

Scientific articles refuting the official propaganda about COVID-19 and about vaccines against SARS-CoV-2

Studies showing that there was no novel disease (i.e., influenza was simply renamed due to false positive results of the tests), the tests are not valid, COVID-19 cannot be transmitted between humans, and that COVID-19 vaccines are harmful (sometimes lethal), ineffective, and unnecessary.

Skidmore M, Alfaro F: Perceived experience in social circles with COVID-19 injections and COVID-19 “vaccine” mandates: an online survey of the United States population. *International Journal of Vaccine Theory Practice and Research* 2024, **3**(1):1055–1084.

Thorp JA, Rogers C, Deskevich MP, Tankersley S, Benavides A, Redshaw MD, McCullough PA: COVID-19 vaccines: the impact on pregnancy outcomes and menstrual function. *Journal of American Physicians and Surgeons*, Spring 2023, **28**(1).

Hulscher N, Alexander PE, Amerling R, Gessling H, Hodkinson R, Makis W, Risch HA, Trozzi M, McCullough PA: A systematic review of autopsy findings in deaths after COVID-19 vaccination. *Forensic Science International* 2024, doi: 10.1016/j.forsciint.2024.112115.

Romero E, Fry S, Hooker B: Safety of mRNA vaccines administered during the first twenty-four months of the international COVID-19 vaccination program. *International Journal of Vaccine Theory, Practice, and Research* 2023, **3**(1):891–910.

Alessandria M, Malatesta GM, Berrino F, Donzelli A. A critical analysis of all-cause deaths during COVID-19 vaccination in an Italian province. *Microorganisms* 2024, **12**(7):1343.

Salsone M, Signorelli C, Oldani A, Alberti VF, Castronovo V, Mazzitelli S, Minerva M, Ferini-Strambi L: NEURO-COVAX: an Italian population-based study of neurological complications after COVID-19 vaccinations. *Vaccines (Basel)* 2023, **11**(10):1621.

Mead M, Seneff S, Wolfinger R, Rose J, Denhaerynck K, Kirsch S, McCullough PA: COVID-19 mRNA Vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign. *Cureus* 2024, **16**(1): e52876. Regarding the retraction of this paper: [link](#), [link](#)

Mead M, Seneff S, Wolfinger R, Rose J, Denhaerynck K, Kirsch S, McCullough PA: COVID-19 Modified mRNA 'vaccines': Lessons Learned from Clinical Trials, Mass Vaccination, and the Bio-Pharmaceutical Complex, Part 1. *International Journal of Vaccine Theory, Practice, and Research* 2024, **3**(2):1112–1178.

Shrestha Y, Venkataraman R: The prevalence of post-COVID-19 vaccination syndrome and quality of life among COVID-19-vaccinated individuals. *Vacunas* 2023, doi: 10.1016/j.vacun.2023.10.002

Li JX, Wang YH, Bair H, Hsu SB, Chen C, Wei JC, Lin CJ: Risk assessment of retinal vascular occlusion after COVID-19 vaccination. *NPJ Vaccines* 2023, **8**(1):64.

Mostert S, Hoogland M, Huibers M, Kaspers G: Excess mortality across countries in the Western World since the COVID-19 pandemic: "Our World in Data" estimates of January 2020 to December 2022. *BMJ Public Health* 2024, **2**:e000282.

Buergin N, Lopez-Ayala P, Hirsiger JR, Mueller P, Median D, Glarner N, Rumora K, Herrmann T, Koechlin L, Haaf P, Rentsch K, Battegay M, Banderet F, Berger CT, Mueller C: Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1273 booster vaccination. *Eur J Heart Fail* 2023, **25**:1871–1881.

Scherb H, Hayashi K: Annual all-cause mortality rate in Germany and Japan (2005 to 2022) with focus on the Covid-19 pandemic: hypotheses and trend analyses. *Med Clin Sci* 2023, **5**(2):1–7.

Blix K, Laake I, Juvet L, Robertson AH, Caspersen IH, Mjaaland S, Skodvin SN, Magnus P, Feiring B, Trogstad L: Unexpected vaginal bleeding and COVID-19 vaccination in nonmenstruating women. *Sci Adv* 2023, **9**(38):eadg1391.

"The unexpected finding of increasing risk with increasing number of prior COVID-19 vaccine doses needs further study" this is a conclusion in the paper: Shrestha NK, Burke PC, Nowacki AS, Simon JF, Hagen A, Gordon SM: Effectiveness of the coronavirus disease 2019 bivalent vaccine. *Open Forum Infect Dis* 2023, **10**(6):ofad209.

Schmeling M, Manniche V, Hansen PR: Batch-dependent safety of the BNT162b2 mRNA COVID-19 vaccine. *Eur J Clin Invest* 2023, **53**:e13998.

Blaylock RL: COVID UPDATE: What is the truth? *Surgical Neurology International* 2022, **13**(151):167.

Ophir Y, Shir-Raz Y, Zakov S, McCullough PA: The efficacy of COVID-19 vaccine boosters against severe illness and deaths: scientific fact or wishful myth? *Journal of American Physicians and Surgeons*, Spring 2023, **28**(1).

Suzumura Y: Analysis of the association between BNT162b2 mRNA COVID-19 vaccination and deaths within 10 Days after vaccination using the sex ratio in Japan. *Cureus* 2023, **15**(12):e50144.

Huber C, Borovoy B: Data that disprove the COVID-19 pandemic. *Primary Doctor Medical Journal*, December 19, 2020.

Jaafar R, Aherfi S, Wurtz N, Grimaldier C, Van Hoang T, Colson P, Raoult D, La Scola B: Correlation between 3790 quantitative polymerase chain reaction–positives samples and positive cell cultures, including 1941 severe acute respiratory syndrome coronavirus 2 isolates. *Clinical Infectious Diseases* 2021, **72**(11): e921.

'No test gives a 100% accurate result; tests need to be evaluated to determine their sensitivity and specificity, ideally by comparison with a "gold standard." The lack of such a clear-cut "gold-standard" for covid-19 testing makes evaluation of test accuracy challenging.' this is a quote from Watson J, Whiting PF, Brush JE: Interpreting a COVID-19 test result. *BMJ* 2020; **369**:m1808. (Published 12 May 2020)

"Since no quantified virus isolates of the 2019-nCoV [this is an old name of SARS-CoV-2] were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/ μ L) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen." this is a quote from Centers for Disease Control and Prevention, section "Performance Characteristics" in the official paper "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel" March 2023 (the update date may change). In several versions of this document before approximately December 2020, the quote was *"Since no quantified virus isolates of the 2019-nCoV are currently available, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA..."* Stop and think how you can develop a test for a virus without having a specimen of the virus, and how you can prove that the alleged virus causes a disease if you don't have the purified virus in your laboratory.

"We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available" this is a quote from the key research article that was the engine behind the anti-COVID-19 measures worldwide (note also the duration of its peer-review): Corman VM, Landt O, Kaiser M, Molenkamp R, Meijer A, Chu DK, Bleicker T, Brünink S, Schneider J, Schmidt ML, Mulders DG, Haagmans BL, van der Veer B, van den Brink S, Wijsman L, Goderski G, Romette JL, Ellis J, Zambon M, Peiris M, Goossens H, Reusken C, Koopmans MP, Drosten C: Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR. *Eurosurveillance* 2020, **25**(3):2000045. doi: 10.2807/1560-7917.ES.2020.25.3.2000045. Here are video critiques of this article: [link](#), [ссылка](#), [link](#), [ссылка](#)

“To investigate the possible aetiological agents associated with this disease, we collected **bronchoalveolar lavage fluid (BALF)** and performed deep meta-transcriptomic sequencing. The clinical specimen was handled in a biosafety level 3 laboratory at Shanghai Public Health Clinical Center. **Total RNA was extracted from 200 µl of BALF** and a meta-transcriptomic library was constructed for pair-end (150-bp reads) sequencing using an Illumina MiniSeq as previously described^{4,6–8}. In total, we generated 56,565,928 sequence reads that were de novo-assembled and screened for potential aetiological agents. **Of the 384,096 contigs assembled by Megahit⁹, the longest (30,474 nucleotides (nt)) had a high abundance** and was closely related to a bat SARS-like coronavirus (CoV) isolate—bat SL-CoVZC45 (GenBank accession number MG772933)—that had previously been sampled in China, with a nucleotide identity of 89.1% (Supplementary Tables 1, 2)” this is a quote (emphasis is mine) from another research article that was the basis for the pandemic and coronavirus testing. Stop and think how this procedure proves the discovery of a new virus. Wu F, Zhao S, Yu B, Chen YM, Wang W, Song ZG, Hu Y, Tao ZW, Tian JH, Pei YY, Yuan ML, Zhang YL, Dai FH, Liu Y, Wang QM, Zheng JJ, Xu L, Holmes EC, Zhang YZ: A new coronavirus associated with human respiratory disease in China. *Nature* 2020, **579**(7798):265–269. Here are video critiques of this article: [link](#) (at 32 min 10 sec), [ссылка](#) (начало с 28 мин 10 сек), [link](#), [ссылка](#)

“We added 100 µL of cell suspension directly to the clinical specimen dilutions and mixed gently by pipetting. We then grew the inoculated cultures in a humidified 37°C incubator in an atmosphere of 5% CO₂ and observed for cytopathic effects (CPEs) daily. We used standard plaque assays for SARS-CoV-2, which were based on SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV) protocols (9,10). When CPEs were observed, we scraped cell monolayers with the back of a pipette tip. We used 50 µL of viral lysate for total nucleic acid extraction for confirmatory testing and sequencing. We also used 50 µL of virus lysate to inoculate a well of a 90% confluent 24-well plate.” This is a quote from another widely cited article claiming coronavirus isolation. Do you see purification of the virus? Harcourt J, Tamin A, Lu X, Kamili S, Sakthivel SK, Murray J, Queen K, Tao Y, Paden CR, Zhang J, Li Y, Uehara A, Wang H, Goldsmith C, Bullock HA, Wang L, Whitaker B, Lynch B, Gautam R, Schindewolf C, Lokugamage KG, Scharon D, Plante JA, Mirchandani D, Widen SG, Narayanan K, Makino S, Ksiazek TG, Plante KS, Weaver SC, Lindstrom S, Tong S, Menachery VD, Thornburg NJ: Severe acute respiratory syndrome coronavirus 2 from patient with coronavirus disease, United States. *Emerg Infect Dis* 2020, **26**(6):1266–1273. Here are critiques of this article: [ссылка](#), [link](#), [ссылка](#), [link](#)

Hughes DA: What is in the so-called COVID-19 “Vaccines”? Part 1: Evidence of a Global Crime Against Humanity. *International Journal of Vaccine Theory, Practice, and Research* 2022, **2**(2):455.

Lee YM, Broudy D: Real-time self-assembly of stereomicroscopically visible artificial constructions in incubated specimens of mRNA products mainly from Pfizer and Moderna: a comprehensive longitudinal study. *International Journal of Vaccine Theory, Practice, and Research* 2024, **3**(2):1180–244.

Kämmerer, Ulrike; Pekova, Sona; Klement, Rainer; Louwen, Rogier; Borger, Pieter; Steger, Klaus. (2022). Major shortcomings of the first WHO-recommended RT-QPCR to 'detect' SARS-CoV-2 and to 'diagnose' COVID-19. NGS provides evidence that successive waves of SARS-CoV-2 variants lack genomic relationship. *SSRN Electronic Journal*. doi: 10.2139/ssrn.4248632.

Borger, Pieter; Malhotra, Rajesh Kumar; Yeadon, Michael; Craig, Clare; McKernan, Kevin; Steger, Klaus; McSheehy, Paul; Angelova, Lidiya; Franchi, Fabio; Binder, Thomas; Ullrich, Henrik; Ohashi, Makoto; Scoglio, Stefano; Doesburg-van Kleffens, Marjolein; Gilbert, Dorothea; Klement, Rainer Johannes; Schrüfer, Ruth; Pieksma, Berber W.; Bonte, Jan; Dalle Carbonare, Bruno H.; Corbett, Kevin P.; Kämmer, Ulrike (2020). External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results. doi: 10.5281/zenodo.4298004.

The following study shows that COVID-19 as a disease cannot be transmitted between humans. “Test positivity” can be “transmitted” with low probability, but if you have read the articles above, you must know by now that COVID tests produce false and meaningless results. Jackson S et al.: Safety, tolerability, viral kinetics, and immune correlates of protection in healthy, seropositive UK adults inoculated with SARS-CoV-2: a single-centre, open-label, phase 1 controlled human infection study.

Lancet Microbe 2024, [https://doi.org/10.1016/S2666-5247\(24\)00025-9](https://doi.org/10.1016/S2666-5247(24)00025-9) Also see three failed studies on the transmission of Spanish influenza in the section “Other useful resources” below.

Lataster R: Reply to Fung et al. on COVID-19 vaccine case-counting window biases overstating vaccine effectiveness. *Journal of Evaluation in Clinical Practice* 2023, doi:10.1111/jep.13892.

The [response](#) of Prof. Mark Skidmore to the retraction of his peer-reviewed article about COVID-19 vaccines. His article goes against the establishment. Compare with a journal’s [response to retraction requests](#) about the above-mentioned Drosten/Corman article, which is pro-establishment. Studies on corruption in scientific journals are listed in the section “Other relevant information” below.

Garner J: The Control Group: Pilot Survey of Unvaccinated Americans. <https://www.thecontrolgroup.org/gallery> February 9, 2021.

Kisielinski K, Hirsch O, Wagner S, Wojtasik B, Funken S, Klosterhalfen B, Kanti Manna S, Prescher A, Sukul P, Sönnichsen A: Physio-metabolic and clinical consequences of wearing face masks—Systematic review with meta-analysis and comprehensive evaluation. *Frontiers in Public Health* 2023, <https://doi.org/10.3389/fpubh.2023.1125150>

Bardosh K, Krug A, Jamrozik E, Lemmens T, Keshavjee S, Prasad V, Makary MA, Baral S, Stefan H, Tracy B: COVID-19 vaccine boosters for young adults: a risk-benefit assessment and five ethical arguments against mandates at universities. *Journal of Medical Ethics* 2022, <http://dx.doi.org/10.2139/ssrn.4206070>

Yu CK, Tsao S, Ng CW, Chua GT, Chan KL, Shi J, Chan YY, Ip P, Kwan MY, Cheung YF: Cardiovascular assessment up to one year after COVID-19 vaccine-associated myocarditis. *Circulation* 2023, **148**(5):436–439.

Lataster R: Risks outweigh the benefits? Myocarditis risk alone appears to exceed the COVID-19 vaccines’ benefits. *BMJ Open* 2023, <https://bmjopen.bmj.com/content/13/6/e065687.responses#risks-outweigh-the-benefits-myocarditis-risk-alone-appears-to-exceed-the-covid-19-vaccines'-benefits>

Amodio D, Manno EC, Cotugno N, Santilli V, Franceschini A, Perrone MA, Chinali M, Drago F, Cantarutti N, Curione D, Engler R, Secinaro A, Palma P: Relapsing myocarditis following initial recovery of post COVID-19 vaccination in two adolescent males – Case reports. *Vaccine X* 2023, **14**:100318.

Demasi M: FDA urged to publish follow-up studies on covid-19 vaccine safety signals. *BMJ* 2022, 379:o2527. doi: <https://doi.org/10.1136/bmj.o2527>

Fraiman J, Erviti J, Jones M, Greenland S, Whelan P, Kaplan RM, Doshi P: Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults. *Vaccine* 2022, 40(40):5798–5805.

Fung K, Jones M, Doshi P: Sources of bias in observational studies of covid-19 vaccine effectiveness. *J Eval Clin Pract* 2023, doi: 10.1111/jep.13839

Gøtzsche PC, Demasi M: Serious harms of the COVID-19 vaccines: a systematic review. medRxiv preprint 2022, Dec 7.

Cohn BA, Cirillo PM, Murphy CC, et al. SARS-CoV-2 vaccine protection and deaths among US veterans during 2021. *Science* 2022, **375**(6578):331–336.

Lynge FP, Mortensen LH, Denwood MJ, et al. Household transmission of the SARS-CoV-2 Omicron variant in Denmark. *Nat Commun* 2022, **13**(1):5573.

Buchan SA, Chung H, Brown KA, et al. Estimated effectiveness of COVID-19 vaccines against Omicron or Delta symptomatic infection and severe outcomes. *JAMA Netw Open* 2022, **5**(9):e2232760.

Ferdinands JM, Rao S, Dixon BE, et al. Waning 2-dose and 3-dose effectiveness of mRNA vaccines against COVID-19–associated emergency department and urgent care encounters and hospitalizations among adults during periods of Delta and Omicron variant predominance — VISION Network, 10 States, August 2021–January 2022. *MMWR* 2021, **71**(7):255–263.

Altarawneh HN, Chemaitelly H, Ayoub HH: Effects of previous infection and vaccination on symptomatic Omicron infections. *N Engl J Med* 2022, **387**:21–34.

Lin DY: Effects of vaccination and previous infection on omicron infections in children. *N Engl J Med* 2022, **387**:1141–1143.

Tseng HF, Ackerson BK, Bruxvoort KJ: Effectiveness of mRNA-1273 vaccination against SARS-CoV-2 omicron subvariants BA.1, BA.2, BA.2.12.1, BA.4, and BA.5. *Nat Commun* 2023, **14**(1):189.

Walach H, Klement RJ, Aukema W: The safety of COVID-19 vaccinations — should we rethink the policy? *Science, Public Health Policy, and the Law* 2021, **3**:87–99.

Uversky VN, Redwan EM, Makis W, Rubio-Casillas A: IgG4 antibodies induced by repeated vaccination may generate immune tolerance to the SARS-CoV-2 spike protein. *Vaccines (Basel)* 2023, **11**(5):991.

Rubik B, Brown RR: Evidence for a connection between coronavirus disease-19 and exposure to radiofrequency radiation from wireless communications including 5G. *J Clin Transl Res* 2021, **7**(5):666–681.

These authors noticed a higher death rate among vaccinated people than among unvaccinated ones:

Adhikari B, Bednash JS, Horowitz JC, Rubinstein MP, Vlasova AN: Brief research report: impact of vaccination on antibody responses and mortality from severe COVID-19. *Front. Immunol* 2024, **15**:1325243.

[Pfizer documents](#) (>50,000 pages) that were released under a court order in 2022 show that its COVID vaccine is harmful and ineffective, there is a high frequency of various adverse effects. Summaries from volunteers are available [here](#), which can be verified by your own research in the official documents. You need to be skeptical of Pfizer's data because this corporation has been charged with fraud and paid large criminal fines in the past. The actual frequency and severity of adverse effects of Pfizer's COVID vaccine are likely to be higher than shown in the released documents.

Other lists of scientific articles contradicting the official propaganda about COVID-19:

<https://naturalnews.com/Search.asp?query=study+covid-19>

<https://childrenshealthdefense.org/search/?search=COVID%20study>

<https://naturalnews.com/Search.asp?query=study+covid>

<https://naturalnews.com/search.asp?query=studies+covid-19>

<https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/>

<https://www.researchgate.net/profile/James-Thorp/research>

<https://off-guardian.org/2023/03/24/40-facts-you-need-to-know-the-real-story-of-covid/>

<https://www.vacsafety.org/learn/research>

OTHER USEFUL RESOURCES

If some links below don't work or are blocked, try a Web proxy, the Tor browser, VPN, your smartphone, or archive.org

Wikipedia is a [horrible source](#) of information, but some articles are pretty good:

[Logical fallacies](#)

[Логическая ошибка](#)

[Are you brainwashed?](#) ([русская ссылка](#))

Popular search engines will lead you away from the truth ([link](#), [link](#), [link](#), [ссылка](#), [ссылка](#), [ссылка](#), [ссылка](#))

[Isolate Truth Fund](#) (in German and English) ([русская ссылка](#))

<https://tinyurl.com/s6zqhgf> (note the date of this event)

<https://tinyurl.com/y25oauc5>

<https://tinyurl.com/y93ewnu9>

Three scientific studies on Spanish influenza (1918) failed to demonstrate transmission of the infection from person to person:

Rosenau MJ, Keegan WJ, Goldberger J, Lake GC: Experiments upon volunteers to determine the cause and mode of spread of influenza, Boston, November and December, 1918. *Hygienic Laboratory-Bulletin* 1921, No. 123.

McCoy GW, Richey DW: Experiments upon volunteers to determine the cause and mode of spread of influenza, San Francisco, November and December, 1918. *Hygienic Laboratory-Bulletin* 1921, No. 123.

Rosenau MJ, Keegan WJ, Richey DW, McCoy GW, Goldberger J, Leake JP, Lake GC: Experiments upon volunteers to determine the cause and mode of spread of influenza, Boston, February and March, 1919. *Hygienic Laboratory-Bulletin* 1921, No. 123.

Credit for finding the studies goes to Dr. Jordan Grant: <https://tinyurl.com/2p96avmw> (starting at 31 min 15 sec in the video). Other sobering facts about Spanish influenza:

<https://tinyurl.com/5d5744ju> (starting at 19 min 15 sec in the video), <https://tinyurl.com/4mb7287y>, and <https://tinyurl.com/5327j54s>

COMMON OBJECTIONS

But my sense of smell and sense of taste changed during COVID-19! This was a new virus!

My response:

When you have the symptom of stuffy nose, these senses change or disappear, this is basic physiology. You just haven't noticed this problem previously when you had influenza. Try pinching your nose and eating some familiar food; the taste will be different.

Are you a conspiracy theorist?

My response:

Just like prosecutors and counterintelligence agencies, I always reject the weakest theory, which is the absence of a conspiracy when there is a motive. Over 90% of the population have never studied rules of logic (the same is true for scientists). These rules tell us that we should evaluate all versions of an event objectively. Mass media have programmed most people from birth to blindly accept the weak hypothesis that there is no conspiracy (<https://tinyurl.com/2n29a33b>, <https://tinyurl.com/2xwn6ms5>). Any modern nation state is basically a conspiracy of an elite against a population.

But I have never had such a serious respiratory infection, this was a new disease!

My response:

When all mass media tell you every day that this is the worst respiratory infection ever, many people start believing it. In actuality, it is difficult or even impossible to precisely compare the severity of your episodes of influenza when they are separated by a period of 1 or 2 years.

But Nobel laureates and thousands of scientists believe that COVID-19 is a novel disease and that SARS-CoV-2 exists! Are they all fools?

My response:

Please see the test for brainwashedness above. We do not know whether these people have been duped by propaganda or are working for organizers of the fake pandemic or choose to comply with the official measures to keep their job. Scientists are excellent experts in their narrow field but know little about how the government operates. Obtaining this well-hidden information takes many years of research, and this knowledge is not taught at universities. Intelligence agencies can control anyone using these four basic tools: bribery (stable high unofficial income and a promise of a large unofficial pension); creation or finding of criminal liabilities (dirty laundry), followed by blackmail; death threats to family members; and threats of physical harm (would you like to become an invalid for the rest of your life?). Intelligence agencies can also threaten to take away the pension of a government employee. They *can* use these tools with impunity, they *want to* do it, and there are documented examples of them doing it in the past; it would be naïve to assume that this is not happening in your country just because you have no proof. In this context, the absence of proof usually means destruction of evidence and silencing of witnesses, not the proof of absence of crimes. Bosses of intelligence agencies (usually not the same as visible “directors”) using the pretext of “national security” can stop any criminal investigation directed against the agency, not to mention that they control all key judges. Some intelligence agencies are governed by secret laws, which exempt them from any laws not mentioning these agencies. The secrecy is also ensured by the arrangement whereby only those who can keep their mouth shut reach top levels of these agencies. Many scientists are skeptical about the pandemic and anti-COVID-19 measures but do not speak out because they don’t want to lose their job or research funding. Some scientists have voiced their skepticism publicly: <https://tinyurl.com/swwjzdg>, <https://tinyurl.com/spf82nrv>, <https://tinyurl.com/yc8deypx>, <https://tinyurl.com/yc9kdk7n>, <https://tinyurl.com/wx43xk3>

Your point of view is extreme, I don’t like it.

My response:

Please be advised that the truth can be anywhere on the spectrum of socially acceptable opinions: at one extreme, in the middle, or at the other extreme. Whether the truth seems to be radical or moderate

depends on the prevailing (mainstream) point of view, which is determined by official propaganda. I can cite several logical fallacies related to your opinion: “appeal to ridicule,” “argumentum ad populum,” “argument from incredulity,” and “argument to moderation.”

Your arguments are invalid, I know someone who died from COVID-19.

My response:

I am sorry for your loss, but we have no proof that the diagnosis was valid (most likely it was a false positive PCR test result because of the unvalidated PCR test and an excessive number of PCR cycles: 35 to 40). By varying the number of cycles (PCR tests) and dilution of antibodies intended to detect another antibody (antibody tests) medical tests can be set up to generate always positive results, sometimes positive results, or always negative results, regardless of the presence or absence of virus RNA or antivirus antibodies in the samples being tested (<https://tinyurl.com/3e247bz5>, <https://tinyurl.com/2eanjwmr>). Because of the intentionally misleading COVID-19 tests, billions of healthy people have been declared to be “new cases” of COVID-19. Health authorities and the WHO have instructed physicians worldwide to attribute deaths to COVID even without any test results (<https://tinyurl.com/yhmpv5n2>, <https://tinyurl.com/43yxzebk>). Hospitals have been paid large sums of money for each COVID diagnosis and for each COVID death. Many of these people died “with COVID” not “from COVID.” Let us not forget that even before the pandemic, large numbers of people have died every year from seasonal influenza or pneumonia (<https://tinyurl.com/ygtau5bg>). Furthermore, in recent lawsuits, it was uncovered that hospitals have been paid large sums of money for using invasive life-threatening treatments such as breathing ventilators and highly toxic drugs such as remdesivir and olumiant. Essentially, hospitals have been paid to kill patients, and many elderly people (those with frail health) have died in hospitals. We are dealing with the best-organized and worst crime against humanity ever (<https://tinyurl.com/2s34nz39>, <https://tinyurl.com/yck2jt56>, <https://tinyurl.com/1sh4x79o>, <https://tinyurl.com/39un2wrk>, <https://tinyurl.com/38ntjemm>). Almost everyone who stayed with a respiratory disease at home survived during the pandemic. Why does the government want to get rid of old people? They are a huge financial burden because of pensions and high healthcare expenses. Actually, globalists killed several birds with one stone by organizing the fake pandemic: implementation of transhumanism (injection of graphene oxide-containing nanoparticles of undeclared composition), the fourth industrial revolution, a population reduction, distraction from a massive financial crisis that began in the autumn of 2019, destruction of small business, and greater control over the population.

What are you talking about? Of course SARS-CoV-2 exists! In my laboratory, I have been working with a coronavirus sample, which I have purchased from a reputable company.

My response:

No, you haven't. What is being sold as a standard sample of the coronavirus is a complex mixture of a culture medium (contains cell debris from fetal bovine serum), a cell lysate or remnants of a cell lysate (contains cell debris, extracellular vesicles, and exosomes, which are hard to distinguish from a virus without ultracentrifugation in a sucrose gradient), and an unknown concentration of an alleged virus. There is no control sample for any COVID PCR tests anywhere (<https://tinyurl.com/4x33mfbd>, <https://tinyurl.com/wy95vw3j>).

OK, they have not isolated and purified SARS-CoV-2, but they have shown by genetic analyses that it is similar to other coronaviruses. That's enough proof for me.

My response:

Unfortunately, SARS-CoV-1 and other known strains of coronaviruses have also never been purified and proven to exist (<https://tinyurl.com/mr2bdm45>). Instead of virus isolation, we have computer models of genomes, dirty PCR with sloppy sequencing techniques, and complicated mixtures containing a culture medium and cell lysate aside from an alleged virus. There are no control experiments for proving cytopathic effects: [link](#), [ссылка](#), [link](#), [ссылка](#). According to government documents, many pathogenic viruses have not been proven to exist: [link](#), [ссылка](#). Daniel Roytas wrote a book, “Can You Catch A Cold?” where he presents over 200 scientific studies where transmission of various diseases (that are considered “infectious”) between humans failed either 100% or close to it. (Some of these studies can be found [here](#).) Keep in mind that transmission of “test positivity” (without a disease) can be disregarded because PCR and antibody tests for diseases produce false meaningless results, as explained above.

But countries that are enemies have implemented identical anti-COVID measures. If enemies agree on something, then it must be true?

My response:

There is plenty of evidence that ruling elites of these countries only pretend to be enemies ([link](#), [ссылка](#), [link](#), [ссылка](#), [link](#), [ссылка](#), [link](#)).

SCIENTIFIC ARTICLES DISPROVING THE NECESSITY, SAFETY, AND EFFICACY OF ALL OTHER VACCINES

Mawson AR, Ray BD, Bhuiyan AR, Jacob B: Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. *J Transl Sci* 2017, **3**(3): 1–12.

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