

It's all getting so ridiculous! - Part Two



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1. Bird Flu

In part one I showed that the MSM had stated in early February that the 'risk' of people spreading 'bird flu' to others was very low because the 'virus' would have to mutate significantly in order for this to happen.

It is therefore extremely surprising - or maybe not so surprising - that, less than a month later in an article entitled *Bird flu: UK health officials make contingency plans*, the BBC states that an 11-year old girl has allegedly died from H5N1 - the 'virus' that is claimed to cause 'bird flu'. But more importantly, the article states that, because her father also tested positive, there is a concern that person-to-person transmission is now possible,

“Investigators are working to establish if infected birds were the cause, rather than a case of human-to-human transmission.”

The main point to emphasise is that these claims about the girl and her father being 'infected' with H5N1 are wholly reliant on the results of 'tests'. But no 'test' has ever been proven to demonstrate the existence of any 'virus', because no particle that matches the establishment definition of a 'virus' has ever been observed as a distinct and completely separate entity; this was discussed in part one as well as many of my other articles.

The BBC article also states that the UKHSA is preparing for 'a worst-case scenario' - using modelling! But models are not reality. For any model to be useful it must be based on reality; therefore any model that is created on the idea that there are such entities as 'pathogenic viruses' must be regarded as irrelevant. Reality must precede the creation of a model; or the model will be utterly useless.

This therefore raises the question: What is going on?

There are reports that some birds, and even some animals, are displaying actual symptoms of ill-health and some are even dying in larger numbers than normal. However, these may be the only nuggets of 'truth' to be found in this story.

To discover why birds and animals are ill, if they are actually displaying symptoms, will require genuine investigations. But these investigations will require a full examination of the birds and animals as well as the environments they inhabit from the perspective of toxicology, **NOT** virology.

A more serious aspect of this story is that it is claimed that millions of domestic fowl have died as the result of H5N1 or 'bird flu'. This is a false claim; no bird has died of 'bird flu' because there is no such 'disease'. What has actually happened is that some birds have 'tested positive' and the rest of the flock has been destroyed, as indicated on the web page entitled *Bird flu: what is it and could it affect your chickens?* Under the heading *Can avian influenza in chickens be treated?* is the statement,

“There's no treatment. Once bird flu is identified as active, the entire flock must be culled. There are no halfway measures here.”

The problem is that the identification of an 'active' case is through a 'test'; but no test, whether PCR, antigen or antibody test, has any meaning with respect to an 'infection' with a 'virus'.

The scale of the problem in the US is reported to be huge, as indicated by an an article entitled *Avian Influenza Spread Wider and Wilder*, which states that,

“The 2022-23 outbreak has hit 317 commercial farms and has hit domestic birds in 47 states. So far, more than 58.5 million birds have been infected or culled over the past 10 months. At least 15 states have reported cases over the last month.”

There are many reasons that factory-farmed chickens may exhibit symptoms of ill-health, not least of which is that millions of them are cooped up in extremely unhealthy conditions and subjected to all kinds of 'treatments', including antibiotics, all of which will adversely affect their health.

In his extremely interesting and informative interview for the German online newspaper *Faktuell*, Stefan Lanka discussed the first ‘outbreak’ of ‘bird flu’ in 2005 and explained that it had nothing whatsoever to do with any so-called ‘virus’; the link to his interview can be found in the references at the foot of this article.

It is obvious that the propaganda about ‘bird flu’ represents a clear effort to control and reduce the food supply; a situation that will be used to promote the false idea that there is insufficient food to feed the ever-growing world population, which is a whole other topic, but is very much connected to the fallacious ‘bird flu’ narrative.

But domestic fowl are not the only birds claimed to be affected. According to the RSPB (The Royal Society for the Protection of Birds) web page entitled *Avian Flu*,

“Right now, avian flu is killing vulnerable and rare wild birds across the UK and worldwide. The disease has spread from Scotland, around England's coasts, reaching Cornwall and the Isles of Scilly, as well as Wales and Northern Ireland. You may have seen its devastating impacts in your area.”

The RSPB page also discusses the ‘signs’ of bird flu in wild birds, which include:

“Sudden and rapid increase in the number of birds found dead; swollen head; closed and excessively watery eyes; unresponsiveness; incoordination and loss of balance, tremoring; drooping of the wings and/or dragging of legs; twisting of the head and neck; haemorrhages on shanks of the legs and under the skin of the neck; respiratory distress such as sneezing or gurgling; discoloured or loose watery droppings. Some species (for example ducks and geese) may show minimal clinical signs.”

As has been repeatedly stated, there is no evidence that any ‘virus’ can cause these or any other ‘signs’. Nevertheless, there are many toxins that could be responsible for what is happening to various wild bird populations. Unfortunately, it is impossible to state what those toxins are, although I would suggest that environmental toxins, especially those being sprayed into the air, would be high on the list of likely candidates. But whilst the emphasis is on so-called ‘viruses’, the real causes will never be known, because they won’t be investigated. The deflection of attention away from these real causes is deliberate of course, because the ‘would-be controllers’ do not want people to have this information!

Therefore, unless and until toxicological investigations are conducted, we will never know for certain which harmful toxins are affecting the wild bird populations, but we can certainly hazard a few educated guesses - geoengineering activities and non-native EMFs for example, would certainly feature on that list!

2) Stomach flu

The ‘stomach flu’, which is sometimes referred to as a ‘stomach bug’, is claimed to be caused by ‘norovirus’, as discussed in part one. It is still reported to mainly affect the US at the moment, although this could quickly change if that would suit the ‘narrative’.

One aspect of this ‘story’ relates to the development of a vaccine, although it would seem that this ‘virus’ poses some difficulties for the research community, as indicated by a December 2021 article entitled *Norovirus Vaccines: Current Clinical Development and Challenges*, the abstract of which begins with the following,

“Noroviruses are the major viral pathogens causing epidemic and endemic acute gastroenteritis with significant morbidity and mortality. While vaccines against norovirus diseases have been shown to be of high significance, the development of a broadly effective norovirus vaccine remains difficult, owing to the wide genetic and antigenic diversity of noroviruses with multiple co-circulated variants of various genotypes.”

A thorough and very detailed analysis of the ‘science’, or rather lack thereof, behind the discovery of ‘norovirus’ was conducted by Mike Stone at Viroliegy; the link to his March 2022 article entitled *The Notorious NoV* is included in the references at the foot of this article.

The symptoms associated with ‘stomach flu’, especially vomiting and diarrhoea, are produced by the body for the purposes of expelling substances it recognises as ‘toxic’ and therefore harmful. A more correct name for this condition is ‘food poisoning’ - the clue really is in the title!

The question is therefore: What is the purpose of this story about increased cases of norovirus?

There would seem to be two reasons, although there may be others that are not obvious at the moment. One reason is simply to justify vaccine research and development, which attracts huge amounts of funding and provides ‘work’ for many people, as well as the development of new forms of technology. The equipment used in research laboratories is certainly impressive, but useless if the experiments for which they are utilised are based on an unproven theory.

The other possible purpose for the focus on a ‘virus’ is to deflect attention away from the many sources of ‘poisons’ that are the genuine contributory factors for illness, by maintaining the belief in invisible enemies that can attack people and cause them to be ill.

It is impossible to know what sources of ‘poisoning’ could be implicated for any single person because we are all exposed to various ‘toxins’, as well as different combinations of toxins, that could contaminate our food. These would include agricultural chemicals such as pesticides, food additives used in manufactured food products and toxic cleaning chemicals used for ‘disinfection’ purposes within the food and drink service industry, to name just a few. They may also include toxic substances that enter the food chain via the atmosphere.

A particularly interesting comment in the article cited in part one entitled *Have YOU caught the stomach flu recently? Cases are rising across the US, CDC warns — here's what to know about the symptoms and treatments* is that,

“Norovirus can spread all year round, but cases tend to rise in the late winter driven by more social events spurred by the warming temperatures.”

Are they suggesting that ‘norovirus’ is connected to ‘climate change’?

It would seem so, but ‘warming temperatures’ do not cause illness. Furthermore, increased levels of CO₂ are not the cause of ‘climate change’. Yes the climate changes, but CO₂ is not the driving force, nor has it been proven to be a relevant factor. It is clear that there are efforts to associate ‘disease’ with ‘climate change’, but it requires a separate article to do justice to this topic.

3) Marburg

Strangely, Marburg ‘virus’, which is claimed to be related to the ‘Ebola virus’, is not allocated a disease label. Importantly, however, as discussed in part one, it is claimed to have a nearly 90% fatality rate.

According to a 17th February article entitled *An outbreak of the deadly Marburg virus has been confirmed. Here's what you need to know*, the ‘Marburg virus’ is not airborne; however,

“The virus spreads between humans through direct contact with blood or other bodily fluids of an infected individual, or with surfaces contaminated with the virus, such as clothing or bed sheets.”

The article also makes an interesting comment that may indicate what lies behind this alleged ‘outbreak’,

“According to the World Health Organization (WHO), people can contract the virus through prolonged exposure in mines or caves where the bat colonies live.”

The point to focus on is not the ‘viruses’ or even the bats, but the mines themselves, because mining is recognised to be a very hazardous occupation. Of particular significance is that Equatorial Guinea recently signed a number of new mining contracts, as disclosed in a May 2020 article entitled *Equatorial Guinea mines ministry signs first mining contracts*. This region is reported to be rich in natural resources, such as gold, bauxite, precious metals and rare earth minerals, all of which feature in the mining contracts.

It should also be noted that, according to the 17th February article cited above,

“WHO said it is sending medical experts to help local officials in Equatorial Guinea, along with protective equipment for hundreds of workers.”

It seems appropriate to wonder whether these ‘medical experts’ will be the EIS officers of the CDC who are trained to only consider ‘infectious agents’ when dealing with so-called outbreaks and never to contemplate the hazardous materials involved in mining operations.

In addition, it is not beyond the realm of possibility that these sorts of interventions, which are implemented under the guise of assistance in matters of ‘public health’, may facilitate certain political agendas. For example, could it be possible that these teams of ‘medical

experts' may include other kinds of 'experts' that have an interest in the area that may not be related to 'public health'? I would suggest that it is possible. Further discussion of this is outside the intended scope of this article, but it may be worth further investigation!

4) Syphilis

According to the CDC web page entitled *Syphilis - CDC Detailed Fact Sheet*,

“*Treponemal* tests detect antibodies that are specific for *syphilis*. These tests include TP-PA, various EIAs, chemiluminescence immunoassays, immunoblots, and rapid treponemal assays. Treponemal antibodies appear earlier than nontreponemal antibodies. They usually remain detectable for life, even after successful treatment.”

This statement highlights a fundamental contradiction. The presence of 'treponemal antibodies' is interpreted to mean that the person has been 'infected'. If this is the case, then how can the 'treatment' be regarded as 'successful' if these antibodies remain 'detectable'? This situation would surely mean that any subsequent tests would always produce a 'positive' result, so a person can never be free of the diagnosis or treatment - or is that the intended outcome?

The truth is that 'syphilis' is not caused by a bacterium; it therefore cannot be 'detected' by any test. Furthermore, no antibodies have ever been proven to be specific to any disease or to any 'pathogenic agent'.

The question to be asked is therefore: Why is syphilis receiving this increased attention?

Part one indicated that one reason may be to scare new parents into agreeing to allow their babies to be tested and, if the 'test' provides a 'positive' result, to be treated with toxic antibiotics. This is of course a good business model that ensures an ongoing customer base that starts from birth.

However, the CDC web page makes the comment that,

“During 2020, there were 133,945 new cases of syphilis (all stages). Men who have sex with men (MSM) are experiencing extreme effects of syphilis. They account for 43 percent of all primary and secondary syphilis cases in the 2020 STD Surveillance Report.”

This is clearly a direct assault on homosexual men.

As discussed in part one, there is no evidence that any ‘disease’ is caused by any bacterium and this includes what is called ‘syphilis’ - or any other so-called STD for that matter. The idea that any ‘disease’ can be transmitted sexually may be a way to discourage procreation, which would make it another facet of the ‘depopulation’ agenda.

In his long and extremely interesting essay entitled *SYPHILIS: Is it a Mischievous Myth or a Malignant Monster*, Herbert Shelton refers to the alleged origin of the disease as a condition that the Conquistadors brought back from the New World and spread within Europe. He states that,

“The point I want the reader to get firmly in mind is this: Today, after nearly four hundred years of intensive farming of the idea that there is a disease called "syphilis", the best physician living cannot diagnose the disease without the aid of a serologic test; physicians of the past, who had no such tests and were equally unable to diagnose the disease, created the disease for us. They drew it out of their imagination—what they did not produce with their heroic drugging. Because it is a complex tissue of fallacy, no physician has ever dared to accept my challenge to prove that the disease exists.”

His essay was written in 1962, but nothing has happened in the intervening decades to prove that such a ‘disease’ exists. It is simply another fear-based propaganda weapon.

5) Cholera

In part one, I referred to the WHO claim that there are multiple ‘outbreaks’ of cholera; a situation that permits the use of the term ‘epidemic’.

In addition to the areas affected by the recent earthquake, one of the other areas claimed to be affected is Mozambique, as indicated by the WHO Disease Outbreak News page entitled *Cholera - Mozambique*, which states that,

In Mozambique, an outbreak of cholera has been growing exponentially since December 2022 with geographic spread to new districts. Heavy rainfall in the first weeks of February threatens to further worsen the situation.”

Interestingly, Mozambique, which is described as a poor country, is nevertheless rich in resources, which begs the question: how can this be the case? How can a country so rich in resources be so poor? The methods by which ‘wealth’ are assessed are determined by the World Bank, an organisation that is part of what I call the ‘would-be controllers’. Details about Mozambique’s resources are provided on the Statista web page entitled *Mining and mineral resources in Mozambique - statistics & facts*, which states that,

“Mozambique's primary mineral resources include graphite, bauxite, gold, and precious stones. The African country also holds significant reserves of coal and natural gas. Extractive resources have, therefore, the potential to unlock Mozambique’s economic progress, as the country remains one of the poorest nations in Africa.”

Could this be yet another case of the ‘would-be controllers’ using an alleged ‘health emergency’ to justify their intervention, in order to gain a foothold in a poor country and take control over their resources?

6) Fungi

The story discussed in part one about the *Cordyceps* fungus that parasitises wasps, clearly promotes the theory of evolution and the notion that living organisms can ‘mutate’ into monsters and kill us all. This is pure science fantasy of course, but the *Cordyceps* story serves to provide a ‘real life’ example of a parasite that kills the host, even though this situation is acknowledged to be rare.

The idea that fungi are ‘parasites’ and inherently ‘pathogenic’ is false. However, it was inevitable that fungi would join the list of the other so-called ‘pathogens’, in order to keep the fear-mongering narrative alive.

Although, as I showed in part one, it is acknowledged that fungi ‘rarely’ cause disease, there are claims that certain fungal species can do so. Unfortunately, the article entitled *Could a parasitic fungus evolve to control humans?* cited in part one claims that,

“The idea is that a fungal species could evolve to infect humans and that scientists think that...”

There is one fungal species capable of infecting people that scientists think may have resulted from warming temperatures, called *Candida auris*.”

Notice that these ‘scientists’ only *think* that these infections are because of warming temperatures. I would like to see evidence of this claim and the experiments they performed to test this hypothesis! But I won’t hold my breath. It is important to note the persistent references to ‘warming temperatures’ in these stories; even though there is more than ample data that show the trend is moving towards a period of cooling.

Nevertheless, *Candida auris* is perceived to be a serious problem, as indicated by a December 2022 CDC web page entitled *Candida auris* that states,

“*Candida auris* is an emerging fungus that presents a serious global health threat.

The CDC web page entitled *General Information about Candida auris*, states that,

“Most *C. auris* infections are treatable with a class of antifungal drugs called echinocandins. However, some *C. auris* infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat.

The real reason for this ‘difficulty’ is because the medical establishment is operating from a completely false basis; fungi do not infect the body and cause ‘disease’. Furthermore, as with most drugs intended to treat ‘infectious diseases’, anti-fungal drugs are developed as a method of killing the alleged ‘pathogen’ or blocking its perceived ‘harmful’ activity in the body. This means of course that these drugs are inherently toxic to ‘living organisms’; and fungi are definitely living organisms. Also, like bacteria, they are normal inhabitants of the human body, as stated in a May 2013 article entitled *The emerging world of the fungal microbiome* that states,

“Every human has fungi as part of their microbiota...”

Fungi perform an important function in the environment; like bacteria, they are decomposers, in other words, they break down dead and dying matter and wastes. And, again like bacteria, they perform the same function within the human body. The presence in the body of fungi, erroneously referred to as an ‘infection’, is an indication that there is an excess of waste matter that needs to be broken down and eliminated.

One of the contributory factors to the presence of excess waste matter in the body is tissue that has been damaged by toxic pharmaceuticals, including anti-fungal drugs!

It is obvious that there is an increased level of fear-mongering about ‘germs’ of all kinds that can attack and kill us, but there may be other reasons for the promotion of this story about ‘dangerous fungi’. One possibility is to promulgate the notion that the ‘natural world’ is a hostile environment that harbours these ‘pathogens’ that may be able to ‘mutate’, invade our bodies and make us all into zombies - so we need to be protected from them.

The ‘solution’ to this is to convince us that we need to be ‘kept safe’ - which means kept away from the countryside. This is of course the justification for herding us into ‘smart cities’, where we can be tracked, traced and controlled.

As with everything else in the agenda of the ‘would-be controllers’, their ideas are not for our benefit. The countryside is not hostile; it is beneficial for our bodies and minds and also for our ability to take and maintain responsibility for our lives.

In Summary

The purpose of this article, as with all my articles, is not to add to the fear-mongering but instead to provide information for people, because it is only when we have all of the information we need that we can make truly informed decisions.

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