

Dr. Tom Cowan: 5G millimetre waves are a weapon to make people sick with Covid February 2021

<https://www.brighteon.com/09ea44fd-218d-4a90-a9f0-169e01cc2166>

Dr. Cowan: It's meaningless. So that's where we are. So I could go into how they misled themselves into thinking they have this virus, but this is a scientific fraud and interestingly, just three days ago, a group of European virologists and pathologists dissected this ... the basis of using this study, which is the basis of all the PCR tests, all the testing is pure scientific fraud and they demanded that this journal retract the article.

Interviewer: So then explain to me what's going on. There are cases reported, there are deaths reported. How is this all happening and being reported on if there's not a virus?

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Dr. Cowan: First of all, what are these people seeing at the site? What is a virus? So that's where it gets very interesting because it actually leads you into understanding what is going on. Because in certain cases, like chickenpox, you do see these particles (I can show you a picture of them if you want) and they are at the site of the disease. But we already know that, just because you have strep in your throat, doesn't mean it's causing disease. In order to prove causation, you have to isolate the virus, you have to take the chickenpox out, you have to prove that you don't have anything else in there, no poisons, no snot, no nothing, just the virus. Exposing the animal to it. They did that for 20 years – they couldn't make any animal sick. So the question is, what is it doing there?

And it's a very interesting question because it gets into the question of "*How do we even know that it's coming from the outside?*" Because it turns out that, when you have tissue, as I described earlier, and you starve it and poison it, it packages up little pieces of degraded DNA and packages them up in particles as a detoxification and communication strategy. In other words, if you break down the tissue, there's a poison-relief mechanism, which we have erroneously ... coming from the inside. They're called exosomes or intracellular vesicles. Now, there's an article in a journal called "Viruses" which looked at this question, "*How do we know that these are from the outside and not from the inside?*" And they said something very interesting: "*However, to date a reliable method that can actually guarantee a separation of exosomes from viruses does not exist.*"

Everything that's a "thing" can be separated and isolated from every other thing. If I have a fork here, I can separate it from a spoon because they're different. There's **only one reason that I can't separate an exosome, which is a detoxification strategy from the inside, from a pathogenic virus from the outside**, and that's because **they're the same thing**, and that's why I can't separate them.

In other words, something is poisoning the tissue, the tissue then packages up this degraded genetic material, we mistakenly call those pathogenic viruses – and here's where it gets interesting – because we now know that **those pieces of genetic material can resonate out into the world as a signal for other organisms as a signal that something bad has happened**, some poisoning has happened and you should

defend yourself. This is how trees communicate. If you get beetles eating a tree, they put out chemicals and other signals that communicate to the other trees that there are beetles around and you should defend yourself.

This is because the Darwinian model of evolution based on mutations and survival of the fittest is pure nonsense because it's way too slow. If you were exposed to glyphosate and one person had a mutation that allowed them to survive from that exposure, do you know how long it would take for that to spread through the whole population? Ten thousand years, if that, even from Boston, for god's sake! So nature has another mechanism which is called viruses or exosomes. So you package up this material. The **DNA or RNA has a resonance**, just like women communicate with their menstrual cycles through resonance and **a lot of unseen energies communicate through resonance – that's what we call life**. And then the other organisms can make the same piece of genetic material and turn that into proteins to defend themselves.

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So viruses are the mechanism of evolution. They're the mechanism of adaptation. A war on viruses is a war on evolution and adaptation. It's a war on life. So the question then is, *"What is poisoning us?"* That's the question.

Now, when you look at the symptoms of the disease called "Covid-19" and you forget about the virus, because **the virus has never been isolated, it's basically imaginary**. So any therapeutic so-called manoeuvre like wearing a mask or social distancing or washing your hands to get rid of something that hasn't even been proven to exist is just nonsense. It doesn't work at all – it just makes you sicker.

So what do we know about the disease? Now, most of what are being called "cases" are just PCR tests which mean nothing. And I mean nothing: there are no "false positives" here because **you cannot use that test without having compared it to an intact virus**. So a case means nothing. So there are sick people. Now, most of the sick people are just the usual sort of sick people. But there are some sick people who are hypoxic and have what's called "a hyper-inflammatory state". Now, how do they get hypoxic? **It has nothing to do with any virus – viruses don't make you hypoxic**.

But we do know from clear scientific research going back to the seventies, the Naval Intelligence Research Institute did this, the Soviets did it, there are recent papers on it, that **if you expose a place to millimetre waves, otherwise known as 5G, three things will happen:**

1. **You'll degrade the oxygen in the atmosphere**, so you're essentially, like this one ER doctor said, it's like these people are walking up the Himalayas. I think his name was Kyle-Sidell. He said they're in a low-oxygen environment but yet they're in New York City or Wuhan or on a cruise ship that just had 5G installed. What's happening is the millimetre waves are degrading the oxygen in the atmosphere so they're actually like they're on the top of a mountain.

2. The second thing is that it interferes with certain pathways in your mitochondria, which are organelles in your tissues that use oxygen to make fuel. We know this, again, going back to research from the seventies. So you become tissue hypoxic, **you're starving of oxygen because (a) there's less oxygen in the atmosphere, and (b) you can't use the oxygen that you do have and turn it into fuel**, which is the whole point of oxygen in the first place. So that's another thing that happens as a direct result of exposure to millimetre waves along with aluminium in the air and air

pollution and fear and bad food and lots of things, but the millimetre waves are the new kid on the block.

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3. And the third thing it does – which we know – is that it creates a hyper-inflammatory response, otherwise known as a cytokine storm, which is the body's way of getting rid of diseased tissue. It's not a disease, but if you – basically **we're talking about radiation sickness**. So you radiate the tissue with millimetre waves, it breaks down. The body says *"I have to get rid of this"*. It uses the same mechanism [which the body uses] to get rid of cigarette smoke or splinters: you create an inflammatory response, which the unfortunate doctors, alternative and otherwise, say *"Oh, you have too much inflammation – that's your disease"*. Inflammation is your body's only way of getting rid of dead and diseased tissue. But it can be so overwhelming that it actually kills you. **So you die from hypoxia and an over-enthusiastic inflammatory response and that is exactly what fits with Covid-19, from millimetre waves.**

Now I would point out that we have the epidemiology for this, we have the mechanism, which I just went through. But people have criticised me for – you know, I'm very particular about viral causation. We know there has never been the virus isolated so you can't possibly know if caffeine is causing high blood pressure if you've never isolated the virus and made any animal or person sick. So we know that's not the case. And I actually think we should do clear research to show once and for all whether millimetre waves, otherwise known as 5G, actually cause hypoxia and inflammatory cytokine storm and are basically the reason for this problem.

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Because, if I'm right, we have two very interesting factors here. Number one, we have a test which we can change the cycles on the test to make more and more people be positive. Because it turns out that the primers – the primers are the sequences that they're testing for, right? They have never been linked to a certain virus. It turns out if you do what's called a "BLAST" search [Basic Local Alignment Search Tool], where you can look at the human genome project, they list every genetic sequence found in human beings, there is at last count **93 human sequences which match up exactly with the primers being used for the coronavirus test**. In other words, **they're testing for whether you're a human**.

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There's also about 90 that come from different bacteria and fungus. So they're testing for whether you're human or a bacteria or a fungus. Now, you could say, *"Well, why doesn't everybody test positive?"* And the answer for that is that it depends on how much degradation you have. If you've been exposed to something and it degrades your DNA, it will show up at a lower amplification cycle. And if you haven't been degraded, you have to do more cycles. But the problem is, if you do more than 35 cycles, pretty much everybody starts testing positive.

And so, in the hands of whoever is interested in this, **they can make more "cases" by turning up the number of amplification cycles**. If you turn it up over 40, something like 60-80% of the population will have enough degradation that they'll test positive. Suddenly you have a pandemic.

And then if you roll out some therapy like a vaccine and you want to demonstrate that the vaccine reduced the number of cases, all you have to do is reduce the number of cycles and lo and behold, now only 10% show that they have this. **This is a very powerful weapon in certain people's hands.**

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The other problem is **you also have a mechanism for making people sick. All you have to do is increase the exposure and the intensity of the millimetre waves and more people will get sick**, which is likely what happened in Wuhan, and New York City and the cruise ships and certain hospitals and nursing homes in northern Italy. So **we have two controllable factors: the number of cases and the number of people who are actually getting sick.** And that's **an unprecedented weapon** in the hands of people if they choose to use it.

Interviewer: So what if people test positive, they quarantine, they go through a couple of weeks of symptoms, etc. Then they're done with it, now they don't any longer have any symptoms. They're still exposed to the same electromagnetic radiation, the same environmental toxins, so how do you explain that?

Dr. Cowan: They've used their virus to adapt. Just like any toxin. They've had exposure to a toxin, they've then used their vir... they excrete these particles called exosomes to detoxify, to make something new happen, to make themselves more resistant.

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That's one thing. The other thing is **the tests mean nothing.** So if you do three tests in a day, you'll get different results because the test means nothing. I keep saying that because, if you say there's any biological significance to the test besides the fact that you're degrading more readily, that's a scientifically invalid conclusion. **There is no connection to any virus or any biological process** except, to a certain extent, that your tissues are degrading.

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Just like any exposure to anything, you get an exposure, your body adapts to it, it creates these detoxification mechanisms called exosomes, and then you hopefully go on your way. That is what we call being sick. So there's a lot of people who have exposure and they rest or whatever, then their body adapts to it and, as long as it's not such a high intensity that would kill them, they basically go on. But that's not the end of the problem because a lot of the people go on to have chronic symptoms.

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So **they're still being poisoned by these electromagnetic fields** along with all the other toxins in the air.

Interviewer: Let's talk about the number of deaths that are being reported. On a normal news cycle, they're constantly reporting, "*Here's the amount of new deaths as a result of Covid.*" There's more and more of them every single day. They're disseminating this. They're obviously getting their data from somewhere. All this is being promulgated into the culture, about deaths due to Covid. How do you explain this?

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Dr. Cowan: I mean, the problem is that **there is no definition of what Covid is. So they can manipulate the death certificates to make them whatever they want.** Because they've also essentially made it a dictum that we're not allowed to do autopsies except in very rare situations. In fact, a group of European pathologists who were not allowed to do autopsies and finally did 100 of them said, **"There is no evidence in any of these autopsies that anybody died from any kind of viral pneumonia."** So even people who believe in the whole virus theory say this looks like something else. Everybody who works with these people say this looks like something else. Now the problem is, as I said, the test is positive from degradation from any source. If you have diabetes, if you have heart attacks, if you have emphysema, if you have just the detoxification process that we call the flu, if you're a papaya, according to the President of Tanzania.

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He was suspicious of the tests so he sent off a papaya and a goat and a sheep – I think it was a pawpaw – and the pawpaw and the goat tested positive and the sheep tested negative. So **lots of things will cross-react with this test.** Anybody who is sick will typically cross-react. And if you read the package insert of these coronavirus PCR tests ... here's one from the CDC:

"Detection of viral RNA may not indicate the presence of infectious virus or that the 2019 n-Cov virus is causative agent for clinical symptoms."

The FDA says:

"Positive results do not rule out bacterial infections or co-infection with other viruses. The agent detected may not be the cause of the disease."

The Roche PCR test – this is the test you're talking about:

"These assays are not intended for use as an aid in the diagnosis of coronavirus infection."

Let me say that again. The Roche test, **one of the most widely used tests in the world, the package insert says you cannot use this test for the diagnosis of coronavirus infection.**

And I would love to ask the guy, so what should we use it for? Toilet paper? What is the purpose of a test that says clearly you cannot use this test for the diagnosis of the very thing that they're testing for. **There is no PCR test that's cleared for use as a diagnosis tool.** The PCR test is a manufacturing tool. The founder of the PCR test, Kary Mullis, who was given a Nobel prize in chemistry for creating this test, to his dying day said, *"There is no evidence that my test can be used as a diagnostic test or to prove causation."* And he said over and over again: *"The fact that they used this test to prove that HIV causes AIDs is a scientific travesty because there is no evidence that this test can prove causation of any disease."* It's simply a way to make more genetic material. It's a manufacturing tool. And **it's been co-opted, in one of the biggest scientific fraudulent scams of all time, as a diagnostic test,** which it isn't.

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Interviewer: So it seems like a lot of people are going to be running to their local pharmacy or their doctor's lining up for this Covid- 19 vaccine. What are your thoughts about that?

Dr. Cowan: Well, the first thing is, **it's hard to imagine how you can make a vaccine against a virus which you've never seen**. So if the virus hasn't been isolated, so basically we're talking about an imaginary virus so **it's hard to imagine how you could create a vaccine that would have any benefit against an imaginary or so-called theoretical** – that was the word that Christian Drosten used in his paper. We used theoretical sequences from a theoretical virus. And I've often said to people, Oh, here's a theoretical chair – please have seat. And as far as I know, nobody can sit on a theoretical chair or use a theoretical spoon to eat soup with.

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And **you can't have a theoretical virus make anybody sick**. But the real problem is how the scientific so-called community reports data. And that's how they manipulate this. And that means we need to know what this concept called "risk-reduction" means. And the best way to explain it is: if you do a trial, and let's say all the controls and placebos were done properly, and so you have 10 people who take Drug X to prevent heart attacks, and 10 people don't take Drug X. At the end of a year, you see how many have heart attacks and 2 in the placebo have heart attacks, and 1 out of 10 in the drug trial have a heart attack.

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Now, if you ask people, what is the benefit of taking that drug, most people would say, 10% of the people who took the drug had a heart attack, 20% of the people who didn't take the drug had a heart attack, the benefit is 10%. Right? What do the scientists report? They say it's a 33% reduction. Now how did they get that number? Because $1 + 2 = 3$, and 66% of the people who had heart attacks didn't take the drug, versus 33% who did, that's a 33% difference. Now what if you did a million people? 1 out of a million people who took the drug had a heart attack, and 2 out of a million people who didn't take the drug had a heart attack. That's .0001% I think – I may have got the zeros wrong – versus .002%. So what's the difference? Most rational people would say the difference is .001%. But what would a scientist say? They would say 33% reduction because $1 + 2 = 3$ and 2 that is 33% higher than 3. That 33% is biologically meaningless because you could do 10 million, 100 million people, and it just would be meaningless because nobody would take a drug that 1 out of a million people have a benefit from, especially because when they report the side-effects, they'll say, well 10 out of – or a 100 million people have a side-effect, versus 10, so that's only a .009% reduction, so that's not a big deal.

Now, what does this have to do with vaccines? The Moderna vaccine was reported a 94% efficacy against Covid-19. Now the first thing to note in that trial is, nothing they did had anything to do with the virus. They didn't even do PCR tests. They didn't do transmissibility. They didn't do antibody tests. **They didn't do anything that had to do with the virus**. All they did was say, "Who has symptoms at day 14 that suggest they have Covid-19?" And they did approximately 15 thousand people in each arm, placebo, which wasn't a placebo anyway, but let's say it was, versus the vaccine. And they said 90 out of the 15 thousand who took the placebo got symptoms like palsy [?] and 5 out of the vaccine got symptoms that sounded like Covid. That's .6% of the people who didn't get the vaccine got symptoms, versus .03% who did have the vaccine. **That's a difference of .57%. So how did they get 94.5%?** Because $90 + 5 = 95$ and 90 is 94.5% of 95. That is an irrelevant conclusion, especially because it

turns out that 2-3% got side-effects from the vaccine that were basically identical to the symptoms they were calling Covid. In other words, fevers and myalgias, you're achey and you have a fever. Approximately something like 600 compared to 90 or 5 got symptoms from the vaccine as compared to almost none in the placebo. And they report that as only like 4%. If they reported that in the same way, they would say there was a 600% increase in symptoms as a result of taking this vaccine. That's the facts. But they don't report it that way and, because of the way they did the trial, there was no possibility of it not working. Because **they can put something in there that makes you have less symptoms, like a steroid**. And so you have less symptoms. It has nothing to do with transmissibility. It has nothing to do with the virus. It has nothing to do with whether you are going to get sick again. And they don't tell us what they are putting in there so we don't really know. This has nothing to do with even a vaccine. It has to do with putting a biologically active substance and injecting that into people.

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Now, a lot of people have actually tried to dissect, based on the patents, of what is in the Moderna vaccine. And it seems like there is some sort of a microchip, and some sort of electroporation device which activates the chip. And **this is a dangerous, unprecedented step for human beings, to be injected with something that may have something to do with electromagnetic frequencies**. Now I don't know for sure exactly what's in these because, like I say, they don't report that accurately. But some people who have investigated this – and I would encourage people to look into it. There's a doctor named Christine Northrup who has looked into this and she's given many interviews on what's exactly in these vaccines.

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So I would strongly encourage people to look into this.

Interviewer: There are different companies manufacturing their vaccines. What are your thoughts on the various brands?

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Dr. Cowan: The question of Pfizer and all the other vaccines. I mean, they're all variations on a theme, but they're all – as I said, Pfizer doesn't have examples of the virus. What kind of RNA are they using there? And what happens to the RNA? **It's unprecedented in human history to inject pieces of genetic material like this into other human beings.**

Interviewer: This is very worrying and scary. What are your thoughts about the future of Covid and the vaccines?

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Dr. Cowan: So the question about what my outlook is. All I can say is, in a TED talk, I believe in 2015, **Bill Gates**, who has a lot to do with this, **predicted** that in the next pandemic – which he didn't say when – **that 10 to 15% of the global population will die. That's 600 to 900 million people.** That's somewhere between 20 and 50 million Americans. Now, is this going to happen? I don't know. But if there's some new biological toxin which we haven't identified because we've been focused on the imaginary virus, my suggestion is that people who hear me should look into this and see whether it's about time we clean up our environment because I am not

particularly optimistic if we don't wake up to what's happening. On the other hand, I think that **whoever is behind this may have overplayed their hand here. And that people may not be willing to take this fraud any more.**

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In which case **we have an amazing opportunity to create a different world.** And I even have come to the point where I think there may be influences on this from other realms. Now I'm no expert on what angelic realms or super-sensible beings or gods or angels are or what they do but I have a feeling, which is not a scientific conclusion, but this is a bigger deal than we think and there may be spiritual entities or guides or helpers who may be very interested in helping us with this. And the problem is nobody will help if you don't ask.

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And maybe we could finish with –this is also not new because there is a story called Sleeping Beauty, where sleeping Beauty was pricked by the virus of materialism and the whole country went on lockdown. They were asleep, and Sleeping Beauty, which is essentially the image for the spiritual world coming to rejuvenate and inspire humanity, was asleep and she was engulfed by a wall of thorns, toxic thorns, sort of like us. And nobody could come and save her. And different kings and princes and different people tried to save her, but they were all engulfed and killed by the thorns. Until one prince heard about this story, a young man, and said, *"I can do this. And they said, 'No, you can't do this. You'll be killed like all the other ones.'" And you know what he said? He said, "I'm not afraid". And because he said he wasn't afraid, the thorns parted and so it was easy. They didn't interfere with him. He went in, he woke up Sleeping Beauty and the kingdom was restored to health and prosperity.*

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So this is an issue of fear. If we allow ourselves to be afraid, we have no chance. If we can summon up the courage, it's a piece of cake.

Interviewer: Dr. Cowan, thanks so very much for taking the time to share your thoughts and views with us.