

MISLEADING NEWSPAPER REPORTS

In Hidalgo County in south Texas, when the first two county CV-19 deaths were reported on separate days by the McAllen *Monitor*, the newspaper noted on April 16:

“Hidalgo County announced Wednesday evening that a second resident has died after testing positive for Covid-19.” The words “after testing positive for Covid-19” are inconclusive.

The same *Monitor* article then added, “According to a release from Hidalgo County Judge Richard F. Cortez, the man was a 66-year-old with underlying medical conditions.”

Furthermore, the *Monitor* and apparently all other mainstream media fail to ask whether the 66-year-old man died as a direct result OF the coronavirus, since he very well could have died WITH the virus simply being present—assuming the test was accurate.

As we’ve seen, the CV-19 situation shows that you cannot take anything for granted. The following item really drives that point home, since it involves the test used most widely to determine those CV-19 “cases” that we hear about nonstop on TV.

ABOUT THE PCR TEST

The main test being used for CV-19, which was selected by the WHO. is the PCR (Polymerise Chain Reaction). It detects RNA—the genetic information of the virus. It was invented by Dr Kary Mullis to detect HIV (AIDS). While he won a Nobel Prize for it, he says the PCR has serious limitations. Read carefully what he said about the PCR with regards to HIV, which also applies to CV-19. Dr. Mullis stated:

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

sequences of viruses, but not viruses themselves.” (emphasis added) In other words, the PCR can only detect proteins that are assumed to be unique to CV-19.

Moreover, a CV-19 diagnosis does not even require symptoms. And when you compare the CV-19 illness with the seasonal flu (BOTH ARE CAUSED BY DIFFERENT STRAINS OF THE CORONAVIRUS) the typical symptoms that some may experience are essentially the same. And while the PCR test is not used in every affected country for CV-19, it is the most common test. Yet the PCR test cannot isolate a specific coronavirus strain, nor can it determine the viral load. And it returns many false positives.

ARE STRICT LOCKDOWNS REALLY HELPING?

A look at recent data from the www.Worldometers.info website shows that countries with minimal or no lockdowns generally had lower percentages of deaths in relation to their number of cases.

For example, six countries that have enforced some of the strictest lockdowns (France, Italy, the UK, Spain, Belgium and the Netherlands) averaged 11.85% deaths per number of cases. The highest of the six was Belgium at 13.4%. Those six European nations also showed the highest number of cases as a percentage of the population.

Compare that with nations that had little or no lockdowns, The highest number you’ll likely find among the more easygoing countries is Sweden at around 9% of deaths per cases. And those nations with looser rules also had lower numbers of cases as a percentage of the overall population. (EDITOR’S NOTE: Focusing on such percentages is the most accurate approach, since most of the strict countries have larger populations)

EMPTY HOSPITALS, SUFFERING SENIORS

Unemployed citizens with time on their hands have visited hospitals in Queens and Brooklyn, New York (simply to verify media claims that N.Y. hospitals were among the nation’s busiest, due to being

overwhelmed with people either sick with CV-19 or wanting to get tested). But those hospitals were found to be virtually deserted with minimal staffs. Indeed, hospitals from New York, to Ohio, Michigan, Indiana, Texas, California and elsewhere HAVE NOT been found to be overwhelmed with CV-19 patients.

But the staffing shortages which have arisen at nursing homes (some nursing staffers have been asked to stay home if they have the sniffles or a slight fever) have led to some elderly people being neglected and needlessly dying. Meanwhile, cancer and heart patients in the U.S. have been forced to delay treatments. Indiana’s mental health and suicide hotline went from receiving roughly 1,000 calls a day before CV-19 to about 25,000 calls a day during the lockdown. Indiana’s addiction hotlines went from 20 calls per week to 20 per day.

The CITIZEN REPORTER is a collaborative citizens project across the U.S. We feel that this more complete data raises questions about proposals for mandatory vaccines and forcing the people into a suffocating world of constant travel restrictions and the nonstop monitoring of the activities and personal information of individuals. Plus, prolonged isolation without sufficient sunlight and proper exercise is well known to cause depression, weaken the immune system and make people MORE PRONE to illnesses.

Meanwhile, vested interests stand to make billions in profits from vaccine development.

According to the National Health Federation (www.theNHF.com) when the World Health Organization in February 2020 first declared CV-19 to be a pandemic, the WHO claimed the CV-19 death rate was 3.4%, while the seasonal flu’s rate was 0.1%. The media ran with those numbers. But the WHO applied two different formulas for the two viruses. For CV-19, the WHO did not count any of the mild CV-19 cases that resolved themselves. Yet they DID count resolved cases with the seasonal flu. Isn’t that a form of fraud?

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