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On wafer-thin ice

The critics of the deliberate panic mongering do not pay enough attention to the fact that the pandemic narrative has no foundation regarding its scientific evidence.

from Matthias Müller

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It seems that the "Corona Witnesses" have managed to achieve what was for a long time long frowned upon in science - at least according to its alleged self-image: the reversal of the burden of proof in the evaluation of scientific theories. The handling of scientific theories had so far been subject to the cruel dictates of empiricism: If even a single observation did not agree with the theory, it was considered disproved, even if ten thousand observations apparently supported the theory. The good old days of science have gone. For the "New Normality" apparently includes actively fending off facts - especially when they contradict the narrative of a few protagonists. Since Corona, the following has been true: even if thousands of facts, studies and well-documented observations refute the pandemic theory, it does not change anything about its dogged propagation. This is deeply abhorrent. It's time to stop cuddling up with the panic-mongers.

In recent months, countless independent researchers, doctors, scientific experts, but also accomplished independent journalists and vigilant thinkers have made their voices heard, through videos on the social networks, with both short and lengthy articles, with impressive research. Discussions and conversations are also often experienced in the personal environment. However, the merciless hunting down of these people by the mainstream media, the barrage of discreditation, vilification and defamation have turned every normal conversation into a highly explosive minefield.

Fearing that at the first sign of criticism they will immediately be called and branded as Corona deniers, Covidiot or right-wing conspiracy theorists, most will be showing themselves to be willing to compromise and harmless in their statements. The introduction "I am not a corona denier/ conspiracist or someone who trivialises the problem, we know the virus exists, but ..." has become a standard phrase. Sent in advance almost like an offering, a present to the host, given in near-submissiveness in order to attract a little merciful attention.

This is not only deeply undignified, it also makes you want to vomit. There is not even the slightest reason to bow to the fascistoid dictates of some elitist speakers. Truth is not a matter of negotiation. It is time to put on harder bandages in the close combat of evidence-based dispute and finally put Corona's Witnesses in their place. They like to call the critics of the panic narrative self-righteously "Corona deniers", but it is they who deny: they deny the facts. Obviously, it is part of the special irony of this "New Normality" that precisely those whose narrative is so dramatically anaemic in terms of its evidence are themselves so eager to demand "sources!" and "proof!" Well, so be it. Let us talk about theories and facts.

Theory number 1: Sars-Cov-2

Let's start with the initial hypothesis, the legendary "2019 novel coronavirus", which - according to legend - jumped off a bat, somehow landed on the fish market of Wuhan and attacked the first humans from there. When an animal virus suddenly discovers its taste for human cells it is called a zoonosis.

What are the facts of this story? Sources such as Wikipedia provide insufficiently precise information on this, so we have examined the original protocol of virus identification. They show that samples of respiratory secretions were taken from a total of nine patients in Wuhan in early January 2020. All samples were cleaned using the same procedure. None of the samples contained a complete, reproducible virus. What was found were solely artefacts from a wide variety of genetic material, which, in order to exclude them as possible triggers for the pneumonia observed in the patients, was tested negative against 5 to 18 known viruses and 3 to 5 types of bacteria.

Interestingly enough, these random exclusion tests were considered sufficient, - after all, there are at least 10 different strains of bacteria alone, each with various subspecies, including highly dangerous hospital germs that are known to cause pneumonia, as well as fungal diseases and toxins of chemical or biological origin, smog or radiation exposure.

Wuhan is one of the cities with the highest levels of air pollution in the world. It was not deemed necessary to consider any of these obvious factors as possible causes of the lung diseases of these nine patients. Instead one was rather strikingly determined to find a "new" virus. Subsequently, the material gathered from the swabs was propagated in cell culture and reconstructed by means of complicated genetic engineering procedures using models and comparisons from gene databases. Missing parts were added genetically - like a puzzle in which not all pieces were present.

A "complete" genome was reconstructed from seven of the nine samples. Sars-Cov-2, to put it precisely, was not "discovered" but reconstructed - assembled from fragments of RNA (ribonucleic acid) that was found, and the gaps were filled in with the help of computer models. To date, no complete, complete and replicable (that is, not a "living" virus - this term is misleading because viruses are technically not "alive") Sars-Cov-2 has been discovered, isolated and analysed worldwide. The entire corona "discovery" is therefore correctly not referred to as "detection" but as reconstruction.

This reconstruction did not correspond to any picture of the known Corona family members, so a new discovery was assumed. However, whether this virus actually exists, let alone whether it is new, cannot be validated in this way, as the reconstruction process mentioned is not a proof in the true sense of the word. An example may serve for a better understanding: Suppose you buy a bag full of used, unsorted Lego bricks for your children on Ebay. Now your child manages to build a nice red fire engine out of this material. Does this prove that a Lego fire engine previously existed in the Lego collection you bought? Or is it only due to the creativity and the quantity of suitable individual parts that this fire engine could be constructed? One simply does not know.

The virologists have agreed not to embarrass one another with such uncomfortable questions. There is a "scientific consensus" to accept genetic reconstruction as "proof". However, even if all virologists assure each other that a reconstruction is a proof, it does not become a proof. A discovery is the first observation of something that exists from within itself as a whole. A reconstruction, on the other hand, is the creation of a whole from individual parts - according to the theoretical idea of a fictitious whole.

Even in the very early days of research into pathogens, people knew about the dilemma of "discoveries" in which nothing was actually discovered. Therefore, the four "Koch's postulates" were established as the Gold standard of pathogen detection. These postulates, established by Robert Koch, ensure that one's eagerness for scientific discovery doesn't lead one to not see the wood for the sawdust. These must be fulfilled in the case of "real" pathogen detection, otherwise the proof is considered not to be provided. They are to be presented here in short form:

- The first postulate states that the suspected pathogen must always be associated with the disease it is supposed to cause. This means that the pathogen must be present in every case of the disease, whereas the pathogen must not be present in healthy individuals.
- The second postulate focuses on its isolated pure form. The suspected pathogen must be cultivated in pure culture. If it is not possible to culture the pathogen under laboratory conditions equivalent to those in its preferred host organ and to isolate it completely from other organisms, the pathogen is deemed not to have been detected.

- The third postulate requires that the pathogen, bred in pure culture and completely isolated, must re-create in a healthy host exactly the disease attributed to it. If this is not successful, the proof is not provided.
- Finally, the fourth postulate is the cross-check. Once the cultured pathogen has re-activated the disease in the healthy host, it must be possible to isolate it again and it must be identical to the original pathogen.

Only when all these conditions are met is a pathogen considered to be detected. In Wuhan's first finding of Sars-cov-2, none of Koch's postulates were fulfilled, it was a mere reconstruction. In addition to the first pseudo-detection in Wuhan in January 2020, further detection tests for Sars-cov-2 were carried out. There are a total of four other studies that claim to have provided an alleged proof, all of these alleged studies were genetic reconstruction studies (1 to 4).

In response to an enquiry by Torsten Engelbrecht, an award-winning journalist, and the independent researcher Konstantin Demeter, all authors of the above mentioned studies have confirmed in writing that in their submissions the Koch's postulates were not fulfilled. Moreover, they admitted that they had no evidence that the RNA material used to reconstruct the Sars-Cov-2 genome was virus-like particles or cell debris, pure or impure, or viral particles of any kind. In other words, they all built red fire engines from a pile of colourful Lego bricks.

Experienced virologist Charles Calisher has also examined all the studies ever published worldwide to see if Sars-Cov-2 has ever been isolated in its pure form and proven to be a wild virus capable of replication. The answer is no. Since the first day of the "pandemic", not a single true case of Sars-Cov-2 has been found worldwide. So far, Sars-Cov-2 is merely a theory, a phantom image of an alleged pathogen, nothing more. All previous "proofs" were not proofs, but genetic reconstructions. In no case was even the first Koch's postulate fulfilled, let alone all four. There is no experiment or study worldwide that would prove a causal connection between Sars-Cov-2 and the disease Covid-19 allegedly triggered by it, while observing the scientific principles of pathogen detection.

Those are the facts. Until proper proof is provided in accordance with genuine scientific rules, Sars-cov-2 is nothing more than a vague assertion which is being circulated in the media with astonishing aggressiveness. Presumably this aggressiveness is due to the shockingly weak evidence, because those who have no arguments are usually the ones who shout loudest. However, aggressive shouting does not replace scientific evidence, nor does it suspend the duty to provide evidence. Having said that the new corona virus is an unproven theory to this day, it may also be true.

This cannot be denied across the board. However, we firmly deny that so-called experts can make well-founded statements about the alleged properties and effects of this phantom. Statements that begin with the words "We know about the virus that ..." are nothing more than pseudo-scientific gibberish, vain pomposity, boastful talk.

These impostors know absolutely nothing about this virus, because no one on this planet, no doctor and no virologist has ever seen it. This is the situation - and when a discussion is held on the basis of the scientific evidence available to date, it starts with exactly this fact: Sars-Cov-2 is still an unproven theory - everything we know about it is based on the genetically reconstructed model of a fictitious new virus. The question of how to develop a working vaccine against a virus,

of which only a theoretical model exists so far, can probably only be answered with a lot of imagination and a good dose of business acumen.

Theory number 2: Covid-19

"Covid-19" is the dramatic name for the disease that the Sars-Cov-2 is said to cause. This vague formulation has its reason, because the disease "Covid-19" is not clinically detectable.

What does this mean? If a disease is clinically undetectable, it means that there is neither a specific symptom nor a typical clinical course that is sufficiently significant to allow the disease to be accurately diagnosed, i.e. "proven". According to the Robert Koch Institute (RKI), Covid-19 is clinically defined by "respiratory symptoms of any severity". This is a common definition and in no way is it suitable to sufficiently characterise a disease clinically. What are "respiratory symptoms of any severity"? A mild cold? Yes, of course. Sneezing? For sure. Coughing? Yep. Fever? Not really, but actually... yes. Pneumonia? What else? ! Slight scratchy throat? Sure. Itchy nose? Oh, definitely.

"Respiratory symptoms of any severity" is any condition apart from the completely healthy, somewhere in the respiratory tract. So without exception, every flu infection, every cough, every hay fever, every pneumonia or even a banal cold is by definition possibly a "Covid-19", but at the same time none of them have to be "Covid-19".

"Covid-19" has no specific symptom and no typical course.

There is nothing to clinically identify this ominous disease and nothing to rule it out. If there is anything at all that could be said to be statistically significant enough to be typical of an "infection" with Sars-cov-2, it is that the "infected" person is and remains completely healthy, as this is currently the case in over 90% of those who test positive. This is remarkable for a global killer virus, for which constitutional basic rights are suspended and the world economy is put into an artificial coma.

In eight out of ten "infected" people, the "killer virus" causes nothing at all and the rest show symptoms similar to the flu. Only in a tiny fraction of cases do the symptoms - again similar to influenza - turn out to be severe, which is also in line with seasonal flu, although flu viruses are far more reliable in terms of their pathogenic potential. Sometimes months of fatigue even after the illness has subsided, pain in the limbs, temporary loss of smell and taste, formation of blood clots, damage to the immune system, organ damage, brain damage, heart damage - all this can also be caused by a virus such as the influenza virus for example, and is not an exclusive property of sars-cov-2. The question of differential diagnoses to clarify what exactly sars-cov-2 does - and does not do - remains open.

However, some overzealous doctors and medical practitioners have attracted considerable media attention by claiming to have seen particularly mysterious cases of this phenomenon. The Reinhold Messners of the medical society, those who have seen the incarnate epidemiological Yeti in the form of an evil "Covid-19", report horrific organ damage as well as destroyed lung tissue and vascular damage. These anecdotes would actually require a more detailed scientific evaluation, but strangely enough, in these cases - which are highly interesting from a medical point of view - scientific examinations, autopsies and research are largely absent.

These tabloid-style descriptions of individual cases are good enough for lurid headlines, but apparently not sufficiently motivating for the research into a global killer. The fact is: In many of these individual cases, either other causes for the unusual symptoms were subsequently discovered or possibly uncomfortable investigations were deliberately avoided. Could certain lung damage not also have been caused by contraindicated invasive ventilation? What does the documentation look like? Were experimental, incorrect or unsuitable therapies carried out? Countries such as Italy, Spain or the USA have reported massive, hair-raising treatment errors.

However one wants to classify the descriptions of the aforementioned, media-oriented doctors - the fact is, they remain a statistically irrelevant marginal phenomenon. The overwhelming majority of "infected" people are completely spared these inexplicable phenomena.

Alone the so-called severe courses of disease would be reason enough to question critically. At the very least it is striking that one hasn't taken the trouble to make a differential diagnosis on any of them. One was always satisfied with just a positive corona test, further examinations have not been carried out on any of the patients worldwide, at least not systematically. But that would be the dictates of science - after all, the natural urge to research should guide every doctor to take a closer look when a new, global killer disease is occurring. Why were no additional tests done to rule out infection with another virus - for example influenza virus- or any of the numerous bacteria?

How do we know that the people suffering "severe courses" did not carry an influenza virus or other pathogens in addition to Sars-Cov-2 and in reality became infected with those? There is not a single study in the world that shows that sars-cov-2 causes any disease at all. There is only one questionable "test", which in some cases corresponds with a more or less severe influenza infection, but in the vast majority of cases not even that. To speak of "evidence" in this context makes no medical or scientific sense. In any case, the extremely conspicuous, almost complete absence of the typical annual flu cases this year should give food for thought. A statistically completely normal number of respiratory diseases in 2020 - but the annual flu is not included? Did Covid-19 defeat the flu?

In Germany alone, around 40,000 people die every year from outpatient acquired pneumonia. Hospital germs are a huge issue worldwide and occupy the top position among the deadly infectious diseases. No other infection kills more people in Europe. Could it not be that a large proportion of the alleged deaths caused by Covid-19 are actually due to these extremely dangerous, but also politically extremely uncomfortable pathogens? In Italy alone, there is evidence to support this theory, because over 80 percent of all Covid-19 patients there were additionally treated with antibiotics, which indicates a bacterial superinfection. Of all European countries, Italy has the biggest problem with multi-resistant germs.

In Italy more than 50,000 people die every year from hospital germs, but strangely enough not in spring 2020. Amazing, isn't it? It would be absolutely logical to examine this possible cause of a "severe course" at least once before blaming the cause of death on something that had to this date, not even once been scientifically correctly researched. Or did they not want to do without certain financial "incentives" in connection with "case numbers" in pandemic clinics and hospitals? After all, Covid-19 patients receive attractive bonus payments from the health insurance companies, which can quickly amount to twice the normal billing rates ...

Basically, these special cases collide massively with the Koch's postulates mentioned at the beginning and thus plunge the whole Covid-19 myth into distress and misery: The Koch's postulates demand from a pathogen that it triggers a disease that essentially always runs the same, i.e. "typically". Healthy individuals must not carry the pathogen, sick individuals must carry the pathogen - otherwise the alleged pathogen must be denied its pathogenicity. But now we have a particularly strange bird with Sars-Cov-2: As a rule - in currently over 90 percent of people - it does not make anybody ill, but is "detectable" and thus fundamentally violates the first of Koch's postulates.

The remaining 10 percent do have symptoms, sometimes severe, but no typical symptoms. Another complicating factor is that there are many people who have the symptoms of "Covid-19" - i.e. "any" symptoms of the airways - but in whom sars-cov-2 is not detectable. Once again a massive violation of the strict postulates of the pioneer of infection theory, Robert Koch. So what now? Does sars-cov-2 now trigger a real, typical disease that deserves to be called "Covid-19" or not?

Well, the answer is sobering. After now millions of tests, with overwhelming statistical rigour, one thing is certain: No. In the overwhelming majority of cases - well over 80 percent - the alleged virus does not cause anything at all and the rest of the cases lead to illnesses that essentially correspond to a normal flu-like infection in terms of both symptoms and mortality. Covid-19 cannot be distinguished from a normal flu infection by any specific symptom or typical course.

So when we speak of the global killer disease, the "pandemic", we are speaking on the basis of precisely this hardcore truth: "Covid-19" is clinically undetectable as an independent disease. There is not even sufficient medical evidence to support the claim that "Sars-Cov-2" would cause a disease in the first place, since it has not even been investigated, let alone proven, whether the diseases associated with a positive PCR test are merely a coincidence or actually a causality. The difference is huge: every time Big Ben in London chimes a person dies in Europe. Does this mean the chime itself is deadly?

Theory number 3: The RT-PCR test

The assertion "The virus is in circulation!" is, strictly speaking and factually speaking, not empirically verifiable. In reality it is the RT-PCR test that is "In circulation". When it is "positive" we speak of an "infection", but this interpretation is scientifically inadmissible, as we will explain in detail below. The entire pandemic narrative is based solely on this test procedure. Without the RT-PCR test, the "pandemic" would never have got underway and would probably not even have been noticed.

The majority of the population actually knows absolutely nothing about the current "corona test". Maintaining this ignorance may be the intention, or at least it is accepted by politicians and the media - one clearly refrains from explaining the procedure to people in a way that is at least reasonably comprehensible. If the population were to understand this test, the "pandemic" would be over within the hour, so education is sorely needed. Not that many doctors, journalists with professional ethics and real scientists have not tried this yet - but it is obviously still not enough.

The PCR test is a genetic engineering method developed by biochemist Kary Mulis in 1983. Mulis was awarded the Nobel Prize for it in 1993. PCR stands for "Polymerase Chain Reaction", the "RT" in front stands for "Reverse Transcript". To understand the procedure, it is not necessary to go into the depths of genetic engineering - in short, the test principle involves the use of a genetic "template" consisting of two so-called "primers". This template is the counterpart of a very short gene sequence of the viral genome that is being sought. It is important to note that the test does not look for the complete genome of the virus, only for the short snippets.

If the template finds its corresponding counterpart, i.e. the short gene sequence to which it is calibrated, it docks onto it and makes copies of it. The copying process is controlled by enzymes and temperature cycles. Each cycle causes a doubling of the material found. An exponential multiplication takes place. After 30 cycles, for example, the amount of 2^{+229} gene snippets was produced from one gene snippet. At some point, after 30, 35, 40 or even more cycles, there is enough duplicated material available that it can be made visible by a staining test.

This test procedure is extremely problematic if it is to be used to detect a viral infection, as it is not suitable for this purpose. Kary Mulis himself says about the method he has developed that quantitative virus detection with this method would be a contradiction in terms. In fact, the manufacturers of PCR test kits explicitly explicitly point out in their product descriptions that the method is not suitable for diagnostic purposes. This is not just a single problem, but a whole chain of problems:

1. The RT-PCR test only looks for a tiny gene sequence of the suspected target virus. However, for this to work, this small gene sequence would have to be absolutely unique and typical of the virus being searched for, no other virus would have the same gene sequence anywhere in its genome. However, this cannot be ruled out, as we do not know all the individual representatives of, for example, the very extensive and largely harmless corona family. The prototype of all RT-PCR tests on the market was developed by Christian Drosten in Berlin. He started the test development already on 1 January 2020 - at that time there was barely an unconfirmed rumour in the social media about an alleged occurrence of seven Sars-infections in Wuhan, less than 48 hours before. As his own documentation shows, the test was calibrated to the gene sequences of various old viruses from the corona family (5). This means that the test cannot be expected to be exclusive to the allegedly new Sars-Cov-2, but will be positive for all strains with this arbitrarily chosen gene sequence. This fact has, moreover, been demonstrated by the INSTAND ring study. All the tests on the market show cross-positive reactions with other viruses, and in some cases also with animal viruses and influenza pathogens, as Drosten himself confirms. Consequently: In such cases there is no infection with Sars-Cov-2.
2. A positive RT-PCR test detects only the presence of this one gene snippet, not the complete virus genome. Viruses that come into contact with our body are regularly recognised and destroyed by the immune system. Viruses that are found in aerosols in the air or on surfaces are destroyed by UV light, chemicals (disinfectants), temperature and oxidation. Most of the foreign genetic material in, on or around our body consists of the remains of destroyed foreign organisms and viruses. Of the many millions of viruses that are released around us every second, only a handful survive long enough to find a new host. If a positive RT-PCR test is performed, it cannot be ruled out that it has only found an artefact of a virus that has already been destroyed. Consequently, in such cases there is no infection with sars-cov-2.

3. Even if an RT-PCR test turns out positive because it discovered the complete genome of Sars-Cov-2, this does not indicate an actual infection. It does not even say anything about the actual presence of the whole virus. If a person's whole genome is detectable in a glass of water, it does not mean that the person is actually in that glass. An active virus consists of genome and envelope, both must be intact by the way. For an infection to occur, millions of active viruses must multiply in the body. However, since the RT-PCR test is ultra-sensitive and detects even absurdly low amounts of genetic material that are completely insufficient to trigger an infection, a positive test is still not conclusive with regard to a possible infection, even if the material found does indeed originate from the active target virus. Consequently, in such cases there is still no infection with Sars-Cov-2.
4. The RT-PCR procedure is not a binary test, it does not have a clear positive or negative result. The test procedure is a threshold test, the threshold value is given as Ct value (Cycle Threshold). This value indicates how many doubling cycles should be carried out until the colouring test can be considered positive or negative. There is no scientific basis for the Ct-value and there is no specification, it is arbitrary. Every manufacturer and every laboratory determines the Ct value as they wish. Drosten recommends a Ct-value of 45 for his test. In 45 doubling cycles 17,592,186,186,044,416 copies are made from one gene snippet - that means only when the genetic material found was multiplied by the insane factor of 17.6 trillion is it detectable. In addition, with each doubling cycle the risk increases that even the tiniest errors or impurities are amplified absurdly and then produce a false positive result. Even absolutely virus-free samples tested positive in the "Instand" ring study with up to 1.4 percent. With the usual tests, a rate of 0.5 to 2 percent of false positive results is assumed even by manufacturers. With more than a million tests per week, this leads to a huge amount of false positives. There is evidence that the Ct value of 45 is far too high. From a Ct value of around 30, it was no longer possible to successfully cultivate virus strains in cell cultures. This means that with such small amounts of genetic material found, it must be assumed that no viruses capable of reproduction are present. An American study found that up to 90 percent of positive tests are highly unlikely to be infectious due to the Ct values that are set too high.
5. The RT-PCR test is an ultra-sensitive method. As it is able to detect even the slightest concentrations of nucleic acids, extreme demands are placed on the implementation of the procedure.. Even microscopically small contaminations make the patient's swab unusable, and even the slightest mistake during sampling, packaging, transport or in the laboratory will invalidate the test. Basically, all samples must be taken under sterile conditions by medical professionals, sealed, packed, stored and transported under the strictest conditions. Laboratories must be certified and each test must be double-checked. Of course this does not happen in the current orgy of testing. The very idea of setting up various test stations along motorways is grotesque and testifies to pure political activism. From a scientific point of view, it is utter nonsense. Not a single one of these tests is permissible according to current standards, the medical significance of these tests is zero.

The PCR process is originally a genetic engineering production method. It is not suitable for the detection of a complete virus, capable of reproduction since no conclusions about the pathogenic potential can be drawn from the test result. In principle, the test cannot diagnose an infection, since an infection requires not only the detection of a complete virus, but also its active replication in the host. The PCR method cannot make any statement about possible transmission either, because the prerequisite for transmission is a significant occurrence of infection.

The RT-PCR test is a demonic tool, because it claims to be a diagnostic instrument, contrary to the facts. Neither can the test make a valid statement about the presence of the alleged new coronavirus, and it certainly cannot diagnose infection with "Covid-19". "Covid-19" only exists because of the RT-PCR test, which assigns a completely fuzzily defined, clinically almost arbitrary symptom picture to an alleged virus. However, there are no studies worldwide that could prove a causality between a positive test and any specific disease.

With the same scientific validity, "Covid-19" could be assigned to the patient's eye colour. If the patient has blue eyes and coughs, it is "Covid-19", if their eyes are brown, grey or green, it isn't. It sounds absurd, and it is disturbingly so: Statistically, the available data even speak against causality, because the absolute majority of the alleged "positives" have not been and will not be ill, but the actual sick people show symptoms that are not uniform and are regularly triggered by all kinds of other pathogens and co-morbidities. The attribution of a disease to a positive RT-PCR test is therefore not scientifically tenable.

It should also be clearly emphasised that "the" PCR test does not exist. Instead, there are a large number of different tests; currently there are well over one hundred in use worldwide.

Some RT-PCR kits test two gene sequences simultaneously, some only test one, and this is not the same for all tests. France uses different tests than Germany, the USA uses different tests and so on. None of the tests used worldwide have been validated - that is to say, it has never been independently verified that the test actually does what it is supposed to do. Depending on which gene sequence of the suspected sars-cov-2 is tested, the test is more or less susceptible to cross-positive and therefore false results for other pathogens. According to the manufacturer, some tests react positively to influenza viruses - which of course makes the whole thing a complete farce.

Those are the real facts. From an empirical and strictly scientific point of view, the "pandemic" is on very thin ice. We have an extremely fragile virus theory. In addition, we have a provocatively vaguely defined theory of a supposedly new disease, the symptoms of which cannot be distinguished from normal flu infections and various other well-known syndromes. The connection between the two theories is arbitrarily constructed by a highly elastic "test", which, however, is neither suitable nor approved nor validated for this purpose and is known to be extremely prone to error.

It would be correct to emphatically point out this weak foundation to the propagators of this destructive narrative. They have been able to frighten us long enough with creative number games and genetic engineering sleight of hand, but this should finally come to an end.

Sources and notes:

(1) Study 1: Leo L. M. Poon; Malik Peiris, "Emergence of a novel human coronavirus threatening human health", Nature Medicine, March 2020.

(2) Study 2: Myung-Guk Han et al ii; "Identification of Coronavirus Isolated from a Patient in Korea with Covid-19", Osong Public Health and Research Perspectives, February 2020.

- (3) Study 3: Wan Beom Park et al ii, "Virus Isolation from the First Patient with Sars-Cov-2 in Korea", Journal of Korean Medical Science, February 24, 2020.
- (4) Study 4: Na Zhu et alii, "A Novel Coronavirus from Patients with Pneumonia in China", 2019, New England Journal of Medicine, February 20, 2020.
- (5) See Results.

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Original article <https://www.rubikon.news/artikel/auf-hauchdunnem-eis>
Above is an unofficial English translation