

A close-up photograph of a honeybee on a bright yellow flower, likely a rapeseed flower. The bee is positioned on the right side of the image, facing left, with its head buried in the flower's center. The background is a soft, out-of-focus blue and yellow gradient.

INTERNATIONAL APPEAL

Stop 5G on Earth and in Space

Sign the Appeal: www.5gSpaceAppeal.org

CHOOSING LIFE

THE WORLD, FOR THE PAST SEVERAL MONTHS, has been distracted from the existential question looming ever-closer on the horizon: do we embrace life, in all its mysteries, pleasures, and storms, or do we bury it? Do we join our hands round the Earth, or do we wash them twenty times a day? Do we mingle together in sickness and in health, or do we hide our heads in the sands of our masks and social distancing, and pretend that our lives and our future do not depend on our physical connections with people, and with birds and bats and flowers and fishes that sustain one another and keep this world going?

We have decisions to make.

While we have all been preoccupied with the coronavirus, a giant ozone hole has developed this spring over the Arctic, unprecedented in size and duration. This is letting high levels of ultraviolet radiation from the sun reach the surface of the Earth. The UV index is higher than normal over a large part of the northern hemisphere. This may in part be the result of the emissions from the hundreds of rocket launches that have taken place in the past few years, largely in the northern hemisphere. About 225 rocket launches are planned for 2020. Will we continue to permit this? Or, once we emerge from our homes and the quarantines are lifted, will we stop?

Instead of mingling together in schools and markets and restaurants and parks and churches, we have retreated into our cell phones and our wireless computers,

substituting radiation for life, while the wireless web, on Earth and in space, continues to be woven. Will we continue to permit this? Or, once we emerge from our homes and the quarantines are lifted, will we stop?

INTERNATIONAL DAY OF ACTION, JUNE 20-21, 2020

“Don’t Push the River, It Flows by Itself,” wrote Barry Stevens in her 1970 book by that name. Well, sometimes even the river needs a little push. A new organization has just been formed, called End Cellphones Here on Earth (ECHOEarth), whose members do not own cell phones and whose mission is to end the root cause of the wireless web that is punching holes in our atmosphere and bathing us all in radiation.

ECHOEarth has set the solstice, June 20-21, 2020, as Cancel-Your-Cell-Phone-Account Day, the day we invite you to get off this train and change direction. Details will follow in the next newsletter.

UPDATE ON SATELLITES

SpaceX, which already had 360 satellites in orbit, had planned to launch 60 more on April 2 but delayed the launch due to the coronavirus situation. That launch of 60 satellites took place yesterday, bringing the number in orbit to 420.

Last Friday, on April 27, SpaceX submitted a new application to the Federal Communications Commission, requesting permission to lower the altitude of some of its planned satellites. It previously was going to orbit what it calls its “first-generation” satellites in two tiers – one tier at 550 kilometers (340 miles) in altitude, and a second tier at 1200 kilometers (750 miles) in altitude. Now SpaceX wants to place all 4,408 of its first-generation satellites at the lower altitude. One of its stated reasons is to make fewer of the satellites visible from any point on the earth at any given time. However, the lower the satellites are, the brighter they will be. And the more of them are in the ionosphere (which extends up to about 1000 kilometers in altitude), the greater the impact on life below.

OneWeb, which has launched 74 satellites, has declared bankruptcy and laid off most of its employees after failing to obtain expected funding due to the downturn in the economy caused by the coronavirus shutdown.

CORONAVIRUS: SCIENCE, POLICY AND POLITICS

Many people are afraid of even asking whether 5G is playing a role in the COVID-19 disease that has shut down much of the world. It is similar to the fear that has prevented people from questioning the orders to stay home, wear masks, and keep six feet away from each other.

I am about truth, wherever I find it, wherever it may lead, because our world is at stake, and life itself -- physical, mental, emotional and spiritual -- is being dismantled. Conspiracies have no place in this effort. Neither does fear.

My opinions, based on my reading of the scientific and medical literature, as best as I can determine, are these:

- Did 5G cause the coronavirus? No.
- Does 5G cause disease similar to the coronavirus? Yes.
- Did COVID-19 originate in bats? No.
- Is COVID-19 a recombinant RNA virus, created in a laboratory, intentionally or unintentionally, as part of a research program whose purpose was to protect the population? Did it escape accidentally from a virology laboratory in Wuhan, China? Probably.

The measures that have been put in place, and accepted without question, are ineffective, destructive, and anti-life.

Masks do not protect the wearer. Medical masks are ineffective against viruses, and cloth masks provide breeding grounds for them. A [2015 study](#) in the *British Medical Journal* found that healthcare workers caught viruses from their patients 13 times more often if they wore a cloth mask than if they wore a medical mask, and a [Chinese study](#) found that a medical mask was no more protective against viruses than wearing no mask at all.

The [World Health Organization warns](#) that wearing a medical mask “may create a false sense of security” against COVID-19 and that “no evidence is available on its usefulness to protect non-sick persons.”

The N95 respirator, recommended for medical workers, requires training to use properly and “without training, the masks could not only expose workers to the virus but also lull them into thinking they are protected,” [according to doctors at the Harvard School of Public Health](#). In practice, even the N95 mask has been found to be ineffective in preventing the transmission of viruses. [A review of six clinical studies](#), published in the *Canadian Medical Association Journal*, found that medical workers caught viruses from their patients just as often when they used N95 respirators as when they used ordinary medical masks.

Masks are harmful to the wearer. COVID-19 kills by causing severe hypoxia (low levels of oxygen in the blood). People wearing masks rebreathe some of their exhaled air, lowering the amount of oxygen they are breathing. “Wearing respirators come[s] with a host of physiological and psychological burdens. These can interfere with task performances and reduce work efficiency. These burdens can even be severe enough to cause life-threatening conditions if not ameliorated,” wrote the author of a [2016 article](#) in *The Journal of Biological Engineering*. When the N95 respirator [was tested in use in 2010](#), the **“dead-space oxygen and carbon dioxide levels did not meet the Occupational Safety and Health Administration’s ambient workplace guidelines.”**

Ventilators do not work and are harmful. Dr. Cameron Kyle-Sidell quit his job in the Intensive Care Unit at Maimonides Medical Center in Brooklyn because he was required to put his COVID-19 patients on ventilators that he felt were killing them because the air pressure was damaging their lungs. His coronavirus patients all had severe hypoxia but healthy respiratory muscles: they needed oxygen, he said, but not pressure.

“COVID-19 lung disease, as far as I can see, is not a pneumonia,” [he said](#), but seems to be “some kind of viral-induced disease most resembling high altitude sickness... These patients are slowly being starved of oxygen ... and while they look like patients absolutely on the brink of death, they do not look like patients dying of pneumonia.” [Italian doctors agree](#): “Patients on ventilators deteriorate anyway, in an unexplained way... Most of these patients are plainly hypoxic.”

PCR tests are not accurate. A March 25, 2020 [paper by Carver and Jones](#) found that it is not possible to assess the accuracy of PCR tests because “There are little public data on the false positive and false negative rates of the various RT-PCR

based tests.” A false positive test means that you are diagnosed with COVID-19 when you don’t actually have it. One of the only studies to date that has attempted to estimate the frequency of false positives is Zhuang et al., “Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients,” [Chinese Journal of Epidemiology, 2020, 41\(4\): 485-488](#) (in Chinese). They concluded that up to 80 percent of non-symptomatic people who test positive for the coronavirus may not actually have it.

Shutdowns do not have any effect. Japan, which did not shut down until April 6 and then only with voluntary measures, has 2 COVID-19 deaths per million population. China, which shut down in December, has 3 deaths per million population. Belarus, which never shut down, has 4 per million. South Korea, which has only voluntary measures, has 5 per million. Iran, which shut down in early March, has 62 per million. Sweden, which did not shut down, has 156 per million. Switzerland, which did shut down, has 165 per million. Belgium, which did shut down, has 503 deaths per million population. Vietnam, Laos and Cambodia, all close to China, have no COVID-19 deaths at all. Vietnam shut down in early February, Laos shut down in late March, and Cambodia has never shut down at all. In the U.S., South Dakota, which has not shut down at all, has four times as many cases, but fewer deaths, than neighboring Montana, which is completely locked down.

Death rates in the United States have been going down, not up, since the beginning of the year. If you pay attention to the news, you might assume that record numbers of people are dying. The opposite is true. Not only has weekly mortality for the United States been going steadily downward since January, but mortality has been substantially lower this year than last year. These are weekly mortality statistics for the United States from the Centers for Disease Control:

<u>Week</u>	<u>Number of Deaths 2019</u>	<u>Number of Deaths 2020</u>
1 (January)	58,291	59,087
2	58,351	59,151
3	58,194	57,616
4	57,837	57,000
5 (February)	58,128	56,426
6	58,492	56,962

7	57,917	55,981
8	57,858	55,494
9 (March)	57,920	54,834
10	58,490	54,157
11	57,872	52,198
12	57,087	51,602
13 (April)	56,672	52,285
14	56,595	49,292
15	55,477	47,574
TOTAL	865,181	819,659

We are told that 37,308 people have died this year from COVID-19 through April 18, yet actually 45,522 *fewer* people have died this year than last year at the same time.

RF radiation and COVID-19 cause similar disease. In my last newsletter (“Is the Sky Really Falling?”), I noted some effects of COVID-19 that are similar to effects of radio waves. The list of effects in common has grown, and includes headaches, dizziness, nausea, digestive problems, muscle pain, tachycardia, hypotension, cardiac arrhythmias, strokes, and seizures. As many as two-thirds of people who test positive for COVID-19 have lost their sense of smell, often without any other symptoms. Patients are presenting with mental confusion, without any respiratory symptoms at all. Patients are presenting with diarrhea, vomiting, and abdominal pain. When patients with any of these symptoms test positive for the coronavirus, their illnesses are being attributed to that virus. But these are all classic symptoms of radio wave sickness. When both the virus and RF radiation are present, the disease should be attributed to both.

And RF radiation and COVID-19 both cause hypoxia. COVID-19 impairs oxygen absorption by the blood, and RF radiation impairs oxygen use by the cells. COVID-19 would not be so severe were it not for the radiation.

Recently, there is a new symptom that is being attributed to the virus that is exactly what one would expect to see from millimeter waves: a “fizzing” sensation throughout the body. It is being described as a “buzzing sensation,” “a burning feeling,” and “an electric sensation in the skin.” It is probably wrongly being attributed to the virus, and is due instead to 5G.

It is a fact that 5G was turned on in Wuhan, China on November 1, 2019, and that the first known COVID-19 patient became ill there on November 17. It is a fact that there is a research virology lab in Wuhan, and that researchers there [coauthored a paper in 2015](#) with American researchers from Chapel Hill, North Carolina describing a hybrid coronavirus that they had created by attaching a spike protein from bats to a SARS coronavirus. Zheng-Li Shi, the lead researcher from Wuhan, said in an [interview in *Scientific American*](#) that she worried that COVID-19 was a virus that had escaped from her lab, but she reassured the world that she checked and it did not resemble any of the viruses that she had collected in bat caves. Yet in the next sentence she justified her claim that COVID-19 came from bats by saying that it was almost identical to a virus that [she had collected in a bat cave in Yunnan](#).

[The SARS virus has escaped](#) from high-level containment facilities in China multiple times. As revealed by the [Washington Post on April 14, 2020](#), U.S. Embassy officials had warned in 2018 that sloppy safety protocols for handling contagious viruses in the Wuhan lab "represented a risk of a new SARS-like pandemic."

It is also a fact that the animal market in Wuhan [does not sell bats](#). A YouTube video that has been shared on social media that shows bats being sold for meat at a market was [actually filmed in Langowan, Indonesia](#), and not in China at all.

In short, 5G is part of the coronavirus equation, and everything that we have been doing to address the pandemic has more to do with politics and fear than with reality. It is time to re-open society, to take off our masks, and to open our eyes to what is really happening to our world.

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