

Debunking the Official Story

An alternate perspective on the true cause of 'COVID-19'

Definitions:

Sars-Cov-2: The name of the virus that causes COVID-19

COVID-19: The name of the illness caused by Sars-Cov-2

Over the last few months, the entire world economy has been shattered and millions of people's lives have been destroyed due to government mandated lockdowns.

This has all happened, we are told, because of a new coronavirus called 'Sars-Cov-2' which has spread rapidly, causing terrible illness and infecting millions of people worldwide. This is what will be referred to as the 'official story'.

This report presents an alternate view on COVID-19 and the pandemic we are currently facing – one that differs dramatically to the official story propagated by mainstream sources. It is for this reason that the reader is advised to maintain an open mind while reading this report.

Discussions on different topics are broken up by subheadings and everything is tied together in the last section. While the report is long (just over 8000 words) it is advised to read it in its entirety. Once finished, the reader is free to make up their own mind about the nature of Sars-Cov-2 and COVID-19.

Is there a new coronavirus causing illness?

The official story on COVID-19 tells us that there is a new coronavirus that was discovered in Wuhan. Supposedly this virus jumped from a bat (or was it a snake?) to a human and began rapidly infecting people in Wuhan before spreading to nearly every other country in the world.

This whole story rests on two premises.

1. Viruses cause disease and can be transmitted from one person to another and;
2. There is a new virus, causing a new disease.

The discussions in this report will examine these two points in detail, show that they cannot be substantiated, and suggest an alternate cause of COVID-19.

First, it is necessary to explore the foundation on which modern medicine has been built.

The germ theory

The idea that viruses are pathogenic (i.e. cause disease) is so incredibly ingrained into our society and our medical establishment that if someone were to question that idea, you might think they were a 'quack'.

The current medical establishment looks at all illness through the lens of the 'germ theory' of disease. The germ theory states that illness is caused by specific microorganisms (viruses, bacteria, fungi etc) which 'infect' humans and animals, causing disease symptoms.

The germ theory of disease was established in the 1800s by a French chemist named Louis Pasteur.

Evidence shows that the germ theory is highly flawed and is clearly an inadequate explanation for the cause of disease. There were and still are many scientists who question the germ theory, as will be discussed.

The terrain theory

The alternate theory to the germ theory is the 'terrain theory' which states that it is the state of one's inner 'terrain' that determines health, and that microbes are born from inside the body where they function in decomposing diseased-matter.

The terrain theory states that all illness is caused by an unhealthy lifestyle, accumulation of toxins, eating overly acidic foods, thinking bad thoughts and other factors that bring about dis-ease in the body.

The terrain theory can be thought of like this - if a fish were ill and swimming around in dirty water, would you give the fish some medicine or would you change the water in the tank?

Changing the fish's water is akin to detoxifying the body of unwanted chemicals and waste and allowing the inner environment to return to a state of balance, free from disease.

To end off the discussion on the terrain theory, it seems pertinent to quote the father of modern pathology, Dr. Rudolph Virchow, who said:

"If I could live my life over again, I would devote it to proving that germs seek their natural habitat - diseased tissue - rather than being the cause of the diseased tissue; e.g., mosquitoes seek the stagnant water, but do not cause the pool to become stagnant."

An alternate view on viruses

Dawn Lester and David Parker, the authors of a brilliant book titled *What Really Makes You Ill: Why Everything You Thought You Knew About Disease is Wrong*, show through meticulous research that much of the 'information' about viruses that is promulgated by the mainstream medical establishment is based on nothing more than assumptions which have never been proven.

Viruses are not classed as 'organisms' and are not thought of as being 'alive'. Instead, they are inert, particles, unable to carry out metabolic processes outside of a host cell. A virus is essentially a DNA or RNA fragment encased in a layer of protein.

This then presents a problem – how is it that viruses can 'infect' host cells when they aren't even capable of moving around?

The mainstream acknowledges that the current understanding of how viruses 'infect' host cells is severely lacking. An article published in 2015, titled *A Non-enveloped Virus Hijacks Hosts Disaggregation Machinery to Translocate across the Endoplasmic Reticulum Membrane*, notes:

“How non-enveloped viruses penetrate a host membrane to enter cells and cause disease remains an enigmatic step.”

A second question then arises - how is it that a virus can jump from one person to another? The truth is that the transmission of viral particles through saliva or mucous from one person to another has never been observed and is purely an assumption.

In fact, during the 1918 Spanish flu epidemic, which was supposedly caused by a deadly strain of the influenza virus, experiments were carried out attempting to prove contagion. Sick men would cough and sneeze into the mouths of healthy men, yet the healthy men never got ill.

Part of the reason that many of the conclusions drawn about viruses remain unproven is because 'viruses' have only ever been observed in the laboratory, under an electron microscope.

Furthermore, when virologist observe 'infected' cells dying under a microscope they conclude this to be the 'disease process' induced by the 'virus'. The authors of the above-mentioned book point out that this is a highly flawed assumption.

Firstly, millions of our cells die every day, it is a normal process, not a disease process. Secondly, virologists do not consider the possibility that it is the

laboratory procedures, which include staining, irradiating and the use of toxic chemicals, that may be responsible for the death of the cells.

Torsten Engelbrech and Dr. Kohnlein explain this dangerous oversight in their book *Virus Mania*:

“This phenomenon is particularly virulent in bacterial and viral research (and in the whole pharmaceutical development of medicines altogether) where laboratory experiments on tissue samples which are tormented with a variety of often highly reactive chemicals allow few conclusions about reality. And yet, conclusions are constantly drawn – and then passed straight on to the production of medications and vaccines.”

It is well known that many people who test positive for a virus do not get ill. The mainstream conveniently explains this away by saying that viruses can go into a ‘dormant state’, yet no explanation is offered of how or why this occurs.

Lastly, it is important to understand that the presence of a virus within the body cannot be detected directly. This point is expanded on in detail further below, with reference to the current COVID-19 situation.

German high court rules no proof of a measles virus

Dr. Stefan Lanka, PhD is a German virologist and in 2017 he demonstrated, through a public challenge, that there is no such thing as the measles virus.

Dr. Lanka, fed up with the current scientific establishment and its blind adherence to the germ theory of disease, decided to offer 100,000 euros to any scientist that could prove the existence of a measles virus.

A German doctor took up the challenge and submitted six scientific papers which he believed constituted proof of the existence of a measles virus. Dr. Lanka, already familiar with the various papers, rightly refused to accept them as ‘proof’ of a virus.

Eventually, the case ended up in the German high court, where experts concluded that the papers that the doctor had submitted in fact did not constitute proof of a measles virus and Dr. Lanka did not have to pay the money.

This fascinating story was not reported on in the mainstream media for obvious reasons. However, the lack of proof of a measles virus clearly shows that our understanding of viruses and ‘infectious disease’ is completely wrong.

Dr. Lanka’s findings on viruses can be summed up in an article written by him in January of 2020 titled *The Misconception Called Virus*. In that article he states:

“Contrary to what most people believe, there are no pathogenic viruses. The claims about the existence of viruses and viral diseases are based on historical misinterpretation.”

‘Misinterpretation’ occurs because the laboratory procedures carried out by virologists to examine viruses and prove that they cause disease are highly flawed.

Virologists culture ‘viruses’ in host cells and when they see the cells dying, they ascribe this to the presence of the virus. This is incorrect, as Dr. Lanka explains:

“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 experiment in the lab.”

Dr. Lanka’s assertion emphasises the point made above. Namely, that it is the laboratory conditions and procedures which cause the observed cells to die, not a virus.

Are ‘viruses’ just normal constituents of our own cells?

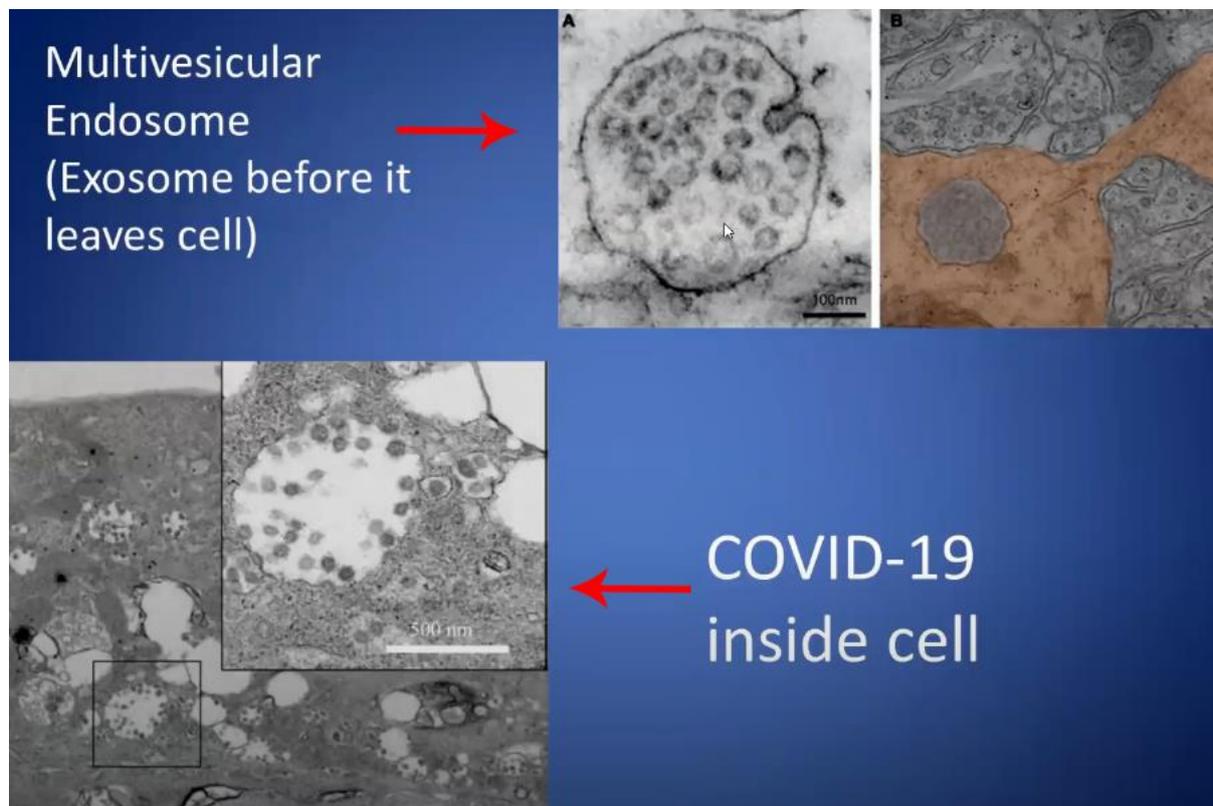
Dr. Lanka’s revelations are confirmed by Dr. Andrew Kaufman, MD, who analysed various scientific papers (including studies done on Sars-Cov-2) that had claimed to ‘isolate’ a virus and came to the conclusion that what they had identified were not viral particles but exosomes (particles that our cells naturally release).

Dr. Kaufman explains that exosomes are often released from cells when one is ill, in a state of fear, or exposed to toxins. In the lab, virologists often mix cell cultures with antibiotics and other toxic substances which have been shown to induce the release of exosomes.

Moreover, on paper, viruses and exosomes are staggeringly similar. They both contain genetic material (DNA/RNA), they are both the same size and they both look identical under an electron microscope (which, again, is the only way scientists are able to see ‘viruses’).

The below image was taken from Dr. Kaufman’s video presentation. The image on the left is an electron micrograph of a COVID-19 cell. Those small dots are

supposedly virus particles inside the cell. The image on the right is a nerve cell and those small dots are endosomes (exosomes before they leave the cell).



Can you tell the difference?

You would think that scientists would be a little better at differentiating between disease-causing pathogens and harmless particles but apparently, they're not.

A study in 2015 titled *Conserved and host-specific features of influenza virion architecture* which aimed to understand more about the makeup of the influenza virus, concluded that:

"Influenza virions share an underlying protein composition with exosomes, suggesting that influenza virions form by subverting micro vesicle production."

This all leads to the particularly important question - Could scientists be mistaking normal constituents of our cells for viruses? It would seem the answer to that is 'yes'.

The human virome undermines the idea that viruses are disease causing pathogens

No discussion on viruses would be complete without at least mentioning the human virome.

Most people know that we harbour billions of bacteria inside of our digestive system on our skin, but what they don't know is that we are also host to a staggering number of viruses.

A study published in 2016, titled *The virome in host health and disease* notes that:

“It is becoming clear that the virome is part of a dynamic network of microorganisms that inhabit the body.”

A study published in 2017 titled *The blood DNA virome in 8,000 humans* analysed viral DNA sequences in the blood of over 8000 healthy people. What they found was quite astonishing.

The scientists carrying out the study were able to identify 94 different known viruses present in the test subjects. What is even more amazing is that this included viruses such as HIV, hepatitis B, and the papillomavirus.

None of the test subjects suffered from any infectious disease.

In an article published in Science Daily titled *Viruses: You've heard the bad; here's the good*, the author quotes Marilyn Roossinck, PhD, a researcher who studies beneficial viruses. She says:

“The gastrointestinal tracts of mammals are plush with viruses. So far, little is known about how these viruses affect their hosts, but their sheer number and diversity suggest that they have important functions”.

The presence of the human virome should indicate to us that viruses are not harmful, disease-causing microorganisms, but are misunderstood, natural constituents of our biological makeup.

'Viral infections' shown to confer many benefits

A study published in 2014 found that an "enteric RNA virus can replace the beneficial function of commensal bacteria in the intestine". The findings of the study added to the ever-growing body of evidence to suggest that viruses aren't the disease-causing germs we've been led to believe.

The senior investigator of the study, Ken Cadwell, PhD stated:

"We have known for a long time that people get infected all the time with viruses and bacteria, and they don't get sick. Now we have scientific evidence that not every viral infection is bad, but may actually be beneficial to health, just as we know that many bacterial infections are good for maintaining health."

Although Dr. Lanka has demonstrated that there is no measles virus, the mainstream medical establishment still regards measles as an 'infectious disease' that must be eradicated.

In his book titled 'Vaccines, Autoimmunity and the Changing Nature of Childhood Illness', Dr. Thomas Cowan, MD, states that children who successfully go through measles at the usual ages have less incidence of heart disease, arthritis, allergies and autoimmune diseases.

Moreover, scientific studies provide evidence of several conditions going into remission after a concurrent measles 'infection'. These include intractable epileptic seizures, juvenile rheumatoid arthritis, and juvenile Hodgkin's disease.

Viruses – the cash cows of the pharmaceutical industry?

Despite the 'war on microbes' imposed by the mainstream medical establishment with its increasing number of childhood vaccines and pharmaceutical drugs, there is evidence to suggest that infectious diseases are on the rise.

In fact, an article published in 2014 titled *Emerging zoonotic viral diseases*, states that:

"The last 30 years have seen a rise in emerging infectious diseases in humans, and of these, over 70% are zoonotic [animal born]."

It would seem that the use of toxic drugs and vaccines to destroy innocent or non-existent 'viruses' is not the way to eradicate 'infectious disease'.

In light of all this, why has the 'germ theory' (i.e. that microorganisms cause disease) not been abandoned or at least *questioned* by mainstream science?

Dawn Lester and David Parker provide us with a possible answer:

"One of the reasons for the perpetuation of the fallacy that 'germs' cause 'infectious disease' is to support the pharmaceutical industry, which is a key member of the medical establishment, and to promote the need for medicines and vaccines to combat these diseases."

The germ theory keeps the pharmaceutical industry in business. If it was revealed that viruses and other microorganisms do not cause disease, that would mean billions lost in profits for the pharmaceutical companies that develop vaccines.

Assuming viruses *did* cause disease, has Sars-Cov-2 been proven to cause disease or even exist?

Now that we have established that the scientific basis for the theory that viruses cause disease is shaky at best, let's examine how this so-called 'new virus' was 'discovered'.

The discovery of a virus RNA fragment

It all started in Wuhan, which is a large city with 11 million people and capital of China's Hubei province. People there began to experience respiratory symptoms, which if you've ever been to a large Chinese city, you'll know is nothing new. In fact, the air pollution in Wuhan has been reported as being dangerously high (more on this later).

Doctors administered antibiotics to those who were ill, but after three days, they showed no signs of improvement. Based on the lack of response to the antibiotics and the patients' symptoms, doctors diagnosed a 'viral pneumonia'.

As Dr. Kaufman explains in another fantastic video presentation, in order to prove their theory of a new viral disease, scientists in Wuhan carried out the following procedure:

- Collected lung fluid from sick people
- Separated out genetic material from the sample, namely RNA
- Sequenced that genetic material
- Developed an RT-PCR test to detect the RNA sequence

It is clear then that the scientists in Wuhan did NOT find a virus, nor did they have any way of knowing that the RNA they found was of viral origin.

The study, titled *A pneumonia outbreak associated with a new coronavirus of probable bat origin*, states that:

"Full-length genome sequences [of the 'virus'] were obtained from five patients at the early stage of the outbreak. They are almost identical to each other and share 79.5% sequence identity to SARS-CoV".

Essentially, the scientists in Wuhan determined this RNA to be viral because it shared 79.5% sequence identity to that of a 'known' coronavirus (i.e. Sars-CoV, the original SARS virus).

As humans we share 90% of our DNA with cats, so by following the same logic as the scientists in Wuhan, all humans are actually cats. Put into this context, the conclusion that the RNA came from a new virus is anything but scientific.

As Dr. Kaufman and others have pointed out, it seems just as likely that the RNA fragment could have come from a bacterium, or even our own cells.

Now, there have been further studies published since the original one in Wuhan that claim to have 'isolated' the Sars-Cov-2 'virus' but as will be shown below, nothing could be further from the truth.

Misleading use of the term 'isolate'

The definition of 'isolate' as given by the Merriam-Webster dictionary is as follows: "to separate from another substance so as to obtain pure or in a free state", but this is not what virologists mean when they say they have 'isolated' a virus.

Dr. Lanka, in his January article, clarifies:

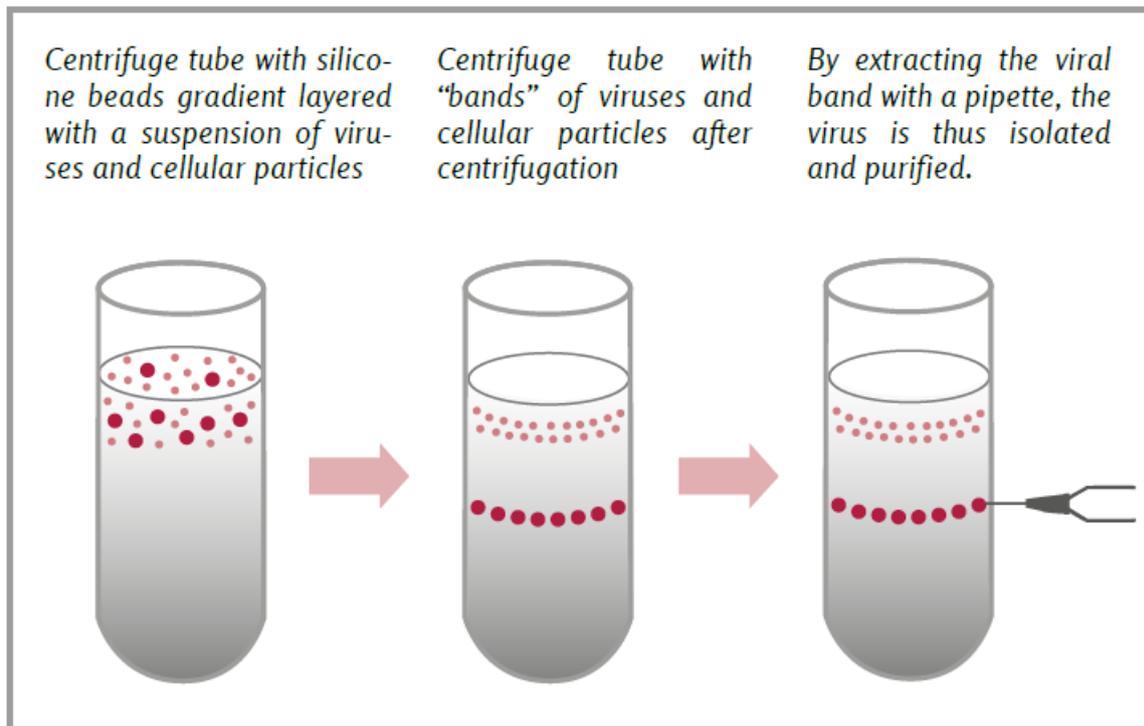
"The death of tissue/cells is regarded as the isolation of a virus, because they claim that something from the outside, from another organism, was brought into the laboratory, although a virus has never been isolated according to the meaning of the word isolation, and it has never been photographed and biochemically characterised as a whole unique virus".

In order to prove the existence of a virus, viral isolation is paramount, as this allows scientists to obtain pure viral particles, separated from other cellular debris. This enables scientists to characterise the whole virus and obtain electron micrographs of pure viral particles.

However, as Dr Lanka points out, when scientists talk of 'isolation', they don't mean true isolation. In fact, what Dr. Lanka (and the dictionary) refer to as isolation, most other virologists would call 'purification'.

The process of 'purifying' a virus is called 'gradient density centrifugation'. The process involves the use of a centrifuge to separate the viral particles from all other matter in the test tube, thereby obtaining a purified virus.

The below diagram, taken from an article written by Dr. Lanka in 2015 titled 'Dismantling the Virus Theory' sums up the process quite nicely.



Picture taken from Lanka, 'Dismantling the Viral Theory', 2015.

In the same article, Dr. Lanka writes:

"The density gradient centrifugation is the scientifically required standard technique for the demonstration of the existence of a virus."

Despite this being so, the process has never been carried out for Sars-Cov-2 and therefore, there is no proof of the existence of a new virus.

Sars-Cov-2 fails Koch's postulates

When attempting to prove that a microorganism (such as a virus) causes a disease, four specific criteria must be met. These are referred to as Koch's postulates.

Koch's Postulates are as follows:

1. The microorganism is found in the ill but not the healthy
2. The microorganism must be isolated from a diseased organism and grown in pure culture
3. The organism must be inoculated into a host and produce the same disease
4. The organism must be re-isolated from the host

It may come as a surprise to you that no scientific study on Sars-Cov-2 has proved ANY of the above four criteria.

The first of Koch's postulates states that the organism should be found in the ill but not the healthy. We know already that this is not the case with COVID-19, as it's estimated that over 80% of young people who test positive display no symptoms.

The second postulate also fails. Despite claims of having done so, not a single scientific study on Sars-Cov-2 demonstrates the isolation of a virus. This was confirmed above.

Just in case you need further convincing, in an article titled *COVID19 PCR Tests are Scientifically Meaningless*, award-winning journalist Torsten Engelbrecht asked the authors of these studies directly whether their electron micrographs showed purified virus particles, and they confirmed that they did not.

Finally, because the virus has never been truly isolated ('purified'), it's impossible to show proof that it is the sole cause of COVID-19.

There is an excellent video on this topic produced by Dr. Kaufman and an article written by Rosemary Frei (MSc. Molecular Biology) in which they go into much more detail on the matter. Both are well worth a look.

No proof that Sars-Cov-2 causes disease

It should be clear now that the claim that a new 'virus' is responsible for the COVID-19 pandemic has no scientific basis.

If there is anyone that disagrees and believes that Sars-Cov-2 does exist and has been proven to cause disease, I would request you to find and share the following:

- An electron micrograph of a purified, fully characterised virus
- The primary scientific paper in which the virus is illustrated and its full genetic sequence described
- The primary scientific paper that provides proof that the virus is the sole cause of COVID-19

If you have read up to here, you may be wondering 'if there is no virus, then how is it that people can test positive for COVID-19?'

The test for COVID-19 does not detect the present of a virus

Once again, it may come as a surprise to you to know that the tests used to diagnose COVID-19 do not detect the presence of a virus. In fact, the main test being used, called RT-PCR, was never meant to be used for diagnosing a virus.

PCR is essentially a 'manufacturing' technique. PCR allows scientists to 'amplify' a sample of DNA, thereby making multiple copies of it. This is useful for researchers working with DNA in a lab.

So why would they use this technique as a means of diagnosing a 'viral' disease? Earlier in the article it was established that scientists did not isolate a new virus, instead what they found was an RNA fragment which they assumed to be viral.

The RT-PCR test allows you to amplify the genetic material in a sample taken from somebody who you think may have COVID-19. After this amplification process, it's a lot easier to detect whether or not the specific 'viral' RNA fragment is present. If it's detected, they are diagnosed as 'positive'.

Sounds straight forward but there's a huge problem with this.

This method of diagnosis does not produce a binary result. In other words, the test doesn't tell you clearly whether someone is positive or negative. This depends solely on the number of cycles of amplification used on the sample.

The more cycles you run, the more copies of the genetic material are made and the more chance there is of generating a 'positive' result.

The line between positive and negative is determined by an arbitrary cut-off. That means, if you run 35 cycles and still can't detect the 'viral' sequence, it would be a negative result. However, if you were to run 36 cycles, you may very well detect the viral sequence and the case would be marked as positive.

So, what's going on here?

Dr. Kaufman, in his video presentation on the true nature of COVID-19, provides an excellent quote from an academic paper describing the shortcomings of the PCR test. It states:

"What PCR does is to select a genetic sequence and then amplify it enormously. It can accomplish the equivalent of finding a needle in a haystack; it can amplify that needle into a haystack. Like an electronically amplified antenna, PCR greatly amplifies the signal, but it also greatly amplifies the noise. Since the amplification is exponential, the slightest

error in measurement, the slightest contamination, can result in errors of many orders of magnitude.”

It's clear then that PCR is incredibly inaccurate the more cycles you run. Furthermore, having a test with an adjustable cut off would make it very easy to inflate the number of 'positive' cases.

David Crowe, host of the infectious myth podcast, who holds degrees in biology and mathematics, makes the startling revelation that a Chinese research paper deemed the RT-PCR test used for diagnosing COVID-19 to have an 80% false positive rate. He states:

"There was a famous Chinese paper that estimated that if you're testing asymptomatic people, up to 80% of positives could be false positive... The abstract basically said that in asymptomatic populations, the chance of a positive coronavirus test being a true positive is only about 20%. 80% will be false positive."

The discussion here clearly shows that a virus has not been detected in anybody who has tested 'positive' for COVID-19 and therefore the number of cases is a meaningless statistic. This is backed up by numerous reports of people testing negative on their first test and then positive on their second or vice versa.

Furthermore, it could be argued that this discussion on testing is irrelevant considering there is no proof that Sars-Cov-2 exists.

No proof that COVID-19 is contagious

In a previous discussion it was established that the theory of viral contagion is based on the assumption that 'viruses' can transmit from one person to another via saliva or mucous and that this has never been conclusively proven.

The official story tells us that the reason for a global lockdown is that COVID-19 is a highly contagious disease, yet there is no evidence to support this assertion.

A study titled *Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study* found that of 99 early cases of COVID-19 identified in Wuhan, only 49% had a history of contact to the Huanan Seafood Market (where the pandemic supposedly began).

Another study conducted in China titled *A study on infectivity of asymptomatic SARS-CoV-2 carriers* examined 455 people who had been exposed to 'asymptomatic carriers' of Sars-Cov-2 (in other words, people who tested positive but had no symptoms). The study concluded that none of the 455 participants contracted 'COVID-19'.

The study states that:

“In summary, all the 455 contacts were excluded from SARS-CoV-2 infection and we conclude that the infectivity of some asymptomatic SARS-CoV-2 carriers might be weak.”

Many early cases of COVID-19 around the world failed to show a link to Wuhan or anybody who had recently travelled or been diagnosed with the disease. During the early stages of the ‘pandemic’, the WHO recognised this as a concern. An article published in February stated that:

“The World Health Organization (WHO) is concerned about the number of coronavirus cases with no clear epidemiological link.”

Other anomalies also exist which contradict the assertion that COVID-19 is a contagious disease. This includes the curious case of Taiwan, an island off the coast of China with a population of nearly 24 million people.

Taiwan, despite being in such close proximity to China, has recorded less than 500 cases of COVID-19.

One day back in April, Taiwan recorded 22 new COVID-19 cases – almost all of them sailors who had been on a navy visit to the island of Palau. The curious thing is that even up to now, Palau has not recorded a single case of COVID-19.

Thailand is another interesting example of a country ‘escaping’ the spread of the ‘virus’. The first cases of COVID-19 outside of China were recorded in Thailand on January 13th. Despite no government instituted measures, the number of cases remained minimal for over two months.

It was only at the beginning of April that the Thai government instituted a curfew and suspended all commercial flights. Despite a large population and high density in big cities, Thailand has only recorded 3,142 cases of COVID-19.

The evidence put forth in this discussion further backs up the claim that COVID-19 is not caused by a virus that is transmissible from one person to another.

The real cause of increased illness

It has been established in previous discussions that there is much evidence to suggest viruses are not the causes of disease symptoms. It has also been shown that the Sars-Cov-2 ‘virus’ has not been proven to exist. The following discussions will attempt to answer the following two questions, 1. Is there evidence of increased illness? And if so, 2. What’s causing it?

Mortality statistics

With regards to COVID-19, it's impossible to know what a 'positive' diagnosis really means. The test, as we've established, is completely unsuitable for its purpose and the thing it's testing for, an RNA fragment, has not been proven to come from a virus.

From this we can conclude that the mortality figures being attributed to COVID-19 are misleading to say the least. Even so, looking at the data, one would be hard pressed to find any evidence of a 'deadly new disease'.

This is clearly illustrated in a report compiled by British mathematician Andrew Mather in which he uses government data to show mortality statistics for 136 different countries.

The report, which shows mortality graphs for each country, is rather revealing. The vast majority of countries have not had a single day where the COVID-19 death count surpassed a fifth of the deaths for a regular day. In fact, most countries don't even come close.

The report states:

"A fifth of normal deaths for a day, or a month even, isn't even close to being a material threat to society, but look how few of these countries will get close to that."

It's also important to know that someone does not need to actually test positive for COVID-19 for their death to be counted as a COVID-19 death. A CDC document titled 'Guidance for Certifying COVID-19 Deaths' states that (emphasis in mine):

"Coronavirus Disease 2019 or COVID-19 should be reported on the death certificate for all decedents where the disease caused *or is assumed* to have caused or contributed to death."

This extremely unscientific method of counting deaths is evident in reports of people finding 'COVID-19' written on the death certificate of a family member who actually died of cancer or injury.

The following discussions will examine other factors which are likely to have contributed to any rises in ill health.

Toxic air pollution

The COVID-19 'pandemic' began in Wuhan, China where an increased number of people began suffering from respiratory problems. As previously mentioned, China's big cities are extremely polluted, and Wuhan is no exception.

An article published by Yale Environment 360 titled, *How a 'Toxic Cocktail' Is Posing a Troubling Health Risk in China's Cities* asserts that Wuhan is one of China's cities that regularly suffers from "dangerous levels" of pollutants.

The article goes on to say that:

"All the five major pollutants in smogs – SO₂, NO_x, ozone, PM₁₀ and PM_{2.5} — are known to be linked individually to increased risk of strokes, heart disease, lung cancer and asthma, and to rising hospital admissions and death rates during smogs."

In fact, just months before the 'outbreak' of Sars-Cov-2, residents in Wuhan were protesting over fear of high pollution levels. An article published by CNN titled *China has made major progress on air pollution. Wuhan protests show there's still a long way to go*, described the protests:

"Holding banners with slogans such as 'we don't want to be poisoned, we just need a breath of fresh air,' thousands of people took to the city's streets over two weeks in June and July".

This begs the question – why was something so obvious, like air pollution, not considered as a possible cause of rising respiratory complaints?

Northern Italy, an area particularly badly affected by COVID-19, is also known for being highly polluted. In fact, in 2018, Italy's environmental agency warned of a pollution 'red alert'.

A study published in the Journal of Environmental Pollution examined the link between the poor air quality in Northern Italy and the high COVID-19 mortality rate. The study states:

"Lombardy and Emilia Romagna are Italian regions with both the highest level of virus lethality in the world and one of Europe's most polluted area[s]."

Even more revealing is the study's conclusion, which states:

"The high level of pollution in Northern Italy should be considered an additional co-factor of the high level of lethality recorded in that area."

Another area of the world that has been badly affected by COVID-19 is South Asia, including India, which just so happens to suffer from extremely poor air quality.

According to data compiled in IQAir AirVisual's 2019 World Air Quality Report, 21 of the world's 30 cities with the worst air pollution are in India.

In November 2019, a month before the COVID-19 pandemic began, a public health emergency was declared in New Delhi after the Air Quality Index surpassed 800 in parts of the city, three times the 'hazardous' level.

There are many studies that have made a link between COVID-19 deaths and air quality in different areas. There can be no doubt that poor air quality is a significant factor in respiratory illnesses around the world.

Regular flu 're-branded' as COVID-19

The symptoms of COVID-19, a supposedly 'new' illness, are virtually the same as that of regular flu, which has been around for hundreds, if not thousands of years. In fact, a CDC webpage titled *Similarities and Differences between Flu and COVID-19*, states that:

"Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone."

Clearly it's very challenging to differentiate between a case of flu and a case of COVID-19 and as was established earlier, a death only has to be *assumed* to be due to COVID-19 for it to be counted as a COVID-19 death.

There is much evidence to suggest that cases of regular flu all around the world are being re-classified as 'COVID-19'.

In South Africa, regular cases of influenza have been almost non-existent this year and so have cases of RSV (another pathogen which causes respiratory symptoms). Moreover, the flu season usually begins in May, the same time that COVID-19 cases began to rise in the country.

It's hard to believe that influenza, which usually kills over 20,000 South Africans and causes over 40,000 hospitalisations each year, has just vanished. It's far more likely that cases of regular flu have simply been re-classified as COVID-19.

In Italy, before COVID-19 hit, the flu season was shaping up to be a particularly serious one, with calls to vaccinate. Once COVID-19 hit, all mention of the flu ceased. The peak of COVID-19 cases in the country also happened to coincide with the usual peak of the flu season.

Furthermore, the areas worst affected by flu before the COVID-19 outbreak also happened to be in Northern Italy, where the overwhelming majority of COVID-19 cases were reported.

A study published in the International Journal of Infectious Diseases titled *Investigating the impact of influenza on excess mortality in all ages in Italy during recent seasons (2013/14 - 2016/17 seasons)* estimated that 34,000 people on average die of the flu during the Winter outbreak in Italy. So far, Italy has recorded a total of 35,000 coronavirus deaths. It would seem reasonable to suggest a large portion of these may have been regular flu.

A similar trend was noted in the UK. It was claimed that government data showed a marked decrease in flu hospitalisations *at the same time* as COVID-19 cases began to increase.

In the US, another country badly affected by COVID-19, this year's flu season was shaping up to be one of the worst yet. One article, published in January 2020, stated that:

"The US is on track to have one of its worst flu seasons ever, with thousands having died from the illness and millions more infected."

This all points to the obvious conclusion that regular cases of the flu all over the world have been re-classified as 'COVID-19'.

Toxic accumulations and an acidic lifestyle

Dr. Robert O. Young, PhD, bestselling author of 'The pH Miracle' and proponent of the terrain theory said in an interview:

"COVID-19, like almost any other illness, is nothing more than *I eat, breathe and think too much crap disease*".

Alternate nutritionists put much emphasis on the role of toxic accumulations in the onset of disease. The fact is that all of us are exposed to a growing number of toxins every single day, whether we're aware of it or not.

Some causes of toxic accumulation are as follows:

- A diet high in protein and fat
- An overly acidic diet
- Inadequate intake of micronutrients causing sluggish cell metabolism
- Smoking and alcoholism
- Environmental and water/food born toxins
- Pesticides, food additives etc

- Internal generation of toxins with high acidity
- A bowel in poor condition (a compromised microbiome)
- Sluggish biochemical detoxification

Furthermore, naturopathic practitioners view symptoms of flu (such as fever, runny nose and a cough) as they body's mechanism of eliminating toxic waste; this is often referred to as a 'healing crisis'.

The naturopaths of the past viewed 'infections' as an opportune time for the body to begin a major elimination.

Dr. Young believes that the single cause of all illness is the over acidification of the body due to toxic accumulation and an inverted way of living.

Dr. Young, who is an advocate of the terrain theory, has been a target of the mainstream medical establishment for many years. He also happens to have a remarkable record in treating cancer.

In an article on his website titled *The Truth About Corona and How To Prevent and/or Reverse the "Corona Effect"*, Dr. Young states that:

"All infections are born in us and from us and are outfections of the cell due to an acidic fluid environment."

The terrain theory of disease tells us that maintaining a healthy inner environment (body and mind) is the key to avoiding illness, not toxic drugs and vaccines.

Electromagnetic radiation (EMF):

Evidence suggests that electromagnetic radiation, which includes 2G, 3G, 4G, 5G and Wi-Fi, is a significant contributor to chronic disease.

There is a lengthy report on the dangers of EMF (especially 5G) available on our website at <https://www.newbraveoworld.org/5g-report/>. To summarise, scientific studies on EMFs have shown that they play a part in causing:

- Reproductive effects including lowered sperm counts and miscarriage
- Neurological disorders such as autism
- Psychiatric disorders such as depression and anxiety
- Cancer
- Cardiac effects
- DNA damage
- Weakened immunity
- Bowel disorders including leaky gut

- Oxidative stress

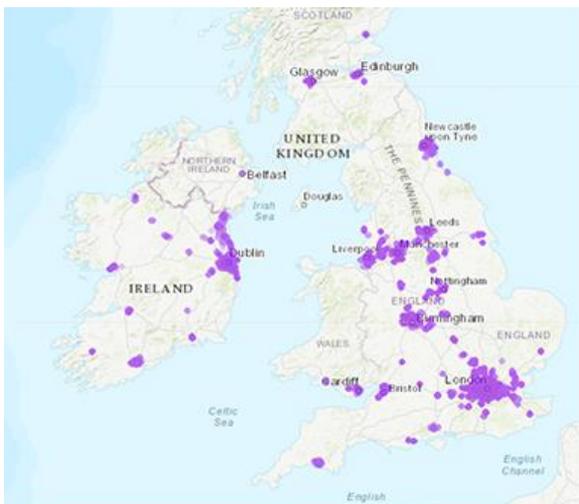
It's especially relevant to mention electromagnetic radiation as a contributor to recent illness because during the onset of COVID-19 many places in the world began to rapidly deploy 5G technology.

In many countries, 5G antennas were being installed during periods of lockdown.

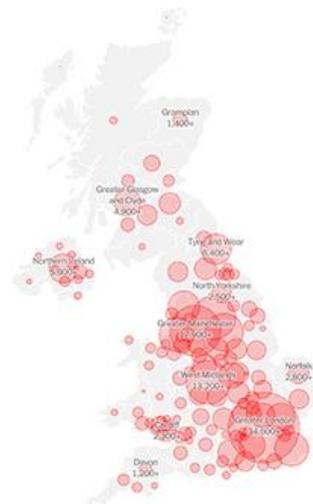
Wuhan, where the 'outbreak' began has a comprehensive 5G system that was turned on shortly before the pandemic began.

The US, UK and Italy all have 5G technology in certain areas. In fact, New York City, one of the areas worst hit by the 'virus' also happened to have a brand new, functioning 5G network. It would be foolish to dismiss 5G and EMFs as a contributor to recent illness.

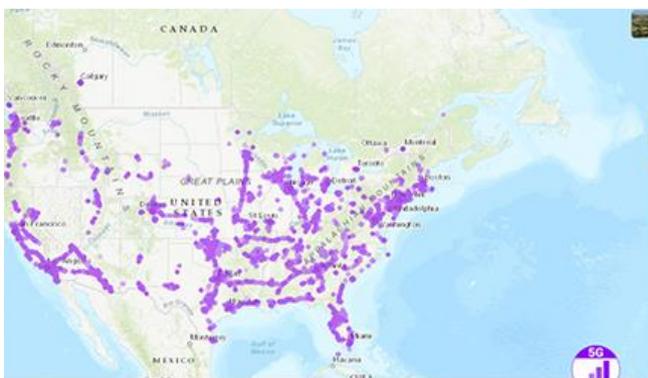
The following images may show an interesting link between areas hit hardest by COVID-19 and areas where 5G has been deployed in the UK and US.



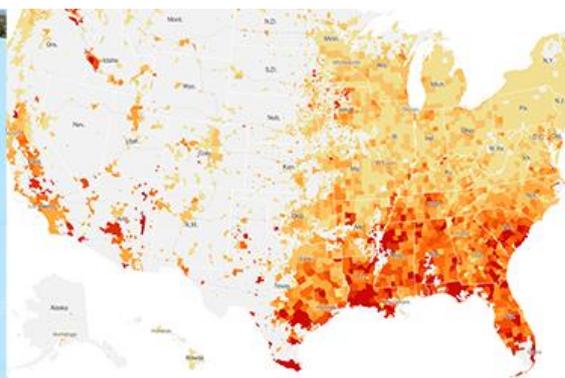
UK - 5G coverage (July 2020)



UK - COVID-19 severity



US - 5G coverage (July 2020)



US - COVID-19 severity

Current data is not enough to draw any conclusions linking 5G and increased illness. This could only be done through extensive research, which, of course, will never be done for fear of what it might expose.

At the present time, wireless industries possess much money and power. Evidence suggests that the WHO is also a corrupt entity that seeks to suppress the ill effects of EMFs.

Moreover, world governments, which are supposed to protect their people, seem hellbent on rolling out this harmful technology. This would indicate they are either remarkably stupid or being effectively manipulated by interested parties.

It is clear the EMFs are a cause of illness and with the recent roll out of 5G, an even more dangerous form of electro-magnetic radiation, it's reasonable to suggest that COVID-19 and EMFs are intimately linked.

The media, programming, lockdowns and beliefs

One factor contributing to increased illness that many people are likely to dismiss is the mainstream media. Ever since the 'outbreak' began in Wuhan China, the mainstream media have been pushing a narrative intended to instil fear and panic in the population.

Media reports are constantly quoting the number of 'cases', without subtracting those who have already recovered, thereby misleading the general public. The media also publish death statistics without putting them into context. For example, far greater numbers of people have been died from obesity, cancer and hunger over the years, yet no such effort has ever been made to broadcast these statistics and governments have never taken such drastic measures to eradicate these far deadlier epidemics.

The media seem hellbent on scaring the living daylight out of people by making COVID-19 seem like an apocalyptic death storm. What they don't tell you is that the majority of US field hospitals have never treated a single patient and that NHS whistle-blowers in the UK have come forward saying there is no pandemic.

This continual fearmongering by mainstream sources is a form of psychological programming. By constantly repeating the narrative of a new, 'deadly virus' out to get everyone, it creates the subconscious belief of exactly that. This then manifests as illness, perpetuating the entire illusion.

When people experience symptoms of flu (which are entirely normal), instead of getting some rest and thinking no more about it, they panic, thinking they have contracted the 'virus'.

In his book titled *Healing and Recovery*, psychiatrist Dr. David Hawkins reveals the power of the media in causing illness:

"Often a certain illness gets notoriety on television because a celebrity shares their experience of it. That is followed by an epidemic of that illness because of suggestion. The mind buys into the program, the belief system and the specificity of a particular disease."

Furthermore, evidence suggests that countless people have died due to the lockdowns and other restrictions imposed by governments. An article written by John Pospichal titled *Questions for lockdown apologists* highlights the fact that peaks in mortality occurred after the lockdowns were instituted, not before. This would indicate that it was the government instituted measures, including hospital restrictions, that caused the increase in mortality.

These findings are corroborated by a report titled *All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response*, which states:

"These 'COVID peak' characteristics, and a review of the epidemiological history, and of relevant knowledge about viral respiratory diseases, lead me to postulate that the 'COVID peak' results from an accelerated mass homicide of immune-vulnerable individuals, and individuals made more immune-vulnerable, by government and institutional actions, rather than being an epidemiological signature of a novel virus, irrespective of the degree to which the virus is novel from the perspective of viral speciation."

The National Cancer Institute predicts that tens of thousands of excess cancer deaths will occur due to missed screenings, delays in diagnosis and reductions in oncology.

An article published by the BBC titled 'Why most Covid-19 deaths won't be from the virus', states that:

"Across the globe, patients have reported being **denied cancer care, kidney dialysis and urgent transplant surgeries**, with sometimes fatal results."

Tying it all together

Two effective COVID-19 treatments which have garnered a lot of attention recently have been high-dose vitamin C and the pharmaceutical drug called hydroxychloroquine, which was originally developed to treat malaria.

The use of high dose, intravenous vitamin C in treating COVID-19 has been advocated by many alternative health practitioners and even a number of mainstream doctors.

A study titled *Intravenous vitamin C for reduction of cytokines storm in acute respiratory distress syndrome* concludes that:

“The main pathogenesis [of COVID-19] is the acute lung injury that causes ARDS and death. Antioxidants should have a role in the management of these conditions. Appropriate clinical studies and reports demonstrate that a timely administration of high dose IV Vit-C improves the outcome of Covid19 infection.”

However, despite proof of its effectiveness, the media have made a concerted effort to discredit its use.

The other treatment mentioned, hydroxychloroquine, has also been subject to much controversy. Many doctors have claimed to successfully treat COVID-19 patients using this drug while others caution against its use.

This begs the question – what is the similarity between these two treatments and why have they been shown to be effective in the treatment of ‘COVID-19’?

The answer, it seems, lies in their ability to protect the body from toxins, which cause increased production of free radicals leading to oxidative stress.

It is well known that vitamin C is a powerful antioxidant. A study titled ‘Vitamin C as an antioxidant: evaluation of its role in disease prevention’ explains that:

“Antioxidant effects of vitamin C have been demonstrated in many experiments in vitro. Human diseases such as atherosclerosis and cancer might occur in part from oxidant damage to tissues.”

With regards to hydroxychloroquine, Dr. Kaufman, in his March video presentation, explains that it isn’t fully understood how the drug works, although there are studies that show it releases lysosomal enzymes.

Lysosomes are structures within the cell that contain enzymes which aid in the breakdown of degraded proteins, and other waste material. According to Dr. Kaufman, hydroxychloroquine has been shown to release these enzymes into

the cytoplasm of the cell itself. This may allow for the breakdown of intracellular toxins. Dr. Kaufman believes that it may be through this mechanism that hydroxychloroquine is helping certain patients recover from COVID-19.

It's also very important to mention that exosomes (covered earlier in the report) have a function in protecting cells from toxins. In an article published by Science Daily, titled *Newfound cell defense system features toxin-isolating 'sponges'* the author quotes Ken Cadwell, PhD. He states that:

"Exosomes act much like a sponge, preventing the toxins for a time from attacking the cell, while toxins that are not corralled are left to burrow through cell membranes".

All of the evidence presented in this report would indicate that COVID-19 is not caused by a virus but instead is caused by toxic build up due to polluted air, an unhealthy diet, fear-based thoughts, electromagnetic radiation and other environmental and lifestyle factors.

The particles seen under electron microscopes, which scientists have mistaken for viruses, are exosomes released by cells as a protection mechanism.

The mainstream media, through their incessant fearmongering, have planted subconscious beliefs about a scary new 'virus', which manifest as illness, causing the perpetuation of a seeming 'pandemic'.

Lockdowns and other government instituted measures have further contributed to spikes in mortality due to hospital restrictions, loss of jobs and other factors.

Lastly, the somewhat unorthodox treatments mentioned above work by helping the body to detoxify and restore balance to the inner environment. This, as the terrain theory states, is the key to staying healthy.

Therefore, we can conclude that the 'official story' being propagated by mainstream sources is false, serving as a 'smokescreen' for an alternate agenda.

If you found this report interesting, please share it with your friends and family.

Sources:

WHO, *Q&A on coronaviruses (COVID-19)*. April 17, 2020.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>.

Encyclopedia Britannica, *Germ theory*. July 15, 2020.

<https://www.britannica.com/science/pathology>.

Nutritionist Resource, *Germ theory vs terrain theory in relation to the coronavirus*. March 8, 2020.

<https://www.nutritionist-resource.org.uk/memberarticles/germ-theory-vs-terrain-theory-in-relation-to-the-coronavirus>.

Lester, D. & Parker, D., *What Really Makes You Ill?: Why Everything You Thought You Knew About Disease Is Wrong*. December 24, 2019. Independently published.

Berk, A., et al. *Molecular Cell Biology 4th edition*. October 1999.

<https://www.ncbi.nlm.nih.gov/books/NBK21523/>.

Ravindran, M. S., *A Non-enveloped Virus Hijacks Host Disaggregation Machinery to Translocate across the Endoplasmic Reticulum Membrane*. August 5, 2015.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4526233/>.

Torsten, E., Köhnlein, C., *Virus Mania: How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits At Our Expense*. September 19, 2007.

GreenMedInfo, *The Truth About the Germ Theory*. March 1, 2017.

<https://www.greenmedinfo.com/blog/truth-about-germ-theory>.

Lanka, S., *The Misconception Called "Virus"*. January 2020. WissenschaftPlus Magazin.

Kaufman, A., *SPECIAL REPORT: Humanity is NOT a virus!*. March 1, 2020.

<https://www.andrewkaufmanmd.com/episodes-medicamentum-authentica/>.

Hutchinson, E., *Conserved and host-specific features of influenza virion architecture*. September 16, 2014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4167602/>.

Cadwell, K., *The virome in host health and disease*. May 19, 2016.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578625/>.

Moustafa, A. et al, *The blood DNA virome in 8,000 humans*. March 22, 2017.

<https://pubmed.ncbi.nlm.nih.gov/28328962/>.

Science Daily, *Viruses: You've heard the bad; here's the good*. April 30, 2015.

<https://www.sciencedaily.com/releases/2015/04/150430170750.htm>.

Kernbaur, E. et al, *An enteric virus can replace the beneficial function of commensal bacteria*.

November 19, 2014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4257755/>.

Cowan, T., *Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness*. September 3, 2018. Chelsea Green Publishing Company.

GreenMedInfo, *Health Benefits of Measles Infection*.

<https://www.greenmedinfo.com/keyword/health-benefits-measles-infection>.

Yamamoto, H. et al, *Spontaneous improvement of intractable epileptic seizures following acute viral infections*. September 26, 2004. <https://pubmed.ncbi.nlm.nih.gov/15275699/>.

Mota, H. *Infantile Hodgkin's disease: remission after measles*. May 19, 1973. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1589969/>.

Simpanen, E. et al, *Remission of juvenile rheumatoid arthritis (Still's disease) after measles*. November 5, 1977. <https://pubmed.ncbi.nlm.nih.gov/72339/>.

Wang, L-F. Cramer, G, *Emerging zoonotic viral diseases*. August 2014. <https://pubmed.ncbi.nlm.nih.gov/25707184/>.

Kaufman, A. *Evidence that viruses cause disease or the rooster in the river of rats*. April 20, 2020. <https://www.youtube.com/watch?v=NYr2jlf-zZ0>.

Zhou, P et al. *Discovery of a novel coronavirus associated with the recent pneumonia outbreak in humans and its potential bat origin*. February 3, 2020. <https://www.nature.com/articles/s41586-020-2012-7>.

Lanka, S. *Dismantling the virus theory*. June 2015. WisshenshaftPlus Magazin.

Frei, R., Devereux, R. *Scientists Have Utterly Failed to Prove that the Coronavirus Fulfills Koch's Postulates*. June 9, 2020. <https://off-guardian.org/2020/06/09/scientists-have-utterly-failed-to-prove-that-the-coronavirus-fulfills-kochs-postulates/>.

Poletti, P., et al. *Probability of symptoms and critical disease after SARS-CoV-2 infection*. June 15, 2020. <https://arxiv.org/abs/2006.08471>.

Engelbrecht, T., Demeter, K. *COVID19 PCR Tests are Scientifically Meaningless*. Jun 27, 2020. <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>.

Farber, C. *Was the COVID-19 Test Meant to Detect a Virus?*. April 15, 2020. <https://www.greenmedinfo.com/blog/was-covid-19-test-meant-detect-virus>.

Mather, A. *Covid-19 World Mortality Analysis - 4th July Data*. July 5, 2020. <https://www.youtube.com/watch?v=Onbu4vQNkj4>.

Reuters. *WHO concerned about coronavirus cases with no clear epidemiological link*. February 22, 2020. <https://www.reuters.com/article/china-health-who/who-concerned-about-coronavirus-cases-with-no-clear-epidemiological-link-idUSL5N2AM05G>.

Gao, M. et al. *A study on infectivity of asymptomatic SARS-CoV-2 carriers*. May 13, 2020. <https://pubmed.ncbi.nlm.nih.gov/32513410/>.

Crowe, D. *Op-Ed: Does the 2019 Coronavirus Exist?*. March 14, 2020. <https://www.greenmedinfo.com/blog/does-2019-coronavirus-exist>.

Blanchard, B. *Taiwan virus cases jump after ship visit, Palau says not the source*. April 20, 2020. <https://www.reuters.com/article/us-health-coronavirus-taiwan/taiwan-virus-cases-jump-after-ship-visit-palau-says-not-the-source-idUSKBN22218B>.

Worldometer. *COVID-19 CORONAVIRUS PANDEMIC*. <https://www.worldometers.info/coronavirus/> [accessed August 4, 2020].

Wikipedia. *COVID-19 pandemic in Thailand*. https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Thailand [accessed August 4, 2020].

Nanshan, C. et al. *Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study*. January 30, 2020. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30211-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30211-7/fulltext).

CDC. *Guidance for Certifying COVID-19 Deaths*. March 4, 2020. <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-1-Guidance-for-Certifying-COVID-19-Deaths.pdf>.

Pierce, F. *How a 'Toxic Cocktail' Is Posing a Troubling Health Risk in China's Cities*. April 17, 2018. <https://e360.yale.edu/features/how-a-toxic-cocktail-is-posing-a-troubling-health-risk-in-chinese-cities>.

Griffiths, J. *China has made major progress on air pollution. Wuhan protests show there's still a long way to go*. July 11, 2019. <https://edition.cnn.com/2019/07/10/asia/china-wuhan-pollution-problems-intl-hnk/index.html>.

Conticini, E. et al, *Can atmospheric pollution be considered a co-factor in extremely high level of SARS-CoV-2 lethality in Northern Italy?* June 2020. <https://www.sciencedirect.com/science/article/pii/S0269749120320601>.

Regan, H. *21 of the world's 30 cities with the worst air pollution are in India*. February 25, 2020. <https://edition.cnn.com/2020/02/25/health/most-polluted-cities-india-pakistan-intl-hnk/index.html>.

Mani, M., Yamada, T., *Is air pollution aggravating COVID-19 in South Asia?* June 23, 2020. <https://blogs.worldbank.org/endpovertyinsouthasia/air-pollution-aggravating-covid-19-south-asia>.

CDC. *Similarities and Differences between Flu and COVID-19*. July 27, 2020. <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>.

Nordling, L. *SA's flu season has still not arrived - it was supposed to start in April*. June 10, 2020. <https://www.businessinsider.co.za/lockdown-is-curbing-sas-flu-season-2020-5>.

CDC. *South Africa Regional Global Disease Detection Center*. June 2, 2015. <https://www.cdc.gov/globalhealth/countries/southafrica/what/influenza.htm>.

Statistics South Africa. *Mortality and causes of death in South Africa, 2016: Findings from death notification*. February, 2019. <https://www.statssa.gov.za/publications/P03093/P030932016.pdf>.

The Local. *These are the Italian regions worst hit by the flu outbreak*. January 3, 2020. <https://www.thelocal.it/20200103/flu-outbreak-in-italy-should-you-get-vaccinated>.

Rosano, A. et al. *Investigating the impact of influenza on excess mortality in all ages in Italy during recent seasons (2013/14 - 2016/17 seasons)*. August 2019. <https://www.sciencedirect.com/science/article/pii/S1201971219303285>.

Icke, G. *More connections made between falling flu numbers and rising 'Covid-19'. What shall we call 'flu' this year? I know – 'Covid-19'.* July 26, 2020. <https://davidicke.com/2020/07/26/more-connections-made-between-falling-flu-numbers-and-rising-covid-19-what-shall-we-call-flu-this-year-i-know-covid-19/>.

Davies, E. *WORST IN DECADES Almost 3,000 KILLED and 6.5 million sick with the flu already in one of the worst seasons in decades.* January 5, 2020. <https://www.thesun.co.uk/news/10673363/us-flu-season-thousands-killed-millions-sick/>.

Lindlahr, H. *The Philosophy of Natural Therapeutics.* 2002. The C.W. Daniel Company Limited [reprint].

Young, R. *The Truth About Corona and How To Prevent and/or Reverse the "Corona Effect".* April 7, 2020. <https://www.drrobertyoung.com/post/the-truth-about-corona-and-how-to-prevent-and-or-reverse-the-corona-effect>.

NewBraveWorld.org, *5G is dangerous, here's the proof.* July 1, 2020. <https://www.newbraveworld.org/5g-report/>.

BBC. *China rolls out 'one of the world's largest' 5G networks.* November 1, 2019. <https://www.bbc.com/news/business-50258287>.

Telecompaper. *TIM activates 5G network in Brescia and Monza,* December 9, 2020. <https://www.telecompaper.com/news/tim-activates-5g-network-in-brescia-and-monza>.

Welch, C. *Verizon 5G will launch in New York City on September 26th.* September 19, 2019. <https://www.theverge.com/2019/9/19/20873652/verizon-5g-new-york-city-manhattan-brooklyn-bronx-queens>.

Nperf. *5G Coverage Map.* <https://www.nperf.com/en/map/5g> [accessed July 2020].

Rose, J. *U.S. Field Hospitals Stand Down, Most Without Treating Any COVID-19 Patients.* May 7, 2020. <https://www.npr.org/2020/05/07/851712311/u-s-field-hospitals-stand-down-most-without-treating-any-covid-19-patients>.

The Bernician. *NHS Consultant Says Staff Are Being Silenced Over COVID-19.* July 11, 2020. <https://www.thebernician.net/nhs-consultant-says-staff-are-being-silenced-over-covid-19/>.

Hawkins, D. *Healing and Recovery.* May 1, 2009. Veritas Publishing Company.

Pospichal, J. *Questions for lockdown apologists.* May 24, 2020. <https://medium.com/@JohnPospichal/questions-for-lockdown-apologists-32a9bbf2e247>.

Rancourt, D. *All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response.* June 2, 2020. https://www.researchgate.net/publication/341832637_All-cause_mortality_during_COVID-19_No_plague_and_a_likely_signature_of_mass_homicide_by_government_response.

Nelson, R. *More Than 10,000 Excess Cancer Deaths due to COVID-19 Delays.* June 24, 2020. <https://www.medscape.com/viewarticle/932858>.

Corvett, Z. *Why most Covid-19 deaths won't be from the virus.* May 29, 2020. <https://www.bbc.com/future/article/20200528-why-most-covid-19-deaths-wont-be-from-the-virus>.

Boretti, A., Banik, K., B. *Intravenous vitamin C for reduction of cytokines storm in acute respiratory distress syndrome*. April 21, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7172861/>.

Ledford, H. *Safety fears over drug hyped to treat the coronavirus spark global confusion*. May 29, 2020. <https://www.nature.com/articles/d41586-020-01599-9>.

Padayatty, J., S et al. *Vitamin C as an antioxidant: evaluation of its role in disease prevention*. February 2003. <https://pubmed.ncbi.nlm.nih.gov/12569111/>.

NYU Langone Health / NYU School of Medicine. *Newfound cell defense system features toxin-isolating 'sponges'*. March 4, 2020. www.sciencedaily.com/releases/2020/03/200304141631.htm.