mathematical probability predictive model to determine decay rates.

The news article in question contributes to covid fear-mongering and misinformation by stating as fact information that the covid researchers themselves do not even claim as empirical fact. This is seriously problematic, particularly in a culture where blindly trusting people inundate themselves with news media constantly.

As an aside, I wonder if we should be curious why the Department of Defense's Strategic Environmental Research and Development Program and DARPA (a U.S. military defense agency) helped to fund a study such as this?

"This research was supported by the Intramural Research Program of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH). JOL-S and AG were supported by the Defense Advanced Research Projects Agency DARPA PREEMPT # D18AC00031, and JOL-S was supported by the U.S. National Science Foundation (DEB-1557022) and the Strategic Environmental Research and Development Program (SERDP, RC−2635) of the U.S. Department of Defense."

Conclusion

I hope I have caused you to question the current official narrative and its source material and claimants. Or better yet, that I have on some level convinced you that there is no irrefutable physical evidence that "Covid-19" is

actually a virus—or at least that it is not a contagious killer of epidemic proportions that warrants proliferation of the culture of fear, overturning human rights, dissolving civil liberties, destroying our communities' economies, eliminating true human fellowship, and resulting in harm to our emotional and physical health. This so-called pandemic may not be a pandemic at all (as the numbers and their claimants appear to be untrustworthy), and the illnesses being suffered may not at all be the result of a viral infection.

Science ought to be about pursuing and desiring new discoveries, about testing and proving hypotheses with empirical evidence…not about maintaining assumptions and popular theories that hold sway for either political power or profit gain. Why would medical science insist upon holding onto and promoting entrenched theories that were never based on empirical proof rather than inviting exploration into new frontiers that may reveal completely new paradigms?

Vaccines have never been proven to be safe or efficacious. Just because a health agency or a person in a position of "authority" says they are safe, does not mean they are safe. As PR maestro Edward Bernays once proclaimed, If you say it long enough and loud enough, people will believe it. But talk is cheap. The evidence-based data does NOT support the medical establishment's vaccine claims. If viral theory is open to question, vaccination theory absolutely must be. No vaccine has ever or can ever confer herd immunity, ergo a program of forced vaccination is not even an efficient and viable solution, were vaccines even to be safe and effective. **One person's freedom does not end where another person's fear begins**. Bodily autonomy is a human right and not to be taken lightly.

Doctors and scientists are debating amongst themselves as to what they are seeing and experiencing with "covid." They aren't even sure what they're treating. Is it the flu? Is it altitude sickness (oxygen deprivation)? Dr. Fauci has admitted his epidemic-proportion predictions were over-zealous. In a New England Journal of Medicine report, he admitted, "the overall clinical consequences of Covid-19 may ultimately be more akin to a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) …"

The "case" numbers cannot be trusted, as **cases of covid literally cannot be confirmed with PCR testing**. The death statistics cannot be trusted, as **death certificates are being manipulated**. And above all, let us not forget that a **virus has not been isolated, purified and tested**. Why are we not discussing this in the greater conversation? Is it an inconvenient truth that might topple the house of cards? If we refuse to accept the complete upheaval of our lives and liberties based on hearsay, we could redirect our energies toward supporting and calling for legitimate scientific pursuits, such as the empirical study of exosome vs. viral theory and the investigation into what is actually causing the covid-supposed illnesses. Let's stop being afraid of a virus that we have been told to believe in, but never been offered proof of…let's get curious and invoke the creative desires innate within us all and hunger for the pursuit of excellence manifesting in a revolution of real scientific discovery. Why cling to old paradigms when new revelations are within our purview? When we see the emperor has no clothes, we ought to rejoice at the opportunity to unleash our intellect and explore new frontiers. The realm of science promotes new discoveries regularly…even medical science experiences "out with the old, in with the new" as innovators and experimenters reveal new hypotheses and evidence-based proclamations. We know more about cellular mitochondria than we did five years ago, and we continue to increase our understanding of how the world around us works with each passing year. In this age of information overload and dizzyingly advancing technologies (for good or ill, certainly both in varying degrees), one would think that medical scientists would jump at the chance to rewrite long-held opinions and theories that were built on shaky foundations. True science delights in revelation based on extensive experimentation and evidentiary confirmation. Let us seek to end the persecution of ideas that shake the status quo.

Even if Covid-19 were a naturally occurring, highly contagious viral infection of pandemic proportions, is locking down society, dissolving civil liberties, destroying the economy and damaging mental, emotional and physical health a reasonable response? Should we be rearing our children to be afraid of the world they live in…to be afraid of breathing, touching, interacting, experiencing all that life has to offer: the good, the bad, the ugly? What kind of future generation are we creating…people who are so fragile, people full of fear, lacking resilience, lacking grit, refusing to accept hardship and challenges, refusing personal responsibility for an existence that can be messy and challenging but also exciting and beautiful? Ought we to be forced to stop functioning normally? Ought we to be forced to perpetuate a narrative of fear? Ought we to expect that life does not include risk? **Ought we to perpetuate the myth that life ought not to include death?** These are questions I would love to see discussed in the larger collective conversation. The paralyzing fear that leads the masses to voluntarily enslave themselves to tyrannical measures reveals fundamental flaws in how we think about life, death and the realties of personal vs. collective responsibilities therein. We have come to idolize science and government as God, and we have embraced the desire for immortality, foolishly chasing the unachievable and willingly conceding our inalienable human rights and hard-won liberties in the fear-based battle against the inevitable. Let's assume (for only a moment) that the current covid crisis is everything they tell us it is. If so, might we not need to accept natural law and the inevitable balance of life on this planet? We are being sold a narrative that demands we adapt to these times with oppressive control measures in place…that we must accept the new normal for the sake of us all. But perhaps the more worthwhile adaptation is that of living with the reality of the cycle of life and death in a natural dance, as has existed since the beginning of time.

How ought we to feel about the sentiment and rhetoric being shared from leaders and the public? We are being told that we must acquiesce to this restricted, violating way of life because every life matters and we must not risk even one. Of course, every life matters; we are made in the image of God and we are all equally valuable. **But to use this sentiment now seems hypocritical to say the least, as the shutdowns have created such havoc that suicide rates have risen and criminal violence has increased**. Do those lives not matter? If every life matters always, what do we do about the other causes of death that take millions of lives yearly? Abortion regularly takes the lives of pre-born children. Where is the clamor from authorities to save those lives…where are the restrictive measures to immediately halt those deaths? What about accidental death? Do we outlaw the driving of cars so no more traffic accidents can take lives? How do we respond to iatrogenic deaths? Outlaw surgeries and pharmaceutical drugs? What about deaths caused by heart failure or diabetes or liver disease? Perhaps we ought to outlaw fast food and sugar and cigarettes and alcohol, as they are major contributors to death? We all ought to care for the lives of our fellow humans. But we cannot embrace irrational paradigms. As well-meaning as the sentiment potentially may be, "covid shaming" is without reason. Lives matter. But we cannot stop death. Life is risky. And liberty matters for all those who are yet living.

Have the "health authorities" proven beyond reasonable doubt that we are suffering a deadly contagious viral epidemic? I say No, and I hope you concur. But if not, I hope you are willing at least to consider the evidence and see that there is enough doubt to demand an end to lockdown, social distancing, mask wearing, fear-mongering and to say NO to a proposed global campaign of forced vaccination. I hope you are interested enough in the preponderance of evidence to seek further study and to refuse ever to put blind faith in the conventional establishment voices telling you what you should believe. I don't even exercise blind faith in God…my belief has foundation of evidence. At the very least, should not scientific presuppositions and claims be evidence-based?

If you got this far, I truly thank you for reading…if you feel significant doubt about the official story, if you desire freedom from the narrative and its distressing and destructive results, I can sleep a little better tonight. Perhaps

together we can sow these seeds of doubt, then water and tend them with the action of diligent study, further questioning, daily acts of noncompliance in the face of non-evidence-based dictates, even peaceful subversions of tyranny. Once you are willing to consider the possibility that covid is not a deadly contagious virus, you may wonder what actually has been making people ill. That, Dear Readers, is a discussion for another time.

Bibliography

What Really Makes You Ill? Dawn Lester and David Parker

Essentials of Pathophysiology, 2nd Ed. Carol Porth

Vaccination: 100 Years of Orthodox Research Viera Scheibner Ph.D.

The Invisible Rainbow Arthur Firstenberg

Virus Mania Engelbrecht and Köhnlein

A Case Against Vaccination by herbalistmama

https://needtoknow.news/2020/04/doctor-debunks-scientific-paper-claiming-covid-19-is-the-causative-agent-of-illness/

https://www.youtube.com/watch?v=fvqNc4m5oOI

https://www.youtube.com/watch?v=m3LgrcDAlJs

https://www.brighteon.com/new-search?query=thomas+cowan&submit=

https://blog.nomorefakenews.com/2020/04/24/a-vital-paper-david-crowe-challenges-the-discovery-of-the-covid-19-virus/

https://blog.nomorefakenews.com/2020/05/15/covid-david-crowes-brilliant-new-paper-takes-apart-antibody-testing/

https://blog.nomorefakenews.com/2020/03/26/corona-the-case-number-game/

https://www.lewrockwell.com/2020/03/jon-rappoport/turn-the-economy-back-on-even-fauci-is-confessing/

https://yournews.com/2020/03/27/1532786/dr-fauci-concedes-coronavirus-death-rate-like-very-bad-flu/

https://childrenshealthdefense.org/news/does-the-coronavirus-pandemic-serve-a-global-agenda

https://www.zerohedge.com/markets/lockdown-stockholm-syndrome

https://www.who.int/immunization/immunization_agenda_2030/en/

https://ahrp.org/phrma-who-global-strategic-immunization-agenda-2030/

https://www.nytimes.com/2020/05/12/magazine/didier-raoult-hydroxychloroquine.html

https://theinfectiousmyth.com/book/CoronavirusPanic.pdf

http://theinfectiousmyth.com/coronavirus/AntibodyTestingForCOVID.pdf

https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf

https://www.crf-usa.org/black-history-month/gandhi-and-civil-disobedience

https://www.crf-usa.org/black-history-month/thoreau-and-civil-disobedience

https://www.nejm.org/doi/10.1056/NEJMc2004973

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

https://www.circleofdocs.com/is-the-cdc-is-sleeping-with-drug-companies-you-decide/

https://academic.oup.com/clinchem/article/55/4/611/5631762#199965588

https://kellybroganmd.com/why-we-stay-asleep-when-covid-19-is-trying-to-wake-us-up/

https://sustainabledevelopment.un.org/post2015/transformingourworld

https://www.greenmedinfo.com/blog/dr-fauci-nejm-editorial-suggests-covid-19-fatality-rates-may-be-10x-lower-official

https://www.foxnews.com/media/surgeon-general-explains-masks-public-coronavirus

https://www.livescience.com/coronavirus-spread-after-recovery.html

https://www.forbes.com/sites/joshuacohen/2020/04/02/accuracy-of-estimate-of-100000-to-240000-covid-19-deaths-hinges-on-key-assumptions/#38506eb7144e

https://reason.com/2020/05/04/trump-administration-projects-200000-american-covid-19-deaths-by-june-1/

https://fee.org/articles/physicians-say-hospitals-are-pressuring-er-docs-to-list-covid-19-on-death-certificates-here-s-why/

https://www.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/

https://canadafreepress.com/article/the-cdc-confesses-to-lying-about-covid-19-death-numbers

https://www.thegatewaypundit.com/2020/04/cdc-tells-hospitals-list-covid-19-cause-death-even-assumed-caused-contributed-death-lab-tests-not-required/

https://www.msn.com/en-gb/news/uknews/leaked-document-suggests-doctors-told-no-requirement-to-record-covid-19-on-death-certificates/ar-BB12MOR1

https://www.projectveritas.com/news/cbs-news-this-morning-aired-faked-covid-19-drive-through-testing-site-line/

https://blog.nomorefakenews.com/2020/02/05/my-bottom-lines-on-the-china-epidemic/

https://blog.nomorefakenews.com/2020/03/26/corona-if-they-lied-then-why-wouldnt-they-lie-now/

https://blog.nomorefakenews.com/2020/01/25/new-china-virus-swine-flu-hoax-history-matters/

https://childrenshealthdefense.org

https://nomorefakenews.com

https://www.forbes.com/sites/tarahaelle/2020/02/29/no-you-do-not-need-face-masks-for-coronavirus-they-might-increase-your-infection-risk/#ae93fd1676ca

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7045880/

https://needtoknow.news/2020/04/doctor-debunks-scientific-paper-claiming-covid-19-is-the-causative-agent-of-illness/

https://www.npr.org/2020/05/07/851712311/u-s-field-hospitals-stand-down-most-without-treating-any-covid-19-patients

https://swprs.org/studies-on-covid-19-lethality/

https://www.preventdisease.com/news/17/012717_Biologist-Proves-Measles-Isnt-Virus-Wins-Supreme-Court-Case.shtml

https://wissenschafftplus.de/uploads/article/Dismantling-the-Virus-Theory.pdf

https://prepareforchange.net/2020/03/07/why-everything-you-learned-about-viruses-is-wrong-2/

https://www.biologicalmedicineinstitute.com/antoine-bechamp
https://www.medrxiv.org/content/10.1101/2020.04.13.20063784v1.full.pdf

https://thefreedomarticles.com/inner-terrain-vs-outer-key-good-health/

https://thefreedomarticles.com/deep-down-virus-rabbit-hole-question-everything/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6988269/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7172701/

https://theinfectiousmyth.com/book/CoronavirusPanic.pdf

https://www.nejm.org/doi/full/10.1056/NEJMc2001737

https://www.ecdc.europa.eu/sites/portal/files/documents/designing-implementing-immunisation-information-system_0.pdf

https://off-guardian.org/wp-content/medialibrary/2019-2022_roadmap_en-1.pdf?x12834&__cf_chl_jschl_tk__=b5e6fd379dac4ead1d76d3a2b9092c20241a7b1e-1590447376-0-AbwSh1l_xqVkRbro6FKKE90kmzIEgHoECF5Yf9xvK347r5wFDoJRENG-YM5-O_5tVOitMUsbiTrxsmrLJULt698NhxOBNFnK1amapr80cAkv-281LPqpQPv9Eq5ucuSVhoJE57Sc-VyQXqVfaCi2uHDT9ZgLH0mkI56yHsmIEw7kuV9NRjotIf3jg4quqlK7KeNyk4Avh8rIUSBXRQq2cso9Z7TAo6Z-bPhMBCLEwL-rcqLGDXjtREV4uE0GRJh-CpYlbpyqgVNREiYW22QlDt6t1JF6NuZQZdo2hxtFaFJFJgjHk56Qj8GuyvRox72uL590ptEBssoTCD8PxPcVfAq3-MXQfA8q55NzVvI1kajG

https://ec.europa.eu/health/sites/health/files/vaccination/docs/10actions_en.pdf

https://www.zerohedge.com/health/eu-planning-vaccination-passport-2018-report

https://thevaccinereaction.org/2018/02/pasteur-vs-bechamp-the-germ-theory-debate/

https://childrenshealthdefense.org/news/lessons-from-the-lockdown-why-are-so-many-fewer-children-dying/

https://thespectator.info/2020/05/17/study-led-by-d-a-henderson-the-man-who-eradicated-smallpox-found-draconian-lockdowns-for-flu-pandemics-ineffective-and-even-destructive/