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The Prevailing Corona Nonsense Narrative, Debunked in 10 or 26 Minutes

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Every sick fellow human and every relative of deceased fellow humans has my deepest empathy, but, first and foremost, has also the right to know the truth.

I would like to present the reality of the corona crisis, go into its chronology and confront its numerous myths and intellectual absurdities with scientificity. The most important studies are linked in the text. Further scientific information, including links to other important studies, can be found on the homepages of 'Aletheia – Medicine and Science for Proportionality', the 'Corman-Drosten Review Report', and 'Doctors for Covid Ethics', of which I am a member.

PCR Testing Epidemic, 2006

> As responsible physicians and scientists, in the case of infections diagnosed by quick PCR tests in the context of an alleged epidemic of national or pandemic of international scope, we must always consider the possibility of a pseudo or testing epidemic.

On January 27th, 2007, the New York Times, virtually the bible of journalists whose integrity they could still trust at the time, published an important piece entitled: 'Faith in Quick Test Leads to Epidemic That Wasn't'.

Dr. Herndon, internist at a medical centre in the U.S. state of New Hampshire, coughs seemingly incessantly for a fortnight starting in mid-April 2006. Soon, an infectious disease specialist has the disturbing idea that this could be the beginning of a whooping cough epidemic. By the end of April, other hospital staff are also coughing. Severe, persistent coughing is a leading symptom of whooping cough. And if it is whooping cough, the outbreak must be contained immediately because the disease can be fatal for babies in the hospital and lead to dangerous pneumonia in frail elderly patients.

> It is the start of a bizarre episode at the medical centre: the story of the epidemic that wasn't.

For months, almost everyone involved believes there is a huge whooping cough outbreak at the medical centre with far-reaching consequences. Nearly 1,000 staff members are given a

quick PCR test and put on leave from work until the results are in; 142 people, 14.2% of those tested, including Dr Herndon, are tested positive in the quick PCR test, so diagnosed with whooping cough. Thousands, including many children, receive antibiotics and a vaccine as protection. Hospital beds are taken out of service as a precaution, including some in the intensive care unit.

Months later, all those apparently suffering from whooping cough are stunned to learn that in bacterial cultures, the diagnostic gold standard for whooping cough, the bacterium that causes whooping cough could not be detected in any single sample. The whole insanity was a false alarm.

The supposed whooping cough epidemic had not taken place in reality, but only in the minds of those involved, triggered by blind faith in a highly sensitive quick PCR test that had become oh so modern. In truth, all those who had fallen ill had suffered from a harmless cold. Infectiologists and epidemiologists had put aside their expertise and common sense and blatantly ignored this most likely differential diagnosis of the symptom cough.

Many of the new molecular tests are quick but technically demanding. Each laboratory performs them in its own way as so-called 'home brews'. Usually they are not commercially available and there are rarely good estimates of their error rates. Their high sensitivity makes false positives likely. When hundreds or thousands of people are tested, as happened here, false positive results can give the appearance of an epidemic.

> An infectiologist said: I had a feeling at the time that this gave us a shadow of a hint of what it might be like during a pandemic flu epidemic.
>
> And an epidemiologist explained: One of the most troubling aspects of the pseudo-epidemic is that all the decisions seemed so sensible at the time.

The madness of a pseudo or testing epidemic seemed perfectly normal to so many involved.

I recommend you read this article published in the New York Times in 2007 and ask yourself: "Shouldn't we all have learned a lot from this for the future?"

Swine Flu Scandal, 2009

As responsible physicians and scientists, in an alleged or real epidemic of national or pandemic of international scope we must always remember previous alleged or real epidemics or pandemics. Here is the last one.

In spring 2009, a highly contagious, very dangerous influenza virus, H1N1, seems to threaten humanity. The disease it causes is clinically indistinguishable from seasonal flu and is called swine flu.

Experts like the German virologist **Prof. Christian Drosten** spread horror scenarios predicting millions of deaths worldwide. In May, the WHO relaxes the criteria for declaring a pandemic for reasons that have never been explained. It removes the dangerousness of the causative pathogen from the definition of a pandemic. Now, the rapid, massive spread of a comparatively harmless pathogen over at least two WHO regions is enough. Any endemic, seasonal wave of any flu or cold virus, no matter how harmless it is, can be called a pandemic. Promptly, the WHO declares a H1N1 pandemic on June 11th.

Politicians are taking seriously the warnings of the experts and the WHO. Without consulting the population, they are procuring hundreds of millions of packages of sparsely effective, expensive antiviral drugs and hundreds of millions of doses of hastily approved vaccines that are, after all, produced using conventional methods.

Critics who describe the virus as comparatively harmless are ridiculed or ignored initially. Finally, scientists, in Europe, especially the German microbiologist and infection epidemiologist Prof. Sucharit Bhakdi and the German pneumologist and politician Dr. Wolfgang Wodarg, gain attention in mass media and politics. The global madness that was already threatening at that time can be averted just in time.

Worldwide, about 150 to 600 thousand people died with or from H1N1, which turned out to be less dangerous than seasonal influenza. Correspondingly, vaccination readiness was low. Nevertheless, in Sweden alone about 700 children contracted disabling narcolepsy, sleeping sickness, caused by hastily approved unnecessary and unsafe vaccines. In Switzerland, 1.8 million vaccine doses were sold abroad or given away, and 8.9 million were disposed of.

> There was hardly any media coverage of the swine flu scandal. The temporary success of the media-fuelled panic was primarily due to the interconnectedness of experts, the pharmaceutical industry, the WHO and health politicians. In the end, the seemingly completely overwhelmed health authorities had fallen for an almost perfectly orchestrated propaganda campaign.

I recommend you watch the documentary 'Profiteers of Fear – The Swine Flu Business', produced in German by Arte in November 2009, and ask yourself: "Shouldn't we all have learned a lot from this for the future?"

'Event 201': Corona Pandemic Simulation, 2019

The situation is threatening. A new corona virus is spreading across the world. Case numbers on Johns Hopkins University's dashboard are rising and rising. The highly contagious, immune-resistant, dangerous virus is paralysing trade and transport globally and sending the world economy into free fall.

> What sounds like the alleged outbreak of the alleged pandemic of SARS-CoV-2 in China's Wuhan province in December 2019, is the scenario of 'Event 201'.

On October 18th, 2019, Bill and Melinda Gates Foundation, Johns Hopkins University and WEF are organising a pandemic simulation under this name. After the Spanish flu, the bird flu and the swine flu, as the pathogen they do not choose another influenza virus, but a coronavirus that is completely unknown to lay people so far, especially not to politicians and journalists.

> This simulation of a corona pandemic that broke out in South America is not attended by doctors, but by Western representatives of the organisers, the UN, the WHO, governments, authorities and global corporations from the fields of high finance, pharmaceuticals, logistics, tourism and the media, as well as by Dr. George Gao, virologist and director of the Chinese CDC, the Chinese equivalent of the Swiss Federal Office of Public Health (FOPH).

The participants agree that a corona pandemic is disruptive, can only be overcome by global governmental and private cooperation, system-relevant global corporations must be

propped up financially, medium-sized businesses must be sacrificed if necessary, voices that deviate from the prevailing narrative must be censored consistently in the mass and social media, and the pandemic can only be terminated by vaccinating the entire world population.

The simulation ends with 65 million deaths worldwide.

I recommend you watch the documentary 'Event 201: Corona Pandemic from the Drafting Table', produced in German with English subtitles by ExpressZeitung in June 2020, and ask yourself: "Shouldn't the mass media have reported on this in detail?"

Corona Scandal, 2020

Two and a half months later, on December 31st, 2019, the Chinese CDC, led by Dr. George Gao, reports 27 cases of pneumonia of unknown cause to the WHO – out of a Chinese population of 1.4 billion. On January 7th, 2020, the Chinese health authorities identify a novel coronavirus as the causative agent.

On January 21st, 2020, Prof. Christian Drosten et al. submit a paper, the recipe for which laboratories can produce a rapid RT-PCR test for the detection of the virus called 2019-nCoV. It is accepted just the next day and published in the journal Eurosurveillance another day later.

The WHO had already posted the Drosten RT-PCR quick test on its website one week earlier and recommended it as the global diagnostic gold standard.

On January 30th, Drosten et al. published the justification of the narrative of epidemiologically relevant asymptomatic transmission of 2019-nCoV in the letter to the editor of the New England Journal of Medicine, virtually one of the bibles of us doctors whose integrity we could still trust at the time, with the title 'Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany'.

On February 11th, the WHO names the novel corona virus SARS-CoV-2, the disease it causes COVID-19; coronavirus disease. It does so against the request of Chinese virologists. They preferred to call it HCoV-19, human coronavirus, because of the danger that the name SARS-CoV-2 could stir up unfounded fears out of its biological and epidemiological lack of similarity to the much more dangerous SARS-CoV-1.

On March 11th, the WHO declares a COVID pandemic. Meanwhile, its Director-General, the biologist, immunologist and philosopher Dr. Tedros Adhanom Ghebreyesus, has been charged with genocide in Ethiopia before the International Criminal Court in The Hague. The presumption of innocence applies, of course.

Now, almost everything is going on as it did during the swine flu scandal in 2009, but in an even more lubricated way. Experts, mostly laboratory physicians and biologists working as virologists or epidemiologists, who have never examined anyone suffering from a respiratory infection, let alone treated them, declare that SARS-CoV-2 is virtually an alien about which we know absolutely nothing and that we must regard as extremely dangerous, until largely the same experts will have proven otherwise at some point. In Switzerland, they constitute themselves as 'Swiss National COVID-19 Science Task Force' and offer themselves to the Swiss Federal Council as scientific advisors.

The executive and legislative politicians as well as the federal and cantonal health authorities, all panicked by them, accept their offer and seem to follow them as blindly as the Federal Council apparently blindly followed the WHO when it declared the COVID pandemic. Unlike any ninepins club, the now official scientific advisory board to the Swiss government through what is supposed to be Switzerland's biggest crisis since the Second World War does not keep any record of its activities.

On March 16th, the Swiss Federal Council declares the 'exceptional situation', the highest danger level of the epidemic law, based on exactly zero scientific evidence.

The mass media, including the Swiss public service broadcaster SRG, take on the third part in this conglomerate of mutually escalating ignorance, arrogance, incompetence and organised irresponsibility. Brainless and heartless themselves, they hammer into our heads around the clock:

> There is a pandemic of a highly contagious and even epidemiologically relevant asymptomatically transmissible corona killer virus. Every seemingly hale and hearty fellow human being can be your angel of death!

Unlike in 2009, the mass media consistently censor, discredit and defame questioning doctors and scientists, including luminaries such as John Ioannidis, Professor of medicine, epidemiology and public health at Stanford University School of Medicine, one of the world's most renowned and most cited scientists, specialised in science fraud, Prof. Sucharit Bhakdi, and Dr. Wolfgang Wodarg. After having been libelled, including alleged threats to politicians and my family, by a private person well known to me, myself, was brutally arrested by an anti-terrorist unit in my practice and, after it turned out immediately that I had not threatened anyone, merely the world view of insane people, I was shipped off to a closed psychiatric ward for six days because of 'self-endangerment while in COVID insanity'.

The governments of almost all countries seem to have forgotten their epidemic plans, which wisely spare the individuals, the society and the economy. In blind obedience to the WHO and to lobbyists, called experts, they are enacting self-destructive non-pharmacological interventions, including lockdowns never considered before, following the authoritarian Chinese role model. They are doing this almost globally, in lockstep.

Without consulting the population, they procure billions of doses of emergency mRNA and DNA injections, that are even temporarily approved by Swissmedic. This technology is being widely used on humans for the first time. Almost worldwide, the constitution, the rule of law, human rights, civil liberties, ethics, scientificity, and common sense are being sacrificed in favour of a quasi-global authoritarian regime under the control of the WHO: **Who controls the WHO, controls the world!**

Image on the right is from Shutterstock

All elements of the prevailing corona narrative are invented out of the fact-free vacuum

1. SARS-CoV-2 did not emerge in Wuhan in December 2019. First, in November 2020, a study from Milan showed that SARS-CoV-2 was endemic in Italy as early as September 2019, before the 2019/20 flu season. Other studies showed the same later, for example in France.

2. There is no SARS-CoV-2 epidemic of national scope, thus no pandemic. This is already evident from the lack of excess mortality when corrected for demographics, and from the rather low occupancy of the intensive care units, whose capacities, in addition, have been massively reduced since April 2020.

3. The indication to test, namely not only critically ill hospitalised patients with a need for specific antiviral therapy, in the surveillance system, and in a study cohort, but to test even asymptomatic, formerly called healthy, people and, on top of that, to test only for one single of all respiratory viruses that must be considered in the differential diagnosis of respiratory infections, **is wrong.**

4. The Drosten RT-PCR test is neither diagnostic for an infection with SARS-CoV-2 nor for a sickness or death from COVID-19. On November 27th, 2020, an international group of 22 life scientists, including myself, published an 'External Peer Review of the Corman-Drosten Paper'.

We explain that conflicts of interest exist, that the alleged peer review within 24 hours is absurd, and ten fundamental scientific flaws. This most important medical publication of 2020, which can hardly be surpassed in terms of lack of scientificity, should never have been published.

The Corman-Drosten RT-PCR test protocol is fabricated poorly and vaguely, without validation and standardisation. As a result of cross reaction with other coronaviruses, its specificity of about 98.6%, corresponding to 1.4% false positives, which is already low in the absence of any virus, is further reduced to up to 92.4%, corresponding to 7.6% false positives, during the flu season. Everywhere, the test is performed differently and at too high cycle thresholds. Although studies have shown that no culturable viruses are present in samples with a Ct value above 28, the tests are still carried out with cycle threshold values above 35. Their results are reported worldwide without reference to clinical symptoms.

5. The symptoms, clinical, laboratory and radiological findings of COVID-19 are not clearly distinguishable from diseases caused by other respiratory viruses.

6. There is no epidemiologically relevant asymptomatic transmission of respiratory viruses. What we learned in medical school has meanwhile been confirmed also for SARS-CoV-2 by numerous studies. The 'asymptomatic contact' invented by Prof. Drosten in the Letter to the Editor of January 30th, 2020 was very much symptomatic: the patient had suppressed her symptoms with medication.

Therefore, all non-pharmacological interventions for asymptomatic, formerly called healthy, people beyond the proven effective measures to contain the spread of SARS-CoV-2, hygiene and self-isolation of sick people, are ineffective.

7. The long quoted high case fatality rate (CFR) of 2% was misleading. Every primary school student knows that it is not the CFR that is relevant, but the infection fatality rate (IFR), which can easily be lower by a factor of about one hundred because of the number of undetected cases.

8. The initial claim that 5% of the infected people would need intensive care treatment was wrong, for the same reasons that every primary school studentunderstands. It led to the procurement of about 1,000 ventilators and to the postponement of non-emergency but of necessary operations.

9. SARS-CoV-2 is not a mass murderer. The most recent realistic estimate of the global IFR is 0.15%, below 0.05% for under 70s. After replacing the number of deceased within 28 days with a positive PCR test on whatever cause by the number of deceased from COVID-19, it is even much lower, well below that of seasonal influenza.

10. An epidemic does not spread exponentially, but according to a logistic or Gompertz function.

11. Due to basic and cross-immunity only about 10-20% of the people contract the seasonal corona and influenza viruses during each flu season. Herd immunity is likely to exist since the end of the Corona-19 season, in our mid-northern latitudes in April 2020. Therefore, an 'nth wave of a respiratory virus' is also a biological impossibility.

12. There is effective prophylaxis: for example healthy lifestyle, lots of social contacts, and vitamin D3.

13. There is effective, well tolerated, low cost therapy: for example topical budesonide, normal doses of hydroxychloroquine and ivermectin.

14. The serial experimental mRNA and DNA injections are unnecessary (IFR 0.15%, for <70a: <0.05%, even much lower after replacing the number of deceased from whatever cause within 28 days with a positive PCR test by the number of deceased from COVID-19, moreover SARS-CoV-2 is mutating permanently and in the sense that it becomes more infectious while less dangerous), **ineffective** (according to the registration studies, which are not worth the paper they are written on, the mRNA injections reduce the risk of mild COVID-19 disease absolutely(!) by <1%, there are no data for severe courses and in >75-year-olds), **and unsafe** (anaphylactic reactions, thromboembolism, thrombocytopenia, DIC, and myocarditis in the short term, possible ADE in the medium term, possible autoimmune diseases, cancer, and others in the medium to long term).

SARS-CoV-2 is not an alien! It is a newly discovered member of the well-known beta coronavirus family. Therefore, it self-evidently occurs seasonally from November to April and

mutates, without human intervention, in such a way that it becomes ever more contagious but less dangerous. Because of existing basic and cross-immunity, only a fraction of the population falls ill. The disease is usually self-limiting and leaves immunity, possibly for life, and better than the best vaccination ever could. It kills comparatively few people and, unlike influenza, no children.

> The entire prevailing corona narrative is nonsense. It justifies the globally dominating unscientific, inhumane madness. Such can be wrought with any respiratory virus: if we no longer test all people with a hypersensitive, low-specific RT-PCR test that cross-reacts with other viruses for theoretically one RNA fragment of SARS-CoV-2, but for one of, say, influenza or metapneumoviruses, we immediately have an influenza or metapneumo testing pandemic.

Incidentally, every second-year medical student must study the basics of epidemiology. There, he or she learns that when an epidemic of national scope is declared, a study cohort representative of the population must be formed immediately. It is used to monitor the number of cases, the severity of the disease and the status of immunity, in this case by determining antibodies and T-cell immunity.

Although it has been more than a year since the WHO declared the COVID pandemic, such a representative surveillance cohort does not exist. Even worse: from week 13 to 44, the FOPH had also paused the surveillance system, thus completing the total blind flight.

> The epidemic is largely an unreal PCR testing epidemic, but the oppressive measures which it has produced are real; they threaten our freedom, our livelihoods and even our lives.

Dear responsible colleagues!

Please remember the Hippocratic Oath ("Primum non nocere, secundum cavere, tertium sanare") and the Geneva Declaration of the World Medical Association:

> I will not use my medical knowledge to violate human rights and civil liberties, even under threat.

Dear responsible fellow humans!

> Wake up, stand up and fight, peacefully but firmly; if not for yourself, then for your children's future and that of your grandchildren!

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***Dr Binder** is specialised in Cardiology and Internal Medicine, with a thesis in Immunology and Virology, and 32 years experience in diagnosis and treatment of Acute Respiratory Illness. This text is largely based on his presentation (German text / German video) held at the press conference of 'Aletheia – Medicine and Science for Proportionality', May 28th,*

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