What Does – and Doesn't – Make Us Sick

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What Makes Us Sick

What makes us sick and what doesn't make us sick? To answer that question, our first step is to understand how we as human beings come to know something. There are two basic ways. First, we can have a sensory experience of something that tells us that this thing is real. We might study a particular tree in its habitat and see whether it produces fruit or observe what type of birds it attracts. Or we could study frogs and learn about where they live, what they eat and their interaction with the wider ecosystem.

But there are also things for which no sensory experience is possible, perhaps because they're too small to see. That doesn't mean they don't exist, but in this situation, we have to do something called "science"– meaning looking for and establishing the existence of things that we don't experience directly through our senses.

When we do science–and this is important–we have to make sure, during every single step of the process, that we haven't altered the nature of the thing we're studying, or even brought that thing into existence through our intervention. Analytical chemists understand this; they tell me that in their line of work (which amounts to finding things they cannot experience through their senses), they have to validate that their procedures–taking something out of its habitat and

shining a light on it or adding chemicals—didn't in fact actually create what they ended up with. Otherwise, they can't know whether or not the thing actually exists. Stated another way, when researchers test cause and effect by changing an independent variable to see whether it has an effect on a dependent variable, they have to make sure, every step of the way, that they are measuring just the relationship between those two variables. This is the essence of the "scientific method." When we don't follow the true scientific method, we can end up in a world of illusions, delusions and make-believe.

What if there is no possible way to do an experiment? In that case, you are relying on something that is more like faith, and you should acknowledge that. You should state, "This is what I *believe* to be true and I'm going to dedicate myself to figuring out whether I can validate that it actually *is* true." In other words, the goal is to go from "I believe" to "I know."

How Do Viruses Make You Ill

AWOL Viruses

What is the agreed-on definition of a virus? A virus is described as a disease-causing microbe with a piece of either DNA or RNA in the middle surrounded by a protein coat, and is said to be self-replicating in a host. It gets into the host's cells, makes more of itself and then causes disease by bursting open the cells.

According to the definition, the expected natural habitat of this organism is the lungs, the blood, the lymph nodes, the urine, the cerebrospinal fluid and so on. However—and there is no scientific disagreement on this important point whatsoever—there is not a single study in the published medical literature for the past one hundred years that reports finding such a particle in any biological fluid of any plant, animal or human being. This is true whether you're talking

about the fluid from someone's "herpes" lesion, or the lungs of someone with "Covid-19," or the snot from a person with "measles," or the blood of someone with "Ebola" or the lymph nodes of a person with "AIDS." There is not one published study in the scientific/medical literature showing that someone found such a particle in any one of those bodily fluids—and nobody disagrees with that! This should make you suspicious. As Mark Twain once stated, "It ain't what you don't know that gets you into trouble. It's what you know for sure that just ain't so."

WC Fields said, "If you can't dazzle them with brilliance, baffle them with bullshit," and I think he was talking about virology. Consider this: we now have over two hundred ten responses from various health departments around the world to the question, "Do you have any published study that shows that you directly isolated SARS-CoV-2 from any human being on the planet?"[1] (SARS-CoV-2 is the alleged virus, and Covid-19 is the disease alleged to be caused by the virus.) They all say the same thing: "We have no record of SARS-CoV-2 having been purified." They've never found it, nor have they found any of the other pathogenic viruses. (We also have around forty or fifty similar responses pertaining to Ebola, Zika, HIV, measles and the like.)

Colleagues of mine have asked the authors of four of the most important papers written about SARS-CoV-2, some of which bafflingly have the word "isolation" in the title, "Did you isolate this virus in your study?" Their answer was not only "No" but also, "We didn't even try to find it in any biological fluid of any person who was sick." In the early days of virology, scientists did look, but they were never able to find such a particle using the very tool—the electron microscope—that should have allowed them to find it. After twenty years, they abandoned ship and said, "There's nothing to this theory." But then later, it got resurrected.

What Are You Sick With

A Belief System

Note that virology has methods and techniques to truly isolate a virus.[2] Using ultracentrifugation and something called a "sucrose density gradient," virologists can separate a fluid sample into bands by molecular weight. Ultracentrifugation will spin viruses out into their own band, which virologists can then extract with a pipette and check for purity.

But they don't use these techniques! Instead, I'll give an example of what a virologist says if you ask, "Why do you think this virus exists? If you can't find it, why do you think it's in the lungs?" A virologist told me that someone would have to be "incredibly ill and shedding extremely large amounts of virus, and the fluid from their lungs would have to have a large amount of virus—and even then, it wouldn't be possible." In other words, "There's not enough virus to find."

Think about this. Your lungs are said to be the perfect culture medium—at the ideal temperature (thirty-seven degrees Celsius) for viruses to reproduce—and the lung environment is, therefore, supposedly teeming with viruses. After they reproduce, viruses reportedly kill millions and billions of cells, and that, we are told, is how they cause disease. Supposedly, there are twenty million copies of a virus in a single sneeze. But the virologist's answer is, "There's not enough to see."

Remember, a virus is described as incredibly tiny—something like one-thousandth of a pinhead or less—which means that when viruses explode, they are exploding perhaps one hundredth of a pinhead of your lungs. Yet you could take out even a baseball-sized piece of your lungs, and while that might be called "having a bad day," you won't die. The body also isn't crazy enough to make an abnormal and excessive immune response to losing less than a pinhead size of the lungs. So, it is logical to ask, "If the virus is exploding the cells in a

portion of your lungs that is the equivalent of less than a pinhead, how is it causing disease?”

There is a second reason virologists give for not using the tools at their disposal to isolate a virus. They say that the virus is an intracellular parasite organism, meaning it is only inside the cell and doesn’t go outside the cell. But if that is the case, how does it get to the next person? This starts to strain credulity. Here’s how that nutty conversation might go:

Q: “Why can’t you catch the virus when it goes from one person to another person?”

A: “Well, it’s not there for more than about six hours. We don’t have enough money to pay someone to look every six hours to find the organism in the snot.”

We asked one eminent virologist, “If you put ten thousand people together and collected all their sputum, would that be enough to find the virus?” His answer: “No, that’s not enough.”

Poisoning, Not Purification

There are something like ten thousand published papers that refer to the “isolation” of such-and-such a virus. Virologists will show you the title of these papers and say, “See, how can you say this isn’t true?” But since they aren’t using the proper steps, you have to know what they did instead. And you have to ask, did they rigorously validate every step of their process?

In 1954, a researcher named John Franklin Enders established the procedures that rejuvenated the then-languishing field of virology.[3] Here are Enders’ basic steps:

1. Virologists take snot from somebody alleged to have a certain disease (such as measles or Covid-19).

2. Sometimes they centrifuge (not ultracentrifuge) or filter the mixture to get rid of cells, fungi and debris. That has become a sticking point because some people call this “purification.” However, purifying the snot a little is not equivalent to purifying out a virus.
3. Next, they put the snot in a cell culture of green monkey kidney cells—cells that happen to be highly inbred and tend to break down easily.
4. Then they mix in antibiotics—and specifically antibiotics that are kidney-toxic (gentamicin and amphotericin)—and they take away the cell culture medium’s nutrients. (This is the equivalent of being forced onto a standard American diet after thriving on a Wise Traditions diet.)
5. Next, they mix in fetal bovine serum, a product sucked out of the heart of a newborn calf.
6. Maintaining the cell culture at a steady temperature, they then watch what happens. In about five days, the cells break down— which is called a cytopathic effect (CPE)—and they call the CPE the “proof” that the virus exists and causes damage.

Understand that virologists consider this process—which inevitably generates cell breakdown—not “a” proof but “the” proof for the existence of all pathogenic viruses. You might reasonably ask, “How do you know the CPE is not due to starving the cells, or poisoning them with gentamicin and amphotericin, or using fetal bovine serum, or because of some other toxin in the sick person’s snot?” Virologists’ answer is that they do a “mock infection” as a control. However, if you go to the hundreds of papers I and my colleagues have read over the past two years, you will not find even one actual mock infection. In fact, it can’t be done because the independent variable would necessarily need to be the very virus that they have not isolated. Often, the study authors don’t even provide details, and if you try to obtain more

information, you invariably learn that they did not conduct a properly controlled experiment.

Interestingly, Enders' procedures are also how pharmaceutical companies make viral vaccines.[4] For example, they take someone with measles and put their unpurified snot into a monkey kidney cell culture, add fetal bovine serum, gentamicin, and amphotericin, and then when the cells break down, they call that "isolation" of the measles virus. They put that goop into a vial—and that is called a "live" virus vaccine. They can also cycle the goop over and over in huge vats, removing some of the proteins, and that is an "attenuated" viral vaccine. But at no point did they ever demonstrate there is a virus in there. With mRNA and newer technologies, they are just putting different stuff—known and unknown—in their vaccines. In short, vaccines are biotoxins, and they make people sick. How could biotoxins possibly *prevent* people from getting sick?

The Lanka Experiments

There is one scientist, Stefan Lanka, who contracted with an independent professional lab to try to answer the question of whether the culturing process itself, rather than a pathogenic virus, might be causing the CPE.

The lab conducted four experiments. In the first, they cultured normal cells with a normal nutrient medium, adding only a small amount of antibiotics—and no snot from a sick person. Five days later, the cell growth was perfectly normal. The second experiment was the same as the first, but with the addition of 10 percent fetal bovine serum. Again, five days later there was no cell breakdown.

The third experiment replicated Enders' procedures, lowering the percentage of fetal bovine serum from 10 percent to 1 percent (that is, starving the cells) and tripling the amount of antibiotics. On day five, the characteristic CPE that "proves" the existence and pathogenicity of a virus was

evident—except that Lanka had not added any fluid from a sick person or anything else that could have had a virus in it.

The fourth experiment repeated the third but with the addition of RNA from yeast. It so happens that monkey kidney cells don't like yeast any more than they like kidney-toxic antibiotics. Unsurprisingly, the fourth experiment produced the same CPE result—clearly showing that the CPE is the result of the culturing technique rather than any virus.

After they "prove" the existence of a virus using their cell culturing process, virologists "find" the genome of the virus using fragments of the RNA in the broken-down cell culture to create the assembled genome of the alleged virus. This is called "sequencing." What is important to understand is that this process generates a genome that is purely *theoretical* ("in silico"). As I explain in my booklet *Breaking the Spell*:

"This genome never exists in any person, and it never exists intact even in the culture results; it exists only inside the computer, based on an alignment process that arranges these short pieces [of RNA] into an entire 'genome.'"[5]

In the case of SARS-CoV-2, sequencing software generated anywhere from three hundred forty-two thousand to one million different possibilities of how to arrange the fragments. A small group of scientists then decided which arrangement they liked—by "consensus"—and then, for every subsequent analysis, they put that first consensus-derived genome in and told the computer to make another one along the same lines. When they turn out a sequence that is a bit different from the original consensus-derived "genome," that's called a "variant."

Note that all of this applies both to so-called "natural" viruses and to so-called lab-engineered "gain-of-function" viruses—which no more exist than any "natural" virus exists. So, here you have biologists in their hazmat suits, protecting

themselves against a genome from a virus that exists only in a computer.

As for the PCR test, the whole premise of the test is also nonsense. You cannot say that a PCR sequence came from a thing you have not isolated. It makes no sense to even talk about "false-positives," because the results are just plain false.

Identical Pictures, Delusional Thoughts

At some point, people say to me, "But Tom, we've seen electron microscope pictures of SARS-CoV-2," complete with "spikes" and something that looks like a "corona"! However, I have a picture from a kidney biopsy produced before the year 2000 (when there was no possibility that it was SARS-CoV-2) that looks just the same. In fact, I have eleven electron microscope pictures—labeled as kidney biopsies, lung biopsies or SARS-CoV-2—and there is no way to tell the difference between them. They are morphologically indistinguishable—they all look the same. In fact, the CDC has known since the 1970s that electron microscopy cannot tell the difference between a kidney biopsy, lung cancer, cellular debris, SARS-CoV-2 or any so-called pathogenic virus; it simply is not possible.

The cellular debris, by the way, comes from poisoning—whether from putting yeast, antibiotics or fetal bovine serum on a culture, or from EMFs, or from not eating a Wise Traditions diet. It can even be from "wonky" or delusional thinking. For example, I knew an anthroposophical doctor who spent his career giving AIDS drugs to so-called "HIV-positive" people because he believed in the delusional germ theory, and then, because of this belief, he took four Covid shots. Five days after the fourth one, he was dead. You could say he died from the shots, but I say he died because he spent his entire life believing in something that is completely make-believe.

An Even Bigger Delusion

It turns out that the delusion is even bigger than viruses—we

didn’t just make up viruses, we made up diseases. Consider what happens if you get a splinter in your finger. In medical school, I was taught that pus is a sign of infection, but actually, the pus is the body’s therapeutic response to the splinter; if you suppress the pus, you will never get the splinter out. We need to stop thinking of the body’s responses as “diseases”; they are the wisdom of the body coming through.

We can look at many other conditions—and the body’s wise therapies—in the same way. For example, if you put toxic junk in your lungs, the body will cough it up because it wants to get rid of dead, dying and poisoned tissue. In Wuhan, which has some of the worst air pollution in the world, bronchitis is the therapy for breathing air. It’s not a disease.

Or consider chickenpox, which might have something to do with malnutrition or a collagen deficiency or a toxic environment—but is also a normal maturation and cleansing process. If you come along and poison a child with a chickenpox vaccine so they cannot go through that cleansing process, they will instead have a life of asthma, allergies, eczema and all these other made-up terms that really mean you stopped the process of healing. It may look like you lessened the incidence of “chickenpox,” but by interfering with the cleansing process you have increased lots of chronic things, which never go away.

There are no vaccines that are exceptions to that rule—they all poison you, and you end up worse. When you cannot go through the normal maturation and healing steps, you eventually may end up with cancer. You’re depositing one poison after another throughout your life, and now you’ve got a garbage can of poisons otherwise known as a “tumor.” What would you do if you kept being poisoned over and over, and someone prevented you from getting the poisons out? It’s very simple: you would buy a garbage can and put the poison in there. But what happens if you keep putting in garbage, and it starts piling up in your basement, garage, kitchen and bedroom

until you can’t live? That’s called “metastasis,” and then you die.

What Are We Made Of?

To examine more deeply the question of what makes us sick, let’s consider what we’re made of. To start on safe ground, let’s accept that we’re made of a head, ears, eyes, mouth, chest, arms, fingers, legs, toes and a bunch of other things. Inside, we also have things like a heart, bones, blood vessels, nerves, a liver, kidneys and other things. As far as I can tell, older healing traditions like Chinese and Ayurvedic medicine also believe there is a heart and liver and spleen and all the rest of it. In fact, not only do they believe it, they put huge stock in the energy flow through those organs.

Now remember, there are two ways of knowing. In the first instance, you can observe, but if you can’t observe, you have to do science—and you have to be sure that any science you do isn’t affecting what you’re seeing. And if it is, you have to control for that.

We’re told that hepatocytes are the main functional cells of the liver, but we might ask, “How do we know that?” How many of us have actually seen hepatocytes in the liver of an intact living organism? Nobody. That may not mean they’re not there, but it means we’ve got a question that requires further experimentation. We can take someone and anesthetize them (or at least some part of them), and stick a needle in, and suck out a piece of the liver, and stain it with toxic chemicals, and shine a high-powered light on it, and then say that what we see are the hepatocytes.

But how do we know that the process of anesthetizing (that is, poisoning) the person, removing the sample from a living organism and putting chemical stains on it didn’t create the structures we’re seeing?

For example, we know that bacteria, when stressed, will create a storage form called bacteriophages, and the same is true for other organisms like fungus spores. How do we know that stressing the liver by removing it from the living organism that nourishes it didn't create the appearance of the liver cells? I'm not necessarily saying that this proves there are no liver cells, but I'm saying you need to ask the question if you want to do real science.

My thinking on these matters owes a lot to thinkers like the British biologist Harold Hillman, who spent fifty years and thousands of pages asking these kinds of questions.[6] If you really want to understand biology, read Hillman. Another influence is Gilbert Ling, a brilliant Chinese-born American scientist who challenged the accepted view of the cell.[7]

Let's remember that in addition to sensory observations and science, you may get to a point where you simply can't know something. Going back to virology, if you can't take the virus out of the sample that you inoculate, the best you might be able to say is, "We have no actual evidence that the virus exists. It doesn't mean it doesn't, but we have no evidence." How different would the world be if, in March 2020, they had announced: "We did some experiments, and we have some idea there might be a virus, but we can't really prove it, and all the experiments have shown it's not really there—but we think we should lock you down and make you wear a mask and starve you anyway." Of course, they don't say it like that. My point is that it may not be possible to prove the existence of those liver cells—or any cells.

What is also interesting is that of the approximately one hundred eighty-four different tissue types, we know that forty-four don't have any cells. Examples are the crystalline lens of the eye, and the bursae—sacs of fluid (colorfully described as "miniature water balloons") that facilitate the frictionless movement of the joints.[8] The absence of cells

makes sense because this organized water tissue is much stronger and more coherent than if it were broken up into little cells.

Historically, what did Chinese and Ayurvedic medicine have to say about cells? Nothing. There is no mention of cells in either of those traditions. By the way, they never mentioned contagion or germ theory either. It was the German physician Rudolf Virchow who popularized the idea that we are made of cells. In the 1850s, Virchow wrote a book about cellular physiology essentially based on his dissection of an onion; he saw that it had compartments and from there he asserted that all living things were made of cells and that "all cells come from cells." Although many people initially thought he was nuts, somehow that became the cellular theory of biology and medicine, despite the theory never having been "proven" in any meaningful sense of the word.

Ribosome Fairy Tales?

For the time being, let's assume that cells do exist in those one hundred forty or so human tissues. Then we can ask, what is a cell made of? In addition to a cell membrane, standard textbooks show pictures with structures called organelles that include a nucleus, an endoplasmic reticulum, ribosomes, mitochondria, lysosomes, the Golgi apparatus and others (see Figure 1). This definition of a cell is the basis of all medicine and biology.

Now, let's consider the ribosomes. Cell biology tells us that ribosomes are the place where mRNA is translated into proteins, describing ribosomes as the cells' protein-making "factories" or "machinery." Ribosomes also happen to be an important part of the Covid story– remember, the official rationale for putting mRNA in the injections was so it could instruct the ribosomes to produce the SARS-CoV-2 spike protein.[9]

As an aside, if you say, “I’m going to make tires out of rubber,” it would not be unusual to be asked, “How do you know that works?” Then you could describe the process, including the quantity of rubber needed to produce a set number of tires, and they could repeat the process to see whether they end up with the same number of tires from the same amount of rubber. Along these lines, you would expect there to be hundreds of studies showing that if you put “X” amount of mRNA into a human being, you get “Y” amount of spike protein. But do you know how many studies there are like that? Zero. Instead, we just heard, “We had to move at the speed of science,”[10] which really means “We made it up.”

There is an interesting thing going on with the ribosomes, because we’re talking about the place in a cell where the essence of you, biologically, is made. We are made of proteins. The creation of you, we’re told, is in the ribosomes. The question is, is there such a thing as a ribosome, or did they make it up?

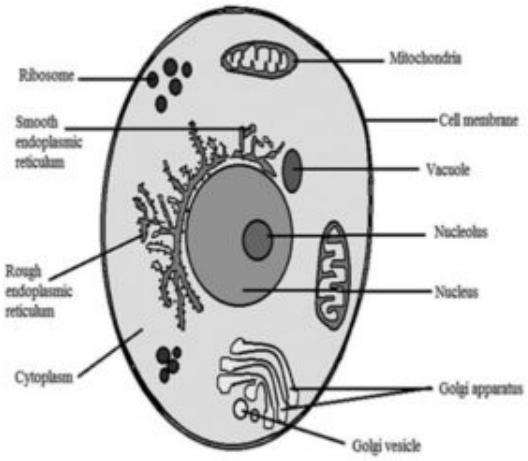

FIGURE 1. A standard (make-believe) cell diagram.

One clue that there is something fishy going on is that no one can tell you how many ribosomes a cell contains, other than a vague “millions.” However, we can do some basic arithmetic (which will be an approximation because we’re mixing volume

and linear measurement). We're told that a ribosome measures about twenty-five nanometers (0.025 micrometers)—and if we conservatively estimate that a mammalian cell has about four million ribosomes, then that would equal one hundred thousand micrometers. However, a typical mammalian cell is something like one hundred micrometers, and the cytoplasm (which contains the ribosomes) is only 70 percent of the cell, meaning that its volume is seventy micrometers. Not only that, but the mitochondria—which are hundreds or thousands of times bigger than the putative ribosomes—are also in there. So, how does something that is one hundred thousand micrometers fit into a space that is seventy micrometers and also houses millions of mitochondria? Doesn't anybody study arithmetic?

A second clue that ribosomes are imaginary comes from electron microscope pictures, which always show the ribosome as a perfect circle. If it is a perfect circle on a two-dimensional picture, that means it had to have been a sphere in real life. Now think about how biologists obtain these pictures: they take some tissue, put it in a blender, grind and macerate it, freeze it to minus one hundred twenty degrees centigrade, stain it with heavy metals and shoot a high-energy electron beam at it to evaporate all the water from the tissue. How does a sphere that has been ground up in a blender, frozen, poisoned and had all its water evaporated end up—every single time—as a perfect circle? It is not possible for those circles to be real cellular structures. (This is a good time to remember WC Fields' quote about "baffling them with bullshit.")

Fortunately, Harold Hillman had the genius to take something that could not possibly have ribosomes in it and put it through the same process (staining and so forth), and he got the exact same pictures. It turns out that those are just typical images of dead and dying tissue (remember that pictures of "viruses" also come from stained tissue that is dead and dying), and those perfect circles are gas bubbles—in

which case, there are no ribosomes. And if there are no ribosomes, there is no place for the translation of RNA into protein to occur. And if that is the case, what the heck is going on, and how do we actually make the stuff that we're made of?

More Cell Make-Believe

For another example, let's look at the cell component called the endoplasmic reticulum (ER). Textbooks describe the ER as "a netlike labyrinth of branching tubules and flattened sacs"[11] that serve as the cell's "transportation system." The millions of ribosomes in a cell are said to line the surface of the "rough" part of the ER.

Why does the ER even have to be there? Before I answer that question, let's consider that the cytoplasm of a cell (which is the gel-like liquid inside a cell membrane but external to the nucleus) has a different pH level than the pH inside the cell nucleus—and that is a verifiable, measurable phenomenon. You can measure the two pH values one hundred times and they will never be the same. Why is the pH different? The reason can only be due to the cytoplasm and nucleus having different concentrations of hydrogen ions—because that is where pH comes from. And for the pH values to be different, there has to be an impenetrable barrier between the cytoplasm and nucleus, or some other mechanism that keeps the hydrogen ions from equilibrating across the two. If there were no mechanism, they would equilibrate and their pH would be the same—but it never is.

Now, we run into the conceptual problem of the mRNA. They say DNA makes mRNA in the nucleus; then, the mRNA exits the nucleus through pores in the nuclear membrane and heads to the imaginary ribosomes, where it is translated into protein. So, how does the mRNA get out without letting any hydrogen ions in to equilibrate? An mRNA molecule is at least thousands and maybe millions of times bigger than a hydrogen ion. Picture

the problem this way: Something the size of an elephant can go out, but something the size of a mosquito can't get in.

Believe it or not, we're expected to believe that there is something like a whirligig that attaches to the mRNA (the "elephant") and spins around like a conveyor belt and takes the mRNA to the other side of the cell. Meanwhile, no one has ever seen the whirligig. ("But it must be a whirligig, because how else did the elephant get out?") But then you have to ask, how does it go round and round and not tangle up the "branching" components of the ER? If you picture them like ropes, wouldn't you have to untangle the ropes? (Didn't any scientist ever go on a merry-go-round?) Once again, Hillman provided a common-sense answer. He showed that when you take tissue and quickly freeze it, it makes fracture lines—and that's what we call the endoplasmic reticulum. The ER doesn't exist.

In short, using basic principles of geometry, mathematics and logic, you can go through the same process with every component of the cell. Nothing on a standard cell diagram—with the exception of the nucleus, the mitochondria and a thin cell wall—has ever been proven to exist. It's all make-believe.

Other Things That Just Ain't So

In addition to the imaginary cell components, there are a lot of other things in science that, as Mark Twain put it, "we believe in but just ain't so." Consider "Neurology 101." A neurologist's explanation of how nerves work goes like this: We have nerves made up of nerve cells called "neurons"; they transmit electrical and chemical signals via "axons" that end in "synapses." Something called the "presynaptic junction" releases chemical messengers called "neurotransmitters" (such as serotonin and dopamine), which swim across the junction and attach to "postsynaptic receptors," where they "depolarize" the next neuron and start the next impulse—and so on, until the nerve ends at its destination and "fires." But the process

can’t work like that; it’s nonsense. This becomes immediately obvious if you ask someone to wiggle the tip of their right or left index finger as soon as they hear the word “right” or “left”; they do it virtually instantaneously, with no lag time for this hypothesized neurotransmitter journey.[12]

In addition, if you dissect a nerve, you never see a synapse. Now, you could have the problem of “maybe it’s just too small to see,” but most things aren’t too small to see with an electron microscope. If you hunt down a picture of what an anatomical synapse is supposed to look like, what you’ll find are pictures of stained nerves. That’s not a synapse—because there are no synapses. The nerve is continuous.

Think about how much in medicine is based on neurotransmitters and receptors (such as the famed “ACE2 receptors,” “opiate receptors,” “dopamine receptors,” or “serotonin receptors”). They even tell us that it is oxytocin, a hormone that “acts as a neurotransmitter,” that makes us love someone. It couldn’t be because they’re a nice person or they give you a backrub—no, it’s the “love hormone” oxytocin.

Here is another example. How many of you have heard of the “blood-brain barrier” or believe there is such a barrier? We often hear about it from people opposed to vaccination, who say that vaccines make your blood-brain barrier “leaky.” The implication is that we’re talking about an actual anatomical structure—a physical barrier that stretches out like a piece of cellophane along the border between the blood vessels and your brain tissue so that nothing gets in or out—except vaccines. . . and except anesthetics because drug-makers “know how to get anesthetics through the blood-brain barrier.” Nonetheless, no one has ever proven the existence of such a barrier.

Just to be clear, I am not saying that there aren’t substances that get into the brain in a different way than they get into the liver. The liver and the brain each have a different com-

position of water and lipids, so logically, some things will dissolve and get into the liver differently from how they get into the brain. But just because things get in the brain differently does not mean there is an anatomical barrier.

Finally, we can scrutinize the notion that DNA is the mechanism of heredity. The premise of genetics is that you have a stable fixed code that is the same in every cell of your body. That fixed, stable DNA makes proteins, and the proteins make you. But there are probably two hundred thousand different types of protein, and only twenty thousand genes or units that code for these proteins. We're told that one gene makes one protein, so how does that work? Where did the other one hundred eighty thousand proteins come from? The central dogma that one gene makes one protein cannot be true. So, how we are made can't have anything to do with DNA and, therefore, DNA cannot be the code for biological systems. In fact, DNA changes from minute to minute—Barbara McClintock proved this decades ago[13]—so there is no stable DNA. We do not have the same DNA in all the tissues and cells of our body. These things have been 100 percent disproven.

It's the Structured Water

The ribosomes, endoplasmic reticulum, synapses, neurotransmitters and blood-brain barrier represent just a partial list—and I do mean partial—of things of which I either doubt the existence or suspect their function is different from what we have been told. If you are still wondering what we are made up of, the reality is more beautiful, simpler, easier to understand and more logical and rational. The real answer to what we're made of is structured water. Structured water, which creates free electrons, is the only possible explanation for how we're able to instantaneously wiggle our index finger when we hear the word "right" or left."

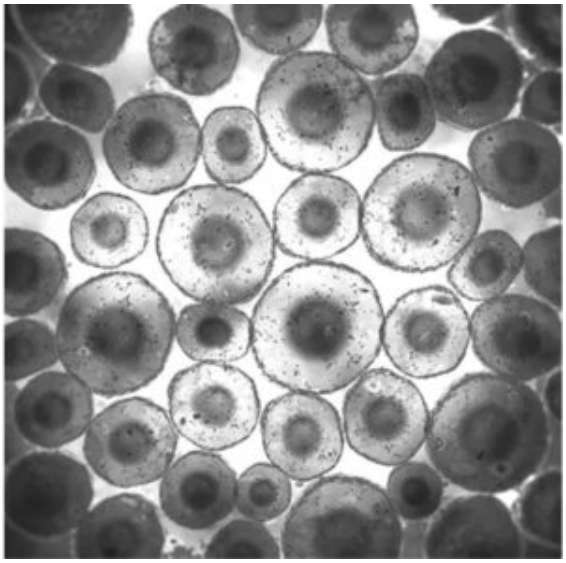

FIGURE 2. Dark-field microscope image of cells showing cell membrane, nucleus, mitochondria and structured water.

Figure 2 is an image of a cell produced with dark-field microscopy, which is the most reliable technique for viewing live, unstained biological samples. In the image, you see a thin membrane (the outer coating); you see organized water (also called structured water, coherent water, EZ water, the fourth phase of water or liquid crystalline water); you see little black dots in the structured water (the mitochondria) and you see a nucleus that is always circular or dome-shaped—and that's it.

Note that the mitochondria help structure our water by making ATP—which is not "energy" as we've been told. Think of structured water like jello. If you add water to gelatin proteins, nothing happens, but if you heat the mixture, the heat unfolds the proteins and you get water that gels. As for us, we have all these proteins, and the mitochondria make the ATP that unfolds them so that the proteins can interact with water and form gels. All gels create a negative charge and an electromagnetic field around them, which is the voltage—the energy—of life. To put it simply, we are living liquid

crystals.

The dome in the middle (the nucleus) also has something sticking out that collects energy from the world. It may be DNA, but it is not a double helix—it's a spiral sticking out of the nucleus. The way it works is similar to a radio antenna. It "downloads" information coming in through "radio waves" that get picked up by the "antenna," and out of that emerge proteins and life (or sound and song in the case of a radio). And this dynamic, tunable, responsive, liquid crystalline medium pervades the whole body—from the organs and tissues to the interior of every cell.

Note that in Genesis, before God created the Earth, plants or people, he created water and light energy. No one can enter the kingdom of God unless they are born of the water and the Spirit. The Spirit is the information field that comes in through our antenna. Every scriptural tradition says that all living things and the universe itself are made of water.

What Does Make Us Sick?

If we now circle back to "what doesn't make us sick," we could summarize the answer in one word: "viruses." And if we ask, "What does make us sick?", the answer is also straightforward. We get sick when we mess up our structured water. If we disturb the gels by putting "schmutz" in them—which could be aluminum, mercury, glyphosate, bad food, EMFs, or even negative emotions like anger, fear, shame or guilt—that will distort or dissolve the gels. If we do that in our eye, we get a distorted gel that has a film on it, and we call that a "cataract." If we distort the bursa in our knee, so that the gels that are supposed to protect both sides of the knee start sticking together, then we have bone on bone and we call that "arthritis." Public health officials create epidemics by pulling different manifestations of distorted water into a single diagnosis—such as AIDS or Covid-19—and when they are ready to make the epidemic go away, they separate them back

out into twenty different diagnoses. It's very clever—and it's nothing new.

Without describing it as such, medicine does sometimes assess the coherence of your water to see if you are sick. For example, doctors use MRIs to diagnose cancer. What is the MRI measuring? It's measuring the coherence of your water. When your water goes from a gel-like jello to a puddle-like liquid, it sends a different signal to the MRI.

Imagine you have a poison grape in your "jello." Your body heats up the gel and you get a fever—that's hyperthermia. The heat dissolves the gel and makes it runny, creating mucus that you can spit out or cough up, or creating something you can push out through your skin. That's what we call "being sick." It makes perfect sense. If you want to flush out the poison grape, all you have to do is clean your gels—which is what detoxification approaches like the Gerson diet and water fasting are all about—and clean up the field and you will heal. If you want to know why you are sick, think about how you are structuring your water, what you're putting into your water, the quality of the water and the quality or composition of the field that you're exposed to.

I'm not the first person to say that water creates life. Mae Wan-Ho, a past speaker at Weston A. Price Foundation conferences, wrote books about "the role of biological water in organising living processes."[14] Marcel Vogel,[15] who knew more about crystals than any human being ever alive and who invented liquid crystal screens, discovered that he could use the energetic fields of quartz crystals to structure water.[16]

We are made of a living, evolving, changing crystal, which is why we are not made of quartz. One way of viewing Covid-related events is that people like Bill Gates are trying to make us be made of quartz, not water. In some ways, that is what this is all about. As a fixed, perfect quartz crystal,

they tell us, nothing will ever change and we can live forever. But that is not what I want. I want to change, grow, evolve and be a human being who has to be watered.

We're swimming along with misconceptions in a make-believe world—and we have to get rid of this garbage. We can find a much better way once we explore and learn what we're really made of and how it all works. Every reason we get sick has to do with a distortion of the field coming in.

Continuing with the radio analogy, you need to find the good signal instead of the distorted signal. The good signal is the sun, moon and the earth; good friends; your dog; community; clean, nutrient-dense food, clean water and clean air; good music; and love, safety and freedom. That is the field that you "download" into the gel to give it information to organize progressively into the more and more perfect crystal that is you.

Sidebar

No Deathbed Confession

How have virology's luminaries been able to claim they found a virus when we know they have never found one in any biological fluid? Let's consider Luc Montagnier, the prestigious virologist who won a Nobel Prize for discovering HIV. He died in 2022. Montagnier acknowledged that purification was a necessary step to prove the existence of a virus (or, in the case of HIV, a retrovirus) but admitted, "We did not purify."[17] The technician who performed his electron microscopy for twenty years even said, "It turns out we never saw a virus. All we saw was junk." But to his dying day, Montagnier never "fessed up" or acknowledged, "We don't have a real virus."

> On what did Montagnier base his claim that he had found HIV? It's very simple:

- He took lymphocytes from the lymph nodes of a person said to have AIDS.

- He stimulated them to grow with a chemical called PHA (phytohaemagglutinin).

- When the lymphocytes grew, he assayed them for an enzyme called reverse transcriptase.

- When he found reverse transcriptase, he said that it proved the existence of a new retrovirus eventually called HIV.

- To "prove" that HIV was transmissible to other people, Montagnier took his PHA-stimulated lymphocyte culture and put it in a lymphocyte culture from a healthy person. When he found reverse transcriptase in that culture as well, that was the "proof" that HIV is a transmissible disease.

There was only one problem. Ten years previously, Robert Gallo had written a paper reporting reverse transcriptase in every single culture from anybody with lymphocytes stimulated with PHA. Both Gallo and Montagnier knew that his experiment had nothing to do with proving that there was a retrovirus or any kind of virus at all. Later, the scientist credited with discovering the reverse transcriptase enzyme, David Baltimore, also admitted as much.[18]

Water Pictures

Veda Austin, a "water researcher," has dedicated many years to observing the life of water, which she describes as "fluid intelligence."[19]

Veda has developed techniques for photographing water in its "state of creation." This work explores whether, if she asks water a question, the water can take in and download the information and, given the right circumstances, make structures that essentially answer that question. And what she

has found is that if she puts the water in a dish and freezes it, the water organizes its crystals and makes pictures.

For example, when she showed the dish of water a wedding invitation and said, “Water, show me the wedding invitation,” the frozen water created an amazing artistic depiction of a wedding ring. But my favorite example is when she said, “Water, what is falling down?” The water did not create anything as straightforward as an image of rain; instead, the water produced an image of “London Bridge is falling down.”

“Safe and Free” by Jude Roberts[20]

In the last two years, I’ve learned important things from my cat Pumpkin. One stormy evening, with coyotes howling in the distance, I walked with Pumpkin toward the greenhouse where he sleeps, but Pumpkin started heading for the woods instead. When I called him, he gave me a look that seemed to say, “There’s no point in being safe if I can’t be free.” My friend Jude Roberts understands this, too. His song “Safe and Free” reminds us what this is all about.

> **I got up to go to work today,**
> **there was no work for me.**
> **Governor closed my shop, he say**
> **to keep me safe and free**
>
> **I’ve had my shop for twenty years,**
> **It feeds my family,**
> **And now we have to stay inside,**
> **To keep us safe and free**
> **To keep us safe and free**
>
> **Called my dear old mother,**
> **My mother said to me**
> **“Son, I miss you dearly,**
> **But you cannot come to tea”**
>
> **“The children miss you, Mamma,**
> **They’re healthy as can be.”**

“A hug could kill their Grandma,
Keep them away from me.
Keep me safe and free.”

Giant tech and billionaires
And pharmacology
Spinning like a top to move
The wheels of industry

Amazon and Walmart,
The consumer pedigree,
They can do their business,
Because anyone can see
They keep us safe and free

Technocrats and robot gods
And blind authority,
Sell your soul and pray to them,
They’ll keep you safe and free

Biotech behemoths say
They have a shot for me.
I trust them with my body,
And forgive them for their greed
If it keeps me safe and free

Keep us safe from terrorists,
Keep us free from germs,
Keep us from the danger
Of the wisdom we have learned
Until the books are burned

Governor says to wear a mask
I cannot disagree
I cannot breathe or speak my mind,
But at least I’m safe and free

I’ll wear my mask for you my friend,
You wear your mask for me.
Worried eyes and faceless fear
Is all that we can see.
Sure feel safe and free

Keep us free from choices,
Keep us stuck in blame,
Keep us in a toxic state,
Of poverty and shame
While they run their game

I'll open up my shop today
Even if they come for me.
If I can't feed my family,
We're neither safe nor free.

I may not be a scientist,
And I'm damn sure not a priest
Ain't a fool on God's green Earth
Can keep life safe for me.
So better I live free.

[Listen to Jude Roberts performing "Safe and Free".]

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***Dr. Tom Cowan** has been one of the leading voices speaking out against the mainstream medical narrative and coordinated agenda of masking, social distancing and forced vaccinations. His messages of health freedom and personal autonomy have resonated with millions of people around the world. Dr. Cowan challenges conventional medicine to explore health and wellness in holistic terms, seeking to provide a collaborative forum for the exchange of knowledge, products and practices that enable us to forge a new world together, governed by truth.*

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The SARS Epidemic: Are Viruses Taking the Rap for Industrial Poisons? [Article First Published in 2003]

The SARS Epidemic: Are Viruses Taking the Rap for Industrial Poisons? [Article First Published in 2003]

by **Jim West**, *Weston A. Price Foundation*
originally published December 7, 2003
as found referenced at Medic Debate

On March 15, 2003 the World Health Organization (WHO) issued a global alert warning of a new virus spreading through Asia and causing Severe Acute Respiratory Syndrome (SARS), a potentially fatal disease, similar to pneumonia. Photos from China depicting ballet dancers and bridal parties wearing white masks appeared in western newspapers while health

departments across the country issued notices to hospitals detailing the symptoms of the new virus and asking for immediate notification of suspect cases. Until the global alert, reports referred to an “unknown virus” first striking in Guangdong Province, China, although some reports place the origin in the Philippines. With the March 15 WHO report, the SARS virus became official and reports of new cases came flooding in.

By late May, officials had reported over 8,000 cases worldwide, with almost 700 deaths.[1] Of the 65 suspected SARS victims in the US, all but a few had traveled by airplane to areas where the outbreak has been most severe, including mainland China, Hong Kong, Singapore, Hanoi and Toronto. The Chinese economy has taken a hit and some Chinese airline routes were virtually empty due to SARS fear.[2]

Serious Drama

The SARS outbreak has revived discussion of forced quarantine. According to a study by the American Public Health Laboratory Association and quoted by Senator Edward M. Kennedy, Democrat of Massachusetts, few cities have enough hospital space to quarantine patients in the event of a large-scale outbreak of an infectious disease like SARS. According to Lawrence O. Gostin, director of the Center for Law and the Public’s Health at Georgetown University’s Law Center, public health laws date back to the 19th century and are “wholly inadequate to deal with an emergency.”

“The need for public health law reform is urgent,” said Mr. Gostin. “It should have provisions for surveillance, vaccination, treatment, isolation and quarantine in a way that gives decisive powers to health authorities while respecting the Constitution.” So far, all but one of the SARS victims has submitted to voluntary isolation. The one exception, a New York man, was involuntarily contained until his symptoms passed. Federal quarantine law now includes SARS among its

disease guidelines.

Mr. Gostin was the author of the draconian Emergency State Health Powers Act, which has been adopted (fortunately in softened form) by 22 states. According to Gostin, “The need for effective state compulsory power is beyond doubt. But that’s not a given in our country, which is now so tied to the rhetoric of individual rights. It seems we’ve lost the tradition of the common good.”[3]

Kill the Carrier

In China, a country where the “rhetoric of individual rights” is lacking, the government has announced it would kill SARS carriers who refused quarantine.[4] Malaysian officials threatened imprisonment.[5] In Hong Kong, officials motivated by the “tradition of common good” have suggested that “families of SARS patients be rounded up, and sent to quarantine camps.”[6] In Nanjing, China, 10,000 have been quarantined, and in Beijing 16,000 as of May 6, 2003.[7]

Official Disease Definition

SARS means “Severe Acute Respiratory Syndrome.” This wide-open definition encompasses many diseases common in the affected regions. Symptoms range from flu-like to pneumonia.[8] Dr. Frank Plummer, director of the National Microbiology Laboratory in Canada stated, “Of course, the case definition of SARS is a little loose.”[9]

The World Health Organization (WHO) has defined SARS in the following way: a) a person presenting after 1 November 2002 with history of high fever (greater than 100.4° F) and cough or breathing difficulty; or b) a person who was not autopsied but with acute respiratory disease and who has been in close contact within 10 days of someone who had SARS.[10]

This definition alone should give thoughtful readers cause to question the SARS phenomenon. Firstly, is a temperature of 1.8 degrees F over normal really a “high fever”? The CDC used “mild fever” in their case definition. Secondly, should WHO install a historical bias before the history of SARS is even written? WHO has made it impossible to place the discovery of SARS before November 2002, or even think of it as preceding that date, thus guaranteeing its status as an “emerging epidemic.”

In the US, the Centers for Disease Control (CDC) defines SARS differently: a) Illness of unknown aetiology [cause not already ascertained] and onset after February 1, 2003, AND, b) Temperature over 100.5 degrees F, AND, c) respiratory illness, AND, d) Recent contact with a SARS patient or travel to epidemic region.

This defines the new epidemic as an arrival from southeast Asia, China or Toronto. This definition obviates any need to test for the SARS virus in patients who contracted pneumonia before February 2003, AND, who had not traveled to the Orient or met such a traveler. With this definition, the diagnosis of any SARS-like case, determined previously to be of non-viral origin, would be secured from contradictions. The usual one-disease, one-cause theme for epidemics is thereby maintained.

SARS Virology

Due to the wide-ranging definition, the only unique quality of SARS is the associated virus. But association is not enough and a single association is not a rigorous, convincing proof.

On April 16, 2003, WHO announced that SARS virus, a member of the coronavirus family, was *definitely* causative for the disease. The report referred to a study carried out by a team led by Dr. Albert Osterhaus, the director of virology at Erasmus Medical Centre in Rotterdam. Media reports used the terms “unequivocal,” “definite,” and “beyond a doubt” to describe the work at Erasmus.

Osterhaus reported that his team infected one group of monkeys with SARS virus, a second group with the metapneumonvirus (also found in some SARS patients), and a third group with SARS virus and then the metapneumovirus. The monkeys infected with the metapneumonvirus alone developed mild symptoms, compared to the "full-blown disease" seen in the first group. The third group "did not develop a more serious version of SARS." From this Osterhaus concluded, "the coronavirus alone is capable of causing the typical symptoms…"[11]

Virology in Doubt

Press releases about the "definitive" Erasmus study, distributed by AP, WHO, *Nature Magazine* and others, cannot be taken seriously without further details. Here are a few unanswered questions:

a) Since laboratory virus stocks are poisoned with antibiotics, or are derived by a process that utilizes poisons, then which poisons were present in Erasmus University virus stocks?

b) Were the toxicities of virus stocks included in the assessment of the study results?

c) How was the virus stock obtained?

d) Was a comprehensive test for other viruses performed on the experimental stock?

e) Are the laboratory-produced viruses chimeric viruses, that is, synthetic viruses?

f) What quantity of virus medium was applied to each monkey; that is, what multiple of real-world conditions?

g) What concentration of viruses were applied; that is, what multiple of real-world conditions?

h) How was the medium applied; would the application method be

possible in real-world conditions?

i) Which chemicals were added to the medium in addition to antibiotics? Do these interact or promote the toxicity of other chemicals in the virus stock?

j) How many monkeys were in each group? Were there enough for a valid assessment?

k) What was the condition of each monkey prior, during and at the conclusion of the experiment? Monkeys have been regarded as poor experimental subjects because of their intelligent sensitivity, and maltreatment received from handlers and distributors. Stress alone, incurred by the monkeys due to cruelty, cage conditions and poor nutrition, can cause illness or susceptibility.

l) Was the virus used in the experiment actually "isolated"? The word, when used by virologists, means something entirely different from the meaning assumed by non-virologists (including doctors), and this word serves as the basis for misinformation regarding virus proof. The details of "isolation of the virus" need to be explained.

m) Were any of the experimental animals, or tests, rerun after unexpected results occurred? What were the circumstances?

At this writing, one further detail of the Erasmus study has been obtained, "Osterhaus and colleagues completed the final ones [Koch Postulates] when they infected two macaque monkeys with the virus from a SARS patient and isolated it from the animals."[12]

So, the "definite" proof is based on two monkeys injected with the supposed SARS virus. What happened to independent confirmation, randomized controls, and probability analysis that determine the possibility that a test on two monkeys is valid? The hyped language, the major institutions and funding sources involved, juxtaposed against the meager number of

monkeys in the experiment, point to extreme bias in the search for a microbial demon. I look forward to more details of the Erasmus study.

As of late May, tests for the virus in Toronto "failed to spot a targeted virus in 30% to 50% of infected patients."[13] This was attributed to inaccurate testing methods, not the absence of the virus. Nevertheless, no matter how often SARS virus is found, the virus is present only in trace amounts and not in quantities large enough to cause disease, leaving infection and pathology in doubt.[14]

Convenient Scapegoats

In spite of the nagging inconsistencies in the viral theory for SARS, scientists and the press have gone one step further with reports that SARS originated in a live meat market in China's Guangdong province in November, 2002. Researchers in Hong Kong and Shenzhen, China found a virus that is "almost identical" to the human SARS coronavirus in six masked palm civets (cat-sized animals) and a raccoon dog sold in these open air markets,[15] a convenient discovery that will bring official pressure on China's traditional farmers and food-sellers, now in competition with new, "sanitary" western-style supermarkets.

Viral demons are fair game for the media. Dramatic realities merge with scenes from class B sci-fi movies, as doctors and nurses scream through hospital wards, airports are closed and police round up infected carriers. In China, such dreadful acts are all too real. In addition to the proposed human executions, millions of cats, dogs, farm animals and wildlife may be slaughtered to stop the deadly viral plague. Precedent is found in Britain's Mad Cow and Hoof and Mouth epidemics, and supposed viral epidemics in Malaysia and Taiwan during 1997-1998. In this scenario, medical workers come to the rescue like soldiers, heroically primed to save lives with

deadly force.

The pharmaceutical companies, of course, are playing a leading role. Roche, "the global leader in the $22-billion-a-year clinical-diagnostics market" is developing a test that should be able to "flag SARS in the first days of an infection, possibly even when the virus isn't causing symptoms." This will allow officials "to identify superspreaders (patients whose SARS infections are highly transmissible) before they become superspreaders," says a Roche executive.[16] As all diagnostic tests generate false positives, anyone suffering from a fever and a cough risks being branded as a modern Typhoid Mary should he or she submit to such a procedure.

SARS Critics

In spite of the fearful headlines, the SARS paradigm has met widespread criticism.

An insider, Dr. Frank Plummer, spilled the beans: "The director… told *The Scientist* yesterday (April 10) that the new coronavirus implicated as the cause of the disease is certainly around in the environment but is unlikely to be the causative agent. Frank Plummer is director of Canada's National Microbiology Laboratory in Winnipeg."[17]

Plummer stated, "we are finding some of the best-characterized [SARS disease] cases are negative [for the SARS virus]. So it's puzzling. As is the fact the amounts of virus we are finding, when we find it, are very small—only detectable by very sensitive PCR.

"That's what the majority of labs [nasopharyngeal swabs] around the world are testing, it's where you find most respiratory viruses. It's strange [that there's so little virus there] because it seems to be transmitted by close contact."

After the announcement of the Erasmus study, Plummer stated,

“Once you conclude that this coronavirus is the sole cause of SARS then you move into a different phase and you move to test only for it. . . to the exclusion of other things. And I think. . . at least based on what we’re seeing in Canada. . . it’s a little early to do that. We are in many ways behaving as if this is the cause.”[18]

According to a CBC news report, “No classic respiratory or bacterial respiratory pathogen was consistently identified. Scientists have not definitively shown the new coronavirus causes SARS. To do that, they need to see the virus in infected lung samples from all patients and show the virus causes SARS in an animal model.”[19] Implicit in this statement is the fact that SARS symptoms are not unique to the disease, or that tests were finding other (non-SARS) pathogens in the victims, or tests were not consistently performed for other pathogens.

Jon Rappoport, an independent journalist who has written for *CBS Healthwatch*, writes, “This [SARS] insanity is multiplied beyond all sense when you consider that, in Canada, they are now finding the [SARS] coronavirus in ZERO PERCENT of diagnosed SARS cases.”[20]

Nicholas Regush, veteran journalist of ABC News, admits no contact with Rappoport, yet writes, “We’re in very deep trouble… the COMING OF SARS. Having been a member of the reporting classes for many years, I can’t say that I’m surprised. More like disappointed. Disgusted. Outraged.”[21]

Fintan Dunne, who edits a website entitled www.SickOfDoctors.com, is also critical: “More of the hype machine and further global economic damage, over a spurious syndrome which is a drop in the disease ocean.”[22]

Dr. Donald Low, one of Canada’s leading infectious disease experts and a key member of the SARS containment team,

described WHO's policies for Toronto as "a bunch of bullshit" and "inappropriate."[23]

According to Peter Duesberg, the well-known microbiologist at the University of California at Berkeley, the list of badly diagnosed, yet strongly hyped epidemics is lengthy: Ebola, Hepatitis C, AIDS, SMON, and others.[24] According to the German virologist Stefan Lanka, the list of pseudo-epidemics is nearly endless.[25]

Toxicology

The orthodox SARS paradigm completely omits and avoids toxicology for good reason: SARS disease symptoms are identical to pesticide and air pollution disease symptoms. And these poisons correlate in time and place with SARS epidemics.

Only virology holds SARS together, and by including toxicology, the virus theory of SARS can be entirely rebutted.

Airline Pesticides

As the SARS syndrome "appears to be spreading via air travel, the CDC advised travelers to postpone any non-essential travel to affected areas, which include China, Hong Kong, the Philippines, Singapore, Thailand, and Vietnam, according to WHO."[26]

What most travelers don't realize is that airlines routinely apply pesticides to airplanes, especially those on Asian routes. Airlines call their pesticide application "disinsection." A US Department of Transportation memo describes two methods of application: "Either spray the aircraft cabin, with an aerosolized insecticide, while passengers are on board or treat the aircraft's interior surfaces with a residual insecticide." [27]

On August 2, 2001, CNN reported on a lawsuit filed by United

Airlines stewardesses for damages caused by pesticides sprayed in United Airlines planes on Australian and New Zealand routes.[28] No further mention of the lawsuit has appeared in the press.

However, on March 17, 2003, Pesticide Action Network Updates Service (PANUPS) announced: “An airline flight to the tropics may involve greater health risks. . . pesticides are routinely sprayed in aircraft cabins by US airlines, sometimes over the heads of passengers during flight.”[29]

Details on airline pesticide protocols for southeast Asian airline flights emerge from the US Department of Transportation memo: “Guam requires disinsection, but permits the residual method, of all flights from the Commonwealth of the Northern Mariana Islands, Thailand, Philippines, Korea, Indonesia, Malaysia, the Federated States of Micronesia, Papua New Guinea, Solomon Islands, and the Republic of the Marshall Islands and, during certain months, of flights from Taiwan, Korea and Japan.”[30]

The pesticides used in airlines are synthetic pyrethrin pesticides (pyrethroids), which in some countries have been banned from agricultural use.[31] SARS symptoms are nearly identical to those of pyrethrin pesticides, as shown in the table on Page 19.

There are other chemical risks found in aircraft. Diana Fairechild, who worked decades for the airline industry and spent years litigating against that industry over issues related to pesticide protocols, describes the liabilities of airline travel on her website.[46]

Airport Pollution

Airports are notoriously air polluted. A single airliner at take-off emits tremendous volumes of pollutants.[47] JFK airport

in New York City, has its own oil refinery on the airport grounds, nearly two football fields in area. How common is that practice? Oil refinery emissions correlate exceedingly well with recent so-called viral disease epidemics. The West Nile virus epidemic was first noticed in the neighborhoods beneath one of the busiest take-off lanes in the US, La Guardia Airport, New York City.[48]

Industrial Emissions

The greatest SARS epidemic region in the world is the Guangdong province of China. That heavily populated province also vies for position as the most highly polluted region on earth, due to the presence of oil refineries, metal smelters and other chemical industries in a country with lower environmental standards.

Writing for *The Atlantic Monthly*, Mark Hertsgaard describes Guangdong province as "A fiendish laboratory experiment that was mushrooming beyond control. . . . Shanxi, a day's journey west of Beijing. . . the land. . . scalped, the water poisoned, the air made toxic and dark. . . . At least five of the cities with the worst air pollution in the world are in China. Sixty to 90 percent of the rainfall in Guangdong. . . is acid rain. . . people's lungs and nervous systems are bombarded by an extraordinary volume and variety of deadly poisons. One of every four deaths in China is caused by lung disease."[49] Hertsgaard found that total suspended particulates (an air pollution index) can be, in some cities in China, 12 times higher than in New York City. Obviously, non-viral forms of SARS exist in Guangdong. SARS is far from atypical.

Deforestation by fire can also cause the respiratory problems associated with SARS. Huge fires are set or occur accidentally in Singapore, Malaysia and China. Major fires ravaged southeast Asia in September 2002, just two months before officials announced the SARS epidemic.[50]

Tan Ee Lyn (Reuters) describes the air environment in Hong Kong and southern China, the major SARS epicenters: "[Title:] CHINA: September 9, 2002, Thick smog shrouds Hong Kong, health warning issued. [Text:]Hong Kong—Thick smog blanketed Hong Kong last week, a clear sign that the territory and southern China are still a long way from cleaning up their bad air. The government urged people with respiratory problems to avoid heavily congested traffic areas and cut back on outdoor physical activity."

Toxicology = Virology

Even if a perfect (according to the rules of virology) laboratory proof for virus causation existed, such proofs still involve high use of artifice, far from the reality of everyday life. Even if SARS virology could have isolated and properly identified a real virus, questions still remain. A SARS virus may be a natural endogenous virus (from within) serving a normal adaptive function. It might not be the infectious, exogenous virus (from without) as described by media hype.

Not well known, but well established, is the fact that virus-like genetic material (RNA) is often expressed from poisoned cellular tissue as an adaptive and defensive response to poisoning.[51] Expressing virus-like genes is part of the cellular "SOS response" of cells engaged in accelerated genetic recombination.[52] The so-called SARS virus can be interpreted as such a genetic expression occurring in humans, as well as the exotic animals, palm civet cats and raccoon dogs sold in Guangdong live animal markets and recently found positive for SARS.

Virus Is Us

The cutting-edge biochemist, Howard Urnovitz, views SARS virus as human genes rearranged by pollution stress: "I do not see a virus. I see a unique and complete rearrangement of genomic

elements. For example, when I look at what is believed to be the gene sequence coding for the spike protein of this coronavirus, I see a complicated gene rearrangement of a region of *human* chromosome. As I did in our studies of Gulf War Syndrome, when I see gene rearrangements like this, I immediately search for an associated catastrophic environmental event that could have caused such genomic rearrangement."[53] (Emphasis added.)

SARS epidemics correspond strongly with such "catastrophic environmental events."

SARS Redefined

SARS is not a unique disease, since its symptoms coincide with pyrethrin poisoning and air pollution diseases.

Orthodox science damns itself by beginning with a virus hypothesis when toxicological evidence is plentiful. Orthodox journalism promotes the discovery of the "SARS virus" with little criticism of the virology and a deafening silence regarding toxicology.

Apparently the virus paradigm is a necessary cover for industrial pollution. WHO's promotion of the virus disease paradigm is a tremendous boon for industry, which requires free disposal of industrial wastes into the lungs. . . correction. . . the atmosphere.

The preponderance of evidence indicates that SARS is the direct result of regional industrial pollution, airport pollution, with an optional *coup de grace* from pyrethroid pesticides applied directly upon the passengers or as a residue vapor. Essentially, airlines are enclosed, fabric-filled containers where air is circulated several times before it is vented to the outside. They are not the kind of chamber that environmentalists would prefer to enter following "disinsection." SARS, like St. Louis virus (SLE), West Nile Virus (WNV) and non-toxicological asthma definitions guarantee

spin control for emerging epidemics.

Neenyah Ostrom discusses the general relationship between pollution in China and the SARS virus– and the relation between poisoning and cellular RNA: “But Guangdong and Hong Kong share another distinction: They are in perhaps the most polluted area on the planet. Should we be asking questions like, what new types of pollutants have been introduced into this gene-swapping microenvironment? So, the question becomes: Is pollution a causative agent in SARS?”

If SARS disease is another semantic flag for industrial pollution, then SARS functions by punishing the economy of polluting regions without specifically placing blame on powerful industries. Military groups have long employed such a method–where the group is punished to correct individual behavior. Within industry, SARS will bring about a reassessment of economic priorities (industrial need versus human worth) without the complications of public blame games.

Sidebars

West Nile Virus

West Nile Virus (WNV) arrived in New York City in 1999 and soon grew into an “epidemic” characterized by a sea of contradictions.[54] Medical press agencies proclaimed the “first arrival of the West Nile virus to the Western Hemisphere”[55] but a more accurate description of the situation would be the “first testing of the West Nile virus in the Western Hemisphere.”

Mayor Giuliani personally announced the epidemic. He also announced the immediate commencement of a six-week pesticide spray campaign over the city, dispensed by helicopters. Meanwhile, the TV and newspaper headlines chanted, “The Deadly

Virus." The disease was at first attributed to the St. Louis encephalitis virus (SLE) but a few weeks later blame shifted to West Nile virus.

The United States Geological Survey ("USGS") issued a press release one year later "confirming" the pathological effect of WNV on crows. This was hyped and widely distributed. Having read many other virological studies, I found the USGS results incredibly odd. The crows were injected intramuscularly with a virus extract and a few days later all met death. The filter used to separate the virus from tissue extract was nearly six times the diameter of the virus.[56] Nearly all non-injected crows in the same cage also died. The success of the experiment was too convincing to be true, especially for a study that did not employ the common, harsh, intracranial injection method. The study outcome was also odd because WNV had been considered a mild virus and not especially dangerous to birds. The USGS laboratory ignored my repeated inquiries for the published details. After going through another scientist, who contacted the USGS, I received an emailed response from the USGS indicating low confidence for their study. The agency indicated their study would not be published or discussed and they expressed an intention to perform a better experiment in the future. I doubt they would want to take a chance on another such experiment.

SLE and WNV epidemics occur annually in air-polluted petrochemical regions (such as eastern New Jersey and St. Louis) during the warm spring and summer months, with an apex in July and August. The incidence correlates daily with air pollution brought to ground level by warm air and loss of convection efficiency for exhaust sources. SLE epidemics have a long history in the US (in petrochemical regions) and these epidemics don't spread infectiously to other regions. The two great epicenters for WNV/SLE disease are the two great petrochemical industrial regions in the US—southern Louisiana and New Jersey.

During the summers of 1999 and 2000, air pollution levels reached record levels, correlating with the incidence of “West Nile virus” cases, both human and avian. The gasoline additive MTBE represents perhaps the greatest production volume for any industrial poison in the US, yet it has received little publicity. The public became aware of its dangers only when the EPA suggested that MTBE be phased out on July 27,1999. That date also represents the apex of the West Nile virus avian epidemic for 1999.[63]

Like so many widely dispensed industrial poisons, the physiological effects of MTBE have only become known through usage on the public. However, Dr. Peter Joseph correlated MTBE with neurological disease in his 1997 study, “Changes in Disease Rates Following the Introduction of Oxygenated Fuels.” Neurological symptoms also characterize West Nile virus disease. Avian mortality further distinguishes this “viral” disease. Yet, avian mortality is an early warning system for human air pollution disease, as evidenced by the traditional air assay test, the “miners’ canary.”

Legionnaires’ Disease

Another acute respiratory disease is Legionnaires’ disease, also characterized by sloppy science. The disease was claimed causative for 182 casualties and 29 deaths within a few days in 1976 at the bicentennial celebration of the American Legion at the Bellevue Stratford Hotel in Philadelphia.

After several months of study, CDC scientists announced the discovery of *Legionella bacteriumas* as the cause for Legionnaires’ disease. Virologists Peter Duesberg and Brian Ellison relate the story.[57] “One month before the CDC isolated the bacterium, a US House of Representatives Investigative Committee held hearings excoriating the CDC for not having

looked for toxic chemicals as a possible cause of the 1976 epidemic. Chairman John Murphy of New York sharply attacked the investigation because 'The CDC, for example, did not have a toxicologist present in their initial team of investigators sent to deal with the epidemic. No apparent precautions were taken to deal with the possibility, however remote at the time, that something else might have been the cause.'"

According to Duesberg, "The evidence indicates *Legionella* is actually quite harmless. Since 1976, CDC and public health investigators have found the bacteria all over the country, in water cooling towers, condensers, shower heads, faucets, humidifiers, whirlpools, swimming pools and even hot-water tanks, assorted plumbing, mud, and lakes. The bacterium is so universal that between 20 percent and 30 percent of the American population has already been infected, yet virtually no one ever develops Legionnaires' disease symptoms." Calling the organism *Aguanella*—indicating it is simply water-borne—wouldn't serve the CDC's purpose. Quite by chance, the CDC's interpretation happens to protect the chemical industry, which sells poisonous deodorants, pesticides, antibiotics, carpets, paints, pharmaceuticals, cosmetics and beverages to hotels—and airlines.

Two SARS Disease Paradigms:
Comparison of Symptoms

Symptom	As SARS Virus[32-35]	As Airline Pesticide Poisoning (mostly Pyrethrin formulations)[36-45]
Coughing	Yes	Yes
Malaise	Yes	Yes

Fever	Yes	Yes
Headaches	Yes	Yes
Nausea	Yes	Yes
Vomiting	Yes	Yes
Rash	Yes	Yes
Respiratory distress	Yes	Yes
Respiratory failure	Yes	Yes
Neurological dysfunction	Yes	Yes
Cardiac dysfunction	Yes	Yes
Irritability	Yes	Yes
Diarrhea	Yes	Yes
Pneumonia	Yes	Yes
Lung damage (as measles symptoms, see below)	Yes	Yes
Dyspnoea (breathing difficulty related to hypoxemia)	Yes	Yes
Hypoxemia (low oxygen level)	Yes	Yes
Proteinaceous pulmonary edema	Yes	Yes
Leukocyte inhibition	Yes	Yes
Increases sodium ion permeability in tissue	Not Listed	Yes
Affects nasal, windpipe and lung surfaces	Yes	Yes
Shock	Not Listed	Yes
Seizures	Not listed	Yes
Salivation	Yes	Yes
Neurological damage	Yes	Yes
Muscular stiffness	Yes	Not listed
Like measles (Syncytial lung)	Yes	Yes*
Like flu	Yes	Yes

Like common cold	Yes	Yes
Like mumps	Yes	Yes*

*In terms of listed symptoms

SARS – Other Theories

Len Horowitz, PhD, author of *Emerging Viruses*: SARS is simply the flu, which kills 36,000 people annually in the US. Death comes to those whose immunity has been compromised by drugs and vaccines.[58] The media has created great fear among the public by grossly overstating mortality rates and exaggerating the danger to healthy individuals.

Mae-Wan Ho, PhD, president of the London-based Institute of Science in Society: SARS is a highly infectious disease caused by a new bacterium of the *Chlamydia* family that was created accidentally through genetic engineering. Disease-causing viruses and bacteria and their genetic material are the predominant materials and tools of genetic engineering. The artificial constructs created by genetic engineering are designed to cross species barriers and to jump into genomes, creating the possibility of new, highly virulent micro-organisms.[59]

Marshall Smith, Editor, *BroJon Gazette*: The SARS virus, like all flu viruses, is a variant caused by the rural Chinese custom of raising flocks of geese side-by-side with herds of swine. If a pig is ill with a porcine flu and then eats droppings from an avian-virus-infected goose, the result is a new cross-species flu virus with the outer lining of a pig and the inner viral core of a goose. Whether or not this theory is correct, Smith's advice is sound: Do not suppress a fever. Fever is the body's way of preventing the invading virus from reproducing and spreading massively throughout the body.

Unfortunately, most cold and flu medications reduce fever, setting the stage for massive viral proliferation. Unfortunately, the current definition of SARS may cause many people to take drugs to suppress fever, in order to avoid quarantine.

Linda Saif, professor of food animal health at Ohio State University: Coronavirus causes cough and pneumonia, so-called shipping fever, in animals packed together in cattle cars. The stresses of air travel—large numbers of people together in small spaces, being away from home, being close to other strangers, moving across time zones, rushing to catch flights—are conditions that make the coronavirus dangerous to humans as well.[60] (Saif does not explain why airline travel, which has been a fact of life for millions of people for the last 40 years, has not caused SARS until recently.)

Richard Fisher, senior fellow at the Jamestown Foundation, a Washington-based think tank: ". . . there are compelling reasons. . . to at least ask whether there might be any linkage between SARS and China's biological-warfare efforts."[61]

Chandra Wickramasinghe, professor of applied mathematics and astronomy at Cardiff University: The SARS virus comes from outer space, hitched a ride on a comet and then drifted down to earth.[62]

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