

“Our Species Is Being Genetically Modified”: What Happened in 2020-21. The “Pandemic”

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This year marks a seminal turning point in human history. For the first time since human civilization began, our species is being genetically modified. Vaccine manufacturers have now made it possible for the human genome to be permanently altered—and humanity’s relationship with nature forever changed—by means of an experimental pharmaceutical injection that is being falsely referred to as a “vaccine.”

In light of this defining event, I believe we must take a sober look at the motives and acts that are revamping humanity as we know it. Simultaneously, we must examine our increasingly destructive treatment of the natural world.

In order to investigate the many variables that are hastening the demise of humanity and sabotaging our unique role as stewards of the earth and its billions of plant and animal species, I have divided this study into four main parts, which will appear as separate articles:

In Part I: The Microbiome and The Virome, we will discover that we are literally swimming in a vast sea of genomic information that was essential for life to begin and flourish on this precious earth and that is still trying to help all species survive. The matrix of organisms that make up the microbiome have built a viromic information stream that has allowed for adaptation and biodiversity to occur on the planet. And that very same viromic information stream is responsible for building the human species.

In **Part II: Our War Against Nature**, we will explore how our own reckless behaviour is destroying the environment, thereby moving us toward the sixth mass extinction. By that I mean, I will be covering the *real* environmental catastrophe, *not* the billionaire-funded “global warming/climate change” hoax initiated by the Club of Rome and further promulgated by the World Economic Forum (WEF).

In **Part III: What Happened in 2020-21**, we will examine how this *real* environmental devastation has contributed to the “pandemic” that was rolled out in 2020, that led to the mass experimental injections of unknown substances into human “subjects” in 2021, and that has no foreseeable end. (I put “pandemic” in quotes because of its fraudulent character. Indeed, it is more accurately and aptly described as a plandemic, a scandemic, a pseudo pandemic or any other term indicating fakery.)

In **Part IV: Our Response**, we will analyze the irresponsible and irrational response of most people on the planet to this so-called pandemic.

Read parts I and II here:



[“Our Species is Being Genetically Modified”: Humanity’s March Toward Extinction? Analysis of the Microbiome and Virome](#)

By [David Skripac](#), August 15, 2021



[Our War Against Nature. Humanity’s March Toward Extinction?](#)

By [David Skripac](#), August 20, 2021

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Part III. What Happened in 2020-2021. The Pandemic

In the months leading up to 2020, the earth experienced a series of unprecedented wildfires from Australia to the Amazon and from Indonesia to California. In California alone, the wildfire season of 2019 destroyed more than 250,000 acres of land, along with 732 structures. All told, global wildfires in 2019 sent [7.8 billion](#) metric tons of CO₂ and carbon particulate into the [stratosphere](#)—the highest level of PM2.5 since 2002. Once in the stratosphere, the carbon particulate was able to travel thousands of kilometers from its source. Many cities around the globe, such as Canberra, Wuhan, New York, and Milan, experienced extremely low air quality as a result of the extremely high levels of PM2.5.

It turns out that one of the most toxic substances generated by the combustion of synthetics such as plastics, nylon, wool, and silk—combustion caused either by wildfires or by industrial chemical reactions—is cyanide. Specifically, hydrogen cyanide gas. Cyanide is a highly toxic agent that causes vascular hypoxia and even death if not treated properly.

Thus, as we entered “flu season” in the latter half of 2019 and the start of 2020, we had the perfect storm of toxicity circulating the globe. The abnormally high levels of PM2.5, in conjunction with high levels of industrial by-products like sulfur, mercury, arsenic, carbon, glyphosate, and cyanide, created ideal conditions for suppressing the innate immune system, especially in the frail and elderly, who are in many instances already dealing with

serious underlying medical conditions.

To make matters worse, most of the patients afflicted with these underlying conditions—hypertension, diabetes, obesity, coronary artery disease, and renal disease—are placed on commonly prescribed drugs, which include angiotensin-converting enzyme inhibitors (ACE-I) to control blood pressure and statins to lower cholesterol. However, we now know, thanks to a [study](#) first published on March 31, 2020, in the *American Journal of Physiology Heart and Circulatory Physiology* (Volume 318, Issue 5), that ACE-I and statin drugs upregulate the angiotensin-converting enzyme 2 (ACE2) receptor by which the coronavirus enters the body.

ACE2 is a protein that sits on the surface of many types of cells in the human body, including the intestine, kidney, uterus, testes, brain, heart, and, most importantly for our coverage of this topic, the lungs and nasal and oral mucosa.

The ACE2 enzyme plays an important role in helping the body to regulate blood pressure and in the healing of wounds and inflammation. In addition, the ACE2's amino acids help capture and chop up a harmful protein called angiotensin II, which drives up blood pressure and damages tissues. That is why physicians in the Western world will normally prescribe ACE-I in an effort to boost ACE2 expression, thereby reducing the risk of high blood pressure. What's more, when the ACE2 enzyme is upregulated, it can very easily capture—or snag—any one of the numerous spike proteins emanating from the surface of a coronavirus.

While we are on the topic of **spike proteins**, I would like to make a few comments, in the form of a Q&A, on gain-of-function (GoF) research in this field.

Gain-of-function research is research that seeks to alter the functional characteristics of a virus with the aim of enhancing a viruses' ability to infect a species and to potentially increase its impact as an airborne pathogen. By making a virus more "deadly," it is believed that it could then be used as a biological warfare weapon (bioweapon) against a potential foe. We know there are GoF labs in Wuhan, China, and at the US Army installation at Fort Detrick, Maryland. (As of 2018, at least 15 other countries beside the US and China, including Canada, the UK, France, Israel, Germany, and Russia, had documented biological weapons programs and bioweapon research laboratories.)

(1) Is it possible that either both or one of the Wuhan and Ft. Detrick labs may have manipulated one of the spike proteins on a coronavirus that would make it even more apt to connect to the ACE2 receptor, as this [document](#) from the Human Microbiology Institute in New York suggests? Absolutely.

(2) Does Dr. Anthony Fauci have deep financial ties to the Wuhan lab through his position as director, since 1984, of the National Institute of Allergy and Infectious diseases (NIAID)? Absolutely.

(3) By extension, is the US government either indirectly or directly involved in funding the Institute of Virology in Wuhan? Absolutely.

(4) Have both Dr. Fauci and University of North Carolina GoF specialist Ralph Baric received millions of dollars in research grants from several federal agencies—NIH, DARPA, and NIAID—to study GoF in coronaviruses, as this [dossier](#) by Dr. David Martin clearly outlines?

Nevertheless, we mustn't lose sight of the fact that all of this coverage of GoF may actually be a cleverly disguised psychological operation meant to **conveniently distract us from the fact that we have zero peer-reviewed scientific proof that a coronavirus causes the respiratory syndrome known as COVID-19.**

In addition, the sudden, intense media focus on Dr. Fauci and the Wuhan connection may be a tactic designed to deflect the blame to China for creating the "crisis," all the while cleverly obscuring the fact that numerous players from many nations and organizations, like the WEF, the World Health Organisation (WHO), and the Bill and Melinda Gates Foundation, are working in concert with China to "enslave" all of humanity in "a technocratic dystopian nightmare".

Or, is it possible that the real gain-of-function bioweapons are the unapproved experimental injections (called COVID-19 vaccines) now being rolled out around the world? Time will tell.

Returning to the events of 2020, we can see that by upregulating the ACE2 receptor that is sitting on the surfaces of the lungs and nasal mucosa, we made it very easy for a coronavirus, in conjunction with the PM2.5 particles that were carrying with them cyanide and other possible pollutants, to get snagged and pulled into the respiratory track. Once in the respiratory track, the toxins eventually go into the bloodstream and enter the body's red blood cells. When a toxin enters the red blood cell, it changes the shape of the hemoglobin protein that carries the oxygen in the red blood cell and causes the red blood cell to become unable to carry oxygen. This process literally starves the body of oxygen. Therefore, with that combination of variables, the stage was set in the latter half of 2019 for the perfect delivery system enabling cyanide poisoning to take place.

Cyanide poisoning causes a condition known as histotoxic hypoxia. The condition includes these symptoms:

- Changes in the colour of the skin (ranging from blue to red)
- Confusion
- Cough
- Elevated heart rate
- Rapid breathing
- Shortness of breath (due to the loss of the red blood cell's capacity to carry oxygen)
- Sweating

Consequently, in late 2019 and the early part of 2020, health professionals in Hubei Province, in northern Italy, in the New York metropolitan area, and elsewhere were dealing with patients who were presenting **symptoms of cyanide poisoning**. As outlined by an April 2020 JAMA [article](#), these symptoms have all the hallmarks of histotoxic hypoxia but none of the symptoms of either pneumonia or respiratory failure. In other words, they had no fever (afebrile), no fluid buildup in the lungs, and no white blood cell elevation (which one would expect to see if there were an infection present).

We must conclude, then, that these patients in acute distress, many of whom were in their senior years, had to have been initially suffering from hypoxia, *not* from pneumonia and *not* from respiratory failure. The pneumonia and micro blood clots, which eventually killed them, occurred several days or weeks *after* the initial poisoning event—and that was

only because their innate immune system had been so weakened that their bodies succumbed to the cascading effects of secondary infections.

Incidentally, **all of the people who were acutely affected by SARS in 2002 and by MERS in 2012 showed the same symptoms of histotoxic hypoxia—not of viral infection.** That is to say, their symptoms were identical to the acute cases in 2020 of what was erroneously labeled COVID-19.

Ultimately, most of the patients hospitalized in 2020 died from a toxicology event—which was misleadingly named “COVID-19” after what was called a new strain of coronavirus—not from the so-named infectious disease. Even at the height of the “pandemic,” the purported COVID-19 accounted for a very small percentage of the total deaths in Italy and elsewhere.

Fortunately, the reported overall infection mortality rate of the COVID-19 syndrome is only slightly higher than the alleged seasonal flu. Equally fortunately (though not for its victims), the syndrome posed a danger to only one major population group—elderly people who had two or more major chronic diseases. The presence of comorbidities—heart disease, stroke, and lung cancer—made up the vast majority of their deaths. But for people under 70 *without* these comorbidities, the risk of dying in a car accident is higher than the risk of dying from what is being billed as the disease COVID-19. Indeed, severe illness and death from COVID-19 occurred only in younger people who had immune deficiency disorders—obesity, diabetes, autoimmune diseases, and hereditary immunodeficiencies.

Nevertheless, these deaths, though tragic, in no way justify any government violating citizens’ natural rights. These rights include the freedom to . . .

. . . move about (including leaving one’s home at any time of day or night)

. . . travel (including between states, provinces, countries, and continents)

. . . associate (that is, gather with friends and family in person)

. . . assemble (in peaceful protests against unjust edicts, corrupt practices, and censorship)

. . . worship (including meeting together with fellow believers)

. . . express one’s individuality (including choosing whether or not to wear a mask)

. . . enjoy bodily autonomy (including not being psychologically coerced or physically forced into receiving experimental injections of any kind)

. . . stay in business (instead of being deemed by tyrannical politicians and public health bureaucrats to be “nonessential”—a label that forced millions of small companies to shut their doors, often permanently).

Dr. Bush summarizes the cases of severe acute respiratory illnesses he saw in 2020 this way:

“Unfortunately, we didn’t look at this as a poisoning; we looked at this as an infection. We kept believing that these people who were dying were dying of infection. I believe they were very clearly being overloaded with PM2.5 bound to cyanide that was being

trafficked into the lung environment and ultimately into the bloodstream by the virus. The virus is naturally designed to actually enter the body through lung and vascular tissue and neural tissue like our nasal sinuses. **We see all of this loss of taste and scent in people exposed to this virus because it's trafficking through the ACE2 receptor on the surfaces of all these tissues.** The ACE2 receptor binds to the coronavirus and pulls cyanide straight into the [red blood] cell to poison the human body with high amounts of air pollution that were not being breathed in but were literally being smart-targeted into the bloodstream by the innocent bystander of a virus that was in our environment for a very long time.”

From his detailed description, we can clearly see that people were dying from environmental toxicity, *not* from a viral infection. That is precisely why there is *no* scientific, peer-reviewed study providing conclusive evidence that a virus called SARS-CoV-2 causes a fatal disease named COVID-19. Such evidence doesn't exist, because the coronavirus, so-called, is not out to harm anyone but is merely presenting a viral update to those who need it.

In summary, we had two *different* scenarios taking place in 2020:

In one scenario, we saw people with an inflammatory event marked by fever, congestion, loss of appetite, elevated white blood cell count, and malaise. All of these symptoms are what would be expected when a new variant of a coronavirus triggers the innate immune system—and eventually the adaptive immune system—to do what it always does in order to bring us back into balance with a new genomic update from a virus. Remember, coronaviruses give us genetic information that regenerates our bodies; they work on our behalf and are not infecting us with diseases.

In the other scenario, **we saw people with serious, sometimes-multiple comorbidities eventually succumbing to a toxicology event**, as described by Dr. Bush above.

Granted, in both scenarios the coronavirus is present, but only benignly. As I explained earlier, a virus does not try to take over the mechanics of any cell in the body. It does not cause or force anything. It is simply present—another example of guilt by association, just like the false link between the HIV virus and AIDS that I described above.

However, **instead of differentiating between the two scenarios, public health officials everywhere, instructed by the utterly corrupt WHO leadership, conveniently grouped them under a single category: COVID-19. They did this by using the monstrously inappropriate and inaccurate RT-PCR test**, which its inventor Kary Mullis insisted (before his untimely death in August 2019) was not meant to diagnose disease but was designed simply to ascertain the presence of a viral load.

Despite its easy-to-falsify-and-thus-frequently-falsified results, the PCR test is still being used around the world as a replacement for clinical analysis. **Why? The only logical answer is that testing for the coronavirus is a form of control meant to create public hysteria.** Not understanding that most positive readings are fraudulent, that the scary words “positive case” do *not* signify the presence of an infection, and that asymptomatic people can neither have nor spread disease, the public has been deceived into believing that a dangerous pathogen is killing a large percentage of the population.

By fanning fear, governments around the world have been able to justify harmful, totally ineffective lockdown measures and mask mandates as well as nonsensical

physical distancing measures. But why intentionally induce panic and why clamp down like dictators? Politicians and public health officials must be either obeying threatening orders or taking irresistible bribes or just following instructions from their superiors, naïvely believing that they are doing the “right thing” in the interest of public safety. In most cases, they have to be induced, by hook or by crook, to persuade citizens to take part in the largest medical experiment in history—a worldwide mass “vaccination” campaign devised for the purpose of injecting every compliant human with an untested, unapproved, experimental gene-therapy called COVID-19 mRNA. (In a few places, like Italy, [Saudi Arabia](#), and [Tajikistan](#), even the non-compliant are compelled to submit to the COVID-19 needle.)

The parallels between the “AIDS epidemic” and the “COVID-19 pandemic” are too striking to ignore. Both feature, as the central actor, a benign virus that can conveniently be blamed as the root cause of a professed disease, despite the absence of any peer-reviewed, truly scientific evidence to support that assertion.

Also, in both cases the virus can be used as a cover to obscure decades of environmental degradation spawned by government and corporate entities, whose ringleaders never pay for their crimes in fines or jail time.

Finally, in both cases, **the virus story provides immense profits to the global pharmaceutical industry**, which is never held financially liable for the injuries and deaths caused by its vaccines or its drugs—the latter as long as they are not discovered to be the real cause of death (think AZT).

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