Covid-19 Facts

FACT #1 - THERE IS NO VIRUS

According to Dr. Andre Kaufman, an MIT graduate, there is no actual Covid 19 virus that has been properly isolated, discovered, defined and found to exist. Using Koch's Postulate, we can prove this claim.

Koch's Postulate (If you can do all these steps, you can prove the microorganism causes the disease)

- STEP #1, The microorganism must be found in abundance in all organisms suffering from the disease but should not be found in healthy organisms. (they never found an organism in abundance from those with a disease)
- STEP #2, The microorganism must be isolated from a diseased organism and grown in a culture. (This was never done)
- STEP #3, The cultured microorganism should cause disease when introduced into a healthy organism. (They never found an organism that could be isolated and therefore could not test this step)
- STEP #4, The microorganism must then be re-isolated from the inoculated healthy person, the experimental host, and identified as being identical to the original specific causative agent. (because steps 1-3 were never done, they could not perform step 4).

These steps have never been done to prove Covid-19 is a disease-causing agent. You can see Dr Kaufman's full analysis here https://thebigvirushoax.com/dr-andrew-kaufman. Here is what is really happened according to Dr Kaufman:

'They sequenced a genome from fragments of material from whatever would be in someone's lungs and from someone who is sick. We did not get Covid 19 from a virus, we got it from whatever is commonly in everyone's lungs. We don't even know that there is a virus from a definitive source. Essentially, they put RNA fragments into a determined outcome, and they said this is the index genome for that outcome. Then they put out a set of recipes that define this preconceived outcome. Covid 19 is totally contrived by a computer. The computer is used to compare RNA with other known sequences of RNA. The way that they identify someone as having COVID is that they match the RNA sequence created by the computer to other known Corona sequences.

For example, Covid 19 was specifically compared to the SARS COV 1 virus because the two have just under an 80% RNA sequence match. Consider that a 96% sequence matches a human to a chimpanzee. Obviously, the two are not closely the same. And yet we can say that just under 80% match to SARS COVID 1 says a person has COVID 19? According to Dr. Andre Kaufman, computers are used to find the virus that does not exist. According to Dr. Kaufman,

"There is a major effort everywhere to control everyone's thinking about this virus. Modern medicine is the cause of death. We don't know what they are testing for because we do not know the source of the genetic material. People die of testing positive of COVID 19 and not from Covid 19. Even if there is suspicion, you should just call it Covid 19 death.'"

Addendum to Fact #1

There are countless researchers now saying the same thing. Covid 19 is a moving target. When you are tested, a host of many things can be said to be covid. If you have any of these things in your system as initially programed into the computer to find, then you are said to have covid. This is all designed so that people could be controlled and propagandized into medical fear and therefore authorities are justified in moving forward with medical marshal law, which means more central control. This becomes especially clear when you understand how the PCR test is used to manipulate and distort the truth.

FACT #2 - THE PCR TEST

Dr. Kary B. Mullis, the inventor of the technology called PCR (Polymerase Chain Reaction), said "PCR…should never be used as a tool in the diagnosis of infectious diseases." PCR is a thermal cycling method used as a forensics crime tool and not to be used to diagnose a disease. The PCR test makes billions of copies of a specific DNA sample, and with all these copies we have a large enough sample to study, like in confirming a woman was raped by a man with a certain DNA. In other words, the PCR test can detect almost anything microbial in any person, no matter how tiny or miniscule, but it cannot determine how much of the microbe is in the body. Herein lies the crux of the controversy—94% is a false positive.

With PCR, you find any kind of microbe or toxin in our body, as all of us have them, but none of these indicate we are symptomatic of any disease, including cancer. Testing positive for having a microbe is not symptomatic. When Covid-19 came along, various authorities (secret combinations) abused the PCR technology to force a positive finding for any number of microbes said to be covid, and all to profit from the false diagnosis of a disease. That is the fact. How do we know?

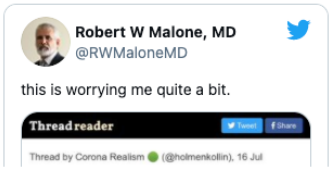
The PCR test can be dialed up or down to find just about anything it wants in the human body. It is guilt by super-small-microbe finding. All the medical establishment has to do is increase "higher cycle counts" and they can control the outcome and find any microbe desired. If we want more testing positive for a single molecule to diagnose a disease and maintain the medical marshal law over the people, increase the cycle count. You can find Dr. Mullis speaking on this before his suspicious death, https://www.youtube.com/watch?v=ZmZft4fXhQQ&t=134s.

Positive tests at high-cycle thresholds should be considered negative unless some other evidence is present, such as symptoms. Most people who test positive for a potential fragment of a virus are asymptomatic, meaning without symptoms. Yet all positive test results are automatically diagnosed as a confirmed case of COVID-19. This is wrong, unethical, and used by corrupt powers to spread fear and division in the people in order to profit.

FACT #3 M-RNA VACCINES

Pfizer and Moderna were the first COVID-19 vaccines to be approved under operation Warp Speed, but not approved by the FDA. Both used a new technology called mRNA vaccine, which has never been broadly given to a human population to prevent any disease. Let that sink in. On the back of all vaccines, like on all drugs, there is an insert that details what is in the vaccine, its ingredients etc. When you open the insert to see what is in the vaccines for COVID, the entire sheet is blank. Let that set in. There is no way the average person can take a vaccine and be truly informed. Strict appeal to authority is not informed consent.

Dr. Robert Malone, a pioneer in mRNA vaccines, shared a viral Twitter thread which lays out the disturbing trend: the most-vaccinated countries in the world are experiencing a surge in COVID-19 cases, while the least-vaccinated countries are not. He was censored on LinkedIn from posting his scientific findings and recently in his Twitter feed he said the following regarding the surge in COVID-19 cases from those who have been vaccinated,



Despite the media's attempt to shut him down, he has gone viral with the truth. Since that viral Tweet, Dr Malone has traveled the world to warn people of the lies.

FACT #4 LAW AGAINST FORCED MEDICAL EXPERIMENTATION

The Nuremberg Code

The judgment by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out "experiments" on human subjects in a new code that is now accepted worldwide. This judgment established a new standard of ethical medical behavior for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of voluntary informed consent of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body. This code also recognizes that the risk must be weighed against the expected benefit, and that

unnecessary pain and suffering must be avoided. This code recognizes that doctors should avoid actions that injure human patients. Here are the 10 principles that define the code:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10.During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

FACT #5 HIPAA (Health Insurance Portability and Accountability Act)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996.

HIPAA is federal regulation that was established to strengthen how Personal Health Information (PHI) is stored and shared by Covered Entities and Business Associates. HIPAA regulation covers several different categories including HIPAA Privacy, HIPAA Security, HITECH and OMNIBUS Rules, and the Enforcement Rule. All Covered Entities and Business Associates must follow all HIPAA rules and regulation. Here are the five rules:

1. **Privacy Rule (**45 CFR §164.530**)**
   The Privacy Rule protects the PHI and medical records of individuals, with limits and conditions on the various uses and disclosures that can and cannot be made without patient authorization. This rule also gives every

patient the right to inspect and obtain a copy of their records and request corrections to their file. There are specific forms that coincide with this rule: Request of Access to Protected Health Information (PHI); Notice of Privacy Practices (NPP) Form; Request for Accounting Disclosures Form; Request for Restriction of Patient Health Care Information; Authorization for Use or Disclosure Form; and the Privacy Complaint Form.

2. **Security Rule** (45 CFR §164.308)
   The security rule defines and regulates the standards, methods and procedures related to the protection of electronic PHI on storage, accessibility and transmission. There are three safeguard levels of security. The Administrative safeguards deal with the assignment of a HIPAA security compliance team; the Technical safeguards deal with the encryption and authentication methods used to have control over data access, and the Physical safeguards deal with the protection of any electronic system, data or equipment within your facility and organization. The risk analysis and risk management protocols for hardware, software and transmission fall under this rule.

3. **Transactions Rule**
   This rule deals with the transactions and code sets used in HIPAA transactions, which includes ICD-9, ICD-10, HCPCS, CPT-3, CPT-4 and NDC codes. These codes must be used correctly to ensure the safety, accuracy and security of medical records and PHI.

4. **Identifiers Rule**
   HIPAA uses three unique identifiers for covered entities who use HIPAA regulated administrative and financial transactions. These identifiers are: National Provider Identifier (NPI), which is a 10-digit number used for covered healthcare providers in every HIPAA administrative and financial transaction; National Health Plan Identifier (NHI), which is an identifier used to identify health plans and payers under the Center for Medicare & Medicaid Services (CMS); and the Standard Unique Employer Identifier, which identifies and employer entity in HIPAA transactions and is considered the same as the federal Employer Identification Number (EIN).

5. **Enforcement Rule**
   This rule is derived from the ARRA HITECH ACT provisions for violations that occurred before, on or after the February 18, 2015 compliance date. This expands the rules under HIPAA Privacy and Security, increasing the penalties for any violations. This addresses five main areas in regards to covered entities and business associates: Application of HIPAA security and privacy requirements; establishment of mandatory federal privacy and security breach reporting requirements; creation of new privacy requirements and accounting disclosure requirements and restrictions on sales and marketing; establishment of new criminal and civil penalties, and enforcement methods for HIPAA non-compliance; and a stipulation that all new security requirements must be included in all Business Associate contracts.

FACT #6 DR DAVID MARTIN, A TOP EXPERT TO EU PARLIAMENT, EXPOSED THE TIMELINE

- Corona Virus was identified in 1965 as one of the first infectious replicatable viral models that could be used to modify a series of experiences in the human condition. It was immediately identified and used for a whole host of reasons.
- It 1966 the very first COV virus model was used as a trans-Atlantic biological experiment in human manipulation.
- In 1967 we did the first human trials on inoculating people with modified Corona virus.
- The common cold was turned into a Chimera in the 1970s.
- 1975, 1976 and 1977 we started figuring out how to modify Corona virus by putting into different animals; pigs and dog. This became the basis for Phizer's spike protein vaccine patent, filed in 1990.
- In 1990 they found out there is a problem with Covid vaccines. They didn't work. It turns out Corona virus is a very malleable model. It transforms, it changes, and it mutates over time. In fact, every publication on vaccines for Corona virus from 1990 to 2018, every single publication, concluded that Corona virus escapes the vaccine impulse.
- In 2002 the University of North Carolina Chapel Hill Patented "an infectious replication defective clone of Corona virus." That work patented at The University of North Carolina Chapel Hill, mysteriously preceded SARS 1.0 by one year.
- In 2005, this particular pathogen, was specifically labeled a bio terrorism and bio weapon platform technology. And from 2005 onward, it was actually a *bio-warfare enabling agent*. This is its official classification.

- We have been lured into believing that Echo Health Alliance, DARPA and all these organizations are what we should be pointing to. But we have been specifically told to ignore the facts, that over ten billion dollars have been funneled through black operations, through the checkbook of Anthony Fauci.
- In a side-by-side ledger where NIAD has a balance sheet and next to it is a bio-defense balance showing equivalent dollar-for-dollar matching that no one in the media talks about.
- By the time we get to 2017 and 2018, the following phrase enters the social conscious through lockstep coordinated reporting, “There is going to be an accidental or intentional release of a respiratory pathogen.”
- Seven months before the allegation of patient number one, four patent modifications from Moderna, were modified to include the term, “accidental of intentional release of a pathogen” as the justification of making a vaccine that did not exist.
- The intent was to get the world to accept a universal vaccine template and to use Corona virus to get there.
- This was premeditated domestic terrorism stated at the Preceding of the National Academy of Sciences in 2015.
- This is an act of biological and chemical warfare perpetuated on the human race.

RUMBLE Link
https://rumble.com/v2r01eg-dr.-david-martin-exposing-covid-as-a-biological-warfare-crime.html
YouTube Link
https://www.youtube.com/watch?v=mfLycFHBsro

FACT #7 PROVEN TREATMENTS AGAINST COVID 19

- **Hydroxychloroquine**
  Sold under the brand name Plaquenil among others, is a medication used to prevent and treat malaria in areas where malaria remains sensitive to chloroquine. Other uses include the treatment of rheumatoid arthritis, lupus, and illnesses. It is taken by mouth, often in the form of hydroxychloroquine sulfate.
- **Ivermectin**
  Sold under the brand name Stromectol among others, this is a medication that is used to treat parasite infestations. It can be taken by mouth or applied to the skin for external infestations. Ivermectin was discovered in 1975 and came into medical use in 1981.[14][15] It is on the World Health Organization's List of Essential Medicines.[16] Ivermectin is FDA-approved as an antiparasitic agent.[17]
- Zink
- Vitamin D in winter and exposure to the warm sun in summer
- Aerosol Steroids
- Z-PACK

FACT #8 Masks

- Wearing a mask actually activates your own viruses and latent infections.
- Wearing a mask concentrates bacteria into a living petri dish on your face. True health, like the health of a home, is meant to dry out wet, damp areas and keep them from growing bacteria.
- Wearing a mask depresses your CD4 cells, which are your memory immune responses.
- Wearing a mask does not stop the spread of viruses—corona viruses are smaller than influenza viruses.
- Wearing a mask stresses your immune system which makes you more susceptible to disease and infection.
- Wearing a mask causes you to rebreathe exhaled CO2 and diminishes the amount of oxygen needed for health and natural oxidation of bacteria, viruses, and fungi.

FACT #9 Dr Judy Mikovits

Dr Judy Mikovits is one of the biggest whistle blowers against the MRNA vaccines. Here is a breakdown of the history of vaccines from Smallpox to Covid 19, as she reported on the London Real program in July of 2020.

- 1986 National Vaccine Compensation Act was signed into law by President Regan. You could not sue pharmaceutical companies anymore and this gave them liability protection. This was only protection for vaccines that were on the childhood schedule. They even added the flu shot to the childhood schedule at six months, so they could get liability protection.
- In 2002 the United States Supreme Court said vaccines are unavoidably unsafe. And because of the 1986 act, there is no incentive to make them safer.
- Congress created an injury compensation program. Very few people know about this, and only about 25% people who filed a claim get compensated. It is not supposed to be an adversarial court but it has become extremely adversarial.
- After 911, there was a big push to pull out the smallpox vaccine with the idea that a small pox virus could surface as a bio terror attack. There were only two places with a known virus in secure storage, Russia and the CDC. Fortunately, this move was backed off. Nonetheless, this started the talk for bio terror attacks and vaccines.
- 2003 Project Bio Shield was created with over 5.6 billion dollars over ten years. We created a permanent source of public health funding for emergencies that they can declare. It gave big pharma immediate access to money to create vaccines, and if there was no need for the vaccine, the government would buy the product. The taxpayer lost at both ends.
- 2003 also surfaced the Emergency Utilization Authority (EUA). If it is safe enough, you can use the vaccine on the mass population. It does not need to be a perfectly safe vaccine, just safe enough. Drug companies were not happy with that, they wanted the same level of protection as the 1986 Vaccine Compensation Act.
- Between 2003-2005 there were over a dozen acts proposed to congress to try to give the drug companies full liability protection. Then in the last minute on December 17, 2005, on a Saturday night, Senator Bill Frisk from Tennessee, went over to the capital building at 11:33 PM, after a defense appropriation bill had already been signed off on, and demanded that a 45-page document be attached to the Defense Appropriation Bill. It was called Vision E originally, then later it was called Public Readiness and Preparedness Act, the PRP ACT. This gave the head of Health and Human Services (HHS) the ability to activate the piece of legislation for a health emergency, and in this emergency it gave the drug companies 100% liability protection.
- 2020, this PREP act got activated in Feb of 2020, and from then on the pharmaceutical companies have been operating under complete liability protection.

FACT #10

A virus is so small (about 1/10000 the size of a hair) that an electron microscope is required to see it. Since a virus is so small, it cannot be recorded in transmission outside the body. In other words,

- There is no proof that a virus is contagious outside the body.
- There is no proof that a virus can transmit from person to person.
- There is no proof that a virus can transmit from person to person causing harm.

Source John Rappaport at https://nomorefakenews.com/

FACT #11

AMERICANS WITH DISABILITIES ACT

FDA has not followed the informed consent or citizenship petitions for protocols for either the emergency authorization or full authorization.