

# Interview With Christine Massey Covid: No Record Found of Sars-Cov-2

FEBRUARY 15, 2022 BY HILDA LABRADA GORE

HILDA LABRADA GORE: Curiosity has led a biostatistician down an unusual path. Intrigued by the concept that the SARS-CoV-2 virus has not ever been isolated, Christine Massey began inquiring of health departments around the world: “Do you have evidence of an isolated virus?” To date, over one hundred institutions from all over the globe have responded. . . and there has been no evidence in sight of SARS-CoV-2. Massey, a former cancer biostatistician and a passionate advocate for safe drinking water, discusses her research on the concept of viruses (and this “virus” in particular) and what she’s learned through hundreds of Freedom of Information (FOI) requests from health departments all over the world. She goes over how the cultures or samples used to “isolate” a virus actually interferes with the process, and she exposes the flaws in this methodology and the problems with PCR testing. She also explains why talk of “variants” is essentially nonsense. Christine, we’re so intrigued by this topic of the virus and its isolation. Tell us about the Freedom of Information requests that you submitted to the Centers for Disease Control and Prevention (CDC) and what their response was.

CHRISTINE MASSEY: We have five responses from the CDC. I have one done by my colleague in New Zealand, Michael, and this is the March 1, 2021, response to his request. Michael used the same wording that I used in my other requests. He was asking for any record describing “isolation” (in other words, “purification”) of this alleged virus from a patient sample without mixing in anything genetic. I’m not talking about culturing something, PCR tests or sequencing something. I’m talking about purifying this alleged virus. He had some back-and-forth with them. On page two, there are some interesting comments. I’ll read a quote from the bottom of page three: “The definition of isolation provided in the group request is outside of what is possible in virology, as viruses need cells to replicate, and cells require liquid food. However, the SARS-CoV-2 virus may be isolated from a human clinical specimen by culturing in cell culture, which is the definition of isolation used in microbiology.”

HG: Help us understand that.

CM: Michael had asked for records where they describe separating this alleged virus from everything else in a patient sample. The CDC is saying that's never done in virology. They're not saying that they don't have records for SARS-CoV-2—which is the name of the alleged Covid-19 virus—but they're telling us in black and white: that is never, ever done in virology.

We had learned that already. We had heard this from Drs. Tom Cowan and Andy Kaufman, other people and from any alleged virus isolation paper that we had ever seen. We had it from the CDC saying that viruses do not get purified. It does not happen. What a virologist means by "isolating" something is to culture a specimen. That's the patient sample. Dr. Cowan would say "snot" or something along those lines, but something from the patient, taking snot of the patient and culturing it in cell culture.

Your readers have probably heard about this a few times. It's so strange what virologists do. For the people who are new to this, it's almost unbelievable. They take a patient sample, and then they put it in a cell line. With Covid-19, what they typically use is Vero cells—that's a name for kidney cells from an African green monkey. They've got cells from a monkey, and the rationale that they give is that they need to give the alleged virus (or imaginary virus) a chance to replicate in cells.

According to virus theory, viruses have to have cells to grow. They don't grow on their own. They need cells. For whatever reason, virologists use monkey cells. They don't use human cells, which would at least be a more logical thing to do. You still wouldn't be purifying anything, but at least you'd be doing something a little more logical.

The monkey cells need a source of nutrition, so they also add fetal bovine serum—serum from a baby cow. They add that, and then they also add some toxic drugs, antibiotics and antifungals. The reason is that they don't want these other things—bacteria and fungi—growing in the mixture and making things more complicated.

HG: They're putting together a strange concoction, and then they're trying to say, "This one ingredient in here is making us sick." How can they possibly distinguish that one ingredient? It's near impossible.

CM: What's even more ridiculous is they haven't identified any specific thing. They've done the exact opposite of what you would need to do. If you suspect that there's a new tiny little thing in humans, your first step should be to try to find it. That would be what a logical person would want to do. You'd want to find that thing.

HG: It seems they're muddying the waters instead of making them clearer.

CM: Instead of identifying something in the sample, they contaminate the sample with all sorts of other things.

HG: I've looked over a lot of the materials on your website, and you have requested from at least one hundred five institutions this very simple information: "Can you show me proof that you have isolated or purified this virus?" You've requested this from the CDC and from some departments of health in Canada and Australia. And you've come up empty.

CM: It's not just myself. There are a lot of other people who've been submitting these requests. Usually, I'm getting at least one or two new ones every week. People around the world are sending them in. They put up a new one from Lithuania. There are lots of people helping at this point. If any of your readers would like to help, there's a template on my website ([fluoridefreepeel.ca](http://fluoridefreepeel.ca)) where they can use the same wording that I use. I give some tips on how to go about doing it. Anybody can submit a Freedom of Information request in the U.S., and at least with the requests to the CDC, there's no cost. In Canada, we have fees for submitting the request, but there's no cost for the CDC. You can do it through email. That's how I do it. We're up to one hundred twenty-one different institutions that we have responses from. I believe we're at twenty-five individual countries that they're coming from. Plus, we also have institutions that cover more than one country. For example, there are many institutions from the UK, and then we have the European Centre for Disease Prevention and Control for the European Union nations.

HG: Why did you start to look into all of this in the first place?

CM: What happened in 2020 was that I was not buying into the official story because it wasn't making any sense. I also have a history of opposing water

fluoridation, which is another public health issue. I knew from my years of experience doing that, you can't take anything that the public health community says at face value. I knew it would be a big mistake to take something for granted.

Like a lot of other people, I was trying to get a better understanding, and then I heard that PCR tests were being used. Over the years, I had heard from investigative reporter Jon Rappoport that those tests are very problematic. While I was looking for that information, I eventually came across Dr. Andrew Kaufman, who was so helpful. He was my main inspiration for starting the requests because he did this one presentation that was so brilliantly clear. He was explaining that this alleged virus had never been isolated, and he had a section where he talked about how if it did actually exist, a methodology exists that would allow virologists to isolate (or "purify") it. I watched that section over and over again when I was working on my first request to make sure I understood what was going on. I also looked at some of the so-called "isolation papers" that have been published.

Later, I discovered Dr. Tom Cowan. There are quite a few professionals speaking out. They were saying these things, but if you're on social media—discussing this or sharing their videos—you get all sorts of pushbacks. People tell you you're crazy and say these men are crazy. They have said all kinds of things about Dr. Kaufman and Dr. Cowan.

Then I thought about how I had done Freedom of Information requests in the past on the fluoride issue. I had done requests to find out whether the institutions that promote water fluoridation—and tell us it's safe and effective for everyone—had any studies to show that fluoride exposure is safe during pregnancy with respect to children's IQ and ADHD symptoms. And I found out they didn't have any studies to show that fluoride is safe.

There's all this arguing going on over whether Dr. Kaufman and Dr. Cowan and others are telling the truth, but the average person does not have the time or energy to sort it out. They're not going to go looking for all the published papers and try to read them for themselves. So, I thought, "I'll do a Freedom of Information request to Health Canada. If they don't have any records, then that will be some evidence to show that these gentlemen are telling us the truth, and they're correct. If it turns out that they're not correct and there is a study, then we will stand corrected." That was how it started.

HG: I want to back up to something you said. Some of the responses to your requests say that the virus has been isolated, and they give you a link. What do you find out when you dig deeper and click on that link?

CM: There are lots of different links given by different institutions. For example, one of the things that we often get is the link to a June 2020 CDC study.<sup>1</sup> It's by Jennifer Harcourt and some other people. It's the study that you'll find cited on the CDC webpage where they talk about having "isolated" the imaginary virus. It's like all the other studies that do these bizarre procedures where they take the sample, put it with the monkey cells, add fetal bovine serum and the toxic drugs, wait a few days and watch what happens to the monkey cells.

Drs. Kaufman and Cowan say they give the fetal bovine serum to feed the monkey cells, but they always lower the amount. They watch the monkey cells, and then when the monkey cells suffer [from poisoning and starvation], they call it "cytopathic effects." That's what they use to conclude that the virus is present, they have "isolated" it and it's causing disease. They sometimes do animal studies, too, but they're claiming they have identified the virus.

HG: Correct me if I'm wrong, but Dr. Stefan Lanka did this virus isolation/purification process with monkey kidney cells, adding all the things you mentioned but without inserting an alleged virus, and he got the same result, which to me implies the "virus" had nothing to do with the result or the sickness.

CM: What he showed was that the conclusions that virologists draw are not reasonable. On the surface, any rational person can see it's not reasonable because there could be so many other factors. You can't draw a conclusion. You should be doing a randomized controlled experiment with a purified virus if you want to see what the alleged virus does, but they don't have a purified virus. They do these procedures that don't prove anything. What Dr. Lanka did was helpful in making that more obvious. He showed, "Just because you see these specific cytopathic effects, it's not proof of a virus." You haven't drawn a scientific conclusion. He disproved it by showing you can get those same effects without an alleged virus.

HG: How is it that all of these health institutions are operating as if the virus has been isolated? Maybe they haven't been looking at the studies in depth? Are their assertions based on a lie? Why, if this is not the truth, is there certitude from these health departments all over the world?

CM: I can't say for certain what their motivations are or what exactly is going on. What I do know is that the lower-level institutions usually say, "We don't culture the virus." Because they realize that's typically what's done in virology, they'll say, "We don't do those things or isolate viruses ourselves. We're relying on information from the higher-up institutions."

For example, an institution, maybe at the municipal level or in Ontario where I live, they'll say they're getting their information from Public Health Ontario, which is the institution that has the mandate to provide scientific input on health issues to the public health community. But we also have a Freedom of Information response from Public Health Ontario, and they don't have any records either. It's not the case that every single person is purposely going along with fraud. There's no way. Most people believe—the same as everyone else—what they're being told and what they hear from the news, their superiors, Public Health Ontario or whatever institution it is that they look to.

Nor is this specific just to Covid-19. This is virology in general. There have been people who've known for decades of these problems, not necessarily speaking out about all viruses—but Dr. Lanka has been, and there have been people who have known for years. A lot of people are aware because of AIDS. There's a group in Australia or New Zealand that was exposing the whole HIV story. They realized that the "virus" called HIV said to "cause" AIDS has never been shown to be true.

HG: Let's pause and let that sink in. In other words, it's not just that SARS-CoV-2 hasn't been isolated, purified or identified, but the same can be said about a number of viruses, if not all of the viruses of the past—Ebola, Zika or even polio. This is shocking. If this is the case, what have people gotten sick from? We're not saying that people aren't getting sick.

CM: It's the cause that's in question. There can be many different causes, even in one person. When people get sick, there can be multiple factors. There can be things that happened in their history—injuries or nutritional issues. Or they've been exposed to toxins or air pollutants. It can come from many different sources. There can also be stress and emotional issues. There are so many factors that can be involved, even in one person, let alone in all these so-called Covid "cases." Many of them aren't even sick. But of the people who *are* sick, there can be so many reasons.

If you look, for example, at Wuhan, where this supposedly all got started, they have had horrific air pollution for years. I've seen articles that people were going out on the streets in Wuhan protesting because their air pollution is so bad there. It has to be bad for someone to protest in China because they're putting their life on the line to do that. So, it's bad. They had also turned on 5G in Wuhan. I verified that myself. I was able to find it on their website for the region. In late 2019, I believe China also had mandated vaccines. In addition, Jon Rappoport, the investigative reporter, has reported on the fact that Wuhan is the world headquarters for the trafficking of the synthetic opioid fentanyl, which causes respiratory problems. So to jump to the conclusion that because there are people with severe respiratory illness it has something to do with a virus is completely irrational. It's not scientific or even reasonable.

HG: I want to ask you to give us another example of a response that you got from a health department. I understand that even the institute that Fauci directs—the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health (NIH)—responded to one of your Freedom of Information requests.

CM: We have two communications from them, but I'll tell you about the Freedom of Information response. First, they gave us links and cited various papers and websites, but there was nothing there that described the purification of an alleged virus. I don't bother disputing the FOIs too much because I have found, with Covid-19, it's mostly a waste of time and energy, but I did write back in this instance. In my requests, I always make it clear that I'm not looking for studies where they cultured something, did PCR tests or sequenced something. When I wrote back, they stuck to their guns. They made a formal appeal to their designated person or body there that handles appeals. They explained the situation to her and stuck to their position. NIAID also says it's a CDC issue. I don't know officially what the mandates are for these organizations, but you would think an organization with the name "National Institute of Allergy and Infectious Diseases" would want to verify that an alleged virus exists—but apparently not! They passed the buck to the CDC. We have five responses from the CDC, and I know there's at least one more that I haven't had the chance to upload on the website.

HG: Isn't it a little bit arrogant to say that only a handful of people—such as Dr. Stefan Lanka, Dr. Andy Kaufman and Dr. Tom Cowan—are the few who know what's going on here in terms of the virus not being isolated? It's hard to believe

that such a small number of people would know the truth and everybody else would be confused or misunderstanding it.

CM: There are more and more people speaking out. For example, if you go to [Dr. Kaufman's website](#), you will see the Statement on Virus Isolation (SOVI), which was authored by Dr. Kaufman, Dr. Cowan and Sally Fallon Morell.<sup>2</sup> So far, over nine thousand four hundred additional people have signed on in support of the Statement. Or go to the website of Torsten Engelbrecht, an investigative reporter in Germany. If you scroll down on his homepage, he has a list of experts who are speaking out stating "there is no proof that the particles named SARS-CoV-2 belong to a disease-causing virus."<sup>3</sup> The list includes people like Dr. Kelly Brogan and about forty-five others, including some well-known people that I'm personally not as familiar with because their work goes back quite a while.

HG: I'm pleased to hear that the numbers are growing.

CM: There are also a lot of other people behind the scenes. There are doctors and scientists who are aware but are not speaking out. I have an email from a particular lawyer who is on my email list. This one said to me, "Thank you, Christine, for sending this. We feel the same way. We want to bring all this fraud forward. People have been lied to for so many years, but we can't talk about this because if we do, we won't have the support of the public." At this point, there are a lot of doctors and scientists, too, who have become aware, but they won't say it out loud because they're afraid it will sound too "out there." I understand that, but at the same time, if nobody tells the truth, we're never going to get out of this.

This isn't just about Covid-19. They're not going to stop with Covid-19. There'll be endless "variants," endless new imaginary "viruses" being used to control and manipulate people. It's very disturbing what's going on already. If people don't tell the truth, how are we going to get out of this? It will be an endless discussion about, "How bad is it? What are the appropriate measures? What are the best treatments?" It will go on and on. There will be "new and improved" tests. So, we can't just talk about the PCR tests. We can't do that. We have to get to the heart of the matter and educate the public so that they're no longer vulnerable to these lies.

HG: I'm glad you brought up the PCR test because if the virus hasn't been isolated or purified, what are they testing?



CM: Most people get diagnosed based on a PCR test, and this is the technology of Kary Mullis, a brilliant scientist. He won a Nobel Prize for that technology, but it was never anything to do with testing. It wasn't about diagnosing people.

There are a couple of things to understand. First, nobody ever purified this alleged virus, took genetic material specifically from it and sequenced that. Instead, they're always working with these ridiculous soups where they *assume* there's a virus, take the genetic material from that soup, play around on their computers and create something that doesn't correspond to anything in nature. There are no legitimate SARS-CoV-2 genomes, even though I believe well over one million sequences—so-called genomes—have been uploaded online that people can look at.

The PCR tests are sequence-based tests. You're trying to do a sequence-based test for something that's never been shown to exist and has never been sequenced. But even if you knew that there was a virus and even if you had properly sequenced it, the test doesn't test for viruses. It's not looking for a virus, disease, infection or genome. The people running PCR tests are looking for these little itchy-bitsy sequences that they say are part of the genome and a marker for the virus. That's all they're testing for—these tiny little sequences. It's not even the same sequence in every person because they test for more than one sequence. They have sequences that correspond to the E (Envelop) gene, the N gene or the RdRp (RNA-dependent RNA polymerase) gene. There are a number of them. In other words, for all these people who get slapped with a fraudulent diagnosis from a "positive" PCR test, the result is based on testing for a sequence. And they don't have any particular sequencing in common because maybe one person was positive on the E gene but negative on the others, while their neighbor was positive on the N gene and negative on the others.

Your readers also may have heard about another problem with these tests: the results depend on number of cycles. There are always cycles happening where if the sequence that they're looking for is there, the amount of it—the number of copies—doubles every time. What they've been doing is running so many cycles and doubling so many times that it was already known that once you go over a certain number of cycles, the results are meaningless.

If you get a "positive" test result, it might simply reflect noise in the system. When people talk about false positives, they think, "The person didn't necessarily have Covid-19," but it's much worse than that. It means they didn't even necessarily have

that little sequence that they didn't know had anything to do with the virus in the first place.

I'm trying to get people to understand this because there are still people putting in so much effort. Even people who have heard about this cycle issue are still trying to make sense of and analyze the PCR data and make arguments based on the data—because it hasn't fully sunk in that there is no meaning behind any of those data. It's all garbage. There is no meaning to the PCR data and no common denominator behind those cases. You can't even say, "It wasn't SARS-CoV-2 or some virus." It's not anything. There's nothing specific behind those "confirmed cases." There's nothing useful at all about any of those data. The only thing you could use the data for is to see how much fraud they got away with. That's it!

HG: How are they possibly suggesting that people have a certain "variant" and implying they tested "positive" for this variant? How do they even know that, if the original virus hasn't even been isolated? In other words, it seems to me you're also saying that the whole variant thing is conjecture or a theory that has not at all been proven.

CM: My understanding is that they don't rely on the PCR tests for diagnosing a variant. That's what I've seen written from various institutions—that they don't have a test.

We hear a lot about the spike protein as a fundamental feature of this imaginary virus. Supposedly, the spike protein is what allows the imaginary virus to get into a cell. They first started talking about variants in December 2020, and the first one they started talking about supposedly was in the UK. I've seen documents from the UK government. They called it the Alpha variant, also known as "lineage B.1.1.7." With one of the variants—and I believe it was with the Alpha variant—they started saying that Alpha was when they couldn't detect the spike protein. "We can't even find the spike protein," but "spike protein is important." They might even have called you "negative" at the outset; they kept changing the criteria along the way. You might have been "negative" or "positive," depending on whether they could find one of the other sequences—because eventually they decided, "As long as we can find one of the sequences, that's good enough." They started talking about this Alpha variant when they couldn't find the spike protein and would have to find one of the other sequences. That was when they started calling it a "variant." It got ridiculous. In other words, even though the spike protein is this key feature of the

virus that we constantly hear about, they said that Alpha variant is when they *can't* find spike protein. What they did was interpret the inability to find or detect the spike protein as an indication that maybe there's a variant, and so then they would do their sequencing, which is totally meaningless. It's completely fraudulent. They make up a genome, and they say that's a genome of a variant. But they never identified any virus to begin with, let alone any so-called "variants."

HG: I want to ask you the question I often pose at the end. If the reader could do one thing to improve their health, what would you recommend?

CM: Stop listening to the media and to public health officials. They're the ones spreading fear and misinformation. It's good to stay informed and have an idea of what's going on, but you're not getting accurate information from them, and their role is to keep you in fear of something that doesn't even exist. Listen to your heart, or whatever it is that resonates with you. Let that guide you—not news stories—because that will be our undoing if we follow the news.