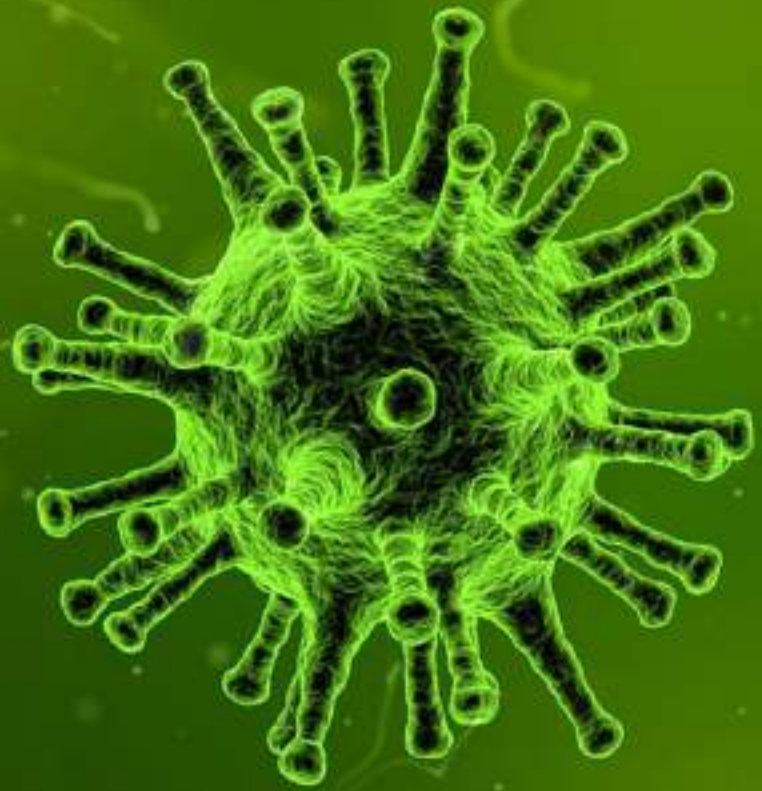


Debunking the Nonsense

a presentation covering the fallacious reasoning, misinterpretations, and pseudoscience of virology

ALEC ZECK | JACOB DIAZ | JORDAN GRANT, MD | MIKE DONIO | MIKE STONE

The purpose of this presentation is to address the fallacious reasoning, misinterpretations, and pseudoscience of virology. This field of so-called science is the foundation for which every tyrannical, inhumane measure was justified during the COVID-19 era.

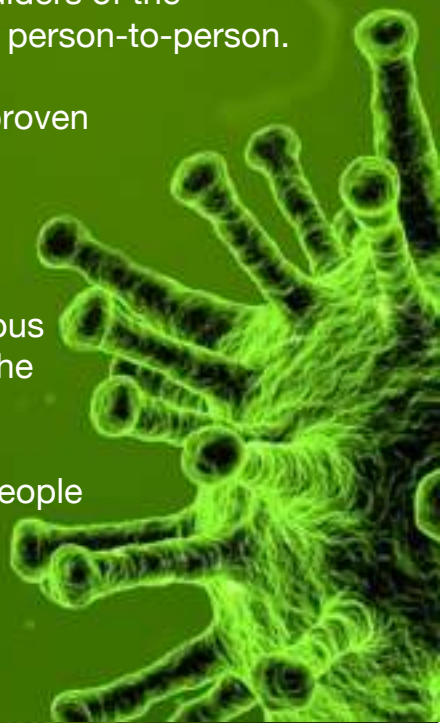
The lockdowns, the social distancing, the masking, the experimental vaccines, the mandates, the business closures, the job loss, the severe depression, the economic impact, the censorship, the centralization of power, the increased government control, the segregation, the discrimination, the harmful hospital protocols, the unnecessary death, and every other piece of the official COVID-19 narrative rests on the shoulders of the **completely unproven** concept of pathogenic disease causing particles that are passed from person-to-person.

Additionally, much of the allopathic medical system is based on the pseudoscientific and unproven germ theory of disease, including childhood vaccination programs, which are responsible for tremendous harm across several generations of children.

We are of the firm belief that, if we are to get back to the true nature of heath and disease, the germ theory of disease and virology must be dismantled, and the knowledge of its fallacious reasoning, misinterpretations, and pseudoscience must be widespread, especially amongst the health freedom community.

We hope that you'll share this PDF and the corresponding video presentation with as many people as you can. On page 46 is a link to a frequently updated list of resources on this topic for those who wish to go deeper on any specific aspect of this presentation.

Enjoy! -Alec, Jacob, Mike D., Mike S., and Jordan



A ping-pong ball and a brick wall

At the beginning of Dr. Tom Cowan and Sally Fallon Morell's *The Contagion Myth* is a perfect analogy to set the stage for what we're presenting here. The following is a variation of that analogy.

If I told you that a ping-pong ball could break down a brick wall, of course you'd want to see proof of this.

So, in order to prove it to you, I poured a bunch of corrosive acid on the wall. Next, I smashed the brick wall several times with a giant mallet. Finally, I taped the ping-pong ball to a giant boulder, attached the boulder to a pulley system (of course, because it is too heavy for me to throw) and I swung it at the brick wall, knocking it down.

Voila! I've proven that a ping-pong ball broke down the brick wall, right?

Of course, any rational person would say "absolutely not! Everything else made the brick wall fall. The ping-pong ball had no effect!"

And of course, that is correct; the ping-pong ball obviously had little-to-no effect. And how could I possibly claim that it did, given that there were so many other confounding variables that I didn't account for?

So how does this relate to virology and viruses?

“Isolation” of SARS-CoV-2

Version 2. bioRxiv. Preprint. 2020 Mar 7.
doi: 10.1101/2020.03.02.972935
PMCID: PMC7239045
PMID: 32511316

Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient

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Abstract

Go to:

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

Webster's Dictionary:

Isolate-
"to separate from another substance so as to obtain in a pure or free state"

“Isolation” of SARS-CoV-2

METHODS

Go to:

Specimen collection

Virus isolation from patient samples was deemed to be non-human subjects research by CDC National Center for Immunizations and Respiratory Diseases (research determination 0900f3eb81ab4b6e) Clinical specimens from the first identified US case of COVID-19 acquired during travel to china, were collected as described ([1]). Nasopharyngeal (NP) and oropharyngeal (OP) swabs in 2 to 3 mL viral transport media were collected on day 3 post-symptom onset for molecular diagnosis and frozen. Confirmed PCR- positive specimens were aliquoted and refrozen until virus isolation was initiated.

Cell culture, limiting dilution, and isolation

Vero CCL-81 cells were used for isolation and initial passage. Vero E6, Vero CCL-81, HUH 7.0, 293T, A549, and EFKB3 cells were cultured in Dulbecco's minimal essential medium (DMEM) supplemented with heat inactivated fetal bovine serum(5 or 10%) and antibiotic/antimyotic (GIBCO). Both NP an OP swabs were used for virus isolation. For the isolation, limiting dilution, and passage 1 of the virus, 50 µl serum free DMEM was pipetted into columns 2–12 of a 96-well tissue culture plate. One-hundred µl clinical specimens were pipetted into column 1, and then serially diluted 2-fold across the plate. Vero cells were trypsinized and resuspended in DMEM + 10% FBS + 2X Penicillin-Streptomycin + 2X antibiotic – antimycotic + 2 X amphotericin B at 2.5×10^5 cells / ml. One hundred µl of cell suspension were added directly to the clinical specimen dilutions and mixed gently by pipetting. The inoculated cultures were grown in a humidified 37°C incubator with 5% CO2 and observed for cytopathic effect (CPE) daily. Standard plaque assays were used for SARS-CoV-2 based on both SARS-CoV and MERS-CoV protocols ([19, 20]).

When CPE were observed, the cell monolayers were scrapped with the back of a pipette tip. Fifty µl of the viral lysate were used for total nucleic acid extraction for confirmatory testing and sequencing. Fifty µl of virus lysate was used to inoculate a well of a 90% confluent 24-well plate.

Breakdown of the Methodology

- Sample of sputum
- Minimal Nutrient Medium
- Fetal Bovine/Calf Serum
- Amphotericin B, Gentamicin, Penicillin-Streptomycin
- Trypsin
- Placed on Vero E6 and/or Vero CCL-81 cells
  (Kidney Cell from Green Monkeys)
- Cell experiences cytopathic effect (CPE)
- Prepared for Electron Microscopy, EM images produced

Science vs Pseudoscience

- Natural science
  - a major branch of science that tries to explain, and predict, nature's phenomena based on empirical evidence. In natural science, hypothesis must be **verified scientifically** to be regarded as scientific **theory**.
- Pseudoscience
  - A collection of beliefs or practices mistakenly regarded as being based on **the scientific method**.

The Scientific Method

A method of discovering knowledge about the natural world based in making falsifiable predictions (hypotheses), testing them empirically, & developing theories that match known data from repeatable physical experimentation.

- A scientific experiment is a **hypothesis test.**
- One makes a supposition about **the cause of an observed phenomenon.**
- The researcher **must** vary and manipulate the **presumed cause** to assess if it actually **does** the thing you **think** it does.
- The presumed cause is the **independent variable.**
The effect being studied is the **dependent variable.**

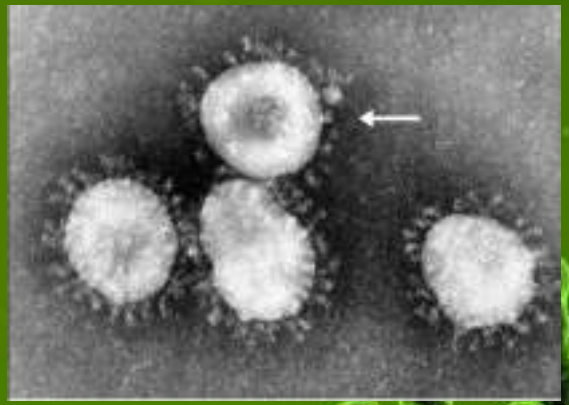
The Scientific Method

Observe a natural phenomenon

- Formulate a hypothesis
  - Alternative hypothesis: I believe X is causing Y
  - Null: X does not cause Y
- Experiment (Hypothesis test)
  - IV, DV, and controls (constants)
- Analyze the observations and data
- Validate or invalidate the alternative hypothesis
- A scientific **theory** comes **after** experiment (not first)

Too much pseudoscience

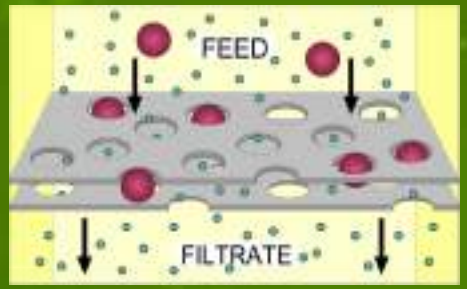
- Presuppose virus
- Presuppose virus produces effects
- Assume other substances don't have an effect
- Have never taken purified virus and introduced to a healthy person via natural means to replicate symptoms of disease
- Every electron micrograph image of a "virus" is the result of the procedure described in previous slides



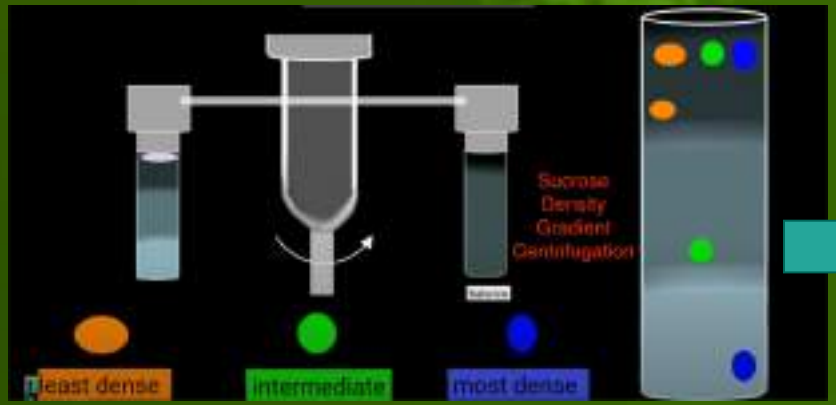
"In every single photograph of a virus you will find that it's from a cell culture, but never from the blood, never from the saliva, never from the semen, never from another liquid of the body- not from a human, not from an animal, not from a plant."

-Virologist Stefan Lanka

Proper isolation, characterization, and proof of pathogenicity



the diameter of the virus has been found to range between 50 nm to 140 nm.



"Viruses" are said to be 1.35–1.4 g/cm3 dense.

Why “viruses” cannot be isolated according to the experts

When asked to provide one single paper that shows a virus isolated, purified, characterized and sequenced directly from the fluids of a sick host (which they cannot provide), the experts respond with the following:

1. “The virus is too weak to isolate/purify directly from the fluids.”

2. “There’s not enough virus present in the fluids to isolate/purify it.”

3. “A virus needs a host in order to replicate,
   so that’s why we use the cell culture.”

4. “You’re not a virologist, you don’t get to determine what isolation is.”

Components of Cell Culture Media

Fetal Bovine Serum/Fetal Calf Serum - Provides essential growth factors

https://www.nature.com/articles/srep31175?fbclid=IwAR025YeZ64s3HyHaROFYnTSMbBmTHMQNRzmcDA8vBwQQs4Ao7oddPvqUk2M

Abstract

Fetal bovine serum (FBS) has been used in eukaryotic cell cultures for decades. However, little attention has been paid to the biological effects associated with RNA content of FBS on cell cultures. Here, using RNA sequencing, we demonstrate that FBS contains a diverse repertoire of protein-coding and regulatory RNA species, including mRNA, miRNA, rRNA and snoRNA. The majority of them (>70%) are retained even after extended ultracentrifugation in the preparations of vesicle-depleted FBS (vdFBS) commonly utilized in the studies of extracellular vesicles (EV) and intercellular communication. **FBS-associated RNA is co-isolated with cell-culture derived extracellular RNA (exRNA) and interferes with the downstream RNA analysis. Many evolutionally conserved FBS-derived RNA species can be falsely annotated as human or mouse transcripts.** Notably, specific miRNAs abundant in FBS, such as miR-122, miR-451a and miR-1246, have been previously reported as enriched in cell-culture derived EVs, possibly due to the confounding effect of the FBS. Analysis of publically available exRNA datasets supports the notion of FBS contamination. **Furthermore, FBS transcripts can be taken up by cultured cells and affect the results of highly sensitive gene expression profiling technologies. Therefore, precautions for experimental design are warranted to minimize the interference and misinterpretations caused by FBS-derived RNA.**

"whenever fetal calf serum is added to any cell culture (as is done in virtually all modern virology studies, including those used during the past two years), it is simply impossible to use the results of this culture to determine the RNA sequence of any new 'virus.' As they demonstrate, fetal calf serum itself is a rich source of many types of RNA sequences. Once this is introduced into the cell culture, from then on, there is no way to determine the origin of the RNA that researchers find." -**Dr. Tom Cowan**

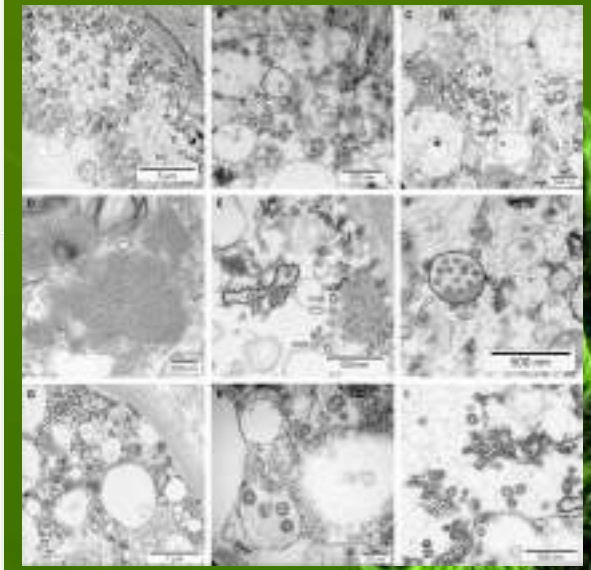
Other Components of Culture Media

- **Amphotericin B**
  - Antifungal drug. Mechanism is the formation of aqueous pores.
  - Acute renal failure is the most serious complication.
  - Used to prevent fungal growth in cell cultures.
- **Penicillin/Streptomycin**
  - Combination antibiotic drug. Used to prevent bacterial growth.
- **Gentamicin**
  - Broad spectrum antibiotic. Used to prevent bacterial growth.
  - Can cause kidney damage.
- **HEPES**
  - Zwitterionic sulfonic acid buffering agent.
  - Used to buffer the media and control pH. Toxic to cells.
- **L-glutamine**
  - Critical amino acid for cell culture. Rapidly degrades producing toxic compounds.
- **Trypsin-EDTA**
  - Protease from porcine pancreas.
  - Used to detach adherent cells from a flask.
  - One study claimed treatment with trypsin was required to get “spikes”.

Limitations of Electron Microscopy

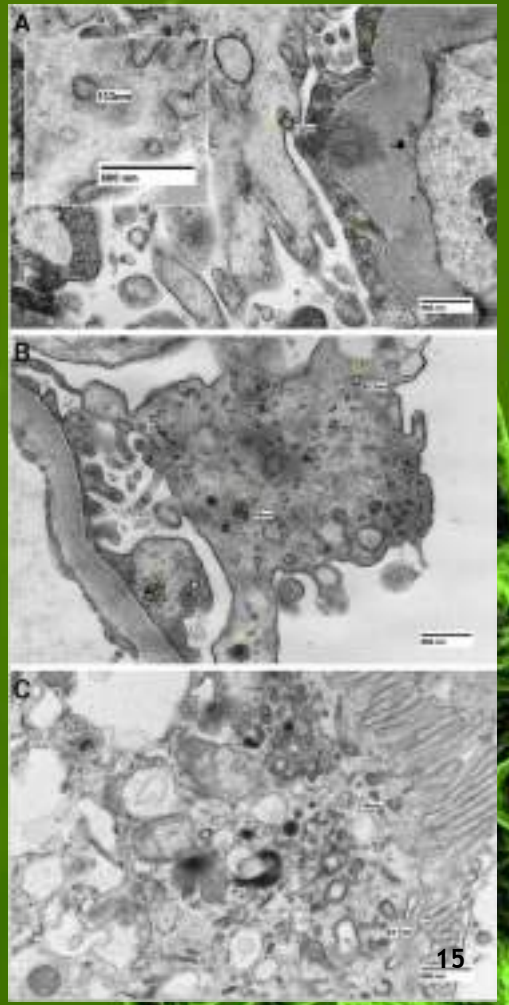
C. Microscopy

When a tissue is prepared for histology, histochemistry, electron microscopy, or immunocytochemistry, an animal is killed; the tissue is excised; it is fixed or frozen; it is embedded; it is sectioned; it is rehydrated; it is stained; it is mounted; it is radiated by light, or bombarded by electron beams. Living tissue could not survive the dehydration, low pressure, x-irradiation and electron bombardment, which occur in the electron microscope. So, heavy metal salts of osmium, tungsten, manganese, uranium or lead, are deposited on fixed tissue, and these deposits are examined. When one studies unfixed tissues in physiological media, one is looking at cells, which exchange approximately normally with their environments. In histological sections, one is examining tissue *plus* reagents used in the preparation, *minus* constituents of the tissue (including water), dissolved in or extracted by, the reagents used. The electron microscopists look at heavy metal salts, *plus* other reagents used in the preparation, *minus* substances extracted by the reagents. Virtually nothing is seen if heavy metal salts are not used for staining, as was shown by Weakley in an elegant illustration in her book, ' Beginners Handbook of Electron Microscopy', (1972). In addition, one does not see any cellular structures, which do not react with or dissolve in reagents, including ethanol and acetone.



Appearances Can Be Deceiving…

"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."



Source: (Appearances Can Be Deceiving-Viral-like Inclusions in COVID-19 Negative Renal Biopsies by Electron Microscopy. Kidney360. https://kidney360.asnjournals.org/content/1/8/824)

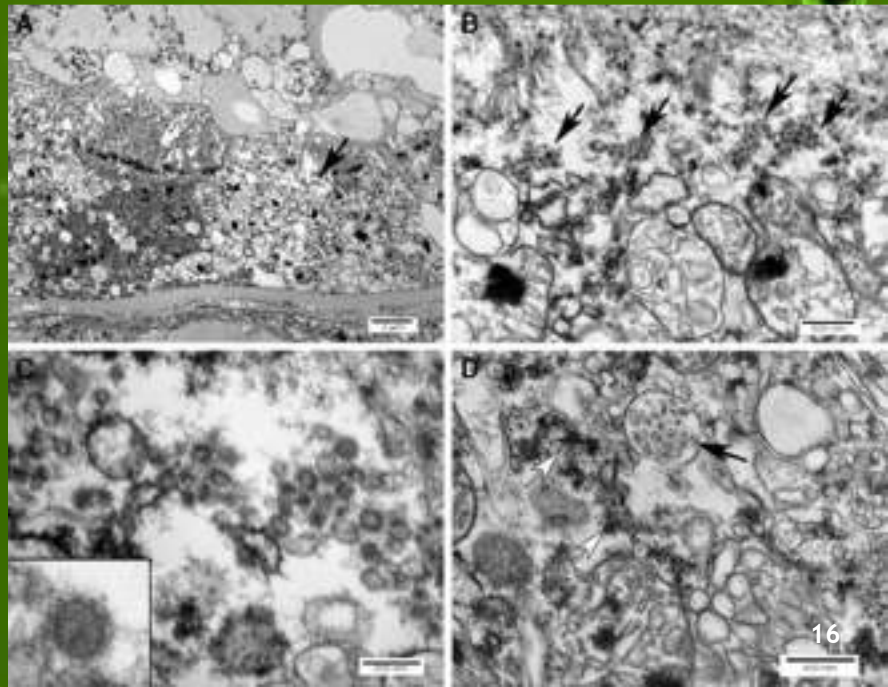
Caution in Identifying Coronaviruses by Electron Microscopy

"The evidence provided in the article by Farkash *et al.*[8] in *JASN* likewise does not confirm the presence of SARS-CoV-2 in kidney tissue.

In the article by Farkash *et al.*, the electron microscopic images in their Figure 3, A–C do not demonstrate coronaviruses. Rather, the structures described as virus are clathrin-coated vesicles (CCVs), normal subcellular organelles involved in intracellular transport.

Additionally, Farkash *et al.* document their findings by referring to an article by Su *et al.* that purports to have identified coronavirus in kidney. Likewise, that article shows only normal cell structures that, to the non-electron microscopist virologist, may resemble coronavirus. Their interpretation has been refuted in Letters to the Editor of *Kidney International*.

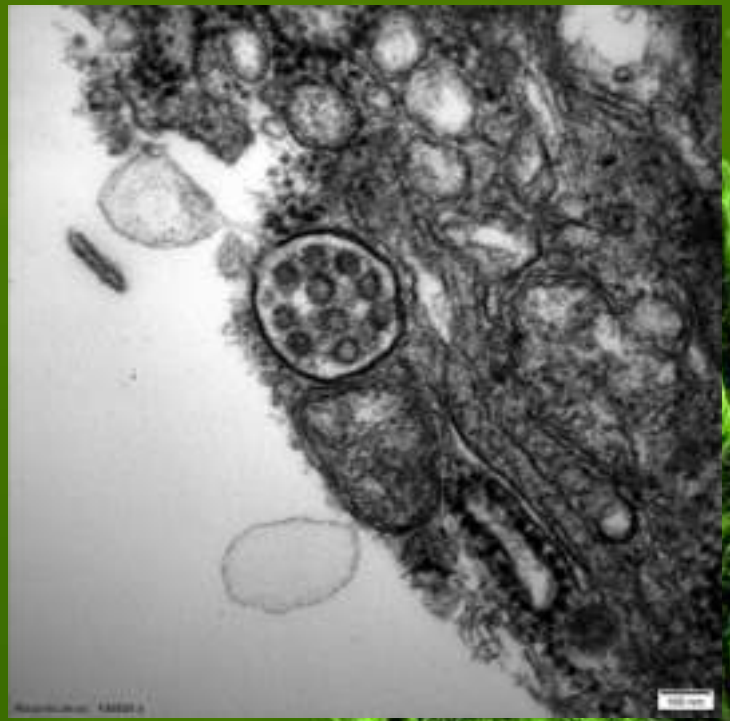
Identification of viruses is not always straightforward. Consideration should be given to the mechanism of virus production, including the location inside of cells, as well as the appearance (size, shape, internal pattern of the nucleocapsid, and surface spikes). Care should be taken to prevent mistaking cell organelles for viral particles."



Source: (Caution in Identifying Coronaviruses by Electron Microscopy | American Society of Nephrology. asnjournals.org)

Multivesicular Bodies Mimicking SARS-CoV-2 in Patients Without COVID-19

"Recent publications in *Kidney International* used electron microscopy (EM) to detect the virus in autopsy or biopsy specimens of the kidney. Most of the published images depicting the suspected virus are very similar, if not identical, to multivesicular bodies (MVBs). MVBs have been well-known since the 1960s and their appearance and occurrence is detailed in the classic monograph of Feroze Ghadially; however, their exact significance and function is unclear. We suspect that the EM images of SARS-CoV-2 published to date are in fact MVBs."

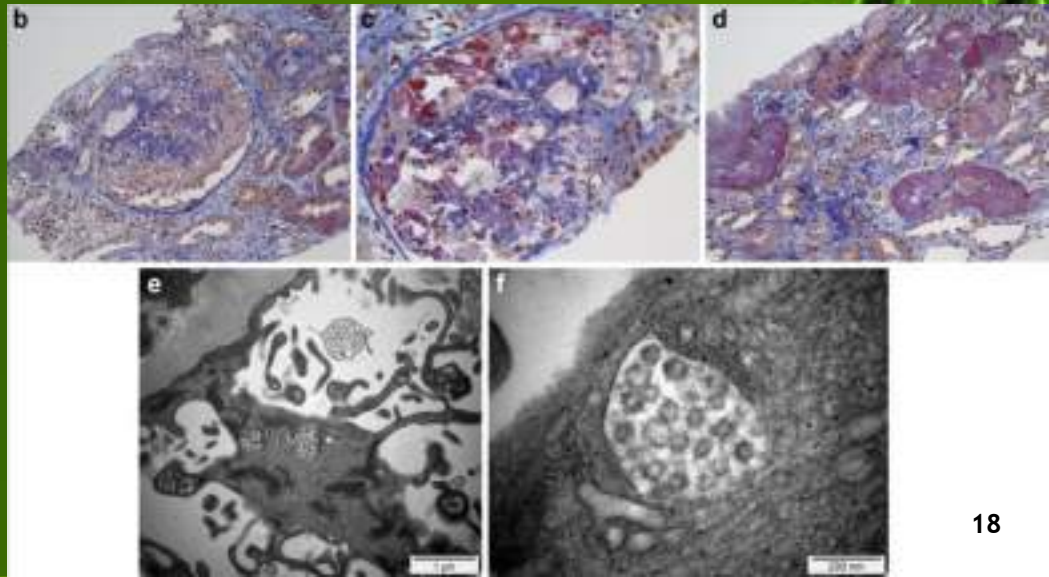


Source: (Multivesicular bodies mimicking SARS-CoV-2 in patients without COVID-19 - Kidney International. kidney-international.org)

Electron microscopy of SARS-CoV-2: a challenging task

"We read with interest the Correspondence by Zsuzsanna Varga and colleagues on the possible infection of endothelial cells by SARS-CoV-2 using electron microscopic (EM) images as evidence. However, we believe the EM images in the Correspondence do not show coronavirus particles but instead show cross-sections of the rough endoplasmic reticulum (RER).

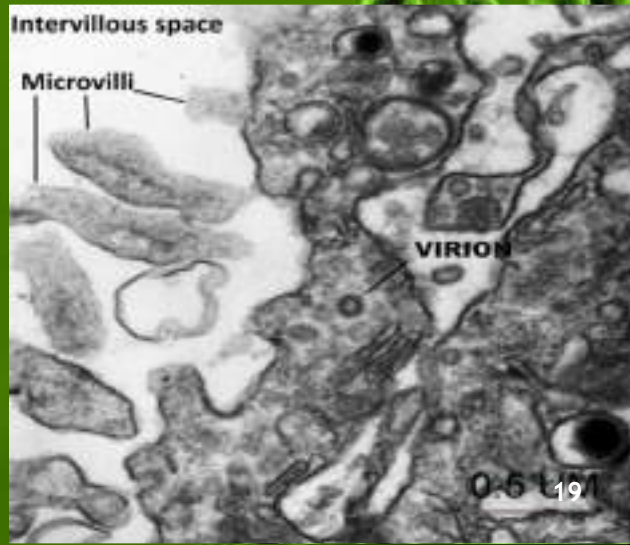
Just recently, there have been two additional reports, in which structures that can normally be found in the cytoplasm of a cell have been misinterpreted as viral particles. EM can be a powerful tool to show evidence of infection by a virus, but care must be taken when interpreting cytoplasmic structures to correctly identify virus particles."



Source:
(Electron microscopy of SARS-CoV-2: a challenging task - The Lancet)

Alternative interpretation to the findings reported in visualization of SARS-CoV-2 invading the human placenta using electron microscopy

"The report of virus-like inclusions in syncytiotrophoblast is intriguing and thought-provoking. However, I respectfully offer an alternative interpretation of the data. The structures identified as SARS-CoV-2 virions look exactly like clathrin-coated pits or vesicles. Clathrin-coated vesicles are spherical structures employed by trophoblasts and other cell types to internalize cargos from the extracellular space. Coated vesicles and coated pits derive their name from the external scaffold coat composed of clathrin triskelions that decorate the surface of the structure. In transmission electron micrographs in which tissue-thin sections are stained with uranyl acetate and lead citrate, coated vesicles have an electron-dense studded surface that appears identical to the "corona" comprising the spike protein that decorates all coronaviruses, including SARS-CoV-2 virions. It is this studded surface or corona that gives the genus *Betacoronaviridae* its characteristic morphology and name.



Source: (Alternative interpretation to the findings reported in visualization of severe acute respiratory syndrome coronavirus 2 invading the human placenta using electron microscopy - American Journal of Obstetrics & Gynecology. ajog.org)

Why misinterpretation of electron micrographs in SARS-CoV-2-infected tissue goes viral

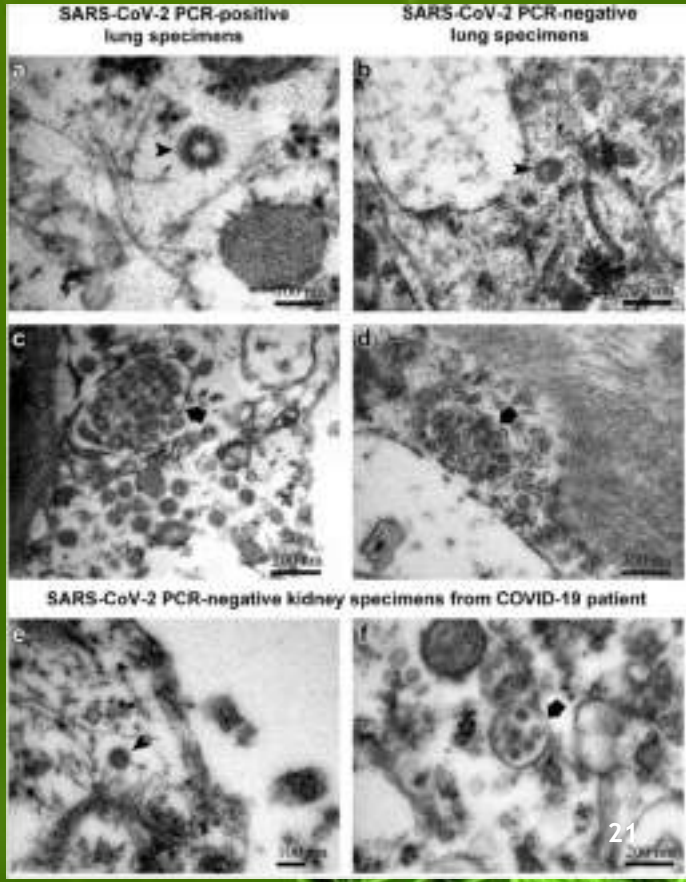
"Nevertheless, ultrastructural details in autopsy tissues have been misinterpreted as coronavirus particles in recent papers. Bradley and colleagues described 'coronavirus-like particles' in autopsy specimens of the 'respiratory system, kidney, and gastrointestinal tract', and in a case report Dolhnikoff and colleagues described 'viral particles' in 'different cell types of cardiac tissue' of a deceased child. However, the images in these publications show putative virus particles that lack sufficient ultrastructure for an unambiguous identification as virus. Some of these particles definitely represent other cellular structures, such as rough endoplasmic reticulum (eg, Dolhnikoff and colleagues,4 figure 3B), multivesicular bodies (Bradley and colleagues,3 figure 5C) and coated vesicles (Bradley and colleagues,3 figure 5B, G). Moreover, it is remarkable that Dolhnikoff and colleagues referred to findings, described by Tavazzi and colleagues, of 'viral particles' in interstitial cells, which are clearly non-viral structures, such as coated vesicles. Furthermore, Bradley and colleagues quoted publications as a reference for their virus particle identification, which, in our opinion, both identified non-coronavirus structures as coronavirus particles, as already discussed by Goldsmith and colleagues and by Miller and Brealey.

As diagnostic EM requires both specialised staff and expensive equipment, and has been replaced by other methods (eg, immunohistochemistry) in several fields of application, its use has been in decline in the past decades, resulting in irreversible loss of expertise that now becomes dramatically overt during the SARS-CoV-2 pandemic. This dilemma of diagnostic EM should alarm us all, as misleading information on the presence of SARS-CoV-2 in tissue has already made its way into the scientific literature and seems to be perpetuated."

Source: (Why misinterpretation of electron micrographs in SARS-CoV-2-infected tissue goes viral - The Lancet)

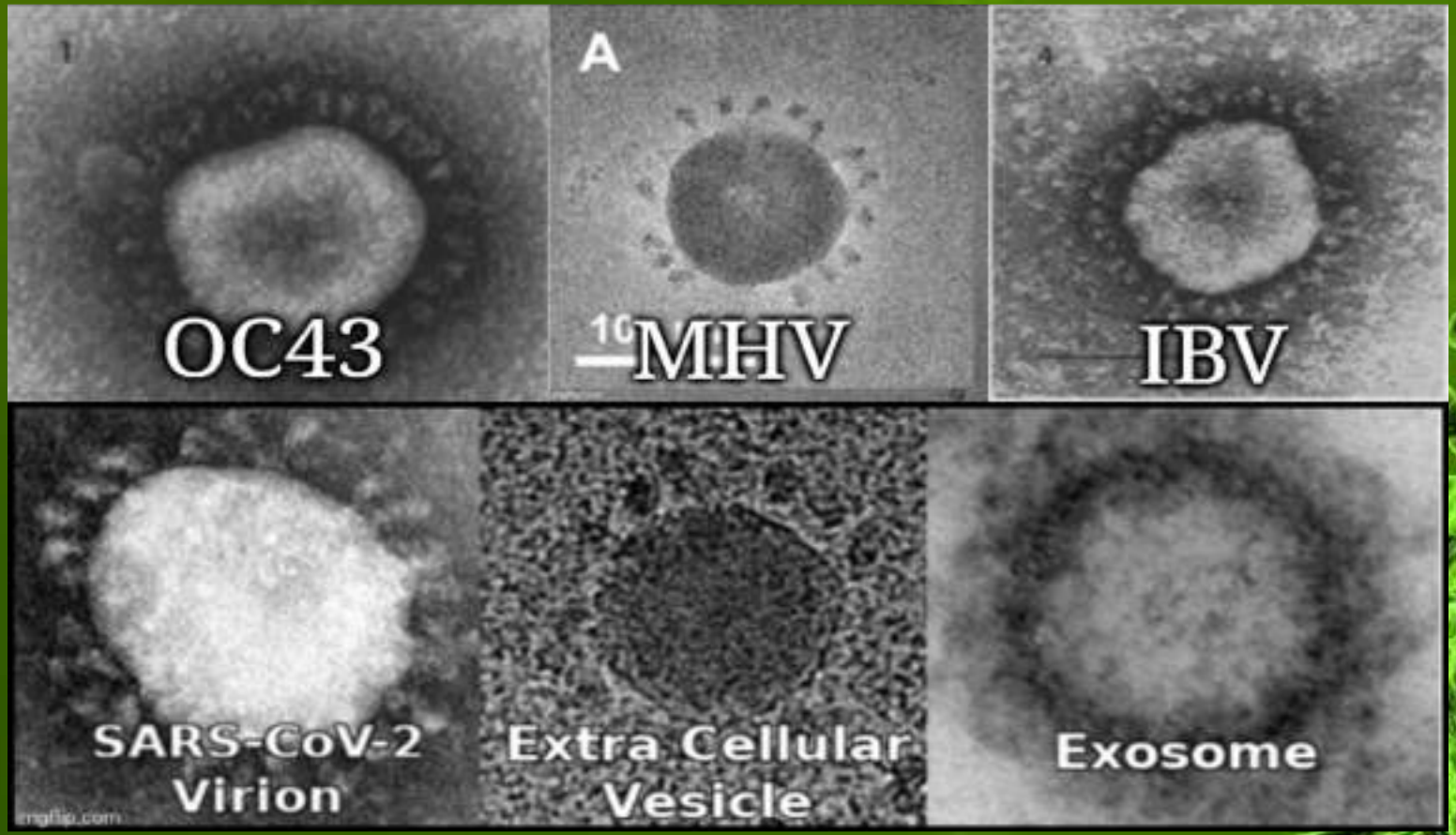
SARS-CoV-2 Virions or Ubiquitous Cell Structures? Actual Dilemma in COVID-19 Era

"Figure 1 Individual vesicle with electron-dense coat (arrowhead) located freely in the cytosol of endothelial cell in lung with positive reverse-transcriptase polymerase chain reaction (RT-PCR) for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) RNA (a) and in lung with negative RT-PCR for SARS-CoV-2 RNA (b). **Note similar morphology of the 2 structures in images (a) and (b), which could be virus or coated vesicle.** In view of the RT-PCR results, the observed structures **might be virus in image (a)** but not in image (b). Vacuole with many small vesicles inside the limiting membrane (arrow) in the cytosol of endothelial cell in lung with positive RT-PCR for SARS-CoV-2 RNA (c) and in lung with negative RT-PCR for SARS-CoV-2 RNA (d). Note again similar morphology of the 2 structures in images (c) and (d), **which could be a cluster of viral particles or multivesicular bodies (MVBs) with intralumenal vesicles inside.** In view of the RT-PCR results, the observed structures **might be a cluster of viral particles in (c)** but not in (d). (e,f) Structures resembling virions, coated vesicles or MVBs were observed in the cytosol of kidney podocytes in a SARS-CoV-2-positive patient but with negative RT-PCR for SARS-CoV-2 RNA. In view of the RT-PCR results, **the presented structures are not viruses but ubiquitous coated vesicles and MVBs."**



Source: (SARS-CoV-2 Virions or Ubiquitous Cell Structures? Actual Dilemma in COVID-19 Era - Kidney International Reports. kireports.org)

The ol' "Point and Declare" method



History of the cell-culture “isolation” method

John Franklin Enders and his “discovery” of the “measles virus” in the 1950s

Materials and methods. Collection* of *specimens. Throat washings, venous blood and feces were obtained from 7 patients as early as possible after a clinical diagnosis of measles was established. In 5 instances the time at which specimens were collected in relation to the onset of exanthem is given in the case histories described below or in Table I. When capable, patients were asked to gargle with 10-15 ml of sterile neutralized fat-free milk. Certain specimens from the throats of younger children were obtained by cotton swab previously moistened in milk. After swabbing the throat the swab was immersed in 2 ml of milk. Penicillin, 100 u/ml, and streptomycin, 50 mg/ml were added to all throat specimens which were then centrifuged at 5450 rpm for about one hour. Supernatant fluid and sediment resuspended in a small volume of milk were used as separate inocula in different experiments in amounts varying from 0.5 ml to 3.0 ml. About 10 ml of blood immediately after withdrawal were placed in tubes containing 2 ml of 0.05% solution of heparin. As inocula for tissue cultures amounts varying from 0.5 ml to 2.0 ml of the whole blood were employed. After addition of antibiotics as described above 10% fecal suspensions were prepared by grinding the material in bovine amniotic fluid medium. The suspensions were then centrifuged at 5450 rpm for about one hour and the supernatant fluids used as inocula, in amounts varying from 0.1 ml to 3 ml. All specimens were refrigerated in water and ice or maintained in the cold at about 5°C from the time of collection until they were added to the cultures. The maximum time that lapsed between collection of specimens and inoculation was 3 5 hours.

Tissue culture technics. In the initial isolation attempts roller tube cultures(1112) of human kidney, human embryonic lung, human embryonic intestine, human uterus and rhesus monkey testis were employed. Subsequent passages of the agents isolated were later at- tempted in human kidney, human embryonic skin and muscle, human foreskin, human uterus, rhesus monkey kidney and embryonic chick tissue. Stationary cultures prepared according to the technic of Youngner(13) with trypsinized human and rhesus monkey kidney were later employed for isolation of agents and their passage. The culture medium consisted of bovine amniotic fluid (go%), beef embryo extract (50/0), horse serum *(5%),* antibiotics, and phenol red as an indicator of cell metabolism(12). Soybean trypsin inhibitor was added to this medium unless it was used for the cultivation of human and monkey kidney

(11). Fluids were usually changed at intervals of 4-5 days. For histological examination the cell growth after fixation in 10% formalin was embedded in collodion, dehydrated and stained with hematoxylin and eosin.

History of the cell-culture “isolation” method

John Franklin Enders and his “discovery” of the “measles virus” in the 1950s

Throat, Blood and Poop Samples,

Milk,
Streptomycin
Penicillin
Bovine Amniotic Fluid
Beef Embryo Extract
Horse Serum
Formaldehyde
Hematoxylin
Eosin
Soybean Trypsin
Phenol Red
On a monkey kidney cell
CPE occurred
Fragments were called “viruses”

“The cytopathic changes it induced in the unstained preparations could not be distinguished with confidence from the viruses isolated from measles.” - Enders

Back to the ping-pong ball, brick wall analogy

By now, it should be very clear how the ping-pong ball, brick wall analogy relates to viruses and virology.

Virologists claim that these submicroscopic particles are what's causing the cell to break down, completely disregarding or holding to be negligible the other substances added to the culture.

The difference, though, is that with the ping-pong ball analogy, ***we know that the ping-pong ball is there.***

Virologists ***assume*** that the virus is present inside the fluids, but, as we've shown, never actually validate the presence of the viruses prior to adding to the sputum from a sick person to the culture. And, like the ping-pong ball analogy, they proceed to incorporate multiple confounding variables that clearly have a major effect on what's taking place.

Riddled with fallacious reasoning

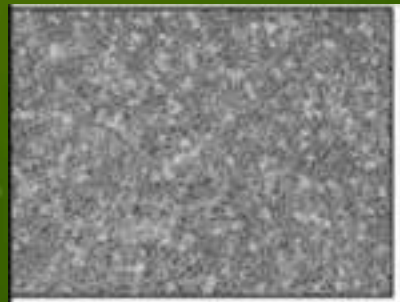
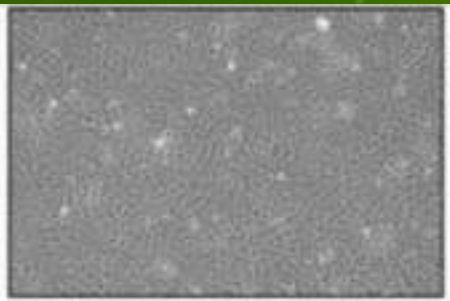
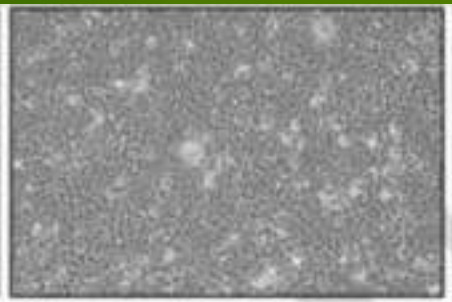
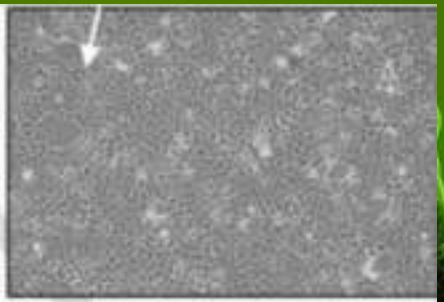
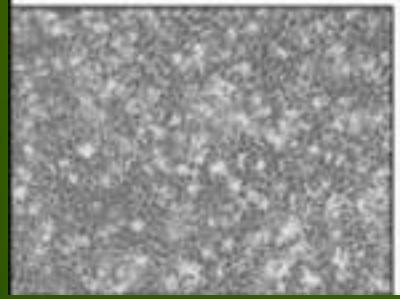
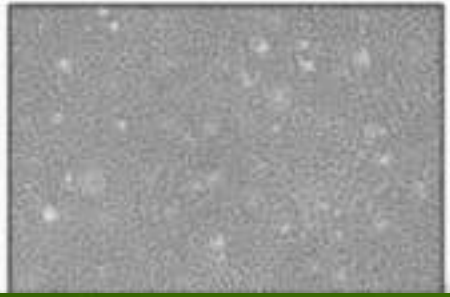
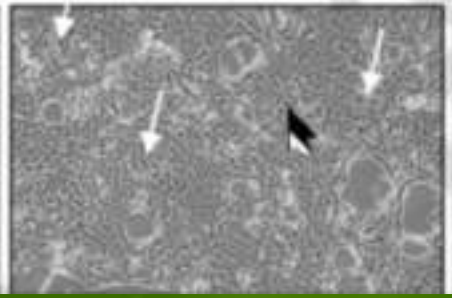
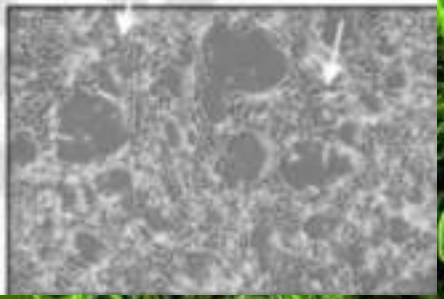
If you hypothesize **“X exists and causes Y”**, then you need to show that **X exists and directly observe X causing Y.**

You can’t say **“if X exists, then Y. Y, therefore X exist”** if you have never shown that X exists, and seen it causing Y. This is an affirming the consequent logical fallacy. In other words, you cannot say “if a virus exists, then disease will be present. Disease is present, therefore a virus exists.” **You are pointing to an effect (disease) and claiming it was caused by a virus.**

This is **very** simple. The claim is: **“a pathogenic virus exists in the fluids of a sick host.”** The natural and logical response to that claim is **“please provide proof that a pathogenic virus exists in the fluids of a sick host.”** That’s what we’re asking for. It is simple, and this evidence has *never* been shown.

Affirming the consequent

Stefan Lanka's Control Experiments

	Cell Culture +1 Antibiotic	Cell Culture with 10% FCS (fetal calf serum) +1 Antibiotic	Cell Culture with Minimal Nutrient Medium, 1% FCS, +3 Antibiotics	Cell Culture with Minimal Nutrient Medium, 1% FCS, +3 Antibiotics, +Yeast RNA
DAY 1				
DAY 5				
	No Cytopathic Effects	No Cytopathic Effects	Cytopathic Effects	Cytopathic Effects

What's Genomic Sequencing?

To understand what Genomic Sequencing is, we first must understand what they did with Covid-19. They received 1 sample from 1 patient out of 49 people thought to have a “new disease,” with no test available.

They took this patient’s unfiltered lung fluid sample and extracted all available pieces of RNA from the sample. To prepare the sample for the alignment process, only the short pieces of RNA were used. All other pieces of RNA were removed. The RNA is converted to cDNA by reverse transcription in two steps, one for each strand. The cDNA is then amplified with PCR prior to the high throughput mass tandem sequencing which yields short, 75-150 base pair, reads. They then input the cDNA into genomic sequences programs, Megahit and Trinity.

These two programs assembled a bunch of Contigs (possible Genome structures) made up of all the short RNA strands from the person, which numbered 56 million. The Trinity computer came up with 1,329,960 Contigs ranging from 201-11,760 base pairs, the Megahit computer came up with 384,096 contigs ranging from 200-30,474 base pairs. In layman’s terms, the computer generated almost 2 million possible Genome structures.
The longest contig (30,474 base pairs) was chosen, simply because it was the longest one, and this was said to be the genome of a “new virus”, SARS-CoV-2.

Stefan Lanka's Control Experiment, Phase 2&3

In Phase 2 of Stefan Lanka's control experiment, yeast RNA was added in an attempt to recreate the SARS-CoV-2 genome without a sample of sputum present.

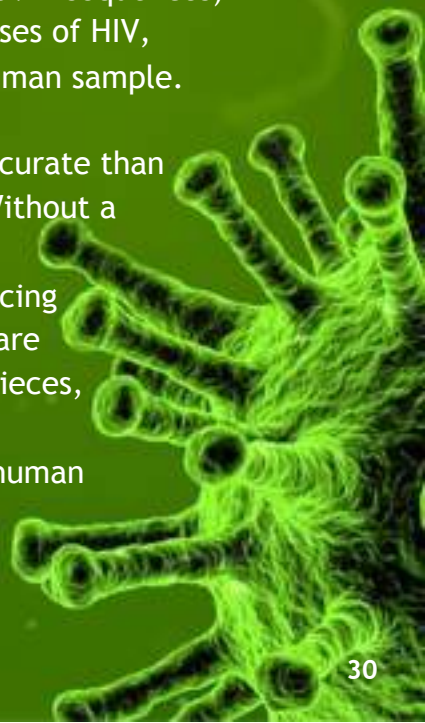
He succeeded.

In Phase 3, Stefan is attempting to show that, without any sample of sputum present, any viral genome can be created using the same alignment process- even while using Plant RNA and Healthy Human RNA.

It's been shown that the vast majority of the supposed "SARS-CoV-2 Genome" is actually human in origin, with tremendous overlap in the human genome, as well as ribosomal and bacterial sequences. They were also able to show the experiment was impossible to get the same result.

In addition to proving these sequences are not viral in origin, the team was able to generate genome sequences (with the published SARS-CoV-2 sequences) allegedly specific to the supposed viruses of HIV, Hepatitis, and Ebola from the same human sample.

In fact, they turned out to be more accurate than that of SARS-CoV-2 and SARS-CoV-1. Without a shadow of a doubt, this shows how fraudulent the entire Genomic Sequencing process is. Random sets of sequences are assembled from millions of different pieces, never from a virus particle. The final product never actually existed in the human sample, it was created out of nothing.



For more information, please visit: **https://brandfolder.com/s/3z266k74ppmnwkvfrxs6jjc**

What about all of the variants?

A variant is an exact repetition of that same experiment that created the original genome sequence, except that it's templated against the results of the SARS-CoV-2 genome rather than the SARS-CoV-1 genome.

The sample is validated prior, using a PCR assay which tests for existing human genetic material that is amplified. Every single result is going to be slightly different, because everyone's genetic material is different dependent on race, sex, health, terrain, etc.

The fact the experiment isn't exactly reproducible, means this is not a genome of anything.

Was this genome ever extracted from a virus particle? No.

Was a virus particle ever shown to be present in these samples and the cause of disease and sequenced to show this genome? No.

Both genomic sequencing and variants mean nothing, because the virus has never been shown to exist.

An Analogy for Genomic Sequencing

If I grabbed a bunch of random pieces of metal, bricks and cement from a waste pile and generated a replica of the Empire State Building on a computer using these pieces, was the Empire State Building always in that pile? Did I grab the building directly out of the pile of building materials, or did I assemble the building from random pieces of scrap?

That's what genomic sequencing is.

So if not a virus, what's making us sick?

poor nutrition
herbicides and pesticides
stress
mold
perpetual fear
overuse of pharmaceuticals
poor sleep
poor gut health
heavy metals
toxic skin products
EMF exposure
dental procedures
toxic air fresheners
toxic cleaning products
lack of community
overuse of antibiotics
overconsumption of sugar
pasteurized, inorganic dairy
fast food
processed foods
refined grains
lack of time in nature
lack of exercise
poor detox pathways
unhealed trauma
vegetable oils
toxic tap water
lack of minerals
soda
overconsumption of alcohol
smoking
poor oral hygiene
chemtrails
vaccines
and so many other things!

What about contagion?
The Rosenau Experiment, 1918-1919

- experiments conducted by the Public Health Service and the U.S. Navy at quarantine stations in Boston Harbor and Angel Island in San Francisco

- 100 volunteers from the Navy who had no history of influenza

    - A portion of volunteers received first one strain and then several strains of Pfeiffer bacillus by spray with atomizer and swab into their noses and throats and then into their eyes.

    - Others were inoculated with mixtures made from mucous secretions taken from the mouth, nose, throat and bronchi of influenza patients

    - Next, some volunteers received injections of blood from influenza patients.

    - 13 of the volunteers were taken into an influenza ward and exposed to 10 influenza patients each. Each volunteer was to shake hands with each patient and get as close as possible, to talk with the patient at close range for 5 minutes, and to permit the patient to breathe and cough directly into his face while
    - he breathed in. This process was repeated 5 times with each of the 10 patients.

What about contagion?

The Rosenau Experiment, 1918-1919

None of the volunteers in these experiments developed influenza.

"We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease." -Rosenau

Source: (https://zenodo.org/record/1505669/files/article.pdf?download=1)

What about contagion?

More examples:

- A set of 8 experiments were conducted in December of 1919 by McCoy et al. in 50 men to try and prove contagion.
  - Once again, all 8 experiments failed to prove people with influenza, or their bodily fluids cause illness.

    0/50 men became sick.

Source: (https://www.jstor.org/stable/30082102?seq=1#metadata_info_tab_contents)

- In 1919, Wahl et al. conducted 3 separate experiments to infect 6 healthy men with influenza by exposing them to mucous secretions and lung tissue from sick people.

  0/6 men contracted influenza in any of the 3 studies.

Source: (https://www.jstor.org/stable/30082102?seq=1#metadata_info_tab_contents)

What about contagion?

More examples:

- In 1920, Schmidt et al 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 **43** 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".**

Source: (https://pubmed.ncbi.nlm.nih.gov/19869857/)

What about contagion?

More examples:

- In 1921, Williams et al. 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.**

Source: (https://pubmed.ncbi.nlm.nih.gov/19869857/)

- In 1924, Robertson & Groves exposed 100 healthy individuals to the bodily secretions from 16 different people suffering from influenza. **The authors concluded that 0/100 became sick as a result of being exposed to the bodily secretions.**

Source: (https://academic.oup.com/jid/article-abstract/34/4/400/832936?redirectedFrom=fulltext)

- In 1937 Burnet & Lush conducted an experiment exposing 200 healthy people to bodily secretions from people infected with influenza. **0/200 became sick.**

Source: (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2065253/)

What about contagion?

More examples:

- In 1940, Burnet and Foley tried to experimentally infect 15 university students with influenza. **The authors concluded their experiment was a failure.**

Source: (https://onlinelibrary.wiley.com/doi/abs/10.5694/j.1326-5377.1940.tb79929.)

- "In 2003, Bridges *et al* reviewed influenza transmission and found **"no human experimental studies published in the English-language literature delineating person-to-person transmission of influenza."**

Source: (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2279112/)

- **Similar studies by Beare *et al* on other H1N1 viruses found 46 of 55 directly inoculated volunteers failed to develop constitutional symptoms. [6]. If influenza is highly infectious, why doesn't direct inoculation of a novel virus cause universal illness in seronegative volunteers?"**

Source: (https://pubmed.ncbi.nlm.nih.gov/7381437)

What about contagion?

More examples:

Chickenpox

Hess and Unger failed to produce varicella in normal children by inoculating them upon the mucous membranes of the nose and throat with vesicle lymph and material collected from the nose and throat of patients with chicken-pox, or by inoculating them intracutaneously, subcutaneously, or intravenously with fresh vesicle lymph.

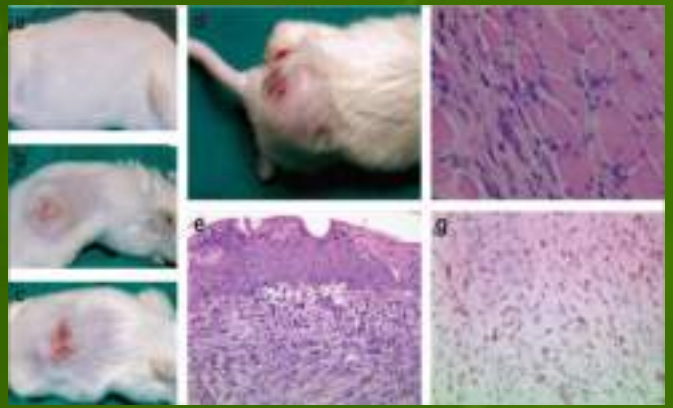
Source: (doi:10.1001/archpedi.1918.01910130041005)

Several observers (Lipschiitz, Meineri, and others) have made isolated attempts to inoculate human volunteers with herpes zoster, but always with negative results.

Source: (doi: 10.1084/jem.42.6.799.)

Natural vs. Artificial Routes for Infection

Does this reflect what supposedly happens in reality?
Are these methods to “prove” contagion natural?



The appearance of contagion

First and foremost, the burden of proof lies on those making the claims. Falsification does not require a replacement.

With that…

Most Likely

- Exposure to similar toxins
- Similar eating habits
- Shared emotional trauma
- FEAR/Nocebo Effect
- Shared exposure to non-native EMFs

Other possibilities

- Mirror Neurons
- Pheromones
- Bio-resonance

So, is the field of virology comprised of a dark cult of malicious actors who are all privy to a world-wide scheme to enslave humanity?

No! Overwhelmingly, virologists are well-intentioned people who think they're doing what's best, and simply haven't questioned the foundational procedures that were ushered in as accepted science with Enders in the 1950s.

They have been taught to accept that these procedures produce viruses without question, and have never been taught to question that fundamental, flawed presupposition.

Just as well-intentioned doctors, nurses, and other healthcare workers have been misled on vaccines, **virologists have been misled on viruses.**

“So what? Why is this important?”

Truth is important. Reality is important.

Additionally, all arguments on the effectiveness of masks, shots, social distancing, lockdowns, etc. are irrelevant when we understand that the evidence for pathogenic viruses is based on a pseudoscientific presupposition.

We will be playing this game forever- there will always be a new variant, new so-called pathogenic bio-weapon, a new deadly virus, and all of those measures will always be on the table until we are willing to question the initial premise and evidence that all of this is based on.

Click here for a frequently updated compilation of books, videos, pages, podcasts, and articles covering terrain and the pseudoscience of virology

About the Presenters

Jacob Diaz is just a normal guy who became enamored on the truths of nature, the body, and terrain-based medicine. He is an independent researcher who runs the Instagram Account: UnderCoverVirologist, which works to inform society on the lies of the germ theory, virology and the historical truth regarding terrain-based health.

Mike Donio holds a bachelor's degree in Biochemistry and Molecular Biology with a Minor in Chemistry from the University of Massachusetts and a master's degree in Biotechnology with a concentration in Biotechnology Enterprise from Johns Hopkins. He is an accomplished scientist with 20 years of experience in the biotech & pharmaceutical industry. His unique experience spans from working under a top infectious diseases doctor on HIV research to a Senior Scientist developing antibodies to treat cancer. Due to his deeply held religious beliefs he was let go from his most recent role for not complying with the Covid Vaccine policy.

Jordan Grant holds a bachelor's degree in finance from Texas A&M University and a doctor of medicine degree from Texas Tech University Health Sciences Center. He is currently a practicing urologist in Texas. He has long held an interest in philosophy— particularly the philosophy of science, and has taken an interest in the claims surrounding virology and the germ theory of disease.

Mike Stone was a personal trainer and nutritionist who transitioned into health and wellness coaching. He runs a blog known as ViroLIEgy.com which works to expose the lies of germ theory and virology using their own studies and sources.

Alec Zeck holds a bachelor's degree in Systems Engineering from the United States Military Academy at West Point. He is a speaker, writer, podcaster, and former Army Captain. He is the Executive Director and Founder of Health Freedom for Humanity (Hf4H), a non profit whose mission is to unite people from all walks of life under one common purpose: the reclamation and defense of health freedom.

Acknowledgments

We'd like to acknowledge the following men and women for their bravery and willingness to challenge the status-quo in raising awareness to the fallacious reasoning, misinterpretations, and pseudoscience of both virology and the germ theory of disease at large. The 5 of us are so grateful to have learned from and collaborated with these men and women, and urge those who've viewed this presentation to check out their work as well

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Dr. Mark Bailey
Sophia Baraldi
Tom Barnett
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Dean Braus
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Dr. Tom Cowan
Marcelina Cravat
Dr. Billy Demoss
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Dr. William Trebing
Dr. Amandha Vollmer
Michael Wallach
Mike Winner
Dr. Robert O Young
Dr. Steph Young