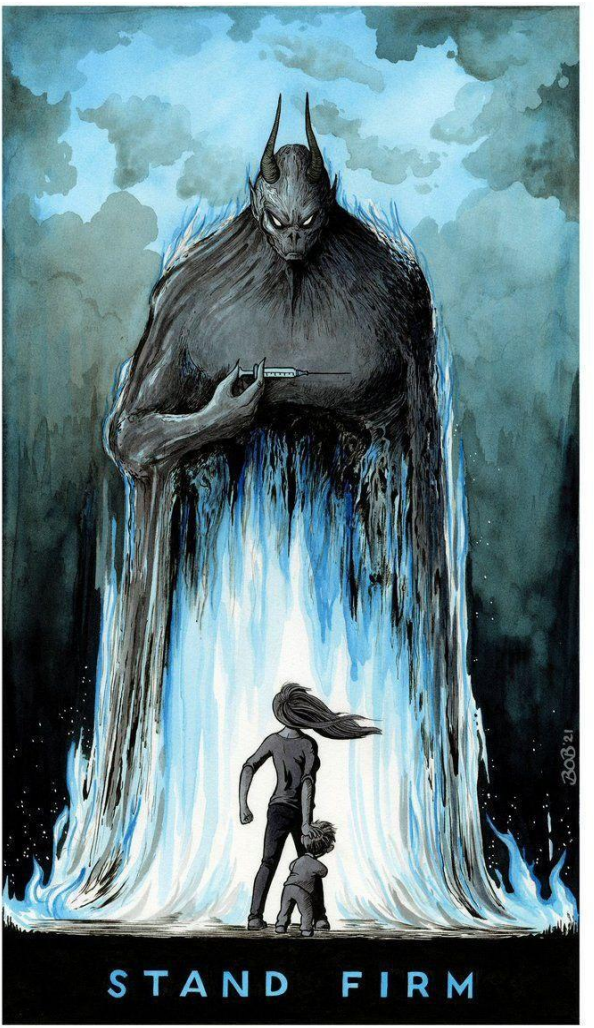
Before Parents Vaccinate



By Manie Voster and Mia Breeze, June 2024

Foreword

Whoever said “I’ve written you a long letter because I didn’t have time to write you a short one”, was right on the money. If you like a deep dive into a life or death topic, then ‘vaccines’ sure are it. This book will give you all the feedstock your mind could ever wish for. Alternatively, if you are live wired and like jumping ahead, then: yes, the guy gets the girl and they all live happily ever after with five kids (and some… goats). A brain shredding jump to save time (counter to the jackbooted vaccine cult) is held fast forever, in six life-affirming words: No ‘virus’, No ‘test’, No ‘contagion'. Such simple words that, when we look back in history (not just in anger), will need no revision. Applicable not only to the most evil ‘covid’ con but to every theatrically claimed ‘pandemic’ ever.

Words they say can harm or heal. But language… now there’s the hidden hand, back when they, the scribes, controlled the quill pen. The ‘learned’ ones who syphoned the hyphen, during overtime on a wet and windy Sunday. Take a word, yes please do, such as…‘disease.’ Really, when introduced as a foreign body, ‘dis-eases’ are simply different results gained from different activities in different locations at different times. When we sit quietly in fields and forests Mother Nature touches us and, generally, she isn’t out to kill us. Not for her benign symptoms of ‘dis-ease’. She only needs her cleanup crew, for when we err, in Nature. Then she sends us maggots to recycle dead and dying tissue.

A modern ‘dis-ease’ is what town dwellers get from others. Often, they ‘catch’ a mental ‘contagion’ of the hurried and harried commuters, pigging out on crappy diets. The hidden hand of pHARMa relies on that, frying our distracted brain, via their oh so jingly adverts filled with people full of nice teeth. We rarely know how we arrived in sick land unless we turn on a radio and tune in with our guard down.

So, this foreword should really be called the backword, as: we have to go backwards to unlearn how and why we be-lie-ved that puncturing the skin of our most treasured loved ones, was the way to health. In truth, via the Media and Mengele ’medics’ that’s how. Back when we

played in soil, as an inquisitive six year old, we instinctively knew anything in Nature that punctured the skin (scorpion, snake, wasp, bee, hornet, and even spiders) could harm us. As we grew up, we 'learnt' to forget Mother Nature while letting repetitive fear porn propaganda get us, collectively, into the prick zone.

Welcome, for in this book is a background template. It's a world of unlearning. Initially harsh perhaps but so beautiful and freeing, like when we jump out of mental planes without a parachute. As Lord Thomas Dewar famously said: "Minds are like parachutes - they function only when they are open". Now, as we find our way home we might also invoke "let go and let God" but I won't quote that, as the Thought Nazis might just turn up. Granted, you will need to hang on to your hat as in this book the authors have actually taken the time to do some studying, and more than a little, as you'll see; unlike 99% of people who took the recent, must-have, 'covid' jabs and 'boosters'. People, sadly, previously unreachable and unteachable, who they are trying to educate and help 'save' without fear or favour, or love of finances. Like a farmer, not a pHARMa. A seed planter, being egged on. Like many, they are compelled at this time to broadcast truth.

Now reading this book, you have your door of perception well ajar. Good on you, read on! For, if this book is in your hands, you've sensed something is not quite right…

The authors have put together a deep dive on this taboo topic - a subject, unlike any other in history, with an ability to hair-trigger and shred relationships. It's not about pizzas or hotdog child trafficking, the adrenochrome junkies of Hollywood, or the three towers (but two planes) of 9/11, but the equally as satanic media pimped topic of 'vaccines'. The greatest human invention of the last 200 years (if mass maiming and murder is your cosy metric not your old-fashioned measure the outcomes yardstick. The authors outline in peerless detail not just the fairy-tale media 'truths' but all the 'virus' holy grail bollox on which it is all based. Fraudulently, when we look.

This book is for those who wondered: if the 'virus' is in free-form circulation, why do I need Sven The Swab man to launch a javelin right up my nose, to find it? Why were swabs, made in sweatshops, dipped in known toxic ethylene oxide and with tiny bristles that

lodged in the nose, after their jackbooted administration? A full on De-Pop Psy-Op, that's why - for those who were out to lunch when Event 201 kicked off in October 2019. Welcome to a late seat to get off the Titanic.

Each reader starts at a different place. We all know Father Christmas is real, some of us (heretics and not just in red stockings) know 'viruses' aren't. They're made up, either in putrefying petri dishes or in a silica computer; an 'assembled', 'aligned' and 'smoothed' model, to quote researcher Stefan Lanka. Another fella on the good ship discovery is medic Dr Robert Zajac who, as a freethinker, comes from San Antonio - home to the battle for Texan v Mexican independence. We forgive Robert his aberration as an 'infectious' disease specialist, for he gave up what London Brits might well call a shagging fortune to... by not jabbing the kids to an early death in his care. His belief in the false 'contagion' concept might disappear later. Nonetheless, he is a top fella with a wife too who would have liked the genocidal jab bonus, totalling over $1 million, but whose soul said "you can shove it!" (but not stick it, you little Prick from Pfizer). Dr Zajac also caught on to 'SIDS', called by some: Sudden Infant Death Syndrome. More accurately, it is: Sudden INJECTED Death Syndrome. If we dare look.

With better foundational thinking we can start to deploy better language terms to realise: 'chicken pox', 'measles', 'polio', 'smallpox, 'flu, 'AIDS', 'Ebola', 'Zika', 'HPV', 'Spanish flu' (with Asian, Hong Kong or German measles, leanings) are all false terms. All are simply the categorised 'disease', evidence of a toxin or a lack, or both in combo.

We don't need more bloody 'blood work'; better to wind up with Cameron Kyle Sidell, MD. who, right from the March 2020 get go, called 'covid'… "oxygen (EMF induced) starvation" rather than lung function failure. Not for him condemning his hapless patients under a 90% death rate 'protocol' on New York 'ventilators'. Build that man a huge statue. Likewise, multi-decades long aluminium researcher Chris Exley, who saw the 'autism' induced in fish when aluminium poisoned their water. Two decades ago he dived deeply into the aluminium adjuvants in the toxic jabs. He's still probing the most brain shredding of A words: 'Alzheimer's' and 'Autism', so teat

sucking Keele University treated this freethinking academic to harsh retribution. But truth needs no defence once set free.

It's a pity, too, for the millions of maimed and murdered animals that no one dealt with 'rabies' fraudster Louis Pasteur before he could do his cruel brain drilling, 'rabies virus' experiments. If, by 'experiment' we mean tying the four-legged and helpless dogs to posts and starving them. 'Scientific' life is inverted and perverted, while the 'vaccine' and 'immune system' lies, rest solely on the 'virus'. Without the invention of the 'virus', Jenner and Pasteur are just barbaric jab junkies. Without the 'virus', those 70 plus doses of the 16 vaccines US youngsters are recommended to get from birth to age 18 by Mengele 'medics' are unnecessary and, truly, murderous.

The American$ top the league, spending twice as much per capita on 'health' so as to be perpetually sick (and dying) ever younger. A rinse and repeat model which relies on "I never looked" customers. But when we say: show us the 'virus' the wheels come fully off their trolley. Einstein for once had it about right, "computers are useless - they only give you answers". The 'virus' model is THE built on sand, house of cards for Big pHARMa. The 'vaccine' to counter all these imaginary 'viruses' has been until recently the only product in the world that is uninsurable for risk. Just now, it's become a party of two, with 5G telecommunications also being uninsurable.

But our bodies have detox and cleansing mechanisms, being in reality 'outfections'. Men have four clearing pathways: urine, faeces, sweat, and breath. Women (still) being child bearers, have an extra health ensuring, pathway. If she were a car, of a certain age, she would get her monthly oil change. Hence why women live longer than their husbands, as her lifeblood gets renewed, naturally, until well past her child bearing age. Although now, some women in their 70's and 80's have started bleeding again after their 'covid' jabs, confirming all is not well down under - and not just with the Australians.

I am typing this the week Donald John Trump has become president-elect after winning the 2024 United States presidential election and scheduled to be inaugurated the 47th president in January 2025. But why, post the 5th November 2024 theatricals, is Robert F. Kennedy Jr peddling 'safe' vaccines? As if napalm light really was intended to

help the Vietnamese? The US vaccine ‘schedule’, via ‘well-baby’ visits, IS their silent killer. Not for them the peak infant deaths seen in Japan between month 4 and month 7 of life. The US shows peak mortality between 2 and 4 months, aligning more than perfectly with the US vaccine schedule. The Japanese were always a more cautious race, hence their longer lived (but still dead) babies. Harsh words, maybe too hard to hear?

The best sleight of hand are vaccine ‘placebo’ trial shenanigans. In reality, we find a comparator, not an inert, true control, placebo trial. As pHARMa found in their ‘biologics’ bolloxology, by comparing a cigarette with a cigar they get the answer they wanted. A way for the clinician to ‘cancel’ out cancer$.

'Dissolving Illusions' is a useful primer book, a scene setter. It takes you through the fantasy of many ‘diseases’ and the fakery imposed by ‘vaccines’ to ‘combat’ other toxic causes of poisons and lacks. But Roman and Suzanne manage to miss the biggest illusion of all, by adhering to their ‘viruses’ exist dogma. We should read their book, regarding it only as an unlearning stepping stone to a new reality.

In conclusion, around the world computer collaboration has extended our hands across the water. We now have friends we have never met yet, since the ‘covid’ bollox era, we also have family we now never talk to. All over some ‘thing’ that isn’t real and that doesn’t exist.

The evidence in this book will land you back firmly on the six words: No ‘virus’, No ‘test’, No ‘contagion’. A big shout-out must go to Eleni Papadopulos-Eleopulos of the Perth Group, that prior mistress of science, who, along with Stefan Lanka, exposed the ‘HIV’ and ‘AIDS’ scams decades before the rest of us. Stefan’s exposure of the PCR ‘test’ fraud is gloriously underpinned by his on the money term of “doublification”. For that is what PCR is, a doubling and dipping term.

The call out on the London Underground rail line is, “mind the gap!” Yes, indeed, they sure mined the gap in our knowledge. But we are no longer chuffing around believing those with quill pens.

Timing is everything in the era of the Overton Window; a term of timely acceptability of ideas, free to be discussed by those who police ‘polite’ society and ‘science’. There is only one ‘right’ time when (in certain company) you can raise those tricky, off topic, topics. The rapid fading of the derogatory ‘anti-vaxxer’ term, is one such; it is more in the toilet than two tickets to eat pizza with certain celebrities.

This book will help you tiptoe through the tulips, before you throw a hand grenade amidst polite conversation with your new knowledge, turning a breeze into a tornado. But go to it, as we all must - with full faith.

Be well,

courtenay-adam-lawrence

Isle of Man, 11/11/24

Author: The Covid Con; A Wake (December 2020)

https://justiceforjabbed.com

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1 - Introduction

There is no other time in your life when you feel more insecure, uncertain and anxious than when you are about to welcome your first child into the world. This is understandable; you are about to embark on the biggest adventure of your life. Thousands of concerns flood your mind, and you question whether you are even capable of raising a child.

Will I be able to ensure my child is healthy? What if my child becomes seriously ill? What if I am to blame for my child becoming seriously ill? What if I ruin my child's life before it even begins? What if my child dies?

These are just some of the thoughts that plague the mind of a new parent, and the pharmaceutical companies know this. In fact, the pharmaceutical companies are one of the main instigators of these thoughts.

We are all constantly bombarded by the media and elsewhere with the idea that there are thousands of viruses lurking about waiting for the opportunity to infect us and/or our children. That viruses can pass from person to person, that our children can catch them from us and others. That if we do not take preventative action in the form of vaccinations, our children are vulnerable proverbial sitting ducks when it comes to viruses. Moreover, you are painted as an irresponsible parent and member of society should you not take any measures to protect yourself and your family from these invisible enemies. Information presented this way has a significant impact on parents, especially first-time parents who are unsure and insecure.

It is also made to seem that vaccinating our children is a decision that cannot wait. That viruses are so rife and the diseases they cause so deadly that it is recommended that certain vaccinations should be given within hours of birth. The next batch within the first month of

life. For example, see the below vaccination schedule for children born in America and how it has changed over the last 80 years.

Consider for a moment whether a newborn or a young child would really need some of these vaccinations.

Tetanus? Are you planning on poking your child with a rusty nail during the early stages of his life?

Hepatitis B, is your newborn going to be engaging in unprotected sex or injecting heroin sometime soon?

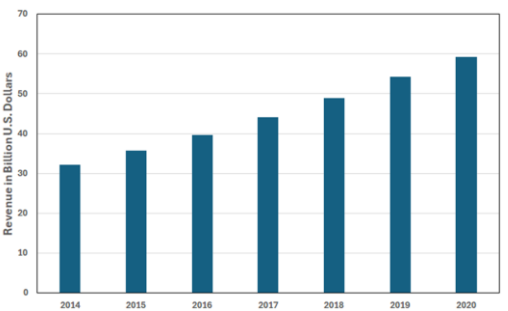
Also, note how it is recommended to get multiple vaccinations on one day. Realistically speaking, is one ever confronted with such an enormous assault at once? Are our bodies designed to deal with such a wide variety of exposure at once, let alone a newborn who has just gone through the exhausting and draining process of being born? Parents often carefully introduce only one food at a time. Why is this reasoning not applied to vaccinations, a substance consisting of many foreign ingredients?

A further thing to consider is why the schedule is ordered and timed the way it is. Why are the vaccinations recommended to be given in

that order? Why are certain vaccinations recommended at birth and others at 2, 4, or 6 months? Unfortunately, there is no official explanation beside that the schedule will provide your child with the best possible protection. Then why was the tetanus shot before the flu shot? Are they saying your child is more likely to get tetanus or Hep B than the flu in their first two months of life? That makes no sense.

While you may think the above arguments are facetious, the point being made is that during this time of your life you are easily influenced by fear. As a result, many parents are not thinking clearly or logically, and there are drug companies out there that want to take advantage of this.

According to Statista, the global vaccine market revenue from 2014 to 2020 (in billion U.S. dollars) can be seen in the graph below. It was US$ 60 billion in 2020, and with the global scare of coronavirus, it has dramatically increased to a market well above 100 billion U.S. dollars.



It is also known that these same vaccine companies produce pharmaceutical drugs and that the top 20 selling drugs are intended to treat the side effects listed on the vaccine inserts. These top 20 selling drugs developed to treat vaccine side effects is a market that exceeds US$ 500 billion.

You always come a lot closer to truth when you follow the money, and with the annual revenue generated through vaccines, you should

start to wonder who is really getting the benefit from these products. Your family or the pharmaceutical companies? Is it really in the best interest of a pharmaceutical company to give you protection from something if it means they will get no return business from it?

2 - The Propaganda Machine

It is due to the extensive misinformation surrounding vaccines that many parents do not even question whether or not they should vaccinate their child. Government health departments and school authorities give the impression that vaccination is mandated for every child. In fact, most parents believe they are legally required to vaccinate their children.

But the truth is that there are very few countries where childhood vaccinations are mandatory, and even in those countries where they are mandatory, not every single vaccination on the schedule is mandatory, nor are all of the scheduled vaccinations required by law to be taken at a certain age or time - they can always be delayed. In reality, when these issues are investigated properly, it often turns out that this is merely the perception most people have, and there is no actual law enforcing these protocols.

Parents also face enormous pressure from doctors, the media, schools, and even other parents to follow the standard vaccination schedule. These people and institutions have been harnessed by the pharmaceutical companies to police, shame, and corral their friends, family, clients, and viewers into believing unsubstantiated concepts, often as a result of financial incentives.

Medical authorities also claim that vaccinations are safe and effective. As a result, most parents assume that vaccinations have been subjected to thorough trials and rigorous studies proving that all scheduled vaccines are safe and effective, but nothing can be further from the truth.

In 2018 the US Department of Health and Human Services (HSS) admitted that "Of the 72 vaccine doses now essentially mandated, not one has ever been subject to a pre-licensing placebo-controlled trial[1]."

In other words, none of the vaccinations recommended on the childhood vaccine schedule have ever undergone the proper gold standard safety trials. One needs only to take the time to search the literature to confirm this. This also means that the manufacturers of these vaccinations cannot claim 1) that these vaccinations are safe and effective and 2) that the injuries they cause are rare or mild because if no safety studies have been done, how can this be confirmed?

2.1 - ACIP Vaccine Approvals

Another thing to consider is the way in which a vaccine is added to the recommended childhood vaccine schedule. A video circulating of the Advisory Committee on Immunization Practices, or the ACIP, shows how people vote on adding a new vaccine. It is a clear indication of how this process lacks the "scientific" rigour required,

[1] *U.S. Health and Human Services Admits No Childhood Vaccine Has Undergone Pre-Licensing Safety Studies, Robert F. Kenendy Jr. Proves*

and the exchange during this meeting is detailed below. To watch the video of the exchanges, please scan the QR code in the below image.

Transcript of the video:

The first person asks a question relating to the vaccine being considered:

Is there any comment on using this vaccine at the same time with other adjuvanted vaccines?

Response by committee member:

We have no data to make a recommendation one way or the other.

Additional comment from a committee member:

So just to sort of put this in context of other vaccines, whilst preclinical studies were not done using these vaccines simultaneously, our general approach to immunizations is that they should be given, they can be given at the same time in different limbs.

When asked if there are safety studies using multiple vaccines in combination with the recommended vaccine, it was confirmed that no

data is available. In an attempt to make up for this inadequate response, Dr. Sarah Shealy, member of the ACIP committee, chimes in and explains that this is actually not unique when it comes to vaccinations. Normal practice in vaccination is simply to ensure that different vaccinations are given in different limbs. As if this prevents the ingredients from mixing within the body. The ludicracy of this statement is beyond comprehension, and it has no place in a field that directly relates to the health of people.

A second person asks a question relating to the vaccine being considered:

Are multiple adjuvanted vaccines used in Europe or other markets?

Dr. Ward's response:

Not to my knowledge.

Europe and other countries don't use multiple adjuvanted vaccines, referring to those vaccinations that consist of multiple vaccinations in one injection, like the 5-in-1 combines vaccines against Diphtheria/Pertussis/Tetanus (DPT), Polio, and Haemophilus Influenzae type B (Hib) in 1 injection.

Again, the answer is that they have no data to determine if they are safe, but they believe that giving multiple vaccinations at one time is safe as long as you inject your child in different limbs.

One would expect that there will be someone in such an important meeting that will voice their concern for the lack of data prior to voting on adding yet another vaccine to the recommended childhood vaccine schedule, but no one says a word about this…

Nevertheless… The meeting continued.

Meeting organizers:

Okay. I think unless there's any further discussion, we will take a vote on this recommendation. I want to remind everyone to please check your voting... whatever machine thing and voting is open.

Thank you very much.

So, the voting is completed, and it is unanimous to support this recommendation. Thank you all.

Despite the admitted lack of safety studies, 100% of the CDC's ACIP committee voted to add this hep B vaccine to the vaccine list. The lack of discernment in this group of people partly responsible for the recommended childhood vaccine schedule is enough to leave anyone speechles.

An interesting post-vote exchange:

Meeting organizers:

And does anybody around the table, we don't need to go around and verify our votes, but does anybody have any comments they wish to make about their vote?

Someone from the meeting:

So just a slight reservation. I think this is a huge advance and a step forward. I am concerned about that signal, that myocardial infarction signal. I am concerned about the use of this new adjuvant and certainly urge us to continue to look at the post-marketing data carefully.

Doctor Hunter:

Just a question about that. How soon would we be getting that post-marketing data update here?

Meeting organizers:

There are two kinds of data. The vaccine safety data link data will require people to be using the vaccine to develop a substantive database. And Dr. Sun, do you want to comment on the post-marketing data that FDA is requiring?

Dr. Sun

I think for the myocardial infarction study, we're seeing that the date likely for completion is May 31, 2020.

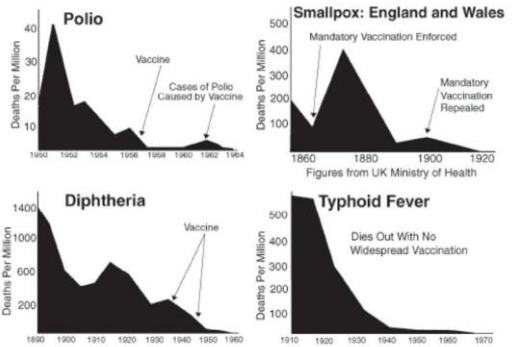
Myocardial infarction issue is medical jargon for a heart attack. This was brought up because there had been 14 heart attacks in the first trial group for this vaccine. Despite this vaccine having already been turned down twice by the FDA for safety reasons in this ACIP meeting, it was approved with a 100% success rate.

2.2 - Vaccines and Previous Epidemics

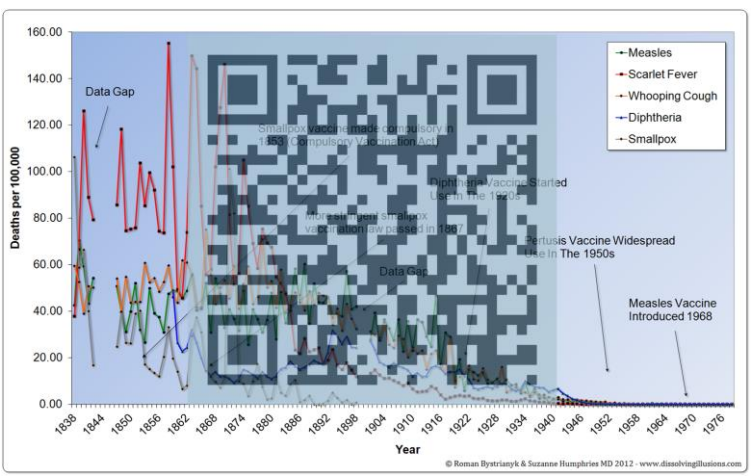
Parents have also been led to believe that mass vaccination campaigns ended multiple epidemics around the world and that vaccines are effective at preventing the illnesses they are targeted against.

There have been many reviews of cause of death statistics done over the years. All of which show that the decline and disappearance of certain diseases had begun long before the introduction of vaccinations. The decline of these diseases in reality actually follows the improvement of sanitary and other conditions in our immediate environments. Anybody who suggests otherwise is ignorant or lying, none of which are things you want in a health professional as described in Vaccinations: Parents' Informed Choice[2].

[2] *https://www.westonaprice.org/health-topics/childrens-health/vaccinations-parents-informed-choice/#gsc.tab=0*



Further statistics can be considered as compiled by Roman Bystrianyk et al., which is summarized in the below graph[3] (the QR code in the image can also be scanned to review the information).



[3] *https://dissolvingillusions.com/graphs-images/#Charts*

2.3 - Vaccine Side Effects

It is also a common belief that side effects from vaccinations are rare and generally consist of sore arms or mild fevers that pass quickly, and that the few serious negative reactions are carefully tracked and monitored.

However, parents who take the time to dig deeper and pierce this veil of misinformation find that these beliefs are not supported by the evidence. As has already been mentioned above, no proper safety trials have ever been conducted for any of the vaccinations on the childhood schedule. There is no evidence that this is the case, and no one can make this claim.

There is, however, evidence that the opposite is true. One example is the fact that since the introduction of childhood vaccinations, there has been an exponential increase in chronic illness and developmental disability in children. This means that there has been an exponential increase in autism, autoimmune disease, and other chronic lifelong illnesses following the introduction of vaccinations.

The fact is that people have become acclimated to an increase in baseline levels of chronic illness that never existed in the past and have simply assumed that the current disease burden is normal, when in reality it is not. In 1986, when 11 childhood vaccines were administered, there was a rate of 12.8% of childhood chronic illness and developmental disability prevalence. However, in more recent times, this rate has changed to 54%, and the childhood vaccines have increased to 54 vaccines[4,5].

Not only has there never been a single long-term study comparing the health and welfare of vaccinated to unvaccinated children, but there are also virtually no studies or scientific research on the effects of

[4] *Cleave et al, 2010, Dynamics of Obesity and Chronic Health Conditions Among Children and Youth, JAMA*
[5] *Bethal et al, 2011, A Nation and State Profile of Leading Health Problems and Healthcare Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.*

multiple vaccines given in combination or in close succession and how they affect the human body.

There has also never been a study performed on the cumulative effects of vaccines on children receiving the entire vaccine schedule. Anyone who tries to do such a study is attacked for unethically experimenting on children, since the placebo group (who are not vaccinated) is placed at a "great and unjustified" risk because they are being denied "lifesaving" vaccines.

This is despite the fact that multiple examples can easily be found of vaccinated children acquiring the very illness they have been vaccinated against. There is overwhelming evidence that vaccines can be extremely harmful, permanently disabling, and even deadly to our children. This is one of the biggest medical cover ups protecting a multi-billion-dollar vaccine industry.

Sudden infant death syndrome (SIDS) has only ever been a concern since the introduction of vaccinations. Yet no study has ever been done to rule out any causality between this syndrome and vaccinations. One would think that if the healthcare system was confident that there was no correlation, this study would have been undertaken years ago, but this is not the case.

Statistics show that sudden infant death syndrome clusters at the ages of 2 months, 4 months, and 6 months. One look at the childhood vaccine schedule previously shown will inform you that those are the ages at which children receive the most vaccinations during their lifetime. Any vaccine manufacturer who had integrity would have tried to prove years ago that this was just a coincidence or that the correlation could be explained, but this has not happened. In fact, the correlation between vaccinations and SIDS has been suppressed.

Part of the reason why injuries and deaths caused by vaccinations are not widely known is because there are people, even entire associations, out there who actively ensure that these issues surrounding vaccinations are downplayed and explained away in such

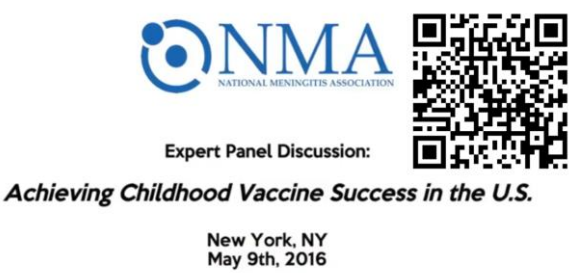
a manner that the blame falls anywhere except on the vaccinations received.

2.4 - National Meningitis Association

Below are some examples from one of the committees driving the vaccine initiative. It is important to note that the people speaking in this discussion are some of the foremost “experts” in the field of vaccinology. Also, they are mostly discussing vaccine hesitancy and claimed vaccine injuries, which is a clear indication that this is actually a bigger problem for them than most people suspect.

In this meeting, members of the National Meningitis Association are advised how to address these issues by an “expert” panel discussion hosted by the National Meningitis Association that took place on 9 May 2016.

The discussion can still be seen on YouTube, and the below image should be enough information to find it[6]. You can also scan the QR code in the below image to view the full interview.



The first snippet is of Paul A Offit, M.D. - Children's Hospital of Philadelphia and University of Pennsylvania.

[6] *https://youtu.be/07v0Yp05snA*

In the discussion, Offit explains that he does not debate the topic of vaccine injury or adverse side effects at media events. In his own words, “people remember the fight far more than the facts,” and he does not think “science” can be communicated well in this way. He further states that you just can’t do it and that it is a losing battle, and that is why he “chooses not to do it”.

Paul gets interrupted by Arthur Caplan, PhD - New York University Langone Medical Centre.

Caplan supports Paul's statement by saying, "You never debate the mother because you are not going to win that argument." Caplan then states that pro-vaccine advocates "need to be made a little more media savvy" when addressing these complaints and need to be "trained" in this regard in order to avoid coming across as looking insensitive.

A further point to note is that not once is it suggested, throughout this entire discussion, that when confronted at media events by people with their personal experiences, these people are taken seriously and that these issues should be addressed with the manufacturers. Instead, the solution offered is that one must learn how to avoid and downplay these confrontations so that they receive no attention.

From the discussion:

Paul A Offit:

I think that when you choose to enter that media event where there's the pro-vaccine person, the anti-vaccine person, five minutes into it, nobody knows who the expert is. They remember the fight far more than the facts. And I don't think you communicate science well there. I think you can't. It's a losing game, I think.

That's why I choose not to do that. I quote-unquote debated David Kirby, but it was only after I followed him.

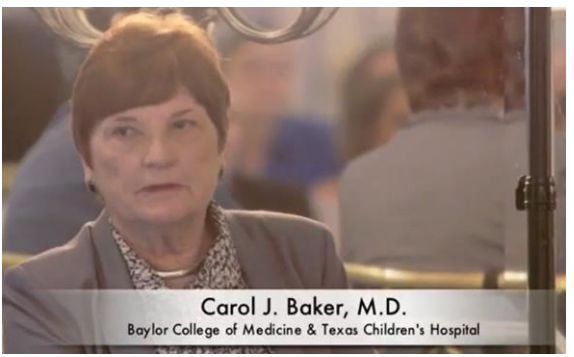
Arthur Caplan:

I think that's part of the trick is to make scientists and doctors a little more media savvy. You never debate the mother. You're not going to win that. Even Marco Rubio doesn't think you can win that. He thinks you're going to have to yield.

Well, it's a little bit closer to Holocaust denialism.

It's sort of where we're having this debate, quote unquote. But people do tell stories. I do think it's important to do better media training so that you're not stuck in situations where you're trying to debate somebody's direct firsthand experience, whether it's contingent, accidental, or just circumstantial. You don't want to debate mothers.

Next, we have Carol J. Baker M.D. - Baylor College of Medicine & Texas Children's Hospital.



Carol makes a shocking but revealing statement. She states that based on "every study published in the last five years, it is the well-educated" white Americans who refuse the vaccines most of the time. That it is actually the poor and uneducated immigrants who are the most willing to get vaccinated.

While Baker seems to find this disparaging, implying these well-educated white people have somehow lost their senses. What this in fact clearly indicates is that people who are well educated are more likely to realize that vaccinations are not safe and effective, and it is only those who are uneducated and dependent solely on the advice of "health professionals" who are the ones who do not question the effectiveness of vaccinations.

Put differently, those who are able to turn to other sources of information in addition to the advice received from their health

practitioners are more likely to come to the conclusion that it is safer to refuse vaccinations.

The fact that Baker interprets the conclusions of these studies in any other way demonstrates her unwillingness to consider the issue from an objective standpoint. She will rather believe well educated people have turned stupid than consider that she may be the one with the wrong idea.

It is also worth pointing out that the way in which Baker conveys her point comes across as blatant racism. The fact that this is not addressed or pointed out by anyone in the room shows the reality of where the loyalties of these professionals lie, with each other and not the public.

Finally, the fact that most people are unaware that in reality there are a lot of people who refuse vaccinations and that they are well educated people. This shows the effectiveness of the mainstream media's ability to hide and suppress information that contradicts the advice given by the health care system. Next time you consider why someone has never doubted the safety and effectiveness of vaccines, remember this point.

From the discussion:

Carol J. Baker:

So, I have the solution. Every study published in the last five years, when you look at vaccine refusers, I'm not talking about, well, hesitance, most of them we can talk into coming to terms, but refusers. We'll just get rid of all the whites in the United States.

Because Houston is the most diverse city in the entire United States. There are seven Asian languages spoken in that city. I've been a minority for more than 20 years in the city of Houston. The majority is what we call Hispanic, that is not a race or an ethnicity that is a political designation, but a lot of them are from Central, South America, Mexico. Guess who wants to get vaccinated the most? Immigrants... It is the well-educated, in terms of pieces of paper that they put on their wall, people that have been here a long time. And it's very unfortunate.

But I think we need not lose the big picture. The big picture is that there are physicians out there and family practitioners, pediatricians, internists, talking one-on-one with either, the older child. I don't know when a child stops being a child. For me, I was 30. I wrote my mother and said, today I'm a grown up. They'd already given me an MD degree by then, so it's a good thing I was grown up.

But I think that we need to do things as an articulate media trained group to encourage that conversation and encourage our healthcare system to value what vaccines do. Give people enough time to talk to individual families.

Lastly, we have Alison Singer - President of the Autism Science Foundation.

She explains that another thing that pro-vaccine advocates "are fighting" against is "what parents say they see before their very eyes, where they are applying causality where none really exists. I gave my child the vaccine, and the next day he lost his words. She then ends off by saying that they know from the science that no causality exists.

Singer continues by saying that her response to being confronted with this information is to tell those parents that what they saw happen had nothing to do with taking a vaccine but was rather just the ordinary development of the child. The same way that one day a child is crawling and the next they are walking.

There are three major issues with Singer's statement.

First, this is a classic example of medical gaslighting - a psychological technique that makes you distrust your own observations - and it is possibly the cruelest thing you can do to a parent. Nobody knows a young child as well as a caring and loving parent. To completely dismiss out of hand what that parent has observed is like refusing to hear the testimony of an eyewitness to a murder because he or she knew the deceased well. It's criminal. See A Primer on Medical Gaslighting for an explanation on medical gas lighting[7].

[7] *https://www.midwesterndoctor.com/p/a-primer-on-medical-gaslighting-e11*

Second, suddenly losing the ability to speak is in no way equivalent to a development like learning to walk. Losing speech is a regression in development, not an example of development. The only way you could make this comparison is if, following vaccinations, a child learns to suddenly speak, not the reverse.

A regression in development is a sure sign that something traumatic has happened to the child. Something so traumatic that the child has reverted to becoming more dependent on their parents as a form of survival.

It must also be said that if the President of the Autism Science Foundation does not know the difference between an example of development and one of regression in development, there is something very wrong.

Lastly, it is simply not true that the science demonstrates there is no causality between vaccinations and autism. The article How Do Vaccines Cause Autism[8] is a good source on this.

Again, I want to place emphasis on the fact that the issues this panel needed to deal with were mostly vaccine hesitancy, refusal, and parents who had experienced their children becoming injured after a vaccine was administered.

[8] *https://www.midwesterndoctor.com/p/how-do-vaccines-cause-autism*

From the discussion:

Alison Singer:

It's very hard to get that scary idea out. So, there was an association between the MMR vaccine and autism to the extent that parents were saying when their physician told them it was time to give their child MMR, people would say, oh, that's the autism shot. So, we're fighting that.

Then we're fighting what parents say they see before their very eyes, where they are applying causality where none really exists. They say, I gave my child the vaccine, and the next day he lost his words. What I often say is children develop. We call it childhood development.

There's one day when a child is crawling, and then one day miraculously a child takes his first step. And it's not because of what he had for breakfast that morning. It's because on that day, he was developmentally ready. And it's the same with autism. The signs of autism become more prominent as children get older.

We tend to see them around the same times that we're giving the bulk of vaccines, around age one. So, parents are applying causality where we know, based on the science, that causality really doesn't exist.

Hopefully the excerpts above demonstrate that there are actually many people, particularly parents, who are questioning the safety and efficacy of vaccinations. The only reason you may not have heard about it is because the mainstream media goes out of its way to never mention it and avoids giving it any airtime. There are mountains of examples just like these that can be discussed and used to demonstrate this point.

3 - Do Your Own Research

One of the most important points we are trying to get across is the fact that your child is a profit game to those with financial interests in the health care system. As explained earlier, vaccines and the top 20 selling pharmaceutical drugs treating the side effects listed on the vaccine inserts are a US$ 550 billion industry (in recent times it most likely far exceeds this number).

The unfortunate reality is that vaccinations are not being promoted or insisted upon by your health care system because they secure the future health of your child and ultimately humanity. The reality is that these medical interventions are really only making us and our children lifelong pharmaceutical clients and making the people who own these companies rich. These are people who do not care about the health of your child but only how they can manipulate your love for your child into profits.

These same people also intentionally hide information from you so that this reality is not easily stumbled upon, and this is only discovered by doing your own research.

We have already attempted to demonstrate in the previous sections that those with vested interests in vaccinations are not interested in being transparent. They would rather get together and discuss the best ways to suppress negative press than acknowledge that vaccinations lead to injury.

3.1 - Suppression of Information

Another example of the suppression of information would be how long-term studies concerning the effects of vaccinations never receive funding. This is because the main funders of medical studies are those with interests in the pharmaceutical and health care business. They don't fund studies that are likely to lose them business. See for

example this article: Big Pharma Pays Universities for Most Medical Research in U.S. Today by Rishma Parpia, April 15, 2018[9].

Your doctors, GP's, and paediatricians all go to medical schools sponsored or funded by the pharmaceutical industry. The same people who profit from vaccinations decide what information these health practitioners in training study regarding vaccinations. Again, they are not going to sponsor an education system that will ultimately lose them business. As such, while your health care practitioners may mean well and may not be profiting from vaccinating your children, you have to consider that they themselves have been fed a lie that they are simply perpetuating. See, for example, these articles: The Pharmaceutical Industry's Role in U.S. Medical Education by Rijul Kshirsagar April 3, 2016[10].

and Big Pharma pours millions into medical schools — here's how it can impact education by Laura Hensley August 12, 2019[11].

Another example is the testimony of a medical doctor Robert Zajac from the Minnesota Association of Christian Home Educators. He explains that he had the biggest ego of any doctor at the start of his medical career, not even wanting to consider whether vaccinations may cause the slightest harm, and how his views changed over the years to realize that vaccines actually do cause harm to people. To watch his testimony, please scan the QR code in the below image.

[9] *https://thevaccinereaction.org/2018/04/big-pharma-pays-universities-for-most-medical-research-in-u-s-today/)*

[10] *https://thevaccinereaction.org/2018/04/big-pharma- pays-universities-for-most-medical-research-in-u-s-today/*

[11] *https://in-training.org/drugged-greed-pharmaceutical -industrys-role-us-medical-education-10639*

Dr Robert Zajac

Transcript of the interview

Dr Robert Zajac:

I've been reading about this a lot. As you know, medical doctors don't have a lot of training in vaccines. We don't have a lot of training in anything in detail unless you become a specialist. I've been reading about vaccines since 2009, about an hour a day.

I started reading about vaccines when I saw my patients getting hurt, and that was really hard for me. I didn't want to believe it. In 2003, you all, literally everyone would have hated me. Biggest jerk of a jerk doctor you ever would have met in 2003 biggest ego of any doctor I think that was ever created.

And when I walked into my community, I told everybody how blessed you are that I'm here now. And in the next two years, I noticed that there was a separation in my patient population. There were patients that were seeing the local chiropractor that were healthier than my other patients, and they were doing some other things for their health other than just using medication for whatever condition they might have. They also had a lower vaccine uptake, and

they were healthy, and that was really hard for me to recognize. My partially or unvaccinated patients, and none of us liked them quite honestly back then, they were going against their medical doctor's advice. And with the ego that I had, that was really hard to swallow. It took me a couple of years to start reading about vaccines. And the moment I started reading research about vaccines it changed my life forever. I didn't know anything beyond the vaccine information statements.

Where we find out that vaccines are perfectly safe, you'll become immortal if you vaccinate, and if you don't, all the babies in the world will die. And that's what the CDC wants us to believe, and I understand why they say what they say.

When I started reading vaccine inserts, I was blown away at what had been studied or not studied. At the numbers of kids that were studied a study of 2 000 kids and then we start vaccinating 4 to 8 to 12 million kids to see what happens. And it changed my life when I saw vaccines having a higher injury rate than what we expected we had a brand-new vaccine that would come out and we'd start vaccinating kids. Instead of a one in a million reaction, we were seeing kids, you know, one in a hundred being hospitalized or having to create special rules that if you received a vaccine, you had to lay on the table for 20 minutes because you might pass out as you were leaving our clinic. It was really hard for me. I am embarrassed to admit that I was still a vaccine bully, that in my practice we needed certain vaccine rates, and you couldn't question my authority.

But then I started to make personal decisions for my own children where we wouldn't give my kids any new vaccine that had just been released. A silly rule at the time for what I know now, but I was never going to test vaccines on my kids again.

And in 2007 or 8, I forget, I experienced my first regression to autism with one of my patients. Now, you've all heard the same story, that they were born with autism and the doctor just didn't know that they had autism and it's really hard to pick, no, that's not true. My background's in child development.

I was working with kids with special needs. I had a perfectly normal child in my practice until they received his 12 month vaccines. When I walked into the room at a 17 month visit, I literally saw a child I'd never met before. I thought I walked into the wrong room.

I stepped out to look to make sure I was in the right room because I did not recognize this child. He regressed into autism. One of the saddest cases I've ever seen. And hard to admit that I struggled with recognizing that that really happened to my patient. I still know the child today. I'm working with him. He's doing well. But it opened up my eyes.

That's when I started reading about vaccines. A few years later, we had a patient die after his shots. They called it a SIDS death at 2 in the afternoon, a few hours after his vaccines. I remember the discussion, and I don't want to violate any confidentiality, so I'm going to be very careful with the words that I use. The coroner asked the ER doctor, do you think this was related to the vaccines that the child had earlier today? And the doctor said, well, no, it wouldn't have been the vaccines. Implying, of course, that vaccines are perfectly safe.

So it was marked as a SIDS death, and everybody moved on. The family has peace. It was SIDS. It was unavoidable. It was just a random bad event. But that's when I started reading about vaccines. That led to a transition in who I am today. I also want to humble myself before you.

I read about an hour a day about vaccines. And I work with moms in my practice that read 10 hours a day. They know more than I do, and that's amazing. And to all the medical doctors who are watching this, I'm sure they know more than you do.

There are a handful of doctors in our country that know as much as these moms do, because once your child is injured by vaccines, you'll never stop researching it. I have all the stories in the world to share about patients in my practice, children who've been injured by vaccines and stopped vaccinating and working to recover. Many, many, many healthy kids who have never had a vaccine, and some kids who are partially vaccinated. And doing this for 15 years now, I'll share with you that the vaccinated kids are the sickest, the partially vaccinated kids are not as sick, and the unvaccinated kids are the healthiest. Now, of course, bad things happen to kids.

There are kids who are unvaccinated that still die. There are kids who are unvaccinated still get leukemia and asthma and allergies and eczema, regress to autism, developmental delays, everything in between. But the disease rates and the illness rates are highest in the vaccinated children.

I am a faith-based person. I want to share that with you, that I'm really stressed about end times for me when I have to answer to what I'm doing with kids. Did I do my job by vaccinating or supporting unvaccinated kids? I'm going to have to answer that because from what I've read, it's very hard to have peace with vaccinating children on a regular schedule.

But let me share with you how I have peace, if that's okay with you.

When children are vaccinated in our practice, they need a doctor who will recognize vaccine injury. And they're going to be vaccinated anyway, so I will watch them and I'll watch for the injury and then we'll have that discussion. And if children are unvaccinated, they need a doctor who's been reading about vaccine-influenced diseases.

I don't say preventable, I say influenced. They need a doctor who knows what this looks like and knows how to treat the illness itself. And everywhere in between, in my heart, families need informed consent. I'm part of a group called Physicians for Informed Consent. We believe that it's very important that families understand that for any medical procedure, there's a risk or there's a benefit. And with that risk of the benefit, we need to have a discussion. And you do not have informed consent when you read the vaccine information statement. And you certainly don't have informed consent once you get the vaccines, and your nurse gives you the statement after the fact.

You have informed consent when you have an open, honest discussion with somebody who's actually trained to have the discussion with you. Then the family gets to make the decision. And after we chat or after they chat with any one of our partners across the country, they choose to vaccinate, we're going to love them.

We're going to pray for them. We're going to hope that it goes okay. They choose not to vaccinate. We're going to love them. We're going to pray for them. We're going to hope that that goes okay. But at the end of the day, they had true informed consent. I would love nothing more to have safe vaccines.

I think that would be amazing if we had safe vaccines. Or even if we had accountability for vaccine injuries. There are three things that I need before I'm going to jump on the

pro-vaccine bandwagon. Number one, we need to have accountability for the vaccine industry for vaccine injuries.

You need to be able to sue somebody if they hurt your kid. As the only industry in our country where you have no option for litigation if somebody's hurt because correlation doesn't mean causation. You've got to be kidding me, right? Like a kid falls over and they get a bloody nose. Yeah, they fell, they hit their nose, and their nose is bleeding. That was not correlation.

We saw what happened they got hurt. Vaccine injuries happen whether it's immediately or years afterwards we need to be able to hold people accountable that's going to drive safety. Now that's not my medical training my pediatrics training that's my master's in business training you have to hold markets accountable for injury that's how you have safety. That's why we have safe products in our country as best we can because you actually get to hold them accountable and sue them when they're not protecting our children.

The second thing is we need to study vaccinated versus unvaccinated kids. We have plenty of people who would volunteer for that study that are vaccinated, plenty of people who are unvaccinated. We need to study that. We need to have placebo-controlled studies so we can see what happens if I inject you with nothing compared to vaccines and have that up front, not after the fact where we're trying to figure out what happened to our children. Once we have those things, including long-term outcome studies, right? Because some of this stuff happens years, not moments afterwards. Once we have those, I promise you I'll be in the forefront of vaccinating children in our country.

Once we have full informed consent for the providers as well. Until that point, we have to have a discussion. If that makes me a bad doctor, call me a bad doctor. We need to

stay safe and support our children and our parents' rights to decide what they're going to inject.

Interviewer:

So, one of the famous lines that you came out with was the amount of money that you do not make because you don't choose money over life. And it was quoted around that it was 700,000. Where did that figure come from? Is that for your whole practice or was that just for you as a pediatrician?

Dr Robert Zajac:

At the time, that was for me as a pediatrician with my patient volumes, and we calculated the profit margin. You know that there's a profit for vaccines, correct? There's a profit margin for each vaccine. And so, as a business owner, again, business degree, pediatricians don't have business degrees. I calculated the profit of each vaccine that I gave and the profit of each vaccine that family chose not to receive on that day. $700,000 is my lost profit because I don't make everybody vaccinate in our clinic. That number has gone up with the number of providers that we have. That number has dramatically increased because we cannot get a favourable contract with our insurance companies because we don't have a high enough vaccine rate. We're now up to about $1.7 million that our clinic does not make every year, lost profit, because we aren't playing by the vaccine rules.

And I love my wife with my heart and my soul. She frequently asks me, how important is this vaccine issue to you? Because I think she would really like that $1.7 million. We barely pay our bills each week or each month in the clinic. It's that important. And it is what it is. So we're going to keep going as long as we can survive as a clinic.

Each month, it's hit or miss. And those are the rules that we have to play by. But the kids are more important than the money.

If you don't know, it's hard to be held accountable. For sure, pediatricians who don't own their own clinics don't understand the financial ramifications of a lower vaccine rate. Physicians, including a provider at one of my previous practices, realize that if you have to talk about vaccines, you lose money. If you give the vaccines and it didn't take you any time to talk about it, you optimize your profit for you personally as a provider, but also for the organization.

If you spend 10 or 15 minutes talking about a vaccine and a family chooses not to vaccinate after they have informed consent. You lose 15 minutes of your productivity for the day, and you certainly don't make a profit for the vaccine. So, when physicians haven't read about vaccines, I understand it, right?

We're busy and we hope that we can just put some of these things at ease, right? If you have asthma, you need an inhaler. You know, if you have eczema, you need a steroid. Let's just use the protocol. Let's use the algorithm. Let's provide care that we learned. And I don't judge that at all.

Vaccines are different because we're making recommendations suggesting that they're perfectly safe and they're not. And we're hurting kids, but we won't know it or admit it unless we read. My hope is that physicians under the pressure of parents will stop and actually read about it. They'll read some great books that are out there.

They'll actually go to peer reviewed research and study the vaccine ingredients as opposed to what the pharmaceutical representative hands you when they're selling you the vaccine.

Interviewer:

I hate to say this, it sounds kind of mean, but it is true, I feel. Pediatricians, and please, it's just from what I've heard going around, they are pharma sales reps. Because you're prescribing inhalers, antibiotics, drugs, drugs, drugs. When does any pediatrician ever say, you know what, you need to go home, you need to have some good clean food, you need to drink plenty of fluids, just like the doctors used to do in my day, that was what they did. And all we hear from the parents is, oh, give them Tylenol, Tylenol, Tylenol, Tylenol, and take a course of antibiotics while you're at it, and here's an antidepressant for you, mum. That's all we're hearing.

Dr Robert Zajac:

It's what we learn in medical school, and we're medical doctors, and we're infallible. When we received our medical degree, we inherited the wealth of the knowledge of the universe, and at that moment, we knew more than anybody. And it's very scary to think that that isn't true. Now, not every doctor feels that way, but I would hazard a guess many do in my interactions and my experiences. And so if we step back and we realize that not everything needs a medicine or a surgery, that maybe our bodies are designed pretty perfectly, and we can step back and let our bodies heal or we can look at other options such as time or hugs and kisses or maybe a warm bath and move beyond that. I think that many physicians would be surprised that they don't need the medicine and on a business side you can make almost as much money which is pretty cool too.

You make a little bit more money if you prescribe a medicine but ultimately, it's about providing care and so we can just step back and humble ourselves and serve.

3.2 - Pharmaceutical Media Dominance

Lastly, pharmaceutical companies and their allies have become so wealthy through these medical interventions that they are able to extend their influence far and wide - very similar to oil tycoons. The two most effective areas being politics and mainstream media.

Pharmaceutical companies can influence the government by sponsoring political campaigns and hiring lobbyists. In this way, they influence what becomes policy in hospitals, what is included in and excluded from the medical training curriculum, and what goes into health care legislation.

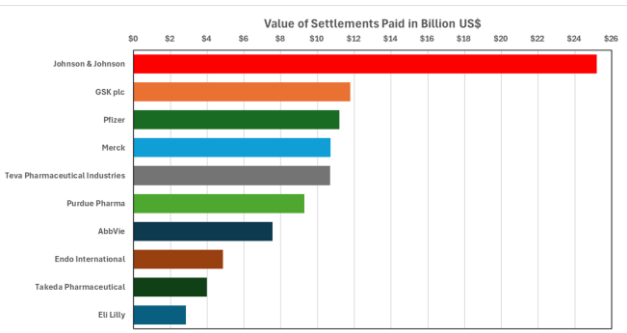
It's also the reason why there are laws exempting vaccine manufacturers from liability when their vaccinations cause harm. Out of all the people in a country who would lobby for these laws? Parents? Doctors? No, pharmaceutical companies.

Pharmaceutical companies and those who run them also purchase large interests in media companies. This allows them to influence what does and doesn't get mainstream attention. It allows them to emphasize information that promotes vaccinations and suppress any negative information concerning vaccinations.

As an example of how this information is suppressed you can do research on the biggest settlements reached by some of these companies. Did you know that the top ten companies who paid the most settlements amount to close to a total of US$ 100 billion. A breakdown of these ten companies and the total amounts they have settled for since 2000 is shown in the below graph. The violations were criminal and civil in nature and include anything from off-label promotion, failure to disclose safety data, paying kickbacks to physicians, making false and misleading statements concerning the safety of products, reporting false best prices, medicare fraud, poor manufacturing practices, monopolistic practices, and misclassification under the Medicaid Drug Rebate Program.

If you look at the graph of settlements you will notice names like Johnson & Johnson, GlaxoSmithKline, Pfizer, Merck, and Eli Lilly. These are some of the best known vaccine manufacturing companies. AstraZeneca, who has paid close to US$ 1 billion in settlements, does not even feature on the list.

This information is not widely advertised and very few people in the general public even think about doing research on this topic. But considering the rampant fraud and criminal behaviour by these companies, would you really just trust anyone's advice on vaccines without doing your own research…



All of this means that the system is designed to hide any accurate information regarding vaccinations. As such, you will not come across the truth without doing your own due diligence. If you really want to be able to make an informed decision about vaccinations, you need to source information from people who are not making money off of them.

As alluded to in the beginning of this section, it's not just the vaccinations that bring in profits but also, and probably more so, the money obtained from selling medicines that treat diseases and injuries that are caused by vaccinations. This is because vaccine injury, in whatever form, can create lifelong pharmaceutical customers who will drive profits for as long as someone lives. Nowhere is it described better than by Bill Gates in his interview with

CNBC, where he explains that the return on investment for vaccines is in the order of 20 to 1. You can scan the QR code in the below image to see the interview.

4 - The Only Thing a Parent Needs to Know

Vaccines are said to be effective because it is believed that they make people immune to certain diseases.

Vaccinations are said to create this immunity by exposing the body to a bacteria or virus (known as germs) or parts of the bacteria or virus that are associated with a specific illness or disease. When exposed via a vaccine, it is believed that the immune system is “taught” to recognize and produce antibodies against that virus or bacteria.

In other words, as a result of this manufactured exposure to germs, the immune system has supposedly already erected its defences, in the form of antibodies, against a particular disease. As such, should it encounter these germs naturally at any stage thereafter, these defences have already been put in place, and the person cannot be invaded by germs and experience any of the symptoms of the disease associated with those germs - he/she is immune.

The bottom line, and the only thing parents need to know, is that germs or microorganisms - bacteria and viruses - do not cause or

spread disease. In fact, in over 200 years, neither bacteria nor viruses have ever been proven to cause or spread disease.

When you understand this, you will also realize that this means all vaccines are completely unnecessary. If germs do not cause or spread diseases, there is no reason to try and gain immunity from them.

How do we know that what has been taught to us regarding the cause and spread of disease is wrong?

First, because it can be shown that throughout history there are many examples of doctors and scientists conducting experiments that disprove the currently accepted theory that diseases are the result of germs (bacteria or viruses) invading the body. This theory of disease is known as germ theory, and the assumption that germs cause disease is the first foundational assumption of this theory.

Dr. John B. Fraser is one of these doctors whose experiments involved deliberate exposure to many “deadly” bacteria.

In the medical journal, Physical Culture (May 1919) John B. Fraser, M.D., C.M., of Toronto, Canada, describes a series of experiments performed there, from 1911 to 1918, to determine whether or not germs cause disease. They spent the first three years in an effort to determine whether the germ appears before or after the "onset" of the "disease." The verdict was "after the onset."

In 1914 the work of "incorporating fresh vigorous germs in food and drink and then using that food in the ordinary way. Dr. Fraser says: "The first experiment made was taking fifty thousand diphtheria germs in water, and after a few days suspense and no sign of the disease it was considered that the danger had passed.

In the second experiment, one hundred and fifty thousand diphtheria germs were used in milk, and again no signs of diphtheria appeared.

In the third experiment, over one million diphtheria germs were used in food without producing any sign of the disease.

In the fourth experiment, millions of diphtheria germs were swabbed over the tonsils and soft palate, under the tongue, and in the nostrils, and still no evidence of the disease was discernible. As these results were very satisfactory, it was decided to test out some other kinds of germs. A series of tests were made with pneumonia germs in which millions of germs were used in milk, water, bread, potatoes, meat, etc., and although persistent efforts were made to coax them to develop, absolutely no sign of the disease appeared."

"Another series of experiments were carried out with typhoid germs, especial care being taken to infect distilled water, natural milk (not pasteurized); bread, meat, fish, potatoes, etc., etc., with millions of the most vigorous germs that could be incubated, but for the knowledge that they had been taken, one would have known nothing about it.

"Another series of tests were made with the dreaded meningitis germs, and as the germs are believed to develop mainly in the mucous membranes of the nostrils, especial pains were taken to swab millions of the germs over the floor and sides of the nostrils, into the turbinated sinuses, over the tonsils, under the tongue, and back of the throat. In addition to these tests other tests were made in food and drink—millions of germs in each case, and yet no trace of the disease appeared"

Reference Dr. Herbert Shelton in his 1939 book The Hygienic System (pages 220-222) and THE Hygienic System[12].

Another example is Dr. Thomas Powell, who had experimented on himself with all manner of "pathogenic microbes."

In a *Los Angeles Herald* article from November 1897, details of Dr. Powells experiments were provided.

It was stated that Dr. Powell exposed himself over a period of ten years to the germs of the deadliest diseases in order to shatter the

[12] *https://soilandhealth.org/book/the-hygienic-system-vol-vi-orthopathy/*

theory of the transmission of contagious disease from one person to another. Dr. Powell not only survived, but he never experienced any ill effects from the undertaking of his experiments. His results were considered conclusive as they were achieved in the presence of two well-known physicians who corroborated the findings. Dr. Powell stated that his experiments proved that germs are the result of, and not the cause of, disease and that they are beneficial to achieving and maintaining health. So convinced was he of his results, Dr. Powell also used family members and other volunteers in his experiments along with himself. He cultured the typhoid, diphtheria, and glanders bacteria to the point of there being no doubt about their "virulent nature," and he experienced no ill effects beyond a sore arm from the injection. Dr. Powell stated that his greatest trial occurred in the presence of 25 physicians where he took both the typhoid and diphtheria bacteria into his system and, upon examination, it was determined that no ill effects had occurred. In order to ensure that there could be no doubters, Dr. Powell performed the same experiments on two patients who also experienced no ill effects. Dr. Powell was confident that the germ "theory" of disease was fraudulent and challenged anyone to bring forth the most "virulent" bacteria so that he could ingest them. The physicians who witnessed these results firsthand were dumbfounded.[13]

The second foundational assumption of germ theory is that contagion of a disease has been proven. In other words, it is a commonly held belief that a sick person can be the cause of a healthy person becoming sick with the exact same illness when germs are passed from one person to the next by means of natural pathways. But it is astounding to find that over the course of more than two centuries of well-documented scientific studies that contagion has never been proven. Not for a single infectious (bacterial or viral) disease ever.

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[13] *https://viroliegy.com/2024/01/19/the-infectious-myth-busted-part-6-the-germ-duel/*

In order to test this statement, we have most of the contagion studies that are currently published.

4.1 - No Proof of Contagion

In this section, we review four case studies where experiments were undertaken in an attempt to prove contagion of disease. The results of these studies actually show the complete opposite, and even though only four case studies are discussed below, the published literature contains many more demonstrating the same. We spent more than two years trying to find a single study that showed the opposite and was not able to. For a more comprehensive list of studies that show this, refer to Appendix A, which lists 70 studies failing to prove contagion.

Chickenpox

Hess & Unger, 1918. A Protective Therapy For Varicella, And A Consideration Of Its Pathogenesis - The ve*sicle fluids from people with chickenpox were injected intravenously into 38 children. 0/38 became sick.*

This study was conducted at an orphanage in America in 1918. The study begins by taking for granted and without pointing to any studies that varicella (chickenpox) is caused by a virus. Moreover, the authors state that from previous immunisation experiments done, they are almost certain that the virus is contained in the small blisters caused by the virus.

The study recorded an attempt to immunise 38 orphans, between 3 and 4 years of age, against chicken pox. The authors attempted to do so by drawing the fluids from the blisters of a patient with chickenpox, diluting it with saline, and injecting it intravenously into the children.

None of the children injected with this fluid containing the “chicken pox virus” developed any sign or suggestion of chickenpox.

Also recorded in this study are parallel experiments conducted by the authors making use of the lymph and nasal and other secretions of a chickenpox patient as opposed to the fluids found in the blisters.

The “infected” lymph was injected into the layers between the skin (intracutaneously) of 16 children and into the layer between the skin and muscle (subcutaneously) of 10 children. The “infected” lymph was also placed on the broken skin, mucous membrane of the nose and mouth, and on the tonsils and inner cheek linings of 4 children. In all four cases, no symptoms of chickenpox developed whatsoever.

The nasal secretion (snot) of a chickenpox patient was applied to the nostrils of three children. The tonsil secretions to the tonsils of three other children. Lastly, the tonsil and throat (pharynx) secretions to the tonsils and throat of a further 6 children. In all 12 cases, no reaction or symptoms were observed whatsoever.

It is clear from this study that chickenpox is not contagious even when you try to infect another with the fluid from the blisters, snot, spit, or lymph glands of a person “infected” with chickenpox.

Measles

A. W. Sellards, 1924. *A review of the investigations concerning the etiology of measles, A. W. Sellards.*

This study builds on an earlier literature review, wherein various studies involving attempts to transfer measles to healthy patients by means of blood, sweat, tears, and skin were recorded. The conclusion of that review was that from those studies reviewed, it seemed that the best chances for transferring measles were by means of the use of the blood of a measles patient.

As such, in the experiments conducted by the author, he injected 8 volunteers with the blood taken from a patient who had an early case (pre-eruptive stage- prior to the appearance of a rash) of the measles but no symptoms developed in any instance.

Since no symptoms resulted, another more intensive experiment was carried out. Blood was taken from 2 different measles patients with an early case of measles and mixed together and injected into 2 different volunteers, with part of the mixture being injected subcutaneously and the other part intramuscularly. Twenty-four hours later, the same volunteers were given a second round of injections with blood from the same two patients in whom the case of measles had progressed further (eruptive stage / following appearance of rash stage). Neither of the two individuals who received the intensive injections developed any symptoms.

After an interval of three weeks, the same two volunteers were exposed to a patient with an early case of measles (four days prior to the appearance of a rash) and also inoculated on the mucus membrane with secretions from that same patient. The two volunteers remained symptom free.

Finally, the author performed a final experiment where he injected a single volunteer with the blood of a patient with a late case of measles (2 hours after rash appeared) both subcutaneously and intravenously. The volunteer remained free of symptoms.

This study therefore is evidence that measles is not contagious even when the blood, tears, sweat, and skin of a patient with measles are used to try and infect a healthy person.

Polio

Massachusetts. State board of health, 1914. Infantile Paralysis in Massachusetts, 1907-1912. Together With Reports Of Special Investigations In 1913, Bearing Upon The Etiology Of The Disease And The Method Of Its Transmission - “Poliomyelitis prevailed in epidemic form in Kansas during the summer of 1909. No method of contagion could be found, and the author does not consider the disease contagious.”

In 1908, an investigation was carried out into an epidemic of polio among children in Western Massachusetts, USA. The investigator

was able to obtain the information for his investigation by being allowed to visit all the homes where a case of polio in children had been reported. The investigator spent a month living in the area and made several subsequent visits to these homes in order to obtain the incredible amount of detail he put in his reports.

In total, 69 cases of polio in children were reported in Western Massachusetts during the epidemic. Out of the 69 cases, only two of the children were kept isolated during their illness. One was in a family where there were no other children, and the other was placed in quarantine and kept away from their three siblings. In all other cases, no measures to isolate the ill child were taken. In all cases except one, the 67 children were reported to have been in good health prior to the onset of the illness.

In the 67 other instances where no isolation measures were adopted, there were a total of 166 children (siblings/relatives) in these families. In 4 of these cases, the ill child slept with a brother or sister up to the time of the presentation of the illness; 7 instances where co-sleeping with siblings continued during the first few days following the presentation of the illness; and 5 instances where co-sleeping with a sibling continued through the duration of the illness.

Moreover, the investigator reported 9 instances in which the other children in the family drank from the same cup as the ill child and 12 instances in which the other children in the family and the neighbouring children kissed the ill child during the acute stages. The investigator notes that it was impossible to determine the exact number of times that contact of the kind just described occurred while the investigator was not observing but that the above detail indicated to what extent the intimacy of the healthy children with the ill did occur.

Further investigation showed that in addition to the 166 children exposed to the disease by their relative or sibling, there were 86 children amongst neighbours and friends who were also in intimate contact with the 67 cases. By intimate contact, it is meant that the children were free to interact as much with the ill child as the ill

child's condition would permit. Some of the most common examples are playing with the child, sitting beside the child, taking naps on the bed, or lounge with the child. This made a total of 244 children who were in intimate contact with 67 ill children, but the investigator noted that this number was conservative, and the number could easily have been three times as much.

Out of the 244 children involved, only 2 other cases developed at the time the investigator was compiling his report. Accordingly, and in relation to the contagiousness of the disease, the investigator concluded that polio was mildly contagious at most.

Flu

M. J. Rosenau, 1919. Experiments To Determine Mode Of Spread Of Influenza - *Conducted 9 separate experiments in a group of 49 healthy men, to prove contagion. In all 9 experiments, 0/49 men became sick after being exposed to sick people or the bodily fluids of sick people.*

The following study has been included even though there is currently no flu vaccination on the childhood schedule because it demonstrates clearly how little proof there is for contagion.

Note that, in order to avoid an unduly long book, what follows is a very brief summary of the most revealing experiments undertaken in this study. Reading the entire study is highly recommended to show the extremes the scientist went to in an attempt to demonstrate contagion.

During the 1918 Spanish Flu, which is considered to be the most contagious disease of all time, researchers for the Public Health Service and the U.S. Navy tried to determine what caused the flu and how it spread. These studies have become known as the Rosenau Studies of 1918.

The studies were carried out at Gallops Islands with 100 volunteers from the Navy who had no history of influenza. These studies showed

that no matter how hard the researchers tried, they could not transmit the “deadly” Spanish flu from sick to healthy people.

Experiment 1 took place on Gallops Island. The volunteers first received 13 different strains of Pfeiffer’s bacillus isolated from the fluids of parents ill with the Spanish flu by spray into their noses and backs of throats (while breathing in) and then into their eyes.

In addition, the researchers collected a further batch of material and mucous secretions of the mouth, nose, throat, and bronchi from patients and transferred this directly to the volunteers by means of a swab to the noses, back of the throat, and eyes.

None of these volunteers in experiment 1 took sick in any way. Their temperatures were taken three times a day and they were under constant medical supervision for one full week while isolated on Gallops Island and before they were released. All of the volunteers received at least two, and some of them received three rounds of exposure in the way already described.

When experiment 1 failed to produce disease, experiment 2 consisted of volunteers receiving injections of blood or filtered mucus from influenza patients. None of the volunteers in experiment 2 took ill in any way.

Finally, experiment 3, was designed to imitate the natural way in which influenza is thought to spread through human contact. This experiment consisted of 13 volunteers being taken into an influenza ward and exposed to 10 influenza patients each. Each volunteer had to shake hands with each patient, talk with him at close range for at least 5 minutes, permit the patient to expel his breath on him 5 times, and permit him to cough directly into their face 5 times. Once done, the volunteer had to move onto the next patient selected for him and repeat the process until each volunteer had been exposed in this manner to 10 different patients. None of the volunteers in this experiment developed influenza after being closely monitored for 7 days.

4.2 - Methods of demonstrating contagion

It is noteworthy that in both the Polio and the Rosenau studies, it was looked at whether the disease in question would spread through natural means - by means of ordinary human contact and interaction. This has not been the case in any study to date that is provided as proof of contagion. All studies used as proof of contagion report using absurd, unrealistic, and cruel methodologies in an attempt to make the healthy volunteers ill. Below are a few more examples:

Louis Pasteur, 1881 - For rabies, he tried to demonstrate transmission by injecting diseased brain tissue "directly onto the surface of the brain of a healthy dog through a hole drilled into its skull."

Simon Flexner and Paul A. Lewis, 1910 - for a study concerning polio - Spinal cords from deceased children were ground up and emulsified to be injected into the brains of monkeys.

John F. Anderson and Joseph Goldberger, 1911 - Injected blood from a measles patient directly into the hearts and brains of monkeys.

Carl Tenbroeck, 1918 - In an attempt to demonstrate the contagiousness of hog-cholera, a mixture of ground up rats' livers, spleens, kidneys, testicles, lungs, hearts, and brains was injected into the brains of other rats.

T.M. Rivers et al, 1929 - "The serum to be tested was mixed with an equal amount of virus, and then 0.25 cc. of the mixture was injected into each testicle of monkeys" and "The results of the above experiment indicated to us that the serum from an individual who had had varicella many years previously did not contain sufficient antibodies to prevent the appearance of inclusions in testicles inoculated with chicken-pox virus."

Ben Killingley, 2022 - Gave 36 people what he considered to be purified Covid Virus intranasally. The Results: Nobody got sick. It should however be noted that in the study they consider a runny nose as someone being sick. What is however completely neglected is the

effects of what a PCR test would have on your nose if you had to do a few of these tests a day (which was the case in this study). They push a swab through your nose to the back of your throat, and when you get a runny nose because of this abuse, they claim that it is proof of contagion.

A more comprehensive list of failed transmission studies with accompanying notes can be reviewed in Appendix A.

All the methods given as examples above are so far removed from how disease is thought to spread between humans that it is hard to believe these people called themselves scientists and that their work is still relied on to this day.

The fact that some of these volunteers and animals only got ill and didn't die after undergoing these experiments is extraordinary.

A final consideration on this issue concerns general practitioners and hospital staff - doctors, nurses, cleaners of these places, etc. All these people come into contact daily with people who are supposedly infected with viruses and bacteria that lead to infectious diseases. Yet these people and their families are not sick all the time, and hospitals always have staff despite this. If germs really caused disease, surely these people would show clear evidence of this.

In conclusion to the theory of contagion of disease, Dr. Henry D. Littlejohn, of Edinburg, Medical Officer to the Scottish Board of Health had the following to say about his years of practicing experience:

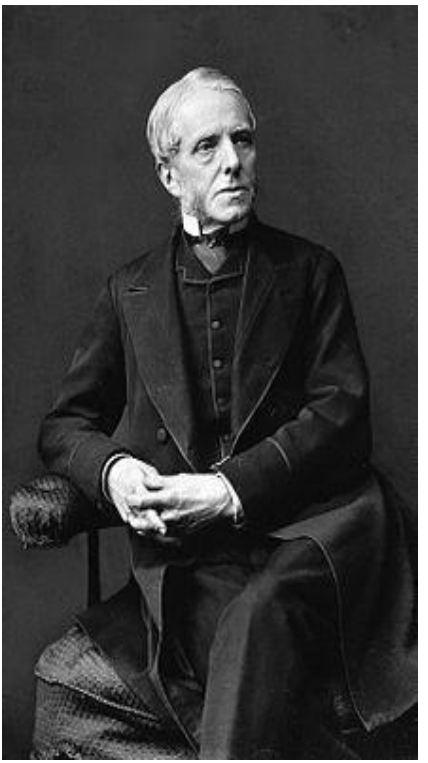
"All medical authorities are agreed that the risk attending the entering a room in which there are cases of infectious disease is infinitesimally small to the healthy individual; and that even where a person actually assists in removing a patient sick of an infectious disorder to another apartment or to a conveyance, while the risk is greater, it is in reality very small to the sound constitution.

As a rule, it is rare to find nurses affected who live for hours and days at a time in the same atmosphere with the sick, and who at the same time make use of the simplest precautions. It is still rare to hear of medical men sickening of infectious diseases caught in their practice, and it is well known that medical men never, or very rarely, bring the infection of such diseases to their households.

For twenty-five years I have been engaged in active sanitary work, and have had, with very limited staff, to cope with serious outbreaks of Cholera, Small-pox, Fever, Scarlatina, Measles, and Whooping-cough, and although I have during that period brought up a large family, I have never communicated any of these diseases to my children or dependents, nor am I aware that any of the numerous sanitary inspectors who have acted under me have ever contracted or communicated these diseases while in the public service.

To live in constant fear of infection is one of the surest methods of courting the risk of an attack. It is a popular, and I believe a true, saying with regard to Cholera, that the fear of it kills more than the scourge itself. This holds equally good for other forms of infection; and the Sanitary Inspector; to be an efficient public servant must be assured of this cardinal fact, that infectious germs of all kinds have no power of successfully attacking the healthy individual."[14]

[14] *Henry D. Littlejohn, MD, "Report by Dr. Littlejohn," The Poor Law Magazine and Parochial Journal, vol. VIII, 1880, Edinburgh, pp. 309-311.*



Henry D. Littlejohn, MD

5 - Hacking At The Root Of The Virus Lie

In the previous section, we discussed the fact that there is more evidence demonstrating that germs do not cause disease, and that contagion has never been proven than there is evidence to the contrary - in fact, there is zero evidence to the contrary. This was discussed first because it is the easiest of the germ theory false assumptions to disprove.

This next section is a little more technical, and people tend to get lost in all the "facts" out there, intimidated by the scientific jargon, and then give up trying to understand what it is all about. But the next section is important because it deals with one so-called particular microorganism, the virus.

At the end of the day, most vaccinations are given in an attempt to develop immunity against viruses. This is because bacterial infections are more often than not claimed to be curable by antibiotics (while the authors hold that this is not true, this issue is not unpacked in this book).

Virology is the study of viruses, which is a field of science that was founded upon the assumption that many diseases are due to the transmission of viruses or a viral agent between people - yes, the very same assumption that we showed in the previous section that there is absolutely no evidence for.

What is important to realize is that the concept of a virus was developed when scientists could not pinpoint a specific bacteria or germ as the cause for a particular disease. When this happened, instead of re-evaluating the evidence for germ theory, scientists invented a new invisible germ - viruses - which they claimed must be the cause. Put differently, scientists were so adamant that germs were the cause of disease that they theorized that the reason they could not find the germ responsible for causing a disease was because it was so small it was invisible.

What this means is that the concept of a virus was invented to support the theory that germs caused disease and that at the time it was invented no virus had ever been seen or detected before.

The issue with this reasoning was explained well by Dr Tomas Cowan in his discussion regarding Inductive vs Inventive theories. Refer to Dr. Tom Cowan BitChute channel presentation titled: Inductive Vs. Inventive Reasoning- Webinar from August 23rd, 2023, or scan the QR code in the below image to watch the video.

The difference between inductive and inventive reasoning:

- Inductive reasoning - The best description of an observation of what is out there in real life.
- Inventive theory - Making up things in an attempt to support a theory of why things happen.

As explained by Cowan in the presentation, many fields are born out of inventive theories, but we are now at a stage where we have theories built upon unproven theories built upon further unproven theories. In other words, we have entire scientific fields that are purely theoretical and have no bases in observation and empirical evidence whatsoever - like virology.

As already explained, virology is based on the theory that germs are the cause of disease, and it is the transmission of germs that causes a healthy host to become sick. Without proving these assumptions, scientists then developed upon these assumptions the concept of a virus when they could not find the germs causing a disease - instead of thinking their founding assumptions might be wrong, they came up with the idea that the germ they were looking for was invisible.

Then, on top of the unproven germ theory and upon the unproven virus concept, they built further theories when they encountered things that did not make sense or fit into their earlier theories - things like vaccinations, virus variants, and asymptomatic virus carries. On and on they have been building with these inventive theories to the point where the field of virology is a complete house of cards.

In reality, viruses, their variants, and asymptomatic carriers are all unproven scientific theories. Stories made up to try and explain how diseases are caused and spread, stories that when applied to reality, just do not match the facts. Vaccinations, on the other hand, are nothing but syringes full of side effects. Side effects that have built up an industry worth more than US$550 billion per year.

The section that follows goes into more detail as to why exactly the virus concept has never been proven. The information presented is very technical, but if you understand the concepts, you will realize that virology is truly as ridiculous as explained in the previous sections.

6 - The Isolation Issue

The failure to transmit disease from a sick person to a healthy person, in other words, the failure to demonstrate proof of contagion, should be enough for anyone to conclude that the science underlying vaccinations is flawed. If doctors and scientists cannot show that they understand how diseases are caused and spread, then there is absolutely no good reason to believe that they can cure or prevent them.

In this section we get into the “science” behind the proof viruses - the germ said to be responsible for most of the diseases that are common today. While in the previous section we showed that germs do not cause nor spread disease, in this section we will go further and show that when it comes to viruses, there is no proof that this germ even exists.

The first step in proving anything exists is to locate it so that others may examine it. This has been the case in natural science for centuries. If you want anyone to believe that you have found a new species, you are going to need to go and get it and show it to us - stories and drawings are not good enough. Luckily, when it comes to viruses, this does not require a trek through the Amazon or a trip to the moon. All that is required is for a virologist to isolate (identify and examine separately) the virus out of a sample of sputum, snot, or blood.

The isolation of a virus is an important process for more than one reason. Isolation means to extract the virus out of a sample of sputum, blood, mucus, or any other bodily fluid so that you have the virus on its own without contaminants. It is only when you have the virus on its own that you can be certain it exists and can determine certain things about it.

For example, it's only possible to tell the morphology (shape and size) of a specific virus if you are certain that you are not confusing it with other particles in a sample. Another example is that it is only possible to say that a virus is the cause of a specific disease if you have been able to cause a healthy person to become sick after exposing that person to a pure virus. If you infect a person with a mixture of things, one of which is supposedly a virus, it is impossible to say for certain what actually made that person ill - was it the virus or the contaminants in that mixture?

What you discover when reading the scientific literature concerning viruses is that there has not been a single instance since the concept was invented where a virologist has managed to isolate (separate from everything else) a virus from a biological sample (blood, snot,

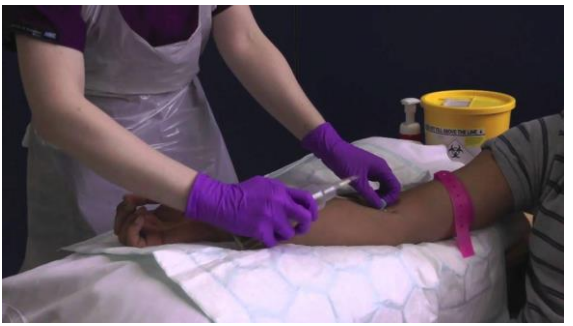
spit, etc.). While it is true that virologists do have a process that they call isolation or purification during which they claim isolation of a virus, when the process is examined, it quickly becomes clear that this isolation process isolates nothing at all.

This is very strange when you realise that bacteria are easily isolated from bodily fluids. The methods used to do so result in the bacteria being separated from everything else in the original sample (pure bacteria) and allow for the bacteria to be examined and studied on their own without any contaminants. These methods generally include straining or sieving the bacteria out of biological samples, just like one would do using a colander to strain cooked pasta. Why should the meaning of "isolation" differ when one is working with viruses?

6.1 – "Isolation"

When a virologist claims he or she has "isolated a virus," essentially what he or she means is that they have carried out an experiment that involves placing a sample of blood, sputum, or snot into a dish of either human or animal cells and then waiting to see what happened. Yes, you read correctly. When they "isolate" a virus, what they actually mean is that they mix bodily fluids together with cells and other chemicals.

Now that you know the gist of the experiment, it is important to look at each step of the process closely to properly understand why this method could not possibly result in the isolation of anything.



Step 1

A virologist obtains a sample (sputum, blood, or shot etc.) from a person or animal that they suspect is infected with a virus. This sample is then filtered, which is supposed to remove everything but the "virus."

However, in reality, it is not possible to remove everything except for the virus from a sample because there are other things in a sample that are the same size or smaller than a virus. What this means is that the filtered sample with the suspected virus will also contain small pieces of broken up cells (known as cell debris), small molecules (for example, DNA, RNA, and proteins), and anything else small enough to fit through the filter.

Step 2

They take the result of step 1 and place it into a cell culture of either human or animal cells.

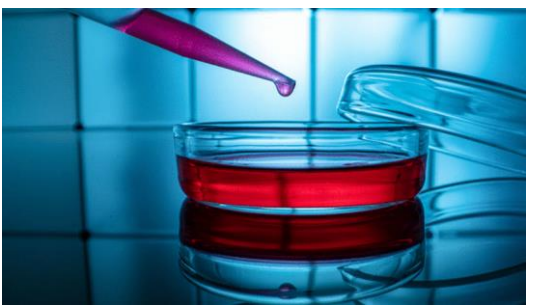
The purpose being to place the sample with its suspected virus in an environment where the suspected virus can supposedly replicate - viruses are said to replicate by hijacking cells.

A cell culture is essentially a dish filled with cells floating in sugar and vitamin water (growth media), which acts like a cell farm. Just like any farm, in order for the farm animals, in this case the cells, to

remain alive and reproduce, a source of food is necessary. Scientists have discovered that fetal bovine serum (FBS) provides the necessary nutrients to keep the cells alive and proliferating. FBS is exactly what it sounds like - blood drawn from a cow fetus or blood drawn from a baby cow that is still in its mother's womb.

In order to prevent the cell farm or culture from being contaminated with bacteria or fungi, antibiotics are also routinely added to the dish.

To sum up step 2, a filtered sample suspected of containing a virus but definitely containing cell debris and other small molecules is added to a cell culture. A cell culture that has been kept alive and contaminant free with the routine addition of FBS and antibiotics.



Step 3

Once the sample has been added to the cell culture, the virologist thereafter reduces the amount of FBS (nutrients or food) normally given to the cells - in some cases, from 10% of the growth media to 1% of the growth media. Depending on the particular protocol being followed, the amount of antibiotics added either remains the same or is increased.

The cell culture is then incubated at 37 degrees in CO2 generally for a period no longer than 14 days, with the culture being checked either every day or second day for Cytopathic Effect (CPE).

Step 4

CPE, also known as cell apoptosis or simply cell death, refers to when the cells in the culture stop proliferating and start to die off.

Virologists claim that the cells die in these cultures because the viruses in the sample added to the culture kill them. As such, when a cell culture shows CPE, they claim this is proof that there was a virus present in the sample added.

The above process, steps 1 to 4, is what is referred to as virus isolation. In short, it is seeing whether CPE takes place in a cell culture. This process was developed by John F. Enders in 1954 and is the exact same method that is used today.

Some important things to take note of about this procedure are:

1. At no stage during this process is anything isolated. At best, a bunch of things are mixed together, and a virus or virus particle is never obtained on its own or separated out from everything else for further experiments.
2. If FBS is the food source for the cells, reducing the amount of FBS given to the cell culture after adding the sample is going to starve the cell culture. Starvation will lead to cell death regardless of what is claimed to be in the sample. Put differently, the process followed causes the same results (CPE) in the petri dish as the presence of the virus is said to cause.
3. Antibiotics are toxic to cells and also cause cell death. Again, the process followed causes the same results (CPE) in the petri dish as the presence of a virus is said to cause.
4. If the process followed causes the same results, how do you know when it is the process or the virus causing the results?

Further, how do you know that it is not just the process being followed that is causing the results each time?

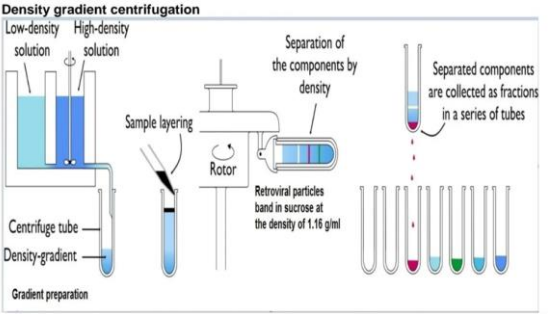
When you consider the above four points, you start to realise that it is ludicrous to think that cell death can be considered the isolation of a virus and proof of its existence. Nevertheless, the cell culture method outlined in this section is the only method of virus isolation that is used and is standard practice in industry today.

6.2 - Purification of a "Virus"

Purification is achieved through taking the result of Step 4 (explained above) and undertaking density gradient centrifugation.

The basic theory behind the purification process is that when a test tube containing a sample of the infected cell culture plus a sucrose solution is spun at high speeds and centrifugal force acts on the contents, particles within the sample will group together according to their similar weights and sizes (buoyancy) and settle out into separate layers along the test tube.

By way of an example, all particles in a sample with a buoyant density of 1 will group together in one layer, and all particles with a buoyancy of 2 will group together and form another layer. The number of layers formed will depend on how many types of particles are present in the tube.



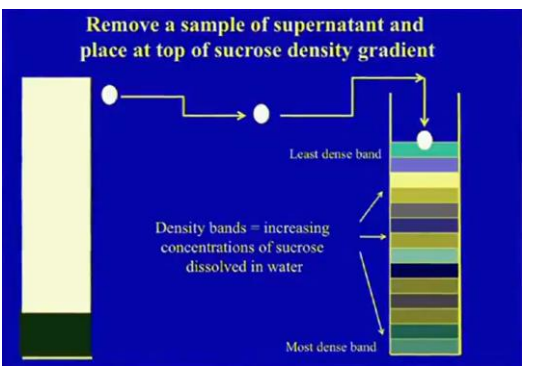
However, in order to claim that particular virus particles will settle out at a specific density band, one would need to know beforehand the average weight and size of the virus particles in question in order to accurately predict the specific density band. In order to be able to determine the average size and weight of a particular virus particle, one would need to have first properly isolated and examined the particle. But seeing as we just went through the virus isolation process and saw that the process does not result in an isolated particle, it is clear that there is no way anyone can say with certainty where in a test tube virus particles would separate out.

The below transcript is from the same documentary, "*The Emperor's New Virus?"* which explains "purification" of a so-called virus by means of centrifugation in more detail and in relation to HIV retrovirus particles. The video snippet can also be seen by scanning the below QR code.

Presentation transcript:

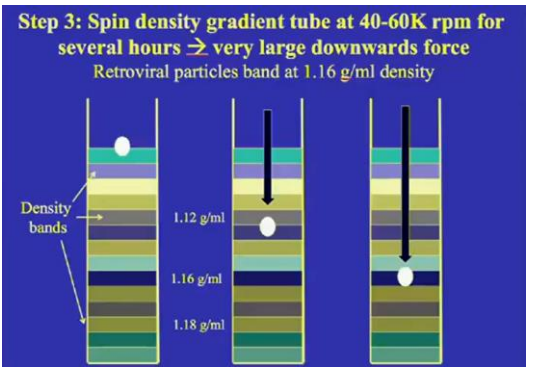
Retrovirus particles are purified using a laboratory procedure developed over 40 years ago known as density gradient centrifugation. The cell culture that is undertaken by the scientist to produce workable quantities of virus results in a liquid suspension made up of cells, macroscopic and microscopic cellular debris, virus particles if any are present, and culture fluids.

This suspension is spun in a low-speed centrifuge which creates a sediment consisting of the cells and heavier solid material and above the sediment a liquid supernatant containing the much lighter microscopic material if retroviral particles are present this is where they will be distributed next a small portion of the supernatant is removed and very gently placed on top of a solution of sucrose. This sucrose solution is prepared in a special way such that its density increases gradually from the top to the bottom of the tube.



In this diagram, the layers of different densities are shown as discrete bands, but in the real world of the laboratory, these layers gradually merge into one another. Purification by this technique relies on the fact that particulate matter in the supernatant sample will gradually sink down through

the sucrose solution until it reaches a place in the gradient where the sucrose solution and the particulate matter have the same density.



When an object gets to this portion of the gradient, it cannot go any further. It is exactly like trying to force a tennis ball to stay put at the bottom of a bucket of water. As soon as you let it go, it bounces back up to where it wants to float according to its density in water.

This means that in the sucrose density gradient, all objects of the same density will eventually congregate at the same place in the gradient. In the case of retrovirus particles, this is where the density of the sucrose reaches 1.16 grams per mil. Because the particulate matter in the culture supernatant is so light and tiny, the passage of the sample through the gradient has to be speeded up by spinning the tube in another kind of centrifuge known as an ultracentrifuge. This machine rotates the tube at speeds between 40,000 to 60,000 revolutions per minute and produces a force many thousands of times gravity. In this above diagram we have assumed the supernatant sample contains retrovirus particles and you can see them gradually moving through the gradient and being arrested at the 1.16 grams per mil density.

6.3 - The “Expert” View

To give you an idea of how ridiculous the profession of virology is, we would like to show you that even some of the foremost experts in virology struggle to describe what exactly they mean when they claim to have “isolated” and “purified” a virus from a biological sample. In this section we discuss two examples.

The first example is an interview that was undertaken with three industry experts.

Robin Weiss, PhD, Professor of Viral Oncology at the University College of London.

David Baltimore, PhD, Nobel Laureate in Physiology or Medicine 1975, Professor at California Institute of Technology from 2005.

Flossie Wong-Staal, PhD, Professor of Biology/Medicine, UCSD.

Interview transcript:

Interviewer directed at Robin Weiss:

Can you explain the difference between virus isolation and purification?

Robin Weiss:

Virus isolation or virus purification... These are jargon words in virology and they're not very precise. They mean different things to different people but I'm not quite sure what's behind your question about isolation…

Interviewer directed at David Baltimore:

Now Dr. Gallo and Dr. Fauci talked a lot about isolation and purification. Can you tell me what the difference is between the two?

David Baltimore:

Isolation? What was that?

Interviewer directed at David Baltimore:

Isolation and purification.

David Baltimore:

Of the virus?

Interviewer directed at David Baltimore:

Yes.

David Baltimore:

Well, you isolate a virus by… um… um… finding the virus which causes a disease. You purify a virus by making a lot of it, I mean, just by purifying it so you get a pure virus.

I don't understand what the issue is.

Interviewer directed at David Baltimore:

Well, they interchanged the two, and I wasn't sure if it was the same thing or if it was two totally different things.

David Baltimore:

No, it depends on how they used it.

Interviewer directed at David Baltimore:

Okay. Can you explain the process of HIV isolation?

David Baltimore:

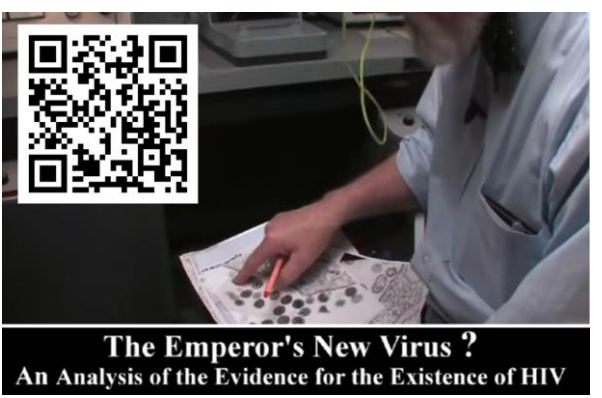
Well, didn't Dr. Gallo do that? I mean, he actually isolated it, so... I mean, why should I do all of this?

This is all textbook stuff you're asking me. I don't want to be your textbook, you know? I got other things to do.

Flossie Wong-Staal:

Isolation is essentially getting the virus from the patient and being able to transmit this virus to another cell to reproduce the infection and to have a continual supply of the virus. And that's called an isolation. Purification is just obtaining the virus free of cellular contaminants or other contaminations, but it doesn't mean necessarily that the virus is infectious.

This transcript is from an excellent documentary titled: The Emperors New Virus? - An Analysis of the Evidence for the Existence of HIV. To watch the full documentary, please scan the below QR code.



The second example is Eleni Papadopulos-Eleopulos scrutinising the profession of virology. She couched an interviewer to ask Luc Montagnier, the person who claimed to have isolated the HIV virus, some tough questions.

When it comes to brilliant people exposing the fraudulent profession of virology there is no one who has done better work than Eleni Papadopulos-Eleopulos. Her work is the foundation on which many other people have built and the precision in which she explains the issues of virology paints a clear picture of the issues of this profession.

In the documentary titled: The Emperors New Virus? - An Analysis of the Evidence for the Existence of HIV she and a few other well renowned scientists of the time had the following to say.

Interviewer:

So, you're saying Montagnier never proved the existence of a new retrovirus because he didn't photograph in the test tube?

Eleni:

As I said, he says it is essential to purify the virus to prove that it has proteins which are not present in any other virus. That's the only way to prove that you have a new virus. But

he did not publish pictures. So, since he did not publish pictures, we don't know what he had in his purified virus. It is possible that he had purified the virus. But it's possible that he did not have anything there. And that's what we've been asking from the very beginning. Why there were no pictures which are essential to prove purification.

Interviewer:

And you're saying that in the purified band, there can be other contaminants and that's why pictures are essential?

Eleni:

Yes, in the purified, the method they use, you can get, by this method, you can get material, which is not viral, but it has proteins, it's cellular fragments. You know, the cellular fragments, with this method he's using, could be at the same place. And then you can have only cellular fragments, or you can have a mixture of cellular fragments and viruses. But it's crucial to have a picture.

Interviewer:

So, are there other particles that can look like retroviruses in that band?

Eleni:

Yes, in that material you can have cellular fragments. And they have proteins, and they have RNA, which retroviruses have. And in fact, they may even look like retrovirus particles. So, it is important to have, it is crucial to have an electron micrograph of the material for us, and for many other scientists to believe what they are claiming.

Montagnier himself gives crucial importance to this band. Because he said, if the particles do not band at the 1.16 gram per ml band, then they are not retrovirus particles.

Interviewer at Luc:

When purifying, Gelderblom told me it's important to photograph the density gradient where viruses band. Why is that a crucial step?

Luc:

Well, Gelderblum is a good electron microscopist in Berlin. And actually, he gave me the best picture of my virus. Well, of course, in order to purify, you have to make this sequence gradient density equilibrium to have a sharp band. And if you take that sharp band, you have almost pure, not completely pure because there are cell vesicles which have the same density. This is why you don't see in the picture, you have a mixture of cell vesicles, cellular vesicles and viral particles.

Interviewer:

So, is it really important or is it not really important?

Luc:

For us, it's not important. But some people say if you don't have complete purification, how do you know the disease is not caused by something else?

Interviewer:

To silence them, how come you guys didn't just show pictures from the grid? Instead of just the culture.

Luc:

We first show it from the culture. That's just by centrifugation, but not just by making a pellet of the virus. You could look at it also this way. But here, of course, you have many impurities coming from the cell. The sequence gradient has the advantage to partly purify the virus. But again, even in the band of the virus, you have also cellular vesicles which have the same density, but not the same look, of course, of the electron microscope.

Interviewer:

When you purify HIV, there are some challenges because it's contaminated with cellular debris.

Luc:

As I said.

Interviewer:

And particles that look like retroviruses but are not infected.

Luc:

Yes, as I said.

Interviewer:

How do you distinguish between what is infected and what isn't?

Luc:

You cannot.

Hans:

If you separate by density 1.15 gram per ml, you have a lot of vesicular stuff inside. Not related to the virus. Detritus, a reaction product of the cell. You have a lot of host cell constituents in that band. That's not too nice.

The importance of the virology concepts of “isolation” and “purification” cannot be overstated. The entirety of the field rests upon, firstly isolation and secondly purification. Isolation first because virologists claim that this is the only method to obtain or “multiply” viruses. Without which there is no way to work with this particle and find out more about them. And secondly to purify and get the particle on its own, without which there is no way to conclusively say that any results you obtain when working with the particles were only because of the virus particle.

Both isolation and purification, however, have shown to have major flaws because they do not produce a pure virus sample that can be studied. In fact, it is well known within the profession itself that it is impossible to purify a virus without having your sample contaminated with extracellular vesicles.

6.4 - Failed Control Studies

The next issue to be aware of is that since the virus isolation method was developed in 1954, more than a few virologists have tested this process to establish whether it is a reliable method to determine the presence of a virus in a sample. It should be noted that despite it being referred to as an isolation process, it can never achieve isolation of anything and at most can be used to determine if a virus is present (and even this will be shown to be untrue).

When the reliability and accuracy of an experiment are tested, the methods used to test are referred to as control experiments. The most common control experiment used to verify the virus isolation process is by observing uninoculated cell cultures.

What this means is that the entire virus isolation process is carried out except that no sample is added to the cell culture. This means they would prepare and follow all the exact same steps in an uninfected or uninoculated cell culture to see what difference it would make. As it turned out, not adding a sample made absolutely no difference, and the cell cultures in the control experiments still died, and the CPE observed in the controls could not be distinguished from those cultures where samples were added.

The results of these control experiments indicate that it cannot be claimed that a virus was causing the cells to die because the uninfected cell cultures died in the exact same way. Instead, what is actually taking place is that the cells are dying as a result of the reduction in the food source (due to starvation). Put differently, it is the steps of the experiment itself that is causing the observed effect.

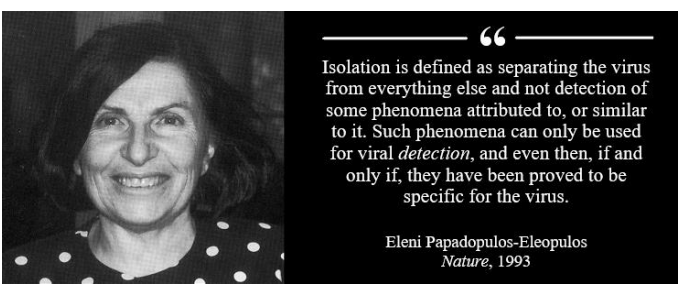
Some of the most famous examples of control experiments relating to the virus isolation method include the following (please refer to Appendix B for even more examples):

- F.L. Black et al, 1959. Measles Virus - *"Of the two tissue culture systems first used successfully by Enders and Peebles (1954), rhesus or cynomolgus monkey kidney is the easier for most laboratories to obtain. Unfortunately, early in the course of this work it was found that* ***agents which induced cytopathic effects superficially resembling that of measles virus occurred in uninoculated cultures****. The original observations have* ***since been confirmed and extended by Rustigian et al. (1955), Ruckle (1958), and Brown (1957)****."*

  The authors concluded that the cell culture method cannot demonstrate the existence of a measles virus because the same effects are seen in uninoculated cultures.

  "In addition to the foamy viruses, other agents that are ***identical to measles virus*** *in terms of their serological relationships, cytopathological effects and range of tissue culture susceptibility* ***have been found in uninoculated cultures*** *(Ruckle, 1956; Brown, 1957). In view of these complications, cultures of monkey kidney* ***cannot be considered a suitable tool for the isolation or propagation of measles virus****. Even if, by careful serological and cytological tests, one identifies an agent grown in monkey kidney as measles virus,* ***there can be no certainty that it did not derive from the cultures themselves****."*

- E. C. Dick, 1963. Chimpanzee Kidney Tissue Cultures For Growth And Isolation Of Viruses - *"During prolonged incubation (2 weeks or more) of* ***uninoculated chimpanzee kidney tissue cultures, the cells frequently exhibited changes similar to changes caused by the growth of viruses****."*
- S. Makino et al, 1970. Cultivation Of Measles Virus In Sheep Kidney Cells - *"We found that goat kidney cells were also highly susceptible to measles virus, but* ***uninoculated cultures also developed cytopathic effects frequently****."*
- P Gluschankof et al, 1997. Cell Membrane Vesicles Are a Major Contaminant of Gradient-Enriched Human Immunodeficiency Virus Type-1 Preparations - Who found particles identical to those claimed to be the HIV virus in uninoculated cultures.
- Julian W. Bess Jr., 1997. Microvesicles Are a Source of Contaminating Cellular Proteins Found in Purified HIV-1 Preparations - Who found particles identical to those claimed to be the HIV virus in uninoculated cultures.



As explained in Section 5, the profession of virology has built upon a number of inventive theories over the past century. These theories have not just been cemented in the minds of normal people but also in the minds of scientists who work in this profession. In order to dispel this virus myth, one would have to start at the point where this idea gets the most traction, and as everyone knows, that is the scientists

that work in the field. Because most of society looks up to authority and believes that the authority on this subject are the “experts.” Attempting to convince normal people would only lead to the “experts” conjuring up more inventive theories to explain the shortcomings in their current model.

Therefore, there is no better way to tackle this issue than undertaking control experiments to show the scientists themselves that the methods they employ to prove the existence of viruses are flawed. Dr. Stefan Lanka also understood this very simple concept, and for this reason he completed his own control studies. This work can be reviewed on his website - https://wissenschafftplus.de/.

More recently, however, a group of independent researchers have picked up where Dr Lanka left off and started to do their own control study. More of that in the next section.

7 - Crowdfunded Control Experiment

In the previous section, we provided a list of control experiments that demonstrated that the isolation method employed by virologists does not unequivocally indicate the presence of a virus (also refer to more studies in Appendix B). However, while all those control experiments demonstrated the flaws in the isolation method, it was not the intention of the virologists who carried out these experiments to ultimately make this point. Rather, the control experiments were carried out to validate their main experiments, and the results of the control experiments were unexpected issues they had to deal with.

In this section, we discuss a set of control experiments carried out where the sole purpose of the control experiments was to demonstrate the unsound reasoning and flaws in the isolation process. A study showing once and for all that the isolation method proves the existence or presence of nothing, let alone a virus.

These control experiments were carried out by a group of people with the assistance of a microbiologist with more than 20 years of lab experience, and the entire study was financed through crowdfunding.

7.1 - "Isolation" Control

To date, the Crowdfunded Group has conducted over 90 cell culture control studies. These cultures were not inoculated with a "virus" sample and consist of only cells in a growth medium (DMEM), antibiotics, and fetal bovine serum (FBS) . Despite the lack of a "virus" sample, cell death (CPE) was observed in all 90 cell cultures.

The control experiments covered every single angle of the methodology, cross referencing the standard protocol for undertaking cell cultures at every stage as provided by the ATCC (www.atcc.org - American Type Culture Collection is a private, nonprofit, global biological resource center and standards organization).

The Crowdfunded Group used the most robust cell line (HEK293T) for their cultures and the least harsh antibiotics, namely

Penicillin/Streptomycin (Pen/Strep). This was to ensure that it could not be argued that any observed CPE was due to the use of fragile cell cultures and/or highly toxic antibiotics.

They also sought objective verification of CPE occurring in these cultures by using laser spectrometry and a specific cell viability machinery called Countess - a machine that allows objective verification in the form of percentage readouts of the extent of the CPE in all the cell cultures.

Figure 1 below shows one culture featured in the experiment. Note the clear CPE just day 4 post removal of FBS nutrients.

Countess registered up to 44% cell death, which is an indication of CPE and sufficient to denote the presence of a "virus." Keep in mind that CPE is taking place without the possibility of a "virus" being present in the culture.

Also note the increasing CPE, left to right, as the amount of antibiotics (Pen/Strep) added increases as per ATCC protocols.

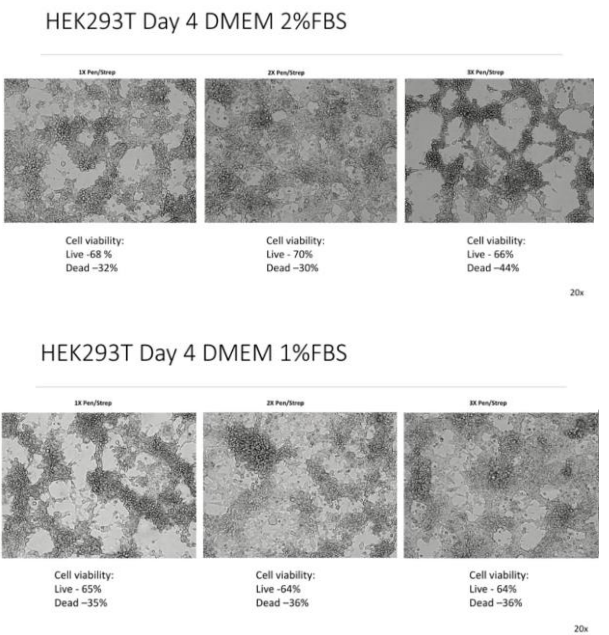


Figure 1: Cell Culture Experiment Results. Top - HEK293T, Day 4 DMEM 2% FBS. Bottom - HEK293T, Day 4 DMEM 1% FBS

To act as a "positive control" sputum was added from a healthy human as a sample into quite a few of the cultures to see if that affected the amount of CPE that took place.

As shown in Figure 2, the amount of CPE registered by Countess was almost identical, if not a little lower, than the CPE that was registered in the cultures to which no sputum sample was added.

This is further proof that the CPE in these cultures is only caused by the removal of the FBS nutrients and the addition of antibiotics in accordance with the industry standard recommended dosages found in the ATCC protocols.

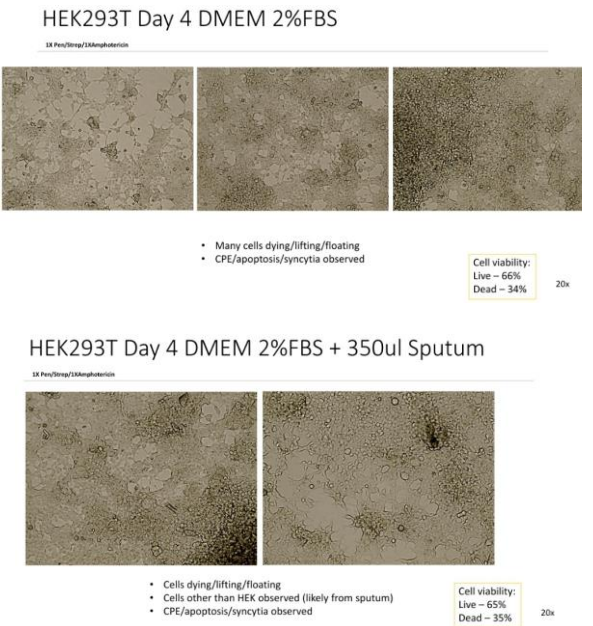


Figure 2: Cell Culture Experiment Results. Top - HEK293T, Day 4 DMEM 2% FBS. Bottom - HEK293T, Day 4 DMEM 2% FBS + 350ul Sputum

7.2 - Transmission Electron Micrographs on Controls

These same cultures were sent to an independent accredited Contract Research Organization (CRO) to undergo Transmission Electron Microscopy (TEM).

The TEMs images of the control cultures were compared to those images published by the Centre for Disease Control (CDC) to allow for the positive identification of the "Sars Cov2", "HIV" and "Measles" viruses in the cultures.

The CRO was commissioned to look for extracellular vesicles which they positively identified as shown in Figure 3 below. Note they are empty, misshapen, and much larger than most "viruses" at 2 000 nm. This image is only shown to demonstrate that the lab was able to find extracellular vesicles that could not possibly be mistaken for a virus.

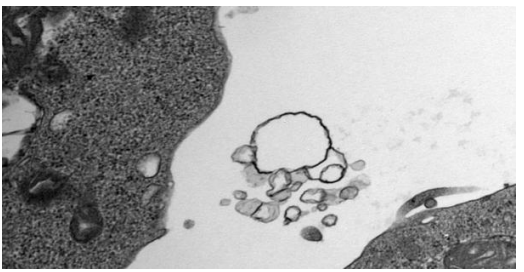


Figure 3: Positively Identified Extracellular Vesicles.

By cross referencing the size, shape, and inclusions with the CDC version of SARS Cov 2 (in red square in Figure 4), the CRO also positively identified a "Sars Cov 2" virus particle in a cell culture to which no virus sample or any sample had been added (refer to Figure 5). Note the round shape and the same inclusions inside at exactly the same size of 120 nm.

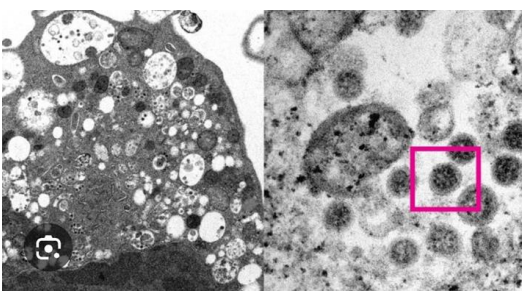


Figure 4: CDC version of SARS Cov 2 (in square) - Omicron subvariant BA.2.

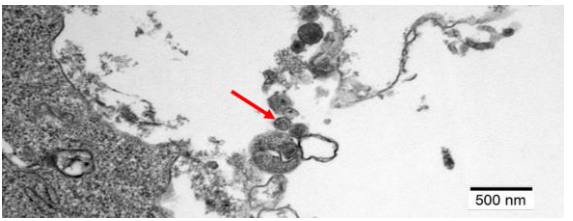


Figure 5: Positively Identified "Sars Cov 2."

By cross referencing size, shape, and inclusions with the CDC image of HIV (refer to Figure 7 with two red arrows), the CRO positively identified a "HIV" virus particle in the culture to which no virus sample or any sample had been added (refer to Figure 6). Note the same round shape, the same "nucleus" type inclusion, and exactly the same size at 80 nm in Figure 6 and Figure 7 below.

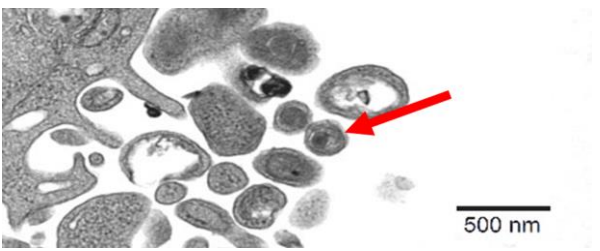


Figure 6: Positively Identified "HIV" in Our Culture.

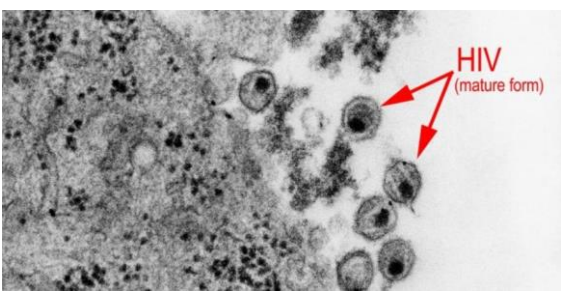


Figure 7: CDC Version of HIV (Indicated with Red Arrows).

By comparing the size, shape, and inclusions of the CDC image of the Measles virus particle (refer to Figure 8), the CRO positively identified "Measles" in the images of the control culture to which no virus sample or any sample had been added (refer to Figure 9). Note the same oval shape, the exact type of inclusion in the form of dotted proteins and phosproteins, and exactly the same size at 250 nm in Figure 8 and Figure 9.

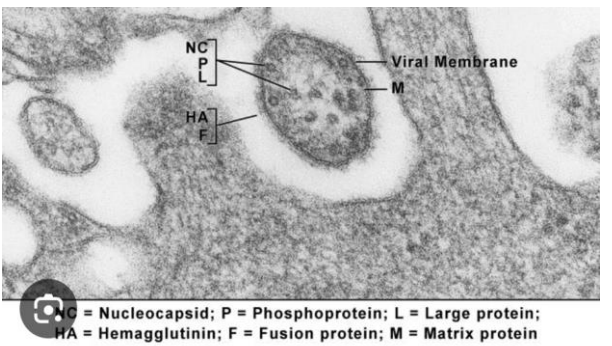


Figure 8: CDC Version of Measles.

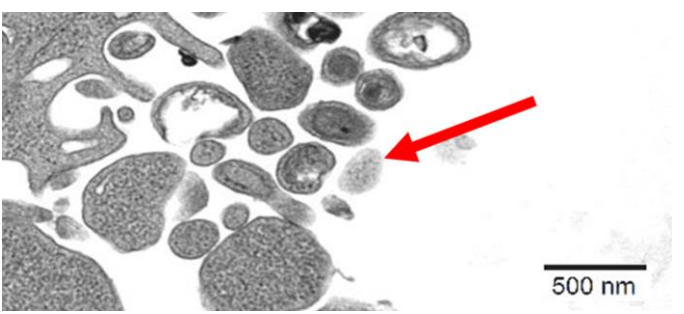


Figure 9: Positively Identified "Measles" in the Culture.

A further word from this team:

> *"These "viruses" were found within just 9 images of our cultures. Funds prohibited us from purchasing a package that enabled us to have a live session under the microscope with the CRO. We have no doubt that if we could purchase a package that gives us more images with control over where to look, we could find every single "virus" known to man in impeccable detail."*

8 - Conclusion

This book was written in an attempt to cut through most of the noise currently circulating on the topic of vaccines. It was written so parents need not get caught up in the completely unnecessary and endless debate of whether vaccines are safe and effective, whether the adjuvants used are safe, whether some vaccines can actually be called vaccines or not due to a change in technology that now uses mRNA, or whether they will actually confer immunity or any of the other numerous angles of why vaccines should not be taken.

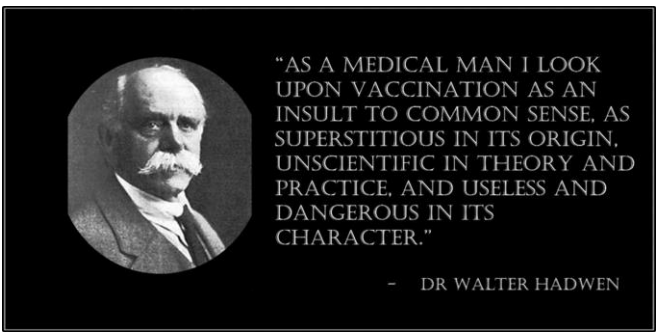
All of these issues are completely irrelevant when you realize there are no viruses to protect against and no one has ever proven that a sick person can make a healthy person sick by means of transferring germs via natural pathways.

Once you know this simple truth - there are no viruses, and germs do not cause diseases - your decision not to vaccinate becomes unbelievably easy.

There is no scientific basis or any reason whatsoever to vaccinate; vaccinations are based on unsound science. Moreover, there is an overwhelming amount of evidence that grows every single day, which demonstrates vaccinations are nothing but harmful, particularly to babies and children.

If you are interested in finding out what truly causes disease, then we suggest looking into terrain theory which is a good place to start. Your environment and the things you expose yourself and your family to are mainly what dictates health. This book, however, will not elaborate on this concept because all attempts were made not to bombard the reader with too much information.

For those still sceptical about this type of information, just know that this topic has been debated for a very long time. The below quote by doctor Walter Hadwen is from more than a century ago.



Appendix A - Failed Transmission Studies

The list contains more than 70 studies and covers most of the viruses claimed to exist. Note, it wasn't the aim of all 70 studies to prove contagion. Many of the studies rather describe attempts to discover a vaccine for particular diseases, however, in describing the experiments undertaken to achieve this aim the authors inadvertently describe failed attempts to transmit disease - fail to transmit a disease from a sick person to a healthy person via natural pathways. In some instances, the scientists involved claim that transmission failed due to their vaccines and others claim the volunteers must have had natural immunity - in each of these cases it is clear that the better explanation for these failed attempts is the fact that disease does not spread from person via germs.

1. The Journal of Infectious Diseases, Vol. 2, No. 2 (Mar. 1, 1905):
    a. Chapman, 1801: *Tried to transmit measles using the blood, tears, the mucus of the nostrils and bronchia, and the eruptive matter in the cuticle without any success.*
    b. Willan, 1809: *Inoculated three children with vesicle fluids of measles but without success.*
    c. Albers, 1834: *Attempted to infect four children with measles without success. He quoted Alexander Monro, Bourgois, and Spray as also having made unsuccessful inoculations with saliva, tears, and cutaneous scales.*
    d. Themmen, 1817: *Tried to infect 5 children with measles. 0/5 children became sick.*
2. Charles Creighton, 1837 (A history of epidemics in Britain). *"No proof of the existence of any contagious principles by which it was propagated from one individual to another."*
3. EH Ackernecht, writing about Anticontagionism between 1821 and 1867 - *"That the anticontagionists were usually honest men and in deadly earnest is shown, among other things, by the numerous self-experiments to which they*

submitted themselves to prove their contentions." also see *"Famous are the plague self-experiments of Clot-Bey, the offers for plague self-experiment by Chervin, Lassis, Costa, Lapis, and Lasserre, and the cholera self-experiments of Fay, Scipio Pinel, Wayrot, and J.L. Guyon. The amazing thing is that almost all of these experiments failed to produce the disease."*

4. Note on Hospitals by Florence Nightingale, 1858 - *"Suffice it to say, that in the ordinary sense of the word, there is no proof, such as would be admitted in any scientific inquiry, that there is any such thing as 'contagion."* also see *"Just as there is no such thing as 'contagion,' there is no such thing as inevitable 'infection."*
   Journal of American Medical Association, Volume 72, Number 3, 1919:
   a. Warschawsky, 1895 - Injected small pigs and rabbits with blood taken in the eruptive stage. All results were negative.
   b. Belila, 1896 - Placed warm nasal mucus and saliva from measles patients on the nasal and oral mucous membrane of rabbits, guinea-pigs, cats, mice, dogs and lambs, but without any positive results.
   c. Josias, 1898 - Rubbed measles secretions over the throat, nose and eyes of several young pigs, but without any effects.
   d. Geissler, 1903 - Inoculated sheep, swine, goats, dogs and cats in various ways with the bodily fluids from patients with measles; including smearing, spraying, rubbing. All results were negative.
   e. Pomjalowsky, 1914 - Injected measles blood into guineapigs, rabbits and small pigs. All results were negative.
   f. Jurgelunas, 1914 - Inoculated blood from patients with measles into suckling pigs and rabbits, but without effect.

5. Dr. Rodermund, 1901 - From his diary of Smallpox experiments. For 15 years he smeared the pus of smallpox patients on his face and used to go home with his family, play cards at the gentleman's club and treat other patients and never got sick or saw a single other person get sick.
6. Walter Reed, 1902 - *"Without entering into details, I may say that, in the first place, the Commission saw, with some surprise, what had so often been noted in the literature, that patients in all stages of yellow fever could be cared for by non-immune nurses without danger of contracting the disease. The non-contagious character of yellow fever was, therefore, hardly to be questioned."*
7. Landsteiner & Popper, 1909 - *"Attempts to transmit the disease* [polio] *to the usual laboratory animals, such as rabbits, guinea pigs, or mice, failed."*
8. F.E. Batten, (1909) - "*Against the infectivity of the disease may be urged, first, the absence of spread of infection in hospital. The cases of poliomyelitis admitted to hospital freely mixed with other cases in the ward without any isolation or disinfection, some 70 children came in contact, but no infection took place."*
9. The Boston medical and surgical journal, 1909 - An inquiry a 1908 polio outbreak found the following: "*A large number of children were in intimate contact with those that were sick, and of these children an insignificant minority developed the disease."* 244 children were in intimate contact with those who were afflicted with polio. Of those 244 children, an "insignificant minority" developed the disease.
10. Flexner & Lewis, 1910 - Multiple unsuccessful polio transmission attempts. *"Many guinea-pigs and rabbits, one horse, two calves, three goats, three pigs, three sheep, six rats, six mice, six dogs, and four cats have had active virus introduced in the brain but without causing any appreciable*

effect whatever. These animals have been under observation for many weeks."

11. S. Flexner, 1910 - *"No instance of the spontaneous transfer of the virus from a paralyzed to a normal monkey arose, although many opportunities for contagion in the course of our many experiments occurred."*
12. M. J. Rosenau et al., 1911 - Injected 18 monkeys with the nasal and buccal secretions obtained from 18 persons who were suffering with polio. These results were negative.
13. R. W. Lowett & M. W Richardson, 1911 - *"No instances as yet have been reported in which one monkey has taken the disease* [polio] *from another, although long continued and intimate contact has been maintained."*
14. I. Strauss, 1911 - Injected 10 monkeys with the mucus of 10 cases of polio. 0/10 monkeys became ill.
15. C. Levaditi & V. Danulesco, 1912 - *"As early as 1912, Levaditi and Danulesco reported that normal Rhesus monkeys housed with infected monkeys did not develop poliomyelitis."*
16. Scientific American Supplement, 1912 - *"Poliomyelitis artificially induced in monkeys has never been spontaneously transmitted to animals confined in the same cage or room."*
17. J.J. Moren, 1912 - *"Monkeys suffering from polio in the same cage with healthy monkeys, do not infect others."*
18. E. M. Mason, 1912 - *"The question of* [polio] *contagion, in the usual sense of the word, is not settled ... Healthy monkeys have been kept in cages with others in various stages of the disease, yet no infection has been reported."*
19. R. Farrar, 1912 - *"Attempts to convey the disease* [polio] *to non-infected monkeys by exposure to contagion from infected monkeys in the same cage have hitherto failed."*
20. H. W. Frauenthal, 1914 - *"Advocates of the contagion theory were at a loss to account for the fact that spontaneous*

[polio] *transmission among laboratory monkeys was never known to occur ... There is no proof that spontaneous transmission of acute poliomyelitis, without an inoculation wound, can take place. There is no proof that contact contagion takes place. Spontaneous development of the disease among laboratory animals is unknown."*

21. W.H. Frost, 1916 - *"The disease* [polio] *develops in a such a small proportion of people known to have been intimately associated with acute cases of polio." ... "The majority of cases of poliomyelitis can not be traced to known contact, either direct or indirect, with any previous case."*
22. H. L. Abramson, 1917 - Attempts to induce polio in a monkey by injecting the spinal fluid of 40 polio patients into the brain failed.
23. Dold et al. 1917 (Original paper in German from Muenchener Medizinische Wochenschrift 64 (1917), bottom of p 143) - Injected healthy people with the nasal secretions taken from one ill person, 1/40 healthy people became ill.
24. J. C. Geiger, 1917 - 66 kids came into intimate contact with a child afflicted with polio. 0/66 became ill.
    A review of the investigations concerning the etiology of measels, A. W. Sellards
    harvard Medical School. Boston, Massachusetts as seen below:
    a. Jurgelunas, 1914: Tried to produce measles in monkeys using inoculations of the blood and mucus secretions from measles patients as well as by exposing the animals to patients in measles wards. All results were negative.
    b. Sellards, 1918: Tried to transmit measles to 8 healthy volunteers without a prior history of measles exposure. 0/8 men became sick after multiple failed attempts.

c. Sellards and Wenworth, 1918: Inoculated 3 monkeys in various ways, including intensive injections of blood from measles patients. The animals remained well.
d. Sellards and Wenworth, 1918: Blood from measles patients was injected simultaneously into 2 men and 2 monkeys. Both men remained symptom-free. One of the two monkeys developed symptoms that were not suggestive of measles.

25. Milton Rosenau, 1918 - Professor of preventive medicine and hygiene at Harvard, notes that *"monkeys have so far never been known to contract the disease* [polio] *spontaneously, even though they are kept in intimate association with infected monkeys."*
26. Hess & Unger, 1918 - *"In three instances the nasal secretion of varicella patients was applied to the nostrils; in three others the tonsillar secretion to the tonsils, and in six, the tonsillar and pharyngeal secretions were transferred to the nose, the pharynx, and the tonsils. In none of these twelve cases was there any reaction whatsoever, either local or systemic*."
27. Hess & Unger, 1918 - The vesicle fluids from people with chickenpox was injected intravenously into 38 children. 0/38 became sick.
28. Published in the Journal - American Medical Association, 1919 - Need Of Further Research On The Transmissibility Of Measles And Varicella. "*Evidently in our experiments we do not, as we believe, pursue nature's mode of transmission; either we fail to carry over the virus, or the path of infection is quite different from what it is commonly thought to be."*
29. Milton J. Rosenau, March 1919 - Conducted 9 separate experiments in a group of 49 healthy men, to prove contagion. In all 9 experiments, 0/49 men became sick after being exposed to sick people or the bodily fluids of sick

people.
More information on the Rosenau studies here.

30. Wahl et al, 1919 - Conducted 3 separate trials on six men attempting to infect them with different strains of Influenza. Not a single person got sick.
31. Schmidt et al, 1920 (Original paper in German here) - Conducted two controlled experiments, exposing healthy people to the bodily fluids of sick people. Of 196 people exposed to the mucous secretions of sick people, 21 (10.7%) developed colds and three developed grippe (1.5%). In the second group, of the 84 healthy people exposed to mucous secretions of sick people, five developed grippe (5.9%) and four colds (4.7%). Of forty-three controls who had been inoculated with sterile physiological salt solutions eight (18.6%) developed colds. **A higher percentage of people got sick after being exposed to saline compared to those being exposed to the "virus"**.
32. Williams et al, 1921 - Tried to experimentally infect 45 healthy men with the common cold and influenza, by exposing them to mucous secretions from sick people. 0/45 became ill.
33. Mahatma Gandhi, 1921 - *"and the poison that accumulates in the system is expelled in the form of small-pox. If this view is correct, then there is absolutely no need to be afraid of small-pox"* also see *"This has given rise to the superstition that it is a contagious disease, and hence to the attempt to mislead the people into the belief that vaccination is an effective means of preventing it."*
34. Blanc and Caminopetros, 1922 (original paper in French here) - Material from nine cases of shingles was inoculated into the eyes, cornea, conjunctiva, skin, brain, and spinal cord of a series of animals, including rabbits, mice, sheep, pigeons, monkeys, and a dog. All results were negative.

35. Robertson & Groves, 1924 - Exposed 100 healthy individuals to the bodily secretions from 16 different people suffering from influenza. 0 people of 100 whom they deliberately tried to infect with Influenza got sick.
36. Bauguess, 1924 - *"A careful search of the literature does not reveal a case in which the blood from a patient having measles was injected into the blood stream of another person and produced measles."*
37. The problem of the etiology of herpes zoster, 1925 - *"Many other authors report entirely negative results following the inoculation of herpes zoster material into the sacrified corneas of rabbits: Kraupa (18); Baum (19); LSwenstein (8), Teissier, Gastinel, and Reilly (20) ; Kooy (21) ; Netter and Urbain (22); Bloch and Terris (23); Simon and Scott (24); and Doerr (25). It is evident, therefore, that the results of attempts to inoculate animals with material from cases of herpes zoster must be considered at present to be inconclusive."*
38. Volney S and Chney M.D., 1928 - A study where it is clearly stated that cold is not infectious.
39. Dochez et al, 1930 - Attempted to infect 11 men with intranasal influenza. Not a single person got sick. Most strikingly one person got very sick when he accidently found out that is what they were trying to do. His symptoms disappeared when they told him he was misinformed.
40. K. F. Meyer, 1934 - *"Well monkeys caged with poliomyelitic animals, or laboratory workers exposed to these apes, do not contract the disease."*
41. Thomas Francis Jr et al, 1936 - Gave 23 people influenza via 3 different methods. 0 people got sick.. They gave 2 people already "suffering from colds" the influenza who also did not get sick

42. Burnet and Lush, 1937 - 200 people given "Melbourne type" Influenza . 0 people showed any symptoms of disease. 200/0.
43. K. F. Meyer, 1939 - *"There is no record of one monkey catching the infection* [polio] *from another monkey by exposure."*
44. Burnet and Foley, 1940 - Attempted to experimentally infect 15 university students with influenza. The authors concluded their experiment was a failure.
45. Thomas Francis Jr, 1940 - Gave 11 people "Epidemic Influenza." 0 people got sick.
46. John Toomey, 1941 - A veteran polio researcher: *"no animal gets the disease from another, no matter how intimately exposed."*
47. Ralph R. Scobey, 1951 - *"Although poliomyelitis is legally a contagious disease, which implies that it is caused by a germ or virus, every attempt has failed conclusively to prove this mandatory requirement of the public health law."* Professor of clinical pediatrics and president of the Poliomyelitis Research Institute, Syracuse, N.Y.
48. Ralph R. Scobey, 1952 - *"In addition to the failure to prove contagiousness of human poliomyelitis, it has likewise been impossible to prove contagiousness of poliomyelitis in experimental animals."*
49. Douglas Gordon et al, 1975 - This study gave 10 people English type Influenza and 10 people a placebo. The study was negative. Most telling is they admit that mild symptoms were seen in the placebo group, proving that the inoculation methods cause them.
50. Beare et al 1980 (refer to reference 6 in the linked paper). Quote from John J Cannell, 2008 as follows - *"An eighth conundrum – one not addressed by Hope-Simpson – is the surprising percentage of seronegative volunteers who either*

escape infection or develop only minor illness after being experimentally inoculated with a novel influenza virus."

51. Nancy Padian, 1996 - A study which followed 176 discordant couples (1 HIV positive and the other negative) for 10 years. These couples regularly slept together and had unprotected sex. There were no HIV transmissions from the positive partner to the negative partner during the entirety of the study.
52. John Treanor et al, 1999 - Gave 108 people Influenza A. Only 35% recorded mild symptoms such as stuffy nose. Unfortunately 35% of the placebo control group also developed mild symptoms proving the methods of inoculation are causing them.
53. Bridges *et al*, 2003 - *"Our review found no human experimental studies published in the English-language literature delineating person-to-person transmission of influenza... Thus, most information on human-to-human transmission of influenza comes from studies of human inoculation with influenza virus and observational studies."*
54. The Virology Journal, 2008 - *"There were five attempts to demonstrate sick-to-well influenza transmission in the desperate days following the pandemic* [1918 flu] *and all were 'singularly fruitless' ... all five studies failed to support sick-to-well transmission, in spite of having numerous acutely ill influenza patients, in various stages of their illness, carefully cough, spit, and breathe on a combined total of >150 well patients."*
55. Public Health Reports, 2010 - *"It seemed that what was acknowledged to be one of the most contagious of communicable diseases* [1918 flu] *could not be transferred under experimental conditions."*
56. T.C. Sutton et al, 2014 - *"Throughout all ferret studies, we did not observe an increase in sneezing, and a febrile*

response (i.e., elevation of body temperature) was inconsistent and was not a prominent feature of infection."

57. Jasmin S Kutter, 2018, - Our observations underscore the urgent need for new knowledge on respiratory virus transmission routes and the implementation of this knowledge in infection control guidelines to advance intervention strategies for currently circulating and newly emerging viruses and to improve public health.
    - There is a substantial lack of (experimental) evidence on the transmission routes of PIV (types 1–4) and HMPV.
    - Extensive human rhinovirus transmission experiments have not led to a widely accepted view on the transmission route.
    - However, until today, results on the relative importance of droplet and aerosol transmission of influenza viruses stay inconclusive and hence, there are many reviews intensively discussing this issue.
    - Despite this, the relative importance of transmission routes of respiratory viruses is still unclear, depending on the heterogeneity of many factors like the environment (e.g. temperature and humidity), pathogen and host.
58. Jonathan Van Tam, 2020 - *Conducted these human trials of Flu A in 2013. 52 people were intentionally given "Flu A" and made to live in controlled conditions with 75 people. 0 people sick. 0 PCR positive.*
59. J.S. Kutter, 2021 - *"Besides nasal discharge, no other signs of illness were observed in the A/H1N1 virus-positive donor and indirect recipient animals."* The animals were subsequently euthanized after the animals experienced what the scientist described as having breathing difficulties (no further details were given to describe their condition). ***Refer to Note 1.***
60. Ben Killingley, 2022 - Gave 36 people what he considered to be purified Covid Virus Intranasally. The Results: Nobody got sick. ***Refer to Note 2.***

*Note 1 - Jasmin Kutter, 2021:

- From the Results section: *"Throat and nasal swabs were collected from the donor and indirect recipient animals on alternating days."* This on its own can lead to nasal discharge which is the only "sign of illness" that was noted in this study.

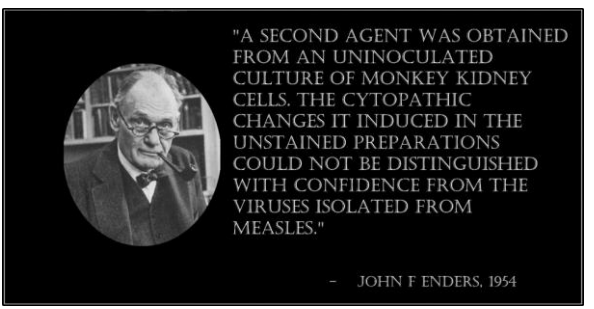
*Note 2 - Ben Killingley, 2022:

- *Ben Killingley also conducted a study in the early 2010's in which he had inoculated people in a room with 75 others, some wearing masks, others as a control. Not a single person even tested PCR positive. Some links to his previous studies include a 2011, 2019 and a 2020 study.*
  It is assumed that his latest, 2022 study, is a follow up to cover the findings of his previous findings. Some additional notes on the study referenced include:
  - They gave 10 people the potent nephrotoxin Remdisivir.
  - They measure sickness by means of a PCR test which isn't indicative of disease because it can test positive with "asymptomatic" cases as well.
  - Even if you say that a runny nose after swabbing is Covid. A 50% outcome to a direct challenge of something is a negative result. It doesn't suggest causation which would need to be at least 90%.
  - The very methods of inoculation used during the study could cause nasal congestion/discharge (which is their measure of whether someone is sick or not). This has been shown in previous studies.
  - Lastly, nobody was given "regeneron" because nobody got "sick".

Appendix B - Failed Controls

Below is a list of control experiments indicating the failings of the isolation method employed by virologists:

1. John F Enders, 1954 - Under other agents isolated during the study. "A second agent was obtained from an uninoculated culture of monkey kidney cells. The cytopathic changes it induced in the unstained preparations could not be distinguished with confidence from the viruses isolated from measles."



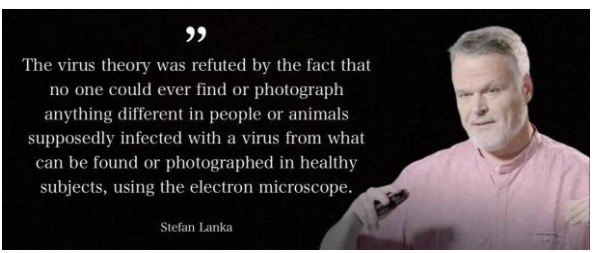
2. Rustigian et al, 1955 - “In our attempts, in 1953, to adapt mouse-adapted Hawaii dengue virus(2) to roller tube cultures of rhesus monkey kidney, an unidentified agent was encountered which induced cytopathogenic changes in cultures of monkey kidney and cancer HeLa epithelial cells.”
3. Cohen et al, 1955 - “Controls consisted of uninoculated cultures and of cultures passaged serially with fluids from uninoculated tubes.” ”Enders and Peebles(1) and Rustigian et al. (10) encountered latent virus-like agents that induce marked vacuolization and syncytial masses in monkey kidney tissue cultures. The cellular degeneration characteristic of these “monkey-kidney agents” frequently appeared in our cultures, both in those inoculated with specimens from measles patients

and in controls; hence cytologic criteria for recognition of measles agents were difficult to apply."

4. G. Henle et al, 1955 - "The use of monkey kidney cells for virus isolations presents certain problems. In the above studies, 11 batches of kidney cells were employed. In cultures of one of these, large "giant cells" appeared in control tubes after 11 days of incubation similar to those produced by the "foamy agent"(3,4). Prior to the 11th day, tubes inoculated with saliva from a mumps patient had shown lesions which were attributed to the presence of mumps virus. Since the cytopathogenic effects induced by these 2 agents thus far proved to be indistinguishable…"
5. S. Hotta et al, 1956 - "A cytopathogenic agent recovered from an apparently normal kidney tissue CULTURE…. A cytopathogenic agent was originally encountered in a control uninoculated culture tube of rhesus kidney tissue 7 days after the beginning of incubation."
6. Federal Proceding, 1956 - Some people might defend John Enders by claiming he could differentiate the cytopathic effects in the cultures because "internuclear changes typical of the measles agents" was not observed in the uninoculated CULTURE. However, such intranuclear changes do occur in uninoculated cultures as well. At the Federal Proceding in 1956, Jonas Salk reported of the findings of Gisela Ruckle, a virologists who discovered intranuclear inclusions identical to measles in uninoculated cultures. The uninoculated cultures were also immunologically indistinguishable from human measles virus. The proceeding concludes the following: "During these studies two different types of transmissible agents have been found in uninoculated monkey kidney tissue cultures. One resembles the so-called 'foamy virus' and the other produces intranuclear inclusions that are indistinguishable from that produced by the agent obtained from human measles. Each of these agents has been encountered on six different

occasions and under circumstances where the possibility of contamination with human measles virus could be excluded … Cross neutralization tests reveal that the 'foamy virus' is different from the monkey intranuclear inclusion agent and that the latter is immunologically indistinguishable from human measles virus."

7. L. V. Brown, 1957 - "In recent years, with the increased use of tissue cultures prepared from monkey kidney cells, a new group of viruses has come into recognition. The presence of these agents is made known by the cytopathic effect which they produce in uninoculated or control cultures. The combined observations of workers in several laboratories indicate that these agents, as yet unclassified, are unaccountably present in the kidney tissues (or blood elements) of the apparently normal, healthy monkeys from which the cultures are derived."
"SUMMARY AND CONCLUSIONS
A cellular degeneration of peculiar type, featuring the formation of "blisters" or "foamy" patches and of multinucleated giant cells, has been seen to occur spontaneously in tissue cultures prepared from the kidneys of apparently normal, healthy rhesus (Macaca mulatto)."



8. G Ruckle, 1958 -"Early in the study of measles virus in monkey kidney tissue, a second agent was encountered in uninoculated monkey kidney cultures, which was, in its cytopathic capacity, indistinguishable from measles virus and provisionally referred

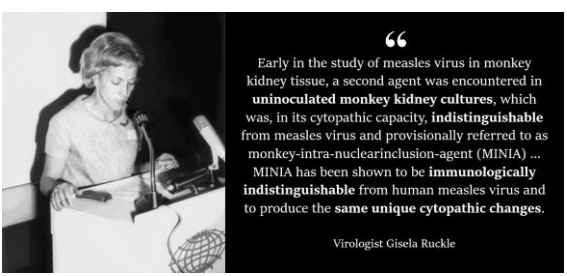
to as monkey-intra-nuclearinclusion-agent (MINIA) … This paper describes studies to investigate the tissue culture behavior of MINIA and foamy-agent, their immunologic relationship to each other and to measles virus."

She observed cytopathic effects identical with those attributed to measles in control cultures, as well as in cultures inoculated with material other than from measles patients. She stated that the changes seen in the uninoculated cultures had previously only been associated with measles virus.

"The examination of the stained preparations of one batch prepared on June 23, 1955, revealed the presence of cytopathic changes identical with those induced by measles virus in the control, as well as in the cultures inoculated with clinical material other than from measles patients … A greater number of uninoculated cultures derived from cell batches prepared on June 29, 30 and July 8, were examined and also showed changes in a number of cultures, which had been associated until this time only with measles virus."

She concluded that the alleged "agent" called MINIA was indistinguishable from measles virus.

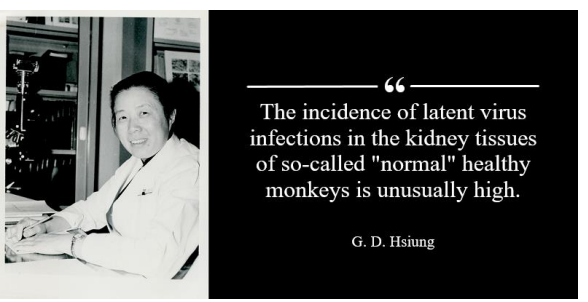
"MINIA produces identical cytopathic changes in monkey kidney cultures as does measles virus … The immunological properties of 8 MINIA strains investigated were indistinguishable and identical with those of human measles virus."



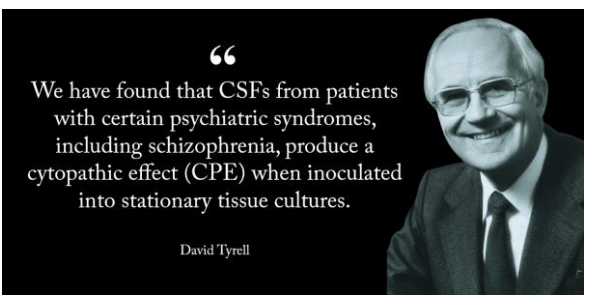
9. G Ruckle, 1958 - "The recovery of MINIA and foamy-agent from spontaneously degenerating cultures of monkey kidney tissue has been previously reported. MINIA has been shown to be immunologically indistinguishable from human measles virus and to produce the same unique cytopathic changes in human kidney, monkey kidney and human amniotic membrane cell cultures … MINIA and foamy-agent are agents which have been recovered from spontaneously degenerating monkey kidney cultures. Tissue-culture behavior and immunological properties of the both agents were distinct and MINIA was identified as being indistinguishable from measles virus."
10. Bech and von Magnus, 1959 - "Increased use of the technique of cell cultivation for isolation, maintenance and study of viruses has resulted in the discovery of many hitherto unknown cytopathogenic agents"
11. F Rapp et al, 1959 - "Monkey kidney cells, however, are unsuitable for the investigations of the type reported here; Peebles et al. and Ruckle showed that monkeys, and cell cultures derived from them, are often infected with an agent serologically indistinguishable from human measles virus, which causes cytopathic changes in monkey kidney cell cultures almost identical with those caused by human measles virus."
12. P. B. Johnston, 1961 - *"During the last 6 years there have been many reports of isolation of simian "foamy" virus* ***from "uninoculated" kidney cell cultures*** *of rhesus and cynomolgus monkeys (Enders and Peebles 1954; Rustigian et al, 1955; Henle and Deinhardt, 1955; Hotta and Evans, 1956; Brown, 1957; Falke, 1958; Ruckle, 1958a; Endo et al, 1959) and from African monkeys and baboons (Hsiung et al, 1958; Lepine and Paccaud, 1957). Similar virus was found by Weller (1956) in* ***"spontaneously" degenerating (uninoculated) cultures*** *of monkey testis."*
13. M. D. Eaton et al, 1962 - *"Experiments with yeast extract. Wittler, Cary, and Lindberg (1956) reported that* ***yeast extract***

speeds up the growth of PPLO in tissue cultures and ***increases the cytopathic effect. When yeast extract (Difco) at a concentration of 0.5% was present in our cultures at the time of inoculation, both the control and the inoculated cultures showed degenerative changes within 1 week****, probably because of toxicity of the extract for the cells."*

14. G Ruckle, 1962 - *"The preceding studies show that the 2 agents, measles virus and MINIA,* ***behave identically with respect to their biological, chemical, antigenic, and epidemiological properties and can be considered as homogeneous agents****."*
    Without any evidence, the authors claim that the uninoculated culture must have been "contaminated" with a measles virus. Convenient rescue device highlighting the pseudoscience of virology.
15. G. D. Hsiung, 1968 - *"****To our surprise, measles virus intranuclear and intracytoplasmic eosinophilic inclusions occurred in both inoculated and uninoculated control HEK cultures****. Thus, the adenovirus stock derived from the commercially made HEK cultures was inadvertently contaminated with a measles virus."*
16. G. D. Hsiung, 1968 - "Much to our surprise, an unusually high percentage of cultures that were considered "normal" showed virus infection."



17. R. F. Smith et al, 1970 - *"Puppies serving as donors of kidney tissues for the cell cultures were derived from a closed colony of apparently* ***healthy beagle dogs****. The primary canine kidney cells were placed on maintenance medium consisting of Eagle's minimal essential medium plus 2% fetal calf serum on the day after receipt of the monolayer cultures.* ***Foci of CPE consisting of rounded cells and plaques (Fig. IA) appeared at 14 days after initiation of the cultures. The CPE progressed to involve 50 to 75% of the cell sheet by the end of the third week of cultivation****."*
18. D. A. Tyrrell et al, 1983 - *"We have found that* ***CSFs from patients with certain psychiatric syndromes, including schizophrenia, produce a cytopathic effect (CPE)*** *when inoculated into stationary tissue cultures .. This CPE resembles that produced by certain viruses but no cytopathic agent has yet been established in tissue culture."*



19. H. H. Yoshimura et al, 1984 - *"Intestinal tissue filtrates induce cytopathic effects in inoculated cell cultures, but the effect we observed is non-specific … Our results suggest that the observed cytopathic effect was caused by a non-replicating cytotoxic factor."*
20. Carl J. O'Hara et al, 1988 - The study demonstrated "HIV" particles in 18 out of 20 (90% of) AIDS-related lymph node enlargements but also in 13 out of 15 (88% of) non-AIDS-

related enlargements. Which means that particles claimed to be HIV virions are non-specific since identical particles can be found in the majority of patients with enlarged lymph nodes not attributed to AIDS, and at no risk for developing AIDS.

21. C.A. Cassol, 2020 - "We have observed morphologically indistinguishable inclusions within podocytes and tubular epithelial cells both in patients negative for coronavirus disease 2019 (COVID-19) as well as in renal biopsies from the pre-COVID-19 era."

Appendix C - Special Thank You

A special thank you to the following people:

- **Eleni Papadopulos-Eleopulos:** *Few people truly understand what it means to think outside the box. To be able to introduce a concept to the world that is completely foreign to the norm. Eleni started her work in the nineteen eighties and endured decades of uphill struggle in fighting the people who tried to bury her work. She managed to publish no less than 10 peer reviewed papers scrutinizing the profession of virology. Something unheard off for a field that is very carefully narrated by its peers. She was also a mentor to one of the most famous virologists who now renounce his profession, Dr Stefan Lanka and his last words praising her can be seen below: For me, I'm sure the basis that I could go out in public to be backed, this is exclusively on the shoulders, the brain and the heart of Eleni Papadopulos-Eleopulos Perth Australia. I love you. You are the one person who analysed everything in the times of HIV and AIDS, and you backed me up, because as an individual, it was never, ever possible to read everything. And it needed to be said, honour to whom honour deserves.*
  And that's in the first line, Eleni Papadopulos-Eleopulos and the Perth Group, in Australia, which did the baseline on which we are now to argue further.
  Thank you, Eleni. Thanks, Val Turner and all of the group. Thank you.
  This has to be said.
  - for more see https://www.theperthgroup.com/

- **Stefan Lanka:** *To further the work of Eleni and the Perth group, Lanka has done extraordinary work to show the absurdities of Virology. His two greatest achievements are undoubtedly his court case which he won in the Supreme Court of Germany to prove that the measles virus has never been isolated. He also undertook his own cell culture isolation control experiment to show that the claimed method of isolation currently utilised by the profession is flawed. He is one of very few virologists who renounced his profession even though he knew it would cost him his livelihood.*
  - for more see https://wissenschafftplus.de/
- **Courtenay Adam Lawrence:** *It would be difficult to find anyone more dedicated to bringing out the truth than Courtenay. He has been arrested more than a few times in his efforts to fight vaccines since 2018. His bravery is unmatched when it comes to taking on so-called "authority" and serving out his prison sentence in 2024 is the perfect example of how the system rewards the corrupt and punishes those seeking the truth.*
  - for more see https://justiceforjabbed.com/
- **Anthony Brink:** *A stern supporter of the Perth Group who received an honorary mention in one of the Perth Group's published papers for his unwavering support towards them. Anthony managed to convince the South African president (Thabo Mbeki) to refuse the import of the poisonous AZT drug that maimed and killed people all over the world. He also, meticulously, documented the civil war that took place and eventually led to the destruction of the AIDS dissident movement.*
  - for more see https://www.tig.org.za/
- **Rob Knoll:** *Of anyone that is still alive today it is doubtful that there is someone who is more dedicated to bringing out the truth of the true history of the Perth Group than Rod. His recollection of the history will have you astounded that there*

are so many similarities between what they experienced and the current Covid dissident movement.
- for more see https://substack.com/@longtimedissident

- **Jamie Andrews:** *Jamie is currently furthering the work of Dr Stafan Lanka and has gone further to question the field of genetics as it would appear that virology has started to heavily depend on genome sequencing to defend their fallacy. Something that is impossible to confirm if there has never been a pure sample to sequence, that is if sequencing is at all reliable. For more on his work please follow his substack page.*
- for more see https://substack.com/@controlstudies
- **Aldhissa:** *A big thank you to Aldhissa for the work that he has done to find papers showing that transmission has never been proven as well as published papers showing failed control studies. Most of the studies mentioned in this book were found by him. He continues to find interesting papers proving that virology is a fallacy and you can review his work by going to his substack page.*
- for more see https://substack.com/@aldhissla
- *There are many other people who we wish to thank, some of whom would not like to be mentioned but who have undoubtedly offered up much more than what anyone reading this book could realise.*

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