

There is another story, one based on science, not media.  
Why I don't think you should be so afraid.

mm

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This is getting tiresome. Anybody out there?

Ever since 2002, we've archived newsletters chronicling all the Boutique Epidemics:

[Swine Flu](#) in 2002

[Avian Flu](#) in 2006

**SARS**

[Ebola](#) in 2014

the fake [Disney measles](#) campaign of 2015

[ZIKA](#) in 2016

the fake [flu "epidemic"](#) of 2018 the non-existent [measles outbreak](#) of 2019, to name a few. Check [Newsletter Archive](#). Remember?

Boutique means made to order, manufactured, evanescent, etc. We showed how each one of these false epidemics followed precisely the same blueprint:

- 1. Claim a disease threat from a new bug, in an exotic location**
- 2. Instill worldwide panic with unrelenting media**
- 3. Offer a medical solution, usually a vaccine**
- 4. Spend the money**
- 5. The threat disappears never to be heard of again**

We predicted the last 3 of these Boutique Epidemics in your text ***Vaccination Is not Immunization.*** [\[7\]](#)

So the coronavirus came as no surprise. It's right on schedule – epidemics are now an annual event. This one fits the first 3 criteria right off the bat. With coronavirus we had an ally. China dreamed up the unverifiable story that what – there's a brand new virus that suddenly appeared in Wuhan province and it's spreading like wildfire, etc. [\[9\]](#)

It was the usual promo package for any made-to-order epidemic - started out with a few people who were supposedly getting flu-like symptoms in Wuhan province. There's your exotic location. Supposedly it was a novel virus from the beginning, even though no testing was done.

Everybody who got sick with anything was classed immediately under the sexy new heading coronavirus, even though there are some 500 strains found in Man. Most are harmless. And there wasn't even a name for the new strain until January 10, 2020, when they came up with (2019-nCoV).

Got that? They knew they couldn't get away for long calling it coronavirus since that's a family of over 500 strains. So they needed a name. The editable wiki states that from the very beginning, back in December, the new virus was recognized as a brand new strain even though they didn't begin to claim that all these cases had the same disease until a month later! [8]

So it took a month for the coronavirus strain even to be named. That left 2 problems:

1. how were original patients tested for a common virus?
2. what about all the hundreds of cases that had already been counted and **recovered**? Who knows what microbe had caused their illness. Did they call back when they were fine? Were they tracked?

The point is, once on the list, you never get off the list. Makes the epidemic look like it's exploding worldwide. So we're supposed to believe that this virus they just named last month had suddenly decided to introduce itself into a million years of primate evolution, right now. And is causing a global pandemic, like the Black Death...

How are they counting cases of coronavirus? Standard for the creation of any Boutique Epidemic is the tried and true diagnosis **by symptoms only**. This way people will get on the list of the "epidemic" just by a phone call. No exam. No lab. No test. I'm sick – OK you're in. So how could we know that all these people had the same virus? **We couldn't. We didn't. We still don't.**

Second, when creating an epidemic, numbers are critical. Again, one of the rules is **never discuss the ones who recover**. Never mention them again. Remember the **49 cases in Wuhan** at the beginning of the media blitz? Guess how many of them recovered? **All of them**. According to the Chinese scientists. [4]

So all the scripted media we've seen since December with all their numbers, talking about the "spread" of the "disease" -- it's unproven market promotion. Everybody forgot that the real coronavirus is a mild and self-limiting illness, just like a cold or the flu. **It's not a serious disease**. 99.99% of people get better after a few days. And with natural immunity thereafter.

But inconsequential details like these are swept aside when there's an Epidemic to be conjured up. Corporate media obediently snapped to, counting every suspected case, adding to the grand total – the tested, the untested, the sick, the recovered, the phone-ins, the bystanders, the in-laws, those with colds and flu..... Come on down. Grand total and rising. One pandemic to go please – with extra cheese. [1]

Here's another problem. Tests for influenza are called **RIDTs** - Rapid influenza diagnostic tests. They infer the presence of flu antigens by identifying **antibodies**. Antibodies, you'll remember, are the part of your immune system that identifies and neutralizes viral antigens.

Traditionally, since the 1800s, the presence of antibodies has always meant that your body is successfully **fighting** a virus, or else that the battle is over and you won. Then about 15 years ago a paradigm shift occurred – a marketing paradigm.

Since the advent of the Boutique Epidemics, if any antibodies are found in the patient, suddenly that means he is one of "the **infected**" and is in dire straits, etc. . Even if he's already better. No media is allowed to mention this little trick... The same goes for the coronavirus "tests."

As Jon Rapaport points out [3], Wuhan is one of the most polluted cities in China – which is saying something. China has the worst air in the world. Not many months ago, thousands of people filled the streets of Wuhan in protest against the ungodly amounts of air pollution that were causing so much lung disease. Let's see – what's the primary symptom of coronavirus? [2]

The traveling medicine show continues. Now China is claiming it can come up with a vaccine in 90 days! That's impossible. It takes years to create a new vaccine, even though **vaccines are the only class of pharmaceuticals that do not require proof of safety and efficacy before they're approved**. Even with that, 90 days for a global vaccine is ludicrous. Want to be part of that experiment? Step right up.

**CDC** is the regulator of the vaccine industry. But they're also the major player. [6] Of their **\$11B** annual budget they spend almost **\$5B** buying vaccines. Who is the CDC relying upon to conjure up this new elixir? **Inovio**, the company who's actually making this 90 day vaccine, is owned by **CEPI** – a global corporation. CEPI is funded by whom? Wait for it. **Bill Gates**, whose foundation has invested billions in other chimerical vaccines, including AIDS, which he's never delivered. [5]

**Inovio's** stock skyrocketed last week after getting a **\$9 million boost** - in addition to the **\$56 million** it already received from CEPI.

Bill Gates is currently being sued by the Supreme Court of India for the deaths of young girls who were forced to take his HPV vaccine without consent.

You have to go to UK and European newspapers to learn about it. [10] American media's censorship against open discussion of vaccine science is now practically airtight, and includes Facebook, YouTube, wiki, and now Google. Try searching for "vaccine dangers."

Polarized pop media has successfully resurrected the defunct **Germ Theory**, that was exploded decades ago. Common sense comes last. If you get a cold or the flu, you've run down your immune system. Overwork, overeating, lifestyle, etc. The only way that can resolve is to support the immune system. How? Rest, hydration, detox, stop working, get adjusted. Then your own body will cure you. There are no drugs or vaccines that cure viral illnesses, no matter what you read in everyday media or wikigooglopedia.

So here's what's going to happen. Same thing that always happens. Nothing. As soon as the vaccine is fully funded, the whole coronavirus "epidemic" will vanish from our radar and we'll never hear of it again. How do we know that? Because the same thing just happened **10 times since 2002** with the other Boutique Epidemics, above. It's a proven business model, and it works. Generates billions every time - they can resist anything but temptation.

Once that happens, bank tellers will stop wearing masks, and you won't have to wash your hands before you pump gas any more. Just watch!

Why doesn't everybody notice this recurrent pattern? With all the vital issues we have to worry about in the world today, coronavirus certainly isn't one of them. Threat from coronavirus? Of the 500 strains, they're all benign in mammals, except very rarely - in the extremely immune-suppressed - when one of the strains might gain an ascendancy. For which there's no evidence in the present 'epidemic.' These days, there is no threat, except perhaps from the experimental vaccine they're about to bring to your local drugstore.

Now go back to the top and look at it again. Don't speedscan like the first time. Then stop talking about it and stop watching the bubbleheaded newsreaders reading their teleprompters. No Boutique Epidemics without audience participation.

You really think they care if you live or die?

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### Know The Facts

Every year, the Centers for Disease Control and Prevention (CDC) and pharmaceutical companies mount an aggressive campaign in the mainstream media to persuade Americans to get their flu shots. Flu shots are big business: industry analysts estimate that within the next five years, the U.S. flu vaccine market will be worth approximately [\\$7.5 billion annually](#), up from \$5 billion in 2018.

The CDC has advised the industry to hike demand through the use of a "recipe" of messaging to get your flu shot now through advertisements that include "...statements of alarm by public health authorities...prediction of dire outcomes from influenza...continued reports that influenza is causing severe illness affecting lots of people...repeated urging of influenza vaccination..." that bombard consumers.

Roughly half of the [claims compensated in the NVICP](#) (6,883 claims) have been for influenza vaccine injuries. The total compensation to date (paid for by consumers) is over \$4.2 billion. As the Vaccine Adverse Event Reporting System (VAERS), a voluntary surveillance system, is acknowledged by the government to capture as little as one percent of actual adverse events, the flu vaccine injuries and deaths could be as high as 320,000.

The following are Children's Health Defense articles and video, chart showing Thimerosal in the flu vaccine supply, and peer-reviewed published references:

#### Articles by Children's Health Defense:

- [How the CDC Uses Fear to Increase Demand for Flu Vaccines](#)
- [The CDC's Influenza Math Doesn't Add Up: Exaggerating the Death Toll to Sell Flu Shots](#)
- [The New York Times vs. the Science on the Flu Shot](#)
- [Smokin' New Technology to Produce Flu Vaccines](#)
- [Caveat Emptor: Science vs. CDC on Scary Flu Shot Promotions](#)
- [Just How Many Shots are on the CDC Schedule?](#)
- [Nurses Continue to be Justified in Refusing Mandatory Flu Shots](#)
- [CDC Study Shows Up to 7.7 Times the Risk of Miscarriage After Influenza Vaccine](#)
- [Flu Shots During Pregnancy & Autism: Cause for Concern](#)
- [Should I Get the Flu Shot? CDC Data Raise Concerns](#)

- [It's Time to Pay Real Attention to Children's Health](#)
- [Unvaccinated Children Have Much Lower Rates of Chronic Illness](#)
- [Flu Vaccines in Pregnancy and Childhood: What You Need to Know](#)

Robert F. Kennedy Jr.  
Children's Health Defense

<https://childrenshealthdefense.org/>

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Remember you read this here in early March. Dr Tim O'Shea.

For those addicted to the everyday Kool-Aid of corporate tabloid media at CNN, *Washington Post*, *NY Times*, *Yahoo News*, etc. you're in for a big surprise. Last month's newsletter dealt with the historical context of our newest **Boutique Epidemic**. This month we'll cover why this phantasm is being kept alive, in the absence of scientific evidence. And why it's about to vanish. Don't have to be much of a fortuneteller to see all the usual signs falling into place:

- The fading of the illness despite desperate attempts by tabloid media to keep it alive.
- **The lack of legitimate testing proving patients actually all have the same disease**
- The recent funding, which always signals the end of any Boutique Epidemic (**\$8B**) [6]

#### **FOX LIVE 29 FEB**

Last Saturday, 29 Feb, President Trump, Mike Pence, Alex Azar, and Toni Fauci held a press conference, carried live on Fox. [5] If you didn't watch that show, you're not really interested in coronavirus. The first thing we learned is that at present there are only **22 cases** of the "novel" virus in the entire United States. Let that fact sink in. Out of almost 350 million people.

#### **ACKNOWLEDGING THE CURED**

That was the very first time a major news channel acknowledged that coronavirus wasn't a very serious disease, because the majority of cases recovered completely in a couple of weeks. Just like the flu. And the cured should then be **deducted from** the statistics. No one else does that.

Virtually every other story in all media for the past three months anywhere in the world simply piles the cases up, week after week, continuing to **add to a growing list**, making no allowance for patients that are no longer sick. Which is 99.9% of them.

This has been a brand new media trick with this particular Boutique Epidemic – disregarding the cured. A tipoff to the underlying agenda. Result: it looks as though numbers are increasing out of control and it's a growing global epidemic.

This deliberately misleading tactic explains why reported numbers for coronavirus are all over the map, depending on the source. The whole tone of that Saturday's Fox press conference was in stark contrast to everyday news reports on coronavirus, since it all began. Did you notice that? It was night and day.

For once here were some very informed people – heads of HHS, NIH, the President – all saying the same thing – that Americans should go back to work and not worry about it, that the risk in this country was minimal. Seriously, do you even know of one person with coronavirus?

Their mood was the polar opposite of all other media stories. Across the board the four speakers were very measured, calm, and consistent with the facts. [5]. They all agreed that even though there may be more cases appearing, for the most part it's not a serious threat to public health. Mainly because, except in the cases of the debilitated, it's no more serious a disease than the flu.

### **RE-CATEGORIZATION?**

No more serious than the flu? How about this: What if all these new cases really are nothing but the flu? Just the **normal seasonal flu**. Why not? There's really no solid evidence to support otherwise.

This technique of re-categorization is nothing new. It was used successfully in most of the recent Boutique Epidemics, reported in the February newsletter [8] Oh no, you say this is a brand new virus, a "novel" virus. Really? Prove it.

Coronavirus and its 500 mostly harmless strains have been known for decades. The identification process for "new" **COVID** (or 2019-nCoV) virus has been ludicrously inconsistent from the very beginning. At every level – federal, state, local. For the first month, the viral strain was not even identified. So anybody who got sick with anything was likely to be included, with no testing at all. **By symptoms only**. That was to create a news story. There was the preconceived agenda. Then in January, when they finally decided to say it was a new strain that was infecting everybody, that's when they named it **2019-nCoV**, in which **n** stands for **novel**, lest anyone forget we're claiming this is a brand new bug. But then politics took over and somebody decided they didn't like that name. So voila – **COVID**. Politics eclipses science.

### **THE SCIENCE OF TESTING**

Now for the bad news. What is the test they claim to use to identify this new bug in a patient? The test is called **PCR**. This is the classic **polymerase chain reaction** test, invented in the 80s by Dr Kary Mullis. In 40 years doctors have never come up with any test more accurate than this very flawed, theoretical estimate of microbial activity.

- The test produces loads of false positives, often failing to measure anything at all.
- No one is more critical of the test's reliability than the inventor himself.
- **Dr Kary Mullis**, who won the Nobel prize for inventing PCR to detect HIV, [9] explains its limitations—why the PCR is not especially diagnostic, for HIV or for anything else:

**"Quantitative PCR is an oxymoron. PCR is intended to identify substances qualitatively, but by its very nature is unsuited for estimating numbers. Although there is a common misimpression that the viral-load tests actually count the number of viruses in the blood, these tests cannot detect free, infectious viruses at all; they can only detect proteins that are believed, in some cases wrongly, to be unique to HIV.**

**"The tests can detect genetic sequences of viruses, but not viruses themselves."** [9]

Can't identify viruses? Then how do we know all these people have the same disease, let alone the same **novel** disease? This means that with all these people who have supposedly been PCR tested for COVID, there is still no conclusive diagnostic evidence that they have any coronaviruses at all. Let alone the same virus. According to the inventor of the primary diagnostic test. (Mullis's testimony about the limits of PCR actually helped acquit OJ. Though Johnny didn't seem to need much help there, did he?)

### **LIMITS OF POLYMERASE CHAIN REACTION TEST**

PCR is not a test that isolates, identifies, or even detects any particular virus. If you're sick and have some viral fragments, the PCR test just amplifies those sequences millions of times, from the sample. For the more scientifically minded, here's a source that's a review of the literature on the weakness and



unreliability of the polymerase chain reaction: [ *Regulatory Concern of PCR* [2] Yet the **PCR test remains the standard** that is cited by all corporate media as the means for diagnosing **coronavirus** all over the world.

A little research shows us that any association with viral disease from PCR is just a theory at best – just an estimate. Nothing like an exact science that says definitively Ebola or HIV virus or coronavirus is present in this patient. Which is what everyday media and everyday science is pretending with coronavirus, pounding it into their indiscriminating readers’ heads, week after week.

But wait. The false science gets much worse than that. There’s no evidence the PCR test is even being used at all!

### **CALIFORNIA “OUTBREAK”**

A few days after the Fox Live press conference, corporate media reported **4 new cases** of COVID in the Bay area. This was predicted by the Fox Live conference. But there’s nothing to be worried about – no more serious than the flu.

Then corporate news hysteria ramped up yet another notch, trying to make something out of nothing. Santa Clara County’s scoreboard on its website amplified the seriousness of the four cases beyond all reason. A few days later, it was up to 20 “**confirmed**” cases, just in Santa Clara County. [3] Confirmed how? They don’t say. Nobody knows.

At the same time another site - the California Dept. of Health - was suddenly claiming **60 cases** statewide. [4] That’s **3x** as many cases as in the entire country just a few days earlier. How is that possible?

That’s when it hit me. How could one county in California suddenly have 3x as many cases as the entire United States after just a few days? It couldn’t. The answer is: there are simply **no standard criteria for counting cases**. Plus, there was an agenda across the board to magnify the seriousness of the “epidemic” by making the most provocative, groundless predictions for the near future. [7]. But always with the requisite assurance that “Santa Clara County is doing everything possible to manage and limit the outbreak...” The standard bureaucrat slogan, from sea to shining sea...

### **FUNDING: THE HOME STRETCH**

So what was going on here? Then I remembered. The **\$8 billion in funding** had just come through Congress. [6]. So that means one thing: every state and federal bureaucrat in the country is now scrambling for his fair share, before the whole illusion evaporates. As it is sure to do, very soon.

Funding – whether it’s for a vaccine, or just the illusion of “control” – funding is always the predictable death knell for every single Boutique Epidemic. [8]

The usual pattern is that media redoubles its efforts at maximum hysteria and grim prediction because they know it’s going to vanish very soon. Which we’re seeing right now, like this lame turkey from Yahoo news: “As the coronavirus spreads, one study predicts that even the best-case scenario is **15 million dead and a \$2.4 trillion** hit to global GDP.” [7]

For the next few weeks, get ready for more like this from the pre-hominids at the corporate tabloids. This explains the new tone of desperation in media, squeezing every last drop of urgency out of the media event before the Golden Goose flies away. And why more and more masks are appearing on the street and why there are shortages of bottled water, rice, etc., in most Bay Area supermarkets. In the absence of verifiable cases.

### **WHAT IF THERE’S NO CORONAVIRUS EPIDEMIC AT ALL: EXPERIMENT**

Hold on here. What if there is no epidemic, no new COVID disease at all, and no legitimate testing procedure for counting the “infected”? Let’s just make that hypothesis, and then try to disprove it.

I started out with a little **experiment**. First I called Santa Clara County health department, (408) 992-4900 and after 30 minutes finally got through to someone. I asked if Santa Clara County had any facility where

I could refer my patients who had the flu, where they could be tested to rule out coronavirus. The answer was unequivocal - No – **Santa Clara County has no testing facility for coronavirus.**

My next question was, well all these numbers of coronavirus cases on your website – where are they coming from if you have no testing facility? The representative told me that people had to go to their **individual practitioners**, at pulmonary clinics, etc. in order to be tested. And then these doctors would voluntarily inform the county so they could add the numbers to the scoreboard. OK, there's Brush-off #1.

### **ILLUSION OF TESTING – NO REAL MARKET**

My next question to the County was: what kind of testing are the doctors using at these clinics? Answer: we don't know. See where this is going, as we start down the bureaucratic rabbit hole?

So my next step was to call local MDs, especially pulmonary specialists in the Bay Area. After calling more than **50** of these offices, the answer was a resounding **No – 100% of the time**. No, we do not have any test that we can use to rule out coronavirus infection. Try it!

Pretty safe to assume that 50 is a sufficient number of clinics in the Bay Area to determine whether there's any clinic who offers PCR or any other test for coronavirus. My contention is that there are no practitioners who have such a test and therefore coronavirus screening tests are simply not available in Santa Clara County at all. And therefore we have no idea how many cases there are. Or if there are any at all.

If you then ask the clinic - Do you know anyone who does have the test – guess what they say. Take a guess. They'll tell you to call the Santa Clara County Dept. of Health – which is who told you to go to the individual clinics in the first place. There's Brushoff #2. See the game here?

Now why would all the pulmonary specialists in one of the most densely populated sections of the country have no interest whatsoever in screening people for a respiratory disease being hawked by all media as the most dangerous epidemic threat we've ever seen...? Some specialists! Obviously they're not taking it very seriously – not much faith in its virulence. Think about it - if this epidemic were real, would all these doctors ignore an entire market, this huge?

### **CONCLUSION AND HYPOTHESIS**

So a perfectly valid hypothesis might be this: **The County's online scoreboard is fraudulent**. There are no cases at all. These reported cases of so-called COVID are nonexistent because there is no available testing procedure in all of the Bay Area that can diagnose the disease – in an area with 5 million people.

And even if there were, the standard test cited in any medical reference for COVID is the **RT-PCR** test, for which we have seen above the evidence of its inherent inaccuracy and lack of scientific reliability.

By extrapolation then, it is fairly reasonable to say that the trickery and deception we see at work in one of the richest, most populous communities in the US is no different from what is going on everywhere else across the nation. Looks like it's all being orchestrated via the same corporate media stories.

What we've seen in the past few months may be nothing more than the standard **re-categorization** technique, traditionally used to conjure up new Boutique Epidemics, in the absence of any truly novel disease. [8] In every community, in every state, let's take a look at the annual numbers of people who got the flu, for the past 3 years. Guess what you'll find. No difference at all this year.

So what was this all about – what was the objective from the outset? The **\$8.3 billion** pork barrel for local, state and federal employees to squabble over. With media's increasing stranglehold and censorship of opposing information now in place, this particular Boutique Epidemic got a little carried away and had an excessive effect on the stock market, travel, and international trade.

But all that will soon normalize, as the phantom reluctantly leaves the opera, now that there's no more incentive for the show to go on. So stop worrying about it, buy your stocks back, and go about your business. It's all over but the shouting. With no more money - nothing to shout about.



What's next? Look for another Boutique Epidemic coming soon to your town, probably next year. They're now an annual event. Like Groundhog Day.

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Dr Tim O'Shea [www.thedoctorwithin.com](http://www.thedoctorwithin.com)

Themes:

[media](#)

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## Medical Testimony of Dr. Wodarg on the "Corona Panic"

I would like to tell you something about the coronavirus epidemic that we allegedly are having right now. First, I thought this hype is going to end again, but it has increased so much, and we finally have to start taking a closer look.

I worked as a doctor and conducted a health department. I had my own sentinel, my own monitoring system for [flu diseases](#). And every year I observed how many people became sick in an area of 150,000 inhabitants.

Every new year - worldwide - we have new types of viruses because the viruses have to change themselves. If the same viruses just came again in the next year, our immune system would recognize them so they would not be able to make us sick or to multiply - which is what they want. So they regularly have to change a bit and that's why we have new variants of these viruses every year.

There are about 100 different types of viruses that are changing constantly. Up to now, we didn't really care which viruses caused this flu...or disease or however you want to call it. But there have been investigations over several years in Glasgow. There they tried to use the available tests - that means they didn't examine all 100 types, but just the ones they had tests for. So they looked at maybe 8 or 10 different viruses and coronaviruses have always been a part of them.

These are the figures from Glasgow. Starting from 2005 to 2013 they checked which viruses occur among respiratory diseases. And these colored columns are the viruses. The green parts refer to the coronavirus that was always in the mix. The coronavirus normally makes up 7% to 15%, maybe 5% to 14%, it always fluctuates a bit. Hence, it's just normal that a big part of viruses are coronaviruses.

So, the following happens: In Wuhan, there is the biggest safety laboratory for viruses in the whole of China. So, there are a lot of experts on the topic, dealing with it all day long. Wuhan is a big city, 11 million inhabitants, big hospitals, big intensive care units, always people being ventilated, people with pneumonia... hundreds of them and they did tests with a few patients, less than 50, looked for the viruses they had and examined their RNA in the laboratory and they found a new type. This attracted their attention.

When a virologist finds something like this he puts it in a global database. And this database is accessible for scientists all over the world, in Berlin for example. In Berlin, they checked and compared this new entry and tried to create a test to measure this new variant of coronavirus. Then Dr. Drosten submitted a protocol to the WHO, and it got admitted really quickly. Then Mr. Drosten submitted a protocol to the WHO, and it got admitted really quickly.

Usually, a test is considered a product of medicine, it has to be validated. That means it has to be checked very precisely. What does the test actually say? What does it measure? The mentioned test is an inhouse-test developed in the Charite-clinic. But because there weren't any validated tests and the great panic arose, it was decided to just use this test everywhere. Then Mr. Drosten provided the test.

Of course, the virologist can say if the virus is dangerous or not. He can only say: "This one is different," or "We have a test for this". But is the virus dangerous, Mr. Drosten? How is he supposed to know? He would need further epidemiological data based on observation of how sick the people are. How fast do they get healthy again? Are there fewer victims than before?

That's why it is important to look at the data from previous years to compare them. To look at the mortality rates to see how many people died of the virus. So while looking for a specific virus, for example, the coronavirus, you can examine the total population. What you will find is that presumably 8% or 10% of the population will have some kind of virus, that makes them sick. But if you examine medical practice, do your tests there, to determine who is sick, then, of course, you would find a lot more positive cases. And if you examine hospitals and take samples there then you would find even more corona-infected people.

That is to say, depending on which proportions of the population you examine - whether it is the whole population, patients in the waiting room, people in a clinic, or when you examine very ill patients in the

intensive care unit that are about to die - you will expectedly find these 7% -15% coronaviruses every time you do a test. However, if they die of the coronavirus or of other viruses while just having also corona can't be determined for sure with this.

So, when you look at the death rates in Italy, you want to know where the tests have been taken. Where and how have these few available tests been used? If they were used in a hospital on serious or terminally ill cases then obviously the corona death rate rises. Just because it looked like it, because of the specific group that was examined.

Mortality, disease-specific mortality, refers to the percentage of dead among the people infected with this disease. And concerning the seasonal acute respiratory disease - commonly known as the flu - there is a mortality of 0.1%, which is already the maximum. That means that one in a thousand flu-infected inhabitants die - every winter. So now we will have to see whether this number increased because of coronaviruses.

The assumption for Germany is that there are 20,000 or 30,000 more deaths than without the flu. This is called excessive mortality. So now that coronaviruses always make up 5% to 14% of all flu viruses - let's say 10%. Let us assume that in the previous years we tested all seriously ill patients in the hospital on the coronavirus - which of course didn't happen - we would have expected to find 2,000 to 3,000 people dying of the flu each year, that also had the coronavirus. And we still are far away from these numbers. Apparently, it is the case that virologists created something very sensational here, and with their creation, they really impressed the Chinese government as well.

The Chinese government made something really big out of it, suddenly this was very important politically - completely exceeding the virological frame. All of a sudden, face recognition was installed everywhere at the airports, [fever](#) was being measured. The clinical thermometer controlled the traffic on Chinese streets. And all this was so significant that it led to international consequences, politicians had to heal with it, had to take a stand. Then the virologist came into play again.

The government asked their own virologists and they confirmed that this virus is a thing to worry about and proposed to develop tests to help measure the virus-like in China.

Something was woven around this. A network of information and opinions has been developed in certain expert groups. And the politicians turned to these expert groups, who initially started all this. And they really absorbed this network, moved within it. This led to politicians who now are just resting on these arguments, while using these arguments to evaluate who has to be helped, to determine safety measures or what has to be permitted.

All these decisions have just been derived from these arguments. This means that now it's going to be very hard for critics to say "Stop. There is nothing going on." And this reminds me of this fairytale about the king without clothes on. And just a small child was able to say "Hey, he is naked!".

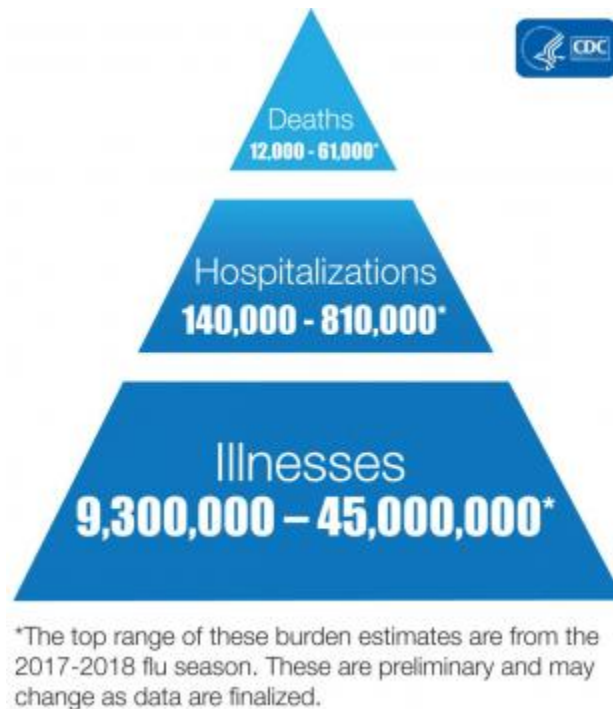
All the others on the courtyard - surrounding the government and asking the government for advice because they can't know themselves - they all played along and joined the hype. And like this, politicians are being courted by many scientists. Scientists who want to be important in politics because they need money for their institutions. Scientists who just swim along in this mainstream and also want their part... "We can help too!", "We made an app!", "We have a program for this!"

So many people saying "Hey, we want to help too!", because they want to earn money with it and become important. And what is missing at the moment is a rational way of looking at things.

We should ask questions like "How have you found out that the virus is dangerous?"

"Didn't we have the same thing last year?" "Is it even something new?" That's missing.

And, the King is naked.



Globally there are **9 million to 45 million reported flu cases each year**, any flu, resulting in **140,000 – 810,000 hospitalizations** and between **12,000 – 61,000 deaths annually**. What about the US? According to the Centers for Disease Control and Prevention (CDC):

- **5% to 20%** -- percent of the U.S. population **will get the flu each year**, any flu.
- **200,000 will be hospitalized each year.**
- **8,200 to 20,000 die in the U.S. from flu-related causes each year**, any flu.
- Every year **648,000 people in the U.S. develop infections during a hospital stay. 75,000 die!** (Should hospitals be routinely quarantined as is being done?)

**Subtract these numbers from the current story and where are we?**

#### **Global threat? Reported cases?**

As of today, the coronavirus count is 109,836 “reported cases” and 3,805 deaths worldwide. Compare this 3,805 to the whopping 800,000 people who kill themselves (suicide) every year, one every 40 seconds. **In 2018, 48,344 Americans died by suicide. Compare that to the 22 reported deaths in the US attributed to the coronavirus – that’s 22 out of 330,401,372 or 0.00000007%. Or, 22 of the 8,200 to 20,000 who will die this year anyway from the flu in the US, coronavirus or some other.** Why don’t the 1.5 million children with autism in the United States generate the same corporate news coverage? Why isn’t autism considered a global health crisis? Where is the \$8.3 billion to protect children from autism? Or the 65,200,686 children and adults in the good old USA, who suffer from one or more chronic diseases? Why aren’t they considered a crisis?

And, as Dr. Tim O’Shea notes; the test they *claim* to use to identify this new bug, called **PCR**, is flawed, a theoretical estimate of microbial activity **but not viruses themselves**. **Dr Kary Mullis**, who won the Nobel prize for inventing PCR describes: **“The tests can detect genetic sequences of viruses, but not viruses themselves.”** Can’t identify viruses? Then, how do we know these 109,836 people have the same disease, let alone the same **novel** disease? Then compare the 109,836 ‘reported’ cases to the 9 million to 45 million flu cases that occur every year, any flu.

**Please ask yourself: What hat are all these numbers coming from?**

Consider that, *coincidentally*, Johns Hopkins Center for Health Security, the World Economic Forum and the Bill and Melinda Gates Foundation **sponsored a novel coronavirus pandemic preparedness exercise October 18, 2019**, in New York called "Event 201," two months before the first case of the coronavirus was reported, fictitiously predicting a global death toll of 65 million people within a span of 18 months.

**The new coronavirus responsible for NCIP had not yet been identified at the time of the simulation. The first case wasn't reported until two months later. Now, that is quite a coincidence!**

Also consider that Dr. Paul Marik's intravenous **vitamin C protocol** for sepsis, or a similar protocol, is being used successfully in China and other parts of the world. The treatment has no side effects, is inexpensive, readily available and simple to administer. Before-after clinical study demonstrated that giving patients IV **vitamin C** with hydrocortisone and vitamin B1 **for just two days - reduced mortality from 40% to 8.5%**.

Why then, did the US Congress just authorize **\$8.3 Billion** for a crisis flu solution when a proven, successful, inexpensive and readily available treatment has already been tested and is in use?