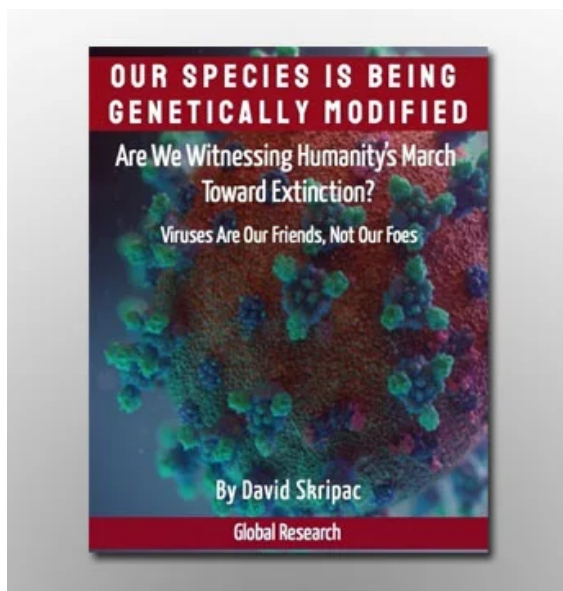


Our Species Is Being Genetically Modified. Are We Witnessing Humanity's March Toward Extinction? Viruses Are Our Friends, Not Our Foes

By David Skripac | Mar. 5th, 2024

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David Skripac’s Book, first published on January 22, 2022



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Global Research

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Viruses Are Our Friends, *Not* Our Foes

by David Skripac

Global Research E-Book, December 2021

About the Author

David Skripac has a Bachelor of Technology degree in aerospace engineering. During his two tours of duty as a captain in the Canadian Air Force, he flew extensively in the former Yugoslavia, Somalia, Rwanda, Ethiopia, and Djibouti.

Using an inquisitive mind, a keen eye for detail, and problem-solving skills honed during his university years and throughout his career, David devoted close to 200 hours researching the latest scientific findings in the fields of virology and microbiology to bring this book to fruition.

Since the spring of 2020, he has also written several essays on the subject of COVID-19 for Global Research.

He is a Research Associate of the Centre for Research on Globalization (CRG)

Table of Contents

Preface

Acknowledgements

Introduction

Chapter I

The Microbiome and The Virome

Chapter II

Our War against Nature

Chapter III

What Happened in 2020

Chapter IV

Ignoring the Wreckage

Preface

When the alleged “pandemic” was declared in March of 2020, I, like millions of other people around the world, was paying close attention to politicians and public health officials as well as to bureaucrats from the Rockefeller Foundation-created World Health Organization (WHO), all of whom announced, in almost perfect synchronicity, “This is the new normal until a vaccine can be developed.”

*How odd, I thought. Why is it that the immediate default position is a vaccine? **And why is it that a single coronavirus is being blamed for causing people to fall ill in every corner of the earth?** Could something else—perhaps one or more toxins in the environment—be the real culprit?*

It was impossible to stop myself from asking question after question and pondering possible answers. For, if public health authorities in nearly every jurisdiction (from international health organizations to national health agencies to state and local health departments) on the planet were truly concerned about citizens’ well-being, then:

- Why was it that natural immunity, which has been a key component to human health and survival for over 200,000 years, was suddenly being treated as if it didn’t exist anymore?
- Why was no one in charge urging us to eat a healthy, nutritionally balanced, organic diet, low in sugar content?
- Why did no one mention the importance of getting enough sleep?

- Why were we not being encouraged to go outdoors and exercise?
- Why was no one suggesting we increase our zinc and vitamin D intake? After all, scientists have known for over fifty years that vitamin D, either absorbed naturally from the sun or taken orally in tablet form, is extremely beneficial to the human body in many ways, especially in building a strong innate immune system.

All of the preceding points, if taken seriously, could have helped us improve our immune system and given us an opportunity to combat the negative effects of the syndrome known as COVID-19.

Even more bizarre was the fact that, from the very start of the “pandemic,” the corporate-controlled media had been continually seeking the opinion of Bill Gates, who is neither a doctor nor a scientist, on what course of action governments around the world should be taking to combat the spread of the so-called SARS-CoV-2 virus.

As two weeks of global lockdowns—allegedly “to flatten the curve”—dragged on and turned into several months of lockdowns, it became painfully obvious that none of the “public health measures”—ranging from physical distancing to masking to self-isolation—being implemented by governments around the world had anything to do with their stated purpose of keeping everyone COVID-free.

These measures did, however, perform two key roles completely unrelated to public health:

First, they were calculated from the beginning to create a polarized population.

Indeed, we have been made the subjects of a social engineering experiment intended to divide humanity—thus preventing us from communicating, converging, cooperating, and rising up together against a diabolical plan designed to eradicate representative democracy, sovereign nation-states, and individual liberties.

Second, they had the intended consequence of shutting down the global economy, sending millions of people into bankruptcy, extreme poverty, and despair. The vultures devouring the dead and decaying pieces of the shattered

economy are powerful financial interests—big banks and businesses and billionaires whose goal is to control every sector of the economy, including all natural resources and all public and private assets. These predators, though few in number, have wreaked the havoc requisite for them to buy—for pennies on the dollar—every possible possession in the entire world. But they are neither content to be wealthy beyond belief nor satisfied with owning everything. Rather, it seems they will not rest until they have achieved complete world domination by exploiting and enslaving all of us.

In the two years of a “pandemic”-driven panic that most of the world seems to have succumbed to, many nations have been ruled by illegal executive orders and health department guidelines, all promulgated in the name of “following the science.” What this hijacked term really means is that scared-out-of-their-wits citizens are following the worldwide mandate to believe a false narrative that lays *all* the blame for *all* the destruction on an alleged virus—a non-isolated, unpurified, computer-generated, allegedly “novel” virus. Meanwhile, the enshrined constitutional and civil rights of billions of human beings are being shredded.

Of all the thoughts that ran through my mind, the one that struck the deepest chord was the realization that a naturally occurring, helpful element in the environment was being blamed as the source of the pseudo pandemic. I understood that, just as there are “global warming” swindlers who falsify climate data and write inaccurate academic reports so they can pretend to vilify carbon dioxide (an element that *generates* life on earth—the opposite of *killing* life!) and thus make scads of money from their scam, so are there “pandemic” gangsters who pretend to vilify another marvel of the natural world—the virus—for the same venal purpose.

I knew I must *do* something with my realization. That is, I had to research to prove my theory was fact, not fancy. For four solid months, I spent all my free hours reading countless articles and watching umpteen interviews. (See my acknowledgements below to find out who my main sources were.) Next, I amassed everything I had learned and wrote a four-part article. When it was published on the Global Research website, it received so many views and positive

comments that the Global Research editor encouraged me to turn it into a short book. This is that book.

My hope is that I have succeeded in deconstructing the official narrative: first, by explaining how viruses have been blanketing the earth with their genetic codes for eons, creating biodiversity and allowing for adaptation throughout the ecosystem, and, second, by pointing out the myriad ways reckless human behaviour is creating a *real* environmental catastrophe—not the carbon-is-the-culprit con, but actual pollution and deforestation and species extinction, to name a few such scourges. These *real* problems are being ignored by the fake “climate change” crowd, who hide their mercenary motives behind euphemisms like “sustainable development goals” (SDGs) and “environmental, social, and governance” benchmarks (ESGs) and florid phrases such as the “Great Reset” and “Build Back Better.”

Acknowledgements

I would like to give special thanks to **Dr. David Martin, Dr. Sucharit Bhakdi, Dr. Andrew Kaufman, and Dr. Byram Bridle.** From the very outset of the “pandemic,” they have distinguished themselves with a high degree of intelligence and courage—calling upon these qualities to challenge the official narrative. Their scientific expertise, sound reasoning, and logical questions enabled me to grasp the bigger picture—not just the facts that were being hidden, but also the underlying agenda of the “pandemic” players.

In addition, I humbly credit **Dr. Zach Bush** for helping me learn about the complex and minute intricacies of the natural world. Had I not had access to the vast body of work he has produced and the important insights he has gained over the years, it would have taken me a lifetime to pull together the material you are about to read.

Furthermore, I truly appreciate Global Research editor **Michel Chossudovsky** for suggesting the idea of turning my original four-part article into a short book. If it were not for Professor Chossudovsky’s decision to create his news aggregator website and his incredible efforts to sustain it for more than two decades, this book would probably not exist.

Finally, I would like to express my sincerest gratitude to my editor, who, for personal reasons, prefers to remain anonymous.

Introduction

The war is not meant to be won, it is meant to be continuous. —George Orwell

This year marks a seminal turning point in human history.

For the first time since human civilization began, our species is being genetically modified.

Vaccine manufacturers have now made it possible for the human genome to be permanently altered—and humanity’s relationship with nature forever changed—by means of an experimental pharmaceutical injection that is being falsely referred to as a “vaccine.”

In light of this defining event, I believe we must take a sober look at the motives and acts that are revamping humanity as we know it. Simultaneously, we must examine our increasingly destructive treatment of the natural world.

In order to investigate the many variables that are hastening the demise of humanity and sabotaging our unique role as stewards of the earth and its billions of plant and animal species, I have divided this short book into four main chapters.

Chapter I

The Microbiome and The Virome

In this chapter, we will discover that, contrary to what Western allopathic medicine has been teaching us for over a century, viruses are not here to attack our cells or harm us in any way. In fact, rather than being our mortal enemies, viruses are actually our friends.

Does this assertion sound too outlandish to be true? If your answer is “yes,” I wouldn’t be surprised. But I believe if you were to study the intricate ecosystem of

microorganisms that make up the microbiome and delve into the fascinating world of the virome, you would come to the same realization I finally did: We are literally swimming in a vast sea of viruses, which, from the beginning of time, have been essential for life to form and flourish on this precious earth. The information communicated by these viruses helps all species of life survive—even thrive.

The Microbiome

The microbiome (derived from the Greek words *micro*, meaning “small,” and *biotikos*, meaning “pertaining to life”) is a massive ecosystem consisting of trillions of microorganisms. Incredibly, some 40,000 species of [bacteria](#), 300,000 species of [parasites](#), 65,000 species of [protozoa](#), and between 3.5 million and 5 million species of [fungi](#) inhabit the environment around us and live in or on the human body. This complex world of microorganisms continually secretes a sea of viruses, which serve as a communication network for the bacteria, parasites, protozoa, and fungi. And, as we will discover shortly, these viruses have always been here to help us, not hinder us. In other words, they are life-affirming, not death-inducing.

Here’s a hint of the microbiome’s intricacy, incredible diversity, and infinitesimal size: The number of genes within the fungal kingdom is at least 125 trillion! The [human genome](#), by comparison, consists of a mere 20,000 genes. A [fruit fly](#) has 13,000 genes, a [flea](#) 31,000. Thus, in terms of genetic complexity, the human genome has just a tiny fragment of genetic information compared to the vast world of genomic information contained within the microbiome.

One intriguing aspect of the microbiome is its symbiotic communication network, which allows the transmission of protein information from one microorganism to one another. For example, the mycelial network (a matrix of fine white filaments) in fungi allows the fungi to communicate with each other over distances that can stretch to several kilometers. These mycelial structures are capable of transferring mineral and protein resources more than a kilometer. How? They use light energy and electrons that flow through the pathways within the soil system. In this way, the microbiome helps plants and other multicellular life forms flourish. It is no exaggeration to call the mycelial network in the fungal kingdom the literal “brain” of the planet. Incidentally, all of the tiny, intelligent

organisms that make up the microbiome are powered by the biophotonic energy of the sun.

Hard as it is to fathom, at least 1.4 quadrillion bacteria and 10 quadrillion fungi live inside the human body. Within the human colon alone are 3.8×10^{13} bacteria cells. Every single organ in the body, including the brain, has its own microbiome. The purpose of the bacteria and fungi in our bodies is to nourish and nurture our cells, keeping us healthy and in equilibrium with the larger microbiome surrounding us.

The Virome

The virome is the immense world in which Mother Nature's messengers exist. It is composed of trillions upon trillions of viruses produced by the aforementioned microbiome's bacteria, parasites, protozoa, and fungi. The average adult human body contains 1×10^{15} viruses. By contrast, in the air enveloping the earth there are 1×10^{31} viruses; in the earth's soil there are 2.5×10^{31} viruses; and in the earth's oceans there are 1.2×10^{30} viruses. To provide some perspective on these awe-inspiring numbers, 1×10^{31} is 10 million times greater than the number of known stars in the entire universe.

Simply put, a virus is genomic information, either DNA or RNA, wrapped in a protein envelope. The small strands of protein protruding outward from the outer surface of a virus's protein envelope are called spike proteins. Viruses are *not* living organisms. They do not produce their own fuel. They have no metabolism for producing energy. And they cannot reproduce.

Viruses have been traveling globally, above the atmospheric boundary layer, for millions of years, long before machines for air travel were invented. Their genetic codes have been blanketing the earth for eons, creating biodiversity and allowing for adaptation throughout the ecosystem. By adaptation, I mean that viruses are always seeking to adapt their genetic codes for the purpose of creating resilient health in all of the planet's life forms. It is ridiculous to suggest that, in order to travel from one region of the globe to another, a virus must hop on an aircraft, as RAND's National Security Research Division would have us believe.

Furthermore, viruses—including coronaviruses—do not come in waves and then disappear without a trace, only to miraculously reappear later in the same spot or a different one. Instead, viruses never leave, never expire. They inhabit every element in the environment around us. In short, they are omnipresent and ever-present.



Our relationship with particular viruses can change as a consequence of our harmful actions toward nature.

Whenever humans poison and pollute the air, soil, and water, they create an imbalance between humanity and the virome—an imbalance that can cause us

to come into disequilibrium with a particular virus.

Unfortunately, the allopathic medicine regime, which plutocrats John D. Rockefeller and Andrew Carnegie forced on most of the world with their 1910 Flexner Report, still has a large segment of the scientific community believing that bacteria, fungi, and viruses are our enemies.

The foundation of Rockefeller’s allopathic medicine scheme is Louis Pasteur’s flawed “germ theory,” which claims that outside microorganisms such as bacteria and viruses attack, invade, and infect the body, thereby causing disease. Though he had no formal education in science, most of the Western world credits Pasteur (1822–1895) with playing a fundamental part in establishing what we call “modern medicine”—a paradigm that traces the origin of each disease to a single germ. Without Pasteur’s theory, most modern drugs would never be produced, promoted, or prescribed—a fact that explains why today’s medical establishment and its codependent pharmaceutical industry refuse to recognise their flaws or own up to their ineffectiveness.

By contrast, “terrain theory,” which was initiated by **Claude Bernard** (1813–1878) and later built upon by **Antoine Béchamp** (1816–1908), alleges that the terrain—that is, the internal environment of the body—and not an external germ determines our health or lack thereof. What Béchamp referred to as “terrain” is very close to what modern medicine has now termed the innate immune system.

As we will see in the following paragraphs, Béchamp was definitely on the right track in discovering how the human body really interacts with the outside environment.

Unlike Pasteur, Béchamp *did* have an academic background in science. He believed disease to be a biological result of the changes that take place in the body when its metabolic processes become imbalanced. When the body is in a state of imbalance, Béchamp alleged, germs become symptoms that in turn stimulate more symptoms, which eventually lead to disease.

Although Béchamp was moving in the right direction with his terrain theory, Rockefeller's germ-dependent pharmaceutical tyranny has prevailed, due largely to substantial infusions of money, which Rockefeller and Carnegie gladly supplied in the form of grants to universities, hospitals, and medical research facilities. Their "philanthropic" largess, which easily exceeded \$100 million (\$2.9 billion in current dollars), enabled them to influence the policy of the entire US medical establishment and eventually most of the Western nations, steering them toward an exclusively chemical-based allopathic regime.

I contend in this book that, contrary to what Rockefeller medicine has been teaching us for over one hundred years, viruses are *not* here to attack our cells or to harm us in any other manner. On the contrary, the DNA and RNA genetic molecular information contained within the viruses are literally the building blocks of life on earth. To use a modern analogy, we can think of a virus's information stream as a software update carrying important molecular intelligence that can be uploaded, when required, to any cell of a living multicellular organism—including any one of the 70 trillion cells contained in the human body. Our cells regulate which new genomic information is received and which information is not received. The viruses are simply seeking to adapt to the cells for the purpose of creating resilient human health.

Innate and Adaptive Immunity

A word here about the immune system. There are two kinds of immunity: innate and adaptive.

The innate immune system is the initial and primary means by which our bodies interact with a virus. The innate system helps the body find a genetic balance with each new viral update that is being presented to it. The body does not need to replicate or reproduce the new viral information after more than four or five days of updates. The innate immune system functions on healthy boundaries in the human body, such as the physical barriers between the gut and the bloodstream, or on the blood vessels that tightly regulate the movement of ions, molecules, and cells between the bloodstream and the brain (termed the blood-brain barrier), or at the genetic level in our cells (like the mutagen proteins in our cells). Also, the innate immune system operates through a variety of enzymes—like the [APOBec3A/3G](#) and [CAS9](#). These enzymes are now considered central to innate immunity.

The adaptive immune system is the secondary means by which our bodies interact with viruses. The adaptive system mounts a highly specific response to a virus by utilizing the body's white blood cells, known as lymphocytes (B cells and T cells). The B cells are responsible for releasing antibodies into the bloodstream.

Antibodies are the body's second—*not* first—method of interaction with a virus after it receives a new viral update or after it develops an imbalance with a particular virus. Antibodies are specific, targeted defences. They usually show up on the scene 3 to 6 weeks after the body's initial exposure to a virus. Simply put, antibodies act like a cleanup crew, assisting the body in cleaning out viruses and bacteria that are no longer needed. Meanwhile, the T cells are responsible for stimulating the B cells into making antibodies.

To understand how quickly the human body adapts when exposed to the virome, consider a seven-day-old [infant](#). He has 1×10^8 virus particles in just one gram of feces. Even though that child does not have the capacity to develop any antibodies at such an early stage in life, he nonetheless instantly adapts to these virus particles and stays perfectly healthy. Instead of developing a fever, he remains in stable equilibrium—homeostasis—with the virome, both microbially and genetically. That fact alone proves that we do not interact with the virome through our adaptive immune system but, rather, interact with it through our innate immune system.

What is the key takeaway from these facts? To me, it is that the body's decision to take in genetic information is a highly intricate and controlled biological process. There are numerous ways our bodies stay in equilibrium with the huge sea of genetic information that we breathe in and come into contact with every moment of our lives.

Since a virus is not a living organism, our innate immune system cannot kill viruses—nor would it want to. Instead, as mentioned above, the innate immune system simply comes into genetic balance with a new virus. It does this by replicating or receiving updates from that virus—and by immediately responding to that new viral upload. Once genetic balance has been achieved, typically four to five days after initial exposure to the virus, our innate immune system refuses to receive further updates.

From these facts, we may conclude that humans cannot stop an “epidemic” or a “pandemic” from occurring, nor can they change the trajectory of either one. In other words, it is useless—actually, worse than useless: it is *harmful*—to try to check an always-*helpful* virus by deploying an unapproved experimental gene-editing device that is designed to produce an antibody response (otherwise known as an adaptive immune system response induced by the injection). That antiquated scientific model is biologically illogical and can never work. We now know that it interferes with our beautifully designed innate immune system, which is perfectly capable of handling any virus with which we may develop a temporary imbalance. (Exactly how we develop an imbalance with a particular virus, like the HIV virus or any coronavirus, will be explained later in the book.)

Furthermore, contrary to the official narrative propagated by vaccine makers and governmental health agencies around the world, our immune systems *do* retain a memory of the viruses that our bodies have interacted with and of the genes that were inserted naturally—upon receiving a new viral update—into our cells. In the innate immune system, for instance, the Cas9 enzyme, which is responsible for cleaving excess DNA when too much of a viral upload is presented to a cell, is the natural memory data bank that will remember which DNA pattern it encountered.

In addition, the permanent records kept by an innate immune system are passed down to succeeding generations of humans, who therefore will never have an inflammatory-inducing reaction to a particular virus. Even in the adaptive immune system, the B cells (the source of antibodies) and T cells (the B cells' stimulus) provide lasting immunity.

A multipronged NIH [study](#) presented by the Center for Infectious Disease Research and Policy (CIDRAP) in 2008 proved conclusively that antibody immunity can last for a lifetime. In that study, a group of scientists, led by Dr. Eric Altschuler, collected blood samples from thirty-two survivors—between the ages of 91 and 101—of the 1918 Spanish Flu pandemic. (Actually, the correct name for that pandemic is the Kansas Flu—its place of origin.) To their amazement, the scientists discovered that, almost a century later, all of the study's participants still carried the antibodies to the same strain of influenza.

Based on the findings of that twenty-one-year-old study, we can dismiss the propaganda foisted upon us by the mainstream [media](#) and [medical](#) organizations. It is *not* true that natural immunity to the SARS-CoV-2 virus may wear off six months to a year after initial exposure. And it is *not* true that an experimental injection is the only way one can reach immunity. Such unfounded claims are simply ruses invented to further the avaricious agenda of the pharmaceutical industry and the other technocrats operating behind the scenes.

Bottom line: The power of natural immunity will *always* outperform any perceived immunity to a virus said to result from an injection, whether experimental or government-approved.

The HIV-leads-to-AIDS Hypothesis

Biologically speaking, all life on earth is built from the RNA and DNA molecular genetic sequences contained in viruses. These viruses are exquisitely designed genetic delivery systems essential to initiating and sustaining life on earth. In fact, more than 50% of the 20,000 genes inherited by today's humans were inserted millions of years ago into the mammalian genome by these tiny marvels of nature. At least [8%](#) of those genes were inserted by RNA retroviruses similar to the HIV retrovirus. (A retrovirus is an RNA virus which inserts a DNA copy of its

genome into the host cell in order to replicate itself.) Equally intriguing is the fact that millions of years ago retroviral updates played a key role in the emergence of placental mammals.

Interestingly, a 2017 study published by the National Institute of Health (NIH) demonstrates that many of us are carrying the HIV retrovirus without even knowing it. In this study, the researchers “explored non-human sequence data from whole-genome sequencing” the blood of 8,240 adults living in the US and Europe—none of whom were ascertained to have any infectious disease. They found that a full 42% of the participants tested positive for the presence of ninety-four known viruses. These viruses included the HIV virus, the hepatitis B virus, the hepatitis C virus, and the influenza virus.

We have been trained by the medical community and the corporate-controlled media to believe that the HIV virus should predominate in people living in Sub-Saharan Africa. After all, we are told, 95% of all “HIV positive” cases come from that region of the globe. If that were the case, we would expect to see in other regions very little HIV and a far higher prevalence of, say, hepatitis C or influenza. Not so: It is just the reverse! In fact, the 2017 study found a fivefold higher prevalence of the HIV virus than of hepatitis C and influenza in those 8,240 asymptomatic Americans and Europeans. Remarkably, each one was completely in balance with the HIV virus, even though none of them had ever travelled to Africa. We must conclude from this study that not only has the world completely misunderstood the prevalence of the HIV virus in all corners of the globe but that our fear of it—and of the virome in general—is entirely unjustified.

Given that many powerful organizations, both public and private, profit from the huge grants and donations that perpetuate the endless AIDS movement, it is unsurprising that *no* scientific peer-reviewed study has been done to provide conclusive evidence that a virus called HIV causes a disease named AIDS. Were any such study to be undertaken, it would prove that the HIV-leads-to-AIDS hypothesis is baseless and, more to the point, fraudulent.

The question scientists should be focusing on is: What is taking place in Sub-Saharan Africa that is creating such an abnormal relationship between people

living in that area and the HIV retrovirus, causing 95% of them to test HIV-positive?

For an answer to that question, we need to look at the terrain where viruses reside and stay in balance with the human body. (By “terrain” I mean a geographic area with its associated ecosystem. I am not referring here to the aforementioned Bernard/Béchamp terrain theory.) When a terrain is disrupted by anything unnatural to it—for example, poisoning of the environment by irresponsible human behaviour—the viruses become overexpressed and the body’s balance with the virome is lost.

Taking account of the terrain, we find that the number one factor common to all so-called infectious disease epidemics or pandemics is the destruction of the ecosystem. In other words, the natural terrain has been altered by irresponsible human behaviour to such an extent that our innate adaptation to all the genetic information surrounding us is undermined.

It is not that the viruses are *causing* a disease. Rather, it is that they are simply presenting the body with a new genetic adaptation option. The body’s innate immune system then determines how much of that new information it will absorb. If the cells are in dire need of repair—perhaps as a result of poor dietary choices, a sedentary lifestyle, or toxicity in the environment—the virus will create an inflammation event as the body goes through its regenerative process. This is usually accompanied by a fever, loss of appetite, and an elevated white blood cell count. Such an inflammatory event is what we commonly refer to as “the flu.”

What we derogatively call a viral infection or an inflammatory event—implying it is *bad* for the body—is actually a part of the body’s healing process. The inflammation is needed to create regeneration within the body. It is acting on behalf of the body, not against it. But if the body’s microbiome is replete instead of wanting, it will not need an update, and therefore no inflammation will take place.

In the case of Sub-Saharan Africa, the ecosystem is dying. The collapse of nutrient-rich soil systems, poor water hygiene, a lack of basic sanitation, a

chronically undernourished population, and the complete elimination of traditional organic farming—overtaken by the oxymoronic Green Revolution, foisted on developing countries by industrial agriculture—have caused a large portion of that population to develop an imbalance between their innate immune system and the environment. The syndrome known as “AIDS” is an expression of that imbalance. The HIV virus, which was first discovered by French virologist Luc Montagnier, has been falsely accused of being the primary culprit responsible for AIDS—a form of guilt by association. In actual fact, the HIV virus is benign and is *not* trying to take over the mechanics of any cell.

The real root of the problem is that the innate immune system of the Sub-Saharan African people has been degraded by a lack of nutrition to such an extent that they are falling prey to a myriad of illnesses (tuberculosis, pneumonia, Hodgkin’s lymphoma, endocarditis, etc.), which have been collectively grouped under the single title “AIDS.” However, instead of coming to terms with the reality of what the dire ecological disaster is causing, “scientists” are blaming the HIV virus as a cover to hide decades of government and corporate environmental and economic crimes.

From the information covered thus far, we can rightly conclude that it is impossible for viruses or pathogens to create infectious disease pandemics and epidemics—for there is *no such thing* as an infectious disease in the traditional sense of the term—examples being “AIDS,” “Ebola,” and other unfounded “viral” pandemics. Yes, pharmaceutical propaganda has been pushing the infectious disease paradigm on world thought for centuries. But the belief that such diseases exist is no more than an outgrowth of Pasteur’s debunked germ theory. What we commonly refer to as an epidemic or a pandemic is simply the result of a degraded innate immune system showing up in a segment of the planet’s population. The reasons for this degradation can include chemical poisoning from herbicides, pesticides, or genetically modified foods, which we will look at in more detail below.

As we can see by the above description of the virome, it is no exaggeration to say that the virome is the language of all life on earth. We are literally swimming in a vast sea of genomic information that was essential for life to begin and flourish

on this precious earth and that is still trying to help all species survive. The matrix of organisms that make up the microbiome have built a viromic information stream that has allowed for adaptation and biodiversity to occur on the planet. And that very same viromic information stream is responsible for building the human species.

Thus, humans are not *separate* from the virome and the microbiome but are, rather, *integral* to the virome and microbiome's vast, complex ecosystem. Yet we have increasingly placed ourselves in direct opposition to the very living system of which we are an intrinsic part: nature.

Chapter II

Our War against Nature

In this chapter we will explore how our own reckless behaviour is destroying the environment, thereby moving us toward the sixth mass extinction. By that I mean, I will be covering the real environmental catastrophe, not the billionaire-funded "global warming/climate change" hoax initiated by the Club of Rome and further promulgated by the World Economic Forum (WEF).

The species known as Homo sapiens is the only one on this planet that is actively seeking to eradicate itself and its habitat. All of the earth's life support systems—soil, water, and air—are in decline as a direct result of our current economic activity, which is geared to extract as much from the sacred earth as possible without any regard for the consequences that ensue.

By embracing such an intolerable economic paradigm, we fail to respect ecological and ethical limits. Our consumption-driven economic model, which we have designed and are now enslaved by, causes perpetual deficiencies—resource depletion, biodiversity loss, and contamination by toxic substances, all of which wreak perpetual havoc on the entire ecosystem and its surrounding environment. Megacorporations continue to propagate the ideology of endless economic growth, which they intend to squeeze out of a planet with finite resources and from which they alone will benefit financially. Their self-centered

aims clash with the generous motives of the masses, who favor the concept of equal opportunity, including the equal right of all humans to live in a healthy environment. The billionaire set's relentless quest for profits at the expense of everyone's social well-being is fueling worldwide competition for resources and causing an eco-holocaust. In short, what we are witnessing is a new form of colonialism that is being imposed by the predator class on all of humanity as we enter what is commonly referred to as the sixth mass extinction.

Consider what we are doing to our fresh water. A full 80% of our planet's surface is composed of water, of which 97% is salt water. The remaining 3% of our available supplies of drinking water have been treated so recklessly that they are highly polluted and rapidly depleting. Of that 3% fresh water, at least 29% is siphoned off by the water-intensive [meat and dairy industries](#). The United Nations estimates that over the next decade two billion people will suffer extreme water scarcity and that by the end of this century half of the world's population will experience some kind of water scarcity.

The mining and oil industries are no friends of the environment either. In the US, mining companies have removed over 500 mountains in the Appalachians, causing immense ground pollution and surface water pollution. In other parts of the country, drilling for shale oil and gas, called hydraulic fracturing but better known as fracking, pumps carcinogens and toxins into the air, water, and soil, further exacerbating the pollution problem. Though touted as a solution to America's dependency on foreign oil, fracking is in fact the final act of stupidity by a petrostate.

The aforementioned meat and dairy industries do more harm than just hogging water. Animal agriculture—encompassing huge factory farms and small family farms—is also the leading cause of [greenhouse gases](#), deforestation, species extinction, and ocean [“dead zones.”](#) The industrial intensive farming of animals and their feed crops is largely to blame for the highest rate of species mass extinction in 65 million years. Moreover, no other industry on the planet needs as much acreage as animal agriculture: It hoards 45% of all ice-free land on the planet. According to the [World Animal Foundation](#), 70% of the Amazon rainforest is being destroyed for the sole purpose of growing GMO soybean or

corn crops that feed livestock in South America and Europe. Between 1970 and 2019, a total of 718,927 square kilometers of the [Brazilian portion](#) of the Amazon rainforest was deforested.

A few more facts to consider:

- Fully half of the world's grain supply is destined for food animals at the same time that one billion people face starvation.
- In the US, 54% of all fresh water is diverted by animal agriculture at a time when 99.8% of the geographic area of California is in a critical drought.
- Worldwide, [the animal agriculture industry](#), which kills at least [72 billion](#) land animals every year (200 million every day), contributes 51% of all “greenhouse gas emissions”, far exceeding the 13% contributed by all modes of transportation combined.

The most surprising “fact” about the devastation wrought by animal agriculture, though, is that almost all of the purported environmental nonprofits are silent on this issue.

The environmental calamity is even direr in the world's oceans. The commercial fishing industry is destroying ocean life, including ocean floors, at a pace never seen in recorded history. No other industry kills more animals than this trade. A [report](#) by Matthew Zampa for Sentient Media observes that between 37 billion and 120 billion fish are killed in manmade commercial fish farms each year and at least another trillion aquatic animals living in natural water bodies are killed for food each year. Research presented on the [Oceana](#) website contends that this staggering total does not include the 100 million sharks and 650,000 whales, dolphins, and seals that are killed every year as bycatch. (Bycatch is the total number of sea animals who fishermen unintentionally catch in their nets and kill, either by discarding at sea or bringing back to port.)

As a result of all this extraction and extermination, global populations of numerous species of aquatic life are plummeting to near-extinction levels. A scientific study presented in [The New York Times](#) predicts that if commercial fishing around the world continues at its present pace, by 2048 the oceans will be practically empty.

Equally worrisome, the oceans are used as a dumping ground for manufacturing and mining enterprises around the world. It should come as no surprise that researchers at UC San Diego's [Scripps Institution of Oceanography](#) have found that fish populations in the oceans are contaminated with heavy metals like mercury, polychlorinated biphenyls (PCBs), organochlorine pesticides (DDTs and CHLs), polybrominated diphenyl ethers (PBDEs), plastic compounds, and hexachlorobenzene.

Chemical Farming and GMOs

The makers of synthetic chemicals, pesticides, insecticides, herbicides, and fertilizers are among Earth's worst enemies. The newest threat to our environment comes from genetically modified industrial crops, known as genetically modified organisms, or GMOs. With the introduction of these new crops we have accelerated our ability to manipulate nature at a rate unimaginable in any earlier era. Unfortunately, as a consequence of our meddling, we are seeing an explosion of chronic disease.

How does our aforementioned discussion of the microbiome, the virome, and immunity fit into this picture of environmental desolation?

For one thing, ever since the introduction of chemical farming and the use of GMOs on a global scale in 1996, we have altered our natural surroundings to such an extent that we are decimating our innate immune system. (Remember that date: 1996.) As a result, autoimmune and other chronic diseases that at one time affected only a minute percentage of the general population are now exploding in prevalence. The timing of this surge is not lost on us: These diseases began afflicting humans in a big way beginning in, yes, 1996. It is not farfetched, then, to conclude that the profligate use of GMOs is related to the marked decline in human health over the past two-and-a-half decades.

I'll cite a few examples: one in four people worldwide now suffer from allergies; one in three in North America are obese; one in two women and one in three men in the US will [develop cancer](#) in their lifetime. In addition, the developmental disability termed [autism spectrum disorder](#) has risen from one in 5,000 children in 1975 to one in thirty-six in 2016. If the current trend continues,

we can expect to see one in three children plagued by autism by 2035. Meanwhile, in the same time period, we have seen a dramatic rise in other immune system disorders, such as Crohn's, celiac disease, Parkinson's (in men), Alzheimer's (in women), dementia, and type 1 diabetes.

GMO crops are sprayed with herbicides, such as Bayer's Roundup, which contains the active ingredient glyphosate and which is the most ubiquitous cancer-causing herbicide/antibiotic on the planet. In 2014, over 747 million kg of glyphosate was used worldwide. Now, a mere seven years later, that figure has more than doubled, to two billion kg. Being a water-soluble compound, glyphosate contaminates ground water everywhere, from China to North America. As if that weren't bad enough, glyphosate is also contaminating the air we breathe. A study from the US Geological Survey conducted in 2007 reveals that Roundup (aka glyphosate) and its toxic by-product aminomethylphosphonic acid (AMPA) were found in over 75% of the air samples and rain samples tested in Mississippi in 2007.

Meanwhile, the longest river in the United States, the mighty Mississippi, and its hundreds of tributaries collect more than 80% of the Roundup sprayed on crops in the entire USA. The Mississippi River is also the recipient of thousands of other chemical pollutants that are dumped into it by petrochemical companies. It's no surprise that the people residing along the last 140 km stretch of the river, which runs through Louisiana—specifically in the Baton Rouge and New Orleans area—have some of the highest rates of cancer in the entire world.

With the Roundup patent once owned by Monsanto (now Bayer) having expired in 2000, China has become the leading user and exporter of glyphosate in the world. In 2017, China exported over 300,000 tons of glyphosate globally. It turns out that Hubei Province, where the infamous Wuhan sits, is one of the leading users of glyphosate in China. The combined toxic effects of pork production, heavy manufacturing, and chemical farming in Hubei have made this region one of the most polluted places on earth. The once-diverse and clean ecosystem in Wuhan has been utterly ravaged by manmade pollutants and the massive use of glyphosate in industrial farming.

There is an indisputable link between the current high rate of cancer and the extensive use of glyphosates. Within a single generation, the rate of cancer diagnosed in men has doubled. Paralleling that rise, in the 25 years (roughly a generation) between 1990 and 2015, the toxicity of the environment also doubled.

Statistical data compiled by Nancy L. Swanson et al. in the [Journal of Organic Systems](#) provides overwhelming evidence of a precise correlation, from 1975 to 2010, between glyphosate usage and the incidence of many different types of cancer, including urinary/bladder cancer, liver cancer, thyroid cancer, and myeloid leukemia. The graphs presented in the Swanson study show that the increased prevalence of cancer perfectly overlaps the increased use of glyphosate.

Another [link](#) that cannot be ignored is the decline in male sperm counts in Western countries. Shanna Swan, an epidemiologist at Mount Sinai Medical Center in New York and a leading scholar of reproductive health, projects that sperm counts of the median man are set to hit zero by 2045. With the introduction of endocrine-disrupting chemicals (EDCs), male sperm counts have dropped 50% to 60%—an average of 1% to 2% per year—between 1973 and 2011. Granted, endocrine-disruptor microplastics in our drinking water pose a problem, but that problem pales in comparison with the damaging effects of chemical farming and the use of glyphosate, contends internal medicine, endocrinology, and metabolism specialist Zach Bush, MD, on his [Global Health Education](#) website.

Moreover, [writes](#) Dr. Bush, “glyphosate functions as a potent chelation agent, locking up the nutrients within soil, plant, and water systems such that we can now find ourselves in the equivalent biologic state of starvation in the midst of the most extreme caloric excess that humanity has ever produced.”

Worldwide warnings from other scientists, doctors, and environmentalists abound. For instance, Dr. Vandana Shiva, an environmental and food sovereignty activist and ecofeminist based in Delhi, India, has been continually cautioning, in books and articles she pens and in speeches and interviews she gives around the world, that GMOs have ruined soil and plant life by inhibiting their ability to maintain microorganisms and minerals, such as zinc, iron, and magnesium, which are vital for immune response in animals and humans. In her [2012 opinion](#)

piece titled “Myths About Industrial Agriculture,” Dr. Shiva cited a 1995 study that found industrial agriculture (which began in 1965) to be responsible for 75% of the earth’s biodiversity erosion, 75% of its water destruction, and 40% of its greenhouse gases, while producing only 30% of humans’ food supply.

Ever since the mid-1990s, industrial/chemical farming has decimated the microbiome in the soil on a global scale. Consider: In 2014, a senior United Nations official, Maria-Helena Semendo of the UN’s Food and Agriculture Organization (FAO), explained to a forum that unless new approaches to farming were developed, the global amount of arable and productive land per person in 2050 will be only one-quarter of the 1960 level. Also consider: In a study conducted by Lancaster University in September 2020, researchers found that 90% of the earth’s conventionally farmed soils were thinning, and 16% of them had a lifespan of less than a century.

In short, the aforementioned reduction in male sperm counts, combined with soil degradation around the globe, are the two key factors that are driving humanity toward extinction.

Every time we spray Roundup or any of the other even-more-toxic herbicides that are now being widely used—such as 2,4-D (2,4-dichlorophenoxyacetic is a primary ingredient in the chemical warfare herbicide widely known as Agent Orange) or dicamba (an herbicide 200 times more toxic than the glyphosate in Roundup)—we are destroying the microbiome in the soil, in weeds and plants, in animals, and in our own microbiome. And, to hammer home a previously made point, Roundup disperses not only in the soil but also in the air. So do its rival products.

Lamentably, herbicides are not the only toxic substance found in the air we breathe. Many other pollutants—mercury, arsenic, sulfur, and cyanide, to name but four—likewise circulate in the atmosphere. These toxins, which are produced by the transportation and energy sectors, are adept at binding with carbon particulate matter. Fine carbon particulate, referred to as PM_{2.5} (that is, particulate matter that is less than 2.5 micrograms per cubic meter, or 100 times thinner than a human hair), is a by-product of burning fuel and chemical reactions. It is of particular concern to human health when levels of PM_{2.5} in the

air are high, as these two 2017 studies from the [NIH](#) National Library of Medicine and [The New England Journal of Medicine](#) demonstrate.

It turns out that not only toxins bind to PM_{2.5}; so do viruses. Before the Industrial Revolution, viruses dispersed themselves equally throughout the atmosphere. However, now that carbon particulate matter is ubiquitous in the air, viruses are abnormally concentrating themselves around this substance. The greater the concentration of PM_{2.5}, the greater the concentration of viral material.

Every single year, beginning in the last week of September and ending by late June, nature goes into its sleep cycle in the Northern Hemisphere. During this period, concentrations of carbon particulate and CO₂ emissions and other pollutants that would normally be absorbed by trees, plants, oceans, and soil are unable to be absorbed. The result is very high concentrations of pollutants traveling in an easterly direction with the wind currents. (Along for the ride: clumps of spiked viruses that have hooked themselves onto the carbon particulates.) Compounding the problem—and reminiscent of the damaging effects of chemical farming—are increased concentrations of PM_{2.5} in areas where the soil has been degraded to the point that its living, breathing microbiome has lost the ability to absorb carbon at any time of year, regardless of the season.

Through [NASA satellite imagery](#), we can see, starting in mid-October every year, a huge plume of carbon material floating from the heavy-industry hubs in China and other industrial regions of the world and dispersing in an easterly flow pattern across the Northern Hemisphere. By the month of May, this toxic haze blankets the Northern Hemisphere. You can check out [IQAir](#) for real-time data analysis of PM_{2.5} toxicity around the world.

Strangely, what we call “the seasonal flu” perfectly coincides with the time period when nature goes into its sleep cycle in the Northern Hemisphere. During the months we refer to as “flu season,” our bodies are more apt to experience an inflammatory event—fever, congestion, coughs, and a loss of appetite. This phenomenon takes place as our bodies adapt and come into balance with the industrial toxins in the environment. When summer arrives in late June, nature

resumes its regenerative cycle: The plumes of PM_{2.5} slowly dissipate and finally disappear, reducing our risk of respiratory illness. That is why we seldom, if ever, experience influenza during the summer months in the Northern Hemisphere. Hence, by following the carbon particulate flows, we can actually map out and predict exactly where the hot spots of respiratory infections, of “pandemics,” and of seasonal influenza will occur.

Chapter III

What Happened in 2020

We will now examine how this real environmental devastation has contributed to the “pandemic” that was rolled out in 2020—a “pandemic” that led to the mass experimental injection of unknown substances into human “subjects” in 2021 and that has no foreseeable end. (Throughout this book, I have been putting quote marks around “pandemic” because of its fraudulent character. Indeed, it is more accurately and aptly described as a plandemic, a scandemic, a pseudo pandemic or any other term indicating fakery.)

In the months leading up to 2020, the earth experienced a series of unprecedented wildfires from Australia to the Amazon and from Indonesia to California. In California alone, the wildfire season of 2019 destroyed more than 250,000 acres of land, along with 732 structures. All told, global wildfires in 2019 sent 7.8 billion metric tons of CO₂ and carbon particulate into the stratosphere—the highest level of PM_{2.5} since 2002. Once in the stratosphere, the carbon particulate was able to travel thousands of kilometers from its source. Many cities around the globe, such as Canberra, Wuhan, New York, and Milan, experienced extremely low air quality as a result of the extremely high levels of PM_{2.5}.

It turns out that one of the most toxic substances generated by the combustion of synthetics such as plastics, nylon, wool, and silk—combustion caused either by wildfires or by industrial chemical reactions—is cyanide. Specifically, hydrogen

cyanide gas. Cyanide is a highly toxic agent that causes vascular hypoxia and even death if not treated properly.

Thus, as we entered “flu season” in the latter half of 2019 and the start of 2020, we had the perfect storm of toxicity circulating the globe. The abnormally high levels of PM_{2.5}, in conjunction with high levels of industrial by-products like sulfur, mercury, arsenic, carbon, glyphosate, and cyanide, created ideal conditions for suppressing the innate immune system, especially in the frail and elderly, who are in many instances already dealing with serious underlying medical conditions.

To make matters worse, most of the patients afflicted with these underlying conditions—hypertension, diabetes, obesity, coronary artery disease, and renal disease—are placed on commonly prescribed drugs, which include angiotensin-converting enzyme inhibitors (ACE-I) to control blood pressure and statins to lower cholesterol. However, we now know, thanks to a [study](#) first published on March 31, 2020, in the *American Journal of Physiology Heart and Circulatory Physiology* (Volume 318, Issue 5), that ACE-I and statin drugs upregulate the angiotensin-converting enzyme 2 (ACE2) receptor by which the coronavirus enters the body. ACE2 is a protein that sits on the surface of many types of cells in the human body, including the intestine, kidney, uterus, testes, brain, heart, and, most importantly for our coverage of this topic, the lungs and nasal and oral mucosa.

The ACE2 enzyme plays an important role in helping the body to regulate blood pressure and in the healing of wounds and inflammation. In addition, the ACE2’s amino acids help capture and chop up a harmful protein called angiotensin II, which drives up blood pressure and damages tissues. That is why physicians in the Western world will normally prescribe ACE-I in an effort to boost ACE2 expression, thereby reducing the risk of high blood pressure. What’s more, when the ACE2 enzyme is upregulated, it can very easily capture—or snag—any one of the numerous spike proteins emanating from the surface of a coronavirus.

Gain-of-Function Research

While we are on the topic of spike proteins, I would like to make a few comments, in the form of a Q&A, on gain-of-function (GoF) research in this field. Gain-of-function research, which in October 2021 was intentionally and misleadingly redefined by the National Institute of Health (NIH) to enhanced potential pandemic pathogens (EPPPs), is research that seeks to alter the functional characteristics of a virus with the aim of enhancing a viruses' ability to infect a species and to potentially increase its impact as an airborne pathogen.

By making a virus more “deadly,” it is believed that it could then be used as a biological warfare weapon (bioweapon) against a potential foe. We know there are GoF labs in Wuhan, China, and at the US Army installation at Fort Detrick, Maryland. (As of 2018, at least fifteen other countries beside the US and China, including Canada, the UK, France, Israel, Germany, and Russia, had documented biological weapons programs and bioweapon research laboratories.)

(1) Is it possible that either both or one of the Wuhan and Ft. Detrick labs may have manipulated one of the spike proteins on a coronavirus that would make it even more apt to connect to the ACE2 receptor, as this document from the Human Microbiology Institute in New York suggests? Absolutely.

(2) Does **Dr. Anthony Fauci** have deep financial ties to the Wuhan lab through his position as director, since 1984, of the National Institute of Allergy and Infectious diseases (NIAID)? Absolutely.

(3) By extension, is the US government either indirectly or directly involved in funding the Institute of Virology in Wuhan? Absolutely.

(4) Have both Dr. Fauci and University of North Carolina GoF specialist Ralph Baric received millions of dollars in research grants from several federal agencies—NIH, DARPA, and NIAID—to study GoF in coronaviruses, as this dossier by Dr. David Martin clearly outlines? Absolutely.

Nevertheless, we mustn't lose sight of the fact that all of this coverage of GoF may actually be a cleverly disguised psychological operation meant to conveniently distract us from the fact that we have *zeropeer*-reviewed scientific proof that a coronavirus causes the respiratory syndrome known as COVID-19.

In addition, the sudden, intense media focus on Dr. Fauci and the Wuhan connection may be a tactic designed to deflect the blame to China for creating the “crisis,” all the while cleverly obscuring the fact that numerous players from many nations and organizations, like the WEF, the World Health Organisation (WHO), and the Bill & Melinda Gates Foundation, are working in concert with China to enslave all of humanity in a technocratic dystopian nightmare.

Or, is it possible that the real gain-of-function bioweapons are the unapproved experimental injections (called COVID-19 vaccines) now being rolled out around the world? Time will tell.

Toxins or Viral Infections?

Returning to the events of 2020, we can see that by upregulating the ACE2 receptor that is sitting on the surfaces of the lungs and nasal mucosa, we made it very easy for a coronavirus, in conjunction with the PM2.5 particles that were carrying with them cyanide and other possible pollutants, to get snagged and pulled into the respiratory track. Once in the respiratory track, the toxins eventually go into the bloodstream and enter the body’s red blood cells. When a toxin enters the red blood cell, it changes the shape of the hemoglobin protein that carries the oxygen in the red blood cell and causes the red blood cell to become unable to carry oxygen. This process literally starves the body of oxygen. Therefore, with that combination of variables, the stage was set in the latter half of 2019 for the perfect delivery system enabling cyanide poisoning to take place.

Cyanide poisoning causes a condition known as histotoxic hypoxia. The condition includes these symptoms:

- Changes in the colour of the skin (ranging from blue to red)
- Confusion
- Cough
- Elevated heart rate
- Rapid breathing
- Shortness of breath (loss of red blood cells’ capacity to carry oxygen)
- Sweating

Consequently, in late 2019 and the early part of 2020, health professionals in Hubei Province, in northern Italy, in the New York metropolitan area, and elsewhere were dealing with patients who were presenting symptoms of cyanide poisoning. As outlined by an April 2020 JAMA [article](#), these symptoms have all the hallmarks of histotoxic hypoxia but none of the symptoms of either pneumonia or respiratory failure. In other words, they had no fever (afebrile), no fluid buildup in the lungs, and no white blood cell elevation (which one would expect to see if there were an infection present).

We must conclude, then, that these patients in acute distress, many of whom were in their senior years, had to have been initially suffering from hypoxia, *not* from pneumonia and *not* from respiratory failure. The pneumonia and micro blood clots, which eventually killed them, occurred several days or weeks *after* the initial poisoning event—and that was only because their innate immune system had been so weakened that their bodies succumbed to the cascading effects of secondary infections.

Incidentally, **all of the people who were acutely affected by SARS in 2002 and by MERS in 2012 showed the same symptoms of histotoxic hypoxia—not of viral infection.** That is to say, their symptoms were identical to the acute cases in 2020 of what was erroneously labeled COVID-19.

Ultimately, most of the patients hospitalized in 2020 died from a toxicology event—which was misleadingly named “COVID-19” after what was called a new strain of coronavirus—not from the so-named infectious disease. Even at the height of the “pandemic,” the purported COVID-19 accounted for a very small percentage of the total deaths in Italy and elsewhere.

Fortunately, the reported overall infection mortality rate of the COVID-19 syndrome is only slightly higher than the alleged seasonal flu. Equally fortunately (though not for its victims), **the syndrome posed a danger to only one major population group—elderly people who had two or more major chronic diseases.** The presence of comorbidities—heart disease, stroke, and lung cancer—made up the vast majority of their deaths. But for people under age 70 *without* these comorbidities, the risk of dying in a car accident is higher than the risk of dying from what is being billed as the disease COVID-19. Indeed, severe illness and

death from COVID-19 occurred only in younger people who had immune deficiency disorders—obesity, diabetes, autoimmune diseases, and hereditary immunodeficiencies.

Nevertheless, these deaths, though tragic, in no way justify any government violating citizens' natural rights. These rights include the freedom to:

- move about (including leaving one's home at any time of day or night)
- travel (including between states, provinces, countries, and continents)
- associate (that is, gather with friends and family in person)
- assemble (in peaceful protests against unjust edicts, corrupt practices, and censorship)
- worship (including meeting together with fellow believers)
- express one's individuality (including choosing whether or not to wear a mask)
- enjoy bodily autonomy (including not being psychologically coerced or physically forced into receiving experimental injections of any kind)
- stay in business (instead of being deemed by tyrannical politicians and public health bureaucrats to be “nonessential”—a label that forced millions of small companies to shut their doors, often permanently).

Dr. Bush summarizes the cases of severe acute respiratory illnesses he saw in 2020 this way:

“Unfortunately, we didn't look at this as a poisoning; we looked at this as an infection. We kept believing that these people who were dying were dying of infection. I believe they were very clearly being overloaded with PM_{2.5} bound to cyanide that was being trafficked into the lung environment and ultimately into the bloodstream by the virus. The virus is naturally designed to actually enter the body through lung and vascular tissue and neural tissue like our nasal sinuses. We see all of this loss of taste and scent in people exposed to this virus because it's trafficking through the ACE₂ receptor on the surfaces of all these tissues. The ACE₂ receptor binds to the coronavirus and pulls cyanide straight into the [red blood] cell to poison the human body with high amounts of air pollution that were not being breathed in but were literally being smart-targeted into the

bloodstream by the innocent bystander of a virus that was in our environment for a very long time.”

From his detailed description, we can clearly see that people were dying from environmental toxicity, *not* from a viral infection. **That is precisely why there is *no* scientific, peer-reviewed study providing conclusive evidence that a virus called SARS-CoV-2 causes a fatal disease named COVID-19.** Such evidence doesn’t exist, because the coronavirus, so-called, is not out to harm anyone but is merely presenting a viral update to those who need it.

Not surprisingly, as of November 30, 2021, 127 health/science institutions in over twenty-five countries have failed to provide or cite even one record describing the purification of the alleged SARS-CoV-2 virus from any patient sample.

Though some scientists—notably, in Australia, China, Canada, United Kingdom, Germany, and New Zealand—claim to have purified a coronavirus from a patient sample, upon closer examination, their allegations appear to be baseless in light of the meticulous research conducted by biostatistician **Christine Massey**, M.Sc.

Calling upon that [research](#), Massey has sent, over the span of a year, numerous Freedom of Information Act (FOIA) requests to more than one hundred health institutions around the world. The results of her requests are alarming, yet not surprising. All of the responses confirm that there is, as she puts it, no record of “isolation/purification of SARS-CoV-2 having been performed by anyone, ever, anywhere on the planet.”

(For those of you who are unfamiliar with the isolation/purification procedure, I refer you to Dr. Andrew Kaufman’s analysis of the [process](#). He uses six criteria (developed by Dr. Thomas Rivers, who modified Koch’s postulates) for detecting viral disease in the following manner: first, isolate the virus from the diseased host; second, cultivate the virus in host cells; third, provide proof of filterability; fourth, produce the same disease in a new host; fifth, re-isolate the virus; sixth, detect a specific immune response to the virus.)

Also, according to Massey’s research, not only has the original SARS-CoV-2 never been isolated/purified, but it is no surprise that, as of this book’s publication, *no* lab had isolated/purified samples of the alleged “Delta variant” either.

Most importantly, the World Health Organisation—the main fear-mongering machine driving people into a state of panic by its unsubstantiated claims—does not have in its possession an isolate of the original 2019 novel coronavirus, nor does it have in its possession an isolate from any other variant—including the latest “Omicron variant.”

What the WHO *does* have in its possession, though, is a computer-generated genomic sequence of the purported 2003 SARS-CoV virus, transmitted in early 2020 by Dr. Christian Drosten and his colleagues from the Berlin Virology Institute at Charité Hospital (an institution that, not incidentally, is generously financed by the Bill & Melinda Gates Foundation). Eurosurveillance, a weekly peer-reviewed medical journal based in Europe, confirmed this point at the onset of the pseudo pandemic on January 23, 2020, when it made the following assertion:

“We report on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], **designed in absence of available virus isolates or original patient specimens**. Design and **validation were enabled by the close genetic relatedness to the 2003 SARS-CoV**, and aided by the use of synthetic nucleic acid technology.”

Therefore, given the preceding facts, we can conclude that, not only has *no one* isolated/purified the virus, but there is *no* scientific evidence to support the fraudulent claim that we are dealing with a “novel” variant of the 2002/03 SARS coronavirus.

Summary of 2020 Scenarios

We had two *different* scenarios taking place in 2020. I will summarize each below.

In one scenario, we saw people with an inflammatory event marked by fever, congestion, loss of appetite, elevated white blood cell count, and malaise. All of these symptoms are what would be expected when a possible new variant of a coronavirus or any other virus triggers the innate immune system—and eventually the adaptive immune system—to do what it always does in order to

bring us back into balance with a new genomic update from a virus. Let's remember, coronaviruses provide genetic information that regenerates our bodies; they work on our behalf and are not infecting us with diseases.

In the other scenario, we saw people with serious, sometimes multiple comorbidities eventually succumbing to a toxicology event, as described by Dr. Bush in the long quotation above.

Granted, in both scenarios the coronavirus is present, but only benignly. As I clarified earlier, a virus does not try to take over the mechanics of any cell in the body. It does not cause or force anything. It is simply present—another example of guilt by association, just like the false link between the HIV virus and AIDS that I related in Chapter One.

However, instead of differentiating between the two scenarios, public health officials everywhere, instructed by the utterly corrupt WHO leadership, conveniently grouped them under a single category: COVID-19. They did this by using the monstrously inappropriate and inaccurate RT-PCR test, which its inventor Kary Mullis insisted (before his untimely death in August 2019) was not meant to diagnose disease but was designed simply to ascertain the presence of a viral load.

Despite its easy-to-falsify-and-thus-frequently-falsified results, the PCR test is still being used around the world as a replacement for clinical analysis. Why? The only logical answer is that testing for the coronavirus is a form of control meant to create public hysteria. Not understanding that most positive readings are fraudulent, that the scary words “positive case” do *not* signify the presence of an infection, and that asymptomatic people can neither have nor spread disease, the public has been deceived into believing that a dangerous pathogen is killing a large percentage of the population. Therefore, what we are witnessing, in reality, is nothing more than a pandemic of “PCR test positive cases,” not of “COVID-19 positive cases.”

By fanning fear, governments around the world have been able to justify harmful, totally ineffective lockdown measures and mask mandates as well as nonsensical physical distancing measures.

But why intentionally induce panic and why clamp down like dictators?

Politicians and public health officials must be either obeying threatening orders or taking irresistible bribes or just following instructions from their superiors, naïvely believing that they are doing the “right thing” in the interest of public safety. In most cases, they have to be induced, by hook or by crook, to persuade citizens to take part in the largest medical experiment in history—a worldwide mass “vaccination” campaign devised for the purpose of injecting every compliant human with an untested, unapproved, experimental gene-therapy called COVID-19 mRNA. (In many places, like parts of Europe, parts of North America, [Saudi Arabia](#), China, and [Tajikistan](#), even the unwilling are compelled to submit to the COVID-19 needle.)

The parallels between the “AIDS epidemic” and the “COVID-19 pandemic” are too striking to ignore. Both feature, as the central actor, a benign virus that can conveniently be blamed as the root cause of a professed disease, despite the absence of any peer-reviewed, truly scientific evidence to support that assertion. Also, in both cases the virus can be used as a cover to obscure decades of environmental degradation spawned by government and corporate entities, whose ringleaders never pay for their crimes in fines or jail time. Finally, in both cases, the virus story provides immense profits to the global pharmaceutical industry, which is never held financially liable for the injuries and deaths caused by its vaccines or its drugs—the latter as long as they are not discovered to be the real cause of death (think AZT).

Chapter IV

Ignoring the Wreckage

Instead of coming to terms with how we are destroying our habitat, instead of learning the lessons nature has been trying to teach us over the past twenty months, most of us have ignored the wreckage and have refused to be taught. If anything, humanity has only intensified its war against nature during the past year's pseudo pandemic.

For example, since January of 2020, 129 billion face masks (most of them made from polypropylene) and 65 billion latex gloves have been disposed of every month, according to a [study](#) published in *Environmental Science & Technology*. A significant portion of this waste will eventually end up in the world's oceans, where it will take the form of polluting microplastics. Then there are the billions upon billions of plastic and paper food containers that have been used—and discarded—as a result of the pandemic-created surge in takeout food orders when restaurants were closed to dine-in customers.

And that's only part of the environmental damage being wrought by this scam of all scams. Governments around the world—notably, in China and Italy—are spraying cancer-causing biocides into the atmosphere. That act of madness, an effort to contain or destroy the unjustifiably feared virus, subjects pedestrians to still more harmful chemicals. These disinfectants will eventually end up in the tap water of millions of households. In short, we have no idea of the consequences that biocides may be having on the microbiome and on our long-term health.

Medical Professionals Silenced

Meanwhile, hundreds if not thousands of medical professionals and scientists around the world have dared to stand on their oath to do no harm and to follow their conscience by telling the truth about the devastating consequences of adhering to the fake pandemic's mandates.

These brave men and women—all of whom are either physicians or PhDs and thus have the title “Dr.”—include Robert Malone, inventor of the mRNA and DNA vaccine technology; pediatrician Lawrence Palevsky; primary care physician Vladimir Zelenko; former NIAID scientist Judy Mikovits; attorney, physician, and America's Frontline Doctors founder Simone Gold; family physician Stephen Malthouse; microbiologist Sucharit Bhakdi; associate professor of viral immunology Byram Bridle; pediatrician Paul Thomas; cardiologist Richard Fleming; emergency room and family physician Patrick Philips; pathologist Roger Hodkinson; and former Pfizer Chief Science Officer Mike Yeadon, to name but a few.

Each has raised serious concerns about the potential side effects these never-tested-or-approved-or-used “vaccines” may have on human health. And, for speaking out, each is being threatened and censored and worse. Collectively, their apprehensions range from (1) the possible effects that Lipid Nano Particles (LNPs) may be having on the human brain to (2) how the use of polyethylene glycol (PEG) may be causing anaphylactoid immune reactions to (3) how the artificially induced spike proteins that travel throughout the human body may be producing blood clotting disorders in different parts of the body to (4) how these excess spike proteins, which are a neurovascular toxin to the body, may be causing myocarditis (inflammation of the heart muscle) in children and young adults.

One way medical practitioners are being bullied is through the strong-arm tactics of the agencies that licence them to practice. For instance, Canada’s College of Physicians and Surgeons of Ontario (CPSO) issued an ominous statement in late April 2020 threatening to remove the licence to practice medicine of any doctor who publicly spoke out against—or even raised questions about—the harmful side effects of lockdowns and/or the COVID vaccines that they witnessed while working on the frontlines in their local hospitals and communities. In the US, the process of removing a doctor’s license is slightly different, but the end result is the same. Each state has its own Medical Board that can temporarily suspend a medical license without a hearing if “the Board finds that Licensee’s conduct has breached the standard of care and has placed the health and safety of many of his patients at risk of harm.”

Other attempts to prevent vital scientific information from reaching the public include the discrediting and stifling of medical practitioners, doctors, and scientists by Big Tech mainstream social media platforms like Google’s YouTube. This should come as no surprise, since Google, which was created by the CIA, also has major ties to pharmaceutical companies like GlaxoSmithKline (GSK), registered in England. These individuals are also being deplatformed from Facebook—another DARPA (Defense Advanced Research Projects Agency)/CIA-created private company—as well as by Instagram, Amazon Web Services (AWS), LinkedIn, and Twitter.

Alternative Treatments Available?

Worse yet, doctors have faced extreme censorship for providing evidence that there are indeed viable, effective, and inexpensive treatments for COVID-19—treatments that obviate the need for a “vaccine.” For instance, all of the physicians mentioned above, plus hundreds more from many countries, have not only praised but have repeatedly demonstrated the effectiveness of anti-malarial drugs chloroquine (CQ) and hydroxychloroquine (HCQ) and other remedies like Ivermectin, azithromycin, doxycycline, and zinc, in treating their COVID-19 patients. They have proven, for example, that CQ and HCQ, when administered in small prescribed doses, exert relatively few to no adverse effects. [Numerous studies](#) out of South Korea, China, and France bear further witness to that fact.

Nevertheless, government health agencies—the FDA, the NIH, and the CDC in the US, the MHRA in the UK, and Health Canada—as well as the WHO continually ban these inexpensive treatments, try to discourage people from using them, and, with the mainstream media’s complicity, make provably false claims about them.

To find out why this suppression of effective treatments is occurring, we need look no further than the FDA’s Emergency Use Authorization for Vaccines (EUA) to Prevent COVID-19 that was issued in October 2020. On page six of this [document](#), under Section III, Criteria and Consideration for the Issuance of an EUA for a COVID-19 Vaccine, the last bullet point clearly states that the FDA may issue an EUA *only* if the FDA has determined that “there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating the disease or condition.” This statement means that the entire premise of the EUA is based on a presupposition that there is *no* alternative intervention available.

In reality, there are several inexpensive off-patent products to choose from, as we cited above—and as the FDA well knows. However, if it were to allow a cheap and readily available product like HCQ to dominate the market, the pharmaceutical industry—which appears to dictate policy to the FDA—would stand to lose billions in sales of COVID-19 vaccines.

So, is greed behind Big Pharma's concealment of life-saving information on these efficacious alternative products? Most assuredly. And will Big Pharma's cozy relationships with government agencies (think "revolving door," "regulatory capture," and "big payoffs") and with the news media (heavily dependent upon pharmaceutical advertising) continue to prevent word of the alternatives from reaching the public? It would seem so. In other words, the EUA for the COVID-19 vaccines would surely have run into a major roadblock had the truth about other cures and treatments been allowed to be widely shared instead of censored, ignored, and hidden.

Inconvenient Data

But because that truth *has* been suppressed, "COVID-19 vaccine" deaths are mounting. As of September 2021, at least 24,000 people in the twenty-seven countries comprising the European Union (EU) have died from being injected with these gene-altering devices, according to data collected by [EudraVigilance](#). In the US, meanwhile, more than 19,000 people have succumbed to the shots, according to the data supplied to the Vaccine Adverse Event Reporting System ([VAERS](#)).

The US figure is shocking: It means that these experimental injections have caused more deaths in a six-month period than has the combination of seventy different approved vaccines in circulation over the last thirty years. As if that weren't bad enough, a Harvard Pilgrim Health Care [study](#) concluded that only 1% of injuries and deaths from all vaccines in the US are ever reported to VAERS. Even if the reporting is as high as 10%, that's still low compared to the actual statistics.

Equally dire, VAERS [data](#) reveals there has been a [fiftyfold increase](#) in ectopic pregnancies following the introduction of the gene-therapy COVID-19 injections. That is, fifty times more pregnant women have suffered from this condition after taking the COVID-19 shot than they did from all vaccines given to them over the previous thirty years. (Ectopic pregnancy, also referred to as extrauterine pregnancy, is when a fertilized egg grows outside a woman's uterus, somewhere else in her belly. It is life-threatening to the mother and needs medical attention immediately.)

Yet the COVID-19 gene-modification injections are still being aggressively pushed by the propagandists and their unscientific, unproven theories—and this despite overwhelming evidence that asymptomatic spread is *not* possible; that to remain healthy we do *not* need these injections, which have been proven to be *neither safe nor* effective; that COVID-19 is *nowhere* near as life-threatening as it was predicted to be; and that children need *no* protection from this virus. Besides, notwithstanding their insistence to the contrary, there is *no* proof that SARS-CoV-2 exists, much less causes COVID-19.

Governments around the world continue to bribe, threaten, and coerce citizens—in direct violation of the Nuremberg Code and only ostensibly “in the interest of public health”—into submitting to these injections. For instance, on December 1, 2021, the president of the European Commission (EC), Ursula von der Leyen, [urged](#) European Union member states to consider implementing mandatory COVID jabs within the EU. Since one-third of Europe’s population is not “vaccinated,” this draconian measure, if put into effect, would strip approximately 150 million people of their right to bodily autonomy.

Those of us who have been researching and reading about this subject since its inception know that it has never been about preserving public health. It has always been about the goal of implementing a global biosecurity plan and a transhumanist control grid that, if allowed to come to fruition, would signify the end of the human species.

This manufactured crisis has provided the perfect launching pad for biodigital convergence to take place. For those of you who think the notion of combining the human body with digital systems is hyperbole or fantasy, may I draw your attention to the “Exploring Biodigital Convergence” [paper](#) issued February 11, 2020, by Policy Horizons Canada. The document indicates that the Canadian policy steering committee has discussed the frightening concept of altering the evolution of the human body through the integration of biological and digital nano-technologies. Indeed, it turns out that the broad genetic modification of the human species being engineered by the experimental COVID-19 injections is just the first phase of this transhumanist convergence.

As if the Canadian paper were not alarming enough, elsewhere an even greater menace to humanity is being rolled out. In May of 2021, the UK Ministry of Defence issued a “Human Augmentation—The Dawn of a New Paradigm” [document](#). It was worked on by the UK’s Development, Concept and Doctrine Centre (DCDC) in partnership with the German Bundeswehr Office for Defence Planning. Their purpose is “to understand the future implications of human augmentation (HA), setting the stage for more detailed defence research and development.” By incorporating research from German, Swedish, Finnish, and UK defence specialists, the DCDC project attempts to better apprehend how emerging technologies, such as genetic engineering, brain-computer interfaces, and bioinformatics, can further enhance security and defence capabilities. Although it is being touted as a strategic tool for military use, HA will undoubtedly, like the development of so many military programs throughout history, be eventually deployed for use in the civilian sector.

The vaccine passports (vaxxports) being rolled out by a large number of national governments are just the tip of the dystopian iceberg. Granted, for the moment they are being used only as a tool to punish individuals who refuse to surrender their bodily autonomy to the biomedical gene editing injection. But vaxxports will soon extend beyond that purpose: They are the transition from our would-be controllers not being able to completely dominate us (by not complying, we manage to retain some of our individual autonomy and sovereignty) to our total subservience to the IoT (Internet of Things) and IoB (Internet of Bodies) and the CBDC (Central Bank Digital Currency). In the latter stage, unelected technocrat rulers become our supreme masters and we their “own nothing and be happy” slaves.

I must say in no uncertain terms: The transhumanist projects in Canada, in the UK/Europe, and likely surreptitiously in other countries, combined with our willful destruction of the ecosystem, are the two greatest existential threats facing humanity today. Perhaps ever.

Concluding Remarks

We are being relentlessly bombarded by a belief that lays blame squarely on one ancient virus (including its variants) as the sole culprit causing a global health

crisis. Yet there exists not a shred of evidence proving that the virus called SARS-CoV-2 causes a disease named COVID-19. This myopic view is preventing us from understanding the true, helpful nature of viruses, as we have detailed above. For, viruses *are* our friends.

Moreover, this view is blinding us to the real ecological disaster unfolding around us, which viruses are trying to help us uncover and recover from. Not only is humanity marching towards its own extinction but it is also moving rapidly away from science and is instead suffocating in technocratic anti-science dogma—a dogma that has turned into a rigid religion whose adherents worship many deities, two of whom are named “Vaccines” and “Technology.”

As I observed at the beginning of this book, we are living in unprecedented times, in which humans can be genetically altered beyond recognition and the natural world is being ravaged almost beyond repair.

Yet, though these threats are lethal, there are also signs of hope. It is not too late to envision another possible path—one that does not point to our doom but, rather, invites us to accept that humanity has been made, from the beginning, to be an intrinsic part of nature. If we learn from the errors of our ways, we have a window of opportunity to step back from the abyss of transhumanism and species extinction. We can instead embrace our beautiful planet with all of its glorious biodiversity—an earth teeming with abundant life that offers a glimpse of the perfect universe made by God, Spirit, and bestowed on divinity’s spiritual creation.

Let us allow our good earth and our innate goodness to be made apparent instead of obscured and eventually annihilated. Earth and every man, woman, child, and creature inhabiting it are actually infinite, eternal, divine ideas created by an infinite, eternal, divine Mind. It is time for us to acknowledge this truth—and demonstrate it in our lives.

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