

Phantom Virus: In Search of Sars-CoV-2

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by [Torsten Engelbrecht, Dr Stefano Scoglio & Konstantin Demeter, OffGuardian](#)

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Even the Robert Koch Institute and other health authorities cannot present decisive proof that a new virus named SARS-CoV-2 is haunting us. This alone turns the talk of dangerous viral mutations into irresponsible fearmongering and the so-called SARS-CoV-2 PCR tests definitely into a worthless venture.

In a request for a study which shows complete isolation and purification of the particles claimed to be SARS-CoV-2, Michael Laue from one of the world's most important representatives of the COVID-19 "panicdemic," the German Robert Koch Institute (RKI), answered that^[1]:

I am not aware of a paper which purified isolated SARS-CoV-2.

This is a more than remarkable statement, it is admitting a complete failure. This concession is in line with the statements we presented in our article "[COVID-19 PCR Tests Are Scientifically Meaningless](#)" which OffGuardian published on June 27th, 2020 – a piece that was the first one worldwide outlining in detail why SARS-CoV-2 PCR tests are worthless for the diagnosis of a viral infection.

One of the crucial points in this analysis was that the studies contending to have shown that SARS-CoV-2 is a new and

potentially deadly virus have no right to claim this, particularly because the studies claiming “isolation” of so-called SARS-CoV-2 in fact failed to isolate (purify) the particles said to be the new virus.

This is confirmed by the answers of the respective studies’ scientists to our inquiry, which are shown in a table in our piece – among them the world’s most important paper when it comes to the claim of having detected SARS-CoV-2 (by Zhu et al.), [published in the New England Journal of Medicine on February 20, 2020](#), and now even the RKI.

Incidentally, we are in possession of a further confirmatory answer from authors [2] of an [Australian study](#).

WANTED, IN VAIN: SARS-COV-2 VIRUS

Additionally, Christine Massey, a Canadian former biostatistician in the field of cancer research, and a colleague of hers in New Zealand, Michael Speth, as well as several individuals around the world (most of whom prefer to remain anonymous) have submitted Freedom of Information requests to dozens of health and science institutions and a handful of political offices around the world.

They are seeking any records that describe the isolation of a SARS-COV-2 virus from any unadulterated sample taken from a diseased patient.

But all 46 responding institutions/offices utterly failed to provide or cite any record describing “SARS-COV-2” isolation; and Germany’s Ministry of Health [ignored their FOI request altogether](#).

The German entrepreneur Samuel Eckert asked health authorities from various cities such as München (Munich), Dusseldorf and Zurich for a study proving complete isolation and purification of so-called SARS-CoV-2. [He has not obtained it yet](#).

REWARDS FOR PROOF OF ISOLATION AND CAUSALITY

Samuel Eckert even offered €230,000 to Christian Drosten if he can present any text passages from publications that scientifically prove the process of isolation of SARS-CoV-2 and its genetic substance. The deadline (December 31, 2020) has passed [without Drosten responding to Eckert](#).

And another deadline passed on December 31 without submission of the desired documentation. In this case the German journalist [Hans Tolzin offered a reward of €100,000](#) for a scientific publication outlining a successful infection attempt with the specific SARS-CoV-2 reliably resulting in respiratory illness in the test subjects.

PARTICLE SIZE VARIATION ALSO REDUCES VIRUS HYPOTHESIS TO ABSURDITY

Recently we are being scared by alleged new strains of “SARS-CoV-2”, but that claim is not based on solid science.

First of all, you cannot determine a variant of a virus if you haven't completely isolated the original one.

Secondly, there are [already tens of thousands](#) of supposed [new strains](#), “found” since last winter all over the world. In fact, the GISAID virus data bank has now *more than* [452,000 different genetic sequences](#) that claim to represent a variant of SARS-Cov2.

So, to claim that now suddenly there are “new strains” is hogwash even from an orthodox perspective, because from that perspective viruses mutate constantly. Thus, they can constantly proclaim to have found new strains, perpetuating the fear.

Such fearmongering is all the more absurd when one casts a glance at the electron micrographs printed in the relevant studies, which show particles that are supposed to represent SARS-CoV-2. These images reveal that these particles vary

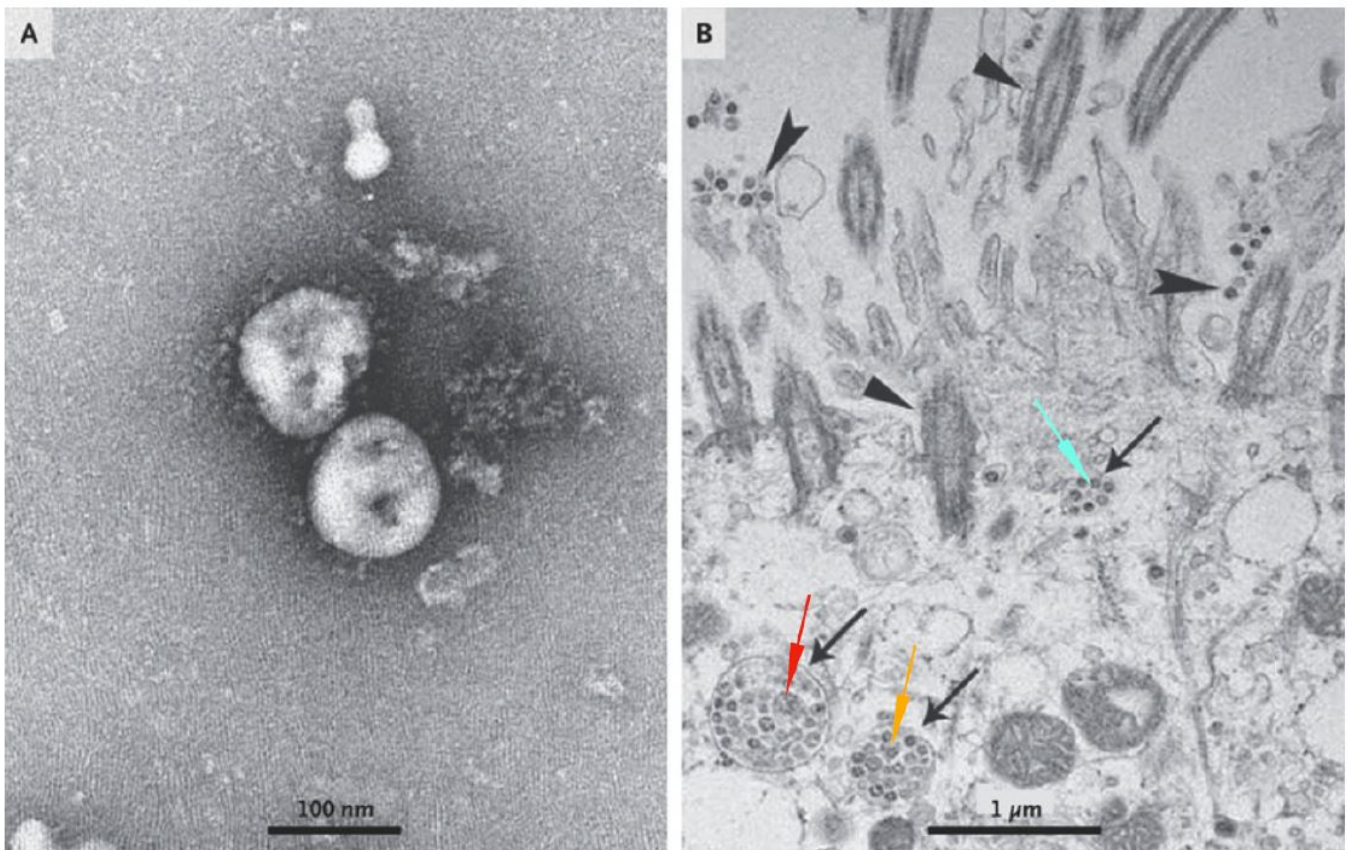
extremely in size. In fact, the [bandwidth ranges from 60 to 140 nanometers \(nm\)](#). A virus that has such extreme size variation cannot actually exist.

For example, it can be said of human beings that they vary from about 1.50 meters to 2.10 meters, as there are several individuals of different heights. Now, saying that viruses as a whole range from 60 to 140 nm – as did Zhu et al.– may eventually make sense; but to say that the *individual SARS-Cov2 virions* vary so much would be like saying that John varies his height from 1.60 to 2 meters depending on the circumstances!

One could reply that viruses are not human individuals, but it is also true that, according to virology, each virus has a fairly stable structure. So, with SARS-Cov2 they are taking liberties of definition which further confirm that everything on this specific virus is even more random than usual. And that license of unlimited definition led to the fact that the Wikipedia entry on coronavirus was changed, and now reports that *“Each SARS-CoV-2 virion has a diameter of about 50 to 200 nm”*.

That would be like saying that John varies his height from 1 to 4 meters according to circumstances!

What is passed off as SARS-Cov2 are actually particles of all kinds, as can also be seen from the images provided by the mentioned paper by Zhu et al. Below is the photo that Zhu et al. present as the photo of SARS-Cov2:



Through a screen size meter (FreeRuler), the particles that the authors assign to SARS-CoV-2 can be measured. The enlarged particles of the left side photograph measure about 100 nm each (on a 100 nm scale). But in the image on the right side, all the small particles indicated with arrows as SARS-CoV-2, measured on a scale of 1 Microm (1,000 nm), have totally different sizes.

The black arrows actually indicate vesicles. Measuring some of these particles with the ruler, the result is that in the central vesicle the highest particle at the center measures almost 52nm, thus below the range proposed by Zhu et al (60 to 140 nm); the particle immediately to its right measures a little more, about 57.5nm, but still below limit; while, almost at the center of the lowest vesicle, the largest particle (yellow arrow) measures approximately 73.7nm, falling within the broad margins of Zhu et al.; finally, in the lower-left vesicle, the largest particle measures a good 155.6nm, i.e. well above the maximum limit defined by Zhu et al. (140nm).

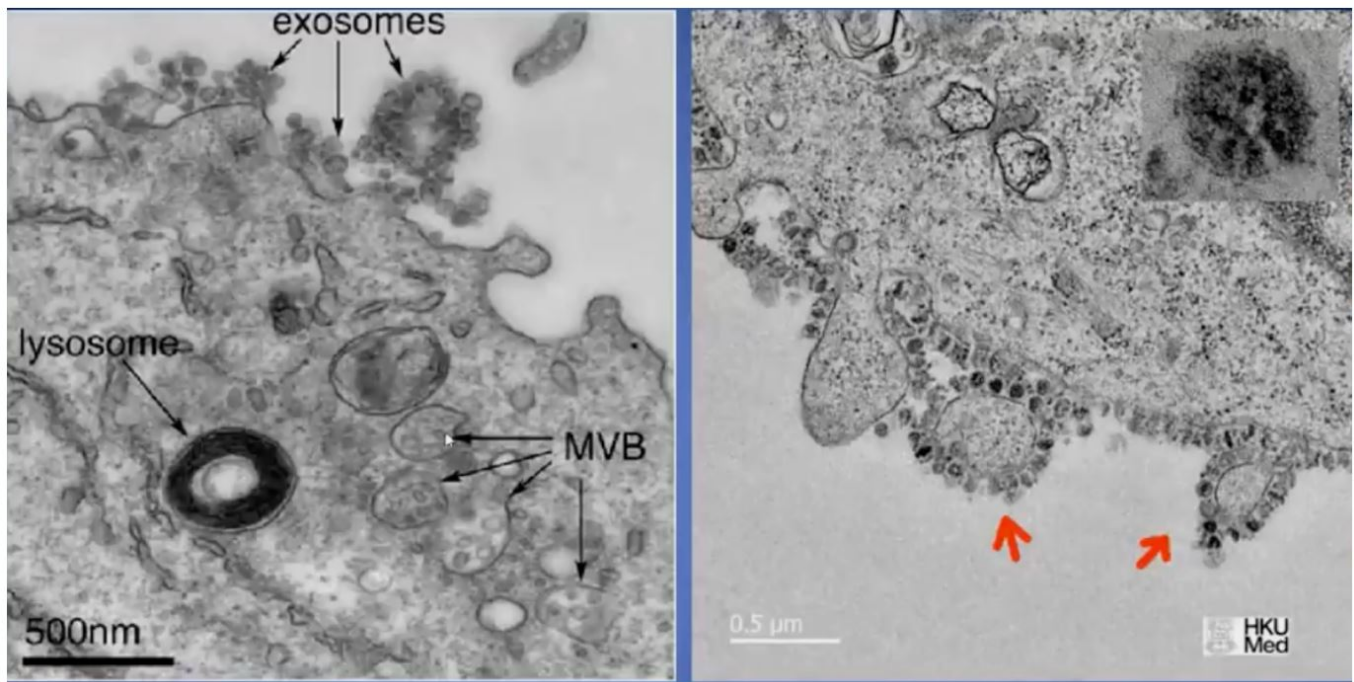
It is likely that the correction made lately on Wikipedia was aimed precisely at covering this problem.

There are other strong indications that the particles referred to as SARS-CoV-2 may actually be those harmless or even useful particles, called “extracellular vesicles” (EVs), which have extremely variable dimensions (from 20 to 10,000nm), but which for the most part range from 20nm to 200nm, and which include, as a sub-category, that of “exosomes.”

Exosomes are [particles produced by our cells and contain nucleic acids, lipids and proteins](#), and are involved in various activities useful to our body, such as the transport of immune molecules and stem cells, as well as the elimination of the cell’s catabolic debris.

Exosomes account for perhaps the largest share of EVs, and have been the object of numerous studies for over 50 years. Although few have heard of these beneficial particles, the scientific literature on them is huge, and only on PubMed, if one types “exosome,” over 14,000 studies are provided! We cannot go into detail about EVs and exosomes here, but it is important to point out how they are indistinguishable from viruses, and several scientists think that in reality what is defined as a dangerous virus is nothing but a beneficial exosome.

This is immediately visible under the electron microscope [3]:



As can be seen, the largest of the exosomes is of the same size and structure of the alleged SARS-CoV-2, and it is therefore plausible to believe that, in the large sea of particles contained in the supernatant of the COVID-19 patient's broncho-alveolar fluid, what is taken to be SARS-CoV-2 is but an exosome.

WHY PURIFICATION IS VITAL TO PROVING SARS-COV-2 EXISTS

So, logically, if we have a culture with countless extremely similar particles, particle purification must be the very first step in order to be able to truly define the particles that are believed to be viruses as viruses (in addition to particle purification, of course, it must then also be determined flawlessly, for example, that the particles can cause certain diseases under real and not just laboratory conditions).

Therefore, if no particle "purification" has been done anywhere, how can one claim that the RNA obtained is a viral genome? And how can such RNA then be widely used to diagnose infection with a new virus, be it by PCR testing or otherwise? We have asked these two questions to numerous representatives of the official corona narrative worldwide, but nobody could

answer them.

Hence, as we have stated in our previous article, the fact that the RNA gene sequences – that scientists extracted from tissue samples prepared in their in vitro studies and to which the so-called SARS-CoV-2 RT-PCR tests were finally “calibrated” – belong to a new pathogenic virus called SARS-CoV-2 **is therefore based on faith alone, not on facts.**

Consequently, it cannot be concluded that the RNA gene sequences “pulled” from the tissue samples prepared in these studies, to which the PCR tests are “calibrated,” belong to a specific virus, in this case SARS-CoV-2.

Instead, in all the studies claiming to have isolated and even tested the virus something very different was done: the researchers took samples from the throat or lungs of patients, ultracentrifuged them (hurled at high speed) to separate the larger/heavy from the smaller/lighter molecules, and then took the supernatant, the upper part of the centrifuged material.

This is what they call “isolate,” to which they then apply the PCR. But this supernatant contains all kinds of molecules, billions of different micro- and nanoparticles, including aforementioned extracellular vesicles (EVs) and exosomes, which are produced by our own body and are often simply indistinguishable from viruses:

Nowadays, it is an almost impossible mission to separate EVs and viruses by means of canonical vesicle isolation methods, such as differential ultracentrifugation, because they are frequently co-pelleted due to their similar dimension,

...as it says in the study [*The Role of Extracellular Vesicles as Allies of HIV, HCV and SARS Viruses*](#) published in May 2020 in the journal *Viruses*.

So, scientists “create” the virus by PCR: You take primers,

ie. previously existing genetic sequences available in genetic banks, you modify them based on purely hypothetical reasoning, and put them in touch with the supernatant broth, until they attach (anneal) to some RNA in the broth; then, through the Reverse Transcriptase enzyme, you transform the thus “fished” RNA into an artificial or complementary DNA (cDNA), which can then, and only then, be processed by PCR and multiplied through a certain number of PCR cycles.

(Each cycle doubles the quantity of DNA, but the higher the number of cycles necessary to produce detectable “virus” material, the lower the reliability of the PCR – meaning its ability to actually “get” anything at all meaningful from the supernatant. Above 25 cycles the result tends to be meaningless, and all current circulating PCR tests or protocols always use way more than 25 cycles, in fact usually 35 to 45.)

To make matters worse, the primers are constituted of 18 to 24 bases (nucleotides) each; the SARS-Cov2 virus is supposedly composed of 30,000 bases; so *the primer represents only the 0.08 percent of the virus genome*. This makes it even less possible to select the specific virus you are looking for on such a minute ground, and moreover in a sea of billions of very similar particles.

But there is more. As the virus you are looking for is new, there are clearly no ready genetic primers to match the specific fraction of the new virus; so you take primers that you *believe may be closer to the hypothesised virus structure*, but it’s a guess, and when you apply the primers to the supernatant broth, your primers can attach to any one of the billions of molecules present in it, and you have no idea that what you have thus generated is the virus you are looking for. It is, in fact, a new creation made by researchers, who then call it SARS-CoV-2, but there is no connection whatsoever with the presumed “real” virus responsible for the disease.

THE “VIRUS GENOME” NOTHING BUT A COMPUTER MODEL

The complete genome of the SARS-CoV-2 virus has never been sequenced and was instead was “pieced together” on the computer. The Californian physician Thomas Cowan called this a “scientific fraud.” And he is not the only one by far!

Cowan wrote on October 15, 2020 [our emphasis]:

This week, my colleague and friend Sally Fallon Morell brought to my attention [an amazing article put out by the CDC](#), published in June 2020. The purpose of the article was for a group of about 20 virologists to describe the state of the science of the isolation, purification and biological characteristics of the new SARS-CoV-2 virus, and to share this information with other scientists for their own research.

A thorough and careful reading of this important paper reveals some shocking findings.

The article section with the subheading “Whole Genome Sequencing” showed that **“rather than having isolated the virus and sequencing the genome from end to end”**, that the CDC **“designed 37 pairs of nested PCRs spanning the genome on the basis of the coronavirus reference sequence** (GenBank accession no. NC045512).

So, one may ask, how then did they sequence the virus, ie. analyse it genetically?

Well, they did not analyse the whole genome, but instead took some sequences found in the cultures, claimed without proof that they belonged to a new specific virus, and then made some sort of a genetic computer puzzle to fill up the rest. [“They use the computer modelling to essentially just create a genome from scratch,”](#) as the molecular biologist [Andrew Kaufman says](#).

Maybe then it’s no surprise that one of the primers of the test developed by the [Pasteur Institute](#) corresponds exactly to a sequence of [chromosome 8 of the human genome](#).

NO PROOF THAT SARS-COV-2 CAN FLY

Supposedly to stop the spread of the alleged new virus, we are being forced to practice various forms of social distancing and to wear masks. Behind this approach is the idea that viruses and in particular SARS-CoV-2, believed to be responsible for the respiratory disease Covid-19, is transmitted by air or, as has been said more often, through the nebulized droplets in the air from those who cough or sneeze or, according to some, just speak.

But the truth is that all these theories on the transmission of the virus are only hypotheses that have never been proven.

Evidence for this was missing from the beginning. As reported by [Nature in an article from April 2020](#), experts do not agree that SARS-CoV-2 is airborne, and according to the WHO itself *"the evidence is not convincing."*

Even from an orthodox point of view, the only studies in which the transmission of a coronavirus (not SARS-Cov2) by air has been preliminarily "proven" have been carried out [in hospitals and nursing homes](#), in places that are said to produce all types of infections due to hygienic conditions.

But no study has ever proven that there is transmission of viruses in open environments, or in closed but well-ventilated ones. Even assuming that there is this transmission by air, it has been stressed that, for the "contagion" to occur, it is necessary that the people between whom the alleged transmission occurs [are in close contact for at least 45 minutes](#).

In short, all the radical distancing measures have no scientific ground.

NO ASYMPTOMATIC "INFECTION"

Since particle purification is the indispensable prerequisite for further steps, i.e. proof of causality and "calibration"

of the tests, we have a diagnostically insignificant test and therefore the mantra “test, test, test” by the WHO’s Tedros Adhanom Ghebreyesus, mentioned in our article from June 27, has to be called unscientific and misleading.

This holds especially true for testing people without symptoms. In this context even a Chinese study from Wuhan published in [Nature on November 20, 2020](#), in which nearly 10 million people were tested and all asymptomatic positive cases, re-positive cases and their close contacts were isolated for at least 2 weeks until the PCR test resulted negative, found that:

All close contacts of the asymptomatic positive cases tested negative, indicating that the asymptomatic positive cases detected in this study were unlikely to be infectious.

Even the orthodox British Medical Journal recently joined in the criticism.

Shortly before Christmas, the science magazine published the article [“COVID-19: Mass testing is inaccurate and gives false sense of security, minister admits”](#) explaining how the testing being deployed in parts of the UK is simply not at all accurate for asymptomatic people and arguing that it cannot accurately determine if one is positive or negative, [as Collective Evolution wrote](#). (The WHO themselves have since [admitted as much. Twice](#). – ed.)

Already a few weeks before, [you could read in The BMJ that](#):

Mass testing for COVID-19 is an unevaluated, underdesigned, and costly mess,

And:

Screening the healthy population for COVID-19 is of unknown value, but is being introduced nationwide

And that [our emphasis]:

“the UK’s pandemic response relies too heavily on **scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture covid-19 diagnostic tests, treatments, and vaccines,**

Apart from that, the lawyer Reiner Füllmich, member of the German Extra-Parliamentary Inquiry Committee “Stiftung Corona Ausschuss”, said that Stefan Hockertz, professor of pharmacology and toxicology, told him that thus far no scientific evidence has been found for asymptomatic infection.

When asked, the Robert Koch Institute was unable to send us a single study demonstrating that (a) “positive” asymptomatic persons made someone else sick (not just “positive”), that (b) “positive” persons with symptoms of illness made someone else sick (not just “positive”), and that (c) any person at all who tested “positive” for SARS-CoV-2 made another person “positive.” [4]

“IF YOU WOULD NOT TEST ANYMORE, CORONA WOULD DISAPPEAR”

Even back in May, a major publication such as the Journal of the American Medical Association stated that a “positive” PCR result does not necessarily indicate presence of viable virus,” while a recent study in The Lancet says that “RNA detection cannot be used to infer infectiousness.”

Against this background, one can only agree with Franz Knieps, head of the association of company health insurance funds in Germany and for many years in close contact with German Chancellor Angela Merkel, who stated in mid-January that “if you would not test anymore, Corona would disappear.”

Interestingly, even the hyper-orthodox German Virus-Czar and main government adviser on lockdowns and other measures, Christian Drosten, has contradicted himself on the reliability

of PCR testing. In a 2014 interview regarding PCR testing for so-called [MERS-CoV in Saudi Arabia](#) he said:

The [PCR] method is so sensitive that it can detect a single hereditary molecule of the virus. For example, if such a pathogen just happens to flutter across a nurse's nasal membrane for a day without her getting sick or noticing anything, then she is suddenly a case of MERS. Where fatalities were previously reported, now mild cases and people who are actually in perfect health are suddenly included in the reporting statistics. This could also explain the explosion in the number of cases in Saudi Arabia. What's more, the local media boiled the matter up to unbelievable levels."

Sound vaguely familiar?

And even Olfert Landt is critical about PCR test results, saying that only [about half of those "infected with corona" are contagious](#). This is more than remarkable **because Landt is not only one of Drosten's co-authors in the [Corman et al. paper](#)** – the first PCR Test protocol to be accepted by the WHO, published on January 23, 2020, in Eurosurveillance – **but also the CEO of TIB Molbiol, the company that produces the tests according to that protocol.**

Unfortunately, this conflict of interest is not mentioned in the Corman/Drosten et al. paper, as 22 scientists – among them one of the authors of this article, Stefano Scoglio – [criticized in a recent in-depth analysis](#).

Altogether, Scoglio and his colleagues found "*severe conflicts of interest for at least four authors,*" including Christian Drosten, as well as various fundamental scientific flaws. This is why they concluded that "*the editorial board of Eurosurveillance has no other choice but to retract the publication.*"

On January 11, 2021, the editorial team of Eurosurveillance

responded to Torsten Engelbrecht's e-mail asking for a comment on this analysis:

We are aware of such a request [to retract the Corman/Drosten et al. paper] but we hope you will understand that we are currently not commenting on this. However, we are working towards a decision by the end of January 2021.

On January 27, Engelbrecht approached the journal once more to ask again: *"Now is end of January. So please allow me to ask you again: What is your comment on the mentioned analysis of your Corman/Drosten et al. paper? And are you going to retract the Corman et al. paper – or what are you going to do?"* Two days later, the Eurosurveillance editorial team answered as follows:

This is taking some time as multiple parties are involved. We will communicate our decision in one of the forthcoming regular issues of the journal.

BILLIONS UPON BILLIONS WASTED ON TESTS THAT COULDN'T MEAN LESS

Considering the lack of facts for detection of the alleged new virus and for the SARS-CoV-2 PCR tests to have any meaning, it is all the more scandalous that [the costs of the tests are not publicly discussed](#), as they are enormous. Often, we hear politicians and talking heads state that meeting certain criteria the tests are free, but that is an outright lie. What they actually mean is that you don't pay on the spot [but with your taxes](#).

But regardless how you pay for it, in Switzerland, for example, the cost for a [PCR test is between CHF140 and CHF200](#) (£117 to £167). So, let's do the maths. At the time of writing, tiny Switzerland, with a population of 8.5 million, made about 3,730,000 SARS-CoV-2 PCR tests, besides about 500,000 antigen tests, [which are a bit cheaper](#).

Considering an average price of CHF170 per PCR test, that's a staggering CHF634 million, or £521 million. And despite the absurdity of testing asymptomatic people, just last week, on January 27th, the Swiss Federal Council called again on the people to get tested. Announcing that, starting the next day, the Swiss will have to pay with their taxes as well for mass testing of asymptomatic people. The Swiss Federal Council estimates that this will [cost about 1 billion Swiss Francs](#).

Epidemiologist Dr. Tom Jefferson said in [an interview to the Daily Mail](#):

Most PCR kits still cost more than £100 to obtain privately, for example, and the [UK] Government says it is now delivering 500,000 a day. But even these figures are dwarfed [by the £100 billion the Prime Minister is prepared to spend on a 'moonshot'](#) dream of supplying the population with tests [PCR and other kinds – ed.] more or less on demand—only £29 billion less than the entire NHS's annual budget.

In Germany, the price varies widely, depending also if the test is paid privately or not, [but on average it is similar to those in GB](#), and up to date they have performed about [37.5 million PCR Tests](#).

That is to say, billions and billions are spent – or downright “burned” – on tests that couldn't mean less and are fuelling worldwide molecular and digital “deer hunting” for a virus that has never been detected.

Torsten Engelbrecht is an investigative journalist from Hamburg, Germany. The significantly expanded new edition of his book [“Virus Mania”](#) (co-authored with Dr Claus Köhnlein MD, Dr Samantha Bailey MD & Dr Stefano Scolgio BSc PhD) will be

available in early February. In 2009 he won the [German Alternate Media Award](#). He was a member of the Financial Times Deutschland staff and has also written for OffGuardian, The Ecologist, Rubikon, Süddeutsche Zeitung, and many others. His website is www.torstenengelbrecht.com.

Dr Stefano Scoglio, BSc PhD, is an expert in microbiology and naturopathy and is coordinating scientific and clinical research on Klamath algae extracts, and on microalgae-based probiotics, in cooperation with the Italian National Research Center and various Universities. Since 2004, he has published many articles in international scientific journals. In 2018, Scoglio was nominated for the Nobel Prize in Medicine.

Konstantin Demeter is a freelance photographer and an independent researcher. Together with the journalist Torsten Engelbrecht he has published articles on the “COVID-19” crisis in the online magazine Rubikon, as well as contributions on the monetary system, geopolitics, and the media in Swiss Italian newspapers.

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