

Dawn Lester on “Measles Threat”: Who Do They Think They’re Fooling?

[Dawn Lester on “Measles Threat”: Who Do They Think They’re Fooling?](#)

by [Dawn Lester](#), [Dawn’s Writing](#)

January 21, 2024

And so here we are again with yet another ‘health scare’ story hitting the headlines. This time it’s measles.

Although this is a UK storyline, I would point out that the WHO published a News Release dated 16 November 2023 entitled *Global measles threat continues to grow as another year passes with millions of children unvaccinated*.

So I suppose it shouldn’t be at all surprising to see reports about an upsurge in measles cases in the UK, such as the BBC article entitled *Measles: Why are cases rising and what are the symptoms?*

The article gets straight to the point in the opening sentence,

“Measles cases are likely to spread rapidly unless more people are vaccinated, the UK Health Security Agency has warned.”

The next sentence states,

“Pop-up clinics are being opened to get more children vaccinated.”

Another BBC article, entitled *Get measles vaccine to avoid rapid spread, says UK health boss*, refers to Helen Bedford,

professor of children's health at University College London, and states, under the heading *What is causing the drop in vaccinations?*

"The pandemic also had an impact, with "some parents afraid to attend clinics for fear of catching Covid or because they were not clear that vaccination services were continuing", Prof Bedford adds."

Could it also be that some parents have actually started to earnestly research the real nature of vaccines and have decided not to subject their precious babies to that procedure?

Both BBC articles describe measles as 'highly contagious' and state that,

"It normally clears up after seven to 10 days."

This raises the obvious question of why the alleged increase in cases is of such concern if it is a condition that is self-limiting and only lasts about a week or so?

The first cited article professes to address this issue by claiming that,

"...it can lead to serious problems if it infects other parts of the body, such as the lungs or brain."

This is followed by the claim that,

"Complications can include pneumonia, meningitis, blindness and seizures."

Although the article claims that 'measles can be fatal', it recognises that 'this is rare'.

So why is this being reported as a serious problem when the number of deaths from 'measles or related infections' between 2000 and 2022 was 23? I am not denying that children and adults experience illness, and I would add that a single death is one too many. What I am contending is that claims that any death is caused by an 'infection', whether measles or

something else, is grossly misleading, which is putting it mildly, because there is no evidence for the existence of any 'infectious virus'.

I would point out that, by comparison, almost nothing is reported about the very real information relating to the much greater numbers of adults and children who have died as the result of the Covid-19 injections.

Nevertheless, the following claim is found under the heading *Why are measles cases rising and where are outbreaks?*

"Some 85% of children in 2022-23 had received two MMR doses by the time they were five years old, the lowest level since 2010-11. The goal is 95%."

The idea of a required 'target' percentage of vaccination coverage is based on the concept of 'herd immunity'. In order for 'herd immunity' to be valid, there needs to be evidence that the disease in question fulfils certain criteria, which are: that it is caused by a virus; that it can be prevented by a vaccine; and that one person's 'immunity' – which really means their health status – affects another person's health status.

These criteria have never been proven in reality. Herd immunity is a fallacy.

The advice, under the heading *What should you do if you get measles?* includes,

"rest and drink plenty of fluids."

This is actually sound advice – although I must add that I am not providing anything that should be construed as 'medical advice'.

The symptoms that are labelled 'measles' are part of the body's normal processes of self-healing.

Unfortunately, the core message of both articles is to promote

the MMR vaccine using propaganda rather than actual evidence of its efficacy, because there is none. No vaccine has ever been proven to prevent any 'disease' and all vaccines produce side effects, which the article claims to address under the heading *What are the side effects of the MMR jab?* with the comment that,

"Most side effects are mild and do not last long."

The propaganda continues within the statement that Andrew Wakefield 'wrongly' claimed that the MMR vaccine was associated with autism. Although he was struck off the register as the result of his work, which was the discovery of a link between autism and gut issues, Andrew Wakefield was never against the use of vaccines, he merely questioned the use of multiple vaccines, like MMR, instead of single ones.

What **IS** conspicuous by its absence in either of these articles, is any reference to the Stefan Lanka court case in 2016, the result of which was a clear demonstration that the study papers that are used as 'proof' that measles is caused by a virus, do not actually provide that proof. In other words, it has never been proven that measles is caused by a virus.

It is obvious that this is another case of fear-mongering aimed mainly at parents of young children with the objective of increasing vaccine uptake and thereby boosting the profits of Big Pharma.

The question is: How many will comply?

I would also ask: Have enough people seen through the lies regarding the claims of safety and effectiveness of vaccines? Is that why the vaccination uptake has reduced?

I suppose only time will tell.

I am ever hopeful that there is an increasing number of people who are awakening to the truth about the so-called 'healthcare

system' we are supposed to follow; and learning how they really can take back control of their own health and the health of their family, especially their babies.

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And On and On It Goes: Dawn Lester on Why the “No Virus” Issue Remains So Important

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“Therefore, one of the answers I would provide to the question of why the ‘no virus’ issue is so important is: that fear of ‘germs’ makes people believe that ‘disease’ can be transmitted between people, which means that we have to continue being afraid of each other.

“In fact, one of the fundamental problems with all of this is that it keeps people in a state of unjustified fear, which is disempowering. Releasing unjustified fear is empowering.”



And On and On It Goes...

by [Dawn Lester](#), [Dawn's Writings](#)

June 11, 2023

It seems that many people wonder why the 'no virus' issue remains important now that the 'pandemic' is over.

To add to that, there are some people in the 'freedom movement' who have recently asserted that there are many aspects of the globalists' agenda that are not related to health and are far more dangerous to humanity, such as technocracy, transhumanism, digital currencies, smart cities etc.

Yes, these are important issues – **really** important issues, I totally agree – but so is the idea that 'pathogenic agents' exist because it has tentacles that reach into many aspects of our lives, so it cannot be brushed aside as if irrelevant, especially in view of the complete lack of evidence to support this idea.

I would therefore recommend that people who believe in 'pathogenic agents' become aware of the various reports that claim there will be 'future pandemics'. For just one example, a 22nd May 2023 'News' item on the UN website states,

"Although COVID-19 may no longer be a global public health emergency, countries must still strengthen response to the disease and prepare for future pandemics and other threats, the Director-General of the World Health Organization (WHO) said on Monday in Geneva."

There has never been a 'pandemic' due to an infectious agent and there never could be. But, whilst people believe that

pathogenic infectious agents exist, they will believe in the possibility of other 'pandemics'.

Therefore, one of the answers I would provide to the question of why the 'no virus' issue is so important is: that fear of 'germs' makes people believe that 'disease' can be transmitted between people, which means that we have to continue being afraid of each other.

In fact, one of the fundamental problems with all of this is that it keeps people in a state of unjustified fear, which is disempowering. Releasing unjustified fear is empowering.

Furthermore, fear of 'germs' makes people acquiesce to measures that are claimed to be for their benefit but are far more likely to be harmful, and in many cases potentially or even actually fatal.

For example, the maintenance of a belief in pathogens permits the maintenance of a belief in the idea that STIs are real, as demonstrated by a recent BBC article *Gonorrhoea and syphilis sex infections reach record levels in England*,

"England is seeing record high levels of gonorrhoea and syphilis sexually transmitted infections, following a dip during Covid years, new figures reveal."

Is the claim that these STIs 'dipped' during the Covid years intended to suggest that people maintaining their distance from one another was beneficial? This point is not elaborated upon, so maybe it was not intended to imply that. Still, the point was stated, so maybe it was intended to be drawn into the sub-conscious mind.

One of the key messages in the BBC article is that people should 'practise safe sex' – whatever that means. In order to be 'safe', people are encouraged to 'get themselves tested' – does this sound familiar?

In addition, the article states that,

"The age group most likely to be diagnosed with a sexually transmitted infection (STI) is people who are 15-24."

The reason for STIs to mainly affect young people is not explained, although it is possibly because this age group is more likely to be tested, as the article indicates,

"Some of the rise will be due to increased testing, but the scale of the surge strongly suggests that there are more of the infections around, says the UKHSA."

A particularly significant comment made by the spokesperson for the UKHSA, and reported in the article, is that,

"Testing is important because you may not have any symptoms of an STI."

Yet, according to the CDC,

"An infection occurs when germs enter the body, increase in number, and cause a reaction of the body."

In other words, an infection causes a reaction or 'symptoms', **but** infected people may not have symptoms. A contradiction in terms, surely!

Just to be clear, the definition of 'symptom' according to the online Merriam-Webster dictionary is,

"...subjective evidence of disease or physical disturbance."

So, to summarise: according to the medical establishment, a symptom is evidence of disease and 'germs' are pathogens, which means they cause disease, which is defined by the presence of symptoms. Yet 'germs' are said to be able to cause

an infection even in the complete absence of symptoms.

Confused? You should be, because this is all nonsense!

But it is nonsense that people are not only expected to believe without question, but are not allowed to question.

Maybe it is because this is all so confusing that people are likely to just switch off their thinking, because they don't understand it, and instead defer to the so-called 'experts'. I am not being disrespectful. I do wonder, however, whether this approach may be intentional and that those in control of the narrative intentionally promote contradictory information to ensure that people are confused.

Deferring to 'experts' is however, a serious error of judgement, because it means people will believe the experts' reports about 'germs' and become trapped in a false narrative that they may have been 'infected'. This in turn will make them believe that they need to take certain drugs and act in a certain way to 'protect' themselves from other people or protect other people from them, especially people with whom they are in a loving relationship. They are made to believe the idea that they could cause harm to their partner or vice versa, and they therefore live in fear.

This fear is fuelled by a variety of statements, such as the claim in the BBC article that,

"An untreated infection can lead to infertility, pelvic inflammatory disease and can be passed on to a child during pregnancy."

There is no evidence for this claim. Yet, this is exactly the kind of message that will encourage people to want to be tested to make sure they are 'safe'. Again, does this sound familiar?

An even deeper problem is highlighted by the comment from the

Chief Executive of the Terrence Higgins who is reported to have said that,

“Sexual health services and public health budgets have been cut to the bone.”

This comment was followed by his statement that,

“This was exacerbated and laid bare by last year’s mpox outbreak, which left sexual health clinics in the most affected areas unable to provide HIV and STI testing, HIV prevention and access to contraception due to the displacement of these core and vital services. Until sexual health is properly resourced – with an appointment easier to access than a (sic) – we won’t see the number of STIs heading in the right direction.”

Where do I start with this?

OK, so the Terrence Higgins Trust web page *About our charity* states,

“We’re the UK’s leading HIV and sexual health charity. We support people living with HIV and amplify their voices, and help the people using our services to achieve good sexual health.”

I realise that I don’t have a Substack article specifically about HIV, but this is one I wrote about STDs,

[**There’s No Such Thing as a Sexually-Transmitted Disease**](#)

In addition, I wrote an article about monkeypox last year,

[**Monkeypox: Yet More Madness**](#)

HIV is a huge topic, but the fundamental point to convey here is that there is no evidence, and there never was, that there is such a thing as a ‘virus’ called HIV that is the cause of a

health problem called AIDS – or any other health problem for that matter.

It is abundantly clear that there is a lot at stake here. It is also crystal clear that belief in the existence of any kind of pathogenic agent is absolutely essential for organisations such as the Terrence Higgins Trust (THT), as well as ‘health’ institutions, such as the WHO, CDC, NHS, and all the other alphabet agencies.

I have no idea of the motives of those who are in charge of the THT, nor do I intend to speculate on them. However, whether they know it or not, what they are promoting on their website is fully supportive of Agenda 2030 and the ‘Global Goals’, as the message at the foot of their website claims,

“Time is running out. Donate now and together we can end new cases of HIV in the UK by 2030.”

To those in the ‘truther’ community who claim that the 2030 Agenda has nothing to do with the ‘virus’ issue I would strongly suggest that they read SDG3, especially target 3.3.



Target
3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

And target 3b



Target
3.b

Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

The ‘no virus’ issue – and the associated understanding that there is no proof that any ‘diseases’ are caused by any ‘microorganism’, whether bacteria, fungi or parasites (‘viruses’ aren’t relevant in this context) – is and remains

an extremely important issue; especially in view of the intended 2030 Agenda rollout of vaccines, because vaccines rely on the existence of pathogenic infectious agents.

Another reason to understand its importance is because the idea that 'germs' cause illness that only the medical establishment can address supports the idea that we need a 'health service' to look after us when we become ill, which is not the case. To this, I would add a caveat that accident and emergency services **ARE** important and should remain in place, although those who work in that sector should receive further training to teach them how the body actually works, and how it can and does heal itself; this knowledge will certainly improve patient recovery times and outcomes.

We may not reach everyone, but the importance of the 'no virus' issue cannot be underestimated. When people lose their fear of 'germs' of all descriptions, they will be able to concentrate their efforts on all the other aspects of their lives.

People can only make informed decisions when they are in possession of all the relevant information.

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Dawn Lester: On Ticks, Germs,

Viruses, Pathogens and the Fear of Things We Don't Understand

[Dawn Lester: On Ticks, Germs, Viruses, Pathogens and the Fear of Things We Don't Understand](#)

"It is abundantly clear that the incessant reporting about so-called 'pathogens' that can 'infect' us, continues to promulgate the idea that 'viruses' are not only real, but they are also pathogenic and therefore pose a risk to our health. This serves to keep many people confused and fearful – which is of course part of the intention of such reporting."

[Here we go again....](#)

by [Dawn Lester](#), [Dawn's Writings](#)

April 6, 2023

An article posted on the BBC website on 5th April caught my eye because it provides yet another example of why it is so important to not only expose the lies about 'viruses' being pathogens, but to also refute the claims by many voices in the 'alternative health movement' that the 'no virus' position is divisive and of no real importance.

I strongly disagree that it is divisive and of no importance.

In fact, I would say that it is absolutely central to our ability to live in freedom that we understand that there is no evidence for the existence of a pathogenic 'virus' – or any other so-called 'germ' for that matter – because it enables us to live without fear and to take responsibility for our own health.

The aforementioned BBC article, entitled *Rare tick disease found in England, health officials say*, begins with the following claim,

"A virus carried by ticks, which is common in many parts of the world, is now present in the UK and health officials are reminding the public how to avoid bites from the tiny bugs."

The idea that it is 'now' present in the UK would seem to be contradicted by a later statement in the article,

"But the tick species which carries the virus is widespread in the UK."

There are similarities with the claims about this tick and those about the mosquitoes that are claimed to cause malaria, because they are also said to be widespread in the UK; a situation that raises the obvious question: Why are there no cases of malaria in the UK? Maybe they have not yet added malaria to their list of 'diseases' to scare us with!! But if they do, rest assured I am ready with my rebuttal!

The problem with ticks is claimed to be that they *could* cause tick-borne encephalitis (TBE), although the BBC article states that the risk is 'low'. Which raises the question of what is the purpose of this article if the risk of health problems is low? I would suggest it is merely another fear-mongering exercise!

There are other similarities with these ticks and mosquitoes, one of which is that they are not born with 'viruses', but, according to a page entitled *The Lifecycle of a Blacklegged (Deer) Tick* on the TickTalk website,

"Ticks do not hatch with any diseases or infections, however the smaller animals that they typically feed on at this stage of their life can carry disease-causing pathogens."

Note the use of the word 'can' with respect to the ability of the animals they feed on to carry pathogens.

The web page also makes the statement that,

"If a larva feeds on an infected animal, the pathogen can be transmitted to the tick and they become a carrier."

It is interesting that a so-called 'infection' can happen in both directions because, according to the BBC article,

"While feeding, they can transmit viruses and infections that cause disease, with the most common being Lyme disease – a bacterial infection which can be treated with antibiotics."

The vital question that needs to be asked is: Where is the evidence that animals carry the 'pathogens' in the first place and that these 'pathogens' are passed to ticks during a blood meal?

I won't hold my breath waiting for the answer.

However, it should be noted that there is to be increased 'testing', as the BBC article states,

"The UK Health Security Agency has recommended changes to testing in hospital so that any new cases can be picked up quickly."

Enhanced surveillance for the virus is now being carried out in England and Scotland, where there is one probable case of tick-borne encephalitis.”

Unsurprisingly, the types of ‘test’ used seem to be either PCR or antigen tests, neither of which have been proven to be able to detect the existence of a pathogen or to show that a pathogen was the cause of a person’s health problem.

Another really interesting question that does not seem to be asked – or answered – is: How can the tick transmit a virus that is said to cause serious health problems to a human but not be adversely affected itself? To simply state that the tick is a ‘carrier’ is woefully inadequate and parallels the nonsense of ‘asymptomatic carriers’, which I have discussed in earlier articles.

Furthermore, there is no explanation for the claim that the tick is able to receive a ‘virus’ from the few drops of blood it draws from an ‘infected’ animal. Surely the odds of that happening are minuscule – unless the animal is riddled with ‘viruses’, in which case the animal would be extremely ill, according to the mainstream view of ‘infections’. This clearly makes no sense.

Nor is there proof for the claim about the process by which the ‘virus’ passes to a human host when the tick is drawing blood, because this would involve the virus travelling to the human body from the tick’s body, which is in the opposite direction to the flow of blood.

There is an attempt at an explanation of this process in a 2013 study article entitled *Tick salivary compounds: their role in modulation of host defences and pathogen transmission*, which states that,

“Pathogens exploit tick salivary molecules for their survival and multiplication in the vector and transmission to and

establishment in the hosts."

The answer to the question about transmission is that no 'virus' does this; because, as I have repeatedly shown, there is no evidence for the existence of 'pathogenic viruses'.

I am not denying that tick bites cause reactions and can make some people feel unwell and experience various symptoms.

Although I cannot possibly speculate on what does cause these problems, I can share some information I have found.

The first piece of information involves the use of 'insect repellants', such as DEET, which is recommended by the NHS. Interestingly, it is claimed that scientists do not know how DEET works to repel insects. Although DEET has not been found to be particularly toxic, it has been found to be an irritant, which may explain why some people react to this substance.

I would strongly suggest, therefore, that people research the ingredients of insect repellants before using them, as it is possible that these chemicals enter the body through the open wound of the tick bite and thereby cause a reaction.

It is also reported, such as in the 2013 study article mentioned above, that ticks inject 'salivary molecules' into the host to 'modulate' the response. Maybe some people react strongly to these 'molecules' for various reasons, which may depend on the overall health of their body.

There is, however, another aspect to this fear-mongering about ticks, which is an alleged connection to 'climate change', as can be seen in this comment in the BBC article,

"They speculate that infected ticks may have been brought into the UK by migratory birds because of climate change."

This is nonsense!

I am NOT denying that the climate changes. What I am denying is the claim that human activities are driving changes in the climate as the result of increased levels of atmospheric carbon dioxide. There is no evidence to support such a claim.

What I would also like to emphasise is that the environment has been and is still being damaged; but a substantial proportion of that damage is due to pollutants, none of it is caused by increased levels of carbon dioxide. In fact, carbon dioxide is essential for life – without it, plants would die; and so would we.

Do people who are making every effort to reduce their 'carbon footprint' not understand this?

I will return to the topic of 'climate change' at some stage because again we are being made to fear the wrong 'enemy'.

Back to the 'ticks'. The most important point to make is that they are not 'infected' with any virus or bacterium that can be transmitted to humans or animals and make them ill.

Bacteria, which are claimed to be the cause of Lyme disease, another 'tick-borne disease', have similarly never been proven to be the cause of any disease. This is important because the NHS website advises people, if bitten, to,

"...clean the bite area with antibacterial wash/soap and water, and monitor it for several weeks for any changes."

Antibacterial products are, by their very nature, toxic and therefore harmful. The application of antibacterial substances is another likely cause of health problems after a bite.

It is abundantly clear that the incessant reporting about so-called 'pathogens' that can 'infect' us, continues to promulgate the idea that 'viruses' are not only real, but they are also pathogenic and therefore pose a risk to our health. This serves to keep many people confused and fearful – which

is of course part of the intention of such reporting.

And it is for this reason that people need to recognise that they are being made to fear 'germs' – an invisible 'enemy'. But, in the case of a 'virus', this enemy has never been proven to exist in the way it is described.

I would dearly love to write about other topics, but the 'germ theory' lie needs to be dismantled – once and for all – a task that I do not accept is unimportant or 'divisive'.

I hope you agree.

[Connect with Dawn Lester](#)

Cover image credit: [Nel Botha-NZ](#)

(Photo of oxpeckers, native to sub-Saharan Africa. They feed on ticks, larvae and other parasites that infest large mammals such as the giraffe shown in the image.)

Are Doctors' Strikes Really a Disaster for Our Health?

[Are Doctors' Strikes Really a Disaster for Our Health?](#)

by [Dawn Lester](#), [Dawn's Writings](#)

March 17, 2023

The medical system in the UK, known as the NHS, is currently

in crisis and I wholeheartedly agree!

But the real nature of the crisis is not how it is portrayed by the mainstream media, which is demonstrated by a January 2023 BBC article entitled *The NHS crisis – decades in the making* that states,

“The NHS is in the middle of its worst winter in a generation, with senior doctors warning that hospitals are facing intolerable pressures that are costing lives.”

The article adds that,

“The health service was already under pressure – the result of long-standing problems – but Covid, flu and now strike action by staff have all added to the sense of crisis this winter.”

Strike action by staff was not restricted to the early winter months, further strikes have occurred very recently. On 12th March, the BBC reported the then impending 3-day strike by junior doctors in an article entitled *Why are doctors demanding the biggest pay rise?*

“On Monday, thousands of junior doctors in England will start a 72-hour strike. They want a 35% pay rise. Yet doctors are among the highest paid in the public sector. So why do they have the biggest pay claim?”

A key concern will be that these strikes will cost lives.

A 13th March BBC article entitled *I’ve never seen the NHS this bad – junior doctor* refers to the conditions suffered by junior doctors that include workplace pressures and financial difficulties.

These conditions are not exclusive to junior doctors!

The point of these reports would seem to be to foster public sympathy and support for the junior doctors and deepen people's concern for the future of the NHS.

The 'official' view of the pressures on the NHS is endorsed by a June 2022 opinion article entitled *The steady crisis across the NHS* published in the *BMJ*, which claims that the main issue is 'chronic workforce shortages' and states,

"The NHS has shown in the past that it can deliver rapid improvements to patient care when it has enough staff to tackle these challenges. If we want to break the cycle of consistently poor performance, the government needs a fully funded workforce plan for the whole health and social care system."

The emphasis in these articles is clearly on the idea that doctors save lives and that they need better pay and working conditions, without which they would be unable to provide the proper level of care for their patients, as the 13th March article indicates,

"More pay and better working conditions would allow doctors to retain a work-life balance and would allow them to deliver the care they wanted to deliver, he said, adding taking industrial action was a "last resort" for doctors."

The problem is that this is not an accurate view of the real problems and the inability of the NHS to provide adequate 'healthcare' to patients and enable them to be restored to health.

One of the alleged 'problems' that face the NHS, and every other 'health service' based on the practices of 'modern medicine', is expressed by the January BBC article, which states that,

"Advances in medicine over recent decades have meant people

are living longer.

That is a success story. But it means the NHS, like every health service in the developed world, is having to cope with an ageing population."

This is a misleading perspective – to put it mildly!

I must make it absolutely clear that I am not denying that there are some situations in which doctors absolutely do save lives – these situations mainly occur at the scene of accidents or emergencies or within the A&E (accident & emergency) department of hospitals. This is where the NHS provides an invaluable service.

However, can it really be claimed that the NHS and all other medical systems based on 'modern medicine' actually save lives in situations other than accidents and emergencies?

The evidence strongly suggests that this is not the case.

In response to a June 2000 article in the *BMJ* entitled *Doctors' strike in Israel may be good for health* is a comment dated March 2001 with the intriguing title *Doctor strikes, lowered mortality – Happens every time* which includes the following,

"The 1960's saw physicians in Canada go on strike and the mortality rate dropped.

Los Angeles physicians associated with a USC hospital went on strike in the 1970's and the mortality rate dropped.

Physicians went on strike in South America (Columbia?) later that same decade and the mortality rate dropped.

Physicians have now gone on strike on 3 different occasions in Israel –in the 1950's, again in the 1970's or 80's and now in the the year 2000. In all 3 occasions the mortality rate

has dropped, on one or two occasions by 50%."

In a December 2008 study article published on *PubMed* and entitled *Doctors' strikes and mortality: a review*, the authors report their review of strikes around the world between 1976 and 2003 and state, with respect to the 7 studies they found that matched their criteria,

"All reported that mortality either stayed the same or decreased during, and in some cases, after the strike. None found that mortality increased during the weeks of the strikes compared to other time periods."

One of the 'reasons' given is that elective surgeries were halted during the strikes. But this does not explain why mortality reduced – surely a lack of doctors ought to result in higher mortality!

For an explanation of why mortality decreases when doctors strike, I would remind readers of the phenomenon known as 'iatrogenesis' and recommend the July 2000 *JAMA* article by Dr Barbara Starfield MD entitled *Is US Health Really the Best in the World?* In her article, Dr Starfield shows that Americans are by no means the healthiest in the world, despite the huge costs of healthcare in that country. (The links to all articles can be found in the References at the foot of this article.)

I would also recommend people read the *Death by Medicine* study by Gary Null et al. that includes the chart in the image below.

Table 1: Estimated Annual Mortality and Economic Cost of Medical Intervention

Condition	Deaths	Cost	Author
Adverse Drug Reactions	106,000	\$12 billion	Lazarou ⁽¹⁾ , Suh ⁽⁴⁹⁾
Medical error	98,000	\$2 billion	IOM ⁽⁶⁾
Bedsore	115,000	\$55 billion	Xakellis ⁽⁷⁾ , Barczak ⁽⁸⁾
Infection	88,000	\$5 billion	Weinstein ⁽⁹⁾ , MMWR ⁽¹⁰⁾
Malnutrition	108,800	-----	Nurses Coalition ⁽¹¹⁾
Outpatients	199,000	\$77 billion	Starfield ⁽¹²⁾ , Weingart ⁽¹¹²⁾
Unnecessary Procedures	37,136	\$122 billion	HCUP ^(3,13)
Surgery-Related	32,000	\$9 billion	AHRQ ⁽⁸⁵⁾
Total	783,936	\$282 billion	

The conclusion, which may be unpalatable to many people – although that does not make it untrue – is succinctly stated by the author of the March 2001 *BMJ* article,

“Conclusion? I’m sorry to say, but conventional, allopathic, (drug and surgery happy) physicians remain very, very dangerous to our health...”

The sad truth is that ‘modern medicine’ is not a ‘healthcare system’. Instead, as more people are discovering for themselves, it is a ‘sick-care’ system that merely manages symptoms but never truly allows people’s bodies to heal. The reason for this is because ‘modern medicine’ is based on a faulty paradigm and relies on our continuing ignorance of this fact to perpetuate that flawed system.

The empowering truth, by contrast, is that the human body is an amazing living organism that has the ability to self-heal – but implementing this understanding within our lives requires us to reclaim responsibility for our health and not outsource our healthcare to flawed systems that have no understanding of the body’s innate self-healing abilities.

[Connect with Dawn Lester](#)

It's All Getting So Ridiculous! (Pt. 2)

[It's All Getting So Ridiculous! \(Pt. 2\)](#)

by [Dawn Lester](#), [Dawn's Writings](#)

March 5, 2023

([See Pt. 1](#))

1) Bird Flu

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

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

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

The main point to emphasise is that these claims about the girl and her father being 'infected' with H5NI are wholly reliant on the results of 'tests'. But no 'test' has ever been proven to demonstrate the existence of any 'virus', because no particle that matches the establishment definition of a 'virus' has ever been observed as a distinct and completely separate entity; this was discussed in part one as well as many of my other articles.

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

This therefore raises the question: What is going on?

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

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

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

chickens? Under the heading *Can avian influenza in chickens be treated?* is the statement,

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

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

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

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

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

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

It is obvious that the propaganda about ‘bird flu’ represents a clear effort to control and reduce the food supply; a

situation that will be used to promote the false idea that there is insufficient food to feed the ever-growing world population, which is a whole other topic, but is very much connected to the fallacious 'bird flu' narrative.

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

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

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

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

As has been repeatedly stated, there is no evidence that any 'virus' can cause these or any other 'signs'. Nevertheless, there are many toxins that could be responsible for what is happening to various wild bird populations. Unfortunately, it is impossible to state what those toxins are, although I would suggest that environmental toxins, especially those being sprayed into the air, would be high on the list of likely candidates. But whilst the emphasis is on so-called 'viruses', the real causes will never be known, because they won't be

investigated. The deflection of attention away from these real causes is deliberate of course, because the 'would-be controllers' do not want people to have this information!

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

2) Stomach flu

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

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

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

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

references at the foot of this article.

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

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

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

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

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

A particularly interesting comment in the article cited in part one entitled *Have YOU caught the stomach flu recently? Cases are rising across the US, CDC warns – here's what to*

know about the symptoms and treatments is that,

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

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

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

3) Marburg

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

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

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

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

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

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

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

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

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

In addition, it is not beyond the realm of possibility that these sorts of interventions, which are implemented under the guise of assistance in matters of 'public health', may facilitate certain political agendas. For example, could it be possible that these teams of 'medical experts' may include other kinds of 'experts' that have an interest in the area that may not be related to 'public health'? I would suggest that it is possible. Further discussion of this is outside the intended scope of this article, but it may be worth further investigation!

4) Syphilis

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

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

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

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

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

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

However, the CDC web page makes the comment that,

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

This is clearly a direct assault on homosexual men.

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

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

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

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

5) Cholera

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

In addition to the areas affected by the recent earthquake, one of the other areas claimed to be affected is Mozambique,

as indicated by the WHO Disease Outbreak News page entitled *Cholera – Mozambique*, which states that,

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

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

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

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

6) Fungi

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

this situation is acknowledged to be rare.

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

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

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

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

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

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

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

"Most C. auris infections are treatable with a class of antifungal drugs called echinocandins. However, some C."

auris infections have been resistant to all three main classes of antifungal medications, making them more difficult to treat.

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

"Every human has fungi as part of their microbiota..."

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

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

It is obvious that there is an increased level of fear-mongering about 'germs' of all kinds that can attack and kill us, but there may be other reasons for the promotion of this story about 'dangerous fungi'. One possibility is to promulgate the notion that the 'natural world' is a hostile environment that harbours these 'pathogens' that may be able

to 'mutate', invade our bodies and make us all into zombies – so we need to be protected from them.

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

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

In Summary

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

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It's All Getting So Ridiculous! (Pt. 1)

[It's All Getting So Ridiculous! \(Pt. 1\)](#)

"The definition of a 'virus', as described by Dr Mark Bailey in his essay entitled A Farewell to Virology, is,

"a replication- competent intracellular parasite capable of causing disease in a host such as a human."

Nothing that matches this description and possesses this ability has ever been observed as an isolated and distinct entity. There is no evidence that 'viruses' exist as described.

Although it is often said that this claim needs to be proven, that would be a burden of proof reversal logical fallacy. The burden of proof lies with those who propose a theory; but with respect to the theory relating to 'viruses', this proof does not exist."

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*"Unlike 'viruses', bacteria do exist; they are living micro-organisms; however, they are also incorrectly described as pathogens. Bacteria are not 'invaders'; the human body is one of their normal habitats where they perform various important functions. The idea that bacteria are 'pathogens' is based on observations of these entities within the tissues of people who were ill, but the presence of bacteria does not prove they caused the illness.*

*If an entity is the cause of a disease, it should always be found within every person with that disease and never be found in a person without that disease. This is logical; it is also the first of Koch's Postulates. However, there are many examples of bacteria not being found in people with the relevant disease and of bacteria being found in people without the relevant disease. This alone demonstrates a lack of evidence that bacteria are pathogenic."*

[It's all getting so ridiculous! – Part One](#)

by [Dawn Lester](#), [Dawn's Writings](#)

February 18, 2023

It would seem from the recent slew of 'news stories' (translation = propaganda), that the 'would-be controllers' have reached a state of sheer desperation or maybe even hysteria or possibly both!

The level of fear-mongering on various topics, such as 'UFOs', so-called 'climate change', the rising cost of living, 'spies' or deadly diseases, to name just a few, has definitely increased lately. There are many reasons that 'they' may be intensifying their efforts to maintain fear about an array of different topics; however, we need to be aware that this tactic may also be used to distract us from something else; something 'they' want us not to notice or think about. We must therefore remain alert and continue to exercise discernment when discussing these topics, especially as 'divide and conquer' is a core aspect of their strategy.

I had originally intended to make this a single article but soon realised that there was so much to cover that I felt it best to make it into a 2-part 'mini-series'. This first part will provide an outline of the latest nonsense about 'deadly diseases' that are claimed to be caused by 'infectious agents' of one kind or another. Part 2 will dive deeper into the claims being made.

## **1) Bird Flu**

According to the UK Government webpage entitled *Bird flu (avian influenza): latest situation in England*,

**"There have been 280 cases of (HPAI) H5N1 in England since the H5N1 outbreak started in October 2021."**

It should be noted that so-called 'bird flu' is not a recent phenomenon; the 'virus' is alleged to have been 'discovered' in 1996.

The severity of the situation is not restricted to the UK, as can be seen by a 3 February article entitled *Bird flu detected*



*in mammals but risk to humans low: experts,*

**“Since late 2021, Europe has been gripped by its worst-ever outbreak of bird flu, with North and South America also experiencing severe outbreaks.”**

This latest ‘outbreak’ is described in the article – by a virologist of course – as constituting a “panzootic”: a term that means ‘a pandemic among animals’. It is clear that the narrative is intended to retain the notion of ‘pandemics’; as will also be seen in another ‘story’.

What **is** new within this recent spate of ‘reports’ is the promotion of the idea that this condition could spread to humans because it is claimed to have already spread to certain mammals’, as the article states,

**“Experts have warned that the recent detection of bird flu in mammals including foxes, otters, minks, seals and even grizzly bears is concerning but emphasised that the virus would have to significantly mutate to spread between humans.”**

The article also asserts that some of the mammals that have ‘tested positive’ have been affected by a mutated version of the ‘virus’. This leaves the question of what they mean by a ‘significant’ mutation, or is it intentionally left unclear so that people can speculate on whether that is possible?

There are many aspects to this story that will be covered in part 2, but suffice it to say that there is no such condition as ‘bird flu’, which means that it cannot ‘spread’ to other animals – nor can it mutate and ‘spread’ to humans.

## **2) Stomach Flu**

This ‘disease’ also relies on the existence of ‘pathogenic viruses’, although in this instance, the ‘virus’ is claimed to affect the human digestive system. A 2015 study article entitled *Norovirus* refers to it as,

**“...the first viral agent shown to cause gastroenteritis. Illness due to this virus was initially described in 1929 as “winter vomiting disease” due to its seasonal predilection and the frequent preponderance of patients with vomiting as a primary symptom.”**

It appears that ‘stomach flu’ mainly affects the US at the moment, but that does not rule out the possibility that ‘news stories’ will start reporting this problem elsewhere. The typical style of reporting about this ‘disease’ can be seen in a 9 February article entitled *Have YOU caught the stomach flu recently? Cases are rising across the US, CDC warns – here’s what to know about the symptoms and treatments* that starts with these statements,

**“Doctors are warning parents to be on the lookout for the ‘stomach flu’ in the coming weeks as infections rebound following years of lockdowns.**

**Official data shows norovirus infections are up 66 percent in 2023 compared to last year and are rising across the country.**

**Experts say the virus is taking off earlier than normal, and there are also concerns the illnesses could be more serious than usual after lockdowns robbed children of vital immunity for fighting viruses.”**

The explanation for the claim that lockdowns have been a factor in the increased concern over this ‘disease’ is because,

**“...lockdowns have stopped children from being exposed to germs they need to build up a strong immune system.”**

It is amusing – or would be if the consequences weren’t so tragic – that they now seem to be claiming that ‘lockdowns’ may not have been such a good idea – except that the reason they provide is false; children do not need to be exposed to ‘germs’ to build their ‘immune system’.

### **3) Marburg**

A 16 February article with the rather long title *Race against time for a vaccine for Marburg virus: Fears over stealthy disease that masquerades as a cold for days then suddenly causes organ failure and bleeding from multiple orifices – as outbreak in Africa spreads* claims that,

**“An outbreak of the extremely deadly virus – which kills up to nine in 10 sufferers – was declared in Equatorial Guinea Monday after nine deaths and 16 suspected cases.”**

A 90% mortality rate is definitely a worrying statistic! But that does not mean that a ‘virus’ is the cause of this disease.

The first symptoms are claimed to be ‘flu-like’, but can progress to include a ‘non-itchy rash’. However, there are other potential symptoms associated with Marburg, as the article states,

**“Other, less common, signs of the illness within the first few days include jaundice, severe nausea, abdominal pain, pink eye, throat irritation, spots appearing within the mouth and extremely watery diarrhea.”**

These are obviously more serious, but not the most worrying symptoms, as the article continues

**“Usually, around the fifth day, the disease will progress to what doctors describe as the ‘early organ phase’.**

**At this point, a patient may start suffering bleeding out of their eyes, inflammation around the body, and visible swelling around their body – usually on the legs, ankles and feet.”**

These are extremely serious symptoms; they may be accompanied by internal bleeding and may lead quite rapidly to death.

Strangely, Marburg does not feature as a disease of concern on the most recent WHO Outbreak News listings.

#### **4) Syphilis**

A 13th February article claims that *Mississippi hit by 900% increase in newborns treated for syphilis*. Although the article only refers to the situation in Mississippi, the CDC web page dated April 2022 and entitled *Congenital Syphilis – CDC Fact Sheet* refers to,

**“...a sharp increase in the number of babies born with syphilis in the United States.”**

The web page reports that cases of congenital syphilis have recently more than tripled.

Syphilis is claimed to be caused by the bacterium *Treponema pallidum* and, because it is said to be bacterial, the ‘treatment’ for this condition inevitably involves the use of antibiotics.

Syphilis is one of many conditions claimed to be sexually transmitted. The concern raised by the CDC web page refers to congenital syphilis (CS), which is claimed to impact a developing baby whilst still in the womb. The page states that CS can cause: miscarriage, stillbirth, prematurity, low birth weight, and death shortly after birth.

According to the CDC page, many US states routinely require screening tests for syphilis. These tests are described as follows,

**“Serologic tests for syphilis require the use of two tests: nontreponemal tests that use a nonspecific cardiolipin antigen and confirmatory tests that use specific *T. pallidum* antigens. A nontreponemal test, such as VDRL or RPR, may be used for screening. Positive results on these nontreponemal tests should be confirmed using a treponemal test (e.g., FTA-ABS, TP-PA, EIAs, chemiluminescence immunoassays).”**

It seems rather strange that the diagnosis of a disease claimed to be caused by *Treponema* initially involves a ‘nontreponemal’ test; although confirmation occurs via a treponemal test!

Many new parents are obviously going to be very concerned about this condition and will no doubt agree to the test, especially when the CDC claims that,

**“For babies born with CS, CS can cause:**

- **Deformed bones,**
- **Severe anemia (low blood count),**
- **Enlarged liver and spleen,**
- **Jaundice (yellowing of the skin or eyes),**
- **Brain and nerve problems, like blindness or deafness,**
- **Meningitis, and**
- **Skin rashes.”**

Two points that need to be emphasised here are: that no tests have proven to be specific; and that no disease has been proven to be sexually transmitted.

## **5) Cholera**

According to the WHO Disease Outbreak News web page entitled *Cholera – Global Situation* dated 11 February,

**“Since mid-2021, the world is facing an acute upsurge of the 7th cholera pandemic characterized by the number, size and concurrence of multiple outbreaks...”**

Here’s the other reference to a ‘pandemic’!

Strangely, however, the ‘news’ that there is a ‘cholera pandemic’ does not seem to be reported by the mainstream media, except for a few reports about cholera being a health problem in areas that were recently affected by the

devastating earthquakes.

Interestingly, an article entitled *Amid cholera outbreak, health fears grow in quake-hit Syria* indicates that cholera was perceived to be a pre-existing problem in Syria. It claims that a cholera outbreak was reported in September 2022 and makes the usual assertion that this condition is caused by the bacterium *Vibrio cholerae*.

There is absolutely no doubt that 'unsafe water' can cause illness, especially symptoms such as vomiting and diarrhoea; but 'unsafe' does not demonstrate the presence of bacteria nor does the presentation of these symptoms prove that bacteria are the cause.

## 6) Fungi

It should not have been surprising that the example chosen for fear-mongering stories about fungi would be a rather extreme one, as can be seen by the January BBC article entitled *The Last of Us: Could a fungal pandemic turn us all into zombies?* It would seem that *The Last of Us* is the name of a video game that has been made into a TV series. The BBC article begins,

**"Let me introduce you to something truly horrifying – the fungus that turns its victims into zombies."**

The BBC are not the only media outlet to discuss this, which just shows the effort being put into this 'story'. An April 2019 National Geographic article entitled *How a parasitic fungus turns ants into 'zombies'* discusses an episode of their *Hostile Planet* documentary that features this parasitic fungus and states that,

**"The *Ophiocordyceps unilateralis* fungus has just one goal: self-propagation and dispersal."**

The idea that they 'know' the goal of this fungus is pure speculation, although it could be said that self-propagation

is a feature of all living beings, so why would this fungus be any different? The obvious answer is that claiming this is the intention of the fungus makes the story more compelling – but that does not make it true.

An important point to emphasise here is that these organisms, the fungus and the ant, must have always co-existed, otherwise how did Cordyceps survive before the ant came into existence? Interestingly, the article points out that the fungus does not kill all of the ants in a colony,

**“For ecosystems to stay balanced, fungi have to keep host populations in check. In fact, only a few ants in a colony are infected at any given time.”**

This raises serious questions about any suggestion that the fungus needs to ‘evolve’ to find new hosts to ‘infect’. If there is an adequate supply of ants, Cordyceps has no need to find another ‘host’.

The behaviour of Cordyceps as ‘invaders’ of the bodies of ants was first televised in the 2006 *Planet Earth* TV series narrated by David Attenborough; so this is not a new ‘discovery’. But it is clearly being used as a scare tactic to make people believe it could be possible for this fungus to ‘evolve’ to infect humans, as suggested by a January National Geographic article entitled *Could a parasitic fungus evolve to control humans?* The subtitle of the article reads *The zombie-creating fungus in The Last of Us is real, but there are many other fungi to fear. Of the 5 million fungal species in the world, a few hundred are dangerous to people.*

That article is certainly supporting the fear narrative!

The above stories can all be refuted by the simple statement that there is no evidence that any so-called ‘germ’ is the cause of any disease; however, a little more detail is provided below.

## Virus

The definition of a 'virus', as described by Dr Mark Bailey in his essay entitled *A Farewell to Virology*, is,

**“a replication- competent intracellular parasite capable of *causing* disease in a host such as a human.”**

Nothing that matches this description and possesses this ability has ever been observed as an isolated and distinct entity. There is no evidence that 'viruses' exist as described.

Although it is often said that this claim needs to be proven, that would be a burden of proof reversal logical fallacy. The burden of proof lies with those who propose a theory; but with respect to the theory relating to 'viruses', this proof does not exist.

## Bacteria

Unlike 'viruses', bacteria do exist; they are living micro-organisms; however, they are also incorrectly described as pathogens. Bacteria are not 'invaders'; the human body is one of their normal habitats where they perform various important functions. The idea that bacteria are 'pathogens' is based on observations of these entities within the tissues of people who were ill, but the presence of bacteria does not prove they caused the illness.

If an entity is *the cause* of a disease, it should always be found within every person with that disease and never be found in a person without that disease. This is logical; it is also the first of Koch's Postulates. However, there are many examples of bacteria not being found in people with the relevant disease and of bacteria being found in people without the relevant disease. This alone demonstrates a lack of evidence that bacteria are pathogenic.

## Fungi

Fungi do not usually receive the same amount of media



attention as 'viruses' and bacteria. One well-known 'fungal infection' is claimed to be caused by *Candida albicans*, which is described as a yeast, a 'type' of fungus. However, it is readily acknowledged by the CDC that,

**"Candida normally lives on skin and inside the body, such as the mouth, throat, gut, and vagina, without causing problems."**

Clearly, this cannot be a pathogen, otherwise everyone with *Candida* in their bodies would be ill.

Furthermore, with reference to the whole group of fungi, the textbook *Medical Microbiology* states that,

**"Fungi rarely cause disease in healthy immunocompetent hosts."**

This provides a strong demonstration that fungi have also never been proven to be fundamentally pathogenic.

As I stated at the beginning of this article, there is much more to be said about all of the above 'stories'; Part 2 will follow soon.....

## **Resources for further information:**

[What Really Makes You Ill?](#)

## **References:**

[Bird flu \(avian influenza\): latest situation in England](#)

[Bird flu detected in mammals but risk to humans low: experts](#)

[Norovirus](#)

[Have YOU caught the stomach flu recently? Cases are rising across the US, CDC warns – here's what to know about the symptoms and treatments](#)

[Race against time for a vaccine for Marburg virus: Fears over stealthy disease that masquerades as a cold for days then suddenly causes organ failure and bleeding from multiple orifices – as outbreak in Africa spreads](#)

[Mississippi hit by 900% increase in newborns treated for syphilis](#)

[Congenital Syphilis – CDC Fact Sheet](#)

[Cholera – Global Situation](#)

[Amid cholera outbreak, health fears grow in quake-hit Syria](#)

[The Last of Us: Could a fungal pandemic turn us all into zombies?](#)

[How a parasitic fungus turns ants into ‘zombies’](#)

[Could a parasitic fungus evolve to control humans?](#)

[A Farewell to Virology](#)

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## ***See related:***

[\*The Path Paved by Dr. Lanka: Exposing the Lies of Virology\*](#)

[\*German Engineer Marvin Haberland Challenges the Existence of Covid Virus in German Court\*](#)

[\*Reiner Fuellmich & Hans Tolzin on the Shady History of Virology: Have Viruses Ever Been Isolated or Purified?\*](#)

*Why Nobody Can Find a Virus*

*The Contagion Myth: No Virus Has Ever Caused Disease*

*The Viral Delusion (2022) Docu-Series: The Tragic Pseudoscience of SARS-CoV2 & the Madness of Modern Virology*

*A Farewell to Virology (Expert Edition)*