

Dr Sam's
Canberra Daily
Articles 2024

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Dr Sam's *Canberra Daily* Articles 2024

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Introduction

In 2024 I was contacted by Nick Samaras, the founder and publisher of Australia's Newstime Media with a request to consider writing a series of articles for their news website [Canberra Daily](#). My husband Mark and I were taken by surprise because since the commencement of the COVID-19 era in 2020, "mainstream" news outlets had not been prepared to give us a platform. Thus, I was more than happy to write a series of monthly pieces with the aim of introducing our information to a wider audience.

The articles were written for readers who are newer to the "controversial" arguments dealing with vaccines, alleged pandemics and the very existence of pathogenic (disease-causing) "germs". However, many of those who are well-versed in this area have found the articles useful summaries of several of the key issues. In other words, I think they provide something for everyone.

Written in plain language and at around 800 to 1000 words each, the articles are packed with facts and designed to be quickly digested. There are plenty of links to our more detailed publications and I also took the opportunity to introduce more intrepid readers to some of Mike Stone's [ViroLIEgy](#) material.

This booklet contains all of my *Canberra Daily* articles from 2024 as well as a bonus article from Christine Massey. The pieces are not in chronological order but were arranged to create a better flow for those reading from start to finish.

The originally published articles can be found on the *Canberra Daily's* [Dr Sam Bailey author page](#).

Dr Samantha Bailey, MB ChB



1. Should You Trust a Licensed Doctor?

October 16, 2024

I was a licensed doctor for 16 years but decided not to renew my practicing certificate in 2021. It was not because I was at retirement age - in fact, I was 39 years old at the time. And it was not the first time this decision had been made in our household. My husband, [Dr Mark Bailey](#) had elected not to renew his licence in 2016, also after 16 years in medical practice. On his last day at work he urged me to get out of the system as well.

While I appreciated some of the sinister compliance issues that were creeping into medicine at that time, I also continued to love aspects of my work, particularly the interactions with patients and their families. I worked in hospital medicine, emergency care, and sexual health before settling into a role as a clinical research physician. The popularity I enjoyed with patients expanded to New Zealand network television in 2019 when I was asked to [front a new series](#) covering common medical topics.

The following year I was sacked from the TV show, asked to sign a “gag order” and the Medical Council of New Zealand (MCNZ) began their prosecution attempts against me. Apparently I was now such a threat to public health that corporate media outlets needed to dissuade people from my publications and social media platforms [employed “fact-checkers”](#) to block my videos from wider viewership. What on Earth happened?...

In early 2020 with the onset of the [COVID-19 show](#), viewers of my new Youtube channel requested that I speak about issues such as the “coronavirus”, face masks and rumoured future vaccines. I enrolled the help of Mark and we soon became full-time researchers. We quickly uncovered that COVID-19 was not what the World Health Organisation and most governments were portraying it to be and began publishing videos exposing the various aspects of the fraud.

The MCNZ subsequently announced they had seven “notifications” about my videos. Apparently this outraged them but by that stage my channel had over seven million views - in other words, less than one complaint per million views. That is a complaint ratio that most doctors could only dream of! More significantly, there were no complaints from any of my patients and the “notifiers” were simply people who voluntarily watched my videos and did not like what I said. Apparently this was because what I said conflicted with the government “messaging” or what Prime Minister Jacinda Ardern [later declared was “sustained propaganda”](#).

Our community surely expects doctors to embrace the principle precept of *primum non nocere* or ‘first do no harm’. Doctors should be expected to establish the facts for themselves and protect others from unnecessary interventions. Indeed, when we examine the foundations of bioethics there is nothing to suggest that we should support sustained propaganda or act as cheerleaders for political directives and approved “pandemic” narratives.

The madness went up a notch in 2021 when the [MCNZ issued a 'Guidance Statement'](#) on the 28th of April that stated:

*“You should be prepared to discuss evidence-based information about vaccination and **its benefits** to assist informed decision making...As regulators we respect an individual’s right to have their own opinions, but **it is our view that there is no place for anti-vaccination messages in professional health practice...**” [emphasis added]*

As we wrote in our book [The Final Pandemic - An Antidote to Medical Tyranny](#) published earlier this year:

“The statement was anti-scientific and illogical and would have been more at home featured in a dystopian novel along the lines of George Orwell’s Nineteen Eighty-four. The discussion of ‘evidence-based information’ could have been removed from the statement because the MCNZ had already decided that doctors were obliged to promote the injections. Not only that but somehow they had determined that the shots only came with ‘benefits’. The ‘evidence’ they provided for this proclamation was a link to the New Zealand Ministry of Health’s webpage ‘COVID-19: Vaccines’ which simply had information about the vaccine rollout program and how to get one.”

Dozens of doctors who decided not to go along with the vaccine fraud were subsequently investigated, suspended or struck off. Others were coerced to self-censor and participate in “re-education” programs in order to keep their practicing certificates. None of us could believe that the supposedly independent Medical Council was imposing the administration of a product they asserted was “[safe and effective](#)” simply because Pfizer & friends had told them so.

A whistleblower who was serving as a member of the Medical Council at the time has [subsequently confirmed](#) that the regulatory body has no semblance of independence and acts as an enforcer of political whims:

“whistleblower Richard Aston’s evidence paints a grim picture of medical regulators working in lockstep with the government to impose a medical intervention on the entire population, and effectively a false assurance that people could trust their doctors to give them unbiased advice.”

My experience in 2020 opened my eyes to the tip of the iceberg and the following year I had no interest in renewing my practicing certificate. It was made abundantly clear to the “authorities” that I had permanently exited their system. Despite this, they kept my name on the register for another three years in order to [stage a show trial](#) in my absence.

The public need to be aware that when it comes to many health issues, licensed doctors are not able to speak honestly to their patients and will face sanctions if they do. Medical practice is under the influence of special interest groups and their highly-profitable allopathic business models. It is a disgraceful situation that has led to the “health” system becoming a vehicle for wealth transfer as well as [a verified killing field](#).

Many people we encounter in the public are confused as to why more doctors are not speaking up about this madness. A large part of it is the knowledge they will almost certainly face prosecution and may even lose their employment within the profession. If you want to learn more about this problem, watch my [interview with Dr Sam White](#), a British GP who was recently ‘struck off’ for refusing to participate in the COVID-19 rituals.



2. Can “Germs” Make You Sick?

August 14, 2024

If your doctor thinks that “germs” make you sick, unfortunately the wool has been pulled over their eyes. Sadly, they are a victim of a long-standing fraud that is part of the reason the medico-pharmaceutical industry is a blood-splattered "[killing field](#)".

When I was a medical student, the concept of “germs” making us sick was barely questioned. In fact, it was so indoctrinated through our tuition and text books it was not even referred to as ‘germ theory’ - I only discovered that term and the related term '[terrain theory](#)' years later.

If you are wondering how this situation came to be, the answer is on public display in the online encyclopaedia *Wikipedia* where the [claim](#) is made that:

“The germ theory of disease is the currently accepted scientific theory for many diseases. It states that

microorganisms known as pathogens or "germs" can cause disease. [Germs] invade humans, other animals, and other living hosts." [emphasis added]

One of the reasons that almost no doctors have questioned the germ theory is that a [scientific theory](#) is supposed to be one that has stood the test of time. It implies that all attempts to disprove the original idea have failed. However, the reality is something quite different and the germ hypothesis was shown to be patently incorrect long ago.

In the early 1900s the emerging medico-pharmaceutical industry was making heroes of figures such as Louis Pasteur and Robert Koch for their apparent discoveries of disease-dealing germs. However, what has been largely hidden from the public is that contemporaries such as Dr Thomas Powell and Dr John Fraser had already disproved all of their claims. As germ theory researcher Mike Stone of *ViroLIEgy* [reported](#):

“Dr. Fraser utilized millions of the highly ‘virulent’ germs of diphtheria, pneumonia, typhoid, meningitis, and tuberculosis and fed them to volunteers in various ways. In all instances in over 150 experiments conducted over a 5-year period, no disease ever occurred in any of the volunteers.”

It got even worse for the germ theorists in the [Spanish flu](#) era. The doctors and scientists of the day were convinced that the “deadliest pandemic in history” was caused by a contagious germ (later declared to be a “virus”). However, in 1918 the United States Public Health Service commissioned a series of human experiments under the supervision of Dr Milton Rosenau. All sorts of attempts were made to transmit illness from bed-bound patients to healthy volunteers including directly injecting samples from the sick into the well. The [result](#)? In no instances was the so-called highly contagious condition able to be transmitted from one person to another.

This sort of information is not known to the average doctor and most continue to believe to this day that “germs” are not only disease and death-dealing but also highly contagious. They would no doubt be astounded to read the recently published book [*Can You Catch a Cold?*](#) by Australian investigator Daniel Roytas who has uncovered over a century of untold medical history and collated more than 200 human transmission experiments. The conclusion is inescapable: the belief that a cold or flu can be ‘caught’ from someone else is not supported by the balance of the scientific evidence.

This is not to say that people do not get sick in clusters but it is clearly a grave mistake to conclude that these events can only be explained by “germs”. As I wrote in the foreword for [*Can You Catch a Cold?*](#):

“...conditions such as scurvy and pellagra were once thought to be contagious diseases because groups of people would experience the same symptoms at the same time. Only later did it become apparent that these conditions were the result of nutritional deficiencies. People are also affected by others in numerous ways and this book documents fascinating ‘outbreaks’ of illness due to psychological factors alone.”

We have spent years searching the scientific literature for evidence that “germs” can attack healthy people and make them sick. The evidence [does not exist](#). Instead what we have found is “indirect evidence” such as epidemiological data and a series of excuses that are continuously introduced to maintain the failed hypothesis. This includes unethical and pointless experiments that are supposed to show microbes are dangerous by injecting them directly into the lungs and brains of laboratory animals. These experiments do not replicate natural exposure routes and are further invalidated by their lack of valid controls, a crucial requirement of the scientific method.

Microbes can certainly be present and may multiply greatly in diseased parts of the body. However, they are simply acting as the clean up crew in response to what caused the tissue to become compromised in the first place. The wise doctor therefore seeks to address the underlying problem, not launch a pointless attack on the microbes that are simply doing their vital job.

It is of the utmost importance for everyone to be aware of the fallacies behind germ “theory” - not only for their personal health but also because of how this misconception is now being used as a tool to control entire societies. As we wrote in the introduction to our book, [*The Final Pandemic*](#):

“Humanity is under assault from ‘pandemics’ but not for the reasons that the mainstream sources portray...The belief that germs from the natural environment (or a laboratory) are attacking us has led most of the population to go along with lockdowns, civil rights restrictions, unprecedented peacetime censorship and more vaccines.”

The choice is in our hands: continue to accept this dreadful “scientific theory” that only benefits megalomaniacs and special interest groups within the pandemic industry or call it out for the complete fraud that it is and has always been.



3. Doctor: “Why I No Longer Give Paracetamol to My Kids”

September 13, 2024

When I was a new mother, one of the things that I considered to be an act of kindness was giving my children paracetamol (known as acetaminophen in North America). It took me a few years to wake up to the terrible errors of this practice and in this article I will explain why.

During medical training we received two years of pharmacology lectures where we were taught everything we were expected to know about drugs. I recall when paracetamol was presented because the lecturer said that despite it being one of the most common medications in the world, not much was known about what it did inside the body.

Since I was a student there have been claimed “[new insights](#)” into how it works but you will be forgiven if you want to skip the technical details. Suffice to say, once it enters the body the drug is brought to the liver to be metabolised and then passed out in the urine.

The most important point to appreciate here is that paracetamol is a [synthetic chemical](#). It is not something that would ever be found in nature or ingested as part of a healthy diet. In fact, the taste of paracetamol is so repulsive that the [liquid formulations](#) for children need to be heavily laced with sweeteners and artificial flavouring. Unfortunately, this is covering up nature's warning not to swallow something toxic. Indeed, the Mary Poppins song "A spoonful of sugar helps the medicine go down" was actually a [Big Pharma marketing scheme](#).

Most synthetic medications are said to act through targeted effects on the body which is a somewhat artificial way to look at things. In reality, the body is trying to eliminate these drugs because they are unwelcome poisons. Some of the effects that are experienced, even if claimed to be "therapeutic", are part of the body's efforts to flush out the chemicals.

It was not until I encountered the work of [Dr Ulric Williams](#) that I corrected the thinking that had been indoctrinated into me during medical training. Dr Williams was a mid-1900s New Zealand physician who abandoned the use of drugs and surgery half way through his career. After this reformation he did not mince words and as he stated in the updated work [Terrain Therapy](#):

"Almost all drugs are poisonous. Many are venomous. Few are even temporarily admissible. None would be required if natural requirements were complied with. Were we not taught not to 'think', the stupidity of swallowing or injecting noxious substances with a view to ridding ourselves of the consequence of wrong thinking and living, would hardly need emphasis."

Once upon a time I would give my children paracetamol if they had a fever. Within an hour their temperature would usually go down and seemingly they *looked* better. The mistake with such a practice is threefold:

1. It interferes with the body's eliminatory mechanisms of which fever has a vital role.
2. The chemical insult adds to the toxic burden of the body.
3. It does not address the underlying reason for the fever.

With regard to point one, I would encourage readers to watch my presentation "[The Truth About Fever](#)" where I explain why the medical system under-appreciates the significance of fever and makes errors in its management. Fever is not something to be suppressed but rather encouraged in order to enhance the body's perfectly designed mechanisms to eliminate toxins and restore perfect health. Fever is not the disease, it is the body's healing efforts in response to a problem.

With regard to point two, this article has outlined the fact that paracetamol is treated as a *toxin* by the body. It is well known that higher doses of the medication can rapidly lead to [liver failure and death](#). Perhaps less well known is that the drug depletes glutathione because this compound is required to help eliminate paracetamol from the body. If the [glutathione detoxification pathway](#) is already being stretched by an underlying illness then it is unwise to deplete it even further.

Finally, with regard to point three, the administration of paracetamol simply covers up symptoms rather than addresses the reason(s) they came about. For example, in a young child even constipation can cause a rise in temperature. The solution is to encourage elimination from the bowel, not "treat" the temperature and leave the child with a gut full of waste.

Similarly, when a child complains of a "tummy ache". Instead of reaching for the paracetamol it needs to be asked what precipitated the condition which may be anything from dietary errors through to underlying psychological distress. Dishing out some pain relief may

seem like a kind thing to do but unfortunately it can enable propagation of the problem.

We no longer use paracetamol for our family and do not miss it at all. Other families have also informed me that once they decide not to use it, the need for it also seems to disappear. A better understanding of health is reached including addressing problems at an earlier stage if not [avoiding them altogether](#).

Readers may be thinking, “is there ever an occasion when paracetamol could be used?” In the case of surgery or medical emergencies then perhaps it may have an acute role. However, such episodes are rare amongst the widespread use of the medication in our community’s youngest members. Nobody gets sick because of a paracetamol deficiency so keep that in mind next time you are tempted to reach for it!



4. How You Were Poisoned With Aluminium

November 13, 2024

Aluminium ('aluminum' in North American) - what is it good for? Absolutely nothing when it comes to your body. Yes, its alloys are used with great success in motor vehicles, bicycles, construction, machinery and technology but the wonder element has a dark side. Unlike metals such as gold and silver, aluminium is highly toxic to the human body. Unfortunately, most of us have absorbed too much and are at risk of debilitating illnesses in the future...unless we act now.

Aluminium is not required by our bodies and its presence in any amount [is considered detrimental](#). However, when I trained as a doctor, the subject was barely glossed over. We were only instructed to watch for aluminium toxicity in kidney failure and patients on haemodialysis. This is because kidney failure impairs our ability to excrete aluminium and haemodialysis does not get rid of it effectively either. However, for

reasons that should become apparent, nobody said anything about the rest of us developing aluminium toxicity.

We are exposed to aluminium through a variety of sources including food, water, the air we breathe, [medicines](#), cosmetics, [anti-perspirants](#) and [sunscreen](#). In other words, many of the best-selling products from Big Ag, Big Food and Big Pharma. It is truly shocking to discover how much our exposure to aluminium has escalated in the past century due to the practices of these corporate empires.

If you have never heard any of this before then I would implore you to read Professor Christopher Exley's 2020 book, [Imagine You Are An Aluminium Atom](#). Prof. Exley has been studying human exposure to aluminium for 40 years and his book beautifully summarises what we need to know. (It also reveals how questioning certain Big Pharma products is like stepping on a landmine, [something I am also familiar with](#).)

Medical doctors are trained to diagnose thousands of conditions but outside of the kidney failure example, aluminium toxicity is unlikely to be one of them. They diagnose Alzheimer's disease, multiple sclerosis, Parkinson's disease and autism as well as other conditions that are becoming all too common. However, when pressed on what causes these problems there may be a shrug of the shoulders, a suggestion of "genetic factors" or even [an imagined "virus"](#).

It is very difficult to cure an illness when its cause has not been identified. That is why the allopathic medical system is next to useless and can be dangerous when someone is labelled with one of the aforementioned conditions. The system's "best practice" typically involves the administration of drugs in an attempt to suppress symptoms. As I have previously pointed out to *Canberra Daily* readers - even [giving paracetamol is usually a mistake](#).

And now we get to the crunch.

It has been discovered that brain samples from individuals diagnosed with these neurological diseases contain higher levels of aluminium. The revelation should have been a game changer when it came to preventing and even curing some of these problems. However, nothing but silence has followed as Prof. Exley outlined in [*Imagine You Are An Aluminum Atom*](#):

“This is science that, thirty years ago, would have been featured on every news channel across the globe. The fact that it did not is testimony to the power of the aluminum industry. I am convinced that aluminum is a cause of Alzheimer’s disease and that if there were no aluminum in the brain, there would be no Alzheimer’s disease within a human lifespan of at least one hundred years.”

More research could be done to confirm such a finding but it appears that a handful of vested interest groups would prefer to keep the public in the dark.

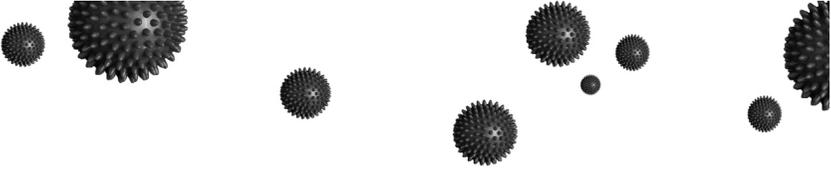
One of the most powerful of these groups is vaccine manufacturers. When it comes to injected aluminium, the US Food & Drug Administration has suggested a [“safe limit” of less than 5mcg/kg/day](#). A two-month-old baby of 5kg would thus have a “safe limit” of 25mcg. Do parents realise that a child on the “recommended” vaccine schedule may be injected with [almost 50 times this amount](#) during *one visit*?

There are no two ways about it, most people are being poisoned by aluminium and vaccines are a major contributing factor. You may see establishment “experts” denying this fact and I have dealt with some of their gaslighting attempts [in this presentation](#). As a former doctor I can reveal that it is highly unlikely your GP or paediatrician even knows what is going on. If you want to put them to the test, ask how much

aluminium will be injected into a child following the routine vaccination schedule. Then ask, what would be a “safe” amount?

Just as most medical practitioners have been complicit in poisoning their communities with aluminium, they are in the dark when it comes to reversing the problem. The good news is that there is something we can all do and that is to drink [high silicon \(“silica”\) mineral water](#). Essentially this mops up unwanted aluminium residing in our tissues to allow for its elimination. Even better, there are no known downsides to drinking nature’s high-quality mineral waters.

Of course, the best way to avoid toxicity is to limit exposure to aluminium in the first place. However, the industries that are profiting are showing no signs of cleaning up the pollution of their products. There is no time to wait for action from them or the so-called “public health” agencies. Share this information with others so they can act now to protect themselves and their communities from further damage.



PANDEMIC



5. How to Create a Pandemic

June 13, 2024

In March 2020, the World Health Organisation (WHO) [declared](#) that there was a “pandemic” of a new disease called ‘COVID-19’. However, there was a critical problem from the start. On the 7th of July that year, the historically well-respected [Cochrane group](#) published a [systematic review](#) to determine how doctors were supposed to diagnose the “new” disease in either the office or hospital setting. The conclusion of the review was staggering 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 useless in determining whether a person had the alleged new disease. Perhaps not surprisingly, something very odd was seen the following month when the WHO

published its official COVID-19 [case definition](#) stating that a confirmed case was:

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

In other words, a loop of circular reasoning was created in which a case was defined by a test and this test defined a case. It was a monumental sleight of hand that disconnected the concept of disease from the case definition.

Indeed, during the COVID-19 era many aspects of time-honored medical practice were flipped on their head. When I was a medical student 20 years ago, a large part of our training was dedicated to the art of making a diagnosis. We were cautioned that while there was an ever-increasing number of “diagnostic” tests available, the most important part was listening to the person in front of you and carefully examining them. After that the doctor may elect to perform tests to provide confirmatory evidence for the suspected diagnosis or at least use a test to help differentiate between competing “differential” diagnoses.

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 polymerase chain reaction (PCR) test or in subsequent years a positive rapid antigen test (RAT).

While many governments and media platforms promoted the alleged impressive cumulative death numbers during the COVID-19 era, for most of us it was a different experience. It was clear that the vast majority of “cases” were indistinguishable from the usual colds and flu

we had always seen. In Australia, influenza apparently all but disappeared in 2021 and was suspiciously replaced by an [almost equivalent number](#) of COVID-19 cases as I explained in a 2022 presentation.

A huge proportion of asymptomatic cases caused the COVID numbers to soar even higher particularly when governments started distributing RATs. Other independent researchers also [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’.”

On first glance it may appear incredible that there could be an officially-declared pandemic without 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.

Many people realised that there was something wrong with the COVID narratives being promulgated by governments and many media platforms. Unfortunately, the relentless fear-messaging convinced the majority that there was some degree of a “deadly pandemic” to be concerned about.

The stark reality is that there was no evidence COVID-19 was a new disease because as the official [case definition](#) specified, there were no required symptoms or signs for confirmed cases. This means that the only requirement to count cases were “positive” RAT or PCR tests. In

other words, the “new” disease was only defined by some new tests. And positive tests did not need to have any relationship to what the individual was sick with or whether they were even sick at all.

Was COVID-19 the greatest scam of our lifetime?



6. Creating Numbers for the Pandemic Industry

July 5, 2024

Last month I wrote an [article](#) for the *Canberra Daily* titled “How to create a pandemic”. It outlined how pandemics can be declared more easily, if not misleadingly, since 2009 when 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. Hence in the past two decades all that has been required to declare a “pandemic” is cases.

Even within the medical world a “case” is not the same as a clinical diagnosis or a disease. In general, a clinical diagnosis is based on symptoms (what the patient reports), signs (what is physically detected by the clinician), and sometimes laboratory test results. The definition of a case can mean “instance of disease” in the narrower sense but in the wider epidemiological sense it [simply means](#) “the criteria for

categorising an individual as a case.” In other words, a case is whatever the inventor wants it to be.

Defining cases can have a role in helping us understand and manage disease outbreaks. For example, the sudden appearance in the 1950s and 1960s of cases of ‘phocomelia’, a condition where babies have seriously malformed limbs was [linked to the drug thalidomide](#). In that instance the case definition was very specific due to the newborn’s unmistakable physical deformities and the unique correlation to the toxic pharmaceutical taken during the pregnancy.

Conversely, if a case definition is too broad or non-specific this can result in completely meaningless data. For example, if a case was defined by a test that could detect the presence of red blood cells then every one of us would test positive and be counted as cases.

COVID-19 cases were nonsensical because the World Health Organisation published its official [case definition](#) in 2020 stating that a confirmed case was, “a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.” It meant that the cases were ultimately created through a test result that had nothing to do with whether the person had a specific disease or was even unwell at all. It is why statisticians such as Pierre Chaillot demonstrated how there was [no new disease outbreak](#) by using the official “case” numbers and other population data. The huge number of cases included individuals who were sick for all kinds of reasons and in a large proportion, individuals who had no symptoms at all.

The use of this technique to make cases appear out of thin air is surprisingly well established as we documented in our book [The Final Pandemic](#). In fact, it can also be used in the opposite direction to make case numbers go down or even [disappear](#), particularly when a vaccine has been introduced and needs to be portrayed as effective.

COVID-19 cases typically relied on either a polymerase chain reaction (PCR) test or a rapid antigen test (RAT) - the former amplifies selected genetic sequences, the latter reacts to particular proteins. These genetic sequences and proteins were said to be specific to SARS-CoV-2, a virus particle - that is, an infectious, disease-causing parasite consisting of genetic material surrounded by a protein coat.

The claim was that if one of these tests was positive, then the person was infected with the virus and had a disease called COVID-19. In 2020, the president of Tanzania, John Magufuli showed how preposterous this was when he had one of his laboratories apply the PCR test to non-human sources including a papaya, a quail and a goat. The result: [all were positive](#). Did this mean that tropical fruit could also be infected with the “virus” and come down with COVID-19? Clearly, these so-called diagnostic tests were not fit for purpose.

The fact that these genetic sequences and proteins can be detected on or in humans, animals, fruit and [sewer water](#) makes it plain to see that they are not specific clinical diagnostic tools. To illustrate this point further, imagine an individual who has inhaled some pollen, something we all do in our lives. If we took a nasal swab and performed a PCR test we may have a positive result for the [pollen’s genetic sequences](#). However, it would tell us nothing about the individual in question - they could be completely well, they could have symptoms of ‘hay fever’ or they could even have died a week ago.

In this application the facts are clear: the PCR simply amplifies whatever sequences it is designed to detect, it cannot determine the relevance of their presence or whether the person (or papaya!) is afflicted with anything. (The same principle applies to the RATs.)

It is important to understand some of the key points about these tests in order to appreciate their limitations. Their widespread application and the finding of many “positives” creates not only meaningless case

numbers but also an illusion that there is an ‘it’ - that is, a claimed virus or a specific disease. It is one of the reasons that our book [*Virus Mania*](#) has the subtitle, “How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits at Our Expense”. As my co-author Dr Claus Köhnlein [explained](#) in 2020, the only pandemics we are witnessing are those of testing.

Given the recent threats of a [‘bird flu’ outbreak](#), it is vital to appreciate the true nature of these “pandemics” and why there is no ‘it’ to fear.



7. Test and Kill - “Bird Flu” Comes to Australasia

December 10, 2024

This year brought reports of “high pathogenicity avian influenza” being detected in poultry farms in several Australian states. [According to the Australian government](#), “all infected premises across Victoria, NSW and the ACT have been depopulated.” In other words, there were mass slaughters in those facilities.

It was only a matter of time until “bird flu” mania came to New Zealand and sure enough it [hit the headlines earlier this month](#). A test for a purported “virus” was rolled out in a few poultry farms and some came back positive. The response? A total of [160,000 chickens were culled in one Otago farm](#).

Although “bird flu” is relatively new in the Antipodes, it is a well-established story in Europe and North America. Our book [Virus Mania](#) was first published by my German co-authors in 2007 and warned that

new “tests” such as the PCR were being used to create the appearance of new disease outbreaks. In recent decades, a small number of positive tests has been used as the excuse to slaughter hundreds of millions of birds. The deceptive inference is that they were all “infected” or at risk of being so when nothing of the sort was demonstrated.

Nobody is denying that birds get sick but just like people there are different reasons for how illness develops. However, when a test is introduced and the virus hunters arrive, [the illusion of an outbreak can be created](#). This phenomenon was previously outlined for *Canberra Daily* readers in my article “[Creating numbers for the pandemic industry](#)”:

Even within the medical world a “case” is not the same as a clinical diagnosis or a disease. In general, a clinical diagnosis is based on symptoms (what the patient reports), signs (what is physically detected by the clinician), and sometimes laboratory test results. The definition of a case can mean “instance of disease” in the narrower sense but in the wider epidemiological sense it [simply means](#) “the criteria for categorising an individual as a case.” In other words, a case is whatever the inventor wants it to be.

Most media reports come with the impression that “bird flu” is a specific entity. However, Biosecurity NZ warns us about [a wide range of signs](#) including sudden death, weakness, breathing difficulties, diarrhoea, loss of appetite, or an unusual drop in egg production. Anyone who has looked after poultry will know that these are not new problems and often it is difficult to determine their exact causes. Birds in general are sensitive to environmental toxicities - hence the historical use of the “[Canary in the Coal Mine](#)”.

An additional issue in these apparent outbreaks is the intensive farming practices. The Otago farm was considered “free range” as the chickens

had *access* to an outdoor area. However, with around 40,000 birds in each shed it is not surprising that there are misconceptions surrounding [the loose definition of “free range”](#). People may also be unaware that “free range” birds typically receive pharmaceuticals such as antibiotics and vaccines.

Another aspect of “bird flu” mythology is the claim that ‘it’ may jump into human populations. As we reported in [Virus Mania](#), the alleged “H5N1 strain” was supposedly poised to kill up to 150 million of us in 2005.

At the time the Friedrich Loeffler Institute in Germany claimed to have evidence for the “highly contagious” and pathogenic virus. My co-author Torsten Engelbrecht [published a paper in 2006](#) exposing the lack of such evidence: the “virus” was based on detected genetic sequences and the case numbers relied on the derived PCR tests.

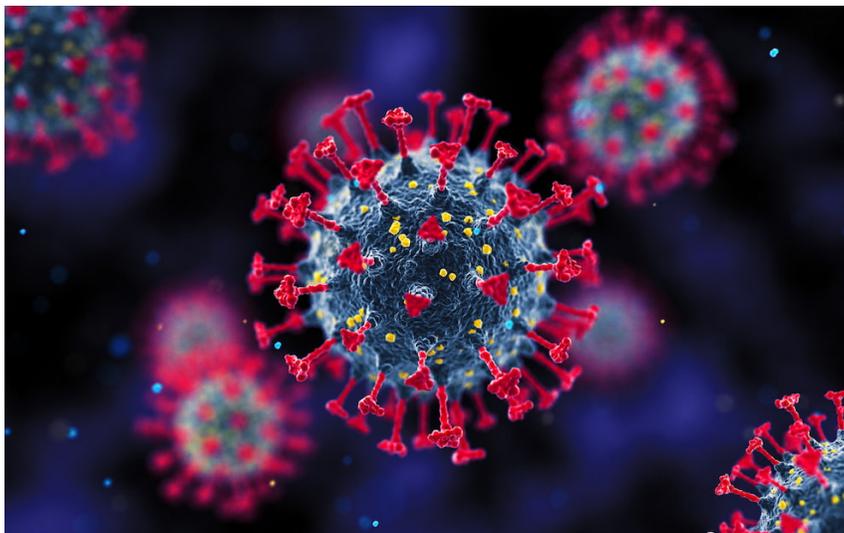
Two decades later and nothing has changed. In May this year, my colleague [Christine Massey](#) was mistakenly invited to an online H5N1 roundtable meeting headed by Theresa Tam, the Chief Public Health Officer of Canada. Once again it allowed us to expose how the non-sensical “bird flu” story [was being prepared for the public](#). My husband, Dr Mark Bailey, recently explained how these pseudo-outbreaks are manufactured in [this radio interview](#).

It is now more important than ever that the wider public is made aware of the faulty science behind these events. As Mark and I warned in our most recent book, [The Final Pandemic](#):

Humanity is under assault from “pandemics” but not for the reasons that the mainstream sources portray. This book examines the claims regarding alleged “contagious” disease outbreaks such as COVID-19 to shed more light on what they are, or perhaps more importantly, what they are

not. The belief that germs from the natural environment (or a laboratory) are attacking us has led most of the population to go along with lockdowns, civil rights restrictions, unprecedented peacetime censorship and more vaccines. However, when the foundational science is exposed and it is understood how the cases are created, no “pandemic” looks the same ever again.

There is no sign that these events are going to ease up whether they are said to involve humans or animals. Ostensibly it is claimed to be about public health but in reality the benefits are mostly flowing to the growing pandemic industry. The reason we called our book [*The Final Pandemic*](#) was because it is up to you whether you want to participate in these scandals.



Bonus article - It's official: No records of the “COVID virus”

By Christine Massey, MSc

September 25, 2024

Before 2020, I had no reason to question the existence of viruses. The possibility that viruses had not been shown to exist had only fleetingly crossed my mind in 2017 when I stumbled across a German biologist named [Dr Stefan Lanka](#). Trained as a virologist, Dr Lanka stunningly revealed in the 1990s that the methodologies employed in his chosen field were often unscientific and the entire virus model was flawed.

By the time the COVID-19 hype was underway I briefly forgot about this incredible revelation. However, what did capture my attention in 2020 was that there were fewer “confirmed COVID-19 cases” than “confirmed influenza cases”. Obviously, no one had panicked and told us to stay home because of the new flu viruses that we supposedly encounter each year so what was going on?...

The first fact I established, by checking the claims on the [website](#) of my local “health authority”, was that the PCR “tests” do not actually test for a virus. Or for a viral illness. Or for any illness at all.

I was stunned to learn that these tests only provide, at best, indirect evidence of a tiny genetic sequence. Not an infection, not even one copy of an intact “virion” (a single virus). Just a tiny sequence claimed to be a marker for “the virus”. And yet, Public Health Ontario had decided that samples testing positive for the tiny sequence would be, “reported as COVID-19 virus detected, which is sufficient for laboratory confirmation of COVID-19 infection.”

In July 2020, investigative journalist Jon Rappoport pointed out that the CDC had [conceded](#) that detection of so-called “viral” RNA “may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms”. This was logical, because finding a tiny part of a (supposed) thing is not the same as finding the (supposed) thing intact. So, the test did not necessarily relate to illness and according to the [official definition](#), the “COVID-19 symptoms” were not even new or specific. In fact, “cases” required no symptoms at all.

This meant that the statements on the website of my “health authority” were actually a confession of medical fraud – right there in plain sight. The non-diagnostic tests were being passed off as confirmation of a “viral infection” and a “coronavirus disease”.

It became more interesting when I was sent a [presentation](#) featuring the United States physician Dr Andrew Kaufman. Like Dr Lanka, Dr Kaufman discussed the methodologies employed by virologists when claiming to have “[isolated a virus](#)”. He walked through the logical steps that are required to isolate a particle (if it exists), contrasting those with what was done by those who “found SARS-CoV-2” such as [the Australian team of Leon Caly](#). The difference was clear and the

implications were stunning – the virologists had not actually identified a virus, old or new. Could this be true?

I carefully read the methods section of each study. It wasn't easy at first, but with time, patience, a good dictionary, and the internet, it is something that even laypeople can manage. Anyone who does this research will see that Dr Lanka and Dr Kaufman are correct. Virologists do not isolate a particle (as claimed in their studies) and show that it causes disease.

Instead, they create a brew of monkey cells, cow serum and toxic drugs, observe the monkey cells breaking down and declare that “the virus” is to blame and has been “isolated”. The experiments are nonsensical and do not adhere to the scientific method. The “logic” of a virologist is on par with claiming that Santa was shown to exist and was isolated in your house based on observing presents under the Christmas tree.

“Well, surely someone has found this supposed particle and shown that it's a virus” you might be thinking. And I would not blame you, because what I am claiming may sound outlandish. However, I encourage you to really look into this for yourself and put aside what you assumed were facts.

Another line of evidence might surprise you. After verifying the facts laid out by Dr Kaufman, I started filing freedom of information (FOI) requests to Canadian health and science institutions. (Australia similarly facilitates these requests [through its FOI Act](#).) I asked for all studies held by the institutions, from anywhere, that found and purified alleged virus particles from any human – because if that had not been done, then no one could have followed up with valid scientific experiments to show that the supposed virus existed and caused COVID-19.

Many people around the world helped with this project and we now have [official responses](#) from 224 institutions in 40 different countries.

Not one of them was able to provide or cite such a study, hence none have scientific evidence of the alleged virus. It is clear that there is no valid independent variable to study in their experiments, which means that virology is based in pseudoscience.

We eventually expanded our investigation to other alleged viruses. No matter which institution is asked or which alleged virus we ask about, the results are always the same: [no records](#). Put simply, this means that the “viruses” were imagined to exist but have never been found.

The old saying is correct when it comes to virology: the devil is in the details. It seems just a matter of time until more people realise that the COVID “virus” never was. Then comes the sickening reality that there was absolutely no need for any of the “responses” that devastated our world.

Christine Massey is an independent researcher from Canada with a background in biostatistics. Since 2020 she has coordinated the Freedom of Information Act project that has exposed the lack of evidence for ‘SARS-CoV-2’, other alleged viruses and “pathogenic” microbes.

Subscribe and follow her on [Substack](#).

About the Author



Dr Samantha Bailey trained and worked as a conventional doctor over two decades before a new understanding of health compelled her to leave the medical system. In 2020 she started what was to become New Zealand's largest Youtube health channel with her videos gaining millions of views and an international following. She is a co-author of *[Virus Mania](#)* and *[The Final Pandemic](#)*. With her husband, Dr Mark Bailey, the couple have made their extensive collection of medical and health information freely available through their website www.drsamailey.com.