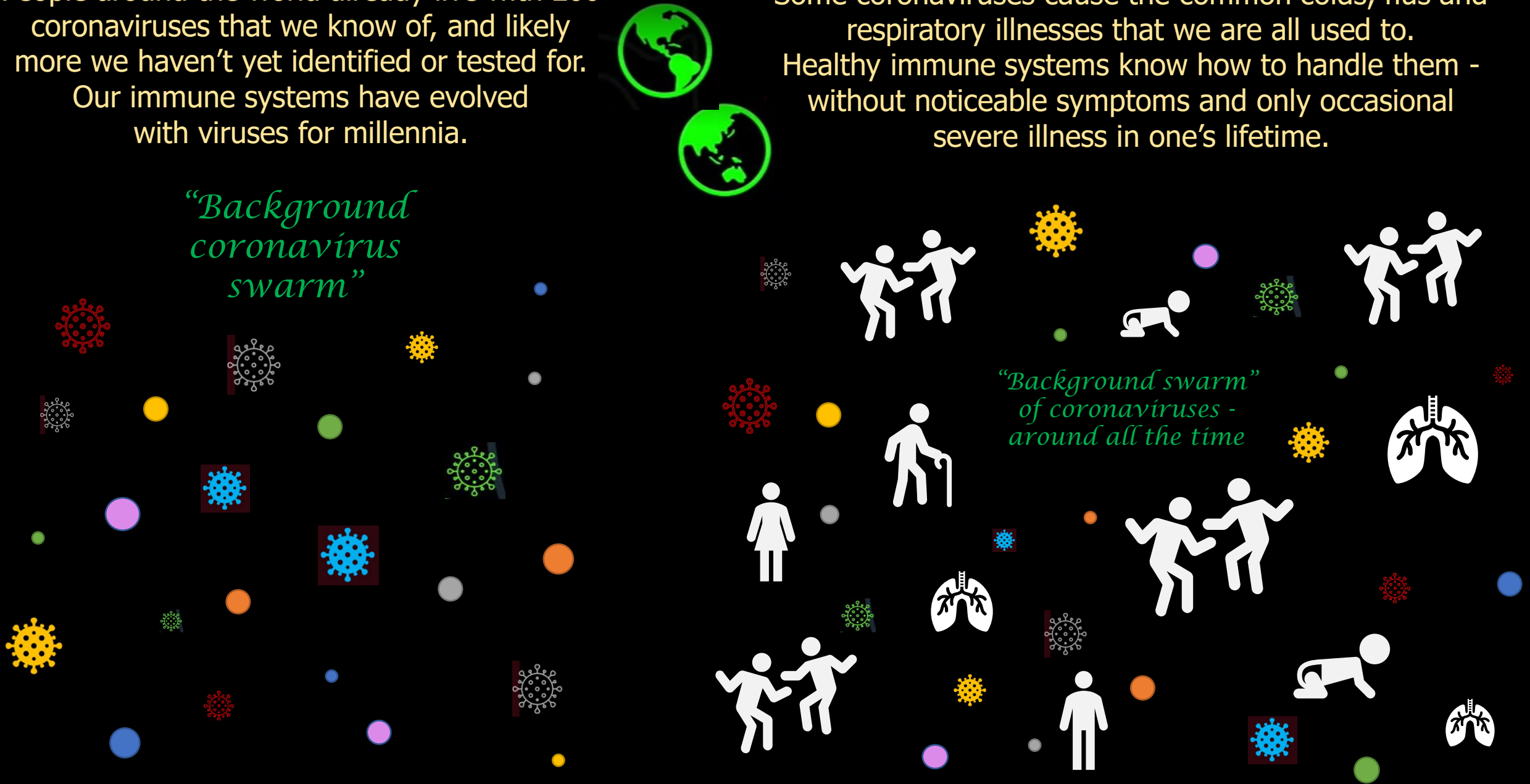


People around the world already live with 200 coronaviruses that we know of, and likely more we haven't yet identified or tested for. Our immune systems have evolved with viruses for millennia.

Some coronaviruses cause the common colds, flus and respiratory illnesses that we are all used to. Healthy immune systems know how to handle them - without noticeable symptoms and only occasional severe illness in one's lifetime.

*“Background coronavirus swarm”*

*“Background swarm” of coronaviruses - around all the time*

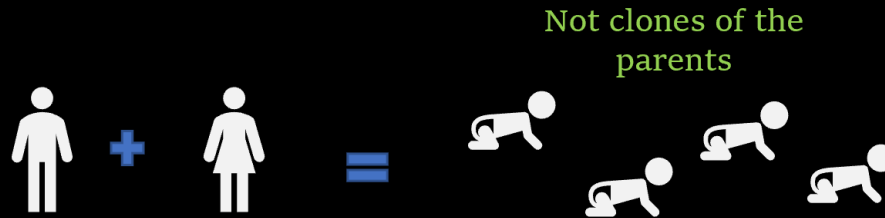


Just as people reproduce and make babies that are not clones,  
**not perfect copies** of themselves...

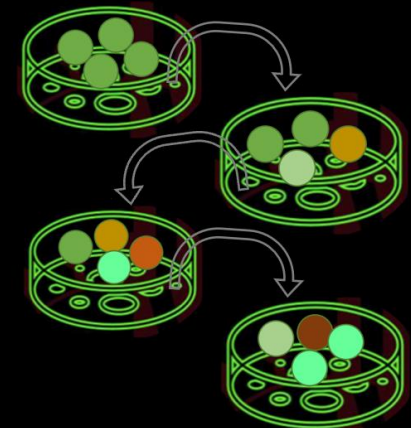
Coronaviruses replicate and don't make clones, **don't make perfect copies**  
of themselves either

Human  
reproduction

Babies are not  
clones, not perfect  
copies of their  
parents

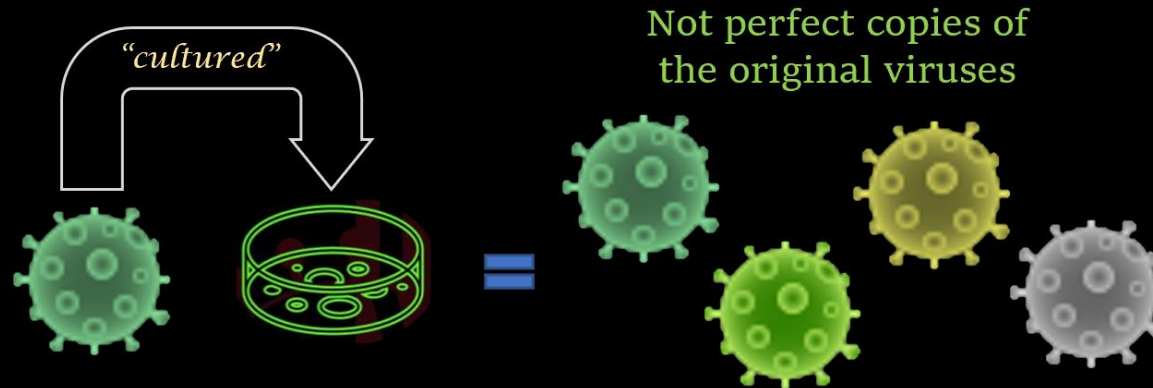


*Cultured coronaviruses  
won't replicate into the  
exact same viruses*



Coronavirus  
replication

Coronaviruses don't  
replicate into clones,  
don't make many  
perfect copies of  
themselves





Coronaviruses are changing all the time in the background swarm.

The more these viruses replicate - in the wild, animals, people and a petri dish - the more they change. Their genetic instability prevents them from making multiple pure copies of themselves.

Coronaviruses lose their qualities and attributes as they replicate and change.



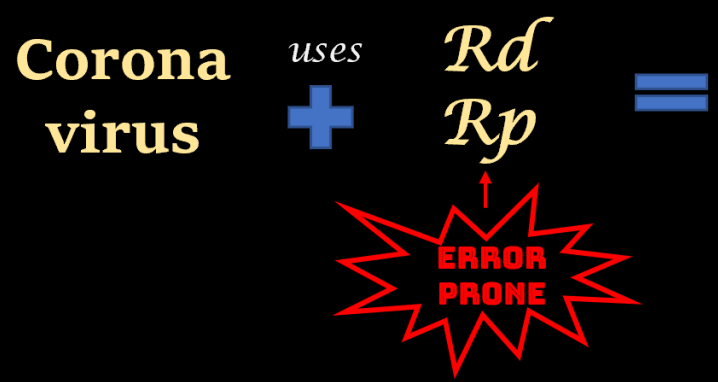
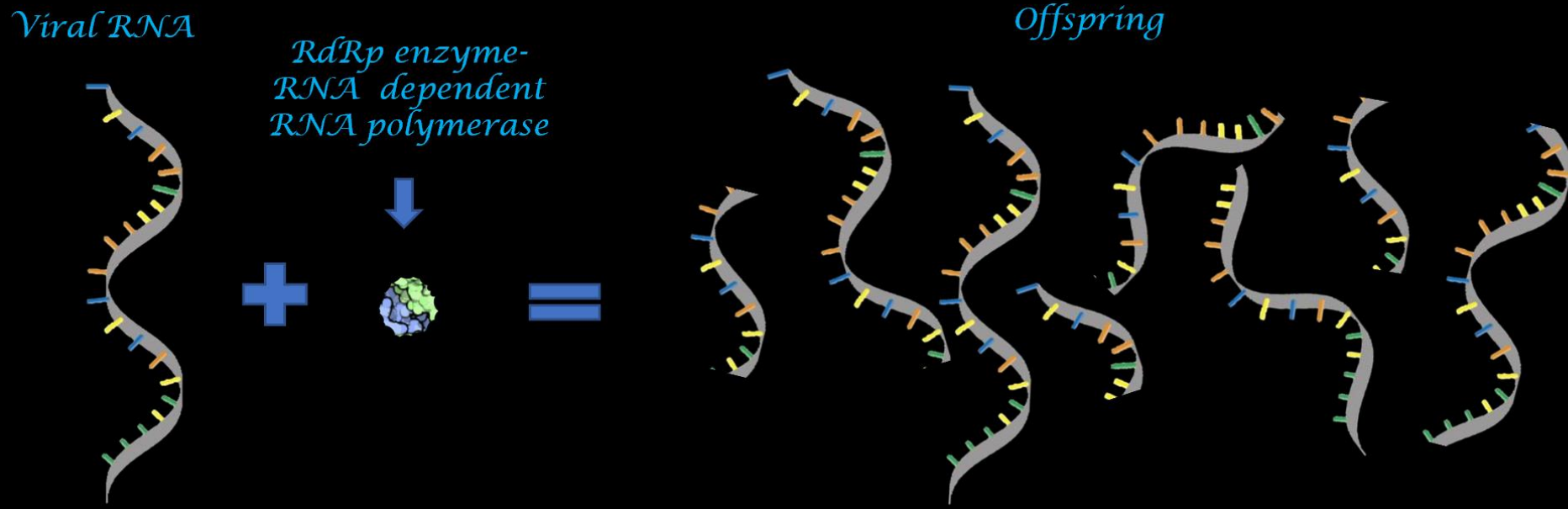
*The most harmful viruses of any season can't make many harmful copies of themselves.*



Recombination

*Coronaviruses also recombine with one another and form many different viral variations.*

To replicate, the enzyme *RdRp* reads all 30,000 nucleotides on the SARS CoV2 genetic strand. *The problem is....* *RdRp* can't detect errors; it can't go back and check it's work and repair the errors made. Coronavirus mutations result in a cloud of offspring *different from* the original.



**Viral copies of itself**

**But many of these copies are not at all like the original virus – and some will be duds and won't replicate themselves**

The cells of our immune system intelligently recognize the parts of coronaviruses that remain the same from copy to imperfect copy. This is one reason why people with healthy immune systems don't get bad viral illness every winter.

## Cells of the immune system:

epithelial cells

macrophages

natural killer cells

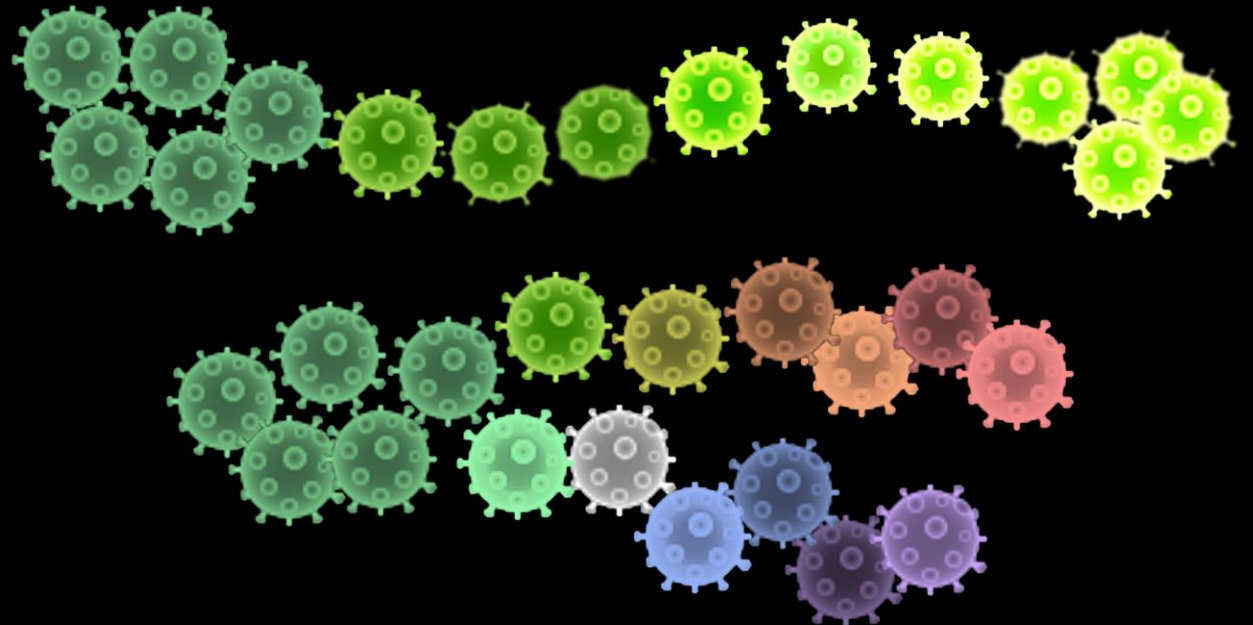
memory B cells

memory T cells

dendritic cells



*Our immune systems are used to recognizing and fighting viruses as they change, mutate, and recombine with one another.*

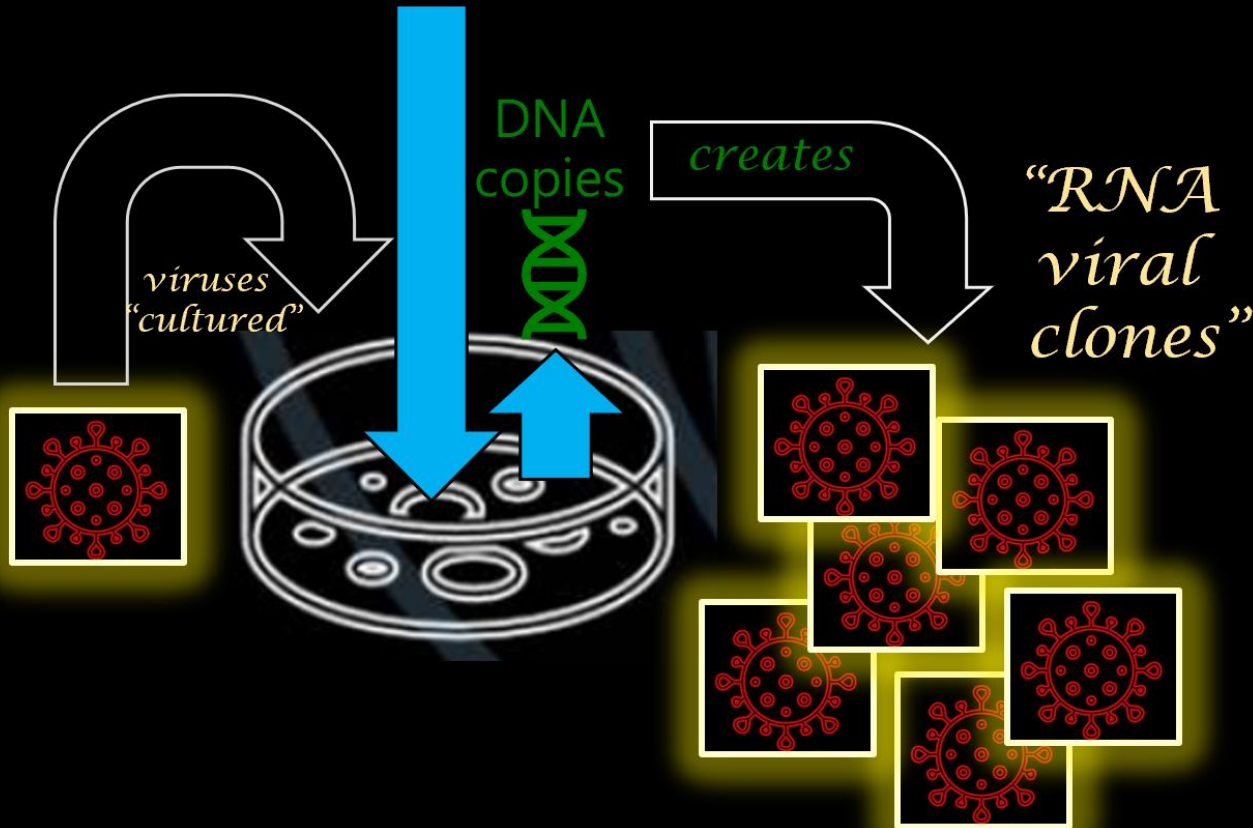


*Pro tip: antibodies are only one small part our immune system uses to fight viruses.*

Because coronaviruses change so much, scientists have to add an enzyme in the lab - then create DNA copies - to get sufficient amounts of one they want to study.

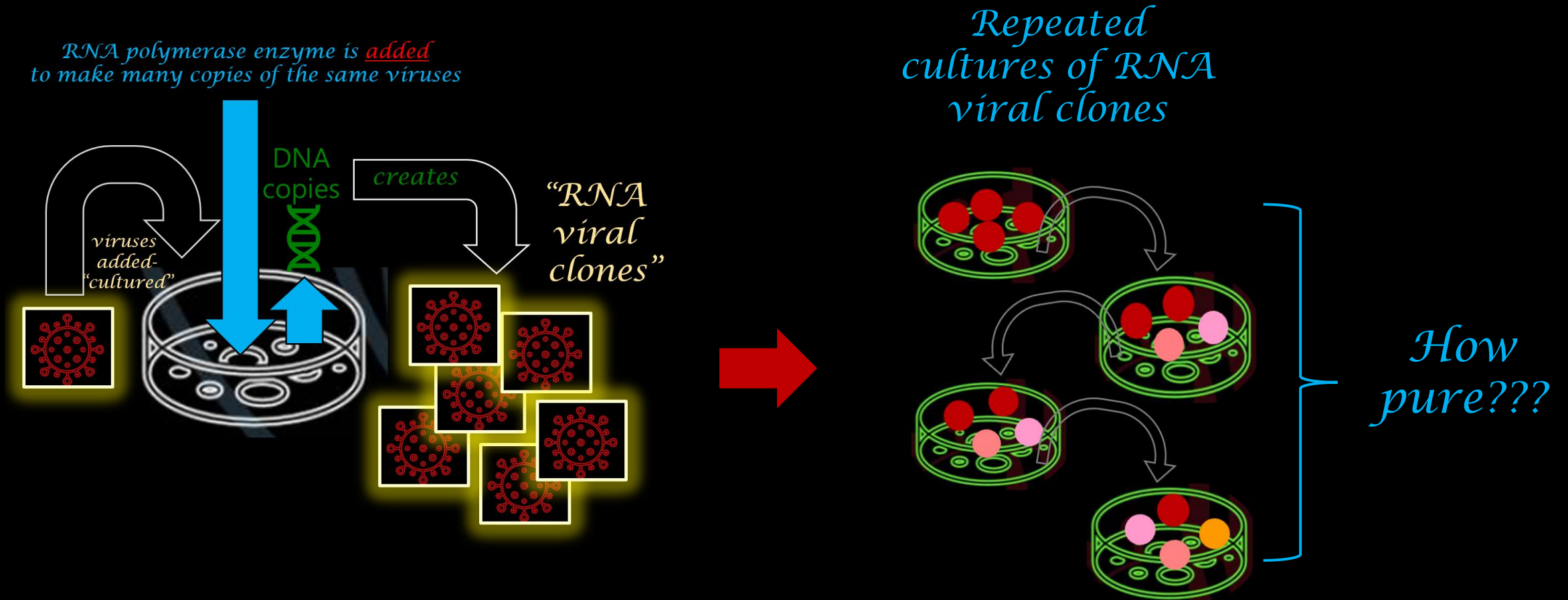
This process was discovered by David Baltimore in the 1980's and has been used since. Many scientific papers show the use of RNA polymerase to make DNA copies (cDNA) - then cDNA creates adequate amounts of a coronavirus to study.

RNA polymerase enzyme is added to make many copies of the same virus

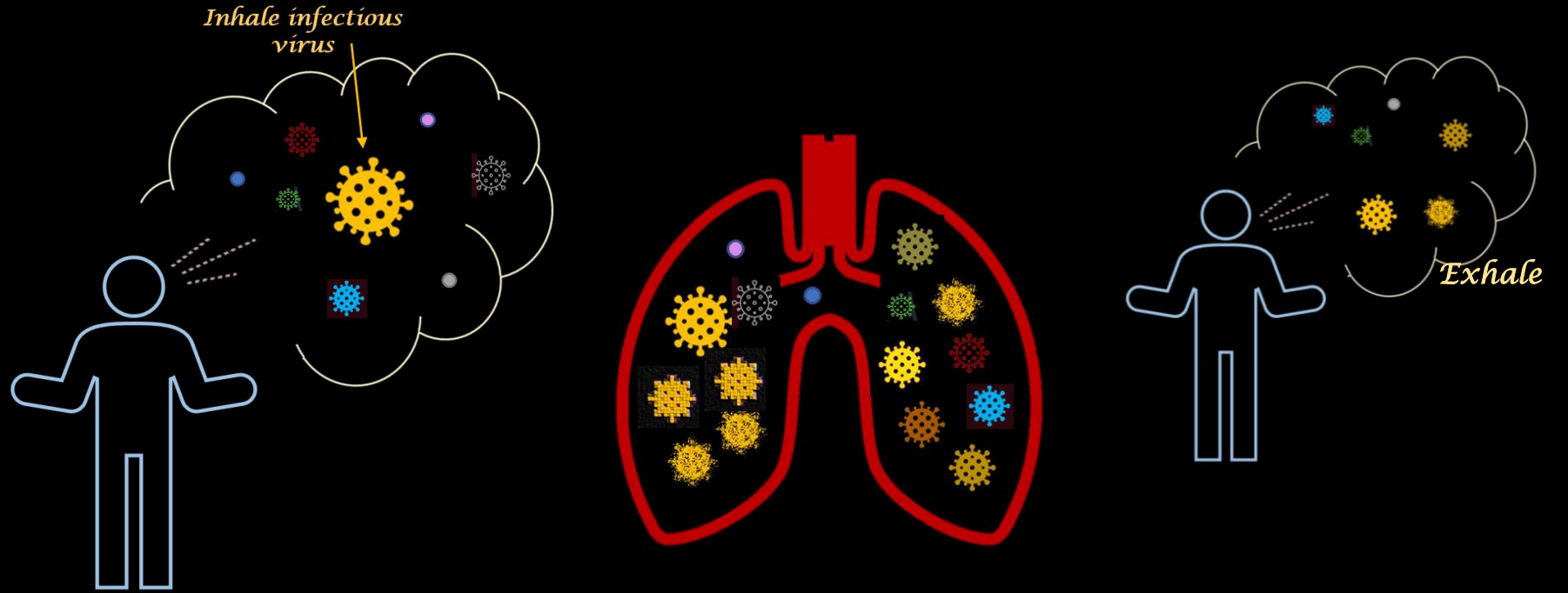


*Viral clones do not develop in the wild, in animals or in people!*

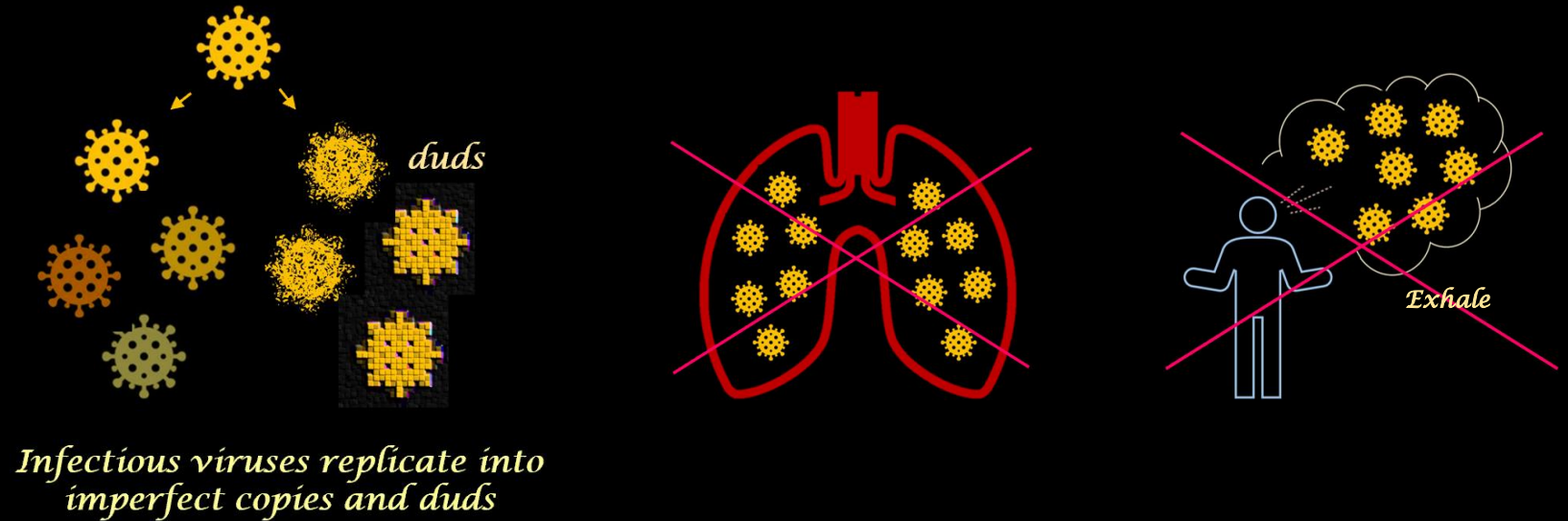
DNA copies (cDNA) of coronaviruses can be grown in petri dishes.  
But nobody knows the % of pure copies in each dish as they replicate.  
How many are infectious and will spread? How many are not?  
*The ratio of pure to impure viral copies has never been shown.*



Coronaviruses we breathe in *do not* replicate into perfect, harmful copies of themselves in our lungs.



This reduces their capacity to make us ill. And we don't exhale pure, harmful viral copies onto others.



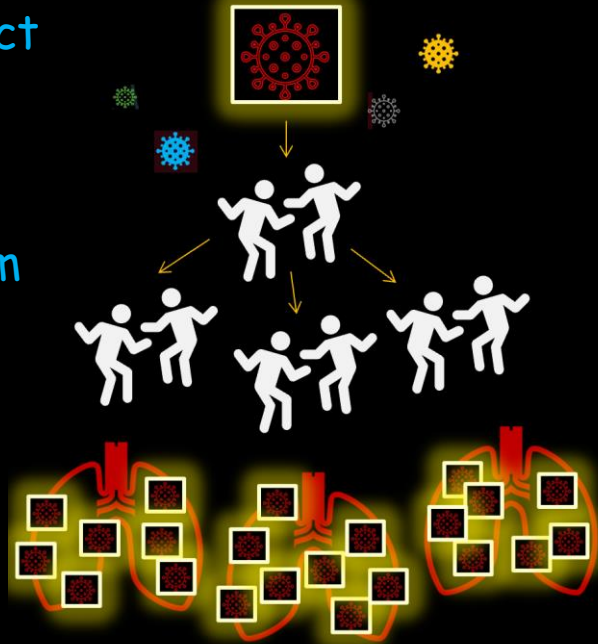


# \*Gain of Function Myths\*

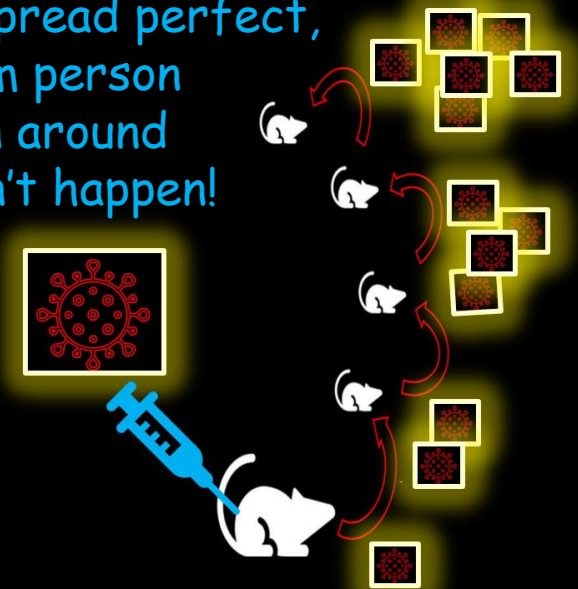
*Remember* – In the wild, in animals and in people, coronaviruses can't make very many perfect copies of themselves. Infectious coronaviruses will make many mistakes as they replicate – resulting in a wide variety of viruses. Some can spread from person to person for awhile, and our healthy immune systems have learned to fight them off.

*Many perfect copies of a coronavirus only occurs in a lab!*

**Myth #1:** A harmful coronavirus made in a lab can make perfect copies of itself in people. Then can spread perfect, harmful copies from person to person around the world. This can't happen!



**Myth #2:** A harmful coronavirus can make more harmful copies of itself by being passaged through animals. Then can spread perfect, harmful copies from person to person around the world. This can't happen!





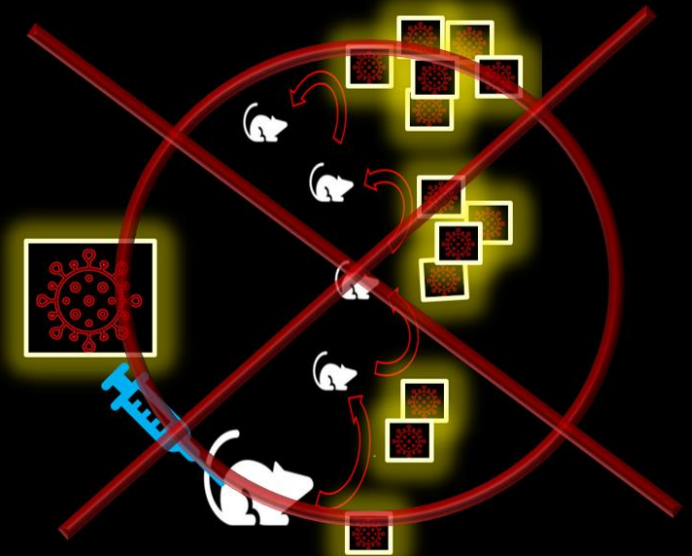
# Can a Coronavirus travel around the world and cause a pandemic?



**NO** - In people and animals, harmful coronaviruses from nature can't make many perfect, harmful copies of themselves to spread from person to person around the world. Besides, our healthy immune systems have learned to fight them off.

**NO** - Harmful coronaviruses made in a lab - with RNA polymerase and cDNA - also can't make perfect copies of themselves in people, and then spread around the world.

**NO** - A harmful coronavirus can't make more harmful copies of itself by being passaged through animals, then spread perfect, harmful copies around the world.



# \*Debates and fables about the origin of SARS CoV2 \*

## DON'T MATTER

RNA viruses can't cause a pandemic; they can't replicate themselves billions of times around the world without changing form



Bat cave -  
Zoonotic fable



Gain of function  
lab leak fable

Animal passage in  
a garage fable



Believing and debating these:

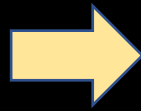
Threatens the world's people and our children - by creating the *perception* that a coronavirus can cause a pandemic at any time in the future.

Incentivizes gain of function research for "defense purposes".

Normalizes coercion to take untested pharmaceutical products and manipulates acceptance of transfections labeled "vaccines".

# So, if coronaviruses can't cause a worldwide pandemic ...

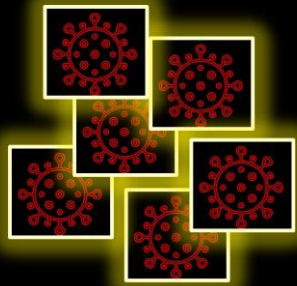
...then how were the same - or similar – coronaviruses and illness detected in people around the world?



## The only evidence this is possible

- in the study of coronaviruses by the scientific community for decades
- from the literature
- from what we know about coronaviruses in the wild, animals and people

*Points to the possibility that coronavirus RNA viral clones were released in select cities around the world.*



*“RNA viral clones”*

*If you think no one has thought of this before, think again...*



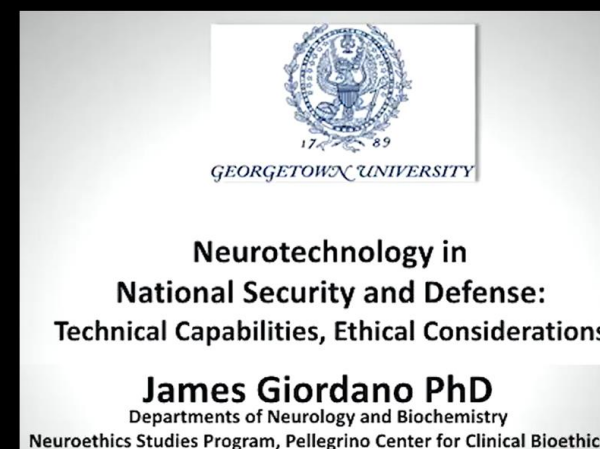
<https://vimeo.com/783971020>

If *coronavirus clones* were released in various select cities around the world – that only a few people got sick from – those few people, in those various cities, would get swabbed.

The viral clones and other viral fragments would show up on PCR tests – from people in cities around the world.

This would make it *seem like* a coronavirus has spread - around the world.

Dr. James Giordano, 2017  
<https://vimeo.com/783971020>



Were coronavirus clones released in Wuhan, Italy, Iran and New York?



# The release of coronavirus clones in select cities would account for:

## **What doctors were seeing**

Some doctors saw *some patients* with unusual symptoms - mostly in 2020. These were in addition to patients with the normal respiratory symptoms they are used to. They alerted doctors around the world.

## **What PCR tests were showing to microbiologists**

PCR tests from nasal swabs were testing positive for proteins - from the SARS CoV2 sequencing published from swabs - of just a few patients.

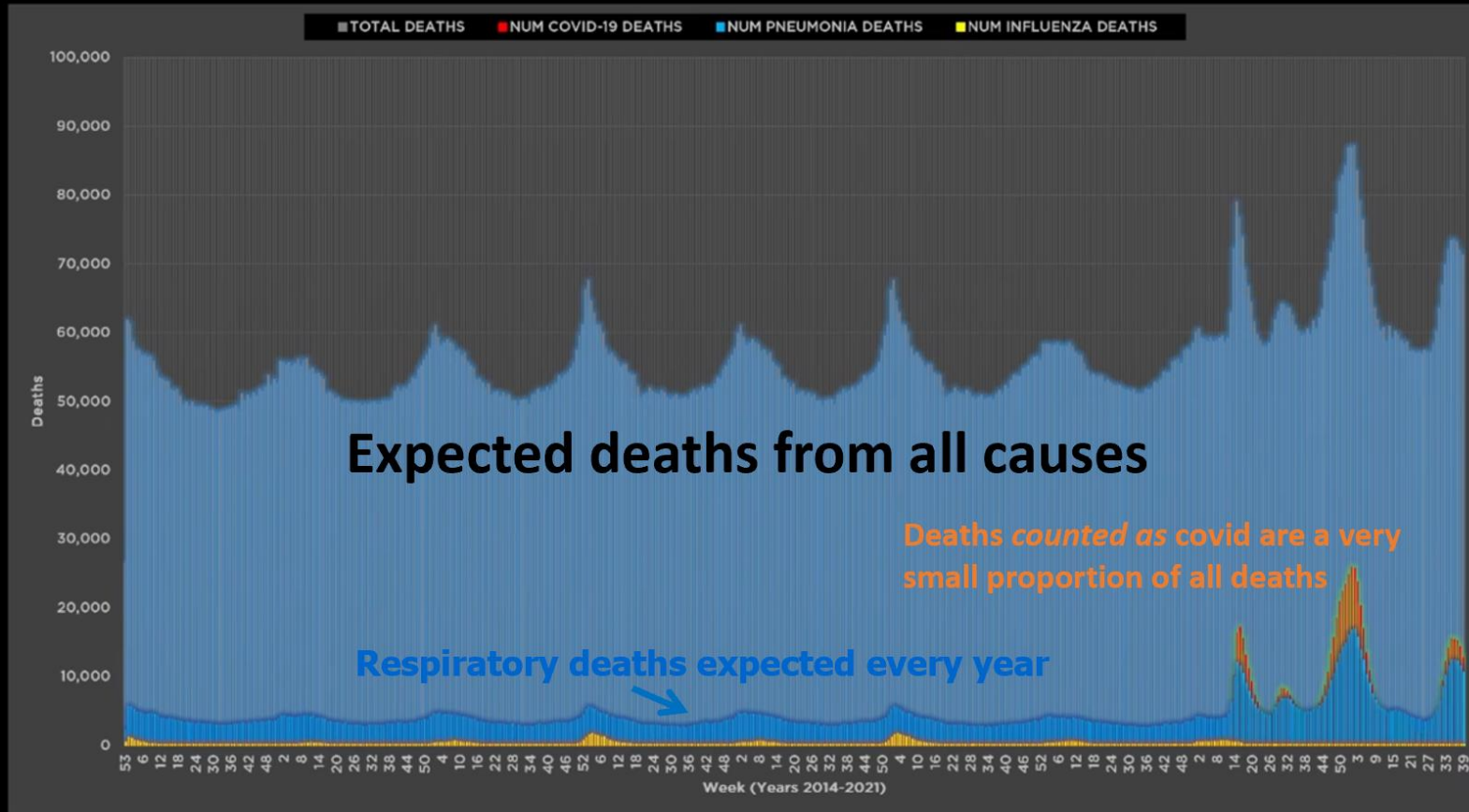
## **The symptoms some people were experiencing**

Some people were experiencing common respiratory symptoms plus some additional symptoms or severity. Many were experiencing the common respiratory symptoms we are all used to... with a positive PCR test.

## **What many people know about the field of virology**

Many are aware that there is a lack of robust, precise scientific evidence in virology. This doesn't mean viruses don't exist - but the world has been lied to about the dangers of natural viruses.

The release of viral clones, only in select cities, would account for what doctors were seeing - a small fraction of the total deaths around the world did occur with unusual symptoms

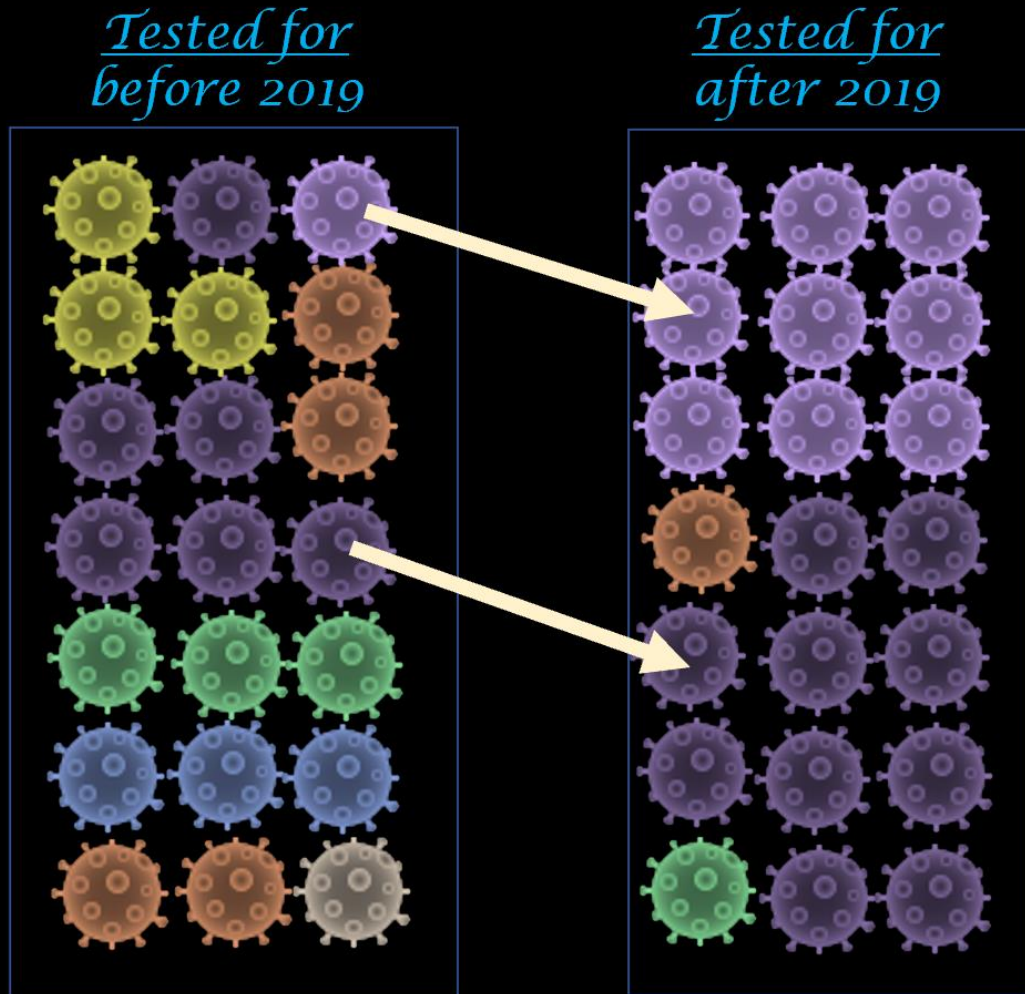


## Influenzas, flus and covid have overlapping symptoms

Doctors and health care workers saw some new symptoms mainly in 2020. Many patients had the normal respiratory illness doctors usually treat - but followed CDC and hospital protocols to treat most all respiratory illness *as covid*.

*Hospitals were paid extra to treat patients with covid protocols*

How many infectious endemic viruses that cause the respiratory illness we expect every year (flu, pneumonia, RSV, etc.) were simply relabeled as SARS CoV2 in 2019-2022?



Did endemic viruses similar to, or matching SARS CoV2 seem to be increasing - only because they suddenly...

- were being tested for regularly
- were being tested for and found in healthy people, who are normally not tested for viruses?

Did previously endemic viruses seemingly disappear – only because they were no longer tested for? Or tested for less often?



# The release of viral clones, only in select cities, would account for what microbiologists were seeing on PCR tests around the world

Microbiologists only knew to look for viral proteins *as described* - from the first ill patients in select cities.

The first ill patients swabbed in 2019-2020 had many viral strands that could have been contributing to their illnesses.

Three of the most common viral strands - that matched coronaviruses already logged in the worldwide database - were strung together and called "SARS CoV2". Were any of these strands microbiologists were seeing actually from the background coronavirus swarm? We don't know and can't be sure.



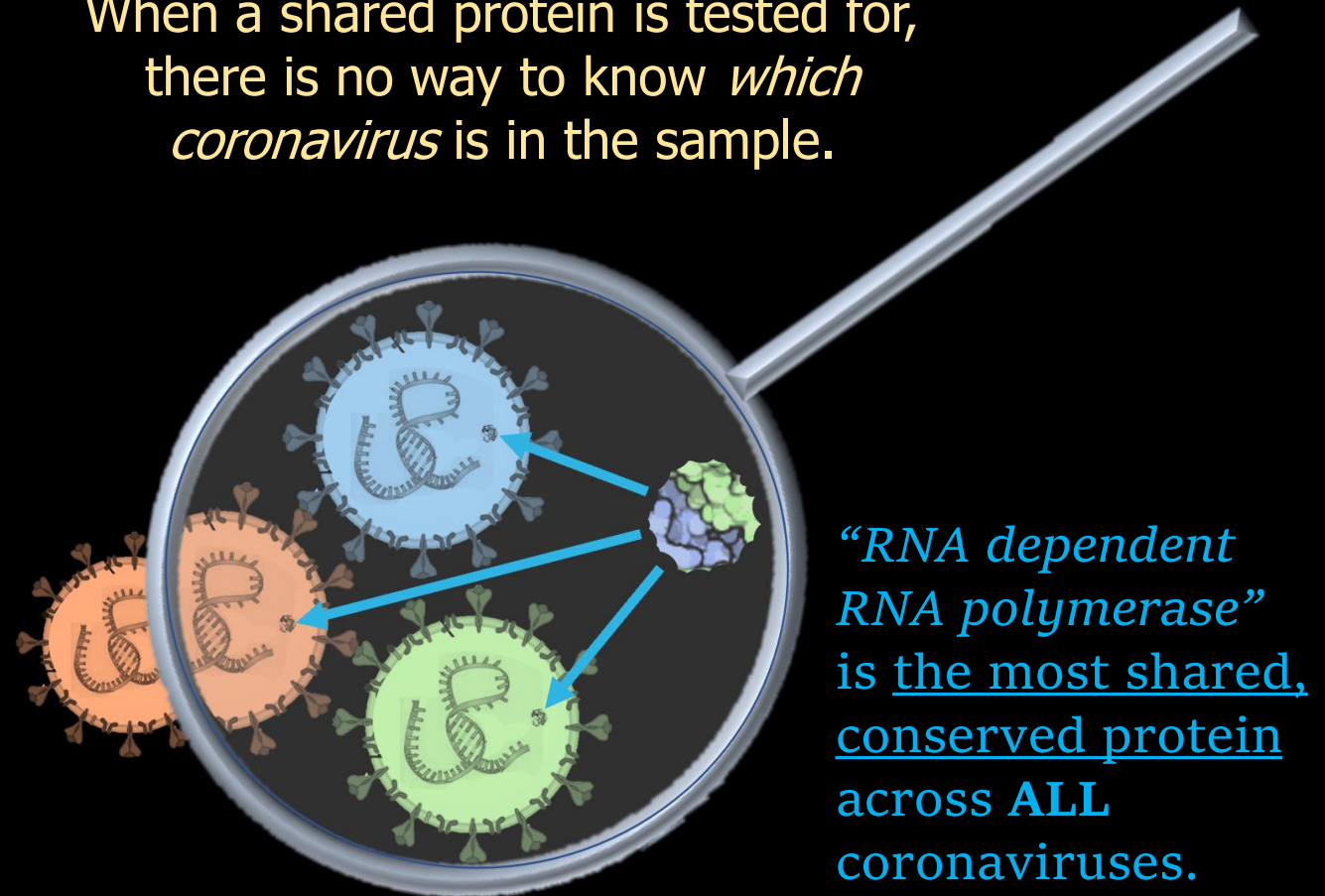
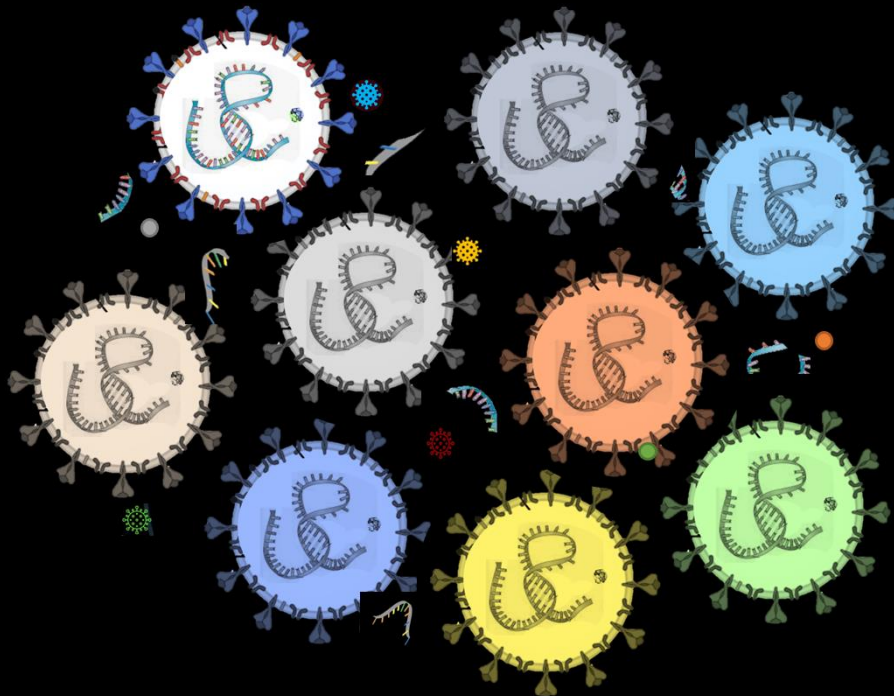
*Since some people had natural immunity to the presumable new SARS CoV2 virus - it could have already been in the background swarm*

All swab samples contain countless numbers of various viruses, viral fragments and infectious particles – which have matching as well as distinctive proteins.

Different types of coronaviruses even share identical proteins –  
*adding uncertainty to PCRs testing positive for the full SARS CoV2 virus*

Any swab sample may contain coronaviruses that we know of, ones we don't, and coronavirus fragments.

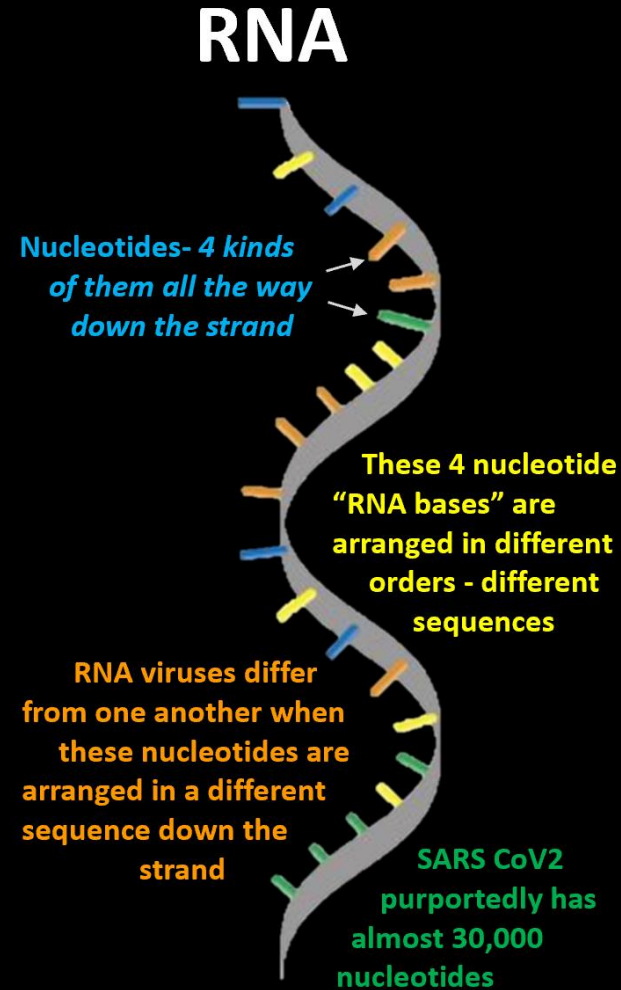
When a shared protein is tested for, there is no way to know *which coronavirus* is in the sample.



PCRs find miniscule amounts of the proteins microbiologists were instructed to look for –  
*without clarity on amounts too small to cause illness or spread to others*

PCR finds nucleotides – fragments of RNA. The test creates *millions of copies* of whatever is present on a swab.

The coronavirus called SARS CoV2 has ~30,000 nucleotides which can separate into incalculable numbers of fragments.



\*Higher PCR test cycles



\*Greater number of viral fragments copied and detected.

*Some PCR tests were set to high cycles - so microbiologists could find even miniscule amounts of Sars CoV2 fragments.*

PCRs appearing “positive” for proteins found on many coronaviruses may have of any number of coronavirus fragments on the swab – not necessarily - or only SARS CoV2

Microbiologists’ PCR tests appeared to be positive for SARS CoV2 in people around the world – but we have no idea how many *actually* had the full virus.

**THERE IS A TOTALLY UNKNOWN QUANTITY OF UNCERTAINTY.**



*\*the PCR test is not standardized*

There is an unknown rate of false positive PCR tests from:

- The harmless viral and bacterial fragments people have in their nose, whether they are ill or not.
- Testing for shared proteins between SARS CoV2 and other coronaviruses.
- PCRs set at high cycles to find even miniscule amounts of proteins.

Nobody knows the percentage of false positive tests around the world.

# The WHO declared a pandemic - of a presumably new, novel coronavirus... Is this true?



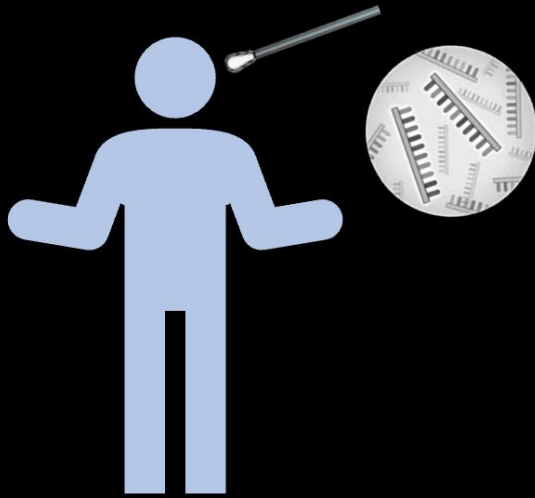
The WHO claimed the virus is new. Is this true? We have no way of knowing because we don't know all the changing viruses currently in the background coronavirus swarm. We just know the ones that have been tested for and logged onto a worldwide coronavirus database.

When the first ill patients were swabbed in 2019-2020, three of the most common viral strands found - that matched coronaviruses already logged in the database - were strung together and called "SARS CoV2". Were any of these strands from the background swarm of coronaviruses? Were all of these strands causing illness? We don't know and can't be sure.



*Sars CoV2, or part of it, is not from The background swarm?? Nobody can be sure.*

# The WHO advised billions of people around the world to get swabbed and PCR tested – even though PCR cannot diagnose illness



The PCR test can't diagnose illness because...

**even minuscule amounts  
of ANY harmless genetic fragments  
from any virus or bacteria  
can be found in lots of random people**

...causing untold numbers of people to falsely test positive for SARS CoV2, especially when PCR cycles are set high.

*\*Also - every person's personal genetic material is unavoidably collected with each swab.*

# Those promoting the WHO pandemic narrative tried *to change how we THINK*



About the things we already know:

- The human coronavirus swarm
- Our immune response to respiratory viruses
- All cause mortality
- Immunization, vaccination and immunity

**so we wouldn't question this narrative**



# They tried to change how we THINK about the human coronavirus swarm



They tried to make us forget that people around the world already live with 200 coronaviruses that we know of, and surely many more we haven't yet identified or tested for. They are changing and mutating all the time.



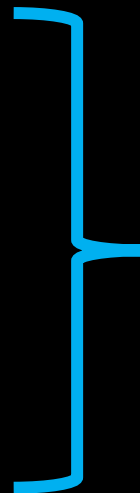


# They tried to change how we THINK about our immune response to respiratory viruses



They tried to make us forget that our healthy immune systems know how to fight coronaviruses - and use more than antibodies to do it.

epithelial cells  
macrophages  
natural killer cells  
memory B cells  
memory T cells  
dendritic cells



Thankfully our immune systems contain many cells in our nose, throat and respiratory tract to fight infection from viruses and other infectious particles - right in the places they enter our body.

\*Antibodies are only one small part of immunity.  
*those invested in pharmaceuticals exaggerate the importance of antibody levels (seroprevalence) - to help sell injections that increase antibody levels*

# They tried to change how we THINK about all cause mortality

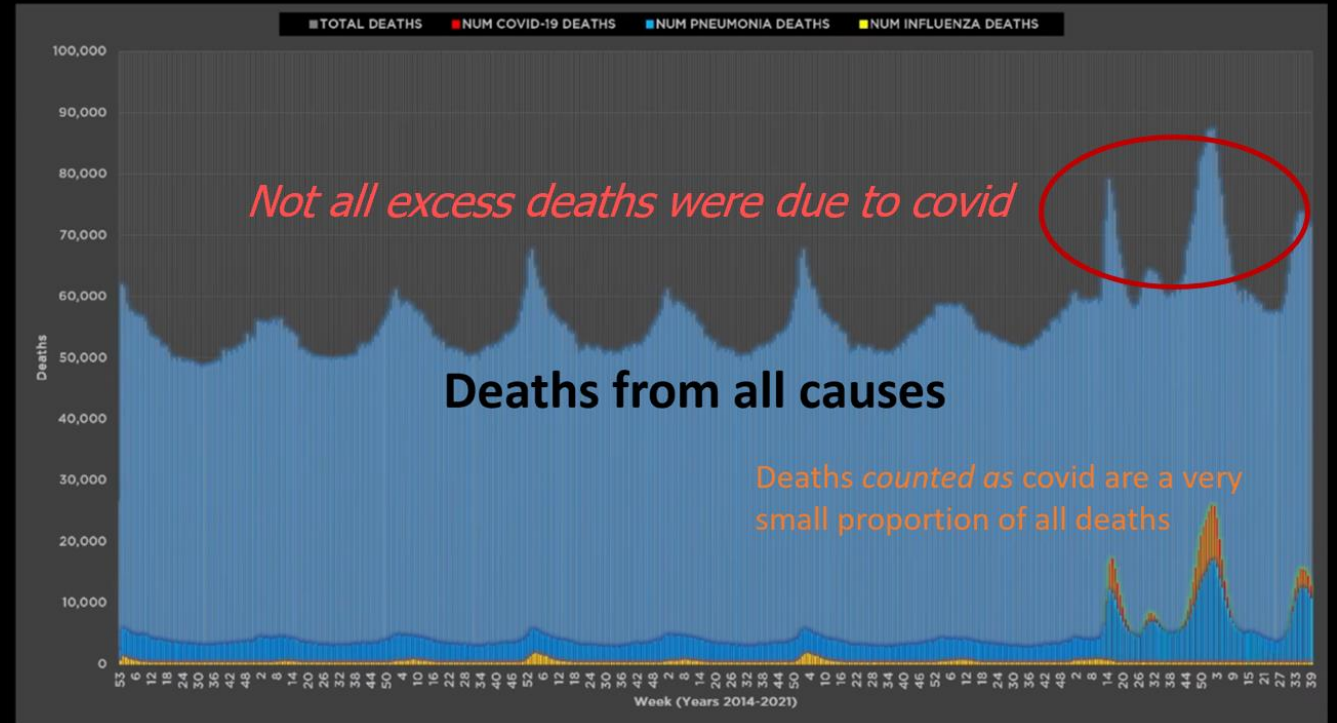


By not talking about deaths resembling covid...

-in the context of all the deaths we expect every year

-linked with healthcare and public health mismanagement

... they were able to exaggerate risk and elevate fear.



Excess deaths in 2019-2022 were also caused by \*non-covid respiratory illness not treated properly – or not treated at all - because these illnesses were confused with covid \*overuse of ventilators, causing lung damage \*stress induced illness due to lockdowns – particularly in vulnerable people (poor, elderly) \*Midazolam and Remdesivir toxicity.

# They tried to change how we THINK about immunization, vaccination and immunity



They tried to confuse us about the difference between vaccination and transfection:

\*Transfections like the mRNA and adenovirus covid shots cause foreign DNA or RNA to enter cells with the intention of altering their natural properties.



Vaccines are usually safety tested for 6-10 years, because harmful side effects do not always show up until several years later. mRNA *technology* had been studied for 20 years – but hadn't completed safety testing over that period of time.

Vaccine trials test for antibody levels (seroprevalence). They tried to make us forget that:

-We don't always use antibodies to fight infection - T cells and dendritic cells respond first.

-We have many other immune cells that protect us from viral illnesses and provide natural immunity to infections.

-Pharmaceutical injections in the arm don't affect the innate immune cells in our nose, throat and lungs – where infectious viruses and particles enter.



# INFORMED CONSENT IS NOT POSSIBLE for transfections labeled “vaccines” without understanding:

\*The human  
coronavirus  
swarm

*We are around  
mutating  
coronaviruses  
all the time.*

\*Our immune  
response to  
respiratory viruses

*It's much more than  
antibodies and first  
occurs in our nose,  
throat and lungs.*

\*Immunization,  
vaccination and  
immunity

*We never lose our  
potential for natural  
immunity.*

*Transfections have  
NOT been proven  
safe, nor effective.*

*Before choosing to be injected with a  
pharmaceutical product, people need and deserve  
honest information about these things.*

The WHO declared a pandemic of a presumably novel coronavirus with *no adequate evidence for:*

- a new, novel coronavirus
- a significant rise in all cause mortality
- PCR testing to identify harmful quantities of virus, or to determine illness, or potential for spread
- the effectiveness and safety of transfections labeled "vaccines"

*A national security threat was created - without evidence.*

The WHO did not have the evidence to claim...



“There is a dangerous, novel coronavirus that will kill many millions. You MUST - ”

*-restrict your contact with friends and loved ones*

*-follow rules restricting gatherings in restaurants, schools, churches and other public spaces*

*-restrict your movement and travel*

*-limit your time caring for your sick loved ones*

*-take pharmaceutical products developed fast, and without complete safety testing*

...So why did they do it?

When people are afraid it's easier to institute control and remove basic rights. Governments enforced lockdowns, masking, social distancing, school closures, vaccine passports and covid transfusions – without evidence.

People around the world were provoked and manipulated into a fearful state. Psychological messaging was used to turn neighbor against neighbor, family member against family member. People surrendered their basic rights, and then were coerced into taking untested transfusions.

The threat of future “pandemics” can be used to eliminate privacy, personal sovereignty, more basic rights and the right to refuse pharmaceutical products.

# My hypothesis – the *appearance* of a worldwide pandemic was created to:

- Coerce the world's people to give up their basic sovereignty
- Convince the world's people that they don't have basic rights – but can be given permissions to gather in groups, move and travel freely, have dependable contact with loved ones, breathe freely and see faces without a mask
- Get people accustomed to having their personal genetic material collected
- Get the world's people accustomed to taking transfections - a type of pharmaceutical product not widely used before.