

THE CITIZEN REPORTER

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*A nationwide antidote to corporate news,
covering Covid-19 and other matters*

EVER SINCE THE CORONAVIRUS (Covid-19, or CV-19) first reportedly hatched in China, up to the present time, important information has either been left out of newspaper and TV reports, or it has only been reported on rare occasion. A prime example is the high number of CV-19 recoveries.

Most of the newspaper and TV reports focus on “cases” and “deaths,” without explaining that the vast majority of people who come in contact with the virus either experience minor to moderate symptoms, or they don’t get sick at all.

For example, according to the detailed website www.worldometers.info/coronavirus, which contains a broad spectrum of information that your evening news usually ignores, there were 2,771,919 (just shy of 2.8 million) “currently infected” patients on a worldwide basis as of May 21, 2020, about 3 p.m. CDT.

But get this: Of those who were listed as infected worldwide, 98%, or 2,726,220, were listed in “mild condition,” and 2%, or 45,699, were “serious or critical.” The “serious or critical” figure was 4% as of April 17, so that’s a notable improvement. Furthermore, according to that same May 21 report, there were nearly 2.4 million closed cases (worldwide cases which had an outcome). Of those, 86%, or 2,059,298, FULLY RECOVERED AND WERE DISCHARGED, up from 571,577 who recovered and were discharged as of April 17. That means recoveries nearly quadrupled from April 17 to May 21 worldwide. The worldwide deaths as of May 21 were reportedly 332,702, or 14%.

Are cases and deaths being over-counted?

BUT WHAT DID THEY ACTUALLY DIE OF?

Actually, the proof that all so-called CV-19 deaths were actually caused by the coronavirus is severely lacking. That’s because deaths caused by other medical conditions are often erroneously reported as “CV-19 deaths.” This is very deceptive.

Things get much clearer when you consider an especially interesting item issued by the National Vital Statistics System, or NVSS (a division of the CDC which is a federally supported local, state and national system of sharing data). Back on March 24, 2020, the NVSS announced a new ICD Code for CV-19 deaths. Starting with a question and then answering it, the NVSS, word for word, issued the following statement:

“Should COVID-19 be reported on the death certificate only with a confirmed test? COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death.”

Notice the word “assumed,” and take note that the underlined words in that statement were emphasized by the NVSS, not by the CITIZEN REPORTER.

That means CV-19 confirmations are not required for listing a death as being caused by CV-19. Let that sink in for a moment.

So, whatever the government, the TV news and the newspapers report at any given time as the “official” coronavirus death count may be exaggerated to a significant degree.

The Scientific Advisor to Italy’s Health Ministry stated: “The way that we code deaths in our country is very generous . . . all the people who die in hospitals WITH the coronavirus are deemed to be dying OF the coronavirus.” (Underlined capital letters

added by CITIZEN REPORTER).

Bernhard Benka, a member of Austria’s Corona Task Force, confirmed that patients dying there both WITH and FROM the coronavirus were counted as CV-19 deaths. And in Spain, a 21-year-old male’s death was marked as CV-19 despite suffering from Leukemia.

If a patient is suffering from the complications of a serious long-term illness and would probably pass away anyway, does the mere newfound presence of the coronavirus somewhere in that person’s system (perhaps in their nasal cavity) mean that he or she died as a direct result of CV-19? And what if the testing is inaccurate in the first place?

The average age of the deceased related somehow to CV-19 is about 80 years, typically someone who had one or more serious illnesses or conditions (such as breathing problems from smoking, or from the elderly being exposed to significant pollution in the air, such as in Northern Italy’s industrial sector).

- Meanwhile, medical malpractices in the U.S. alone cause about 250,000 deaths per year—conservatively speaking. Some estimate it’s 400,000 or more.

- Even bacterial infections from hospital stays, such as staph infections, result in about 100,000 deaths per year in the U.S. alone, causing a \$45 billion yearly economic burden.

- The above deaths happen EVERY YEAR, YEAR AFTER YEAR. Why is there no urgent official effort to get to the bottom of the huge number of medical-malpractice deaths and infection deaths?

- Even the seasonal flu typically claims upwards of 60,000 deaths a year in the U.S. alone, rivaling CV-19’s alleged U.S. death toll (the U.S. CV-19 death figure was said to be 95,921, as of about 3 p.m. Central U.S. time on May 21, 2020, but with about 380,000 recoveries). And, in the winter of 2017-2018, the U.S. seasonal flu death toll from the H3N2 virus was estimated at 80,000, yet there was no lockdown, panic or obsessive mask-wearing at the time.

>>> TURN OVER >>>

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, 2020:

“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.” (Emphasis added by CITIZEN REPORTER)

Furthermore, the *Monitor* and apparently all other mainstream media fail to ask if 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 even accurate.

Clearly, we cannot take anything for granted. The following item really drives that point home.

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 about 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. Let that sink in for a moment, too.

Furthermore, the PCR test cannot isolate a specific coronavirus strain, nor can it determine the viral load. And it returns many false positives.

DO ALL SCIENTISTS AGREE ON CV-19?

Absolutely not. But the major media censors the views of doctors and scientists who question the common CDC-WHO narrative. Take Knut Wittkowski. For 20 years, he headed epidemiology, research design and biostatistics at Rockefeller University’s Center for Clinical and Translational Science. Asked by the UK’s “Spiked” online news outlet “Is Covid-19 dangerous?” he flatly replied in a May 15 report: “No, unless you have age-related severe co-morbidities (serious pre-existing conditions that put the person at-risk of dying from those conditions). If you are in a nursing home because you cannot live by yourself anymore, then getting infected is dangerous.”

Wittkowski also noted: “The Navy ship sent to New York by President Trump (to absorb the spillover from expectedly crowded hospitals) had 179 patients but it was sent back because it was not needed.” He went on to say that governments never had a broad discussion to hear from doctors, epidemiologists, scientists, etc. to gather diverse viewpoints in the first place. Because of that failure to convene a meeting of a wide array of experts, bad projections were accepted, including a major one by the UK’s Dr. Neal Ferguson who predicted 500,000 people would die from CV-19 in the UK alone. His projection was grossly inaccurate (the total alleged CV-19 UK deaths were 36,042 as of 4:30 p.m. Central U.S. time May 21).

AS FOR WEARING MASKS, Dr. Judy Mikovits, a U.S. virologist, gave a recent interview posted on You Tube (talking with health specialist Robyn Openshow): “We’re humans. We have to breathe oxygen. We can’t breathe back in our own toxic air,” she said, referring to how masks tend to interfere with the process of exhaling carbon dioxide (which is a waste gas, that’s why we exhale it). “You cough into your own

mask and you suppress your immune system It’s horribly immune-suppressant. So, for healthy people . . . you’re activating endogenous (internal) viruses.”

Talking with Ms. Openshow separately, Dr. Rashid Buttar added: “When you wear a mask, you’re reducing the flow of oxygen. By reducing the flow of oxygen, you’re taxing your system. You’re going to cause the release of steroids—of cortisol—the stress hormone. When the stress hormone goes off, then you have a suppression of the immune system.”

Wittkowski and California Dr. Daniel Ericson, in a Bitchute online discussion, concurred that without a lockdown in the U.S. and elsewhere, the flu caused by Covid-19 would have peaked in about a 5-week period. And they said that the lockdown to “flatten the curve” actually prolonged the problem. Since most people besides the elderly and feeble would have easily survived the CV-19 flu if they showed symptoms at all (in which case they were already basically immune due to having good health) they would have developed a natural immunity, thereby preventing the need for a CV-19 vaccine.

However, vested interests stand to make mega-billions in profits from vaccine development and therefore benefit from the lockdown. The Bill and Melinda Gates Foundation wants to develop a CV-19 vaccine and owns 500,000 shares of the World Health Organization. The WHO collaborates with the CDC, which is headed by Dr. Anthony Fauci. He is given nonstop media attention while other voices are suppressed. (Bill Gates’ past vaccination efforts in Third World countries have caused scores of deaths and paralysis).

Lastly, according to the National Health Federation (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 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? [*Write to CITIZEN REPORTER via skutfarkis46@gmail.com*]