

Unmasking the Viral Paradigm

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Why did the vast majority of people go along with the disastrous COVID-19 measures? We believe it was fear. Not just the fear of getting into trouble for non-compliance with arbitrary and draconian “rules” but the belief in, and imminent fear of, a “deadly virus”. Fear is a primal human emotion and it never fails to command attention, particularly when there is a *perceived* threat to health or life. Hence, the COVID events were largely tolerated because microbes have long been feared - in fact, virtually all of us are raised in a world where we are taught that germs can kill us. For many, the greatest threats are thought to come from viruses such as ‘HIV’, smallpox, ebola, and since 2020, SARS-CoV-2.

In 2020 when the media and government started talking about a novel “coronavirus” that could cause a serious if not fatal disease, most people took this as a fact. They believed that the government-promoted virologists, doctors and other “experts” had carefully made the conclusive scientific discoveries that supported their claims. It would be fair to say that only the tiniest minority examined the evidence for such claims themselves. Perhaps a significant part of the reason for this is that the evidence is mostly conjured from the depths of arcane virology papers. A place where the source material can be difficult to decipher for the uninitiated, which includes the vast majority of doctors and health practitioners.

However, this is precisely where we need to go in order to establish the facts, not just about the claimed existence of ‘SARS-CoV-2’ but about the existence of all viruses. Doing so reveals one of the greatest blunders, if not outright frauds of medical science - a virological fraud that has not helped humanity, only harmed it with its onslaught of fear-based narratives, unnecessary and ineffective vaccines, and distractions from the real causes of illness. It has also enabled vast transfers of wealth from populations to a small cabal of medico-pharmaceutical entities and their allied beneficiaries. That is why the subtitle of *Virus Mania* reads, “how the medical industry continually invents epidemics, making billion-dollar profits at our expense.”¹ This book, first published in 2007, is an exposé that details how the pandemic industry was nefariously created through viruses that have never been shown to exist. Unfortunately, the book has proved prescient regarding fake pandemics becoming bigger and more coordinated since its original publication.

Indeed, the blockbuster for the pandemic industry, at least so far, was COVID-19 because the event encompassed most of the world’s population with the majority of countries in lockstep. It was an assault of horrendous scale on humanity’s health, resources and trust. And it all hinged on one thing: the purported existence of a dangerous and contagious particle termed ‘SARS-CoV-2’. Therefore, when it comes to the scientific considerations related to COVID-19, determining the existential status of the SARS-CoV-2 virus is by far the most important part of unravelling the apex of the fraud.

So how was the world conditioned to accept the appearance of the new “virus”?

At the start of 2020, murmurs began circulating about a brewing “coronavirus outbreak” in Wuhan, China. The details were sketchy and came through social media posts and stories on news platforms that were full of mystery and contradictions.² Rumors circulated that the virus could attack anyone and even relatively young people were reported to be dropping dead in the street.³ Comparisons were made to the “SARS outbreak” in 2002 - a condition with a very high fatality rate (~10%) and apparently also caused by a coronavirus.⁴ So it would not be an exaggeration to say that these rumors about a new disease caused by a “deadly virus” rapidly gained traction. Most of the population watched with trepidation to see what would happen.

A series of statements from the World Health Organization’s Director-General, Dr Tedros Adhanom Ghebreyesus (Tedros) then gave apparent credence to the purported events that were unfolding in China. On the 22nd of January, 2020, Tedros provided the first hint that the declaration of a “pandemic” was just around the corner:

“The decision about whether or not to declare a public health emergency of international concern is one I take extremely seriously, and one I am only prepared to make with appropriate consideration of all the evidence. Our team in China is working with local experts and officials to investigate the outbreak.”⁵

Then on the 11th of February, 2020, Tedros introduced the term that would shortly afterwards become a household name - ‘COVID-19’. He sent the initial warning that “weapons” would need to be deployed, including vaccines, and somehow knew it was a “long-term” event in the pipeline:

“First of all, we now have a name for the disease: COVID-19. I’ll spell it: C-O-V-I-D hyphen one nine – COVID-19...There are many basic public health interventions that are available to us now, and which can prevent infections now. The first vaccine could be ready in 18 months, so we have to do everything today using the available weapons to fight this virus, while preparing for the long-term. We’ve sent supplies to countries to diagnose and treat patients and protect health workers.”⁶

Thus, on the 11th of March, 2020, there was no real surprise when Tedros declared that there was a “pandemic”:

“Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death...We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus.”⁷

The announcement gave the WHO’s 194 member states⁸ the green light to unleash their, “available weapons to fight this virus.” Within weeks, governments everywhere were subjecting their populations to civil rights suspensions, lockdowns, face masks and a daily dose of fear messaging through government announcements, shamelessly parroted and amplified by the corporate media as well as most Big Tech platforms. Despite having no evidence that there was any new health crisis in

their communities very few people offered any resistance to the unprecedented and draconian measures. Even fewer offered any resistance to the notion that there was a coronavirus on the loose as described by Tedros and the WHO's acolytes.

Before examining the claimed source evidence for the existence of the virus said to be responsible for 'COVID-19', it is instructive to outline some of the *prima facie* problems that were already apparent regarding the declaration of a pandemic involving the alleged new disease.

A paper published in the *Lancet* on the 24th of January, 2020, described a "cluster" of 41 patients in Wuhan⁹ (a city of over 13 million inhabitants¹⁰) that were said to have the disease soon to be called 'COVID-19'. The most common symptoms noted were fever, cough, and myalgia or fatigue. Abnormalities of the lungs were reported in the chest imaging of all patients, as would be expected for a diagnosis of pneumonia. In no way could it be concluded from these findings that something new had manifested itself. Furthermore, pneumonia is a very common problem in China particularly in highly polluted cities such as Wuhan.¹¹

So how was it claimed that the 41 patients had a new disease? The authors of the *Lancet* paper stated that, "by Jan 2, 2020, 41 admitted hospital patients were identified as laboratory-confirmed 2019-nCoV ['SARS-CoV-2] infection in Wuhan."¹² In essence, they claimed that a new polymerase chain reaction (PCR) test had diagnosed the new disease.

Suspiciously, this test was being used several weeks before Christian Drosten et al. had even published "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" in the journal *Eurosurveillance* on the 23rd of January, 2020.¹³ It has always been clear that the PCR is not suitable in this application for determining the presence of a clinical disease.¹⁴ However, even on their own terms, how had the test been validated as a clinical diagnostic tool? (Drosten's paper clearly did not - it was only validated as a laboratory process.) Oddly, most doctors did not question how the disease and its purported 'gold standard' test had arrived on the scene simultaneously. It smacked of fraud from the beginning but as will be explained, the fraud goes even deeper as ultimately a test cannot be validated against something that does not exist. (Unfortunately, positive tests do make the "virus" appear real to many people¹⁵ and there is a tendency to conclude that the same test result means that they have the same "thing".)

It was certainly clear from the start of the COVID era that the PCR had no validity as a diagnostic tool. On the 22nd of March, 2020, "Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19" was published in the *Journal of Medical Virology*.¹⁶ The findings showed that within individual "cases" the COVID PCR tests could fluctuate from positive to negative (and vice versa) over the space of 24 hours. This was during the time the patients were hospitalized no less. Instead of declaring the tests useless (which would have probably resulted in the journal rejecting the paper), the authors suggested, "our findings indicate that RT-PCR test results of pharyngeal swab specimens were variable and potentially unstable, and it should not be considered as the only one indicator for diagnosis..."

"One of the few leaders to go against the international 'case' hysteria was Tanzania's

President, John Magufuli. As reported by Africa News on the 6th of May, 2020: ‘On Sunday President Magufuli, who has consistently downplayed the effect of the virus shocked the world when he said animals, fruits and vehicle oil had been secretly tested at the laboratory. Now, take a read at some of the specific things he said had been tested. A papaya, a quail and a goat. All of them he says had been found to be positive to Covid-19’.”¹⁷

Instead of admitting there might be a problem with the way the PCR was being used, the corporate media and platforms such as *Wikipedia* smeared Magufuli as a ‘COVID-19 denier’, even going as far as suggesting he died of COVID-19. If he was not killed, the irony remains how could they allege the diagnosis using the same falsified PCR test that Magufuli had already demonstrated was incapable of making a clinical diagnosis?¹⁸

By the middle of the year there was still no clear evidence for the claimed new disease when the Cochrane group published a systematic review of ‘COVID-19’ on the 7th of July, 2020.¹⁹ The conclusion of the review was of paramount significance because it stated that, “based on currently available data, neither absence nor presence of signs or symptoms are accurate enough to rule in or rule out disease.” This meant that the traditional diagnostic techniques - taking a careful history and examining the patient - were essentially useless in determining whether a person had the alleged new disease. There were no specific symptoms and signs to speak of and the cases all ultimately hinged on the PCR.

The facade of a supposed new disease pandemic continued the following month when the WHO published its official COVID-19 case definition on the 7th of August, 2020.²⁰ The document stated that a confirmed case was:

“a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.” [emphasis added]

In other words, it was a continuation of the loop of circular reasoning that was first created when the original 41 Wuhan patients were said to have ‘COVID-19’ - a case was defined by a test and the test defined a case. The WHO case definition was a monumental sleight of hand that disconnected the clinical condition from a case. The floodgates were now open to generate not only meaningless case numbers but to also falsely attribute deaths to the WHO’s imaginary condition.

We also need to take pause here to consider the WHO’s insertion of, “irrespective of clinical signs and symptoms” into the case definition. Most people would assume that a pandemic would involve a huge number of sick people - that is, the counted cases have an actual disease. However, the confirmed ‘COVID-19’ case definition did not require anyone to be sick, it simply required them to have a positive PCR test or in subsequent years a positive rapid antigen test (RAT).

On first glance it may appear incredible that there could be an officially-declared pandemic without any confirmed new clinical disease or any global increase in sick people. However, it can be understood by taking into account a high-level deception that took place in 2009. That was the year

the WHO unilaterally redefined the definition of ‘pandemic’ and the words, “with enormous numbers of deaths and illness” were suddenly excluded from the existing meaning.²¹ From that point onwards all there needed to be was case numbers that could be defined in any way desired.

All of these factors contributed to the staging of the COVID-19 event, an event that was unrelated to any natural biological phenomenon. It is why independent researchers concluded that the nature of the “pandemic” boiled down to one of testing, not one of a new disease:

“Even the mainstream media had difficulty hiding the fact that asymptomatic cases were the majority of the positive cases as well as the fact that the more testing that was done, the more cases that would ultimately be ‘found.’ ...If the tests went away, so, too, did the ‘pandemic’.”²²

In our experience, many lay people we encountered realized that COVID-19 was a scam or at least an event of no more significance than seasonal influenza. They did not feel the need to investigate the matter any more deeply because in their own communities there was clearly no “deadly pandemic” to be concerned about. The barrage of government press conferences and fear-based narratives across media platforms clearly did not reflect what was happening on the ground. For example, this was confirmed by the research of Dr Denis Rancourt who demonstrated that the only excess mortality that was seen related to the COVID-19 measures and the vaccine rollout, not a claimed pandemic.²³

Unfortunately, there was an almost unreserved acceptance of the COVID narrative amongst the so-called scientists and apparently almost the entire medical establishment and workforce. When we expressed our concerns to other doctors about why the pandemic had no basis, they often pointed to the “virological evidence” to dismiss such notions. It would typically be in the form of a publication that claimed to “isolate” SARS-CoV-2 (in the paper's title) or the alleged virus genome databanks housed on websites such as GISAID.²⁴ They have not been willing to consider the possibility there may be fatal flaws in the entire virus model and that the methods used to produce the data do not qualify as scientific. Lending support to this, Vera Sharav shared an observation that outlined this commonly-encountered resistance to critically examine the foundational evidence:

“Medical doctors who have been indoctrinated to accept virology as the cornerstone of medical practice are loathe to consider the possibility that it may be akin to a faith-based catechism...If we have learned anything about who are the most susceptible to accept without question the directives issued by authorities - it is those with the highest university ‘pedigrees’. By contrast the blue collar working class people scoff at the COVID narrative as ‘that hoax’.”²⁵

While there are millions of SARS-CoV-2 “genomes” deposited in the databanks at sites like GISAID, the pseudoscience of the entire paradigm can be illustrated by examining just one. This is not a casual claim. It is a claim made following years of investigation into the history of virology and its methodologies, both of which rely on the prior assumption that viruses have always existed. Instead of genuinely attempting to falsify the hypothesis, as the scientific method requires, we have

instead witnessed the unscientific practice of molding all subsequent observations to fit the model. As Mark wrote in *A Farewell to Virology*:

“...one of the pivotal issues with virology was that it invented itself as a field before establishing if viruses actually existed. It has been trying to justify itself since its inception: In this instance, a virus particle was not observed first and subsequently viral theory and pathology developed...The extant presupposition of the time was that a very small germ particle existed that may explain contagion. What came thereafter arose to fulfil the presuppositional premise.”²⁶

In his treatise outlining a formal refutation of the virus model, Mark predicted that virology’s final stand would be genomics. While many of the lay public can now see straight through the scam of COVID and the wider pandemic industry, unfortunately the imagined high science of genomics looks set to perpetuate the failed hypothesis that viruses exist for some time yet. The paradigm and its supposed experts provide the false fuel in the form of “virus genomes” for the medico-pharmaceutical industry as well as the government agencies and their enforcers.

The reason we can examine just one paper that alleged to isolate SARS-CoV-2 and decipher its genome is that when it comes to scientific evidence, the virologists are now on their final gasp. The 20th century was marked with a series of failures for the virus model and they have nothing left to fall back on. For example, in the 1930s with the advent of the electron microscope, it became apparent that the imagined viruses could not be found within the tissues of those said to have “viral illnesses”.²⁷

This resulted in the development of the indirect cell culture technique in the 1940s and 50s where specimens from diseased organisms were added to typically abnormal cell lines in the laboratory. If the cells broke down under the microscope, it was then declared that viruses were the cause. However, the cells can also be shown to break down without the addition of any specimen, that is, the procedure itself can cause the same effects.²⁸ There is also an overriding flaw in the technique in that it cannot establish whether the hypothesized viruses even exist in nature.²⁹ In effect, the virologists cannot identify an independent variable in their experiments, they can only continue to imagine there is one.

By the 1980s the biotechnology industry was gaining traction and the virologists moved away from their traditional experimental techniques to embrace molecular detection technologies. This coincided with the onset of the ‘HIV’ era and the widespread use of antibody tests. The fact remains that no ‘HIV’ particles were ever physically isolated and characterized from an alleged human case.³⁰ Instead, the antibody tests were used as supposed laboratory and epidemiological evidence for the spread of a “virus”. The farcical nature of these “virus specific” antibodies has been exposed numerous times, including in 2020 when a COVID-19 vaccine candidate caused all 168 recipients to develop positive ‘HIV’ antibody tests.³¹ They were then declared ‘false positive’ results of course in order to keep the ‘HIV = AIDS’ industry intact.

In 1996, a significant paper on this timeline was published: “Sequence-Based Identification of

Microbial Pathogens: a Reconsideration of Koch's Postulates".³² It marked a further move away from experimental virology and natural biology into further dependence on molecular techniques. That is, another move away from attempting to find actual viruses and into a paradigm of using the detection of genetic sequences as surrogate evidence instead. Since the turn of this century we have witnessed an exponential increase in the use of genomics and the virologists have been one of the major beneficiaries. It is apparent that one of the warnings in the 1996 paper has been mostly ignored:

*"However, with only amplified sequence available, the biological role or even **existence** of these inferred microorganisms remains unclear."* [emphasis added]

This is of vital important because no definitive evidence for any virus was produced last century. The virologists started the 19th century with the *assumption* that viruses existed and their monumental scientific failures, some of which are outlined above, meant that they started the 20th in the same position. The only difference was the claim that biotechnological developments, including genomics, were now the mainstay of studying their imagined viruses, a position further removed from demonstrating viruses actually exist.

This may seem like a lengthy lead-in to the analysis of one of the foundational papers in 2020 that formed the basis for the declaration of a "novel coronavirus" but it serves an important purpose. The fact remains that viruses, as defined by the virologists,³³ remain hypothetical constructs. The COVID story, as outlined above, exposes why there is no need for any "virus" to explain this chain of events. There was no evidence for a new disease called COVID-19, the case definition was nonsensical, and the "test" that defined the cases was clearly farcical in clinical use. On face value it may appear that such an ill-defined entity as COVID would mean it would be difficult to fake one virus as the "cause" of everything. However, an understanding of the virologists' methods and the claimed permitted vagaries of how these imagined particles behave made the task fairly easy.

On the 3rd of February, 2020, the team of Fan Wu published "A new coronavirus associated with human respiratory disease in China" in *Nature*.³⁴ Their claim that they had found a new coronavirus rested on a *single* case - a 41-year-old man admitted to the Central Hospital of Wuhan in late December 2019. His clinical presentation as described was entirely consistent with pneumonia, a common problem in Wuhan as already outlined. It is unclear why the authors thought the man had a new disease or a unique cause but they stated, "to investigate the possible aetiological agents associated with **this disease**, we collected bronchoalveolar lavage fluid (BALF) and performed deep meta-transcriptomic sequencing." [emphasis added: note how they call it "this disease" instead of pneumonia.]

'Deep meta-transcriptomic sequencing' means they went on a 'fishing trip' and sought to identify *all* of the RNA sequences in the man's lung fluid. The process has no capacity to determine where the RNA originally came from or the relevance of its presence. Possible origins of the RNA in these specimens includes the patients's own cells, any of the millions of microbes that are found in the lungs (in sickness and health) and from inhaled environmental sources. The presence of RNAs may relate to cellular expression or they may simply be "passengers" in the air filtration system that have nothing to do with the patient's condition. It is only in the paradigm of virology that it has

been decided in advance that some of the RNA (or DNA) can equate to proof of a virus. Fan Wu's sequencing process started with the detection of millions of short RNA sequences present in the lung fluid. After this the natural world was left behind and the pipeline moved *in silico* (into a computer) using probability algorithms to find potentially overlapping sequences and create longer runs. The largest of these assemblies was lined-up as a proposed hypothetical "genome". This construct was then designated as 'WH-Human 1 coronavirus' - later to be called 'SARS-CoV-2'. It should be noted that this is the point in the paper where the authors commit an act of literary legerdemain and the word "virus" appears without having demonstrated that one actually exists. So how did they know this was the genome of a new "virus"? They compared it to two other alleged coronavirus genomes on the genetic databanks and found similarities, including a "nucleotide identity of 89.1%" to one of them. However, these two previous "genomes" were also hypothetical computer entities put together through similar processes.³⁵

These are not viruses, they are stitched-together genetic sequences of unknown origin and significance, found in crude biological mixtures. In our research we have followed the trail of "coronavirus genomes" back to the original ones that were first published in the 1980s.³⁶ Here we found the foundational fraud of the phylogenetic³⁷ tree that has been put forward as the supposed evidence for the coronavirus 'family tree'. In not one of these experiments did they physically isolate or show that any of their samples contained anything that met the definition of a virus.

Fan Wu et al., like all of the virus-hunters before them, made the *assumption* that viruses were in the man's lung fluid. The sequencing technology may look impressive but the underlying fatal flaws in the methodology remain. As Dr David Rasnick explained in the documentary series *The Viral Delusion*, the claim of Fan Wu's team was detached from any notion of sound science:

*"they can look at all the RNA, all the DNA, sequence it, amplify it...It's technology driven, not science driven...And they came up with a sequence and then they decided that they had discovered a "virus", even though they never touched a virus at all, and they said that was the cause of this guy's pneumonia."*³⁸

A sticking point for many adhering to the virus model is the finding of millions of these alleged virus genomes in gene banks around the world. (All slightly different for which the concept of 'variants' can be employed as required.³⁹) However, this simply represents the same process being repeated and the approximate reproducibility of the results does not mean that it is evidence for viruses. It is not even crucial if the hypothetical genetic models are eventually shown to exist in nature for not one of these millions of "genomes" has been shown to relate to a contagious disease and be the *cause* of illness, let alone come from inside their imagined viral particles.

Therein lies the story of virology - a long-standing tradition of pseudoscientific practices that cannot escape the fact that the originally hypothesized particles remain nothing more than that imagined. The evidence that refutes the virus model is overwhelming - "viruses" are not a scientific concept but rather a belief system. It is beyond the scope of the present essay to outline all of the specific refutations of virology but there are many written sources the reader can refer to including our other publications,⁴⁰ as well as Dr Stefan Lanka,⁴¹ ViroLIEgy,⁴² and the Perth Group.⁴³

In line with our other work, the aim of this essay is to help allay fears about “deadly viruses” by showing that such fears are completely unwarranted. Ironically, the only point that Tedros got right during the opening ceremonies of COVID-19 was when he said, “we have never before seen a pandemic sparked by a coronavirus.”⁴⁴ Neither will we ever see one. It is time to let go of a failed and false model that has been deceptively used to bring the world to its knees - humanity deserves much better.

Letting go of the virus belief is one of the most powerful actions to defend against such further deception and bring about a better understanding of true health.

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- ⁴⁰ <https://drsambailey.com/>
- ⁴¹ <https://wissenschaftplus.de/>
- ⁴² <https://viroliegy.com/>
- ⁴³ <https://www.thepertgroup.com/> (Specific refutations of the ‘HIV’/AIDS model.)
- ⁴⁴ “WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020”, WHO, 11 Mar 2020: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>