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8 “Facts” About Coronavirus That Are Actually Lies

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Have you ever pondered the fact that the current COVID lockdown, masks, and fear may be a result of official “facts” that are **not** facts at all but are, well, actually **lies**?

In our opinion, the propaganda campaign surrounding this so-called “pandemic” has achieved its goal. Inundated with voluminous amounts of contradictory information coming from all angles, people in general have succumbed to “analysis paralysis,” confusion and fear.

Many have given up trying to actually understand the situation and apparently have decided that, regardless of how insane or illogical the directives may be, it’s just easier to act like “robotic sheeple” and **obey** ... even if it means giving up freedom and liberty.

We constantly hear about the “new normal” which includes COVID testing, contact tracing, monitoring, surveillance, mask-wearing, social distancing, quarantine and isolation, with the possibility of mandatory vaccinations and microchipping coming soon.

But cognitive dissonance has taken over. For instance, [multiple studies](#) have confirmed that sunlight kills COVID in a matter of minutes, as reported in [a recent New York Post article](#).

In light of this fact, why did Gavin “the Dictator” Newsom recently go full totalitarian and ban activity on the beaches in California? And although multiple studies have shown that [COVID fatality rates are rapidly decreasing](#), the California “dictator” has arbitrarily (and capriciously) proclaimed that indoor activities (including churches, gyms, and bars) in over two dozen counties must be stopped ... except for his winery, of course.

This is the stuff of tortured logic, and it's a primary reason why many "thinking" Americans are suspicious of government's COVID guidance, and frustrated with private business response to the guidance.

There are several official "facts" which have led to this insane state of fear and irrational and illogical recommendations about COVID, and in this article, we're going to prove, without a shadow of a doubt, that they are **lies**.

OFFICIAL "FACT" #1: If a mayor or governor or other "official" issues a COVID directive, it's the same thing as a law.

✗ FALSE

For instance, signs like the one below, seen in store windows across the USA, are **lies**.



There is **no national law** in America requiring citizens to wear face masks.

There are **no state laws** in America requiring citizens to wear face masks.

There are "executive orders" ... which are **not** laws.

There are "government recommendations" ... which are **not** laws.

There are "health and safety guidelines" ... which are **not** laws.

OFFICIAL “FACT” #2: The COVID “Virus” Has Been Identified & Isolated

X FALSE

The international lockdown is based upon the idea that there is a new distinct virus SARS-CoV2 which is spreading, infecting and causing the disease known as “COVID-19.” However, the virus itself has never been **isolated** nor thoroughly proven to be **causing** the disease.

The fact is that the coronavirus fails Koch’s postulates.

“What are Koch’s postulates?”

Robert Koch (1843-1910) was a German scientist who identified the specific causative agents of tuberculosis, cholera and anthrax. He was awarded the Nobel Prize in 1905. Before he died, Koch established 4 criteria to identify the **causative** agent of a disease. These criteria (“Koch’s postulates”) have become a “**gold standard**” for determining the existence of an infectious agent and for isolating and verifying what is causing a disease.

They are as follows:

1. The microorganism must be **identified** in all individuals affected by the disease, but not in healthy individuals.
2. The microorganism can be **isolated** from the diseased individual and grown in culture.
3. When **introduced** into a healthy individual, the cultured microorganism must cause disease.
4. The microorganism must then be **re-isolated** from the experimental host, and found to be **identical** to the original microorganism.

Firstly, SARS-CoV2 (allegedly causing the disease COVID-19) has **not** been shown to be present only in sick people and not in healthy ones. There are countless cases of people having this virus with absolutely no symptoms. So it **FAILS** postulate #1. And since it fails postulate #1, it also **FAILS** postulate #3.

Secondly, SARS-CoV2 has **never been isolated**. Proper isolation must be done with equipment such as electron microscopes and **cannot** be achieved through CT scans (which the Chinese were using) or the PCR test (more on this in Assumption 3 below). So it **FAILS** postulate #2. And since it fails postulate #2, it also **FAILS** postulate #4, since re-isolation cannot take place if isolation has never occurred.

Heck, even a study published in the [New England Journal of Medicine](#) admitted that the coronavirus failed Koch’s postulates.

OFFICIAL “FACT” #3: COVID-19 “PCR” Testing is Accurate

X FALSE

The most common test for COVID-19 is the “Polymerase Chain Reaction” (PCR) test, which is able to replicate DNA sequences billions of times. This test has **SERIOUS** problems.

The PCR test was developed as a manufacturing technique, **not** as a diagnostic tool, and it is qualitative **not** quantitative.

“What exactly does that mean?”

This means that the PCR test can **only** tell you if a virus is present or not, but it **cannot** tell you in what quantities. Most importantly it **cannot** make any accurate assessment about whether the virus is actually **causing** the disease.

Heck, even the [CDC itself admits](#) that a positive PCR test does **not** mean the virus is causing the symptoms you may have!

These are the actual words of the CDC:

“Positive [test] results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. ... Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.”

What? Huh?

If the scientific “gold standard” COVID-19 test (the PCR) doesn’t even provide proof that the virus **causes** the disease, why is everyone rushing around like a headless chicken?

The PCR test doesn’t identify or isolate viruses, doesn’t provide RNA sequences of pathogens, offers no baseline for comparison with patient samples, and cannot determine an infected from an uninfected sample. That is staggeringly useless and [scientifically meaningless!](#)

The reality is that we have no idea how many people actually have COVID-19. The CDC cannot “confirm” something for which there is no accurate test.

OFFICIAL “FACT” #4: The COVID-19 Official “Death Count” is Accurate

X FALSE

When it comes to the COVID-19 “death count,” authorities worldwide are counting the deaths in a way that makes no sense, whatsoever.

Here’s why:

If someone dies after testing positive for *parasitic* infection, they are **not** listed as a “PARASITE-19” death...

If someone dies after testing positive for *fungus* infection, they are **not** listed as a “FUNGAL-19” death...

If someone dies after testing positive for *herpes* virus, they are **not** listed as a “HERPES-19” death... But if someone dies after testing positive for *Coronavirus*, they **ARE** listed as a “COVID-19” death...

Does anyone see a problem here?

The sleight of hand is achieved by counting those who died **with** the Coronavirus as dying **from** the Coronavirus, even though the CDC admits that a positive PCR test does **not** necessarily mean it’s the **cause** of the symptoms or death.

This one trick alone is responsible for vastly skewing the numbers and turning the “official” death count into a meaningless charade bereft of any practical value.

OFFICIAL “FACT” #5: COVID-19 is Exploding in the USA!

X FALSE

“Then why do the COVID-19 cases continue to increase?”

The answer is simple: **because there is more testing.**

Since the Coronavirus is really nothing more than an RNA sequence, it’s far more pervasive than we have been told, and there are far more asymptomatic people than we have been told.

The more we test, the more cases we will find. It’s basic mathematics.

OFFICIAL “FACT” #6: Global “Social Distancing” Directives are Scientific

X FALSE

It’s interesting, depending upon the country, the Coronavirus is able to “travel” different distances. For instance, in China, Denmark, and France, the “social distance” rule is 1 meter. In South Korea, it’s 1.4 meters. In Australia, Belgium, Germany and Spain, it’s 1.5 meters. In the USA it’s 6 feet (1.8 meters), while in Canada and the UK, it’s 2 meters.

Hmmm. That’s not exactly “scientific” is it?

Over long periods of time, social isolation can increase the risk of a [variety of health problems](#), including heart disease, depression, dementia, and even death. A 2015 meta-analysis determined that chronic social isolation [increases the risk of mortality](#) by 29%.

OFFICIAL “FACT” #7: The COVID-10 “Mortality Rate” is VERY HIGH

X FALSE

Most people are more likely to wind up “6 feet under” due to almost anything else under the sun other than COVID-19.

According to [Daniel Horowitz](#):

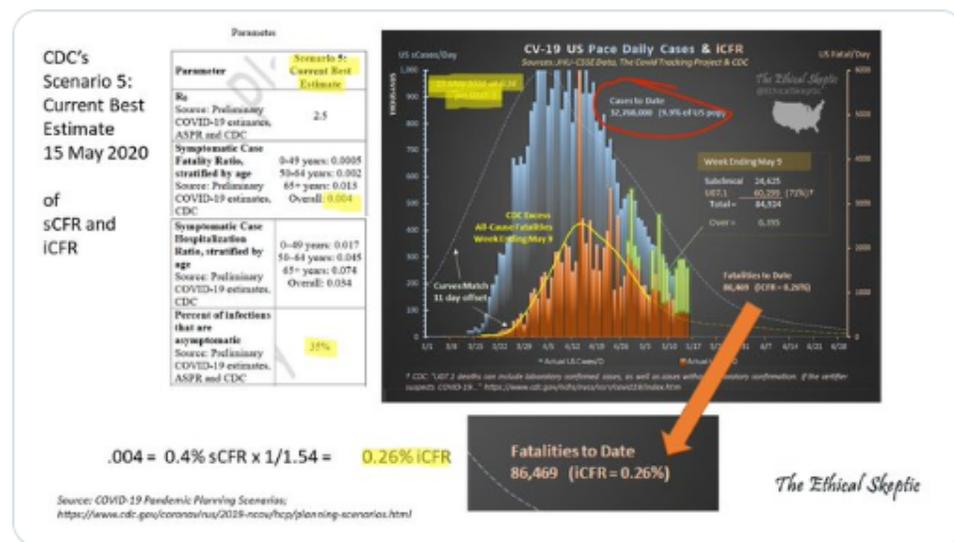
For the first time, the CDC has attempted to offer a real estimate of the overall death rate for COVID-19 and under its most likely scenario, the number is 0.26%. Officials estimate a 0.4% fatality rate among those who are symptomatic and project a 35% rate of asymptomatic cases among those infected, which drops the overall infection fatality rate (IFR) to just 0.26% — almost exactly where [Stanford researchers pegged it](#) a month ago.”

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R ₀ Source: Preliminary COVID-19 estimates, ASPR and CDC	2	2	3	3	2.5
Symptomatic Case Fatality Ratio, stratified by age in years Source: Preliminary COVID-19 estimates, CDC	0-49: 0.0002	0-49: 0.0002	0-49: 0.001	0-49: 0.001	0-49: 0.0005
	50-64: 0.001	50-64: 0.001	50-64: 0.006	50-64: 0.006	50-64: 0.002
	65+: 0.006	65+: 0.006	65+: 0.032	65+: 0.032	65+: 0.013
	Overall: 0.002	Overall: 0.002	Overall: 0.010	Overall: 0.010	Overall: 0.004



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'Nuff Said....



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Four infectious disease doctors in Canada [estimate](#) that the individual rate of death from COVID-19 for people under 65 years of age is six per million people, or **0.0006%** (i.e., 1 in 166,666) which is about the same chance you have of dying in a car accident or getting struck by lightning. COVID-19 is not even as bad as [the seasonal flu](#).

OFFICIAL “FACT” #8: Everyone Should Wear a Mask, Even Healthy People

X FALSE

No studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of COVID-19.

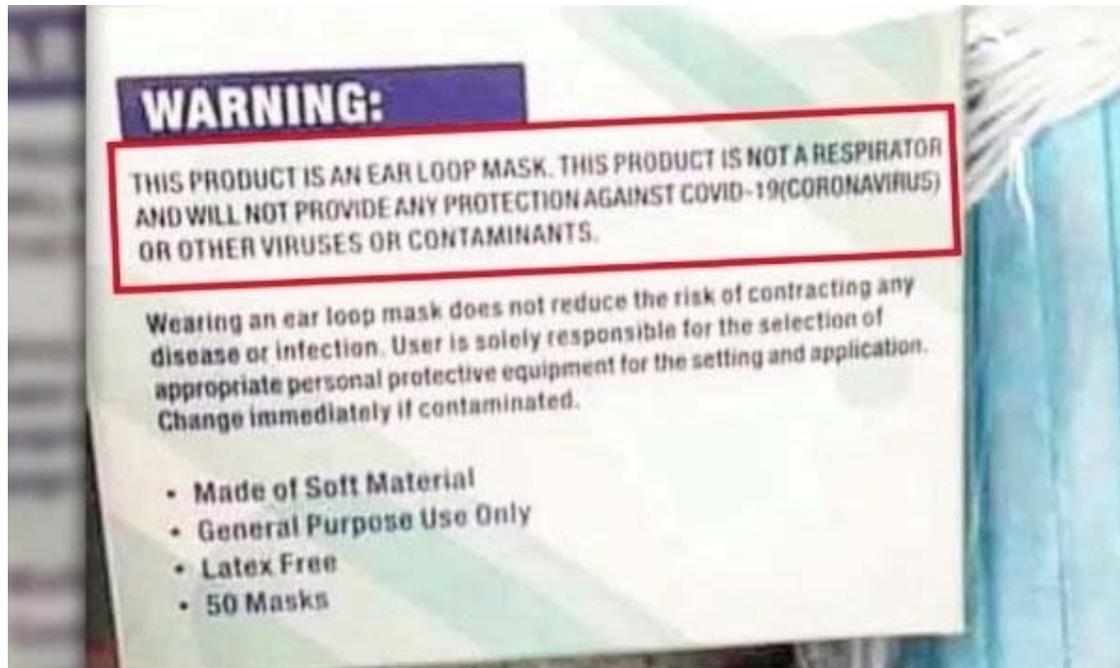
The fact is that masks are designed for surgeons or people who are already sick, **not** for healthy people, [according to the WHO](#).

Plus, the “masks” many people are wearing (bandanas, handkerchiefs, crochet, and yes, even lettuce) are a joke if you think they will stop a virus which is measured in nanometers. They won’t stop a virus.



Wearing a mask is like installing a screen door in a submarine. Those who wear them might as well wear their pants backwards as well. It’s like putting up a chain link fence to keep out mosquitoes.

It is a “psy-op” faux security measure. And due to the COVID-19 fearmongering from the mainstream media liars, the lemmings are all wearing masks, despite the fact that on the box, it says that the mask does **NOT** protect you from COVID-19.



Just say “**NO**” to the “new normal” of wearing masks in public, and don’t let people get away with calling you “selfish” for **not** wearing a mask! Educate them! [Read our articles on masks.](#) Let them know the truth. For those who have ears to hear, it will resonate.

If we allow “mask shaming” to occur, then according to Dr. Joseph Mercola;

The same strategy will be used to label you a “selfish threat” to the public health if you don’t agree to be electronically tagged, tested and tracked by health officials when thousands of COVID-19 “contact tracers” fan out across America to test for COVID-19 infections. It is the same strategy that will be used when you are told you must get an antibody test and obtain an “immunity passport” before you are given back your freedom to participate in society — that is until a fast-tracked coronavirus vaccine is licensed and your passport to life and liberty becomes proof you have received a COVID-19 vaccine — perhaps simultaneously delivered and tracked via a microneedle quantum dot tattoo on your skin.”

The decision to wear a mask is a highly personal one and should not be universally mandated; measures that are meant to protect the community as a whole are ineffective if they hurt individuals in that community.

So, it’s a slippery slope. Stand up for freedom, before it’s gone.

Let me explain where this is going.

In 2020 – a **face mask** is required

In 2021 – a **vaccine** is required

In 2022 – a **microchip** is required

Is this beyond the realm of possibility?

In summary, it's clear that "*Operation COVID-19*" is not only a "scam-demic," but also a colossal and unprecedented worldwide "psy-op."

All the "Executive Orders" and other types of power grabs are based on lies.

We are not looking at 1 virus.

We are not looking at 1 cause.

We are not looking at 1 disease.

We are looking at multiple Coronaviruses, a group of related symptoms and diseases, with multiple causes, inadequate testing, with everything being swept under the COVID-19 "umbrella" to fuel the fake pandemic narrative.

In the words of our friend and investigative journalist, Jon Rappoport:

The stage magic trick is easy to see, once you grasp the tactics: Claim to have discovered a new virus. Say it is spreading and needs to be contained. Invent an umbrella label for the epidemic: COVID-19. Start pulling all sorts of people with all sorts of different conditions under the umbrella and say they're all "cases." Use a diagnostic test that will automatically turn out many verdicts of "infected." And you have the illusion of a pandemic."

The world did not "lock down" during centuries of epidemics of smallpox, and we didn't stop working to prevent epidemics of diphtheria or pertussis or measles.

Societies have not closed businesses and schools to prevent TB or even the Spanish flu pandemic of 1918.

According to [Dr. Joseph Mercola](#):

Tomorrow, the "new normal" in America may well include the order to "show me your vaccine papers" before you can enter a store or restaurant, go to school, attend a football game, get on a plane, train or subway, obtain a driver's license, be admitted to a hospital or nursing home, get a room at a hotel or walk on a public beach, if health policy and lawmakers do not use common sense to adopt a more balanced approach to dealing with a virus that, so far, has changed everything."

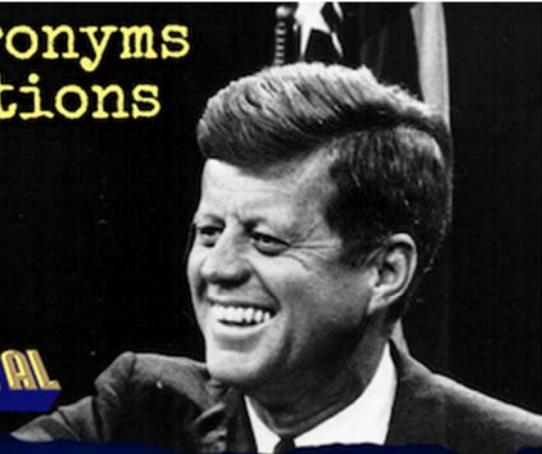
The USA is teetering on a precipice. Are we going to continue to act like "sheeple" ruled by fear? Or are we brave men and women standing up for freedom and liberty?

When are the states going to reopen?

Initials, Acronyms & Assassinations

- JFK
- JFK, Jr.
- MLK
- The "FED"
- GMO
- HIV & AIDS

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