

There Never Was a “New Corona Virus”, There Never Was a Pandemic

By [Prof Michel Chossudovsky](#)
Global Research, June 23, 2024

Region: [Asia](#)
Theme: [Science and Medicine](#)

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First published on November 27, 2023. Video Interview added on November 29, 2023, Author’s Note, December 5, 2023

Author’s Message to Readers

This article focussing on the alleged novel coronavirus is among the most important articles I have written.

There is an element of simplicity and common sense in the text. My objective is that the article will be extensively read and debated at the grassroots of society, not only by scientists and medical doctors. The complexity of this crisis is overwhelming. This is not solely a “Public Health Crisis”.

The implications are far-reaching because the article refutes and invalidates ‘everything’ pertaining to the Covid pandemic. These include the policies related to The Lockdown and the Covid-19 “Vaccine”, not to mention the infamous Pandemic Treaty and The World Economic Forum’s “Great Reset”.



The official “corona narrative” is predicated on a “Big Lie” endorsed by corrupt politicians.

That “official consensus” is exceedingly fragile. Our intent is to precipitate its collapse “like a house of cards”.

What is ultimately at stake is the value of human life and the future of humanity.

“You Were Right, Vaccines Are Killing Millions of Our Loved Ones”, Kazuhiro Haraguchi, Japan’s former Minister of Internal Affairs’s

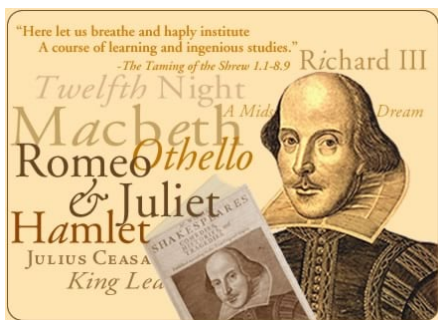
Our objective is to save lives including [those of newly born babies](#) who are the victims of the Covid-19 “Vaccine”.

At this juncture in our history, the priority is to “Disable the Fear Campaign” and “Cancel the Vaccine” (including the repeal of the so-called [“Pandemic Treaty”](#)).

Hopefully this will set the stage for the development of a Worldwide movement of solidarity, which questions the legitimacy of the powerful “Big Money” financial elites which are behind this infamous project.

Dear Readers, please forward this article and the video far and wide.

[Michel Chossudovsky](#), Global Research, December 5, 2023, June 10, 2024



“Hell is Empty and the Devils are All Here”. William Shakespeare, “The Tempest”, 1623

My response to Shakespeare: “Send the Devils Back to Where They Belong”

“When the Lie Becomes the Truth, There Is No Moving Backwards”

“Get off that crazy train. I know, it is scary, it can hurt. Take back your physical and intellectual autonomy and protect your children”. Dr. Pascal Sacré, Belgian author and Medical Doctor, November 2021.

Introduction

Destabilizing the social, political and economic structure of 190 sovereign countries cannot constitute a “solution” to combating a novel coronavirus which mysteriously emerged in Wuhan, Hubei province (PRC) in late December 2019. That was the imposed “solution” —implemented in several stages from the very outset—, leading to The March 2020 Lockdown and the Rollout of a so-called Covid 19 “Vaccine” in December 2020, which since its inception has resulted in an upward trend in excess mortality.

It's the destruction of people's lives Worldwide. It is the destabilization of civil society.

Fake science was supportive of this devastating agenda. The lies were sustained by a massive media disinformation campaign. 24/7, Incessant and Repetitive “Covid alerts” in the course of more than three years. In turn, the ongoing fear campaign had devastating impacts on people's health.

The historic March 11, 2020 lockdown triggered economic and social chaos Worldwide. It was an act of “economic warfare”: a war against humanity.

The New Virus: 2019-nCoV

The official story is that a dangerous NEW VIRUS was detected in Wuhan, Hubei Province, China in December 2019. It was entitled 2019-nCoV which stands for “2019 New (n) Corona (Co) Virus (V)”.

On January 1, 2020, “the Chinese health authorities closed the Huanan Seafood Wholesale Market in Wuhan following Western media reports claiming that wild animals sold there may have been the source of the virus.

As of early January 2020, it was the object of extensive media coverage and an unfolding Worldwide fear campaign. Media disinformation 24/7 went into high gear.

“The Chinese authorities (allegedly) “identified a new type of virus” on January 7, 2020, using the RT-PCR test. No specific details were provided regarding the process of isolation of the virus.

Failed Identification of the Novel Coronavirus

In late January 2020, the WHO confirmed that:

[It did not possess an isolate of 2019-nCoV from a purified sample](#) from an infected patient, which meant that they were unable to confirm the identity of the novel coronavirus.

February 11, 2020. The Alleged “New Virus” is Renamed

In early February, 2020, following the failure to identify the novel coronavirus, a decision was taken to change its name to:

“Severe acute respiratory syndrome corona virus”: SARS-CoV-2 which (according to the WHO) is “similar” to a 20 year old virus entitled:

2003-SARS-CoV.

A Twenty Year Old 2003 Coronavirus Categorized in February 2020 as a “New Virus”?

Confirmed by the [WHO](#) and [The New England Journal of Medicine, May 2003 \(NEJM\)](#):

“A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome”

which broke out in China’s Southern Guangdong Province in 2002 WAS identified and [categorized as a “new virus” on May 15, 2003](#). (More than 20 years ago).

See Screenshot Of [NEJM May 15 2003](#) article below:

A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome

Thomas G. Ksiazek, D.V.M., Ph.D., Dean Erdman, Dr.P.H., Cynthia S. Goldsmith, M.S., Sherif R. Zaki, M.D., Ph.D., Teresa Peret, Ph.D., Shannon Emery, B.S., Suxiang Tong, Ph.D., Carlo Urbani, M.D., James A. Comer, Ph.D., M.P.H., Wilina Lim, M.D., Pierre E. Rollin, M.D., Scott F. Dowell, M.D., M.P.H., [et al.](#)

Article **Figures/Media**

33 References 2074 Citations Letters

May 15, 2003
N Engl J Med 2003; 348:1953-1966
DOI: 10.1056/NEJMoa030781

It is not just a renaming process: the 20 year old virus 2003 SARS-CoV is the “point of reference” for everything pertaining to the alleged Covid-19 pandemic including the Lockdown and the Vaccination.

(Scroll down for analysis and details pertaining to the identification and renaming of 2019-nCoV)

Video: The Non-existent “New Corona Virus”?

Michel Chossudovsky, Interview with Caroline Mailloux, Lux Media

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“Big Money” and “Big Pharma” Meet at Davos

The alleged new virus was actively debated at the World Economic Forum (WEF), meeting in Davos Switzerland (January 22, 2020).

Proposed by the Coalition for Epidemic Preparedness Innovations (CEPI) an entity financed by the Bill and Melinda Gates Foundation, a 2019-nCoV vaccine program was put forth. Announced at Davos, Seattle-based Moderna (with the support of CEPI) was to manufacture an mRNA vaccine to build immunity against 2019-nCoV.

The evidence as well as the statements at Davos suggest that the 2019-nCoV vaccine project was already underway in early 2019. And CEPI had foreknowledge regarding the announcement of the 2019-nCoV. (Michel Chossudovsky, [Chapter VIII](#)).



Note: The development of a 2019 nCoV vaccine was announced at Davos, 2 weeks after the January 7,

2020 announcement, and barely a week prior to the official launching of the WHO's Worldwide Public Health emergency on January 30. The WEF-Gates-CEPI Vaccine Announcement precedes the WHO Public Health Emergency (PHEIC)

Lies and Falsehoods

All of this was unfolding at a time when the alleged new coronavirus named 2019-nCoV had not been isolated, it's identity had not been confirmed and the number of reported cases in China was exceedingly low: "As of 3 January 2020, there were 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition ([WHO Report](#)).

There was no evidence of an unfolding epidemic in China, nor was [there evidence of a lab leak](#), CEPI's statement at Davos regarding "The Rapid Global Spread of the Novel Coronavirus" is a bold face lie. (See image above)



And then on January 30th, 2020, the Director General of the WHO Dr. Tedros declared a *Public Health Emergency of International Concern (PHEIC)* with absolutely no evidence of a threatening epidemic.

On that same day there were [83 positive cases Worldwide out of China](#) for a population of 6.4 billion people. See table below: 5 positive cases in the U.S, 3 in Canada, 4 in France and 4 in Germany. Ask yourself does that constitute a Worldwide emergency?

And those (cumulative) cases were based on the RT-Polymerase Chain Reaction (PCR) Test which does not detect the identity of the virus. (See Appendix).

Region of the Americas	United States of America	5
	Canada	3
European Region	France	4
	Germany	4

Screenshot from WHO, January 29, 2020.

Number of confirmed positive cases in US, Canada, France and Germany

Region of the Americas	
United States of America	15 (0)
Canada	8 (0)
European Region	
Germany	16 (0)
France	12 (0)
The United Kingdom	9 (0)
Italy	3 (0)
Russian Federation	2 (0)
Spain	2 (0)
Belgium	1 (0)
Finland	1 (0)
Sweden	1 (0)

Three weeks later at a press conference on the 20th of February 2020 the WHO Director-General Dr. Tedros Adhanom Ghebreyesus [intimated that the pandemic was imminent](#):

“[I am] concerned that the chance to contain the coronavirus outbreak was “closing” ...

“I believe the window of opportunity is still there, but that the window is narrowing.”

What was the evidence put forth by Dr. Tedros in support of his bold statement?

On February 20, 2020, there were only 1076 confirmed cases outside China (including those of the Diamond Princess Cruise Ship stranded in Japan’s territorial waters).

On that same day, the WHO provided the data of confirmed cases [“by countries, territories or areas outside China”](#): 15 in the U.S., 8 in Canada, 16 in Germany, 12 in France, 9 in the U.K.

March 11, 2020: The historic COVID-19 pandemic lockdown, “Closing Down” of approximately 190 National Economies

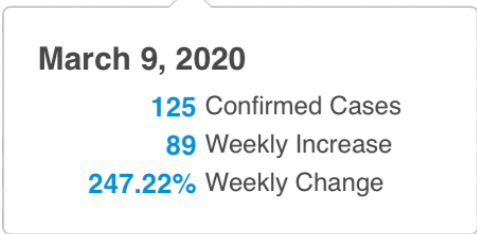
The WHO Director-General had already set the stage in his February 21st Press Conference.

“The world should do more to prepare for a possible coronavirus pandemic.”

The WHO officially declared a worldwide pandemic at a time when there were 44,279 (cumulative) positive Covid cases outside China for a population of 6.4 billion. (For details and analysis see Michel Chossudovsky, [Chapter II](#))

Confirmed by the WHO, in the United States, recorded on March 9, 2020, there were [3,457 “confirmed cases”](#) (RT-PCR positive) out of a population of 329.5 million people (Screenshot of WHO graph Interactive [WHO graph](#))

In Canada on March 9, 2020, there were [125 “confirmed cases”](#) out of a population of 38.5 million people



Screenshot of WHO graph Interactive [WHO graph](#). **Data for Canada**

In Germany on March 9, 2020, there were [2948 “confirmed cases”](#) out of a population of 83.2 million people

For details, see [Michel Chossudovsky, March 19, 2022](#))

The October 2019 “Event 201” Simulation of a “Dangerous Virus” entitled nCoV-2019



Event 201 was a table top simulation of a coronavirus epidemic, sponsored by John Hopkins and the Gates Foundation.

The WHO initially adopted the same acronym, namely 2019-nCoV (to designate the novel coronavirus), as that of the Johns Hopkins simulated Pandemic Event 201 Exercise.

The name of the new coronavirus was (with the exception of the placement of 2019) identical to that of the Event 201 simulation.

Attended by prominent personalities, The Simulation was held on October 18, 2019, less than three months before the announcement in early January 2020 of a new coronavirus.

Among the participants, were representatives (aka. decision-makers) from the WHO, US Intelligence, the Gates Foundation, the Global Alliance on Vaccines and Immunization (GAVI) (financed by the Gates Foundation), the Coalition for Epidemic Preparedness Innovations (CEPI), the World Economic Forum (WEF), the United Nations, the US Centers for Disease Control and Prevention (CDC), China’s Center for Disease Control and Prevention (CDC, Director Dr. George Fu Gao), Big Pharma, the World Bank, among others.

These various organizations played a key role when the so-called pandemic went live in early 2020. Many features of the 201 “simulation exercise” did in fact correspond to what actually happened when the WHO Director-General launched a Global Public Health Emergency (PHEIC) on January 30, 2020.



Moreover, the sponsors of Event 201 — including the WEF and the Gates Foundation — as well the participants were actively involved from the very outset in coordinating (and financing) COVID-19-related policies including the RT-PCR test, the March 2020 lockdown as well as as the mRNA vaccine, launched in December 2020

China's CDC Director Dr. George Fu Gao -who participated in the 201 simulation- played a central role in overseeing the COVID-19 outbreak in Wuhan in early 2020, acting in close liaison with his mentor Dr. Anthony Fauci, as well as with the Gates Foundation, CEPI, et al.

Dr. Gao Fu is an Oxford graduate with links to Big Pharma. He was also for several years a fellow of the [Wellcome Charitable Foundation owned by GlaxoSmithKline \(GSK, plc\)](#).

The Mysterious “Identity of the New Virus”

The name of the virus was first identified:

- -October 2020: 201 Simulation Scenario October 2020: nCoV-2019
- -December 2019, Wuhan: 2019 nCoV

And then mysteriously another change in the name of the novel coronavirus took place on February 11, 2020.

from 2019-nCoV to SARS-CoV-2, which stands for “Severe acute respiratory syndrome”: SARS - Corona (Co) Virus(V)-2”.

There was no longer a “n” prefix (indicating that it was a NEW VIRUS). The “n” prefix was replaced by a “2” suffix

What is the meaning of SARS-CoV-2. More specifically what is the meaning of the mysterious “2” suffix? It pertains to a 20 year old virus entitled:

2003 -SARS-CoV, which can by no means be categorized as a NEW VIRUS

“New Virus” versus “Old Virus”: the 2002-2003 “Severe acute respiratory syndrome” (SARS)

SARS-CoV-2 -which since February 11, 2020 had become the official name of the 2019 novel coronavirus- is by no means A NEW VIRUS.

Flash Back to China, Guangdong Province 2002-2003. Confirmed by the WHO and peer

reviewed reports:

“A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome” broke out in Guangdong, Province, PRC in 2002. ([NEJM, May 2003](#))

SARS was categorized as Novel Coronavirus in 2003. i.e no longer NEW. It was detected and isolated 20 years ago in early 2003.

In the course of the last twenty years it must have resulted in multiple variants of the original 2003-SARS-Coronavirus.

The Essential Features of the 2003-SARS-CoV Virus

Confirmed by [the WHO](#)

“the Severe acute respiratory syndrome (SARS) is a viral respiratory disease caused by a SARS-associated coronavirus. It was first identified at the end of February 2003 [more than 20 years ago] during an outbreak that emerged in China and spread to 4 other countries. ...

A worldwide outbreak of severe acute respiratory syndrome (SARS) has been associated with exposures originating from a single ill health care worker from Guangdong Province, China. We conducted studies to identify the etiologic agent of this outbreak.

... a novel coronavirus was isolated from patients who met the case definition of SARS. ... Consensus coronavirus primers designed to amplify a fragment of the polymerase gene by reverse transcription-polymerase chain reaction (RT-PCR) were used to obtain a sequence that clearly identified the isolate as a unique coronavirus only distantly related to previously sequenced coronaviruses.

What is significant in this report is that the WHO confirmed that the novel 2003 coronavirus entitled 2003 SARS-CoV had been isolated from patients' samples, identified and designated “severe acute respiratory syndrome” in March 2003.

Absence of An Isolate of the “New 2019 Virus (2019-nCoV)”

While the 2003 SARS-CoV was duly isolated, the WHO acknowledged in January 2020 that it did not have an isolate and purified sample of the new 2019 coronavirus from an infected patient, which meant that they were unable to confirm the identity of the (“dangerous”) 2019 novel coronavirus entitled 2019-nCoV. That was the reason given. Sounds Absurd.

How was this matter resolved. Following advice from the Gates Foundation, the WHO was in liaison with the Berlin Virology Institute at Charité Hospital.

Under the scientific guidance of Dr. Christian Drosten, the Berlin Virology study was entitled:

[Detection of 2019 Novel Coronavirus \(2019-nCoV\) by real time RT-PCR](#)

Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR

Like 4

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Victor M Corman¹, Olfert Landt², Marco Kaiser³, Richard Molenkamp⁴, Adam Meijer⁵, Daniel KW Chu⁶, Tobias Bleicker¹, Sebastian Brünink¹, Julia Schneider¹, Marie Luisa Schmidt¹, Daphne GJC Mulders⁴, Bart L Haagmans⁴, Bas van der Veer⁵, Sharon van den Brink⁵, Lisa Wijsman⁵, Gabriel Goderski⁵, Jean-Louis Romette⁷, Joanna Ellis⁸, Maria Zambon⁸, Malik Peiris⁶, Herman Goossens⁹, Chantal Reusken⁵, Marion PG Koopmans⁴, Christian Drosten¹

[The Berlin Virology Institute study](#) firmly acknowledged that:

[While]... several viral genome sequences had been released,... virus isolates or samples [of 2019-nCoV] from infected patients were not available ...”

What the Berlin team recommended to the WHO was that in the absence of an isolate of the 2019-nCoV virus, [a similar 2003 SARS-CoV virus should be used as a “proxy” \(point of reference\) of the novel 2019 coronavirus:](#)

“The genome sequences suggest presence of a virus closely related to the members of a viral species termed severe acute respiratory syndrome (SARS)-related CoV, a species defined by the agent of the 2002/03 outbreak of SARS in humans [3,4].

We report on the the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], designed in absence of available virus isolates or original patient specimens. Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology.” ([Eurosurveillance](#), January 23, 2020, emphasis added).

What this ambiguous statement suggests is that the identity of 2019-nCoV was not required and that “COVID-19 confirmed cases” (aka infection resulting from the 2019 novel coronavirus) would be validated by “the close genetic relatedness to the 2003 SARS-CoV.”

How could the new virus be categorized as similar without having been identified, i.e. without an “isolate”? Moreover, bear in mind that while the PCR test does not detect the virus, it detects genetic fragments (of numerous viruses).

Smoking Gun

What this means is that a coronavirus detected 20 years ago (at the time of writing) in Guangdong Province (2003 SARS-CoV) has been used to “validate” the identity of a so-called “novel coronavirus” first detected in China’s Hubei Province in late December 2019.



The recommendations of the Drosten study (financed with [a grant of \\$249,550 from the Gates Foundation](#)) were then transmitted to the WHO.

They were subsequently endorsed by the Director- General of the WHO, Dr. Tedros Adhanom Ghebreyesus.

The WHO did not have in its possession the “virus isolate” required to identify the new virus.

“Never mind”. It was decided that an isolate of the new coronavirus was not required.

It stands to reason that if the PCR test uses the 2003 SARS-CoV virus as a proxy or “point of reference”, there can be no “confirmed” cases pertaining to the novel coronavirus 2019-nCoV.

The 2019 new coronavirus 2019 nCoV was renamed SARS-CoV-2 on February 11, 2020 by the [International Committee on Taxonomy of Viruses](#). That explains the 2 suffix.

The 2019 novel coronavirus is said to be “similar” to 2003-SARS-CoV, which was subsequently renamed SARS-CoV-1 (to distinguish it from SARS-CoV-2).

The NEW Virus (2019 nCoV) is “non-existent” (no RT-PCR confirmed cases).

The RT-PCR Test Declared Invalid by the WHO

Amply documented, the RT-PCR test detects genetic fragments of numerous viruses without being able to identify the virus.

See the article below:



[The WHO Confirms that the Covid-19 PCR Test is Flawed: Estimates of “Positive Cases” are Meaningless. The Lockdown Has No Scientific Basis](#)

By [Prof Michel Chossudovsky](#), December 10, 2023

See also our review of the RT- PCR in the Appendix of this article.

The significance and ambiguity of the WHO decision -following the advice of the Berlin Virology Institute- namely the issue of the “isolate” of the novel coronavirus have been

casually overlooked. “No Questions Asked”

[The British Media](#) reported on February 6, 2020 the change in the name of the virus:

“[The] Deadly coronavirus will FINALLY get a name: Scientists plan to officially label the disease ‘within days’ – but it won’t be called after any places or animals. The International Committee on Taxonomy of Viruses has submitted a name. ...

Big Money, Big Pharma. Patent Rights

Let’s bear in mind: The Covid Crisis which is still ongoing is a Big Money Operation Worldwide, with numerous Big Pharma products, extending from the global misuse of the RT-PCR test, to the multibillion dollar Big Pharma vaccine project, largely dominated by Pfizer.

Was the change in the name of the virus to SARS-CoV-2 an issue of “royalties” and intellectual property rights? The [U.S Patent Rights](#), pertaining to 2003 SARS-CoV was filed in April 2004 and assigned in May 2007 to the U.S. Department of Health and Human Services:

Patent No.: US 7,220,852 B1 Date of Patent: May 22 2007. (This is a matter for further investigation.)

“The Big Lie” and the “Non-Existent New Virus”. What are the Consequences?

As documented above (confirmed by the WHO) the new 2019 corona virus was never identified.

The use of a 20 year old virus entitled 2003 SARS-CoV as a proxy for the alleged new virus confirms that there was NO PANDEMIC resulting from a NEW CORONAVIRUS in January-March 2020.

THERE WAS NO “NEW VIRUS”.

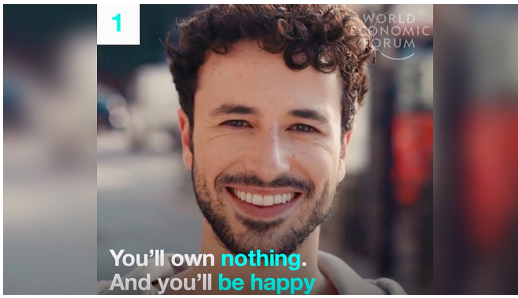
What this signifies is that both the Devastating Lockdown policies imposed on 190 countries (March 11, 2020) as well the Worldwide Rollout of the Covid-19 Vaccine (mid December 2020) are fraudulent. They are based on a “Big Lie”, which has contributed in the course of almost four years to literally destroying people’s lives.

In turn the incessant fear campaign had a devastating impact on people’s health, their mental health, including a Worldwide wave of suicides. In several countries [suicides among school children](#) were recorded (See Michel Chossudovsky, [Chapter VI](#))

“The Big Lie” Precipitates the Lockdown

The unspoken truth is that the novel coronavirus has provided a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire world into a spiral of mass unemployment, bankruptcy, extreme poverty and despair.

The lockdown was an act of economic and social warfare. The labor force was confined, the work place is frozen, leading to an engineered Worldwide economic collapse.



This crisis is by no means over. The entire World is currently strangled in the Most Serious Debt Crisis in World history. All categories of indebtedness (private and public).

In the words of the WEF billionaires to those who are losing their homes or cannot pay their monthly rent: their motto is:

“Own Nothing Be Happy”.

The mRNA “Vaccine” Intended to Protect People against a “Non Existent New Virus”

Amplify documented the mRNA “vaccine” which was intended to protect people against this non-existent new coronavirus renamed SARS-nCoV-2 has resulted in [an upward trend in excess mortality](#).

The [Pfizer Confidential Report](#) released under Freedom of Information [confirms based on their own data that the vaccine is a toxic substance](#). To access the [complete Pfizer report click here](#)

The evidence is overwhelming: See the carefully documented impacts of the “vaccine” by Dr. William Makis on people from all walks of life: [pilots, health workers, school children, students, athletes, pregnant women and new born babies](#) (and many more).

Excess Mortality

There are numerous studies on vaccine related excess mortality. Below is a summary of an incisive study pertaining to Cancer Related Excess Mortality in England and Wales resulting from the mRNA Vaccine conducted by the team of [Edward Dowd](#)

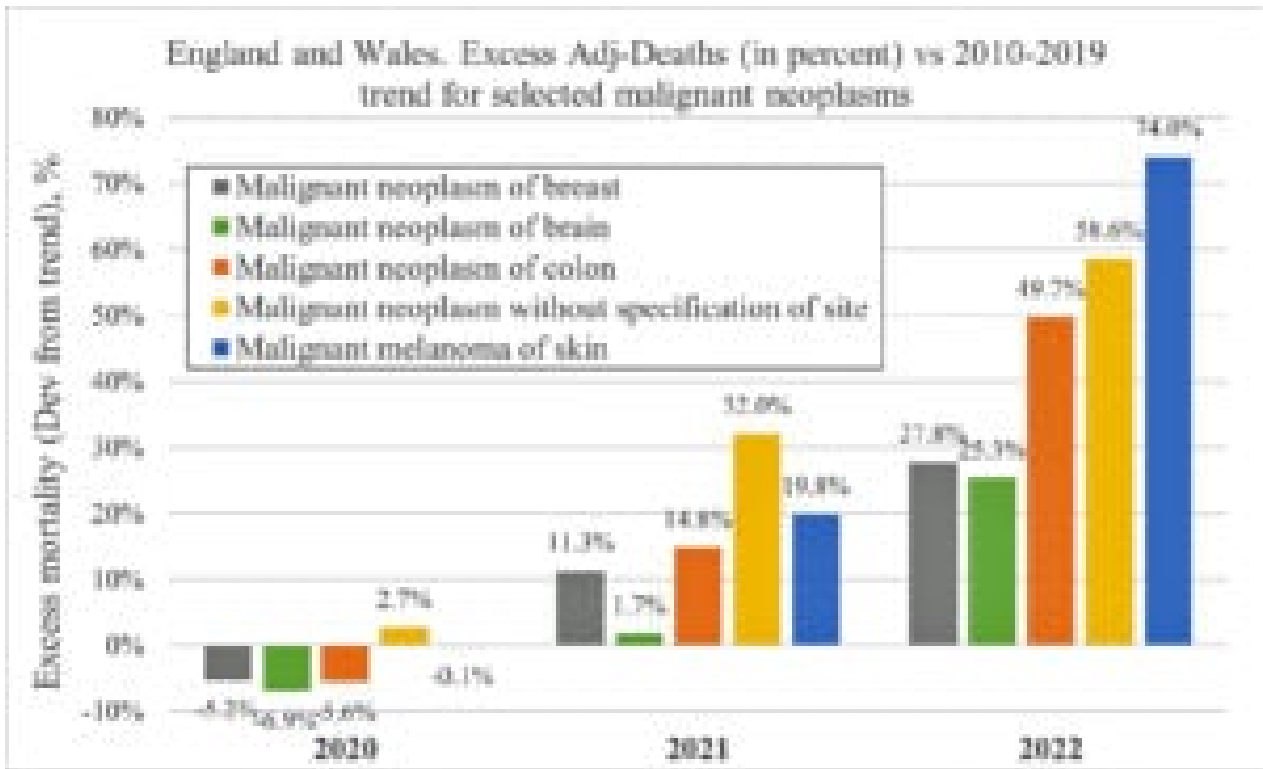
Dowd’s method was to analyze the number of deaths attributed to cancer in England and Wales between 2010 and 2022 (based on the data of the U.K. Office for National Statistics).

The table below pertains to excess deaths related to malignant neoplasm (cancerous tumor) in England and Wales, recorded in three consecutive years: 2020, 2021, and 2022 vs. a 10 year trend (2010-2019).

The data for excess mortality in 2020 (the year prior to the vaccine) are negative with the exception of “malignant neoplasm without specification of site”.

The COVID-19 vaccine was rolled-out in several phases in England and Wales [starting on December 8, 2020](#) and [extending into March-April 2021](#).

The upward movement in excess mortality (%) commences in 2021. The increase in excess mortality related to malignant neoplasm is tabulated for the two first years of the vaccine.



Below is a similar table pertaining to Excess Mortality in Germany, which points to the Deviation of Observed Mortality from Expected Mortality (by age group) in 2020, 2021, and 2022.

Notice the upward shift in excess mortality in 2021 and 2022 following the rollout of the Covid Vaccine in December 2020

Germany: Excess Mortality by Age Group (%)

Figure 1 illustrates that the deviation of the observed mortality from the expected mortality is not uniform over the different age groups and that the pattern across the age groups changes from 2020 to 2021 and 2022.

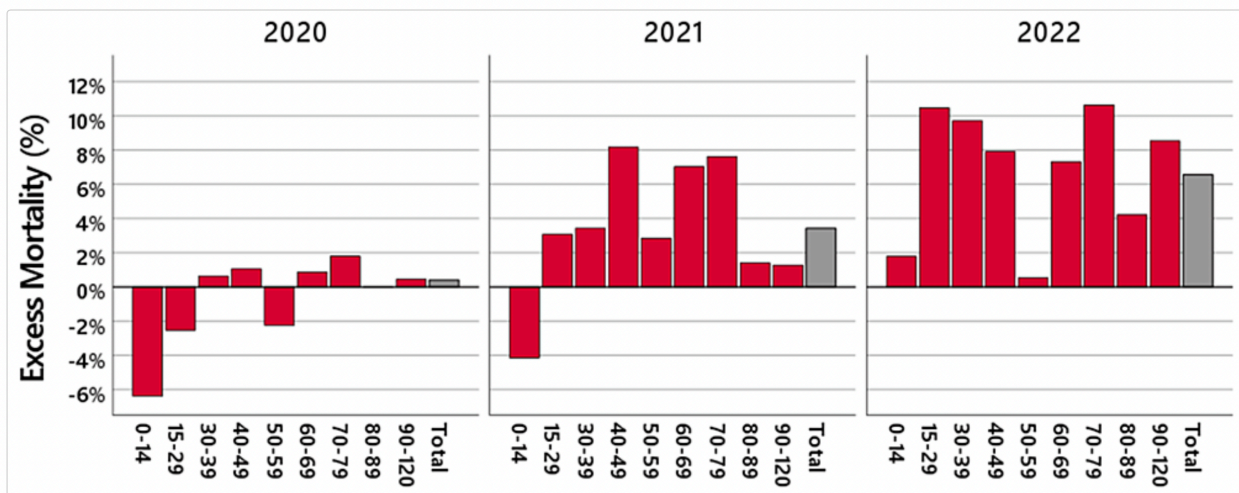


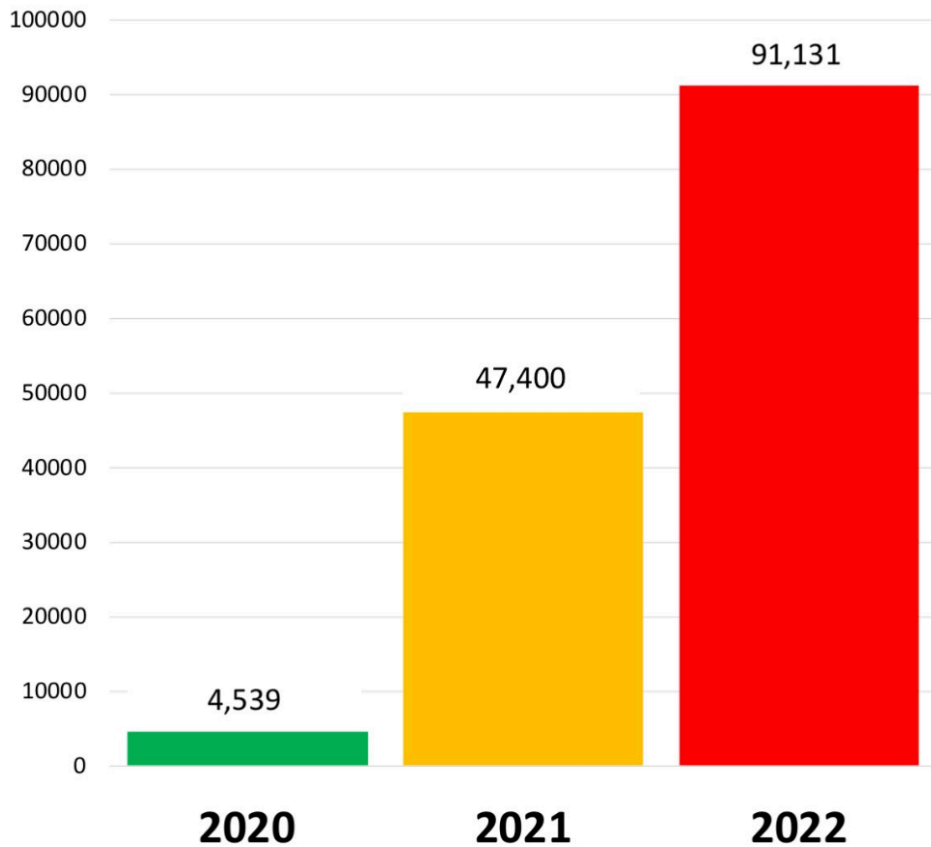
Figure 1: Yearly excess mortality. The red bars show the excess mortality in 2020 (left panel), 2021 (middle panel), and 2022 (right panel) in different age groups. The gray bars are the total excess mortality.

Excess Mortality in Red by age group, Total Excess Mortality in Gray

Japan. Excess Mortality (2020-2022): Jump in Excess mortality in 2021 and 2022 (January-October 2022)

JAPAN: Age Adjusted Excess Deaths January 1 to October 30

Source: <https://exdeaths-japan.org/en/graph/numberof/>



Media Disinformation, Boldface Lies

There are numerous studies on excess mortality resulting from the vaccine, which are ignored by the media.

Invariably the Press reports state with authority that it is the virus which is “dangerous” or “deadly”, when in fact it is the “Vaccine” which has triggered an upward trend in mortality.

The Daily Mail (February 6, 2020) refers to a “deadly coronavirus” intimating that it is spreading Worldwide

The dangerous virus designation is a boldface LIE:

Confirmed by the WHO, the CDC and peer reviewed reports, the 2019 nCoV-19 is not dangerous. See the Appendix below.

“When the Lie Become the Truth, There is No Moving Backwards”

CENSORSHIP: The original Global Research video produced by Ariel Rodriguez in February 2021 was taken down by Vimeo on March 5, 2022

Below is the Version on Rumble

Our thanks to Vaccine Choice Canada

Our analysis in this short article has provided evidence:

- that the alleged NEW CORONAVIRUS entitled 2019 nCoV was never isolated,
- the renamed new coronavirus entitled SARS-CoV-2 is NOT A NEW VIRUS. It is similar to an OLD VIRUS entitled 2003-SARS-CoV.

I should mention that there are many other issues which invalidate the “official narrative”, specifically the RT-PCR test which does not identify the virus.

See sections 1, 2, 3 4 of the Appendix below as well as our review of The Reverse Transcription Polymerase Chain Reaction (RT-PCR) Test.

Scroll down to consult the Appendix

Michel Chossudovsky’s Message

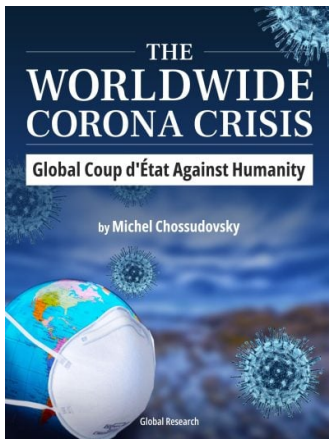
Dear Readers,

We stand in solidarity Worldwide. My thanks for your support in the course of more than twenty years.

You are welcome to download (free of charge) my Book (15 chapters) which provides a detailed analysis of a crisis which is still ongoing.

[The Worldwide Corona Crisis, Global Coup d’Etat Against Humanity](#)

Free of Charge for ALL our Readers. [Click here to Download](#)



The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon

In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which to sustain our fight. —Dr. Emanuel Garcia

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test - which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —Peter Koenig

Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. —David Skripac

A reading of Chossudovsky’s book provides a comprehensive lesson in how there is a global coup d’état under way called “The Great Reset” that if not resisted and defeated by freedom

loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin

[Covid-19 Vaccine Boosters: False and Misleading Efficacy Claims—What Is the Motivation?](#)

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Appendix

Our analysis above provides evidence:

- that the alleged NEW CORONAVIRUS entitled 2019 nCoV was never isolated and that
- the renamed new coronavirus entitled SARS-CoV-2 is similar to a 20 year old virus entitled 2003-SARS-CoV

It should be understood that there are many other issues which invalidate the "official narrative" which are not addressed in the article(See sections 1, 2, 3 4 below as well as our review of The Reverse Transcription Polymerase Chain Reaction (RT-PCR) Test

Of significance to our understanding of "fear campaigns", the WHO and CDC confirm that the 2019 nCoV (SARS-CoV-2) is not a dangerous virus.

1. The WHO Statement Regarding 2019-nCoV

The most recently discovered coronavirus causes coronavirus disease COVID-19. The most common symptoms of COVID-19 are fever, dry cough, and tiredness. ... These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing." (For further details see [Michel Chossudovsky, August 2022](#), emphasis added)

2. Dr. Anthony Fauci Regarding SARS-CoV-2 in the NEJM

From the outset, Fauci has persistently warned of the imminent dangers of the SARS-CoV-2 (including its variants and sub-variants), while acknowledging in his peer reviewed article in the [New England Journal of Medicine](#) (together with H. Clifford Lane, M.D. and Robert R. Redfield, M.D. that:

“The overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968)...” (See [Covid-19 — Navigating the Uncharted](#), NEJM)

3. The WHO’s Definition of 2003-SARS

SARS is an airborne virus and can spread through small droplets of saliva in a similar way to the cold and influenza. ... SARS can also be spread indirectly via surfaces that have been touched by someone who is infected with the virus.

Most patients identified with SARS were previously healthy adults aged 25–70 years. A few suspected cases of SARS have been reported among children under 15 years. The case fatality among persons with illness meeting the current WHO case definition for probable and suspected cases of SARS is around 3%.

One month prior to the change of name of the novel 2019 nCoV coronavirus to SARS-CoV-2 (On February 11), the WHO released, a detailed document pertaining to the 2003 [Severe Acute Respiratory Syndrome](#) (Operational Support & Logistics Disease Commodity Packages pdf).

4. The CDC’s Comparison of SARS-CoV-2 with Seasonal Influenza

“Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with influenza viruses.

Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences between the two.”

If the public had been informed and reassured that COVID is “similar to Influenza”, the fear campaign would have fallen flat.

The lockdown and closure of the national economy would have been rejected outright, not to mention the subsequent imposition of the Covid-19 Vaccine.

The Reverse Transcription

Polymerase Chain Reaction (RT-PCR) Test

The slanted methodology applied under WHO guidance for detecting the alleged spread of the virus is the Reverse Transcription Polymerase Chain Reaction (RT-PCR) test, which has been routinely applied all over the world since February 2020. (This Text is an excerpt from [Michel Chossudovsky’s book, August 2022](#))

The RT-PCR test has been used worldwide to generate millions of erroneous “COVID-19 confirmed cases”, which are then used to sustain the illusion that the alleged pandemic is real.

This assessment based on erroneous numbers has been used in the course of three and a half years to spearhead and sustain the fear campaign.

“Confirmed” is a misnomer. A “confirmed RT-PCR positive case” does not imply a “COVID-19 confirmed case”.

Positive RT-PCR is not synonymous with the COVID-19 disease! PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient’s state of health to confirm its value [reliability]. (Dr. Pascal Sacré)

The procedure used by the national health authorities is to categorize all RT-PCR positive cases as “COVID-19 confirmed cases” (with or without a medical diagnosis). Ironically, this routine process of identifying “confirmed cases” is in derogation of the CDC’s own guidelines:

“Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms. The performance of this test has not been established for monitoring treatment of 2019-nCoV infection. This test cannot rule out diseases caused by other bacterial or viral pathogens.”⁸ (emphasis added)

The methodology used to detect and estimate the spread of the virus is flawed and invalid.

False Positives

The earlier debate at the outset of the crisis focused on the issue of “false positives.”

Acknowledged by the WHO and the CDC, the RT-PCR test was known to produce a high percentage of false positives. According to Dr. Pascal Sacré:

“Today, as authorities test more people, there are bound to be more positive RT-PCR tests. This does not mean that COVID-19 is coming back, or that the epidemic is moving in waves. There are more people being tested, that’s all.”⁹

The debate on false positives (acknowledged by health authorities) points to so-called errors without necessarily questioning the overall validity of the RT-PCR test as a means to detecting the alleged spread of the SARS-CoV-2 virus.

The PCR Test Does Not Detect the Identity of the Virus

The RT-PCR test does not identify/detect the virus. What the PCR test identifies are genetic fragments of numerous viruses (including influenza viruses types A and B and coronaviruses which trigger common colds).

The results of the RT-PCR test cannot “confirm” whether an individual who undertakes the test is infected with SARS-CoV-2.

The following diagram summarizes the process of identifying positive and negative cases.

All that is required is the presence of “viral genetic material” for it to be categorized as “positive”. The procedure does not identify or isolate COVID-19. What appears in the tests are fragments of the virus.¹⁰

Failures of the PCR Test, Ridiculously Low Numbers

Even if the 2019 nCoV had been detected and duly identified, the numbers of PCR-RT confirmed (cumulative) positive cases in the period leading up to to March 11, 2020 used as a justification to enforce the Lockdown of more than 190 countries were ridiculously low.



Image: Total cumulative cases on March 12, 2020 (Source: [WHO](#))

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