

According to the mainstream narrative, on the 31<sup>st</sup> of December, 2019, the Chinese government announced that starting around December, many people in China got ill with a mysterious pneumonia. In early January 2020, the Chinese government announced that this mysterious illness is caused by a coronavirus, and that its genome has been sequenced (in an incredibly short amount of time<sup>1</sup>), and then shared this genetic sequence with the rest of the world. Question: *If anyone from the “West” would be asked if news from China is trustworthy, everyone would say “no”, but suddenly in the case of this flu, everyone believed the story of the Chinese government without question. Then subsequently when this illness was found in other parts of the world, no one bothered looking for other causes for this illness, since they believed that the Chinese government had already explained and proven this illness’s cause<sup>2</sup>. Therefore no other country other than China has published any research papers trying to prove the existence of this virus. Why are we trusting China?*

But a much more powerful question can be asked. The media reports tells us that:

- There are many people who have been diagnosed with the COVID illness, but have no virus<sup>3</sup>.
- There are many, many people with this virus, but they have no illness (don’t show any symptoms at all)<sup>4</sup>.
- That over half of the people with this illness who had the virus, but now no longer have the virus, nonetheless continue to have the illness (they display symptoms, some steady, some fluctuating), and in many cases acquire new symptoms<sup>5</sup>.

These three abovementioned points clearly show that there is absolutely no correlation at all between this virus and this illness. Since someone can have this illness without the presence of the virus<sup>6</sup>, and the virus can be present without the person having the illness, that means that there is no correlation between this virus and this illness<sup>7</sup>, and if there is no correlation between the virus and the illness, then for sure there is no causation between the virus and the illness (meaning that this virus is not the cause of this illness).

<sup>1</sup> “Chinese researchers sequenced the new virus in days & swiftly shared their results internationally.” “Best we be prepared”, *New Scientist* editorial, Feb 1 2020.

<sup>2</sup> Holshue, M. L., et al. First Case of 2019 Novel Coronavirus in the United States. *N Engl J Med* **382**, 929-936 (2020)

<sup>3</sup>- Dr. Alain Chaoui, head of Congenial Healthcare, a US practice with 50,000 patients across five locations said, “A lot of my patients who have symptoms, who I clinically think have COVID-19, are testing negative.” “Doctors raise concern about ‘false negative’ results. Some health experts have suggested the rate of false-negative tests could be up to 30 percent.” (Boston Globe 02/04/2020 How accurate are coronavirus tests?); “I Had COVID-19 But Tested Negative 5 Times. Here’s What You Should Know About Testing.” (Huffington Post 08/25/2020); “Wilkes is one of the many across the world who believe they have gotten sick with the coronavirus, but tested negative, despite symptoms and progression that point to the contrary. A Redwood City resident among the passengers of the quarantined Diamond Princess cruise ship took seven coronavirus tests over a two-week period with results fluctuating between positive, negative and inconclusive. Dr. Joseph Fair, a virologist and epidemiologist, tested negative for COVID-19 four different times despite being hospitalized in New Orleans.” (sfchronical.com; en-us/health/medical/why-some-people-get-coronavirus-symptoms-but-still-test-negative/ar-BB15z49e)

- David Crowe (a researcher with a degree in biology and mathematics, and host of The Infectious Myth podcast) described a case in the literature of a woman who had been in contact with a suspect case of COVID-19 (in Wuhan) they believed was the index case. “She was important to the supposed chain of infection, so because of this they tested her 18 times, different parts of the body, like nose, throat —different PCR tests. 18 different tests. And she tested negative every time. And then they— because of her epidemiological connection with the other cases, they said: “We consider her infected. So, they had 18 negative tests and they said she was infected.”

uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus, the paper referred to is: Chan, J. F-W. et al., A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person to person transmission: a study of a family cluster. *Lancet* **20** 30154-9 (2020)

<sup>4</sup> E.g. 3,277 prisoners received a positive test result for the virus, but 96% were asymptomatic (had no symptoms), (thehill.com/homenews/state-watch/494670-ninety-six-percent-of-inmates-in-four-state-prisons-who-tested-positive); Tyson Foods facility testing of 3,748 people found that 95% of people who received positive tests were asymptomatic, (tysonfoods.com/news/news-releases/2020/6/tyson-foods-inc-releases-covid-19-test-results-northwest-arkansas); 77% asymptomatic in outbreak on aircraft carrier, (Kasper, M. R., et al., An Outbreak of Covid-19 on an Aircraft Carrier. *NEJM* November 11, 2020); When Boston homeless shelters tested 397 people in a shelter in which a cluster of positive symptomatic cases had been found, 146 tests came out positive, 100% of these 146 people were asymptomatic. (wbur.org/commonhealth/2020/04/14/coronavirus-boston-homeless-testing).

<sup>5</sup> Long Covid symptoms can include breathlessness, pain, fatigue, brain fog, blood clots, organ damage & much more. 88% of people hospitalized with covid-19 in an Italian study still had symptoms after two months (*JAMA*, doi.org/gg4hvp); 55% of people in a French study reported fatigue 110 days after being hospitalized with covid-19, also a third reported memory loss (*Journal of Infection*, doi.org/ghdhzf); From a SARS (2003) long term study of people hospitalized, 40% said they still experienced chronic fatigue almost four years after hospital discharge (*JAMA Internal Medicine*, doi.org/c7xvcp). These sources plus more are brought down in “Long covid: Symptoms that won’t stop.” *New Scientist*, Oct 31 2020.

<sup>6</sup> See second half of footnote 3. In David Crowe’s interview, he continued, “Now why was she important? Well there was only one other person who could have theoretically transmitted the virus if the original patient, outside the family was who they thought it was. But secondly, she had the same exact symptoms as everybody else. Right? So, four people in her family came down with fever and cough and headaches, fatigue and all these kinds of big symptoms. So, if she could get those symptoms without the virus, then you, you’ve got to say, well, why couldn’t everybody else’s symptoms be explained by whatever she had? I mean, maybe they, they ate some bad seafood or something and so they all got sick, but it had nothing to do with the coronavirus. But because three out of the four, tested positive, then they were, they were all considered infected”

<sup>7</sup> Even though theoretically a weak correlation could still be present given these abovementioned facts (if “ill with no virus” and “asymptomatic but infected” were infrequent), if these were rare exceptions. But, according to many reports, most cases where a person has the virus, he has no illness, and in many cases when a person has the illness he doesn’t have the virus. Studies show that there is a high percentage of cases which are asymptomatic (without symptoms/without this illness). E.g. 86%

of cases in a study analyzing 375 Chinese cities between Jan 10-23, 2020 were found to be asymptomatic or such mild symptoms that they were undocumented ([science,doi.org-ggn6c2](https://doi.org/10.1101/2020.03.10.200562)). 60% of people who tested positive in Vo, Italy were found to have no symptoms ("Infectious Without Symptoms" *New Scientist*, March 28 2020,), also see footnote 3.

Right from the start it was clear that something about the official narrative was untrue<sup>8</sup>. The question just was what.

So let's look at the "science" behind the coronavirus story.

### Has this virus been proven to exist?

Looking through the scientific literature, there appears to be no evidence that this virus exists. The virus has never been properly isolated nor properly genomically sequenced (as shown below). The entire detailed computerized model of this coronavirus that is being circulated, including its RNA genome and its outer layers, is computer generated, and is not something that has ever been actually accurately imaged, nor proven, it is based mainly on assumptions and guesswork. This virus has also not been **proven** to exist by electron microscope photography. This would involve seeing an image under an electron microscope of a certain shape/image that was consistently present in samples from the sick people, but were absent from samples from healthy people and were also absent from people who were sick with other illnesses of known origin<sup>9</sup>.

It is clear from the scientific papers written by the labs that are the basis for the "discovery" of the virus, that the viral sequence of SARS-COV-2 is a computer generated fabrication that was not shown to exist. The following is a short description of how these labs came up with the claimed virus's genome<sup>10</sup> (see below for a more detailed description):

<sup>8</sup> We have had many questions on this "narrative" from the very beginning. Some of them are: 1) China originally claimed that this illness started in December (they have since changed this to November, and recently the WEF announced that it started before September - the story keeps changing) and in early 2020 the US verbally attacked China saying that if the world had been warned earlier about this illness, the world could have been better prepared and the transmission could have been halted. But a relative of ours has a friend at the US NIH who in the beginning of 2020 said that the NIH knew about this virus/illness by August 2019, and that the NIH had gone to Wuhan earlier in the summer to discuss it.

2) Why have there been such widely different and exaggerated estimations of the death-rate? In the same week, Fauci gave widely differing estimates, a much lower one to the medical world and a much higher one to the general public, why was the estimated death-rate exaggerated so much to the general public? Fauci, A.S. et al., Editorial: Covid-19- Navigating the Uncharted. *N Engl J Med* **382**, 1268-1269 (2020), published on 26 March 2020, written for doctors and scientists, in which Fauci writes to expect a case fatality rate of approx. 0.1%, similar to a severe seasonal flu, but in the next days, Fauci gave a much more severe fatality warning when speaking in a Public Press Release in order to justify continued lockdown measures.

3) All the very extreme lockdowns and restrictive measures that were forced upon world populations were claimed to be necessary by world governments in order to prevent this high estimated death-rate, but even according to the highest estimation (Imperial College London's April estimate that without any intervention, 40 million people worldwide would die out of a population of over 7.7 billion), from a worldwide perspective, this disease was not a deadly enough threat to warrant such severe measures that would collapse the economy/destroy people's lives and would in and of itself bring death to many many people (a situation where lots of people are out of work and starving, businesses are permanently closing, and governments are unable to afford to take care of their people and it's getting worse every day, helping to cause suicides and depression to go way up. Also, large numbers of people are dying because they can't get emergency medical care). So why have they completely shut everything down multiple times and isolated everybody (especially those most vulnerable to isolation e.g. the sick & the elderly) when doing so, destroys so many peoples' lives and causes so much suffering and death. The "cure" seems worse than the "disease." Many people, unfortunately, get seriously injured and die every day from traffic accidents, but we don't shut down the roads. Many people, unfortunately, get sick and die from smoking, yet the governments do not ban the sale of cigarettes.

4) As soon as it was shown that Imperial College London's estimate was extremely highly exaggerated and that it now looked like it was not such a deadly disease, why didn't all the extreme measures that had been implemented based on those figures not get retracted?, Why did we there not big celebrations and a sense of relief?

5) Why is it that the impression is being given over that such a large proportion of deaths in the world are due to COVID, when in fact COVID is actually being documented as the cause of only a tiny percentage of deaths worldwide?

6) The government responses to this pandemic had all been simulated in an exercise called Event 201, that was organized by the Bill & Melinda Gates Foundation and partnered with the Johns Hopkins Center for Health Security and the World Economic Forum, on October 18, 2019. Event 201 simulated how the world would respond to a fictional coronavirus pandemic which swept around the planet. The simulation imagined 65 million people dying, mass lock downs, quarantines, censorship of alternative viewpoints under the guise of fighting "disinformation", and even floated the idea of arresting people who question the pandemic narrative. All of this was "practiced" right before the covid-19 pandemic. Just before this (August 13- 16, 2019) they held a similar exercise known as "Crimson Contagion" that simulated an outbreak of a respiratory virus originating from China. This simulation was done with the Department of Health and Human Services (HHS) and partnered with numerous national, state, and local organizations. Later, in 2020, Bill Gates, who had funded the Event 201 simulation, publically stated that all the current government responses are spontaneous, with no prior preparation, even though all of these government responses were exactly what was practiced in his simulation! (One could ask, why did he lie?).

There have also been similar simulations in 2017 & 2018 to prepare for a worldwide pandemic ("Clade X" took place in May 2018, and examined the response to a pandemic resulting from the release of a fictional virus. In the simulation, the virus was released by a terror group, and as the outbreak spread through the US, the participants asked what would be needed if the President issued a federal quarantine, noting that authorities would need to "Determine (the) level of force authorized to maintain quarantine"). The 2017 exercise (by the Johns Hopkins Center for Health Security) involved a coronavirus pandemic sweeping the world and eerily parallels much of the government responses to the current 2020 pandemic. All these exercises pointed out that the world was woefully unprepared for such a pandemic, including a severe lack of suitable hospital wards, hospital beds, trained staff, medical grade masks, and many other of basic medical preparations needed to combat a worldwide pandemic. However, even though these lackings were repeated over and over again in these simulations, the only actual preparations they did prior to the current illness were to prepare digital information platforms (e.g. contact tracing technology, detailed media campaigns, the creation of websites (like Johns Hopkins) to display up-to-date pandemic information, such as death numbers (which are generally cumulative, which always makes it seem worse, never better)), fighting "misinformation" and imposing authoritarian rules, such as lockdowns, mask wearing, isolation, etc. No preparations were made to increase hospital beds/wards, medical equipment, trained medical staff, masks or to make general health improvements for the population, all of which were mentioned during the simulations as being a problem. If so, it would appear that the real purpose of these simulations was to prepare for authoritarian rulership and not to save peoples' health and lives.

<sup>9</sup> Therefore, the electron microscope images that are being circulated do not prove anything, since they are not compared against equivalent images from healthy individuals and individuals who are sick with other known illnesses.

<sup>10</sup> The main Chinese papers cited as originally finding and sequencing the 2019n-CoV (the virus) are:

- Zhu, N. et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *N Engl J Med* **382**:727-733 (2020) (see discussion below in footnote 16 & 20) This was the first study claiming to identify a coronavirus connected to this illness. It was subsequently widely claimed that this paper proved that this virus causes this illness, which the paper clearly states that it does not. The genetic sequence from this study is the main sequence used worldwide for this virus. This sequence is the sequence

• RNA was extracted from unpurified samples taken from a very small number of sick people<sup>11</sup> by breaking down the cell walls/envelopes. • This RNA was then cut up into a great many tiny fragments. • These tiny fragments were then sequenced and a computer program was used to join these sequences into many different theoretical possible options of large (or full genomic) sequences<sup>12</sup>. • These large genetic sequences were compared to known viral genetic sequences from a genetic library database<sup>13</sup> (these sequences come from isolated sequenced bacteriophages<sup>14</sup> and from what they consider to be sequences of previous viruses). • They then decided which of these matches from the library should be included in their full-length sequence of the virus they were looking for/compiling<sup>15</sup>. • Then they tried to confirm the presence of their chosen genome size from the original sample using a RT-PCR machine<sup>16</sup>.

A PCR machine is a “polymerase chain reaction” machine. It amplifies (multiplies, makes many copies of) any DNA present that contains a section that matches the primer (the short DNA strand you add in, that selects which strands of DNA will be amplified). RT stands for “reverse transcriptase”, which is an enzyme which makes a DNA strand from an RNA template (A PCR machine amplifies DNA, and since the coronavirus’s genome is claimed to be RNA, they must first use this enzyme to use the RNA as a template to make a complimentary DNA strand).

In order to explain the ridiculousness of this, I need to explain what should have been done to correctly sequence this virus, and compare it to what they actually did. This is what they should have done: First you test a group of 500 people (at least) with this illness for all known relevant pathogens (viruses, bacteria etc.) that fit the illness’ symptoms, to make sure the illness doesn’t correlate with one of these known microbes. Then you have to prove that an unknown virus correlates with this disease. You do this by first isolating/purifying a virus and comparing the samples from people with this illness to samples from people with other known illnesses and other healthy people.

This is done as follows: The sample that is taken from a person has a great mixture of human cells, bacteria, fungi, exosomes<sup>17</sup>, viruses and free-floating genomic strands, all of which have their own DNA and/or RNA. In order to find a virus in this mixture, you first have to separate the viruses from everything else. The viruses can be separated from the human cells/bacteria/fungi, by putting the sample through a filter with extremely small holes (in the nanometers). This separates out all the different species of viruses, all the exosomes & all the free-floating genomic strands found in the sample from the cells, bacteria and fungi in the sample. Then you place the resulting mixture in a centrifuge in order to separate out any chemicals found in the mixture. After doing this to 500 samples (or more) from people with the illness, 500 samples from perfectly healthy people and 500 samples from people with different known illnesses, you use electron microscope

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that is used to test/research/design vaccines etc. for this virus This study explains how the sequence that is being claimed to be SARS-CoV-2’s genetic sequence was originally compiled. At the time, the virus was called 2019-nCoV.

- Zhou, P. A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Nature* **579**:270-275 (2020).

- Ren, L.L., et al., Identification of a novel coronavirus causing severe pneumonia in human: a descriptive study. *Chinese Medical Journal*, **133**, 1015-1024 (2020).

- Wu, F., et al. A new coronavirus associated with human respiratory disease in China. *Nature* **579**, 265-269 (2020).

See: [arstechnica.com/science/2020/02/how-does-one-test-for-coronavirus-anyway](http://arstechnica.com/science/2020/02/how-does-one-test-for-coronavirus-anyway), a brief explanation of how they “sequenced” the genome & subsequently test people.

<sup>11</sup> The Zhu study had 3 people by the end, the Zhou study had 7 people, the Ren study had 5 people and the Wu study had 1 person. (see footnote 10). These are extremely small numbers of patients from which to characterize a worldwide pandemic.

<sup>12</sup> The Wu study (see footnote 10) states that they generated 56,565,928 sequence reads (these are the tiny fragments) and 384,096 contigs. A contig is a computer generated region of theoretical genetic sequence based on overlapping sequence reads. By using a computer to combine different contig sequences, they can generate a full-length sequence.

<sup>13</sup> GenBank is the NIH genetic sequence database, an annotated collection of all publicly available DNA sequences. [ncbi.nlm.nih.gov/genbank/](http://ncbi.nlm.nih.gov/genbank/). GISAID and COG-UK are also computer databases of genetic sequences provided by scientists.

Shu Y, McCauley J. GISAID: Global initiative on sharing all influenza data - from vision to reality. *Euro Surveill* 2017;22.

<sup>14</sup> The definition of a bacteriophage is a virus that infects bacteria.

<sup>15</sup> For example, in the Zhu paper (see footnote 10, see below), they compared these sequences to sequences of lineage B of the genus betacoronavirus in order to choose a sequence closely resembling betacoronaviruses, but not too closely resembling betacoronaviruses, because in order to be called a “new” coronavirus, the virus must be less than 90% homologous to the RdRp region of previous coronaviruses.

<sup>16</sup> The Zhu study (see footnote 10) failed to confirm/find their chosen genome length in any of the original unpurified samples taken from the patients. This means that they showed that the viral sequence that they had computer-generated (written) did not exist in any of their sick patients (it did not exist in reality and therefore did not cause those patients’ illnesses).

<sup>17</sup> Exosomes look just like viruses. but are made by our own body for its own purposes. See Dr. Skip Virgin, a virologist who spoke at the NIH in a speech entitled “The mammalian virome in genetic analysis of health and disease pathogenesis” on June 4, 2005; Also see the work of James Hildreth, M.D., President and Chief Executive Officer of Meharry Medical College, Former Professor at Johns Hopkins, HIV researcher, who said, “the virus is fully an exosome in every sense of the word”

Our body contains many objects that are RNA covered in protein/lipid membranes, they pinch out from our cells and are called exosomes. Under different types of stress, cells seem to produce many exosomes, either as a way of messaging to other cells and/or as a means of removing toxins from the body (by consuming the toxins). So even if the presence of a protein/lipid membrane filled with RNA was ever proven to be found in patients of a disease, it could be a response to the attack/illness not its cause. Remember that correlation is not causation. Firemen appear at every fire in the city, yet this does not prove that firemen are starting all these fires. So far no one has ever even proven any correlation between this virus and this illness.

photography to compare all the samples, and if you find a specific virus (a shape) in all 500 ill people's samples, and do not find it in any of the 500 healthy people's samples (the control) and in the 500 samples from people who are sick with other illnesses (the second control), then it is considered that this shape/virus correlates with this disease. Using these electron microscope images, the size of this virus can be estimated.

Since we know the estimated size of this virus, we can then ultracentrifuge<sup>18</sup> the previously filtered samples to separate out the desired virus, and extract that virus. This is called your "viral isolate" and it can be used to genomically sequence the virus, design a detection test for the virus and measure the accuracy of the test, research the virus and develop medicines related to the virus.

After extracting the virus, you add an enzyme or use a special machine to break down the virus' protein coat, giving physical access to the virus' genome. You then properly sequence the genome using traditional sequencing methods, which results in having the actual proper genome of the virus.

This is what they should have done. If they would have done this (and there was a virus present), they would have ended up with two pieces of possible evidence to show correlation between this illness and this virus. 1. Electron microscope images of the shape of the virus that is only present in people with this illness. 2. Having a true sequence of the virus would allow samples to be accurately tested, and if the actual sequence in its entirety is found in all of the people with this illness, but not found in healthy people and in people with other known illnesses, then this would prove correlation between this genome and this illness.

Instead they did the following: 1. They took unpurified samples from a very few number<sup>19</sup> of people with symptoms of pneumonia. They immediately (without purifying) broke down the protein/lipid coats, which released all the RNA found in the entire sample (including human cells, bacteria, fungi, exosomes and viruses), which results in a really big mess, because all the RNA are now mixed up together, and that makes it impossible to separate out the viral RNA from all the other RNA. 2. They then chopped up this giant mixture of RNA resulting in tens of thousands to tens of millions (depending on the study) of tiny RNA fragments and sequenced each fragment. 3. Some of the studies disqualify some of the human only genome sequences (but not any human genome sequences that they think may also be viral genome sequences). 4. They then used a computer program to align up as many of these fragments as possible. These resulting aligned fragments are called "contigs". Any combination of any order of any of these contigs can be used to make up a full-length RNA sequence of any length you choose. 5. After the computer produces these theoretical contigs, the researchers do a computer search of the microbial library databases to find nearly matching sequences that are of interest to them, and then any contig that nearly matches or fully matches a desirable sequence from the library gets chosen to be included in the final full-length sequence. Given the sheer number of possible options, they can almost literally make up nearly any viral sequence they want (in one study (see footnote 12) they had 56,565,928 fragments which the computer aligned into 384,096 contigs. This results in an extremely large number of possible full-length sequences, because every single one of those 384,096 contigs could be assembled in any order and in any combination to come up with a full-length sequence. This means the number of possible full-length sequences is around 384, 096 factorial (384,096! which is an incredibly incredibly large number)). Once they chose a sequence they liked, this sequence is now declared the full-length genomic sequence of this "new" virus (*it is truly a "new" virus since the sequence of its genome was just made up using sequences of pieces of RNA from a whole mix of things normally found in the human body*). 6. The Zhu study (see footnote 10) then used a RT-PCR machine to test the original unpurified samples to see if any sequence of this length was found, in order to confirm the presence of this viral sequence (this is not a test for the presence of the actual sequence, it is a test only for the presence of a RNA or DNA of their sequence's specific length). Shockingly, they were completely unable to get a positive result for the test for the length of their full-length sequence in any of the original unpurified samples (this means that all three patients did not have this viral genome present in the original sample taken from their body. That means that they did not have this virus, therefore this virus could not have caused their illness)<sup>20</sup>. The other three studies (The Zhou, Ren & Wu

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<sup>18</sup> "Purification of viruses by centrifugation" by Janice E. Lawrence and Grieg F. Steward. MAVE Chapter 17, 2010, 166–181, and "Difference Between Differential and Density Gradient Centrifugation" by Lakna, January 10, 2018. [pediaa.com/difference-between-differential-and-density-gradient-centrifugation](https://www.pediaa.com/difference-between-differential-and-density-gradient-centrifugation)

<sup>19</sup> The Zhu study, by the end, had 3 people, the Wu study had 1 person, the Zhou study had 7 people and the Ren study had 5 people (see footnote 10).

<sup>20</sup> The main paper cited for originally finding and sequencing the 2019n-CoV (the virus) is Zhu, N., et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *N Engl J Med* **382**:727-733 (2020).

The authors of this paper admit that this study does not claim to provide any evidence of correlation or causation, all it claims to provide is evidence implicating 2019n-CoV with this illness. But by reading through this paper, it can be seen that in truth, it does not even provide evidence implicating 2019n-CoV with this illness, nor does it provide evidence of even the existence of a novel virus, nor a novel illness. It is very hard to discuss this study in brief, because the results do not match up with the methods, and the methods do not match up with the result; and the methods and the results both lack necessary details. But let's take a look nonetheless.

studies, see footnote 10) all mentioned confirmation with a RT-PCR machine, but none of them in detail claim to have found RNA strands with the length equaling their supposed full-length genome for their virus in their patients' original samples. That means they never published proof/indication that their viral genome was present in their patients' samples.

Each of these labs (see footnote 10) that submitted their genomic sequences to a library database, never managed to get the exact same sequence from more than one patient, nor did they ever get the same sequence as each other's lab. This means that it has never even been claimed that there exists one specific sequence that could be referred to as "the viral sequence", instead, right from the start there has only ever been claims of similar sequences of slightly differing lengths and nucleotide composition<sup>21</sup>. If this was a real virus, one would expect some people to have the exact same viral sequence.

The reason that all four studies could separately produce such similar genomic sequences for their viruses is because they all began with an unpurified giant mix of RNA samples and from this produced extreme numbers of reads (fragments)<sup>22</sup>, leaving almost unlimited possibilities to align these sequences into any full-length sequence they want, and they all matched their reads to the same library databases (and/or the Zhu study's genomes) to achieve their results, also all patients' whose samples could not yield the desired results were excluded, so in general only the successes were published.

There is an actual method to accurately sequence a genome, it is called "Sanger Sequencing," it is the "gold standard" for sequencing, with an accuracy rate of 99.99%. "Next generation sequencing"<sup>23</sup> (which is the method that all of these studies

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In the Results section, they include three Wuhan hospital patients' sample results, but included no "control" patients sample results (e.g. from healthy individuals and/or sick patients with other known illnesses, and/or specifically pneumonia patients with known cause (this was the 7 control patients from Beijing whose results were never published, you can question if this means that these control samples did not provide the results they were trying to get)). The samples from the sick patients were never tested for SARS-CoV (SARS) or for the MERS-CoV (MERS), both considered respiratory coronaviruses that are blamed for causing two of the last major epidemics and whose symptoms mirror what was seen in Wuhan, and should have been included in the study's pathogenic testing (to make sure the illness in these patients wasn't from these already known viruses).

Even though they took part of the sample and semi-purified it (in order to obtain EM pictures and to attempt to show that this virus can kill cells), this semi-purified solution was still a mixture of lots of unknown viruses/exosomes and chemicals (since it came from sick people). The study refers to this semi-purified liquid as "the supernatant", and the electron microscope images were taken of the results of inoculating the cells with this supernatant, not with a purified virus. Also interesting to note, is that they used sick cells from lung cancer patients which were then treated with a range of chemicals. These cells were kept alive for 4-6 weeks, but no list of nourishment/chemical treatment (with the exception of phosphate-Buffered saline solution) for the cells is mentioned in the paper. Therefore there is no proof that their images have anything to do with a specific virus, the images could be showing the cell's response (e.g. exosomes created by the cell) to being inoculated with this supernatant, or its response to chemical treatments, or a result of starvation. There were no controls for the using cells inoculated with a supernatant from healthy individuals and/or from individuals who were ill with other known illnesses. Also, they never proved what the "circles" in their images were, nor connected them at all to this illness (see the study for (lack of) details).

In the results they explain that they extracted RNA from the original completely unpurified samples (including all of the many viruses, bacteria, fungi, human cells etc), and then broke these RNAs into lots of little pieces, and obtained over 20,000 small viral reads (sequence fragments). They then used a computer program to theoretically put some of these sequence fragments together by using overlapping homologous sequences into one theoretical long RNA. This means the sequence they made up was from a big mix of RNA from human cells, bacteria, fungi, viruses, exosomes, etc. The study shows that they were unable to find the full-length of their made-up (novel) sequence in any of the original samples from the patients, meaning: when searching for their sequence they could not find it in any of the samples taken from any of their patients, so **this shows that this sequence did not exist, this proves a lack of correlation between this sequence and this illness**).

The study says: "The novel coronavirus was identified from all three patients. Two nearly full-length coronavirus sequences were obtained from bronchoalveolar-lavage fluid [*the original unpurified sample*], and one full-length sequence was obtained from a virus isolated from a patient." However, from the method it is clear that no virus was isolated, therefore we assume that when they said "isolated from a patient" they meant the extract that came out of the cells that had been inoculated with the supernatant. Meaning, that since they couldn't find anything close to their full-length sequence in the original unpurified sample, they searched for it in the extracts of the cells that had been exposed to the supernatant, and found a sequence that equaled the length of their made-up sequence. However, since it was not present in the original unpurified sample, but was produced by cells in culture, this invalidates this result. Obviously, since no full-length match was found in the original samples of the other two patients' from which it was claimed to have been derived, we can therefore conclude that they did not find their viral genome in any of their patients' original samples. **In conclusion, this study never proved to have found any virus or genomic sequence at all connected to the illness.** Therefore I disagree with this paper's conclusion that their analysis provides evidence implicating 2019-nCoV in the Wuhan outbreak.

The paper says they sent this sequence with its testing primers & standard operating procedures to the WHO and this sequence was/is used in subsequent diagnostic tests/research. At the end of the paper, the authors thank "many staff members at the China CDC for their contributions and assistance in this preparation and submission of an earlier version of the manuscript." (It could be suggested that this paper was altered by the China CDC to relay over the results that they wanted to be given over.) The sequence that is being used for the tests/research/vaccines is from this Zhu study (that proved nothing: there were no controls and it did not prove the existence of a virus nor correlation/causation to this illness.) This study is available for free from The New England Journal of Medicine. This is the science or lack thereof, that is the basis for this whole so called pandemic. It is worth reading (and if necessary being explained to you). The whole lie of a virus existing is based on this paper and the other 3 papers brought in footnote 10. There is no such thing as SARS-CoV-2, it is a fictitious story and these are the papers that made it up and tell how they did it.

<sup>21</sup> The samples from the 3 patients in the Zhu study (footnote 10 & 11) resulted in 3 different genomes. The samples from the 5 patients in the Zhou study resulted in 5 different genomes. The sample from the 1 patient in the Wu study resulted in yet another different genome. These genomes are all of similar lengths and similar sequences, but none of them are exactly the same.

The Ren study does not state that it submitted any genomes to the databases, but did say that their 5 genomes had 99.8-99.9% identity to each other and gave a length of 29,870 basepairs (bps) (presumably this is the average of their 5 genomes). The Zhou study's genomes were 29,825; 29,891; 29,852; 29,854 and 29,857, the Wu study gave a length of 29,903 bps. The Zhu study did not mention the length of their 3 sequences (but the information is available at GISAID).

<sup>22</sup> The Zhu study had less but larger reads. Since they were the first of the studies, they had less limitations to define their genome (it had to resemble a coronavirus, and all three of the genomes they produced had to closely resemble each other (perhaps this is the reason why the other unknown patients' results disappeared, because maybe they were unable to make a closely matching genomic sequence from it).

<sup>23</sup> Next generation sequencing (Next gen sequencing, NGS) involves 1) cutting up the RNA into little fragments (of chosen size) 2) sequencing each fragment 3) comparing the sequencing reads to a database or to each other to make up contigs that themselves can be compared to a database. 4) Compiling the chosen sequences

used) is considered a fast and inaccurate method of sequencing. For something as important as a major pandemic, true Sanger Sequencing should have been used<sup>24</sup>.

In addition to all of this, not a single study of the four major studies, tested if the ill patients were infected with either SARS-CoV (the coronavirus which was identified as responsible for the 2003 Severe acute respiratory syndrome (SARS)) or MERS-CoV (the coronavirus which was identified as the causative agent for the 2012 Middle-East respiratory syndrome (MERS)). SARS and MERS viruses are blamed for causing two large scale pandemics in the past two decades, and all their symptoms perfectly match the illness that was seen in Wuhan. The studies should have included pathogenic testing of both of these viruses to make sure the patient's illness wasn't from one of these already known viruses. Since they did not test for SARS or MERS, it was very possible that according to standard science, the illness seen in Wuhan was not caused by a new virus, but was caused by the SARS or MERS virus. Therefore, since at the time of these studies the symptoms of this illness (in Wuhan) were not considered new, and these studies had not ruled out the most obvious causes for this illness, there was no reason to have done these studies, nor any reason to claim that there was a new illness with a new cause<sup>25</sup>. If so, one could ask why they did these expensive studies in the first place?

**None of these four major Chinese studies (that are the scientific basis/proof of this virus's existence and genomic sequence) actually claim to prove correlation or causation between a virus and this illness, they only claim to "implicate" or "associate" their virus with this illness. "Implication" and "association" are not considered scientific proof of anything (they are not correlation nor causation). These studies all state that further research should be done to prove causation, which no further studies we have found have ever done.**

To sum up, these original studies from which the world's knowledge and genome of this coronavirus is based, never proved a new illness exists, they never purified/isolated a virus, they never showed evidence of a new virus, they did not show correlation or causation; they never properly genomically sequenced a virus, they never used any controls (to check others don't equally contain these sequences and electron microscope images). Therefore they have no evidence of the existence of the virus at all<sup>26</sup>.

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into a desired order to construct a full-length sequence. This can result in a full-length sequence that closely resembles (or is identical to) other sequences in the database or closely resembles (or is identical to) a specific sequence in the database.

<sup>24</sup> The first SARS-CoV (from 2003) was genomically made up in an even more biased fashion, exclusively using library database sequences of their choice as primers for RT-PCR to decide which sequences to include or not. See: Anderson, L. J. A Novel Coronavirus Associate with Sever Acute Respiratory Syndrome, *N Engl J Med* **348**, 195301966 (2003). Look in methods; in the sections: isolation of virus, notice the specimens were not purified to actually isolate their virus before they did the electron microscopy and not purified before they added the lysis buffer. Also see in the section: RT-PCR, that the primer gene sequences used to guess the genomic sequence were obtained from GenBank viral library. So the final genome sequence could only be (nearly entirely) made up of sequences that match up with their database, since this was all they searched for. (Some of the genomes for SARS-CoV-2 have also been prepared this way.) Since 2003, many new sequences have been added to GenBank (and other libraries), including the virus for MERS. Interestingly, just before COVID-19, new "sequences" from bat coronaviruses (RaTG13, accession no. MN9965321) were added. Every time someone makes up a new genome (with NextGen sequencing), it can be added to the GenBank library (and other libraries) which would result in new options for new viral genomes.

<sup>25</sup> At that time the reported symptoms in China were fever, cough and breathing difficulties (these are all symptoms of pneumonia). However, since then, the symptoms that are being reported have gone far beyond respiratory symptoms.

<sup>26</sup> Jon Rappoport says in GMI-Blogs: "I've been exposing the fact that the CDC, in July of this year, admitted, in a document ([fda.gov/media/134922/download](https://www.fda.gov/media/134922/download)), that... They didn't have the SARS-CoV-2 virus. It wasn't "available." This means they couldn't obtain an isolated specimen of the virus. There is only one reason why. The virus hasn't been isolated. And THAT means no one has proved it exists. And now, I've discovered ANOTHER key document. This one apparently formed the basis for the first PCR test aimed at detecting the COVID virus all over the world. READ WHAT THIS STUDY SAYS. These quotes should be engraved in stone above the entrance to a museum dedicated to the history of medical fraud. "We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available." TRANSLATION: We want to develop a test to detect the new COVID virus without having the virus. "Here we present a validated diagnostic workflow for 2019-nCoV, its design relying on close genetic relatedness of 2019-nCoV with SARS coronavirus, making use of synthetic nucleic acid technology." TRANSLATION: We HAVE developed a diagnostic test to detect the new COVID virus. We ASSUME this new virus is closely related to an older coronavirus. We ASSUME we know HOW it is related. We ASSUME, because we don't have the new COVID virus. Therefore, all our assumptions are made out of nothing. Actually, we have no proof there is a new coronavirus. "The workflow reliably detects 2019-nCoV, and further discriminates 2019-nCoV from SARSCoV." TRANSLATION: Our new test to detect the new virus? We don't have the new virus. We've never observed it. We can't study it directly. There is no proof it exists. But we will use the test to detect it. The study is titled, "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RTPCR." ([pubmed.ncbi.nlm.nih.gov/31992387/](https://pubmed.ncbi.nlm.nih.gov/31992387/)) [Euro Surveill. 2020 Jan;25(3):2000045. doi: 10.2807/1560-7917.ES.2020.25.3.2000045.]

Those quotes from the study are astounding. A diagnostic test for the virus, but there is no virus. No standard against which to compare the reliability of the test. The authors blithely assume they can somehow infer that the virus exists in the first place, without having an isolated specimen. Then they assume they can understand the structure of the virus that isn't there. The virus isn't there. It has NOT been isolated. It has NOT been separated out from other material. Therefore, it has not been observed and its existence has not been proved. And yet, the test which these authors have developed is launched, all over the world, to detect that virus; to promote the unproven notion that there is a pandemic; to form the basis for counting COVID case numbers; and ultimately to justify all the lockdowns which have crashed the global economy and destroyed millions upon millions of lives. A great deal of confusion has been created, because scientists are now talking about the "new virus" as if they understand its structure and sequence. No. They've INTERPRETED that genetic structure. And once they've made their interpretations, they gibber about what it means.

It's like this. A man has a very thick steel vault. He claims there is a pile of treasure inside. But no one can open the door to the vault. People show up with all sorts of fancy instruments, and they make indirect measurements. They then issue very authoritative-sounding statements about what is inside the vault. But no one can get in there. This is a magic vault, you see. You can't drill into it. You can't blow it up. But in its vicinity, all sorts of hustlers are gathered. And they PONTIFICATE. They BLOVIATE. They wave their credentials. Reporters interview them. Governments follow their recommendations. And that's all it is. It's that kind of party...

There is also confusion about what the word "isolate" means, when it comes to viruses. SAYING you have isolated a virus doesn't mean you have. It may mean you THINK you have the virus inside a mess of material which contains many different genetic sequences and all manner of cellular debris and who knows what. Some scientists will

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Scientists from around the world have accepted the Chinese narrative and their viral genomes (mentioned above) without properly confirming the existence of this virus and that this virus is the causative agent in a new disease. E.g. The US<sup>27</sup> used the Chinese primers for a RT-PCR test (from these studies mentioned above) to detect any initial cases of people with respiratory problems who had recently come back from Wuhan. Using samples from these US patients (which had tested positive using the Chinese primers), US scientists sequenced their own versions of this “new” virus using similar techniques to the Chinese studies mentioned above. They did not first check to see if these patients were infected with the SARS-CoV (from 2003) or MERS-CoV (from 2012), they did not isolate or purify the virus, all they did was sequence its genome using “Next Generation Sequencing,” and compile the sequences based on the 2019-nCoV sequences provided by the Chinese. They did not verify the presence of their full-length genomes which they had sequenced. They have not done the traditional accurate method of sequencing<sup>28</sup>. Then based on the results of these tests, which are based on the Chinese data, the US government declared that a case of 2019 novel coronavirus had been found in the US.

It is important to note, that even if they had done a proper study to find a proper genetic sequence (as we described the proper method above), they would still need to prove the presence of a virus containing this sequence, because the presence of this genome does not automatically prove the presence of a virus<sup>29</sup>:

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Even the US CDC and other researchers admit that they have not isolated the virus. The US CDC’s manual for Covid-19 testing: “CDC 2019 Novel Coronavirus (2019-nCoV) Real Time RT PCR Diagnostic Panel” (Effective: 07/13/2020) states: “**no quantified virus isolates of the 2019-nCoV are currently available**”

A research paper<sup>30</sup> discussing testing for SARS CoV-2 states, “The ongoing outbreak of the recently emerged novel coronavirus (2019-nCoV) poses a challenge for public health laboratories **as virus isolates are unavailable** while there is

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*claim "a lesser amount of mess" entitles them to state they've "isolated" the virus. Other scientists will claim that because they can grow, in a dish, what they BELIEVE to be the virus, this is "proof" that the virus exists. They're wrong.*

*Still other scientists will say that, in a dish in a lab, they "have the virus growing", and they know it, because the virus is destroying certain cells in the soup in the dish. But in this soup, there are various added chemicals, and those chemicals could easily be doing the cell-killing. So they are wrong, too. As the late independent researcher David Crowe has written: "And the word 'isolation' has been so debased by virologists it means nothing (e.g. adding impure materials to a cell culture and seeing cell death is [as] 'isolation')." This is why something called real-world experiments were introduced into science. Experiments that were forced out of the lab into the arena where actual humans live.*

*In my last article (blog.nomorefakenews.com/2020/10/12/the-fakecoronavirus-and-the-missing-study-the-secret-in-plain-sight/), I described exactly the kind of experiment that should have been initiated five minutes after scientists claimed there was an "outbreak in China." It's a large scale study involving humans who were diagnosed with the "epidemic illness." Tissue samples would be taken from 500 of these patients and correctly analyzed via electron microscope photography. But studies of that dimension and precision don't interest scientists who live in the lab. Such studies are too dangerous. There is every chance that, in the harsh glare of sunlight, all their warnings about a vast pandemic will be shown to be false. False and ridiculous. Absurd. And insane. These "experts" don't want to take that chance. So they fiddle and diddle in their labs, and they make wild claims based on nothing, on NO VIRUS. For them, there is no such thing as NO VIRUS. There must always be a virus. They will build strings of thought that circle around and meet up and shake hands and justify themselves, BY DEFINITION. When all is said and done, that is what they are playing at. "We make all the definitions, and therefore we can conclude anything we want to conclude. And call it science." That's what's going on. I see the con and I'm pointing out the con. I'm telling scientists who are honest to call it a con, too." From: greenmedinfo.com/blog/yet-another-case-missing-virus-they-lied-and-locked-down-world*

<sup>27</sup> Holshue M. L. et. al., First Case of 2019 Novel Coronavirus in the United States. *N Engl J Med* **382**, 929-36 (2020).

<sup>28</sup> There are now many different versions of the SARS-CoV-2 sequence in the library databases (200,516 different sequences as of Nov 23 2020). The reason that there are so many different sequences deposited in the databases, (is because there is no virus, and therefore, since it doesn't exist, it's very hard to duplicate it. They claim it's because it mutates a lot. Anyway...) is because it is less common to get the exact same sequence from different samples, but given the huge number of sequence reads, it is very common to find sequences that nearly match a different sequence, therefore most sequencing events will result in a new variation of this sequence. If an individual quarantined person would have his positive test samples sequenced for this virus over multiple days/weeks, different sequences would be generated from these different samples. They claim that this shows that the virus is mutating, but often the sequences are different enough that even according to them this is unlikely, so then they suggest that really he had been infected twice by different versions of this virus, and each test result comes from each separate infection (e.g. Letizia, A. G., et al. SARS-CoV-2 Transmission among Marine Recruits during Quarantine. *NEJM* (2020), DOI: 10.1056/NEJMoa2029717). In truth what this really shows is that there really isn't a virus containing this claimed very specific sequence, because there are differences between these databased genomes that are so different, they can result in different amino acids coded for by these different RNAs, which can then result in different protein properties (e.g. Cai H Y, Cai K K, Li J, "Identification of novel missense mutations large number of recent SARS-CoV-2 Genome sequences", *Preprints* 21 May 2020).

The real reason why there are so many variations in the library sequences is because every human being has different RNA in their bodies (including different bacteria, fungi, viruses, exosome etc. as well as each persons' unique RNA of their body itself), so even amongst family members (where they claim that family members got infected from each other or that family members got infected from a single other individual), when the viral genomes from these family members' unpurified samples are sequenced, the results will nearly always be different (e.g. "A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person to person transmission: a study of a family cluster." J.

F. Chan, *Lancet* January 24 2020 3015-9). This is because the samples that they are using are unpurified, and therefore contain such a large variety of RNA base reads from all the different RNA sources in the body mentioned above (compounded by the fact that the scientists are merely trying to insure the presence of many conserved regions they need to have (the sections of the sequence which code for essential proteins)), therefore one would expect that each person's sample would result in a different final genomic sequence. Because of this reason, even the first four Chinese studies' sequences mentioned above are slightly different from each other. In addition to this, if the only sequences able to be compiled from a patient's sample are radically different from the official template sequence, then those sequences are ignored and the person's positive test result is considered a false positive and also ignored. **In science, there is no requirement to publish any data that doesn't give a desired result.** Therefore, many many futile attempts are made to try and sequence this virus, but only the “successful” attempts need be recorded.

<sup>29</sup> “extrapulmonary detection of viral RNA does not necessarily mean that infectious virus is present, and the clinical significance of the detection of viral RNA outside the respiratory tract is unknown at this time” Holshue, M.L. et al., First Case of 2019 Novel Coronavirus in the United States. *N Engl J Med* **382**:929-936 (2020)

<sup>30</sup> Corman, V. M. Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR. *Euro Surveill* **25** (3) (2020)

growing evidence that the outbreak is more widespread than initially thought, and international spread through travelers does already occur. Aim: We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings **without having virus material available.**"

This is admittance that they have not isolated the virus, which means they do not have any proof of the virus' existence.

### **Is there actually a valid test for this virus?**

The main method of determining the presence of the virus is a PCR machine<sup>31</sup>. PCR (Polymerase Chain Reaction) is a thermal cycling method<sup>32</sup> used to make millions/billions of copies of specific DNA strands, in order to make enough DNA copies to be able to detect and study them. When RNA needs to be studied, an enzyme (RT: Reverse Transcriptase) is added to make a DNA copy of a RNA strand<sup>33</sup>.

**The PCR machine is not a diagnostic test, it is an amplification machine. The inventor of PCR, the manufacturers of the PCR machines and the CDC have all said that PCR it is not a test to diagnose any disease or presence of a virus.**

#### **1) The inventor of PCR, Kary Mullis said it is not a diagnostic test<sup>34</sup>:**

"Its discoverer Kary Mullis argued prior to his death in 2019, PCR is grossly inaccurate and should not be used for diagnosis." 9/14/2020 CoVID-19 Testing PCR – A Critical Appraisal • Children's Health Defense

"I<sup>35</sup> asked Crowe what he thought Kary Mullis would say about this explosion of PCR insanity. "I'm sad that he isn't here to defend his manufacturing technique," he said. "Kary did not invent a test. He invented a very powerful manufacturing technique that is being abused. What are the best applications for PCR? Not medical diagnostics. He knew that and he always said that." uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus

#### **2) The manufacturers of this machine wrote that it is not a diagnostic test:**

Creative Diagnostics, a manufacturer of PCR machines stated in the manual "SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit<sup>36</sup>" on its front page, "This product is for research use only and is not intended for diagnostic use." They also wrote, "The detection result of this product is only for clinical reference, and it should not be used as the only evidence for clinical diagnosis and treatment. The clinical management of patients should be considered in combination with their symptoms/signs, history, other laboratory tests and treatment responses. The detection results should not be directly used as the evidence for clinical diagnosis, and are only for the reference of clinicians.<sup>37</sup>"

#### **3) The CDC has said that PCR is not a test for a disease or a virus:**

The CDC states in the "Limitations" section from "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, For Emergency Use Only, Instructions for Use, Effective: 07/13/2020": "• Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms. • The performance of this test has not been established for monitoring treatment of 2019-nCoV infection. • This test cannot rule out diseases caused

<sup>31</sup> An article published by The Infectious Diseases Society of America (IDSA) in their journal Clinical Infectious Disease (May 22, 2020) said the following, "Reverse-transcription polymerase chain reaction (RT-PCR) has become the primary method to diagnose viral diseases, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)".

<sup>32</sup> Thermal cycling means: alternating hot to cold to hot again etc. at specific temperatures for specific lengths of time.

<sup>33</sup> Due to the infinitesimally small size of DNA particles, they must be amplified in order to work with them. This amplification process is what Kary Mullis (the inventor of the PCR machine) discovered, and consists of multiplying sequentially by doubling the material of interest present; 2 becomes 4 then becomes 8, then 16 and so forth. As noted, PCR multiplies DNA, but the genetic material that the coronavirus (as well as most other viruses) is claimed to be comprised of is RNA (which is an even smaller particle than DNA). Therefore the RNA must be converted to DNA in order to utilize the PCR process. This is accomplished by the action of an enzyme called reverse transcriptase (RT). This RT product is called cDNA (complementary DNA), and this is what is amplified by the PCR machine. This process is referred to as RT-PCR.

Real time PCR (rPCR, rRT-PCR) also known as quantitative PCR (qPCR, qRT-PCR) is PCR where the sample is tested at the end of each PCR cycle, and the first cycle which receives a positive result is called the cycle threshold (Ct). The lower the cycle threshold, the more accurate a result is considered. A lower Ct is also considered to contain greater quantities of viral particles (For general public testing rRT-PCR is not used, it is usually just used for research purposes).

<sup>34</sup> Kary Mullis was awarded the Nobel Prize in 1993 for inventing the PCR process. Although Mullis died in 2019 before the beginning of the CoVID-19 pandemic, he had much to say about PCR. He warned many times against ever using this technique for diagnosis. 9/14/2020 CoVID-19 Testing PCR – A Critical Appraisal • Children's Health Defense (CHD).

<sup>35</sup> I is Celia Farber, the author of this article (uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus)

David Crowe is a researcher with a degree in biology and mathematics, and is host of The Infectious Myth podcast, and President of the think-tank Rethinking AIDS. "PCR is a needle in a haystack technology that can be extremely misleading in the diagnosis of infectious diseases. The first conflict between this revolutionary technology and human life happened on the battlefield of AIDS, and Mullis himself came to the front line arguing against PCR as diagnostic tool."

uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus

<sup>36</sup> SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit (CD019RT) creative-diagnostics.com

<sup>37</sup> SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit (CD019RT) creative-diagnostics.com

by other bacterial or viral pathogens. • Positive and Negative predictive values are highly dependent on prevalence. False-negative test results are more likely when prevalence of disease is high. False-positive test results are more likely when prevalence is moderate to low.<sup>38</sup>

### What does a positive test result mean?

“However, extrapulmonary detection of viral RNA **does not necessarily mean that infectious virus is present, and the clinical significance of the detection of viral RNA outside the respiratory tract is unknown** at this time.”

Holshue M. L. et. al., First Case of 2019 Novel Coronavirus in the United States. *N Engl J Med* **382**, 929-36 (2020).

Translation: Just because a person gets a positive RNA test, it does not mean that he has the virus. Also, they do not know how a positive test result translates into in real life. They do not know if it means the person will get ill, or if he is more susceptible to getting ill. If he is already ill, they do not know if this virus is the cause of his illness and they do not know if he is contagious. Meaning: **they have no idea what this positive test result means in real life.**

At best, the PCR test result tells you that it has found a fragment of a DNA, it does not, however, tell what that fragment is a part of or what that fragment does.<sup>39</sup>

### The PCR tests results are highly inaccurate:

A recent New York Times article reported on a large study that concluded that up to 90 percent of all US COVID-19 cases are false-positives.<sup>40</sup>

David Crowe said, “There was a famous Chinese paper<sup>41</sup> that estimated that **if you’re testing asymptomatic people, up to 80% of positives could be false positive.** That was kind of shocking, so shocking that PubMed had to withdraw the abstract even though the Chinese paper appears to still be published and available. I actually have a translation with a friend. I translated it into English and it’s a really standard calculation of what they call positive predictive value. **The abstract basically said that in asymptomatic populations, the chance of a positive coronavirus test being a true positive is only about 20%. 80% will be false positive.**<sup>42</sup>”

In July, Professor Carl Heneghan, professor of evidence-based medicine at the University of Oxford and director of the Centre for Evidence-Based Medicine at Oxford University and outspoken critic of the current UK response to the pandemic, wrote a piece titled: “How many Covid diagnoses are false positives?<sup>43</sup>” In this article he argued that **of the positive test results; more than half are false.** Using calculations according to a recent British Medical Journal review of testing and recent figures for infection, he says that for every 8 positive test results that are real, 500 positive test results are false. He concludes that even “if covid-19 completely disappears ... going off current testing practices and results covid-19 might never be shown to disappear.<sup>44</sup>”

<sup>38</sup> This last limitation translates as: when there are a lot of people infected with the virus, a negative test result is less likely to be accurate, however when there are few/moderate numbers of people with the virus, then a positive test result is less likely to be accurate. Meaning that when lots of people have the virus, we assume a test result that is negative is more likely to be false (therefore we take it less seriously, and ignore negative test results for ill people and still classify them as COVID cases), but when only a few/moderate number of people have the virus, then a positive test result is more likely to be false (therefore we take these positives less seriously and can ignore them). This means that this test is unreliable, because there is no reason for an accurate test to be dependent on how many people generally have the virus or not, rather an accurate test should provide an accurate result telling us if the virus is present or not regardless of the prevalence of the virus around the patient.

<sup>39</sup> Even according to the opinion that it could have come from a virus, the PCR test does not differentiate between a full active virus or a broken piece remaining from what was once a virus. Dr. Michael Mina, an assistant professor of epidemiology at the Harvard T. H. Chan School of Public Health, is quoted in the Harvard Magazine (8/3/20) as saying that Current PCR testing detects the virus “long after the infected person has stopped transmitting the virus.” He further states, “That means the results are virtually useless for public health efforts to contain the raging epidemic.”

<sup>40</sup> “Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be.” The New York Times, Aug. 29, 2020, Updated Sept. 17, 2020. [nytimes.com/2020/08/29/health/coronavirus-testing.html](https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html).

<sup>41</sup> Zhonghua Liu Xing Bing Xue Za Zhi. Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients. *Chinese Medical Association Journal* 41(4), 485-488 (2020)

<sup>42</sup> David Crowe continues, “They couldn’t do a real analysis of false positives in terms of determining whether a test is correct or not because that requires a gold standard and the only gold standard is purification of the virus. So, we get back to the fact that the virus is not being purified. If you could purify the virus, then you could take a hundred people who tested positive and you could search for the virus in them. And if you found the virus in 50 out of a hundred and not in the other 50, you could say that the test is only accurate 50% of the time. But we have no way to do that because we haven’t yet purified the virus. And I don’t think we ever will.” Dave Rasnick has had exchanges with David Crowe about this, and concurs, “To my knowledge, they have not yet purified this virus.” [uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus](https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus)

<sup>43</sup> [spectator.co.uk/article/how-many-covid-diagnoses-are-false-positives/](https://www.spectator.co.uk/article/how-many-covid-diagnoses-are-false-positives/) July 20, 2020.

<sup>44</sup> Carl Heneghan explained in the Spector article above (using Britain as an example): “The latest ONS estimate is that about 0.04 percent (or 1 in 2300 people had the virus at any point between 6 and 12 July.” In a paper called: “Diagnosing SARS-CoV-2 infection: the danger of over-reliance on positive test results. False positive test results impact clinical and policy decisions.” Andrew N. Cohen, Ph.D. et al., it is explained that if the false positive rate is higher than the actual infection rate, then a positive test result is just as likely to be wrong than right. E.g. for SARS-CoV (2003) the false positive rate was 2.3-6.9%. This is why A. Cohen’s abstract states: “However, evidence from external quality assessments and real-world data indicate enough a high enough false positive rate to make positive results highly unreliable over a broad range of scenarios.” The paper brings down many quotes from previous outbreaks from the CDC and WHO, which stated measures for minimizing false positive results,

Dr. Mike Yeadon, a former Vice President and former Chief Science Officer at Pfizer for 16 years said that half or even “almost all” of tests for COVID are false positives<sup>45</sup>.

When discussing a possible Pertussis outbreak, the CDC commented that they do not know if any of the PCR test results were accurate<sup>46</sup>.

### **The PCR test is highly adjustable to get whatever result you want:**

DNA and RNA are very very tiny. To be able to detect them, there must be millions of copies. A PCR machine multiplies exponentially the segment of DNA that is selected for (meaning the segment of DNA that the lab is looking for). The lab technician sets the number of cycles of multiplication (every cycle doubles the amount of DNA of interest). If too low a number of cycles is set (e.g. 5) the DNA present remains undetectable (this would give 100% negative results). If the cycle number is set too high (e.g. 50), 100% of the results from a human sample would come out positive. Each lab chooses which number of cycles to run the machine (the FDA recommended an upper limit of 40). Therefore a lab could adjust the number of positive or negative results based on the number of cycles chosen. This can create a pandemic which does not exist, or it can make a pandemic that does exist disappear. Therefore a government can boost the number of positive cases in order to force a lockdown anytime they want, and then they can reduce the number of positive cases to show how effective their lockdown was<sup>47</sup>.

A New York Times article<sup>48</sup> stated that most US labs set the PCR to 40 cycles<sup>49</sup> and a few labs set it to 37 cycles. The same NYT article also stated, “The CDC’s own calculations suggest that it is extremely difficult to detect any live virus in a sample above a threshold of 33 cycle.<sup>50</sup>” The same NYT article also states, “Any test with a cycle threshold above 35 is too sensitive, agreed Juliet Morrison, a virologist at the University of California, Riverside. “I’m shocked that people would think that 40 could represent a positive,” she said ... A more reasonable cutoff would be 30 to 35, she added. Dr. Mina<sup>51</sup> said he would set the figure at 30, or even less ... In Massachusetts, from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles.”

A study<sup>52</sup> found that samples that required 30 cycles or more to be detected contained less than 50% of the virus genome (meaning they could not even find half of their virus’ genome in samples that required more than 30 cycles). According to this, the PCR machine should be set below 30 cycles.

PCR test results are not uniform. Lab technicians can change the amount/percentage of positive results by changing any of the following:

1. Cycle number chosen (the higher the cycle number the more positive results), as discussed above.
2. By choosing/using different choices of primers (short single-stranded DNA fragments that are complimentary to the DNA of interest)<sup>53</sup>:
  - a. The size of a primer: a smaller primer will get more DNA matches which leads to more positive results.
  - b. How closely the primer matches human DNA, the more closely the primer matches human DNA, the more positive results are obtained (because the samples are not purified).
3. How many different primers are being used on the same sample. The more primers that are being used result in more DNA matches (because there are more choices to match with)<sup>54</sup>:

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e.g. positive specimens must be combined with clinical symptoms or retested, as the WHO states: “a single test result is insufficient for the definitive diagnosis of SARS-CoV infection.” WHO guidelines for the global surveillance of severe acute respiratory syndrome (SARS). Oct 2004.

<sup>45</sup> “Chief Science Officer for Pfizer Says “Second Wave” Faked on False-Positive COVID Tests, “Pandemic Is Over”” - Globalresearch.ca, October 11, 2020

<sup>46</sup> Dr. Kretsinger, CDC said, “There are probably 100 different P.C.R. protocols and methods being used throughout the country, and **it is unclear how often any of them are accurate.** ‘We have had a number of outbreaks where we believe that despite the presence of P.C.R.- positive results, the disease was not pertussis,”

<sup>47</sup> *That’s why when the Ministry of Health announced just before the autumn lockdown that we must have less false positives, I understood that they had just told the labs to lower the number of cycles on their PCR machines; which would result in less positive test results, which is what happened.*

<sup>48</sup> “Your Coronavirus Test Is Positive. Maybe It Shouldn’t Be.” NY Times, Published Aug. 29, 2020 Updated Sept. 17, 2020. [nytimes.com/2020/08/29/health/coronavirus-testing.html](https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html).

<sup>49</sup> E.g. The NY Times investigation confirmed that officials at the Wadsworth Center, New York’s state lab identified positive tests based on a threshold of 40 cycles. Likewise in Massachusetts, “from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles,”

<sup>50</sup> [cdc.gov/coronavirus/2019-ncov/hcp/durationisolation.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/durationisolation.html)

<sup>51</sup> Dr. Michael Mina, an assistant professor of epidemiology at the Harvard T. H. Chan School of Public Health

<sup>52</sup> Zhang W. et al., Genomic Characteristics and Transmission Routes of SARS-CoV-2 in Southern California. *JAMA Network Open* 2020;3(10)

<sup>53</sup> Corman V, “Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR”. *EuroSurveill.* 2020; 25 (3).

<sup>54</sup> “A review of 33 RT-PCR tests for COVID-19 approved under US FDA Emergency Use Authorizations showed a wide range of differences in what the tests were looking for and how they decided whether they had found it. The tests look for a variety of different segments (‘genes’) of the presumed COVID-19 genome, that only amounts to about 1% or less of the total genome, which is about 30,000 bases. Perhaps the worst feature of the tests is how they decide whether the sample is positive if more

- if only one of two primer matches are required for a positive result, this leads to more positive results<sup>55</sup>.
  - if both primer matches are required for a positive result, this leads to less positive results.
4. Different specimen types yield more positive results than others (e.g. nasal swabs, throat swabs, spit test, blood, BAL, urine, stool).
  5. Different concentrations of the same test volume of DNA result in different results, higher amounts of genomic material will result in more positive results.
  6. For nasal swabs, results differ depending on how far back the nasal swab is inserted.
  7. Different manufacturers make different kits, these yield slightly different results<sup>56</sup>.

This list shows that this testing system can be manipulated to achieve desired results.

Other points about PCR tests:

- The tests do not have such high specificity<sup>57</sup>. Meaning that a positive test result can be due to the presence of a different virus or bacteria<sup>58</sup>, e.g. influenza A, RSV, adenovirus, pneumonia bacteria etc. Meaning that the person may not have the Covid-19 virus present at all, yet he will still get a positive result<sup>59</sup>.
- The PCR machine only claims to be a qualitative test (it detects the presence of a piece of DNA) not a quantitative test (it doesn't test how much DNA is present). The reason this is a problem is that it is accepted that for a person to be sick or contagious he must have a "viral load" (a certain amount of a virus in the order of millions that is enough to cause the disease), therefore the presence of one/few strands of DNA would not be enough to make someone sick or contagious, and the regular PCR tests done, do not test for quantity<sup>60</sup>.
- The PCR test has not been validated against this illness, nor against the contagion/transmission of this virus, nor the presence of this virus. It has never been shown that a positive result from this test means that the person is sick or is going to get sick or that he is contagious. It has also not been validated against a virus to show that a positive result from this test correlates with the presence of this virus (since they haven't got an isolated virus to check it against). The test has never been proven to prove anything<sup>61</sup>.

Even though the PCR test has been the main test used in this situation until now, other tests are also being used. Antigen tests are used as diagnostic tests to detect bits of coronavirus proteins found in the sample (antigens are the parts of the proteins that antibodies from the immune system bind to). Using a long nasal swab to get a fluid sample, antigen tests can

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than one [gene] segment is being looked for. Some tests look for only one, so it must be present for a positive. But tests that look for two segments are split between those that require both to be present and those that require either one for a positive. Some tests look for three segments but only require any two to be present, while one test insisted on all three. **Tests that allow a segment to be undetected raise the question of how it can be said that a virus was detected when an important part of it was missing.**" Jon Rappoport's Blog, NoMoreFakeNews.com

<sup>55</sup> This means that a positive test result is given even though it is clear that the virus genome is not present, because if the viral genome was present, both primers would have matched. Nonetheless, this "option" is being used by labs for SARS-CoV-2 detection.

<sup>56</sup> Van Kasteren, P.B., et al. Comparison of seven commercial RT-PCR diagnostic kits for COVID-19. *Journal of Clinical Virology* 104412 (2020)

<sup>57</sup> From the World Health Organization (WHO), "Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans.": "Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar."

Translation: Some PCR tests register positive for types of coronaviruses that have nothing to do with COVID-19, including coronaviruses blamed for the common cold.

<sup>58</sup> "Specificity non-specific interference of Influenza A Virus (H1N1), Influenza B Virus (Yamagata), Respiratory Syncytial Virus (type B), Respiratory Adenovirus (type 3, type 7), Parainfluenza Virus (type 2), Mycoplasma Pneumoniae, Chlamydia Pneumoniae, etc." The list shows that these and others can give positive test results that will be interpreted as positive COVID-19 results. From "SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit (CD019RT)" creative-diagnostics.com

<sup>59</sup> The CDC stated in: "Clinical Guidance on the Identification and Evaluation of Possible SARS-CoV Disease among Persons Presenting with Community-Acquired Illness Version 2" that "To date, however, no specific clinical or laboratory findings can distinguish with certainty SARS-CoV disease from other respiratory illnesses rapidly enough to inform management decisions that must be made soon after the patient presents to the healthcare system. Therefore, early clinical recognition of SARS-CoV disease still relies on a combination of clinical and epidemiologic features." Even though this document was written for 2003 SARS virus, the procedure is still the same.

<sup>60</sup> "In an interview with Dr. David Rasnick: "You have to have a whopping amount of any organism to cause symptoms. Huge amounts of it," Dr. David Rasnick, biochemist, 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 PCR 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." I asked Dr. Rasnick what advice he has for people who want to be tested for COVID-19. "Don't do it, I say, when people ask me," he replies. "No healthy person should be tested. It means nothing but it can destroy your life, make you absolutely miserable."" uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus

<sup>61</sup> The only validation this test has received is: they take their computer generated virus sequence, make a primer based on that computer generated sequence and then make a physical RNA strand based on that computer generated sequence, then they test the PCR procedure using this synthetic primer and this synthetic strand. When they do this, they should get a positive match. They may also add controls to their PCR tests to confirm there is no contamination, that all results are due to the sample and not a dirty machine.

produce results in minutes. Antigen tests are less accurate than tests that detect genetic material from the virus<sup>62</sup>. For example, Elon Musk said that he took 4 antigen tests on the same day with 2 results being positive and 2 being negative<sup>63</sup>.

Antibody tests/serology tests are not intended to be diagnostic tests, rather they detect antibodies that are specific to coronavirus. Antibodies begin to appear in the blood about a week after the coronavirus has infected the body. Because antibodies take so long to develop, an antibody test can't reliably diagnose an ongoing infection, but for a limited time it can identify people who have previously been exposed to the coronavirus. Getting a positive antibody test result does not necessarily mean that a person is now immune<sup>64</sup>. Many antibody tests are not specific to this coronavirus, rather any common cold coronavirus could give a positive result. The CDC's calculations show that antibody testing results could be wrong 50% of the time (this is the same as flipping a coin)<sup>65</sup>.

Different antibody tests test for different things and with different rates of accuracy<sup>66</sup>. It is important to note, that since they have never isolated a virus, there is no way to determine the accuracy of any test to detect the presence of a virus in a person's body. Also, since no correlation has been proven between a virus and this illness, therefore no test involving a virus will ever be able to diagnose this illness.

One could ask, if no virus causes this illness, how does one ever get a positive result from an antigen test or an antibody test, because if there is no virus, how can someone have antigens and/or antibodies for it? Doesn't the presence of an antibody or antigen automatically prove the presence (past or present) of a virus?

Since they have no isolated virus, it is impossible to prove any correlation between a specific antibody and this specific (made up) virus. Also, since it has been shown that human cells produce exosomes<sup>67</sup>, especially when under "stress" (e.g. from a toxin)<sup>68</sup>, and that at any given time the body has exosomes in it, therefore even if a specific antibody were proved to correlate with a specific illness, this would not prove the presence of a virus in connection to this illness. The reason for this is because antibodies can have a different function other than attacking viruses. Antibodies have been shown to interact with exosomes<sup>69</sup> probably to facilitate the removal of toxins from the body, therefore it is possible that this antibody was created to interact with a specific exosome, in order to "sweep up" these exosomes in order to remove the toxins from the body<sup>70</sup>. The body often produces exosomes to "consume" toxins (as part of the body's protective measures), and then the body produces antibodies to "clean them up." It is therefore impossible to connect any antibodies found to any specific illness and say with any certainty that this proves that this means there was a virus and the body created these antibodies against that virus.

The same is true of antigens. Since no specific virus was ever isolated, it is impossible to prove correlation between any specific antigen (region(s) of a protein) with this virus, rather these antigens could be regions of the proteins of exosomes (exosomes are comprised of proteins, RNA and lipids<sup>71</sup>). Therefore, even if one could prove a correlation between this antigen and this illness, it would not prove the existence of a virus, since the antigen could be a component of an exosome.

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<sup>62</sup> "Your Coronavirus Test Is Positive. Maybe It Shouldn't Be." NY Times, Published Aug. 29, 2020 Updated Sept. 17, 2020 [nytimes.com/2020/08/29/health/coronavirus-testing](https://www.nytimes.com/2020/08/29/health/coronavirus-testing)

<sup>63</sup> "Something extremely bogus is going on. Was tested for covid four times today. Two tests came back negative, two came back positive. Same machine, same test, same nurse. Rapid antigen test from BD. — Elon Musk (@elonmusk) November 13, 2020" (a tweet sent by Elon Musk)

<sup>64</sup> "A positive result may not mean a person is immune, says the UK Medicines and Healthcare products Regulatory Agency. Quoted in" Should I get an antibody test?" *New Scientist*, June 27 2020).

<sup>65</sup> "CDC: Coronavirus antibody tests may be wrong 50% of the time" Mercury News, May 26, 2020, explaining the: "Interim Guidelines for COVID-19 Antibody Testing" CDC, Updated Aug. 1, 2020.

<sup>66</sup> Dr. Madelyn Fernstrom, NBC News' health editor, in an article titled "Busted! The 4 biggest myths about COVID-19 antibody testing" July 10, 2020 writes: "Only a fraction of the tests advertised meet FDA specifications. At first, the FDA didn't require manufacturers to get authorization from the agency, making test quality very inconsistent... Different tests measure different types of antibodies, with some more specific than others....Only the small number of antibody tests receiving EUA authorization from the FDA are reliable, as they are at least 99 percent accurate and specific for particular antibodies directed against COVID-19. Some tests are measuring other kinds of viral antibodies. Otherwise, you are open to a greater likelihood of a result that is a false positive (you really DON'T have antibodies) or a false negative (you really DO have them). Either "false" result doesn't help make informed health decisions."

<sup>67</sup> Edga, J. R. "Q&A: What are exosomes, exactly?" *Edgar BMC Biology* (2016) 14:46 | "What you need to know about Exosomes" Diaclone SAS. | "What Are Exosomes and Why Are They Important?" Labclinics, 12 September, 2019.

<sup>68</sup> Harischandra, D. S., et al., "Exosomes in Toxicology: Relevance to Chemical Exposure and Pathogenesis of Environmentally Linked Diseases." *Toxicological Sciences*, **158**, 3–13 (2017).

<sup>69</sup> Usage example of monoclonal antibodies for extracellular vesicle markers. *Exosome RNA*, June 20 2017.

<sup>70</sup> Newfound cell defense system features toxin-isolating 'sponges'. NYU Langone Health / NYU School of Medicine, March 4 2020. Exosomes are also created to act as messengers (communicate) between cells. Harischandra, D. S., et al., Exosomes in Toxicology: Relevance to Chemical Exposure and Pathogenesis of Environmentally Linked Diseases. *Toxicological Sciences*, **158**, 3–13 (2017).

"Viruses are exosomes, which are excretions of toxic cells. Exosomes are not transmittable. People are looking at exosomes and calling them viruses... Exosomes are a response to illness, not the cause of illness. Exosomes facilitate healing by devouring toxic matter." Dr. Andrew Kaufman M.D. who has a degree in Molecular Biology from MIT. He has made videos and interviews to help explain the science (fraud) behind the claim that SARS CoV-2 (and SARS CoV) causes the illness(es).

<sup>71</sup> "What you need to know about Exosomes" Diaclone SAS. | "What Are Exosomes and Why Are They Important?" Labclinics, 12 September, 2019.

## Is this illness contagious?

Not all illnesses are contagious. Cancer is not contagious, diabetes is not contagious, asthma, eczema, arthritis, and many other diseases are not contagious. When an atomic bomb was dropped on Hiroshima and lots of people within the region got ill and/or died from radiation poisoning, this “disease” did not show contagion, rather it showed they were all affected by the same ionizing radiation. If arsenic is added to people’s water supply and the people all subsequently get sick, it does not prove contagion, it shows that they were all poisoned by the same thing. These diseases are not contagious because they are not caused by microbes<sup>72</sup>.

Some illnesses were presumed to be contagious but when further studied were not necessarily found to be contagious. For example, Scurvy was once considered a contagious disease<sup>73</sup> (now it is known to be caused by vitamin C deficiency). Perhaps they assumed contagion, as scurvy was mainly gotten by sailors whilst out at sea (or on land among prisoners or in army camps) who were living in close proximity to each other, but not gotten by sailors when back on land and not living close together. Also it takes about a month for scurvy to develop, so many people only started to display the illness soon after the first person displayed the illness. Beriberi (now known to be caused by thiamine deficiency) was also considered by many as a contagious disease<sup>74</sup>, therefore its real cause took longer to be accepted<sup>75</sup>.

Also, for example, The “Spanish Flu” of 1918-1919:

Arthur Firstenberg in his book “The Invisible Rainbow”<sup>76</sup> writes about the lack of contagiousness of the “Spanish Flu” of 1918-1919:

Although the infectious nature of this illness was widely assumed, masks, quarantines, and isolation were all without effect<sup>77</sup>. Even in an isolated country like Iceland the flu spread universally in spite of the quarantining of its victims<sup>78</sup>. The disease seemed to spread impossibly fast. “There is no reason to suppose that it traveled more rapidly than persons could travel [but] it has appeared to do so,” wrote Dr. George A. Soper, Major in the United States Army<sup>79</sup>.

But most revealing of all were the various heroic attempts to prove the infectious nature of this disease, using volunteers. All these attempts, made in November and December 1918 and in February and March 1919, failed. One medical team in Boston, working for the United States Public Health Service, tried to infect one hundred healthy volunteers between the ages of eighteen and twenty-five. Their efforts were impressive and make entertaining reading:

“We collected the material and mucous secretions of the mouth and nose and throat and bronchi from cases of the disease and transferred this to our volunteers. We always obtained this material in the same way. The patient with fever, in bed, had a large shallow, traylike arrangement before him or her, and we washed out one nostril with some sterile salt solutions, using perhaps 5 c.c., which is allowed to run into the tray; and the nostril is blown vigorously into the tray. This is repeated with the other nostril. The patient then gargles with some of the solution. Next we obtain some bronchial mucus through coughing and then we swab the mucous surface of each nares and also the mucous surface of the throat... Each one of the volunteers... received 6c.c. of the mixed stuff that I have described. They received it into each nostril, received it in the throat, and on the eye, and when you think that 6c.c. in all was used, you will understand that some of it was swallowed. None of them took sick.”

In a further experiment with new volunteers and donors, the salt solution was eliminated, and with cotton swabs, the material was transferred directly from nose to nose and from throat to throat, using donors in the first, second, or third day of the disease. “None of these cases took sick in any way... All of the volunteers received at least two, and some of them three ‘shots’ as they expressed it.”

In a further experiment 20c.c. of blood from each of five sick donors were mixed and injected into each volunteer. “None of them took sick in any way.”

“Then we collected a lot of mucous material from the upper respiratory tract, and filtered it through Mandler filters. This filtrate was injected into ten volunteers, each one receiving 3.5c.c. subcutaneously and none of these took sick in any way.”

Then a further attempt was made to transfer the disease “in the natural way,” using fresh volunteers and donors: “The volunteer was led up to the bedside of the patient; he was introduced. He sat down alongside the bed of the patients. They shook hands, and by instructions, he got as close as he conveniently could, and they talked for five minutes. At the end of five minutes, the patient breathed out as hard as he could, while the volunteer, muzzle to muzzle (in accordance with his instructions, about two inches between the two), received this expired breath, and at the same time was breathing in as the patient breathed out... After they had done this for five times, the patient coughed directly into the face of the volunteer, face to face, five different times... [Then] he moved to the next patient whom we had selected, and repeated this, and so on, until this volunteer had had that sort of contact with ten different cases of influenza, in different stages of the disease, mostly fresh cases, none of them more than three days old... None of them took sick in any way.”

“We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps,” concluded Dr. Milton Rosenau, “if we have learned anything, it is that we are not quite sure what we know about the disease.”<sup>80 81</sup>

<sup>72</sup> There is an entire theory of disease called “The Terrain Theory,” which purports that no disease is ever caused by microbes (germs), rather by problems in the “Terrain” e.g. from problems in the body itself or from problems in the surrounding environment.

<sup>73</sup> Cook G.C. Scurvy in the British Mercantile Marine and the Seamen’s Hospital Society. *Postgrad Med J*, **80**, 224–229 (2004): “The possibility that scurvy was a contagious disease also received strong support (58–62); for example, the master of the Royal Sovereign, which had sailed from Bombay to Falmouth, on which an “outbreak” of scurvy had occurred, considered at an inquest that “the disease was introduced into the ship by a man ... who joined at Bombay, where he had been in the hospital under treatment for scurvy” (63).”

<sup>74</sup> Arnold D. British India and the “Beriberi Problem”, 1798–1942. *Medical History*, **54** 295–314 (2010) brings down “James Bankier, *Essay on the origin, progress and treatment of cholera, with remarks on beriberi and diet*, Madras, J B Pharoah, 1835, pp. 409–10. The idea of beriberi as a contagious disease had a long history, and not just in South Asia: e.g., B Scheube, *The diseases of warm countries: a handbook for medical men*, 2nd ed., London, John Bale, Sons and Danielsson, 1903, p. 191.”

<sup>75</sup> Williams R. Toward the Conquest of Beriberi. Harvard University Press, 1961, p.18. Cited in Engelbrecht T and Köhnlein C, *Virus Mania*. 2<sup>nd</sup> English Edition 2020.: Robert Williams, one of the discoverers of thiamine, noted that “all young physicians were so imbued with the idea of infection as the cause of disease that it presently came to be accepted as almost axiomatic that disease could have no other cause [than microbes]. The preoccupation of physicians with infection as a cause of disease was doubtless responsible for many digressions from attention to food as the causal factor of beriberi.”

<sup>76</sup> *The Invisible Rainbow*, by Arthur Firstenberg pp. 107-109, 2017 AGB Press, reprinted February 2020 by Chelsea Green Publishing.

<sup>77</sup> Annual Report of the Surgeon General, US Navy. 1919. Washington, DC: Government Printing Office. “Report on Influenza,” 358-449 (1919).

<sup>78</sup> Erlendsson, V. Influenza in Iceland. *Journal of the American Medical Association*, **72**, (25) 1880 (1919).

<sup>79</sup> Soper, G.A. The Pandemic in the Army Camps. *Journal of the American Medical Association*, **71**, (23) 1899-1909. (1918)

<sup>80</sup> Rosenau, M. J. Experiments to Determine Mode of Spread of Influenza. *Journal of the American Medical Association*, **73**, (5), 311-313 (1919).

Edwin Jordan, a public health scientist who conducted some of the most well-known research into the 1918 Spanish flu pandemic<sup>82</sup> also reported in 1927 that five studies failed to demonstrate sick-to-well transmission of influenza. "Jordan reports that all five studies failed to support sick-to-well transmission, in spite of having numerous acutely ill influenza patients, in various stages of their illness, carefully cough, spit, and breathe on a combined total of >150 well patients," according to a review published in *Virology* in 2008<sup>83 84</sup>.

A 2003 review conducted by U.S. CDC scientists and colleagues concluded, "Our review found no human experimental studies published in the English-language literature delineating person-to-person transmission of influenza."<sup>85</sup>

There is no proof that the disease "Covid-19" is contagious. In the scientific literature (as far as I can find), no one has proven COVID-19 to be contagious. There are several studies<sup>86</sup> which are cited as proving contagion for Covid-19, yet a careful study of these studies show that they do not prove contagion in any way.

The main cited study<sup>87</sup> concludes "Our study showed that person to person transmission in family homes or hospital, and inter-city spread of this novel coronavirus are **possible**." The study itself shows no proof of contagion, nor does it claim to<sup>88</sup>.

There have been many many cases of individuals that have gotten ill and diagnosed with COVID-19 but had no prior contact with ill people nor with people who had travelled to places that were deemed infected at those times, but nonetheless, these individuals got ill and were diagnosed as COVID-19 cases<sup>89</sup>. Also even though New Zealand had basically closed off their borders, still unexplained new cases of COVID-19 nevertheless appeared<sup>90 91</sup>.

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Leake, J.P. The Transmission of Influenza. *Boston Medical and Surgical Journal*, **181** (24) 674-679 (1919).

Public Health Reports, 1919. Some Interesting Though Unsuccessful Attempts to Transmit Influenza Experimentally. **34**, (2) 33-39.

<sup>81</sup> Firstenberg continues: "Earlier attempts to demonstrate contagion in horses had met with the same resounding failure. Healthy horses were kept in close contact with sick ones during all stages of the disease. Nose bags were kept on horses that had nasal discharges and high temperatures. Those nose bags were used to contain food for other horses which, however, stubbornly remained healthy. As a result of these and other attempts, Lieutenant Colonel Herbert Watkins-Pitchford of the British Army Veterinary Corps wrote in July 1917 that he could find no evidence that influenza was ever spread directly from one horse to another."

<sup>82</sup> Epidemic Influenza. A Survey. 1927 pp.599. [cabdirect.org/cabdirect/search/?q=do%3a%22Epidemic+Influenza.+A+Survey.%22](http://cabdirect.org/cabdirect/search/?q=do%3a%22Epidemic+Influenza.+A+Survey.%22), [cabdirect.org/cabdirect/abstract/19292700266](http://cabdirect.org/cabdirect/abstract/19292700266),

<sup>83</sup> *Virology Journal*, volume 5, Article number: 29 (2008) [link.springer.com/journal/12985](http://link.springer.com/journal/12985) [link.springer.com/article/10.1186/1743-422X-5-29](http://link.springer.com/article/10.1186/1743-422X-5-29)

<sup>84</sup> Studies Question Transmission of 1918 Spanish Flu. GreenMedInfo Research Group, September 8th 2020.

<sup>85</sup> *Clinical Infectious Diseases*, Volume 37, Issue 8, 15 October 2003, Pages 1094-1101. (doi.org/10.1086/378292) ([academic.oup.com/cid/article/37/8/1094/2013282](http://academic.oup.com/cid/article/37/8/1094/2013282))

<sup>86</sup> The main cited study is: Chan, J. W.-F., et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person to person transmission: a study of a family cluster. *Lancet* **20**, 3015-9 (2020). Animal model studies include: Bao, L., et al. The pathogenicity of SARS-CoV-2 in hACE2 transgenic mice. *Nature* **583** 830-833 (2020) and Munster, V.J., et al. Respiratory disease in rhesus macaques inoculated with SARS-CoV-2. *Nature* **585**, 268-272 (2020).

<sup>87</sup> Chan, J. W.-F., et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person to person transmission: a study of a family cluster. *Lancet* **20**, 3015-9 (2020).

<sup>88</sup> See footnote 86. The rhesus macaques study also does not prove contagion, nor does it claim to prove contagion. However, the transgenic mice study does claim to prove contagion. In truth, it does not. First of all, the mice were transgenic (not natural mice, and therefore possible ill). The study never purified the sample that was inoculated into the mice, meaning the sample was full of all the stuff found in the ill person (including bacteria, fungi, toxins, exosomes, human cells etc.), to which they added antibiotics and other poisons. Afterwards, the mice did not show the symptoms of Covid-19 (they only lost weight and had ruffled fur), and the autopsies of the mice did not show the signs found in Human Covid-19 autopsies (there were no blood clots, no metaplasia, no edema and no hyaline membranes). There was also no statistical difference of manifestations of illness between the inoculated mice and the control mice. Also, less than half of the inoculated mice showed any symptoms of illness (weight loss and ruffled fur) at all.

<sup>89</sup> "Numerous newspaper articles have noted cases outside China (where individual cases were still newsworthy) that had no known contact with another case, or travel to an endemic region (notably Wuhan): (Feb 16) An 82-year old man in Seoul, Korea, had no record of overseas travel or contact with other positive testing people. (Feb 17) Three men in Aichi, Chiba and Hokkaido prefectures in Japan have no infection routes identified. (Feb 16) An 82-year old man in Seoul, Korea, had no record of overseas travel or contact with other positive testing people. (Feb 17) Three men in Aichi, Chiba and Hokkaido prefectures in Japan have no infection routes identified. (Feb 18) A 61-year-old woman described as a "super-spreader" was the first person diagnosed in her highly populated region of South Korea, with no known contacts or travel to explain her case. (Feb 27) After a hospital in Vienna, Austria, decided to test everyone with compatible symptoms, a 72-year old man tested positive. He had no known route of infection, had already been in the hospital 10 days, and none of his contacts were ill or infected. (Feb 28) An Oregon resident became the first positive case with no known history of travel to affected countries or contact with infected individuals. (Mar 2) El Pais reported that at least five positive cases in Torrejón de Ardoz, near Madrid, had not travelled to any country considered a risk, not had contact with any other patient. (Mar 6) British Columbia, Canada reports a positive case with no recent travel history and no known contact with another patient." *Op-Ed: Does the 2019 Coronavirus Exist? David Crowe, GMI*

<sup>90</sup> "New Zealand declared zero remaining covid-19 cases on 8 June after enacting one of the strictest lockdowns in the world. Restrictions were eased, but it has since sought to keep the virus out with tight border controls that include a ban on international visitors, quarantining its citizens who return from abroad and requiring protective equipment for all airport and seaport workers. These measures allowed New Zealand to go 102 days without recording any new locally acquired covid-19 cases. However, on 11 August, the country was rocked by news that four members of a family in Auckland had tested positive for the virus, without any identifiable source of infection." From: "Return of covid-19 to New Zealand shows that no one can relax." *New Scientist*, Aug 18 2020.

<sup>91</sup> A friend told me that her husband had lost his sense of smell, wasn't well and stayed home for the week, they did not wear masks nor distanced and no one in her family got sick. She said that it doesn't look to her like this illness is contagious. Other people tell me they feel very strongly that this illness must be contagious, and others tell me that I shouldn't include this section in my paper because I could lose too many people, as many people are not ready to question contagion. I say I haven't seen proof either way, but once they announced that asymptomatic people can be carriers, it is nearly impossible to disprove contagion, since according to this, any person, even a healthy person could be a carrier, so the only way to disprove contagion is to show someone (or a country) that got sick without any contact with anyone at all. Announcing that a person can be an asymptomatic carrier has no scientific basis, just like all the other big loud announcements in the media have no scientific basis (e.g. there is a virus, that this virus causes this disease, that this disease is contagious, that masks protect yourself & others, etc.). It has never been proven that a person can be an asymptomatic carrier and spreader of SARS CoV-2. My guess is that this concept of "asymptomatic carriers" (that a person doesn't have enough of a

## What causes this illness?

So, if the illness that is affecting the entire world (and there really is an illness whose symptoms include: fever, cough, fatigue, headaches, gasping for breath, blood clotting, loss of sense of smell, diarrhea, chest pain, heart palpitations, neurological symptoms & much more) is not caused by SARS CoV-2, what is causing it?

This new worldwide illness can affect all the systems of the body and sometimes causes no respiratory symptoms at all. This is not symptomatic of a respiratory virus (which is merely a tiny piece of RNA surrounded by protein and fat- with no arms or legs or eyes or decision making capability, no independent motility nor reproductive ability nor metabolism – a virus is not even a living entity like a bacteria), rather, it seems most likely that this illness is in fact an EMF illness/Electro- illness. All of the symptoms make perfect sense if this is an electro-illness, because all of the symptoms seen in this illness are already documented as electro-sickness. There is a massive amount of research on the detrimental effects of EMFs on health. In addition to this, the whole body is an electrical system, so it makes sense that every system of the body would be affected by artificial electro-smog<sup>92</sup>.

### **What is Electromagnetic Radiation/Fields (EMFs) & what is Electro-sickness/Electro-illness?**

The EMFs that are referred to here are radiation emitted from devices such as: cell phones, cell phone towers, WIFI routers, radio, radar, Bluetooth enabled devices, baby monitors, cordless phones, smart meters, as well as EMFs from wires, transformers, appliances, microwave ovens, electronics, outlets/sockets, lights, etc. The EMFs emitted from these things are all called non-ionizing radiation, meaning they do not actually break molecular bonds, they do, however, produce many biological effects.

EMFs affect all life, including plants, insects, animals and humans.

The body requires certain natural EMFs to function properly<sup>93</sup>, but artificial man-made EMFs generally interfere with the proper functioning of the body, negatively affecting all parts of the body<sup>94</sup>. Different people have different levels of electro-sensitivity, some are less affected by EMFs and others are more affected by EMFs, some are more quickly affected and some are affected only after more prolonged exposure<sup>95</sup>. In all cases the effects are cumulative (over time the same

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viral load to ever display any symptoms, but somehow has enough to make another person ill) was made up in order to answer how so many people were getting sick, who had had no contact with any sick people.

Test results mean absolutely nothing, therefore I ignore all stories of so called “contagion” from people who got a positive test result. But stories where someone actually got ill and then other people got ill near them soon after, those stories need to be taken seriously and evaluated. Are all those people being affected by the same poison/toxin/deficiency, and therefore all succumbed to illness soon after the first, as was seen with scurvy, or is there really evidence that one person actually passed the illness to other people?

<sup>92</sup> For example, EMFs are considered to be a cause of dementia/ Alzheimer’s “Cell Phones Now Tied to Alzheimer’s.” a study led by Leif Salford: “Nerve Cell Damage in Mammalian Brain after Exposure to Microwaves from GSM Mobile Phones.” *Environmental Health Perspectives*, 111(7);881-883. Harmancy H., et al. “Risk factors for Alzheimer disease: a population-based case-control study in Istanbul, Turkey,” *Alzheimer Dis Assoc Disord.*, 17(3):139-145 (2003). Sobel E., et al. “Elevated risk of Alzheimer’s Disease among workers with likely electromagnetic field exposure.” *Neurology*, 47(6):1477-1481 (1996).

According to the US CDC, death from Alzheimer’s/dementia (not attributed to Covid-19) has spiked over the summer of 2020 well above normal death rates. If the 2020 world illness is really electro-sickness, this would make a lot of sense. <sup>124NEWS</sup> – “CDC reports 20% excess death from dementia, Alzheimer during summer” September 17, 2020

<sup>93</sup> Chapter 9: Earth’s Electric Envelope, *The Invisible Rainbow*, by Arthur Firstenberg.

<sup>94</sup> - Bioinitiative Report 2007 & 2012 (bioinitiative.org) The 1,470 page Bioinitiative Report, authored by an international group of 29 experts, has reviewed thousands of studies. The 2012 update reviewed more than 1,800 new studies bringing the total to over 3,800 studies, and is continually updated.

- “Bibliography of Reported Biological Phenomena (“Effects”) and Clinical Manifestations Attributed to Microwave and Radio-Frequency Radiation” Naval Medical Research Institute, 1971. This report compiled over 2,300 references to the biological responses witnessed due to RF and microwave radiation exposure. The extensive list included: effects to the central, autonomic and peripheral nervous systems; psychological, blood, vascular, metabolic, and gastrointestinal disorders; genetic, chromosomal, enzyme, physiologic function, biochemical, behavioral, endocrine gland and histological changes; heating of organs and alterations in the bio currents of the cerebral cortex.

- “Electromagnetic Field Interactions with the Human Body: Observed Effects and Theories” NASA around 1981. This report details both the adverse and benign effects of EMFs on living organisms. citing over 1,000 written sources including journals, conference proceedings, technical documents, books, abstracts and news items as well as in-person meetings, telephone interviews, and lecture tapes. Reported effects included: headaches, sleep disorders, neurological ailments, cardiac symptoms, memory problems, increased cholesterol, gastritis, ulcers, increased sugar levels in the blood, irritability, the inability to concentrate, apprehension and cataracts.

- “Radio Frequency/Microwave Radiation Biological Effects and Safety Standards: A Review” US Air Force Report, 1988. The report states, “Exposure to RF/MW radiation is known to have a biological effect on animals and humans. Damage to major organs, disruption of important biological processes, and the potential risk of cancer represent the dangers of RF/MW radiation to living organisms.” It also warns of mutagenic and cardiovascular effects as well as negative effects on chromosomes. In addition, it cites Soviet investigators claims that exposure to low level radiation could induce serious central nervous system disorders. According to the paper, “Non- thermal responses can be less noticeable and are often more difficult to explain than thermal effects. These responses are related to disturbances in the tissue not caused by heating. Electromagnetic fields can interact with the bioelectrical functions of the irradiated human tissue. Research conducted in the Soviet Union and Eastern Europe suggest that the human body may be more sensitive to the non-thermal effects of RF/MW radiation.”

- FCC ET Docket No. 13-84, Submissions by Paul Dart & many others. Also “The Invisible Rainbow” by Arthur Firstenberg, 2017 AGB Press, reprinted February 2020 by Chelsea Green Publishing, who references hundreds of studies & has many lists of illnesses caused by EMFs throughout the book. Also see: Council of Europe Resolution 1815 (2011), and a massive amount of other literature on the subject.

<sup>95</sup> Chapter 3: Electrical Sensitivity, *The Invisible Rainbow*, by Arthur Firstenberg.

exposure causes more damage). Environmental factors also affect a person's electro-sensitivity, e.g. chemical toxins<sup>96</sup> and metal poisoning<sup>97</sup>. The more chemical toxins/metal poisoning a person has in his body the more electro-sensitive he is. In addition to these, there are many other factors that can alter a person's electro-sensitivity, such as age, pregnancy, trauma. Also dehydration causes an increase in electro-sensitivity.

A growing number of people in the world are suffering from electro-sickness. Electro-sickness has many symptoms including headaches, fatigue, fever, ear-ringing, cough, weakness, joint problems, heart problems, tremors, chronic pain, kidney problems, vascular problems (including hypertension), cancers, digestive issues, eye problems, seizures, strokes, neurological disturbances, behavioral/cognitive problems, infertility and much more, including death (see footnote 94). Electro-sickness is an accepted medical physiological illness (it is sometimes referred to radio wave sickness). It has been proven in scientific and medical literature for over 100 years<sup>98</sup>.

In 2017 it was estimated that our bodies were subjected to one quintillion times (1,000,000,000,000,000,000) more EMF radiation than we were a decade before<sup>99</sup>, and things have only gotten far far worse since then.

Many scientists and health professionals around the world have called for a stop on the further increase in EMFs<sup>100</sup>. Three powerful new EMF infrastructures were planned to be installed worldwide from the end of 2019 through 2020: the installation of small cell antennas, 5G cellular networks, and satellite systems in low orbit (called Starlink) irradiating high frequency 5G all over the world<sup>101</sup> (these satellites work with their own additional set of giant towers and antennas). Scientists have predicted that if these new massive increases in EMFs aren't stopped, we would experience new increases in illness/flu and death.

All three projects have gone ahead. On November 1, 2019, 5G was officially launched in Wuhan, China, and soon after reports of the "Wuhan flu" (now called COVID-19) were announced. In New York City, USA, high levels of illness were reported after the city started installing 5G (the installation of 5G in NYC is still in progress). Northern Italy has 5G, as does France, Spain, Germany, England and the Diamond Princess cruise ship. The Starlink satellites were turned on around February 2020, and 3G & 4G small cell antennas are being installed in many countries over 2020 and beyond.

As far as we know, Our city does not yet have 5G, but around January/February 2020, the telecommunication companies installed many 3G & 4G small cell antennas in our lampposts (nearly all of them), on the outside of buildings and on power/transformer/utility poles. This greatly increased the amount of Elecrosmog to levels far greater than has ever been here before.

We are currently watching many people get sick with heart attacks, strokes, kidney problems, retina detachment, miscarriages along with many less severe sicknesses, e.g. headaches, coughs, chest pains, loss of sense of smell, sleep disruption and general tiredness. These are all symptoms of electro-sickness. In addition to this, hospitals and old age homes are full of electrical equipment and antennas (EMF sources) which exasperate the entire situation.

It has been documented that in places with high/novel EMFs the bees die, many types of insects die/leave and many species of birds die/leave. In our neighbourhood<sup>102</sup>, we found that by autumn 2020 the bees were sick or absent. The

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<sup>96</sup> Chemical toxins include things like air fresheners, artificial colouring/flavourings/preservatives, fluoride, pesticides, cleaning solutions, detergents, bleach, toiletries, sunscreens, perfume, formaldehyde (present in many things in our life), pharmaceutical drugs, micro-plastics, BPA, and much more.

<sup>97</sup> Metal toxins include things like mercury leaching out from amalgam/silver fillings, or aluminum used in processing white salt and baking powder, cooking with foil pans/aluminum-foil, antiperspirants, fumes from leaded gasoline, injected mercury &/or aluminum in vaccines, and lead, mercury, cadmium, arsenic, nickel and aluminum contained in cosmetics, e.g. lip color, eye liner and nail color (Metals in cosmetics: implications for human health. *Journal of Applied Toxicology* 35(6):551-72 (2015). FDA's Testing of Cosmetics for Arsenic, Cadmium, Chromium, Cobalt, Lead, Mercury, and Nickel Content, [Fda.gov lists brands/cosmetics & results](https://www.fda.gov/oc/ohrt/cosmetics-testing)).

<sup>98</sup> Over 30,000 studies have been done showing the effects of non-ionizing radiation on biological systems (living beings) (Weston A Price Foundation interview with Arthur Firstenberg, 2020). "More than 10,000 peer reviewed scientific studies demonstrate harm to human health from RF radiation" (Glaser Z. Cumulated index to the bibliography of reported biological phenomena and clinical manifestations attributed to microwave and radio frequency radiation: Report, Supplements (No.1-9). BEMS Newsletter (B-1 through B-464), 1971-1981. Available at: [www.cellphonetaskforce.org-wp-content/uploads-2018-06-Zory-Glasers-index.pdf](http://www.cellphonetaskforce.org-wp-content/uploads-2018-06-Zory-Glasers-index.pdf). See above, Footnote 94.

<sup>99</sup> Olle Johansson, PhD, associate professor in neuroscience at the Karolinska Institute in Sweden.

<sup>100</sup> "The International Doctors Appeal (Freiburger Appeal)" [www.freiburger-appell-2012.info-en-home.php?lang=EN](http://www.freiburger-appell-2012.info-en-home.php?lang=EN) & the International Appeal "Stop 5G on Earth and in Space". There were 300,950 signatories from 214 nations & territories as of Oct. 27, 2020.

<sup>101</sup> As of the end of 2020, Starlink had over 1,000 satellites in orbit and were trying to put up 120 new satellites a week. They have so far received permission from the FCC to put up 12,000 satellites, and eventually plan on having 42,000 satellites, SpaceX hoped to have the entire world covered by mid-2021.

<sup>102</sup> I included this paragraph because I want to make it clear, that I didn't just trust what others have said (many others have claimed that this illness is caused by an increase in EMFs) just like I didn't just trust the "coronavirus" story, rather I wanted to try and confirm that this increase in EMFs was actually happening in our neighborhood, and was having observable affects. Firstly, I confirmed that we had an increase in EMFs (I saw a man installing small cell antennas on our street and we continuously see more being installed. I also have a professional EMF meter and have used it extensively in my neighborhood). Secondly, the research I read claims that EMFs negatively affect insect, plant and bird life, so I went out to find out if my neighborhood had less/sicker wildlife than previous years. I found this definitely to be so. Many bushes have dead patches (near antennas), many trees have dead patches or are entirely dead, Many Insects and birds were sick/gone, as I discussed above, and

earwigs we get on our white laundry hanging outside were not here in 2020. We have virtually no flies outside, and for the first time we are keeping our windows open all day long, as no insects are coming in. By the summer of 2020, the pigeons on our building disappeared. Normally the floor outside our building and our house are covered in pigeon droppings; through this summer and this autumn the floors were all clean. Over 2020, we have been watching many plants/bushes/trees in our neighbourhood dying<sup>103</sup>. Different species of plants, animals, birds and insects have different electro-sensitivity, so not all species have been noticeably affected.

I was interested in discovering if 3 specific symptoms that I felt differentiated this current illness from previous years' illnesses were actually symptoms of electro-sickness, and if so, were they already documented prior to the winter of 2019.

1. Difficulty utilizing oxygen within the cells leading to gasping for breath, 2. Blood clotting, 3. Loss of sense of smell. I found that all three were documented as symptoms of electro-sickness.

## 1. Difficulty utilizing oxygen within the cells leading to gasping for breath, even when oxygen is plentiful in the air and lungs:

Arthur Firstenberg writes in Chapter 11 (Irritable Heart) of his book "The Invisible Rainbow"<sup>104</sup> (book on the history of electricity and life):

The job that was assigned to Dr. Mandel Cohen and his associates in 1941 was to determine why so many soldiers fighting in the Second World War were reporting sick because of heart symptoms... the main body of their work was a 150-page report... It was written for the Committee of Medical Research of the Office of Scientific Research and Development - the office that was created by President Roosevelt to coordinate scientific and medical research related to the war effort<sup>105</sup>... this medical team not only took these anxiety-like complaints seriously, but looked for and found physical abnormalities in the majority of these patients...

Although the focus of this team was the heart, the 144 soldiers enrolled in their study also had respiratory, neurological, muscular, and digestive symptoms. Their average patient, in addition to having heart palpitations, chest pains, and shortness of breath, was nervous, irritable, shaky, weak, depressed, and exhausted. He could not concentrate, was losing weight, and was troubled by insomnia. He complained of headaches, dizziness, and nausea, and sometimes suffered from diarrhea or vomiting. Yet standard laboratory tests - blood work, urinalysis, X-rays, electrocardiogram, and electroencephalogram- were usually "within normal limits."

Cohen, who directed the research brought to it an open mind. Raised in Alabama and educated at Yale, he was then a young professor at Harvard Medical School who was already challenging delivered wisdom and lighting one of the earliest sparks of what would eventually be a revolution in psychiatry... Paul White, one of the two chief investigators - the other was neurologist Stanley Cobb - was already familiar with neurocirculatory asthenia from his civilian cardiology practice and thought... that it was a genuine physical disease. Under the leadership of these three individuals, the team confirmed that this was indeed the case. Using the techniques that were available in the 1940s... they demonstrated conclusively that neuroasthenia had a physical and not a psychological cause. And they gave the medical community a list of objective signs by which the illness could be diagnosed...

Their oxygen consumption during the exercise was abnormally low, and, most significantly, their ventilatory efficiency was abnormally low. This means that they used less oxygen, and exhaled less carbon dioxide, than a normal person even when they breathed the same amount of air. To compensate, they breathed more air more rapidly than a healthy person and were still not able to continue running because their bodies were still not using enough oxygen. A fifteen-minute walk on the same treadmill gave similar results. All subjects were able to complete this easier task. However, on average, the patients with neurocirculatory asthenia breathed fifteen percent more air per minute than healthy volunteers in order to consume the same amount of oxygen. And although, by breathing faster, the patients with neurocirculatory asthenia managed to consume the same amount of oxygen as the healthy volunteers, they had twice as much lactic acid in their blood, indicating that their cells were not using that oxygen efficiently.

Compared to healthy individuals, people with this disorder were able to extract less oxygen from the same amount of air, and their cells were able to extract less energy from the same amount of oxygen. The researchers concluded that these patients suffered from a defect of aerobic respiration. In other words, something was wrong with their mitochondria - the powerhouses of their cells. The patients correctly complained that they could not get enough air. This was starving all of their organs of oxygen and causing both their heart symptoms and their other disabling complaints. Patients with neurocirculatory asthenia were consequently unable to hold their breath for anything like a normal period of time, even when breathing oxygen<sup>106</sup>... A twenty year follow-up study of civilians with neurocirculatory asthenia revealed... they did have abnormal electrocardiograms that indicated that the heart muscle was being starved of oxygen<sup>107</sup>...

The connection to electricity was provided by the Soviets. Soviet researchers, during the 1950s, 1960s, and 1970s, described physical signs and symptoms and EKG changes, caused by radio waves, that were identical to those that White and others had first reported in the 1930s and 1940s. The EKG changes indicated both conduction blocks and oxygen deprivation to the heart<sup>108</sup>. The Soviet scientists - in agreement with Cohen and White's team - concluded that these

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even more interesting, the only pigeons we managed to find (before the migratory birds arrived) were found sheltering in various faraday cages (e.g. under metal cupboards, or behind metal grating). This brought me to conclude that my neighborhood had an increase in EMFs and it is negatively affecting the health of the wildlife around me. At this point, I was ready to start considering if EMFs could also be the cause of the illness that we were seeing this year. I chose 3 symptoms that I felt differentiated this illness from previous years' illnesses and set out to see if they were already documented as symptoms of electro-sickness. Only once I found that all 3 symptoms were indeed symptoms of electro-sickness, was I ready to say that this illness appears to be an electro-sickness. If the cause of an illness is known, then you can try to prevent it, heal it and heal lingering problems associated with it.

<sup>103</sup> Warnke, U. Bees, Birds and Mankind: Destroying Nature by Electro Smog. Competence Initiative for the Protection of Humanity, Environment and Democracy; 2009.

Balmori, A. Electromagnetic Pollution from Phone Masts. Effects on Wildlife. *Pathophysiology* **16**, 191-199 (2009) Waldmann-Selsam, C., Balmori-de la Puente, A., Breunig, H., Balmori, A. Radiofrequency Radiation injures trees around mobile phone base stations. *SciTotalEnviron* **572**, 554-569 (2006). Also See "The Invisible Rainbow" by Arthur Firstenberg, Feb. 2020.

<sup>104</sup> The Invisible Rainbow, by Arthur Firstenberg pp. 177-181, 187, 188-189, AGB Press 2017, reprinted February 2020 by Chelsea Green Publishing.

<sup>105</sup> Cohen M.E. et al., A Study of Neurocirculatory Asthenia, Anxiety Neurosis, Effort Syndrome. Final Report. Contract OEM-cmr 157. Committee on Medical Research of the Office of Scientific Research and Development. (1946)

<sup>106</sup> Haldane, J.S. Respiration. New Haven: Yale University Press. (1922) pg 56. Jones, M. & Mellersh, V. A Comparison of the Exercise Response in Anxiety States and Normal Controls. *Psychosomatic Medicine* **8**, 180-187 (1946) Jones, M. & Scarisbrick R. The Effect of Exercise on Soldiers with Neurocirculatory Asthenia. *Psychosomatic Medicine* **8**, 188-192 (1946) Jones, M. Physiological and Psychological Responses to Stress in Neurotic Patients. *Journal of Mental Science* **94**, 392-427 (1948)

<sup>107</sup> Cohen, M. & White, P. Life Situations, Emotions and Neurocirculatory Asthenia (Anxiety Neurosis, Neuroasthenia, Effort Syndrome) *Psychosomatic Medicine* **13**, 335-357 (1951) p355. Wheeler, E.O. et al., Neurocirculatory Asthenia (Anxiety Neurosis, Effort Syndrome, Neurasthenia): A Twenty Year Follow-up Study of One Hundred and Seventy-three Patients. *Journal of the American Medical Association* **142**, 878-889. (1950)

<sup>108</sup> Orlova, A.A. The Clinic of Changes of the Internal Organs under the Influence of UHF. (1960) In A.A. Letavet and Z. V. Gordon, eds. *The Biological Action of Ultra-high Frequencies*. Moscow: Academy of Medical Sciences, 12471, pp. 30-35. Bachurin, V.I. Influence of Small Doses of Electromagnetic Waves on Some Human Organs and Systems. *Vrachebnoye Delo*, **7**, 95-97 (1979) JPRS 75515 (1980) pp. 36-39.

patients were suffering from a defect of aerobic metabolism. Something was wrong with the mitochondria in their cells. And they discovered what the defect was. Scientists... proved that the activity of the electron transport chain - the mitochondrial enzymes that extract energy from our food - is diminished not only in animals that are exposed to radio waves<sup>109</sup>, but in animals exposed to magnetic fields from ordinary electric power lines<sup>110</sup>...

The fundamental defect in this disease of many names is that although enough oxygen and nutrients reach the cells, the mitochondria - the powerhouses of the cells - cannot efficiently use that oxygen and those nutrients, and not enough energy is produced to satisfy the requirements of heart, brain, muscles, and organs. This effectively starves the entire body, including the heart, of oxygen, and can eventually damage the heart...

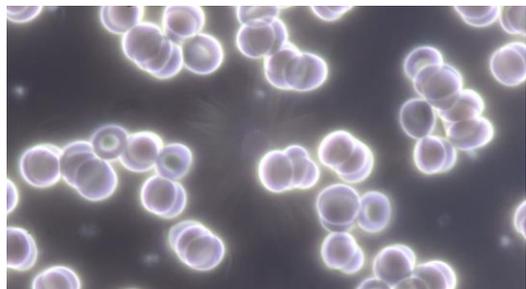
In the twentieth century, particularly after World War II, a barrage of toxic chemicals and electromagnetic fields (EMFs) began to significantly interfere with the breathing of our cells. We know from work at Columbia University that even tiny electric fields alter the speed of electric transport from cytochrome oxidase. Researchers Martin Blank and Reba Goodman thought that an explanation lay in the most basic of physical principles, "EMF," they wrote in 2009, "acts as a force that competes with the chemical forces in a reaction." Scientists at the Environmental Protection Agency - John Allis and William Joines - finding a similar effect from radio waves, developed a variant theory along the same lines. They speculated that the iron atoms in the porphyrin-containing enzymes were set into motion by the oscillating electric fields, interfering with their ability to transport electrons.

It was the English physiologist John Scott Haldane who first suggested, in his classic book, *Respiration*, that "soldier's heart" was caused not by anxiety but by a chronic lack of oxygen<sup>111</sup>. Mandel Cohen later proved that the defect was not in the lungs but in the cells. These patients continually gulped air not because they were neurotic, but because they really could not get enough of it. You might as well have put them in an atmosphere that contained only 15 percent oxygen instead of 21 percent, or transported them to an altitude of 15,000 feet<sup>112</sup>. Their chests hurt, and their hearts beat fast, not because of panic, but because they craved air. And their hearts craved oxygen, not because their coronary arteries were blocked, but because their cells could not fully utilize the air they were breathing."

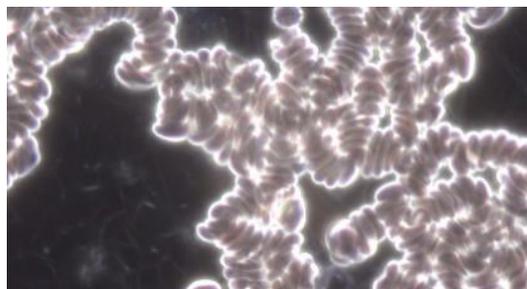
## 2. Blood Clotting:

"Evidence that EMF can cause a reaction in endothelial cells, increasing the risk for blood clot formation was first described in 2004<sup>113</sup>. EMF exposure may also induce Rouleaux formation, a reversible condition where red blood cells adhere to one another and become stacked, one on top of the other like a stack of coins. This phenomenon may occur with many conditions, including infections, connective tissue diseases and cancer. Rouleaux formation can be associated with increased viscosity of the blood and can cause the blockage of small arteries.<sup>114</sup>" Rob Brown, MD<sup>115</sup>.

Dr. Magda Havas, Ph.D. and Professor Emeritus at Trent University's images from Aug 20, 2009:



Normal red blood cells



Same patient after 10 min exposure to cordless phone  
Shows rouleaux formation of red blood cells

(The rouleaux formation of red blood cells has been shown to result in blood clotting:

e.g. "The results indicate that the clot formation is promoted when size of rouleaux is small at higher shear rates and low hematocrit"

Riha, P. et al., *Clinical Hemorheology and Microcirculation*, 17, 341-346 (1997).)

From: Report on the Case Studies of people who report their health to be seriously affected by Pulsating Microwave (RF) Technologies, Sept 2013<sup>116</sup>:

<sup>109</sup> Dumanskiy, Y. D. & Shandala, M. G. The Biological Action and Hygienic Significance of Electromagnetic Fields of Superhigh and Ultrahigh Frequencies in Densely Populated Areas. In: P. Czerski et al., eds *Biological Effects and Health Hazards of Microwave Radiation: Proceedings of an International Symposium, Warsaw, 15-18 Oct 1973* (Warsaw: Polish Medical Publishers) pp. 283-293. Zalyubovskaya, N.P. et al., Effects of Electromagnetic Waves of the Millimeter Range on the Energy Metabolism of Liver Mitochondria. *Biologicheskaya Nauka* (1977) 6, 133-134. JPRS 70107, pp. 51-52. Zalyubovskaya, N.P. & Kiselev, R.I. Biological Oxidation in Cells Exposed to Microwaves in the Millimeter Range. *Tsitologiya i Genetika*, 12, 232-236. (1978)

<sup>110</sup> Chernysheva, O.N. & Kolodub, F.A. Effect of a Variable Magnetic Field of Industrial Frequency (50Hz) on Metabolic Processes in the Organs of Rats. *Gigiyena truda i professional'nyye zabolevaniya*, 11, 20-23. 1975 In: *Effects of Non-ionizing Electromagnetic Radiation*, JPRS, L/5615, Feb 10, 1976, pp. 33-37. Kolodub, F.A. & Chernysheva, O.N. Special Features of Carbohydrate Energy and Nitrogen Metabolism in the Rat Brain under the Influence of Magnetic Fields of Commercial Frequency. *Ukrainskiy Biokhimicheskiy Zhurnal* 1980 3, 299-303. JPRS 77393 pp.42-44 (1981)

<sup>111</sup> Haldane, J.S. *Respiration*. New Haven: Yale University Press. (1922)

<sup>112</sup> These are similar to the symptoms being described in the illness of this year, for example, as quoted in a New York Post article: "NYC doctor says high ventilator settings damage coronavirus patients' lungs" April 6, 2020: Dr. Cameron Kyle-Sidell, an emergency medicine physician at Maimonides Medical Center, "Some are questioning whether this is a lung disease causing blood problems or a blood disease causing lung problems," he said. "I don't know what it is, but I know that I have never seen it before. People are dying of a disease we don't understand, thousands of people, old and young, and yes, there are young people dying." Kyle-Sidell has also said that "COVID-19 lung disease, as far as I can see, is not a pneumonia" but seems to be "some kind of viral-induced disease most resembling high altitude sickness." "It is as if tens of thousands of my fellow New Yorkers are on a plane at 30,000 feet and the cabin pressure is slowly being let out," "These patients are slowly being starved of oxygen ... and while they look like patients absolutely on the brink of death, they do not look like patients dying of pneumonia." James Cai, a physician assistant who was New Jersey's first coronavirus patient, told The Post that he agreed with Kyle-Sidell's observations and conclusions, based on his own experience in beating the deadly disease."

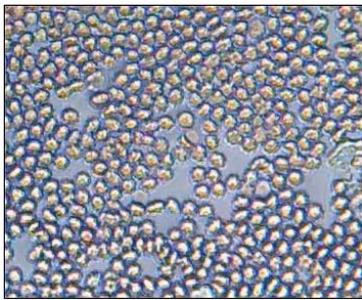
<sup>113</sup> Caprani A. et al., Experimental evidence of a potentially increased thrombo-embolic disease risk by domestic electromagnetic field exposure. *Bioelectromagnetics*, 25, 313-5 (2004).

<sup>114</sup> McHedlishvili G. et al., Local RBC aggregation disturbing blood fluidity and causing stasis in microvessels. *Clin Hemorheol Microcirc*, 26, 99-106 (2002).

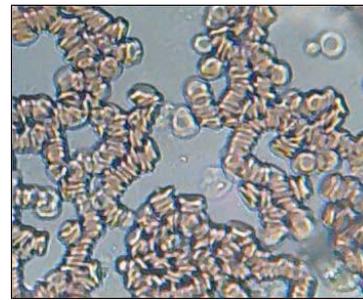
<sup>115</sup> COVID-19, Blood Clots, and Possible Exacerbation from Electromagnetic Fields (EMF), Rob Brown, May 6 2020.

<sup>116</sup> Bourgaun, ES Teachers, Sept 2013.

1. Live Blood Analysis. This is one respondent's blood before and after exposure to wi-fi:



Blood sample after being in non-EMF Environment (<math>< 0.02\text{v/m}</math>)



Blood sample after 15 minutes of wi-fi exposure (Rouleaux)

It is understood that increased thickening of blood – or elevated blood viscosity is a condition that contributes to a number of significant health problems. In addition to impairing circulation and nutrient exchange at the cellular level, when blood is too thick, cardiovascular function is stressed, placing an increased workload on the heart while reducing cerebral blood flow and contributing to the formation of dangerous blood clots.

2. Reduced Blood Oxygen level. This was tested in one respondent and showed a 6 point drop in blood oxygen after an 8 minute exposure to wi-fi. This was sufficient for the respondent to feel head pain, chest pain and faint. An oxymeter was used.

3. Erratic Blood Pressure. Significant (50 point) extremes in blood pressure were recorded by some respondents after exposure to pulsed microwave radiation from phone masts in the vicinity, DECT and wi-fi. This could account for heart palpitations, racing heart and other heart arrhythmias as well as dizziness and fainting.

**Results from “Does Short-term Exposure to Cell Phone Radiation Affect the Blood?”**  
**Wise Traditions. Weston A. Price Foundation Journal. Winter 2014;**

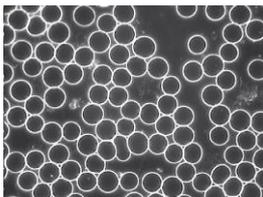


Figure 1: Healthy blood showing round, separate red blood cells (RBCs) and clean blood plasma.

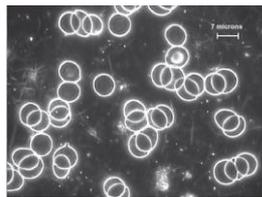


Figure 2 shows a photograph of normal healthy blood from a female subject, seventy-five years old, in baseline condition. The red blood cells (RBCs) are mostly circular, although they appear to be slightly sticky as some cells overlap, and the plasma is relatively clear.

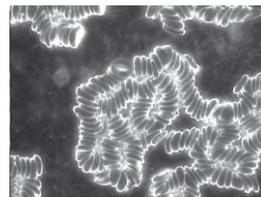


Figure 3 shows the blood from the same female immediately after the carrying condition (following exposure to a smart phone in receiving mode placed in a backpack worn by the subject for 45 minutes). The RBCs are entirely stuck together in rouleaux type aggregates, which look like rolls of coins.

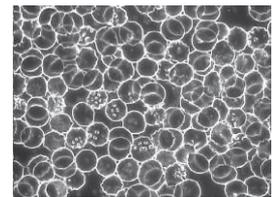


Figure 4 shows the blood from the same female 45 mins later after using the cell phone in active communication mode. The rouleaux have dissipated, although the RBCs are still aggregated. Most RBCs are misshapen rather than round. Many RBCs show spiky projections on the surface, which are abnormal, spiculated RBCs called echinocytes.

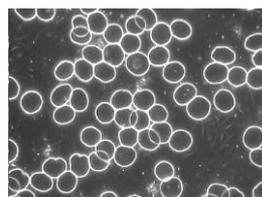


Fig 5 shows the blood from a male, age fifty-five, in baseline condition. The red blood cells (RBCs) are mostly round and separate, and the plasma is relatively clear.

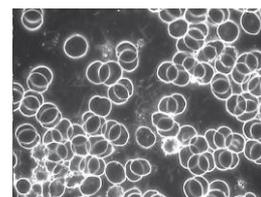


Figure 6 shows the blood from the same male subject immediately following the carrying condition. The red blood cells are observed to be loosely aggregated. Some of the cells are no longer round but misshapen.

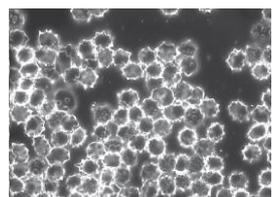


Figure 7 shows the blood from the same male subject immediately following the active use condition. Every RBC appears to be misshapen. Many of the cells show spikes and are echinocytes.

Because subjects were holding the phone during the active use condition, their fingers received considerable microwave radiation doses. So we compared peripheral blood drawn from the fingertip as well as from the toe of one female subject, age fifty-five, in the active use condition to determine whether the blood changes were localized or not; see Figures 8 and 9. No difference between fingertip and toe blood was observed.

Figures 1-8 were of blood samples from a finger-prick. Figure 9 shows that the blood also from the toe is affected. The participants all used the same smart phone with the same carrier. All participants had been asked to not use a cell phone for 4 hours and to not eat for 5 hours prior to the experiment.

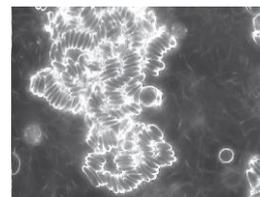


Figure 8: Active use condition of female subject, age 55, fingertip blood showing RBCs in rouleaux.

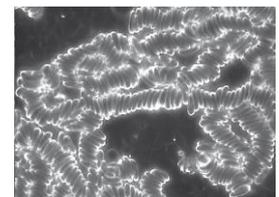


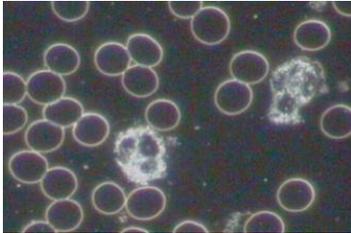
Figure 9: Active use condition of same female subject, toe blood showing RBCs in rouleaux.

From: Hidden Cell Phone Dangers, EMF Hazards, & EDTA Chelation - Part 3, by Keith Scott-Mumby<sup>117</sup>:

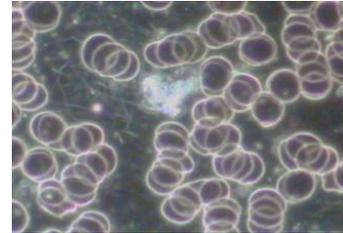
There are lots of things we can say about cell phone hazards; I'm just going to concentrate on blood damage. If you are exposed to a lot of radiation over time from your cell phone, this can cause blood clots. You want your blood to be liquid and free flowing. Just holding a mobile phone for three minutes affects your blood and blocks blood viscosity by causing red cells to string together (see second photograph). This makes the blood sticky and liable to clot more easily.

Influence of microwave radiation of a cell phone on blood cells:

**Blood Cells Before Cell Phone Usage**



**Blood cells after 3 minutes of using cell phone in left hand**



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(In many circumstances EMFs cause blood to flow (which is the opposite of blood clotting), e.g. nose bleeds, hemorrhaging, menstrual bleeding. It is common for EMFs to cause both an effect and its opposite).

### 3. Loss of sense of smell.

Arthur Firstenberg, the author of "The Invisible Rainbow," describes how he himself lost his sense of smell due to electro-sickness:

"in 1998 the launch of the 66-satellite constellation called Iridium brought cell phone service for the first time to the vast unserved regions of the Earth ... It also unleashed a new kind of rain that emptied the skies of birds for a couple of weeks ... My survey<sup>118</sup> found that 86 percent of the electrically sensitive people interviewed, and a majority of patients and support group members, had become ill on Wednesday, September 23 exactly, with typical symptoms of electrical illness such as headaches, dizziness, nausea, insomnia, nosebleeds, heart palpitations, asthma attacks, ringing in the ears, and so forth.....A number of people, including me, were so sick we weren't sure we were going to live. Follow-ups revealed that some of these people were acutely ill for up to three weeks. I suddenly lost my sense of smell on September 23, 1998, and it still today has not returned to normal."<sup>119</sup>

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From the journal: Microwave Sickness - Part 5, Czechoslovakian Studies by Lucinda Grant:

In 1960 the Institute of Industrial Hygiene and Occupational Diseases in Prague, Czechoslovakia created a Department of High Frequency to investigate the health effects of nonionizing radiation. As part of this investigation, the Department went to about 200 locations of electromagnetic exposures such as "factories, broadcasting stations, television and radar centers" to measure the exposures and interview those exposed. Also, animal studies were carried out in order to confirm the results of the site investigations.

Among the findings from the on-site investigations and the animal studies were cumulative effects of chronic exposure, noting "...in the course of time the organism becomes more perceptive of the effects of the field." Neurological symptoms were predominant. The pattern of symptoms included head pain, eye pain, fatigue, weakness, dizziness, insomnia, moodiness, fear, slight quivering of the eyelids/tongue/fingers, dermatographism, hair loss, head and forehead skin pressure, muscle pain, memory loss, tension or depression, heart pain, heartbeat irregularity, difficulty breathing...

In concluding the studies from Czechoslovakia, it is pertinent to consider that Marha<sup>120</sup> related changes in sensory thresholds with radiation exposure<sup>121</sup>. He stated that the sense of smell can be decreased as well as sensitivity to touch.

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From: EMFacts Consultancy: Consumer Health and Safety Advice<sup>122</sup>:

What are the health effects? People may be affected in many different ways. Reported health effects from this type of radiation are one or more of the following: Neurological: headaches, dizziness/nausea, memory and concentration

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<sup>117</sup> [alternative-doctor.com/blog/hidden-cell-phone-dangers-emf-hazards-edta-chelation-part-3/](http://alternative-doctor.com/blog/hidden-cell-phone-dangers-emf-hazards-edta-chelation-part-3/)

<sup>118</sup> His survey is printed in: "Satellites Begin Worldwide Service" *No Place To Hide*, 2 (1) 3 (1999)

<sup>119</sup> "The Invisible Rainbow" by Arthur Firstenberg, Pg. 387.

<sup>120</sup> Karel Marha at the Prague Institute of Industrial Hygiene and Occupational Diseases

<sup>121</sup> Marha, Karel, et al. *Electromagnetic Fields and the life*. ES News 10 Vol. 2, No.4 Environment. San Francisco: San Francisco Press, 1971.

<sup>122</sup> [lcems.eu/docs/EMfacts-WIFI.pdf](http://lcems.eu/docs/EMfacts-WIFI.pdf)

difficulties, insomnia, depression/anxiety, fatigue/weakness, numbness/tingling, muscle and joint pains. Cardiac: heart palpitations, shortness of breath, heart arrhythmias, high blood pressure. Eyes: pain/discomfort, pressure in the eyes, deteriorating vision, cataracts. Ears: ringing in the ears, hearing loss. Other: skin problems, digestive problems, dehydration, nosebleeds, impaired sense of smell and light sensitivity. Research has also pointed to an increased likelihood of long-term effects – including cancer, neurological diseases, genetic effects such as male sterility, miscarriage and birth defects, as well as asthma, diabetes, thyroid dysfunction and bleeding disorders.

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From: Research Center for Wireless Technology<sup>123</sup>, in the article: Symptoms of Electromagnetic Radiation Sickness (EMFS):

According to many testimonies of victims the symptoms appear in the vicinity of sources of electromagnetic radiation, like GSM- and 3G (UMTS)-antennas, cellphones, DECT wireless telephones and WIFI wireless networks. Many times the experiences are blind<sup>124</sup>. Radiation measurements taken afterwards and investigations show, that the radiation density indeed is increased. Many sufferers find out the relationship with the radiation, when they stay for a while elsewhere, where the symptoms diminish or disappear. When they return home the symptoms immediately appear again. Many of the patients decide to move to another place. Others try to shield themselves against the radiation, for example building a Faraday cage of fine wire mesh.

- Abdominal pain
- Altered sugar metabolism
- Anxiety
- Behavioural disorders (e.g. attention deficit disorder, ADD)
- Brain-degenerative diseases (e.g. Alzheimer–s)
- Burning skin
- Calcium efflux, at the near level, as false sensation
- Cancerous afflictions: leukaemia, brain tumours
- Cardiac: palpitations, arrhythmias, pain or pressure in the chest, low or high blood pressure, slow or fast heart rate, shortness of breath
- Chronic exhaustion
- Concentration problems
- Depression
- Dermatological: skin rash, itching, burning, facial flushing
- Deteriorating fillings
- Deteriorating vision
- Digestive problems
- Dizziness
- Dizziness to the point of falling over
- Dryness of lips, tongue, mouth, eyes; great thirst; dehydration
- Enlarged thyroid
- Epilepsy
- Extreme fluctuations in blood pressure, ever harder to influence with medications
- Fatigue
- Flu-like” symptoms, fever. More severe reactions can include seizures, paralysis, psychosis and stroke
- Hair loss
- Headaches, migraines
- Hearing noise
- Heart attacks
- Heart rhythm disorders
- Immune abnormalities
- Impaired sense of smell
- Increases in Blood Sugar
- Inner agitation
- Insomnia
- Irritability
- Itching
- Learning
- Memory loss
- Multiple Sclerosis symptoms
- Nausea
- Nervous and connective tissue pains, for which the usual causes do not explain even the most conspicuous symptoms
- Neurological: headaches, dizziness, nausea, difficulty concentrating, memory loss, irritability, depression, anxiety, insomnia, fatigue, weakness, tremors, muscle spasms, numbness, tingling, altered reflexes, muscle and joint pain, leg/foot pain
- Nosebleeds; internal bleeding;
- Ophthalmologic: pain or burning in the eyes, pressure in/behind the eyes, deteriorating vision, floaters, cataracts.
- Pain in the teeth;
- Redistribution of metals within the body;
- Respiratory: sinusitis, bronchitis, pneumonia, asthma.
- Ringing in the ears.
- Seeing flashes
- Skin rash
- Sleeplessness, daytime sleepiness
- Strokes among an increasingly younger population
- Susceptibility to infection
- Sweating, cold sweating, tremors
- Testicular/ovarian pain
- Tingling
- Tinnitus
- Tremors
- Vertigo
- Weakness.

## What can we do about electro-sickness/EMF illness?

We can do a lot to reduce our EMF exposure. Once we understand that things like electricity, electronic devices, and wireless signals have a detrimental effect on health, we can limit our usage/exposure to EMFs and choose safer options.

Cell phones are a possible place to start, since cell phones radiate out a huge amount of EMFs right next to our brains/bodies. Charlie Teo, an Australian neurosurgeon, said in 2012 that he sees “10 to 20 new patients each week and at least one third of those patients’ tumors are in the area of the brain around the ear. As a neurosurgeon I cannot ignore this fact.”<sup>125</sup> Dr Vini Khurana, associate professor of neurosurgery in Australian National University warns of the rising increase in brain tumors associated with mobile phone use noting tumors on the same side of the head as their preferred side for making calls<sup>126</sup>. An older non-smart phone generally gives off far less radiation than a smart phone, but even so it still gives off a tremendous amount of artificial electromagnetic radiation and is extremely dangerous to our bodies, everyone around us and our environment. All cell phones still give off radiation even when not in use, and therefore should never be carried on the body<sup>127</sup>. If a cell phone must be carried, it should be carried as far as possible from the body and should preferably be turned off when not in use<sup>128</sup>.

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<sup>123</sup> EMFnews.org

<sup>124</sup> Translation: many times the patients did not know there had been an increase in EMFs when first noticing their new symptom(s).

<sup>125</sup> Teo, C. “What If Your Mobile Phone is Giving You Brain Cancer?” The Punch, May 7 2012.

<sup>126</sup> “Facts about Mobile Phone Radiation.” cellsafe.com.au/facts-about-phone-radiation, Khurana V.G., et al., Cell phones and brain tumors: a review including the long-term epidemiologic data. *Surgical Neurological* (2009).

<sup>127</sup> Even when carried in a backpack cell phones negatively affect a person, see pictures from WAPF winter 2014 Journal (page 19). Also, when a cellphone is carried in/on strollers, we are putting an antenna right next to our baby’s head/body for a whole trip out. Likewise, baby monitors also contain antennas. Included with all the

Another wireless device that is constantly emitting electromagnetic radiation and is found in many peoples' homes/businesses, are cordless phones. Both the handsets and the bases contain wireless antennas. Around 15 years ago, the Ministry of Health gave out notices in people's mailboxes<sup>129</sup>, warning everyone that children's use of cell phones and cordless phones should be minimized as much as possible. Corded phones are still available in shops, and an electrician can be hired, if necessary, to add new phone jacks and/or extend existing phone lines to enable phone jacks in additional rooms. In the interim, cordless phones (both the handsets and the bases<sup>130</sup>) can be turned off at night and/or any time they are not needed. When we give our bodies a break from this electromagnetic radiation (EMR), our body can begin to heal the damage caused by it, especially if we can make our bedrooms safe havens from EMR, then our bodies can work on healing us as we sleep (the body's most effective time for healing is during a long sleep, especially at night). Otherwise, the effects of EMR on our bodies are cumulative, and continued exposure will eventually make people more sick even without an increase in exposure.

It has become very common for people to get a "cellular router" for making calls at home or at work. These boxes are usually offered as part of a deal for unlimited or cheap phone calls (both domestic and international) and/or as a means of wirelessly using the internet throughout the entire house. What many people do not realize is that these boxes contain antennas (that's why they're wireless). They typically contain 2 antennas: a WIFI transmitter/receiver and a cellular transmitter/receiver. The WIFI antenna receives and transmits any voice call data and/or internet usage data emanating from the phones/phone line and/or the computers and coming through the box from the rest of the world<sup>131</sup>. The cellular antenna receives and transmits data between the box and cell towers outside the house, connecting the box to the rest of the world.

There is serious documented damage caused to people from these and other similar devices, as is there also for smart meters, living near power lines or transformers and much more. There are many good sources of information on how to protect yourself and those around you<sup>132</sup> and advice on how to heal if you have already been damaged.<sup>133</sup>

If EMFs are the cause of this year's illness<sup>134</sup>, one would expect to find a past increase in flu-like illness in countries that had already installed 5G, corresponding to their increase in EMFs, similar to what the world in general is currently experiencing

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problems of carrying a cellphone on one's body, is that EMFs have also been shown to have negative effects on male fertility and female fertility (including menstruation, infertility, miscarriage, fetal development).

EMFs have been linked to ADHD, autism, epilepsy, sleep problems, blurry vision, rashes, nose bleeds, obesity, childhood leukaemia and many other childhood developmental problems. The book "Exposed" (The Electronic Sickness of America and How to Protect Yourself) 2020 Update, by B. Cadwallader, the book "EMF Freedom" (3<sup>rd</sup> Edition), by E. & M. Plourde, the book "The Invisible Rainbow" by Arthur Firstenberg, and The Bioinitiative Report (see footnote 94) are all examples of places that list many effects of EMF on the human body and quote many studies related to these effects, as do many other books on the market. In addition to this, there are many websites dedicated to EMFs (for example defendershield.com). Many of these sources contain advice on how to shield and protect oneself from EMFs (we recommend getting a EMF reader/meter before attempting any shielding in order to ensure this shielding isn't making the EMFs greater).

<sup>128</sup> When off, cell phones still give off EMFs (e.g. from GPS signals), so it is best to remove the batteries when possible.

<sup>129</sup> We personally received this letter, we don't still have the copy, but we remember that it warned parents to minimize their childrens' use of cell phone &/ or cordless phone because of the possibility of brain development problems when using these devices in children under age 18.

<sup>130</sup> If the handset is turned off, the base must also be turned off (and vice-versa), otherwise the remaining one will enter into search mode. Search mode produces far greater radiation than normal standby mode. This is also true for cell phones. When the reception is low, the radiation emitted is far greater as it searches for a cellular antenna to hook up with, and even if the phone has already connected to a cellular antenna, the phone will emit far greater radiation as it strains to keep its connection. The Cell tower will also output more radiation in order to help the struggling cell phone. For this reason, it is extremely unsafe to talk/use a cell phone within metal shielding (a Faraday cage), e.g. metal elevators, cars, buses, trains, airplanes etc. Elevators are generally mostly made from metal, making them excellent faraday cages. A local hospital has had up signs for years warning people not to use a cellphone in their elevators because of the dangerous level of EMF radiation produced by phones inside them. The same is true for cars, buses and trains. The signals have to be dramatically increased in order to push the phone signal into and out of a vehicle to the cellular antennas on the streets. This is why the amount and power of antennas on highways are so great, the signals have to get through the vehicle's metal in order to reach the cellphones/cellular towers (unfortunately many people use their phone in their car and use Waze to navigate around).

<sup>131</sup> The router system by us generally include a third antenna hooked up to the person's phone line in the phone box located in the building's communal area, which communicates with the WIFI antenna in the router itself. This allows the person's phones to be plugged into the regular phone jacks. This requires that both the router's WIFI antenna and the antenna in the communal area be very powerful in order for the wireless signal to reach each other. This also means that in addition to its cellular antenna, it affects one's neighbors with two WIFI antennas as it sends its signals through their houses and communal areas.

<sup>132</sup> Another simple tip would be to keep your computer in airplane mode (turns off Bluetooth and WIFI) when not using Bluetooth or WIFI. Another tip is, if you have anyone sleeping with their head next to a socket and/or electric wire (in the wall), turn off that circuit breaker at night or move the bed away, never sleep with any electrical devices right next to the body.

<sup>133</sup> The importance of sunshine and physical human (or any living thing) contact in protecting and healing the body's natural electrical system from damage caused by artificial EMFs cannot be overstated. If someone has electro-sickness, give them lots of sunshine and as much skin to skin contact as possible in order to help rebalance their electrical system.

<sup>134</sup> Couldn't there be a different cause for this illness? After showing people that SARS CoV-2 is a fictitious computer generated story that has never been shown to exist and never shown to cause any illness, many people ask, maybe this illness is caused by a different virus, possibly one that was man-made in a lab? While this is theoretically a possibility that is impossible for me to disprove, there are lots of theoretical possibilities that could cause this illness (though, according to terrain theory, this illness cannot be caused by a virus), however, the existence of theoretical possibilities does not mean we have to consider every one of them to be true/likely, nor to take preventative action against all of them. Why should I suspect that the cause of this illness is an unknown virus that: has never been shown to exist, never been shown to correlate with this illness, never been shown to cause any illness and never been shown to cause this specific set of symptoms we have seen this year. If I want to look for possibilities without any need for proof, I could come up with a whole list of possibilities, for example, maybe they started geoengineering the planet (spraying tiny metal particles into the atmosphere to reflect the sunlight away from the earth to limit climate change. This is actively being developed at Harvard University),

with this current illness. This is what we indeed found with South Korea. South Korea installed and turned on their robust 5G network in 2018<sup>135</sup>, in the same year, pneumonia deaths increased dramatically from 3.8 per 100,000 in 2017<sup>136</sup> to 45.4 per 100,000 in 2018<sup>137</sup>, raising it to the third leading cause of death in South Korea in 2018. This continued into 2019, which had 45.1 deaths from pneumonia per 100,000<sup>138</sup>, again ranking it as the third leading cause of death for that year.

Chemical toxicity is another possible causative factor that has been suggested for this new illness. For example, It has been noted that air pollution has been connected to COVID-19 mortality<sup>139</sup> and it has also been noted that an increase in (aerosolized) glyphosate seems to correspond with this illness<sup>140</sup>. The fact that chemical toxicity has been shown to correspond with this illness fits well with the idea that EMFs are causing this illness, since it is known that an increase in chemical toxicity leads to an increase in electro-sensitivity. The more chemically toxic a person is, the more sensitive he is to EMFs<sup>141</sup>.

It seems most probable that this current illness is actually an electro-sickness. The expected future projection is for the continuation of massive increases in electronics/antennas, consistently greatly increasing our exposure to EMR. EMFs have been shown to cause a huge range of illness, so it is important that we get educated and learn how to protect ourselves and others.

### **A Summary of How a Non-Existent Pandemic Can Be Invented**

There are three stages involved in making up a pandemic when no virus exists.

Stage 1: Preparation

Stage 2: Inventing the virus story in the first country

(this would need to be done in a country with tight control over its scientists, as about 4 - 20 scientists will have to know that this story is a lie)

Stage 3: Making it look like the virus/epidemic has arrived in a second country

(this step can easily be repeated in other countries, as it does not necessitate intentionally lying nor individuals knowing that the entire story is made up, it is just a procedure that appears to be a responsible response after another country has announced that they have a contagious virus/illness)

*(All italics represent the application of these principles in 2019-2020 regarding Covid-19)*

Stage 1: Prepare in advance

1. Choose a city for the start of the pandemic (*Wuhan*).
2. Choose a type of virus. (*coronavirus was chosen*).
3. Choose an animal to say it was transmitted from (*bats*).
4. Fund a lab to research that type of virus in that animal. It would be helpful to have this lab situated near the chosen place for the start of the coming outbreak, in order to distract people by getting them to question whether the virus had escaped from that lab or had naturally come from the animals of the region where the outbreak will first be detected, instead of actually questioning whether the virus exists or not. (*in the US and later in Wuhan labs studied coronaviruses in bats*).
5. Add new sequences of these new animal viruses to the library databases (*done*).

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maybe someone is poisoning the entire water supply of the world, maybe there's a new nutritional deficiency, maybe a new pesticide, chemical fertilizer, cleaner, etc. was introduced, the list could be endless if no proof for its existence, correlation and/or causation is sought.

EMFs appear to be the most likely causative agent for this illness. I cannot prove to you that EMFs are definitely the cause of this illness, but EMFs have been shown to exist, their increase correlates with this illness, EMFs have been proven to cause illness, and EMFs have been shown to cause this specific set of symptoms. Some people have a hard time understanding that EMFs could be the cause of this illness, since we have been taught for so long that even though EMFs are not ideal for health, they nonetheless are not such a serious issue. This is a misrepresentation of the history and knowledge of the effects of artificial electricity on life. There are many sources of information that show many seriously detrimental effects/illnesses from artificial EMFs. The Invisible Rainbow is a momentous work bringing down and discussing the history of electricity and life. It is well worth reading in order to really understand this issue. I didn't even consider accepting that EMFs cause such tremendous destruction until I had read this book and personally researched this subject in greater depth from an abundance of sources.

Even though South Korea officially turned on their fully functional 5G network in December of 2018 (it became available to the public in April 2019), the technological infrastructures which accompany 5G (consisting of many different technologies, including 3G & 4G small cell antennas) would have been installed and activated throughout 2018.

Kim et al. A spatial analysis of geographic variation and factors associated with hospitalization for bacterial pneumonia in Korea. *BMC Pulmonary Medicine* 19, 45 (2019)

<sup>138</sup> "Cancer No. 1 cause of death in S.Korea in 2018" Xinhua, Sep 24 2019.

"South Korea: fatality rate by cause of death 2019" [statista.com/statistics/1112917/south-korea-fatalities-by-cause-of-death](https://www.statista.com/statistics/1112917/south-korea-fatalities-by-cause-of-death)

<sup>139</sup> "Cancer still leading cause of death in Korea" The Korea Times Sep 2020 (I did not yet manage to get data from 2020).

"Air pollution has made the COVID-19 pandemic worse" Popular Science April 23 2020. It brings down 3 studies.

<sup>140</sup> "Air Pollution, Biodiesel, Glyphosate and Covid-19" By Stephanie Seneff PhD, Wise Traditions WAPF Summer 2020 Journal. And "Glyphosate and Covid-19, MIT's Stephanie Seneff Connects the Dots" [jennifermargulis.net/glyphosate-and-covid-19-connection](https://jennifermargulis.net/glyphosate-and-covid-19-connection).

<sup>141</sup> If a person wants to heal or prevent any electro-sickness, he should also try to remove as much toxic chemicals from his life as possible, e.g. air fresheners, chemical cleaners, deodorants, alcohol gels/wipes, soaps and toiletries and cosmetics, as well as to avoid all artificial colors/flavorings/preservatives added to food, and if you are serious then also avoiding pesticides/antibiotics/hormones found in food. Prescription and non-prescription medication are also chemical toxins, but often need to be eliminated gradually and under guidance. It is also important to have a safe and effective detoxification process. Another piece of advice is to eat organic lemon peel and rind as an excellent source of vitamin C, which has been shown to help recovery from this current illness and many other illnesses (we slice it and soak/store it in raw honey, which makes it more palatable and digestible. Raw honey that comes from bees that feed on pesticide-free flowers and aren't given antibiotics is also very medicinal). Also

keep hydrated, as dehydration leads to an increase in electro-sensitivity.

6. Make inferences about the shape of these animal viruses, their binding ability and their infectability (*done*).
7. Warn that these viruses from these animals are potential risks for human health and that more research on them is necessary (*there were pre-warnings about bat coronavirus transmissibility to humans*).
8. Wait for winter when there are anyway cases of pneumonia and people are more susceptible to illnesses. In addition, It would be much more convincing if you began the outbreak just after adding some kind of poison/disease-causing problem (*the illness was announced in December 2019, in November a massive 5G network was officially turned on in Wuhan*).
9. Within your chosen city, choose a location that is frequently visited by a lot of people. It would be best if it is a place that is crowded, has poor levels of cleanliness, and where people come in contact with wild animals (*They chose a busy wet-market that sold wild animals and had poor cleanliness<sup>142</sup>*).

### Stage 2: Inventing the virus story

1. Alert hospitals in your chosen city that every person presenting with symptoms of pneumonia should be asked if they had recently (in about the last 2 weeks) been in your chosen location. Any patients that presents such symptoms and had been in your chosen location, should be reported for further investigation.
2. Ideally you should pathogen test these patients. Make sure not to test for any viruses that are too closely related to your virus of choice (*in this case they didn't test for SARS-CoV, the virus claimed to be responsible for 2003 SARS outbreak*). All patients whose samples test negatively can be considered as possible candidates for your new illness. If you are unable to find enough candidates that test negatively on these pathogen tests, ignore all the results (don't publish them). Also, if pathogen testing with a PCR machine, make sure to set the cycle threshold (Ct) low enough to avoid many positive results.
3. Tell your researchers that you suspect that there is a novel virus causing an illness and that it is their job to find and sequence this virus. You also tell them that you suspect that this novel virus is an RNA virus with a genome of a certain length and that it is a specific type of virus that resembles viruses recently found in a certain animals, whose sequences are available in databases such as GISAID. They are told to ensure that the virus must contain certain necessary regions within the full length sequence, so that this virus will be understood to be a viable infectious agent<sup>143</sup>.
4. Based on these instructions, the researchers RT-PCR extracts from samples from their patients using a primer for this chosen family of viruses, any patients whose samples yield positive results, are your potential candidates for your new illness.
5. Using new extracts from the samples of their potential candidates, the researchers Next Gen Sequence and choose contigs that match up to the database sequences of specific viruses (*in this case it would be mostly from bat coronaviruses and probably some from SARS-CoV (from 2003), and some bits can be from other viruses*).  
When making up the final full-length sequence for this virus, the researchers should make sure that the full-length sequence contains all the major necessary regions, e.g. genes for RNA polymerase, for the protein coat etc. Also, the researchers should choose full-length sequences that are similar enough to previous viral sequences that these sequences will fit into a previously known viral family sequences. These sequences should also be similar enough to the chosen animal's viral sequences that it will appear as if the virus jumped from that animal to humans. The full-length sequences should not be too similar to any previous viral sequences already registered in the databases, otherwise it cannot be deemed a new virus.
6. Now that the researches have computer generated a full-length sequence, they can design new primer(s) for future RT-PCR tests based on this new full-length sequence.
7. Using this primer(s), the researchers will now try to find a piece of DNA/RNA of equal length to their new full-length sequence in the original samples taken from the sick patients.  
If they don't succeed, they will either not include/publish the results, or they will retake multiple samples over days/weeks from their sick patients until a full-length or at least nearly full-length piece of DNA/RNA is found.
8. The researchers then repeat this process with samples from other sick people who fulfill all the above said criteria, searching for other samples from which to repeat the above steps (2, 4-7), except that when Next Gen Sequencing in step 5, they will only compare the contigs to their previously generated new full-length sequence and not with the general sequences found in the library databases. Any full-length sequences generated from any of their original samples that are nearly identical (at this early stage it must be very identical, like around 99.8% identical) can be considered your final novel viral full-length sequences. When enough full-length sequences are generated, then one can announce that the full length viral sequence has been found and can be shared/submitted into a viral database such as GISAID and GenBank.  
The patients from whose samples a computer generated viral sequence was successfully generated are now considered your first confirmed cases of your novel illness.
9. To be even more convincing it would be good to have electron-microscope images of your novel virus. This can be accomplished by extracting a bit more from the original samples of the first confirmed cases and using these extractions to inoculate cells. If you add poisons/toxins/antibiotics into the inoculant or onto the cells, this will induce exosome production by the cells. The electron-microscope images of these round shapes (exosomes) pinching out from the cells can be circulated as pictures of the novel virus, and measurements of its size can be taken, and suggestions about its exact shape and structure can be made, using these images.
10. Repeat the above steps (2-9) with more labs, insuring that the final full-length sequences generated all very closely resemble the first lab's full-length sequences. Very similar results generated from multiple labs give an impression of validity, and also deter other labs from being interested in verifying the results themselves.

At this point, since all your cases had similar symptoms (*pneumonia, or pneumonia-like symptoms*) and nearly all of them had recently been in the same place (*the Wuhan seafood market*), this disease can now be announced to be contagious, and more hospitals/medical centers from an increasingly wider geographical area can be now be on alert to look out for more possible cases (*people with pneumonia, or pneumonia-like symptoms*). There is no longer any need to do Next Gen Sequencing in order to find new case of this illness, rather, a positive RT-PCR test using the new primer(s) specific to the new sequence is sufficient. This will result in many new "cases" of this illness (through positive test results), and it is now possible to show that this virus is circulating in the population, and once increased testing occurs in a wide enough area (which would automatically result in many new "cases" of this illness), an epidemic can be announced.

Funding more research on issues relevant or connected to this new pretend virus/illness, such as research into the clinical features of the illness, possible transmission stories, discussions of possible methodology of viral reproduction, or how the virus enters cells, or the virus's genealogy, etc.

<sup>142</sup> Later, it was admitted that the outbreak had not started in this wet market, but by then it didn't matter, the viral story was already believed.

<sup>143</sup> These researchers will understand that the existence of this virus is a lie, which is why this stage must be done in a country with complete control/censorship over its citizens and media.

(but not into research trying to prove correlation or causation), gives more validity in peoples' minds to the idea that this virus really causes this illness, even though the research that was actually done does not attempt to prove any correlation or causation between this virus and this illness.

All this research, together with effective usage of the media, should successfully convince everyone of the existence of this new virus that causes this illness. If a poison/toxin is introduced to this chosen city at the same time as the above steps are carried out, it would be even more convincing that there is a new illness caused by your new virus.

It is important that alternative opinions as to the cause of this illness (for example, claims that this new illness is caused by the introduction of a poison/toxin) be censored (and ridiculed if necessary). The more intense the media campaign telling over the official narrative (that you have made up/lied about), the more people will believe it and request increased testing, which can boost the numbers even more.

To ensure no one can tell that this is not a contagious disease (because they knew people who got sick but had no contact with any sick people or infected places), you should announce the concept of "asymptomatic carriers," which means that a person who never get symptoms can still pass on the virus to other people and make them sick. This makes disproving contagion extremely difficult. This also increases peoples' fear of the virus, as suddenly any person could be a carrier and could pass the virus on to others. Issue guidance to the population on how to reduce transmission (e.g. masks, social distancing). Repeat carefully chosen new terminology frequently throughout all forms of media (including talk shows and programs on other topics), in order to integrate this new vocabulary into all aspects of society (e.g. keep repeating the new name of the illness (choose a name for the illness that implies/connotes that this is a viral disease and that it is new<sup>144</sup>), the name of the virus, words such as asymptomatic carriers, social distancing). Once fear has been sufficiently heightened, more restrictive measures can be enforced, such as forced isolation of individuals, the closing of borders, and eventually the complete shutting down of society.

Stage 3: This is how, following China's announcement, one would be able to declare that their country has SARS-CoV-2, even if no virus exists. This can subsequently lead to declaring an epidemic where one does not exist:

1. Show on the news/media many many stories and images of COVID-19 consistently over a period of time. Include warnings of the risk that this could spread to your country. This results in awareness of the virus and fear.
2. Set up health agency teams to investigate the virus in your country. Criteria should be set on how to define a viral case.
3. Issue health alerts to the public saying that anyone who has flu-like symptoms and a history of travel to Wuhan should come to a medical facility. The combination of awareness, fear and this health alert will result in potential patients coming to medical facilities to be available for testing.
4. Pathogen test all potential patients (make sure not to test for SARS-CoV (1), as this could invalidate your potential patients), then continue to the next stage with all potential patients that tested negatively for the pathogen testing.
5. Using the Chinese primer sequences, rRT-PCR (see footnote 33) the potential patients' samples. All patients' samples that have a cycle threshold of less than 25 (or 30), meaning they tested positive on the PCR test within a low/moderate number of cycles, should be continued to be assessed. Even with no virus present, some samples will test positive with a low Ct, because some people will have these sequences naturally in their body.
6. Take these positively tested samples and do next generation sequencing on them by comparing the sequence reads/contigs to the Chinese full-length sequences (that were already deposited in database libraries). When a full length genome is generated that very closely resembles the Chinese full-length sequence, NOW a declaration can be made that the first case of the new virus in your county has been identified.

If you isolate your potential patients as soon as they test positive and subject them to radiography and other electrical medical equipment, and keep them in a hospital facility that is also full of wireless devices, ambulance antennas, and very high wireless reception, etc, this will cause an increase in the seriousness of their symptoms.

At the beginning of stage 3, make sure not to include any control patients in your tests that do not fulfill the criteria of step 3 of this procedure, or it would be obvious that positive rRT-PCR results do not correlate with this illness.

**This is what was actually done by the US CDC.** (Holshue M. L. et. al., First Case of 2019 Novel Coronavirus in the United States. *N Engl J Med* **382**, 929-36 (2020) and CDC COVID-19 Response Team: Jorden, M.A., et al., Evidence for Limited Early Spread of COVID-19 Within the United States, January-February 2020 *MMWR*, **69**, 680-684 (2020).)

Remember, timing is essential:

- First, show that this virus exists in symptomatic people with contact to Wuhan (as described in steps 1-6 above). **These are you first cases.** Once this is established then...
- Secondly, test people that had contact locally with your first cases. From now on, a PCR test set to a high number of cycles should be used, as this will yield many positive test results. **These test results will allow you to announce human to human transmission and asymptomatic cases.**
- Thirdly, test people who have had contact with these asymptomatic cases. **This allows you to announce that asymptomatic people can also be carriers of the virus,** and...
- Fourthly, test symptomatic people who have had no contact with Wuhan or any other sick people. **This allows you to announce that the virus is already spreading around the country through asymptomatic carriers.** NOW, an epidemic can be announced. Because it is clear that every person is now a potentially unknown transmitter of this dangerous illness, fear will spread like wildfire, leading to even greater numbers of people coming to be tested and greater numbers of people who believe they have the virus, allowing the government to impose restrictive measures on their nation.

If you could time the announcement of a novel virus at the same time as the introduction of a new toxin/poison/disease-causing problem; then this "narrative" will be even more convincing, as people will see that a new illness with new symptoms/severity has appeared/increased, and this will greatly increase everyone's awareness and fear of the nonexistent virus.

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<sup>144</sup> This is why the name "Covid-19" was carefully chosen, because it stands for "Coronavirus Disease," and "19" stands for the year 2019, thus this name describes the illness as a new illness caused by a virus. Merely leaving the name as a form of pneumonia or some other respiratory-related disease, keeps the idea open in peoples' minds that this illness could be caused by other factors.

## How to make up the idea that the virus has seriously mutated (and why do it)

Background Information: Every time a RT-PCR test reveals a positive result for your selected primers, you can then Next Gen Sequence the original sample in order to generate a new full-length viral sequence. Normally, if your new full-length genome is too different from the original viral genomes (especially in one or more of several important regions), it is disregarded, and the person's positive test result is assumed to be a false-positive. But, if your new full-length genome closely matches the original genomes, then the person's positive test result is considered to be an accurate positive result, and your new full-length genome is considered a true full-length sequence, and is then submitted to a library database. The specific regions that are used as primers for the RT-PCR test, e.g. a region from the spike protein, then those regions will always stay the same in all the new full-length sequences that are submitted to databases. Therefore, mutations are constantly being generated, but if these mutations are too different/large then they are usually ignored.

When you decide you want to announce a "new" mutation<sup>145</sup>: (1) Decide which region of your viral genome you wish to claim has mutated. (2) RT-PCR samples taken from sick people, but when testing these samples, make sure to use primers from both your chosen region for the mutation, and also other regions that are not in your chosen region. You are looking to find test results which test negative for the primer of your chosen region for the mutation, but test positive for the primers of the other regions that are not from your chosen region. (3) Next Gen Sequence these samples. Look for a new full-length sequence whose chosen region for the mutation is different from the original genomes in the databases, but the rest of this new sequence is very similar to those already found in the databases. Disregard all other full-length sequences. (4) Once an acceptable new full-length sequence is generated that contains the sought after mutation (this mutation should be different enough to warrant calling this virus a "new strain", but similar enough that it would still code for a similar type of protein), it is now called the new mutant genome, and should be submitted to library databases. (5) Repeat steps 2 and 3, but now Next Gen Sequence your samples, compiling new full-length sequences based on your new mutant genome. The more full-length sequences you can submit to the databases that closely resemble your new mutant genome, the more convincing it will look that a new mutant strain has appeared. (6) Now a new mutation can be announced<sup>146</sup>. (7) The population can now be tested for this mutant strain, and if a person's sample tested positive on only 2 of the 3 previously used primers (where the primer that tested negative is the old primer for the original sequence that has now been shown to harbor the mutation), then that person can be called a carrier of the virus's mutation.

primer 1	primer 2	primer 3 for the region of choice for the mutation	Description of test results	Final Result told over
✓	✓	✓	Positive for all 3 primers	Positive test result for original virus
✓	✓	X	Positive for 1 <sup>st</sup> two primers and negative for third primer	Positive test result for the mutant virus
✓	X	✓ or X	Negative for one of the 1 <sup>st</sup> two primers	Negative test result for the virus
X	✓	✓ or X	Negative for one of the 1 <sup>st</sup> two primers	Negative test result for the virus
X	X	✓ or X	Negative for both of the 1 <sup>st</sup> two primers	Negative test result for the virus

This mutant strain can become the "dominant" strain in that country, as it only requires 2 out of 3 primers for a positive test result for the mutant strain<sup>147</sup>, whilst the original strain requires 3 out of 3 primers for a positive test result. This procedure can be subsequently followed in other countries (by following steps 5-7), which will show that the mutation is already circulating around the globe.

Why make up this story of a mutation? (here are some possibilities)

- To increase fear<sup>148</sup>, now that nearly a year had passed, many people were getting more lax with the rules and feeling less afraid (e.g. as many people had already gotten sick or gotten a positive test result), a new mutation adds new fuel to the fear, as it is an unknown mutation with unknown consequences. Now new (unproven) statements can be made, e.g. maybe it affects children or has increased infectibility. Now new restrictions can be enforced (e.g. travel restrictions)
- It provides the perfect excuse for why the vaccines failed to save anyone from illness or death, or the appearance of infecting others. Since it will eventually become clear that their vaccines are ineffective (because their virus is not the real cause of this illness), they will need an excuse so that people do not lose faith in their medical system. This is why the mutation is in the exact same region/sequence that is being used for their vaccines (the spike protein), and that is also why the timing of the announcement of the mutation from England (and other countries) was perfect, it was just as the emergency use approval for their vaccines was given, therefore they will be able to claim that they had made a perfectly good vaccine, unfortunately the virus mutated afterwards, so now everyone will have to take more vaccines for each new mutation they choose to announce<sup>149</sup>.

<sup>145</sup> I describe the invention of this made-up mutation on a specific region that was originally being used as a primer, because this was how they actually invented the mutation in England. However, it is equally possible to invent a mutation in any other region by using a variation on this theme.

<sup>146</sup> The UK was a good place to announce this mutation, as they have their own library database (COG-UK), therefore they had complete control over which sequences are accepted to it. Since the first mutation announced is likely to be the most scrutinized, it is important that the data must be the most convincing.

<sup>147</sup> "New virus variant found in Colorado while UK struggles to limit it." *Ars Technica*, Dec 30, 2020.

<sup>148</sup> If the new mutation can be announced at winter time, when more people are anyway getting sick, it can appear that this new mutant strain is more dangerous/infectious than the original strain.

<sup>149</sup> This is why I would tell people who say "I'm going to take this vaccine so I can get my green passport", that this is a mistake, it's unlikely there will only be one set of vaccines, rather there will be more vaccines and more criteria added on in order to have a valid green passport. This is not a system that is being set up to serve you, rather it is a system that will have you serve it. If we (collectively) do not give this system power, it will not have power over us.

# The Agenda

But once it is clear that this illness is not caused by a virus called SARS-CoV-2 (that they have no virus, nor any test for a virus), it begs the question, why are the governments, scientific bodies, etc. so blatantly lying<sup>150</sup> to us, and why are they imposing such strict restrictive responses to this made up situation? Why is the mainstream media telling over this false narrative in exactly the same way, sometimes even exactly word for word; and many other times using the exact same phrases repeatedly (so they should enter into our vocabulary and thoughts), and why are so many scientists and doctors who are questioning the approved narrative and/or are offering alternative viewpoint being censored?

It doesn't make sense to say it's just for money.

Because of government policies worldwide, including lockdowns, quarantines, social distancing, and more, economies all over the world are being utterly destroyed. *E.g. the UK government has announced that they are in so much debt (In August 2020 they were already over £2 trillion in debt<sup>151</sup>), they don't know how they will ever pay it back. By the end of June 2020, 47.2% of US adults were unemployed, and by November 2020, over 65 million Americans were unemployed leaving US states in a state of insolvency in part due to a large drop in tax money and massive unemployment benefit payments<sup>152</sup>. As of September 2020, 60% of closed businesses won't be reopening<sup>153</sup> (We've been told that in the Chicago area, it seems like all the small stores are closed). We hear that there are people in the USA waiting in lines many hours long to get basic food, and there isn't enough food to give out to everyone. People are hungry; people are using up their savings. It is said that this will be worse than the great depression of the 1930s.*

This can't be happening just in order for some people to make money, because everyone loses out if the economies are completely destroyed. Even the biggest businesses can't thrive if they don't have any customers to pay them.

Governments are forcing healthy people to isolate and follow authoritarian instructions that make no sense even according to them<sup>154</sup>. We have heard of Western governments that are breaking into people's houses and dragging people away. They are forcing people to wear tracking devices. They are deciding who and when business and educational institutions can open. They are ruining people's education, even though they claim that doing so would likely destroy their lives. There are massive increases in depression, divorce, suicide and death (deaths from other causes. e.g. in situations where hospitals can save lives, e.g. heart attacks, people are too afraid to go to hospital). There are many more ways these government edicts impacts our lives, and all of this because of a "virus" that is based on a complete hoax? Why are they doing all this? What is the point of this scam? And who are "they"?

The answers we found are long and the details are complex. In the interest of brevity we are skipping vast amounts of information and details. But to be clear, we have found that all these individual plans seem to be directed/controlled by the same individuals/foundations. In short, there is a vast plan that is at least many decades old coming closer to fruition of total and utter enslavement of the human race, under the hands of a few very wealthy people.

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<sup>150</sup> There are people who know for certain that this whole SARS-CoV-2 story is a lie, at a minimum 1) some members of the Chinese CDC, 2) some members of the 4 scientific labs that wrote the first 4 papers (footnote 10) (this is why the story had to be made up in a country like China, that has enforceable censorship), 3) some members of the US CDC (also the NIH, it seems most unlikely that Fauci doesn't know that this is a lie). It is very probable that there are others that know that SARS-CoV-2 is a lie, but most people likely don't know. Most people/scientists/medical professionals do not actually read most full scientific studies, rather, at best, they read the title, abstract and/or conclusion. Many just read pre-digested journals that are dedicated to their particular field. In addition, the scientific papers cited as proving the existence of SARS-CoV-2 are specifically molecular biology papers, and are therefore generally difficult to understand by anyone who is not a molecular biologist, microbiologist, or geneticist (as other people are generally unfamiliar with the techniques/protocols/equipment used in a molecular biology lab). Additionally, scientists/medical professionals etc. are very busy and don't have the time to read through the massive amount of scientific/medical papers that are constantly being published.

<sup>151</sup> Before the Covid-19 pandemic, the official UK government's prediction for borrowing for 2020/2021 was £55 billion. By the end of October 2020, the UK had already borrowed nearly £215 billion (about £169 billion more than in 2019), bringing the total UK national debt to £2.08 trillion, larger than the size of the UK economy, and is 100.8% of the UK's gross domestic product (GDP), even as UK tax income fell by £70 billion since April 2020. By July, the UK had already "plunged into the deepest recession for at least 300 years," and it has only gotten worse since then, and promises to get much much worse in the future, especially with the UK's second complete "Lockdown" going into effect in November 2020 "Rishi Sunak is borrowing his way out of this crisis, but we'll all have to pay it back." The Guardian, July 11, 2020. "Sunak eyes up pensions tax hike and breaking 'triple lock' to plug finance gap." Mirror Online, August 2020. "UK borrowing hits highest October level on record." BBC News November 20, 2020. "UK national debt highest since 1960s after record October borrowing - as it happened." The Guardian, November 20, 2020.

<sup>152</sup> "Nearly half of American adults are now unemployed" CNBC, June 29, 2020. "Nearly 30 Million Baby Boomers Forced Into Unwanted Retirement" Forbes, November 19, 2020.

<sup>153</sup> "Yelp data shows 60% of business closures due to the coronavirus pandemic are now permanent" CNBC, September 16, 2020.

<sup>154</sup> E.g. masks. I have heard from an EMT that the EMT course in the US teaches that these masks do nothing to prevent getting or spreading a viral disease. The masks are labelled on the boxes "not intended to stop the spread of disease". Since it is accepted that this disease is an aerosol transmitted disease and not a droplet transmitted disease, it is clear that any viruses present would go right through the holes in the mask which are many times larger than the virus. (The size of this virus was estimated to be around 100nm = 0.0001mm – this size is far smaller than even the holes in the N95 masks, and regular cloth masks' holes are hundreds to thousands of times too big to stop viruses). So if masks are so obviously ineffective why do they continue to mandate them?

## WHO ARE “THEY”?

“They” are a number of extremely wealthy individuals. In our opinion, this “agenda” (that will be discussed in detail below) was founded by the Rockefeller family and their “associates” (e.g. the Ford & Carnegie families) well over a hundred years ago, and the Rockefeller family subsequently guided and lead this multi-generation movement.

William H. Gates, Sr. (the father of Bill Gates), in his 2009 book, “Showing Up for Life”, in a chapter called “Walking With Giants” writes, “Every corner we’ve turned in the field of global health, we’ve found that the Rockefellers were already there and had been there for years. When we committed to childhood immunization we found ourselves building on efforts the Rockefeller Foundation had helped launch and fund in the 1980s. When we became interested in fighting malaria and tuberculosis, we learned that the Rockefellers had been studying the prevention and treatment of such diseases around the globe for, in some cases, as long as a hundred years. A similar dynamic held true in the case of HIV/AIDS. A lesson we learned from studying and working with the Rockefellers is that to succeed in pursuing audacious goals you need like-minded partners with whom to collaborate. And we learned that such goals are not prizes claimed by the short-winded. The Rockefellers stay with tough problems for generations.”<sup>155</sup>

The obvious and very public “front man” for this group is William H. Gates III, commonly known as Bill Gates. His vast wealth combined with his deep understanding of technology, its uses and its potential, makes him an ideal spokesman and front-line leader for their agenda, which, we will see, is developing and harnessing cutting-edge technology to realize their goals. Bill Gates (and his various foundations, such as the Bill and Melinda Gates Foundation (BMGF), The GAVI Alliance, and many more) controls, collaborates and/or funds virtually every segment of their entire plan. There are many additional people and organizations involved, such as Warren Buffet, Bill and Hillary Clinton, George Soros, Klaus Schwab and his World Economic Forum, and many others.

Bill Gates (himself and through his foundations) funds vast numbers of mainstream media outlets around the world<sup>156</sup>. His foundations and his personal wealth fund/control all the seeds/agriculture/agrochemicals & technology that lead to the 4<sup>th</sup> industrial revolution (see below). He funds many universities<sup>157</sup>, pharmaceutical companies and many other major corporations. Bill Gates functionally controls the World Health Organization (WHO)<sup>158</sup>, and he sets international health policies<sup>159</sup>. He has donated over \$150 million to the US CDC and over \$18 million to the US NIH. This paper would become far too long if we listed all the worldwide influence on governments, organizations, corporations, technology trends, etc. that the BMGF and other Gates foundations control/fund<sup>160</sup>.

## GLOBALIZATION

“Globalization” is the keyword for a single worldwide government, a single worldwide currency, a single worldwide financial system, and the unilateral control over the world’s military and police (they claim they also want one world

<sup>155</sup>

<sup>156</sup> William H. Gates. Showing Up for Life (pp. 158-159) Quoted in “Who is Bill Gates, Part 4” by James Corbett from corbettreport.com.

Including: NBC, ABC, BBC, NPR, PBS, Vox, The Guardian, The Atlantic, Gannett (owns USA today and more than five hundred other media outlets), Viacom, The Daily Telegraph, The Financial Times, ProPublica, Univision, Le Monde, The Center for Investigative Reporting, Medium, National Journal, Al Jazeera, Washington Monthly, The Texas Tribune, SJN, Public Radio International, all sorts of broadcast media from all over the world and much more (many of these media companies mentioned own or partner with hundreds of other media outlet, e.g., the BBC partners with over 900 other media outlets). Experts coached in Gates-funded programs write columns that appear in media outlets from The New York Times to The Huffington Post. It is very hard to get a complete list because the BMGF does not give a complete donation list or a list of media outlets they have contracts for (though they have declared Vox as a contract media outlet). In addition to this, they fund/participate in lots of journalistic conferences, e.g. the Perugia Journalism Festival, the Global Editors Network, The World Conference of Science Journalism. He also funds journalists training courses and reporting projects. He also funds the creation of reports for journalists and editors. Beyond direct links to media, the foundation also supports a dizzying mix of organizations whose goals include influencing media coverage. An interested citizen might think she’s getting news and information from a variety of sources, but many of them might be funded by Gates. “Journalism’s Gates keepers” Columbia Journalism Review, Tim Schwab. “Does Gates funding of media taint objectivity?” The Seattle Times, Sandi Doughton & Kristi Heim. “Gates to a Global Empire” Navdanya International, October 2020, pp.142-143.

E.g. He has donated over \$870 million to Johns Hopkins University, \$243 million to the University of Oxford, and \$280 million dollars to Imperial College London, and many others. “Bill Gates’ Web of Dark Money and Influence - Part 2: The COVID-19 Operation” The Last American Vagabond, Derrick Broze

<sup>158</sup> “The World Health Organization itself is largely reliant on funds from the Bill & Melinda Gates Foundation. The WHO’s most recent donor report (who.int/about/finances-accountability/reports/A72\_INF5-en.pdf) shows that the Bill & Melinda Gates Foundation is the organization’s second-largest donor behind the United States government. The Gates Foundation single-handedly contributes more to the world health body than Australia, Canada, France, Germany, Russia and the UK combined.” “Who is Bill Gates, Part 1” by James Corbett from corbettreport.com

“According to a report by Politico (politico.eu/article/bill-gates-who-most-powerful-doctor), Bill Gates’ opinion (and money) has so much influence on the WHO that officials privately call it “the Bill Chill.” Sixteen officials speaking on the condition of anonymity told Politico that Gates has an out-sized influence on the politics of the WHO and few dare challenge him. “He is treated liked a head of state, not only at the WHO, but also at the G20,” a Geneva-based NGO representative stated. The accusations of Gates’ influence were seconded by Foreign Affairs (foreignaffairs.com/articles/2012-03-06/money-or-die) when they reported that “few policy initiatives or normative standards set by the World Health Organization are announced before they have been casually, unofficially vetted by Gates Foundation staff.”” “Bill Gates’ Web of Dark Money and Influence - Part 2: The COVID-19 Operation” The Last American Vagabond, Derrick Broze

“SJN cofounder David Bornstein elaborated on in an interview. “If you are covering global health or education and you are writing about interesting models,” Bornstein said, “the chances that an organization [you are covering] is getting money from the Gates Foundation are very high because they basically blanket the whole world with their funding, and they’re the major funder in those two areas.”” “Journalism’s Gates keepers” Columbia Journalism Review, Tim Schwab

<sup>160</sup> Interestingly, Gates is involved in 5G technology and infrastructure. Also interestingly, in 2015 & 2018, he predicted that a coronavirus pandemic would come by 2020. I expect he understands that an increase in EMFs (small cell antennas/5G) would cause a great worldwide illness.

religion), and the destruction of “nationalism.”<sup>161</sup> Their goal is to get rid of individual national identity and subsume it under a worldwide global order. Each country would be part of a global government (dictatorship) and the global government would make all the laws for all the countries. The “citizens” of the world would be “equal” (e.g. equally poor/enslaved) under a ruling elite.

## **A NEW FINANCIAL SYSTEM & ECONOMY AND CONTROL OVER ALL TRAVEL & ACCESS TO PUBLIC & PRIVATE SPACES**

Their plan is to create a single global digital currency which will be completely under their control. All financial transactions will be tied to each person individually through a global biometric identity system (meaning all personal information will be stored digitally and linked to a persons’ biometrics e.g. finger or palm print, iris, DNA etc., see below), so that every movement and financial transaction will be identifiable with each individual person. This would give them complete knowledge and control over every single transaction worldwide, allowing them to authorize or deny any transaction made by any one person for any reason, e.g. if you don’t follow any rule they stipulate, you can’t make any single transaction or all transactions (e.g. they could decide that a specific people can’t buy and sell. They could decide that anyone who is not up to date with all of their vaccines cannot buy or sell. They could decide that anyone who doesn’t follow/keep up with their educational curriculum cannot buy or sell. If your “social credit score”<sup>162</sup> isn’t high enough, you cannot buy or sell)<sup>163</sup>.

Also, a person’s biometrics will be used to determine if he is authorized or denied access to every space, based upon their criteria. For example, he could be authorized or denied access to planes, trains or buses, car rentals, entrance to supermarkets, stores, government offices, libraries, malls, parks, shuls, anywhere they like, for any reason they wish. This system will be completely computerized with no person to interact with. Rather a scanner will scan a person’s biometrics (either actively or passively) and authorize or deny access<sup>164</sup>.

This global biometric identity system will include all of a person’s personal data stored digitally in global databases controlled by the global government. This biometric identity would include & replace things like: birth certificates, driver’s licences, money, credit cards, it would include a person’s complete medical history, credit ratings, credentials, qualifications, resume, bank accounts, all personal social and professional relationships, the history of everywhere a person has gone, his social credit score, and any other personal data they wish to be included. This would allow the global government to monitor and record everything a person does, everywhere he goes and everything about him (even his emotional responses)<sup>165</sup>. This is all part of the World Economic Forum’s “Great Reset” of 2021 which they have declared will begin at the end of January 2021 in Davos, Switzerland.

They have already enlisted approximately 1 billion people in India in a biometric identification system (called Aadhaar, it is part of ID2020) as well as people in refugee camps and several third world countries<sup>166</sup>. They claimed months ago that this

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<sup>161</sup> Klaus Schwab, the CEO of the World Economic Forum (WEF) and the architect of “The Great Reset”, in his book “Covid-19: The Great Reset” states, “In this messy new world defined by a shift towards multipolarity and intense competition for influence, the conflicts or tensions will no longer be driven by ideology... but spurred by nationalism and the competition for resources. If no one power can enforce order, our world will suffer from a “global order deficit.” Unless individual nations and international organizations succeed in finding solutions to better collaborate at the global level, we risk entering an “age of entropy” in which retrenchment, fragmentation, anger and parochialism will increasingly define our global landscape making it less intelligible and more disorderly.”

<sup>162</sup> This is a metric that describes how well you conform with government edicts and acceptable (to the government) social norms. The higher the person’s score, the more of society he is allowed to participate in. This system is already in use in China, where it is used to for all sorts of things. The “West” is very interested in adopting it.

<sup>163</sup> E.g. the World Economic Forum’s Great Reset’s books, website, and podcasts (there is even a Sesame Street version for kids and adults). Also James Corbett’s videos on The Great Reset at corbettreport.com. The information on all this exists all over the place and is very easy to locate. None of this is being hidden except for the focus on “technocracy” (the aspect of this system which enslaves the people under those that control technology), but when asked by journalists about the possible abuses of this global system, Bill Gates and the others express their complete lack of concern for this issue.

“In Gates’ vision, everyone will receive the government-mandated vaccinations, and everyone will have their biometric details recorded in nationally administered, globally integrated digital IDs. These digital identities will be tied to all of our actions and transactions, and, if and when they are deemed illegal, they will simply be shut off by the government—or even the payment providers themselves... Even more worryingly, newly obtained documents show that the Indian government is integrating Aadhaar-collected data to create a “360-degree database” that will “automatically track when a citizen moves between cities, changes jobs, or buys new property” and integrate that data into a real-time geo-spatial database built by the country’s space agency, ISRO. Only the most willfully obtuse could claim to be unable to see the nightmarish implications for this type of all-seeing, all pervasive society, where every transaction and every movement of every citizen is monitored, analyzed, and databased in real-time by the government. And Bill Gates is one of those willfully obtuse people.” “Who is Bill Gates? - Part 3” by James Corbett at Corbettreport.com/gates

<sup>164</sup> Amazon has already developed a palm reading device called “Amazon One palm recognition technology” which reads the palm of your hand (without touching you) to certify your identity. It will initially be used to “checkout in stores, wrack up loyalty points, enter venues, and badge into work with no added accessories.” “Amazon One could become an alternate payment or loyalty card option with a device at the checkout counter next to a traditional point-of-sale system,” Dilip Kumar, VP of Amazon physical retail, wrote in a blog announcement. “Or, for entering a location like a stadium or badging into work, Amazon One could be part of an existing entry point to make accessing the location quicker and easier.” “Amazon One Lets You Pay With The Palm of Your Hand” PCmag, September 29, 2020.

This technology is already in use in two Amazon Go stores in Seattle, “the process -- which involves hovering your hand over an Amazon One device -- takes less than a minute and it’ll associate a person’s credit card with their palm signature. People can enroll with just one palm or both. Once signed up, people can hold their palm above an Amazon One device to enter the Amazon Go stores. Amazon said it plans to expand the technology at its own stores in the coming months and also plans to offer Amazon One to third parties like retail sites, stadiums and office buildings” “Amazon One lets you pay at stores by scanning your palm” CNET, September 29, 2020.

<sup>165</sup> “Who is Bill Gates? - Part 3” by James Corbett at Corbettreport.com/gates Also: ““Charity” Accused of S\_x Abuse Coordinating ID2020’s Pilot Program For Refugee Newborns” by Whitney Webb, unlimitedhangout.com

<sup>166</sup> Whitney Webb’s article mentioned in footnote 165.

technology is ready to be applied worldwide in a matter of weeks/months.

Travel restrictions have already begun, using smart phone apps that restrict access to plane travel to those that do not fulfill their criteria (one such app is called CommonPass). At present the criteria is that a person has to come out negative on a coronavirus test at an approved lab with their result accessible by QR code on their smart phone app. CommonPass has said that they are planning on expanding their criteria to include flu and coronavirus vaccines. CommonPass has also announced that they plan on expanding its use to include access to trains, buses, supermarkets and malls<sup>167</sup>.

## SURVEILLANCE

The plan is that this global government would surveil the entire world in real-time. This would include at least three levels of surveillance. 1. A global surveillance constellation of satellites orbiting the planet that would provide detailed real-time images/video of the entire visible world. 2. Surveillance of all public and private spaces using cameras, microphones, and other already existing surveillance technologies. 3. Surveillance of a person's body using existing wearable technology, and eventually including internal micro- and nano- sensors.

1. Bill Gates, SoftBank (one of the largest and most powerful companies in the world), Airbus, and other investors are funding a company called EarthNow LLC, which plans to "deploy a large constellation of advanced imaging satellites that will deliver real-time, continuous video of almost anywhere on Earth." ("Bill Gates Backs Plan for Earth- Monitoring Cameras" PCMag)
2. Major cities around the world (like London and New York City) have been installing government surveillance systems for years (usually utilizing cameras and microphones on street light, traffic lights, bus stops, train stations and many other places). *We have seen these in the new parks built in our neighborhood.* Surveillance of private homes and businesses etc. would use "smart" technology and the internet of things (IoT), the first iteration of which is already available in stores. E.g. smart light bulbs, smart fridges, smart ovens, smart toilets (they have them in Japan), smart nappies (diapers), smart thermostats, medical devices (e.g. sleep apnea machines), smart speakers & alarm clocks (like "Alexa"), and so much more.

Eventually, these "smart" products could be used to spy on their owners (Samsung was already caught spying on owners of their smart television sets, and Amazon's Ring Doorbell sends all of its video feeds to the local police for use as a "community watch." Local US police forces have already made hundreds if not thousands of arrests using the footage they received from Ring Doorbells, and smart speakers (like Amazon's Alexa & Google Home) have already been caught spying and recording personal conversations). It is very well known that "everybody" spies on a person's smartphone (also true of "wearables"), including the manufacturer, the operating system maker, the ISP, and the apps that are installed on the phone, this is in addition to the GPS signals all phones are constantly sending. It is also very well known that all of a person's internet interactions are monitored by many many different organizations and more. Vast amounts of this surveilled information is recorded and stored "forever" in large server farms.

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<sup>167</sup> "The NIH contracts are part of a broader effort by the U.S. government to combat COVID-19 and expand the biosecurity state... there are also efforts for immunity passports and contract tracing apps. These include the CommonPass, a project with support from the World Economic Forum; CovidCheck, an app with backing from the CDC and the Clinton Health Initiative; and CommonHealth, another contact tracing app developed with help from UCSF and the Rockefeller Foundation." U.S. Government Awards Contracts to Seven Organizations with Ties to Gates Foundation, DARPA, Big Tech" by Derrick Broze, The Last American Vagabond.

"As the multi-sector, global response to the coronavirus tightens the noose around civil liberties, CommonPass stands out as one of the most appalling and dangerous attacks on basic human rights in the name of public health... A new digital certificate called CommonPass, designed to serve as a clearance mechanism for passengers based on a health diagnosis underwent its first transatlantic test on October 21 under the watchful eye of the Centers for Disease Control (CDC) and U.S. Customs and Border Protection (CBP) at Heathrow Airport in London. There, a group of select participants embarked on United flight 15 to Newark, New Jersey after being screened and tested for COVID-19 at the point of departure in a largely ceremonial exercise that included initiative co-founders, Paul Meyer and Bradley Perkins. The app's first trial run took place with much less media fanfare last month on a Cathay Pacific Airways flight from Hong Kong to Singapore and marked the beginning of the CommonPass pilot project launched by The Commons Project (thecommonsproject.org) non-profit organization in-tandem with the World Economic Forum. Travel industry insiders claim that CommonPass will allow international travel to resume before a COVID-19 vaccine is made widely available by applying standard methods for certification of lab results and vaccination records of travelers through the CommonPass Framework, based on criteria set by the governments of each port of entry."

"New COVID-19 Security Measures Will Make Health a Prerequisite for Travel" by MintPress News, Green Media Info (GMI), November 4, 2020.

"We'll soon find out. On Oct. 8, two airlines launched trial runs. United Airlines tested CommonPass with volunteers flying between New York and London. Cathay Pacific did the same for passengers flying between Hong Kong and Singapore. The U.S. Customs and Border Patrol and the U.S. Centers for Disease Control and Prevention observed the process. CommonPass said in a press release that after the trials it plans to expand to more airlines and routes across the globe. Right now it's limited to certifying negative COVID-19 tests. But in the future, CommonPass will be able to certify proof of vaccination, the company said. This means that even if a future COVID-19 vaccine is not mandated globally, airlines could require CommonPass for anyone wishing to travel, domestically or internationally." From: Airlines Test 'Proof-of-Immunity' Technology, Privacy Watchdogs Call It 'Troubling' by Jeremy Loffredo, Children's Health Defense, October 13, 2020.

Loffredo's article also says, "The Electronic Frontier Foundation, a nonprofit that advocates for civil liberties in a digital world, takes a different view. In May, the group stated its opposition to any type of "immunity passport" that would require "people to present supposed proof of immunity to COVID-19 in order to access public spaces, work sites, airports, school or other venues." Electronic Frontier Foundation argues that such technology threatens privacy and "would be a significant step toward a system of national digital identification that can be used to collect and store our personal information and track our location."

3. The next generation of what is today called “wearables” (e.g. smart watches, health monitors, smart glasses, smart clothing) will be implanted/injected directly into the body. These extremely tiny sensors will be able to monitor all sorts of things in the body, including body temperature, pulse, blood pressure, blood content, and who knows what else. Using these things, a government (or corporation) could know not just a person’s health status, but also their emotional responses, and when in combination with every persons location at all specific times, can also know their emotional responses to other people/government edicts, the list is almost endless (in truth, this is already partially possible using current wearable technology). This would also allow the ability to manipulate or influence a person’s thoughts, outlook, understanding and ideas. The full ramifications of this are impossible to completely currently understand. But what we can understand is that this would give a government unprecedented control over all of its subjects<sup>168</sup>.

## CENSORSHIP

Censorship is already upon us. We have heard that many doctors, scientists, and anyone who is speaking against the governments’ narrative of the Covid-19 situation are being censored/denied air time. Also, anyone who asks questions, shares personal stories or suggests alternative viewpoints are being taken down or blocked from the major social media platforms, e.g. YouTube, Facebook, Twitter. The UK’s GCHQ and US intelligence agencies have recently declared a cyber war on anyone who questions or tells over personal stories or in any way suggests that the Covid-19 vaccines might be unsafe<sup>169</sup>. World censorship is likely to greatly increase as “they” get more control over the world<sup>170</sup>.

## TRANSHUMANISM

The World Economic Forum’s Great Reset claims it plans to “redefine what it means to be human” by merging man and machine (what is called “transhumanism”). This includes the implanting of technologies into human bodies for all sorts of purposes, including storage of biometric data, controlling contraception<sup>171</sup> and all sorts of medical interventions (the examples they give are using electronic implants to control diabetes, asthma and arthritis)<sup>172</sup>. They also plan on using

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Klaus Schwab CEO of the World Economic Forum (WEF) writes in his 2016 book on the fourth industrial revolution, “The tools of the fourth industrial revolution enable new forms of surveillance and other means of control that run counter to a healthy, open society... public crime is likely to decrease due to the convergence of sensors, camera, AI and facial recognition software... [these technologies] can intrude into the hitherto private space of our minds, reading our thoughts and influencing our behavior... As capabilities in this area improve, the temptation for law enforcement agencies and courts to use techniques to determine the likelihood of criminal activity, assess guilt or even possibly retrieve memories directly from people’s brains will increase. Even crossing a national border might one day involve a detailed brain scan to assess an individual’s security risk.”

An article in the Financial Times called “The World After Coronavirus” (March 20, 2020) says, “Surveillance technology is developing at break neck speed, and what seemed science-fiction 10 years ago is today old news. As a thought experiment, consider a hypothetical government that demands that every citizen wears a biometric bracelet that monitors body temperature and heart-rate 24 hours a day. The resulting data is hoarded and analysed by government algorithms. The algorithms will know that you are sick even before you know it, and they will also know where you have been, and who you have met... The downside is, of course, that this would give legitimacy to a terrifying new surveillance system. If you know, for example, that I clicked on a Fox News link rather than a CNN link, that can teach you something about my political views and perhaps even my personality. But if you can monitor what happens to my body temperature, blood pressure, and heart-rate as I watch the video clip, you can learn what makes me laugh, what makes me cry, and what makes me really, really angry. It is crucial to remember that anger, joy, boredom and love are biological phenomena just like fever and a cough. The same technology that identifies coughs could also identify laughs. If corporations and governments start harvesting out biometric data en masse, they can get to know us far better than we know ourselves, and they can then not just predict our feelings but also manipulate our feelings and sell us anything they want – be it a product or a politician. Biometric monitoring would make Cambridge Analytica’s data hacking tactics look like something from the Stone Age. Imagine North Korea in 2030, when every citizen has to where a biometric bracelet 24 hours a day. If you listen to a speech by Great Leader and the bracelet picks up the tell-tale signs of anger, you are done for.”

<sup>169</sup>“Microchips, Nanotechnology and Implanted Biosensors: The New Normal?” Pam Long, Children’s Health Defense, October 1, 2020.

“A new cyber offensive was launched on Monday by the UK’s signal intelligence agency, Government Communications Headquarters (GCHQ), which seeks to target websites that publish content deemed to be “propaganda” that raises concerns regarding state-sponsored Covid-19 vaccine development and the multi-national pharmaceutical corporations involved. Similar efforts are underway in the United States, with the US military recently funding a CIA-backed firm... to develop an AI algorithm aimed specifically at new websites promoting “suspected” disinformation related to the Covid-19 crisis and the US military–led Covid-19 vaccination effort known as Operation Warp Speed. Both countries are preparing to silence independent journalists who raise legitimate concerns over pharmaceutical industry corruption or the extreme secrecy surrounding state-sponsored Covid-19 vaccination efforts, now that Pfizer’s vaccine candidate is slated to be approved by the US Food and Drug Administration (FDA) by month’s end.” “US - UK Intel Agencies Declare Cyber War on Independent Media” Whitney Webb, Nov. 11, 2020, unlimitedhangout.com Has an entire lengthy article.

“Medical doctors who question the official narrative are threatened. They lose their jobs. Their careers are destroyed. Those who oppose the government lockdown are categorized as anti-social psychopaths” In colleges and universities, the teaching staff is pressured to conform and endorse the official covid narrative. Questioning the legitimacy of the lockdown in online “classrooms” could lead to dismissal. Google is marketing the Big Lie. The opinion of prominent scientists who question the lockdown, the face-mask or social distancing are “taken down”: “YouTube doesn’t allow content that spreads medical misinformation that contradicts the World Health Organization (WHO) or local health authorities’ medical information about COVID- 19, including on methods to prevent, treat or diagnose COVID-19, and means of transmission of COVID-19.” They call it “fact checking”, without acknowledging that both the WHO and local health authorities contradict their own data and concepts.

<sup>170</sup>Michel Chossudovsky: greenmedinfo.com/blog/covid-pandemic-destroying-people-s-lives-engineered-economic-depression-global-co, Nov. 16, 2020.

“In 2014 it was announced that Microchips Biotech, Inc., a company in Lexington, Massachusetts, had developed a new form of birth control: “a wireless implant that can be turned on and off with a remote control and that is designed to last up to 16 years.” According to MIT Technology Review, the idea originated when Bill Gates visited Robert Langer’s MIT lab in 2012 and asked him if it would be possible to create an implantable birth control device that could be turned on or off remotely. Langer referred Gates to the controlled release microchip technology he had invented and licensed to MicroCHIPS Biotechnology, and the Gates Foundation granted \$20 million to the firm to develop the implants.” “Who is Bill Gates, Part 3” by James Corbett from corbetteport.com

<sup>172</sup> “Galvani Bioelectronics was formed out of an agreement with Verily Life Sciences LLC (formerly Google Life Sciences), an Alphabet company, and GSK. The goal is to “enable the research, development and commercialisation of bioelectronic medicines.” Bioelectronic medicine is a relatively new research field focused on tackling

implanted sensors in the body for all sorts of varied purposes (including bodily surveillance, as discussed above).

The WEF claims that the world is currently in the midst of the third industrial revolution. They define the first industrial revolution as industry through steam, the second as industry through electricity, the third as the use of computers, data and artificial intelligence (AI) in industrializing the world. They define the fourth industrial revolution (that they are trying to bring in) as the meshing of the biological and computer/machine world.

## UBI AND THE GLOBAL GOVERNMENT'S OWNERSHIP OF THE WORLD, THE PEOPLE AND ALL THEIR ASSETS

As governments, businesses and citizens around the world are bankrupted and driven into poverty by lockdowns, the World Bank, IMF (International Monetary Fund) and the World Economic Forum (WEF) have offered to pay any government's debt on condition they accept various changes that they will demand. Private citizens will likely be offered that their debts will be paid and they would be given a universal basic income (UBI)<sup>173</sup> every month in exchange for selling to these institutions all of their assets (including creative assets) and conformity to the global government's (or these institutions themselves, depending which comes first) edicts and recommendations<sup>174</sup>. Failure to comply would mean a stopping of their UBI and blocking of all financial transactions, etc. (as mentioned above). The WEF has recently announced that by 2030, "You'll own nothing and you'll be happy."<sup>175</sup>

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chronic diseases by using "miniaturised, implantable devices that can modify electrical signals that pass along nerves in the body, including irregular or altered impulses that occur in many illnesses". GSK has been active in this field since 2012 and has stated that chronic conditions such as arthritis, diabetes and asthma could potentially be treated using these devices. GSK called the partnership an important step in their research of bioelectronics. GSK stated that if they are successful at using "advances in biology and technology" to "correct the irregular patterns found in disease states, using miniaturised devices attached to individual nerves", this method would be a "new therapeutic modality alongside traditional medicines and vaccines."<sup>176</sup> The Head of Operation Warp Speed & The Gates Foundation Are Pushing BioElectronics & Vaccine Patches by Derrick Broze, [The Last American Vagabond](#).

Vanessa Beeley states in an article about Twitter & Square (a digital payments platform) CEO, Jack Dorsey, "[Dorsey tweeted:] I'm moving \$1B of my Square equity (~28% of my wealth) to #startsmall LLC to fund global COVID-19 relief. After we disarm this pandemic, the focus will shift to girl's health and education, and UBI... - jack (@jack) April 7, 2020... Thank you Mayor and to all the Mayors of @mayorsforagi for these universal basic income pilots! I hope they inform federal policy in the future - jack (@jack) December 8, 2020. Dorsey's involvement in the promotion of UBI demonstrates his endorsement of measures which are designed to shore up economic privilege for members of the global billionaire cartels while asset stripping and disenfranchising the working classes and what remains of an already decimated middle class in the West. Cory Morningstar, one of the foremost voices speaking out about the unprecedented power grab being facilitated by the Covid-19 narratives, gave me this statement with regards to the covert threat of UBI: *Covid-19 is the catalyst for the Great Reset, in which universal basic income plays a securing role. Universal Basic Income (UBI) is the strategic solution to protect the ruling classes from Molotov cocktails and global civil unrest by those being methodically dispossessed of their occupations, dignity and self-preservation – the working class, much middle class, peasantry, artisans, and those that comprise the informal economy that resides in the Global South. Disclosures on coming "disbanding of existing safety-net programs" are not included in the foundation-funded marketing campaigns. When UBI begins to be rolled out globally, one can expect public healthcare to slowly disappear, replaced by privatized services (largely Telehealth). Further, UBI payments will be linked to benefits via blockchain – ensuring full spectrum compliance and servitude of whole societies. Billionaires are supporting/financing UBI marketing campaigns for good reason: it is preferable to pay a pittance to the citizenry than to risk losing the social license that allows for the continued decimation of the Earth, coupled with the continued exploitation of those most oppressed and vulnerable.*" Jack Dorsey, the CIA and Twitter Censorship in the Age of Covid-19 - [unlimitedhangout.com](#), Dec. 10, 2020.

By way of example, "The World Health Organization (WHO) and the World Bank (WB) are joined at the hip. In 2018, they double-knotted their ties by forming a partnership to monitor outbreaks and epidemics before they spread. Basically, behind the scenes, the deal looks like this: WHO creates the illusion of global epidemics; WB steps in later, to pick up the pieces of the result—injured national economies— by shelling out loans to governments. These loans always carry conditions. The prime condition is: let in private, roaming, foreign, predatory, private investors so they can take over vital sectors of a nation: energy, agriculture, water, etc. But this time, with COVID: WHO, as planned, has gone ballistic. The lockdowns are shredding economies. It's not going to be "here's a loan." It's more on the order of: we have to bail out everybody. How is that done? Step by step, through switching over one kind of illusory money for another kind of illusory money. "We invented one kind of money out of thin air, and it reached the end of the line. Now we have to invent another kind of all new money out of thin air." Universal guaranteed income (UGI). Eventually, for everyone. It comes with conditions, gradually implemented. Basically, the deal is: "we pay you, and you obey us." The behavioral side of the model is the Chinese regime, which controls obedience through a "social credit score." Infractions lower the score. In which case, the violator can't travel on a plane or send his kids to certain schools or stay in certain hotels or start a business. There are levels of punishments. Infractions include walking a dog off a leash, spreading fake news, crossing against a red light, failure to separate garbage properly, business fraud, criticizing the government, "violating community standards"... Under a global UGI, it would be: "Here's your monthly digital check, now follow orders, or your money will be reduced. Be a good citizen." Of course, a system like this requires complete and utter surveillance, public and private, every which way—including internal body sensors reporting physiological changes in real time, measured against algorithms which predict potential "misbehavior." The holy grail is energy quotas for every person. "Mr. Smith, this is your wall talking through the glorious Internet of Things. Your energy quota for the month is reaching its limit. I want to help you avoid that limit and the social credit score penalties that would be enforced. I'm going to initiate brown-outs and dimming in your home for the next two weeks. Your Internet will be shut down—excepting the hours of midnight to three in the morning. Cook all your meals for the day between four and five am..." Behavior control. What's going on now is a tune-up for the future. Now they say: stay indoors, don't let in visitors. Stand in line outside stores, keeping a distance of six feet. Report people who appear sick. Get tested. Wash your hands a dozen times a day. In the future, the list of rules and regs will expand, but the overall theme will be the same: be a good citizen and contribute to a better world. Be sincere and earnest and helpful. Don't rebel." Election fraud, COVID, currency reset by Jon Rappoport November 5, 2020, [Big.nomorefakenews.com](#)

"The jobless (and there will be many) could be placed on some kind of universal basic income and have their debts (indebtedness and bankruptcy on a massive scale) is the deliberate result of lockdowns and restrictions) written off in return for handing their assets to the state or more precisely the financial institutions helping to drive this great reset. The WEF says the public will 'rent' everything they require: stripping the right of ownership under the guise of 'sustainable consumption' and 'saving the planet'. Of course, the tiny elite who rolled out this great reset will own everything. Hundreds of millions around the world deemed 'surplus to requirements' are to be robbed (are currently being robbed) of their livelihoods. Our every movement and purchase are to be monitored and our main dealings will be online. The plan for individual citizens could reflect the strategy to be applied to nation states. For instance, World Bank Group President David Malpass ([worldbank.org/en/news/speech/2020/03/23/remarks-by-world-bank-group-president-david-malpass-on-g20-finance-ministers-conference-call-on-covid-19?cid=ECR\\_TT\\_worldbank\\_EN\\_EXT](#)) has stated that poorer countries will be 'helped' to get back on their feet after the various lockdowns that have been implemented. This 'help' will be on condition that neoliberal reforms and the undermining of public services are implemented and become further embedded. On 20 April, the Wall Street Journal ran the headline 'IMF, World Bank Face Deluge of Aid Requests From Developing World ([wsj.com/articles/imf-world-bank-face-deluge-of-aid-requests-from-developing-world-11586424609](#)). Scores of countries are asking for bailouts and loans from financial institutions with \$1.2 trillion to lend. An ideal recipe for fuelling dependency. In return for debt relief or 'support', global conglomerates along with the likes of Bill Gates will be able to further dictate national policies and hollow out the remnants of nation state sovereignty...

The great reset includes farmerless farms being manned by driverless machines, monitored by drones and doused with chemicals to produce commodity crops from patented GM seeds for industrial 'biomatter' to be processed and constituted into something resembling food. What will happen to the farmers? Post-COVID, the World

## FOOD

Bill Gates and the Rockefellers have already taken control of the vast majority of all agriculture and seeds worldwide. They have converted traditional agriculture into GMO/pesticide/biotech agriculture, where the farmers are dependant on them as their soil is depleted and the crops they grow don't give fertile seeds, forcing them to rely on buying new seeds each year. Over many decades they have taken ("stolen" is often the word used) seeds from farmers all around the world in order to control the flow of seeds<sup>176</sup>. They control all the seed banks and the CGIAR centres and gene banks and are genetically sequencing these seeds in order to patent the seeds of the world. They are in the process of passing laws in countries around the world to control who is allowed to grow food, sell food, barter food and give away food (not just farms but private individuals also)<sup>177</sup>. Included in these laws, is that they will be policed by the GMO/pesticide/seed agricultural companies of their choosing. **They are trying to control all access to food.**

"The World Economic Forum's (WEF) The Great Reset includes a plan to transform the global food and agricultural industries and the human diet, reduce food scarcity, hunger and disease, and even mitigate climate change. But a closer look at the corporations and think tanks the WEF is partnering with to usher in this global transformation suggests that the real motive is tighter corporate control over the food system by means of technological solutions. Vandana Shiva, scholar, environmentalist, food sovereignty advocate and author, told The Defender, "The Great Reset is about multinational corporate stakeholders at the World Economic Forum controlling as many elements of planetary life as they possibly can. From the digital data humans produce to each morsel of food we eat....

According to WEF's founder and executive chairman, Klaus Schwab, the forum is guided by the goal of positioning "private corporations as the trustees of society"... The WEF's plans for the "reset" of food and agriculture include projects and strategic partnerships that favor genetically modified organisms, lab-made proteins and pharmaceuticals and industrial chemicals as sustainable solutions to food and health issues.... In Schwab's book, he discusses how biotechnology and genetically modified food should become a central pillar to repairing global food scarcity issues, issues which COVID has revealed and exacerbated. He writes "global food security will only be achieved if regulations on genetically modified foods are adapted to reflect the reality that gene editing offers a precise, efficient and safe method of improving crops." Shiva disagrees. She told The Defender that the "WEF is parading fake science," and "for Mr. Schwab to promote these technologies as solutions proves that The Great Reset is about

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Bank talks about helping countries get back on track in return for structural reforms. Are tens of millions of smallholder farmers to be enticed from their land in return for individual debt relief and universal basic income? The displacement of these farmers and the subsequent destruction of rural communities and their cultures was something the Gates Foundation once called for and cynically termed "land mobility" Dystopian "Great Reset": "Own Nothing and Be Happy", Being Human in 2030. By The Centre for Research on Globalization. GMI, November 9, 2020.

<sup>176</sup> "When the Green Revolution was brought into India and Mexico, farmers' seeds were "rounded-up" from their fields and locked in international institutions, to be used to breed green revolution varieties engineered to respond to chemical inputs The International Rice Research Institute (IRRI) in the Philippines and the International Maize and Wheat Improvement Centre (CIMMYT), were the first to roundup the diversity from farmers' fields and replace it with chemical monocultures of rice, wheat, and corn. Others quickly followed.

This hijacking of farmers' seeds is best highlighted with the shameful removal of India's pre-eminent rice research scientist Dr. R.H. Richaria, as the head of India's Central Rice Research Institute (CRR) in Cuttack, Orissa, which housed the largest collection of rice diversity in the world, for refusing to allow the IRRI in the Philippines to pirate the collection out of India. With his removal at the behest of the World Bank, Indian peasant intellectual property was hijacked to the IRRI in the Philippines which later became part of the newly created Consultative Group of International Agriculture Research (CGIAR)

Farmers' seed heritage was held in the private seed banks of CGIAR, a consortium of 15 international agricultural research centers, controlled by the World Bank, the Rockefeller and Ford Foundations, as well as of course the Bill and Melinda Gates Foundation (BMGF), which since 2003, has poured more than \$720 million into the CGIAR centres. CGIAR gene banks presently manage 768,576 accessions of farmer' seeds. Taken together, CGIAR gene banks represent the largest and most widely used collections of crop diversity in the world." Gates to a Global Empire by Navdanya International, October 2020, pp. 17-18.

<sup>177</sup> "I was shocked to learn from a friend on the weekend that a new Food Bill is being brought in here in New Zealand. The new bill will make it a privilege and not a right to grow food. I find two aspects of this bill alarming. The first is the scope and impact the new bill has, and secondly that it has all happened so quietly. There has been VERY little media coverage, on a bill which promises to jeopardise the future food security of the country. I read that the bill is being brought in because of the WTO, which of course has the US FDA behind it, and of course that is influenced by big business (Monsanto and other players). It looks like this NZ food bill will pave the way to reduce the plant diversity and small owner operations in New Zealand, for example by way of controlling the legality of seed saving and trading/barter/giving away; all will be potentially illegal. The best website to read about the problems with the new bill is nzfoodsecurity.org (nzfoodsecurity.org/) (I have no connection with this website) Here are some snippets:

- It turns a human right (to grow food and share it) into a government-authorized privilege that can be summarily revoked.
- It makes it illegal to distribute "food" without authorisation, and it defines "food" in such a way that it includes nutrients, seeds, natural medicines, essential minerals and drinks (including water).
- By controlling seeds, the bill takes the power to grow food away from the public and puts it in the hands of seed companies. That power may be abused.
- Growing food for distribution must be authorised, even for "cottage industries", and such authorisation can be denied.
- Under the Food Bill, Police acting as Food Safety Officers can raid premises without a warrant, using all equipment they deem necessary - including guns (Clause 265 - 1).
- Members of the private sector can also be Food Safety Officers, as at Clause 243. So Monsanto employees can raid premises - including marae - backed up by armed police.
- The Bill gives Food Safety Officers immunity from criminal and civil prosecution.
- The Government has created this bill to keep in line with its World Trade Organisation obligations under an international scheme called Codex Alimentarius ("Food Book"). So it has to pass this bill in one form or another.
- The bill would undermine the efforts of many people to become more self-sufficient within their local communities.
- Seed banks and seed-sharing networks could be shut down if they could not obtain authorisation. Loss of seed variety would make it more difficult to grow one's own food.
- Home-grown food and some or all seed could not be bartered on a scale or frequency necessary to feed people in communities where commercially available food has become unaffordable or unavailable (for example due to economic collapse).
- Restrictions on the trade of food and seed would quickly lead to the permanent loss of heirloom strains, as well as a general lowering of plant diversity in agriculture.
- Organic producers of heirloom foods could lose market share to big-money agribusiness outfits, leading to an increase in the consumption of nutrient-poor and GE foods.

The key factor is seeds. In many cases they specifically are food, of course. Grain seed, seed potatoes, rice, maize, quinoa, many staples etc etc - as the bill stands all these will explicitly be controlled substances, with similar penalties for possession as drugs." New Food Bill in New Zealand Takes Away Human Right to Grow Food. by investment Watch Blog on October 27, 2020, GMI (GreenMedInfo).

maintaining and empowering a corporate extraction machine and the private ownership of life.” EAT<sup>178</sup> developed what it refers to as “the planetary health diet,” which the WEF champions as the “sustainable dietary solution of the future.” But according to Leroy, it’s a diet that’s supposed to replace everything else. “The diet aims to cut the meat and dairy intake of the global population by as much as 90% in some cases and replaces it with lab-made foods, cereals and oil,” he said. Shiva further explained, “EAT’s proposed diet is not about nutrition at all, it’s about big business and it’s about a corporate takeover of the food system.”

According to EAT’s own reports, the big adjustments the organization and its corporate partners want to make to the food system are “unlikely to be successful if left up to the individual,” and the changes they wish to impose on societal eating habits and food “require reframing at the systemic level with hard policy interventions that include laws, fiscal measures, subsidies and penalties, trade reconfiguration and other economic and structural measures.” (“World Economic Forum’s ‘Great Reset’ Plan for Big Food Benefits Industry, Not People” Jeremy Loffredo, Children’s Health Defense, November 9, 2020).

## POPULATION CONTROL

Their plan is to cut the world population down to below (maybe significantly below) 1 billion people as fast as they can (there is currently over 7.7 billion people in the world).

Population control has been a plan for over 100 years. The Rockefellers were publicly funding this idea since at least the 1920s. It was called eugenics – the control by superior genetic people (i.e. whoever is in charge) of deciding who is allowed to procreate based on a person’s perceived worth/genetic makeup. This means: whoever is in control decides who has children. It is well known that the Rockefeller and Ford families were major funders of the Nazi party in the 1930s, specifically of the Nazi Eugenics Program. Later, as the word “eugenics” became out of favor, and the name of this concept was changed to “population control.” Bill Gates’ father led the population control section of the Rockefeller foundation for many years, and Bill Gates has expressed the great importance this has in his heart<sup>179</sup>.

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“WEF has promoted and partnered with an organization called EAT Forum. EAT Forum describes itself as a “Davos for food” that plans to “add value to business and industry” and “set the political agenda.” EAT was co-founded by Wellcome Trust, an organization established with funds from GlaxoSmithKline and which still has strategic partnerships with the drugmaker. EAT collaborates with nearly 40 city governments in Europe, Africa, Asia, North America, South America and Australia. The organization also assists the United Nations Children’s Fund (UNICEF) in the “creation of new dietary guidelines” and sustainable development initiatives. According to Federic Leroy, a food science and biotechnology professor at University of Brussels, EAT network interacts closely with some of the biggest imitation meat companies, including Impossible Foods and other biotech companies, which aim to replace wholesome nutritious foods with genetically modified lab creations.” World Economic Forum’s ‘Great Reset’ Plan for Big Food Benefits Industry, Not People. By Jeremy Loffredo, CHD)

“The Gates and Rockefeller dynasties are also united by their common interest in eugenics, the debunked science which promoted the idea that people of “good birth” should be encouraged to reproduce while those with “bad genes” should be discouraged from breeding or sterilized altogether. The science was developed by Francis Galton as a strategy for improving the human race. The idea was extremely popular in America before the Nazis embraced the doctrine and took it to the extreme. Eugenics was also extremely popular with the Rockefeller family. A report from the Hudson Institute notes, “the first American foundations were deeply immersed in eugenics the effort to promote the reproduction of the fit and to suppress the reproduction of the unfit.” The report states that the Rockefellers and other early American philanthropists believed in “philanthropic eugenics,” the idea that they could use their money to create foundations which would promote the philosophy of eugenics. The Rockefeller Foundation and family helped fund researchers at the Kaiser Wilhelm Institutes in Germany who were involved in the Nazi sterilization programs, funded the Eugenics Records Office, and many other programs promoting population control. In 1952, after the Nazis eugenics experiments were widely known, John D. Rockefeller III helped created the Population Council to promote eugenics without the baggage of the term.

In his book, *Showing Up for Life*, Bill Gates’ father, William H. Gates II, wrote about his admiration for the Rockefeller’s and their philanthropy: “A lesson we learned from studying and working with the Rockefellers is that to succeed in pursuing audacious goals you need like-minded partners with whom to collaborate. And we learned that such goals are not prizes claimed by the short-winded. The Rockefellers stay with tough problems for generations.” It appears that Gates II was a supporter of the Rockefellers eugenics philosophy as he served as the head of Planned Parenthood for a time. Planned Parenthood was funded in part by a \$1.5 million donation from the Rockefeller-created Population Council. Gates II was preceded at Planned Parenthood by Alan Guttmacher, who simultaneously served as the Director of the American Eugenics Society...

Regardless, the present day Gates family has a habit of spending time around their fellow philanthropic eugenicists. In December 2001, William H. Gates received the inaugural “Andrew Carnegie Medals of Philanthropy” for his charity work. Gates Sr. received his award alongside Walter H. and Leonore Annenberg on behalf of the Annenberg Foundation, Brooke Astor, Irene Diamond, David and Lorraine S. Rockefeller on behalf of the Rockefeller family, George Soros and Ted Turner... More recently, in 2010 Bill Gates was seen with fellow billionaires in an event which was described by the corporate media as “They’re called the Good Club – and they want to save the world.” The Guardian reported: “This is the Good Club, the name given to the tiny global elite of billionaire philanthropists who recently held their first and highly secretive meeting in the heart of New York City. The names of some of the members are familiar figures: Bill Gates, George Soros, Warren Buffett, Oprah Winfrey, Michael Bloomberg, David Rockefeller and Ted Turner. But there are others, too, like business giants Eli and Edythe Broad, who are equally wealthy but less well known. All told, its members are worth \$125bn.” The Guardian also notes that Rockefeller, Gates, and Buffet organized the meeting. The Wall Street Journal reported that the meeting was focused on slowing population growth, a euphemism for eugenics. The appearance of Ted Turner at both the 2001 meeting and the 2010 meeting should not be a surprise as he has also been a vocal proponent of population control” Bill Gates’ Web of Dark Money and Influence - Part 3: Health Surveillance, Event 201 & the Rockefeller Connection by Derrick Broze, The Last American Vagabond.

“His parents also encouraged discussion about the family’s charity work and the causes they held close to their heart. As Gates revealed to Bill Moyers in 2003, those causes included “the population issue” which sparked a lifelong interest in “reproductive health.” GATES: One issue that really grabbed me as urgent were issues related to population... reproductive health. MOYERS: But did you come to reproductive issues as an intellectual? GATES: When I was growing up, my parents were always involved in various volunteer things. My dad was head of Planned Parenthood. And it was very controversial to be involved with that. (SOURCE: A Conversation with Bill Gates: Making a Healthier World for Children and Future Generations). Gates tips his hand when he equates “issues related to population” with “reproductive health.” The topic is particularly controversial, because “population control” and “reproductive health” have been used for half a century as a euphemism for eugenics, the discredited pseudoscience that holds that certain families are fit to be leaders of society by virtue of their superior genes...

But, in the post-WWII era, as the name of eugenics became tarred by association with the Nazi atrocities, the talk of death panels and other harsh eugenicist notions was dropped from public conversation. Now, the quest to reduce the size of the poor population was spoken of as “population control” and “reproductive health.” Still, occasionally, these old negative eugenics ideas are revisited in moments of candor. GATES: You’re raising tuitions at the University of California as rapidly as they [sic] can and so the access that used to be available to the middle class or whatever is just rapidly going away. That’s a trade-off society’s making because of very, very high medical costs and a lack of willingness to say, you know, “Is spending a million dollars on that last three months of life for that patient—would it be better not to lay off those 10 teachers and to make that trade off in medical cost?” But that’s called the “death panel” and you’re not supposed to have that discussion (SOURCE: Bill Gates: End-of-Life Care vs. Saving Teachers’ Jobs). It is worth questioning why this man, who openly muses about death panels and the trade-offs of providing health care to the

## VACCINES

The Rockefeller Foundation and the WHO have for many decades actively pursued developing vaccines to be used to sterilize populations in order to reduce world population. They have developed several techniques to use vaccines to sterilize people<sup>180</sup>. The WHO has been accused of using vaccination as a means of secretly sterilizing unknowing populations in different countries around the world, including Nicaragua, Mexico, the Philippines and Kenya<sup>181</sup>.

“in 2014, Kenya’s Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a “tetanus” vaccine campaign. Independent labs found a sterility formula in every vaccine tested<sup>182</sup>. After denying the charges, WHO finally admitted it had been developing the sterility vaccines for over a decade. Similar accusations came from Tanzania, Nicaragua, Mexico, and the Philippines.”<sup>183</sup>

The Rockefeller foundation has heavily invested in this field for many years and has created a wide range of different sterilizing/contraceptive vaccines that have been developed for both men and women<sup>184</sup>. One possible method by

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elderly, is to be taken completely at face value in his attempts to slow population growth in the third world or to handle a coronavirus health crisis that primarily affects the elderly...

The Rockefellers helped fund the Eugenics Record Office. The founding director of the Rockefeller Institute for Medical Research, William Welch, sat on the ERO’s board and helped direct its activities. The Rockefellers sponsored the studies of the eugenics researchers at the Kaiser Wilhelm Institutes in Germany, including Ernst Rüdin, who would go on to draft Nazi Germany’s forced sterilization law. And, when the American Eugenics Society became embarrassed of its own name, its long-time director, Frederick Osborne, merely took over as president of the Rockefeller-founded Population Council” (from: “Who is Bill Gates? - Part 4” by James Corbett at Corbettreport.com/gates).

“GATES: This is a very important question to get right, because it was absolutely key for me. When our foundation first started up, it was focused on reproductive health. That was the main thing we did, because I thought, you know, population growth in poor countries is the biggest problem they face. You’ve got to help mothers, who want to limit family size, have the tools and education to do that. And I thought, that’s the only thing that really counts (SOURCE: Bill Gates on Overpopulation and Global Poverty)” “Who is Bill Gates? - Part 3” by James Corbett at Corbettreport.com/gates.

<sup>180</sup> “It its 1968 annual report, the Rockefeller Foundation addressed the “Problems of Population,” lamenting that “[v]ery little work is in progress on immunological methods, such as vaccines, to reduce fertility, and much more research is required if a solution is to be found here.” The Foundation vowed to correct this problem by funding “established and beginning investigators to turn their attention to aspects of research in reproductive biology that have implications for human fertility and its control.” This was no empty promise. By the time of its 1988 Annual Report, the Rockefeller Foundation was able to report progress on its funding into contraceptive research, including NORPLANT, a contraceptive implanted under the skin of a woman’s upper arm and effective for five years. In its 1988 report, the R. Foundation was pleased to announce that NORPLANT—which was developed by the Rockefeller-founded Population Council—was “now approved for marketing in 12 countries.”

The Rockefellers’ Population Council and other research organizations joined with the World Health Organization (WHO) in 1972 to create a Task Force on Vaccines for Fertility Regulation. By 1995, they were able to report progress in “developing a prototype of an anti-hCG-vaccine,” which works by combining an immunogen formed from a synthetic peptide of human chorionic gonadotrophin (hCG)—a hormone secreted by the surface of the early embryo to remain implanted in the womb—with a toxoid carrier molecule. The vaccine stimulates an immune reaction, causing women to develop antibodies against the hormone, thus preventing them from carrying babies to term. But beginning in the 1990s, a series of scandals over WHO-led vaccination programs in the third world led to allegations that tetanus vaccines in places like the Philippines and Kenya were being laced with hCG in order to implement population control by stealth.” (Who is Bill Gates? - Part 3” by James Corbett at Corbettreport.com/gates)

<sup>181</sup> “Many published papers, which we found in the Web of Science and PubMed data bases, document WHO experimental research with various anti-fertility vaccine conjugates [4]-[24] since the 1970s. The published objective of WHO researchers performing the experiments was to engineer one or more “birth-control” vaccines that can, with known reliability, produce and maintain infertility indefinitely... In fact, WHO biomedical researchers have been working to engineer such an “anti-fertility” vaccine for “birth-control” at least since 1972. Research published in 1976 confirmed that recipients of a vaccine containing  $\beta$ hCG chemically conjugated with TT develop antibodies not only against TT but also against  $\beta$ hCG. The result, first reported by WHO researchers at a meeting of the US National Academy of Sciences [5], is a “birth-control” vaccine that diminishes the  $\beta$ hCG essential to a successful pregnancy and causes at least temporary “infertility”. Subsequent research showed that repeated doses can extend infertility indefinitely... Over the decades since the prototype of the WHO anti- $\beta$ hCG vaccine was first tested in 1974 [5], the volume of published research on anti-fertility vaccines has greatly increased. Although WHO researchers claim their TT/ $\beta$ hCG birth-control vaccine is reversible [11] [55], their on-going research aims to produce a recombinant gene using DNA of either E. Coli [21] or vaccinia virus [9]. Given the power of recombinant DNA to reproduce, long-lasting or even permanent sterility in vaccinated recipients is theoretically attainable....

“We found a plethora of studies beginning with the linking of TT to  $\beta$ hCG by WHO researchers in the 1970s. We also found policy statements by the WHO and its collaborators stating the geo-political and economic goal of population growth reduction in unstable “less developed countries” (including Kenya), known to be rich in costly mineral resources needed by the developed nations. These initial findings gave credence to the suspicion that the WHO may have disguised a clinical trial of their “birth-control vaccine” in Kenya as an effort to “eliminate maternal and neonatal tetanus” there...

“In 1961, the US Agency for International Development (USAID) joined with the UN and the WHO in population studies culminating in The Kissinger Report first promulgated as an official classified document to government officials in 1974. In the meantime, moving to the second row in Figure 2, WHO researchers led by Talwar were linking TT to  $\beta$ hCG and testing the first WHO contraceptive vaccine on humans [10]. Then, the years 1993, 1994, and 1995, were marked by news reports of WHO anti-fertility vaccination campaigns in LDCs—specifically, Mexico, Nicaragua and the Philippines [42] [43] [78] [79] [80], along with a forestalled campaign in Kenya in 1995 [3]—all of which were represented to the public in those countries, and to the vaccinated females of child-bearing age, as part of the WHO campaign to “eliminate maternal and neonatal tetanus” [56] [57] [58] [59] [60]....

However, such a study from women participants in the WHO “tetanus” vaccination campaign in the Philippines 1993 was already done. J. R. Miller reported that pro-life groups in the Philippines tested the blood sera of 30 of the estimated 3.4 million women vaccinated by WHO in that “tetanus” campaign and 26 of them tested positive for “hCG antibodies” [106] [109]... in our opinion, makes the WHO itself the most plausible source of the  $\beta$ hCG conjugate found in samples of “tetanus” vaccine being used in Kenya in 2014. Moreover, given that all vaccine manufacturers and vaccine testing laboratories must be WHO certified, their responsibility for whatever hashappened in the Kenyan immunization program can hardly be overemphasized.”

-- From the study: John W. Oller Jr. et. al. “HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World.” *Open Access Library Journal*, 2017, Volume 4, e3937

“the Pro Life Committee of Mexico was suspicious of the protocols for the tetanus toxoid campaign because they excluded all males and children and called for multiple injections of the vaccine in only women of reproductive age. Yet, one injection provides protection for at least 10 years. The Committee had vials of the tetanus vaccine analyzed for hCG. It informed HLI about the tetanus toxoid vaccine. HLI then told its World Council members and HLI affiliates in more than 60 countries. Similar tetanus vaccines laced with hCG have been uncovered in the Philippines and in Nicaragua. In addition to the World Health Organization (WHO), other organizations involved in the development of an anti-fertility vaccine using hCG include the UN Population Fund, the UN Development Programme, the World Bank, the Population Council, the Rockefeller Foundation, the US National Institute of Child Health and Human Development, the All India Institute of Medical Sciences, and Uppsala, Helsinki, and Ohio State universities” (“Tetanus vaccine may be laced with anti-fertility drug. International / developing countries” *Vaccine Weekly*, 1995 May 29 - Jun 5;9-10. pubmed.ncbi.nlm.nih.gov/12346214)

<sup>182</sup> He’s referring to only the second dose sample where 7 out of 7, samples tested positive.

<sup>183</sup> “Gates’ Globalist Vaccine Agenda: A Win-Win for Pharma and Mandatory Vaccination” CHD, [childrenshealthdefense.org/news/government-corruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/3/7](http://childrenshealthdefense.org/news/government-corruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/3/7)

<sup>184</sup> Gupta, S.K., et. al. Milestones in contraceptive vaccines development and hurdles in their application. *Hum Vaccin Immunother* 4, 911-925. (2014)

which these vaccines might cause sterility has already been described.<sup>185</sup>

Bill Gates, who is the main funder of the WHO (and controls the WHO)<sup>186</sup> also funds every single COVID-19 vaccine that is in development<sup>187</sup>. He has publicly declared several times (years ago) that he is waiting for a vaccine that will be given to the whole world, in part because of population control. He has said that population control is a cause that is very important to him (see footnote 179). *We are very concerned that there will be a sterilizing agent/aspect present in a COVID-19 vaccine, and it is important to note that sterilizing vaccines have been developed for both men and women.* This vaccine is only the start, they are planning on making many more vaccines/preventative treatments<sup>188</sup> for many more viruses including viruses that haven't even yet been discovered, but which artificial intelligence programs suspect are on the way.

Operation Warp Speed (OWS): The US military has been put in charge of the production of vaccines (interestingly, even though the HHS (Human Health Services) was put in charge of OWS, it was completely given over to the military, until the HHS admits it no longer knows anything about it<sup>189</sup>). The head of OWS has announced that contracts have been made with Google and Oracle to establish a very active pharmacovigilance surveillance system. This is to be a detailed and incredibly precise tracking system that monitors all the people who take the vaccine for 2 years. The information gathered will be used for any purpose that benefits the government and the military, including issues of regulatory obligations. The contracts made, exempt Google and Oracle from federal regulations, safety standards and from the freedom of information act. This means the details of their contracts are completely secret<sup>190</sup>.

All COVID-19 vaccine makers have been legally exempted from all liability for any damage/illness/death that occurs from their vaccines. The companies themselves have said that due to the time constraints their vaccines will not be safe<sup>191</sup>. These COVID vaccine manufacturers are trying to get emergency use authorization, "Once a drugmaker gets emergency use authorization for a drug or vaccine, the FDA waives the mandatory manufacturing plant inspection, leaving the drugmaker solely responsible for certifying the safety of the manufacturing process." ("Liability-Free COVID Vaccine Makers Seek Additional 'Free Pass' From FDA" Jeremy Loffredo, CHD). This means there will be no government oversight at all on the manufacturing process of these vaccines, and no testing for actual vaccine content. This means the manufacturers can add anything they want to these vaccines and no one will know.

Vaccines have been found on many occasions, to include ingredients that were not specified in their approval ("not included in their insert", so to speak). These added ingredients are detrimental/dangerous to the recipient and were found not to be simply manufacturing process contaminants, rather they appear to have been intentionally added. For example, in a test of 44 vaccines in 2017, all 44 vaccines were found to contain "metal micro- and nano- particles" e.g. all vaccines contained lead and/or stainless-steel, chromium was found in 25 of the 44 vaccines, tungsten was found in 8 of 44, also found was, zirconium, titanium, strontium, hafnium, nickel, gold, silver, zinc, copper, platinum, silicon, bismuth, iron,

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G. P. Talwar, G.P., et al. Current status of a unique vaccine preventing pregnancy. *Frontiers in Bioscience, Elite*, 9, 321-332 (2017)

<sup>185</sup> Early Dec 2020, Doctors Wolfgang Wodarg and Michael Yeadon submitted a legal petition to the European Medicines Agency. They have demanded a "stay," or halt, to Phase III trials of Pfizer's BNT162 in Germany, and in all other EU protocol countries until study design is amended: "Syncytin-1... is responsible for the development of a placenta in mammals and humans and is therefore an essential prerequisite for a successful pregnancy, is also found in homologous form in the spike proteins of SARS viruses. There is no indication whether antibodies against spike proteins of SARS viruses would also act like anti-Syncytin-1 antibodies. However, if this were to be the case this would then also prevent the formation of a placenta which would result in vaccinated women essentially becoming infertile." All the mRNA vaccines are targeting the spike protein.

<sup>186</sup> See footnotes 158 & 159. "Trump may have pulled funds from the WHO, but that decision allows Gates to take full control of WHO policy and continue to use US taxpayer dollars to fund vaccine projects, including a rushed vaccine for COVID-19. This was likely the plan the whole time. As we have clearly demonstrated in previous reports, Gates has an outsized influence on the COVID-19 recovery and global health in general. A 2015 report titled, Philanthropic Power and Development: Who shapes the agenda?, examines the influence of global philanthropy and provides examples of the undue influence Gates and others can wield. The report noted that researchers have been critical of GAVI for following a "Gates-approach" on global health challenges, "focusing on disease-specific vertical health interventions (through vaccines), instead of horizontal and holistic approaches (e.g., health system strengthening)." "Vaccine Bait & Switch: As Millions Pulled From WHO, Trump Gives Billions To Gates-Founded GAVI" Derrick Broze, The Last American Vagabond

<sup>187</sup> "And there, at the center of this web, is the Gates Foundation, connected to every major organization, research institution, international alliance and vaccine manufacturer involved in the current crisis." "Who is Bill Gates? - Part 2" by James Corbett at Corbettreport.com/gates

"Using the Bill and Melinda Gates Foundation to dole out grants and donations, Gates has created a web of organizations who owe their budget to the foundation or answer directly to Gates. By tracing the Foundation's investments and Gates' relationships we can see that nearly every person involved in the fight against COVID-19 is tied to Gates or his foundation by two degrees or less. This gives Bill Gates and his foundation an unchallenged influence over the response to the pandemic. Equally worrisome is Gates' call for global lock down until the entire world has been vaccinated and given a digital certificate to prove immunity." "Bill Gates' Web of Dark Money and Influence - Part 1: Philanthropic Narrative Shaping", Derrick Broze, The Last American Vagabond). "Bill Gates on Track to Grow His Fortune Through Foundation's Ties to Vaccine Makers" Jeremy Loffredo, CHD, October 8, 2020.

<sup>188</sup> Including injecting synthetic viral competitors called "therapeutic interfering particles" (TIPs), which are genetically modified viruses made to "compete" with possible future viruses in order to "preemptively" protect against the virus from which a particular TIP was developed." "Engineering Contagion: UPMC, Corona-thrax and "the Darkest Winter." Whitney Webb, The Last American Vagabond. | New Pentagon-Google Partnership Suggests AI Will Soon Be Used to Diagnose Covid-19. Whitney Webb, unlimitedhangout.com.

<sup>189</sup> "Operation Warp Speed Using CIA-Linked Contractor to Keep COVID-19 Vaccine Contracts Secret" Whitney Webb, The Last American Vagabond.

<sup>190</sup> "Google & Oracle to Monitor Americans Who Get Warp Speed's Covid-19 Vaccine for up to Two Years" Whitney Webb, The Last American Vagabond.

<sup>191</sup> "Covid-19 vaccine makers lobby EU for legal protection" Financial Times (Donato Paolo Mancini in Rome and Michael Peel in Brussels), August 26, 2020.

antimony and more<sup>192</sup>.

In the three year “2013-15 Kenya incident” (see footnote 181), in an attempt to hide the sterilizing agent in the vaccine, the inoculations were given in a hotel, and not in a medical facility as is usually done, and the police guarded the vaccine vials at all times, even the empty vials were under full-time guard and were returned under police escort. This is very not normal practice, even in Africa. Doing this made it very hard for independent researchers to obtain samples for investigation<sup>193</sup>. In light of this, it is very concerning that the US and UK military are in charge of COVID-19 vaccine distribution.

There have been no real safety trials on these COVID-vaccines and the brand new experimental technology that many of them use (called mRNA vaccines<sup>194</sup> – which introduce genetic material into the recipients’ cells, causing their own cells to produce the “spike protein” in order to disturb the body thereby eliciting an immune response) has never before been approved for use on humans, nor has it ever been shown to be safe, neither in the short term, nor the long term<sup>195</sup>. Both the mRNA and the DNA COVID-vaccines genetically alter their recipients.

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192 A.M. Gatti, A. M., Montanari, S. New Quality-Control Investigations on Vaccines: Micro and Nanocontamination. *International Journal of Vaccines and Vaccination*, Volume 4, Issue 1, 2017. “The results of this new investigation show the presence of micro- and nanosized particulate matter composed of inorganic elements in vaccines’ samples which is not declared among the components and whose unduly presence is, for the time being, inexplicable. A considerable part of those particulate contaminants have already been verified in other matrices and reported in literature as non biodegradable and non biocompatible....

Side effects have always been reported but in the latest years it seems that they have increased in number and seriousness, particularly in children as the American Academy of pediatrics reports [1,2]. For instance, the diphtheria-tetanus-pertussis (DTaP) vaccine was linked to cases of sudden infant death syndrome (SIDS) [3]; measles-mumps-rubella vaccine with autism [4,5]; multiple immunizations with immune disorders [6]; hepatitis B vaccines with multiple sclerosis, etc. ....

presence of micro-, submicro- and nanosized, inorganic, foreign bodies (ranging from 100nm to about ten microns) was identified in all cases, whose presence was not declared in the leaflets delivered in the package of the product....

As can be seen, the particles are surrounded and embedded in a biological substrate. In all the samples analyzed, we identified particles containing: Lead (Typhim, Cervarix, Agrippal S1, Meningitec, Gardasil) or stainless steel (Mencevax, Infarix Hexa, Cervarix, Anateall, Focetria, Agrippal S1, Menveo, Prevenar 13, Meningitec, Vaxigrip, Stamaril Pasteur, Repevax and MMRvaxPro)...

Given the contaminations we observed in all samples of human-use vaccines, adverse effects after the injection of those vaccines are possible and credible and have the character of randomness, since they depend on where the contaminants are carried by the blood circulation. It is only obvious that similar quantities of these foreign bodies can have a more serious impact on very small organisms like those of children....

The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us. The inorganic particles identified are neither biocompatible nor biodegradable, that means that they are biopersistent and can induce effects that can become evident either immediately close to injection time or after a certain time from administration. It is important to remember that particles (crystals and not molecules) are bodies foreign to the organism and they behave as such. More in particular, their toxicity is in some respects different from that of the chemical elements composing them, adding to that toxicity which, in any case, is still there, that typical of foreign bodies. For that reason, they induce an inflammatory reaction. After being injected, those microparticles, nanoparticles and aggregates can stay around the injection site forming swellings and granulomas [17]. But they can also be carried by the blood circulation, escaping any attempt to guess what will be their final destination. We believe that in many cases they get distributed throughout the body without causing any visible reaction, but it is also likely that, in some circumstances, they reach some organ, none excluded and including the microbiota, in a fair quantity. As happens with all foreign bodies, particularly that small, they induce an inflammatory reaction that is chronic because most of those particles cannot be degraded. Furthermore, the protein corona effect (due to a nano-bio- interaction [18]) can produce organic/inorganic composite particles capable of stimulating the immune system in an undesirable way [19-22]. It is impossible not to add that particles the size often observed in vaccines can enter cell nuclei and interact with the DNA [23].

As to an answer as to what is the purpose of these added metals? It has been suggested that these were the beginnings of plans to include metal biosensors into vaccines “What could they put in the COVID vaccine?” Jon Rappoport, nomorefakenews.com.

193 From the study: Oller J. W. Jr., et al. HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World. *Open Access Library Journal*, Volume 4, e3937 (2017):

“the WHO “tetanus” campaign underway from October 2013, the following unusual facts made it difficult for the KCDA to obtain the needed vaccine samples for laboratory testing: • the campaign was initiated not from a hospital or medical center but from the New Stanley Hotel in Nairobi [92]; • vials of vaccine delivered to each vaccination site for this special “campaign” were guarded by police; handling of vials of vaccine by nursing staff at the site administering the shots was strictly controlled so that when a vial was used up it had to be returned to WHO officials under the watchful eyes of the police in order for the nurse to obtain a new one; • vials of WHO “campaign” vaccine were never stored in any of the estimated 60 local facilities but were distributed from Nairobi and used vials were returned there at considerable cost under police escort.

“The fact that vials of this particular vaccine had to be stored in Nairobi is peculiar for two reasons: for one, according to the KCDA this is not usually required for vaccine distribution, and, for another, the Kenya Catholic Health Commission (as the medical branch of the KCCB) also manages a network of 448 Catholic health units consisting of 54 hospitals, 83 health centers and 311 clinical dispensaries]. In addition, the Catholic Health Commission manages mobile clinics for the nomadic peoples who move about Kenya and into the arid regions of bordering countries. Usually, vaccines in Kenya, according to our physician co-authors (Drs. Karanja and Ngare), would be handled by the nearest hospital, health center, or mobile clinic: why did the particular “tetanus” vaccine used in the MNT campaign of 2013-2015 require so much special handling beginning from the New Stanley Hotel in Nairobi?”

194 These are not in fact vaccines at all, rather they are legally and practically “gene therapy technologies”, as explained in David Martin’s Butterfly of the Week, 11th January 2021, “What is a vaccine & what are Covid Vaccines.”

195 “This is an open letter to the Swedish Prime Minister Stefan Löfven and Johan Carlson, Director General of the Swedish Public Health Authority, FHM - from a large and health-interested part of the Swedish population, sent via me. You have decided to buy millions of doses of a completely new, non-safety-tested RNA-vaccine against SARS-CoV-19, that has not gone through the always-required safety, toxicology and fertility studies on animals. There has not been any long-term studies, having only undergone testing for less than a month. This is not a usual vaccine, as it is based on genetic engineering and nanotechnology, which means that genes will be inserted into our human cells to produce corona protein. So for how long will this production of highly autoimmunity-triggering corona spike proteins take place? How will the new nanotechnology affect our bodies in the long-term? From Dr Sanna Ehdin, PhD, Immunologist, Author and Public Health Lecturer.

**The FDA (Food and Drug Administration) in the United States has determined that this vaccine can cause a large number of life-threatening side effects, including death. What are your reasons for approving this experimental vaccine?** I am a PhD, immunologist, and have studied health and self-healing for 40 years in total. I have important questions that I and the hundred of thousands of Swedish followers on social media want answers too, as soon as possible, as this experimental *genocine* is planned to be started in January. Mr Löfven and Dr. Carlson have both received this letter at their respective authorities. For almost 20 years, the pharmaceutical companies have tried to develop a vaccine against SARS but failed. This failure is due to the major negative effects associated with, above all, autoimmunity, cancer, infertility, and even deaths in animal experiments. But now in 2020, several pharmaceutical companies are apparently succeeding in developing a vaccine against SARS- CoV-19 in less than a year. However, it is a completely new and untested method with mRNA-vaccination. The principle is that with the help of nanotechnology and strong chemicals (like polyethylene glycol), genes will be inserted into our human cells to make *our cells produce corona protein* - which will then trigger an immune

The vaccines' "clinical trials" never showed the vaccines to be effective<sup>196</sup> nor showed them to be safe. William A.

response. Below are questions that the Swedish people want answers to. Informed consent for a medical treatment is important, and we see nothing of this here. This is even more important in the case of a rapid, experimental vaccine where the manufacturer - the pharmaceutical companies - have no liability for any damage that the vaccine may cause. This is an unbelievable setup! There are several unclear things around this, so what are your replies to the following questions:

**1. Safety - what guarantees do you have?** The pharmaceutical industry has been allowed to skip the mandatory extensive safety and toxicology tests in animals and go directly to human trials. This is despite the fact that all animals in the first trials of the Covid-19 vaccine died a painful death when exposed to the wildtype virus. They developed an AID (antibody-induced disease) which triggered cytokine cascades in the lungs and painful death in all animals. The first human trials in 2020 were interrupted due to serious side effects in about 20 percent of the people in the Moderna study. The figures are not being reported for the others (AstraZeneca and Pfizer), but their human studies were also stopped. And now, only a couple of months later, it is claimed that an "effective" vaccine is available at several pharmaceutical companies. But many world-leading experts, doctors and researchers now state that vaccinations can lead to sterility, and that as many as one in ten people get such serious side effects that they will die. Ten percent deaths! These effects may not be seen until after at least 24 months. Allowing this goes against the Nuremberg Code, which clearly states that animal experiments must be performed before experiments on humans are started and that all unnecessary suffering must be avoided. So what is the safety of this new RNA vaccine? How can you guarantee safety without toxicology tests? ...

**2. Why are you allowing genetic manipulation of human cells?** For the first time in vaccination history, these so-called "latest generation" mRNA-vaccines are used - and they will interfere with the patient's genetic production mechanism. With the help of nanotechnology, mRNA will be fused in our human cells to make them produce corona protein. The vaccine manufacturers advocate claim that the mRNA breaks down in the cell, but what do they really know about the long-term effects on our genetic material? How it really will affect our immune system and whether it will change a person's individual genetic material? Nobody knows this, because no safety tests or long-term studies have been done. There is no way to control it or turn it off, and how do you know how much "corona protein" will be produced - and which human cells will be affected? This procedure is a form of genetic manipulation, which has been banned for a long time and has been considered criminal. How can you allow that now? ...

**4. Why non-liability for the manufacturer - pharmaceutical industry?** The pharmaceutical companies are completely exempt from liability for this new and untested RNA vaccine, so they take no financial responsibility for their product. And they themselves warn of unknown long-term effects, as there are no long-term studies at all. How can you accept to purchase a product where the manufacturer has no responsibility whatsoever for the result and any side effects, injuries and premature death? Researchers and doctors report risks of autoimmunity, infertility and cancer. The industry receives thousands of billions in revenue - but has no responsibility? That kind of deal is strange and is lacking morals. Would you Johan Carlson or Stefan Löfven, buy and drive a car from a car manufacturer who has no responsibility whatsoever for their car? Is that what you recommend? For these are substances to be injected into innocent people - which cannot be undone. If there are severe autoimmune effects, the affected person cannot get rid of it and it can cause an immune system collapse. That is not possible to undo, even by the most skilled doctors.

**5. The FDA reports 21 risks including death. Do you consider that safe?** Leaked documents and public discussions from the FDA (US Food and Drug Administration) reveal that the FDA knows that the Covid-19 vaccines that are now being launched on the market can cause a large number of life-threatening side effects, including death. Unless the public is made aware of their real effects and is given a choice, it is contradictory to established standards. A medical preparation which is considered to be "safe and effective" and "necessary", should following the medical ethical principle of informed consent.

**6. Corona protein - strong antigens in your body forever?** How do you know whether or not the production of corona protein in human cells can be stopped, once it is up and running. How do you view that concern? Thus, foreign genetic material must be inserted into our cells. Do you know anything at all about which cells will take up the foreign gene or what are they all doing, including the brain? These are questions that we must have answered, before we can take a position on whether or not to receive the vaccine (Covid-19 vaccine). All this must be reported and ready before you order and buy from the pharmaceutical industry... The sugar spike proteins on the surface of the virus envelopes are highly antigenic, notorious for causing autoimmune reactions in experimental animals. Corona protein has strong antigens and is notorious for triggering autoimmune reactions, which can also lead to cytokine cascades and rapid death. The immune system is extremely potent, and can become deadly dangerous if it is targeted at its own tissue - as we already know. Well-known researchers say there is a concept of "enhancement of the disease due to pathogenic priming" and that is what corona proteins can do... *Who takes responsibility if this completely new, untested vaccine goes completely wrong? Even if you take responsibility, it is we taxpayers who finance your work - so we are the losers in this vaccine experiment regardless.*

**7. Do we have informed consent?** Patients have the right to choose informed consent, but this is not possible here because we in Sweden are not informed. It is a person's right to receive full information about what kind of vaccine this is as well as the risks and side effects. As I said, there is absolutely no data on long-term security. The fact that Pfizer states that they have an effective vaccine after 28 days means absolutely NOTHING in a body that might continue to produce corona protein for a long time afterwards. This is a completely foreign substance to the human body, and is well known to cause serious autoimmune reactions. The Nuremberg Code also states that a medical product that has not undergone all trials, including phase 4 studies, may not be imposed on humans in any way. It may only be voluntary to take. That said, it is not okay to say that people need to have a "Vaccine Pass" to be able to travel, work or gather in public places. This is not in line with our human rights under the Nuremberg Code.

**8. We pay for a human experiment, but who takes the responsibility?** We Swedish taxpayers are therefore responsible for all costs, and you buy the vaccine from the pharmaceutical industry, which takes zero responsibility for its product. The vaccine has been untested in security studies and long-term studies, and it is based on a completely new method... You civil servants are, after all, absolved of responsibility. You yourself made a law about this. So please tell us: who takes the responsibility for this gigantic human experiment?

**9. What does this cost?** ... what is the final cost for the millions of vaccine doses? ... This infection is already manageable. Covid-19 can be prevented, alleviated and largely cured with the knowledge we have gained in a short time. Now the time for recovery at ICU is cut in half by using high doses of anticoagulants early on. It is projected that we will have fewer deaths in 2020 than in the previous 20 years...

**11. A new Swine flu fiasco?** Are we seeing a new "swine flu vaccination" fiasco, as we did in 2008-09 - with wasted money and even worse, people got seriously sick? It was precisely the same Drs. Johan Carlson and Anders Tegnell, now State Epidemiologist, who decided on that purchase and pushed for the mass vaccination as well. It cost us Swedish taxpayers 1.6 billion SEK completely unnecessarily for a harmless infection, and around 500 young people got narcolepsy with damage to life from this vaccine. Did these two men have to shoulder their responsibility for the acknowledged failure? No, not at all. They were both promoted. However, the Swedish people have learned something from the horrible example of the hysteria surrounding the vaccination against swine flu. Then the government authorities and the Public Health Services conducted a hot pursuit of all people who did not want to be vaccinated. Anyone who expressed criticism to this vaccination panic were vilified and hung in the press. But it turned out to be a poorly substantiated campaign, staged by the pharmaceutical industry via the World Health Organization. And only at a press conference on March 29, 2011 did the Swedish FDA finally acknowledge its mistake and the failure of the mass vaccination against swine flu. We taxpayers paid for all the expenses. The Swedish authorities even bought vaccines with high levels of mercury as a preservative, despite the decision that this poison should not be present in vaccines. *"The Swedish mass vaccination against swine flu was a scandal and a medical historical disaster," says Lars Olof Kallings, former head of the Swedish Institute for Infectious Disease Control and internationally recognized epidemiologist.* Now you are once again whipping up a storm around this "fantastic new vaccine" as the one and only solution to the closure of society - that you yourselves have ordered! This disease is not any more life-threatening than an influenza, as the survival rate for ages 69 and below is at least 99 percent (data from CDC). Also, there will not be more deaths in 2020 than in the previous ten years, especially if you exclude the 2,800 elderly people who died because they only received painkillers, such as morphine, which is a respiratory inhibitor. The covid-related death statistics represent only five percent of the total deaths in Sweden so far this year. Everything comes down to a very realistic question. What guarantees do you have that the new vaccine you praise for EVERYONE in Sweden will remove this Covid-19 infection? A 28-days trial says nothing about long term protection...

Finally, this is not a vaccine in its true sense so you are fooling people by using that term. There are no similarities with traditional vaccines with attenuated pathogens. This is a new, genetically modified, nanotechnology-based experiment with a number of foreign products - and a correct name would be "Genocine". *Genocine is a more accurate name for the new genetically modified, nanotechnology-based injection solution intended for SARS-Cov-19.* [ekoappen.se/blogg/open-letter-to-the-swedish-prime-minister-and-swedish-public-health-director](https://ekoappen.se/blogg/open-letter-to-the-swedish-prime-minister-and-swedish-public-health-director), December. 23, 2020.

196 Everyone was thoroughly impressed with the 95% effective claim. However, this was based upon relative risk reduction. That is the declared percentage difference between the vaccinated group's 8/18310 chance (0.044%) of developing COVID 19 against a 162/18319 (0.88%) chance of COVID 19 symptoms without the vaccine. As this larger group of 43,000 people have yet to be trialled, there is no basis for this claimed outcome. But it is what it is, and we can use these reported figures here. It should be noted this only refers to an alleged reduction of COVID 19 symptoms among those who have the virus. The tested endpoints do not demonstrate that the

Haseltine in an article in Forbes titled “Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed” (September 23, 2020) wrote:

“Three of the vaccine protocols - Moderna, Pfizer, and AstraZeneca - do not require that their vaccine prevent serious disease only that they prevent moderate symptoms which may be as mild as cough, or headache... The second surprise from these protocols is how mild the requirements for contracted Covid-19 symptoms are. A careful reading reveals that the minimum qualification for a case of Covid-19 is a positive PCR test and one or two mild symptoms. These include headache, fever, cough, or mild nausea. This is far from adequate. These vaccine trials are testing to prevent common cold symptoms... One of the more immediate questions a trial needs to answer is whether a vaccine prevents infection. If someone takes this vaccine, are they far less likely to become infected with the virus? These trials all clearly focus on eliminating symptoms of Covid-19, and not infections themselves. Asymptomatic infection is listed as a secondary objective in these trials when they should be of critical importance. It appears that all the pharmaceutical companies assume that the vaccine will never prevent infection. Their criteria for approval is the difference in symptoms between an infected control group and an infected vaccine group. They do not measure the difference between infection and noninfection as a primary motivation.

A greater concern for the millions of older people and those with preexisting conditions is whether these trials test the vaccine's ability to prevent severe illness and death. Again we find that severe illness and death are only secondary objectives in these trials. None list the prevention of death and hospitalization as a critically important barrier. If total infections, hospitalizations, and death are going to be ignored in the preliminary trials of the vaccines, then there must be phase four testing to monitor their safety and efficacy. This would be long term massive scale monitoring of the vaccine. There must be an indication that the authorized vaccines are reducing infection, hospitalization, and death, or else they will not be able to stop this pandemic. These protocols do not emphasize the most important ramifications of Covid-19 that people are most interested in preventing: overall infection, hospitalization, and death. It boggles the mind and defies common sense that the National Institute of Health, the Center for Disease Control, the National Institute of Allergy and Infectious Disease, and the rest would consider the approval of a vaccine that would be distributed to hundreds of millions on such slender threads of success. It appears that these trials are intended to pass the lowest possible barrier of success... It is clear from these studies that the vaccines currently under trial will not be the silver bullet needed to end the pandemic.”<sup>197</sup>

No raw data from any of these vaccine trials have been released, they only plan on releasing any raw data at the official end of the trial which are generally not until 2022-2023<sup>198</sup>. Until that point, anyone who takes any of these Covid-19 vaccines is participating in an experimental vaccine trial. However, there is some analyzed data that the US FDA released, for example, that 4 people in the Pfizer trial got Bell's palsy in the vaccine group and none from the placebo group<sup>199</sup>, and that 6 trial participants died (Pfizer claims that 2 were from the vaccine group and 4 were from the placebo group)<sup>200</sup>. Pfizer has a long track record of numerous serious scandals, including serious fraud. For example, they were once fined by the US Justice department for \$2.3 billion, the largest criminal fraud fine in the history of the Justice Department<sup>201</sup>.

Even if the trials had been done correctly (which they were not) the CDC has been caught trialing one vaccine and then secretly giving the public a different un-trialed vaccine, as in the 1976 swine flu vaccination program, which resulted in 4,000 claims of (mostly neurological) damage or death<sup>202</sup>.

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vaccine will either reduce the spread of infection or save lives. It should also be noted that these figures suggest the threat from COVID 19 is vanishingly small. *risk of vaccine-enhanced disease over time, potentially associated with waning immunity, remains unknown.* Using Pfizer's figures, the relative risk reduction is 100(1 - (0.044/0.88)). Which is 95%. Voila! This sounds fantastic and is a much better marketing strategy than reporting the absolute risk reduction. The absolute risk of developing COVID 19 symptoms without the vaccine is supposedly 0.88% and with the vaccine 0.044%. In absolute terms, the effectiveness of the vaccine is (0.88- 0.044)% . A risk reduction of 0.84%. Oh! A barely perceptible “*efficacy.*” By using the relative instead of absolute risk reduction, the mainstream media (MSM) were free to market the mRNA vaccine for Pfizer and BioNTech (and other interested parties) with impressive sounding claims. These weren't remotely truthful, not only because they relied upon statistical manipulation but because no one had a clue about BNT's safety or efficacy. To this day, there are no clinical trial results.”

<sup>197</sup> “What Vaccine Trials?” By Iain Davis, Jan. 3 2021, [off-guardian.org/2021/01/03/what-vaccine-trials](https://www.off-guardian.org/2021/01/03/what-vaccine-trials)

<sup>198</sup> “the vaccine candidates are not even being measured on the basis of whether or not they can prevent infection, but whether they can reduce symptoms such as coughs and headaches in patients who have already tested positive.” [minds.com/CorbettReport/blog/you-won-t-believe-what-they-re-planning-to-do-with-vaccines-1174738785597218816](https://minds.com/CorbettReport/blog/you-won-t-believe-what-they-re-planning-to-do-with-vaccines-1174738785597218816)

<sup>199</sup> “What Vaccine Trials?” By Iain Davis, Jan. 3 2021, [off-guardian.org/2021/01/03/what-vaccine-trials](https://www.off-guardian.org/2021/01/03/what-vaccine-trials), “10 Facts From the UK Government Pfizer Vaccine Guidance that Promote “Vaccine Hesitancy”” Johnny Vedmore, Dec. 29, 2020, [unlimitedhangout.com](https://unlimitedhangout.com)

<sup>200</sup> [cnbc.com/2020/12/10/pfizer-covid-vaccine-fda-panel-recommends-approval-for-emergency-use](https://cnbc.com/2020/12/10/pfizer-covid-vaccine-fda-panel-recommends-approval-for-emergency-use). The FDA reported 3 cases of Bell's palsy in the vaccine group and 1 in the placebo group of the Moderna trial. Vaccines and Related Biological Products Advisory Committee Meeting, December 17, 2020, FDA Briefing Document, Moderna COVID-19 Vaccine (see pg. 42)

<sup>201</sup> [jpost.com/breaking-news/two-individuals-die-from-pfizer-vaccine-651488](https://jpost.com/breaking-news/two-individuals-die-from-pfizer-vaccine-651488)

<sup>202</sup> “The size and seriousness of this resolution, including the huge criminal fine of \$1.3 billion, reflect the seriousness and scope of Pfizer's crimes,” said Mike Loucks, acting U.S. Attorney for the District of Massachusetts. “Pfizer violated the law over an extensive time period. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, Warner-Lambert, Pfizer was itself in its other operations violating those very same laws. Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated.” [Justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history](https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history) Also: “Pfizer's Experimental Covid-19 Vaccine—What You're Not Being Told” Johnny Vedmore, [unlimitedhangout.com](https://unlimitedhangout.com), brings many other scandals.

<sup>202</sup> 60 Minutes: Mike Wallace Exposes the 1976 Swine Flu Pandemic Vaccine Injuries; X53A - The rushed 1976 Swine Flu vaccine that caused widespread neurological damage. The Sunday, November 4, 1979 broadcast from the CBS investigative news program 60 Minutes on government propaganda around the 1976 swine flu scare. Hundreds filed claims of death of their loved ones from the massive vaccine campaign which was mounted. The US Government knew of the potential for damage before the vaccine was given, and failed to tell the public. Their propaganda campaign included claims that many famous people, including Mary Tyler Moore, had taken the

The vaccine manufacturers can put anything they choose into their vaccines. Pfizer has already announced that it will be tailoring different vaccines to different “population subgroups”<sup>203</sup>. This means that a vaccine given to one “group” will be/could be different than the vaccine given to a different “group”. It is interesting to note that according to the HHS (US Human Health Services), when the government interpreted federal regulations (in March 2020) to grant liability immunity to any entity producing, distributing, manufacturing, or administering COVID-19 countermeasures, including vaccines, this may also “provide immunity from certain liability under civil rights laws,” meaning that those involved with the COVID-19 vaccination campaign may not be liable if found to violate the rights of groups protected under civil rights law<sup>204</sup> (which means even if you could prove that your community/group were purposely targeted with a much more lethal vaccine than the rest of the population, they are free from all liability).

In the first 24 hours of administering Pfizer’s vaccine in the UK, the MHRA announced that 2 NHS workers had anaphylaxis from the vaccine and a third person had a possible allergic reaction<sup>205</sup>. The UK government announced that no one with allergies should take the Pfizer vaccine<sup>206</sup>. The Pfizer trial excluded anyone with allergies and/or anyone with a history of a reaction to a vaccine<sup>207</sup>. “The MHRA [UK Medicines and Healthcare products Regulatory Agency] advice states: ‘Any person with a history of a significant allergic reaction to a vaccine, medicine or food (such as previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector) should not receive the Pfizer/BioNtech vaccine. Resuscitation facilities should be available at all times for all vaccinations. Vaccination should only be carried out in facilities where resuscitation measures are available.’”<sup>208</sup> Similarly, the US CDC reported that there were 21 confirmed cases of anaphylaxis during the first week of administering Pfizer’s vaccine<sup>209</sup>. According to the US CDC<sup>210</sup>, in the first five days of administering the Pfizer vaccine there were 5,052 reported “health impact events” (defined by the CDC as: unable to perform normal daily activities, unable to work, required care from doctor or health care professional) out of a total of 215,362 people (these were generally health care workers who tend to be in decent health)<sup>211</sup>.

Since they have such tight control over the media and have complete control over surveillance and data collection/reporting of covid-19 vaccine reactions, it is impossible for us to know how many people have so far died from Covid-19 vaccines. Even so, there have still been many reported deaths occurring to vaccine recipients shortly (from hours to weeks) after getting their vaccine; some have been confirmed<sup>212</sup> as being from the vaccines, some are under investigation<sup>213</sup>, and some are being described as “coincidental deaths.”<sup>214</sup> Nonetheless, because of the tight control they

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vaccine. Ms. Moore tells CBS that she had refused the shot. The vaccine given to most of the public was not the vaccine pre-tested, even though the consent form said the vaccine was tested (for the transcript: [wanttoknow.info/health/1976\\_swine\\_flu\\_vaccine\\_60\\_minutes\\_transcript](https://www.wanttoknow.info/health/1976_swine_flu_vaccine_60_minutes_transcript)).

“Palantir, a company currently helping DHS and law enforcement violently target African Americans and Latinos, will be in charge of allocating “tailored” COVID-19 vaccines to those same minorities” quoted from: “The Johns Hopkins, CDC Plan to Mask Medical Experimentation on Minorities as “Racial Justice”” - [unlimitedhangout.com](https://unlimitedhangout.com), November 25, 2020. Also relevant: “Palantir’s Tiberius, Race, and the Public Health Panopticon” - [unlimitedhangout.com](https://unlimitedhangout.com), December 7, 2020.

<sup>205</sup> “The Johns Hopkins, CDC Plan to Mask Medical Experimentation on Minorities as “Racial Justice”” - [unlimitedhangout.com](https://unlimitedhangout.com), November 25, 2020.

“RFK, Jr. Warned FDA Three Months Ago About Ingredient in Pfizer COVID Vaccine That Likely Caused Life-Threatening Reaction in Two UK Healthcare Workers” CHD, Dec 11 2020. | “FDA advisory panel endorses Pfizer/BioNTech Covid-19 vaccine” By STAT News, Dec 10, 2020, at 4:29pm.

<sup>207</sup> “Two allergic reactions to Pfizer vaccine lead to warning in UK” *Ars Technica*, Dec 11 2020.

<sup>208</sup> “FDA advisory panel endorses Pfizer/BioNTech Covid-19 vaccine” By STAT News, Dec 10, 2020 at 4:29pm.

[theguardian.com/world/2020/dec/09/pfizer-covidvaccine-nhs-extreme-allergy-sufferers-regulators-reaction](https://theguardian.com/world/2020/dec/09/pfizer-covidvaccine-nhs-extreme-allergy-sufferers-regulators-reaction)

<sup>209</sup> Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine - United States, Dec 14–23, 2020 | *MMWR* Jan 15, 2021.

<sup>210</sup> <https://cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf>

<sup>211</sup> The US CDC VAERS database up to Jan 22 2021 reported 9,844 cases following receiving Pfizer & Moderna’s Covid vaccines, including: Deaths: 329. Life-Threatening Events: 273. Permanent Disability: 104. Hospitalization: 722. Emergency Room/Emergency Doctor Visits: 2,074. These include many cases of heart attacks, anaphylaxis and Bell’s palsy. Cases in VAERS database are submitted voluntarily by doctors or relatives or oneself, they are not considered official confirmed cases, and generally are highly under representative of the true numbers of cases, as the vast majority of cases are never reported to VAERS (see end of footnote 214). We have also been told that a Charity Organization near us that helps Covid patients is receiving hundreds of calls every day from people who have gotten ill after receiving the Covid vaccines.

<sup>212</sup> For example: Norway health officials reported that 23 elderly people died shortly after receiving COVID-19 vaccines, The Norwegian Medicines Agency has so far assessed only 13 of the 23 reported deaths. All 13 occurred in people 80 or older living in nursing homes, and all were determined to be directly linked to the vaccine. [norwaytoday.info/news/norwegian-medicines-agency-links-13-deaths-to-vaccine-side-effects-those-who-died-were-frail-and-old](https://www.norwaytoday.info/news/norwegian-medicines-agency-links-13-deaths-to-vaccine-side-effects-those-who-died-were-frail-and-old) [childrenshealthdefense.org/defender/norway-officials-not-alarmed-deaths-elderly-covid-vaccine](https://childrenshealthdefense.org/defender/norway-officials-not-alarmed-deaths-elderly-covid-vaccine)

<sup>213</sup> For example: See footnote 210. Subsequently another 10 people died shortly after receiving COVID-19 vaccines, and all 20 deaths are under investigation. [bloombergenews.com/news/articles/2021-01-18/norway-finds-no-direct-link-between-elderly-deaths-and-vaccine/](https://www.bloombergenews.com/news/articles/2021-01-18/norway-finds-no-direct-link-between-elderly-deaths-and-vaccine/) “The BMJ and other news outlets reported last week that in Germany, the Paul Ehrlich Institute is investigating 10 deaths in people ranging in age from 79 to 93 who died shortly after receiving the COVID vaccine” [childrenshealthdefense.org/defender/china-health-experts-suspension-covid-vaccines-norway/](https://childrenshealthdefense.org/defender/china-health-experts-suspension-covid-vaccines-norway/) [bmj.com/content/372/bmj.n149](https://www.bmj.com/content/372/bmj.n149)

<sup>214</sup> By way of example: “Shortly after reporting the Danish deaths and prior to any autopsies, Tanja Eriksen, acting head of Denmark’s Pharmacovigilance Unit, told the Danish newspaper, *EkstraBladet* ([ekstrabladet.dk/nyheder/samfund/to-er-doede-efter-vaccine-sammenhaeng-er-mindre-sandsynlig/8422212](https://www.ekstrabladet.dk/nyheder/samfund/to-er-doede-efter-vaccine-sammenhaeng-er-mindre-sandsynlig/8422212)), that the Danish Medicines Agency had determined that coincidence probably killed the two Danish citizens whose deaths followed their vaccinations. One of the deaths was a citizen who had “severe lung disease.” The existence of the comorbidity suggested that the death was therefore coincidental. The second citizen received the vaccine at a “very old age,” and therefore also expired from coincidence... On Dec. 20, 2020, *World Today News* ([world-today-news.com/three-countries-report-the-death-of-four-elderly-people-after-being-vaccinated-the-authorities-call-for-calm-chinese-communist-virus/](https://www.world-today-news.com/three-countries-report-the-death-of-four-elderly-people-after-being-vaccinated-the-authorities-call-for-calm-chinese-communist-virus/)) reported the death of an 85-year-old man in Kalmar, Sweden, one day after he received the vaccine. Dr. Mattias Alvunger of the Kalmar Hospital dismissed concerns about the death being related to the vaccine, calling the fact that it was reported to the Swedish Medical Products Agency as “routine.” On January 1, Sonia Acevedo, a 41-year-old Portuguese nurse and mother of two, died ([wionews.com/world/portuguese-nurse-dies-two-days-after-getting-the-pfizer-covid-vaccine-354526](https://www.wionews.com/world/portuguese-nurse-dies-two-days-after-getting-the-pfizer-covid-vaccine-354526)) two days after receiving the Pfizer/BioNtech vaccine. Her father told the *Daily Mail* that she never drank alcohol and was in perfect health. Nevertheless, Portugal’s Health Authority dismissed her death as a sad coincidence. Israel also reported two deaths from the coincidence pandemic: one in a 75-year-old man in Beit She’an ([gulfnews.com/world/mena/75-year-old-](https://www.gulfnews.com/world/mena/75-year-old-)

have over this information, it is impossible for us to know if this is but the tip of the iceberg of deaths caused by these vaccines, or if these deaths are just a few exceptions. It is, however, telling, that governments and the pharmaceutical companies have denied many of these deaths had any connection to the vaccine, even when there is evidence to the contrary<sup>215</sup>.

Obviously, if there is no virus causing this illness (as discussed above) then no vaccine will protect anyone from this illness. Rather, since chemical toxicity increases electro-sensitivity, it is likely that these vaccines will at some point (not necessarily immediately) cause a worsening of this illness.

Since there is no benefit to these vaccines (the pre-studies never showed them stopping infection, hospitalization or death) and since there is no such thing as SARS-CoV-2, therefore there can be no benefit from any vaccine made to counter it, and therefore every single adverse reaction, illness, and death caused by these vaccines is completely unnecessary.

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man-dies-of-heart-attack-after-receiving-covid-19-vaccine-in-israel-1.76156423), and the other an 88-year-old man (jpost.com/israel-news/88-year-old-dies-hours-after-covid-vaccination-in-second-such-incident-653721). Both died two hours after vaccination. Israeli health officials warned the public not to attribute the deaths to the vaccine. In Lucerne, Switzerland, a 91-year-old man died five days after getting Pfizer/BioNtech's vaccine (dw.com/en/coronavirus-switzerland-denies-rumors-of-covid-vaccine-causing-death/a-56099469). Swiss authorities called any connection "highly unlikely." ... This week an Auburn, New York nursing home reported, without any apparent irony, that 32 of 193 residents have died since the facility began administering the Pfizer vaccine on Dec. 21 (cnycentral.com/news/local/32-residents-die-from-outbreak-at-auburn-nursing-home). The company claims that its clients are dying of COVID-19 infections, not the vaccine. Equally disturbing, additional deaths may have gone altogether unreported .... Murray Brazner, also died suddenly, one week after receiving the Pfizer vaccine. Neither the vaccine company nor any health agency took notice of his sudden unexpected death. "No autopsy was performed, and his death isn't recorded as a vaccine injury. It makes you wonder," Dr. Boris told me. Mr. Brazner's death illustrates an even graver problem: Many injuries may be escaping notice by the surveillance system and the media. Unreported stories similar to Dr. Brazner's tragedy are already common complaints on social media. On Jan. 2, Janice Hisle lamented on Facebook that her friend's mom, an Ohio woman, died after receiving the vaccine. According to Hisle, the woman developed a high fever hours after the jab and died a "couple days" later... We could find no mention of the Ohio woman's death in media records or official COVID-vaccine death tallies. One might assume that if deaths following COVID-19 vaccine can be so easily dismissed or ignored, lesser injuries will also escape notice.

**The all-too-familiar vaccine propaganda playbook** The routine of reflexively dismissing suspicious deaths and injuries as unrelated to vaccination not only calls into doubt the official data tallies on vaccine injuries, it also contrasts markedly with the habit among public health officials of authoritatively attributing every death to COVID-19 so long as the deceased tested positive for COVID within 60 days of death using a PCR test notorious for producing false positives. In fact, the \$48 billion COVID vaccine enterprise shares three defining features with every new vaccine introduced since 1986... **1. Exaggerating disease risk:** Regulatory agencies count every death as a COVID death, so long as the deceased tested positive for COVID within 60 days of death... In September, the Centers for Disease Control and Prevention (CDC) admitted that 94% of individuals whose deaths the CDC officially attributed to COVID had other illnesses that may have actually killed them. The average deceased had 2.8 comorbidities. Yet in CDC's official tabulations, CDC always presumes that COVID-19 did the killing. But as we see from the examples above, when it comes to COVID vaccine injuries, the opposite presumption governs: the comorbidity is always the cause of death — even when, as with Dr. Michaels, there are no known comorbidities.

**2. Systematic exaggeration of vaccine efficacy:** Pfizer touts a 95% efficacy rate in its clinical trials, but this is a meaningless measure of "relative efficacy" based on a tiny cohort of 94 people in the placebo group who got mild cases of COVID during the clinical trials. The "absolute," or "actual," efficacy of the vaccine during clinical trials was 0.88%. According to the British Medical Journal (fda.gov/media/144413/download), this means that health authorities must administer 155 vaccines to avert a single case of mild COVID. **3. Downplaying vaccine risks:** The true risk of vaccine injury will continue to be obscured by the habit among public health officials of routinely dismissing reported injuries as unrelated to vaccination. The practices of systematically overestimating vaccine safety, underestimating vaccine deaths, and exaggerating risks of COVID-19 effectively deprive the public of their right to informed consent. And so what do we really know about the true risk of COVID-19 vaccines? Public health officials and industry spokespeople like to say that the risks of serious injury from vaccination are "one in one million.. However, in the first week of distribution, Americans took 200,000 COVID vaccines and reported 5,000 "serious" (meaning missed workdays or medical intervention required) injuries. This is an injury rate of 1 in every 40 jabs. This means that the 150 shots necessary to avert one mild case of COVID will cause serious injury to at least three people. If the clinical trials are good predictors, that rate is likely to increase dramatically after the second shot (the clinical trials suggested that almost all the benefits of COVID vaccination and vast majority of injuries were associated with the second dose. We don't know the true risk of death from the vaccine since regulators have rendered virtually every death invisible by attributing them to coincidence... For many years, the U.S. Department of Health and Human Services (HHS) has maintained a post licensing surveillance system known as the Vaccine Adverse Event Reporting System (VAERS). Even government insiders like Surgeon General Dr. David Kessler acknowledged that VAERS is an abysmal failure... A 2010 study funded by HHS (healthit.ahrq.gov/R18H5017045LazarusFinalReport2011) concluded that VAERS captured "fewer than 1% of injuries." In other words, the actual injury rates from mandated vaccines are more than 100x what HHS has been telling the public! The 2010 HHS study found that the true risk for serious adverse events was 26/1,000, or one in 37... Similarly, a recent Italian study found that 46% of vaccine recipients (462 adverse events per 1,000 doses) suffered adverse events, with 11% of these rated "serious," meaning 38 serious adverse events per 1,000 vaccinated individuals. These include grave gastrointestinal and "serious neurological disorders." This amounts to a "serious" injury rate of 1/26... Health officials generally concur that the granting of "emergency use authorization" to the rollout of experimental vaccine technologies with only a few weeks of safety testing, two years before the scheduled completion of Phase 2 testing, is a great human experiment, involving millions of subjects. But researchers are unlikely to see all of the safety signals if a badly designed surveillance system allows local health officials and company employees the discretion to dismiss any serious injury as unrelated." From: "Death by Coincidence?" by Robert F. Kennedy, Jr. childrenshealthdefense.org/defender/death-by-coincidence

<sup>215</sup> For example: "On January 3, Dr. Gregory Michael, a [56-year-old] beloved Miami obstetrician and enthusiastic COVID-19 vaccine booster, died of a hemorrhagic stroke after receiving Pfizer/BioNtech's vaccine. Dr. Michael developed acute idiopathic thrombocytopenia purpura (ITP) — a known vaccine side effect — immediately after receiving the jab. His platelet count dropped from 150,000 to zero and never rebounded. An army of experts from around the world, involved in the vaccine program, consulted in doomed efforts to restore Dr. Michael's platelet count. The inevitable brain hemorrhage killed him two weeks later. Michael's wife said that her husband's death was 100% linked to the vaccine. She added that he was physically healthy, exercised often, rarely drank alcohol, never smoked cigarettes and had no known comorbidities. Nevertheless, Pfizer dismissed Michael's injuries as another sad coincidence: "We do not believe at this time that there is any direct connection to the vaccine." Pfizer pointed out that ITP is also caused by excess drinking and reasoned that "there have been no recorded safety signals identified in trials from vaccinations so far." On Tuesday, the New York Times quoted Dr. Jerry Spivak, a blood disorder expert at Johns Hopkins University, saying "I think it's a medical certainty that the vaccine was related." But Pfizer/BioNtech would not have been likely to see the thrombocytopenia signals in its brief, under-enrolled clinical trials. Thrombocytopenia occurs in 1 in approximately every 25,000-40,000 doses of the MMR vaccine. It is also a similarly rare, but persistently reported side effect of hepatitis A, TB, HPV, chickenpox, DTaP, polio and Hib vaccines. An injury that occurs at that frequency would not likely be seen in Pfizer/BioNtech's Phase II clinical trial because only 22,000 people received the vaccine. However, an injury of this severity occurring once in every 25,000 shots could debilitate or kill 12,000 of the 300 million Americans to whom the company hopes to give the jab..." From: "Death by Coincidence?" by Robert F. Kennedy, Jr. childrenshealthdefense.org/defender/death-by-coincidence

"Spivak told the Times he based his reasoning on the fact that Michael's disorder came on quickly after the shot, and "was so severe that it made his platelet count 'rocket' down." Spivak also offered two other reasons to back up his theory. One, the fact that Michael was healthier and younger than most people who develop chronic forms of ITP. And two, the fact that about 70% of people who develop ITP are women. As Spivak told the Times: "A sudden case in a man, especially a relatively young, healthy one, suggests a recent trigger... a study (pubmed.ncbi.nlm.nih.gov/23022149) comparing adverse effects following influenza vaccination found that ITP was the third most common autoimmune condition (after Guillain Barre and rheumatoid arthritis)... ITP has been reported to occur following exposure to drugs containing polyethylene glycol (PEG) (ncbi.nlm.nih.gov/pmc/articles/PMC4483554/#B16), a compound used in both the Pfizer and Moderna vaccines. "Considering that according to the U.S. Court of Federal Claims (uscfc.uscourts.gov), cases of ITP have been compensated in the National Vaccine Injury Compensation Program (NVICP) (hrsa.gov/vaccine-compensation/index.html), it is completely disingenuous for vaccine manufacturers to deny this risk"..." childrenshealthdefense.org/defender/johns-hopkins-scientist-medical-certainty-pfizer-vaccine-caused-death-florida-doctor

## An Agenda Summary

There are many people around the world discussing this Agenda, each focusing and adding their own details, interpretations and viewpoints.<sup>216</sup> A clear concise summary of their planned agenda is: **“a world where a handful of oligarchs use a technocratic managerial class to rule over their compliant populations.”**<sup>217</sup>

## End Remarks:

There is an illness, people in our community and around the world are suffering and dying. SARS-CoV-2 is not the cause of this illness. It makes the most sense to us that it is an EMF caused sickness. It seems clear that there is an agenda. Our understanding is that this agenda has now entered its “final stages” and they hope to move swiftly to bring it about. We need to try to protect ourselves and our communities.

We must stop putting our “faith” and “belief” in our governments and medical establishments blindly following their recommendations/directives without thinking. A wise man once said: “a democracy is a dictatorship run by whoever controls the media.” The media has been bought and used to influence changes in societal thinking that leads society itself down the path these billionaires want. We have been unknowingly influenced by society, to the point that it has poisoned our minds to not take seriously any alternative viewpoint other than the viewpoint they are presenting.

Over a century ago, the Rockefeller family built and controlled the oil industry and its offshoots (such as the petrochemical industry of plastics, pesticides/herbicides/fungicides, and much much more), including the modern medical industry that John D. Rockefeller created in order to take complete control over the health of the entire world. In order to do so, he first took control of the mainstream media.

In addition to everything we have mentioned above, it would appear that they are trying to break up the family structure and community cohesiveness. They also want to destroy the religions of the world. Another point to note is that the level of control that a biometric digital identification system, in combination with total control over all financial transactions and access to all places (especially when combined with transhumanism), is so great, that they would have total control over every aspect of every person’s life. Historically, when a group of people gain control over society, they have used this power to force their demands upon those they control. One would therefore expect that with this “new” control, they would exploit their power in a similar fashion. ID2020 managers have already been caught wielding their power to force families to give over their teenage daughters in exchange for basic food and clean water (see footnote 165).

We truly believe that all human beings are highly intelligent, capable of critical thinking, and able to grasp the difference between truth and lies. We can stand up and refuse to be led down this horrible, terrifying path. We hope that all of mankind will wake up and utilize our tremendous potential for good, and together, we can all build a better future for ourselves and our children.

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<sup>216</sup> There is an article from Joseph Mercola, called, “Technocracy and the Great Reset” [articles.mercola.com/sites/articles/archive/2020/12/19/technocracy-and-the-greatreset.aspx](https://articles.mercola.com/sites/articles/archive/2020/12/19/technocracy-and-the-greatreset.aspx) Dec. 21 2020 (this article portrays a vision of the future from the WEF. It seems likely that this portrayed horrible, yet relatively rosy future is a distraction, but the real plan is likely far worse):

**“The Pandemic Is Part of the Technocratic Takeover Too:** Last but not least, the pandemic is part and parcel of the technocrats' Great Reset that will usher in a whole new world of unimaginable restrictions on freedom. It has already accomplished a massive redistribution of wealth -- again, from the middle class, from small business owners, to large multinational companies such as Amazon ([articles.mercola.com/sites/articles/archive/2020/05/23/amazon-empirethe-rise-and-reign-of-jeff-bezos.aspx](https://articles.mercola.com/sites/articles/archive/2020/05/23/amazon-empirethe-rise-and-reign-of-jeff-bezos.aspx)). Eventually, don't be surprised if you hear talk about providing everyone with a basic income -- a step toward the 2030 cashless "utopia" where you own nothing -- and universal debt forgiveness in return for the forfeiture of all rights to private ownership going forward. The lockdowns also had the effect of demolishing local economies around the world -- an entirely needless manmade situation that is now used as an excuse for why we so desperately need to "reset" the economic system, and while we're at it, we should "build back better." Lockdowns and school closings have ushered in calls for more online learning, which locks youths into the digital surveillance matrix to an even greater extent than before, and as the COVID-19 vaccine ([articles.mercola.com/sites/articles/archive/2020/12/08/coronavirus-vaccine-sideeffects.aspx](https://articles.mercola.com/sites/articles/archive/2020/12/08/coronavirus-vaccine-sideeffects.aspx)) is being rolled out, it sets the stage for biometric surveillance, tracking and tracing, which will eventually be tied in with all your other medical records, digital ID, digital banking and a social credit system. All of this in turn requires 5G ([articles.mercola.com/sites/articles/archive/2020/04/16/5g-rollout.aspx](https://articles.mercola.com/sites/articles/archive/2020/04/16/5g-rollout.aspx)), which just so happens to be rolling out in the midst of this pandemic. Again, once you become more familiar with the technocratic agenda, you'll see how all these seemingly random events are not particularly random at all, but weave together, forming a grand net -- and we are what's for dinner...”

<sup>217</sup> “The Year Ahead- Part 3: Geopolitics.” By James Corbett. [minds.com/Corbett-Report/blog/the-year-ahead-part-3-geopolitics-1202609932436316160](https://minds.com/Corbett-Report/blog/the-year-ahead-part-3-geopolitics-1202609932436316160)

