Freedom of Information Requests prove/ reveal that there exists NO health or medical or science institution anywhere in the world that have a single provable record of SARS-COV-2 ISOLATION or PURIFICATION, anywhere, ever!

[Without this, there is NO WAY SCIENTIFICALLY; that any scientist can claim to know WHAT they are looking at or WHAT they are testing for.]

NOTE:
(PCR is not a "TEST". It is a procedure that makes synthetic copies of DNA or RNA that you place INTO IT. It does not "FIND" DNA or RNA it simply replicates whatever you place into it which can then be MATCHED to the sample the Technician is attempting to MATCH from an original SAMPLE. If the "sample" provided to the PCR procedure for matching was NOT FIRST ISOLATED or IDENTIFED and proven to be VIRAL in origin previously – then it is a completely useless and wasted exercise.)

So ask yourself:
=> Would a sane person mix a patient sample (containing various sources of genetic material and never proven to contain any particular virus) with the following bizarre mixture in order to "FIND" evidence of a "VIRUS"?
List of ingredients in the SAMPLE:
Transfected monkey kidney cells, fetal bovine serum and toxic drugs / chemicals and "Mitogens".

Well this is exactly what was done by Robert Gallo to find "HIV" and now it is the same method used to find SARS Coronavirus-Novel COVID-19.
After mixing this sample with these bizarre ingredients and letting this soup fester in a PETRI DISH these mad-scientist have subsequently claimed that the resulting concoction is somehow:
"SARS-COV-2 isolate" and they shipped it off internationally for use in what the entire World believes is "critical research" which includes vaccine and test development. This is one of the Best definitions of pure Insanity I've ever found. They followed NONE of KOCH'S postulates for Virus isolation nor did they ever find clinical viremia in-vivo in a single instance of Human Illness nor have they ever photographed (Electron Microscope) isolated virus particles –identified as un-contaminated virus- without evidence of contamination by microvesicles or "ubiquitous" "virus-like" particles. This is not science. This is the definition of fraud. Here I will detail (with actual PHOTOS and Copies) all the responses to requests for proof of isolation from Medical centers and scientific venues all over the world.

What you just read above is the sort of fraudulent monkey business that has been passed off as "virus isolation" by research teams around the world since the First fraudulent two "first-monkeys" of Fraud Virology started: Dr. Carlton Gadjusek and Dr. Robert Gallo. (The former of Prion-Mad cow infamy and the latter of HIV infamy). At the bottom of this will be a video where the Chief Virologist of Wuhan China admits they (also) did NOT isolate any Virus and that PCR will tell you nothing... in fact, he even admits they now suspect they are not looking at what they thought they were looking at.

Just 1 of many examples is shown below – this is from a study cited by the Australian Department of Health as a paper "which led to the isolation of SARS-CoV-2 in culture". (Can you spot the oxymoron in that quote?)

2.1 Cell culture of SARS-CoV-2 and electron microscopy

Vero/hSLAM cells (African green monkey kidney cells transfected to express the human signaling lymphocytic activation molecule (SLAM; also known as CDw150)[1] were grown at 37°C, 5% CO_2 in maintenance media consisting of 10mL Earle's minimum essential medium (EMEM), 7% fetal bovine serum (FBS) (Bovogen Biologicals, Keilor East, AUS) 2mM L-glutamine, 1 mM sodium pyruvate, 1500mg/L sodium bicarbonate, 15 mM HEPES and 0.4mg/ml geneticin to 95% confluency in 25cm^2 flasks. Prior to use for isolation, maintenance media was removed from the flask and 500µL of respiratory swab inoculum was overlaid on the cell monolayer. The flask was returned to the 37°C incubator to allow the virus to adsorb for 1 hour before addition of 10 mL viral culture media (EMEM as above but FBS reduced to 2%). Flasks were monitored for viral cytopathic effect and 140µL aliquots of supernatant removed every 48 hours to assess virus burden by TaqMan real-time RT-PCR. First passage culture grown virus isolate was subsequently shipped nationally and internationally in packaging compliant with UN 2814 Category A shipping requirements using credentialed, specialised courier services under the appropriate Australian government export approvals processes and receiving country import permissions.

==========

If you are new to the topic of "virus isolation/purification", I strongly recommend reading the Statement On Virus Isolation by Dr. Andrew Kaufman, Dr. Thomas Cowan and Sally Fallon Morell, MA.

https://andrewkaufmanmd.com/sovi/

A colleague in New Zealand (Michael S.) and I (CM) have been submitting Freedom of Information requests to institutions in various countries seeking records that describe the isolation of a SARS-COV-2 virus from any unadulterated sample taken from a diseased patient.

Our requests have not been limited to records of isolation performed by the respective institution, or limited to records authored by the respective institution, rather they were open to any records describing "COVID-19 virus" isolation/purification performed by anyone, ever, anywhere on the planet.

Thus far (February 21, 2021) 19 Canadian institutions have provided their responses: Public Health Agency of Canada, Health Canada, the National Research Council of Canada, Vaccine and Infectious Disease Organization-International Vaccine Centre (VIDO-InterVac), Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Ontario Ministry of Health, Institut National de Sante Publique du Quebec, British Columbia's Provincial Health Services Authority, Vancouver Coastal Health Authority (re "the variant"), Newfoundland Labrador Department of Health & Community Services, McGill University, the City of Toronto, the Region of Peel (Ontario), KFL&A Public Health (Kingston, Frontenac, Lennox and Addington, Ontario, re "any variant"), the University of Toronto, Sunnybrook Health Sciences Centre, McMaster University and Mount Sinai Hospital (Toronto) (note that researchers from the last 4 institutions had publicly claimed to have "isolated the virus", as had VIDO-Intervac).

Every institution has indicated the same: that they searched their records and located none describing the isolation of any "COVID-19 virus" directly from a patient sample that was not first adulterated with other sources of genetic material. (Those other sources are typically monkey kidney aka "Vero" cells and fetal bovine serum).

The response from 1 additional Canadian institution is long overdue:
Public Health Ontario (request submitted July 16, 2020)

Click on the above links to access the responses from Canadian institutions. Scroll further down this document for responses from other institutions outside of Canada.

Here are 2 LINKS to my compilation PDFs containing around 60 responses from ***47 institutions in 10 countries*** re the isolation/purification/existence of "SARS-COV-2" – they were last updated February 12, 2021 (note: some of these responses were obtained by FOI-submitters other than Michael S. and myself, as indicated further down this page):

Part 1: https://www.fluoridefreepeel.ca/wp-content/uploads/2021/02/FOI-replies-SARS-COV-2-isolation-existence-causation-47-institutions-Feb-12-2021-chrono-part-1.pdf

Part 2: https://www.fluoridefreepeel.ca/wp-content/uploads/2021/02/FOI-replies-SARS-COV-2-isolation-existence-causation-47-institutions-Feb-12-2021-chrono-part-2.pdf

Check back here (the page you are currently on) for regular updates. As of March 13, 2021: 52 institutions and offices have responded thus far, and none have provided or cited any record describing "SARS-COV-2" isolation. Note that some institutions failed to fully co-operate. Tsk tsk University of Auckland and Public Health Wales.

(NOTE: YES – We are ***aware*** of the ***many publications*** wherein authors ***claim to have "isolated the virus"***. NOT A SINGLE ONE EVER ACTUALLY DID ISOLATE ANY VIRUS. Modern Fraudulent Virology methods have become very accustomed to claiming "Isolation" since the 1980s –so there are "virologists" with entire careers BEHIND THEM who have never ever correctly isolated any Virus and yet they BELIEVE they have based on the fact they found something called: RT or; Reverse Transcriptase. This is NOT virus isolation. It is the finding of a ubiquitous enzyme that is responsible (among other things) for being essential in repairing defective DNA. Yet because of the Fraud: Robert Gallo – medical schools now TEACH that RT = (equals) Viral Presence. This is insane.

We've looked at numerous such studies and have yet to see one where anyone ever actually isolated a virus – much less identify one.

Claiming to have done something and actually doing it are sometimes 2 different things, even in peer-reviewed science. And yes we are aware of the many published alleged "SARS-COV-2 genomes" – these were in fact manufactured, -they are ALL synthetic - not discovered. And yes we are aware that EM photos have been published, allegedly of "virus", however a photo of something does not tell you what the thing is, where it came from or what it does. One has to scrutinize the Methods used to "isolate the virus" / obtain said photos / obtain alleged genomes, and that is when absolutely everything falls apart – not only with "COVID-19", but with HIV, HPV, Hepatitis C, H1N1 and many many more.)

FOI responses from institutions in the U.S., New Zealand, Australia, U.K., England, Scotland, Wales, Ireland, Denmark, Spain, European CDC, Slovenia, etc are all listed below.

Also note that we have included below responses from the U.S. CDC and a couple of New Zealand institutions in regards to isolation/purification of a number of other alleged "viruses", i.e. "HIV", "Ebola virus", "Zika virus", 2003 "SARS-COV", any common cold "coronavirus", any "virus" on NZ's "immunization" schedule. Again, none have yielded any records or citations of records describing the isolation/purification of any virus.

[We also still await responses from the CDC re the alleged "pandemic influenza viruses" "A(H1N1)pdm09", "H3N2", "H2N2" and "H1N1", and alleged "viruses" ***that Dr. Judy Mikovits claims have been isolated*** ("XMRV", "HTLV1", "HTLV-III/LAV") (see Dr. Mikovits' claims here, and at 86:25-88:11 and 112:30-113:15 here.)]

A big **Thank You** to all the individuals who have now kindly shared additional FOI responses that they obtained re isolation/purification/existence of "SARS-COV-2". Some prefer to remain anonymous, others are named below.

As this next link you will see the same type of "no records" FOI response from the U.S. Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR), dated November 2, 2020:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/USA-CDC-Virus-Isolation-Response-Scrubbed.pdf

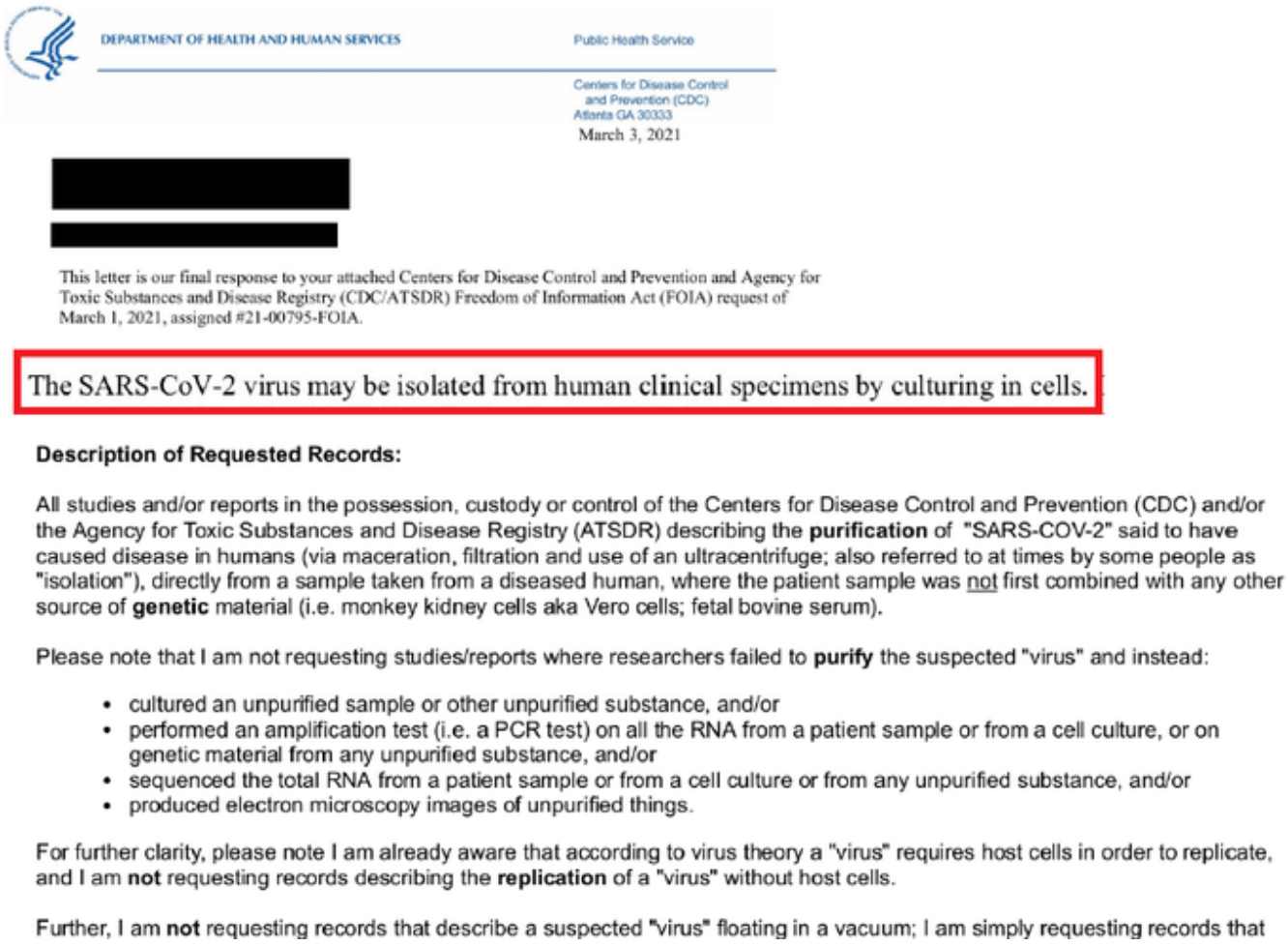
On March 1, 2021 once again the CDC made clear that they still have no records of "SARS-COV-2" isolation performed by anyone, anywhere on the planet, ever… just not in so many words. Instead, the CDC absurdly implied that isolation of "SARS-COV-2" would require the replication of a "virus" without host cells and thus is impossible.

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/CDC-March-1-2021-SARS-COV-2-Isolation-Response-Redacted.pdf

> On February 21, 2021, the subject matter expert (SME) stated the following:
>
> The requester specifies that the requester would like documents related to isolation, defined by the requester as "separation of SARS-COV-2 from everything else also known as purification"; viruses need cells to replicate, and cells require liquid food, so this specific component of the request is outside of what is possible in virology. However, the SARS-CoV-2 virus may be isolated from a human clinical specimen by culturing in cell culture, as indicated in the previous round of response and produced below.

March 3, 2021: CDC again fails to provide/cite any records describing "SARS-COV-2" isolation/purification by anyone anywhere ever… BUT will no longer simply say so (as they did back on November 2nd); instead they give song and dance and cite their own fraudulent study (by Harcourt et al.):

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/CDC-March-3-2021-SARS-COV-2-purification-FOI-response.pdf



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention (CDC)
Atlanta GA 30333

March 3, 2021

[redacted]

This letter is our final response to your attached Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of March 1, 2021, assigned #21-00795-FOIA.

The SARS-CoV-2 virus may be isolated from human clinical specimens by culturing in cells.

Description of Requested Records:

All studies and/or reports in the possession, custody or control of the Centers for Disease Control and Prevention (CDC) and/or the Agency for Toxic Substances and Disease Registry (ATSDR) describing the **purification** of "SARS-COV-2" said to have caused disease in humans (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), directly from a sample taken from a diseased human, where the patient sample was not first combined with any other source of **genetic** material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum).

Please note that I am not requesting studies/reports where researchers failed to **purify** the suspected "virus" and instead:

- cultured an unpurified sample or other unpurified substance, and/or
- performed an amplification test (i.e. a PCR test) on all the RNA from a patient sample or from a cell culture, or on genetic material from any unpurified substance, and/or
- sequenced the total RNA from a patient sample or from a cell culture or from any unpurified substance, and/or
- produced electron microscopy images of unpurified things.

For further clarity, please note I am already aware that according to virus theory a "virus" requires host cells in order to replicate, and I am **not** requesting records describing the **replication** of a "virus" without host cells.

Further, I am **not** requesting records that describe a suspected "virus" floating in a vacuum; I am simply requesting records that

[Note that someone kindly forwarded another FOI response from the CDC dated December 30, 2020 re the alleged 2003 "SARS-COV-1" and all "common cold coronaviruses" – the CDC has no record of any having been isolated. Here is a temporary pdf of the redacted letter…. a better pdf one will follow:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/12/CDC-isolation-FOI-reply-any-coronavirus.pdf

And… March 15, 2021 CDC FOIA response: no records of any "Ebolavirus" isolation/purification by anyone, anywhere, ever:
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/CDC-Ebola-FOIA-request-response-No-Records.pdf

And… March 19, 2021, U.S. CDC (Centers for Disease Control and Prevention) and the Agency for Toxic Substances and Disease Registry (ATSDR) admit they have no record of any "Zika virus" isolated/purified from a patient sample, by anyone, anywhere on the planet, ever:
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/FOIA-request-response-CDC-re-Zika-isolation.pdf

And… March 23, 2021 CDC admitted in a FOIA response that they have no record of any “HIV” purified/isolated from a patient sample, by anyone, anywhere, ever.

[Please note: you might notice a strange reference to “influenza” in my FOIA request, however this detail did not effect the request in any way because the reference was in the context of me giving any example of the sort of record I was looking for. The reference was the result of sloppy editing on my part … I had recycled my earlier FOI request to the CDC re purification of any “influenza virus”, and neglected to edit that part when adapting the text for my HIV request.]

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/FOIA-request-reply-CDC-HIV-purification-March-2021.pdf]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention (CDC)
Atlanta GA 30333

March 23, 2021

Ms. Christine Massey
[redacted]
Via email: cmssyc@gmail.com

Dear Ms. Massey:

This letter is in response to your attached Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of March 1, 2021.

A search of our records failed to reveal any documents pertaining to your request. Specifically, the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) searched and found no records.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to FOIARequest@psc.hhs.gov. Please mark both your appeal letter and envelope "FOIA Appeal." Your appeal must be postmarked or electronically transmitted by June 21, 2021.

Sincerely,

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399
Fax: (404) 235-1852

Enclosure

#21-00793-FOIA

Ron Bublitz asked the U.S. National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH) the question shown below. His correspondence is posted at the following link, along with the evasive response provided by the NIH/NIAID Section Chief for Controlled

Correspondence and Public Inquiries, Legislative Affairs and Correspondence Management Branch. https://www.linkedin.com/pulse/has-causation-been-proven-ron-bublitz/ Here is a pdf showing the text and a photo of the actual emails:

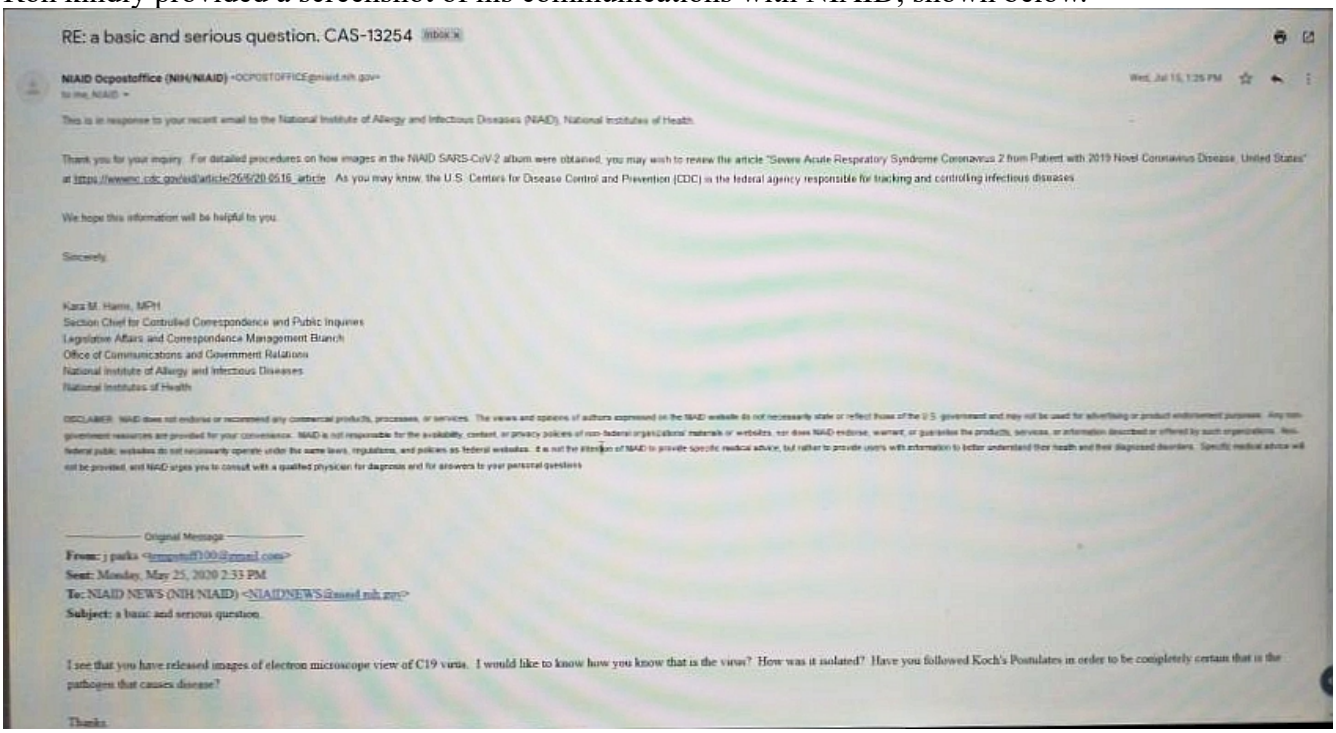
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/NIAID-reply-to-Ron-Bublitz-re-SARS-COV-2-isolation.pdf

To: *NIAID NEWS (NIH/NIAID)*

Subject: *a basic and serious question.*

I see that you have released images of the electron microscope view of C19 virus. I would like to know how you are certain that is the virus? How was it isolated? Have you followed Koch's Postulates in order to be completely certain that is the pathogen that causes disease?

Ron kindly provided a screenshot of his communications with NIAID, shown below.



RE: a basic and serious question. CAS-13254 Inbox x

NIAID Ocpostoffice (NIH/NIAID) <OCPOSTOFFICE@niaid.nih.gov>
to me, NIAID ▾

This is in response to your recent email to the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health.

Thank you for your inquiry. For detailed procedures on how images in the NIAID SARS-CoV-2 album were obtained, you may wish to review the article "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with 2019 Novel Coronavirus Disease, United States" at https://wwwnc.cdc.gov/eid/article/26/6/20-0516_article. As you may know, the U.S. Centers for Disease Control and Prevention (CDC) is the federal agency responsible for tracking and controlling infectious diseases.

We hope this information will be helpful to you.

Sincerely,

Kara M. Harris, MPH
Section Chief for Controlled Correspondence and Public Inquiries
Legislative Affairs and Correspondence Management Branch
Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases
National Institutes of Health

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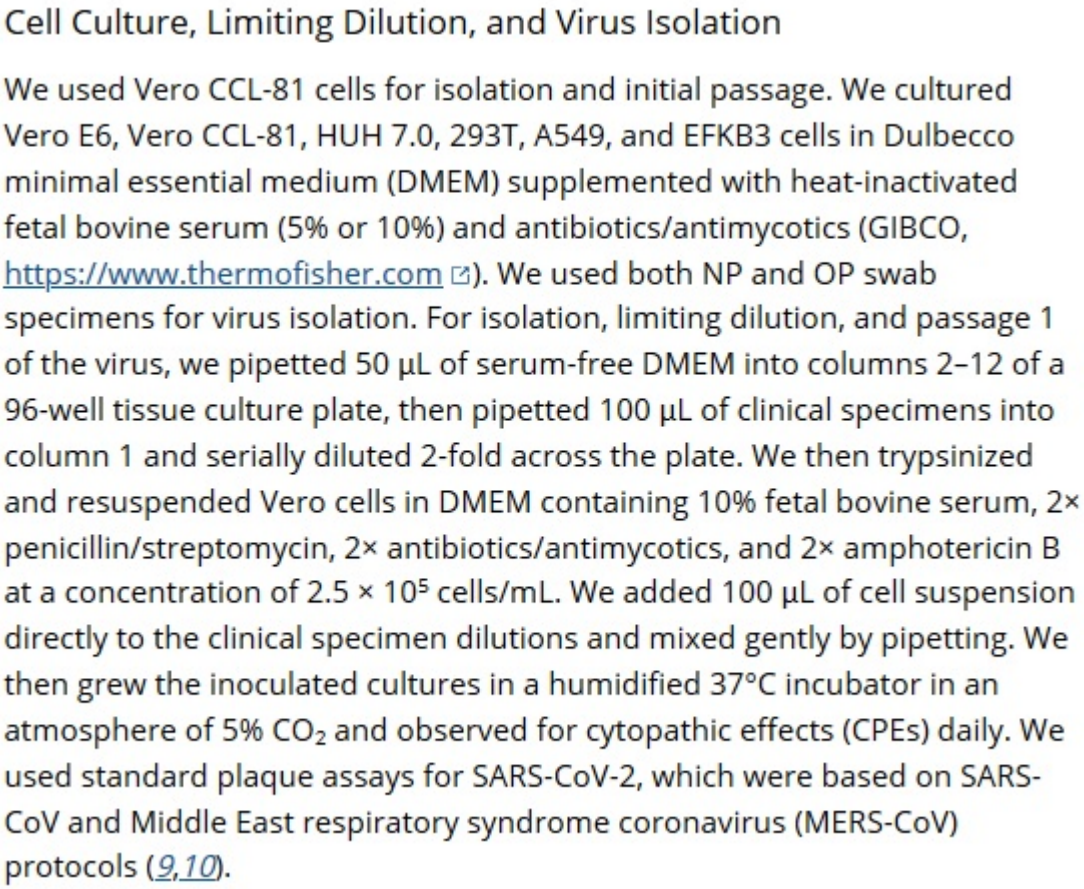
---------- Original Message ----------
From: j parks <[redacted]>
Sent: Monday, May 25, 2020 2:33 PM
To: NIAID NEWS (NIH/NIAID) <NIAIDNEWS@mail.nih.gov>
Subject: a basic and serious question.

I see that you have released images of electron microscope view of C19 virus. I would like to know how you know that is the virus? How was it isolated? Have you followed Koch's Postulates in order to be completely certain that is the pathogen that causes disease?

Thanks

Note that NIH/NIAID failed to answer any of Ron Bublitz's questions and merely cited a CDC study that **indulged in the typical fraudulent "monkey business" approach to so-called "isolation"** – as

shown in the screenshot below). NIAID's response strongly suggests that they too have no records of any isolated/purified "SARS-COV-2".



Cell Culture, Limiting Dilution, and Virus Isolation

We used Vero CCL-81 cells for isolation and initial passage. We cultured Vero E6, Vero CCL-81, HUH 7.0, 293T, A549, and EFKB3 cells in Dulbecco minimal essential medium (DMEM) supplemented with heat-inactivated fetal bovine serum (5% or 10%) and antibiotics/antimycotics (GIBCO, https://www.thermofisher.com). We used both NP and OP swab specimens for virus isolation. For isolation, limiting dilution, and passage 1 of the virus, we pipetted 50 µL of serum-free DMEM into columns 2–12 of a 96-well tissue culture plate, then pipetted 100 µL of clinical specimens into column 1 and serially diluted 2-fold across the plate. We then trypsinized and resuspended Vero cells in DMEM containing 10% fetal bovine serum, 2× penicillin/streptomycin, 2× antibiotics/antimycotics, and 2× amphotericin B at a concentration of 2.5×10^5 cells/mL. We added 100 µL of cell suspension directly to the clinical specimen dilutions and mixed gently by pipetting. We then grew the inoculated cultures in a humidified 37°C incubator in an atmosphere of 5% CO_2 and observed for cytopathic effects (CPEs) daily. We used standard plaque assays for SARS-CoV-2, which were based on SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV) protocols (9,10).

This is the same study that Dr. Thomas Cowan recently wrote about ***("Only Poisoned Monkey Kidney Cells 'Grew' the 'Virus'")*** where he also **addressed the fraudulent nature** of the authors' fabricated "SARS-COV-2 genome" (as shown in the screenshot below).

First, in the section titled "Whole Genome Sequencing," we find that rather than having isolated the virus and sequencing the genome from end to end, they found 37 base pairs from unpurified samples using PCR probes This means they actually looked at 37 out of the approximately 30,000 of the base pairs that are claimed to be the genome of the intact virus. They then took these 37 segments and put them into a computer program, which filled in the rest of the base pairs.

To me, this computer-generation step constitutes scientific fraud. Here is an equivalency: A group of researchers claim to have found a unicorn because they found a piece of a hoof, a hair from a tail, and a snippet of a horn. They then add that information into a computer and program it to re-create the unicorn, and they then claim this computer re-creation is the real unicorn. Of course, they had never actually seen a unicorn so could not possibly have examined its genetic makeup to compare their samples with the actual unicorn's hair, hooves and horn.

The Dutch Ministry of Health, Welfare and Sport provided/cited for the requester no records of actual purification and control experiments to show "SARS-CoV-2" exists:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/12/FOI-RIVM2.pdf

New Zealand's Ministry of Health and NZ's crown research institute, the Institute of Environmental Science and Research admitted they have no records of "SARS-COV-2" isolation:

https://www.fluoridefreepeel.ca/new-zealand-no-record-of-covid-19-virus-isolation-at-the-ministry-of-health-or-the-institute-of-environmental-science-and-research/

Here are 5 pages of pure gold, evidencing masterful evasion plus stunning incompetence and/or fraud from New Zealand's Ministry of Health. Instead of providing the requests records of "SARS-COV-2" isolation/purification and proof of accurate diagnostic tests, they blathered about genomes and cultures of the never-isolated imaginary virus; stated that PCR tests have been validated around the world and are the gold standard; and cited a February 2020 preliminary report ("The Pathogenicity of SARS-CoV-2 in hACE2 Transgenic Mice") that used the so-called "SARS-COV-2" strain that had been concocted by Zhu et al. and claimed that Koch's Postulates had been fulfilled.

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/01/NZ-Min-Health-2nd-FOI-no-records.pdf

alveolar macrophages and alveolar epithelia. The phenomenon was not found in wild type mice with SARS-CoV-2 infection. The pathogenicity of SARS-CoV-2 in hACE2 mice was clarified and the Koch's postulates were fulfilled as well, and the mouse model may facilitate the development of therapeutics and vaccines against SARS-CoV-2.

No records describing isolation of SARS-COV-2 **from a sample not already adulterated with other genetic material**, admits New Zealand's Department of the Prime Minister & Cabinet: https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/NZ-Prime-Minister-And-Cabinet-Response-scrubbed.pdf

March 22, 2021, New Zealand's Ministry of Heath, Prime Minister Jacinda Ardern and the NZ Cabinet confirm they still have no record describing purification of "the virus" and hence zero proof of its existence, and they choose to cite fraudulent studies instead (the infamous Harcourt et al. study mentioned above and the Australian paper cited at the top of this page). Full pdf response: https://www.fluoridefreepeel.ca/wp-content/uploads/2021/04/2021-03-22-NZ-MOH-Purification-SARS-COV-2-redacted.pdf

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

[redacted]

[redacted]
Ref: H202102878

[redacted]

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) transferred to the Ministry of Health (the Ministry) on 12 March 2021 for:

> *"All studies and/or reports in the possession, custody or control of The Department of the Prime Minister and Cabinet describing the purification of "SARS-COV-2" said to have caused disease in humans (via maceration, filtration and use of an ultracentrifuge; also referred to at times by some people as "isolation"), directly from a sample taken from a diseased human, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum)."*

The Ministry does not hold any information relating to your request. Therefore, your request is refused under section 18(g) of the Act, as the information requested is not held by the Ministry, and I have no reason to believe that this information is held by another agency subject to the Act. However, further information that may be of use has been previously provided to you below (refers H202100057 & H202100059):

- There are several examples of the virus being isolated and cultured in a laboratory setting. One example provided by the Centers for Disease Control and Prevention (CDC) describes the isolation and culture of SARS-CoV-2. This information and research on SARS-CoV-2 can be found at the following link: https://wwwnc.cdc.gov/eid/article/26/6/20-0516 article. FRAUDULENT STUDY!
- A research paper, isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia, describes the first isolation and sequencing of SARS-CoV-2 in Australia. It is available at: www.mja.com .au/journal/2020/212/10/isolation-and-rapid-sharing-2019-novel-coronavirus-sarscov-2-first-patient ANOTHER FRAUDULENT "MONKEY BUSINESS" STUDY

Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

New Zealand's University of Auckland was disappointingly non-cooperative, the only institution as of October 8th failing to simply admit that they have no such records, opting instead for a sketchy "refusal" of my colleague's request. Let's face it, if the University actually had any such records (that no one else on the planet appears have) and they are publicly available, the University of Auckland would have proudly provided links/citations. But they didn't.
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/Auckland-redacted-FOI-emails.pdf

New Zealand's University of Otago, where Professor Miguel Quiñones-Mateu, Ph.D. claimed months ago to have "isolated the virus", responded that they too have "no records" describing isolation of SARS-COV-2 from a sample not already adulterated with other genetic material:

https://www.fluoridefreepeel.ca/new-zealands-university-of-otago-claimed-to-have-isolated-covid-19-virus-but-has-no-record-of-it-isolated-from-an-unadulterated-sample-anywhere-on-earth-by-anyone-ever/

March 30, 2021 New Zealand's University of Otago confirm they still have no record of "SARS-COV-2" isolation/purification, by anyone anywhere. Full response pdf here: https://www.fluoridefreepeel.ca/wp-content/uploads/2021/04/2021-03-30-University-of-Otago-Purification-of-SARS-COV-2-redacted.pdf

30 March 2021

[redacted]

[redacted]

I write in response to your Official Information Act request of 2 March 2021, which sought: "All studies and/or reports in the possession, custody or control of the University of Otago describing the purification of "SARS-COV-2" said to have caused disease in humans (via maceration, filtration and use of ultracentrifuge; also referred to at times by some people as "isolation"), directly from a sample taken from a diseased human, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka Vero cells; fetal bovine serum)".

Thank you for clarifying in your email precisely what is out of scope for this request.

I can confirm that the University holds no records which fall within the scope of your request. Accordingly, we decline your request pursuant to section 18(g) of the Act on the basis that the information requested is not held by the University.

If you are not satisfied with our response to your information request, you have the right to ask an Ombudsman to investigate and review this response. However, we would welcome the opportunity to discuss any concerns with you first.

Yours sincerely

Mayhaka Mendis
Manager, Policy and Compliance
Office of the Registrar

[BONUSES:

New Zealand's Ministry of Health admits to having no records describing isolation of ANY virus listed on NZ's Immunisation Schedule: https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Ministry-of-Health-Immunisation-Schedule-Virus-Isolation-Request_Response-2-scrubbed.pdf;

NZ's crown research institute, the Institute of Environmental Science and Research also admits to having no records describing isolation of ANY virus listed on NZ's Immunisation Schedule, and equates "isolation" with culturing:

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/01/NZ-ESR-Isolation-of-ANY-VIRUS-OIA-Request-Response.pdf

Our response to your request:

ESR does not culture (isolate) varicella zoster virus, measles, mumps or rubella as the PCR test adequately diagnoses such infections and there is no clinical or surveillance need.

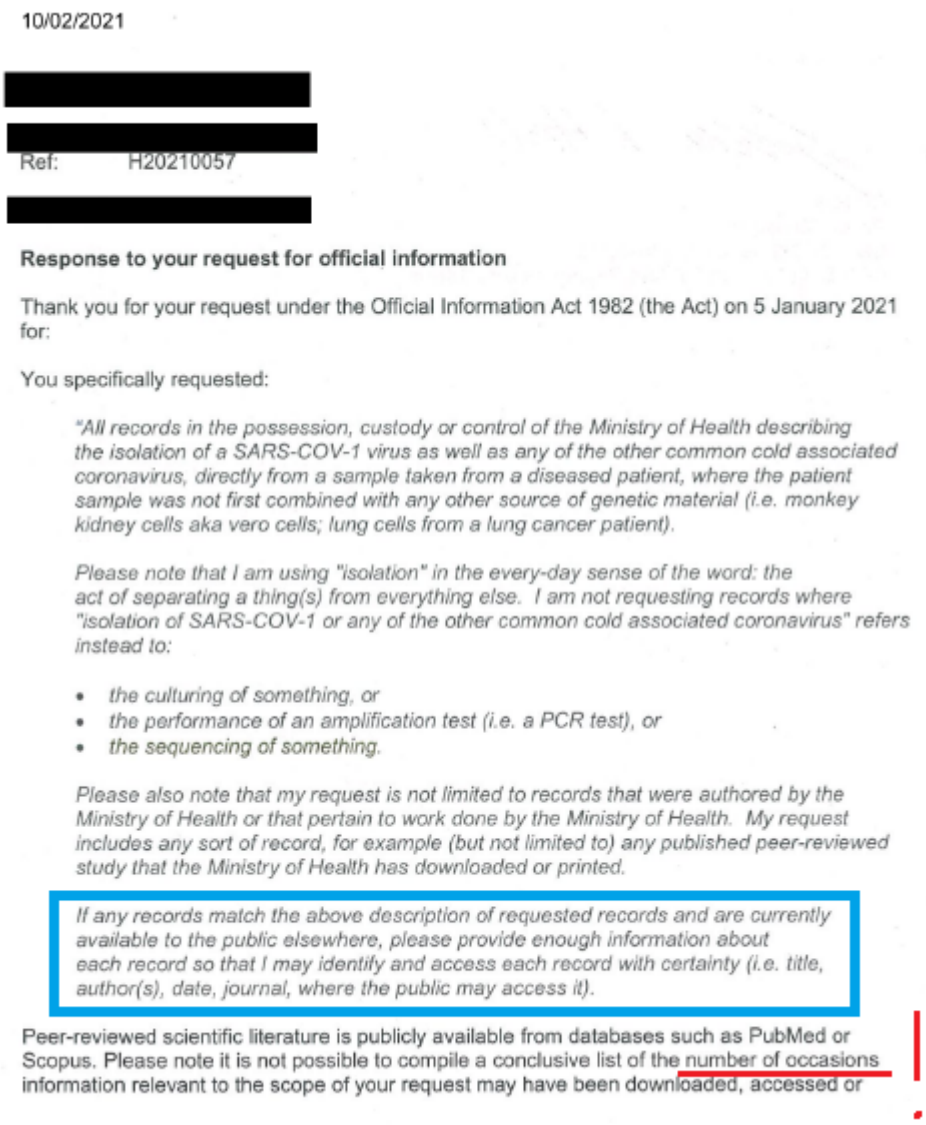
Rabies virus, Human Papilloma Virus, Hepatitis B and Rotavirus can only be cultured (isolated) in specialised culture systems which we do not have.

We have an active surveillance programme to find and possibly isolate any polioviruses in the population. We have not found any wildtype poliovirus by means of isolation for many years in New Zealand.

The only virus we frequently culture which is on the New Zealand Immunisation Schedule is Influenza A and B virus. We take a nasopharyngeal swab directly from a human patient, and this sample is NOT combined with any other source of genetic material before we inoculate permissive mammalian cell lines. Growth is seen after 7-10 days.

New Zealand's Ministry of Health obviously has no record describing the isolation of the alleged 2003 "SARS-COV" or any "common cold coronavirus" by anyone, anywhere, ever, but wasn't willing to admit such. Instead they falsely implied that Michael S. had asked for things he had not asked for.

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/02/NZ-MOH-SARS-COV-1-Isolation-Response-redacted.pdf]



10/02/2021

[redacted]

[redacted]

Ref: H20210057

[redacted]

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 5 January 2021 for:

You specifically requested:

> *"All records in the possession, custody or control of the Ministry of Health describing the isolation of a SARS-COV-1 virus as well as any of the other common cold associated coronavirus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).*
>
> *Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-1 or any of the other common cold associated coronavirus" refers instead to:*
>
> - *the culturing of something, or*
> - *the performance of an amplification test (i.e. a PCR test), or*
> - *the sequencing of something.*
>
> *Please also note that my request is not limited to records that were authored by the Ministry of Health or that pertain to work done by the Ministry of Health. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the Ministry of Health has downloaded or printed.*
>
> *If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it).*

Peer-reviewed scientific literature is publicly available from databases such as PubMed or Scopus. Please note it is not possible to compile a conclusive list of the number of occasions information relevant to the scope of your request may have been downloaded, accessed or

New Zealand's crown research institute, the Institute of Environmental Science and Research once again equates "isolation" with culturing and this time admits to having no record re isolation of "SARS-COV-1" or any "virus" on NZ's Immunisation Schedule and simply "ignored" a query re isolation of any "common cold coronaviruses". I think we know the answer though, don't we?

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/01/ESR-FOI-reply-schedule-SARS-common-cold.pdf

ESR
Science for Communities

Our response to your requests:

In common microbiological usage 'isolate' is understood to mean a pure growth of a bacteria or virus in an appropriate growth medium e.g.

- a pure bacterial growth on agar or in a broth
- a pure viral growth cultured in a broth of living cells (viruses generally only grow within living cells like the Vero cells mentioned above).

The terms 'isolation' and 'culturing' are often used interchangeably. Using the definition of 'isolation' that you refer to in your requests, ESR does not hold any records describing 'isolation' of viruses on the New Zealand vaccination schedule, SARS-CoV-1 or vaccines.

March 9, 2021: New Zealand's Institute of Environmental Science and Research admits that they still have no record of "SARS-COV-2" isolation/purification (performed by anyone on the planet, anywhere, ever):

https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/ESR-SARS-COV-2-Purification-Redacted.pdf

One of New Zealand's Associate Ministers of Health Jenny Salesa has "no records":

Hon Jenny Salesa

MP for Manukau East
Minister for Building and Construction
Minister of Customs
Minister for Ethnic Communities
Associate Minister of Education
Associate Minister of Health

20 October 2020

[redacted]

Ref: 20-317

[redacted]

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the office of the Associate Minister of Health on 15 October 2020 for:

> *"All records in the possession, custody or control of the Associate Minister of Health Hon Jenny Salesa describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).*
>
> *Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to:*
> *· the culturing of something, or*
> *· the performance of an amplification test (i.e. a PCR test), or*
> *· the sequencing of something.*
>
> *Please also note that my request is not limited to records that were authored by the Associate Minister of Health Hon Jenny Salesa or that pertain to work done by the Associate Minister of Health Hon Jenny Salesa. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the Associate Minister of Health Hon Jenny Salesa has downloaded or printed.*
>
> *If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it)."*

This office does not hold any information pertaining to your request. For this reason, I am refusing your request under section 18(e) of the Act, as the information requested does not exist.

Under section 28(3) of the Act you have the right to ask the Ombudsman to review my decision to refuse your request.

Yours sincerely

Hon Jenny Salesa
Associate Minister of Health

+64 4 817 8714 Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand j.salesa@ministers.govt.nz beehive.govt.nz

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/NZ-Ass-Min-Health-Hon-Jenny-Salesa-Response-scrubbed.pdf

Another of New Zealand's Associate Ministers of Health Julie Anne Genter has "no records": https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/Hon-Julie-Anne-Genter-Response-scrubbed.pdf

And another of New Zealand's Associate Ministers of Health Peeni Henare has "no records": https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/Hon-Peeni-Henare-Response-scrubbed.pdf

Same, "no records" says Bay of Plenty District Health Board, Tauranga Hospital, New Zealand: https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Bay-Of-Plenty-District-Health-Board-response-scrubbed.pdf

At this next link you will find an interesting "no records" FOI response from Australia's Department of Health:

https://www.fluoridefreepeel.ca/australian-dept-of-health-has-no-record-of-covid-19-virus-isolation/

The department does not hold the documents you are seeking access too.

To obtain the information you are seeking please direct your request to the various State and Territory Departments of Health.

Kind regards
FOI Officer

Australian Government
Department of Health

Same admission from Australia's Peter Doherty Institute for Infection and Immunity (which had publicly claimed to have "isolated the virus").

Same admission from Australia's Commonwealth Scientific and Industrial Research Organisation – CSIRO ("Australia's national science research agency"), which is involved in "COVID-19" vaccine trials using the so-called "SARS-COV-2 isolate" from Doherty Institute:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/CSIRO-Isolation-Response-scrubbed.pdf

LEGAL
www.csiro.au

GPO Box 1700 Canberra ACT 2601
Telephone (02) 6276 6431 • **ABN** 41 687 119 230
Email: foi@csiro.au

7 October 2020

Our ref: FOI 2020/50

[redacted]

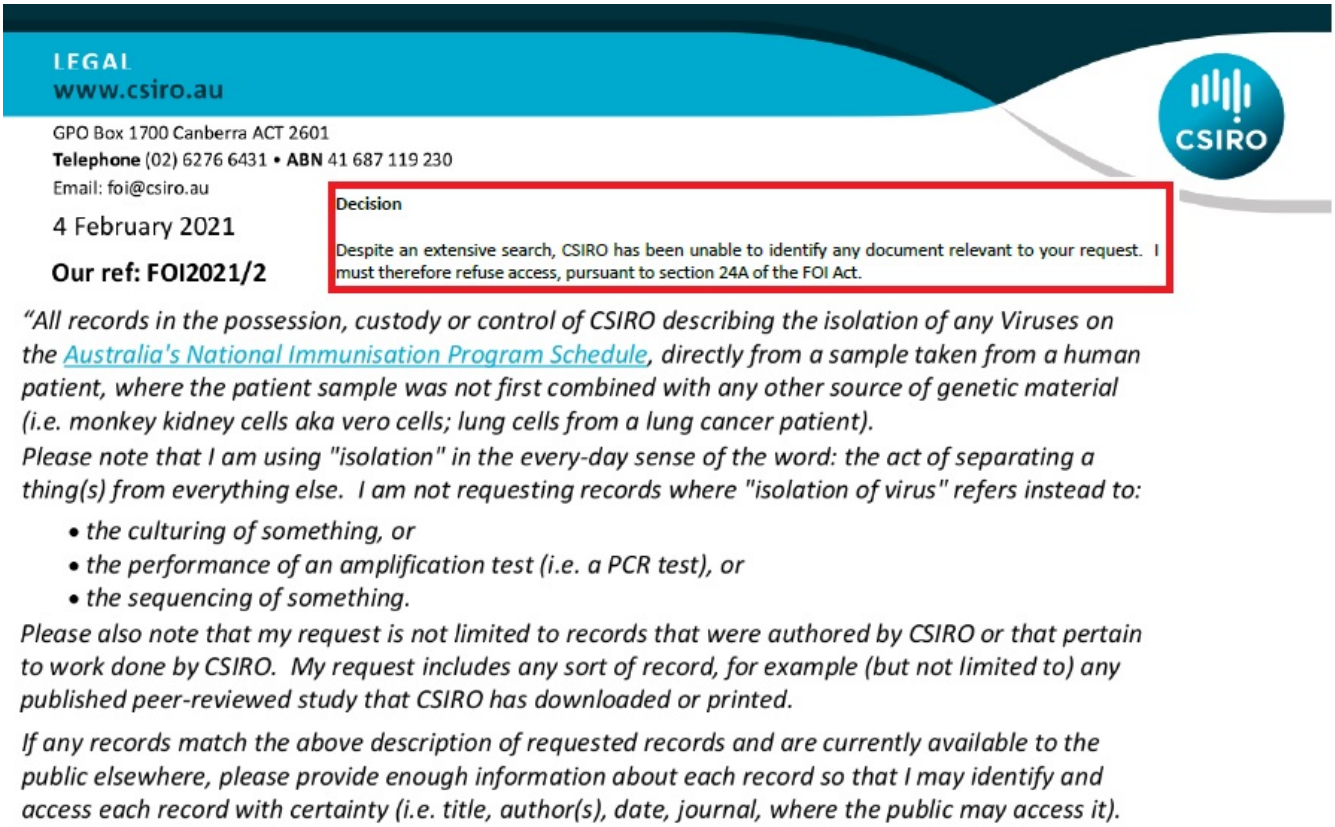
FREEDOM OF INFORMATION REQUEST – DECISION FOI2020/50

I refer to your request of 7 September 2020, under which you sought access under the *Freedom of Information Act 1982* (FOI Act) to:

> *"All records in the possession, custody or control of CSIRO describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).*

CSIRO has been unable to identify any document relevant to your request. I must therefore refuse access, pursuant to section 24A of the FOI Act on the basis that the document[s] sought do not exist or cannot be found.

[BONUS: Australia's Commonwealth Scientific and Industrial Research Organisation – CSIRO ("Australia's national science research agency") also admits to having no record describing the isolation of ANY virus on Australia's national "immunization" schedule, by anyone, anywhere, ever: https://www.fluoridefreepeel.ca/wp-content/uploads/2021/02/CSIRO-Immunisation-Schedule-Response-Redacted.pdf]



LEGAL
www.csiro.au

GPO Box 1700 Canberra ACT 2601
Telephone (02) 6276 6431 • **ABN** 41 687 119 230
Email: foi@csiro.au

4 February 2021

Our ref: FOI2021/2

Decision

Despite an extensive search, CSIRO has been unable to identify any document relevant to your request. I must therefore refuse access, pursuant to section 24A of the FOI Act.

"All records in the possession, custody or control of CSIRO describing the isolation of any Viruses on the Australia's National Immunisation Program Schedule, directly from a sample taken from a human patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).
Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of virus" refers instead to:

- *the culturing of something, or*
- *the performance of an amplification test (i.e. a PCR test), or*
- *the sequencing of something.*

Please also note that my request is not limited to records that were authored by CSIRO or that pertain to work done by CSIRO. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that CSIRO has downloaded or printed.

If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it).

No records of "SARS-COV-2" isolation, admits the U.K. Department of Health and Social Care (note: there are not 1, not 2, not 3, but 4 such responses from DHSC – the most recent dated November 23, 2020):
https://www.fluoridefreepeel.ca/u-k-dept-of-health-and-social-care-has-no-record-of-covid-19-virus-isolation/

Department of Health & Social Care

Freedom of Information Team
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

www.gov.uk/dhsc

DHSC does not hold the information you have requested.

[Note The U.K. Department of Health and Social Care has kept us waiting for 2 months already on an FOI request for (at most) 3 days worth of analysis on their alleged "new variant" announced by Matt Hancock on December 14 2020: https://www.fluoridefreepeel.ca/wp-content/uploads/2021/02/UK-DHSC-handling-of-Dec14-FOI-re-socalled-variant.pdf]

Same, from the UK's Government Office for Science: https://www.fluoridefreepeel.ca/uks-government-office-for-science-has-no-record-of-a-covid-19-virus-isolated-from-an-unadulterated-sample-anywhere-on-earth-by-anyone-ever/

Same, from the UK's Cabinet Office and the UK Prime Minister's Office, in response to a query from Marc Horn. See here: https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Cabinet-Office-isolation-FOI2020-10121-Reply.pdf

Government
Office for Science

Government Office for Science
10 Victoria Street
London
SW1H 0NN

+44 (0)20 7215 5000 - Public enquiries
+44 (0)20 7215 6740 - Textphone
(for those with hearing impairment)

[redacted]

Date 2/10/20
Ref no: GOS-COV-040920-0068

Thank you for your email of 4/9/20 where you requested the following information:

"All records in the possession, custody or control of the Government Office for Science describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).

Response

We do not hold the information you have requested. This information may be available from DHSC

and here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Prime-Ministers-Office-FOI-reply-isolation-SARS-COV-2.pdf

Here is a sketchy FOI reply from the U.K. Medicines & Healthcare products Regulatory Agency (obtained by Mr. Athanasios Kandias). The agency provided/cited no records re "SARS-COV-2" isolation. Their response includes an (apparently fraudulent) claim that such records are available in the public domain, but they provided zero links/citations despite having been asked for the location of any such records. Excerpts are shown below. Full response:

https://www.whatdotheyknow.com/request/documents_held_showing_sars_cov2_2#incoming-1670059

Pdf:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/UK-Medicines-and-Healthcare-products-Regulatory-Agency-no-isolation-records.pdf

All records in the possession, custody or control of Medicines and Healthcare products Regulatory Agency, describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased (we assume this is meant to say deceased as in sentence above) patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).
Response: There are no divisions in the Medicines and Healthcare products Regulatory Agency working on isolation of viruses directly from patients, and we therefore hold no records describing this activity.

Please also note that my request is not limited to records that were authored by the MHRA or that pertain to work done by the MHRA . My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the MHRA has downloaded or printed.
Response: this request is for information that is already in the public domain and therefore exempt under section 21 of the FOI Act.

Please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it.

If you have a query about the information provided, please reply to this email.

Regarding "BNT162b2", the mRNA ingredient in the Pfizer-BioNTech "Covid-19 vaccine", that is allegedly transcribed from the the alleged corresponding genetic template that allegedly encodes the alleged viral spike (S) protein of the alleged "SARS-COV-2 virus", U.K. Medicines & Healthcare products Regulatory Agency admitted to investigative journalist Frances Leader that: the genetic template on which it ("BNT162b2") is based "does not come directly from an isolated virus from an infected person", rather it "was generated via a combination of gene synthesis and recombinant DNA technology". The email exchange is available here:

https://hive.blog/worldnews/@francesleader/email-exchange-with-uk-mhra-exposing-the-genomic-sequence-of-sarscov2

and in a pdf here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/01/UK-MHRA-emails-w-FL.pdf

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

To: You

Our reference: CSC 23485

Dear Frances Leader,

Thank you for your email.

The information is in the Public Assessment Report: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944544/COVID-19_mRNA_Vaccine_BNT162b2__UKPAR___PFIZER_BIONTECH__15Dec2020.pdf

A quality target product profile for the finished product has been established taking into consideration the World Health Organization's "WHO Target Product Profiles for COVID-19 Vaccines".

The DNA template used does not come directly from an isolated virus from an infected person.

Should you require any further advice or assistance on this matter please feel free to call us on 0203 080 6000 or reply to this email.

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

MS

MHRA Customer Services <MHRACustomerServices@mhra.gov.uk>

Mon 21/12/2020 10:46

To: You

Our reference: CSC 23485

Dear Frances Leader,

Just to add some further information:

The DNA template(severe acute respiratory syndrome coronavirus 2, GenBank: MN908947.3) was generated via a combination of gene synthesis and recombinant DNA technology.

Should you require any further advice or assistance on this matter please feel free to call us on 0203 080 6000 or reply to this email.

Our opening hours are Mon – Fri 9am to 5pm (excluding UK Public Holidays)

With regards

No EM photos of purified "SARS-COV-2", no peer reviewed paper with the genome of purified "SARS-COV-2", no proof that "the virus" causes "COVID-19", etc — says UK's Cabinet Office in response to the queries shown below from Bartholomeus Lakeman; full letter here:

https://www.whatdotheyknow.com/request/666330/response/1589609/attach/3/FOI2020%2006375%20Draft%201.pdf?cookie_passthrough=1

and preserved here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Bartholomeus-Lakeman-Cabinet-Office-isolation-FOI-reply.pdf

22/06/2020

Dear Bartholomeus Lakeman

I refer to your request where you asked:

"1) Is there an electron micrograph of the pure and fully characterised virus (SARS-CoV-2)?

2. What is the name of the primary specialist peer reviewed paper in which said virus is illustrated and its full genetic information described?

3. What is the name of the primary specialist peer reviewed paper which provides unequivocal proof that the 'Covid-19' virus is the sole cause of a particular disease?

4. Where is (if there is proof of SARS-CoV-2) its antibody test that fulfils the Koch postulates and has a false positive below 30%; that can confirm being infected by SARS-CoV-2?"

I am writing to advise you that following a search of our paper and electronic records, I have established that the information you requested is not held by the Cabinet Office.

No records re isolation of "SARS-COV-2" from an unadulterated sample, says the UK's House of Commons, in response to a query from Marc Horn:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/House-of-Commmons-FOI-reply-isolation-SARS-COV-2.pdf

Same, from the UK's House of Lords, in response to a query from Marc Horn:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/House-of-Lords-FOI-reply-isolation-SARS-COV-2.pdf

(Click here to see a series of "COVID-19" FOI requests submitted by Marc Horn to various agencies:)
https://www.whatdotheyknow.com/user/marc_horn

Same, from Public Health Scotland in response to Athanasios Kandias:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/PH-Scotland-RESPONSE-2020-000133.pdf

Public Health Scotland

Date 7 October 2020]
Our Ref 2020-000133
Enquiries to phs.foi@nhs.net

Dear Athanasios Kandias

Freedom of Information Reference: 2020-000133

I refer to your request of 9 September 2020 under the above legislation for information about:

All records in the possession, custody or control of Public Health Scotland, describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).
*Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers *instead* to:*

- *the culturing of something, or*
- *the performance of an amplification test (i.e. a PCR test), or*
- *the sequencing of something.*

Please also note that my request is not limited to records that were authored by the PHS or that pertain to work done by the PHS. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the PHS has downloaded or printed.

I am writing to advise you that following a search of our records, I have established that under Section 17(1) of the Freedom of Information (Scotland) Act 2002, Public Health Scotland (PHS) does not hold the information you requested.

PHS has not been involved in any studies where methods of isolation described have been performed. Such studies may have been performed in a number of Universities but PHS is not aware of any specific studies to be able to direct you to them for more information.

If you have any questions please contact me on phs.foi@nhs.net.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this correspondence, and we will reply within 20 working days of receipt.

1 South Gyle Crescent, Edinburgh EH12 9EB

Glasgow office: 5 Cadogan Street, Glasgow G2 6QE

Same, for the 2nd time from Public Health Scotland in response to my colleague in NZ:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Public-Health-Scotland-Response-2020-000158.pdf

Public Health Wales provided Dr. Janet Menage a sketchy excuse for not properly assisting with her request (Dr. Menage has submitted a complaint to the PHW 'Corporate Complaints' team); see PHW's response here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/Puplic-Health-Wales-453-Isolation-of-Sars-COV-2.pdf

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Freedom of Information request to Public Health Wales

FOI Reference:	**FOI 453**
Date request received	**06 October 2020**

Thank you for your recent request. Public Health Wales has not produced any of the above mentioned material. Any records that may be in possession of Public Health Wales would be material that is already in the public domain, which we would decline to supply under Section 21 of the Freedom of Information Act.

Under our duty to assist, we would ordinarily be willing to provide links or advise where you may be able to find such documentation if we held it within our systems, however the information above would prove to be too wide in terms of search parameters for us to identify any records with certainty that we hold.

Here is a 2nd & more recent dodgy response from Public Health Wales yielding no record, or citation of any record, of "SARS-COV-2" isolation/purification done by anyone, anywhere, ever.
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/12/PHWales.pdf

Below is a screenshot of a Freedom of Information response from the University College Dublin, explaining thatIreland's National Virus Reference Laboratory has no records describing "how the Novel Coronavirus was purified". Click the link for more details.

Oifig Dli UCD

Caisleán an Ruabhoic,
An Coláiste Ollscoile, Baile Átha Cliath,
Belfield, Baile Átha Cliath 4, Eire

corporate.legal@ucd.ie
www.ucd.ie/corpsec

UCD Legal Office

Roebuck Castle,
University College Dublin,
Belfield, Dublin 4, Ireland

T +353 1 716 8708

Mr James McCumiskey
By email: jl_mccumiskey@yahoo.ie

22 June 2020

Reference: FOI12_1_544 Internal Review

Dear Mr McCumiskey,

I refer to your application for an internal review under the Freedom of Information Act 2014 of a decision by Ms Debbie Scanlan, dated 22 May 2020, concerning item 1 of your request for access to records of the National Virus Reference Laboratory (NVRL), as follows: *"1) I am looking for a scientific paper, which demonstrates how the Novel Coronavirus was purified? Surely, if the NVRL is able to detect the Novel Coronavirus, it should also be able to demonstrate how it is purified?"*

In the original decision, Ms Scanlan refused part 1 of your request on grounds that the University do not hold records to answer your request (Section 15 (1) (a)).

I have now conducted an internal review in accordance with Section 21 of the Act. I wish to inform you that I affirm the original decision.

The University's position is that matters of academic debate cannot be conducted under FOI and we would not regard academic research material as administrative records of an FOI body that would make them available for release under the legislation. The NVRL have advised that they do not culture live SARS-CoV-2 or purify SARS CoV 2 antigens. They detect SARS-CoV-2 RNA in diagnostic samples, as per the PCR assay that was shared with you previously. As such, there are no relevant records held and no further searches that may be taken for records that would provide an answer to your query. Section 15 (1) (a) of the FOI applies.

The University is committed to its obligations under the Act to provide requesters with access to records held by it and with reasons for its decisions that affect them. In this case, we regret that we cannot assist you further.

Under the Act, the University is required to advise you of your right, following receipt of your internal review decision, to make a further review application by writing to the Information Commissioner, 18 Lower Leeson Street, Dublin 2.

Yours sincerely,

Mr Julian Bostridge
Director of Legal Services

Statens Serum Institut, Denmark told Alex Holmsted that (translation): “The Statens Serum Institut can state that we have now carried out a journal search for documentation that has convinced the Statens Serum Institut about the real existence of SARS-CoV-2, the alleged cause of COVID19 and moreover, we have in some other way tried to locate relevant documents. Statens Serum Institut can note that we are not in possession of the requested documents...”

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/Denmark-The-Statens-Serum-Instituttet-SARS-COV-2-FOI-reply-Afgoerelse_Alex_Holmstedt_SAG_20-08162__1_.pdf

April 2020: Public Health England admits using fake virus material to evaluate “COVID-19” tests, the gold standard is not isolated virus, and more
https://www.fluoridefreepeel.ca/public-health-englands-answers-to-covid-19-testing-questions/

Subject: OFFICIAL: RE: Data request
From: WNCoV.virology <WNCoV.virology@phe.gov.uk>
Date: 28-Apr-20, 17:45

[redacted]

CC: Maria Zambon <Maria.Zambon@phe.gov.uk>, WNCoV.virology <WNCoV.virology@phe.gov.uk>

OFFICIAL

Professor Zambon asked that we respond to your request for data, as below.

i) RT-PCR tests –

- the gold standard for PCR tests is not virus isolation
- PCR tests are developed using synthetic transcripts; field use data are not widely available yet

No records re isolation of “SARS-COV-2” from an unadulterated sample, Public Health England told Andrew Johnson, a Technology Tutor at a UK University:

https://www.whatdotheyknow.com/request/679566/response/1625332/attach/html/2/872%20FOI%20All%20records%20describing%20isolation%20of%20SARS%20COV%202.pdf.html

This is Andrew’s write-up on his FOI request:
https://cvpandemicinvestigation.com/2020/08/phe-has-no-real-evidence-that-sars2-cov2-causes-covid-19-chromosome-8-blood-plasma-treatment-and-more/

Months ago, the StandUpX Science Committee published an open letter dated June 22, 2020 to the British Prime Minister, Boris Johnson. Below is a screenshot from their letter, demanding scientific proof of the alleged “COVID-19 virus”. (Their entire letter can be viewed and/or downloaded here:
https://kevinpcorbett.com/onewebmedia/Signed%20StandUpX%20definitive.pdf

Therefore, we demand that by July 22nd 2020, Public Health England must:

1. Produce independently peer reviewed scientific evidence proving that the Covid-19 virus has been isolated and purified in the reference laboratories run by Public Health England under the leadership of Professor Zambon (Imperial College London/SAGE member) ignoring the instructions not to do so issued by the World Health Organisation.

2. Produce independently peer reviewed scientific evidence proving that Covid-19 virus causes disease using all of the Koch Postulates.

If the United Kingdom Government's own health agency - Public Health England – CANNOT show independent and peer-reviewed proof that a virus exists which causes COVID-19 then the Government must DECLARE THERE IS NO SUCH VIRUS AND CEASE MEASURES AGAINST SOMETHING WHICH DOES NOT EXIST, including producing a vaccine and the Government's Track+Trace policy.

StandUpX Committee member Piers Corbyn also made the demand verbally outside the headquarters of the UK government; video footage of the demand is available at this url (not the embedded video below – that is a different video featuring Peirs Corbyn; WordPress would not embed the footage of the demand for some reason, so please click on this url to see the demand, not on the image below):
https://youtu.be/4FpuzGBa36c

Below is footage of Piers Corbyn calling out the UK government for the non-isolation of their theoretical "SARS-COV-2 virus".

https://www.bitchute.com/embed/1eDDh3eqFPAJ/?feature=oembed#?secret=fSiAIVe09M
ERRATUM:
In the description underneath the video (on the bitchute page) the authors of the publication on the Drosten PCR test are referred to has 'Drosten et al' when it should read 'Croman et al'.

StandUpX has a petition entitled "If there's no proof the virus exists end all Lockdowns/Masks/Trax/Vax actions". If you can tell the difference between isolation and fraudulent monkey business, please consider signing it, here:
https://www.gopetition.com/petitions/if-theres-no-proof-the-virus-exists-end-all-lockdownsmaskstraxvax-actions-2.html

In April StandUpX committee member Dr. Kevin Corbett MSc PhD (@KPCResearch on Twitter) published a paper describing issues around the non-isolation of the theoretical SARS-COV-2 virus. Below is a screenshot from his paper entitled
"WHERE IS THE EVIDENCE FOR THE EXISTENCE OF THE 'NOVEL CORONAVIRUS', 'SARS-CoV-2', AND THE ACCURACY OF THE TESTS?",
which you may access here:
https://kevinpcorbett.com/onewebmedia/WHERE%20IS%20THE%20EVIDENCE%20FOR%20THE%20EXISTENCE%20OF%20THE%20CORONAVIRUS%20FINAL2.pdf

Ogenstad et al (2020) are clearly admitting that no purified infectious 'novel Coronavirus' ('SARS-Cov-2') has ever been adequately demonstrated as coming from patients (e.g. see Huang et al 2020). The implication is that the 'novel Coronavirus' RNA/antibodies whose veracity are assumed by PHE/FDA may not actually prove to be 'viral' but could represent other phenomena. For example some scientists like Andrew Kaufman (Kaufman, 2020) suggest these may be 'exosomes', whilst others point to numerous confounding process artefacts (Schierwater et al 2009), or due to the laboratory 'quality processes' which appear remarkably open to errors and misinterpretation (Bustin and Nolan 2017). Until the proper research is suitably undertaken (and reproduced) regulators cannot scientifically claim that the tests are accurate.

Guess "WHO" advised Public Health England (and the rest of the world) not to isolate "the virus" as a routine diagnostic procedure, and "WHO" encourages the conflation of isolation with culturing? See the screenshots below from page 4 of the Interim Guidance document dated March 2, 2020 "Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases" kindly provided by Dr. Corbett of StandUpX:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/WHO-COVID-19-laboratory-2020.4-eng.pdf
and page 8 of the Diagnostic testing for SARS-CoV-2 Interim guidance 11 September 2020

https://canucklaw.ca/wp-content/uploads/2021/01/WHO-2019-nCoV-laboratory-September-11-2020-Guidelines.pdf

Laboratories with limited experience in testing for COVID-19 virus are encouraged to work with laboratories with more experience with this pathogen to have their initial test results confirmed and to improve their own performance.

Viral culture
Virus isolation is not recommended as a routine diagnostic procedure.

Viral isolation

Virus isolation is not recommended as a routine diagnostic procedure. All procedures involving viral isolation in cell culture require trained staff and BSL-3 facilities. A thorough risk assessment should be carried out when culturing specimens from potential SARS-CoV-2 patients for other respiratory viruses because SARS-CoV-2 has been shown to grow on a variety of cell lines [183].

Update, October 1, 2020: My colleague in New Zealand recently received a "no records" response from Public Health England – identical to the "no records" response above that was already provided to Andrew Johnson. You may access this 2nd response from PHE here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/Public-Health-England-scrubbed.pdf

Update November 1, 2020: Marc Horn also queried Public Health England for records describing "SARS-COV-2 isolation" from a sample not unadulterated with additional genetic material. Response: no records.
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/PHE-FOI-reply-re-SARS-COV-2-isolation.pdf

Another "no records" FOI response from Public Health England dated November 3, 2020, in response to a request from Athanasios Kandias for records (re SARS-COV-2 isolation) held by the National Biological Standards Board.

https://www.whatdotheyknow.com/request/701311/response/1669071/attach/2/1740%20FOI%20NIBSC%20records%20on%20SARS%20COV%202.pdf?cookie_passthrough=1

Preserved here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/PHE-1740-FOI-NIBSC-no-records-SARS-COV-2-isolation.pdf

No records supporting the claim that the alleged "SARS-COV-2 virus" causes "COVID-19" symptoms says Public Health England, in response to a query from Marc Horn. Note that PHE cited 3 publicly available studies, none involving isolation of "SARS-COV-2" from a sample not unadulterated with additional genetic material.
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/PHE-FOI-reply-re-SARS-COV-2-isolation-and-causation-of-COVID-19.pdf

No records supporting the claim that the alleged "SARS-COV-2 virus" causes "COVID-19" symptoms, says the UK's House of Commons, in response to a query from Marc Horn:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/UK-House-of-Commons-FOI-reply-re-COVID19-causation.pdf

No records supporting the claim that the alleged "SARS-COV-2 virus" causes "COVID-19" symptoms , says the UK's House of Lords, in response to a query from Marc Horn:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/UK-House-of-Lords-FOI-reply-re-COVID19-causation.pdf

Britain's Health and Safety Executive confirmed for Athanasios Kandias on November 3, 2020 that they hold no information relating to isolation of "SARS-COV-2".
https://www.whatdotheyknow.com/request/documents_held_showing_sars_cov2_3
(Preserved here: https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/Health-and-Safety-Executive.pdf

Imperial College London managed to provide/cite zero records in their wildly un-informative Freedom of Information response dated March 12, 2021 re: isolation/purification of the imaginary "SARS-COV-2" (by anyone, anywhere, ever):
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/Imperial-College-London-March-12-reply-re-isolation.pdf

Kepa Ormazabal submitted a Freedom of Information request to Spain's Ministry of Health for bibliographic records of studies describing "SARS-COV-2" isolation ("the term "isolation" is used in the sense given by the Real Academia Espanola Dictionary"); the Ministry's response yielded no records:
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/Spain-Ministry-of-Health-isolation-request-reply-w-translation.pdf

The Director of the European Centre for Disease Prevention and Control, Andrea Ammon, has admitted to having no documentation, even for the ECDC's methodology to prove that a virus exists, let alone proof of SARS-COV-2:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/DOCUMENT-REQUEST-ECDC-AND-RESPONSE.pdf

Please provide me with the following:

1) A single document that proves, scientifically, that SARS-CoV-2 exists and that proves that the genetic sequence of SARS-CoV-2, used in the RT-PCR tests is specific for SARS-CoV-2 only.

2) A document (name, number, date) that describes the scientific procedure, or methodology that is required to be followed by the ECDC as part of the quality standard to prove that a virus exists.

3) A document that provides an assessment by the ECDC that shows that 1) complies with 2) for SARS-CoV-2

ecdc
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

[redacted]

Stockholm, 16 September 2020
Our ref.: DPR-2020-OUT-3176-KEElKh

We refer to your email dated 31 August 2020 in which you make a request for access to documents, registered on 1 September 2020 under the above mentioned reference number, and your follow up email on 2 September 2020 that has been handled under the same reference number as well.

We regret to inform you that no documents were found that would correspond to the description given in your application.

According to the website of Slovenia's University of Ljubljana, the Faculty of Medicine there has been involved in "…implementation of the latest molecular diagnostic procedures; an attempt to isolate the virus in cell cultures [oxymoron], which is a precondition for testing anti-viral agents and vaccines…". The Faculty formally admitted on November 30, 2020 to having no record (even obtained from others) of "SARS-COV-2" isolation or proving a causal link to "COVID-19"; also that 40 PCR cycles have been used across Slovenia since the beginning of testing. The Faculty's original response and an

English translation are available here:
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/01/FOI-reply-Slovenia-University-of-Ljubljana-re-isolation.pdf

Dekanat
UL Medicinske fakultete

Univerza v Ljubljani
Medicinska fakulteta

Vrazov trg 2
1000 Ljubljana
E: dekanat@mf.uni-lj.si

Št. 074-4/2020-9
Ljubljana, 30. november 2020

MF Institute of Microbiology and Immunology a scientific study to provide evidence of Sars-Cov-2 virus isolation according to Koch's postulates has not been performed. UL ME Institute of Microbiology and Immunology also did not conduct a scientific study, which would demonstrate a causal link between Sars-Cov-2 and the suspected infectious disease Covid-19. The authority thus does not have the required document at its disposal which is why it was necessary regarding point 3 requirements to decide as follows from th operative part of this decision.

Regarding point 4 of the request, we inform the applicant that the number of amplification cycles used is in Slovenia from the beginning of testing until today, 40.

Hall of Shame

The FOI request shown below was submitted to **Germany's Federal Ministry of Health** by Michael S. on August 9, 2020 and has been completely ignored. I think we know the answer though, don't we? Pdf:
https://www.fluoridefreepeel.ca/wp-content/uploads/2021/02/German-Federal-Ministry-of-Health-ignored-FOI-request-redacted.pdf

FOIA Request - studies re isolation of SARS-COV-2

1 message

[redacted] Sun, Aug 9, 2020 at 9:49 PM

To: info@dpma.de

This is a formal request made under the Germany *Freedom of Information Act*.

Description of Requested Records:

All records in the possession, custody or control of The Federal Ministry of Health describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; lung cells from a lung cancer patient).

Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers instead to:

- the culturing of something,
- or the performance of an amplification test (i.e. a PCR test),
- or the sequencing of something.

Please also note that my request is not limited to records that were authored by The Federal Ministry of Health or that pertain to work done by The Federal Ministry of Health. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that The Federal Ministry of Health has downloaded or printed.

If any records match the above description of requested records and are currently available to the public elsewhere, please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it).

Format:
Pdf documents sent to me via email; I do not wish for anything to be shipped to me.

Thank you in advance,[redacted]

All the FOI responses have been kindly backed up here (2 of these files are the latest compilations that contain most but not all of the responses):

https://jumpshare.com/b/05F75HqalwFSRBB8Axsw

So "What The Hell Is Going?

At this point you might be **scratching your head** and wonder what on Earth is going on. If so, the collection of presentations, articles and facts (not theories) on the page linked below will reveal the fraud and trickery that's behind **the fake pandemic known as "COVID-19"**.

If you're on this page it's likely because you've learned, or are in the process of learning, that the alleged "COVID-19 virus" aka "SARS-COV-2" has never been isolated/purified (as evidenced by the Methods sections in the published papers claiming to have isolated "SARS-COV-2" and by **dozens of Freedom of Information responses**

https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/ from governments and health/science institutions around the world) – even though isolation/purification is the first step in proving that a new "virus" is causing death/disease (as per Koch's Postulates, modified for a suspected "virus").

To get a better understanding of the isolation/purification issue and the bizarre situation we find ourselves in, **the following presentations by ~~Dr. Andrew Kaufman, MD~~ are highly recommended**. ~~Dr. Kaufman~~ is a graduate of MIT, Medical University of South Carolina and trained at Duke University School of Medicine.

(Further down this page you will find many other types of resources.)

COVID-19 Testing Procedures
https://www.bitchute.com/video/U2xM8ZJ0Xmdx/

Koch's Postulates: Have They Been Proven For "Viruses"?
Dr. Kaufman reviews papers where the authors claimed to have isolated "SARS-COV" (2003) and "SARS-COV-2" and explains how their claims were false.
https://www.bitchute.com/video/dX0wqs2xbM05/

February 22, 2021:
Dr. Kaufman, Dr. Thomas Cowan and Sally Fallon Morell, MA have released a fabulous resource for anyone wanting to understand or educate others on this issue of "virus isolation":
Statement On Virus Isolation (SOVI):
https://andrewkaufmanmd.com/sovi/

Instead, since 1954, virologists have taken unpurified samples from a relatively few people, often less than ten, with a similar disease. They then minimally process this sample and inoculate this unpurified sample onto tissue culture containing usually four to six other types of material — **all of which contain identical genetic material as to what is called a "virus."** The tissue culture is starved and poisoned and naturally disintegrates into many types of particles, some of which contain genetic material. Against all common sense, logic, use of the English language and scientific integrity, this process is called "virus isolation." This brew containing fragments of genetic material from many sources is then subjected to genetic analysis, which then creates in a computer-simulation process the alleged sequence of the alleged virus, a so called *in silico genome*. At no time is an actual virus confirmed by electron microscopy. At no time is a genome extracted and sequenced from an actual virus. This is scientific fraud.

The observation that the unpurified specimen — inoculated onto tissue culture along with toxic antibiotics, bovine fetal tissue, amniotic fluid and other tissues — destroys the kidney tissue onto which it is inoculated is given as evidence of the virus' existence and pathogenicity. This is scientific fraud.

March 2021: **Debunking Virology with Nobel Prize nominee (Medicine) Dr. Stefan Scoglio and Dr. Tom Cowan**:
https://lbry.tv/@DrAndrewKaufman:f/Stefano—Tom-2-25-21:8

ZERO Evidence that COVID Fulfills Koch's 4 Germ Theory Postulates – Dr. Andrew Kaufman & Sayer Ji

Dr. Kaufman reviews **a fraudulent paper**, - https://www.nature.com/articles/s41586-020-2312-y - published in the prestigious journal Nature, that claimed Koch's Postulates had been fulfilled for "SARS-COV-2" and shows that in fact none of them have been.

Dr. Tom Cowan is the master of simplification, such that anyone can understand this issue of "virus isolation" and its importance.

December 2020: **Dr. Cowan and the brilliant investigative reporter Jon Rappoport** of **NoMoreFakeNews** - https://blog.nomorefakenews.com/ (whose email newsletter I strongly recommend) "describe in common language & precise detail the steps that are needed to

properly isolate and characterize a virus.. so we could empower our readers and listeners to know for themselves how to read and identify fraudulent science. “

https://youtu.be/LrpKBehJRls

According to statements made by Dr. Judy Mikovits during the round-table discussion with Dr. Kaufman and others, linked below, a “retrovirus” is comprised of your own cell membrane plus genetic material, and this is why a “retrovirus” cannot be removed from a cell. She offered no explanation as to how such a “retrovirus” could make it’s way into a cell in the first place, or how it could ever get from one person to another. She also failed to cite any specific study where an alleged “enveloped virus” was actually isolated/purified, and **admitted that the alleged “SARS-COV-2” has never been isolated/purified.**
https://lbry.tv/@FwapUK:1/DR.-ANDREW-KAUFMAN-VS-JUDY-MIKOVITS—1ST-EVER-VIRUS-ISOLATION-DEBATE:b

Jan. 28, 2021: **Response to Judy Mikovits with Tom Cowan and Andrew Kaufman**. “This content features a discussion of the (lack of) scientific evidence for the proof of viruses alleged to cause disease in the context of a recently aired debate between Judy Mikovots, Ph.D. and Andrew Kaufman, M.D.”
https://lbry.tv/@DrAndrewKaufman:f/Judy–Tom-C-1-28-21-edited-compressed1:6?r=3rJ2XEgd17VS4J2f2bkX2J3nrXAeXCT9

Testimony from Dr. Robert O. Young, https://www.drrobertyoung.com/curriculim-vitae Commissioner at The International Tribunal of Natural Justice, ~1:00:00 Here, he discusses how “virus isolation” is taught, but never actually carried out:

https://youtu.be/lSXzZW8E_OQ

Here is a brilliant new expose published Jan 31, 2021 by Torsten Engelbrecht, Nobel Prize nominee Dr. Stefano Scoglio, and Konstantin Demeter:

January 2021: **Dr. Cowan’s** “year end” thoughts re “the virus”, the “vaccine” that isn’t actually a vaccine, how to cope and more; includes another **brilliant explanation for the average person wishing to understand the fake science behind “COVID-19”.**

--https://youtu.be/uEgbOaYidQg-- (video removed from YouTube CANCEL CULTURE)

--https://youtu.be/eRxWJfQHsXY-- (video removed from YouTube CANCEL CULTURE)

In the presentation below @ 27 min Dr. Kaufman gives an **overview of the fraudulent approach used to “sequence a genome”** (and then he goes into some history of the field of “virology”).
https://www.bitchute.com/embed/sB3fC0FR0iBG/?feature=oembed#?secret=tskFRejQEn

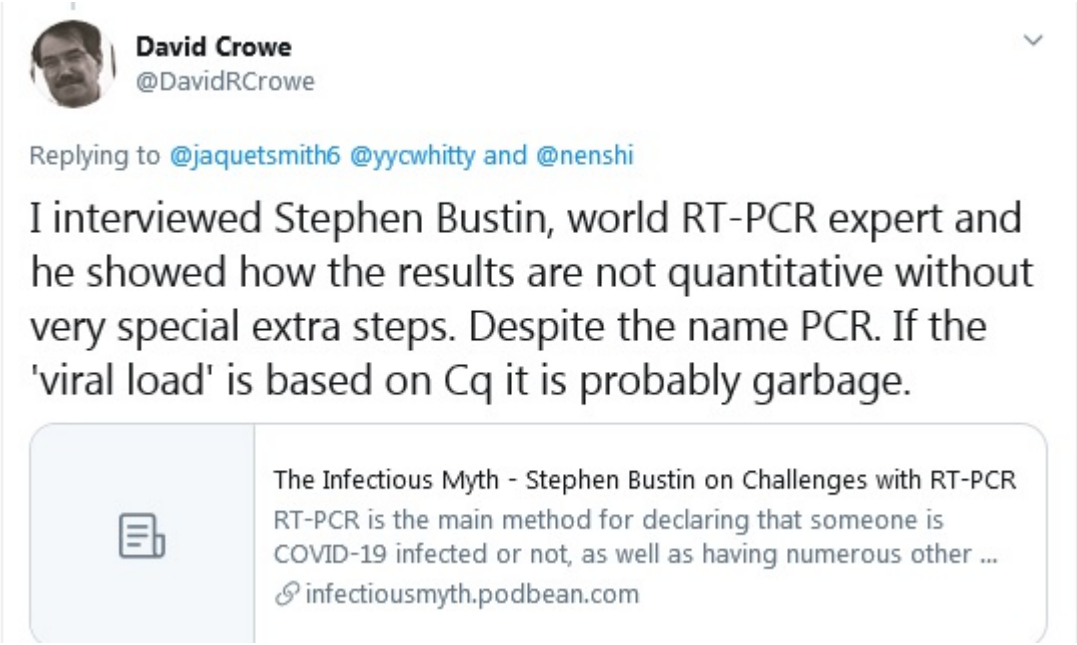
Another great presentation from **Dr. Cowan** in which he reviews various studies and related documents re “isolation of SARS-COV-2”, and a study involving “SARS-COV2” **and “SARS-**

COV3" (yes, you read that correctly) **published in 2008** (yes, you read that correctly): **https://www.youtube.com/watch?v=7N4hqmPaLe4&feature=youtu.be** (Here is the 2008 paper: **https://pubmed.ncbi.nlm.nih.gov/18305135/**)

The incredible work of Canada's own late, great David Crowe is invaluable. David was meticulously documenting the stunning **Flaws in Coronavirus Pandemic Theory** until his passing in July 2020. David also authored an important expose on **Antibody Testing for COVID-19**.

On his **Infectious Myth podcast** David interviewed many experts re: germ theory and "COVID-19" (including a world expert on PCR technology, Stephen Bustin: **https://infectiousmyth.podbean.com/e/the-infectious-myth-stephen-bustin-on-challenges-with-rt-pcr/**). David also interviewed a fellow FOI-submitter, James McCumiskey, on the topic of virus isolation: **https://infectiousmyth.podbean.com/e/the-infectious-myth-there-are-no-viruses-with-james-mccumiskey-060518/**.

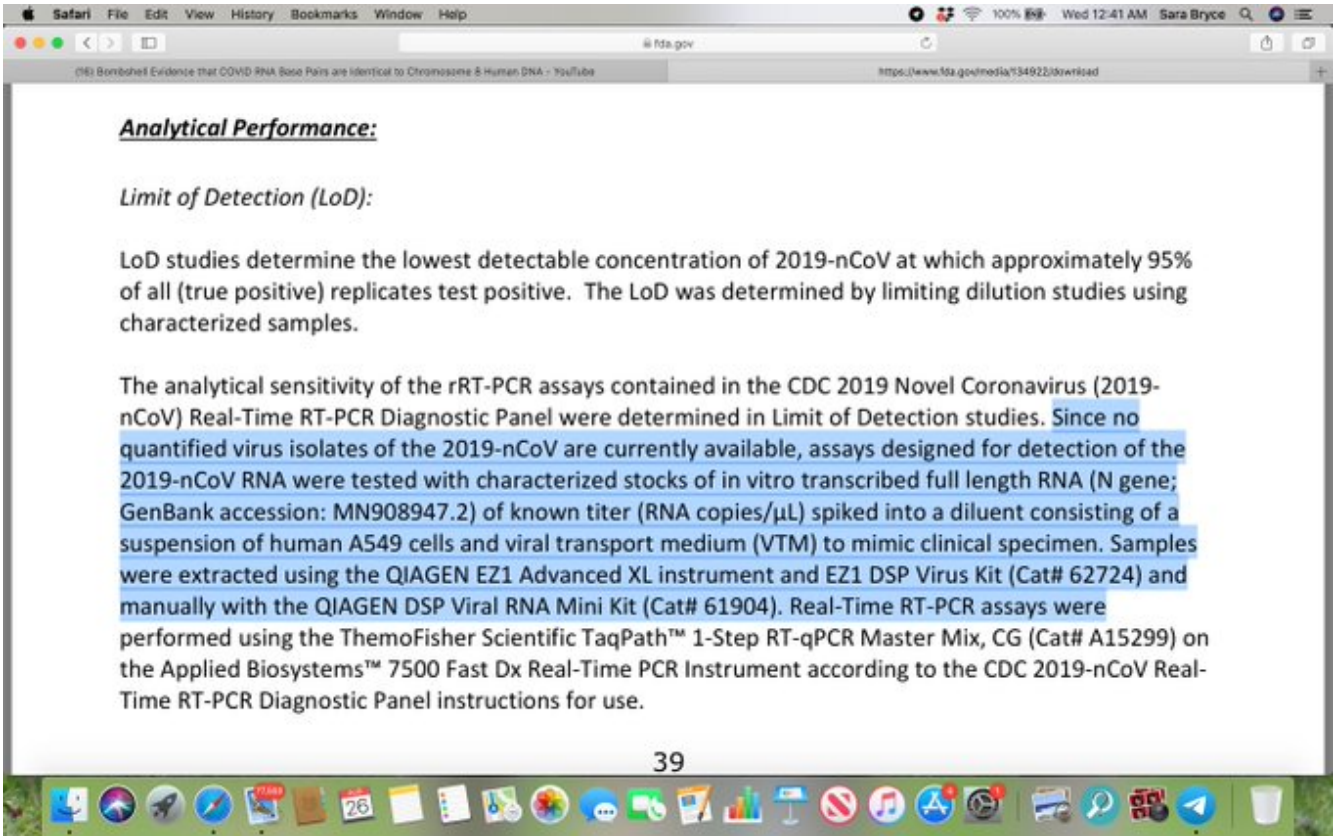
David tweeted the following re his interview with PCR world expert Stephen Bustin:



David passed on, surely having completed his life's mission, on July 12th.
♥♥♥Rest in peace and thank you, David Crowe. ♥♥♥

Below are screenshots from pages 38 and 39 of the **CDC's "2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel"** (revision 5, effective 07/13/2020). As the great investigative reporter **Jon Rappoport** – https://blog.nomorefakenews.com/2020/09/10/covid-diagnostic-test-worst-test-ever-devised/ – has been pointing out for months now, the document states "**since no quantified virus isolates of the 2019-nCoV are currently available…"** and "**Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms**". You can verify this for yourself; the pdf is preserved here:

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/12/CDC-PCR-Panel-July-2020.pdf



Analytical Performance:

Limit of Detection (LoD):

LoD studies determine the lowest detectable concentration of 2019-nCoV at which approximately 95% of all (true positive) replicates test positive. The LoD was determined by limiting dilution studies using characterized samples.

The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies. Since no quantified virus isolates of the 2019-nCoV are currently available, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen. Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904). Real-Time RT-PCR assays were performed using the ThemoFisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use.

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- 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.
- The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.

Public Health England admitted on April 28, 2020 to using synthetic “virus” material to evaluate “COVID-19” PCR tests, and that the gold standard for those tests is not isolated virus: https://www.fluoridefreepeel.ca/public-health-englands-answers-to-covid-19-testing-questions/

Subject: OFFICIAL: RE: Data request
From: WNCoV.virology <WNCoV.virology@phe.gov.uk>
Date: 28-Apr-20, 17:45

[redacted]

CC: Maria Zambon <Maria.Zambon@phe.gov.uk>, WNCoV.virology <WNCoV.virology@phe.gov.uk>

OFFICIAL

Professor Zambon asked that we respond to your request for data, as below.

i) RT-PCR tests –

- the gold standard for PCR tests is not virus isolation
- PCR tests are developed using synthetic transcripts; field use data are not widely available yet

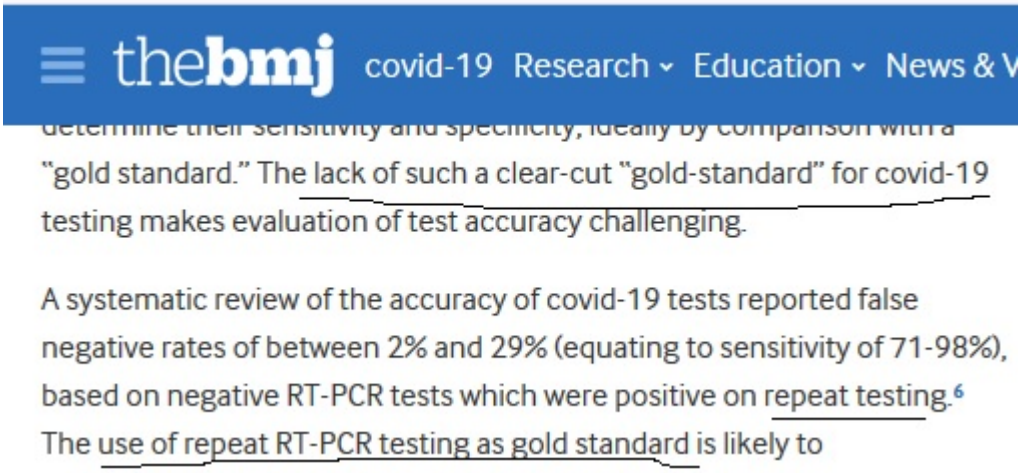
Below is a screenshot from a document published by the **British Columbia (Canada) Centre for Disease Control | BC Ministry of Health** entitled *Interpreting the results of Nucleic Acid Amplification testing (NAT; or PCR tests) for COVID-19 in the Respiratory Tract,* dated April 30, 2020: **http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_InterpretingTesting_Results_NAT_PCR.pdf** (uploaded **here** --- --- https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/BC-CDC-no-gold-standard-COVID19_InterpretingTesting_Results_NAT_PCR.pdf -- for safekeeping). In the midst of the BC CDC's contradictions and blatant lies, they make this fabulous admission: "**for COVID-19 testing, there is currently no gold standard**…." (euphemism for "*no one ever looks for or finds any actual SARS-COV-2 virus*"). [Thank you to **Monique** for finding this.]

5. What is the clinical sensitivity of the NAT test?

A statistic commonly quoted is that there is a 30% chance of a false negative result for a NAT test in a patient with COVID-19 infection (i.e., a 70% sensitivity). These and other similar estimates are based on a small number studies that compared the correlation between CT scan findings suggestive of COVID-19 infection to NAT on upper respiratory tract specimens. In these studies, 20-30% of people with a positive CT scan result had negative NAT results – and as discussed above a number of factors can contribute to false negative results. CT scan is not a gold standard for diagnosis of COVID-19 infection, and CT scan cannot differentiate amongst the many microbiological causes of pneumonia.

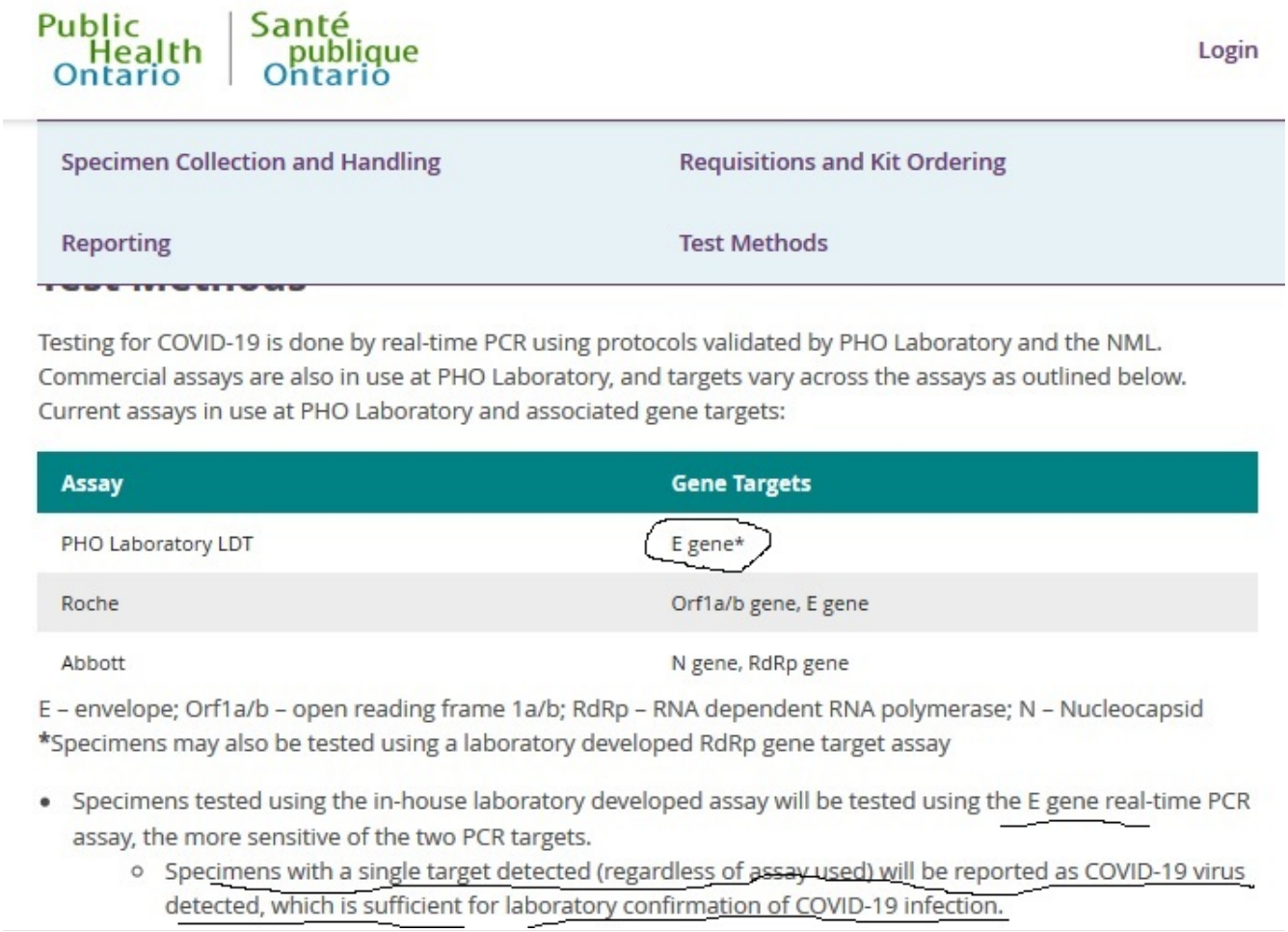
Ultimately, for COVID-19 testing, there is currently no gold standard, and the overall clinical sensitivity and specificity of NAT in patients with COVID-19 infection is unknown (i.e., how well NAT results correlate with clinical infection, "true positivity" or "true negativity" rate).

British Medical Journal 12 May 2020:
"The lack of such a clear-cut "gold-standard" for covid-19 testing makes evaluation of test accuracy challenging…."
"A systematic review of the accuracy of covid-19 tests" … was based on *…"repeat testing"*
https://www.bmj.com/content/369/bmj.m1808



Below is a screenshot from Public Health Ontario's website showing an example of the insane and fraudulent nature of "COVID-19 testing".

Public Health Ontario has been "confirming COVID-19 cases" based on 1 PCR test for an RNA sequence (not a virus!), i.e. the E gene. You can verify this for yourself here: https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19)



The E gene is said to be part of the genome of various alleged “viruses”, and never proven to be part of the never-proven-to-exist “COVID-19 virus”.

The next 5 screenshots below are from the publication by Victor M. Corman, Christian Drosten and others that describes the development of the first “COVID-19” PCR test (“diagnostic methodology for use in public health laboratory settings **without having virus material available**“) – methodology that was assessed for accuracy using 1) the genetic soup referred to as “cell culture supernatant” alleged but never proven to contain the **2003** SARS-COV, and 2) **synthetic** “SARS-COV-2” genetic material… since no actual SARS-COV-2 virus was “available”; see here: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.3.2000045#html_fulltext

Results

Go to section...

Before public release of virus sequences from cases of 2019-nCoV, we relied on social media reports announcing detection of a SARS-like virus. We thus assumed that a SARS-related CoV is involved in the outbreak. We downloaded all complete

Assay sensitivity based on SARS coronavirus virions

To obtain a preliminary assessment of analytical sensitivity, we used purified cell culture supernatant containing SARS-CoV strain Frankfurt-1 virions grown on Vero cells. The supernatant was ultrafiltered and thereby concentrated

Sensitivity based on in vitro-transcribed RNA identical to 2019 novel coronavirus target sequences

Although both assays detected 2019-nCoV without polymorphisms at oligonucleotide binding sites (Figure 2), we additionally generated in vitro-transcribed RNA standards that exactly matched the sequence of 2019-nCoV for absolute quantification and studying the limit of detection (LOD). Replicate reactions were done at concentrations

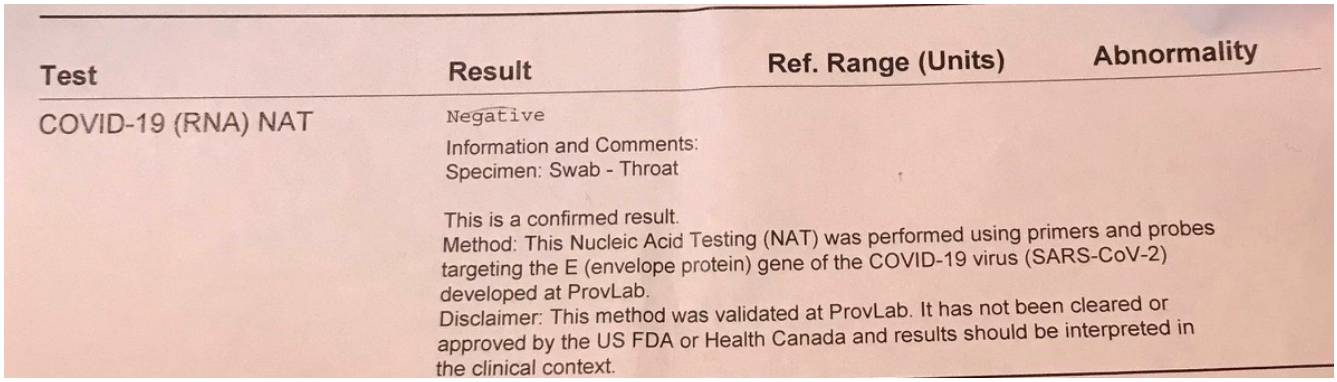
The intended cross-reactivity of all assays with viral RNA of SARS-CoV allows us to use the assays without having to rely on external sources of specific 2019-nCoV RNA.

---

increased sequence variability [5]. To show that the assays can detect other bat-associated SARS-related viruses, we used the E gene assay to test six bat-derived faecal samples available from Drexler et al. [13] und Muth et al. [14]. These virus-positive samples stemmed from European rhinolophid bats. Detection of these phylogenetic outliers within the SARS-related CoV clade suggests that all Asian viruses are likely to be detected. This would, theoretically, ensure broad

---

Below is a screenshot of a “COVID-19” test result from a lab in Calgary. Note that this PCR “test” also targeted the E gene and only the E gene.



Test	Result	Ref. Range (Units)	Abnormality
COVID-19 (RNA) NAT	Negative Information and Comments: Specimen: Swab - Throat This is a confirmed result. Method: This Nucleic Acid Testing (NAT) was performed using primers and probes targeting the E (envelope protein) gene of the COVID-19 virus (SARS-CoV-2) developed at ProvLab. Disclaimer: This method was validated at ProvLab. It has not been cleared or approved by the US FDA or Health Canada and results should be interpreted in the clinical context.		

This is how “COVID-19 testing” is being done around the world, with PCR “tests” for RNA sequences claimed but never proven to be a tiny little part of the genome of a never-sequenced-or-proven-to-exist virus. ***It’s pure fraud.***

December 2020 update: **An international group of 22 scientists have outlined 10 major flaws with the Drosten/Corman paper mentioned above, and requested its retraction.**

Keep in mind if/when reading this review that **the Drosten/Corman protocol is WIDELY used around the world**. And even more importantly, that **PCR isn’t fit for diagnosis, period – no matter which protocol is used. And that no test is warranted for an imaginary, purely theoretical virus**.

What these scientists are conveying is that the Drosten/Corman protocol is **especially** useless and absurd as compared to all the other **utterly useless and fraudulent** PCR diagnostic protocols.

External peer review of the RT-PCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.
https://cormandrostenreview.com/report/

CORMAN-DROSTEN REVIEW REPORT

HOME MAIN REVIEW REPORT
RETRACTION REQUEST LETTER SUBMISSION
CONSORTIUM FALSE-POSITIVES CONSEQUENCES
DOWNLOADS CONFERENCES OUTREACH MIRRORS
CONTACT & IMPRINT

CURATED BY AN INTERNATIONAL CONSORTIUM OF SCIENTISTS IN LIFE SCIENCES (ICSLS)

Review report Corman-Drosten et al. Eurosurveillance 2020

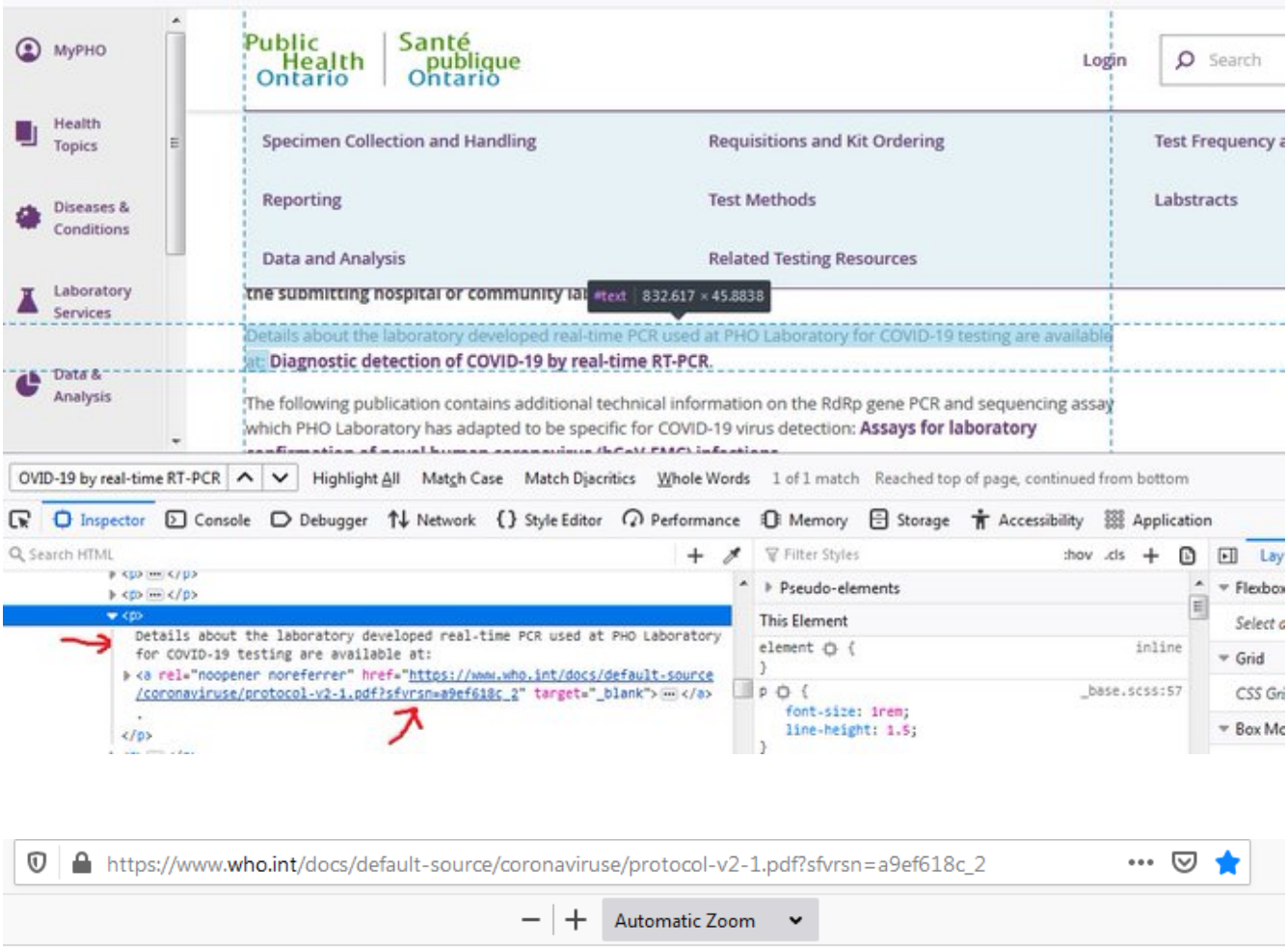
November 27, 2020

This extensive review report has been officially submitted to Eurosurveillance editorial board on 27th November 2020 via their submission-portal, enclosed to this review report is a retraction request letter, signed by all the main & co-authors. First and last listed names are the first and second main authors. All names in between are co-authors.

External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false

Here is a great article by Celia Farber on the Corman-Drosten review:
Ten Fatal Errors: Scientists Attack Paper That Established Global PCR Driven Lockdown – December 3, 2020
https://uncoverdc.com/2020/12/03/ten-fatal-errors-scientists-attack-paper-that-established-global-pcr-driven-lockdown/

And which fraudulent PCR protocol was adopted by **Public Health Ontario**?
The **Dorsten/Corman** protocol. See here:
https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19



Berlin, Jan 17th, 2020

Diagnostic detection of 2019-nCoV by real-time RT-PCR

-Protocol and preliminary evaluation as of Jan 17, 2020-

Victor Corman, Tobias Bleicker, Sebastian Brünink, Christian Drosten
Charité Virology, Berlin, Germany

Olfert Landt, Tib-Molbiol, Berlin, Germany

Marion Koopmans
Erasmus MC, Rotterdam, The Netherlands

Maria Zambon
Public Health England, London

Here's an honest admission (same as that made by the CDC, above) made months ago by the tyrannical Australian government (top of page 2): "**it should be noted that PCR tests cannot distinguish between "live" virus and non-infective RNA." (Note: WordPress is now indicating that this link is broken, but it is not broken!): https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-clinicians.pdf** (the pdf is also preserved **here**).

https://www.fluoridefreepeel.ca/wp-content/uploads/2020/09/Australia-govt-PCR-cant-distinguish.pdf

> RNA, and it should be noted that PCR tests cannot distinguish between "live" virus and non-infective RNA. Australian guidelines currently require patients who have had COVID-19 to test negative on two tests 24 hours apart before being released from isolation.

The following screenshot is from **HSE Health Protection Surveillance Centre (HPSC)**, "*Ireland's specialist agency for the surveillance of communicable diseases… part of Health Service Executive*", Guidance on the management of weak positive (high Ct value) PCR results in the setting of testing individuals for SARS-CoV-2, V1.2 22.12.2020, page 9: "**PCR does not distinguish between viable virus and non-infectious RNA**":
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/outbreakmanagementguidance/PCR%20weak%20results%20guidance.pdf

Appendix 1

Notes on the Utility & limitations of PCR

1. PCR is primarily a method for amplifying DNA and (by extension) RNA.
2. PCR as a diagnostic methodology is exquisitely sensitive, capable under conditions of optimal sample quality of detecting fewer than 10 copies of viral RNA in a clinical sample
3. However, PCR does not distinguish between viable virus and non-infectious RNA.

The same admission was made in a **research paper** supported by the **Public Health Agency of Canada** and its **National Microbiology Laboratory**; see the screenshots below. (Note: this paper was **fraudulently cited** by the Public Health Agency of Canada as an example of legitimate "SARS-COV-2" isolation, when in fact the researchers only performed the typical monkey business and didn't even claim to have isolated.) "***RT-PCR detects RNA, not infectious virus.***"

Predicting Infectious Severe Acute Respiratory Syndrome Coronavirus 2 From Diagnostic Samples

Jared Bullard, Kerry Dust, Duane Funk, James E Strong, David Alexander, Lauren Garnett, Carl Boodman, Alexander Bello, Adam Hedley, Zachary Schiffman, Kaylie Doan, Nathalie Bastien, Yan Li, Paul G Van Caeseele, Guillaume Poliquin

Clinical Infectious Diseases, ciaa638, https://doi.org/10.1093/cid/ciaa638
Published: 22 May 2020 **Article history**

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Abstract

Background

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). RT-PCR detects RNA, not infectious virus; thus, its ability to determine

Acknowledgments. This work was supported by the collaborative efforts in the public health response to the current pandemic by Manitoba Health and Cadham Provincial Laboratory (CPL), and the Public Health Agency of Canada and the National Microbiology Laboratory. A special

PCR is actually a DNA snippet manufacturing technology. Reliance on PCR "tests" is known to be problematic and inappropriate for diagnosis at the best of times, as pointed out by PCR's Nobel Prize winning inventor Kary Mullis (R.I.P.). **To use PCR in connection with a never-isolated, never-sequenced purely theoretical virus is the height of insanity, fraud and illogic.**

https://youtu.be/FHx059IqP_M

David Rasnick Ph.D. was a friend of PCR inventor Kary Mullis. In this October 2020 interview he explained: "COVID-19 is a phony pandemic. There is no coronavirus pandemic. It only exists because of a fraudulent PCR test. Outlaw the test and the pandemic disappears."

https://youtu.be/0pTPlKYsWUM

Anyone who has researched PCR in the (inappropriate) context of diagnostic testing understands the insanity of the information shown below in an FOI response from the Health Service Executive, Dr Steeven's Hospital, Dublin 8.

Oifig an Phríomhoifigigh Feidhmiúcháin
Feidhmeannacht na Seirbhíse Sláinte
Urlár 1, Ospidéal an Dr Steevens'
Baile Átha Cliath 8
D08 W2A8
☎: 01 635 2000 ✉: ceo.office@hse.ie

Office of the Chief Executive Officer
Health Service Executive
1st Floor, Dr Steevens' Hospital
Dublin 8
D08 W2A8
☎: 01 635 2000 ✉: ceo.office@hse.ie

2nd October 2020

FOI C508/20

[redacted]

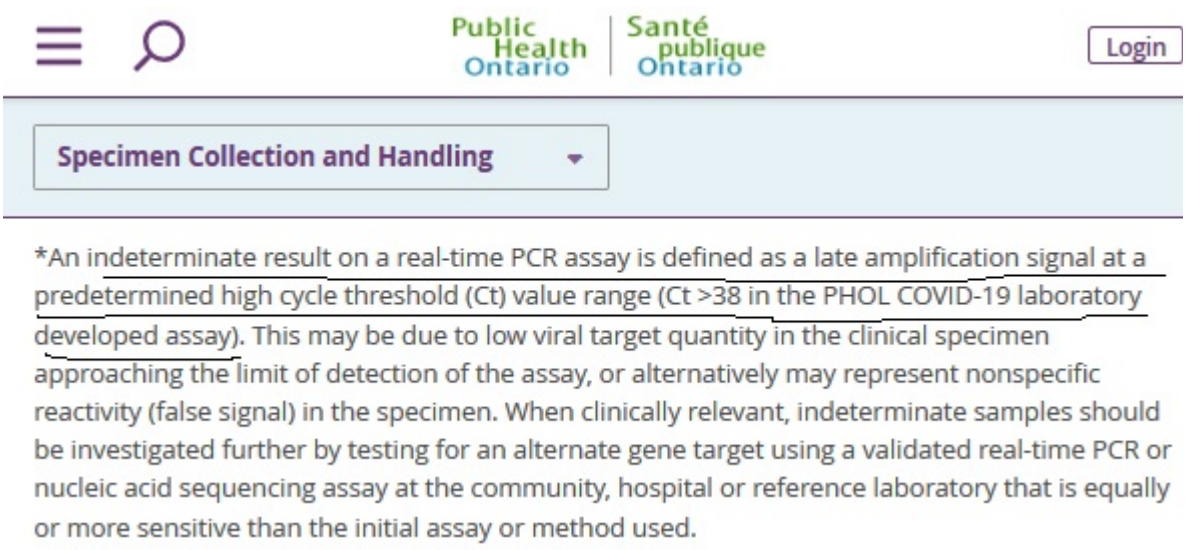
Dear [redacted]
I refer to the request, which you submitted under the Freedom of Information Act 2014 to the Health Service Executive for access to the following information:

> *How many amplification cycles are being used in the PCR testing approved/implemented by HSE*
>
> *Have the number of cycles been constant throughout the testing period (Mar '20 – present)*
>
> *If the number of amplification cycles varies among providers, can you give a breakdown of test provider, no. of tests carried out, and number of amplification cycles used*

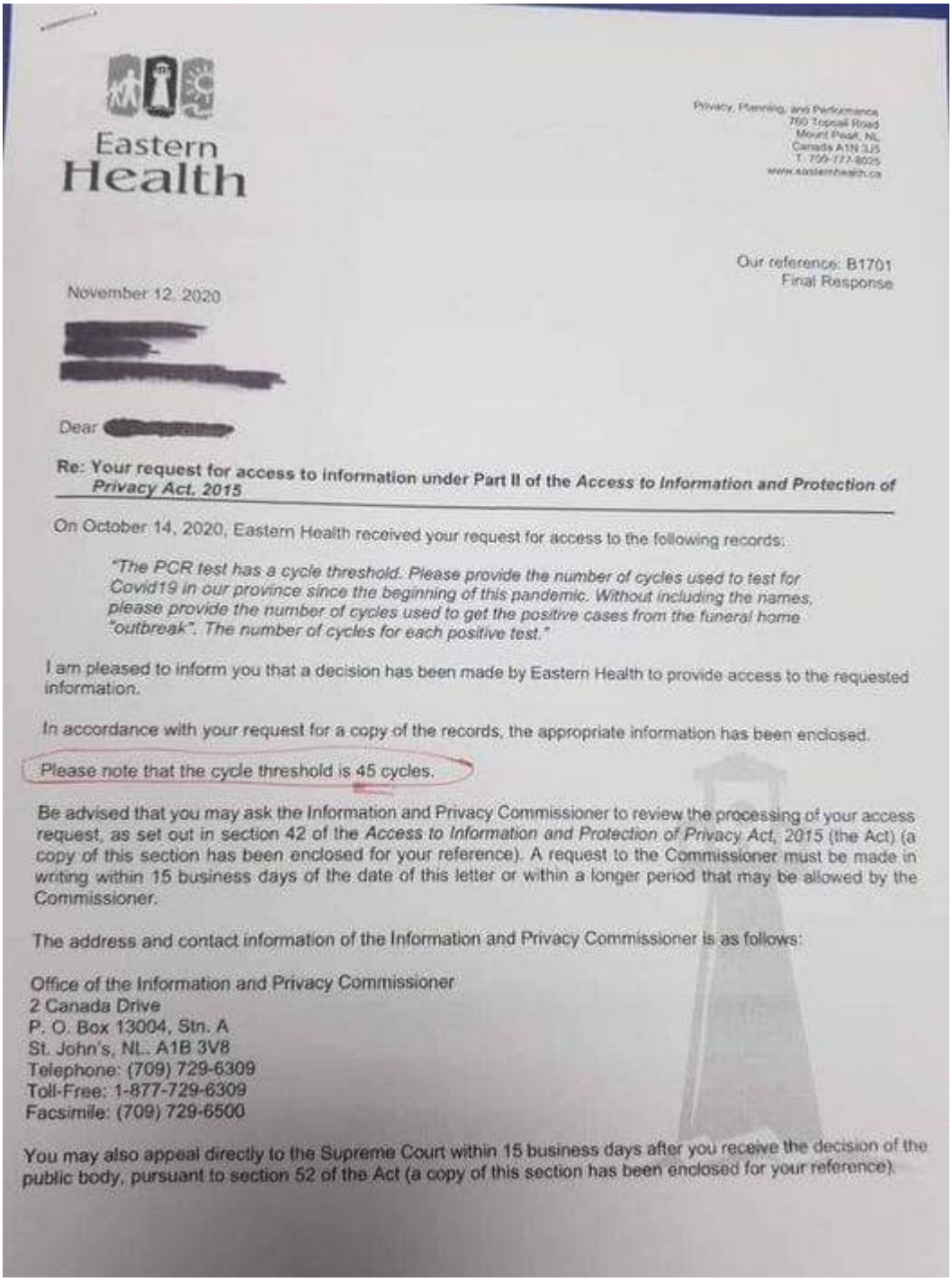
In general, the majority of PCR assays runs for between 40 & 45 amplification cycles. However, for commercial assays, the number of cycles required is determined by the manufacturer. All HSE laboratories are using the commercial PCR assays in accordance with the manufacturers' instructions. As a result the number of cycles will vary during the period referred to.

This information is not compiled centrally. In line with CE-IVD legislation, laboratories utilise diagnostic reagents in line with the manufacturers' instructions, with any modification being extensively validated before implementation.

The following from Public Health Ontario, re their "COVID-19 PCR testing", makes clear that they have been running >38 cycles: https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19



Eastern Health, Newfoundland, Canada has admitted to running up to 45 cycles on their PCR “tests”:



Eastern Health

Privacy, Planning, and Performance
760 Topsail Road
Mount Pearl, NL
Canada A1N 3J5
T. 709-777-8025
www.easternhealth.ca

Our reference: B1701
Final Response

November 12, 2020

[redacted]

Dear [redacted]

Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act, 2015*

On October 14, 2020, Eastern Health received your request for access to the following records:

> *"The PCR test has a cycle threshold. Please provide the number of cycles used to test for Covid19 in our province since the beginning of this pandemic. Without including the names, please provide the number of cycles used to get the positive cases from the funeral home "outbreak". The number of cycles for each positive test."*

I am pleased to inform you that a decision has been made by Eastern Health to provide access to the requested information.

In accordance with your request for a copy of the records, the appropriate information has been enclosed.

Please note that the cycle threshold is 45 cycles.

Be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the *Access to Information and Protection of Privacy Act, 2015* (the Act) (a copy of this section has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

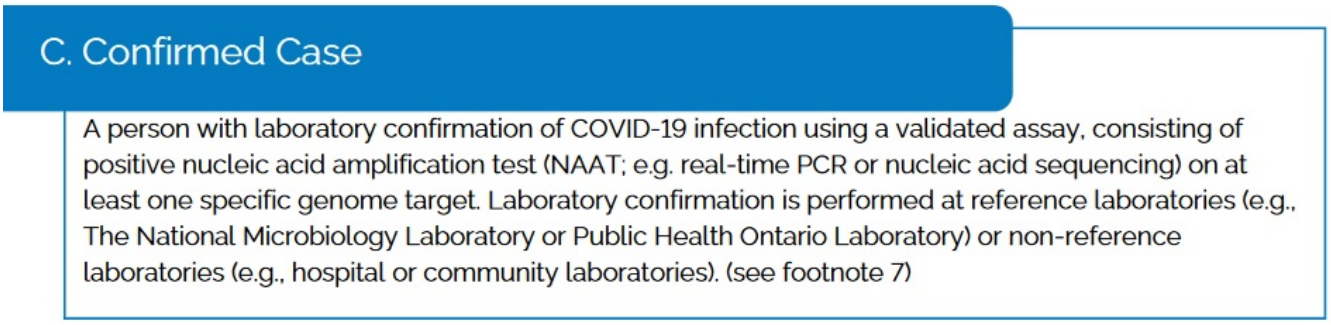
Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John's, NL. A1B 3V8
Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section has been enclosed for your reference).

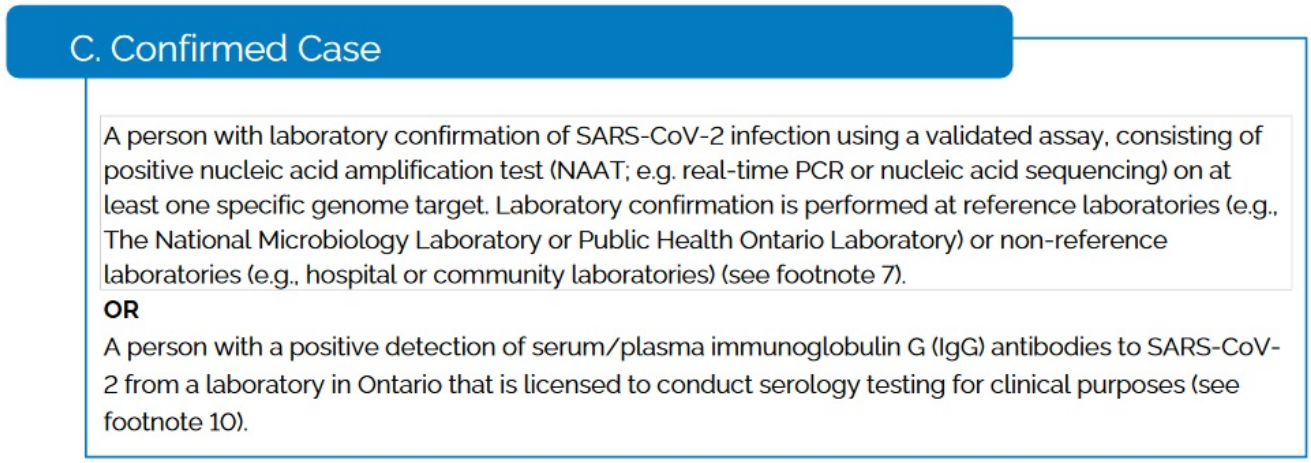
In September 2020 Ontario independent MPP Randy Hillier presented to the legislature facts that are very well understood in the scientific community re (some of the) fatal flaws in the province of Ontario's "COVID-19" PCR testing – flaws that would be criminal even with a proven virus.

https://youtu.be/IYEiIfyKBh0

Ontario's "Case Definition – Novel Coronavirus (COVID-19)" pdfs have been continually revised through the year, gradually loosening up their definition of a "confirmed case" until it looked like this:



and then this (as of August 6, 2020): http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf (Expect the definitions to tighten up again, leading to fewer "confirmed cases", if a vaccine ever makes it to market.)



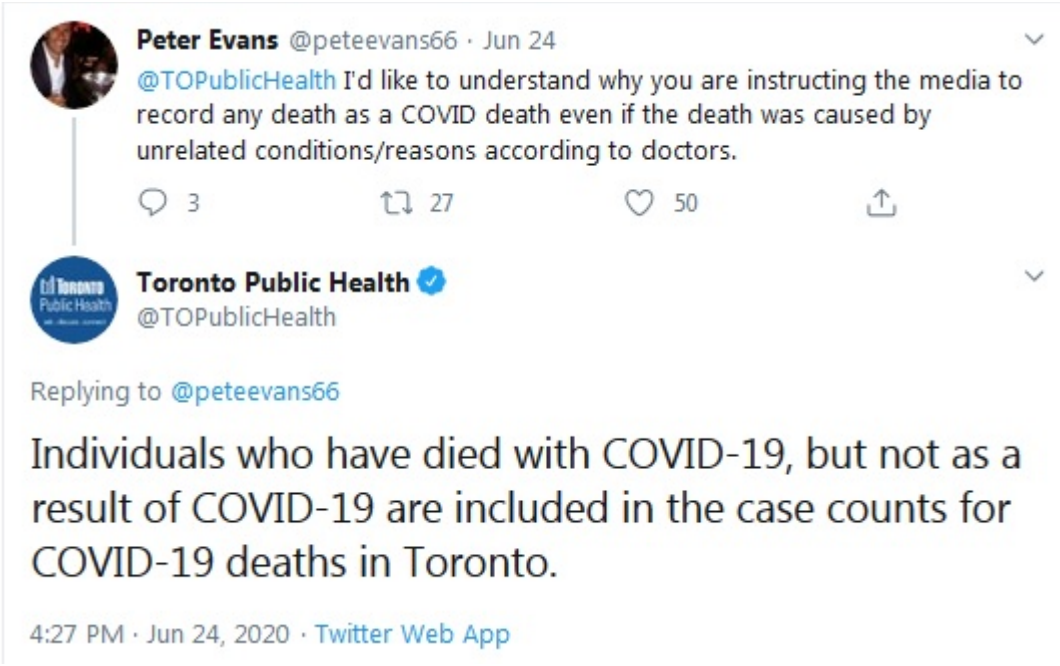
Note that **Public Health Ontario admitted all along** (under **Data Caveats** in their daily **COVID-19 Epidemiologic Summaries**) **that their "COVID-19" death counts have been completely meaningless**. See page 14 for an example: https://files.ontario.ca/moh-covid-19-report-en-**2020-04-26**.pdf.

Deaths are determined by using the outcome field in iPHIS or Local Systems. Any case marked 'Fatal' is included in the deaths data. Deaths are included whether or not COVID-19 was determined to be a contributing or underlying cause of death as indicated in the iPHIS field Type of Death.

Here is a more recent example: https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/covid-19-daily-epi-summary-report.pdf?la=en

Toronto Public Health, under the direction of Medical Officer of Health **Dr. Eileen de Villa**, **admitted the same back in June 2020 – that their "COVID-19" deathcounts mean absolutely nothing.**

- Deaths are determined by using the outcome field in CCM plus. Any case marked 'Fatal' is included in the deaths data. The CCM field Type of Death is not used to further categorize the data.



More highly recommended resources:

Do not miss this article. The title is **COVID19 PCR Tests are Scientifically Meaningless**, by Torsten Engelbrecht and Konstantin Demeter.
https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/embed/#?secret=mA0Javvf4i

Another brilliant and eye-opening article: **Was the COVID-19 Test Meant to Detect a Virus?** by Celia Farber who personally spoke with Kary Mullis multiple times before his passing. Below is a screenshot from her article. https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/

One time, in 1994, when I called to talk to him about how PCR was being weaponized to "prove," almost a decade after it was asserted, that HIV caused AIDS, he actually came to tears.

The people who have taken *all* your freedoms away in recent weeks, they're social engineers, politicians, globalist thought leaders, bankers, WHO fanatics, and the like. Their army is composed of "mainstream media," which is now literally a round-the-clock perfect propaganda machine for the Gates-led Pandemic Reich.

The next article "**Faith in Quick Test Leads to Epidemic That Wasn't**", remarkably, was published by the New York Times **in 2007**. Guess which "quick test" they refer to? And note the quote from a scientist supported by the Bill and Melinda Gates Foundation.

Endless gratitude to German biologist Dr. Stefan Lanka for these next 2 articles. ♥♥♥Dr. Lanka has been bravely speaking out on fundamental issues in virology for decades.

The Misconception called "VIRUS", part 1:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/08/Misinterpretation-virus-part-1.pdf

The current situation

All claims about viruses as pathogens are wrong and are based on easily recognisable, understandable and verifiable misinterpretations. The real causes of diseases and phenonema which are ascribed to viruses have already been discovered and researched; this knowledge is now available. All scientists who think they are working with viruses in laboratories are actually working with typical particles of specific dying tissues or cells which were prepared in a special way. They believe that those tissues and cells are dying because they were infected by a virus. In reality, those prepared tissues and cells are dying because they were starved and poisoned as a consequence of the experiments in the lab.

Virologists believe in viruses, because they add to the tissue and cell culture allegedly infected blood, saliva or other body fluids – after having withdrawn the nutrients from the respective cell culture and after having started poisoning it with toxic antibiotics. They believe that the cell culture is then killed by viruses. However, the death of the tissue and cells takes place in the exact same manner when no "infected" genetic material is added at all. The virologists have apparently not noticed this fact. According to the scientific logic and the rules of scientific conduct, control experiments should have been carried out. In order to confirm the newly discovered meth-

The Misconception called "VIRUS", part 2:
https://www.fluoridefreepeel.ca/wp-content/uploads/2020/08/Misinterpretation-virus-part-2.pdf

On January 21, 2020 (3 days before the first publication of the CCDC!), The WHO recommended all nations to use the test procedure developed by Prof. Drosten. With the claim that he had developed a reliable test method for the virus, which is spreading rapidly in China, Prof. Drosten, in violation of the clearly defined rules of scientific work, which are part of his employment contract, and by violating the laws of thought and logic of virology, the increase and globalization of the Chinese epidemic panic triggered and causes.

Our Canadian hero mentioned above, David Crowe, interviewed Dr. Lanka on the Infectious Myth podcast in 2018: https://infectiousmyth.podbean.com/e/infectious-myth-%e2%80%93-stefan-lanka-there-are-no-viruses-%e2%80%93-041216/

David also shared in 2017 the accurate news of Dr. Lanka's win in Germany's Supreme Court over the absence of scientific evidence for the existence of a measles virus. Facebook now calls this "False Information".

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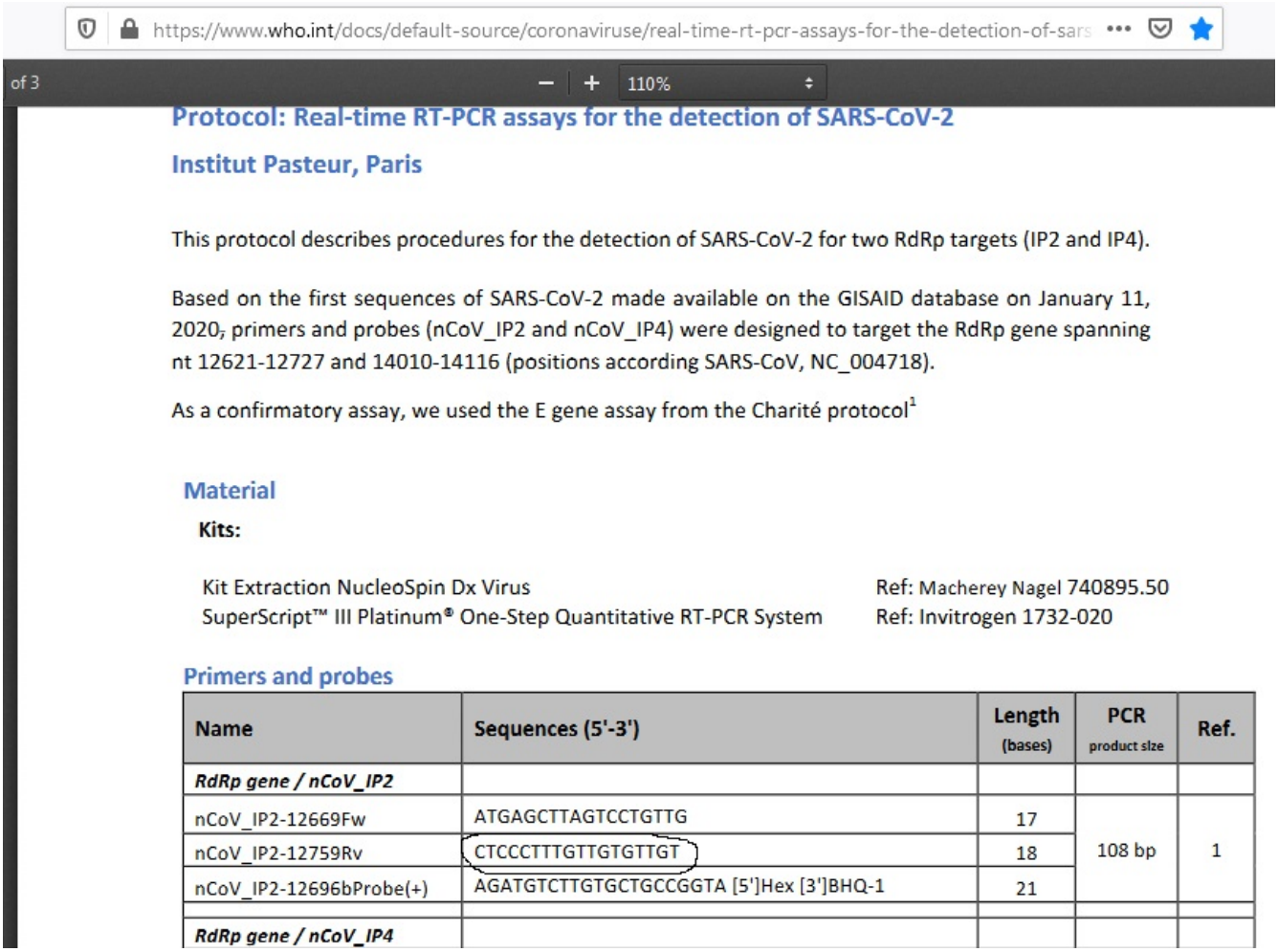
David also shared in 2017 the accurate news of Dr. Lanka's win in Germany's Supreme Court over the absence of scientific evidence for the existence of a measles virus. Facebook now calls this "False Information".

> First, in the section titled "Whole Genome Sequencing," we find that rather than having isolated the virus and sequencing the genome from end to end, they found 37 base pairs from unpurified samples using PCR probes This means they actually looked at 37 out of the approximately 30,000 of the base pairs that are claimed to be the genome of the intact virus. They then took these 37 segments and put them into a computer program, which filled in the rest of the base pairs.
>
> **To me, this computer-generation step constitutes scientific fraud.** Here is an equivalency: A group of researchers claim to have found a unicorn because they found a piece of a hoof, a hair from a tail, and a snippet of a horn. They then add that information into a computer and program it to re-create the unicorn, and they then claim this computer re-creation is the real unicorn. Of course, they had never actually seen a unicorn so could not possibly have examined its genetic makeup to compare their samples with the actual unicorn's hair, hooves and horn.

Now prepare to have your mind completely blown in the next few paragraphs.

The "**Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2" from the famous Institut Pasteur, Paris**, which is posted on the website of the World Health Organization, contains on page 1 (the 2nd entry in the table), the genetic sequence **CTCCCTTTGTTGTGTTGT**, as shown in the screenshot below.



https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars

of 3 — 110%

Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2

Institut Pasteur, Paris

This protocol describes procedures for the detection of SARS-CoV-2 for two RdRp targets (IP2 and IP4).

Based on the first sequences of SARS-CoV-2 made available on the GISAID database on January 11, 2020, primers and probes (nCoV_IP2 and nCoV_IP4) were designed to target the RdRp gene spanning nt 12621-12727 and 14010-14116 (positions according SARS-CoV, NC_004718).

As a confirmatory assay, we used the E gene assay from the Charité protocol[1]

Material

Kits:

Kit Extraction NucleoSpin Dx Virus	Ref: Macherey Nagel 740895.50
SuperScript™ III Platinum® One-Step Quantitative RT-PCR System	Ref: Invitrogen 1732-020

Primers and probes

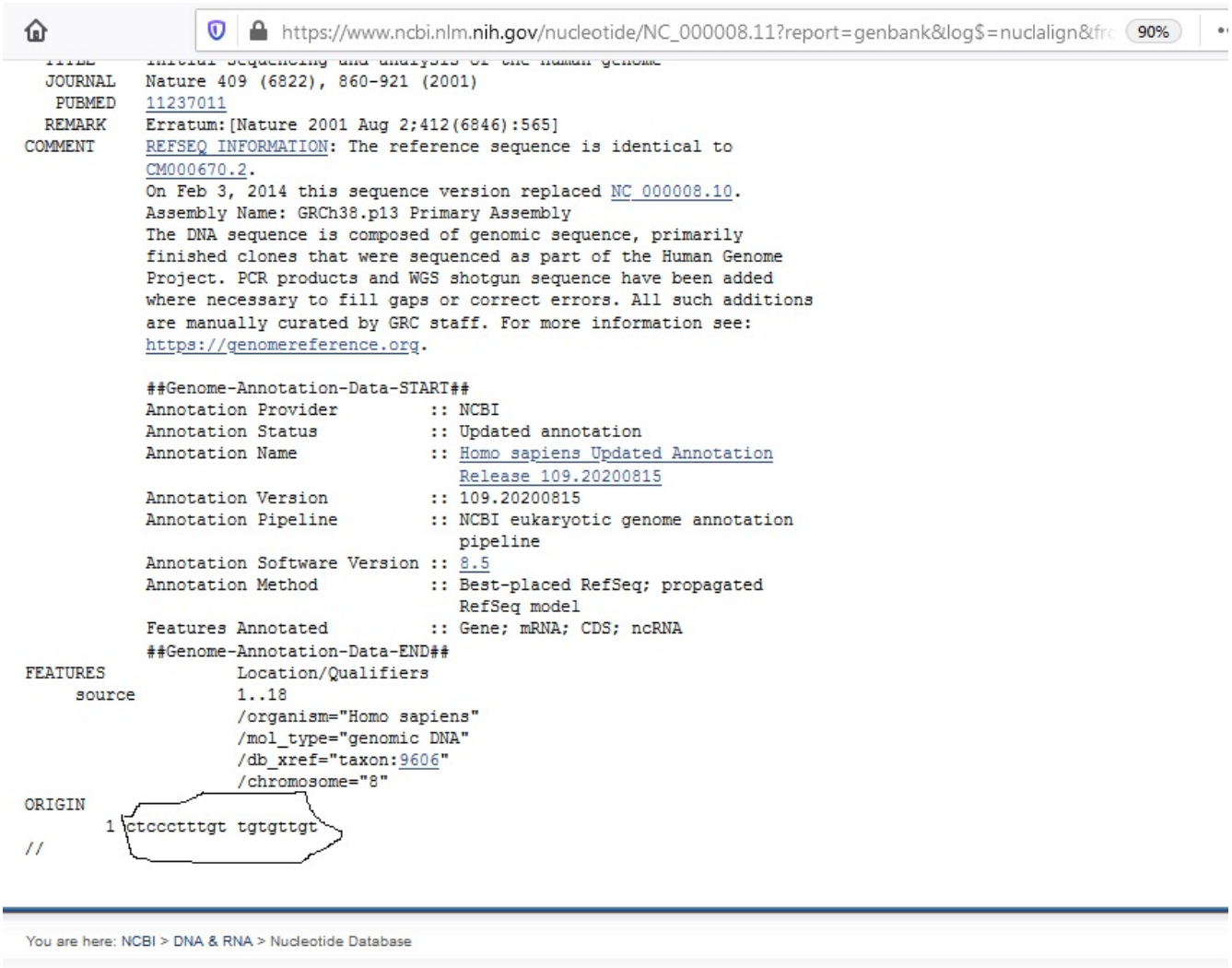
Name	Sequences (5'-3')	Length (bases)	PCR product size	Ref.
RdRp gene / nCoV_IP2				
nCoV_IP2-12669Fw	ATGAGCTTAGTCCTGTTG	17	108 bp	1
nCoV_IP2-12759Rv	CTCCCTTTGTTGTGTTGT	18		
nCoV_IP2-12696bProbe(+)	AGATGTCTTGTGCTGCCGGTA [5']Hex [3']BHQ-1	21		
RdRp gene / nCoV_IP4				

You can easily verify this for yourself by clicking here: https://who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2

(DING DING DING!!!)

Guess where that same sequence appears? ***Homo sapiens chromosome 8****, according to website of the U.S. National Center for Biotechnology Information, U.S. National Library of Medicine, as shown in the screenshot below.*

CTCCCTTTGT TGTGTTGT *is the exact same sequence as the one in the Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2, with a space inserted part way through it.*



You can easily verify this for yourself by clicking here: https://ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log$=nuclalign&from=63648346&to=63648363

Thank you to whoever first exposed this fact, which was then discussed in Dr. Andrew Kaufman's new video interview with David Icke:

Next is an unofficial translation of an article by Jesus Garcia Blanca and it is simply dynamite: **The Scam Has Been Confirmed: PCR Does Not Detect SARS-COV-2** . Below are couple of screenshots. **https://www.greenmedinfo.com/blog/scam-has-been-confirmed-pcr-does-not-detect-sars-cov-2** Preserved **here**.

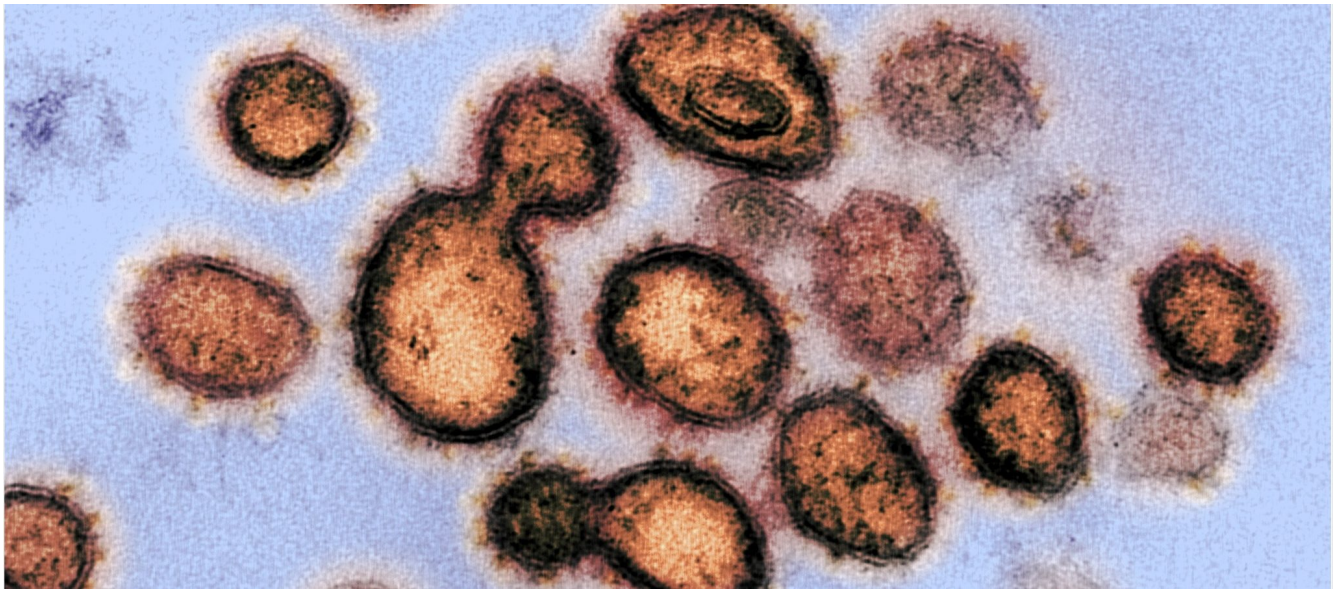
In essence, **NOT ONE OF THE SEVEN SUPPOSED HUMAN CORONAVIRUS HAS REALLY BEEN ISOLATED**. The only thing that has been different between them are the laboratory procedures and techniques that were becoming progressively more sophisticated which, in this case, has implied not a greater accuracy but a greater capacity for deception and self-deception that has culminated in the virtual manufacture of the SARS-CoV-2.

Truly astonished we took a further step and tested with the gene considered at that time as the most specific of SARS-CoV-2, the E gene that is supposed to generate the envelope proteins and is located between positions 26,245 and 26,472:

ATGTACTCATTCGTTTCGGAAGAGACAGGTACTACGTTAATAGTTAATAGCGTACTTCTCTTGCT TTCGTGGTATTCTTGCTAGTTACACTAGCCATCCTGCTTCGATTGTGCGTACTGCTGCAATATTG TTAACGTGAGTCTTGTAAAACCTTTACGTTTACTCGTGTTAAAATCTGAATTCTTCTAGAGTTCG ATTCTGGTCTAA.

We repeated with it the steps already described and the result was even more surprising because despite its length **another hundred microbe sequences appeared with a percentage of identity of 100% and 10 sequences of the human genome with a percentage of identity between 80% and 100%. And similar results were obtained with a fragment chosen at random and with the N gene which they say corresponds to the proteins of the SARS-CoV-2 nucleocapsid.**

This next article by Iain Davis builds on the information presented in the previous article.



https://off-guardian.org/2020/11/17/covid19-evidence-of-global-fraud/

COVID 19, and the subsequent governmental responses, appear to be part of an international conspiracy to commit fraud. It seems there is no evidence that a virus called SARS-CoV-2 causes a disease called COVID 19.

Sometimes you have to go with your gut. I am not an expert in genetics and, as ever, stand to be corrected. However my attention was drawn to some research published by the Spanish medical journal D-Salud-Discovery. Their advisory board of eminently qualified physicians and scientists lends further credibility to their research. Their claim is astounding.

The genetic primers and probes used in RT-PCR tests to identify SARS-CoV-2 do not target anything specific. I followed the search techniques outlined in this English translation of their report and can corroborate the accuracy of their claims about the nucleotide sequences listed in the World Health Organisations protocols. You can do the same.

D-Salud-Discovery state there are no tests capable of identifying SARS-CoV-2. Consequently, all claims about the alleged impact of COVID 19 on population health are groundless.

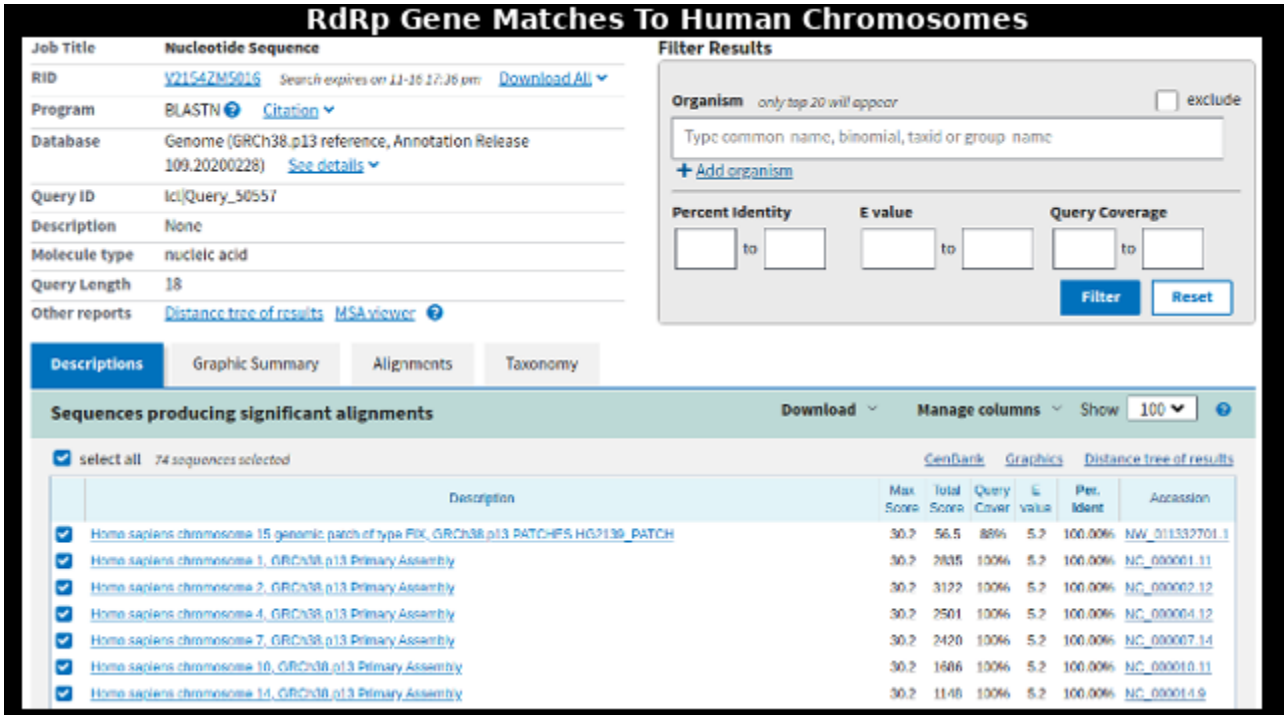
The entire official COVID 19 narrative is a deception. Ostensibly, there is no scientific foundation for any part of it.

If these claims are accurate we can state that there is no evidence of a pandemic, merely the illusion of one. We have suffered incalculable loss for no evident reason, other than the ambitions of unscrupulous despots who wish to transform the global economy and our society to suit their purposes.

In doing so this *"parasite class"* have potentially committed countless crimes. These crimes can and should be investigated and prosecuted in a court of law.

Identification of What Exactly?

The World Health Organisation (WHO) classified COVID-19 (COronaVIrus Disease 2019). They declared a global COVID 19 pandemic on March 11th 2019.



The WHO's Laboratory testing guidance states:

> *"The etiologic agent [causation for the disease] responsible for the cluster of pneumonia cases in Wuhan has been identified as a novel betacoronavirus, (in the same family as SARS-CoV and MERS-CoV) via next generation sequencing (NGS) from cultured virus or directly from samples received from several pneumonia patients."*

The WHO's claim is that the SARS-CoV-2 virus causes the disease COVID-19. They also allege this virus has been clearly identified by researchers in Wuhan.

In the WHO's Novel Coronavirus 2019-nCov Situation Report 1, they state:

> The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020……On 12 January 2020, China shared the genetic sequence of the novel coronavirus for countries to use in developing specific diagnostic kits."

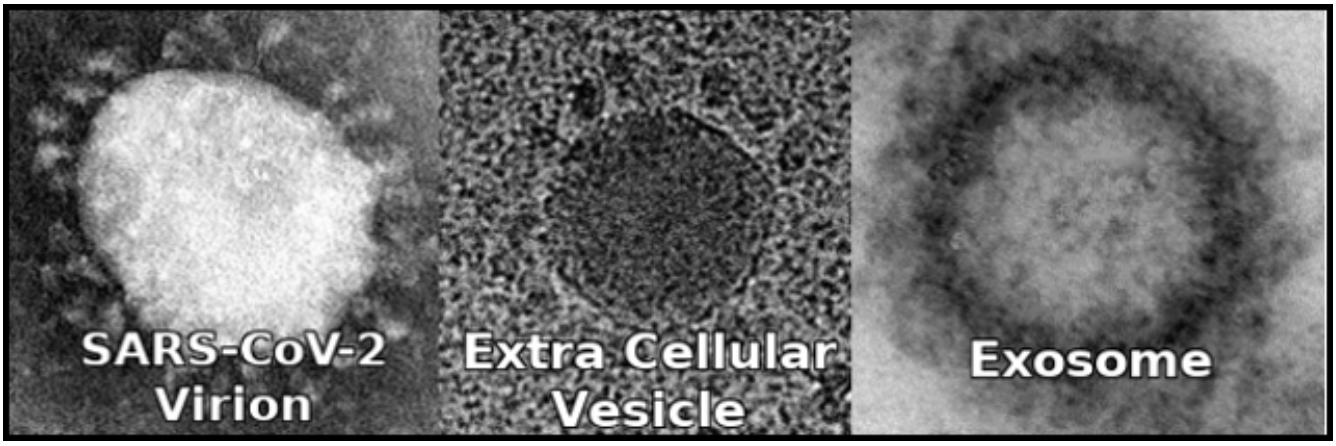
These two statements from the WHO clearly suggest the SARS-CoV-2 virus was isolated (meaning purified for study) and then genetic sequences were *identified* from the isolated sample. From this, diagnostic kits were developed and distributed globally to test for the virus in towns, cities and communities around the world. According to the WHO and Chinese researchers, these tests will find the virus that *causes* COVID 19.

Yet the WHO also state:

> Working directly from sequence information, the team developed a series of genetic amplification (PCR) assays used by laboratories."

The Wuhan scientists developed their genetic amplification assays from *"sequence information"* because there was no isolated, purified sample of the so called SARS-CoV-2 virus. They also showed electron microscope images of the newly discovered virions (the spiky protein ball containing the viral RNA.)

However, such protein structures are not unique. They look just like other round vesicles, such as endocytic vesicles and exosomes.



Virologists claim that it is not possible to "isolate" a virus because they only replicate inside host cells. They add that Koch's postulates do not apply because they relate to bacteria (which are living organisms). Instead, virologists observe the virus' cytopathogenic effects (CPE), causing cell mutation and degradation, in cell cultures.

When Chinese researchers first sequenced the full SARS-CoV-2 genome they observed CPE in Vero E6 and Huh7 cells. Vero E6 are an immortalised monkey cell line and Huh7 are immortalised cancer (tumorigenic) cells. Meaning they have been maintained in vitro (in petri dish cultures) for many years.

Central to the official SARS-CoV-2 story is the idea that it is a zoonotic virus, capable of bridging the species gap from animals to humans. When scientists from the US CDC *"infected"* various cells with the novel virus they noted the following:

> We examined the capacity of SARS-CoV-2 to infect and replicate in several common primate and human cell lines, including human adenocarcinoma cells (A549) [lung celles], human liver cells (HUH7.0), and human embryonic kidney cells (HEK-293T), in addition to Vero E6 and Vero CCL81 [monkey cells]…No cytopathic effect was observed in any of the cell lines except in Vero cells [monkey cells]…HUH7.0 and 293T cells showed only modest viral replication and A549 cells [human lung tissue cells] were incompatible with SARS-CoV-2 infection."

The CDC did not observe any CPE in human cells. They saw no evidence that this alleged virus caused any human illness. Nor did this supposed human virus show any notable replication in human cells, suggesting human to human infection would be impossible.

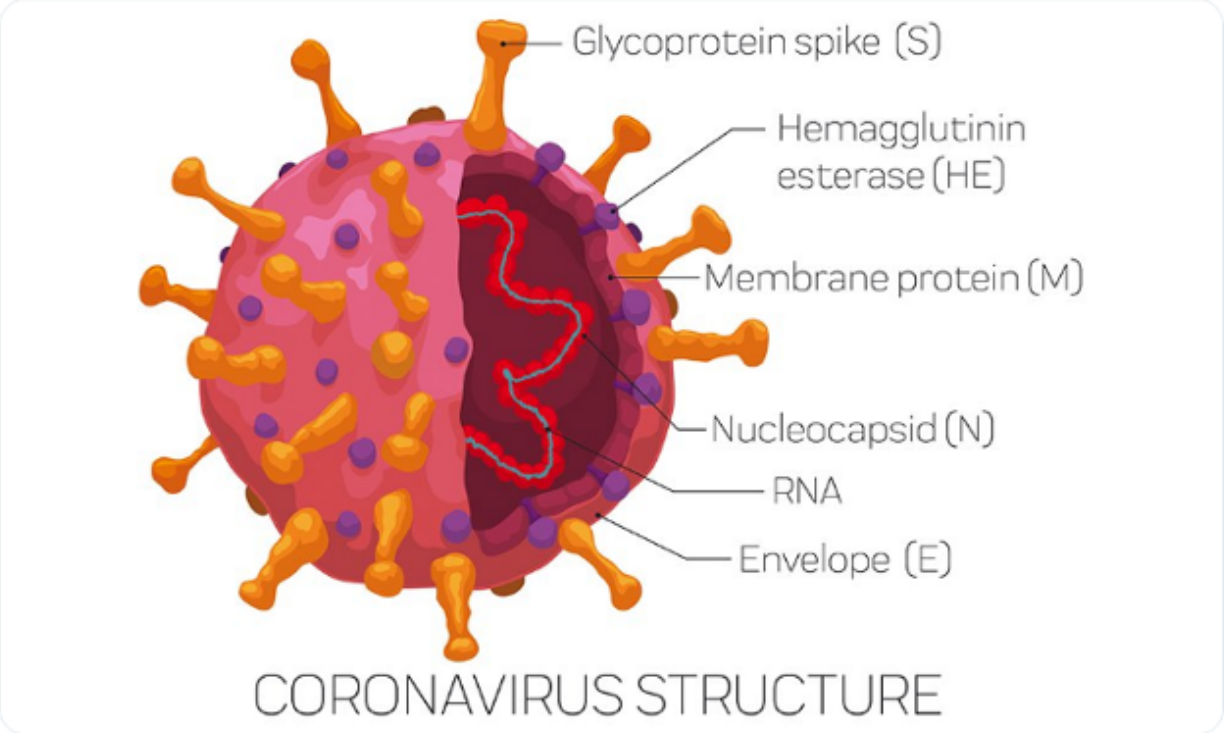
Noting this problem, a team of Polish scientists introduced this sequenced *"virus"* to human epithethelium (airway) cells. They observed the effects on these HAE cultures for 5 days. They noted much greater replication than the CDC scientists but ultimately stated:

"We did not observe any release of the virus from the basolateral side of the HAE culture."

Meaning they did not see any evidence of the supposed virions breaching the cell wall membrane. Again suggesting this so called virus isn't infectious in human beings.

It is not clear that SARS-CoV-2 is a human virus capable of causing illness. It may not even physically

exist. Is it nothing more than a concept based upon *predictive* genetic sequences?



Voyage Of Discovery

The Wuhan Center for Disease Control and Prevention and the Shanghai Public Health Clinical Centre published the first full SARS-CoV-2 genome (MN908947.1). This has been updated many times. However, MN908947.1 was the first genetic sequence describing the alleged COVID 19 *etiologic agent* (SARS-CoV-2).

All subsequent claims, tests, treatments, statistics, vaccine development and resultant policies are based upon this sequence. If the tests for this *novel* virus don't identify anything capable of causing illness in human beings, the whole COVID 19 narrative is nothing but a charade.

The WUHAN researchers stated that they had effectively pieced the SARS-CoV-2 genetic sequence together by matching fragments found in samples with other, previously discovered, genetic sequences. From the gathered material they found an 87.1% match with SARS coronavirus (SARS-Cov). They used de novo assembly and targeted PCR and found 29,891-base-pair which shared a 79.6% sequence match to SARS-CoV.

They had to use *de novo assembly* because they had no *priori* knowledge of the correct sequence or order of those fragments. Quite simply, the WHO's statement that Chinese researchers *isolated* the virus on the 7th January is false.

The Wuhan team used 40 rounds of RT-qPCR amplification to match fragments of cDNA (complimentary DNA constructed from sampled RNA fragments) with the published SARS coronavirus genome (SARS-CoV). Unfortunately it isn't clear how accurate the original SARS-CoV genome is either.

In 2003 a team of researchers from from Hong Kong studied 50 patients with severe acute respiratory syndrome (SARS). They took samples from 2 of these patients and developed a culture in fetal monkey liver cells.

They created 30 clones of the genetic material they found. Unable to find evidence of any other known virus, in just one of these cloned samples they found genetic sequences of *"unknown origin."*

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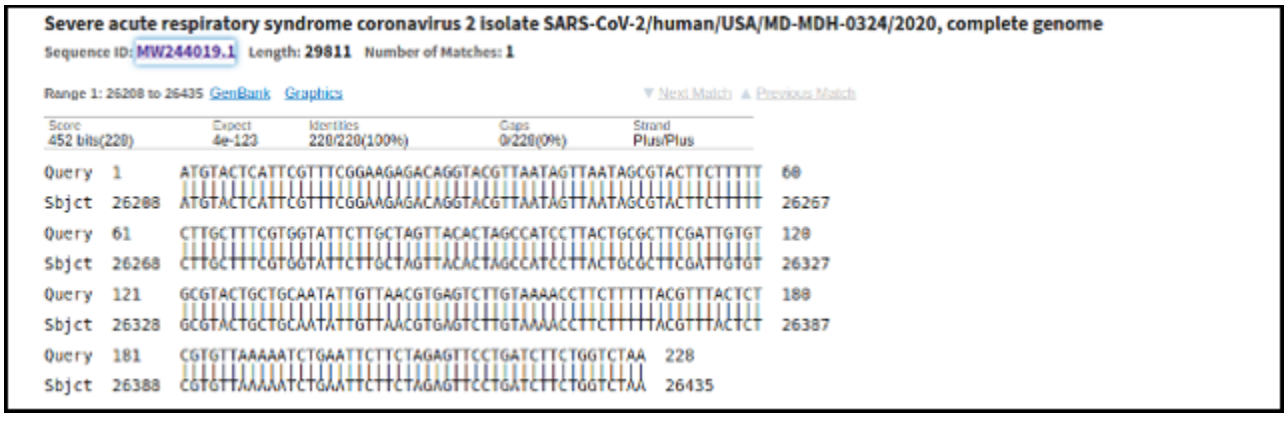


Examining these unknown RNA sequences they found 57% match to bovine coronavirus and murine hepatitis virus and deduced it was of the family Coronaviridae. Considering these sequences to suggest a newly discovered SARS-CoV virus (new discoveries being ambrosia for scientists), they designed RT-PCR primers to test for this novel virus. The researchers stated:

> Primers for detecting the new virus were designed for RT-PCR detection of this human pneumonia-associated coronavirus genome in clinical samples. Of the 44 nasopharyngeal samples available from the 50 SARS patients, 22 had evidence of human pneumonia-associated coronavirus RNA."

Half of the tested patients, who all had the same symptoms, tested positive for this new alleged virus. No one knows why the other half tested negative for this *novel* SARS-CoV virus. The question wasn't asked.

This supposed virus had just a 57% sequence match to allegedly known coronavirus. The other 43% was just *"there."* Sequenced data was produced and recorded as a new genome as GenBank Accession No. AY274119.

The Wuhan researchers subsequently found an 79.6% sequence match to AY274119 and therefore called it a novel strain of SARS-CoV (2019-nCoV – eventually renamed SARS-CoV-2). No one, at any stage of this process, had produced any isolated, purified sample of any virus. All they had were percentage sequence matches to other percentage sequence matches.

Isolate Nothing

Scientists are very annoyed because they keep saying the virus has been isolated but no one believes them. This is because, as yet, no one has provided a single purified sample of the SARS-CoV-2 virus. What we have instead is a completed genome and, as we are about to discover, it isn't particularly convincing.

Investigative journalists Torsten Engelbrecht and Konstantin Demeter asked some of the scientists who said they had images of SARS-C0V-2 virions to confirm these were images of an isolated, purified, virus. None of them could.

In Australia scientists from the Doherty Institute, announced that they had *isolated* the SARS-CoV-2 virus. When asked to clarify the scientists said:

> "We have short (RNA) sequences from the diagnostic test that can be used in the diagnostic tests"

This explains why the Australian government state:

> The reliability of COVID-19 tests is uncertain due to the limited evidence base…There is limited evidence available to assess the accuracy and clinical utility of available COVID-19 tests."

In The UK, in July, a group of concerned academics wrote a letter to the UK Prime Minister Boris Johnson in which they asked him to:

> Produce independently peer reviewed scientific evidence proving that the Covid-19 virus has been isolated."

To date they have not received a reply.

Similarly, UK researcher Andrew Johnson made a Freedom of Information Request to Public Health England (PHE). He asked them to provide him with their records describing the isolation of a SARS-COV-2 virus. To which they responded:

> PHE can confirm it does not hold information in the way suggested by your request."

Canadian researcher Christine Massey made a similar freedom of information request, asking the Canadian government the same. To which the Canadian government replied:

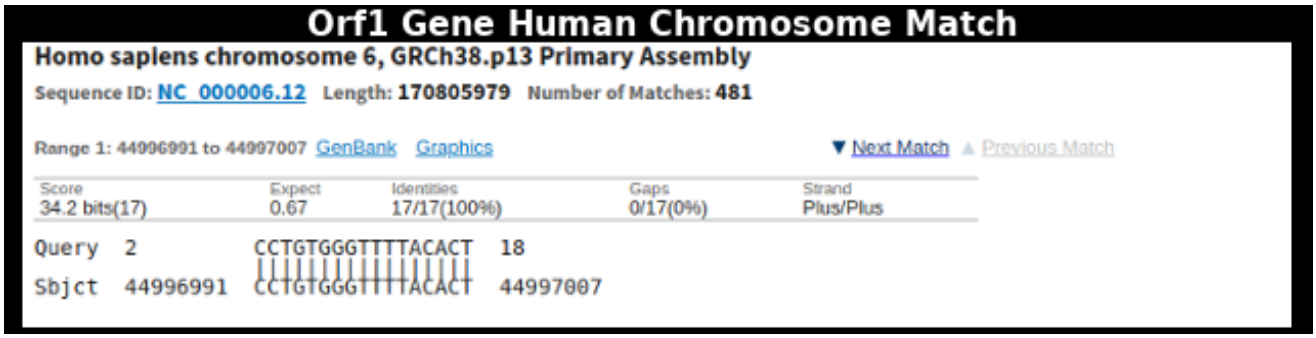
> Having completed a thorough search, we regret to inform you that we were unable to locate any records responsive to your request."

In the U.S. the Centre For Disease Control (CDC) RT-PCR Diagnostic Panel state:

> …No quantified virus isolates of the 2019-nCoV are currently available……..Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms."

Last updated on 13th July 2020, the CDC are yet to obtain any pure viral sample from any patient said to have the disease of COVID-19. They openly admit their tests don't necessarily show if SARS-CoV-2 is either present or causes COVID 19.

We are told that none of this matters. That we are ignorant and just don't understand virology. Therefore, we must accept pictures of things we know could be something else and genetic sequences (which could be anything else) as conclusive proof that this virus, and the disease it is supposed to cause, are real.



Testing For Nothing

The WHO, and every government, think tank, policy steering committee, government scientific advisor, supranational institutions and others who promote the official COVID 19 narrative, assert that SARS-CoV-2 causes COVID 19.

While no one has ever produced a sample of this supposed virus, the alleged SARS-CoV-2 genome has been published. It is in the public domain.

Key genetic sequences, in the SARS-CoV-2 genome, are said to have specific functions. These are the target proteins that scientists test for to *identify* the presence of the *"virus"*. These include:

- RNA-polymerase (Rd-Rp) gene – This enables the SARS-CoV-2 RNA to replicate inside the cytoplasm of COVID 19 diseased epithelial cells.

- S gene (Orf2) – this glycoprotein forms the spike on the SARS-CoV-2 virion surface which supposedly facilitates SARS-CoV-2 binding to the ACE2 receptors on cells, allowing the RNA inside the virion protein shell (capsid) to pass into the now *infected* cell.
- E gene (Orf1ab) – small membrane protein used in viral assembly
- N gene (Orf9a) – the nucleocapsid gene which binds the RNA in capsid formation

The WHO maintain a publicly available record of the RT-PCR primers and probes used to test for SARS-CoV-2. The primers are specific nucleotide sequences that bind (anneal) to the antisense and sense strands of the synthesised cDNA (called forward and reverse primers respectively.)

The cDNA strands separate when heated and reform when cooled. Prior to cooling, nucleotide sequences called probes are introduced to anneal to specific target regions of the suspected viral genome. During amplification, as the regions between primers elongate, when a primer strikes a probe, the probe decays releasing a fluorescent or dye which can then be read by researchers.

It is the identification of these markers which scientists claim to prove the presence of SARS-CoV-2 in a sample.

Something else which is publicly available is the Basic Local Alignment Search Tool (BLAST). This allows anyone to compare published nucleotide sequences with all those stored by the U.S. National Institutes of Health (NIH) genetic database called GenBank. Therefore we can BLAST the claimed SARS-CoV-2 primers, probes and target gene sequences.

The WHO's forward, reverse primers and probe protocols, for the alleged SARS-CoV-2 viral genome, are based upon RdRp, Orf1, N and E gene profiles. Anyone can run them through BLAST to see what we find.

The vital RdRP nucleotide sequence, used as a forward primer is – ATGAGCTTAGTCCTGTTG. If we run a nucleotide BLAST this is recorded as a complete SARS-CoV-2 *isolate* with a 100% matched sequence identity. Similarly the reverse E gene primer sequence – ATATTGCAGCAGTACGCACACA – reveals the presence of the Orf1ab sequence which also *identifies* SARS-CoV-2.

However, BLAST also enables us to search the nucleotide sequences of the microbial and human genomes. If we search for the RdRp SARS-CoV-2 sequence it reveals 99 human chromosome with a 100% sequence identity match. The Orf1ab (E gene) returns 90 with a 100% sequence identity match to human chromosomes.

Doing the same for these sequences with a microbial search finds 92 microbes with a 100% match to the SARS-CoV-2 E gene and 100 matched microbes, with a 100% sequence identity, to the vital SARS-CoV-2 RdRp gene.

Whenever we check the so-called unique genetic markers for SARS-CoV-2, recorded in the WHO protocols, we find complete or high percentage matches with various fragments of the human genome. This suggests that the genetic sequences, which are supposed to identify SARS-CoV-2, are not unique. They could be anything from microbial sequences to fragments of human chromosomes.

So called fact checkers, like Reuters' *Health Feedback* project, have been quick to dismiss the claims of those who have noticed the apparent lack of specificity in the supposed SARS-CoV-2 genome.

Using a slew of strawman arguments like, *"this claim suggests every test should be positive,"* (which it doesn't) their *debunking* attempt runs something like this:

> Primers are designed to bind to specific nucleotide sequences that are unique to the virus. The forward primer may bind to a particular chromosome but the reverse primer doesn't bind to the same chromosome and so the chromosome is not present in the SARS-CoV-2

virus. Moreover because the forward and perverse primers envelop the sequence to be amplified the cDMA sequence between primers is unique to the virus.

This seems to deliberately misrepresent the significance of these findings by forwarding an argument that no one, other than the fact checkers themselves, are making. BLAST searches show that these target sequences are not unique to SARS-CoV-2. Nor do all targets need to be found for a result to be deemed positive.

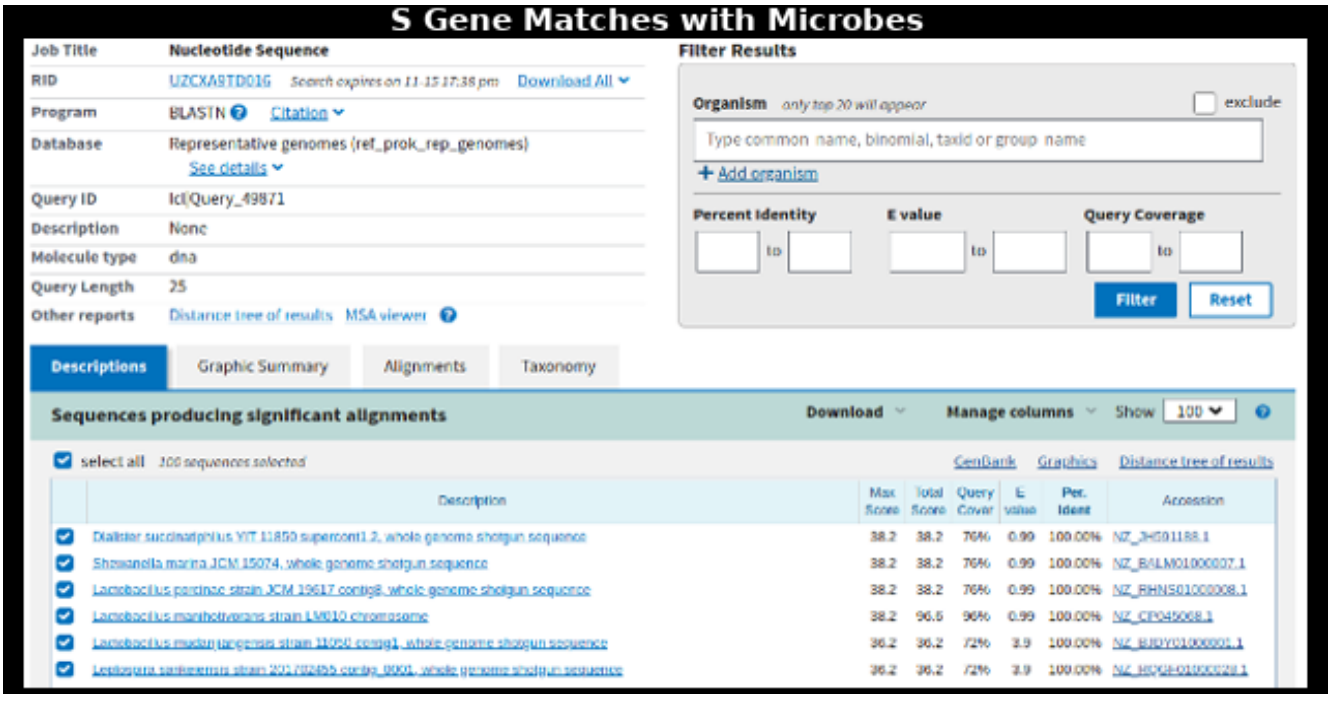
Moroccan researchers investigated the epidemiology of Moroccan alleged *cases* of SARS-CoV-2. Nine percent were positive for three genes, eighteen percent were positive for two genes and seventy three percent for just one. As we have just discussed, many may have been positive for none.

This is entirely in keeping with WHO's test guidelines. They state:

"An optimal diagnosis consists of a NAAT [nucleic acid amplification test] with at least two genome-independent targets of the SARS-CoV-2; however, in areas where transmission is widespread, a simple single-target algorithm can be used……One or more negative results do not necessarily rule out the SARS-CoV-2 infection."

Regardless of the spurious arguments of well funded *fact checkers,* if the forward and reverse primers identify junk, perhaps one being the fragment of a chromosome and the other a microbial sequence, then the amplified region between them is probably junk too.

The argument that RT-PCR only finds RNA is specious. Natural transcription (the separation of DNA strands) occurs during gene expression. No one is saying whole chromosomes or microbes are sequenced in the alleged SARS-CoV-2 genome. Though they may, for all we know. They are saying the alleged markers, used to test for this supposed virus, are not fit for purpose.



RT-PCR tests do not sequence the entire genome. They look for incidents of specific probe florescence to indicate the presence of sequences said to exist. These sequences are defined by MN908947.1 and the subsequent updates. These primers and probes could reveal nothing but RNA matches extracted from non-coding, sometimes called *"junk,"* DNA (cDNA.)

For example the SARS-CoV-2 S gene is meant to be highly specific to the SARS-CoV-2 virus genome. The target sequence is – TTGGCAAAATTCAAGACTCACTTTC. A microbial BLAST search returns 97 microbial matches with 100% identity sequence match. The lowest identity percentage match, within the top 100, is 95%. A human genome BLAST also finds a 100% sequence match to 86 human chromosome fragments.

No matter where you look in the supposed genome of SARS-CoV-2, there is nothing in the WHO's test protocols that clearly identifies what it is. The whole genome could be false. The tests do not prove the existence of SARS-CoV-2. All they reveal is a soup of unspecified genetic material.

If so, as there are no isolates or purified samples of the virus, without a viable test, there is no evidence that SARS-CoV-2 exists. Therefore, nor is there any evidence that a disease called COVID 19 exists.

This infers that there is no scientific basis for any claims about COVID 19 case numbers, hospital admissions or mortality figures. All measures taken to *combat* this *deadly virus* are quite possibly founded upon nothing.

Conclusive Fraud

Fraud is a criminal act. The legal definition of fraud is:

"Some deceitful practice or willful device, resorted to with intent to deprive another of his right, or in some manner to do him an injury."

The Legal definition of a conspiracy is:

"A combination or confederacy between two or more persons formed for the purpose of committing, by their joint efforts, some unlawful or criminal act"

It seems, those who claim we face a pandemic have not provided any evidence to show that a virus called SARS-CoV-2 causes a disease called COVID 19. All of the information strongly suggesting this possibility is readily available in the public domain. Anyone can read it.

For there to be a fraud the deceit must be wilful. The intention must be to deliberately deprive others of their rights or injure them in some other way. If there is evidence of collusion between individuals ad/or organisations to commit fraud, then this is a conspiracy (in Common Law jurisdictions) or a Joint Criminal Enterprise (JCE) under International Law.

It seems COVID 19 has been deliberately used as a *casus belli* to wage war on humanity. We have been imprisoned in our own homes, our freedom to roam restricted, freedom of speech and expression eroded, rights to protest curtailed, separated from loved ones, our businesses destroyed, psychologically bombarded, muzzled and terrorised.

Worse still, while there is no evidence of *unprecedented* all cause mortality, there were unseasonable spikes in deaths. These correlate precisely with Lockdown measures which saw the withdrawal of the health services we pay for and a reorientation of public health services to treat one alleged disease at the exclusion of all others.

Further, it is proposed by those who have forwarded the COVID 19 story, that this alleged disease provides justification for the complete restructuring of the global economy, our political systems, societies, cultures and humanity itself.

To be *allowed* to participate in their so called *"new normal,"* which is the wholesale transformation of our entire society without our consent, they insist we submit to their conditions.

These include, but aren't limited to, bio-metric surveillance of everyone, the centralised control and

monitoring of all of our transactions, oppressive business and social restrictions and an effective demand that we have no right to sovereignty over our own bodies. This constitutes the condition of slavery.

There is no doubt that we have been deprived of our rights and injured. In Common Law jurisdictions innocence is presumed, but the evidence that harm has been deliberately caused by an international conspiracy is overwhelming. Destructive policies, enacted by governments across the world, clearly originated among globalist think tanks and supranational institutions long before the emergence of this non existent pandemic.

In Napoleonic Code jurisdictions, guilt is presumed. In order for the accused conspirators to prove their innocence they must show that, despite their immeasurable resources, they have collectively been unable to access or understand any of the freely available evidence suggesting COVID 19 is a myth.

Those responsible for the crime of conspiracy to commit global fraud should be tried. If found guilty they should be imprisoned while the rest of us get on with trying to repair the damage they have already inflicted.

Dr. Tom Cowan feels that the above article from Iain Davis is **the best of all the "COVID-19" articles so far**. Here is a video where he reviews highlights from that article:

https://www.youtube.com/watch?v=Oiyl7loxGU4

Scientists Have Utterly Failed to Prove that the Coronavirus Fulfills Koch's Postulates, by Amory Devereux and Rosemary Frei
https://off-guardian.org/2020/06/09/scientists-have-utterly-failed-to-prove-that-the-coronavirus-fulfills-kochs-postulates/

Investigative Reporter Jon Rappoport has published countless critiques of the "COVID-19 pandemic" dogma on his blog No More Fake News repeatedly covering the isolation issue and created a series of "COVID-19" podcasts with Catherine Austin Fitts: https://thegnmsolution.com/the-creation-of-a-false-epidemic-with-jon-rappoport/

THE INVENTED PANDEMIC, the lack of VIRUS ISOLATION and the INVALID COVID-19 test — by Nobel Prize nominee (Medicine) Dr. Stefano Scoglio, B.Sc, Ph.D.
English text: https://www.facebook.com/notes/stefano-scoglio/the-invented-pandemic-the-lack-of-virus-isolation-and-the-invalid-covid-19-test/10219132803013133/

English language interview with Dr. Scoglio:

Former Senior Scientist with 35 years experience at Health Canada, Saeed Qureshi:
"COVID-19: The virus does not exist – it is confirmed!"
http://www.drug-dissolution-testing.com/?p=3613
https://ca.linkedin.com/in/saeed-qureshi-3664a18

James Corbett of the Corbett Report has produced a series of related reports: Who Is Bill Gates?
https://www.corbettreport.com/gates/

How they pulled off the 'pandemic'
– an animated film explanation by David Icke

Canada's legendary constitutional lawyer Rocco Galati is taking on Prime Minister Justin Trudeau, Ontario Premier Doug Ford, the City of Toronto, Medical Officers, etc. for their fraud-

based "COVID-19 measures" that violation our rights and freedoms

Here is the **Statement of Claim: https://vaccinechoicecanada.com/wp-content/uploads/vcc-statement-of-claim-2020-redacted.pdf**

Support the Legal Action: https://vaccinechoicecanada.com/in-the-news/vcc-announces-legal-action/ https://www.youtube.com/embed/Q3wWxJ5L9Pk?feature=oembed

September 2020: Oustanding interview with Rocco re the lawsuit:
https://www.youtube.com/embed/FDRKQSN4mB8?feature=oembed

September 2020: Rocco Galati & Dr. Sherri Tenpenny on current world events
https://www.youtube.com/embed/x2VL2HvWXpM?feature=oembed

September 2020: Rocco Galati & the beloved Dr. Dolores Cahill
https://www.youtube.com/embed/AYsjTcpCsJM?feature=oembed

Nice video from Spiro exposing the insanity of relying on PCR tests for diagnosis even with a real virus (this video doesn't go into the issue of isolation and Koch's Postulates).
https://www.youtube.com/embed/Ljxah4NrYKU?feature=oembed

And finally, for anyone who has encountered an individual named Christine Carson (@Chris_F_Carson), who has posted the same studies over and over and over again, month after month, falsely insisting that "the virus has been isolated", see below. "Funding Statement: Bill and Melinda Gates Foundation…" https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5873458/

The Phantom Virus: In search of Sars-CoV-2

https://off-guardian.org/2021/01/31/phantom-virus-in-search-of-sars-cov-2/

Even the Robert Koch Institute and other health authorities cannot present decisive proof that a new virus named SARS-CoV-2 is haunting us. This alone turns the talk of dangerous viral mutations into irresponsible fear-mongering and the so-called SARS-CoV-2 PCR tests definitely into a worthless venture.

Purification of the particles claimed to be SARS-CoV-2,

Michael Laue from one of the world's most important representatives of the COVID-19 "panicdemic," the German Robert Koch Institute (RKI), answered that
[1]:
I am not aware of a paper which purified isolated SARS-CoV-2.

This is a more than remarkable statement, it is admitting a complete failure.

This concession is in line with the statements we presented in our article “COVID-19 PCR Tests Are Scientifically Meaningless” which OffGuardian published on June 27th, 2020 — a piece that was the first one worldwide outlining in detail why SARS-CoV-2 PCR tests are worthless for the diagnosis of a viral infection.

One of the crucial points in this analysis was that the studies contending to have shown that SARS-CoV-2 is a new and potentially deadly virus have no right to claim this, particularly because the studies claiming “isolation” of so-called SARS-CoV-2 in fact failed to isolate (purify) the particles said to be the new virus.

This is confirmed by the answers of the respective studies’ scientists to our inquiry, which are shown in a table in our piece — among them the world’s most important paper when it comes to the claim of having detected SARS-CoV-2 (by Zhu et al.), published in the New England Journal of Medicine on February 20, 2020, and now even the RKI.

Incidentally, we are in possession of a further confirmatory answer from authors [2] of an Australian study.

WANTED, IN VAIN: SARS-COV-2 VIRUS

Additionally, Christine Massey, a Canadian former biostatistician in the field of cancer research, and a colleague of hers in New Zealand, Michael Speth, as well as several individuals around the world (most of whom prefer to remain anonymous) have submitted Freedom of Information requests to dozens of health and science institutions and a handful of political offices around the world.

They are seeking any records that describe the isolation of a SARS-COV-2 virus from any unadulterated sample taken from a diseased patient.

But all 46 responding institutions/offices utterly failed to provide or cite any record describing “SARS-COV-2” isolation; and Germany’s Ministry of Health ignored their FOI request altogether.

The German entrepreneur Samuel Eckert asked health authorities from various cities such as München (Munich), Dusseldorf and Zurich for a study proving complete isolation and purification of so-called SARS-CoV-2. He has not obtained it yet.

REWARDS FOR PROOF OF ISOLATION AND CAUSALITY

Samuel Eckert even offered €230,000 to Christian Drosten if he can present any text passages from publications that scientifically prove the process of isolation of SARS-CoV-2 and its genetic substance. The deadline (December 31, 2020) has passed without Drosten responding to Eckert.

And another deadline passed on December 31 without submission of the desired documentation. In this case the German journalist Hans Tolzin offered a reward of €100,000 for a scientific publication outlining a successful infection attempt with the specific SARS-CoV-2 reliably resulting in respiratory illness in the test subjects.

PARTICLE SIZE VARIATION ALSO REDUCES VIRUS HYPOTHESIS TO ABSURDITY

Recently we are being scared by alleged new strains of "SARS-CoV-2", but that claim is not based on solid science.

First of all, you cannot determine a variant of a virus if you haven't completely isolated the original one.

Secondly, there are already tens of thousands of supposed new strains, "found" since last winter all over the world. In fact, the GISAID virus data bank has now more than 452,000 different genetic sequences that claim to represent a variant of SARS-Cov2.

So, to claim that now suddenly there are "new strains" is hogwash even from an orthodox perspective, because from that perspective viruses mutate constantly. Thus, they can constantly proclaim to have found new strains, perpetuating the fear.

Such fearmongering is all the more absurd when one casts a glance at the electron micrographs printed in the relevant studies, which show particles that are supposed to represent SARS-CoV-2. These images reveal that these particles vary extremely in size. In fact, the bandwidth ranges from 60 to 140 nanometers (nm). A virus that has such extreme size variation cannot actually exist.

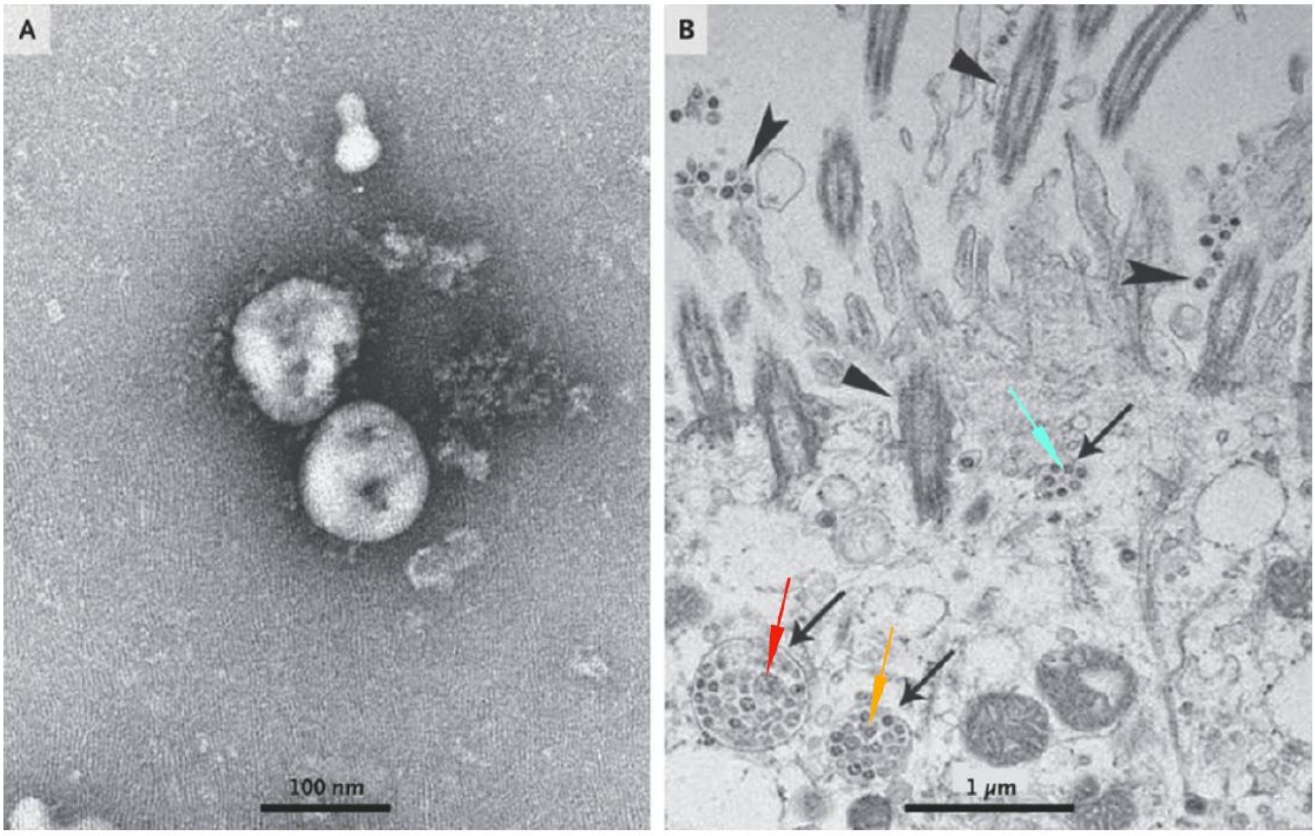
For example, it can be said of human beings that they vary from about 1.50 meters to 2.10 meters, as there are several individuals of different heights. Now, saying that viruses as a whole range from 60 to 140 nm — as did Zhu et al.— may eventually make sense; but to say that the individual SARS-Cov2 virions vary so much would be like saying that John varies his height from 4 feet to 6 feet depending on the circumstances!

One could reply that viruses are not human individuals, but it is also true that, according to virology, each virus has a fairly stable structure. So, with SARS-Cov2 they are taking liberties of definition which further confirm that everything on this specific virus is even more random than usual. And that license of unlimited definition led to the fact that the Wikipedia entry on coronavirus was changed, and now reports that

"Each SARS-CoV-2 virion has a diameter of about 50 to 200 nm".

That would be like saying that John varies his height from 1 to 4 meters depending on the circumstances!

What is passed off as SARS-Cov2 ***are actually particles of all kinds***, as can also be seen from the images provided below by the mentioned paper by Zhu et al. Below is the photo that Zhu et al. present as the photo of SARS-Cov2:



(The partical sizes reduce the “Virus” hypothesis to an absurdity of massive proportions. This doesn't even address the fact these photos show absolutely zero “isolation” and massive cellular debris. What are seen here can not be ascertained to be anything more than “virus like particles” - which are ubiquitous and not at all purified. Viremia is simply NOT PRESENT.)

Through a screen size meter (FreeRuler), the particles that the authors assign to SARS-CoV-2 can be measured. The enlarged particles of the left side photograph measure about 100 nm each (on a 100 nm scale). But in the image on the right side, all the small particles indicated with arrows as SARS-CoV-2, measured on a scale of 1 MicroM (1,000 nm), have totally different sizes.

The black arrows actually indicate vesicles. Measuring some of these particles with the ruler, the result is that in the central vesicle the highest particle at the center measures almost 52nm, thus below the range proposed by Zhu et al (60 to 140 nm); the particle immediately to its right measures a little more, about 57.5nm, but still below limit; while, almost at the center of the lowest vesicle, the largest particle (yellow arrow) measures approximately 73.7nm, falling within the broad margins of Zhu et al.; finally, in the lower-left vesicle, the largest particle measures a good 155.6nm, i.e. well above the maximum limit defined by Zhu et al. (140nm).

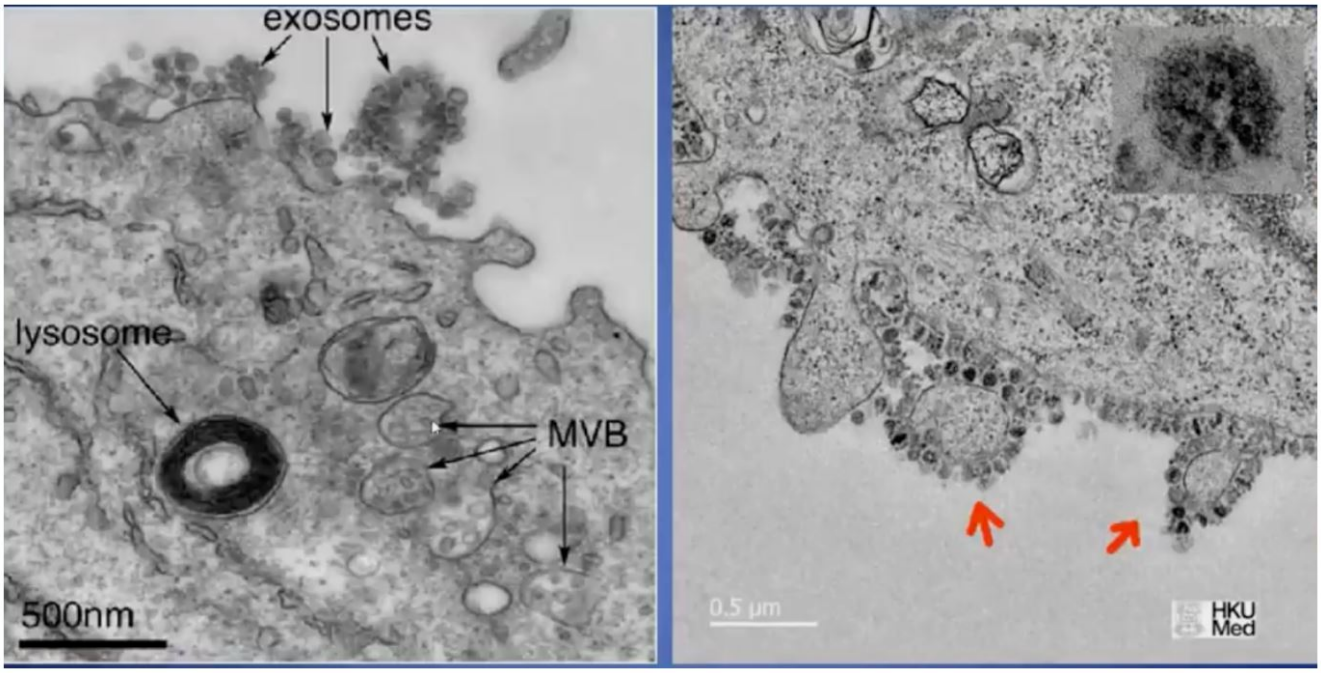
It is likely that the correction made lately on Wikipedia was aimed precisely at covering this problem. There are other strong indications that the particles referred to as SARS-CoV-2 may actually be those harmless or even useful particles, called “extracellular vesicles” (EVs), which have extremely variable dimensions (from 20 to 10,000nm), but which for the most part range from 20nm to 200nm, and which include, as a sub-category, that of “exosomes.”

Exosomes are particles produced by our cells and contain nucleic acids, lipids and proteins, and are

involved in various activities useful to our body, such as the transport of immune molecules and stem cells, as well as the elimination of the cell's catabolic debris.

Exosomes account for perhaps the largest share of EVs, and have been the object of numerous studies for over 50 years. Although few have heard of these beneficial particles, the scientific literature on them is huge, and only on PubMed, if one types "exosome," over 14,000 studies are provided! We cannot go into detail about EVs and exosomes here, but it is important to point out how they are indistinguishable from viruses, and several scientists think that in reality what is defined as a dangerous virus is nothing but a beneficial exosome.

This is immediately visible under the electron microscope [3]:



As can be seen, the largest of the exosomes is of the same size and structure of the alleged SARS-CoV-2, and it is therefore plausible to believe that, in the large sea of particles contained in the supernatant of the COVID-19 patient's broncho-alveolar fluid, what is taken to be SARS-CoV-2 is but an exosome.

WHY PURIFICATION IS VITAL TO any PROOF that: SARS-COV-2 even EXISTS

So, logically, if we have a culture with countless extremely similar particles, particle purification must be the very first step in order to be able to truly define the particles that are believed to be viruses as viruses (in addition to particle purification, of course, it must then also be determined flawlessly, for example, that the particles can cause certain diseases under real and not just laboratory conditions). Therefore, if no particle "purification" has been done anywhere, how can one claim that the RNA obtained is a viral genome? And how can such RNA then be widely used to diagnose infection with a new virus, be it by PCR testing or otherwise? We have asked these two questions to numerous representatives of the official corona narrative worldwide, but nobody could answer them.

Hence, as we have stated in our previous article, the fact that the RNA gene sequences – that scientists extracted from tissue samples prepared in their in vitro studies and to which the so-called SARS-CoV-2 RT-PCR tests were finally "calibrated" – belong to a new pathogenic virus called SARS-CoV-2 is therefore based on faith alone, not on facts.

Consequently, it cannot be concluded that the RNA gene sequences "pulled" from the tissue samples prepared in these studies, to which the PCR tests are "calibrated," belong to a specific virus, in this case SARS-CoV-2.

Instead, in all the studies claiming to have isolated and even tested the virus something very different was done: the researchers took samples from the throat or lungs of patients, ultracentrifuged them (hurled at high speed) to separate the larger/heavy from the smaller/lighter molecules, and then took the supernatant, the upper part of the centrifuged material.

This is what they call "isolate," to which they then apply the PCR. But this supernatant contains all kinds of molecules, billions of different micro- and nanoparticles, including aforementioned extracellular vesicles (EVs) and exosomes, which are produced by our own body and are often simply indistinguishable from viruses:

Nowadays, it is an almost impossible mission to separate EVs and viruses by means of canonical vesicle isolation methods, such as differential ultracentrifugation, because they are frequently co-pelleted due to their similar dimension,
…as it says in the study
The Role of Extracellular Vesicles as Allies of HIV, HCV and SARS Viruses published in May 2020 in the journal Viruses.

So, scientists "create" the virus by PCR: You take primers, ie. previously existing genetic sequences available in genetic banks, you modify them based on purely hypothetical reasoning, and put them in touch with the supernatant broth, until they attach (anneal) to some RNA in the broth; then, through the Reverse Transcriptase enzyme, you transform the thus "fished" RNA into an artificial or complementary DNA (cDNA), which can then, and only then, be processed by PCR and multiplied through a certain number of PCR cycles.

(Each cycle doubles the quantity of DNA, but the higher the number of cycles necessary to produce detectable "virus" material, the lower the reliability of the PCR — meaning its ability to actually "get" anything at all meaningful from the supernatant. Above 25 cycles the result tends to be meaningless, and all current circulating PCR tests or protocols always use way more than 25 cycles, in fact usually 35 to 45.)

To make matters worse, the primers are constituted of 18 to 24 bases (nucleotides) each; the SARS-Cov2 virus is supposedly composed of 30,000 bases; so the primer represents only the 0.08 percent of the virus genome. This makes it even less possible to select the specific virus you are looking for on such a minute ground, and moreover in a sea of billions of very similar particles.

But there is more. As the virus you are looking for is new, there are clearly no ready genetic primers to match the specific fraction of the new virus; so you take primers that you believe may be closer to the hypothesised virus structure, but it's a guess, and when you apply the primers to the supernatant broth, your primers can attach to any one of the billions of molecules present in it, and you have no idea that

what you have thus generated is the virus you are looking for. It is, in fact, a new creation made by researchers, who then call it SARS-CoV-2, but there is no connection whatsoever with the presumed "real" virus responsible for the disease.

THE "VIRUS GENOME" NOTHING BUT A COMPUTER MODEL

The complete genome of the SARS-CoV-2 virus has never been sequenced and was instead was "pieced together" on the computer. The Californian physician Thomas Cowan called this a "scientific fraud." And he is not the only one by far!

Cowan wrote on October 15, 2020 [our emphasis]:

This week, my colleague and friend Sally Fallon Morell brought to my attention an amazing article put out by the CDC, published in June 2020. The purpose of the article was for a group of about 20 virologists to describe the state of the science of the isolation, purification and biological characteristics of the new SARS-CoV-2 virus, and to share this information with other scientists for their own research.

A thorough and careful reading of this important paper reveals some shocking findings.
The article section with the subheading "Whole Genome Sequencing" showed that "rather than having isolated the virus and sequencing the genome from end to end", that the CDC "designed 37 pairs of nested PCRs spanning the genome on the basis of the coronavirus reference sequence (GenBank accession no. NC045512).

So, one may ask, how then did they sequence the virus, ie. analyse it genetically?

Well, they did not analyse the whole genome, but instead took some sequences found in the cultures, claimed without proof that they belonged to a new specific virus, and then made some sort of a genetic computer puzzle to fill up the rest. "They use the computer modelling to essentially just create a genome from scratch," as the molecular biologist Andrew Kaufman says.

Maybe then it's no surprise that one of the primers of the test developed by the Pasteur Institute corresponds exactly to a sequence of chromosome 8 of the human genome.

NO PROOF THAT SARS-COV-2 CAN FLY

Supposedly to stop the spread of the alleged new virus, we are being forced to practice various forms of social distancing and to wear masks. Behind this approach is the idea that viruses and in particular SARS-CoV-2, believed to be responsible for the respiratory disease Covid-19, is transmitted by air or, as has been said more often, through the nebulized droplets in the air from those who cough or sneeze or, according to some, just speak.

But the truth is that all these theories on the transmission of the virus are only hypotheses that have never been proven.

Evidence for this was missing from the beginning. As reported by Nature in an article from April 2020, experts do not agree that SARS-CoV-2 is airborne, and according to the WHO itself "the evidence is not convincing."

Even from an orthodox point of view, the only studies in which the transmission of a coronavirus (not SARS-Cov2) by air has been preliminarily "proven" have been carried out in hospitals and nursing homes, in places that are said to produce all types of infections due to hygienic conditions.

But no study has ever proven that there is transmission of viruses in open environments, or in closed but well-ventilated ones. Even assuming that there is this transmission by air, it has been stressed that, for the "contagion" to occur, it is necessary that the people between whom the alleged transmission occurs are in close contact for at least 45 minutes.

In short, all the radical distancing measures have no scientific ground.

NO (such thing as) ASYMPTOMATIC "INFECTION"

Since particle purification is the indispensable prerequisite for further steps, i.e. proof of causality and "calibration" of the tests, we have a diagnostically insignificant test and therefore the mantra "test, test, test" by the WHO's Tedros Adhanom Ghebreyesus, mentioned in our article from June 27, has to be called unscientific and misleading.

This holds especially true for testing people without symptoms. In this context even a Chinese study from Wuhan published in Nature on November 20, 2020, in which nearly 10 million people were tested and all asymptomatic positive cases, re-positive cases and their close contacts were isolated for at least 2 weeks until the PCR test resulted negative, found that:

All close contacts of the asymptomatic positive cases tested negative, indicating that the asymptomatic positive cases detected in this study were unlikely to be infectious.

Even the orthodox British Medical Journal recently joined in the criticism.

Shortly before Christmas, the science magazine published the article "COVID-19: Mass testing is inaccurate and gives false sense of security, minister admits" explaining how the testing being deployed in parts of the UK is simply not at all accurate for asymptomatic people and arguing that it cannot accurately determine if one is positive or negative, as Collective Evolution wrote. (The WHO themselves have since admitted as much. Twice. – ed.)

Already a few weeks before, you could read in The BMJ that:

Mass testing for COVID-19 is an unevaluated, underdesigned, and costly mess,
And:
Screening the healthy population for COVID-19 is of unknown value, but is being introduced nationwide

And that [our emphasis]:
"the UK's pandemic response relies too heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture covid-19 diagnostic tests, treatments, and vaccines,
Apart from that, the lawyer Reiner Füllmich, member of the German Extra-Parliamentary Inquiry Committee "Stiftung Corona Ausschuss", said that Stefan Hockertz, professor of pharmacology and toxicology, told him that thus far no scientific evidence has been found for asymptomatic infection.

When asked, the Robert Koch Institute was unable to send us a single study demonstrating that (a) "positive" asymptomatic persons made someone else sick (not just "positive"), that (b) "positive" persons with symptoms of illness made someone else sick (not just "positive"), and that (c) any person at all who tested "positive" for SARS-CoV-2 made another person "positive." [4]

"IF YOU WOULD NOT TEST ANYMORE, CORONA WOULD DISAPPEAR"

Even back in May, a major publication such as the Journal of the American Medical Association stated that a "positive" PCR result does not necessarily indicate presence of viable virus," while a recent study in The Lancet says that "RNA detection cannot be used to infer infectiousness."
Against this background, one can only agree with Franz Knieps, head of the association of company health insurance funds in Germany and for many years in close contact with German Chancellor Angela Merkel, who stated in mid-January that "if you would not test anymore, Corona would disappear."

Interestingly, even the hyper-orthodox German Virus-Czar and main government adviser on lockdowns and other measures, Christian Drosten, has contradicted himself on the reliability of PCR testing. In a 2014 interview regarding PCR testing for so-called MERS-CoV in Saudi Arabia he said:

The [PCR] method is so sensitive that it can detect a single hereditary molecule of the virus. For example, if such a pathogen just happens to flutter across a nurse's nasal membrane for a day without her getting sick or noticing anything, then she is suddenly a case of MERS. Where fatalities were previously reported, now mild cases and people who are actually in perfect health are suddenly included in the reporting statistics. This could also explain the explosion in the number of cases in Saudi Arabia. What's more, the local media boiled the matter up to unbelievable levels."
Sound vaguely familiar?

And even Olfert Landt is critical about PCR test results, saying that only about half of those "infected with corona" are contagious. This is more than remarkable because Landt is not only one of Drosten's co-authors in the Corman et al. paper — the first PCR Test protocol to be accepted by the WHO, published on January 23, 2020, in Eurosurveillance — but also the CEO of TIB Molbiol, the company that produces the tests according to that protocol.

Unfortunately, this conflict of interest is not mentioned in the Corman/Drosten et al. paper, as 22 scientists — among them one of the authors of this article, Stefano Scoglio — criticized in a recent in-depth analysis.

Altogether, Scoglio and his colleagues found "severe conflicts of interest for at least four authors," including Christian Drosten, as well as various fundamental scientific flaws. This is why they concluded that "the editorial board of Eurosurveillance has no other choice but to retract the publication."

On January 11, 2021, the editorial team of Eurosurveillance responded to Torsten Engelbrecht's e-mail asking for a comment on this analysis:

We are aware of such a request [to retract the Corman/Drosten et al. paper] but we hope you will understand that we are currently not commenting on this. However, we are working towards a decision by the end of January 2021.

On January 27, Engelbrecht approached the journal once more to ask again: “Now is end of January. So please allow me to ask you again: What is your comment on the mentioned analysis of your Corman/Drosten et al. paper? And are you going to retract the Corman et al. paper – or what are you going to do?” Two days later, the Euro-surveillance editorial team answered as follows:
This is taking some time as multiple parties are involved. We will communicate our decision in one of the forthcoming regular issues of the journal.

BILLIONS UPON BILLIONS WASTED ON TESTS THAT are absolutely absurd and Meaningless.

Considering the lack of facts for detection of the alleged new virus and for the SARS-CoV-2 PCR tests to have any meaning, it is all the more scandalous that the costs of the tests are not publicly discussed, as they are enormous. Often, we hear politicians and talking heads state that meeting certain criteria the tests are free, but that is an outright lie. What they actually mean is that you don’t pay on the spot but with your taxes.

But regardless how you pay for it, in Switzerland, for example, the cost for a PCR test is between CHF140 and CHF200 (£117 to £167). So, let’s do the maths. At the time of writing, tiny Switzerland, with a population of 8.5 million, made about 3,730,000 SARS-CoV-2 PCR tests, besides about 500,000 antigen tests, which are a bit cheaper.

Considering an average price of CHF170 per PCR test, that’s a staggering CHF634 million, or £521 million. And despite the absurdity of testing asymptomatic people, just last week, on January 27th, the Swiss Federal Council called again on the people to get tested. Announcing that, starting the next day, the Swiss will have to pay with their taxes as well for mass testing of asymptomatic people. The Swiss Federal Council estimates that this will cost about 1 billion Swiss Francs.

Epidemiologist Dr. Tom Jefferson said in an interview to the Daily Mail:

Most PCR kits still cost more than £100 to obtain privately, for example, and the [UK] Government says it is now delivering 500,000 a day. But even these figures are dwarfed by the £100 billion the Prime Minister is prepared to spend on a ‘moonshot’ dream of supplying the population with tests [PCR and other kinds – ed.] more or less on demand—only £29 billion less than the entire NHS’s annual budget.

In Germany, the price varies widely, depending also if the test is paid privately or not, but on average it is similar to those in GB, and up to date they have performed about 37.5 million PCR Tests.
That is to say, billions and billions are spent — or downright “burned” — on tests that couldn’t mean less and are fuelling worldwide molecular and digital “deer hunting” for a virus that has never been detected.

Torsten Engelbrecht is an investigative journalist from Hamburg, Germany. The significantly expanded new edition of his book “Virus Mania” (co-authored with Dr Claus Köhnlein MD, Dr Samantha Bailey MD & Dr Stefano Scolgio BSc PhD) will be available in early February. In 2009 he won the German Alternate Media Award. He was a member of the Financial Times Deutschland staff and has also written for OffGuardian, The Ecologist, Rubikon, Süddeutsche Zeitung, and many others. His website is www.torstenengelbrecht.com.

Dr Stefano Scoglio, BSc PhD, is an expert in microbiology and naturopathy and is coordinating scientific and clinical research on Klamath algae extracts, and on microalgae-based probiotics, in cooperation with the Italian National Research Center and various Universities. Since 2004, he has published many articles in international scientific journals. In 2018, Scoglio was nominated for the Nobel Prize in Medicine.

Konstantin Demeter is a freelance photographer and an independent researcher. Together with the journalist Torsten Engelbrecht he has published articles on the “COVID-19” crisis in the online magazine Rubikon, as well as contributions on the monetary system, geopolitics, and the media in Swiss Italian newspapers.

NOTES:-

- [1] Email from September 4, 2020 [BACK]
- [2] Email from October 5, 2020 [BACK]
- [3] The pictures are taken from a presentation by Dr. Andrew Kaufman, Ohio, one of the main proponents of the theory that viruses are actually exosomes. [BACK]
- [4] Email from December 3, 2020 [BACK]
  Header image: Alfred Abel, Rudolf Klein-Rogge, and Gertrude Welcker in Dr. Mabuse, der Spieler (1922)