

<https://telegra.ph/Alle-fuehrenden-Wwissenschaftler-beesten-COVID-19-existiert-nicht-07-03>

Leading corona researchers admit that they have no scientific evidence for the existence of a virus

[Corona Facts](#) July 03, 2020

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My first words in the article are *"buckle up, the shock will be intense"*.

What you will learn in this article is beyond your horizon. The latest information has the explosive power to uncover the greatest deceit against humanity. According to this information, every citizen should support the people who fought for this important information. It's finally out, all leading scientists on COVID-19 (SARS-CoV-2) have admitted **that the scientific rules to detect COVID-19 have not been established.**

But everything in its right place. I will explain to you what this means. Please read this article to the end. Spread this article. The [planemic](#) | ([Telegram Post](#)) should end with these statements with immediate effect, even more so, the entirety of virology must be called into question!



The detection method of the PCR tests is completely meaningless

I have already discussed the subject of PCR testing in two of my articles

[[The PCR test is not validated](#)] | [[PCR: A DNA test is treated as a manipulation instrument](#)]. There I prove without a doubt that the PCR test, which is considered the “gold standard” for COVID tests, is completely “meaningless”.

The question now is: what is required first for the isolation / detection of viruses? We need to know where the RNA for which the PCR tests are calibrated comes from.

From textbooks (e.g., White / Fenner. Medical Virology, 1986, p. 9), as well as leading virus researchers such as [Luc Montagnier](#) or [Dominic Dwyer](#), state that particle purification - that is, the separation of an object from everything that is not that object, such as e.g. Nobel laureate Marie Curie, who in 1898 purified 100 mg of radium chloride by extracting it from tons of pitchblende – is an essential prerequisite for verifying the existence of a virus and thus proving that the RNA of the particle in question originates from a new virus.

The reason for this is that PCR is extremely sensitive, meaning that it can detect even the smallest pieces of DNA or RNA - but it cannot determine where these particles came from. That has to be determined beforehand.

And because the PCR tests are calibrated on gene sequences (in this case RNA sequences, because SARS-CoV-2 is presumably

an RNA virus), we have to know that these gene snippets are part of the virus we are looking for. And to know that, it is necessary to properly isolate and purify the suspected virus.

Koch's postulates are the decisive criteria for scientifically detecting a virus

Before the invention of the electron microscope in the 1930s, it was not possible to see particles this small. Using the electron microscope, the new generation of virologists began examining unclean materials and claiming they could detect the viruses. The problem is that just by looking at a particle one cannot tell what it is or what it does without fulfilling Koch's postulates.

Koch's postulates were drawn up by the great German bacteriologist Robert Koch in the 19th century.

Definition:

Four requirements made by Robert Koch that have to be met in order for a Microorganism may be called the causative agent of a specific disease.

1. Koch's postulate

- It must be possible to detect the microorganism in all cases of illness with the same symptoms, but not in healthy individuals.

2. Koch's postulate

- The microorganism can be transferred from the sick individual into a pure culture (isolation)

3. Koch's postulate

- After infection with the microorganism from the pure culture, a previously healthy individual shows the same symptoms as that from which the microorganism originally originated.

4. Koch's postulate

- The microorganism can be converted back into a pure culture from the infected and diseased individuals.

The leading scientists admit that none of them have isolated a virus!

[Torsten Engelbrecht](#) (award-winning journalist) and [Konstantin Demeter](#) (independent researcher) asked the scientific teams engaged in the relevant work to which reference is made in connection with SARS-CoV-2 to

prove whether the electron microscopic images depicted in their in vitro experiments purified viruses.

But not a single team could answer "yes" to this question - and no one said purification was not a necessary step. We only received answers such as "*No, we did not receive an electron micrograph showing the degree of purification*" (see below).

We asked several study authors, "*Do your electron micrographs show the purified virus (an isolate)?*", **and they gave the following answers:**

Study 1: Leo LM Poon; Malik Peiris. "Emergence of a novel human coronavirus threatening human health" *Nature Medicine* , March 2020 [[Nature](#)]

Answering Author: Malik Peiris

Date: May 12, 2020

Answer: "*The image is the virus budding from an infected cell. It is not purified virus.* "

Study 2: Myung-Guk Han et al. "Identification of Coronavirus Isolated from a Patient in Korea with COVID-19", *Osong Public Health and Research Perspectives* , February 2020 [[Pubmed ncbi](#)]

Answering Author: Myung-Guk Han

Date: May 6, 2020

Answer: "*We could not estimate the degree of purification because we do not purify and concentrate the virus cultured in cells.*"

Study 3: Wan Beom Park et al. "Virus Isolation from the First Patient with SARS-CoV-2 in Korea", *Journal of Korean Medical Science* , February 24, 2020 [[Pubmed ncbi](#)]

Answer Author: Wan Beom Park

Date: March 19, 2020

Answer: "*We did not obtain an electron micrograph showing the degree of purification.*"

Study 4: Na Zhu et al., "A Novel Coronavirus from Patients with Pneumonia in China", 2019, *New England Journal of Medicine*, February 20, 2020 [[nejm](#)]

Answering **Author:** Wenjie Tan

Date: March 18, 2020

Answer: "[We show] an image of sedimented virus particles, not purified ones."

Note: There was no need to inquire about this publication, the authors openly admit "our study does not fulfill Koch's postulates"

Source: [COVID19 PCR Tests are Scientifically Meaningless](#)

With regard to the work mentioned, it is clear that what is shown in the electron micrographs (EMs) is the end result of the experiment, **i.e. there is no other result from which they could have made EMs.**

That is, if the authors of these studies admit that their published EMs **do not show purified particles**, then they definitely do not have purified particles that can be claimed to be viral. (It should be noted in this context that some researchers use the term "**isolation**" in their work, but the procedures described therein do not constitute a proper isolation (purification) process. **Consequently, the term "isolation" is misused in this context**).

For example, the authors of four of the most important papers published in early 2020 claiming the discovery of a new coronavirus **admit that they had no evidence that the origin of the virus genome were virus-like particles, or cell debris, pure or impure, or particles of any kind.** In other words, the existence of SARS-CoV-2 RNA **is based on belief**, not fact.

[Torsten Engelbrecht](#) (award-winning journalist) and [Konstantin Demeter](#) (independent researcher) have appointed Dr. Contacted Charles Calisher who is an experienced virologist. In 2001, Science published a "passionate plea ... to the younger generation" by several veteran virologists, including Dr. Charles Calisher [modern virus detection methods like] the smooth polymerase chain reaction [...] say little or nothing about how a virus

reproduces, which animals are its hosts, [or] how it makes people sick. It's like trying to tell if someone has bad breath by looking at his fingerprint "[1].

And that's why the two asked Dr. Calisher whether he knows of a single paper in which SARS-CoV-2 was isolated and finally really purified. His answer:

"I know of no such publication. I have kept an eye out for one."
[2]

What does that mean?

In short: **NOT A SINGLE KOCH'S POSTULATE WAS OBSERVED!**

In other words:

That actually means that one cannot conclude that the RNA gene sequences that the scientists took from the tissue samples prepared in the aforementioned in vitro tests and for those that the PCR tests are ultimately "calibrated" for, belong to a certain virus - in this case SARS-CoV-2.

In addition, there is no scientific evidence that these RNA sequences are the causative agent of what is known as COVID-19.

In order to establish a causal connection in one way or another, that is, beyond virus isolation and purification, it would have been absolutely necessary to conduct an experiment which fulfills Koch's four postulates. But there is no such experiment, as [Amory Devereux and Rosemary Frei recently demonstrated for OffGuardian](#).

The need to fulfill these postulates with regard to SARS-CoV-2 is evident not least from the fact that attempts have been made to fulfill them. But even researchers who claimed to have done so **were in fact unsuccessful** .

Sources:

[1] Martin Enserink. Virology. Old guard urges virologists to go back to basics, Science, July 6, 2001, p. 24

Addition: [Science](#)

[2] E-mail from Charles Calisher from May 10, 2020

These can be **requested** from [Torsten Engelbrecht](#) and [Konstantin Demeter](#) .

[3] Main source: [COVID19 PCR Tests are Scientifically Meaningless](#)

[The publication in Nature](#) "*The pathogenicity of SARS-CoV-2 in hACE2 transgenic mice*" also does not meet any of Koch's postulates

An example of this is a study published in Nature on May 7th. This study, among other procedures that invalidate the study, did not meet any of the postulates.

The allegedly "infected" laboratory mice **did not show any relevant clinical symptoms that** could clearly be traced back to pneumonia, which according to the third postulate should actually occur if a dangerous and potentially fatal virus were actually at work there. And the light bristles and weight loss temporarily observed in the animals are negligible, not only because they might have been caused by the procedure itself, but also because the weight returned to normal.

Also, no animal died except those they killed to perform the autopsies. And let's not forget: these experiments should have been done before developing a test, which is not the case.

None of the leading German proponents of the official theory on SARS-Cov-2 / COVID-19 was able to answer the question of how they can be sure, without having a purified virus, that the RNA gene sequences of these particles belong to a certain new virus ?

[Torsten Engelbrecht](#) (award-winning journalist) and [Konstantin Demeter](#) (independent researcher) [are the leading German representatives of](#) the official theory on SARS-Cov-2 / COVID-19 - the **Robert Koch Institute (RKI), Alexander S. Kekulé (University of Halle), Hartmut Hengel and Ralf Bartenschlager (German Society for Virology), the aforementioned **Thomas Löscher, Ulrich Dirnagl (Charité Berlin) or Georg Bornkamm (virologist and professor emeritus at the Helmholtz Center Munich)** asked the following question:**

"If the particles that are supposed to be SARS-CoV-2 have not been purified, then how do you know that the RNA gene sequences on those particles belong to a particular new virus?"

Especially when there are studies that show that substances such as antibiotics that are added to test tubes in the in vitro

virus detection experiments can "stress" the cell culture to such an extent that new gene sequences are formed that were previously undetectable - an aspect that Nobel laureate Barbara McClintock pointed out in her 1983 Nobel lecture. "

It should not go unmentioned that we finally have the Charité - the employer of Christian Drosten, Germany's most influential virologist with regard to COVID-19, advisor to the German government and co-developer of the PCR test, which was the first to be "accepted" by the WHO worldwide (not validated!) - for answering questions on this topic.

But we didn't get replies until June **18, 2020** , after months of non-response. In the end we only made it with the help of the **Berlin lawyer Viviane Fischer.**

Regarding our question: " *Has the Charité made sure that the appropriate particle **purification has been** carried out*", the Charité admits **that it did not use any purified particles.** And although they claim that "*the Charité virologists are certain that they are testing for the virus*", they state in their work (Corman et al.):

"RNA was extracted from clinical samples with the MagNA Pure 96 system (Roche, Penzberg, Germany) and from cell culture supernatants with the viral RNA mini kit (QIAGEN, Hilden, Germany) "

That is, they simply assumed that the RNA was viral.

Incidentally, the paper published on January 23, 2020 by Corman et al. did **not even follow a proper peer review process**, and the procedures outlined in it were not accompanied by controls - although these two things make scientific work really robust.

But it is much worse, the Charité test was made **before** the first publication by the Chinese. So there was no clinical data available to even develop a test. Drosten even admits it! Please read my article:

" The science fraud by Prof. Christian Drosten " or the complete article in the Wissenschaftsplus magazine by Dr. Stefan Lanka . Also read breaking news in the newsletter of Dr. Stefan Lanka from June 13th, there you will learn, among other things, that **Dr. Stefan Lanka has accused Prof. Drosten of crimes against humanity!**

Dr. Stefan Lanka has shown in an incredibly good analysis that Covid-19 was never detected.

[Excerpt from Wissenschaftsplus Magazin 1st edition 2020:](#)

Now follows an excerpt from the magazine which Dr. Stefan Lanka (molecular biologist and virologist) wrote in connection with the misconception about SARS-CoV-2. It is worth buying the complete edition!

"Individual components are removed from the components of the dead tissue and cells, misinterpreted as components of a virus and mentally assembled into a viral model. A real and complete virus does not appear in the entire "scientific" literature. The consensus-building process in which the participants argued, what belongs to the virus and what doesn't, took decades with the measles virus. With the supposedly new China Coronavirus 2019 (2019-nCoV, now renamed), this consensus-building process only took a few clicks of the mouse. With a few clicks of the mouse, a program consisting of the molecular sequence of short pieces of nucleic acids of the dead tissues and cells, the composition of which was determined biochemically, turned into the much longer, now supposedly complete and supposed genetic material, of a certain old or novel one. Depending on the specifications, a Virus was constructed. In reality, not even these manipulations, called "alignment" (an alignment procedure), can produce "complete" genetic material of a virus known as its genome. During the cognitive assembly process of the "viral genetic strand", unsuitable sequences are "smoothed out" and missing ones are added. In this way a "genetic sequence" is invented that does not exist, that has neither been discovered nor in its entirety proven. To summarise: from short fragments, and based on a model of a viral genetic strand, a larger piece is mentally constructed, which actually does not exist. For example, missing from the purely "cognitive" construction of the measles viral genetic strand in the case of the actually extant, short fragments of the cell's own molecules, are far more than half of the molecular sequences that are supposed to be represent in a whole virus. These are partly artificially generated, biochemically and the rest are simply invented."

Anyone who speaks English can directly recognize the fact that the "virus genome strand" (Complete genome) is only constructed in thought in this publication, in which the RKI was significantly involved: "Complete

Genome Sequence of a Wild-Type Measles Virus Isolated during the Spring 2013 Epidemic in Germany", to be found at: [RKI](#)

Prof. Mankertz, co-author of this publication and head of the National Reference Institute for Measles, Mumps and Rubella at the Robert Koch Institute (RKI), in response to inquiries, claimed that control experiments were carried out for this study, which rule out that typical cell-specific components are misinterpreted as virus components. However, they refused to hand over the documentation of these control experiments. In the complaint process, Prof. Mankertz replied that she did not have any control attempts and that her Munich colleagues have certainly carried out and documented these control attempts. Dr. Stefan Lanka wrote to all authors and their laboratory managers and asked about the control experiments, which have been mandatory since 1998. None of those who were written to answered. The rectors of the institutes contacted also did not respond, and so the complaint procedure came to nothing.

Dr. Stefan Lanka analyzed the first two authoritative publications by the CCDC on Covid-19

In the first authoritative publication by the authors of the CCDC ([A Novel Coronavirus from Patients with Pneumonia in China, 2019](#)) on the results of their research, "A new coronavirus con patients with pneumonia in China, 2019", there is no accumulation of cases with atypical pneumonia ("patient with pneumonia of unknown cause") reported. They report that the patients found can be combined into a "cluster", a group with common characteristics. The common characteristic was the more or less frequent visits to a seafood wholesale market in Wuhan. How small the group of patients with atypical pneumonia actually was can be seen from the fact that the CCDC took swabs and fluids from the lower respiratory tract from only four patients in order to search for known and unknown pathogens.

In this study, which is considered authoritative, it says under **Discussion:**

"our study does not fulfill Koch's postulates"

This clearly proves that this study can at no time be evidence of a novel virus!

Source: [Dr. Stefan Lanka - Science plus – misinterpretation - virus - part 2](#)

In the examinations of the five people, which are documented in the two publications relevant to the corona crisis [1] [2], no research was carried out into the possible presence or history, signs, mechanisms and effects, of these known causes of atypical pneumonia. Virologists usually do not do that anyway and the members of the CCDC were not also due to the panic of the prevailing circumstances. Excluding the mention of atypical pneumonia proves serious medical malpractice and prevents patients from being treated correctly. Those affected run the risk of being treated incorrectly with a cocktail of antibiotic substances rich in side effects, which are capable of causing the death of patients on its own, especially in the case of an overdose. [This is what happened and was documented in the Lancet](#) .

The virologists of the CCDC state in both publications that there is still no evidence from these sequence proposals that they can actually cause diseases. On January 10th and January 12th, 2020 the Chinese sequence proposals were still preliminary and had not yet been subjected to the strict process of scientifically prescribed verification.

[1] [A Novel Coronavirus from Patients with Pneumonia in China, 2019](#)

[2] [A new coronavirus associated with human respiratory disease in China](#)

Further source: [Dr. Stefan Lanka - Science plus - misinterpretation - virus - part - 2](#)

Other authors were honest enough to admit that they failed to attain Koch's postulates

In the publication of January 24th, 2020 [Huang C et al. clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet](#), the authors openly admit:
“we did not perform tests for detecting infectious virus in blood”.

(This also by no means fulfills Koch's postulates)

For a comprehensive analysis of the publications and further studies on Coivid-19, I strongly recommend the gigantic summary by

[David Crowe - Flaws in Coronavirus Pandemic Theory](#) .

This work is continuously updated with the latest findings. It offers one of the most comprehensive analyzes up to this point.

[Matthew B. Frieman, PhD Associate](#) Professor of Microbiology and Immunology and Virologist at the University of Maryland School of Medicine, was skeptical! he said: "[I am stunned by the timeline and speed of this isolation and characterization, if it's all true.](#)"

[Dr. Andrew Kaufman also analyzed the studies on SARS](#)

Andrew Kaufman MD References:

- *Bachelors of Science in Biology MIT*
- *Doctor of Medicine, Medical University of South Carolina*
- *Psychiatry Residency, Duke University*
- *Former Medical Lecturer in Hematology and Oncology, South Carolina Medical University*
- *Former Assistant Professor of Psychiatry, SUNY Upstate Medical University*
- *Licensed and board certified in psychiatry and forensic psychiatry*

Kaufman not only dealt with the publications of the new coronavirus SARS-CoV-2, but also with its predecessor from 2003 (SARS-CoV-1).

He realized that not only SARS-CoV-2 has not been scientifically proven, but also noted that the same mistakes had also been made with the alleged SARS-CoV-1 virus. To come to the point:

The following applies to all publications:

-> Koch's postulates were not adhered to!

-> The postulates according to River were not complied with (modified postulates)

Ergo: not a single scientific proof of a pathogenic virus.

Those who prefer to watch a video to get all the details (I will only list some information in writing) should do so in one of the two videos below.

The video by Andrew Kaufmann ([German](#)) | ([English](#))

Backups are available.

SARS 2003

In the publication in [NATURE - Koch's postulates fulfilled for SARS virus](#), the heading suggests, as so often, that Koch's postulates have been fulfilled.

5 relevant studies are listed there.

However, under **MAIN** it says "*According to Koch's postulates, as modified by Rivers for viral diseases, six criteria are required to establish a virus as the cause of a disease*"

Here it becomes clear that it is not about Koch's postulates, but modified postulates.

In the video by Dr. Andrew Kaufmann, Koch's postulates are compared with those of RIVERS, so that you can understand the differences.

River's postulates do not consist of 4 (Koch's postulates), but of 6.

<h2>Koch vs Rivers</h2>	
<u>Koch (1884)</u>	<u>Rivers (1937)</u>
1. The microorganism found in the ill but not the healthy	1. Isolation of virus from diseased host
2. The microorganism must be isolated from a diseased organism and grown in pure culture.	2. Cultivation of virus in host cells
3. Produce same disease in host	3. Proof of filterability
4. Re-isolation of microorganism	4. Produce same disease in host
	5. Re-isolation of virus
	6. Detection of a specific immune response to virus

1. Rivers, TMJ Bacteriol. 33, 1-12 (1937) .

- Genetic material (DNA, RNA) is not mentioned in any criterion
- ... now it is possible to bring excellent evidence that an organism is the cause of a malady without the complete satisfaction of the [Koch's] postulates. (Page 3)
- ... particularly those [diseases] caused by viruses, the blind adherence to Koch's postulates may act as a hindrance instead of an aid. (Page 4)
- ... **It is obvious that Koch's postulates have not been satisfied in viral diseases. (Page 6)**
- ... In the first place, it is not obligatory to demonstrate the presence of a virus in every case of the disease produced by it. (Page 6)
- ... Viruses, regardless of whether they are parasites or the fabrications of autocatalytic processes, are intimately associated with host cells (page 6)
- ... "by means of inoculation of material ... obtained from patients with the natural disease" (page 11)
- ... If the inoculated animals become sick or die in a characteristic manner, and, if the disease in them can be transmitted from animal to animal by means of inoculations with blood or emulsions of **involved tissues** free from ordinary microbes or rickettsiae, one is **fairly confident** that the malady in the experimental animals is induced by a virus (Page 7)

So in summary he says, if you apply his criteria and adhere to all of them, it is not certain, but you can be fairly confident that a virus caused this disease. In other words, even if all 6 criteria have been applied it will only make you feel pretty confident, **inconclusive, not sure, not 100%**, just pretty confident.

The Nature article claims that the first 3 criteria (River) have been met for the subsequent publications.

The first three criteria - isolation of virus from diseased hosts, cultivation in host cells, and proof of filterability - have been met for SCV by several groups [2](#) , [3](#) , [4](#) , [5](#) .

Now I will briefly summarize what Dr. Kaufman has analyzed, please remember that this is only brief information and you should really watch the video (see above).

First of all, I would like to say that none of the following studies (not even those by Prof. Drosten) adhere to any of River's postulates.

2. Poutanen, SM et al. N. Engl. J. Med. (In the press) .

- No positive isolation of a virus (an attempt was actually made to isolate, but this was negative).
- They did not cultivate in host cells (they took Vero cells from monkeys) These produce in connection with antibiotics (exosomes = the body's own RNA!).
- Proved no filterability. Instead, they used various screening tests for the presence of bacteria and other viruses.

3. Drosten, C. et al. N. Engl. J. Med. (in the press).

- No isolation of a virus, interestingly you found particles that looked like another virus (paramyxovirus) in one sample but not in other samples.
- They have not grown in host cells (they took Vero cells from monkeys).
- No filterability proven.

So the work of Prof. Christian Drosten also does not even adhere to River's modified, lighter postulates.

4. Ksiazek, TG et al. N. Engl. J. Med. (in the press).

- No isolation of a virus (once again, as in Drosten's work, only genetic material obtained).
- They have not grown in host cells (they took different cells from Vero E6, NCIH292, MDCK, LLC-MK2 and B95-8 cells).

- Proved no filterability. Instead, they used various screening tests for the presence of bacteria and other viruses.

5. Peiris, JSM, et al. Lancet 361: 1319-1325 (2003).

- No isolation of a virus (again as in Drosten's work, only acquired genetic material was used)
- They did not cultivate in host cells (they took fetal resus monkey cells)
- Did not prove filterability, they used various screening tests for the presence of bacteria and other viruses instead

In summary (SARS 2003):

In none of these studies were even the first 3 criteria met and thus cannot be claimed as evidence of a pathogenic virus.

SARS-CoV-2 (2019)

So let's take River's criteria for Covid-19 and check whether these were met in the publications.

First of all: none of the following studies

1. met the first 3 criterion.

2. tried to adhere to the 4th and 5th criteria

Because no attempt was even made to comply with the 4th and 5th criteria, one can draw the conclusion from this alone that one cannot say that this could be a new pathogen.

First of all: none of the following studies

1. met the first 3 criterion.

2. tried to tackle the 4th and 5th criteria at all

Because no attempt was even made to adhere to the 4th and 5th criteria, one can draw the conclusion from this alone that one cannot say that any thing could be a cause

[1. Peng Zhou - Discovery of a novel coronavirus associated with the recent pneumonia outbreak in humans and its potential bat origin](#)

- No isolation of a virus (only obtained genetic material).
- They did not grow in host cells (they took Vero cells and Huh7 cells, they only did this in 1/7 of the patients).
- Proved no filterability

You admitted in your study that this study can not provide evidence for proof, but that many more clinical trials are needed to be able to make a statement.

Using a PCR sequence test, they assumed that what was found was similar to the 2003 coronavirus, as the test showed a match of 80%. A human's DNA is 96% identical to that of a chimpanzee ...

2. Na Zhu - A Novel Coronavirus From Patients With Pneumonia in China, 2019 (2020 Feb 20; 382 (8): 727-733)

- No isolation of a virus (only obtained genetic material).
- They did not grow in host cells (they took lung cancer cells).
- Did not prove filterability (they used centrifugation).

You admit in your publication under Discussion:
"our study does not fulfill Koch's

"our study does not meet Koch's postulates"

3. Jeong-Min Kim - Identification of Coronavirus Isolated from a Patient in Korea with COVID-19 (2020 Feb; 11 (1): 3-7)

- No isolation of a virus (only obtained genetic material).
- They have not grown in host cells (they took Vero cells and also used antibiotics)
- proved no filterability

4. McMaster University Canada

Very little information is available on this study. Because only a fraction has been published.

- No isolation of a virus (only obtained genetic material).

- They did not grow in host cells (they took a different type of mammalian cell).

Summarized:

Dr. Andrew Kaufmann comes to the same conclusion as everyone else that there is no scientific evidence of a pathogenic virus. (SARS-CoV-1 and 2)

Despite the claim in ([NATURE](#)) of fulfilling Koch's postulates, in none of the publications on SARS-CoV-1/2 were the Koch's or River postulates fulfilled (0/6 criteria).

Only one of the criteria for 2019 was met. The 6th criterion, the least important of all criteria.

Rumors and lies created a pandemic even though there was no evidence!

Please have a look at the video of Dr. Andrew Kaufman!

The Rotterdam Monkey Experiment (SARS) [Issue 32](#), [May 2020 ExpressZeitung \(pp. 66 - 69\)](#)

SARS: Corona-Virus erster Akt



Am 10. Februar 2003 meldete CNN, dass eine «mysteriöse Krankheit» in der südchinesischen Provinz Guangdong fünf Menschen getötet habe und seit November mindestens 305 Menschen erkrankt seien. Laut Meldungen der Hongkonger Presse habe es sich um Vogelgrippe gehandelt.¹⁵ Am 5. März 2003 rief der in Hanoi, Vietnam, stationierte italienische WHO-Arzt Dr. Carlo Urbani seinen Vorgesetzten Dr. Shigeru Omi, den Westpazifik-Beauftragten der WHO, in Manila an und bat telefonisch um technische Unterstützung. In seinem Krankenhaus in Hanoi seien viele Patienten und Personal an einer von ihm vermuteten Infektionskrankheit erkrankt. Er nahm an, die Betroffenen könnten sich bei einem aus Hongkong eingeflogenen Patienten angesteckt haben. Omi registrierte dies, doch drängte Urbani, am 09.03. an einer Tagung in Bangkok (Thailand) teilzunehmen. Eigentlich aufgrund der Ansteckungsgefahr ein Akt völliger Verantwortungslosigkeit – zumindest wenn man an das offizielle SARS-Theoriegebäude glaubt. Trotz aller Bedenken sass Urbani am 11. März im Flugzeug nach Bangkok. Und siehe da: Noch während des Fluges erkrankte auch er:

«Am 11. März zeigten sich bei ihm die ersten Symptome während des Fluges nach Bangkok. Bei seiner Ankunft bat er einen Kollegen vom CDC, der ihn am Flughafen begrüßte, sich ihm nicht zu nähern. Sie setzten sich mit einem Abstand voneinander und warteten schweigend auf eine Ambulanz mit der notwendigen Schutzausrüstung.»¹⁶

Urbani wurde vom Flughafen aus direkt in die Isolierstation eines Hospitals in Bangkok eingeliefert. Ob seine Symptome eine Folge der von ihm vermuteten Infektionskrankheit waren, war jedoch nicht klar.

Hongkong: Ursprungsort?

Jetzt setzte die SARS-Kampagne ein: Kaum hatte Urbani Hanoi verlassen, gab Dr. Shigeru Omi am 12. März im Namen der WHO einen Bericht heraus und warnte vor einem «Schweren akutem Atemwegssyndrom» «unbekannter Ursache», kurz: SARS. Vorher hatte man noch von einer Vogelgrippe gesprochen. Die WHO schrieb auf ihrer Webseite: «Bisher konnte keine Verbindung zwischen diesen Ausbrüchen von akuten Atemwegserkrankungen in Hanoi und Hongkong und den Ausbrüchen von Vogelgrippe (H₅N₁) hergestellt werden, die am 10. Februar aus Hongkong berichtet wurden. Die Untersuchungen dauern an, und Laboruntersuchungen der Proben aus Vietnam



Genau wie der «SARS-Entdecker» Carlo Urbani verstarb auch der mutmaßliche Entdecker von COVID-19, der chinesische Augenarzt Li Wenliang, an der von ihm gefundenen Krankheit. Warum gerade ein Wuhaner Augenarzt auf die Idee kommt, bei einer Krankheit, die mit keinerlei neuen oder anderweitig besonderen Symptomen daherkommt, einen neuen Virus zu vermuten und sich auf die Suche nach diesem zu machen, bleibt ein Rätsel. Das Ableben des Mannes sorgte auf der ganzen Welt für Schlagzeilen. Das junge Gesicht des 34-jährigen Arztes wurde genutzt, um zu vermittelten, die neu gefundene Krankheit sei sehr gefährlich.

und Hongkong werden durch mit der WHO kooperierenden Zentren in Japan und USA vorgenommen.»

Hongkong wurde ohne Beweise zum Ursprungsort von SARS gemacht, weil Urbani sich bei einem Patienten aus Hongkong angesteckt habe: Aus Hongkong einreisende Personen, die Grippe-symptome aufwiesen, waren fast auf der ganzen Welt ab sofort mögliche SARS-Fälle. In Europa wurden erste Verdachtsfälle mit SARS in Verbindung gebracht, ausserdem erste «Todesfälle» in Kanada. Auch in Deutschland traten die ersten Verdachtsfälle auf. Allein Symptome und ein kürzlicher Besuch Hongkongs reichten für den SARS-Verdacht aus. Am 15. März 2003 gab die WHO eine weltweite Reise-Warnung aus.

SARS-Verdächtige wurden in der Regel sofort, selbst wenn sie keine Symptome zeigten, unter strenge Quarantäne gestellt und mit starken antiviralen Medikamenten behandelt. Mitunter auch mit Antibiotika. Ob erst diese Behandlung die Beschwerden verursachte oder verschlimmerte, wurde nicht untersucht. So starb der italienische Arzt Carlo Urbani, der als Entdecker der Krankheit gilt, in Bangkok möglicherweise an einer Überbehandlung (siehe S.69).

Bild aus Hongkong während der ersten SARS-Epidemie 2003.



Nichts als eine Vermutung

Mitte März 2003 war das globale Wettrennen der epidemiologischen Institute um die «Entdeckung» des geheimnisvollen SARS-Virus jedenfalls in vollem Gange. Dem erfolgreichen Institut winkten nicht nur weltweiter Ruhm, sondern auch grosszügige Zuschüsse zur Finanzierung weiterer Forschungen, Studien und Publikationen. Das Virus blieb einstweilen nichts weiter als eine Vermutung.

Erst drei Wochen später hiess es: «Alle elf Laboratorien, die an SARS arbeiten, stimmen darin überein, dass ein Corona-Virus die primäre Ursache ist», so der WHO-Sprecher Peter Cordingley im Wissenschaftsmagazin *New Scientist* vom 7. April. Fünf Tage später veröffentlichten Wissenschaftler aus Hongkong in der renommierten Fachzeitschrift *Lancet* einen Beitrag über das



Der mittlerweile als Held gefeierte Entdecker von SARS-CoV-1, der italienische Arzt Carlo Urbani, starb möglicherweise an den Folgen einer Überbehandlung.

Corona-Virus als mögliche Ursache von SARS. In zwei von 50 Patienten seien mittels genetischer Testverfahren (PCR, siehe S.52 ff.) Corona-Viren nachgewiesen worden, bei 35 weiteren Patienten spezifische Antikörper. In einer Probe habe man das Bakterium «Escherichia coli» gefunden und bei zwei anderen Patienten die Bakterien «Klebsiella pneumoniae» und «Haemophilus influenzae».¹⁶ Diese Spuren wurden nicht weiterverfolgt, obwohl sie letztlich als Ursprung einer Krankheit nicht viel unwahrscheinlicher waren als die Coronaviren – von anderen Ursachen wie Luftverschmutzung usw., die niemals zur Diskussion standen, ganz zu schweigen. Die Entscheidung war gefallen: Das weltweite Labornetz der WHO würde sich jetzt nur noch mit dem Corona-Virus als mögliche Ursache von SARS beschäftigen.

Drosten lässt grüssen

Zwei Tage später veröffentlichten Wissenschaftler des Hamburger Bernhard-Nocht-Instituts im «New England Journal of Medicine» (NEJM) eine Untersuchung, wonach in SARS-Patienten mittels der PCR-Methode Coronaviren nachgewiesen worden waren. Die gefundenen genetischen Sequenzen ähnelten, so das BNI, den bekannten Corona-Viren jedoch nur zu etwa 50 bis 60%. Mit dabei: Christian Drosten, heute der vielleicht wichtigste Regierungsherater in Sachen COVID-19.

Schlussfolgerung der Publikation: Das neue Corona-Virus, auf dessen Existenz man aufgrund der gefundenen Gensequenzen schloss, «könnte» eine Rolle bei der Verursachung von SARS spielen.¹⁷ Am gleichen Tag erschien im NEJM eine weitere wichtige Publikation der US-Seuchenbehörde CDC, die eine Identifizierung des Corona-Virus als Krankheitsursache für sich in Anspruch nahm.¹⁸

Jetzt grätschte ein Kritiker dazwischen: Frank Plummer, führender SARS-Forscher Kanadas und Direktor eines der WHO-Laboratorien. Am 27. April berichtete U.S. News & World Report, dass laut Plummer in nur 40% der kanadischen SARS-Patienten das Coronavirus zu finden gewesen sei. Bei einer früheren Krankheitswelle seien es ebenfalls nur fünf von neun Fällen gewesen. Gleichzeitig hätten 20% der völlig gesunden Kanadier, die kürzlich in Asien waren, das Virus in sich gehabt. Plummer zeigte sich sehr irritiert von den Ergebnissen und kündigte weitere Untersuchungen an. Weiter hiess es: «Vertreter des CDC halten Plummers Daten für wenig überzeugend gegenüber den unveröffentlichten Studien aus den Niederlanden, wonach die Injektion des Virus in Affen zu SARS-ähnlichen Symptomen führte.»¹⁹

Das Rotterdamer Affen-Experiment

Um welche Studie ging es? Die Erfüllung der Koch-Postulate wurde erstmals von den Forschern der Universität Rotterdam Ende April in Anspruch genommen. Der Schuldspruch gegen das vermutete Virus war zu diesem Zeitpunkt jedoch schon längst gefällt, ohne dass auch nur der geringste wissenschaftliche Beweis vorlag, dass die Atemwegssymptome der angeblichen SARS-Patienten etwas mit einem unbekanntem neuen Corona-Virus zu tun hatten. Am 22. Juli publizierte das renommierte Fachmagazin Lancet einen Artikel mit dem «endgültigen Beweis», dass ein bislang unbekanntes spezifisches Corona-Virus der Verursacher der neuen Krankheit SARS sei.²⁰ Eine Forschergruppe an der Rotterdamer Erasmus-Universität kam darin zu dem Ergebnis, dass die Koch-Postulate durch ihre Experimente mit Affen erfüllt worden seien und damit die Rolle eines spezifischen Virus als Krankheitsverursacher bewiesen sei.

Die Wissenschaftler nahmen eine in einem komplexen Verfahren weitergezüchtete Zellkultur, die ursprünglich von einem angeblich an «SARS» verstorbenen Patienten stammte, und verabreichten sie vier Makakenaffen in den Rachen, die Nase und unter die Augenlider. Die Tiere wurden täglich auf klinische Symptome hin untersucht. Kurz vor der Infektion und jeweils am zweiten, vierten und sechsten nachfolgenden Tag wurden den Affen 10 ml Blut aus den Leistenvenen sowie Abstriche von Nase, Mund, Rachen und After entnommen. Die Tiere zeigten unterschiedliche Symptome wie Lethargie, Hautausschlag und Atemnot, allerdings nicht einheitlich. Das Lungen- und Lymphgewebe mancher Affen zeigte Anomalien.



Ausgabe Nr. 9

Unterschiedliche Themen, aber gleiche Massnahmen!

Einschnitte in die Freiheit wie Flug- und Reiseverbote, die Gängelung der Wirtschaft, das Unterbinden von kritischen Stimmen und die Bevormundung der Bürger zeichneten sich schon vor «Ausbruch» der «Corona-Pandemie» am Horizont ab oder waren teilweise auch schon in vollem Gange. Forderungen nach Massnahmen, wie man sie heute bei Corona sieht, waren eigentlich lange vor allem im Namen des Klimaschutzes bekannt. In einigen Punkten scheint es fast so, als habe das «Corona-Virus» innerhalb kürzester Zeit das «erreicht», was zuvor vergleichsweise zäh von «Klimarettern» vorangetrieben wurde. Zufall? Wohl kaum: Erfahren Sie in den Ausgaben Nr. 9 und 27 mehr über die globalen Ziele, die unter dem Deckmantel des Klimaschutzes verfolgt werden. Die Gemeinsamkeiten zur momentanen «Corona-Krise» sind nicht zu übersehen. Auch in der wissenschaftlichen

Ausgabe Nr. 27



Grober wissenschaftlicher Unfug

Wie schon erwähnt (siehe S.47 ff.) ist die Zuordnung der aufgetretenen Symptome nur möglich, wenn das Virus in Reinkultur vorliegt und seine Zusammensetzung eindeutig bestimmt wurde. Dazu lag jedoch keine wissenschaftliche Publikation vor – auch die Rotterdamer Forscher nahmen dies nicht für sich in Anspruch. Die Affen wurden während der Entnahmeprozeder insgesamt vier Mal mit Ketamin betäubt. Mögliche Nebenwirkungen dieses Medikaments beim Menschen: Lethargie, Hautausschlag und Atemnot, also das, was die Affen auch zeigten. Diese beim Menschen bekannten Nebenwirkungen können sich beim Affen zudem schwächer, stärker oder verändert äußern. Die möglichen Nebenwirkungen von Ketamin wurden in dem Artikel jedoch merkwürdigerweise nicht thematisiert! Im Grunde genommen haben wir es hier mit grober Stümperei zu tun – auf (hoch)wissenschaftlicher Ebene, versteht sich.

Aufgrund von nur vier Versuchstieren, die noch nicht einmal durchgehend die gleichen Symptome zeigten, von typischen SARS- oder Grippe-symptomen wie Fieber und Husten ganz zu schweigen, kamen die Forscher zu der Schlussfolgerung, Corona-Viren seien die Verursacher einer schweren Krankheit. Ein ehrlicher Wissenschaftler würde bei einem solchen Experiment versuchen, alle Einflussfaktoren zu erfassen, die das Ergebnis verfälschen könnten. Dies geschieht üblicherweise durch eine Kontrollgruppe, die man den exakt (möglichst traumatischen) gleichen Haltungsbedingungen und Behandlungen aussetzt, inklusive der Betäubung mit Ketamin. Warum war dies unterblieben? Die im Lancet veröffentlichten Experimente der Rotterdamer Universität waren nicht geeignet, eine virale Ursache von SARS-Symptomen zu beweisen. Der Versuchsaufbau war nicht nur wissenschaftlich fragwürdig, sondern grober Unfug!

Weitere Ungereimtheiten

Die Hälfte der in Peking gemeldeten Neuerkrankungen hatte zuvor keinerlei Kontakt mit SARS-Verdachtsfällen.³⁸

Am 3. Juni fiel der Märkischen Oderzeitung auf, dass die WHO immer nur von «wahrscheinlichen» SARS-Fällen sprach, niemals aber von bewiesenen Fällen. Es gebe keine WHO-Definition für echte SARS-Fälle, sondern «Verdachtsfälle» und «wahrscheinliche Fälle». Die Kategorie «wahrscheinlich» sei die höchste von der WHO vergebene für SARS-Patienten.³⁹

SARS versetzte die Welt 2003 in Schockstarre. Alles blickte gespannt nach China. Am Ende waren die Zahlen verschwindend gering. Ohne Medienkampagne wäre SARS niemandem aufgefallen.



Das Rotterdamer Affenexperiment 2003

Vier Makakenaffen..

..kriegen (nicht-isolierten) vermeintlichen SARS-Erreger in Rachen, Nase und Augen.

..werden gleichzeitig mit Ketamin betäubt.

..werden wenige Tage beobachtet.

..zeigen Symptome, die typisch sind für eine Ketamin-Betäubung.

Keine Kontrollgruppe



Ergebnis:
Das SARS-Corona-Virus ist der Verursacher einer schlimmen Krankheit.

Wissenschaftlich vollkommen wertlos, dennoch im Fachmagazin Lancet veröffentlicht!

Die verwendeten Virentests waren in ihrer Aussagekraft mehr als fragwürdig: Wie die Weltgesundheitsbehörde WHO in einer Pressemeldung am 22. Oktober 2003 mitteilte, gab es für den Nachweis des angeblichen SARS-Virus immer noch keinen «Goldstandard».⁴⁰ Da war die «Epidemie» schon längst vorbei.

Im Sommer 2003 ging die Zahl der «Neuinfizierten» weltweit beständig zurück, das behauptete man zumindest. Offiziell endete die «SARS-Epidemie» mit 8096 Erkrankten und 774 Verstorbenen. Verschwindend geringe Zahlen. Bei aller Tragik für die Betroffenen und ihre Familien war das Gefahrenpotential, das SARS darstellte, geradezu lächerlich. Ohne die weltweite Durchführung von Tests wäre SARS niemandem aufgefallen.

Ob viele der offiziellen SARS-Toten eigentlich an den Medikamenten starben, die man ihnen verabreichte, wurde nie untersucht. Die Süddeutsche Zeitung beschrieb die Behandlung des berühmten Falles Carlo Urbani (siehe S.66) so:

«Sie hatten alles ausprobiert, Antibiotika, neue Medikamente gegen Influenza, ein Virostatikum, mit dem Hongkonger Ärzte angeblich Erfolge erzielt hatten. Geholfen hat nichts. Carlo Urbani war in einem fremden Land, umgeben von sechs verummantelten Gestalten mit Masken, Brillen, Anzügen, Schuhüberziehern, doppelten Handschuhen. Menschen, die ihn nicht berühren durften. Um 11:45 Uhr gaben die Ärzte nach dem vierten Herzinzufuhr mit den Wiederbelebungsversuchen auf.»¹⁰

Wie viele der 774 «SARS-Opfer» in Wahrheit auf Kosten der Nebenwirkungen dieser Behandlung gingen, werden wir nie erfahren.

Armut- und Umweltfaktoren als Ursachen?

Als Ausgangspunkt der «SARS-Epidemie» gelten Fälle von schweren Pneumonien in der chinesischen Provinz Guangdong bei Hongkong. Eine verantwortungsbewusste

Anamnese (siehe S.32 ff.) hätte natürlich die Lebensverhältnisse der Erkrankten miteinbeziehen müssen. Deshalb wären nähere Informationen über die Zustände in Guangdong von Relevanz gewesen. Nur wer sich dem virologischen Tunnelblick (siehe S.45 f.) verschrieben hat, dem wird dabei entgehen, dass die katastrophalen Lebens- und Umweltbedingungen in Guangdong wohl noch heute einen chronischen Erkrankungsrisikofaktor darstellen. Die Provinz Guangdong ist eine Sonderwirtschaftszone und erlebt einen High-Tech-Boom ohnegleichen. Die Schattenseiten dieser rasanten Entwicklung sind jedoch extreme Umweltverschmutzung, niedrige Sicherheitsstandards am Arbeitsplatz und die Entstehung von Slums mit menschenunwürdigen Lebensbedingungen. In Guangdong landet der Computerschrott des reichen Westens und wird dort ohne Schutzmassnahmen und von Hand in seine zum Teil hochgiftigen Bestandteile zerlegt. Hier reichen die Lebensbedingungen völlig aus, um das vermehrte Auftreten von Atemwegserkrankungen zu erklären. Doch diese Lebensbedingungen wurden weder von Virologen noch Politikern oder Behörden als ein zu beachtender Faktor diskutiert – auch 2020 in Wuhan nicht. (tk/ht)



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Conclusion to the article

My appeal to you is as follows, the burden of proof is so devastating as to put an end to the plandemic from one day to the next. Please support everyone who can get us out of this misery. Simply speaking and giving people courage also helps.

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