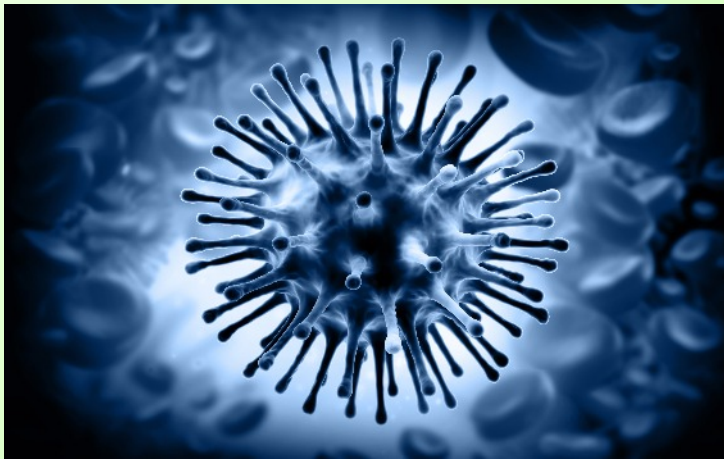


The Contagion Myth



**Thomas Cowan
And
Sally Fallon Morell**

The Contagion Myth
Why Viruses (including "Corona-virus")
Are Not the Cause of Disease.

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And

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Blackwell Co.



Summary

- 1) Spanish flu was not contagious. M J Rosenau, “Experiments to Determine Mode of Spread of Influenza,” *Journal of the American Medical Association* 73, no. 5 (August 2, 1919): 311–313).
- 2) Scientists have discovered that viruses, like the once-maligned bacteria, play a beneficial role but old ideas, especially ideas that promise profits from drugs and vaccines—the “one bug, one drug” mentality—die hard.
- 3) For more than thirty-five years, Dr Thomas Cowan (author) says that he has read countless articles, books, papers, and documents about the lack of connection between **HIV** and **AIDS**.
- 4) It is my hope that out of this so-called viral pandemic event, a new way of life will emerge in a world free of poisoned food, poisoned water, and the poisonous and false germ theory.
- 5) Again, this book’s central claim is that no disease attributed to bacteria or viruses has met all of Koch’s postulates or all of Rivers’ criteria.
- 6) Since Pasteur’s day, no one has demonstrated experimentally the transmissibility of disease with pure cultures of bacteria or viruses.
- 7) Illness has followed 5G installation in all the major cities in America.
- 8) Countries without 5G, such as Guyana, Suriname, French Guiana, and Paraguay have not reported any cases. Paraguay is doing what all countries should do—building a national fibre optics network without resorting to 5G.
- 9) a Spanish epidemiologist, has charted the rollout of 5G in European cities and countries with cases per thousand people and demonstrated “a clear and close relationship between the rate of coronavirus infections and 5G antenna location.”²⁴ (Bartomeu Payeras I Cifre, “Study of the correlation between cases of coronavirus and the presence of 5G networks,” trans. [Claire Edwards \(March-April 2020\)](#),

10) Shouldn't we test to see whether this virus is actually contagious before we mandate social distancing and prescribe face masks?

11) A clear, direct, one-to-one relationship between pesticides and polio over a period of thirty years, with pesticides preceding polio incidence in the context of the [central nervous system]-related physiology —leaves little room for complicated virus arguments, even as a cofactor.

12) Dentist Weston A. Price observed that African tribesmen living on traditional foods seemed immune to the diseases in Africa, even though they went barefoot, drank unsanitary water, and lived in areas that swarmed with mosquitos.

13) With the results of the genetic tests, all thesis of existence of measles virus has been scientifically disproved.”⁵⁸ (James Herer, “Microbiologist and Virologist Dr. Stefan Lanka: ‘Viruses Do Not Cause Diseases and Vaccines are Not Effective,’” [Weblyf](#).)

14) In spite of forty years of research, no one has isolated an HIV virus from any bodily fluid of a person suffering from AIDS. Not once.

15) Needless to say, researchers have yet to prove that a virus causes any of the following conditions; Polio, HPV (Human Papilloma Virus), HIV, AIDS, hepatitis C, SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome), bird flu, swine flu, Ebola, and Zika.

16) See the brilliant paper “Covid-19 PCR Tests are Scientifically Meaningless,” by Torsten Engelbrecht and Konstantin Demeter.⁸ (Torsten Engelbrecht and Konstantin Demeter, “COVID-19 PCR Tests Are Scientifically Meaningless,” [Off Guardian, June 27, 2020](#).)

17) John Magufuli, president of Tanzania, may be the wisest world ruler alive today. A chemist by training, Magufuli submitted samples to the World Health Organization (WHO) for Covid-19 testing. Said Magufuli, “We took samples from goats; we sent samples from sheeps; we took samples from pawpaws; we sent samples from car oil; and we took samples from other different things; and we took the samples to the laboratory without them knowing.” His officials named the sample of car oil Jabil Hamza, thirty years old, male. The results came back negative.

They named a sample of jackfruit Sarah Samuel, age forty-five, female. The results came back inconclusive. Pawpaw got sent in as Elizabeth Ane, twenty-six years old, female. The poor pawpaw came back positive. Samples from a bird called kware and from a goat also tested positive; rabbit was indeterminate; sheep was negative. 15 (Jessica Lee, “Did Tanzania’s President Expose Faulty COVID-19 Testing by Submitting Non-Human Samples?” [Snopes, May 7, 2020](#), President Magufuli is not wasting any government money on testing for his people, but in the West, governments have spent millions for the PCR test kits.

18) The germ theory is wrong; the virus theory is wrong. Viruses are not here to kill us; in reality they are exosomes whose role is to provide the detoxification package and the communication system that allows us to live a full and healthy existence. A war on viruses is a war on life.

19) So how do we adapt? Our threatened cells produce exosomes containing DNA and RNA, which have a unique resonance. The pattern of this genetic material will quickly pass to others through resonance (especially if they are in close contact). This is the role of “viruses” in nature; they are physical-resonance forms of genetic material that code for changes happening in the environment. They provide real-time genetic adaptation. It’s a totally ingenious system that we have missed by assuming that viruses are hostile and dangerous. A war on viruses is nothing more than a war on the forward evolution of humanity.

20) If the practice of medicine were conceived properly in the Western world, doctors would begin by ascertaining four basic factors:

- 1) the quality of the water their patients drink; W
- 2) the quality of the food they eat; E
- 3) the level and type of toxins, including mental and emotional toxins, to which they are exposed; and finally; T
- 4) the level and type of EMFs (electromagnetic fields) to which they are subjected. E

WETE

The vast majority of medical problems can be understood by gathering patient information on these four areas, and the vast majority of health problems can be helped or even solved, by “re-mediating” these four core issues.

21) Toxins and EMFs damage the gel (of Exclusion Zone water) in our cells, interfering with virtually every physiological process. This damaging of the gels is a huge factor in disease; in essence, it is the unified field principle behind health and illness. Toxins and EMFs cause cataracts and pain in joints for this reason. This is why we all need organic food (grown without toxic pesticides).

22) Watering plants with oxygenated water stimulates the growth of healthy aerobic bacteria in the soil. Plants don't primarily eat or absorb nutrients from the soil; rather, they (like us) eat the “waste products” of the bacteria in the soil. If we feed the microbes in the soil healthy nutrients including oxygen, the healthiest microbes will flourish. These put out the healthiest nutrients, which are absorbed by the plants to create healthy, flourishing plants.

23) Microorganisms that don't have enough oxygen become anaerobic and produce toxins that cause diseases like botulism, tetanus, cholera, and typhus.

24) Currently most people consume devitalised industrially produced food and oxygen-deficient water; antibiotic use is rampant, and most people therefore have a predominance of toxic, disease-causing anaerobic bacteria in their GI (Gastro Intestinal) tract. And, after all this we blame our illnesses on a virus that we can't even find!

25) Having adequate saturated fat in our cell membranes is especially important in the Internet age because 5G and other EMFs increase the permeability of the cell membrane,1.

26) Plant foods like beans, nuts, and grains tend to be high in copper, and a high copper-to-zinc ratio can dispose one to electromagnetic [sensitivity](#).

27) A toxin, one that highly impacts our response to electromagnetic radiation, is aluminium, with an electrical conductivity only slightly less than that of copper.

28) An undisclosed source of aluminium is marijuana. Users can absorb as much as 3,700 micrograms of aluminium per joint, representing “a significant risk factor for neuro-degeneration,” and vaccinations especially the latest HPV Gardasil 9. 23 (C Exley et al, “Aluminium in Tobacco and Cannabis and Smoke Related Disease,” American Journal of Medicine 119 (2006): 276.e9-276.e11.) 29) The amount of Aluminium injected into babies via multiple vaccinations exceeds anything that can be considered safe.

30) The Covid-19 “viruses” of course are exosomes trying to remove toxins from the lung cells; but they are apparently no match for serious EMR poisoning, which seems to completely disrupt the structure of lung cells.

31) Nearly all victims of COVID have comorbidities such as obesity, diabetes, high blood pressure, and heart disease, which means they are probably taking several toxic drugs, like metformin for diabetes, ACE-2 inhibitors for high blood pressure, and statin drugs to lower cholesterol.

32) A key symptom of Covid-19 is prolonged and progressive hypoxia—meaning that the body is starved for oxygen. This happens when the haemoglobin molecule releases its iron molecule. Unattached iron in the bloodstream is reactive and toxic, but normally iron is tucked away in the haemoglobin molecule—the iron is caged, so to speak, and carried around safely by haemoglobin. (Vitamin C has an important role to play in cleaning up rampaging iron ions.)

33) The conventional explanation for the release of iron from haemoglobin is the action of glycoproteins in the corona virus—but the action of 5G’s millimetre waves is an equally good explanation, especially those at 60 GHz, which disrupt oxygen molecules. An interesting observation about lung malfunction in Covid-19 patients is that it is bilateral (both lungs at the same time), whereas ordinary pneumonia typically affects only one lung.¹⁸ (“COVID-19 Had Us All Fooled, But Now We Might Have **Finally Found Its Secret**,” What kind of virus knows to attack both lungs?

34) A study from Wuhan showed that more than one-third of corona virus patients had neurologic symptoms including dizziness, headaches, impaired consciousness, skeletal muscle injury, and loss of smell and taste—and more rarely seizures and stroke.¹⁹ This is not your normal flu, this is a serious disease.

35) Dr. David Brownstein reports no hospitalizations in eighty-five patients diagnosed with either Covid or suspected Covid using vitamins A, C, and D, hydrogen peroxide, and iodine, while advising patients to avoid the flu vaccine.²⁸ (Dr. David Brownstein, “85 COVID Patients at The Center for Holistic Medicine: Zero Hospitalizations and No Deaths,” LewRockwell.com, April 11, 2020,

36) P 89. The fact that no explosion of cases occurred in large cities after the Memorial Day protests has puzzled health officials. Areas of unrest like New York, Chicago, Minneapolis, and Washington, DC did not see any increase in cases even though thousands of protesters did not wear masks nor practice social distancing.

37) A study published in May 2020 in Emerging Infectious Diseases reviewed the evidence for the effectiveness of “non pharmaceutical personal protective measures and environmental hygiene measures in non-healthcare settings.” The evidence from fourteen randomised controlled trials of these measures did not find that hand washing, environmental hygiene, or use of face masks had any effect on reducing transmission of so-called infectious diseases (J Xiao et al, “Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures,” Emerging Infectious Diseases 26, no. 5 (May 2020).)

38) P 91. An article published at GreenMedInfo.com lists thirteen studies showing that social distancing increases mortality in heart patients and those with diabetes, causes depression, and generally shortens life.⁴⁴ (Zy Marquiez, “3 Studies Reveal How Social Distancing (i.e. Social Isolation) Can Increase Mortality | #Social Distancing,” GreenMedInfo.com, April 3, 2020, 39) In June, the WHO said “From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual.”⁴⁵ (Peter Sullivan, “WHO official:

Asymptomatic spread of coronavirus ‘very rare,.’” [The Hill, June 8, 2020](#),

40) Even with the virus theory—masks, social distancing, and lockdown make no sense.

41) In 1831, a smallpox outbreak in Wurtemberg, Germany, claimed the lives of almost one thousand people who had received a vaccination; and in the same year, two thousand vaccinated people in Marseilles,

42) In 1854–1863, following the introduction of compulsory vaccination programs in Europe, smallpox claimed over thirty-three thousand lives, and other epidemics followed, epidemics in which thousands of vaccinated people died.

43) Compulsory vaccination laws in England were repealed in 1907, by that time their failure too obvious to disguise.

44) We know that these millimetre waves interfere with the availability of oxygen in the atmosphere and hence will also interfere with the ability of the mitochondria (bacteria) in our tissues to convert oxygen into energy. This is the main feature of 5G, exacerbated by Aluminium poisoning, glyphosate poisoning, general air pollution, and all the many other toxins in our modern world—all contributing to the symptoms of “Covid-19” (and Long Covid which resembles Chronic Fatigue Syndrome).

45) Humanity is at a crossroads, and although we can present mitigation strategies that transform the energy fields that constitute 5G technology (see Appendix B), we should be clear. “Covid-19” is the first wave of disease created by the introduction of this new technology. It is only the tip of the iceberg. Officials warn us that more waves are coming. They know. They are replacing the wisdom of God with the folly of man. It’s time for humanity to wake up, grow up, and to find the courage to stop this menace.



ABOUT THE BOOK.

FOR READERS OF **PLAGUE OF CORRUPTION**, Thomas S. Cowan, MD, and Sally Fallon Morell ask the question: are there really such things as "viruses"? Or are electro smog, toxic living conditions, and 5G actually to blame for COVID-19?

The official explanation for today's COVID-19 pandemic is a "dangerous, infectious virus." This is the rationale for isolating a large portion of the world's population in their homes so as to curb its spread. From face masks to social distancing, from anti-virals to vaccines, these measures are predicated on the assumption that tiny viruses can cause serious illness and that such illness is transmissible person-to-person.

It was Louis Pasteur who convinced a sceptical medical community that contagious germs cause disease; his "germ theory" now serves as the official explanation for most illness. However, in his private diaries he states unequivocally that in his entire career he was not once able to transfer disease with a pure culture of bacteria (he obviously wasn't able to purify viruses at that time). He admitted that the whole effort to prove contagion was a failure, leading to his famous death bed confession that "the germ is nothing, the terrain is everything."

While the incidence and death statistics for COVID-19 may not be reliable, there is no question that many people have taken sick with a strange new disease—with odd symptoms like gasping for air and "fizzing" feelings—and hundreds of thousands have died. Many suspect that the cause is not viral but a kind of pollution unique to the modern age—electromagnetic pollution. Today we are surrounded by a jangle of overlapping and jarring frequencies—from power lines to the fridge to the cell phone. It started with the telegraph and progressed to worldwide electricity, then radar, then satellites that disrupt the ionosphere, then ubiquitous Wi-Fi. The most recent addition to this disturbing racket is fifth generation wireless—5G. In *The Contagion Myth: Why Viruses* (including

Coronavirus) are Not the Cause of Disease, bestselling authors Thomas S. Cowan, MD, and Sally Fallon Morell tackle the true causes of COVID-19. On September 26, 2019, 5G wireless was turned on in Wuhan,

China (and officially launched November 1) with a grid of about ten thousand antennas—more antennas than exist in the whole United States, all concentrated in one city. A spike in cases occurred on February 13, the same week that Wuhan turned on its 5G network for monitoring traffic. Illness has subsequently followed 5G installation in all the major cities in America.

Since the dawn of the human race, medicine men and physicians have wondered about the cause of disease, especially what we call “contagions,” numerous people ill with similar symptoms, all at the same time. Does humankind suffer these outbreaks at the hands of an angry god or evil spirit? A disturbance in the atmosphere, a miasma? Do we catch the illness from others or from some outside influence?

As the restriction of our freedoms continues, more and more people are wondering whether this is true. Could a packet of RNA fragments, which cannot even be defined as a living organism, cause such havoc? Perhaps something else is involved—something that has upset the balance of nature

and made us more susceptible to disease? Perhaps there is no “corona virus” at all; perhaps, as Pasteur said, “the germ is nothing, the terrain is everything.”



CONTENTS

PREFACE

INTRODUCTION

Part 1: EXPOSING THE GERM THEORY

CHAPTER 1: CONTAGION

The ping-pong ball and the wall; Koch's postulates; Rivers' postulates; Louis Pasteur and how he cheated.

CHAPTER 2: ELECTRICITY AND DISEASE

Early electrical experiments; global electrification and influenza; worldwide radio and the Spanish flu; the Spanish flu was not contagious; cell phones and increased death; 5G implementation and the spread of Covid19; symptoms of electrical sensitivity; evidence of harm from millimetre wave technology.

CHAPTER 3: PANDEMICS

Comets and the Black Death; insect poisons and environmental toxins; Dr. Charles Campbell solves the riddle of smallpox; bats against mosquitoes; Robert Koch on TB and how he cheated; Dr. Weston Price's observations on TB; polio and DDT; vaccine-induced paralysis; Native American diseases; Stefan Lanka and the measles virus.

CHAPTER 4: FROM AIDS TO COVID

From the War on Cancer to the War on AIDS; the true causes of AIDS; AZT for AIDS patients; outbreak of Covid in Wuhan; Chinese research does not find a virus.

CHAPTER 5: TESTING SCAM

The Alice-in-Wonderland world of corona virus testing; the story of Stefan Lanka; the failed hunt for the corona virus; the PCR test versus the gold standard; antibody testing.

CHAPTER 6: EXOSOMES

Louis Pasteur and the contagion theory; social Darwinism; microscopes and germs; exosomes are viruses; fear and stress produce exosomes; nature a cooperative venture.

CHAPTER 7: RESONANCE

Virology and the fork in the road; the nature of life; the discovery of resonance; resonance and childhood diseases; resonance and evolution.

Part 2: WHAT CAUSES DISEASE?

CHAPTER 8: WATER

The work of Gerald Pollack and Gilbert Ling; the four phases of water; water and electrical processes in the cell; the characteristics of life-giving water.

CHAPTER 9: FOOD

Vegetable oils; animal fats and cell membrane integrity; 5G and niacin depletion; the displacing foods of modern commerce; plant-based diets; raw milk; bone broth, fermented foods; salt; the microwave oven.

CHAPTER 10: TOXINS

Toxins in the ancient world; modern toxins; toxins in food; modern drugs; glyphosate and biofuels; the aluminium age; toxins in vaccines.

CHAPTER 11: MIND, BODY, AND THE ROLE OF FEAR

The most widespread and pervasive toxin of the modern age; creating our world out of our consciousness; how fear and lies lead to illness.

Part 3: CHOICES

CHAPTER 12: QUESTIONING COVID

The numbers—Is Covid underestimated or over-estimated? alarming symptoms; treatment; masks; social distancing; 5G and the appearance of contagion.

CHAPTER 13: A VACCINE FOR COVID-19

Jenner and the smallpox vaccine; Pasteur and the rabies vaccine; the doctrine of immunity; making modern vaccines; problems with the vaccine; a new etiquette; cleaning up electro-smog.

CHAPTER 14: 5G AND THE FUTURE OF HUMANITY

What is man? 5G and the future of the Earth.

EPILOGUE

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PART 1 EXPOSING THE GERM THEORY

PREFACE by Sally Fallon Morell

P 9. With the invention of the microscope in 1670 and the discovery of bacteria, doctors had a new candidate to blame for illness. Recognition of nutritional deficiencies as a cause of diseases like scurvy, pellagra, and beriberi took decades because the germ theory became the explanation for everything that ails the human being. As Robert R. Williams, one of the discoverers of thiamine (vitamin B1) lamented, “all young physicians were so imbued with the idea of infection as the cause of disease that it presently came to be accepted as almost axiomatic that disease could have no other cause [other than microbes].

The preoccupation of physicians with infection as a cause of disease was doubtless responsible for many digressions from attention to food as the causal factor of beriberi.”¹(Such numbers refer to the reference in Endnotes).

During the Spanish flu pandemic of 1918, the deadliest example of a contagion in recent history, doctors struggled to explain the worldwide reach of the illness. It sickened an estimated five hundred million people—about one-third of the planet’s population—and killed between twenty to fifty million people. It seemed to appear spontaneously in different parts of the world, striking the young and healthy, including many American servicemen. Some communities shut down schools, businesses, and theatres; people were ordered to wear masks and refrain from shaking hands, to stop the contagion.

But was it contagious? Health officials in those days believed that the cause of the Spanish flu was a microorganism called Pfeiffer’s bacillus, doctors from the US Public Health Service tried to infect one hundred healthy volunteers between the ages of eighteen and twenty-five by collecting mucous secretions from the noses, throats, and upper respiratory tracts of those who were sick. ² (MJ Rosenau,

“Experiments to Determine Mode of Spread of Influenza,” *Journal of the American Medical Association* 73, no. 5 (August 2, 1919): 311–313.)

They transferred these secretions to the noses, mouths, and lungs of the volunteers, but not one of them succumbed; blood of sick donors was injected into the blood of the volunteers, but they remained stubbornly healthy; finally they instructed those afflicted to breathe and cough over the healthy volunteers, but the results were the same: the Spanish flu was not contagious, and physicians could attach no blame to the accused bacterium.

In recent years we have witnessed a complete reversal of the reigning medical paradigm—that bacteria attack us and make us sick. We have learned that the digestive tract of a healthy person contains up to six pounds of bacteria, which play many beneficial roles—they protect us against toxins, support the immune system, help digest our food, create vitamins, and even produce “feel good” chemicals. Bacteria that coat the skin and line the vaginal tract play equally protective roles.

These discoveries call into question many current medical practices—from antibiotics to hand washing. Indeed, researchers have become increasingly frustrated in their attempts to prove that bacteria make us sick, except as co-actors in extremely unnatural conditions.

P10 Viruses—from the Latin virus for “toxin”—were immediately assumed to be dangerous “infectious agents.” A virus is not a living organism that can reproduce on its own, but a collection of proteins and snippets of DNA or RNA enclosed in a membrane. Since they are seen in and around living cells, researchers assumed that viruses replicate only inside the living cells of an organism. The belief is that these ubiquitous viruses “can infect all types of life forms, from animals and plants to microorganisms, including bacteria and archaea.” 3

Difficult to separate and purify, viruses are a convenient scapegoat for diseases that don’t fit the bacterial model. Colds, flu, and pneumonia, once considered exclusively bacterial diseases, are now often blamed on a virus.

Is it possible that scientists will one day discover that these particles, like the once-maligned bacteria, play a beneficial role? Indeed, scientists have

already done just that, but old ideas, especially ideas that promise profits from drugs and vaccines—the “one bug, one drug” mentality—die hard.

Today, the premise that corona virus is contagious and can cause disease has provided the justification for putting entire nations on lock-down, destroying the global economy, and throwing hundreds of thousands out of work. But is it contagious? Can one person give corona-virus to others and make them sick? Or is something else, some outside influence, causing illness in the vulnerable?

These questions are bound to make public health officials uncomfortable—even angry—because the whole thrust of modern medicine derives from the premise that microorganisms—transmittable microorganisms—cause disease. From antibiotics to vaccines, from face masks to social distancing, most people submit willingly to such measures in order to protect themselves and others. To question the underlying principle of contagion is to question the foundation of medical care.

In my book *Nourishing Traditions*, first published in 1996, I proposed the heretical idea that cholesterol and saturated animal fats are not villains, but essential components of the diet, necessary for normal growth, mental and physical well-being, and the prevention of disease.

In *Nourishing Traditions* and in other writings, I presented the radical notion that pasteurisation—collateral damage of the germ theory—destroys the goodness in milk and that raw whole milk is both safe and therapeutic, especially important for growing children.

What are the possible consequences of the premise that microorganisms, especially viruses, cause disease?

P 11 The “corona virus pandemic” gives us many clues: forced vaccinations, microchipping, prescribed social distancing, lockdown, mandatory masks, and negation of our right to assemble and practice our religion whenever an illness appears that can be media hyped into a public health emergency.

Until we base our public policies on the truth, the situation will only get worse. The truth is that contagion is a myth; we need to look elsewhere

for the causes of disease. Only when we do so will we create a world of freedom, prosperity, and good health.

INTRODUCTION

By

Thomas S. Cowan, MD

P 12. I have denounced several sacred icons that form the basis of our attitudes toward disease and its treatment. In *Human Heart, Cosmic Heart*, I clearly demonstrated that the heart is not a pump and that blocked arteries are not the predominant cause of heart attacks. Then, in *Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness*, I proposed the theory that acute illness is not caused by an infection that attacks us from the outside but rather represents a cleansing of our watery, cellular gels.

A corollary to this position is that any intervention that interferes with this cleansing response, in particular vaccines, is bound to create untold harm that manifests in skyrocketing rates of chronic disease. In what I thought would be my third and final book, *Cancer and the New Biology of Water*, I show why the “war on cancer” is an utter failure.

I argue that the modern chemotherapeutic approach to cancer is useless and that an entirely new way of looking at this problem must emerge. I postulated that this new way of looking at medicine and biology must put the question of “what actually causes disease” squarely in the forefront of our thinking.

I have a vivid memory of hearing the announcement by Robert Gallo in 1984 that they had found the cause of AIDS. It was caused by a virus called HIV, and the reason they knew it caused AIDS is that they found elevated antibody levels in some (not all) AIDS patients. I remember turning to a fellow medical student at the time and saying, “Hey, who changed the rules?” In other words, after having spent the previous four years learning that people with antibodies to a virus were immune to that

particular virus, we were now being told—with no explanation whatsoever—that antibodies meant that the virus was actually causing the disease!

P13. I didn't buy it then, and I don't buy it now. For more than thirty-five years, I have read countless articles, books, papers, and documents about the lack of connection between HIV and AIDS. This naturally led me to investigate the connection between “viruses” and other diseases, and what I discovered was shocking, to say the least. That is the background of my now-famous ten-minute video about the cause of the coronavirus “pandemic.”

A few days later, I got an email from Josh Coleman, the guy who filmed the video, saying he had posted my remarks on viruses somewhere online, and it was getting a huge response. Overnight I had become the point person for an alternative view of viruses, the germ theory, the current health situation, and a lot more. This led to a few podcast interviews, including one with Sayer Ji on GreenMedInfo.com, and my own webinars.

P 14. My contention is that if we fail to understand the true causes of the “corona virus pandemic,” we will go down a bitter path from which there will be no turning back. That is what is driving me to write this book.

I am happy to be writing this book with fellow iconoclast Sally Fallon Morell. Sally and I have been friends, collaborators (this is our third book together), and (I dare say) spiritual partners for over two decades. With a small contribution from me, Sally founded the Weston A. Price Foundation in 1999, perhaps the single best resource available for bringing truth in food, medicine, and farming to a world starving for that truth.

I sincerely wish this to be the last book Sally and I work on together. We have enjoyed collaborating, but I expect that the current “pandemic” we are living through will be a profound turning point in the history of humanity. It is my hope that out of this event, a new way of life will emerge in a world free of poisoned food, poisoned water, and the poisonous and false germ theory.

In this world, I envision no need for Sally and myself to write books. People will just know how to live; they will know that to poison their food,

water, air, and the electric sheath of the earth is something only madmen can contemplate. We both look forward to the day when we can forget about warning people about this or that and spend more time growing and cooking food and sharing it in joy and laughter with our families, friends, and neighbours. No more books; after this, dear friends, you will know all you need to know. Buckle up, folks, we are in for the ride of our lives.

Thomas S. Cowan, MD

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CHAPTER 1 CONTAGION

HOW DO WE KNOW WHETHER ANY SET OF SYMPTOMS HAS AN INFECTIOUS CAUSE? Obviously, there are many factors to be considered for any one person at any one time in his or her life. Are the symptoms a result of genetics, poisoning, bad diet and nutrient deficiencies, stress, EMFs, negative emotions, placebo or nocebo effects—or infection from another person by a bacteria or virus?

We need well-defined rules to determine how to prove causation—and these rules should be clear, simple, and correct. We do have such rules, but scientists have ignored them for years. Unfortunately, failure to follow these guidelines threatens to destroy the fabric of society.

P17. Heinrich Hermann Robert Koch (1843–1910) is considered one of the founders of modern bacteriology; he created and improved laboratory technologies for isolating bacteria and also developed techniques for photographing bacteria. His research led to the creation of Koch's postulates, which consist of four principles linking specific microorganisms to specific diseases. Koch's postulates are as follows:

- 1) The microorganism must be found in abundance in all organisms suffering from the disease but not found in healthy organisms.
- 2) The microorganism must be isolated from a diseased organism and grown in a pure culture.
- 3) The cultured microorganism should cause disease when introduced into a healthy organism.
- 4) The microorganism must be re-isolated from the now diseased experimental host which received the inoculation of the microorganisms and identified as identical to the original specific causative agent.

If all four conditions are met, you have proven the infectious cause for a specific set of symptoms. This is the only way to prove causation. Interestingly, even Koch could not find proof of contagion using his postulates. He abandoned the requirement of the first postulate when he discovered carriers of cholera and typhoid fever who did not get sick. 1 In fact, bacteriologists and virologists today believe that Koch's sensible and logical postulates "have been recognized as largely obsolete by epidemiologists since the 1950's."²

P 17. Koch's postulates are for bacteria, not for viruses, which are about one thousand times smaller. In the late nineteenth century, the first evidence for the existence of these tiny particles came from experiments with filters that had pores small enough to retain bacteria and let other particles through. In 1937, Thomas Rivers modified Koch's postulates in order to determine the infectious nature of viruses. Rivers' postulates are as follows:

- 1) The virus can be isolated from diseased hosts.
- 2) The virus can be cultivated in host cells.
- 3) Proof of filterability—the virus can be filtered from a medium that also contains bacteria.

- 4) The filtered virus will produce a comparable disease when the cultivated virus is used to infect experimental animals.
- 5) The virus can be re-isolated from the infected experimental animal.
- 6) A specific immune response to the virus can be detected. Please note that Rivers drops Koch's first postulate—that's because many people suffering from "viral" illness do not harbour the offending microorganism. Even with Koch's first postulate missing, researchers have not been able to prove that a specific virus causes a specific disease using Rivers' postulates; one study claims that Rivers' postulates have been met for SARS, said to be a viral disease, but careful examination of this paper demonstrates that none of the postulates have been satisfied. 3

P 18. Again, this book's central claim is that no disease attributed to bacteria or viruses has met all of Koch's postulates or all of Rivers' criteria. This is not because the postulates are incorrect or obsolete (in fact, they are entirely logical) but rather because bacteria and viruses don't cause disease, at least not in any way that we currently understand.

How did this state of error come about, especially concerning "infections" with bacteria and viruses? It goes back a long time—even to philosophies espoused in ancient Greece. Several philosophers and medics promoted this theory during the Renaissance,(4) but in modern times this masquerade became the explanation for most disease with that great fraud and plagiarist, Louis Pasteur, father of the germ theory.

Imagine a case in which some people who drink the milk from a certain cow develop profuse, bloody diarrhoea. Your job is to find the cause of the problem. The bacteria *Listeria* is blamed.

We are proposing a different way of understanding the milk study. For example, what if the milk came from cows that were being poisoned or starved? Maybe they were dipped in flea poison; maybe they were fed grains sprayed with arsenic instead of their natural diet of grass; maybe

they were fed distillery waste and cardboard—a common practice in Pasteur’s day in many cities around the world.

We now know with certainty that any toxins fed to a nursing mammal show up in her milk. What if these listeria bacteria are not the cause of anything but simply nature’s way of digesting and disposing of toxins? After all, this seems to be the role that bacteria play in biological life.

If you take aerobic bacteria—bacteria that need oxygen—and put them in an anaerobic environment in which their oxygen supply is reduced, they often produce poisons. Clostridia is a family of bacteria that under healthy circumstances ferments carbohydrates in the lower bowel to produce important compounds like butyric acid; but under anaerobic conditions this bacteria produces poisons that can cause botulism. It’s the poisons, not the bacteria itself, that make people sick; or more fundamentally, it’s the environment or terrain that cause the bacteria to create the poisons.

Isn’t it possible that toxins in the milk—possibly because the cow is not well nourished and cannot easily get rid of the toxins—account for the presence of listeria (which is always present in our bodies, along with billions of other bacteria and particles called viruses)? The listeria is simply biodegrading the toxins that proliferate due to the unhealthy condition of the milk.

The central question then is how can we prove that the listeria, and not something toxic in the milk, is causing the diarrhoea?

Pasteur admitted that the whole effort to prove contagion was a failure, leading to his famous deathbed confession: “The germ is nothing; the terrain is everything.” In this case, terrain refers to the condition of the animal or person and whether the animal or person had been subject to poison.

Since Pasteur’s day, no one has demonstrated experimentally the transmissibility of disease with pure cultures of bacteria or viruses. Incredible as that may seem, we are sitting on a house of cards that has resulted in incalculable harm to humanity, the biosphere, and the geosphere of the Earth.

CHAPTER 2

ELECTRICITY AND DISEASE

P 20. One thing these early electrical experimenters noted was that people showed a range of sensitivity to electricity. As early as 1799, researchers puzzled over the cause of influenza, which appeared suddenly, often in diverse places at the same time, and could not be explained by contagion. In 1836, Heinrich Schweich, author of a book on influenza, noted that all physiological processes produce electricity and theorized that an electrical disturbance of the atmosphere may prevent the body from discharging it. He repeated the then-common belief that the accumulation of electricity in the body causes the symptoms of influenza. 3

With the discovery of the sun's electrical nature, scientists have made some interesting observations. The period 1645–1715 is one that astronomers call the Maunder Minimum, when the sun was quiet; astronomers observed no sunspots during the time span, and the northern lights (aurora borealis) were non-existent; in 1715, sunspots reappeared, as did the northern lights.

Sunspot activity then increased, reaching a high in 1727. In 1728, influenza appeared in waves on every continent. Sunspot activities became more violent until they peaked in 1738, when physicians reported flu in both man and animals (including dogs, horses, and birds, especially sparrows). By some estimates, two million people perished during the ten-year pandemic.

These and other facts about the relationship of influenza to disturbances in electricity come from a remarkable book, *The Invisible Rainbow* by Arthur Firstenberg. 4

Firstenberg chronicles the history of electricity in the United States and throughout the world, and the outbreaks of illness that accompanied each step toward greater electrification. The first stage involved the installation of telegraph lines; by 1875, these formed a spider web over the earth totalling seven hundred thousand miles, with enough copper wire to encircle the globe almost thirty times. With it came a new disease called neurasthenia.

P 21. They had headaches, dizziness, tinnitus, floaters in the eyes, racing pulse, pains in the heart region, and palpitations; they were depressed and had panic attacks. Dr. George Miller Beard and the medical community observed that the disease spread along the routes of railroads and telegraph lines; it often resembled the common cold or influenza and commonly seized people in the prime of life. 5

In 1889, we mark the beginning of the modern electrical era and also of a deadly flu pandemic, which followed the advent of electricity throughout the globe. Said Firstenberg: “Influenza struck explosively and unpredictably, over and over in waves until early 1894. It was as if something fundamental had changed in the atmosphere.”⁶

The Spanish flu was not contagious, and physicians could attach no blame to the accused bacterium nor provide an explanation for its global reach.

The year 1957 marked the installation of radar worldwide. The “Asian” influenza pandemic began in February 1957 and lasted for a year. A decade later, the United States launched twenty-eight satellites into the Van Allen belts as part of the Initial Defences Communication Satellite Program (IDCSP), ushering in the Hong Kong flu pandemic, which began in July 1968.

As Firstenberg observed, “In each case—in 1889, 1918, 1957 and 1968—the electrical envelope of the earth was suddenly and profoundly disturbed,”¹² and along with it the electrical circuits in the human body.

Western medicine pays scant attention to the electrical nature of living things—plants, animals, and humans—but mountains of evidence indicate that faint currents govern everything that happens in the body to keep us alive and healthy. From the coagulation of the blood to energy production in the mitochondria, even to small amounts of copper in the bones, which create currents for the maintenance of bone structure—all can be influenced by the presence of electricity in the atmosphere, especially “dirty” electricity, characterized by many overlapping frequencies and jagged changes in frequency and voltage.

Today we know that each cell in the body has its own electrical grid, maintained by structured water inside the cell membrane (see chapter 8).

Cancer occurs when this structure breaks down, and cancer has increased with each new development in the electrification of the earth.

Humankind has lived for thousands of years with our brains tuned to the Schuman resonances of the earth, our bodies and indeed all life bathed in a static electric field of 130 volts per meter. The electronic symphony that gives us life is soft and delicate. Minute electrical currents that course through leaf veins or through the glial cells in our nervous system guide the growth and metabolism of all life-forms. Our cells communicate in whispers in the radio frequency range.

P 22. Traditional Chinese medicine has long recognized the electrical nature of the human body and has developed a system to defuse the “accumulation of electricity” that leads to disease. It’s called acupuncture. Many things that we do instinctively also help release any unhealthy build-up of current—the mother who strokes her infant’s head or who scratches her children’s backs to put them to sleep, the caresses of lovers, walking barefoot on the earth, massage, even handshakes and hugs—all now discouraged by the frowny faces of health authorities.

P 23. Illness has followed 5G installation in all the major cities in America, starting with New York in Fall 2019 in Manhattan, along with parts of Brooklyn, the Bronx, and Queens—all subsequent corona virus hot spots. Los Angeles, Las Vegas, Dallas, Cleveland, and Atlanta soon followed, with some five thousand towns and cities now covered. Citizens of the small country of San Marino (the first country in the world to install 5G, in September 2018) have had the longest exposure to 5G and the highest infection rate—four times higher than Italy (which deployed 5G in June 2019), and twenty-seven times higher than Croatia, which has not deployed 5G.(19) In rural areas, the illness blamed on the corona virus is slight to nonexistent. 20

Countries without 5G, such as Guyana, Suriname, French Guiana, and Paraguay have not reported any cases. Paraguay is doing what all countries should do—building a national fibre optics network without resorting to 5G.23

Bartomeu Payeras i Cifre, a Spanish epidemiologist, has charted the rollout of 5G in European cities and countries with cases per thousand people and

demonstrated “a clear and close relationship between the rate of corona virus infections and 5G antenna location.”²⁴ (Bartomeu Payeras I Cifre, “Study of the correlation between cases of coronavirus and the presence of 5G networks,” trans. [Claire Edwards](#) (March-April 2020),

Health-care facilities also teem with electronic equipment, some of it located right by the heads of sick patients. People who suffer from electrical hypersensitivity cannot go near many hospitals and nursing homes.

P 25. According to Dr. Cameron Kyle-Sidell, working in an emergency room (ER) in New York, the afflicted are literally gasping for air. “We’ve never seen anything like it!” he said.⁽³⁹⁾ Covid-19 patients’ symptoms resemble those of high-altitude sickness rather than viral pneumonia. In fact, the ventilators that the hospitals have scrambled to obtain may do more harm than good and may be accounting for the high mortality rate, as they increase pressure on the lungs.

These patients don’t need help breathing—they need more oxygen when they take a breath. Many turn blue in the face. These are not signs of a contagious disease but of disruption of our mechanisms for producing energy and getting oxygen to the red blood cells.

The correlation of 5G rollout and Covid-19 cases, and the similarity of symptoms, should give us pause. Shouldn’t we look more closely before we institute mandatory vaccination and electronic ID chipping? Shouldn’t we test to see whether this virus is actually contagious before we mandate social distancing and prescribe face masks?

P 26. Today’s pandemic raises many questions. What makes some people more vulnerable than others to the effects of 5G? Why did thirty-five sailors on the battleship Arachne not get sick? Which environmental factors weaken our defenses? How should we treat this disease if it is not a viral disease? What about our diets? Can we protect ourselves with the right food choices?

We will address these questions in subsequent chapters. Most important, we will show that the minute particles called viruses are actually exosomes—not invaders but toxin-gobbling messengers that our cells

produce to help us adjust to environmental assaults, including electro-smog. After all, most people have adjusted to worldwide radio waves, electricity in their homes, and ubiquitous Wi-Fi (and the sparrow population rebounded after the flu of 1738); exosomes are what allow this to happen. These tiny messengers provide real-time and rapid genetic adaptation to environmental changes. Whether these exosomes can help us adapt to the extreme disruption of 5G is the question of the day.



CHAPTER 3 PANDEMICS

THROUGHOUT HISTORY, philosophers believed that comets were “harbingers of doom, disease, and death, infecting men with a blood lust to war, contaminating crops, and dispersing disease and plague.”¹ (Roberta JM Olson and Jay M Pasachoff, *Cosmos: The Art and Science of the Universe* (Islington, London: Reaktion Books, 2019).)

The Chinese textbook *Mawangdui Silk* details twenty-nine types of comets, dating back to 1500 BC, and the disasters that followed each one. “Comets are vile stars,” wrote a Chinese official in 648 AD.

“Every time they appear in the south, they wipe out the old and establish the new. Fish grow sick, crops fail. Emperors and common people die, and men go to war. The people hate life and don’t want to speak of it.”²

In medieval Europe and even in colonial America, observers associated the appearance of comets with the onset of disease.³

In the summer of 536 AD, a mysterious and dramatic cloud of dust appeared over the Mediterranean and for eighteen months darkened the sky as far east as China. According to the Byzantine historian Procopius, “During this year a most dread portent took place. For the sun gave forth its light without brightness . . . and it seemed exceedingly like the sun in eclipse, for the beams it shed were not clear.”⁴

Analysis of Greenland ice deposited between 533 and 540 AD shows high levels of tin, nickel, and iron oxides, suggesting that a comet or fragment of a comet may have hit the Earth at that time. 5

The impact likely triggered volcanic eruptions, which spewed more dust into the atmosphere. With the darkened sky, temperatures dropped, crops failed, and famine descended on many parts of the world.

P 28. Shortly afterward, in 541 AD a mysterious illness began to appear on the outskirts of the Byzantine Empire. Victims suffered from delusions, nightmares, and fevers; they had lymph node swellings in the groin, armpits, and behind their ears. The plague, named after the reigning Emperor Justinian, arrived in Constantinople (the capital) in 542. Procopius noted that bodies were left stacked in the open due to a lack of space for proper burial. He estimated that in the city at its peak, the plague was killing ten thousand people per day. 6

The current explanation for the correlation of comets and disease is that of “panspermia.” We now know that outer space is populated by clouds of microorganisms, and the theory holds that comets are watery bodies—dirty snowballs—that rain new microscopic forms on the earth, to which humans and animals have no immunity. 7

P 30. Thus, comets can create electrical disturbances in the atmosphere even more powerful than those created by man-made electrification—and this radiation includes demonstrably dangerous ionising radiation. No wonder the ancients were afraid of comets!

The conventional view holds that the Plague of Justinian was a case of bubonic plague. Researchers analysed the remains from graves of the period and detected DNA from the *Yersinia pestis*. 9

Mainstream thinking has concluded that rats and other rodents carry *Yersinia pestis* and pass it along to fleas. When rats die, the bloodsucking fleas leave them to prey on other rats, dogs, and humans. The bacteria then enter humans via flea bites.

Researchers believe that during the time of Justinian, rats on merchant ships carried the microorganism to the other Mediterranean ports.

The classic sign of bubonic plague are buboes—badly swollen lymph nodes. These often appear in the groin because, according to conventional thinking, most fleabites occur on the legs. Those infected will first experience fevers, chills, and muscle pains before developing septicaemia or pneumonia.

The plague reappeared at periodic intervals over the next three hundred years, with the last recorded occurrence in 750 AD—possibly explained by still-orbiting cometary debris. It eventually claimed 25 percent of inhabitants in the Mediterranean region. Then the plague disappeared from Europe until the Black Death of the fourteenth century— also presaged (warning of a future occurrence) by a comet.

According to historian Thomas Short: “In France . . . was seen the terrible Comet called Negra. In December appeared over Avignon a Pillar of Fire. There were many great Earthquakes, Tempests, Thunders and Lightnings, and thousands of People were swallowed up; the Courses of Rivers were stopt; some Chasms of the Earth sent forth Blood. Terrible Showers of Hail, each stone weighing 1 Pound to 8; Abortions in all Countries; in Germany it rained Blood; in France Blood gushed out of Graves of the Dead, and stained the Rivers crimson; Comets, meteors, Fire-beams, coruscations in the Air, Mock-suns, the Heavens on Fire.”¹⁰

According to textbooks, the same bubonic plague organism of Justinian’s time caused the Black Death in Europe, 1347–1350. However, some investigators have pointed out flaws in this theory.

Although researchers found evidence of *Yersinia pestis* in dental pulp from a mass grave of the period in France, other teams of scientists were unable to find evidence of the pathogen in five other grave sites of the period from other parts of Europe. 11

P 31. Then there is the rat problem. No written documents from that time describe vast legions of dead rats required to explain the plague. The Black Death killed over half of Iceland’s population, but rats didn’t reach Iceland until the nineteenth century. And the Black Death continued to kill people during the winter months in northern Europe despite the fact that the plague organism requires relatively warm temperatures. 12

In *New Light on the Black Death: The Cosmic Connection*, Professor Mike Baillie argues that a comet caused the pandemic. Baillie believes that fragments from Comet Negra, which passed by earth in 1347, caused the atmospheric phenomena. Some fragments descended and injected huge amounts of dust into the atmosphere. Tree ring analysis indicates that as the material descended from space, it spewed large amounts of chemicals based on carbon and nitrogen into the stratosphere.

According to Baillie, illness and death resulted from poisoned water and air as the comet flew overhead. 14 But the symptoms—especially bruise-like blotches on the skin and high fatality rate—indicate radiation poisoning, probably rendered even more deadly by dust and ammonia-like compounds in the atmosphere. Imagine a large comet passing near the earth, crackling with intense electrical arcing, pelting the earth with X-rays and casting off fragments that fall to the earth and spew up toxic clouds of dust, followed immediately by horrible death, sometimes wiping out whole towns.

This is not the kind of catastrophe that we can blame on microbes. Perhaps our solar system is calming down—mankind has not seen such violent phenomena for centuries. But smaller electrical disturbances, ones that can't be seen, are still likely to promote outbreaks, albeit less disastrous. And if radiation poisoning—whether ionizing or non-ionizing—provokes disease, there are obvious cofactors. Poisons in air, water, and food; toxins from insect bites; deadly fungi on grains; exposure to filth; malnutrition; and starvation; as well as fear and despair—we don't need to resort to the notion of contagion to explain outbreaks of disease.

Let us consider insect-borne diseases. Many (if not most) biting or stinging insects release toxins—often complex chemicals that can target the nervous system. Wasps, bees, flies, beetles, mosquitos, (15) ticks, bedbugs, lice, and ants all produce poisonous substances. Early studies suggest that insect saliva has chemicals with vasodilatory, anticoagulant, and immuno suppressive properties, although in recent times there has been little interest in (or research money for) the study of insect saliva.

In addition to overt poisons, insect saliva may contain parasite eggs. Tapeworms can be transmitted by fleas, and mosquito bites contain the

eggs of plasmodium, a parasite said to cause malaria. Mosquitos also carry fly larvae, which can enter the body through bites, causing myiasis, a parasitic infestation of the body by fly larvae (maggots), which grow inside the host. Some mosquito species can carry filariasis, a parasite that causes a disfiguring condition called elephantiasis.

These diseases are “infectious” in the sense that people acquire them from something outside the body, such as an insect, but only in the most bizarre of circumstances can they be transferred from one human being to another.

P 32 Actually, scientists have yet to solve the mystery of malaria, a disease that kills over one thousand people per day. The conventional view is that mosquitoes in tropical and subtropical regions transfer parasites to human blood through their bites, and this parasite then destroys red blood cells and causes intermittent fever. But the type of mosquito said to cause malaria inhabits every continent except Antarctica, including Europe and North America, where malaria is no longer a problem. From the fifteenth century until recent times, many people in England suffered from malaria under the name of “marsh fever” or “ague”—always associated with living in swampy marshes. In fact, what is common to areas known for malaria (both today and in the past) is human habitation in swamps and wetlands—and not just warm wetlands (which are conducive to mosquitos) but also wetlands in cooler areas such as England.

Wetlands produce swamp gases—a mixture of hydrogen sulphide, carbon dioxide, and especially methane. Methane poisoning causes fever, headaches, muscle weakness, nausea, vomiting, and feelings of asphyxiation—remarkably similar to the symptoms of malaria: fever, muscle weakness, nausea, vomiting, and chest and abdominal pain. Like malaria, methane poisoning can result in the destruction of red blood cells.(16)

In areas of the world where people still live in swampy areas, intermittent exposure to swamp gases, which are undoubtedly stronger during warm weather or flooding seasons, seems a better explanation than mosquitos for this stubborn disease.

The conventional view holds that “viral diseases” such as yellow fever, dengue fever, Zika fever, and chikungunya are transmitted by mosquitos

carrying viruses that “attach to and enter susceptible cells.” According to textbooks, once these viruses enter the body and begin to replicate inside the cells, they are contagious and are spread from person to person through airborne droplets, sexual contact, eating food and drinking water contaminated with the virus, and even touching surfaces and bodily fluids contaminated with the virus. But we don’t need the concepts of viruses and contagion to explain these diseases.

Environments infested with fleas, mosquitos, lice, and other insects carrying toxins or parasites will result in many individuals, especially individuals with sub-optimal nutrition, manifesting similar symptoms—an “outbreak” that requires no premise of person-to-person contact, only many people subject to the same stressors. For example, the “outbreak” of Zika “virus,” blamed for a rash of babies born with tragically small heads, followed a campaign of DPT (or DTP i.e. Diphtheria, Tetanus and Pertussis whooping cough) vaccinations given to poor pregnant women in Brazil. (17)

Toxins are powerful stressors. Sewage fumes contain a mixture of toxic gaseous compounds, such as hydrogen sulphide, carbon dioxide, methane, and ammonia. High concentrations of methane and carbon dioxide displace oxygen. In conditions of low oxygen, beneficial fermentative bacteria begin producing toxins instead of helpful compounds. Industrial chemicals in sewage can add to the adverse effects, especially if these toxins make their way into drinking water.

In times past, these toxins included mercury, arsenic, and lead. Lead used for roofing, tanks, gutters, pipes, cables, and wine making (and even added to recipes in Roman times) poisoned directly, through drinking water, or through the skin. Renaissance noblewomen wore makeup containing white lead ore, vinegar, arsenic, hydroxide, and carbonate, applied to the face over egg whites or a mercury foundation.

Arsenic face powder was the crowning touch.(18) The price for the flawless complexion was paralysis, madness, and death.

Leather tanning contributed greatly to water pollution. Lime, tannin, animal dung, urine, alum, and arsenic were used in the process; the Industrial Revolution added toxic chromium solution to the mix.

Production of red paint and dyes, metal extraction, and caustic soda production released mercury. Both mercury and arsenic were popular ingredients in medicines, and they no doubt carried off as many people as the diseases themselves.

The severe vomiting, diarrhoea, dehydration, and muscle cramping of cholera is blamed on the bacterium *Vibrio cholerae*, either from sewage-tainted water or shellfish like oysters living in sewage-tainted water. Actually the killer is a toxin—called “cholera toxin” (CT), which the bacteria produce under low-oxygen conditions. Although CT can be deadly, it also has anti-inflammatory properties and has shown promise as an immuno-therapeutic drug.

P 33. Even today, with the medical world’s fixation on person-to-person transmission of disease and prevention through vaccination, health authorities agree that the solution to cholera is better sanitation. Cholera is rarely spread directly from person to person, but only through filthy drinking water. An outbreak of cholera occurred in Soho, London, in 1854. According to Judith Summers in *Broad Street Pump Outbreak*, “by the middle of the [nineteenth] century, Soho had become an in-sanitary place of cowsheds, animal droppings, slaughterhouses, grease-boiling dens and primitive, decaying sewers. And underneath the floorboards of the overcrowded cellars lurked something even worse—a fetid sea of cesspits as old as the houses, and many of which had never been drained. It was only a matter of time before this hidden festering time-bomb exploded.”²⁰

The previous year, over ten thousand people died of cholera in England. The outbreak in Soho appeared suddenly: “Few families, rich or poor, were spared the loss of at least one member. Within a week, three-quarters of the residents had fled from their homes, leaving their shops shuttered, their houses locked, and the streets deserted. Only those who could not afford to leave remained there. It was like the Great Plague all over again.” Dr. John Snow lived in the centre of the outbreak and traced the source to a pump on the corner of Broad and Cambridge Streets, at the epicenter of the epidemic. “I found,” he wrote afterward, “that nearly all the deaths had taken place within a short distance of the pump.” In fact, in houses much nearer another pump, only ten deaths occurred—and of those, five victims had drunk the water from the Broad Street pump.

Workers in a local brewery did not get sick—they drank beer provided as a perk of employment. Dr Snow blamed the outbreak not on toxins but on “white, flocculent particles,” which he observed under a microscope. 21

Three decades later, Robert Koch tried injecting a culture of these white flocculent particles into animals, without succeeding in getting them sick—so cholera failed his second postulate. Cholera also failed his first postulate, as *Vibrio cholerae* appeared in both sick and healthy people. 22 Even so, he remained convinced that this bacillus was the cause of cholera—old ideas are difficult to dislodge even in the face of conflicting evidence.

It bears emphasis that all cities up to the nineteenth century were “fetid seas” of horse droppings, stinking manure piles, primitive water sanitation, toxic chemicals, crowded living conditions, loose pigs, and even raw sewage dumped from houses. Swill from inner-city breweries went to cows in inner-city confinement dairies, producing poisoned milk in conditions of unimaginable filth. The death rate among children born in these conditions was 50 percent. Officials blamed the death rate on the milk, which became the justification for pasteurisation laws instituted one hundred years later. 23 By then, the problem had resolved itself with improved water and sewer systems, better living conditions, the advent of refrigeration, laws prohibiting inner-city breweries and dairies, and (most important) replacement of the horse with the car. Automobiles and buses brought in a different kind of pollution, but new technologies at least ensured that the water was finally clean.

Much “infectious disease” cleared up, thanks not to doctors but rather to inventors and civil engineers.

One invention that made life safer was the washing machine, making it easier to keep clothes and bedding clean, especially as more and more dwellings had hot running water. Another invention was the vacuum cleaner, which helped keep living quarters free of bugs. (Window screens also helped.)

At the turn of the twentieth century, health officials considered smallpox to be highly infectious, but one physician disagreed. Dr. Charles A. R.

Campbell of San Antonio, Texas, believed that smallpox was transmitted by the bites of bedbugs. The modern official view holds that smallpox resulted from contact with a contagious virus—“Transmission occurred through inhalation of airborne Variola virus, usually droplets expressed from the oral, nasal, or pharyngeal mucosa of an infected person.

It was transmitted from one person to another primarily through prolonged face-to-face contact with an infected person, usually within a distance of 1.8 m (6 feet), but could also be spread through direct contact with infected bodily fluids or contaminated objects (fomites) such as bedding or clothing—the infected person was contagious until the last smallpox scab fell off—Smallpox was not known to be transmitted by insects or animals.”²⁴ Note that this description is written in the past tense—the official view is that smallpox has been conquered by vaccination, not by something as simple as getting rid of bedbug.

P 34. Dr. Campbell ran a “pest house” for smallpox patients in San Antonio, where he tried hard to infect himself and others by “fomites” and direct face-to-face contact with infected persons: As even the air itself, without contact, is considered sufficient to convey this disease, and touching the clothes of a smallpox patient considered equivalent to contract it, I exposed myself with the same impunity as my pest-house keeper. . . . After numerous exposures, made in the ordinary manner, by going from house to house where the disease was . . . I have never conveyed this disease to my family, or to any of my patients or friends, although I did not disinfect myself or my clothes, nor take any precautions whatever, except to be sure that no bedbugs got about my clothing.

Another one of my experiments was thoroughly to beat a rug in a room, only eight or ten feet square, from which had just been removed a smallpox patient. . . . I beat this rug in the room until the air was stifling and remained therein for thirty minutes. This represented the respiratory as well as the digestive systems as accepted avenues of infection. . . . After inhaling the dust from that rug,

I examined my sputum microscopically the following morning and found cotton and woollen fibres, pollen and comminuted manure, and also bacteria of many kinds. 25

Although Dr. Campbell subsequently mingled with family, patients, and friends, none contracted smallpox. He repeated these experiments with others, failing to infect, even when in contact with patients covered in sores, but he always found bedbugs in the houses of those who contracted the disease. 26

The British and American colonists used smallpox as a weapon against the Native Americans—they did it by giving them blankets, thus spreading the bedbug to the New World.

Campbell treated smallpox by administering sources of vitamin C: “The most important observation on the medical aspect of this disease is the cachexia [bad condition] with which it is associated, and which is actually the soil requisite for its different degrees of virulence. I refer to the scorbutic cachexia. Among the lower classes of people this particular acquitted constitutional perversion of nutrition is most prevalent, primarily on account of their poverty, but also because of the fact that they care little or nothing for fruits or vegetables . . . that it is more prevalent in winter when the anti-scorbutics are scarce and high priced; and finally, that the removal of this perversion of nutrition will so mitigate the virulence of this malady as positively to prevent the pitting or pocking of smallpox.

A failure of the fruit crop in any particularly large area is always followed the succeeding winter by the presence of smallpox.”²⁷

Dr Campbell also applied himself to the elimination of mosquitoes by constructing huge bat houses—he was a great admirer of this strange winged creature and knew how to harness its help in the elimination of annoying insects, assumed to cause malaria. 28

Dr Campbell’s Municipal Bat-Roost is pictured, which eliminated mosquitos from San Antonio without the use of toxic chemicals.

P 35. Unlike the forgotten Dr Campbell, Dr Robert Koch is immortalized as the father of

microbiology and the germ theory. Unable to prove that a microorganism caused cholera,²⁹ and in the case of rabies, knowing that Pasteur was unable to even find an organism. 30

In 1905, Dr. Koch received the Nobel Prize for proving that TB was an infectious disease.

Except he didn't. In fact, he could find an organism in infected tissue only by using special staining methods after the tissue was heated and dehydrated with alcohol. The stain was a toxic dye, methylene blue, and the solution he used contained another toxin—potassium hydroxide (lye). When he injected the organism stained with these poisons into animals, they got sick. But what caused the illness, the

bacillus or the poisons?³² And TB does not even satisfy Koch's first postulate. Only one person in ten who tests positive for TB actually develops the disease; those who don't are said to have "latent TB."

P 36. Even into the 1930's and 1940's, some scientists remained sceptical of the germ theory for TB—many still believed that the cause was genetic. An investigator who disputed both theories was the dentist Weston A. Price, author of the ground-breaking book *Nutrition and Physical Degeneration*.

(33) (Weston A. Price, *Nutrition and Physical Degeneration* 1945). During the 1930s and 1940s, he travelled around the globe to study the health of so-called "primitive peoples," living on ancestral diets. As a dentist, he naturally observed dental and facial formation and the presence or absence of tooth decay. He found fourteen groups in regions as diverse as the Swiss Alps, the Outer Hebrides, Alaska, South America, Australia, and the South Seas in which every member of the tribe or village exhibited wide facial structure, naturally straight teeth, and freedom from tooth decay.

He also noted the absence of disease in these well-nourished groups. As soon as the "displacing foods of modern commerce" made inroads into a population, they became vulnerable to both chronic and "infectious disease," especially TB. The children born to those who adopted the Western diet of "sanitary" processed food—sugar, white flour, canned foods, and vegetable oils—were born with more narrow faces, crowded and crooked teeth, pinched nasal passages, narrow configuration of the birth canal, and less robust body formation. Price rejected the notion that TB was inherited or caused by a microorganism, transmittable by droplets released into the air in the coughs and sneezes of the infected; he surmised

that the root cause was a malformation of the lungs, similar to the narrowing of the facial structure and “dental deformities” in those born to parents eating processed foods. In a visit to a pediatric TB ward in Hawaii, he noted that every patient had dental deformities. 34

These dental deformities did not cause TB, of course, but Dr Price believed that the same conditions that prevented the optimal formation of the facial bones also prevented optimal formation of the lungs. It was the dead and dying tissue in the lungs that attracted bacteria, nature’s cleanup crew, and not the microorganism that caused the disease. He noted that Swiss villagers living off their native diets of raw dairy products, sourdough rye bread, and some meat and organ meats had no TB—and this was a time when TB was the number-one killer in Switzerland and elsewhere. 35

Likewise, inhabitants of Lewis Island in the Outer Hebrides were free of TB. Their nutrient-dense diet consisted of seafood, including fish livers and fish liver oil, along with oat porridge and oatcakes.

They lived in thatched houses that had no chimneys, living in close quarters with smoky, polluted air night and day; still they had no TB. When modern foods made their appearance, the situation changed, and TB took hold. Health workers blamed the smoky air of their cottages (not a microorganism!) and made them install chimneys, but to no avail. Only Weston A. Price was curious about the fact that the well-nourished islanders were immune, even when living in smoke-filled houses. 36

Similarly, he observed that African tribesmen living on traditional foods seemed immune to the diseases in Africa, even though they went barefoot, drank unsanitary water, and lived in areas that swarmed with mosquitos. 37

Europeans visiting Africa needed to cover themselves completely and sleep under protective netting to avoid disease. Once the continent of Africa became “coca-colonized,” these diseases proliferated among the Africans.

In the mid-1950’s, physician Morton S. Biskind testified before Congress. Dr. Biskind’s message was not what the legislators wanted to hear: polio was the result of central nervous system (CNS) poison, not a virus, and

the chief CNS poison of the day was a chemical called dichloro diphenyltrichloroethane, commonly known as DDT.³⁸ Used in World War II to control mosquitos said to cause malaria and typhus among civilians and troops.

By October 1945, DDT was available for public sale in the United States. Government and industry promoted its use as an agricultural and household pesticide—really promoted it. Photographs from the era show housewives filling their houses with DDT fog; dairy farmers dusting cows in their cowsheds, even spraying it into the milk; crop dusters depositing DDT on fields and forests; and children on beaches enveloped in the pesticide. An attachment for your mower could distribute DDT over your lawn, and trucks sprayed DDT on city streets, children cheerfully playing in the spray.

P 37. DDT largely replaced another CNS poison—lead arsenate, introduced in 1898 for use on crops and orchards. Before that, the preferred spray was plain arsenic. Biskind wrote:

“In 1945, against the advice of investigators who had studied the pharmacology of the compound and found it dangerous for all forms of life, DDT . . . was released in the United States and other countries for general use by the public as an insecticide. . . . It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk. With this foreknowledge the series of catastrophic events that followed the most intensive campaign of mass poisoning in known human history, should not have surprised the experts.

Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign. . . .

Early in 1949, as a result of studies during the previous year, the author published reports implicating DDT preparations in the syndrome widely attributed to a ‘virus-X’ in man, in ‘X-disease’ in cattle and in often fatal syndromes in dogs and cats. The relationship was promptly denied by

government officials, who provided no evidence to contest the author's observations but relied solely on the prestige of government authority and sheer numbers of experts to bolster their position. . . .['X-disease'] . . . studied by the author following known exposure to DDT and related compounds and over and over again in the same patients, each time following known exposure.

We have described the syndrome as follows: In acute exacerbations, mild clonic convulsions involving mainly the legs, have been observed. Several young children exposed to DDT developed a limp lasting from 2 or 3 days to a week or more. . . . Particularly relevant to recent aspects of this problem are neglected studies by Lillie and his collaborators of the National Institutes of Health, published in 1944 and 1947 respectively, which showed that DDT may produce degeneration of the anterior horn cells of the spinal cord in animals. These changes do not occur regularly in exposed animals any more than they do in human beings, but they do appear often enough to be significant.

When the population is exposed to a chemical agent known to produce in animals lesions in the spinal cord resembling those in human polio, and thereafter the latter disease increases sharply in incidence and maintains its epidemic character year after year, is it unreasonable to suspect an etiologic relationship?"⁴⁰

Investigator Jim West unearthed Biskind's writings and testimony, along with other reports about the effects of poisons on the CNS, dating from the mid-nineteenth century. West compiled the following graphs, noting the correlation of pesticide use and polio incidence in the United States.
41

As use of DDT in the United States declined, so did the incidence of polio. Vaccination programs were introduced at the same time and take credit for the decline.

West says: A clear, direct, one-to-one relationship between pesticides and polio over a period of thirty years, with pesticides preceding polio incidence in the context of the [central nervous system]- related physiology . . . leaves little room for complicated virus arguments, even as a cofactor.

P 39. Indian researchers described this strong correlation in a 2018 publication in the International Journal of Environmental Research and Public Health and calculated that, countrywide from 2000 to 2017, there were “an additional 491,000 paralyzed children” in excess of “the expected numbers.”⁴⁸

Dr. Suzanne Humphries suggests that—far from credit for eliminating childhood paralysis going to vaccination campaigns—“there is strong evidence pointing to the likelihood that experimental polio vaccination is related to the sharp rise in AFP.”⁴⁹

If the true cause of epidemics is exposure to electrical pollution or toxins (from insects, industrial poisons, toxins produced by bacteria under conditions of filth, vaccinations, and drugs), with substandard nutrition as a cofactor, what about the outbreaks of disease in the Americas, in Africa, and in the South Seas, when these aboriginal peoples first met the European colonists? Didn't they begin to suffer from infectious disease as soon as they came in contact with infectious diseases carried to the New World on boats from the Old World—diseases to which they had no immunity?

Actually, native peoples did not contract disease immediately on contact with the Europeans. For example, fishermen and early explorers visited the north eastern waters along the Atlantic coast during the fifteenth and sixteenth centuries, yet we have no historical commentary on the existence of disease or epidemics among the aboriginal peoples during that time.

P 40 According to a Canadian government report: “The transformation of Aboriginal people from the state of good health that had impressed travellers from Europe to one of ill health . . . grew worse as sources of food and clothing from the land declined and traditional economies collapsed. It grew worse still as once mobile peoples were confined to small plots of land where resources and opportunities for natural sanitation were limited. It worsened yet again as long-standing norms, values, social systems and spiritual practices were undermined or outlawed.”⁵²

In 1617–1618, just prior to the arrival of the Mayflower, a mysterious epidemic wiped out up to 90 percent of the Indian population along the Massachusetts coast. History books blame the epidemic on smallpox, but

a recent analysis has concluded that it may have been a disease called leptospirosis. 53 Even today, leptospirosis kills almost sixty thousand people per year.

Leptospirosis is a blood infection similar to malaria, associated with various forms of spirochete bacteria. Other forms of spirochete parasites characterize syphilis, yaws, and Lyme disease. Humans encounter these spirochetes through animal urine or water and soil contaminated with animal urine coming into contact with the eyes, mouth, nose, or cuts. The disease is associated with poor sanitation. Both wild and domestic animals can transmit leptospirosis through their urine and other fluids; rodents are the most common vector, and the beaver is a rodent.

P 41. One important factor omitted from discussions about Native American diseases is the disruption of the salt trade.

According to the de Soto records, lack of salt could lead to a most unfortunate death: “Some of those whose constitutions must have demanded salt more than others died a most unusual death for lack of it. They were seized with a very slow fever, on the third or fourth day of which there was no one at fifty feet could endure the stench of their bodies, it being more offensive than that of the carcasses of dogs or cats. Thus they perished without remedy, for they were ignorant as to what their malady might be or what could be done for them since they had neither physicians nor medicines. And it was believed that they could not have benefited from such had they possessed them because from the moment they first felt the fever, their bodies were already in a state of decomposition. Indeed, from the chest down, their bellies and intestines were as green as grass. 54

We need the chloride in salt to make hydrochloric acid; without salt, the stomach will not be sufficiently acidic to kill parasites.

P 42. One disease blamed for Native American death was measles, considered to be a viral disease. But on February 16, 2016, the Federal Supreme Court of Germany (BGH) made a historic ruling: there is no evidence for the existence of a measles virus. According to Lanka, decades of consensus-building processes have created a model of a measles virus that doesn't actually exist: “To this day, an actual structure that

corresponds to this model has been found neither in a human, nor in an animal. With the results of the genetic tests, all thesis of existence of measles virus has been scientifically disproved.”⁵⁸ (James Herer, “Microbiologist and Virologist Dr. Stefan Lanka: ‘Viruses Do Not Cause Diseases and Vaccines are Not Effective,’” [Weblyf](#),

The existence of a contagious measles virus justified the development of the measles vaccine, which has earned the pharmaceutical industry billions of dollars over a forty-year period. But if such a microorganism does not exist, said Lanka, “This raises the question of what was actually injected into millions of German citizens over the past decades. According to the judgment by the Supreme Court, it may not have been a vaccine against measles.”⁵⁹.

But what about measles parties? What about successful attempts by parents to infect their children with the common childhood diseases like measles, chicken pox, and mumps?



CHAPTER 4 FROM AIDS TO COVID

MANY BOOKS (4) have carefully documented the case against the claim that a virus called HIV causes the disease called AIDS. Unfortunately, these careful arguments seem to make no difference to the man on the street—nor to scientists, for that matter. In essence, no matter what the evidence, 99 percent of the population, including most of the alternative medical community, still believe in this myth.

In spite of forty years of research, no one has isolated an HIV virus from any bodily fluid of a person suffering from AIDS. Not once. This is shocking for most people to hear, but cash awards are available for anyone

who can show with an electron microscope purified HIV virus isolated from anyone with AIDS. Up to this point, no one has collected these cash awards.

P 44. No one has ever documented transmission of any purified HIV virus from one person or one animal to another with any resultant sickness. Not once. In fact, the biggest study on AIDS ever carried out (5) clearly showed that HIV is not transmissible through sexual contact.

And, finally, as we will discuss in chapter 5, the test used to make a “diagnosis” of AIDS can never determine causation. It is simply a test looking for genetic material of unknown origin. Since we have no proof that any virus or bacteria has ever caused any disease, the test is simply irrelevant for determining causation.

When the test for AIDS—called the PCR test—finds a higher level of genetic particles in the blood, it simply means that the person’s condition is causing a lot of genetic deterioration—from toxins, EMF poisoning, malnutrition, or stress. The test can never determine the cause of the illness. If one first isolated, purified, and characterized the entire genome of the virus in question, then one could determine whether the snippet of genetic material you are looking for is unique to that virus in question. Absent doing a purification, isolation, and characterization step, there is simply no way to say that the snippet you are looking at is either unique to that virus or even originated in that virus.

If you poison an organism with any type of toxin that degrades your cells (which most poisons do, including EMF poisons (6), then more genetic material will be found in your blood and the PCR test will pick this up. This means you are sick. This also applies to antibodies: the more poisoned you are, the more antibodies you tend to produce to protect yourself. This simple fact explains why all PCR and antibody tests, including those for HIV and the corona virus, tend to show higher “viral loads” (which are not viruses but genetic material) and to be more positive in sicker people. It doesn’t mean they have a viral infection; it means they are sick. This is why the package insert for PCR and antibody tests for both HIV and coronavirus say that you may get a false positive if the person has one of about forty conditions. These include strep throat, “viral infections,”

autoimmune disease, cancer, pregnancy, or nursing. In other words, any stress on the body provokes us to make more antibodies and have more degraded genetic material in our blood and other fluids—no surprise there.

There is nothing in these tests that either proves viral causation or, absent purification, proves that the PCR snippet even came from the virus in question—nothing. It is simply a house of cards. (For more on testing, see chapter 5.)

Since these facts are obvious and easily proven, how can they have escaped the scrutiny of the “brilliant” men and women who run our health-care system and populate the ranks of virologists?

P 45. In the wake of AIDS followed other “viral” diseases, including hepatitis C, SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome), bird flu, swine flu, Ebola, and Zika. Great sums were dedicated to finding viral causes and one-drug-fits-all cures, all following a familiar playbook: inventing the risk of a disastrous epidemic, incriminating an elusive pathogen, ignoring alternative toxic causes, manipulating epidemiology with non-verifiable numbers to maximize the false perception of an imminent catastrophe, and promising salvation with vaccines. This guarantees large financial returns. But how is it possible to achieve all of this? Simply by relying on the most powerful activator of human decision-making process—FEAR! 8

Needless to say, researchers have yet to prove that a virus causes any of these conditions. Because the symptoms of the sick people in Wuhan China resembled pneumonia, some of the original patients received antibiotics. This was done because one of the recent “postulates” proving causation of an infectious disease states that if antibiotics fail to resolve the symptoms, this constitutes “presumptive” evidence (rather than “direct” evidence) that the pneumonia is caused by a virus (which obviously doesn’t respond to antibiotic therapy). Since the patients didn’t improve with antibiotic therapy, this triggered the hypothesis that the new type of pneumonia must be caused by a new or modified virus.

P 46 The amazing part of this story is that not only do we lack this kind of evidence for a viral cause of Covid-19, we also lack this kind of evidence for the many “viral” epidemics we have faced during the last

century, including polio, AIDS, SARS, Ebola, Zika, and hepatitis C. In fact, not a single part of this clear and simple proof has been attempted.

Let's look then at what was done to prove that the severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) was the cause of this new set of symptoms. Four papers published in China are cited as proof that the new and novel coronavirus is the probable cause of this new disease. 9

To review these four studies, let's look again at Rivers' postulates for determining whether a particular virus causes a disease.

- 1) The virus can be isolated from diseased hosts.
- 2) The virus can be cultivated in host cells.
- 3) Proof of filterability—the virus can be filtered from a medium that also contained bacteria.
- 4) The filtered virus will produce a comparable disease when the cultivated virus is used to infect experimental animals.
- 5) The virus can be re-isolated from the infected experimental animal.
- 6) A specific immune response to the virus can be detected.

None of these four studies met all six postulates.

These papers never show that all the people with Covid-19 had the same set of symptoms; they never purify any virus from the sick people; they never demonstrate the absence of the virus from well people; and they never show that the transmission of purified virus could make well people become sick. This is scientific fraud of the first order.

P 47. In short, no study has proven that corona virus, or indeed any virus is contagious, nor has any study proven anything except that virologists are a dangerous, misguided group of people and that hamster- and monkey-rights people are not doing their jobs! These “proofs” make no sense and prove nothing, and yet the whole edifice of corona “virus”

causation rests on these bogus studies. In chapter 5, we will deconstruct the equally bogus “testing” now used to provide what passes for supportive evidence of a viral causation. Stay with us, the ride gets more interesting as we go.



CHAPTER 5 TESTING SCAM

FINALLY, THE MOST REVEALING QUOTE OF ALL, this one from the chief of infectious diseases at Wake Forest Baptist Health in Winston-Salem, North Carolina: “We just don’t have enough details yet to make confident statements about immunology.”⁶ This quote is by an immunologist, and immunologists are the ones deciding public policy. They have put the world under house arrest. It would be nice if they could at least confidently say they knew something about immunology.

How did this shocking situation concerning tests for viral diseases come about? Let’s return to the story of Stefan Lanka, PhD, a virologist from Germany, whom we discussed in chapter 3. Lanka’s work has helped cut through the veils behind which the field of virology is shrouded. As a young graduate student in Germany, Lanka made the chance discovery of the first virus in seawater. Using electron microscopy in his studies of sea algae, he noticed that the algae contained “particles.”

To find out what these particles were and knowing that no one had described viruses living within healthy algae before, he proceeded as follows: He ground up the algae in a sort of blender, essentially to break apart the walls of the algae. Then he purified this mixture using an extremely fine filter to separate out particles the size of viruses from everything else. In this way, he obtained a pure solution of water and viruses and anything else that is the size of a virus or smaller. Then he put

this mixture into a density-gradient centrifuge, which spins the solution and allows the particles to separate out into bands. The final step uses a

micro-pipette to suck out the band that contains only the virus. 7 This simple procedure is the gold standard for the purification and isolation of a virus from any tissue or solution. It's not an easy process, but it is not unduly difficult either.

He could then study this purified virus under an electron microscope, elucidate its shape and structure, analyse the genome, and ascertain which proteins it contained. With this work, he could confidently state he had discovered a new virus and was sure of its makeup. For this discovery, he received his doctorate and was about to embark on a promising career as a virologist.

The only part of Lanka's experiment that surprised him was that in studying the interaction of algae with this new virus, he was forced to come to the conclusion that algae containing the virus were thriving and were much healthier than the algae without the virus, which were barely surviving.

P 49. He may have been the first to come to the conclusion that real viruses in the bodies of other species are not pathogens (as was thought at the time) but rather are integral to the healthy functioning of the host. In essence, he was one of the first to propose that in addition to having a Micro-biome inside us, we also have a virome; and without this virome, we cannot be healthy. This was a radical concept in the 1980s, as no one else had proposed such a theory.

When Lanka realized that workers in the field of modern virology were never isolating, purifying, or properly characterizing "viruses" but instead confusing what they were finding with artefacts made by their propagation techniques, he naturally questioned whether the viruses that supposedly were causing disease even existed.

See the brilliant paper "Covid-19 PCR Tests are Scientifically Meaningless," by Torsten Englebrecht and Konstantin Demeter.⁸ (Torsten Englebrecht and Konstantin Demeter, "COVID-19 PCR Tests Are Scientifically Meaningless," [OffGuardian, June 27, 2020](#),

P 52. PCR tests, antibody tests, and every other test for a "coronavirus" are surrogate tests, which have never been compared to any gold standard;

therefore, they are completely and utterly useless and misleading. They are propaganda, not science.

Lanka didn't prove that the virus he found was contagious simply because it isn't, and no virus is contagious.

The PCR test examines the pieces of genetic material taken from a swab from the back of the sinus cavity (a very unpleasant procedure). No research has shown that this genetic material is unique to that of coronavirus or even that it comes from a corona virus.

Furthermore, in order to examine this genetic material, the test "amplifies". One, can therefore manipulate the amplification cycles to get whatever result one wants. Too few cycles and everyone tests negative; too many cycles and most test positive.

John Magufuli, president of Tanzania, may be the wisest world ruler alive today. A chemist by training, Magufuli submitted samples to the World Health Organization (WHO) for testing. Said Magufuli, "We took samples from goats; we sent samples from sheep; we took samples from pawpaws; we sent samples from car oil; and we took samples from other different things; and we took the samples to the laboratory without them knowing." His officials named the sample of car oil.

Jabil Hamza, thirty years old, male. The results came back negative. They named a sample of jackfruit Sarah Samuel, age forty-five, female. The results came back inconclusive. Pawpaw got sent in as

Elizabeth Ane, twenty-six years old, female. The poor pawpaw came back positive. Samples from a bird called kware and from a goat also tested positive; rabbit was indeterminate; sheep was negative. 15 (Jessica Lee, "Did Tanzania's President Expose Faulty COVID-19 Testing by Submitting Non-Human Samples?" [Snoopes, May 7, 2020](#),

President Magufuli is not wasting any government money on testing for his people, but in the West, governments have spent millions for the PCR test kits.

The same methodological problems are found with the new antibody tests for assessing immunity to "coronavirus." Antibody testing is another type

of surrogate testing that does not diagnose illness or ascertain its cause. A brilliant paper by David Crowe²⁰ (David Crowe, “**Antibody Testing for COVID-19,**” May 13, 2020, explains in detail the fact that the theoretical underpinnings of antibody testing have not been demonstrated in any experiment.



CHAPTER 6 EXOSOMES

THE MAIN QUESTION FOR US ALL IS HOW THE ENTIRE WORLD OF MEDICINE, VIROLOGY, and immunology, along with our political leaders, could have made such an obvious mistake? How could generations of doctors and researchers have become convinced that many of our common diseases are viral in origin?

As we have said, an in-depth look at the scientific literature reveals no proof of the contagion theory, but the alternate explanations for so-called “bacterial” or “viral” illness do have research behind them. Only Western medicine invokes the concept of contagion—person-to-person transmission of harmful bacteria or viruses. Neither traditional Chinese medicine (TCM) nor Ayurveda (a system of medicine with historical roots in the Indian subcontinent) entertains the concept of contagion. These ancient healing systems look at imbalances, diet and toxins as the causes of disease.

For all the known “infectious” bacterial illnesses, the science points to other accurate explanations—namely starvation and poisoning. However, the microscope gave scientists the ability to find germs at the site of disease.

The microscope allowed medicine to enter a “scientific” age and provide a ready and easy explanation for illness—one that circumvented the more difficult and less profitable work of cleaning up the cities, improving diets, mitigating poverty, and reducing pollution.

Bacteria are the clean-up crew tasked with digesting and getting rid of dead and diseased tissues.

The wily virus theory was born—except that what scientists had really discovered with their electron microscopes were not viruses but exosomes. The only thing infectious in this scenario was the noxious belief that these small particles, dubbed viruses, caused disease. This false theory was the part that spread all over the world and is now threatening to kill us all.

P 55. Exosomes are simple, well-characterized features in the cells of all creatures, and conventional scientists have carefully elucidated their functions. 3 When a living organism is threatened in almost any way—through starvation, chemical poisoning, or electromagnetic effects—the cells and tissues have a mechanism for “packaging,” “propagating” and releasing these poisons. Modern researchers have shown that exosomes have exactly the same attributes as “viruses.” They are the same size, contain the same components, and act on the same receptors. 4

HIV researcher James Hildreth, president and CEO of Meharry Medical College and former professor at Johns Hopkins, put it this way: “The virus is fully an exosome in every sense of the word.”⁵ Exosomes are completely indistinguishable from what the virologists have been calling “viruses.” Studies have shown that if one somehow stops the cells from producing and excreting these exosomes, then the cells and tissues, in fact the organism, will have a worse outcome. 6

The exosome acts as a messenger, essentially warning the other cells and tissues that danger is afoot and that they need to prepare. In fact, these “viruses” are not invaders but toxin-gobbling messengers that our cells produce to help us adjust to environmental assaults, including electrosmog. 9

After all, most people have adjusted to worldwide radio waves, electricity in our homes, and ubiquitous Wi-Fi—and the sparrow population rebounded after the Great Plague of 1738. It is exosomes that allow this to happen. These tiny messengers provide real-time and rapid genetic adaptation to environmental changes. (Whether these exosomes can help us adapt to the extreme disruption of 5G is the question of the day.)

P 57. Finally, the research shows that toxic exposure, including exposure to fear and stress, increases exosome production. 11 This should come as no surprise to any honest observer of sickness and health since many have noted that stressed, worried, fearful people get sick easier, so it makes sense that you would find increased detoxification “products” in their tissues.

There is now clear experimental evidence that exosomes made by one organism can be picked up by other organisms (of the same or different species) and cause protective reactions in these new organisms. 12

One study showed that if mice are exposed to the liver toxin known as acetaminophen (Tylenol), the liver cells increase their production of protective exosomes. The researchers isolated and purified these exosomes and exposed other mice to them. The second group of mice did not get sick, as would be predicted by the virus theory; instead, they developed protective responses in their livers and secreted more exosomes. 13

This is similar to what trees do when confronted with a beetle infestation. The originally affected tree produces chemicals that help the tree survive the beetle exposure. These same chemicals are secreted, with the help of the fungus or mycelium in the soil, through the root system of the tree.

These chemicals then serve as messengers to the surrounding trees, telling them that beetles have taken hold and that protective measures may be needed. If the beetles go away, then these measures are not taken; if the beetles show up, the surrounding trees also produce a protective response.

The real point here is that thanks to exosomes, nature is not raw in tooth and claw but a superb cooperative venture. The originally affected tree is not competing for survival with the other trees; the affected tree needs the other trees in order to survive and thrive. We need each other— members of our own species and other species—otherwise none of us will survive.

The germ theory is wrong; the virus theory is wrong. Viruses are not here to kill us; in reality they are exosomes whose role is to provide the detoxification package and the communication system that allows us to live a full and healthy existence. A war on viruses is a war on life.

It's clear that the misidentification of exosomes as viruses was a tragic mistake, one that it's about time we correct, once and for all.



CHAPTER 7 RESONANCE

IN THE MID-TWENTIETH CENTURY, virologists apparently came to a fork in the road. With repeated failures to satisfy Koch's or Rivers' postulates, it became obvious that viruses don't cause disease. The scientists could either admit this and all become postmen, butchers, and greengrocers—in other words get honest jobs—or they could proclaim that they changed the rules of logic, hope no one would notice, and possibly get fabulously wealthy and powerful from patents on antiviral medications and vaccines.

It's actually understandable that they took a flyer and chose the second route. Tragically, this farce worked, and the world became a much worse place for living beings to inhabit.

P 59 For a prominent alternative leader not to understand the point of Koch's postulates and write this in a public forum is cause for despair. One can only conclude that the depth of the delusion in the biological sciences is so deep that even scientists supposedly dedicating their lives to uncovering one aspect of the delusion can't step out of the whole delusion and see things clearly.

Another online statement by a prominent scientist goes even further: "Koch's postulate is completely wrong and irrelevant in our modern understanding of disease causing agents. That is a set of principles developed in 1884! It was ten years before viruses were even discovered, and over sixty-five years before the immune system was discovered and of course one hundred fifteen years before the microbiome was

understood. Most of the tenets of Koch's postulates are wrong. Many, many well known infectious agents don't fit it. If any doctor or scientist is out there using Koch's postulate as "proof" that this Cov2 is not real, turn away because they have no idea what they are talking about. Just like we moved away from the early 1600's geocentric model of the solar system, we have to move away from Koch's postulates!"

This is like saying that because Newton formulated the laws of gravity over three hundred years ago, they are now out of date and it's safe to jump off tall buildings!

To understand what seems to be the contagious nature of childhood diseases like measles, mumps, and chickenpox, or STDs like herpes, gonorrhoea, or syphilis, one must investigate the phenomena of resonance. If one plucks a string tuned to a certain frequency, the vibrations of the string will cause a second string tuned to the same frequency to vibrate and sound at the same frequency. The two strings are not touching; the connection is through a sound wave that travels between the strings.

In other words, both humans and viruses are made of waves of energy that have no discernible physical presence. How a collection of waves (a person) can write a book on viruses is anyone's guess, but the fact that this occurs can't be disputed.

With this understanding, let's turn to the results of a series of experiments carried out by a virologist named Luc Montagnier. Montagnier is credited with claiming to discover that the HIV virus causes AIDS. (He also claims that the Covid-19 "virus" is man-made.¹) What he found can help us craft a realistic theory explaining the mystery of childhood illnesses like measles and STDs, which appear to be contagious (and also proves that even the misguided can sometimes redeem themselves).

We need to be cautious about applying his findings too broadly. The vast majority of illness that seems to be contagious is in reality just people exposed to similar toxins or suffering from the same nutritional deficiencies. Sailors all getting sick on the same ship were not the victims of a virus; the likely explanation is that they all had a vitamin C deficiency

called scurvy. Young people at college exposed to horrible food, severe psychological stress, and intense binge alcohol use are affected by toxins, not some elusive virus.

P 60. After starvation and toxicity are accounted for, we can admit that some diseases can be spread by a kind of energetic resonance as predicted by a careful and accurate study of the nature of physical stuff, carried out by Luc Montagnier. After starvation and toxicity are accounted for, we can admit that some diseases can be spread by a kind of energetic resonance as predicted by a careful and accurate study of the nature of physical stuff, carried out by Luc Montagnier.

Here's how the experiment goes: first, one puts DNA or RNA in water (beaker one). Then one puts a collection of nucleic acids (the chemicals that make up the DNA and RNA) in a separate water beaker (beaker two), in another part of the room. Then one introduces an energy source, such as UV or infrared light and shines that on beaker one, which contains the formed DNA or RNA.

In time, the exact same sequence of DNA or RNA will form out of the raw materials in beaker two. There is no possibility of physical connection between the two beakers. The only conclusion one can draw from this simple experiment is that the DNA or RNA in the first beaker has a resonance energy picked up by the second beaker. This resonance energy then becomes the blueprint for the formation of the identical piece of DNA or RNA in the second beaker. 2 (L Montagnier et al, "Electromagnetic Signals Are Produced by Aqueous Nano-structures Derived From Bacterial DNA Sequences," *Interdiscip Sci.* 1, no. 2 (June 2009): 81-90. doi: 10.1007/s12539-009-0036-7. Epub March 4, 2009.) This revolutionary experiment is clear and simple—and repeatable.

This formation of DNA or RNA in the second beaker can happen only if both beakers have water in them. Without water, no resonance is possible. Even in our string example, it is the water vapour in the air that is resonating. When one applies this discovery to viruses (or exosomes) said to cause measles, chicken pox, or herpes, it is possible that since these particles called viruses or exosomes are simply packages of DNA or RNA, they

emit their own resonant frequencies. In a way not yet determined, each frequency creates an expression that we call a disease; however, the frequency will create what we call illness only if there is a purpose or reason for the illness.

Chicken pox is a universal way for children to live a long life. Children who experience chicken pox have less disease (and especially less cancer) than do children who haven't had chicken pox. The same holds for measles, mumps, and most childhood "infectious" diseases. 3 (**"Childhood Infectious Diseases Protect Us From Cancer Later In Life,"**)

Why do measles and chicken pox seem to be infectious? One child puts out the message through exosomes that now is time to go through the detoxifying experience called chicken pox. Other children in their home or class or town receive the message and begin the same detoxification experience. In the end, the children are all better off for having "sung" together.

With an illness like herpes, resonance may also be at play. (Also, a collagen deficiency may contribute to the genital irritations in patients with herpes and other STDs.) So, when two people come together in the highly charged act of sex, a situation in which this resonance acts strongly, it is no surprise that the couple might resonate together and create identical DNA or RNA, in a manner similar to what occurred in the beaker. To a virologist, this looks like the appearance of a new contagious virus. To a realistic observer, it is two people forging an intimate genetic connection. This observation, rather than proving contagion, teaches us about the mystery we call life. It teaches us again that the materialistic conception of the "wily attack virus" is an impoverished, inaccurate view of the world. And it teaches us to forgo simplistic explanations and look into the deepest mysteries of life if we are to create a world of health and freedom.

The discoveries about the resonant properties of genetic material can also help us explain how humans and animals adjust to new situations—a new toxin or new electromagnetic frequencies— not by competition and survival of the fittest but through the harmonizing of shared experience.

Imagine a situation where the human community is confronted with a new toxin. The new toxin can be neutralized only by an enzyme that is not usually made by human beings. But one member of the community has a randomly generated mutation that allows her—and only her—to make the toxin neutralizing enzyme. She does well, whereas others sicken and some die because this randomly generated mutation gives her an adaptive advantage.

According to the theory of genetic mutation and natural selection, her genes will slowly spread throughout the population. But what if she is a sixty-year-old postmenopausal woman, or a man who does not have children? Then the helpful gene would die out. If we're lucky, the carrier of the gene will be a thirty-year-old man P 61. about to get married. He and his wife have six children with three carrying the autosomal dominant mutation.

One of those three dies in a car crash, the other becomes sterile following a Gardasil HPV vaccine (Human Papilloma Virus), and the third passes the adaptive gene on to her two children. In ten thousand years, that adaptive gene will have spread throughout the population through natural selection. Unfortunately, the toxin either has killed everyone off by then or is long gone, so the mutation is useless. It's clear that the theory of natural selection following random mutations cannot explain how humans and animals adapt to new situations in time for these mutations to be useful. So how do we adapt?

Our threatened cells produce exosomes containing DNA and RNA, which have a unique resonance. The pattern of this genetic material will quickly pass to others through resonance (especially if they are in close contact). This is the role of "viruses" in nature; they are physical-resonance forms of genetic material that code for changes happening in the environment.

They provide real-time genetic adaption. It's a totally ingenious system that we have missed by assuming that viruses are hostile and dangerous. A war on viruses is nothing more than a war on the forward evolution of humanity.



PART 2 WHAT CAUSES DISEASE?

CHAPTER 8 WATER

IF THE PRACTICE OF MEDICINE WERE CONCEIVED PROPERLY IN THE WESTERN WORLD, doctors would begin by ascertaining four basic factors:

- 5) the quality of the water their patients drink; W
- 6) the quality of the food they eat; E
- 7) the level and type of toxins, including mental and emotional toxins, to which they are exposed; and finally; T
- 8) the level and type of EMFs (electromagnetic fields) to which they are subjected. E

WETE

The vast majority of medical problems can be understood by gathering patient information on these four areas, and the vast majority of health problems can be helped or even solved, by “remediating” these four core issues.

Dr. Gerald Pollack, author of the groundbreaking book *Cells, Gels and the Engines of Life*,¹ along with biologist Dr. Gilbert Ling, were the first to describe the fourth stage of water and delineate its properties. Pollack coined the term EZ (exclusion zone) water. Fourth-phase water will structure itself against a hydrophilic (“water-loving”) surface. Instead of moving randomly, the water molecules line up and form a crystalline structure that can be millions of molecules deep; this structure excludes every mineral and every other type of molecule or chemical from its midst.

The water outside the EZ is “bulk” water, which contains minerals and dissolved compounds. It is basically “disordered,” whereas EZ water is “ordered.” Water is called the “universal solvent” because any hydrophilic

substance will dissolve in it. EZ water is a pure crystalline “structure” consisting solely of hydrogen and oxygen. EZ water has a negative charge. In contrast, bulk water has a positive charge, making the water in our cells a kind of battery. The energy that charges the battery is heat and light energy ranging from the infrared through visible light through UV. This is why we feel better when we are in the sunlight, especially in the early morning or evening, which contains a lot of infrared light. This is why saunas (and heat in general) make us feel better. Heat and light help your intercellular and extra-cellular water form larger EZs. Fever does the same thing, which is why we should not suppress a fever.

Water from melting glaciers and from deep wells and springs are good sources of structured water because EZ water is created under pressure. Holy waters from the river Ganges and from Lourdes, with known healing properties, contain high amounts of structured EZ water. 2

Recent studies have revealed that relaxed muscles contain mostly EZ water, whereas contracted muscles transition to mainly bulk water. 3 Anaesthetics and drugs that reduce pain reduce the size of the EZ zones in our cells. EZ water is the perfect “structure” for life processes because this fourth phase water gel can be shaped by the proteins, minerals, nucleic acids, lipids, and other substances in our body to form any shape or configuration of gel.

This gel has an infinite number of binding sites, which allow it to change in response to a new stimulus. This stimulus can be in the form of chemicals such as hormones, energies such as thoughts and feelings, or even the resonant energies of the earth, sun, and stars. The shape of this gel unfolds the nucleic acids embedded in it, thereby controlling the expression of the genetic material. The structured EZ water in our cells, sometimes only a few molecules deep, is like a fine mesh of wires that carries energy and information.

P 65. EZ water has a crystalline structure made up of layers of six-sided rings, slightly displaced. In ice, the layers of six-sided rings are not displaced. (Illustration from *The Fourth Phase of Water*, Ebner and Sons.

Toxins and EMFs damage the gel (of Exclusion Zone water) in our cells, interfering with virtually every physiological process. This damaging of

the gels is a huge factor in disease; in essence, it is the unified field principle behind health and illness.

Consider the lens of the eye, one of the purest examples of a structured water gel in the body. When all is well, the lens is a soft, flexible, transparent gel. If we disturb the crystalline nature of the gel with things such as toxins or electromagnetic field exposure, the gel becomes distorted, unable to maintain its characteristic transparency. This is what we call a cataract.

If we are able to detoxify the gel, the lens can heal. Unfortunately, eye doctors know nothing of this dynamic so they resort to some sort of surgical intervention to replace the diseased lens.

Consider the characteristic joint disease called osteoarthritis. In the healthy situation, the joints are surrounded by negatively charged gels called bursa. These gels not only physically protect the underlying bones (themselves a denser type of gel), but, because they are negatively charged, when two opposing bursa come together the negative charges repel each other, thus ensuring smooth movement. When the gels are sick and not forming properly, we lack the protection for the underlying bones. The negative repulsion is lacking, and movement is painful. If nothing is done the bones begin to erode against each other, a process we call osteoarthritis. Again, as conventional medicine knows nothing of the underlying dynamic at play, the only treatments are pain medicine or joint replacement, both of which often have major negative effects for the patient.

A final example involves the whole area of inflammation and fevers. Our cells and tissues are meant to contain perfect crystalline gels. If a toxin becomes dissolved into the gels, the body attempts to rid itself of this toxin. The way the body does this is to elevate the temperature (we call this a fever), which partially liquefies the gels so that the toxins can be flushed out in mucus, after which we feel better, meaning we reconstitute our perfect gels once again. Fever and inflammation is simply a detoxification process, not a disease that needs to be suppressed.

Until doctors understand these simple principles, we must suffer under a medical system that cannot heal. That is one of the biggest tragedies of our time.

P 66. This EZ water feature allows information to pass via all levels and to connect the molecular level to the macroscopic level. Here, we can only hint at the crucial importance of the coherent nature of water as the basis of life.

Preliminary findings indicate that when structured water is exposed to a Wi-Fi signal from a nearby router, the size of the EZ diminishes by about 15 percent.⁴ This finding has profound implications for the interaction of EMFs and the structure of water in our cellular gels. If a nearby Wi-Fi router causes such a change, we can only imagine what the millimeter waves of 5G do to the structured water in our tissues.

Since human beings are made up of 70 percent water by volume and over 99.99 percent of the molecules in a human being are water molecules, we need to pay attention to the quality of the water we drink. Health professionals' foremost concern should be the type of water and other liquids their patients are consuming.

Water consumed by healthy non-industrialized peoples had four characteristics: First, the water was free of toxins. This is in complete contrast with the municipal water that most people drink. Today's water contains chlorine and chloramine, which are toxic to our microbiome, as well as to the rest of our body.

Today's water contains fluoride, an industrial waste that is toxic to the enzymes in our tissues, enzymes needed for every chemical transformation that happens in our bodies. Water also contains microplastics, which can line and congest the intestinal wall, and aluminium which predisposes us to electrical sensitivity as well as a laundry list of diseases. Municipal water contains residues of many pharmaceutical drugs, including birth control pills, statins, and antidepressants.

Water flowing in vortex patterns becomes more "coherent," becoming increasingly structured. The structure actually persists for some time and does not revert to incoherent bulk water just because it stops flowing. Water flowing in vortices also picks up oxygen from the air and becomes more oxygenated. In contrast, most municipal water is stagnant in tanks and then flows through linear pipes with no vortex movement possible. This water is devoid of structure and coherence, and also completely

devoid of oxygen; this lack of oxygen has a deleterious effect on our microbiome. Water flowing in mountain streams is exposed not just to the minerals, microbes, and other constituents of the forest, but also the sounds and energies of the life of the forest and of the entire natural universe, including the natural radiant energy from the stars, sun, and moon.

It's clear that most water is sick and toxic and a major contributor to illness. If we are ever to change the course of the disease patterns in our world, it must start with clean, healthy water. Clean, healthy water should be completely free of any toxins: no chlorine, no fluoride, no aluminium, no lead, no pharmaceutical residues, no microplastics—nothing should be present that is not a natural component of water flowing in a healthy mountain stream.

Currently the only way this is possible is to purify the water down to the nano particle level. This is a monumental task but one that can be accomplished with the proper equipment. It is truly unfortunate, even tragic, that our water must be cleaned and “purified” in order for us to consume it, but until the world wakes up to the fact that poisoning the water is a completely unacceptable practice, we'll have to take these precautions.

Whole-house water purifiers do exist that can filter the water and then add minerals while oxygenating and structuring the water by letting it flow in a vortex pattern. There are also less expensive ways of creating clean, structured, well-oxygenated water (see Appendix A). Drinking well-oxygenated water is important.

P 67. High oxygen levels help explain why the waters of Lourdes and the Ganges have been associated with healing of a variety of diseases.

Increasing the oxygen levels in our tissues improves the function and in particular the energy generating capacity of our tissues. Oxygen deficiency has been widely associated with the development of cancer through the well-known Warburg effect; that is, the switch from aerobic to anaerobic fermentation processes in our cells. Hypoxia, the condition of low oxygen levels in the tissues, is a typical symptom of Covid-19. If one uses sensitive oxygen measurement devices, one can demonstrate that soaking in a tub of highly oxygenated water and drinking highly oxygenated water will

cause the oxygen level in the blood to rise. 6 This proves that at least some oxygen is absorbed both through the skin and the GI (Gastro-Intestinal) tract.

Watering plants with oxygenated water stimulates the growth of healthy aerobic bacteria in the soil. Plants don't primarily eat or absorb nutrients from the soil; rather, they (like us) eat the "waste products" of the bacteria in the soil. If we feed the microbes in the soil healthy nutrients including oxygen, the healthiest microbes will flourish. These put out the healthiest nutrients, which are absorbed by the plants to create healthy, flourishing plants.

If we increase the oxygen level in the water we drink, we grow healthy aerobic bacteria in our GI tract. These aerobes use the water and the food we consume to make the highest-quality nutrients for us to absorb. And with plenty of oxygen, these healthy microbes will not switch to an anaerobic metabolism that produces toxins.

Life is a complex dance of nature, microbes, and organisms. Oxygenated water produces the conditions in which the healthiest microbes flourish and produce robust, vibrant, disease-resistant people, plants, and animals.

Microorganisms that don't have enough oxygen become anaerobic and produce toxins that cause diseases like botulism, tetanus, cholera, and typhus.

Recent research indicates that drinking oxygenated water improves wound healing,⁸ enhances lactic acid clearance in athletes,⁹ improves immune status,¹⁰ and protects against muscle fatigue. ¹¹

Oxygenated water is a much better choice for athletes than steroids! In addition, conditions of low oxygen promote cancer growth. ¹²

Currently most people consume devitalized food and oxygen-deficient water; antibiotic use is

rampant and most people therefore have a predominance of toxic, disease-causing anaerobic bacteria in their GI tract. And, after all this we blame our illnesses on a virus that we can't even find!

Fermented beverages like kombucha and kefir achieve a kind of structure through the fermentation process and an effervescence that structures water around each bubble of air. Gelatinous bone broth carries the structure of collagen, which helps create healthy collagen throughout the body, down to the smallest structures in our cells—water structures itself against the hydrophilic surfaces of this collagen. The water we get in fruits and vegetables is also structured.

Well-oxygenated water for drinking and bathing should be the first thing patients receive when they enter a hospital or nursing home. Until then, see Appendix A for sources of healthy options, which are the best we can do as we go about the long and tedious process of reclaiming our world.



CHAPTER 9

FOOD

NO DIETARY CHANGE HAS EVER BEEN AS DELETERIOUS TO HEALTH AS THE ADVENT OF INDUSTRIAL SEED OILS, usually called “vegetable oils”; loaded with chemicals, intrinsically rancid, and lacking the many essential nutrients that humankind gets exclusively from animal fats like butter, lard, poultry fat, and tallow, they are a recipe for poor health.

Chronic disease such as heart disease and cancer, kidney problems, Alzheimer’s, and immune disorders have increased in lockstep with the increase in vegetable oil consumption. Moreover, the type of fat molecules in vegetable oil (omega-6 linoleic acid) can make our bodies more sensitive to the effects of electromagnetic radiation.

P 70. The areas of structured water have a negative charge. Inside the cell, structured water fills the spaces, creating what amounts to a web of fine wires to carry electric current through the cell and on to other cells. Good health depends on keeping this gelled structure protected and intact;

protected from poisons, EMFs, and even negative emotions. The goal is to keep our own internal currents as safeguarded as possible against interference from 5G and other outside EMFs. Saturated fats serve as a kind of insulation in cells and tissues.

On the other hand, the types of fat molecules in vegetable oils—called polyunsaturated fatty acids—do not provide the stability these structures need. When built into our cell and tissue membranes, the cells become “floppy” and “leaky”; they can no longer provide effective barriers that our cells require to function properly.

Having adequate saturated fat in our cell membranes is especially important in the Internet age because 5G and other EMFs increase the permeability of the cell membrane,¹

At least half the fat molecules in the cell membrane need to be saturated in order for our cells to function optimally. The fat molecule in our lung surfactants needs to be 100 percent saturated for the lungs to work properly.²

If our diet is lacking in saturated fat, the body will put polyunsaturated or partially hydrogenated fatty acids in the lung surfactants, making respiration difficult, with lung disease such as asthma and pneumonia likely consequences.³ Chronic lower respiratory disease includes chronic obstructive pulmonary disease (COPD), emphysema, and bronchitis. The lungs simply cannot work properly in those who consume a lot of industrial seed oils.

Saturated animal fats also supply cholesterol, which is needed in the cell membranes to ensure the cells are waterproof so they can have a different electric potential on the inside and outside of the cell. Another important compound we get uniquely from animal fats is arachidonic acid, which is required for tight cell-to-cell junctures.

A key function of saturated animal fats is to serve as carriers for a trio of fat-soluble nutrients: vitamins A, D, and K2. The levels of these vitamins were much higher in the diets of our ancestors and of non-industrialized peoples, for three reasons. First, most of the fats that our ancestors consumed were animal fats—butter, lard, poultry fat, and tallow.

Second, they ate the whole animal—not just the muscle meats but also the organs, marrow, skin, and blood. The fat-soluble vitamins are concentrated in these organ meats, especially the liver. Even as late as World War II, Americans typically ate liver once a week, giving them a consistent dose of vitamin A.

Third, animals were raised on pasture in the sunlight, which serves to maximize the amounts of these key nutrients in our food. Egg yolk from a chicken raised outside, the old-fashioned way, contains several times more vitamin D than does an egg yolk from a chicken raised in confinement—the “modern” industrial model. 4

Nothing can happen in the body without vitamins A, D, and K2— from growth to hormone formation, to energy production, to reproduction—this triumvirate of nutrients works together to protect us against toxins and enhance immunity. Vitamin A is particularly important for healthy lung function. 5

The best sources are cod liver oil, organ meats from healthy animals (think liver, liverwurst, scrapple, pâté, and terrines), egg yolks from pastured hens, butter and cream from grass-fed cows, fish eggs, shellfish, oily fish, lard from pigs raised outdoors, and poultry fat and poultry liver from birds raised in the sunlight on green grass—all food items that conventional public health officials discourage us from eating or that modern industrial agricultural practices make it difficult to obtain.

Modern eating practices rob us not only of these nutrients but of minerals as well, because the fat soluble vitamins play a key role in mineral assimilation. Smoothies made from organic vegetables contain minerals, but these largely go to waste without the fat-soluble vitamins.

P 71. Industrial seed oil production fills our bellies but starves our cells; the same can be said for industrial grain production. A triumph of industrial processing is the Chorleywood method, whereby grains of wheat can be transformed into loaves of bread in their plastic bags in two hours; also the high-temperature, high-pressure extrusion process, which produces dry breakfast cereals like Cheerios and Wheaties out of wheat, oats, and corn.

Traditional, non-industrialized cultures from around the world did not eat grains in this way; instead, they subjected them to a long, slow fermentation process, such as soaking oats overnight or even for several nights before cooking them into a sour porridge. 6

Naturally leavened sourdough bread is a fermentation process that takes several days. In Africa, parts of the Middle East, and also in medieval Europe, slow fermentation of grains was the first step in creating nourishing beverages like sorghum beer and small beer—beverages of low alcohol content and high levels of nutrients, especially B vitamins. Small beer was a common beverage, even for children, in colonial times—Benjamin Franklin consumed it for breakfast, and George Washington had a recipe for small beer involving bran and molasses. 7

Such a beverage would have nourished the gut flora by providing structured water around the fizzy bubbles and B vitamins galore. Grains that haven't been soaked, sprouted, or fermented are difficult for humans to digest and contain many “anti-nutrients,” compounds like phytic acid, lectins, and enzyme inhibitors, which block digestion and can even lead to mineral deficiencies. Modern grain products—including trendy “health” products like oat bran muffins and granola—fill the belly but do not nourish. Sometimes they even poison. The extrusion process used to make breakfast cereals creates neuro-toxins;⁸ (Weston A. Price Foundation, “Dirty Secrets of the **Food Processing Industry**,” **December 26, 2005**, gluten in wheat becomes toxic without proper preparation.

Careful preparation transforms grains into real food—increasing B vitamins and liberating minerals for easy assimilation. The food industry “solves” the problem of modern grain processing by adding synthetic vitamins.

Scientists have observed a threefold depletion of NAD (a form of niacin) in the cells of Covid patients, a condition blamed on the corona virus. However, exposure to wireless technology and microwave radiation can also deplete cellular forms of niacin. 9

P 72. consumption of refined carbs serves as a fast track to the chronic diseases from which Westerners suffer—diabetes, heart disease, kidney problems, high blood pressure, and cancer. The vast majority of Covid-19

victims suffer from one or more of these pre-existing conditions. Long-term vegetarianism, especially veganism, often results in deficiencies of complete protein; the fat-soluble vitamins A, D, and K2; vitamin B12; and four key minerals: zinc, sulphur, iron, and calcium.

On the other hand, plant foods like beans, nuts, and grains tend to be high in copper, and a high copper-to-zinc ratio can dispose one to **electromagnetic sensitivity**. 11

Covid-19 and zinc deficiency have many symptoms in common: cough, nausea, fever, pain, abdominal cramping, diarrhoea, loss of taste and smell, loss of appetite, fatigue and apathy, inflammation, and decreased immunity. Zinc-rich foods (cachew nuts) and even zinc lozenges provide real protection against this disease.

One effect of 5G seems to be the stimulation of calcium channels in the cell membrane. This drives calcium into cells, essentially poisoning the cell, while lowering the ionizable calcium in the blood.

The ionized calcium in the blood is used in the coagulation pathways to help clotting and prevent uncontrolled bleeding. If it drops too low, people haemorrhage. During the 1918 pandemic, many doctors noted that their patients died from haemorrhage, not pneumonia. Some doctors reported that IV calcium lactate kept people from dying. Pasteurization also renders milk proteins allergenic.

Another important source of nutrients missing from modern diets: gelatin-rich bone broth made from the bones and cartilaginous portions of the animal, which nourishes the cartilage in our own bodies—and our bodies contain more cartilage than muscle. Bone broth is rich in glycine, an essential element in collagen that helps maintain structured water inside and outside of cells.

Glycine helps create strong collagen in certain types of lung surfactants and throughout the body, and it supports detoxification.

Animal feet, heads, bones, and skin did not go to waste in your grandmother's kitchen. They were thrown into a pot and simmered on the back of the stove to make a rich broth—basically melted collagen. This

broth then formed the basis for nourishing soups, stews, sauces, and gravies—or given as just a mug of broth for optimal energy and good digestion—a much better choice than coffee! Monosodium glutamate (MSG) is a neurotoxin.

Another important component of traditional nutrient-dense diets is fermented food and beverages. Raw fermented foods supply beneficial bacteria to the intestinal tract, preferably on a daily basis.

These bacteria help digestion, liberate minerals, break down anti-nutrients, supply vitamins (especially B vitamins), and protect us against toxins. In fact, a recent study links fermented vegetable consumption to low Covid-19 mortality. 17 Fermented condiments like raw pickles and sauerkraut, fermented sauces like ketchup, and fermented beverages like kefir and kombucha are critical components in a diet that truly nourishes and protects.

Unfortunately, the modern diet replaces raw fermented condiments with canned versions, makes heat-treated ketchup loaded with additives, and promotes truly toxic and heavily sweetened soft drinks instead of artisanal fermented beverages.

Mechnikov, a colourful and passionate figure, twice attempted suicide—the first time by an opium overdose and the second time by injecting himself with the spirochete of relapsing fever (akin to malaria).¹⁸ He concluded that it was his habit of eating Bulgarian yogurt that protected him against the spirochete toxins and allowed him to survive. He also experimented on himself and others by drinking cholera bacteria during the 1892 cholera epidemic in France. He and one volunteer did not get sick, but another volunteer almost died. He then discovered that some microbes hindered the cholera growth, whereas others stimulated the production of cholera toxins. He concluded that the proper cultivation of intestinal flora could protect against deadly diseases like cholera.¹⁹ We get these protective bacteria on a daily basis when we eat lacto-fermented food.

An important component of fermented foods is vitamin C. Successful treatments for Covid-19 cases include large doses of vitamin C (oral or IV). Your best dietary source is fermented veggies like sauerkraut, which

is manifold richer in vitamin C than is fresh cabbage. Now take your diet of processed food—your frozen dinner, your canned soup, your carryout meal, and your leftovers—and zap it with the microwave. Little that nourishes will be left in such food-like substances. 20



CHAPTER 10

TOXINS

THOSE DWELLING IN CITIES AND TOWNS lived in constant danger of exposure to poisonous gases from sewage and manure. Volatile compounds like hydrogen sulphide, ammonia, methane, esters, carbon monoxide, sulphur dioxide, and nitrogen oxides can kill people through asphyxiation when they are exposed to high concentrations. Other effects include eye irritation, nausea, and breathing difficulty.

Our ancestors were also exposed on a daily basis to dioxins and other toxins in smoke—from fires built for warmth, cooking, and metal work. Even today, smoke from cooking fires is a major source of air pollution in the developing world, especially smoke from open fires inside houses and huts.

For example, an arsenic-containing feed additive called roxarsone is used by about 70 percent of US poultry growers. 2

Small amounts of mercury residues from the manufacturing process still remain in most vaccines.

P76. Cigarette smoke is an undisclosed source of cyanide compounds. 7

Humanity is also exposed to formaldehyde, benzene, cadmium, phthalates, fluoride, and chloride compounds in drinking water (including chloramines, preferred by public water agencies because they persist and do not break down over time), and a host of pesticides, including the highly

toxic cholinesterase inhibitors (nervous system poisons) sprayed on citrus fruit. These make their way into milk, butter, yogurt, and cheese via citrus peel cake fed to dairy cows.

The researchers found that an increase of only one microgram per cubic meter in fine particulate matter was associated with a 15 percent increase in the Covid-19 fatality rate. It bears repeating that atmospheric dust (that is, pollution) can exacerbate the effects of EMFs. 9

Bio-diesel and bio-fuel made from plants contain the herbicide glyphosate (Roundup), which Seneff believes has a unique mechanism of toxicity.

Glyphosate substitutes for the amino acid glycine found in cartilage, numerous enzymes, and important lung surfactants, leading to a myriad of problems, including lung disease.

P 77. Glyphosate exposure comes not just through the air but in our food, and exposure is highest in the United States, which uses the most glyphosate per capita of any country. Seneff attributes the high rate of many chronic diseases, including diabetes, obesity, fatty liver disease, heart disease, celiac disease, inflammatory bowel disease, hypertension, autism, and dementia to glyphosate exposure.

In a 2014 landmark study, Swanson and co-authors showed that many of these chronic diseases are rising in the US population exactly in lockstep with the rise in glyphosate usage, particularly on wheat, which is sprayed with glyphosate shortly before harvest as a desiccant. 16

Whether ingested in food or breathed in from bio-diesel, the effects of glyphosate are insidious, cumulative, and widespread.

According to Seneff, glyphosate's mechanism of toxicity has to do with a proposed ability to mistakenly substitute for the coding amino acid glycine during protein synthesis. This is plausible because glyphosate is a glycine molecule—except that there is an additional attachment (a methylphosphonyl group) to the nitrogen atom of glycine.

The list of side effects from statin drugs is long and includes muscle pain or cramps, fatigue, fever, memory loss, confusion, diabetes, kidney and liver damage, heart failure, and digestive disorders.

P 78. Most seriously, statins, diminish the cholesterol available to cells and diminish the fat-soluble vitamins and other nutrients that are carried in the lipoproteins. With statins, your cells are starved of the nutrients they need to produce energy and keep your intercellular water organized. A Wenzhou Medical University study found that Covid patients had significantly lower cholesterol levels than did controls. 18

All drugs have side effects, which means that all of them can act as poisons in the body. A final toxin, one that highly impacts our response to electromagnetic radiation, is aluminium, with an electrical conductivity only slightly less than that of copper. Human exposure in the twenty-first century is especially high. Aluminium is in most public tap water—it is used as a flocculant to clarify the water, and it is discharged from fertilizer and aluminium manufacturing. Jet engines spew aluminium ions into the air, particularly problematic for those living in the flight paths of major airports. 21

Aluminium compounds abound in toothpaste, mouthwash, soaps, skin care products, tanning creams, cosmetics, shampoos, hair products, deodorants, baby products, nail polish, perfume, food, food packaging, sunscreen, antacids, and buffered aspirin. Aluminium levels are especially high in infant formula, particularly soy formula. 22 Aluminium leaches into food from aluminium foil and cookware.

Another undisclosed source is marijuana. Users can absorb as much as 3,700 micrograms of aluminium per joint, representing “a significant risk factor for neuro-degeneration.”²³ (C Exley et al,

“Aluminium in Tobacco and Cannabis and Smoke Related Disease,” American Journal of Medicine 119 (2006): 276.e9-276.e11.)

The body has a certain tolerance for aluminium—beneficial gut flora can prevent its absorption and a good immune system offers some protection against airborne aluminium. But the body lacks such tolerance for aluminium injected into the bloodstream.

Mercury may have been removed or reduced in vaccines, but not Aluminium. In fact, manufacturers have added more aluminium in order to provoke the production of antibodies, said to prove an “immune

response.” All of the diphtheria, tetanus, and pertussis vaccines (DT, DTaP, Td, Tdap, and combination vaccines with a DTaP component), Haemophilus influenzae type b (Hib) vaccine, hepatitis A and B and the hepatitis A/B combination vaccines, the meningococcal and pneumococcal vaccines, and the human papilloma virus (HPV) vaccines contain Aluminium.²⁵ In fact, the newest HPV vaccine (Gardasil-9), recommended for teenage girls and boys, contains more than double the amount of aluminium than the original Gardasil vaccine. ²⁶

In 2011, distinguished immunologist Yehuda Schoenfeld and colleagues proposed the term “autoimmune/inflammatory syndrome induced by adjuvants” (ASIA) to describe the unusual immune-mediated diseases in humans and animals that appear after injection with Aluminium containing vaccines. ASIA manifests as “vague and sundry symptoms— chronic fatigue, muscle and joint pain, sleep disturbances, cognitive impairment, skin rashes and more.” ²⁷

Aluminium “accumulates, and the more you put in the system, the more you have. When you inject Aluminium, you inject it directly into the immune system.”²⁸ The researchers also noted that a person would have to eat “one million-fold higher Aluminium to get the same level of [injected] Aluminium adjuvant at the level of the immune cells.” The amount of Aluminium injected into babies via multiple vaccinations exceeds anything that can be considered safe. A baby who receives the recommended eight doses of vaccine at the two-month check-up receives 1,225 mcg of Aluminium at once; fully vaccinated babies receive 4,925 mcg by eighteen months. The maximum allowable Aluminium (considered safe) per day for intravenous parenteral feeding is 25 mcg. ²⁹.

P 79. Many flu shots given to seniors contain Aluminium—along with mercury and other contaminants such as formaldehyde and polysorbate ⁸⁰. Those who received the flu shot in the United States during the 2017–2018 influenza season had a 36 percent increased risk of corona virus illness. ³⁰

In northern Italy, a campaign to inject the elderly with new types of influenza vaccines took place in 2018–2019,⁽³¹⁾ and in June 2019, the

Chinese instituted mandatory flu vaccine for all ages. (32) We live in a toxic world. Add millimetre wave 5G technology to the mix and illness is sure to ensue.



CHAPTER 11

MIND, BODY, AND THE ROLE OF FEAR

If we don't explore the nature of the mind and come to a realistic understanding of how the mind operates, we will fail to understand the concept of contagion in general and the experience of Covid-19 in particular.

This “matter” called the brain is either 99.99 percent empty space (if it exists as a particle) or just wave energy (if it exists as a wave).

To complicate matters, these same scientists tell us that what determines whether the stuff that makes up our brains is in the particle or wave form is how the “mind” of the scientist is observing the stuff. In other words, this mind, which can't be found, actually determines the form of the organ that is supposedly creating the mind. This is the central paradox of materialistic science and its offshoot, materialistic medicine.

Most neuroscientists attempt to find the source of the mind within the organ they postulate is creating the mind—our brain. This is akin to attempting to localize the source of the sound emanating from a radio by dissecting the radio into its component parts. Although a radio is needed to receive and play sounds, no one could possibly think the sound originates in the radio. The radio is a receiver, and the more in tune it is to the various waves and frequencies in the world.

P 81. Our bodies (with their respective minds) are the receivers for this input in the form of electromagnetic waves. And, since we now know that

every “substance” is also its own form of wave, there is a natural resonance created when the energy of the world meets the organized water crystal known as the human being. The result of this resonance is output, otherwise known as thoughts, feelings, and actions. The mind is simply a made-up concept for this dance of life—input from the world, received in the form of resonance by our organism, leading to the creation of output in the form of thoughts, feelings, and actions.

The second mistake is failing to understand the role that water, in its crystalline nature, plays in this resonance phenomena. One important clue that water is the crucial element in the creation of this mind we call the human organism is that the organ that serves as the primary receiver of thought waves—the brain—is also the organ with the highest water content—it is 80 percent water by volume (about 10 percent higher than other organs).

This brings us to “Covid-19” and the experience of fear. Whether by design or by accident, humanity is currently bathed in the waveforms of fear, hatred, and lies. No sensible person could possibly deny this. People don’t know whom to believe, which news report is accurate, which scientists or government officials are lying or which are telling the truth. We have been told to fear and suspect each other as carriers of deadly germs; any and all differences between us, even things as superficial as the colour of a person’s skin, are grounds for even more fear, suspicion, and hatred. It is not hyperbole to claim that every single person on earth is now bathed in this sea of fear, hatred, and lies. This is what is picked up by all living organisms as the predominant waveforms in the world.

Naturally, these waveforms create physiological responses in our bodies, such as activation of our inflammatory systems, as we attempt to rid ourselves of these destructive thought patterns. Our cortisol production increases, adrenaline soars, blood flow constricts, and pupils dilate as we prepare to escape this danger. We have been poisoned, drowned in this toxic brew, deep into our watery structures.

P 82. We also know that exposing organisms to fear stimulates the creation of exosomes to detoxify this fear. Scientists have mistakenly labelled these tiny bodies “viruses”—poisons. They are not pathogenic viruses; they are

the natural human response to fear, lies, hatred, and other toxins. Exosomes are nature's way of letting us know that unless we rid ourselves of these toxic thoughts, healthy life is not possible. Masks, social distancing, closing businesses, violence, and racial intolerance are just some of the forms of fear-inducing strategies to which humans are subjected.

Human beings need love, trust, and acceptance to grow and thrive. These waveforms are out there as well. Our challenge is to learn how to tune into these good emotions rather than the things that bring illness and death.



PART 3 CHOICES

CHAPTER 12 QUESTIONING COVID

NEARLY ALL VICTIMS OF COVID HAVE CO-MORBIDITIES SUCH AS OBESITY, diabetes, high blood pressure, and heart disease, which means they are probably taking several toxic drugs, like metformin for diabetes, ACE-2 inhibitors for high blood pressure, and statin drugs to lower cholesterol.

A report from March 9, 2020, shows deaths attributed to Covid-19 at fifty-six per day, versus malaria at two thousand per day and TB at three thousand per day⁷—hardly a mortality rate that justifies pandemic status, especially as physicians report receiving pressure to write Covid as the cause of death on death certificates.⁸

Hospitals have ample reason to list Covid as a cause for admission; they receive \$13,000 from Medicare when they list a patient labelled as “Covid” compared to only \$4,600 for simple pneumonia. If the patient is put on a ventilator, Medicare pays the hospital \$39,000.⁽⁹⁾

These financial incentives made it easy to argue that the Covid-19 incident and mortality rates were inflated.

P 86. Some have claimed that Covid deaths are mostly iatrogenic—that is, caused by the medical care patients receive and by the many toxic drugs they are taking.⁽¹¹⁾ Typically, a Covid-19 patient receives the antiviral remdesivir and is put on a ventilator. Like AZT for AIDS patients, remdesivir was developed to treat another disease—hepatitis C, for which it did not work as hoped—and dusted off to give to Covid-19 patients. Adverse effects include respiratory failure and organ impairment, low albumin, low potassium, low red blood cell count, low platelet count, gastrointestinal distress, elevated liver enzymes, and reaction at the site of injection.⁽¹²⁾ (Wang et al, “Remdesivir in adults with severe

COVID-19: a randomised, double-blind, placebo-controlled, multi-centre trial,” *The Lancet* 395, no. 10236 (May 2020): 1569–1578, doi:10.1016/S0140-6736(20)31022-9. PMC 7190303. PMID 32423584.) P 87. In an April 22, 2020, article published in the *Journal of the American Medical Association*, an analysis of 5,700 Covid-19 patients hospitalised between March 1 and April 4 found that the overall death rate was 21 percent, but it rose to 88 percent for those who received mechanical ventilation. 14

Bad medical care was not the only factor that contributed to the high death rate; the other was almost certainly terror and loneliness. When tagged with a diagnosis of Covid-19—either from a putative positive test result or no test at all—patients often found themselves locked up against their wills in elder care facilities and shut off from the outside world—no visits from family or friends permitted.

The “viruses” of course are exosomes trying to remove toxins from the lung cells; but they are apparently no match for serious EMR poisoning, which seems to completely disrupt the structure of lung cells.

A key symptom of Covid-19 is prolonged and progressive hypoxia—meaning that the body is starved for oxygen. This happens when the haemoglobin molecule releases its iron molecule.

Unattached iron in the bloodstream is reactive and toxic, but normally iron is tucked away in the haemoglobin molecule—the iron is caged, so to speak, and carried around safely by haemoglobin. (Vitamin C has an important role to play in cleaning up rampaging iron ions.)

The conventional explanation for the release of iron from haemoglobin is the action of glycoproteins in the corona virus—but the action of 5G’s millimetre waves is an equally good explanation, especially those at 60 GHz, which disrupt oxygen molecules. An interesting observation about lung malfunction in Covid-19 patients is that it is bilateral (both lungs at the same time), whereas ordinary pneumonia typically affects only one lung. 18 (“COVID-19 Had Us All Fooled, But Now We Might Have **Finally Found Its Secret**,”

What kind of virus knows to attack both lungs? A study from Wuhan showed that more than one-third of corona virus patients had neurologic symptoms including dizziness, headaches, impaired consciousness, skeletal-muscle injury, and loss of smell and taste—and more rarely seizures and stroke. 19

This is not your normal flu, this is a serious disease. P 88. Moreover, in late March, reports of Covid-19 deaths in infants began to appear. 20

In the early months, the disease mostly afflicted the elderly, but doctors are observing an increase in an inflammatory system called Kawasaki disease, which afflicts children and teenagers. Called “pediatric multi-system inflammatory syndrome temporally associated with Covid-19,” it is diagnosed on the basis of symptoms. These symptoms include high fever, rash on trunk and groin, extremely red eyes, dry cracked red lips and a strawberry-red swollen tongue, redness and extensive peeling of the hands and feet, and swollen lymph nodes. Severe abdominal pain and gastrointestinal symptoms, inflammation of the heart muscle, and markers of cardiac injury are other typical symptoms of Kawasaki disease. 21

However, ironically, the overall death rate among children (in the USA) has declined during the pandemic lock-down, from seven hundred deaths per week to well under five hundred by mid-April and throughout May, a change attributed to parents not keeping their children up with draconian vaccination schedules. 22

Since remdesivir gave disappointing results, health officials are seeking other remedies. One suggestion is dexamethasone, a potent steroid that can shrink the brain. Dexamethasone makes sense if Covid-19 is an inflammation rather than an “infection.”²³ In fact, one of the first things medical students learn is that steroids like dexamethasone make infections worse.

Since dexamethasone may make Covid-19 better, this demonstrates that the illness can't be an infection. Dr. David Brownstein reports no hospitalisations in eighty-five patients diagnosed with either Covid or suspected Covid using vitamins A, C, and D, hydrogen peroxide, and

iodine, while advising patients to avoid the flu vaccine. 28 (Dr. David Brownstein, “85 COVID Patients at The Center for Holistic Medicine: Zero Hospitalisations and No Deaths,” [LewRockwell.com](https://www.lewrockwell.com/orig16/covid19.html), April 11, 2020,

P 89. The fact that no explosion of cases occurred in large cities after the Memorial Day protests has puzzled health officials. Areas of unrest like New York, Chicago, Minneapolis, and Washington, DC did not see any increase in cases even though thousands of protesters did not wear masks nor practice social distancing.

A study published in May 2020 in Emerging Infectious Diseases reviewed the evidence for the effectiveness of “non-pharmaceutical personal protective measures and environmental hygiene measures in non-healthcare settings.” The evidence from fourteen randomised controlled trials of these measures did not find that hand washing, environmental hygiene, or use of face masks had any effect on reducing transmission of so-called infectious diseases. 37 (J Xiao et al, “Non-pharmaceutical Measures for Pandemic Influenza in Non-healthcare Settings—Personal Protective and Environmental Measures,” Emerging Infectious Diseases 26, no. 5 (May 2020).)

P 91. An article published at GreenMedInfo.com lists thirteen studies showing that social distancing increases mortality in heart patients and those with diabetes, causes depression, and generally shortens life. 44 (Zy Marquiez, “3 Studies Reveal How Social Distancing (i.e. Social Isolation) Can Increase Mortality Social Distancing,” [GreenMedInfo.com](https://www.greenmedinfo.com/blog/social-distancing-increases-mortality), April 3, 2020, Moreover, such policies do no good. In June, Dr. Maria Van Kerkhove, head of the WHO’s emerging diseases and zoonosis unit, announced, “From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual.” 45 (Peter Sullivan, “WHO official: Asymptomatic spread of corona virus ‘very rare,’” [The Hill](https://www.thehill.com/policy/healthcare/who-official-asymptomatic-spread-coronavirus-very-rare/2020/06/08/), June 8, 2020,

Without the virus theory—and even with the virus theory—masks, social distancing, and lock-down make no sense. Ironically, the advent of 5G and EMFs from cell phones and other devices gives us good reason to

avoid crowded situations. Take choir practice, with a few dozen people in close quarters, most with cell phones in their pockets and possibly a cell phone tower in the church steeple: this is the perfect situation for creating illness in electrically sensitive individuals.

Health officials who have predicted a “second wave” in September 2020 will have the satisfaction of being right . . . and the justification to proceed with their promised solution: a vaccine.



CHAPTER 13

A VACCINE FOR COVID-19

JENNER EXCELLED AT SELF-PROMOTION, AND IN 1802, the English government awarded him ten thousand pounds for continued “experimentation.” Jenner claimed that his vaccine gave perfect immunity for life. Unfortunately, statistics taken from Reports of the Registrar General of England indicate that the vaccine was not a success, with deaths from vaccination outnumbering deaths from smallpox up through the early 1900’s. 2

In 1831, a smallpox outbreak in Wurtemberg, Germany, claimed the lives of almost one thousand people who had received a vaccination; and in the same year, two thousand vaccinated people in Marseilles, France developed smallpox. In 1854–1863, following the introduction of compulsory vaccination programs in Europe, smallpox claimed over thirty-three thousand lives, and other epidemics followed, epidemics in which thousands of vaccinated people died.

Compulsory vaccination laws in England were repealed in 1907, by that time their failure too obvious to disguise. Even in Pasteur’s day, physicians doubted that hydrophobia (Rabies) was a specific disease; dogs became vicious through starvation and neglect; and neurological disease leading to insanity could happen in the aftermath of any kind of wound, especially

a puncture wound. The most likely cause of rabies is a form of tetanus or botulism—both are associated with clostridium toxins that the bacteria produce under anaerobic conditions, as in puncture wounds.

Doctors in Pasteur's day had excellent results treating dog bites by cauterising them with carbolic acid. One doctor reported cauterizations of about four hundred dog bite victims without one developing a case of hydrophobia. 4

In the practice of medicine, sometimes the dogma about a certain subject becomes so rigid that even when the truth is sitting in plain sight, physicians simply can't see it. Such is the case when it comes to the concept of "permanent" immunity to infectious disease. Medical students are taught early in their training that our immune systems are organized around the principle that if we get an infectious disease once, we will never get it again. This is supposedly due to the two phases of our immune system working together to create memory of a virus or bacteria that lasts for life. Scientists have worked out the intimate details of this immune memory over the last century in order to provide the theoretical basis for vaccines.

The immune theory also derives from the simple observation that nobody gets the typical childhood diseases twice in their lives. Like many ideas in medicine, however, the truth may be far more complicated.

Two simple observations cast doubt on the premise of immunity for life. The first is that certain bacterial diseases, such as strep throat, do tend to recur; in fact, there is no immunity-for-life construct when it comes to bacterial infections. As for viral infections, we can easily observe that most people get numerous colds and flu throughout their lifetimes. Scientists usually explain this by saying these are just different "viruses" one catches, and just because you are immune to one, doesn't confer immunity to other viruses.

We also know and generally accept the fact that a child who gets chicken pox is susceptible later in life to a second manifestation of chicken pox called shingles. Shingles is believed to be caused by the same virus, but

with a different symptom picture. Similarly, many people have experienced repeated bouts of cold sores or “herpes” outbreaks. So, there is no lifelong immunity in these cases. Interestingly, at the time that Pasteur and others were formulating the germ theory of disease, along with its corollary of immunity for life, many scientists and physicians disagreed.

One of the dissenters was Professor Alfred Russel Wallace. In his book *The Wonderful Century*, Wallace describes a study by Dr. Adolf Vogt, professor of Hygiene and Sanitary Statistics at the University of Berne, Switzerland. Vogt compiled data on those who had contracted smallpox and their subsequent susceptibility to further smallpox episodes. He found that those who had one episode of smallpox were actually 63 percent more likely to suffer from a second episode as compared with those who had never had a case of smallpox.

P 94. Vogt concluded: “All this justifies our maintaining that the theory of immunity by a previous attack of smallpox, whether the natural disease or the disease produced artificially, must be relegated to the realm of fiction.”

Wallace went on to prove that people vaccinated against smallpox actually had a much higher death rate from smallpox than did those who were not vaccinated. In particular, Wallace studied the high death rate from smallpox of the heavily vaccinated soldiers in the US military compared with the results obtained from the sanitation methods employed by the town of Leicester in England.

Measles is a process of detoxification, transformation, and growth. If thwarted, particularly by an injection that clearly alters our “immune” responses, then only worse things can happen. This is clearly revealed by the many studies showing that children who go through typical childhood illnesses such as measles have fewer chronic diseases throughout the course of their lives.

The body likely makes a chemical or protein that we call an antibody to mark this event. But it is far from clear that antibodies are protective of

anything, or that these childhood diseases are contagious. We must have the courage and insight to rethink this whole concept of disease. For the pharmaceutical companies, however, the concept of introducing a small amount of a bacteria, virus, or toxin into the body to create lifelong immunity supports the practice of vaccination, and by the early twentieth century, they were having a field day producing vaccines for any disease they could think of. American soldiers made convenient Guinea pigs and complained in letters home of receiving a vaccination every week.

Many have surmised that the effects of the Spanish flu were exacerbated on military bases by all these vaccinations inflicted on the troops, including a crude bacterial meningitis vaccination experiment. 8 (Another factor that resulted in the high death toll among American soldiers was the use of aspirin, often in huge doses, which undoubtedly contributed to the excessive haemorrhaging that carried so many away.)

The process for creating modern vaccines involves many trade secrets and numerous ingredients. Unknown to the public is ongoing controversy over which process produces the best and safest results—because serious reactions to vaccinations are commonplace. When one understands the basics of how all modern viral vaccines are manufactured, however, it becomes immediately clear not only how fraudulent the whole process is but also how the production of modern viral vaccines helps prove that these viruses can't possibly be causing the diseases for which they are blamed.

To produce a modern vaccine, technicians first collect biological fluids from an infected person, usually respiratory secretions or the fluid from skin lesions. This presumably contains millions of copies of the virus—along with an untold number of components from cellular debris. The fluid is then centrifuged to concentrate the virus.

P 95 The next step is to inoculate this centrifuged fluid onto a variety of tissue cultures, usually tissue derived from monkey kidney cells, aborted human foetal tissue, or chicken eggs. Some companies have proposed using cancer tissue as a culture, due to the fact that cancerous tissue is “easier to grow in large amounts,” but this practice is still considered too

risky. It turns out the viruses that supposedly will kill us all aren't strong enough to infect the tissue cultures. This means in order to help the virus taken from the sick patient lyse (kill) the tissue cells, they have to starve and poison the tissue first. Once the tissue is weak enough, the virus can then infect the cells, inject its genetic material into the cells, and produce millions of copies of itself.

That's the theory, anyway. The resultant infected tissue is an unholy mixture of the original snot (now frozen and distributed across the globe to all the various vaccine manufacturing companies as their "stock" material), the toxins (antibiotics, oxidizing agents, etc.) used to weaken the tissue, the debris from the breakdown of the tissue, and the "viruses" that emerge from this process. There are often some light purification steps added at this point, but never anything even remotely approaching isolation and purification of the viruses.

Then finally, some preservatives (usually mercury for multi-dose vials, still used for the flu vaccine) and stabilizers (such as polysorbate 80, an emulsifier that breaks down the blood-brain barrier) are added to this final product. This is a live viral vaccine.

A "dead" or attenuated viral vaccine is all of the above steps and then a final heat or chemical sterilization step at the end to "kill" or at least neuter the virus. Never mind that one can't say viruses are even alive in any meaningful sense of that word, nevertheless, they are "killed," usually with heat, in this step. Then an adjuvant, usually aluminium, is added to the final product to make sure that the person receiving the mixture attempts to eliminate it from the body and so produce antibodies, considered proof of an immune response that will protect against the disease.

It would certainly be an interesting research project for someone to track the relationship between prior vaccine usage and subsequent development of Covid-19 symptoms in adults and children.

P 95. The message that Americans get every morning in the newspapers and every evening on the news is that a Covid-19 vaccine will save us—

with mandatory vaccines for everyone, we can go back to life as normal, and scientists will have saved the day.

The vaccine would be liability-free and rushed to market, making its debut in January 2021. Liability free means that the consumer has no redress, no matter how bad the injury to himself or his child, no matter how costly the care after the injury; and it means that vaccine manufacturers have absolutely no incentive to make a vaccine that is either safe or effective.

Even if a virus is the cause of Covid-19, manufacturers face a number of obstacles. For one, the virus already “has mutated into at least thirty different genetic variants.”⁹

The variants include nineteen never seen before as well as “rare changes that scientists had never imagined could happen.” In addition, the challenge of producing so many vaccines in so short a time is daunting. As described in an article published by Children’s Health Defence, 10 (Children’s Health Deafens Team, “COVID-19:

The Spear point for Rolling Out a “New Era” of High-Risk, Genetically Engineered Vaccines,” [Children’s Health Defence, May 7, 2020](#), the solution proposed by pharmaceutical companies is a new type of vaccine that can “outsmart” nature using next-generation vaccine technologies such as gene transfer and self-assembling nano particles— along with invasive new vaccine delivery and record-keeping mechanisms like smart phone-readable quantum dot tattoos—which will require the vast capacity of 5G networks to read and process.

P 96. To quickly produce a vaccine for the whole world, they will also need to develop new manufacturing techniques that circumvent the slow processes of traditional vaccine production. The new techniques use genetic engineering (recombinant DNA technology) subjected to “expression systems” (bacteria, yeast, insect cells, mammalian cells, or plants such as tobacco)—to produce so called “subunit vaccines.” The problematic hepatitis B vaccine was the first to employ this entirely new vaccine production approach, and a number of the Covid-19 vaccines currently under development are deploying these techniques. However,

subunit vaccines must be bundled with “immune-potentiating” adjuvants (most likely aluminium) that can trigger an inflammatory immune response. Even newer are DNA and messenger RNA (mRNA) vaccines, which are basically a form of gene therapy.

Whereas traditional vaccines introduce a vaccine antigen to produce an immune response (which doesn’t actually mean that the recipient is immune), nucleic acid vaccines instead send the body instructions to produce the antigen itself. As one researcher explains, the nucleic acids “cause the cells to make pieces of the virus,” so that the immune system then “mounts a response to those pieces of the virus.” DNA vaccines are intended to penetrate all the way into a cell’s nucleus.

According to one biotech scientist, “This is an incredibly difficult task given that our nuclei have evolved to prevent any foreign DNA from entering.”¹¹

Maybe nature has a reason for protecting the nucleus from genetic invasion! When some DNA vaccines made it into clinical trials in the late 2000’s, they were plagued by “sub-optimal potency,” meaning they didn’t work. Scientists then came up with the idea of augmenting vaccine delivery with “electroporation”—electric shocks applied to the vaccine site (using a smart device) to make cell membranes more permeable and force the DNA into the cells.

Electroporation remains a key design feature of some Covid-19 vaccine candidates today. A second aspect of DNA vaccines—their gene-altering properties—is also troubling. DNA vaccines, by definition, come with the risk of “integration of exogenous DNA into the host genome, which may cause severe mutagenesis and induced new diseases.”

Framed in more understandable terms, “disruption from DNA is like inserting a foreign ingredient in an existing recipe, which can change the resulting dish.” The permanent incorporation of synthetic genes into the recipient’s DNA essentially produces a genetically modified human being, with unknown long-term effects. Regarding DNA gene therapy, one researcher has stated, “Genetic integrations using viral gene therapies . .

can have a devastating effect if the integration was placed in the wrong spot in [the] genome.” Discussing DNA vaccines specifically, the Harvard College Global Health Review notes that the DNA vaccines could cause chronic inflammation, because the vaccine continuously stimulates the immune system to produce antibodies. Other concerns include the possible integration of foreign DNA into the body’s host genome, resulting in mutations, problems with DNA replication, autoimmune responses and activation of cancer-causing genes—think children with birth defects and cancer early in life.

The mRNA vaccines are “particularly suited to speedy development” and have attracted attention as the “corona virus frontrunners.” mRNA vaccines can reportedly generate savings of “months or years to standardize and ramp up . . . mass production.” mRNA vaccines need reach only the cell cytoplasm rather than the nucleus—an apparently “simpler technical challenge”—although the approach still demands “delivery technologies that can ensure stabilization of mRNA under physiological conditions.”

This involves “chemical modifications to stabilize the mRNA” and liquid nano particles to “package it into an injectable form.”

Unfortunately for the pharmaceutical companies, mRNA vaccines have displayed an “intrinsic” inflammatory component that makes it difficult to establish an “acceptable risk/benefit profile.” mRNA enthusiasts admit that there is, as yet, an inadequate understanding of the inflammation and autoimmune reactions that may result from the vaccine. This raises the spectre of a true disaster should regulators grant the manufacturers of Covid-19 mRNA vaccines their wish for “a fast-track process to get mRNA vaccines to people sooner.”

A good example of a rushed vaccine was the dengue vaccine experiment—which actually increased the risks of dengue fever:¹² Dengue fever is a common disease in more than 120 countries and, like corona virus, has been the target for a vaccine for many years. The development and licensure of Dengvaxia® vaccine by Sanofi spanned more than twenty years and cost more than 1.5 billion US dollars. But the development of

the vaccine turned out to be difficult. P 97. Dengue vaccine antibodies often made the infection worse—called “disease enhancement” in vaccine-speak—especially in infants and children. When the vaccine was administered to thousands of children in the Philippines, at least six hundred died. The Philippine government has permanently banned the vaccine from the country.

Another rushed vaccine, for the swine flu, was a total fiasco. Early in 1976, after several soldiers became severely ill at Fort Dix in New Jersey, supposedly from swine flu, President Gerald Ford announced a plan to rush through a vaccine so that every American could be vaccinated. But manufacturers balked at the spectre of liability for vaccine injuries and one company produced two million doses with the “wrong strain.” Congress passed a law waiving liability, and Ford pushed plans to inoculate one million people per day by the fall, even though reports seeped through that the vaccine had caused injuries and was not effective. In mid-October, Ford went on television to show himself receiving an injection from a White House doctor. Meanwhile, the capricious swine flu failed to appear and in December, following ninety-four reports of paralysis from the vaccination, the program was terminated, and the danger of swine flu disappeared from the pages of the newspapers. 13

So far, trials for the corona virus vaccine have not gone well. On May 18, 2020, Moderna Inc. (coowned by the National Institutes of Health 14), headquartered in Cambridge, Massachusetts, announced that it had obtained “positive interim clinical data” from a Phase I clinical trial for an mRNA Covid vaccine. Moderna stock soared (and their top executives sold off over one hundred million dollars’ worth of shares).15

However, four of the forty-five participants suffered serious reactions. The three subjects who received the highest doses all experienced grade-three systemic symptoms, which can mean blistering open ulcers, wet peeling, or serious rash over large areas of the body. The press release did not mention the results of other trials. 16

One volunteer, Ian Haydon, age twenty-nine, stated that the vaccine left him “the sickest he’s ever been.” He was rushed to urgent care, where he

almost fainted. But Haydon is still cautiously optimistic about a vaccine.
17

The New York Times reported positive results from a vaccine in development by the University of Oxford. “Monkeys given an experimental vaccine from the University of Oxford appear to have resisted the novel corona virus. Six rhesus macaques given hAdOx1 nCoV-19 in Montana did not fall ill despite heavy exposure,” was the headline. 18 But they did fall ill, in fact, all the vaccinated macaques sickened after exposure to Covid-19, “suggesting the treatment, which has already received in the region of £90 million in government investment, may not halt the spread of the deadly disease.”19

An experimental vaccine for Covid-19 that uses human foetal cell lines, in development by Can Sino Biologics, Inc. of Tianjin, China, also had poor results. In a clinical trial involving 108 volunteers, ranging in age from forty-five to sixty years old, 81 percent suffered at least one adverse reaction within seven days after vaccination. Adverse effects included fever, fatigue, headache, and muscle pain, some of it severe. 20

Following these disappointing results, the FDA (Federal Drug Administration) relaxed the rules. On June 30, the agency announced that any Covid-19 vaccine would have to prevent disease, or decrease its severity, in only 50 percent of the people who receive it. 21 The American College of

Obstetricians and Gynaecologists (AGOC) has suggested testing Covid-19 experimental vaccines on pregnant women. 22 And, the officials tell us, the vaccine might be needed multiple times, perhaps annually. 23

It’s clear that a vaccine is not going to save us—in fact it has the potential of inflicting enormous suffering on the world’s population, not to mention violent resistance to the idea of universal gene modification by electroporation. And all for an illness that is not contagious!

The only way to recover from this pandemic is to realise it is caused by electrosmog and cut use of wireless and replace with fibre optic wired connection. P 98. Fortunately—most fortunately—a recent court case

Irregulators v. FCC: DC Court of Appeals Opinion, March 13, 2020, removes FCC jurisdiction and returns it to state regulatory agencies. All illegal subsidies for wireless can now be stopped—and 5G is no longer profitable. 24 (Bruce Kushnick and Scott McCollough, “Irregulators Big WIN: We Freed the States from the FCC,” [Irregulators.org](https://www.irregulators.org), March 16, 2020,



CHAPTER 14.

5G AND THE FUTURE OF HUMANITY

TO ANSWER THIS QUESTION — what is a human being? - is actually the key to bringing the Covid-19 phenomenon to a successful resolution; it is the key to the challenge of building a world we all know is possible but may be too afraid to pursue or even demand. Children can be conceived and born at any time of the year; no other animal can do this.

All matter is simply the congruence of wide and varied “forces,” or “energies,” which make up our entire universe, received or collected through the universal receptor we call water. The recognition of these universal energies or forces was the basis of all traditional wisdom and healing systems until the current materialistic medical model came to the fore, and under which we all now labour.

P 100. Traditional healers recognized the influence of the stars and planets; for example, they characterized chamomile as a “Venus” plant, stinging nettles as a “Mars” plant, and dandelion as a “Jupiter” plant. Now that we understand the electromagnetic nature of the universe, these characterizations begin to make sense. This foundational understanding was the basis of most human knowledge until it was lost in recent times.

Although this way of looking at the world is key to our development as individuals, it needs to be rediscovered because the deployment of 5G

technology threatens the foundation of existence, and we can understand why this is so only if we recapture the ancient way of thinking about life. Unlike animals, the human being is not conceived or born under the influence of any specific cosmic energy field. Instead, each human being is conceived and born at a unique time and place, therefore under the influence of a unique cosmic field.

Each individual human being is a unique component in this field, and humanity as a whole is the sum of the entire field and therefore the image or the reflection of God. This is the essential message of all major philosophical and religious traditions from the past. These cosmic fields in the form of electromagnetic forces radiate toward the earth from all parts of the cosmos and are “collected” in the ionosphere or electromagnetic shield of the earth. In a way similar to how we obtain nourishment from our food, these electromagnetic forces are “processed” by this protective skin of the earth, the ionosphere.

When we take in food, the food is processed by the bacteria, fungi, viruses, and other microbes in our gut; their “waste” then becomes the nourishing food we absorb to give us life. Similarly, the cosmic forces are worked on in our ionosphere, to emerge as the life-giving electromagnetic fields that nourish the earth and all life, including human life. That is how it has always worked and how it should work—and it would except for the introduction of the technology we call 5G. The intention is to blanket the earth with these manmade **electromagnetic fields**. 1

We know that these millimetre waves interfere with the availability of oxygen in the atmosphere and hence will also interfere with the ability of the mitochondria (bacteria) in our tissues to convert oxygen into energy. This is the main feature of 5G, exacerbated by Aluminium poisoning, glyphosate poisoning, general air pollution, and all the many other toxins in our modern world—all contributing to the symptoms of “Covid-19.”

P 101. But none of this can match the consequences of putting hundreds of thousands of satellites into the ionosphere of the earth. If this is allowed to happen, not only will all life on earth be subject to the constant toxic effect of these harmful millimetre waves, as if that isn’t bad enough, but

the direct consequence of this folly is that the cosmic waves that come to us from the furthest reaches of our cosmos will no longer be allowed to maintain their integrity in their journey to the earth. Life will be cut off from the cosmos.

Humanity is at a crossroads, and although we can present mitigation strategies that transform the energy fields that constitute 5G technology (see Appendix B), we should be clear. “Covid-19” is the first wave of disease created by the introduction of this new technology. It is only the tip of the iceberg. Officials warn us that more waves are coming. They know. They are replacing the wisdom of God with the folly of man. It’s time for humanity to wake up, grow up, and to find the courage to stop this menace.



EPILOGUE

ONCE UPON A TIME, IN A FAR-OFF PLACE, lived a king and a queen. Their kingdom was happy, prosperous, and peaceful. Unfortunately, the royal couple was barren, and the people were worried that they would be left with no suitable heir to the throne.

One day, the king and queen were walking in the forest and they came upon a pond. Out of the pond jumped a frog who informed them that they would soon have a beautiful daughter. Naturally, this news filled them and the entire kingdom with joy.

To celebrate the arrival of their daughter the royal family invited the twelve wise women of the kingdom to a feast at the palace. After the feast, each of the wise women spoke up and conferred a blessing on the new child. One gave the blessing of beauty, another gave the blessing of kindness, another of wisdom, and so on to include all the good qualities that ennoble the human being. After the eleventh wise woman had spoken, an uninvited

woman burst into the palace banquet hall. She was also an elder woman, but unlike the others she had evil intentions. She was a witch, and she was angry that she had not been invited to the banquet to honour the new child. Out of her fury, she pronounced a terrible curse on the child, saying that as the child grew into adulthood, she would prick her finger on a spindle and fall down dead. The people in the hall were stunned and shocked.

Thankfully, the twelfth wise woman had not yet spoken. Upon hearing this curse, she announced that the evil woman was powerful, and therefore she could not completely undo this curse, but she could change it. Instead of falling down dead, the young girl, if she pricked her finger on a spindle, would only go to sleep, not die.

After the banquet, the king ordered the destruction of all the spindles in the kingdom. There would be no possibility that the princess could ever prick her finger on a spindle. As time went on, the princess grew into a beautiful young woman, with all the wonderful traits bestowed upon her by the wise women. She was kind, beautiful, and wise, and the entire kingdom prospered.

One day the king and queen left the palace for a state outing. As usual, the princess was left in the charge of state officials, whose orders were to keep a close eye on her. Everyone loved the princess, and being of a curious nature she convinced the officials to let her wander freely in the castle. She came upon a room she had never seen before. Inside was an old woman sitting on a stool spinning wool. Curious, having never seen anyone spin wool before, she asked the old woman what she was doing. The old woman handed her the spindle; the princess pricked her finger and as predicted fell into a deep sleep.

When the king and queen returned to the castle, they put her in a beautiful bed. Then everyone else in the kingdom fell asleep as well. The bread was still in the oven, the shoemaker's leather still on the bench, the shepherds' flocks were still in the fields. The entire kingdom fell under the influence of an evil spell. As time went on, the castle became engulfed in a mass of thorns and vines. Anyone visiting the kingdom from another land was unable to penetrate the deep thicket of toxic thorns. Those who tried were

met with certain death. So, it was for one hundred years. One day, a young prince from a far-off land was out hunting and came upon the overgrown castle.

An old man told him about the plight of the beautiful young princess inside. Something moved him deeply; he knew he could and must save the princess and the kingdom. He announced his intentions to his mother and father, the king and queen, and to the entire court. They forbade him to undertake this quest, knowing he would meet certain death.

He responded simply, “I am not afraid, I will rescue the beautiful princess.” And so it came to pass. Without any fear in his heart the thorns had no power over the prince; as he approached the castle, they parted before him. He found the princess lying on her bed; he was astonished by her radiant beauty. He knelt and kissed her. The princess awoke, and with her the entire kingdom; everyone simply resumed their business. The prince and princess were married, the kingdom was restored to health, prosperity, and peace, and they all lived happily ever after.

Most of you will recognize this story of Sleeping Beauty or Briar Rose. It is a story told to children all over the world for centuries, to impress on their souls the ways of the world and to give them courage. It is also the story of “Covid-19” if we know how to properly unravel its metaphors.

The world was peaceful and prosperous, but it was clear that without a true heir—without a true direction—the world would not be able to go on as it was. Then, as if out of nowhere, a lowly frog—a representation of the spiritual world in fairy tales—informs the king and queen that there is a road to continued prosperity and fruitfulness of the land—a princess shall be born.

Overjoyed, the royal couple invite the twelve wise women to celebrate this news. The twelve wise women represent the collected wisdom of the universe. They are the zodiac, the cycle of the year, and the connection between the cosmos (the entire zodiac) and the earth (the cycle of the year). But there is a thirteenth woman, the evil witch. Witches are typically depicted in fairy tales as having distorted, twisted bodies, yellow eyes,

and sallow skin. They are the picture of illness, the incarnation of the materialistic view of life. They are fallen matter, hence some sort of crone, stepmother, or weak mother figure. The wise women are the spiritual view of life, the witches or fallen women are the materialistic view of life.

The twelfth wise woman cannot undo the power of the witch's curse, it is too powerful; in fact, the curse is something the kingdom must go through to achieve health, prosperity, and peace on a higher and lasting level. She can, however, mitigate its power. And so it is. The entire world goes into Lock-down. Anyone trying to rescue the world, anyone who points out that life doesn't have to be like this, is torn asunder by the toxic thorns that engulf the kingdom. The entire world is cursed, living as if in a dream or spell, the curse of materialism in all its guises, for the promise of faster video games.

Just like us. But there is a way out, a way discovered by the prince from a far-off land. He expresses this clearly: "I am not afraid." Without fear, guided by love, the curse can be broken. The world can be restored, the lesson can be learned, materialism, currently in the form of a toxic virus theory and enthrallment to the Internet, can be overcome. We can do this, it's just a spell, it's not real, it's make-believe. All we have to do is find courage and love in our hearts to embrace the truth. That is all that matters.



APPENDIX A WATER

AS DESCRIBED IN CHAPTER 8, water that heals, the kind of water that the healthiest human cultures have all consumed, shares a number of specific characteristics. To reiterate, healthy water is free of all toxins, it contains the full complement of minerals, and it is structured through subjection to a constant vortex motion. As a result of this constant vortex motion, the water is oxygenated. The oxygenation step is crucial in producing healing waters and is a characteristic of the most renowned healing waters on the planet, like the water at Lourdes and in the Ganges River. Finally, the water is "finished" through its exposure

to nature sounds and frequencies all along its path. When these steps are followed, we have a healing water that is one of the core foundations of health for plants, animals, and humans. Providing healing, healthy water like this should be a basic requirement for every hospital, hospice, and healing institution.

Interestingly, in addition to the water we drink, it is clear from both historical evidence and modern research that the water we wash and bathe in is at least as important as the water we drink. This point was brought home to us as a result of personal experience and looking at the research on the Ophora water systems(Ophorawater.com). Ophora is an innovative water company located in Southern California, which has developed a technique for taking any municipal or well water and cleansing it of all traces of toxins, pharmaceuticals, fluoride, chlorine, and even micro-plastics.

As far as we know, no other system is able to purify water to this level. Then the water is re-mineralised by adding all the known minerals found in seawater. After that, the water is put through a rose quartz vortex and oxygenated to forty parts per million with a proprietary technology. This is by far the highest oxygen content of any water tested, on a level with the rarest and finest healing waters on earth. The water is pH balanced and finished by exposing the water to the sounds of nature.

Studies of people who soak in this oxygenated water and drink one-half gallon per day show some amazing results. First, the oxygen saturation of the tissues immediately goes up and stays at the highest levels for up to twelve hours. This is a more robust oxygen saturation response than one gets with hyperbaric oxygen therapy, a strategy known to produce many therapeutic effects.

Second, and even more astonishingly, the phase angle (PhA) measurement of the tissues also rises. 1

The phase angle measurement tells us about the level of hydration of the tissues and is actually an indication of the subject's biological age. 2 PhA is a direct measurement of your cell membrane integrity. 3 The membrane

is what structures the water inside and outside of your cells. The membrane is where the cells communicate with one another and where an electrical charge is created so the cell can function. (See chapter 9 for a discussion of the appropriate diet for cell membrane integrity.)

The phase angle measurement goes up within hours of a one-hour soak in a bath of oxygenated, purified water along with drinking one-half gallon of the water over the course of a day.

P 105. Furthermore, this improvement in the phase angle, a process that usually takes months of detoxification and the cleanest of diets, seems to last for some time, after even just one session of soaking and hydration. One can only guess at the improvement in the quality of hydration and the biological age of the person if this became a weekly or daily practice. Imagine the results that hospitals would achieve if they began treatment with oxygenated drinking and bathing water, rather than putting patients on ventilators!

Another possibility is an Aquadea showerhead attachment for your shower or bathtub. The Aquadea system puts the incoming water through a high-speed implosion vortex so that it essentially sucks the water out of the pipe rather than pushing it as is otherwise the case. (This is exactly how the heart helps move the blood, through suction rather than “pushing.”⁴ Thomas S. Cowan, MD, *Human Heart, Cosmic Heart* (Hartford, VT: Chelsea Green Publishing, 2016).). The www.drtoomcowan.com website is currently the US distributor for Aquadea showerheads.

A simple way to mineralise and oxygenate these recommended waters is to fill an eight-ounce glass, add a pinch of unrefined sea salt, and stir with a long-handled spoon, making a vortex. Stir in one direction and then reverse to stir in the other direction, repeating several times.



APPENDIX B BIO-GEOMETRY AND EMF MITIGATION

THE INTERESTING AND AMAZING THING ABOUT THE CURRENT STATE OF HUMAN AWARENESS is that what we generally call science is actually mostly a series of easily disproven irrational superstitions. Here is one simple example of such a superstition, which once corrected holds the key to protecting ourselves and all of nature from the harmful effects of EMFs.

Start by asking yourself or your friends the simple question: does the form, shape, and pattern of some object, and the quality of the materials that make this form, shape, or pattern, have an effect on the invisible energies of living things? Science, at least medicine, is clear that such an idea is unscientific nonsense. If a doctor at a conventional medical conference suggested that one could lay a geometric form on a human being or place a geometric form near a human being to produce a therapeutic effect, he would be a laughingstock.

However, consider the Stradivarius violin, widely considered the best violin ever made, some of them selling for tens of millions of dollars. What is this violin? Simply put, it is a specific geometric form made from a specific material called moon wood (timber harvested during the waning moon when the sap in the trees is at its lowest) that somehow forms invisible sound waves into unmatched music.

The sound this specific form, made with this specific material, produces has been prized for centuries by violinists all over the world. Apparently, the form and material of this specific violin is able to shape invisible sound waves to create the most exquisite music. Only a completely unscientific mind would conclude that this is the only example in nature in which form, patterns, and shape made out of a specific material affects the energy that we now know animates life.

The reality is that this process of form, shape, pattern, and material affecting the energy around us is the norm and not some unusual occurrence. It is the basis of “sacred” science all over the world, even back to the time humans lived in caves and carved geometric forms into the

walls of the caves. From our earliest days, through the forms of the pyramids, monuments, and sculpture, humans have been working with material and form to create effects on the life around them. It is only the modern, irrational materialistic “scientists,” whose ideas are formed primarily by superstition, who deny these effects are real.

Bio-geometry is simply the science of how form, shape, and patterns combined with certain materials shape the energy in the world around us. The result of this shaping is either a beneficial or harmful effect on all life forms including human beings. Living in a time of increasing electro-smog, with no apparent end in sight for the level of pollution we will be exposed to, it is imperative that all our readers explore the strategies and techniques offered by bio-geometry to mitigate these effects.

This is not in any way to suggest that putting 5G satellites and towers up is somehow fine if we just use bio-geometry to mitigate their effects—this is not at all true. These insane installations must be stopped. At the same time, right now, everyone can and should avail themselves of the science of bio-geometry to deal with the current electromagnetic pollution we all face.

For example, in the late 1990’s, the National Liver Disease Research project in Egypt undertook a study of patients with hepatitis C and elevated liver enzymes. Although most claim that hep C is a viral disease, the elevation of the liver enzymes does not argue for the presence of a virus but indicates some toxin that is affecting the health of the liver. In this study the participants were asked to wear either a bio- geometry pendant, use a placebo, or follow conventional antiviral therapy. The researchers followed the course of the liver enzymes in the six months after the intervention.

The head of the study, Dr. Tasha Khalid, announced on Saudi television that the results showed 90 percent of the participants who used the bio-geometry pendants had a reduction in liver enzymes in the first six months. This is in contrast to a reduction of 50 percent in those who used conventional treatment and 20–30 percent of those in the placebo group.1 ([**The Hepatitis C Research Project**](#),”

This is a dramatically positive result for such a simple and inexpensive intervention, and one that should be followed up with other studies on other illnesses. The best way to use bio-geometry is to become a bio-geometry practitioner yourself.

You can do this by contacting the Vesica Institute and signing up for their online classes (vesica.org). The next best thing is to contact and work with a trained bio-geometry practitioner who can get you started in mitigating your personal space, including helping you find personal protective devices to use. The final approach, one that is the least everyone should use, is to purchase the L90 and bio-emitter pendants from the vesica.org website and use them as directed all the time.

The vesica.org website also features the fascinating work of Ibrahim Karim, who was able to mitigate the effects of radio antennas in a church steeple in Hemberg, Switzerland, using various shapes strategically placed in the church and nearby houses. 2 (“Dr. Ibrahim Karim’s Hemberg Switzerland [Project on Reuters](#),” September 30, 2013,

Spend some time each day outside, far away from antennas—in a park, on a farm, or in the woods—to give your body the rest it needs from EMF pollution.



APPENDIX C WHAT TO EAT?

A HEALTHY DIET, ONE THAT HELPS MAINTAIN YOUR CELLULAR GELS, gives you maximum energy, and protects you as much as possible from EMFs, does not require any renunciation. Modern man must wade through the myriad offerings of processed food (much of it addictive) and also be wary of misinformation, especially the misinformation coming from the medical establishment; he must avoid falling for a diet of industrial foodstuffs while also steering clear of weird, invented diets and especially low-fat diets that are impossible to follow. Organic produce is now widely available, even in supermarkets.

GET YOUR FATS RIGHT SWEETS

Eat sweet foods after a meal so that they don't cause a blood sugar roller coaster!



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