

Zoom Meeting August 7, 2020

Questions

1. Has the COVID-19 virus been proven to exist and to be the cause of anything?

No. It is very difficult and time consuming to definitively prove the existence of a ‘new’ virus as well as proving that it causes the specific symptoms characteristic of a new disease. Human biology is very complex and, although there are commonalities, each of us reacts differently to exposure to viruses.

Pneumonia was the primary symptom of people in Wuhan City. Pneumonia can be caused by exposure to many things such as chemicals, chronic drug use, chemotherapy, and malnutrition which then makes people susceptible to bacteria and viruses. We simply don’t know what caused pneumonia in Wuhan City. The causes may have been different for different individuals.

Figure 1-1

Dec. 31, 2019, China announced 44 cases of pneumonia in Wuhan City. 7 days later China declared that a “new type of coronavirus” was the cause.

5 days after that, on Jan 12, China shared the genetic sequence with other countries to use in developing specific diagnostic kits. The first question I had was why go to all that trouble for only 44 cases of pneumonia?

I wasn’t the only skeptic.

Figure 1-2

In mid January, two Chinese and an American colleague were not convinced.

“The facts can be argued,” they said, “particularly regarding causality despite these facts having been officially announced.”

“The data collected so far is not enough to confirm the causal relationship between the new type coronavirus and the respiratory disease. The viral-specific nucleic acids were only discovered in 15 patients.”

In February, about a month later, China had the capacity to perform 35,000 genetic tests per day.

Going from a handful of pneumonia cases to identifying a new viral cause, followed by a “specific” genetic test in a little over a month could not possibly satisfy even minimal scientific standards.

The only possible way this could happen would be if it was planned or prepared for in advance. This isn’t scientific/medical misconduct, it is criminal, given the global harm it is causing.

2. What does it mean to purify a virus and why is that important?

To purify a virus means to separate (or isolate) it from everything else as much as possible. That way you know what you have.

In order to prove that a specific virus causes a specific disease, it is essential to capture a disease-causing virus intact, free from all other infectious agents and artifacts that can be misleading. It is essential that the same virus be purified by independent researchers.

Even for truly contagious diseases, it's very difficult to sort out which—if any—of the viruses and bacteria always present in each of us, is *THE* cause of a specific disease. This is why vigorous scientific standards and methods must be used to determine what actually causes a disease or pathology.

Figure 2-1

There are hundreds of trillions of viruses and bacteria throughout a normal healthy body. In fact, there are more viruses and bacteria in us than we have human cells. We couldn't live without these bacteria and viruses

A Montana farmer told me a weed is just a plant in the wrong place. A pathogen is a bacterium or virus in the wrong place in sufficient numbers to cause disease.

Usually within days to weeks the immune system mounts a devastating attack eliminating the infectious agents.

PCR (Polymerase chain reaction) amplifies any otherwise undetectable small segment of RNA or DNA sequence. It is a serious mistake to declare that detecting these small segments of genetic material is equivalent to detecting actual virus. In fact, if PCR is the only way to detect a virus, this is strong evidence that the virus is not the cause of the disease.

3. What are Koch's Postulates and why is it important to determine if a pathogen is the cause of a specific disease?

Robert Koch devised a logical sequence of steps, now called Koch's postulates, that enables one to prove that a suspect infectious agent (in his day bacteria) causes a specific contagious disease. This method is scientifically valid and still used today.

Figure 3-1

Here are the 4 steps:

1. With the aid of microscopy, observe that the infectious agent is present ONLY in the diseased people and not in healthy individuals.
2. Demonstrate that the infectious agent can be cultured from a tissue sample from a person with actual disease and not from healthy individuals.
3. Inoculate healthy volunteers or animals with the pure infectious agent to determine it causes the specific disease.
4. Demonstrate that the same infectious agent can be recovered from the symptomatic volunteers or animals in pure form.

4. What are some of the problems with the test for COVID-19?

Before I say anything else, for many reasons I urge people NOT get tested for COVID-19. “Laboratories are required to report all positive results to the appropriate public health authorities.” This information can be used in contact tracing and your DNA will go into government databases as a genetic finger print.

The fatal error with all genetic tests for viral infections is that they are not validated by comparison with the authentic virus they are supposed to detect. The first MISUSE of large scale genetic testing began in the 1990s for HIV. The genetic tests for HIV have not been validated by comparison with the “gold standard” of actual HIV present in humans. This precedent paved the way to:

West Nile virus, SARS, swine flu (H1N1), MERS, Ebola, and Zika virus, and COVID-19.

Genetic tests for specific RNA viruses are currently not feasible for a number of reasons but primarily because the genetic sequences of these viruses are very unstable. In order to get around this problem, the tests search for small, relatively stable sequences of RNA that are common to all members of a viral family. At best these tests might be specific for a viral family but not for a specific member, as is claimed for COVID-19.

But even then, the results are meaningless until it has been conclusively demonstrated that the genetic test results correlate with the presence of ACTUAL virus in human samples. For example, the last time I looked, there were close to a hundred different ways a person could test positive for HIV and not have the virus present in them. These tests have been around for decades.

Figure 4-1

May 12, 2020, Jessica Watson stated in the *British Medical Journal*:

“No test gives a 100% accurate result; tests need to be evaluated to determine their sensitivity and specificity, ideally by comparison with a ‘gold standard.’ The lack of such a clear-cut ‘gold-standard’ for covid-19 testing makes evaluation of test accuracy challenging.”

The gold standards in virology are electron microscopy of human tissues for the presence of actual viral particles and laboratory culturing of pure viral particles from the same tissues. The unprecedented rush to create the COVID-19 has produced poor quality work.

Early April 2020, two papers reported that electron microscopy had detected coronavirus particles “in the setting of COVID-19”—whatever that means.

In the first paper, 6 of 26 Chinese who died of COVID-19 were reported to have coronavirus particles in their kidneys. In the second paper, a 63-year-old black man in Switzerland, who tested negative for the virus, was reported to have coronavirus particles in his kidneys.

May 8, 2020, Sara Miller and her colleague John Brealey disputed the claims in both studies.

When I started an electron microscopy company called Viral Forensics I soon became very familiar with the work of electron microscopist Sara Miller. It was essential that I did because she is an authority of great renown on electron microscopic detection and identification of viruses.

Figure 4-2

Sara Miller’s short article demolished the electron microscopy part of the two studies just mentioned:

“We read with concern the articles that report the presence of coronavirus in kidney based on electron microscopic evidence. Neither article, in fact, demonstrates the presence of coronavirus in the kidney.”

Figure 4-3

As you may expect from this, the reliability of the PCR tests is highly questionable at best. In March 2020, Guihua and colleagues reported that 80% of positive test results were wrong.

Figure 4-4

Their results recommend against PCR screening “even for those who are in close contact with a confirmed case.”

5. Is it possible to have a reliable test for COVID-19 if no purified sample of the virus has been obtained?

No. It is not possible to have a reliable test for a virus presumed to cause a specific disease without first having an authentic sample of the infectious virus for comparison.

Without actual virus, Koch’s Postulates have not been satisfied and you have no way of knowing what you’re doing.

6. On a scale of 1 to 10 how reliable are the tests for COVID-19?

There are two reasons why it is not possible to measure the reliability of the tests for COVID-19.

As we have seen, the first and most telling reason is the fact that no unique virus has been proved to cause COVID-19.

Figure 6-1

The second and most disturbing reason is that the epidemiology and collection of symptoms are virtually identical for COVID-19 and the flu. This means that symptoms cannot be used to distinguish the two.

According to the CDC, both COVID-19 and flu have these symptoms:

- Fever
- Diarrhea
- Vomiting
- Fatigue
- Muscle aches
- Coughing”
- Shortness of breath or difficulty breathing
- Sore throat
- Runny or stuffy nose
- Headache

Figure 6-2

The AIDS epidemic in 1980s and 90s prepared the way for COVID-19. Since 2008, there are 27 unrelated diseases and conditions that magically turn into AIDS if someone tests positive for HIV in the United States.

If you test negative for HIV, you are allowed to have any or all of the 27 diseases but are free of AIDS.

Similarly, if you have the FLU and don't test positive for COVID-19, it is just the FLU.

7. How effective could a COVID-19 vaccine be if the virus has never been purified?

It's illogical—and in my view criminal—to offer a vaccine against an unproved viral cause. From what we know now, a COVID-19 vaccine will provide **NO** health benefits whatever. One should never put anything into one's body that doesn't offer real and rigorously proved benefits.

8. Are there potential dangers with this COVID-19 vaccine in development?

There are REAL and EXISTENTIAL dangers with these vaccines because they are based on an hypothesis that has not been proved, and use completely new and unproved technologies.

Robert F. Kennedy Jr. is perhaps the World's most knowledgeable person on the dangers of vaccines. I encourage people to go to Children's Health Defense.org for more information on the dangers of vaccines.

Decades ago, manufacturers acknowledged that vaccines cannot be made safe. That's why these companies lobbied Congress, successfully, to pass a law in the 1980s exempting them from all liability regarding injuries and deaths caused by their vaccines.

The WHO, CDC, and Bill Gates, of all people, are using the excuse of COVID-19 to prepare the people of the world for compulsory testing, vaccinations, contact tracing, and a general loss of liberties. This strategy, if implemented, will wind up injuring and killing millions—perhaps tens of millions—of people.

9. Are ordinary face masks effective against a virus?

Doctors and nurses wear face masks, gowns and head-coverings during surgery, not to protect themselves or their patients from viruses, but to keep spittle and other foreign materials from falling into a patient's wounds.

Face masks can't prevent viral infections because viruses are so much smaller than the pores in the fabric of the masks. That's why a search of the scientific/medical literature has not turned up a single study demonstrating that wearing face masks in healthcare facilities or in public spaces prevents infection.

And when give it some thought, it's is not surprising that there are a number studies demonstrating that wearing face masks don't prevent the spread of infection.

Figure 9-1

Dr. Rancourt published a report in April 2020 titled "Masks Don't work: A review of science relevant to COVID-19 social policy."

The first paragraph of his 13-page report states:

"There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles."

Figure 9-2

Even the CDC (Xiao et al. 2020) reported in May of this year that the masks don't work.

“Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza.”

Figure 9-3

The authors repeat this throughout their paper.

“In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks.”

Figure 9-4

They concluded:

“We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility.”

10. Are there any dangers involved with wearing face masks for many hours a day seven days a week?

By now most of us have observed the ways people wear and handle their masks. To begin with, the masks are not sterile. People wear the same mask over and over again, repeatedly touching and contaminating them with viruses, bacteria, fungi and who knows what else, making them more dangerous than healthful.

Figure 10-1

There are dangers from wearing a mask for even short periods. Wearing a face mask can lead to headaches, excessive tiredness, caused by reducing oxygen in the lungs and blood, while simultaneously increasing the levels of CO₂ in healthy people. People with breathing conditions, kidney, heart and lung problems can experience severe adverse consequences from wearing face masks.

11. If a virus is not the cause, what do you think is really going on?

What is happening here is the result of a perfect storm. In the past, there have been similar events of mass control...Hitler, Mussolini, Stalin. Their control was limited to a country or region and relatively short lived.

This is the first time the entire world was the target. We are in the most widespread, prolonged, organized, dismantling of global economies and societies ever seen.

The push toward isolating individuals is devastating. This can only lead to instability which in turn leads to opportunities for political take overs, mass control of the populations, and destruction of civil liberties. In other words, we are in the midst of a global coup, especially if we don't do anything to stop it.

A bogus test turns the flu into COVID-19, which then shuts down the world, destroys economies and the fabric of society.

Millions—perhaps hundreds of millions—of people will die due to the breakdown of society, the lack of food, etc. Those that don't resist will be enslaved.

In 1951, Hannah Arendt, a German-American philosopher and political theorist, provided the history of totalitarian movements and their methods.

Figure 11-1

Isolation may be the beginning of terror; it certainly is its most fertile ground; it always is its result.

This isolation is, as it were, pre-totalitarian; its hallmark is impotence insofar as power always comes from people acting together, acting in concert; isolated people are powerless by definition.”

The Origins of Totalitarianism (1951)

Hannah Arendt,