

Covid-19 is a Deception

Here's Why

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COVID-19 IS A DECEPTION – HERE’S WHY

This work is a compilation of the findings of some of my research in 2020 into the claimed

Covid-19 pandemic

‘All tyrannies rule through fraud and force, but once the fraud is exposed they must rely exclusively on force.’ George Orwell

No irrefutable evidence for the existence of Sars-CoV2

The CDC (Centres for Disease Control and Prevention) headquartered in Atlanta, Georgia published, on its website, a research paper from its journal, *Emerging Infectious Disease* (Volume 26, Number 6) dated June 2020 and titled ***‘Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States’*** [1]. The original publication was in March 2020. The abstract of the paper states:

‘The etiologic agent of an outbreak of pneumonia in Wuhan, China, was identified as severe acute respiratory syndrome coronavirus 2 in January 2020. A patient in the United States was given a diagnosis of infection with this virus by the state of Washington and the US Centers for Disease Control and Prevention on January 20, 2020. We isolated virus from nasopharyngeal and oropharyngeal specimens from this patient and characterized the viral sequence, replication properties, and cell culture tropism. We found that the virus replicates to high titer in Vero-CCL81 cells and Vero E6 cells in the absence of trypsin. We also deposited the virus into 2 virus repositories, making it broadly available to the public health and research communities. We hope that open access to this reagent will expedite development of medical countermeasures.

The purpose of the paper was for a group of more than 30 virologists to describe their isolation, purification and biological characterization of the new virus, SARS-CoV2, said to be causing Covid-19 (Severe Acute Respiratory Syndrome Coronavirus 2) and to share this information with other researchers. This crucial paper was scrutinized by Dr. Tom Cowan, author of *‘The Contagion Myth – Why Viruses (including “Coronavirus”) are Not the Cause of Disease’* who made some shocking discoveries. Here are his words: [2]

“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 researchers claim they decided which is the real genome of SARS-CoV-2 by ‘consensus,’ sort of like a vote. Again, different computer programs will come up with different versions of the imaginary ‘unicorn,’ so they come together as a group and decide which is the real imaginary unicorn.”

In essence what Dr. Cowan is saying is that the researchers did not base their research into the sequencing of the SARS-CoV-2 on the scientific method but instead chose to make assumptions and arrive at subjective conclusions in this regard. Furthermore, based on their *assumption* that they had discovered a new virus given the fact that they had not isolated it, these researchers then attempted to show its assumed harmfulness by inoculating what they believed to be the virus into several types of cells in the laboratory. Dr Cowan further states:

“The real blockbuster finding in this study comes later, a finding so shocking that I had to read it many times before I could believe what I was reading. Let me quote the passage intact:”

“Therefore, 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), human liver cells (HUH 7.0), and human embryonic kidney cells (HEK-293T). In addition to Vero E6 and Vero CCL81 cells [monkey cells]. ... Each cell line was inoculated at high multiplicity of infection and examined 24h post-infection. No CPE was observed in any of the cell lines except in Vero [monkey] cells, which grew to greater than 10 to the 7th power at 24 h post-infection. In contrast, HUH 7.0 and 293T showed only modest viral replication, and A549 cells [human cells] were incompatible with SARS CoV-2 infection’.”

“What does this language actually mean, and why is it the most shocking statement of all from the virology community? When virologists attempt to prove infection, they have three possible ‘hosts’ or models on which they can test...”

“The third method virologists use to prove infection and pathogenicity — the method they most rely on — is inoculation of solutions they say contain the virus onto a variety of tissue cultures. As I have pointed out many times, such inoculation has never been shown to kill (lyse) the tissue, unless the tissue is first starved and poisoned.”

“The shocking thing about the above [CDC journal] quote is that using their own methods, the virologists found that solutions containing SARS-CoV-2 — even in high amounts — were NOT, I repeat NOT, infective to any of the three human tissue cultures they tested. In plain English, this means they proved, on their terms, that this ‘new coronavirus’ is not infectious to human beings. It is ONLY infective to monkey kidney cells, and only then when you add two potent drugs (gentamicin and amphotericin), known to be toxic to kidneys, to the mix.”

“My friends, read this again and again. These virologists, published by the CDC, performed a clear proof, on their terms, showing that the SARS-CoV- 2 virus is harmless to human beings. That is the only possible conclusion, but, unfortunately, this result is not even mentioned in their conclusion. They simply say they can provide virus stocks cultured only on monkey Vero cells, thanks for coming.”

According to Jon Rappoport, veteran reporter and author, who has more than thirty years experience in investigating fake pandemics, the “discovery” of the “new virus” was actually the foisting of a PRE-DETERMINED STORY ABOUT A VIRUS. Nothing real or believable about it. But, he says, once the official pattern is laid down others follow it dutifully.

Rappoport is absolutely correct since the CDC itself has admitted that the virus is not available! A document of it dated July 13, 2020 and titled **“CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel”** states the following on page 39 in the section titled ‘Performance Characteristics’: *“Since no quantified virus isolates of the 2019-nCoV are currently available, assays [diagnostic tests] designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA...”* [3]

So, the Centres for Disease Control and Prevention, the national public health institute in the United States has actually admitted that no quantified virus isolates of the 2019-nCoV are currently available! Obviously if the virus exists it can be quantified. But quantifying it is not possible since the CDC has no virus to quantify! It has no isolated specimen of the SARS-CoV2 available. Which means that no one has an isolated specimen of this virus since no one has isolated it or provided irrefutable evidence that they have. In the absence of irrefutable evidence for the existence of this virus, believing that it exists is a delusion. How many across the world, scientists, politicians and laymen alike suffer from this delusion?

Further evidence that the SARS-CoV2 was not isolated and sequenced comes from an article titled **‘COVID19 PCR Tests are Scientifically Meaningless - Though the whole world relies on RT-PCR to “diagnose” Sars-Cov-2 infection, the science is clear: they are not fit for purpose’** which was published on the off-guardian.org website and dated June 27, 2020 [4]. This article was penned by Torsten Egelbrecht, German award-winning journalist and co-author of *Virus Mania – How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits At Our Expense* and freelance photographer and independent researcher, Konstatntin Demeter. Below is an excerpt from this article:

‘NO PROOF FOR THE RNA BEING OF VIRAL ORIGIN

Now the question is: What is required first for virus isolation/proof? We need to know where the RNA for which the PCR tests are calibrated comes from.

As textbooks (e.g., White/Fenner. Medical Virology, 1986, p. 9) as well as leading virus researchers such as Luc Montagnier and Dominic Dwyer state, particle purification — i.e. the separation of an object from everything else that is not that object, as for instance Nobel laureate Marie Curie purified 100 mg of radium chloride in 1898 by extracting it from tons of pitchblende — is an essential pre-requisite for proving the existence of a virus, and thus to prove that the RNA from the particle in question comes from a new virus.

The reason for this is that PCR is extremely sensitive, which means it can detect even the smallest pieces of DNA or RNA — but it cannot determine where these particles came from. That has to be determined beforehand.

And because the PCR tests are calibrated for gene sequences (in this case RNA sequences because SARS-CoV-2 is believed to be a RNA virus), we have to know that these gene snippets are part of the looked-for virus. And to know that, correct isolation and purification of the presumed virus has to be executed.

Hence, we have asked the science teams of the relevant papers which are referred to in the context of SARS-CoV-2 for proof whether the electron-microscopic shots depicted in their in vitro experiments show purified viruses.

But not a single team could answer that question with “Yes” — and NB., nobody said purification was not a necessary step. We only got answers like “No, we did not obtain an electron micrograph showing the degree of purification” (see below).

We asked several study authors “Do your electron micrographs show the purified virus?”, they gave the following responses:

Study 1: Leo L. M. Poon; Malik Peiris. “Emergence of a novel human coronavirus threatening human health” *Nature Medicine*, March 2020 [5]

Replying Author: Malik Peiris

Date: May 12, 2020

Answer: *“The image is the virus budding from an infected cell. It is not purified virus.”*

Study 2: Myung-Guk Han et al. “Identification of Coronavirus Isolated from a Patient in Korea with COVID-19”, *Osong Public Health and Research Perspectives*, February 2020 [6]

Replying Author: Myung-Guk Han

Date: May 6, 2020

Answer: *“We could not estimate the degree of purification because we do not purify and concentrate the virus cultured in cells.”*

Study 3: Wan Beom Park et al. “Virus Isolation from the First Patient with SARS-CoV-2 in Korea”, *Journal of Korean Medical Science*, February 24, 2020 [7]

Replying Author: Wan Beom Park

Date: March 19, 2020

Answer: *“We did not obtain an electron micrograph showing the degree of purification.”*

Study 4: Na Zhu et al., “A Novel Coronavirus from Patients with Pneumonia in China”, 2019, *New England Journal of Medicine*, February 20, 2020 [8]

Replying Author: Wenjie Tan

Date: March 18, 2020

Answer: “[We show] an image of sedimented virus particles, not purified ones.”

Regarding the mentioned papers it is clear that what is shown in the electron micrographs (EMs) is the end result of the experiment, meaning there is no other result that they could have made EMs from.

That is to say, if the authors of these studies concede that their published EMs do not show purified particles, then they definitely do not possess purified particles claimed to be viral. (In this context, it has to be remarked that some researchers use the term “isolation” in their papers, but the procedures described therein do not represent a proper isolation (purification) process. Consequently, in this context the term “isolation” is misused).

Thus, the authors of four of the principal, early 2020 papers claiming discovery of a new coronavirus concede they had no proof that the origin of the virus genome was viral-like particles or cellular debris, pure or impure, or particles of any kind. In other words, the existence of SARS-CoV-2 RNA is based on faith, not fact.

Invalidity of methods and tests used to diagnose Covid-19

Diagnosis of Covid-19 is made based on the following:

- 1. Symptoms**
- 2. RT-PCR**
- 3. Antibody Test**

Symptoms

*According to the CDC website, ‘People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms **may** have COVID-19 (emphasis added): Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhoea. This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.’*

It is important to note that most of these symptoms are the same as those that occur with exposure to electromagnetic radiation. Covid-19 is in fact not a new or unique condition with its own unique set of signs and symptoms.

Below is a table of signs, symptoms and conditions resulting from exposure to electromagnetic radiation:

Headaches	Difficulty Concentrating	Tinnitus
Dizziness	Memory Loss	Hearing Loss
Nausea	Brain Damage	Irregular Sleep Pattern
Skin Rash	Mood Disorder	Insomnia
Itchy Skin	Personality Disorder	Chronic Fatigue
Burning Skin Sensation	Increased Irritability	Deteriorating Vision
Tingling Sensation	Decreasing Trust in People	Pressure in/behind eyes
Tremors	Depression	Eye Damage
Muscle Spasms	Anxiety	Cataracts
Muscle and Joint Pain	ADHD/ADD	Immune Abnormalities
Restless Leg Syndrome	Digestive Issues	Altered Sugar Metabolism
Foot Issues	Abdominal Pain	Asthma Attacks
Low/High Pressure	Enlarged Thyroid	Bronchitis
Facial Flushing	Hair Loss	Pneumonia
Dehydration	Testicular/Ovarian Pain Low	Inflamed Sinuses
Body Metals Redistribution	Sperm Motility	Chest Pain/Pressure
Leukemia	Miscarriage	Heart Arrhythmia
Lymphoma	Electromagnetic Sensitivity	Heart Palpitations

RT-PCR Test

‘Scientists are doing an awful lot of damage to the world in the name of helping it. I don’t mind attacking my own fraternity because I am ashamed of it.’ These are words of Kary Banks Mullis, inventor of the Polymerase Chain Reaction test and recipient of the Nobel Prize for this achievement. Mullis was an American biochemist who shared the Nobel Prize in Chemistry with Michael Smith in 1993. He was also awarded the Japan Prize in the same year. Mullis specifically stated that his test should not be used to diagnosis viral infections since it was not a diagnostic tool.

In an article, ***‘Was the COVID-19 Test Meant to Detect a Virus?’*** dated April 7, 2020 on the UncoverDC website [9] award-winning investigative journalist Celia Farber (she is the recipient of the Semmelweis International Society Clean Hands Award for Investigative Journalism) states that the inventor of the “Corona Test” would have warned us not to use it to detect a virus. She says that PCR is simply a thermal cycling method used to make up to billions of copies of a specific DNA sample, making it large enough to study. PCR is a needle-in-a-haystack technology that can be extremely misleading in “the diagnosis of infectious diseases.” She indicates that she conducted a two-hour interview with David Crow (Canadian researcher, with a degree in biology and mathematics, host of *The Infectious Myth* podcast and President of the think-tank *Rethinking AIDS*) who broke down the problems with the PCR-based Corona test in great detail, revealing a world of unimaginable complexity, as well as trickery. Crowe said that the first thing to know is that the test is not binary and in fact he didn’t think there are any tests for infectious disease that are positive or negative. He then went on to provide a lengthy and detailed explanation of the PCR test. Given the widespread incorrect use and misinterpretation of his invention, Farber asked Crowe what he thought Kary Mullis would say about this explosion of PCR insanity. Crowe replied, *“I’m sad that he isn’t here to defend his manufacturing technique. Kary did not invent a test. He invented a very powerful manufacturing technique that is being abused. What are the best applications for PCR? Not medical diagnostics. He knew that and he always said that.”*

In the article ***‘COVID19 PCR Tests are Scientifically Meaningless - Though the whole world relies on RT-PCR to “diagnose” Sars-Cov-2 infection, the science is clear: they are not fit for purpose’*** mentioned above, it also states:

‘Lockdowns and hygienic measures around the world are based on numbers of cases and mortality rates created by the so-called SARS-CoV-2 RT-PCR tests used to identify “positive” patients, whereby “positive” is usually equated with “infected.” But looking closely at the facts, the conclusion is that these PCR tests are meaningless as a diagnostic tool to determine an alleged infection by a supposedly new virus called SARS-CoV-2.’

Regarding the lack of a gold standard for the PCR test, the authors state:

*‘It is worth mentioning that the PCR tests used to identify so-called COVID-19 patients presumably infected by what is called SARS-CoV-2 do not have a valid gold standard to compare them with. This is a fundamental point. Tests need to be evaluated to determine their preciseness — strictly speaking their “sensitivity” and “specificity” — by comparison with a “gold standard,” meaning the most accurate method available. As an example, for a pregnancy test the gold standard would be the pregnancy itself. But as Australian infectious diseases specialist Sanjaya Senanayake, for example, stated in an **ABC TV interview** in an answer to the question “How accurate is the [COVID-19] testing?*

“If we had a new test for picking up [the bacterium] golden staph in blood, we’ve already got blood cultures, that’s our gold standard we’ve been using for decades, and we could match this new test against that. But for COVID-19 we don’t have a gold standard test.”

Further along the authors say:

‘We have also contacted Dr Charles Calisher, who is a seasoned virologist. In 2001, Science published an “impassioned plea...to the younger generation” from several veteran virologists, among them Calisher, saying that:

[modern virus detection methods like] sleek polymerase chain reaction [...] tell little or nothing about how a virus multiplies, which animals carry it, [or] how it makes people sick. [It is] like trying to say whether somebody has bad breath by looking at his fingerprint.”

‘And that’s why we asked Dr Calisher whether he knows one single paper in which SARS-CoV-2 has been isolated and finally really purified. His answer:’

I know of no such a publication. I have kept an eye out for one.

‘This actually means that one cannot conclude that the RNA gene sequences, which the scientists took from the tissue samples prepared in the mentioned in vitro trials and for which the PCR tests are finally being “calibrated,” belong to a specific virus — in this case SARS-CoV-2.’

‘In addition, there is no scientific proof that those RNA sequences are the causative agent of what is called COVID-19.’

Furthermore, under the section ‘IRRATIONAL RESULTS’, they say:

*'It is also certain that we cannot know the false positive rate of the PCR tests without widespread testing of people who certainly do not have the virus, proven by a method which is independent of the test (having a solid gold standard). Therefore, it is hardly surprising that there are several papers illustrating irrational test results. For example, already in February the health authority in China's Guangdong province reported that people have fully recovered from illness blamed on COVID-19, started to test "negative," and then tested **"positive" again**. A month later, a paper published in the Journal of Medical Virology showed that 29 out of 610 patients at a hospital in Wuhan had 3 to 6 test results that flipped between **"negative", "positive" and "dubious"**. A third example is a study from Singapore in which tests were carried out almost daily on 18 patients and the majority went from "positive" to "negative" back to "positive" at least once, and **up to five times in one patient**. Even Wang Chen, president of the Chinese Academy of Medical Sciences, conceded in February that the PCR tests are **"only 30 to 50 per cent accurate"**; while Sin Hang Lee from the Milford Molecular Diagnostics Laboratory sent a **letter to the WHO's coronavirus response team** and to Anthony S. Fauci on March 22, 2020, saying that:*

It has been widely reported in the social media that the RT-qPCR [Reverse Transcriptase quantitative PCR] test kits used to detect SARSCoV-2 RNA in human specimens are generating many false positive results and are not sensitive enough to detect some real positive cases."

'In other words, even if we theoretically assume that these PCR tests can really detect a viral infection, the tests would be practically worthless, and would only cause an unfounded scare among the "positive" people tested', the authors continued.

Further on they refer to the document mentioned previously, namely. **"CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel"** indicating that the CDC and FDA concede in their files that the so-called "SARS-CoV-2 RT-PCR tests" are not suitable for SARS-CoV-2 diagnosis. For example, it says:

Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms"

And:

This test cannot rule out diseases caused by other bacterial or viral pathogens."

And the **FDA admits that:**

positive results [...] do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease."

They go on to say:

*'Remarkably, in the instruction manuals of PCR tests we can also read that they are not intended as a diagnostic test, as for instance in those by **Altona Diagnostics** and **Creative Diagnostics**. To quote*

another one, in the product announcement of the LightMix Modular Assays produced by **TIB Molbiol** — which were developed using the Corman et al. protocol — and distributed by **Roche** we can read:

These assays are not intended for use as an aid in the diagnosis of coronavirus infection”

And:

For research use only. Not for use in diagnostic procedures.”

Regarding the claim that the RT-PCR can measure viral load, they say:

*‘There is also reason to conclude that the PCR test from Roche and others cannot even detect the **targeted genes**. Moreover, in the product descriptions of the RT-qPCR tests for SARS-COV-2 it says they are “**qualitative**” tests, contrary to the fact that the “q” in “qPCR” stands for “quantitative.” And if these tests are not “quantitative” tests, **they don’t show how many viral particles are in the body**. That is crucial because, in order to even begin talking about actual illness in the real world not only in a laboratory, the patient would need to have millions and millions of viral particles actively replicating in their body. That is to say, the CDC, the WHO, the FDA or the RKI may assert that the tests can measure the so-called “**viral load**,” i.e. how many viral particles are in the body. “But this has never been proven. That is an enormous scandal,” as the journalist Jon Rappoport points out. This is not only because the term “viral load” is a deception. If you put the question “what is viral load?” at a dinner party, people take it to mean viruses circulating in the bloodstream. They’re surprised to learn it’s actually RNA molecules. Also, to prove beyond any doubt that the PCR can measure how much a person is “burdened” with a disease-causing virus, the following experiment would have had to be carried out (which has not yet happened):*

You take, let’s say, a few hundred or even thousand people and remove tissue samples from them. Make sure the people who take the samples do not perform the test. The testers will never know who the patients are and what condition they’re in. The testers run their PCR on the tissue samples. In each case, they say which virus they found and how much of it they found. Then, for example, in patients 29, 86, 199, 272, and 293 they found a great deal of what they claim is a virus. Now we un-blind those patients. They should all be sick, because they have so much virus replicating in their bodies. But are they really sick — or are they fit as a fiddle?

*With the help of the aforementioned lawyer Viviane Fischer, I finally got the Charité to also answer the question of whether the test developed by Corman et al. — the so-called “**Drosten PCR test**” — is a quantitative test. But the Charité was not willing to answer this question with “Yes”. Instead, the Charité wrote:*

If real-time RT-PCR is involved, to the knowledge of the Charité in most cases these are [...] limited to qualitative detection.”

*Furthermore, the “Drosten PCR test” uses the unspecific E-gene assay as **preliminary assay**, while the Institut Pasteur uses the same assay as **confirmatory assay**. According to **Corman et al.**, the E-gene*

assay is likely to detect all Asian viruses, while the other assays in both tests are supposed to be more specific for sequences labelled "SARS-CoV-2". Besides the questionable purpose of having either a preliminary or a confirmatory test that is likely to detect all Asian viruses, at the beginning of April the WHO changed the algorithm, recommending that from then on a test can be regarded as "positive" even if just the E-gene assay (which is likely to detect all Asian viruses!) gives a "positive" result. This means that a confirmed unspecific test result is officially sold as specific. That change of algorithm increased the "case" numbers. Tests using the E-gene assay are produced for example by Roche, TIB Molbiol and R-Biopharm.'

Further evidence that the RT-PCR test is invalid comes from previously-mentioned Dr Anthony Stephen Fauci, American Physician and Immunologist who has served as the director of the National Institute of Allergy and Infectious Diseases since 1984. Since January 2020, he has been one of the lead members of the Trump administration's White House Coronavirus Task Force addressing the COVID-19 pandemic. On July 16, 2020 on the *"This Week in Virology"* podcast Dr Fauci alluded to the fact that the PCR test for Sars-CoV2 is useless and misleading when it is run at 35 or more cycles and will produce a false positive result [10]. A positive result of course means that infection is present. The Food and Drug Administration (FDA) in the US authorizes the use of the PCR test and recommends that it should be run up to 40 cycles and not below 35. Laboratories running the test to 35 cycles and above are acting fraudulently either out of ignorance or willfully. They are criminally causing millions of people, at least in America, to be falsely diagnosed with Covid-19 on the basis of false positive results. And of course, the lockdowns and their devastating consequences are based on these false positive results. Extrapolate this scenario globally and you have the commission of a monstrous crime against humanity.

And it is not only Fauci who has admitted that the PCR test is useless. The World Health Organization itself has too! This article by Helena Glass, *'CoVid Science Reveals – Test is Worthless According to World Health Organization!'* [11] explains.

A further explanation of the inappropriateness of the RT-PCR test in diagnosing Covid-19 is provided in this document, *'SARS-COV 2 VIRUS HAS NEVER BEEN ISOLATED. COVID-19 SWABS PRODUCE UP TO 95% OF FALSE POSITIVES ALL CERTIFIED BY HEALTH AUTHORITIES With the most complete analysis on Covid-19 test'* [APPENDIX 1] and *'THE INVENTED PANDEMIC, the lack of VIRUS ISOLATION and the INVALID COVID-19 test'* by Dr Stefano Scoglio [APPENDIX 2]

Antibody Test

In an interview of Dr. Stoyan Alexov, president of the Bulgarian Pathology Association, by Dr. Stoycho Katsarov, chair of the Centre of protection of citizens' rights, regarding the European Society of Pathology, May 8, 2020, webinar titled *'COVID-19: Unprecedented Challenges in Pathology Departments Across Europe'*, Dr. Alexov stated that several pathologists in Europe have said that there are no specific monoclonal antibodies to the coronavirus. There are no such antibodies that can be used to prove coronavirus is present in a biopsy or in autopsy tissues. [12]

Furthermore, the Food and drug Administration (FDA) on its website states the following:

**‘Important Information on the Use of Serological (Antibody) Tests for COVID-19 –
Letter to Health Care Providers**

The U.S. Food and Drug Administration (FDA) recommends that health care providers continue to use serological tests intended to detect antibodies to SARS-CoV-2 to help identify people who may have been exposed to the SARS-CoV-2 virus or have recovered from the COVID-19 infection. Health care providers should also be aware of the limitations of these tests and the risks to patients and the community if the test results are used as the sole basis to diagnose COVID-19.

The FDA is not aware of an antibody test that has been validated for diagnosis of SARS-CoV-2 infection. While the FDA remains open to receiving submissions for these tests for such uses, based on the underlying scientific principles of antibody tests, the FDA does not expect that an antibody test can be shown to definitively diagnose or exclude SARS-CoV-2 infection.’ [13]

The unreliability and invalidity of the antibody test is described in an article by Makia Freeman, **‘COVID Antibody Tests: Here Comes More Trickery and Fakeness’** published on The Freedom Articles website [14]. He states that the COVID antibody tests are an important element in the game to control the public and that a closer look reveals they are unreliable and their results can be interpreted any way you like. The implications are that antibodies are not a true measure of immunity and that those controlling the world will undoubtedly try to exploit people's ignorance in this area to trick them. In this regard he provides some quotes from the whale.to website [15]:

“A titer test does not and cannot measure immunity, because immunity to specific viruses is reliant not on antibodies, but on memory cells, which we have no way to measure. Memory cells are what prompt the immune system to create antibodies and dispatch them to an infection caused by the virus it “remembers.” Memory cells don’t need “reminders” in the form of re-vaccination to keep producing antibodies.” (Science, 1999; “Immune system’s memory does not need reminders.”) [ACCESS to JUSTICE. MMR10 – IN EUROPE](#) [16]

“The fallacy of this (antibody theory) was exposed nearly 50 years ago, which is hardly recent. A report published by the Medical Research Council entitled ‘A study of diphtheria in two areas of Gt. Britain, Special report series 272, HMSO 1950 demonstrated that many of the diphtheria patients had high levels of circulating antibodies, whereas many of the contacts who remained perfectly well had low antibody.” – Magda Taylor, [Informed Parent](#) [17]

“Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn’t mean a thing. The only true antibodies, of course, are those you get naturally. What we’re doing [when we inject vaccines] is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you’re asking for all sorts of trouble, and we don’t believe it works.”— [Glen Dettman Ph.D.](#), interviewed by Jay Patrick, and quoted in “The Great American Deception,” Let’s Live, December 1976, p. 57 [18]

“Many measles vaccine efficacy studies relate to their ability to stimulate an antibody response (sero-conversion or sero-response). An antibody response does not necessarily equate to immunity ... the level of antibody needed for effective immunity is different in each individual ... immunity can be

demonstrated in individuals with a low or no detectable levels of antibody. Similarly, in other individuals with higher levels of antibody there may be no immunity.” – [Trevor Gunn BSc](#) [19]

“I’m absolutely sure that **no** antibody test in medicine has any absolute meaning. Especially in HIV antibody testing, it is clear that the antibodies that are detected in the test are present in everybody. Some people have them in higher concentrations, and some in lower concentrations, but only when you reach a very high level of antibodies — much higher than in **any** other antibody testing — are you considered to be “positive.” This is a contradiction in terms because in other antibody tests, the **lower** your level of antibodies, the higher your risk for a symptomatic infection. But with HIV they say you are “positive” **only** when you have reached a very high level of antibodies. **Below** this level, you are said to be negative.” – [\[1995\] INTERVIEW STEFAN LANKA](#) [20]

He also provides quotes from David Crowe’s brilliant synopsis of the problems of COVID antibody tests, **‘Antibody Testing for COVID-19.’**: [APPENDIX 3]

“Almost 14% of saved blood from old donations tested positive in a Dutch study, and in the validation of the Cellex and Chembio tests, 4.4% and 3.6% of old samples were positive. The idealized antibody model is based on the date of infection as the starting point, but this date is never known with certainty. Even when someone came into contact with a COVID-19 RNA positive person on a certain date that is not a guarantee that this was the date of infection, given that, prior to the lockdown, people could apparently be infected while playing in the park, eating at a restaurant, walking down the street, attending a concert, or participating in any other now banned activity. When antibody surveys are performed, the vast majority of people who test positive had no idea that they had previously been infected, and cannot possibly be sure about the date.”

“But a far bigger problem is that the number produced is impossible to validate. When 1.5% of Santa Clara volunteers tested positive, it was assumed that that was truth. This ‘truth’ asserts that all of these people were RNA-positive at some point in the recent past. But there is absolutely no evidence for this. The ‘truth’ assumes that all the people were negative for COVID-19 antibodies prior to the assumed period of RNA-positivity. But there is absolutely no evidence for this.”

“Other problems with antibody tests include a significant number of samples testing antibody-positive from people who were COVID-19 RNA-negative (although some had ‘COVID-like’ symptoms), with no evidence that the person was ever infected. In one Chinese study the positive rate on presumably never infected people was 25%.”

“... different manufacturers found a significant percentage of samples positive for COVID-19 antibodies, that were known not to have COVID-19, but instead contained other viruses, bacteria or mycoplasma, or were from people with auto-immune conditions, indicating that the antibodies are not specific. For example, 10% of Hepatitis B samples were positive, 33% of Respiratory Syncytia Virus, 10% of auto-antibodies and 17% of Streptococcus.

Freeman also provides an explanation of the New World Order controllers could use COVID antibody testing for nefarious purposes. He says:

“Antibody tests are clearly flawed in numerous ways – and this opens the door for them to be used (like so many other things) in the ‘name of science’ to achieve highly destructive agendas. It’s all about interpretation, which is a form of perception. I have stated emphatically many times that we are in the

midst of a **perception war**. Operation Coronavirus is all about **perception management**, starting with controlling people's perception of the true nature of viruses and disease. Perception is all important in the interpretation of the results. For example, authorities could claim that people who are antibody-positive must be isolated, quarantined and subjected to absurd unscientific rules (social distancing, mask wearing, etc.) because the antibodies are evidence they are currently infected or sick. On the other hand, authorities could claim that people who are antibody positive are now immune and well, since the antibodies show they already had COVID and successfully defeated it, and that people who are antibody negative must be monitored and feared, because without the antibodies they are not immune and could become infected and spread it to others (and thus 'a threat to everyone' or other such nonsense). A third example is that authorities could claim that if the number of people who are antibody positive remains below the level of 'herd immunity' (90% or so), then we must have mandatory vaccination (a long cherished NWO agenda) to 'protect public health' (or other such nonsense). The capacity to manipulate the meaning of the results is endless.'

And concludes the article with these words:

'So, as the world rushes into COVID antibody testing and contact tracing, it is always worth examining the basis of the official narrative, because without fail it turns out to be built on lies and propaganda. High antibody levels don't equate to immunity, and they can mean anything under the sun depending on how they are interpreted. We know the plan is for digital certificates and immunity passports. Will these immunity passports be based on (unreliable) antibody tests before they roll out a COVID vaccine? Stay aware and question every aspect of this agenda.'

Jon Rappoport has also analyzed Crowe's brilliant synopsis and had this to say about it: [20]

'I can safely say it is the most detailed analysis of the tests anyone will ever read. It approaches the subject from a number of angles, and includes a breakdown of the test-kit manufacturers and the comparative results of their efforts to bring a useful test to the public.'

In this article Rappoport also provides several devastating excerpts from Crowe's very deep dive:

"The only jurisdiction with a formal structure for approval of antibody tests is the United States but, until very recently, it was a complete joke, as the test manufacturers did not need to provide validation data. Now it is only a partial joke, as validation data must be provided, but the FDA can only do a paper analysis. Imagine if auto-manufacturers had to build cars to certain EPA (US Environmental Protection Agency) fuel efficiency standards, but rather than sending a car to the EPA for testing, they could do the testing at their facilities, and just send the results in afterwards..."

"Antibody tests are often subject to cross-reactions with other conditions. This could be because the [other irrelevant] medical condition produces similar antibodies, or because something related to that [other] condition reacts with other test components. The choice of [cross-reacting] conditions to check for is completely under the control of the manufacturer and even when no cross reactions were found for a condition, the number of samples tested was so small that the possibility of a fairly high rate of false positive cross reactions still exists."

"Positive antibody tests have only been found in a minority of people in the general population even where the virus is believed to have been circulating for months. These fractions are generally taken as

truth, but one would expect a highly infectious virus to have spread much more widely...The one experiment that could show whether antibody tests are actually meaningful would be a time series of a large number of people who are currently negative on all tests. This experiment would be time consuming, inefficient (as many people would never become positive on any tests), intrusive (frequent nasal swabs and blood tests) and obviously very expensive. Those are practical considerations, but in the absence of such an experiment we are almost totally in the dark about COVID-19 antibody testing. Given the billions being spent on COVID and the trillions being lost by the economy, it surely is not impossible to do some worthwhile science."

Rappoport concludes by saying:

'David Crowe's paper demands widespread notice and very careful study. He has provided a great service. Superficial reliance on antibody tests has no connection to real science. Yet, the so-called experts are using these tests to make momentous decisions about the present and future of humans on Earth.

The official experts have literally taken over governments in a grand coup. They must be rejected on every level.

David Crowe's publication, **'Flaws in the Coronavirus Pandemic Theory'** is also recommended reading regarding the false Covid-19 pandemic. [APPENDIX 4]

Further recommended reading in this regard are the following articles:

'SARS-CoV-2 -The Stitched Together, Frankenstein Virus' [21]

'The Virus that isn't There, Genetic Sequencing and the Magic Trick' [22]

There is no Covid-19 Pandemic

An article, **'There Is no Covid and There Is no Pandemic: There Is Only Deception and Tyranny'** by Gary D. Barnett published on the LewRockwell.com website on 24 October 2020 states: [23]

"All tyrannies rule through fraud and force, but once the fraud is exposed, they must rely exclusively on force." George Orwell

'It is important to point out that this information is not new, it is not surprising, it is not "conspiracy theory," and it will not be reported in the mainstream media. It is however, illustrative of the blatant deception and criminal fraud being pursued by not only the claimed ruling 'elite,' but by the entire political class and the CDC as well. This fraud is being perpetrated and advanced by those pretending to represent all of you; those immoral and evil people that make up what is called government. They promise to uphold a duty to protect society from any infringement on its liberty, but the opposite of course is the case. All that is certain about politicians, the lowest form of human on earth, is that they at every level are the most dangerous enemy of mankind.

The information that outlines this hoax comes directly from the CDC. The report in question is called the: Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States. The analysis was done by Dr. Tom Cowan, and reported on by Jon Rappoport. While this report is somewhat complicated to read by the layperson, it is very clear in that it exposes the absolute fraud involved in attempting to cover up that no real isolation or proof that SARS-CoV-2 exists has ever been

accomplished. This is evident in that the CDC's own report exposes this fact, while attempting to show otherwise. This is pure deception based on the CDC's belief that the American public is too stupid to understand their dishonest trickery.

Rappoport's analysis is spot on, and goes into great detail about the unscientific and asinine methods used to attempt to hide the truth in a lie. The CDC article in question was discovered by Sally Fallon Morrell. Her co-author, Dr. Cowen, exposes the fraud in his article titled: "Only Poisoned Monkey Kidney Cells 'Grew' the 'Virus'." The entire process was a scam, just like the virus is a scam. Of course, none of this is about any deadly virus; it is only about using a make-believe virus as an instrument of fear in order to gain mass compliance so as to achieve the total submission of billions of people. In that light, this entire episode in the U.S. could be classified as a false flag operation, but instead of attempting to use misplaced terror to go to war against another country, this war sought will be against the citizens of America and the world.

In simple terms, the basis of all this analysis is that no isolation, separation, or identification of any deadly novel coronavirus has ever occurred. The CDC report makes clear that instead of isolating and doing any proper gene sequencing, only 37 pairs of completely unpurified samples out of approximately 30,000 were tested by using PCR probes. No PCR test can isolate or identify this 'virus.' No PCR test can diagnose anything referred to as Covid-19. In addition, this information was put into a computer program, which is scientific and manipulated fraud. A consensus method was then used to decide the results of this fraudulent isolation 'attempt,' negating any true science whatsoever. The entirety of this so-called analysis was nothing more than a premeditated attempt to deceive the public, and to advance propaganda so treacherous as to have the ability to shut down the world, cause future mass death and destruction, and destroy the economy of this country and beyond.

As I reported in [this article](#), the numbers of deaths worldwide this year are close to the same or less than last year. In other words, there are no additional deaths worldwide, and a similar analysis of the United States deaths shows the same conclusion. That conclusion is that there are no additional deaths. So where is the 'pandemic?' It seems those deaths due to cancer, heart disease, diabetes, and many other diseases and natural causes are all down this year. Of course, this is not true, it is just that every death possible is coded as a Covid death in order to pad the numbers so the state can continue to spread its fear. This is all part of the scheme to keep this scam alive.

This virus plot was designed in the first degree, and planned for many years in advance. Timing was extremely important, as the populace had to be considered weak enough, and fearful enough to accept the deception that a dangerous virus was not only present, but also was deadly enough to infect all, and kill large numbers of people. This happened almost overnight, and within a few weeks, the entire nation had been brought to its knees. A coup of this magnitude is difficult to imagine, and almost impossible to believe, but just from March until April of this year, the world was transformed from one that was open and functioning to one that was shut down and on the verge of collapse. Since that time, things have not improved, as the rest of the spring and summer brought continued devastation. During that time, some things were opened again, although restrictions remained in place, but that was just a carrot dangled before the people in order to perpetuate the pandemic fear long enough to get to the next flu season. Now the state terror will not only resume, but will be much worse. This is already obvious, as more lockdowns are occurring around the world, as the fake case numbers continue to rise due to bogus PCR

testing. We are now entering the more advanced stage of this conspiracy, and the final push is beginning, and will most likely take off without pause after the ludicrous presidential election occurs.

There truly is no time left. Without mass resistance, without serious pushback by large numbers of people, and without a refusal to obey state mandates, we face unprecedented times. Everything the people have been told about this fake 'virus' emergency has been a lie. That was the plan all along, and it will continue to get worse and more deadly every day until total control is achieved. Once that happens, there will be no road back. It is time to stand together, instead of allowing hate to be bred by your masters.

So, the reason for this plandemic then was to deceive the world into believing that a real virus was spreading across the globe and that many were getting sick and dying as a result of infection from it.

Why the deception?

To usher in the technocratic, transhumanist, New world Order via the so-called Great Reset.

This 'Great Reset Initiative' was launched on 3 June 2020 by Prince Charles, the Prince of Wales with these words: [24]

'As we move from rescue to recovery "We have a unique but rapidly shrinking window of opportunity to learn lessons and reset ourselves on a more sustainable path. It is an opportunity we have never had before and may never have again. We must use all the levers we have at our disposal, knowing that each and every one of us has a vital role to play.'

Below are excerpts from the World Economic Forum website under 'The Great Reset' section:

'The Great Reset.'

'There is an urgent need for global stakeholders to cooperate in simultaneously managing the direct consequences of the COVID-19 crisis. To improve the state of the world, the World Economic Forum is starting The Great Reset Initiative.'

'The Covid-19 crisis, and the political, economic and social disruptions it has caused, is fundamentally changing the traditional context for decision-making. The inconsistencies, inadequacies and contradictions of multiple systems – from health and financial to energy and education – are more exposed than ever amidst a global context of concern for lives, livelihoods and the planet. Leaders find themselves at a historic crossroads, managing short-term pressures against medium- and long-term uncertainties.'

'As we enter a unique window of opportunity to shape the recovery, this initiative will offer insights to help inform all those determining the future state of global relations, the direction of national economies, the priorities of societies, the nature of business models and the management of a global commons. Drawing from the vision and vast expertise of the leaders engaged across the Forum's communities, the Great Reset initiative has a set of dimensions to build a new social contract that honours the dignity of every human being.'

According to reporter Spiro Skouras the coronavirus crisis was engineered to create a controlled demolition of the world economy to wipe out the middle class. He says the Great Reset” initiative is a global governance agenda that ties into UN Agenda 2030 and which seeks to redefine and control all aspects of life as we know it, in a new economic model originally proposed by World Economic Forum founder and chairman, Klaus Schwab in 1970 called “Stakeholder Capitalism. [25]

In his article, *‘The WEF Clarion Call’*, [26] economic and geopolitical analyst, Steven Guinness, says there are five planks to the Great Reset, viz. *Economic, Societal, Geopolitical, Environmental and Technological*. It can be categorized into two parts. The first is the seven leading objectives for achieving the reset. They are *Shaping the Economic Recovery, Harnessing the Fourth Industrial Revolution, Strengthening Regional Development, Revitalizing Global Cooperation, Developing Sustainable Business Models, Restoring the Health of the Environment and Redesigning Social Contracts, Skills and Jobs*. The second part includes more than fifty areas consisting of global issues and industries that make up the reset. These include, *Blockchain; Digital Identity; Internet Governance; Development Finance; Sustainable Development; Future of Health and Healthcare; Global Governance; Financial and Monetary Systems; Public Finance and Social Protection; Climate Change; Drones; 5G; The Ocean; Banking and Capital Markets; Aviation, Travel and Tourism; International Trade and Investment; Covid-19; Biodiversity; Cities and Urbanization; Leadership in the 4IR; Geo-economics; Global Health; International Security; Geopolitics; Future of Food; Air Pollution; 3D Printing; Batteries; Circular Economy; Future of Mobility; Human Rights; Gender Parity; Taxation; Future of Media, Entertainment and Culture; Digital Economy and New Value Creation; Fourth Industrial Revolution; Future of Economic Progress; Workforce and Employment; Agile Governance; Global Risks; Advanced Manufacturing and Production; Environment and Natural Resource Security; Plastics and the Environment; Corporate Governance; Forests; Justice and Law; Civic Participation; LGBTI Inclusion; Inclusive Design; Future of Computing; Artificial Intelligence and Robotics; Systemic Racism*

Guinness says from Schwab’s perspective there are numerous reasons why a Great Reset should be pursued, but Covid-19 is the most urgent of them all and that acute crises favor introspection and foster the potential for transformation. According to Schwab the virus demonstrated that existing systems are no longer fit for their purpose and it *accelerated our transition into the age of the Fourth Industrial Revolution*. He says the Fourth Industrial Revolution will affect the very essence of our human experience. There is an urgency to ***restore a functioning system of smart global cooperation structured to address the challenges of the next 50 years***. To achieve this, all stakeholders of global society will have to be integrated into a ***community of common interest, purpose and action***.

What Schwab is seemingly saying is that no one is permitted to be left behind. We go as one, as a collective, whether an individual likes it or not. The global socio-political-economic system will be Collectivism, not Individualism i.e. **Communism**. Every country will need to take part and every industry must be transformed. This will signify a Great Reset of capitalism and a new era of prosperity!

But what if all stakeholders don’t band together behind the Reset Initiative? Disunity, according to Schwab, **will lead to more polarization, nationalism, racism, increased social unrest and conflicts** i.e. a greater level of chaos and degradation of systems, leaving the world more fragile and less sustainable. Minor changes will not suffice. Instead, ***entirely new foundations for our economic and social systems***

must be built. Covid-19, therefore, is an *historical moment to shape the system for a post-Corona era*. It is an opportunity that must not be missed.

Below is a summary of Schwab's outline on the fundamentals of a so called Fourth Industrial Revolution:

- The revolution will be **all encompassing**, and **involve all stakeholders of the global polity** (stakeholders being the public and private sectors, academia and civil society).
- The **first revolution**, which began in the 1700s, used **water and steam power** to mechanize production. The **second**, between the 1800s and the First World War, progressed to **electric power** to create the mass production of goods. The **third** used **electronics and information technology** to begin the process of automating production.
- The **fourth revolution seeks to build on the third**, and is dubbed as a '*digital revolution*'. Schwab describes this as a '*fusion of technologies*' that **embodies the physical, digital and biological spheres**.
- Technological breakthroughs will include fields such as **artificial intelligence, robotics, autonomous vehicles, 3-D printing, nanotechnology, biotechnology, energy storage and quantum computing**.
- The technology behind the revolution is already emerging and growing in notoriety – for instance, with **driverless cars** and the use of **drones**.
- The world can expect the revolution to be a **symbiosis between micro-organisms, the human body, the products people consume and the buildings we inhabit**.
- **In short, human beings will not just be mere users of this technology. Instead, they will converge with both the digital and biological worlds to become part of it**

As Schwab indicates, the revolution will mean '*disrupting*' virtually all industries in every nation on the planet, and see the systems of production, management and governance transformed.

The eventual outcome of this lockdown of the world and the takeover of people's lives is a global totalitarian system in which humanity is totally controlled by technology. This is **Technocracy** which is also known as **Scientific Dictatorship**. It is government by technicians. The management of society by apparent technical experts.

TECHNOCRACY IS ESSENTIALLY CORPORATE COMMUNISM ON STEROIDS!

And Communism of course is a totalitarian socio-economic-political system operating under the guise of the pursuit of a more 'equal' society.

Below is a list of the goals of the New World Order. As can be seen they include **mandatory multiple vaccines**.



Vaccines are useless, harmful and deadly

Numerous publications (books, articles, scientific papers, videos, docu-series etc) have highlighted the uselessness, dangers and deadliness of vaccines. Below is a list of just a few of them:

VACCINATION – Proved Useless and Dangerous [APPENDIX 5]

VACCINE ILLUSION [APPENDIX 6]

200 EVIDENCE-BASED REASONS NOT TO VACCINATE [APPENDIX 7]

VACCINATION: ALL – US NATIONAL LIBRARY OF MEDICINE [APPENDIX 8]

WHITE PAPER IN SUPPORT OF A GLOBAL VACCINE MORATORIUM – 2018 [APPENDIX 9]

THE TRUE COST OF VACCINES – DEBUNKING VACCINATION [APPENDIX 10]

THE TRUTH ABOUT VACCINES [27]

As is clear from the above, the Covid-19 scamdemic was orchestrated to provide a justification for vaccinating the global population, allegedly in order to provide immunity against the Sars-CoV2 virus.

Let's have a look at this vaccine.

The Covid-19-Vaccine, the Mother of all Vaccines (MOAV)

On the 18th March, 2020, Microsoft co-founder Bill Gates conducted an 'Ask-Me-Anything on the Covid-19 Coronavirus' session on reddit.com This page is seemingly no longer available.

On the 19th March 2020 an article, '**Bill Gates will use microchip implants to fight coronavirus**' was published on the biohackinfo.com website [28]. It stated that:

*'Microsoft co-founder Bill Gates will launch human-implantable capsules that have 'digital certificates' which can show who has been tested for the coronavirus and who has been vaccinated against it. The 64-year-old tech mogul and currently the second richest person in the world, revealed this yesterday during a **Reddit 'Ask Me Anything'** session while answering questions on the COVID-19 Coronavirus Pandemic.*

It is important to note that Bill Gates is not a qualified medical doctor, nor a scientist, nor an epidemiologist and not a vaccinologist either. The 'digital certificates' he was referring to are human-implantable 'QUANTUM-DOT TATTOOS' that hold vaccination records in order to solve the problem of identifying those who have not been vaccinated. They are nano-technology involving dissolvable microneedles and produce patterns that can be read to identify details of the vaccine which was administered.

An associated project launched by Gates and his partners is ID2020. The UN website on Sustainable Development states:

'On Friday, 20 May 2016, ID2020, a strategic, global initiative, was launched in response to the Sustainable Development Goal 16.9: "provide legal identity to all, including birth registration, by 2030."

The QUANTUM DOT TATTOO / ID2020 microneedle-delivered vaccine is a track and control vaccine. Since it is a genome-modifying vaccine (see below) it will also render ill and kill multitudes. This vaccine will involve Artificial Intelligence, 5G communications technology and a piece of implantable nanotech known as a Hydrogel Biosensor. The US Department of Défense, Bill and Melinda Gates Foundation and Profusa (Silicon Valley company) is developing the hydrogel biosensor. It is smaller than a grain of rice and can be injected and implanted under the skin using the vaccine as the delivery system. The sensor would effectively merge with the body and link up with the 5G-driven Internet of Things (IoT). It will transmit information about vaccinated individuals and their bodies to a central server (the controlling mainframe computer) managed by New World Order agents and processed by Artificial Intelligence. What information? Bio-psycho-social-spiritual information including biochemical information such as oxygen levels, glucose levels and hormone levels, physiological information such as heart rate, respiratory rate, body temperature and menstrual cycle and information about sex life, emotions, thoughts beliefs and more. Information and instructions will then be sent back to the individuals to manipulate and completely track and control their lives. Healthcare service providers will likely have access to the relevant health data of individuals. The biosensor is on track to get FDA approval in early 2021, around the same time for the planned global rollout of the COVID-19 vaccine. The international patent publication number for the QUANTUM DOT TATTOO / ID2020 vaccine is WO 2019/018301 AI [APPENDIX 11]

If this means of control of the masses across the globe is not evil enough there are two other aspects of this unprecedented vaccine viz. its design to genetically modify its recipients and control their participation in the economic system (i.e. their ability to buy and sell goods and services) through a cryptocurrency system using body activity data! On June 3rd, 2020 Microsoft filed a patent for a CRYPTOCURRENCY SYSTEM USING BODY ACTIVITY DATA. This is likely meant to form part of a Social

Crediting system where an individual's actions determine how much currency (energy) they earn. In Technocracy energy *is* currency. Today cryptocurrencies such as bitcoin for example, are already being mined using electricity which is a form of energy.

'If you are uploaded to a cloud, you won't have to earn a living. You will give up some control of your life, and that will be your payment into this world to exist.' – Zultan Istva Quartz.com interview, when asked what the world would be like in 50 years.

The international patent publication number for the CRYPTOCURRENCY SYSTEM USING BODY ACTIVITY DATA is WO 2020/060606 A1 [APPENDIX 12]

As mentioned, the Covid-19 vaccine is also designed to modify the human genome! One of the (apparent) Sars-CoV2 genetic sequences provided by the WHO as the basis for the SARS-CoV2 PCR test is the exact same sequence found on Chromosome 8 of the human genome! So, the test actually detects a human genetic sequence from Chromosome 8! This explains why most people who are tested test positive because everyone has this sequence! Chromosome 8p Deletion Syndrome is a genetic condition most commonly caused by a de novo deletion of genetic material in the short arm (p) of Chromosome 8. It is possible that the vaccine is designed to ensure deletion of this sequence thereby genetically modifying the vaccinated and future generations. The signs and symptoms of Chromosome 8p Deletion Syndrome include distinctive facial features, developmental delay, short stature and intellectual deficiency

Several pharmaceutical companies are currently in the process of developing a vaccine against the Sars-CoV2, including Moderna, Pfizer and Astrazeneca. The official, mainstream narrative is that Moderna Inc., a biotech company is the primary contender in the development of the Covid-19 vaccine which works using a completely novel mechanism, unlike any other vaccine used previously anywhere in the world. It is a messenger RNA (mRNA) vaccine which codes for the 'spike protein' on Sars-CoV2. mRNA is the intermediate between DNA and protein to be made by the cell. The theory is that the injected mRNA will enter cells and facilitate the production of this 'spike protein' and the immune system will recognize it as foreign and attack the virus which contains it. It is admitted though that this vaccine is potentially problematic since it has never been used or made at scale and one researcher has described it as having the '**most unknown unknowns**'. Moderna explains the workings of its vaccine on its website. [29]

The truth it seems is that one of the technologies employed in the Moderna vaccine is *transfection*, broadly defined as a process of artificially introducing nucleic acids (DNA or RNA) into cells, utilizing means other than viral vectors (carriers). According to Wikipedia, '**Transfection** is the process of deliberately introducing naked or purified nucleic acids into eukaryotic cells. It may also refer to other methods and cell types, although other terms are often preferred: "transformation" is typically used to describe non-viral DNA transfer in bacteria and non-animal eukaryotic cells, including plant cells. In animal cells, transfection is the preferred term as transformation is also used to refer to progression to a cancerous state (carcinogenesis) in these cells. Transduction is often used to describe virus-mediated gene transfer into eukaryotic cells.'

 [30]

The dangers and deadliness of the Covid-19 vaccine is also explained by Dr Carrie Madej, an osteopathic-trained internal medical specialist in a video on the stopworldcontrol.com website. [31]

Vaccines should be avoided

The United States Supreme Court has ruled that vaccines are unavoidably unsafe. [32]

Generally speaking, vaccines should be avoided since they are harmful and deadly. Their contents include genetic material, human fetal cells, polysorbate, mercury, aluminum and many other toxins and unnatural means of immunization. A complete list of the harmful excipients of vaccines can be found on the Vaccine liberation Army website [33] Also see [APPENDIX 13]

Vaccines have harmed and killed millions since they were included in the treatment arsenal of the allopathic medical system.

This harm and mass killing is set to increase exponentially with the planned mandatory vaccination of the global population with the Covid-19 ‘vaccines’!

Two documents which describe the QUANTUM DOT TATTOO / ID2020 vaccine in some detail are the following:

FROM THE ROOFTOP [APPENDIX 14]

THE BATTLE FOR HUMANITY [APPENDIX 15]

Vaccines and Transhumanism

Charles Darwin’s book, *The Origin of the Species* was published in 1859 and gave rise to the philosophy of Darwinism which posits that life and the universe was not created by an infinitely-intelligent Divine Almighty Creator but came into existence by chance. Darwinists believe that all life started out by chance from a single cell and then evolved from this over millions and millions of years into a multitude of complex life forms including the most complex one, human beings. The irrational belief in evolution spawned the theories of eugenics and social change. Eugenics involves the attempt to create superior human beings through genetic manipulation and selective breeding and the belief that the inferior ones should be eliminated. According to the *Personal Genetics Education Project* website, eugenics is described as follows:

‘Eugenics is the philosophy and social movement that argues it is possible to improve the human race and society by encouraging reproduction by people or populations with “desirable” traits (termed “positive” eugenics) and discouraging reproduction by people with “undesirable” qualities (termed “negative” eugenics). The eugenics movement began in the United States in the early part of the 20th century; the United States was the first country to have a systematic program for performing sterilizations on individuals without their knowledge or against their will. It was supported and encouraged by a wide swath of people, including politicians, scientists, social reformers, prominent business leaders and other influential individuals who shared a goal of reducing the “burden” on society. The majority of people targeted for sterilization were deemed of inferior intelligence, particularly poor people and eventually people of color.’ [34]

Eugenics gave rise to the depopulation aspect of the Globalist Agenda. Changing Divine creation to create superior human beings is of course impossible which explains the failure of eugenics. But this did not stop the diabolical and foolish minds from continuing to attempt the impossible.

It was the significant advancement of technology which created Transhumanism - the belief that humans should transcend their limitations through technology. Although the Transhumanist movement sells their philosophy as one that will empower and benefit humankind on virtually all levels, the opposite is in fact true. Its goal is to totally disempower, enslave and destroy humanity as is clear from the nature and design of the Covid-19 'vaccines' which are designed to **track, control, render ill and kill multitudes of people** while reprogramming their genomes to create another version of homo sapiens sapiens at the same time!

According to an article, '**Vaccination Agenda: An Implicit Transhumanism / Dehumanism**' published on the Greenmedinfo website on January 10, 2012: [35]

'If we do not educate ourselves now and act accordingly, their mass implementation is inevitable, and our very genomes will become the next target of the vaccination/transhumanism agenda. This agenda, as I have discussed elsewhere is basically the same as the GMO agenda, even if the activists on both sides of the movement are not yet fully aware that they share the same challenges and solutions.'

'Transhumanism is an international movement that believes in the transformation of the human condition by using technologies to enhance human intellectual, physical and psychological capacities.'

'The term "efficacy," when used in the context of a vaccine's antibody-elevating effects, does not equate to effectiveness, i.e. whether or not a vaccine actually works in real life to protect against the infectious agent of concern.'

'It is this semantic trick (conflating and confusing "efficacy" with "effectiveness") which convinces most of the "developed" world that vaccine research is "evidence-based" and focused on creating enhanced immunity, when in fact it is primarily a highly successful business enterprise dependent on defrauding its "customers" of both their money and health. The dangers of common vaccines are so well known by "health experts," and the manufacturers who produce them that their risk (like nuclear power) is underwritten by world governments. The importance of this fact cannot be overestimated or understated.'

'Introducing foreign pathogenic DNA, chemicals, metals, preservatives, etc., into the body through a syringe will generate a response not unlike kicking a bee hive. The harder you kick that beehive, the greater will be the "efficacy" (i.e. elevated antibodies), but the actual affinity that these antibodies will have for the antigen (i.e. pathogen) of concern, cannot be guaranteed; nor must the vaccine researchers prove antibody-antigen affinity to receive FDA approval.'

'It is clear that one can create a synthetic immune response through vaccination, but it is not likely to result in enhanced immunity, insofar as real-world effectiveness is concerned, which is the only true judge of whether a vaccine is valuable or not. One might view the basic criteria used by vaccine researchers, namely, that generating elevated antibody titers proves the value of the vaccine, oppositely: proving the vaccine is causing harm to the developing infant by generating unnecessarily elevated antibodies by any means necessary, i.e. throwing the chemical and biological kitchen sink at the immune system, e.g. aluminum, phenol, diploid (aborted fetal) cells, peanut oil, pertactin, etc.'

*'Believe it or not, even the **antibody-based theory** [36] behind long-term vaccine-mediated immunity has recently been called into question, indicting the credibility of one of the most basic tenets of vaccinology itself.'*

Vaccine Mandates

The diabolical plan to control the global population using the **Mother of all Vaccines** will only succeed on a worldwide scale if access is gained to every person's bloodstream.

Mandatory vaccination laws globally will make this possible. Everything possible should be done to prevent this from happening.

IMPORTANT QUESTIONS

IF THERE IS NO EVIDENCE FOR THE EXISTENCE OF THE SARS-CoV2 VIRUS AND ITS CAUSATION OF COVID-19 WHAT IS THE JUSTIFICATION FOR A VACCINE AGAINST IT?

THE COVID-19 VACCINE IS OBVIOUSLY HARMFUL AND DEADLY. WHY IS THE GLOBAL POPULATION BEING FORCED TO TAKE IT?

10 Million-dollar Covid-19 challenge (actually 12)

Jamie McIntyre is offering 10 million dollars (with an additional 2 million) to anyone who can prove him wrong regarding 10 issues pertaining to the Covid-19 p(l)andemic. Anyone claiming that a vaccine against the Sars-CoV2 is justified now has an opportunity to earn millions. Just prove Jamie McIntyre wrong! [37]

The Covid-19 Genocide of 2020

British/Irish CLAIRE EDWARDS is a former United Nations editor and gave trainings at the United Nations in intercultural writing. She is an author, teacher and international speaker who has a degree in French Language and Literature and a master's degree in Intercultural Competence. While working at the UN, for many years she edited all the documents of the UN Committee on the Peaceful Uses of Outer Space and its Legal, and Scientific and Technical subcommittees (such that she is familiar with space law and the particular issues of concern regarding use of the space orbits). She has produced a video entitled '*The Covid-19 Genocide of 2020.*' [38]

"If language is not correct, then what is said is not what is meant; if what is said is not what is meant, then what must be done remains undone; if this remains undone, morals and art will deteriorate; if justice goes astray, the people will stand about in helpless confusion. Hence there must be no arbitrariness in what is said. This matters above everything."

~ CONFUCIUS

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APPENDICES (Download Appendices [Here](#))

APPENDIX 1

SARS-COV 2 VIRUS HAS NEVER BEEN ISOLATED COVID-19 SWABS PRODUCE UP TO 95% OF FALSE POSITIVES ALL CERTIFIED BY HEALTH AUTHORITIES With the most complete analysis on Covid-19 test.

APPENDIX 2

THE INVENTED PANDEMIC, the lack of VIRUS ISOLATION and the INVALID COVID-19 test

APPENDIX 3

ANTIBODY TESTING FOR COVID-19

APPENDIX 4

FLAWS IN THE CORONAVIRUS PANDEMIC THEORY - CORONA VIRUS PANIC DAVID CROWE

APPENDIX 5

VACCINATION – Proved Useless and Dangerous

APPENDIX 6

VACCINE ILLUSION

APPENDIX 7

200 EVIDENCE-BASED REASONS NOT TO VACCINATE

APPENDIX 8

VACCINATION: ALL – US NATIONAL LIBRARY OF MEDICINE

APPENDIX 9

WHITE PAPER IN SUPPORT OF A GLOBAL VACCINE MORATORIUM – 2018

APPENDIX 10

THE TRUE COST OF VACCINES – DEBUNKING VACCINATION

APPENDIX 11

INTERNATIONAL PATENT APPLICATION FOR THE QUANTUM DOT TATTOO / ID2020 vaccine

APPENDIX 12

CRYPTOCURRENCY SYSTEM USING BODY ACTIVITY DATA is WO 2020/060606 A1

APPENDIX 13

VACCINE EXCIPIENTS – COMPLETE LIST

APPENDIX 14

FROM THE ROOFTOP

APPENDIX 15

THE BATTLE FOR HUMANITY



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[Profile](#)

Health Wellness Performance
INSTITUTE

Merging root-cause assessment with edu-powerment

THE COVID-19 DECEPTION

A Major Strategic
Move Towards the
Technocratic
Transhumanist
New World Order

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