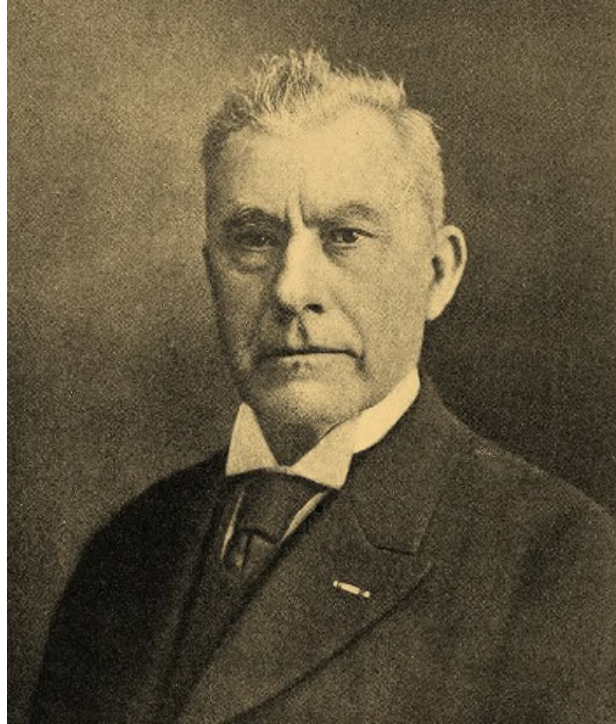


Persuasive Evidence that Viruses are Part of a Great Deception

by Jeremy James



**Professor Martinus Beijerinck who proposed
the existence of viruses in 1898.**

In several of our papers we have shown how many allegedly scientific descriptions of reality are actually fraudulent. This deception is all part of the Enemy's End Time plan. He is a liar and a murderer. When the Lord spoke of this (John 8:44), he was describing, not just the Enemy's spiritual condition, but his *modus operandi*. Satan advances his cause through lies and murder. The killings are discernible to some degree, but the lies are much harder to detect.

There is an obligation on us, as believers, to expose him. If we can see through his lies and his schemes and yet fail to warn others, then we are complicit in his crimes by omission. Few pastors today have any interest in doing this. They don't know how the world really works – largely because they ignore what the Bible has revealed about the Enemy and his ways – and so their flocks are left without the guidance they need to avoid his snares and protect themselves and their families from deception.

We can think of the false reality that Satan has created as a Great Deception. It is so carefully worked out that even those who serve him are taken in by his lies. For example, in an interview in 2022, where he was asked about advances in science, Jared Kushner, son-in-law of President Trump, said that he was either a member of the last generation to die or the first generation to live forever. This is the kind of blindness that the Enemy is able to induce.



Jared Kushner, Chabad member and son-in-law of President Trump

Since he hates humanity, Satan is greatly interested in the human body. His work in this regard appears to combine his two core talents – lying and killing. He has added many layers of deception to the science of medicine so that, by means of *pharmakeia* and the stealth dissemination of micro toxins, he can gradually inflict bodily harm on the entire human population.

The World Health Organisation

The World Health Organisation was set up in 1948 to integrate and harmonize medicine and health-related praxis across the world as a whole. Bit by bit it set about increasing its regulatory role in the affairs of sovereign nations. In recent years it has sought, for its Director, the power to declare a worldwide pandemic emergency – if he believed it had the evidence to support such a declaration – and to impose mandatory steps to address it. This stretched far beyond its original purpose but only a few weeks ago it got 124 nations, with only a handful of abstentions, to confer some of these powers on the Organization and to commit themselves towards formulating an agreement that would confer the full spectrum of powers in due course. It is widely believed that these wider powers will be approved and ratified within the next 3-5 years.

This is a very grave development. It means the head of the World Health Organization could very shortly acquire legal powers that transcend those held by any previous political or military leader on the world stage. Never in history has one individual been able to exercise, in a personal discretionary capacity, even the most limited powers of enforcement over all nations. This clearly foreshadows the kind of powers the Antichrist will seek when he arrives on the scene.

The authority that the WHO is striving to exercise is based fundamentally on a scientific theory that has no validity. The pathology and behavior of bacterial diseases is well understood and existing methodologies to contain their spread, both within a region or across borders, are long known to be effective. There is no need for any additional ‘pandemic’ measures or special arrangements to deal with the outbreak of contagious bacterial pathogens. What the WHO is seeking is special powers regarding what the medical profession is calling emerging viral pathogens.



A forest of neuronal dendrites generated “in silico” or entirely by computer

The medical entity known as a ‘virus’ is central to the program that the WHO is pursuing. The pandemics they envisage are not bacterial at all, but viral. It is essential that the public understand this since many of the assumptions that we make regarding bacterial pathogens are being mistakenly applied to so-called viral pathogens, even where empirical evidence to justify or support these assumptions is not forthcoming.

Not to be confused with Bacteria

The public has been led to believe that a virus is in many respects the same as a bacterium, albeit a few orders of magnitude smaller. Medical practitioners themselves often think in these terms. But they are mistaken. Even the famous Cleveland Clinic includes the following statement on the section of its website that deals with the topic ‘Bacteria’: “Bacteria and viruses are different kinds of germs, or microorganisms.” [my.clevelandclinic.org/health/articles/24494-bacteria]. This is highly misleading, as we shall see shortly.

Bacteria are microscopic living organisms that consist of only one cell. The crucial word in this definition is *living*. They are alive. Modern medicine has deliberately blurred the distinction between living matter and dead (or non-living) matter because it has no idea what causes certain combinations of molecules to have life. It is a massive embarrassment for the know-all brigade who like to pretend that, having ‘cracked’ the genetic code, they now understand the basis of life. But the truth is they don’t!

Bacteria have many important properties which make it possible to verify their existence and their biological role. These include the fact that

- (a) They are visible under a microscope
- (b) They exhibit observable motion
- (c) Their behavior can be shown to be consistent over time
- (d) They can reproduce and their population multiplies if nutrients are available
- (e) They produce emissions or waste matter, which can be toxic
- (f) They consume nutrients
- (g) They respond to external stimuli
- (h) They have a unique genetic code (DNA sequence)
- (i) It is possible to infect an animal with a specific bacterium and produce an observable, predictable change in its behavior or metabolism.



Bacteria on a petri dish. A similar photo showing viruses on a petri dish has never been produced!

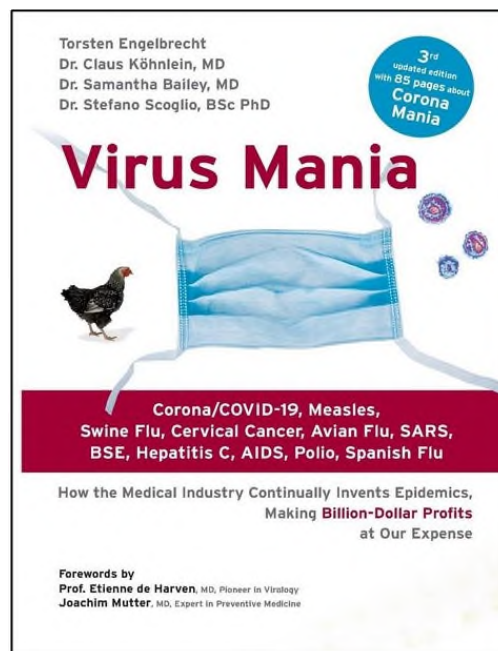
These properties enable us to confirm, over and over, that bacteria are real biological entities.

Can the same be said about viruses? Absolutely not!

Let's see why:

- (a) They are too small to be seen under an optical microscope. Medical scientists claim to be able to "see" them under an electron microscope but the legitimacy of what they claim to see depends on circular reasoning.

- (b) They cannot reproduce – we will discuss this later.
- (c) They cannot be shown to consume nutrients, emit waste matter, or respond to external stimuli. Virologists will argue that viruses are far too small to allow behavior of this kind to be observed.
- (d) Virologists claim that viruses consist of proteins with, in some instances, a fatty covering (lipids). As such they should possess a genetic sequence which is unique to each virus. However, these sequences are notoriously difficult to determine, they supposedly “mutate” over time, and only highly qualified specialists are able to characterize them.



The key issue is isolation of the alleged ‘virus’

We do not intend to use any of the information we have discussed so far to argue that viruses do not exist. It is clear, however, that their alleged existence can be called into question for many of the reasons we have discussed. For decades many respected scientists have queried the legitimacy of the science of virology and the existence of real biological entities that correspond with the hypothetical entity known as a virus.

This would seem to leave us in a quandary. It would appear to be an impossible task to demonstrate to the satisfaction of all concerned that viruses are imaginary. The pharmaceutical industry alone would mount a vigorous campaign to prove they were real and not just inferred entities. Medical practitioners, too, would suffer a great blow to their prestige if it turned out that all their virus-related advice and diagnoses down the years had no experimental validity. The branch of medical science known as epidemiology would be forced back into the late 19th century, when viruses were first proposed as a cause of diseases that could not be explained by reference to bacteria, fungi, parasites or environmental toxins.

We would seem to be at an impasse. Regardless of the evidence, most medical scientists will continue for many years to believe that viruses are real biological entities capable of producing pathogenic effects. Even those who have doubts will be unable to go against the tide without risking the loss of their license to practise medicine.

Does this mean, then, that the World Health Organisation will be able to press ahead with its call for enforceable international powers to control the spread of future viral pandemics?

Worldwide requests under Freedom of Information

Having written many papers about the great hoax known as Covid-19, it pained me to see that this ‘deadly virus’ paradigm might be used again to frighten and control billions of people, to quarantine and lock them down, and to force or coerce entire populations to be injected with a dubious or potentially harmful ‘vaccine’ – a chemical concoction devised by a greedy, unaccountable industry which refused to reveal what it contained.

Worldwide Vaccine Experiment on Human Guinea-Pigs

by Jeremy James



#255

Then we came across the work of Christine Massey, a Canadian bio-statistician who undertook the onerous task of contacting the relevant medical authorities in over thirty countries and seeking, under Freedom of Information, all records in their possession that showed, using acceptable scientific techniques, how the Covid-19 virus was isolated. The documents she sought, she said, could come from any source, either from the institution itself, another national institution, or a medical research facility in another country. If the information was in the public domain (already published or otherwise available) she asked that they supply her with sufficient detail about the source to enable her to access it directly.

Before we look at the response she got, we need to be very clear about the question she wanted them to answer.




“They that hate thee shall be clothed with shame; and the dwelling place of the wicked shall come to nought.” (Job 8:22)

A newly qualified medical student asks some simple questions

Rather than take an adversarial approach, we will look at the matter from the viewpoint of a newly qualified medical student. His lecturers had told him all about the entity known as a virus and he accepted their account. Now, as a graduate, he wanted to know more. Specifically, he wanted to know how a virus was isolated. After all, how could its properties, its biological effects and its genetic sequence be established unless it was separated from all other biological material and studied in isolation? If this were not done successfully then it would be impossible to distinguish between the behavior of the virus and the behavior of other biological ingredients in the test tube. He knew it was relatively easy to do this with bacteria, but viruses were exceedingly small and would very likely be difficult to isolate.

He was told that many viruses are ‘isolated’ using the following method:

Obtain a specimen which you believe may contain a virus. Common sources for this are blood, saliva, nasal/throat swabs, urine, feces, or tissue samples. Put it through a centrifuge to remove large particles. Then filter the sample to remove bacteria. A filter of 220 nms would normally be used (1 nm is a thousand-millionth of a meter). Next add the sample to a susceptible host system or cell culture. The aim here is to provide the ‘virus’ with host cells that it can infect. Three commonly used cell cultures are Vero, HeLa, and MDCK – which we will discuss below. Incubate the inoculated host cells (by heating and adding carbon dioxide or nutrients) and then observe visible changes in the host cells due to ‘viral’ infection. Next, greatly multiply the amount of genetic material in the sample using PCR (polymerase chain reaction) and isolate pure viral particles by ultracentrifugation (Ultracentrifugation is a specialized technique for separating particles in a solution based on their density and size using high centrifugal force. It involves spinning samples at extremely high speeds, often exceeding 150,000 revolutions per minute.)

		
Vero cell culture medium	HeLa cell culture medium	MDCK cell culture medium

The word ‘isolation’ is used by the medical authorities to describe what is happening, but the procedure begins by adding biological material to the sample. The three cell cultures that we mentioned consist of kidney cells harvested from the African green monkey (Vero cells), cervical cancer cells harvested from a woman who died in 1951 (HeLa cells), or canine kidney cells cultured in a medium that includes fetal bovine serum and antibiotics like penicillin and streptomycin (MDCK). The advantage of these cell lines is that they are ‘immortalized’, meaning they will continue to replicate without ever reaching the limit of cell division. As such they are very useful for laboratory research.

Glaring defects

The great problem with this so-called ‘isolation’ procedure is that the concoction, which is left to stand and decay over several days, is susceptible to contamination at an ultramicroscopic level. If a ‘virus’ is less than 220 nms in size, then it will be indistinguishable from particles of a similar size. The addition of animal kidney cells or human cervical cells greatly compounds the problem. The use of PCR to multiply the amount of genetic material in the sample does nothing to reduce the confusion. The extreme filtration process (ultracentrifugation) delivers a series of candidate particles, one of which, given its size, will be taken to be the alleged ‘virus’.

If our medical student is able to pull himself free from the conditioning he underwent at college, he will likely conclude that this seemingly exacting procedure is utterly illogical and cannot satisfy the most basic requirements of scientific rigor. He will see, for example, that

- (a) the presence of a virus has already been assumed;
- (b) the ‘isolated’ particle at the end of the process is only deemed to be a ‘virus’ because of its size;
- (c) the ‘isolated’ particle may have had no involvement of any kind in producing any of the visible changes observed in the host cells.

So, not only have we no idea what the ‘viral’ particle actually is, but we don’t even know whether its presence in the solution had a causal or pathogenic role of any kind. These are not simply drawbacks but glaring defects in what is supposed to be a rigorous, repeatable scientific process.



The pharmaceutical industry has created a modern form of the famous ‘shell game’ where the viewer (the ‘mark’) is tricked into believing that the pea (the ‘virus’) is in a certain location (under one of the three shells or ‘samples’). He doesn’t realize how easy it is for the ‘magician’ to extract the pea from under one shell without being seen and sliding it under another. Once the scientific community has been convinced that viruses exist, it is possible to claim that new ones have been found, including so-called ‘variants’. The difference, of course, is that the ‘pea’ was never in any of the samples examined. The ‘magician’ can simply claim that he found the pea but could not show it to the ‘mark’ because it was too small.

The ‘mark’ in our example is no more gullible than the vast throng of medical practitioners today who have placed their trust in the pharmaceutical industry.



Part of a genome sequence

Seeking a valid genetic sequence

Our medical student is now at the same point in his enquiry as Christine Massey: If a real viral particle has not been isolated, then how can one possibly determine its genetic sequence? And if we can’t determine its genetic sequence then how can we possibly develop a clinical test to detect its presence or a vaccine to neutralize its alleged pathogenic effects?

Please note that at no stage are we required to prove that viruses do not exist (despite all the evidence which shows that they don’t). All we need to show is that, if a specific virus (such as ‘Covid-19’) was never isolated, then no scientifically valid test could have been designed to detect its presence and no valid ‘vaccine’ could have been developed to treat it.

An authentic genetic sequence is needed for both.

If it can be shown that the Covid-19 virus was never isolated, then the whole Covid pandemic exercise, with all the trauma and chaos that it engendered, was based from start to finish on fraud and deception.

We can see from this why Ms Massey’s freedom-of-information requests are so important.

“Their poison is like the poison of a serpent” (Psalm 58:4)

We give below some verbatim extracts from an affidavit in which she described in detail what she did and the results she got. The full text of her 42-page affidavit of 12 August 2024 may be found online at

<https://awarriorcalls.com/pdfs/masterpeace/2024-08-12-virus-FOIs-affidavit-NOTARTIZED-REDACTED.pdf>

[Please note that, in genetic research, "characterization" means identifying and describing the specific genetic makeup or properties of an organism, gene or trait. This can involve analyzing DNA sequences, proteins, or other molecular markers to understand how a gene or trait functions, how it's expressed, and how it interacts with other genetic elements

In the context of genetic research, the term *in silico* means the use of computer simulations and models to study biological systems. The material in question is essentially "on the computer" or "in silicon" (referring to the silicon used in computer chips) as opposed to *in vivo* (in a living organism) or *in vitro* (in a test tube or petri dish). Nothing *in silico* is real unless it has been shown by a valid scientific experiment or process to be real.]

The mere appearance of an apparent particle, claimed by some to be a "virus", in an electron microscopy image is not proof that the apparent particle actually functions as a "virus" or that it has an RNA or DNA genome or specific proteins. Logically, one must sequence the genome, if the apparent particle has a genome, and one must characterize the apparent particle, in order to know its genome and proteins and not confuse it with other particles that may have a similar appearance. Per logic, particles alleged to be a "virus" must be purified in order for valid sequencing to take place, so that the provenance of the sequenced "genetic" material is known to be those specific particles and not merely declared as such. Purification of particles must be confirmed via electron microscopy imaging and not merely assumed, otherwise pseudoscience [results]... Assembling millions of *in silico* (computer) codes (that represent "genetic" sequences purportedly detected in a clinical sample or in cell culture...) into a longer computer code and declaring that the result is a "viral genome" is very different from scientifically identifying an actual "virus" and sequencing it. Yet, the former is done in virology and it appears, based on the virology literature and FOI responses [to the request], that the latter has never been done in the history of virology. [paras.9-16]

Finding and purifying particles hypothesized to be a "virus", from many samples of bodily fluid/tissue/excrement, followed by characterization, sequencing and repeated valid, rigorous controlled experiments is necessary before one can logically and scientifically conclude that particles of a particular size and density and with a specific "genome" and proteins are circulating in people and causing a disease... [para.26]

It is impossible to validate any “test” claimed to “confirm” a “viral disease” before the alleged “virus” particle has been (1) proven to exist, and (2) shown to cause the disease. [para.29] ...Published studies describe the construction of meaningless, hypothetical, *in silico* sequences, mere computer models, that authors nevertheless refer to as “viral genomes” but have never been shown to correspond to anything in the physical realm, let alone any specific particle fitting the definition of a “virus”. [para.33]

In May of 2020, I began filing “freedom of information requests” (hereafter referred to as “FOIs”) with Canadian health and science institutions for all studies/reports in their possession/custody/control that describe the isolation/purification of the alleged “COVID-19 virus” also known as “SARS-COV-2”, directly from the bodily fluid, tissue or excrement of a sick person where the sample was not first combined/contaminated with another source of genetic material such as monkey kidney cells or cow serum. I clarified in my FOIs that I was using the word “isolation” or “purification” in the everyday sense of separating the alleged “virus” from everything else in a patient sample of bodily fluid, tissue or excrement. I clarified that I was not seeking records where “isolation” refers instead to the so-called “culturing” of something or to the performance of an amplification “test” or to the so-called “sequencing” of something. [paras 34-36]

I have personally obtained responses from over three dozen Canadian institutions and all have failed to provide or cite even one record that describes the alleged “SARS-COV-2” being found in and purified from any patient sample, by anyone, anywhere on the planet, ever. In the vast majority of responses from Canadian institutions it was explicitly confessed that the institution had no such record. [paras.40-41]

Numerous people have provided me with additional documents that appear to me to be legitimate freedom of information responses from additional Canadian health and science institutions, in response to the same, or similar, FOIs for records that describe purification of the alleged “SARS-COV-2”... In every instance the institution failed to provide or cite even one record that describes purification of the alleged “SARS-COV-2” from a patient sample, by anyone, anywhere, ever, let alone proof of “its” existence... In total I have in my possession and have made publicly available on my website FOI responses from 53 Canadian institutions [whether in response to her request or a request by another individual], all of which have failed to provide or cite even one record of the alleged “SARS-COV-2” being found in and purified from any patient sample. [paras 74-78]



Extract from Ms Massey's notarised affidavit

She also filed FOI requests with the CDC in respect of the following:

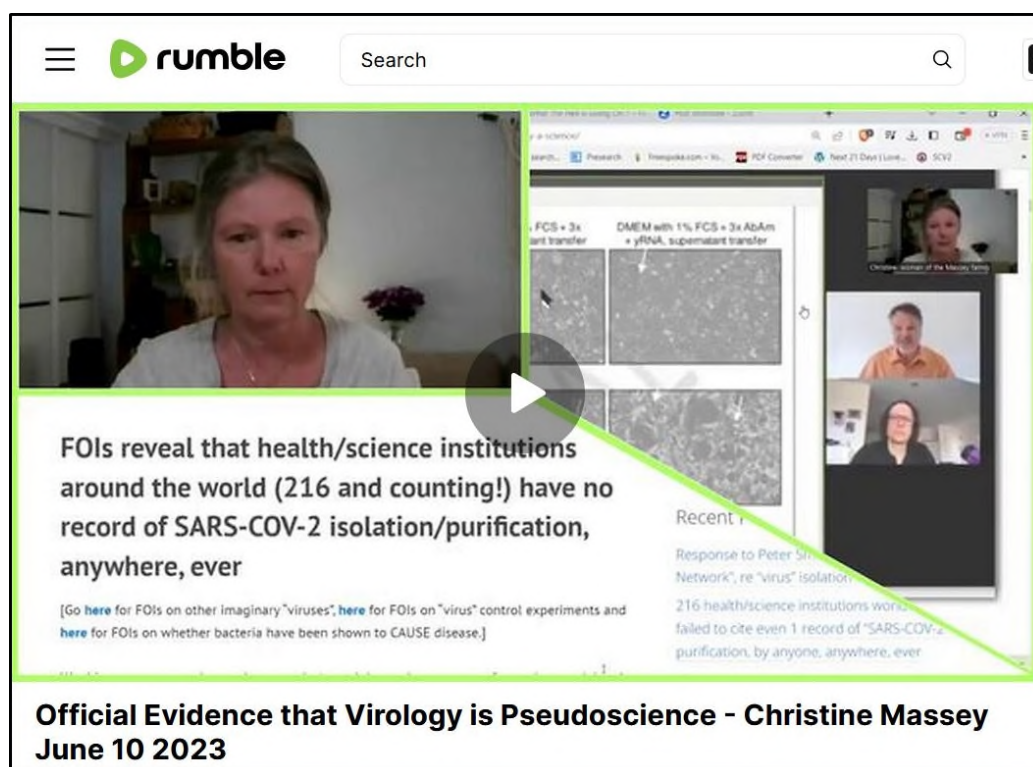
1. For records authored by anyone, anywhere, ever, describing purification of the alleged "SARS-COV-2" from a cell culture.
2. For records authored by anyone, anywhere, ever, that contain scientific proof of the existence of the alleged "SARS-COV-2" or the alleged "HIV" virus based on valid controlled experiments using purified particles.
3. For records describing how a sample of the alleged SARS-COV-2 spike protein was taken from a vaccinated person and purified (as opposed to "recombinant" "spike protein" being created in a laboratory and then studied, or studies based on indirect tests).
4. For records where the alleged "SARS-COV-2" was purportedly "sequenced" and "negative controls" implemented by carrying out the same process with clinical samples taken from people not suspected of having the alleged "virus".
5. For studies where authors either tested for the alleged "SARS-COV-2 spike protein" in the blood of "vaccinated" and "unvaccinated" subjects and then compared the results for indirect evidence that the "mRNA vaccines" actually cause the human body to create the spike protein

She also asked the CDC for all records containing details of the so-called "virus isolation" and "whole genome sequencing" procedures employed by the CDC in their 2020 study titled *Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States*.

In their replies to each of these requests, the CDC failed to provide any such record, nor did they indicate that such records were available elsewhere.

She put the same requests to U.S. Agency for Toxic Substances and Disease Registry but they too failed to provide any such record, nor did they indicate that such records were available elsewhere. The most she received in any instance were records or documents that were not relevant to her request.

She says: “In every instance the institution failed to provide or cite even one record that describes the finding and purification of the alleged “SARS-COV-2” from a patient sample, by anyone, anywhere, ever, let alone scientific evidence of “its” existence.” [para.97]

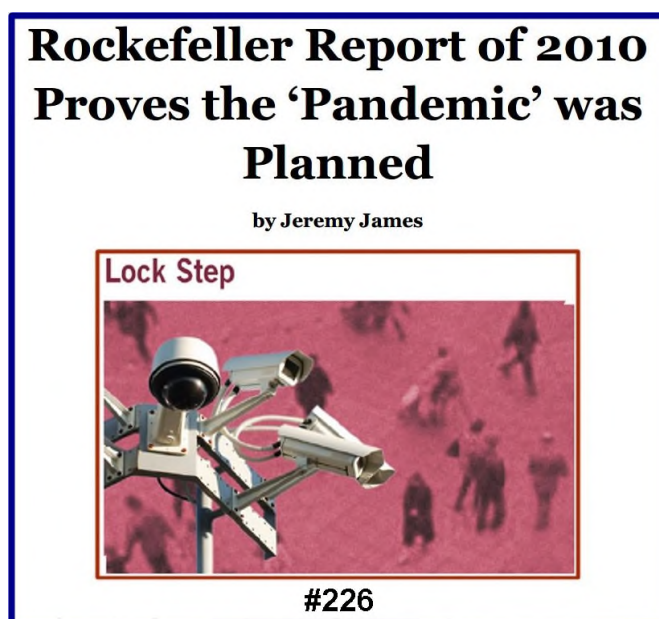


<https://rumble.com/v2tpzrc-official-evidence-that-virology-is-pseudoscience-christine-massey-june-10-2.html>

Similar FOI requests were put by Ms Massey or her associates to major health institutions in several states within the US (New York, Arizona, Arkansas, California, Massachusetts, Virginia, Florida, Michigan, Oregon, Pennsylvania, Illinois, South Carolina, and Wisconsin) and many other countries (New Zealand, Australia, Brazil, Czech Republic, Denmark, Norway, Finland, Sweden, Italy, Israel, Lithuania, the Netherlands, the Philippines, Spain, India, UK, Scotland, Ireland, Serbia, Slovenia, the Ukraine, Uruguay, and Switzerland), as well as the European Center for Disease Prevention and Control. She received the same response from all of them. No institution was able to provide her with the records she requested.

Some argued that it is impossible to separate a ‘virus’ from every other constituent in a sample since viruses are only able to replicate within a host cell. Ms Massey rightly contends that this is illogical since “purification does not involve replication” (para.102). She notes, furthermore, that if a ‘viral’ particle cannot exist outside a cell then obviously it cannot migrate within the human body to infect other cells.

She says that all of the records mentioned here are available to the public on her website and that, as of August 12, 2024, the collection includes responses from 224 institutions in 40 countries on the purification and existence of “SARS-COV-2”. Her website may be found at www.fluoridefreepeel.ca



CONCLUSION

We are not asking our readers to believe that viruses do not exist. Whether or not someone holds that opinion has no bearing on the case we are making in this paper. What matters is that the medical authorities across the world are unable to demonstrate, in a scientifically acceptable manner, that the virus known as Covid-19 or Sars-Cov-2 has ever been successfully isolated. If it has not been successfully isolated, then its genetic sequence has never been established. Without its genetic sequence it is impossible to develop (a) a clinical test to detect whether or not it is present in a subject or (b) an injectable substance (“vaccine”) to counter its alleged pathogenic effects.

This means the Covid pandemic was a hoax. It cannot even be considered a well-meaning but grossly ineffective response to a serious new disease. The truth goes far beyond such a naive conclusion. The absence of an isolated virus is proof that the ‘Covid’ particle, if it ever existed, was never shown to be pathogenic. There was also no way of knowing whether anyone who died with Covid-type symptoms actually died from the Covid virus since a test to show the presence of the virus was never developed.

The Covid pandemic program was a deliberate deception concocted by the pharmaceutical industry, in concert with other influential parties, to achieve a subversive objective affecting the world as a whole. The use of a bogus test enabled the authorities to falsely attribute deaths from flu, pneumonia and other causes to an alleged virus called 'Covid'.

Over five billion people were so convinced that a dangerous new virus existed that they voluntarily received at least one dose of a 'vaccine' whose contents were unknown. Evidence continues to accumulate which shows that the alleged 'vaccine' (in reality a chemical cocktail, not a vaccine) was neither safe nor effective and that it is associated with the increase in excess deaths since 2020 in many countries, along with serious adverse health conditions, especially among younger people.

Tyrannizing Lies: Audit of a Fake Pandemic

by Jeremy James



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The public has now been conditioned to believe that a deadly viral pandemic could strike the world at any time and kill millions of people. Once it has been conferred with its proposed new powers, the World Health Organisation will be able to declare a pandemic at its own discretion without the need to provide verifiable evidence that a dangerous new contagious pathogen has emerged. All countries, in turn, will be obliged to implement its pandemic containment protocol, which could include the mandatory inoculation of all citizens, including children, and the imposition of draconian social restrictions.

Twenty-five years ago this would have seemed like the plot of a farfetched science fiction movie, but we are now only a few years from seeing it become a reality.

We would like to thank Ms Massey and her colleagues for taking the time to compile and share their research data. We hope it will spur more members of the medical community around the world to see that they were unknowing accomplices in a terrible deception masterminded by a small group of generational Luciferians.

We would urge born-again Christians everywhere to share papers like this with their friends and acquaintances.

When he returns, our Lord Jesus Christ will put an immediate end to these gruesome, albeit cleverly disguised, Satanic activities. Meanwhile we need to alert as many as we can to the dark schemes devised by the Enemy to enslave mankind and kill off a huge proportion of the population.

**“...with their tongues they have used deceit;
the poison of asps is under their lips”
- Romans 3:13**

**Jeremy James
Ireland
June 4, 2025**

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