

Busted: 11 COVID Assumptions Based on Fear not Fact

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July 2, 2020

The following 11 COVID assumptions are based on fear and ignorance, not evidence. Operation Coronavirus is a battle of perception.

COVID assumptions – the assumptions people make about COVID, how dangerous it is, how it spreads and what we need to do to stop it – are running rampant, running far more wildly than the supposed virus SARS-CoV2 itself. The coldly calculated campaign of propaganda surrounding this ‘pandemic’ has achieved its aim. Besieged with a slew of contradictory information coming from all angles, people in general have succumbed to confusion. Some have given up trying to understand the situation and found it is just easier to obey official directives, even if it means giving up long-held rights. Below is a list of commonly held COVID assumptions which, if you believe them, will make you much more likely to submit to the robotic, insane and abnormal conditions of the New Normal – screening, testing, contact tracing, monitoring, surveillance, mask-wearing, social distancing, quarantine and isolation, with mandatory vaccination and microchipping to come.

Assumption 1: The Method of Counting COVID Deaths is Sensible and Accurate

A grand assumption of the COVID plandemic is that the numbers are real and accurate, especially the death toll. Yet, nothing

could be further from the truth. We have had [confirmation](#) after [confirmation](#) after [confirmation](#) (in nations all over the world) that authorities are counting the deaths in a way that makes no sense. Well, it makes no sense if you want to be sensible or accurate, but it makes perfect sense if you are trying to artificially inflate the numbers and create the impression of a pandemic where there is none. The sleight of hand is achieved by counting those **who died with the virus as dying from the virus**. This one trick alone is responsible for vastly skewing the numbers and turning the 'official' death count into a meaningless farce devoid of any practical value.

Assumption 2: The PCR Test for COVID is Accurate

As I covered in previous articles, the PCR test (Polymerase Chain Reaction) was invented by scientist Kary Mullis as a manufacturing technique (since it can able to replicate DNA sequences millions and billions of times), not as a diagnostic tool. [COVID or SARS-CoV2 fails Koch's postulates](#). The virus which shut the world down has still to this day never been isolated, purified and re-injected, or in other words, has never been 100% proven to exist, nor 100% proven to be the cause of the disease. When used to determine the cause of a disease, the PCR test has many flaws:

1. There is no gold standard to which to compare its results (COVID fails Koch's postulates);
2. It detects and amplifies genetic code (RNA sequences) but offers no proof these RNA sequences are of viral origin;
3. It generates many false positive results; and
4. Even a positive result does not guarantee the discovered 'virus' is the cause of the disease!

That is staggeringly useless! Here is a quote from the article [COVID19 PCR Tests are Scientifically Meaningless](#):

"Tests need to be evaluated to determine their preciseness – strictly speaking their "sensitivity" and "specificity" – by

comparison with a “gold standard,” meaning the most accurate method available. As an example, for a pregnancy test the gold standard would be the pregnancy itself. But as Australian infectious diseases specialist Sanjaya Senanayake, for example, stated in an ABC TV interview in an answer to the question “How accurate is the [COVID-19] testing?”:

If we had a new test for picking up [the bacterium] golden staph in blood, we’ve already got blood cultures, that’s our gold standard we’ve been using for decades, and we could match this new test against that. But for COVID-19 we don’t have a gold standard test.”

Jessica C. Watson from Bristol University confirms this. In her paper “Interpreting a COVID-19 test result”, published recently in *The British Medical Journal*, she writes that there is a “lack of such a clear-cut ‘gold-standard’ for COVID-19 testing.”“

Here is the [admission about the PCR test by the CDC and FDA](#):

“Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms ...this test cannot rule out diseases caused by other bacterial or viral pathogens.”

Accurate would be about the last word I would use to describe COVID PCR testing, yet it is currently the standard test worldwide for COVID. Another magnificent example of many COVID assumptions. Go figure.

Assumption 3: The Antibody Test for COVID is Accurate

If you realized by reading the last section that the **COVID PCR tests** are flawed and meaningless, get ready for more absurdity with the **COVID antibody tests**. As I covered in the article [COVID Antibody Tests: Here Comes More Trickery and Fakeness](#), there are numerous reasons why the antibody tests

don't really work and can be interpreted any way you want:

1. Old blood samples contain COVID antibodies, so if a test find antibodies, they may have been there for years or decades. There is no way to tell if they were recently acquired;
2. Like the COVID PCR test, they generate many false positive results;
3. They test for antibodies which may not even be specific for COVID;
4. Antibodies don't actually prove immunity, since there are people who fight off disease with little or no antibodies, and conversely, there are those with high antibody titers or counts, but who still get sick; and
5. The results can be interpreted any way you want. The presence of antibodies could mean you're safe and immune to future COVID waves, or conversely, it could mean you're dangerous (sick and infected right now). It's all about the interpretation.

Hmmm ... all these COVID assumptions are not exactly reassuring, are they?

Assumption 4: The COVID Case Count is Rising

Someone skeptical of the alternative view I am painting here may ask at this point: well if COVID is not that dangerous, how come cases keep rising? The answer is simple: because there is more testing. The more we test, the more cases we will find, because this 'virus' (really an RNA sequence) is far more widespread than we have been told, and there are far more asymptomatic people than we have been told (which shows it's not that dangerous). As discussed in previous articles, there is really no proof that people didn't have this particular RNA sequence for years or decades before the test, so the test results are quite meaningless.

That aside, a general rule of thumb is that wherever there are people trying to gain power, there will be fraud, and COVID

testing is no exception. It has been exposed that tens of thousands of coronavirus tests have been double counted (in the UK, but probably happening in many places). This [article](#) explains that the “discrepancy is in large part explained by the practice of counting saliva and nasal samples for the same individual twice.” Additionally, the COVID tests are using the PCR method as discussed above in COVID Assumption 3, which has many flaws, including the flaw of results flipping back and forth depending on the number of cycles, as this previously quoted [article](#) states:

“ ... it is hardly surprising that there are several papers illustrating irrational test results. For example, already in February the health authority in China’s Guangdong province reported that people have fully recovered from illness blamed on COVID-19, started to test “negative,” and then [tested “positive” again](#).

A month later, a paper published in the Journal of Medical Virology showed that 29 out of 610 patients at a hospital in Wuhan had 3 to 6 test results that flipped between [“negative”, “positive” and “dubious”](#).

A third example is a study from Singapore in which tests were carried out almost daily on 18 patients and the majority went from “positive” to “negative” back to “positive” at least once, and [up to five times in one patient](#).

Even Wang Chen, president of the Chinese Academy of Medical Sciences, conceded in February that the PCR tests are [“only 30 to 50 per cent accurate”](#); while Sin Hang Lee from the Milford Molecular Diagnostics Laboratory sent a [letter to the WHO’s coronavirus response](#) team and to Anthony S. Fauci on March 22, 2020, saying that:

“It has been widely reported in the social media that the RT-qPCR [Reverse Transcriptase quantitative PCR] test kits used to detect SARSCoV-2 RNA in human specimens are generating

many false positive results and are not sensitive enough to detect some real positive cases.” “

Assumption 5: Thermal Imaging/Screening for COVID is Effective

Taking people's temperature by pointing a gun at their head is blatant conditioning. It sends the subliminal message that the State is all powerful and can aim a gun-like device at your head, and you are powerless to do anything but submit. On a practical level, taking people's temperatures has no effect in stopping viral spread. Even if someone has an elevated temperature, what does that mean? There is a natural variation in human body temperatures; everyone operates at a slightly different temperature. Besides, even if your temperature is elevated, that could be because you were just exercising, running to catch a flight, just had an angry conversation with someone, just got the phone after a stressful call, had to discipline a disobedient child, etc. Think about **all** the things that make you stressed and irritated, or raise your blood pressure, which could lead to an elevated temperature!

In this way it is similar to the antibody test; it can show a result, but the result can be interpreted in so many ways that it renders the result pointless in terms of science (although there is a very much a point in terms of control).

Assumption 6: Asymptomatic People Can Spread the Disease

One particular piece of propaganda hammered in hard to people's brains which is still doing great damage is the idea that anyone could be a carrier and could therefore infect anyone else. This has the effect of making people anxious, scared and even paranoid in just going about their daily life. However the idea that asymptomatic people can spread the disease is not something to worry about. WHO (World Health Organization) official Dr. Maria van Kerkhove was [reported by](#)

[MSM CNBC](#) saying the following last month in June (though she later backtracked her comments):

““From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual,” Dr. Maria Van Kerkhove, head of WHO’s emerging diseases and zoonosis unit, said at a news briefing from the United Nations agency’s Geneva headquarters. “It’s very rare.””



Assumption 7: Making Schools Adopt Insanely Restrictive Measures Will Stop COVID Spread

Of the many COVID assumptions floating around, these next two are based on the idea that children are a significant source of COVID spread. They are not! The figures from [WorldOMeter](#) state that children aged 0-17 years have 0.02-0.06% share of world COVID deaths, which is essentially zero. Meanwhile, [CDC stats](#) show that “among 149,082 (99.6%) cases for which patient age was known, 2,572 (1.7%) occurred in children aged <18 years” which is likewise a tiny fraction. With this in mind, why on Earth would the CDC issue these draconian guidelines (pictured above and also found at [this link](#) in full) for American schoolchildren, if not to condition and dehumanize them?

Assumption 8: It’s a Good Idea for Government to Take Abduct Kids from COVID-Positive Parents

Governmental abduction of children using COVID as a pretext has begun. This [article](#) from June 17th 2020 reports how the “LA County Dept. of Children and Family Services (DCFS) recommended that the court remove [a] child from their physical custody after the parent tested positive for COVID-19. This is a non-offending parent. The judge ruled in favor of DCFS and detained.”

Let that sink in for a minute. The State stole a child from his/her parents just because a parent showed a COVID-positive result on a (deeply flawed) test! Can anyone spell T-Y-R-A-N-N-Y? This is the outcome of the sinister and oxymoronic warning given by [WHO official Michael Ryan](#) in March, that people would be removed from their families in a “safe and dignified” way. Ryan said:

“In some senses, transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them and isolate them in a safe and dignified manner.”

[Mercola.com reports](#) that the CDC is recommending newborns be separated at birth from their parents for COVID testing.

How bad does it have to get before people wake up to what is happening?

Assumption 9: Social Distancing is Backed by Solid Scientific Evidence

Another of the baseless COVID assumptions is that all this social distancing or physical distancing is backed by solid scientific evidence. It's not. Whether it's 6 feet, 1.5 meters or 2 meters, the virus seems to be able to jump different distances depending upon what country it is in. The article [There is no scientific evidence to support the disastrous two-metre rule](#) states:

“The influential Lancet review provided evidence from 172 studies in support of physical distancing of one metre or more. This might sound impressive, but all the studies were retrospective and suffer from biases that undermine the reliability of their findings.”

Meanwhile UK governmental advisor Robert Dingwall [said](#):

“We cannot sustain [social distancing measures] without causing serious damage to society, to the economy and to the physical and mental health of the population ...I think it will be much harder to get compliance with some of the measures that really do not have an evidence base. I mean the two-metre rule was conjured up out of nowhere ... Well, there is a certain amount of scientific evidence for a one-metre distance which comes out of indoor studies in clinical and experimental settings. There’s never been a scientific basis for two metres, it’s kind of a rule of thumb. But it’s not like there is a whole kind of rigorous scientific literature that it is founded upon.”

Of course, the assumption that social distancing works is based on the underlying assumption that there is a distinct and isolated virus SARS-CoV2 which is contagious and is the sole cause of all the disease – which has not been proven.

Assumption 10: Mask Wearing for Healthy People is Backed by Solid Scientific Evidence

The penultimate assumption for today is the wonderful topic of masks, or **face diapers** and **face nappies** as many have started calling them. One of the COVID assumptions that many are still clinging to is that it is ‘respectful’ to wear masks because masks protect healthy individuals from getting sick from viruses. This is patently false. As covered in the previous article [*Unmasking the Truth: Studies Show Dehumanizing Masks Weaken You and Don’t Protect You*](#), masks are designed for surgeons or people who are already sick, not for healthy people. They stop sick people spreading a disease through large respiratory droplets; they do nothing to protect well people. In fact, they restrict oxygen flow leading to under-oxygenation (hypoxia), which in turns leads to fatigue, weakness and a lower immunity. With a lower immunity comes ... more susceptibility to disease. As I previously wrote, the masks many people are wearing – homemade from cloth – are

a joke if you think they will stop a virus which is measured in nanometers (nanometer = 10^{-9} meters, or 0.000000001 meters). They won't stop a virus but they will assuredly become a hotbed for microbes to develop due to the warm and humid conditions. For the scientifically minded, here's what Dr. Russell Blaylock had to say:

“The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the Tregs. This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome.”

Assumption 11: We Live in a World of Indiscriminate Killer Viruses

The biggest assumption of this entire scamdemic is that viruses are indiscriminate killers which can cross species and jump bodies through the air to infect people. In fact, the nature of the humble virus has been totally misunderstood by mainstream science, fueled by the Medical Industry which promotes germ theory and the myth of contagion to keep you in fear and to raise demand for its toxic products (Big Pharma petrochemical drugs and vaccines). Viruses have been demonized. As discussed in earlier articles such as [*Deep Down the Virus Rabbit Hole – Question Everything*](#), virologist Dr. Stefan Lanka exposed the truth that viruses do not cause disease. Lanka famously won a 2017 Supreme Court in Germany where he proved that measles was not caused by a virus. Lanka [writes](#):*“Since June 1954, the death of tissue and cells*

in a test tube has been regarded as proof for the existence of a virus ... according to scientific logic and the rules of scientific conduct, control experiments should have been carried out ... These control experiments have never been carried out by official science to this day. During the measles virus trial, I commissioned an independent laboratory to perform this control experiment and the result was that the tissues and cells die due to the laboratory conditions in the exact same way as when they come into contact with allegedly "infected" material.

In other words, the cells die of starvation and poisoning (since they are separated from energy and nutrients from the body, and since toxic antibiotics are injected into the cell culture), not from being infected by a virus.

This great video presentation entitled [Viral Misconceptions: The True Nature of Viruses](#) is well worth watching. It outlines many stunning truths about the nature of viruses, such as:

- Viruses are created from within your cells; they do not come from outside the body
- They arise as a result of systemic toxicity, not because the body has been invaded by an external threat
- Viruses dissolve toxic matter when body tissue is too toxic for living bacteria or microbes to feed upon without being poisoned to death. Without viruses, the human body couldn't achieve homeostasis and sustain itself in the face of systemic toxicity
- Viruses are very specific. They dissolve specific tissues in the body. They do this with the assistance of antibodies
- The more toxicity you have in your body, the more viral activity you will have
- The only vector transmission of a virus is through blood

transfusion or vaccines; otherwise, viruses cannot infect you by jumping from one body to another

– Viruses are discriminatory by nature, made by the body for a specific purpose. They are not indiscriminatory killers

– The RT-PCR test (PCR test for short) observes genetic material left over by the virus, not the virus itself (see assumption 2)

Conclusion: Time to Question all Your COVID Assumptions

The good news is that these are assumptions not facts. When you look closely, you will realize the entire official narrative on COVID is a house of cards built on sand. It cannot stand up to close scrutiny. This knowledge is the key to remaining sane and free in a COVID-crazed and brainwashed world. Spread the word. Evidence, information and knowledge will dispel assumptions and ignorance

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