The new African virus mutation: right on time; a kindergarten covert op for the ignorant

by

Jon Rappoport

on

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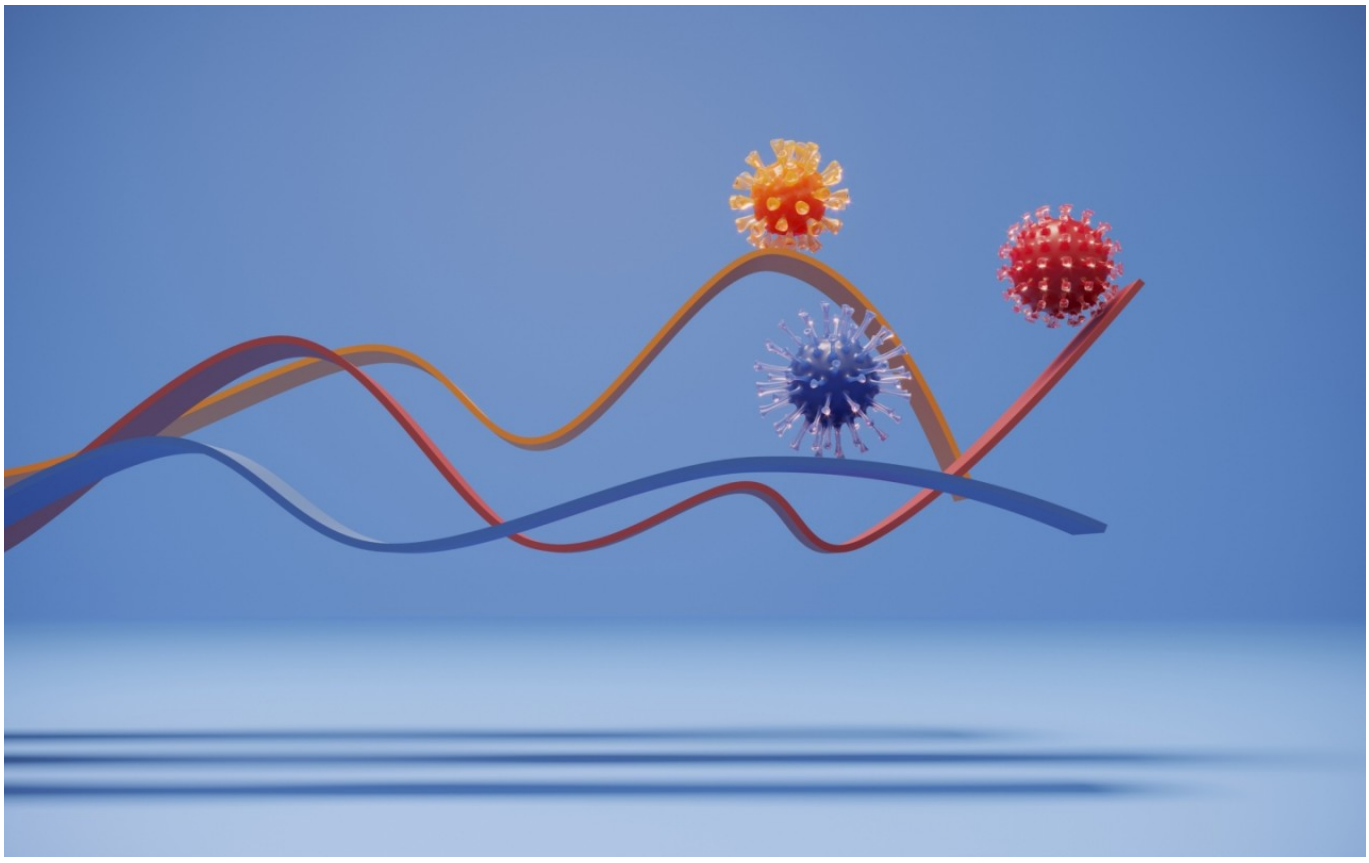

There are no variants.

Because there is no virus. SARS-CoV-2 doesn't exist. I've spent the past year and a half proving that. [0]

But fantasies do exist. So do covert ops with intentions to deceive.

Thus, the "scientific world" is agog over the new South African variant, named B11529 (aka Omicron, Botswana). Woo. The ghost is coming out of the closet. Beware. COVID cases are rising...

"We don't know whether the vaccine will be effective in the face of the new variant. New lockdowns may be necessary. Travel restrictions are coming. Batten down the hatches."

I mean, really.

As you know, for the past few months stories in the press have been claiming the vaccine-conferred immunity is sinking like a stone. This story is absurd because, again, there is no virus. So there was no conferred immunity to begin with. But anyway, that's the story that's been circulating. So NOW…

"It turns out one major reason for the diminished effectiveness of the vaccine is…

"The NEW VARIANT. The South African B11529."

Uh-huh. "The vaccine is having a tough time preventing infection caused by the new variant. We may need to enforce boosters every three months…"

Keep the fear going. Push harder for the vaccine. Explain away its failures. Fabricate rising case numbers, blaming them on the new variant. Institute heavy new lockdowns.

"The South African variant is deadlier than the Delta, which is deadlier than the original."

And none of the three exists.

What does exist is fantasy, piled higher and deeper and thicker.

The variant is Fauci. The variant is Bill Gates. The variant is CDC/WHO. The variant is the World Economic Forum. And the Chinese regime. And presidents and governors. And the mainstream press.

And don't forget this. Vaccine injuries and deaths have been escalating all over the world. In the US alone, reported injuries have broken above 600,000 [1]. As I've mentioned, the well-known Harvard Pilgrim Healthcare study [2] concluded that, to obtain a true number of injuries, multiply the reported figure by 100.

Something is needed to explain all these injuries and deaths. That is, to lie about them.

And right on time, here comes the new variant.

"These people who seem to be injured by the vaccine are really keeling over from the original virus, the Delta, and woo, the South African B11529."

Also: Recently, we've seen a spate of press stories with the theme-"scientists are mystified by the low COVID case numbers in Africa, where the vaccination rates are very low." [3] Boom. That story is now gone. Wiped out. Now it's THE WORLD IS BEING ATTACKED BY THE SOUTH AFRICAN B111529 VARIANT.

Here is one of my articles covering the non-existence of SARS-CoV-2:

-Dr. Andrew Kaufman refutes "isolation" of SARS-Cov-2; he does step-by-step analysis of a typical claim of isolation; there is no proof that the virus exists-

The global medical community has been asserting that "a pandemic is being caused by a virus, SARS-Cov-2."

But what if the virus doesn't exist?

People have been asking me for a step-by-step analysis of a mainstream claim of virus-isolation. Well, here it is.

"Isolation" should mean the virus has been separated out from all surrounding material, so researchers can say, "Look, we have it. It exists."

I took a typical passage from a published study, a "methods" section, in which researchers describe how they "isolated the virus." I sent it to Dr. Andrew Kaufman [4], and he provided his analysis in detail.

I found several studies that used very similar language in explaining how "SARS-CoV-2 was isolated." For example, "*Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States, (Emerging Infectious Diseases, Vol. 26, No. 6 - June 2020)*" [5].

First, I want to provide a bit of background that will help the reader understand what is going on in the study.

The researchers are creating a soup in the lab. This soup contains a number of compounds. The researchers assume, without evidence, that "the virus" is in this soup. At no time do they separate the purported virus from the surrounding material in the soup. Isolation of the virus is not occurring.

They set about showing that the monkey (and/or human cells) they put in the soup are dying. This cell-death, they claim, is being caused by "the virus." However, as you'll see, Dr. Kaufman dismantles this claim.

There is no reason to infer that SARS-CoV-2 is in the soup at all, or that it is killing cells.

Finally, the researchers assert, with no proof or rational explanation, that they were able to discover the genetic sequence of "the virus."

Here are the study's statements claiming isolation, alternated with Dr. Kaufman's analysis:

STUDY: "We used Vero CCL-81 cells for isolation and initial passage [in the soup in the lab]..."

KAUFMAN: "Vero cells are foreign cells from the kidneys of monkeys and a source of contamination. Virus particles should be purified directly from clinical samples in order to prove the virus actually exists. Isolation means separation from everything else. So how can you separate/isolate a virus when you add it to something else?"

STUDY: "...We cultured Vero E6, Vero CCL-81, HUH 7.0, 293T, A549, and EFKB3 cells in Dulbecco minimal essential medium (DMEM) supplemented with heat-inactivated fetal bovine serum (5% or 10%)..."

KAUFMAN: "Why use minimal essential media, which provides incomplete nutrition [to the cells]? Fetal bovine serum is a source of foreign genetic material and extracellular vesicles, which are indistinguishable from viruses."

STUDY: "...We used both NP and OP swab specimens for virus isolation. For isolation, limiting dilution, and passage 1 of the virus, we pipetted 50 µL of serum-free DMEM into columns 2–12 of a 96-well tissue culture plate, then pipetted 100 µL of clinical specimens into column 1 and serially diluted 2-fold across the plate..."

KAUFMAN: "Once again, misuse of the word isolation."

STUDY: "...We then trypsinized and resuspended Vero cells in DMEM containing 10% fetal bovine serum, 2× penicillin/streptomycin, 2× antibiotics/antimycotics, and 2× amphotericin B at a concentration of 2.5 × 105 cells/mL..."

KAUFMAN: "Trypsin is a pancreatic enzyme that digests proteins. Wouldn't that cause damage to the cells and particles in the culture which have proteins on their surfaces, including the so called spike protein?"

KAUFMAN: "Why are antibiotics added? Sterile technique is used for the culture. Bacteria may be easily filtered out of the clinical sample by commercially available filters (GIBCO) [6]. Finally, bacteria may be easily seen under the microscope and would be readily identified if they were contaminating the sample. The specific antibiotics used, streptomycin and amphotericin (aka 'ampho-terrible'), are toxic to the kidneys and we are using kidney cells in this experiment! Also note they are used at '2X' concentration, which appears to be twice the normal amount. These will certainly cause damage to the Vero cells."

STUDY: "...We added [***not*** *isolated*] 100 µL of cell suspension directly to the clinical specimen dilutions and mixed gently by pipetting. We then grew the inoculated cultures in a humidified 37°C incubator in an atmosphere of 5% CO2 and observed for cytopathic effects (CPEs) daily. We used standard plaque assays for SARS-CoV-2, which were based on SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV) protocols..."

STUDY: "When CPEs were observed, we scraped cell monolayers with the back of a pipette tip..."

KAUFMAN: "There was no negative control experiment described. Control experiments are required for a valid interpretation of the results. Without that, how can we know if it was the toxic soup of antibiotics, minimal nutrition, and dying tissue from a sick person which caused the cellular damage or a phantom virus? A proper control would consist of the same exact experiment except that the clinical specimen should come from a person with illness unrelated to covid, such as cancer, since that would not contain a virus."

STUDY: "...We used 50 µL of viral lysate for total nucleic acid extraction for confirmatory testing and sequencing. We also used 50 µL of virus lysate to inoculate a well of a 90% confluent 24-well plate."

KAUFMAN: "How do you confirm something that was never previously shown to exist? What did you compare the genetic sequences to? How do you know the origin of the genetic material since it came from a cell culture containing material from humans and all their microflora, fetal cows, and monkeys?"

-end of study quotes and Kaufman analysis-

My comments: Dr. Kaufman does several things here. He shows that isolation, in any meaningful sense of the word "isolation," is not occurring.

Dr. Kaufman also shows that the researchers want to use damage to the cells and cell-death as proof that "the virus" is in the soup they are creating. In other words, the researchers are assuming that if the cells are dying, it must be the virus that is doing the killing. But Dr. Kaufman shows there are obvious other reasons for cell damage and death that have nothing to do with a virus. Therefore, no proof exists that "the virus" is in the soup or exists at all.

And finally, Dr. Kaufman explains that the claim of genetic sequencing of "the virus" is absurd, because there is no proof that the virus is present. How do you sequence something when you haven't shown it exists?

Readers who are unfamiliar with my work (over 300 articles on the subject of the "pandemic" during the past year [7]) will ask: Then why are people dying? What about the huge number of cases and deaths? I have answered these and other questions in great detail. The subject of this article is: have researchers proved SARS-CoV-2 exists?

The answer is no.

-end of Kaufman article-

And while I'm at it, here is another piece I wrote last year about how virus-propaganda (fairy tales) must be managed, in order to make the masses stand up and salute:

-The "hot zone" theory of new frightening diseases-

Remember? There was a 1994 book by that name- and then "experts" began piling on-it went something like this:

"Out of the deep dark rainforests of Earth (cue sounds of native drumming), as a result of modern plane travel, viruses we've never encountered before will spread epidemics across the globe. Our immune systems, ill-equipped to recognize or deal with these strange killer germs, will fold up under the pressure, and all of civilization will be threatened with extinction."

Let's see. Since planes fly back and forth, and since all sorts of Westerners travel TO the rainforests, why haven't we seen whole native tribes wiped out by viruses from the deep dark streets of Brooklyn?

It would even seem that viruses, common in, say, Norway, would cause trouble in Oregon.

Why does it have to be "viruses from jungles?" Or other faraway places like China? Why can't we have the Second City Virus, emanating from a slaughterhouse in Chicago and infecting people in Nigeria? Why can't we have a Big Easy virus from New Orleans traveling to Beijing?

Is it possible that jungles and Africa and China and Mexico are typically chosen for virus fairy tales because, in the minds of many Westerners, they satisfy a requirement of "strange," "different," "primitive," and so on? We're talking theater here-and when you stage a propaganda play (fiction), you want to tap into the reflex instincts of the audience. The Hartford Virus, the Des Moines Virus, the Vancouver Virus just don't fit the bill.

Because they can't drive up the fear that jungles or Africa or China can.

Unless you've been living in an ice cave in the Arctic, you know selling fear of THE VIRUS is big business. To do that, you have to strike the right notes.

I personally would be interested in a Beverly Hills or a Scarsdale or a Park Avenue epidemic virus story. I'd like to see the media try to sell that one.

What about a Bill Gates Seattle virus that some Patient Zero unknowingly carries on a plane flight to Mexico City?

Think it through. We NEVER hear killer virus stories about germs traveling from Europe and America to Asia and Africa. Why not? Because such a story won't sell. It won't bite.

This is called a clue.

It tells you that virus-stories are shaped and managed and written and managed and broadcast according to a plan that has nothing to do with actual disease.

If a monkey in Africa can bite a man and thus transmit a virus to the West, then a salesman in Duluth can sneeze on a man at a local airport and thus send a virus to Ethiopia.

But amazingly, through secret communication among viruses, it never happens that way. The germs have decided what the traffic pattern is, and the CDC and the World Health Organization are just discovering What Is.

Sure they are. And if you buy that, I have condos for sale on the far side of the moon.

SOURCES:

[0] https://blog.nomorefakenews.com/tag/virus/

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[2] https://openvaers.com/covid-data

[3] https://apnews.com/article/coronavirus-pandemic-science-health-pandemics-united-nations-fcf28a83c9352a67e50aa2172eb01a2f

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