

Electromagnetic Weapons, Graphene Oxide and Activated Illnesses: Exposing the Covid-5G Connection

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Ever since the beginning of the Covid saga, people have speculated about a possible link between increased illness and the rollout of 5G networks around the world.

And while “Covid-19” has hardly been the apocalyptic death storm that the media made it out to be, there have been excess deaths recorded in certain areas. The question is: are the excess deaths solely attributable to “pandemic” measures (i.e. lockdowns, masks, toxic medications, etc) or did electromagnetic radiation have a more significant role to play?

And if so, was it due to 5G or the use of some other covert, as yet unknown, technology? That is what this investigation aims to uncover.

This article will also focus mostly on excess mortality. For, if there were no excess deaths, it would be difficult to argue that there was some kind of EMF (electromagnetic fields) weapon being deployed as that would surely increase deaths above the regular threshold. In certain areas, in certain countries, there undoubtedly were excess deaths, and, as this

article will demonstrate, these can be explained without the need for a new, infectious pathogen (as I have argued [elsewhere](#)).

In fact, there are several independent lines of evidence to suggest that it was not “Sars-Cov-2”, or any alleged virus for that matter, that caused these excess deaths. While the reasons advanced by other researchers as to the real cause are all valid – and probably, to some extent, all true – in this article, I argue for the EMF cause.

I am simply making the case for EMFs, in one capacity or another, having contributed to excess mortality throughout the Covid period. I will also argue that EMFs were responsible for some of the more peculiar symptoms expressed by so-called “Covid” patients.

Also, when I refer to “EMFs” (electromagnetic fields/electromagnetic radiation), I am not referring solely to 5G (although that is important), I am also willing to consider other, covert EMF influences, possibly in the form of weaponry of some kind. And as we shall see, there is evidence to suggest that this type of weaponry exists and has been used.

Make no mistake, much of what I propose here is speculation. However, it is argued speculation, with evidence to back it up.

Evidence for “Other Factors” Contributing to Excess Mortality During the Covid Saga

Here we will examine four lines of evidence that clearly suggest there were other, possibly unknown, factors causing increased ill health during the Covid period. There is more that could be discussed here but for the sake of keeping this article to a readable length, I have chosen just four.

1. The Testimony of Dr Cameron Kyle-Sidell

Early on during the Covid pandemic, a New York doctor named [Cameron Kyle-Sidell](#) posted a video on YouTube where he revealed some shocking information about the nature of “Covid-19” and the standard of care that all hospitals in the US were working under.

The video was removed from YouTube (who would have guessed?) but you can still view it [here on Bitchute](#).

Dr Kyle-Sidell is an E.R and critical care doctor working in New York City (Brooklyn to be exact). His testimony was posted online in early April 2020. As the original video was taken down by YouTube, I couldn’t pinpoint the exact date of publishing, but it was likely posted around the 6th.

Dr Kyle-Sidell begins his statement rather harrowingly:

“Nine days ago I opened an intensive care unit to care for the sickest COVID positive patients in the city, and in these nine days I’ve seen things I’ve never seen before.”

This should already give us cause for concern. An experienced critical care doctor seeing things “he’s never seen before”? If Covid-19 were a typical viral pneumonia (AKA a cold), then he surely would have seen it before, countless times in fact. So we can already be certain that there is something different going on here.

And that, in fact, is exactly what Dr. Sidell himself asserts:

“COVID-19 lung disease, as far as I can see, is not a pneumonia and should not be treated as one.”

He then goes on to comment on what he thinks may be the real cause of the condition (emphasis added):

“Rather, it appears as some kind of viral induced disease,

most resembling high altitude sickness. It is as if tens of thousands of my fellow New Yorkers are on a plane at 30,000 feet in the cabin pressure is slowly being let out. These patients are slowly being starved of oxygen."

So Dr Sidell still claims the bizarre condition to be "viral induced", but let's face it, his medical training combined with the Wuhan [virus propaganda](#) would compel him to do so. What he says next is more interesting for he compares his patients' condition to high altitude sickness and claims they are being starved of oxygen. Keep this in mind as we move forward.

Dr Sidell goes on to stress the fact that the use of ventilators is the incorrect way to treat such a condition.

"I fear that we are using a false paradigm to treat a new disease..."

He then makes the bold suggestion that ARDS (Acute Respiratory Distress Syndrome), reported as being caused by "Covid-19", is actually being caused by the use of ventilators.

"...the ARDS that we are seeing, that the whole world is seeing, may be nothing more than lung injury caused by the ventilator."

Dr Sidell says a lot more in his testimony, I have just pulled out some key extracts so as to keep this section concise. However, feel free to watch the full video yourself.

Here are the key takeaways from Dr Sidell's testimony:

- Patients were being admitted to Dr Sidell's Covid ward with symptoms that he had never seen before.
- The symptoms these patients were experiencing (alleged to be "Covid-19") were not characteristic of a typical

viral pneumonia, but rather something more akin to high altitude sickness, causing oxygen deprivation.

- Ventilators were the incorrect treatment for such a condition and were likely doing more harm than good. This last point is highly significant, for it means that hospitals may have **intentionally** been directed to use ventilators precisely to increase “Covid-19” death rates. In fact, later on, [evidence did come](#) out suggesting that ventilators were ineffective and harmful. In fact, according to the above-cited study, “88% of patients who received invasive mechanical ventilation died, including 97% of those aged >65”.

It is the first and second point that interests us most here. In other words, some patients in the New York City area (and possibly elsewhere) were exhibiting symptoms foreign to anything regularly observed by experienced doctors and this condition resembled high altitude sickness.

As it turns out, this strange condition can be rationalized by examining the effects of certain electromagnetic frequencies. We will explore this later in the article.

And there is something else to note. It is highly relevant that Dr Sidell observed this strange high altitude sickness-like condition in New York City, for, as we shall see, at one point during the pandemic, NYC had **by far** the highest Covid-19 death rate, indicating that something strange was happening there that may not have been happening elsewhere.

This anomaly in NYC was also reported by Dr Denis Rancourt, whose research we will now examine.

2. The Research of Dr Denis Rancourt

Dr Denis Rancourt is a Canadian physicist, with highly impressive [academic credentials](#). He has written a number of papers concerning Covid-19 excess mortality in various countries around the world and his findings are rather

illuminating.

His [first paper](#) concerning this phenomenon was published on June 2nd 2020 titled “All-cause mortality during COVID-19 – No plague and a likely signature of mass homicide by government response”.

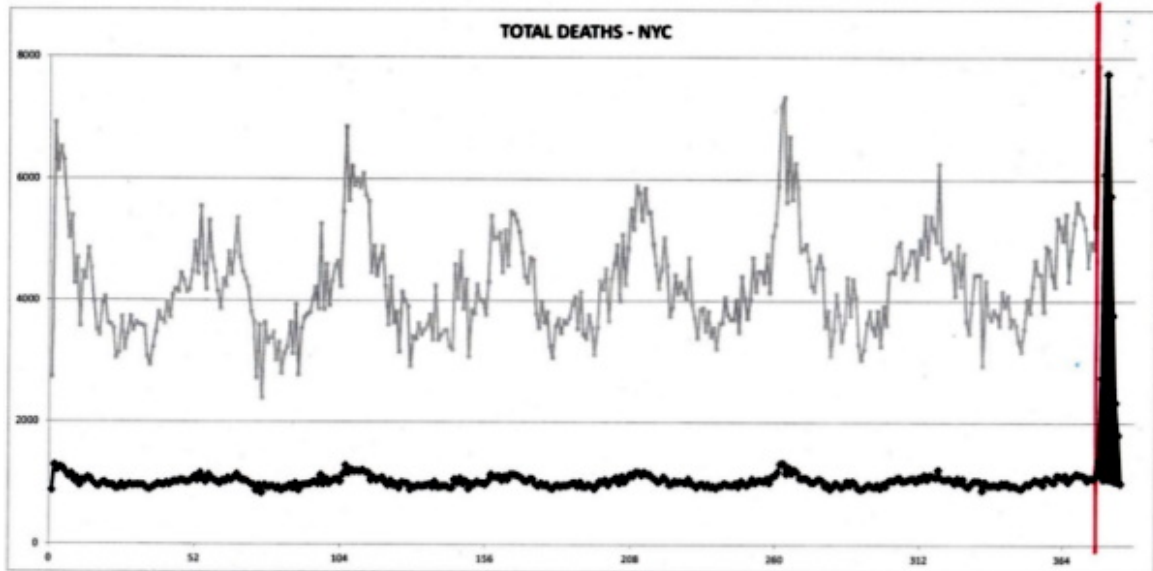
In the abstract of the paper, he states that

“The latest data of all-cause mortality by week does not show a winter-burden mortality that is statistically larger than for past winters. There was no plague. However, a sharp “COVID peak” is present in the data, for several jurisdictions in Europe and the USA.”

It’s this sharp peak that is most interesting, for, as Rancourt notes, this is an anomaly, never having occurred before in the majority of jurisdictions; the data is simply not consistent with a viral cause (the same conclusion was reached by another team of researchers whose research we will analyse later).

Rancourt hypothesizes the anomalous “COVID peak” to be a signature of mass homicide by government response. In other words, according to Rancourt, the original sharp increase in deaths in various areas in the US and EU was a direct result of pandemic measures, including the use of ventilators.

However, important to note here is that the “COVID peak” in the USA arises from certain hot spots, and New York City is the main one. In fact, New York City’s “COVID Peak” is virtually off the charts (see the below graph taken from Rancourt’s paper).



“Figure 8: All-cause mortality by week for NYC, starting in 2013, in black. The red vertical line indicates the date at which the WHO declared the COVID-19 pandemic. The grey line is simply the same data on a vertically expanded and shifted scale, for visualization.”

So here we can clearly see an anomalous increase in all-cause mortality in NYC beginning just before Dr Sidell posts his video testifying to the fact that his patients are experiencing symptoms he’s never seen that are entirely uncharacteristic of any viral pneumonia. Coincidence? I think not. Rancourt’s [next paper](#), co-written with Marine Baudin and Jérémie Mercier, titled “Evaluation of the virulence of SARS-CoV-2 in France, from all-cause mortality 1946-2020” was published on the 20th October 2020. In the paper, the researchers analyse all-cause mortality in France, with a focus once again on the strange “COVID Peak”. In the abstract the researcher state that

“We prove that the “COVID-peak” feature that is present in the all-cause mortality data of certain mid-latitude Northern hemisphere jurisdictions, including France, cannot be a natural epidemiological event occurring in the absence of a

large non-pathogenic perturbation.”

The conclusion they reach is that the “COVID peak” was artificial, i.e., caused by deliberate intervention rather than the result of some naturally occurring, novel respiratory virus. The researchers note several reasons for this conclusion, one of which is that the COVID peak

“is absent in many jurisdictions (34 of the USA States have no “COVID-peak”).”

This is highly anomalous, for if there were a novel virus going around, we’d expect to see some level of consistency with regards to the rise in all-cause mortality in different states (and indeed, different countries). Instead what we see is huge increases in all-cause mortality in certain jurisdictions (e.g. NYC) and nothing in others.

Although arrived at differently, Rancourt’s conclusion and Dr Sidell’s are the same – if something new is killing people, it’s *not* a novel viral pneumonia.

Rancourt & Co’s [latest paper](#) dealing with excess mortality is titled “Nature of the COVID-era public health disaster in the USA, from all-cause mortality and socio-geo-economic and climatic data.”

In this paper, the researchers seek to investigate why the USA suffered a sustained, exceedingly large mortality during the Covid period, while Canada and Western European countries did not. Once again, their research indicates that a viral pandemic did not occur (emphasis added):

“The behaviour of the USA all-cause mortality by time (week, year), by age group, by sex, and by state is contrary to pandemic behaviour caused by a new respiratory disease virus for which there is no prior natural immunity in the population. Its seasonal structure (summer maxima), age-group

distribution (young residents), and large state-wise heterogeneity are unprecedented and are opposite to viral respiratory disease behaviour, pandemic or not.”

Rancourt & Co conclude that government-imposed measures combined with societal risk factors (obesity, poverty, etc) were responsible for the excess mortality. While I absolutely agree with their findings, I think they may have missed another, important contributing factor: EMFs.

But that’s not all. Rancourt & Co found something else which is highly relevant to Dr. Sidell’s statement:

“We also find a large COVID-era USA pneumonia epidemic that is not mentioned in the media or significantly in the scientific literature, which was not adequately addressed. Many COVID-19-assigned deaths may be misdiagnosed bacterial pneumonia deaths.”

In other words, cases of “pneumonia” increased, but it wasn’t treated properly and it wasn’t being caused by a novel virus. This finding is similar to what Dr Sidell observed, only he referred to cases of “high altitude sickness” (rather than pneumonia). In each case, it is the lungs being affected and it is not hard to see how some kind of novel EMF-induced lung disorder could have been mislabelled as merely “pneumonia”.

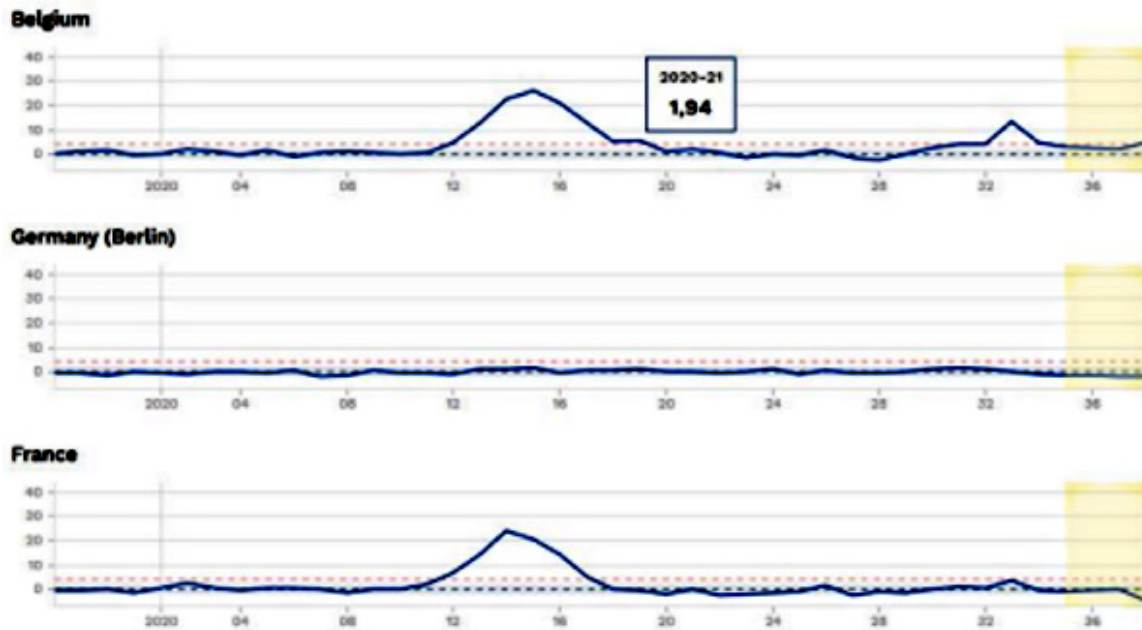
3. The Research of Torsten Engelbrecht and Dr. Claus Kohnlein

The next line of evidence we will examine is that of the research of journalist Torsten Engelbrecht and physician, Claus Kohnlein.

On the 1st of October, the two researchers co-authored [an article](#) titled “COVID-19 (excess) mortalities: viral cause impossible—drugs with key role in about 200,000 extra deaths in Europe and the US alone”, in which they reach a similar conclusion to Dr Rancourt – excess mortality was not caused by

a novel virus.

Engelbrecht and Kohnlein focused their analysis mostly on EU countries, noting that most of the countries reporting excess mortality instituted stringent lockdowns (a total contradiction of the virus hypothesis). In their analysis, they highlight the same, anomalous “COVID peak” uncovered by Rancourt & Co.



“Z-score for various European countries, Dec. 2019 – Sept. 2020”

But it’s not only this anomalous “COVID peak” (which occurred outside the regular flu season), they also note the fact that neighbouring countries often exhibited a completely different pattern of excess mortality. For example, Belgium had a rather noticeably peak while Germany (its neighbour), did not.

With regards to the viral theory, this kind of wildly inconsistent pattern of excess mortality simply does not make sense.

The conclusion reached by Engelbrecht and Kohnlein is that the “COVID peaks” were caused by the increased use of highly toxic medications.

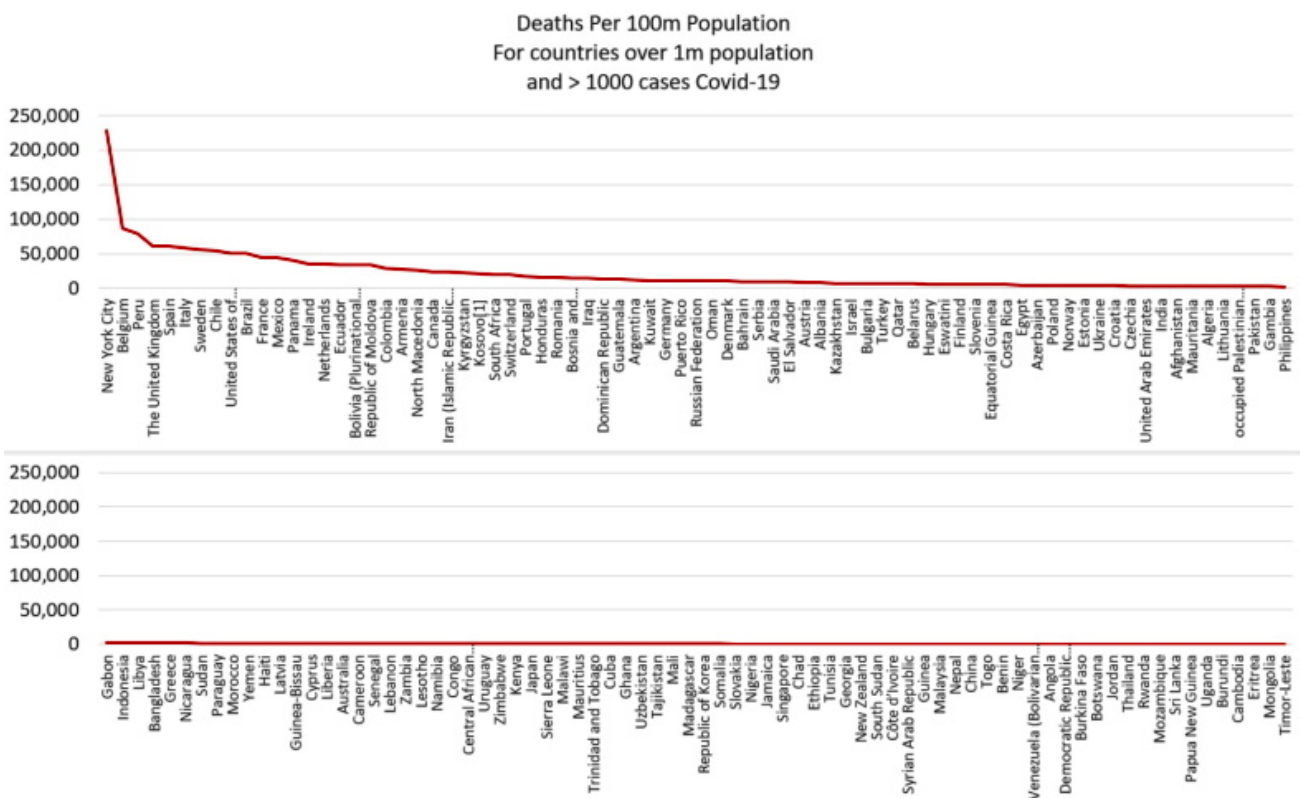
“Highly toxic and also potentially lethal drugs were used excessively, especially in all of the above-mentioned countries with excess mortality, both experimentally and off-label, meaning that the drugs were used outside of their regulatory approval—and this in people, most of whom were old and had serious illnesses, before being tested “positive” for COVID-19.”

Their article is persuasive and I agree with their conclusions. However, once again, their conclusions do not rule out a contributing EMF-related cause.

4. Wildly Inconsistent Covid-19 Death Rates

Finally, the official COVID death data, as recorded by the WHO, provides yet another line of evidence to suggest that any recorded excess mortality was not due to a novel virus.

For example, take a look at the [graph](#) below created by Andrew Mather, a British mathematician in September 2020.



Covid-19 deaths by country per 100m population (Sept. 2020).

The graph shows the number of recorded COVID deaths in different countries, normalised to account for the difference in population sizes. Once again, the data is highly anomalous. New York City has by far the highest COVID death rate, higher than any other country in the world at that time! Belgium, Peru, the UK and Spain are also high on the list, while African countries, South East Asia and Japan barely feature.

So either, we're dealing with a far deadlier virus in New York City, Western Europe and parts of South America, or there's another factor at play.

Let's summarise our findings thus far:

- Shortly after the WHO declared a pandemic, an experienced New York City doctor came forward explaining that his so-called "COVID" patients were not suffering from a typical viral pneumonia, but were instead showing signs of something akin to high altitude sickness.
- Dr Denis Rancourt and his co-researchers analysed all-cause mortality in various countries and jurisdictions, reaching the conclusion that a pandemic did not occur. They noted an anomalous "COVID peak" which was especially prominent in New York City.
- Journalist Torsten Engelbrecht and physician, Dr Claus Kohnlein analyzed European mortality data and came to the exact same conclusion – the data simply did not support the virus theory.
- Six months into the Covid "pandemic", Covid death rates were differing wildly across different countries and jurisdictions. New York City had by far the highest death rate, more than any other country in the world.

The data, once again, did not fit a viral cause and instead pointed to an alternate factor at play, localised to NYC and possibly some other countries.

In the next part of this investigation, we'll build a case for that "other factor" having been EMF-related and likely linked to the 5G rollout.

Symptoms of "Covid-19" Related to EMF Exposure

In this section, we will examine a [groundbreaking study](#) published in September of 2021. The study, published in the *Journal of Clinical and Translational Research*, is titled "Evidence for a connection between coronavirus disease-19 and exposure to radiofrequency radiation from wireless communications including 5G".

The title says it all, for the paper presents a wide range of evidence pointing to a connection between what has been called "Covid-19" and EMF exposure, including 5G.

For anyone unaware of the harms caused by EMF exposure, I suggest reading my [two previous articles](#) dealing with this topic, as they provide an overview of the evidence linking EMF exposure to various chronic illnesses as well as environmental devastation.

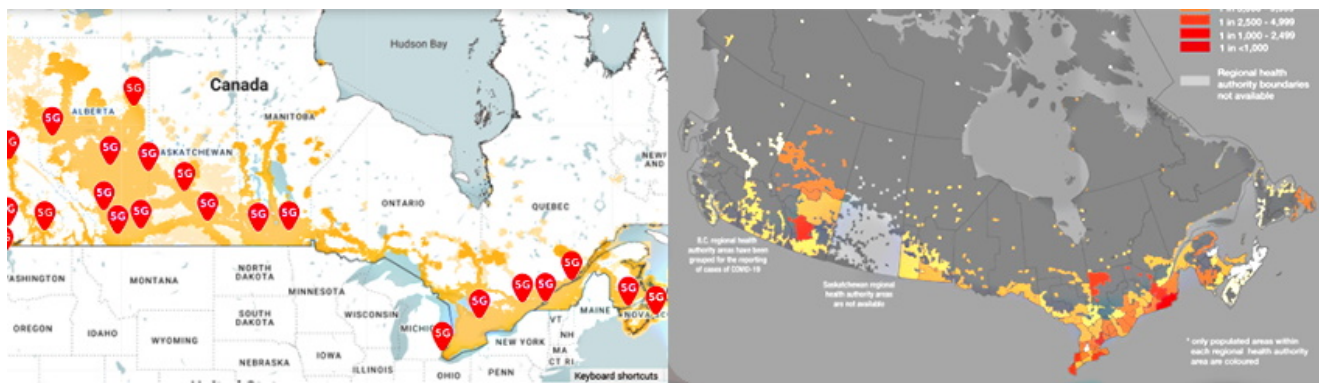
In order to keep this section short, we'll dive straight into the aforementioned paper. Here it is worth quoting the study at length. The researchers begin by noting that

"There is a large body of peer reviewed literature, since before World War II, on the biological effects of WCR [wireless communications radiation] that impact many aspects of our health. In examining this literature, we found intersections between the pathophysiology of SARS-CoV-2 and detrimental bioeffects of WCR exposure. Here, we present the evidence suggesting that WCR has been a possible contributing factor exacerbating COVID-19."

In other words, these researchers found that reported symptoms of Covid-19 were also symptoms of WCR exposure. The researchers go on to summarise some of the epidemiological evidence linking the 5G rollout to the Covid-19 “outbreak”.

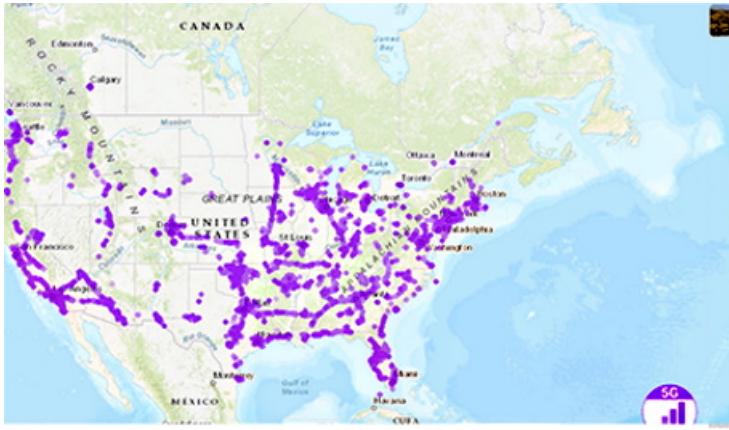
“COVID-19 began in Wuhan, China in December 2019, shortly after city-wide 5G had “gone live,” that is, become an operational system, on October 31, 2019. COVID-19 outbreaks soon followed in other areas where 5G had also been at least partially implemented, including South Korea, Northern Italy, New York City, Seattle, and Southern California. In May 2020, Mordachev [4] reported a statistically significant correlation between the intensity of radiofrequency radiation and the mortality from SARS-CoV-2 in 31 countries throughout the world. During the first pandemic wave in the United States, COVID-19 attributed cases and deaths were statistically higher in states and major cities with 5G infrastructure as compared with states and cities that did not yet have this technology [5].”

Here are some maps that I compiled (not from the paper quoted above) showing, visually, the Covid-5G association.

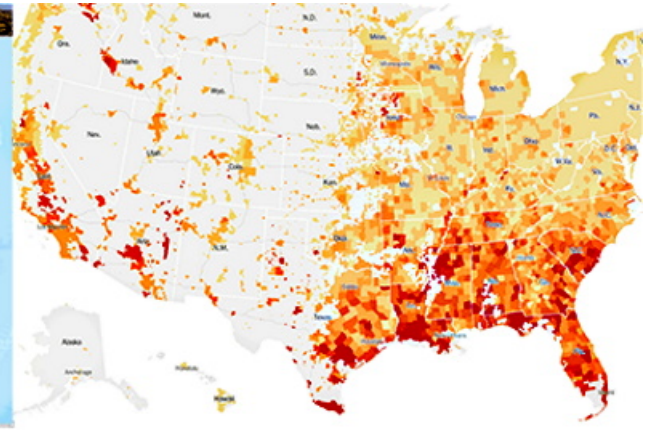


Canada 5G map

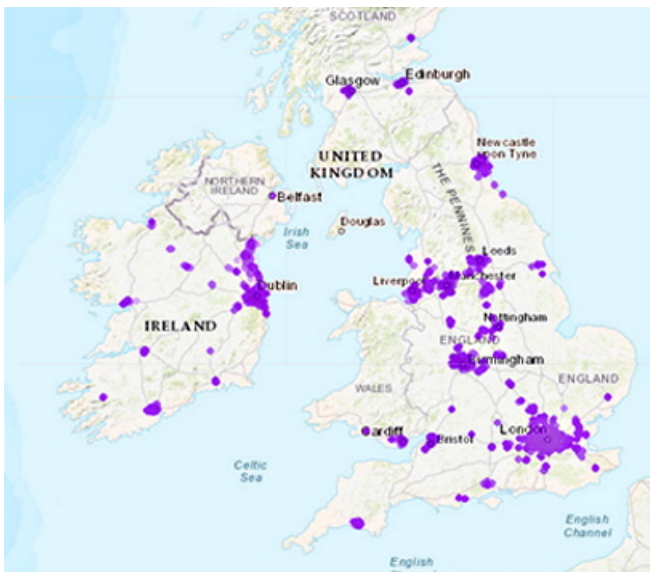
Canada Covid “severity”



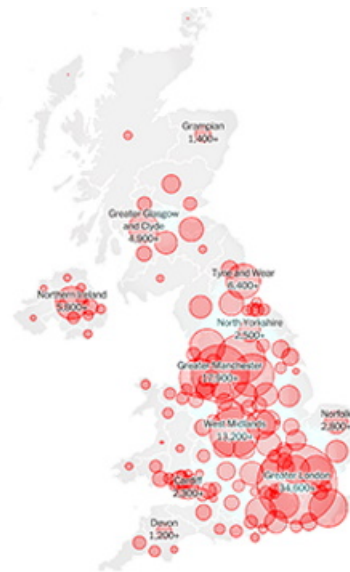
US - 5G coverage (July 2020)



US - COVID-19 severity



UK - 5G coverage (July 2020)



UK - COVID-19 severity

Note that New York City features on the list of areas where, according to the researchers, “5G had been at least partially implemented”. We can now note the following about NYC:

1. The “COVID peak” was “off the charts” compared to other areas in the US and the COVID death rate was abnormally high.
2. So-called “COVID-19” patients there suffered from some unknown condition akin to high altitude sickness.
3. A 5G network had been at least partially implemented shortly before the COVID “outbreak” occurred.

The researchers go on to present the following table, showing a clear relationship between the effects of WCR (Wireless

Communications Radiation) exposure and various symptoms associated with “COVID-19”.

Table 1. Bioeffects of Wireless Communication Radiation (WCR) exposure in relation to COVID-19 manifestations and their progression

Wireless communications radiation (WCR) exposure bioeffects	COVID-19 manifestations
<p>Blood changes Short-term: rouleaux, echinocytes Long-term: reduced blood clotting time, reduced hemoglobin, hemodynamic disorders</p>	<p>Blood changes Rouleaux, echinocytes Hemoglobin effects; vascular effects → Reduced hemoglobin in severe disease; autoimmune hemolytic anemia; hypoxemia and hypoxia → Endothelial injury; impaired microcirculation; hypercoagulation; disseminated intravascular coagulopathy (DIC); pulmonary embolism; stroke</p>
<p>Oxidative stress Glutathione level decrease; free radicals and lipid peroxide increase; superoxide dismutase activity decrease; oxidative injury in tissues and organs</p>	<p>Oxidative stress Glutathione level decrease; free radical increase and damage; apoptosis → Oxidative injury; organ damage in severe disease</p>
<p>Immune system disruption and activation Immune suppression in some studies; immune hyperactivation in other studies Long-term: suppression of T-lymphocytes; inflammatory biomarkers increased; autoimmunity; organ injury</p>	<p>Immune system disruption and activation Decreased production of T-lymphocytes; elevated inflammatory biomarkers. → Immune hyperactivation and inflammation; cytokine storm in severe disease; cytokine-induced hypo-perfusion with resulting hypoxia; organ injury; organ failure</p>
<p>Increased intracellular calcium From activation of voltage-gated calcium channels on cell membranes, with numerous secondary effects</p>	<p>Increased intracellular calcium → Increased virus entry, replication, and release → Increased NF-κB, pro-inflammatory processes, coagulation, and thrombosis</p>
<p>Cardiac effects Up-regulation of sympathetic nervous system; palpitations and arrhythmias</p>	<p>Cardiac effects Arrhythmias → Myocarditis; myocardial ischemia; cardiac injury; cardiac failure</p>

Supportive evidence including study details and citations are provided in the text under each subject heading, i.e., blood changes, oxidative stress, etc.

Table reproduced from Rubik & Brown, 2021.

They then conclude by summing up the known effects of WCR exposure and how they relate to COVID-19 (emphasis added):

*“Specifically, evidence presented here supports a premise that WCR and, in particular, 5G, which involves densification of 4G, may have exacerbated the COVID-19 pandemic by weakening host immunity and increasing SARS-CoV-2 virulence by (1) causing morphologic changes in erythrocytes including echinocyte and rouleaux formation that may be contributing to hypercoagulation; (2) **impairing microcirculation and reducing erythrocyte and hemoglobin levels exacerbating hypoxia**; (3) amplifying immune dysfunction, including immunosuppression, autoimmunity, and hyperinflammation; (4) increasing cellular oxidative stress and the production of free radicals*

exacerbating vascular injury and organ damage; (5) increasing intracellular Ca²⁺ essential for viral entry, replication, and release, in addition to promoting pro-inflammatory pathways; and (6) worsening heart arrhythmias and cardiac disorders.”

What interests us most here is point number 2 (italicised/bolded). The researchers claim that WCR can impair microcirculation and reduce erythrocyte and haemoglobin levels, exacerbating hypoxia. Another name for “hypoxia” is “altitude sickness” (i.e. a severe lack of oxygen). In other words, here we have a potential explanation for the “high altitude sickness” like condition described by Dr Sidell in NYC.

Note also that some of the COVID-19 related manifestations listed in the table such as organ failure, myocarditis, cardiac failure, arrhythmia, etc (effects not generally associated with the flu or any viral pneumonia), may be explainable when one considers the effects of EMF exposure.

In his book “The Contagion Myth”, Dr Thomas Cowan provides more evidence for the deleterious effects of radiofrequency radiation, especially 5G. After noting that “hypoxia” is reported as a frequent symptom of COVID-19 and that this is caused by the release of iron from the haemoglobin molecule, he goes to comment as follows (emphasis added):

“The conventional explanation for the release of iron from hemoglobin is the action of glycoproteins in the coronavirus—but the action of 5G’s millimeter waves is an equally good explanation, especially those at 60GHz, which disrupt oxygen molecules. An interesting observation about lung malfunction in Covid-19 patients is that it is bilateral (both lungs at the same time), whereas ordinary pneumonia typically affects only one lung. What kind of virus knows to attack both lungs?”

Dr Cowan then goes on to comment on the nature of “COVID-19” as experienced by patients in Wuhan (a city that also rolled out its 5G network mere days before the “outbreak”):

“A study from Wuhan showed that more than one-third of coronavirus patients had neurologic symptoms including dizziness, headaches, impaired consciousness, skeletal-muscle injury, and loss of smell and taste—and more rarely seizures and stroke. This is not your normal flu, this is a serious disease.”

When Cowan says, “This is not your normal flu, this is a serious disease.” He is right in one sense and wrong in another. You see, as has been my thesis throughout, “COVID-19” is not and never has been, a single disease, rather, it has been used as an “umbrella term” to include everything from mild flu symptoms to life-threatening, EMF-induced hypoxia.

In light of this evidence, we must ask ourselves – What role did EMFs/5G play in the COVID charade? Was it 5G alone that caused the anomalous “COVID peak” we see in certain areas? If so, why was the death rate in NYC so much higher than anywhere else? Was “Sars-Cov-2” used as a cover for the rollout of dangerous radiofrequencies?

Or... Was there some sort of covert, EMF-related weaponry being used in select areas?

Speculating on the Existence and Possible Use of Advanced Electromagnetic Weapons

The reader should be advised that this section of the article is mostly speculation. However, the case for the intentional deployment of some kind of EMF-related weaponry, is, I believe, a solid one. After all, if you were part of a group looking to feign the signs of a viral respiratory pandemic, blasting people with hypoxia-inducing radiofrequencies is one way you could do it. And as we discovered, that appears to be

what happened in NYC (and possibly other areas).

However, the only evidence for this theory is the rollout of a 5G network in key pandemic “hotspots” around the world (including NYC). The problem, of course, is that there were plenty of countries that had 5G networks and yet did not showcase the same dramatic “COVID peak” as NYC did.

While there are many factors that would have contributed to this COVID peak besides EMFs, including lockdown stringency, care home laws, population age and health status, etc, three other possibilities exist:

1. 5G networks in certain areas were covertly used (or possibly hijacked) to “blast” the local population with dangerous radiofrequencies (such as 60Ghz millimetre-wave 5G which can disrupt oxygen molecules).
2. The increased density of radiofrequencies, brought about by the 5G rollout interacted with something that was already present within people’s bodies, “activating” a disease state.
3. An altogether separate EMF technology was in use.

As it turns out, there is evidence to support all three possibilities.

Evidence for the Existence of EMF-Related Weapons

The Spanish research group “La Quinta Columna” (the fifth column) have also argued that there is an EMF-related component to the Covid-19 “pandemic”.

La Quinta Columna was founded by Ricardo Delgado Martín, a biostatistician from Seville university. Quinta Columna says its [main objective](#) is to

“Show THE REALITY, no matter how uncomfortable the TRUTH may be due to the nature of the events or news in which it participates, without being subject to prejudice and conflicts of economic, moral, ethical, political, religious,

ideological or otherwise.”

Most of the information regarding Quinta Columna online is in Spanish and as such, I lack the necessary information to make an informed judgement regarding their thesis. However, as they are one of the few research groups brave enough to investigate the link between Covid-19, vaccines and 5G/EMFs, it's important to consider what they have to say.

Delgado's thesis is that increased illness due to "COVID-19" is actually a result of the excitation, by radio-frequency signals, of graphene oxide already present within the body. Delgado briefly [outlines his hypothesis](#) in a July 2021 interview:

"...we are convinced that precisely the graphene oxide was the cause of the COVID-19 disease that was introduced, silently and stealthily in the 2019 anti-flu campaign globally. And they caused, with the subsequent electromagnetic bidding that everyone knows –with the famous 5G switch-on, the tests– the fashionable disease."

In other words, Delgado believes that graphene oxide was introduced into people's bodies via the 2019 flu vaccine and then excited by 5G radiofrequencies, causing hypoxia (i.e. "Covid-19") which was then propagandized as a viral pandemic.

Noteworthy is that [flu vaccine uptake](#) was highest among the elderly population.

Delgado goes on to remind us that many surgical masks were also found to [contain graphene](#) and hypothesizes that Covid "waves" (i.e. the observed "COVID peaks") are actually the result of 5G antenna activations:

"And by pressing a little button that activates the 5G, that is why they know when a wave is coming, the 2nd, the 3rd... The Delta variant, the Lambda... The Delta variant is the next 5G

antennas activation, and that's why we have to be careful."

Delgado claims that NAC (n-acetylcysteine) and Glutathione were successful treatments for Covid patients suffering from hypoxia. The reason for this, he claims, is because, along with inhibiting or reducing the cytokine storm, "glutathione reduces and oxidizes, that is, eliminates the graphene oxide."

Their research has claimed to find graphene oxide present in Covid-19 vaccines, which they say interacts with radio frequencies causing a number of severe health effects, including cardiac events.

Their research is controversial and their claims are not supported by all on the alternative side. However, in light of everything presented in this article thus far, it is worth considering.

And there is one more interesting piece of evidence that they have brought forward, possibly indicating the existence of a powerful EMF-related weapons capability. This will be more persuasive when we examine other anomalous happenings later on.

In [this video](#), Ricardo Delgado and Jose Luis discuss a recording (seemingly captured by a CCTV camera, though it's hard to tell) showing what appears to be the sudden death of a cyclist. The most interesting aspect of the video is the split-second glitch in the recording at the precise moment the cyclist collapses to the ground.

According to Delgado and Luis, this constitutes evidence of an electromagnetic "pulse" of some kind. I have embedded the video below.

A disclaimer is in order: I have not been able to verify the

original footage. I don't know where it comes from, I don't know if the cyclist actually died and I don't know whether it's a legitimate recording. However, I include it here because, if real, this odd phenomenon seems to fall in line with another perplexing phenomenon that has increased in recent years: mass, sudden bird deaths.

Mass Sudden Die-Offs of Birds: Evidence of EMF Weaponry?

While not common knowledge, there have been a number of recorded mass sudden bird deaths in recent years. Not much digging was needed on my part to uncover these cases, for many of them have been catalogued by Dr Joseph Farrell on his blog at gizadeathstar.com.

Here is a brief overview of some of these strange cases, along with Dr Farrell's enlightening commentary:

July 9th – Mysterious Universe reports [More Dead Birds Fall From the Sky in Idaho](#):

“On June 27, 2015, a road in Kuna, Idaho, was found covered with dead songbirds. This follows the mass deaths earlier this year of over 2,000 migrating snow geese that dropped to the ground dead or dying in eastern Idaho.”

Dr Farrell [comments](#) as follows (emphasis added):

*“Now you'll note that in this version of the story, in the comments section, there's a brief exchange between two commenters, one of whom notes **strange intereference with his bluetooth signal** as he was driving through Idaho.”*

(I haven't been able to find the comment he refers to but then again, the article is almost 7 years old so it may have been removed).

Dr Farrell then speculates as follows

“Could these events be caused by some sort of secret human technology, or could they be the unintended consequence of its use or other secret activity? Maybe. Again, I don’t know.”

November 14, 2018 – Europe Reloaded reports [Hundreds of birds dead during 5G experiment in The Hague, The Netherlands](#):

“About a week ago at The Hague, many birds died spontaneously, falling dead in a park. You likely haven’t heard a lot about this because it seems keeping it quiet was the plan all along. However, when about 150 more suddenly died – bringing the death toll to 297 – some started to take notice.”

“...And if you are looking around that park you might have seen what is on the corner of the roof across the street from where they died: a new 5G mast, where they had done a test, in connection with the Dutch railway station, to see how large the range was and whether no harmful equipment would occur on and around the station.”

The interesting thing about this story is that Snopes was quick to publish a “fact check” claiming that no such 5G test took place (although they did admit that one such test had taken place in that area in June of that year).

More interesting is Dr Farrell’s [commentary](#) on the incident. After outlining his thoughts regarding the use of microwave interferometry technologies, he goes on to offer his usual “high octane speculation”:

“It is a short step from that basic concept to a similar use of microwave technologies – perhaps again involving interferometry – to produce beat frequencies which could interfere with, or actually shut down, the electrical functioning of organisms’ nervous systems, including organs

such as the heart. And that's what is so alarming here: birds might be resonant to certain such frequencies, other organisms to other frequencies. All one needs to do, so to speak, is to "dial in" the right frequency, and one could eradicate a regional population of dogs, cats... or even humans."

(Think back to the video of the cyclist above.)

September 15, 2020 – NBC News reports [Birds are dropping dead in New Mexico, potentially in the 'hundreds of thousands'](#):

"Wildlife experts in New Mexico say birds in the region are dropping dead in alarming numbers, potentially in the "hundreds of thousands.""

NBC goes on to note that

"Multiple agencies are investigating the occurrences, including the Bureau of Land Management and the White Sands Missile Range, a military testing area."

And here is Dr Farrell's [commentary](#) (emphasis added):

"You don't say... the military at the White Sands Missile Range is investigating? Well, it makes sense... if one suspected an unknown fast-acting pathogen, biowarfare, or some completely different cause, or maybe even some version of my bio-electromagnetically activated pathogen."

And now for two more interesting cases that also occurred during the Covid scamdemic...

June 25, 2021 – ZeroHedge reports [Why Are Large Numbers Of Birds Suddenly Dropping Dead In Multiple US States?](#):

"As if we didn't have enough weird things going on, now birds

are suddenly dropping dead in large numbers all across the eastern half of the country. Before they die, a lot of these birds are exhibiting very strange symptoms... If scientists understood what was causing this to happen, that would be one thing. But at this point they have no idea why this is taking place, and that is quite alarming."

Dr Farrell [offers](#) no speculation about what might be causing this round of mass bird deaths but finds the timing of the event, and the symptoms experienced by the birds, to be overly suspicious.

"What I do know is that birds going blind, or not being able to fly away from approaching humans, or shivering and shaking as if they're having a seizure, is not normal... And what I strongly suspect is that someone knows why, and isn't talking..."

Finally, that brings us to the latest case.

12 February 2022 – Sputnik News reports [Hundreds of Starlings Drop Dead in Wales After Locals Hear 'Huge Electrical-Type Bang'](#):

"Hundreds of birds dropped dead from the sky in Wales on Thursday, after witnesses reported hearing a "'huge electrical-type bang'."

"Ian Mccaffrey, who works in Waterston, reported hearing a large electrical-type bang as he left work on Thursday night. He says following the shocking noise, dozens of birds fell from the sky and landed on his car. Mccaffrey said the loud sound was similar to lightning."

Here it is the reports of a "large electrical-type bang" that is most interesting as it seems to corroborate the idea of the

existence of a powerful EMF weapons technology. Dr Farrell recognizes this too, offering the [following commentary](#):

“When that flock of crows (I believe) first died in Tennessee many years ago, I’ve thought that this electro-magnetic “pressure field” was perhaps the best explanation. And now we have an odd video, and reports of “electrical bangs”, to go with it. And yes, that means in my opinion the case for that speculation just became a small bit stronger.”

It is to be noted that the cases of strange sudden bird deaths reviewed here constitute only a portion of the total reported incidents. It is also highly relevant that EMF signals can penetrate into a bird’s nervous system, disrupting its ability to navigate. I covered this in a [previous article](#) on environmental crises.

Let’s sum up:

- Recent years have seen increasing reports of mass, sudden bird deaths.
- In many of these cases, there is some sort of link to electromagnetic technology. In the Idaho case, one person complained of bluetooth interference around the time of the incident; in the Netherlands case, 5G tests were being carried out in the vicinity of the mass die-offs, and in the latest Wales case, a “huge electrical-type bang” was heard prior to the die-offs. In one case, even the military began investigating.
- Dr Joseph Farrell, a scholar who has been tracking strange animal deaths has speculated that the cause may be due to some kind of “electromagnetic pressure field”.
- And finally, a recent video posted online captured the apparent sudden death of a cyclist at the exact time there was a split-second glitch in the video recording. Some have argued that this points to an electromagnetic

“pulse” of some sort, perhaps hinting at a similar technology as proposed above.

And with that, we are ready to conclude our investigation.

Conclusions

Although the Covid-19 death rate is more or less akin to seasonal flu, not warranting the need for special vaccines or preventatives, lurking beneath the fraudulent testing and dubious death reporting were the reports of strange symptoms resembling high altitude sickness.

The all-cause mortality data for certain areas, NYC in particular, also exhibited a highly anomalous “COVID peak”, certainly not explainable in terms of a novel respiratory pathogen.

A recent peer-reviewed study provided compelling evidence that many of the symptoms associated with “COVID-19” are also effects of EMF exposure. This, together with the compelling epidemiological data, suggests a link between the rollout of 5G and areas that exhibited a pronounced “COVID peak”.

Finally, in recent years there has been a flurry of mass sudden bird deaths in various places around the world. Many of these incidents exhibited some sort of connection to electromagnetic interference or radiofrequencies of some sort.

Spanish researchers from Quinta Columna have also analysed a video purported to show the sudden death of a cyclist that they believe occurred due to an EMF pulse of some kind.

They further maintain that “COVID peaks” occurred as a result of the excitation of graphene oxide by EMF bombardment which they believe can cause hypoxia (explaining the strange reports of “high altitude sickness” in NYC) and cardiac events (which have [increased](#) since the COVID vaccine roll out).

The volume of research linking EMF exposure with ill health is

far too great to ignore, meaning that, regardless of the data put forth here, EMFs undoubtedly contributed to ill health during the COVID-19 “pandemic” and continue to do so. However, the evidence presented here may also point to the deliberate use of a covert, EMF-related weapons technology.

If that is the case, then, considering the massive effort to flood low earth orbit with EMF-beaming satellites and the ever-expanding 5G rollout, a lot more research is needed... and fast.

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See related:

[Joseph P. Farrell: Speculation on Sudden, En Masse Reindeer, Bird & Elephant Deaths](#)

[La Quinta Columna: Electrofrequencies Emitted by 5G Antenna Cause Collision of Hundreds of Birds](#)

[The Most Dangerous Technology Ever Invented – Part Three](#)