Destroying the Narrative: 40 Reasons Why a COVID-19 Pandemic Never Existed

Description

This is the crisis of my lifetime. Even before the pandemic hit, I realized that we were in a revolutionary moment where what would be impossible or even inconceivable in normal times had become not only possible, but probably absolutely necessary…We will not go back to where we were when the pandemic started. That is pretty certain…" – George Soros

The whole world is under the power of an evil spell. The specters of the past are rapidly converging across the globe and hurling us towards a true prison planet where authoritarian rule is commonplace.

None of this would have been possible without State of Emergency declarations being implemented in countries worldwide to stop the so-called coronavirus "pandemic." Authoritarian governments love emergency powers and executive orders because they provide cover to implement all manner of draconian dictates essentially destroying free speech, freedom of assembly, and freedom of the press all in the name of keeping people safe.

What if the pretext for declaring a pandemic and locking down billions of people was all just a ruse?

What if all that's happened over the past 18 months had nothing to do with a global health crisis?

What if many of the deaths attributed to COVID-19 could have stemmed from other causes?

What if the reason for declaring a pandemic was destroy the current world system and institute a "new normal" New World Order?

There is an abundance of evidence suggesting that the coronavirus "pandemic" is nothing but a global social engineering project meant to get people used to obeying mandates and dictates from local, state, federal, and even international powers.

The following statement from World Economic Forum leader **Klaus Schwab** seems to indicate there is indeed another purpose for the crisis:

If it can be proven that there was never a real pandemic, then all instituted measures including lockdowns, masking, social distancing, contact tracing, vaccination, and vaccine passports are totally unnecessary, unethical, unlawful, and must be stopped immediately!

There have been thousands of articles written about the devastating repercussions each one of these "safety" measures has wrought against humanity. This two-part article will tie together many facts that when considered together, will destroy the illusion that humanity ever faced a dire "pandemic." The list is in no particular order and links to source material are included for reference and further investigation.

Much of this research could not have been achieved without the work of so many independent journalists and alternative media outlets. Now, let's begin the journey and delve into the first twenty reasons why a COVID-19 pandemic never existed.

#1 – COVID-19 symptoms are largely indistinguishable from symptoms of other common illnesses.

The CDC's official list of COVID-19 symptoms do nothing to differentiate COVID-19 from illnesses such as influenza, the common cold, allergies, and pneumonia. Potentially, millions of people diagnosed with COVID-19 likely had one of these other illnesses.

#2 – Early test kits developed by the CDC were severely flawed.

A March 2020 article in *Business Insider* revealed CDC test kits could not distinguish between the coronavirus and water. The CDC had to recall over 32,000 test kits that had been shipped to state public health labs. In April 2020, CDC officials confirmed that COVID-19 test kits sent out to states in February **were tainted with the coronavirus.** It was determined that sloppy laboratory practices at two of three CDC labs

involved in the tests' creation led to contamination and uninterpretable results. Though it's said that the tests did not spread coronavirus to people, how do we know this for sure given the multitude of other lies that were told? If you think this was just an issue in the U.S., please see also here, here, and here.

#3 – The RT-PCR test used to diagnose COVID-19 is fraudulent.

The late Nobel Prize winning inventor **Kary Mullis** said that PCRs should *never be used for medical diagnosis*. The PCR test was never intended to diagnose illness from viruses and current versions cannot distinguish between different coronaviruses or other virus types. The test can only detect the presence of genetic material having a variety of origins. Positivity levels for COVID-19 depend largely on what cycle threshold tests are set for. Anything above 30-35 cycles is likely to produce false positive results. Dr. Anthony Fauci admitted this in an interview from July 2020. According to the New York Times, most U.S. labs set the cycle threshold at 40, meaning test results are highly likely to indicate false positive results.

The CDC is abandoning the current PCR test as of Dec. 31, 2021 citing that a new test will "facilitate detection and differentiation of SARS-CoV-2 and influenza viruses." This admission implies that the current PCR test cannot make these distinctions! The CDC even admitted that a positive PCR test result **does not necessarily indicate** that COVID-19 is the definitive cause of disease and may be other bacterial infections or co-infection with other viruses. See also here, here, and here.

#4 – Results from widespread PCR testing led to an increase in false positive "cases" giving the illusion of a pandemic.

After death rates were proven to be minimal, the fearmongering campaign focused on the rise of positive "cases"resulting from fraudulent PCR tests. Thousands and potentially millions of people tested positive for COVID-19 though they had no symptoms. Officials and the media were complicit in creating a **"casedemic"** where healthy people were told they were sick because of a positive test! See also here, here, here, here, here, and here.

#5 – The Delta and all other COVID-19 variants are a sham.

The current PCR test can't differentiate between SARS-CoV-2 and the "Delta" variant (or any variant for that matter). According to the Texas Department of Health and Human Services, "Detecting the Delta variant, or other variants, requires a special type of testing called genomic sequencing. Due to the volume of COVID-19 cases, sequencing is **not** performed on all viral samples. However, because the Delta variant now accounts for the majority of COVID-19 cases in the United States, there is a **strong likelihood** that a positive test result indicates infection with the Delta variant." (Emphasis added).

According to *Business Insider*, **you aren't legally allowed to know which variant gave you COVID-19 in the U.S., even if it's Delta.** Armed with these facts, how can there be an epidemic of "Delta" variant infections when the PCR test can't detect it and the required genomic sequencing tests aren't being performed and haven't yet been federally approved?

Finally, the supposed Delta variant is no deadlier than the original "SARS-Cov-2" strain. According to a Public Health England report (page 8) from June 18, 2021, the case fatality rate for the Delta variant was 0.1%, about the same rate as the flu.

#6 – Asymptomatic transmission is a myth.

Before the current state of scientific lunacy, you had to actually have symptoms to be diagnosed as being sick from a disease or virus. The COVID-19 "pandemic" turned things around 180 degrees where you could test positive for the virus, but never show any symptoms. A December 2020 study in the *Journal of the American Medical Association* (JAMA) revealed:

- **Symptomatic** people infect someone else in the house **18**% of the time.
- **Asymptomatic and pre-symptomatic** people only infected someone else **0.7%** of the time.

The study concluded that "these findings are consistent with other household studies reporting asymptomatic index cases as having **limited role** in household transmission." If it's virtually impossible to contract COVID-19 from someone without symptoms you live with, how is it possible to contract it from interacting with asymptomatic people in public places?

A study by Chinese researchers published by the NIHs National Center for Biotechnology Information (NCBI) revealed that none of the 455 individuals exposed to asymptomatic SARS-CoV-2 carriers for 4-5 days later tested positive for the disease. The study's conclusion states:

"In summary, all the 455 contacts were excluded from SARS-CoV-2 infection and we conclude that the infectivity of some asymptomatic SARS-CoV-2 carriers might be weak."

In June 2020, Dr. Maria Van Kerkhove, head of the WHO's Emerging Diseases and Zoonosis unit publicly stated that asymptomatic carriers very rarely transmit the coronavirus. As this admission began to make major news, Dr. Van Kerkhove and the WHO quickly backtracked, "reassuring" everyone that asymptomatic people can spread the virus. So, which is true? Perhaps the words of Dr. Anthony Fauci (in one of the rare times he's told the truth) will help clear the confusion, see here. Case closed!

#7 – Over 80% of people who were diagnosed with COVID-19 and placed on ventilators died.

Last year Dr. Cameron Kyle-Sidell sparked controversy with a viral video stating that patients being put on ventilators were dying at an alarming rate. Data from China and NYC indicated that over 80% of people placed on ventilators died. *USA Today* ran a story stating that most COVID-19 patients put on ventilators die. A *Journal of the American Medical Association* study from April, 2020 revealed that 88% of New Yorkers placed on a ventilator did not survive. These examples prove that it was medical malpractice that killed thousands of people, not COVID-19.

#8 – Nursing homes and long-term care facilities comprised a large portion of COVID-19 deaths worldwide.

Many of the deaths that created the initial "pandemic" panic were elderly patients in nursing homes and long-term care facilities. In June 2020, *USA Today* documented 40,600 deaths among nursing home residents and believed this number to be an undercount. *The Atlantic* corroborated this total and also

pointed out that “state and federal officials seem to be doing little to protect the elderly from further devastation.” Former New York Governor Andrew Cuomo should have been held personally responsible for many of these deaths after issuing an executive order allowing COVID-19 positive and infectious patients to be moved to nursing homes for treatment. A May 2020 *Guardian* article revealed that “90% of the 3,700 people who have died from coronavirus in Sweden were over 70, and half were living in care homes.” In Belgium, more than half of coronavirus deaths were those in care homes. Spain and Italy also had similar numbers.

How many elderly patients truly died from COVID and not some other underlying cause like cancer? Even worse, how many may have been deliberately killed? A damning NHS document revealed that many nursing and care facility patients were potentially given a fatal dose of Midazolam, a drug used for sedation therapy in critically ill patients. See also here.

Were the elderly sacrificed to spark fear and create the illusion that death was imminent if one contracted COVID-19?

#9 – Some COVID-19 patients were denied life-saving medical treatments.

NYC hospitals (at one time the epicenter of the “pandemic” in the U.S.) issued “Do Not Resuscitate (DNR)” orders for dying coronavirus patients. Just as insidious, these DNR orders were also being recommended for those with disabilities. Being denied life-saving treatment goes against the Hippocratic Oath! See also here, here, here, and here.

#10 – Doctors and hospitals were paid more to diagnose patients with COVID-19.

The corruption in our health care system cannot be overstated. According to **S. Senator Dr. Scott Jensen**, hospitals were given $13,000 for every COVID-19 diagnosis (up from $5,000 for a typical lump sum payment) and $39,000 for every COVID-19 patient using a ventilator by the NIH. Even a *USA Today* fact check article verified that this was true. This is easily verifiable because the CARES Act authorized increased Medicare payments to hospitals treating COVID-19 victims. Dr. Jensen, who would not go along with the scam was threatened with having his medical license revoked for exposing this truth. In August 2020, former CDC Director Robert Redfield also admitted that hospitals have a monetary incentive to overcount coronavirus deaths.

#11 – The CDC dishonestly mixed in mortality data from pneumonia, influenza or COVID-19 (PIC) to tally death rates.

This overt data manipulation does not present an accurate picture of the death rate for COVID-19 alone. Further evidence can be found in the fact that the flu virtually disappeared. How is this possible? According to a *Healthline*report, “the flu has resulted in 3 million to 49 million illnesseseach year in the United States since 2010. Each year, on average, five to 20 percent of the United States population gets the flu.” Creating the PIC category allowed the CDC to hide the flu and relabel it as COVID-19! See also here and here.

#12 – COVID-19 death numbers were inflated.

A CDC memo dated March 24, 2020 from Steven Schwartz, PhD and Director – Division of Vital Statistics advised coroners and medical examiners to report COVID-19 fatalities for those who **did not**

receive a positive test result as long as it was **assumed** it caused or contributed to the death.

Montana physician Dr. Annie Bukacek, said *"The CDC counts both true COVID-19 cases and speculative guesses of COVID-19 the same. They call it death by COVID-19. They automatically overestimate the real death numbers, by their own admission."*

Dr. Deborah Birx stated that if someone died after testing positive for COVID-19, the death will be counted as COVID-19 even if they died from other causes.

A report showed up to 88% of Italy's alleged COVID-19 deaths could have been misattributed.

In April 2020, CDC began counting coronavirus cases and deaths not confirmed by lab testing, allowing numbers to be falsely inflated. A *U.S. News & World Report* article stated that as a result in the change in guidance from the CDC, "There was already a big rise in New York City, where officials this week started counting people who had never tested positive for the coronavirus. That caused the city's death count to jump by more than 3,700 on Tuesday."

COVID-19 deaths have been greatly exaggerated from the outset. The CDC has admitted that people who have died from "COVID-19" have had an average of **4 comorbidities,** including conditions such as heart failure, diabetes, and cancer. Doesn't it make sense that one or a combination of these other health conditions led to their death?

Comorbidities and other conditions

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). The number of deaths that mention one or more of the conditions indicated is shown for all deaths involving COVID-19 and by age groups. For over 5% of these deaths, COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death. For data on deaths involving COVID-19 by time-period, jurisdiction, and other health conditions, Click here to download .

The CDC data also reveals that only over 5% of deaths recorded on official death certificates were attributed solely to COVID-19 as of Sept. 5, 2021. This means that around **95%** of recorded deaths were **not** from COVID-19! See also here, here, here, here, here, here, here, here, here, and here.

Project Veritas exposed the accounts of several directors and workers at New York funeral homes, who admitted that COVID-19 was being written on the death certificate (when it was not the true cause of death) for political and monetary reasons.

The real death rate published by the CDC back in May 2020 is .004% for all ages. This indicates that the survival rate is 99.96% according to their current best estimate at the time. The breakdown is as follows:

- 0-49: 0.0005
- 50-64: 0.002
- 65+: 0.013
- Overall: 0.04

The overall survival rate jumped to 99.98% as indicated in the September 10 version of this data. As of this date, the current best estimate for death rates in all age groups was further defined as:

- 0-19 years: 0.00003
- 20-49 years: 0.0002
- 50-69 years: 0.005
- 70+ years: 0.054
- Overall: 0.02

#13 – Excess deaths in 2020 were beyond those explainable by COVID-19.

In a March 2021 study, *JAMA* concluded that "the provisional leading cause-of-death rankings for 2020 indicate that **COVID-19 was *the third* leading cause of death in the U.S. behind heart disease and cancer**." So, with all of the hype and hoopla about a pandemic, more people died from heart disease and cancer as is typical of any other year.

In an article from the *BMJ*, Dr. John Ioannidis indicated there were several other causes for excess deaths stating, *"Under lockdown conditions many patients with acute, treatable conditions (such as coronary syndromes) avoid seeking care. This disruption may be seen in the excess deaths accruing so far in the COVID-19 lockdown. Patients with cancer whose treatment is delayed have worse outcomes. And when patients avoid hospitals many health systems suffer financially, furlough personnel, and cut services. COVID-19 overwhelmed a few dozen hospitals, but COVID-19 Countermeasures have already jeopardized thousands of them."*

The Center for Evidence Based Medicine came to the conclusion that "the total amount of excess mortality [attributed to COVID-19] will also depend on the age structure of a population. **Countries with age structures weighted towards an older population will experience higher mortality than a country with an age structure weighted towards a younger population."**

In June 2020, a study revealed that nearly one-third of excess deaths in the early stages of the coronavirus pandemic in the United States were linked to causes other than COVID-19. Study author Dr. Steven Woolf stated, *"People who never had the virus may have died from other causes because of the spillover effects of the pandemic, such as delayed medical care, economic hardship or emotional distress."*

Official figures showed there were 2,703 excess deaths across England and Wales as of September 2020, but coronavirus was **not even in the top 10 leading causes of fatality**. The leading cause of death in September for both countries was dementia and Alzheimer's disease.

And finally, an article published on Nov. 22 in *The Johns Hopkins Newsletter* (but deleted a few days later) revealed some startling information about COVID-19 death rates including:

- There is no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers
- The total decrease in deaths by other causes almost exactly equals the increase in deaths by COVID-19
- Deaths due to heart diseases, respiratory diseases, influenza and pneumonia may instead be

recategorized as being due to COVID-19
- The CDC classified all deaths that are related to COVID-19 simply as COVID-19 deaths. Even patients dying from other underlying diseases but are infected with COVID-19 count as COVID-19 deaths.

The original article was retracted with an editor's note on Nov. 27 and made available by PDF.

#14 – In 2009, the corrupt World Health Organization (WHO) changed the definition of a pandemic.

The WHO altered the pandemic definition by deleting "severity of illness" and focusing on the number of cases rather than the number of deaths. Some WHO scientists responsible for creating pandemic policies were being paid by the very pharmaceutical companies creating the vaccines and antivirals that would be used if a pandemic was declared.

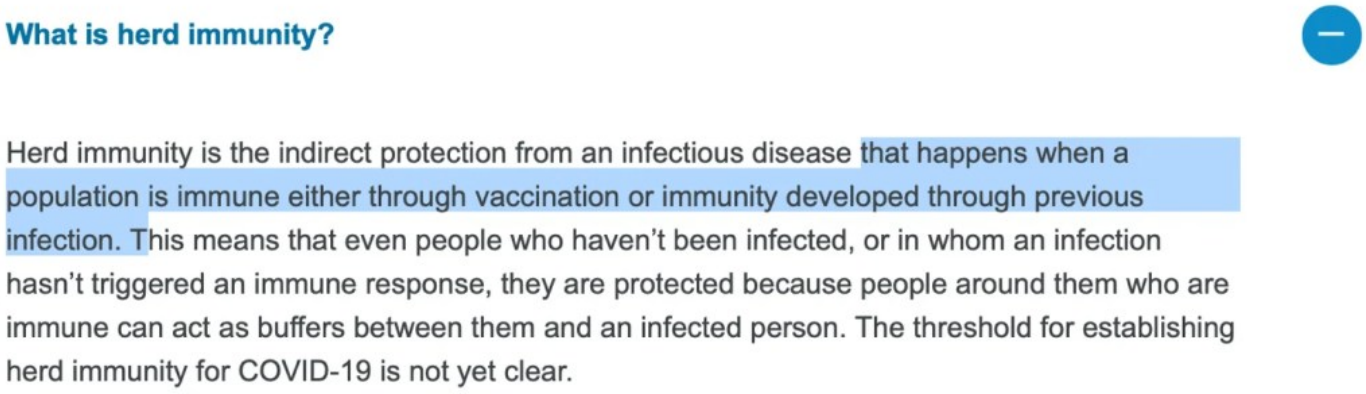
The 2009 pandemic definition.

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with **enormous numbers of deaths** and illness.

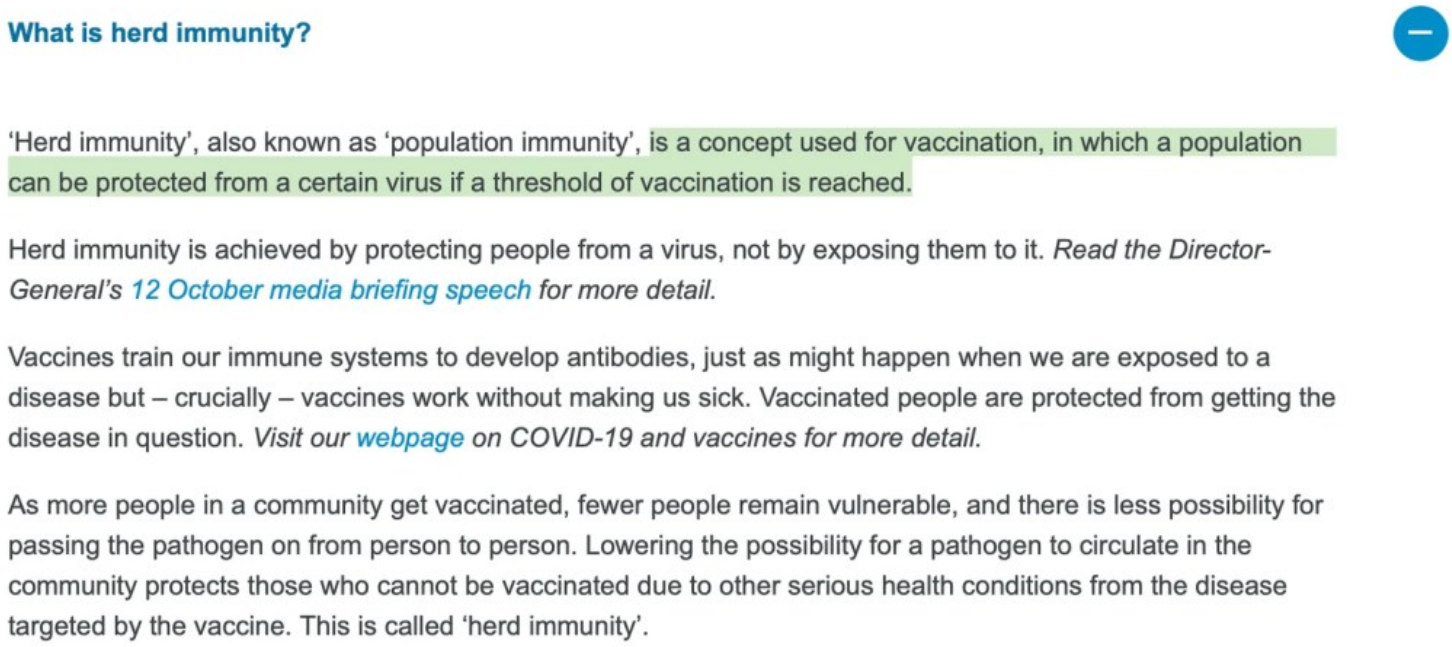
See also here, here, here, here, here, and here.

#15 – WHO deleted the references to naturally acquired immunity from its website.

Once known as a basic staple in virology, the definition of herd immunity, also called naturally acquired immunity, was completely redefined by the WHO in a matter of months. No longer did natural immunity mean that a person could be protected from a viral infection because of previous exposure ***or*** vaccination; the new definition *only emphasized protection from vaccination*! The new definition serves to benefit vaccine makers and pigeonholes humanity into seeking protection from vaccines only. See here, here, and here.



Previous WHO definition of Herd Immunity



What is herd immunity?

'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. *Read the Director-General's 12 October media briefing speech for more detail.*

Vaccines train our immune systems to develop antibodies, just as might happen when we are exposed to a disease but – crucially – vaccines work without making us sick. Vaccinated people are protected from getting the disease in question. *Visit our webpage on COVID-19 and vaccines for more detail.*

As more people in a community get vaccinated, fewer people remain vulnerable, and there is less possibility for passing the pathogen on from person to person. Lowering the possibility for a pathogen to circulate in the community protects those who cannot be vaccinated due to other serious health conditions from the disease targeted by the vaccine. This is called 'herd immunity'.

Current WHO definition of Herd Immunity

#16 – WHO Director General Dr. Tedros Adhanom Ghebreyesus, the person who declared a worldwide pandemic on March 11, 2020, is not even a medical doctor!

#17 – WHO, CDC, and many public health officials confirmed COVID-19 is no more dangerous than the flu.

During a special session of the WHO's 34-member executive board on October 5, 2020, WHO officials (inadvertently) revealed that 10% of the world population had been infected with coronavirus. This totaled to about 780 million cases. At the time, the global death toll attributed to COVID-19 was 1,061,539. This would equate to a fatality rate of 0.14%, about the same rate as seasonal flu deaths.

On January 31, 2020, *Time* published an article entitled "Want to Protect Yourself from Coronavirus? Do the Same Things You Do Every Winter" in which the author wrote, *"While 2019-nCoV has never been seen before, it's part of a family of viruses that are well-known both to doctors and the public; the common cold, for example, can be caused by certain coronaviruses. And while influenza is not a coronavirus, it isn't so different from 2019-nCoV, either… The things we take for granted actually do work. It doesn't matter what the virus is. The routine things work."*

On February 1, 2020, *USA Today* published an article entitled "Coronavirus is scary, but the flu is deadlier, more widespread" in which the author stated, "So far, there have been an estimated 19 million cases of flu, 180,000 hospitalizations and 10,000 deaths in the U.S. this influenza season – including 68 children."

Dr. Anthony Fauci and former CDC Director Robert Redfield stated, "*the overall clinical consequences of COVID-19 may ultimately be more akin to those of* ***a severe seasonal influenza*** *(which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively"*

in a published statement by the *New England Journal of Medicine* on February 28, 2020.

As early as March 19, 2020, Public Health England (PHE) downgraded COVID-19 from the status of a High Consequence Infectious Disease (HCID). This is significant because according to the definition of a HCID, COVID-19 was not acutely infectious, did not typically have a high case fatality rate, or require an enhanced individual, population and system response to ensure it was managed effectively, efficiently and safely.

During a press conference on April 30, 2020, British Chief Medical Officer Chris Witty, stated, *"the great majority of people will not die from this… Of those who get symptoms, the great majority, probably 80%, will have a mild or moderate disease. Might be bad enough for them to have to go to bed for a few days, not bad enough for them to have to go to the doctor."*

One could argue that these statements were made early on before the COVID fatality rate was properly understood. However, the death rate has remained consistent throughout the entire "pandemic" and proves that it has always been more flu like than anything else.

#18 – Predictions based on *false* pandemic models led to lockdowns and harsh measures to "stop the spread" of the "virus."

On March 16, 2020 the Bill Gates' funded Imperial College of London model predicted 2 million U.S. deaths and 510,000 in the U.K. In May 2020, this prediction went up in smoke as the mathematical code was deemed sh*tcode. Neil Ferguson, the author of the code/report resigned his position as it was revealed he violated the lockdown by having his married lover visit his home. Governments around the world including the U.S. used this fake computer model to justify strict lockdowns that caused extreme economic hardship, depression, unemployment, and "unintended" negative medical consequences.

#19 – Deborah Birx, former White House Coronavirus Response Coordinator, backed another fraudulent coronavirus model.

The IHME (Institute for Health Metrics and Evaluation) coronavirus model (also funded by Bill Gates) used data from New York and New Jersey (where some of the heaviest concentration of COVID-19 cases were occurring at the time) and applied it to the rest of the U.S., creating a completely false and unrealistic outcome. This prediction was used to further instill fear that death tolls and hospitalizations would drastically rise, further justifying the continuation of lockdowns.

The same IHME predicted that up to 2,800 daily deaths within 11 days and a final death total as high as 75,000 would occur if Sweden didn't enact strict social distancing measures. For Sweden, the daily death peak was actually 75% lower than the baseline prediction and 96% lower than the worst-case prediction.

#20 – The SARS-CoV-2 virus has never been isolated, only sequenced by a computer.

No government or health agency has proof SARS-CoV-2 exists. FOIA requests from CDC reveal thisto be true (FOIA request **#21-01075-FOIA).** Dr. Andrew Kaufman, Dr. Thomas Cowan, and Sally Fallon Morell have gone on record stating "the SARS-CoV-2 virus has *never* been isolated or purified. As a result, no confirmation of the virus' existence can be found." See also here, here and here, and here.

It's a global scheme, we've been had!

There is no doubt that there was sickness and death occurring throughout the past 18 months that *seemed* to defy the norm. But can all it be attributed to a virus that in the eyes of many scientists and medical professionals cannot even be proven to exist?

By Jesse Smith

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