

SARS-CoV-2 *Does* Exist
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Every day I receive a few emails from people claiming that “the virus does not exist.” Most of the time a link to a YouTube video is provided as evidence to support this statement. Almost every time I teach a class someone asks about this claim – even when the class is not about COVID-19. An analysis was definitely needed.

Let’s start with facts – SARS-COV-2 is a virus. It exists. It causes a disease called COVID-19. COVID-19 is a form of flu that, while it has some unique features, is like most seasonal flus. Some people become infected and don’t know it because they have strong immune systems; some people get mildly sick; some very sick; and some die – usually elderly people who take multiple drugs and have short lifespans and those who have several co-morbidities. As I’ve said many times, the discussion about COVID-19 should always include acknowledgement that deaths from any cause, including COVID-19, are terrible. Each person who dies is someone’s best friend, mother, grandfather, or sibling, and ALL human lives are important.

The process of finding the right answer to any health-related question involves looking critically at the original source of information, rather than just taking at face value statements made on a YouTube video. Additionally, it is a good idea to start an investigation assuming that new information is false until proven true. This avoids the tendency to jump to conclusions when a new idea is presented while ignoring enormous amounts of information that disprove the new idea. So let’s apply this process to “the virus does not exist,” and investigate beyond the claim and the documents cited that supposedly support the claim.

Those claiming that the virus does not exist often cite a document titled “CDC 2019 Novel Coronavirus (2019-nCov) real Time RT-PCR Diagnostic Panel,” which is currently posted online and last updated on December 1, 2020.¹ The context is which this document was originally written and posted is important. It was written in January 2020 after the first cases were reported in Wuhan, China. The CDC was rushing to develop its own tests for the purpose of diagnosing “cases” of SARS-CoV-2.

The original document was dated February 4 2020 and this statement appears on page 31:

“Since no quantified virus isolates of the 2019-nCoV are currently available, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full-length RNA...”² Another version of this document is available via the internet archive and is dated July 13 2020 and the same statement appears on page 39.³

Notice that the statement does not say that the virus does not exist – it states that at the time that the PCR tests were being developed and authorized for use, no virus isolates were **available**.

The original February 4 document was revised several times, and some people claim that it was to cover up the fact that CDC had not isolated the virus. This is not true. For example the reason for the July 2020 update was the addition of the Promega Maxwell® RSC 48 as an authorized extraction instrument for use with the CDC 2019-nCoV rRT-PCR Diagnostic Panel."⁴

CDC researchers were not the only ones who developed tests without actual SARS-CoV-2 viral material. On January 23, 2020 a group headed by Charles Drosten published an article in *Eurosurveillance* claiming to have developed a RT-PCR test for SARS-CoV-2,⁵ after which the test was immediately endorsed by World Health Organization Director General Tedros Adhanom. There were several problems with this paper, including the fact that that this group did not have SARS-CoV-2 viral material either. The researchers acknowledged this: "We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available."⁶ Instead, the group relied on theoretical sequences which were provided by a lab in China. A large group of scientists has called for this paper to be retracted for this and many other reasons, including undisclosed conflicts of interest of some of the authors and lack of peer review.⁷

There is lots of wrongdoing to talk about here, including why the tests were not developed using the actual viral material; why the WHO and CDC endorsed these tests and put them into use so quickly; and why there was such a rush to develop the tests in the first place. On January 23, 2020 there were only 581 confirmed cases of COVID-19 in the entire world.⁸ So why was everyone in such a hurry? These and other legitimate concerns are obfuscated by the constant erroneous claim that the virus does not exist. There is considerable evidence for the existence of SARS-CoV-2 dating back to early 2020.

On January 7 2020, a team led by Professor Yong-Zhen Zhang of Fudan University in Shanghai identified what was referred to as a "novel coronavirus" and sequenced its genome. The team reported its work to Chinese authorities and submitted the sequence to GenBank,⁹ a genetic sequence database operated by the U.S. National Institutes of Health that serves as "an annotated collection of all publicly available DNA sequences." The team also submitted an article to the journal *Nature* detailing its sequencing of the novel coronavirus.¹⁰

According to a March 26, 2020 paper published in the *New England Journal of Medicine*, The Chinese Center for Disease Control and Prevention also completed genomic sequencing of the novel coronavirus on January 7, 2020.¹¹

The US CDC eventually did obtain virus isolate from a patient in Washington state, and the process of identification is described in a paper published in the *New England Journal of Medicine*.¹² And the CDC subsequently isolated and sequenced the genome of the virus, which was reported in a paper published in *Emerging Infectious Diseases*.¹³ While the publication date is March 11, an archived page of the CDC website states that the agency received the clinical specimen from the Washington State patient on January 20 2020, and by Feb 22 had generated enough SARS-CoV-2 grown in culture to distribute to researchers.¹⁴

Another gross misrepresentation concerns the March 11 paper, in which CDC researchers reported testing the ability of SARS-CoV-2 to infect primate and human cell lines such as human cancer cells, liver cells and embryonic kidney cells, monkey kidney cells, and big brown bat kidney cell lines. While the virus did replicate in the monkey kidney cells, it did not replicate in human cell lines.¹⁵ Some people, including some doctors, claim that this means that SARS-CoV2 cannot infect humans. This is simply not true. The failure to infect particular cell lines in lab studies does not mean that the virus cannot or does not infect humans. In fact, it is now well-known that SARS-CoV-2 infects cells by recognizing and binding to the ACE2 receptor.^{16 17 18}

Chinese and CDC researchers are not the only ones to isolate and examine the genome of SARS-CoV-2. A PubMed search "isolation whole genome sequencing SARS-CoV-2" yielded 78 results on February 16 2021.¹⁹ Thousands of whole genome sequences of SARS-CoV-2 have been submitted to and are posted on GenBank.²⁰

During the last year, government, medicine, drug companies, and the media have partnered to perpetrate unprecedented crimes against humanity. Total deaths worldwide from starvation, suicide, overdose, inability to access appropriate medical care, and despair are now greater than the number of people killed by the Nazis in death camps during the entirety of World War II. Restoring our rights and punishing the perpetrators are challenging enough without having to deal with false information provided by people who claim to be on our side of the issue. Baseless claims like "the virus does not exist" give the criminals in charge the opportunity to discredit critics of the current regime and its crimes. It's time for this nonsense – and particularly this baseless claim – to stop.

¹ <https://www.fda.gov/media/134922/download>

² <http://web.archive.org/web/20200205171727/https://www.fda.gov/media/134922/download>

³ <http://web.archive.org/web/20200731140305/https://www.fda.gov/media/134922/download>

⁴ <http://web.archive.org/web/20200731140305/https://www.fda.gov/media/134922/download>

⁵ Corman VM, Landt O, Kaiser M et al. "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR." *Eurosurveillance* 2020 Jan;25(3):

⁶ IBID

⁷ Borger P, Malhotra BR, Yeadon M et al. "External peer review of the RTPCR test t detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false

positive results." Corman-Drosten Review Report. November 27 2020

<https://cormandrostenreview.com/report/> accessed 2.16.2021

⁸ World Health Organization. Novel Coronavirus (2019-nCoV) SITUATION REPORT-3 23 January 2020

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200123-sitrep-3-2019-ncov.pdf?sfvrsn=d6d23643_8 accessed 9.1.2020

⁹ Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1, complete genome.

<https://www.ncbi.nlm.nih.gov/nuccore/MN908947>

¹⁰ Wu F, Zhao S, Yu B et al. "A New Coronavirus Associated with Human Respiratory Disease in China." *Nature* 2020 Mar;579(7798):265-269

¹¹ Li Q, Guan X, Wu P et al. "Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia." *NEJM* 2020 Mar;382(13):1199-1207

¹² Holshue ML, DeBolt C, Lindquist S et al. "First Case of 2019 Novel Coronavirus in the United States." *NEJM* 2020 Mar;382:929-936

¹³ Harcourt J, Tamin A, Lu X et al. "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States." *Emerging Infectious Diseases* Centers for Disease Control and Prevention. 2020 Jun;26(6)

¹⁴ <http://web.archive.org/web/20201128031348/https://www.cdc.gov/coronavirus/2019-ncov/lab/grows-virus-cell-culture.html>

¹⁵ Harcourt J, Tamin A, Lu X et al. "Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States." *Emerging Infectious Diseases* Centers for Disease Control and Prevention. 2020 Jun;26(6)

¹⁶ Yang J, Petijean SLJ, Koehler M et al. "Molecular interaction and inhibition of SARS-CoV-2 binding to the ACE2 receptor." *Nature Commun* 2020 Sep;11:4541

¹⁷ Cuervo N, Grandvaux N. "ACE2: Evidence of role as entry receptor for SARS-CoV-2 and implications in comorbidities." *eLife* 2020 Nov;9:e61390

¹⁸ Shang J, Ye G, Shi K et al. "Structural basis of receptor recognition by SARS-CoV-2." *Nature* 2020 Mar;581:221-224

¹⁹ <https://pubmed.ncbi.nlm.nih.gov/?term=isolation+whole+genome+sequencing+sars-cov-2> accessed 2.16.2021

²⁰ https://www.ncbi.nlm.nih.gov/labs/virus/vssi/#/virus?SeqType_s=Nucleotide&VirusLineage_ss=SARS-CoV-2,%20taxid:2697049&Completeness_s=complete accessed 2.16.2021