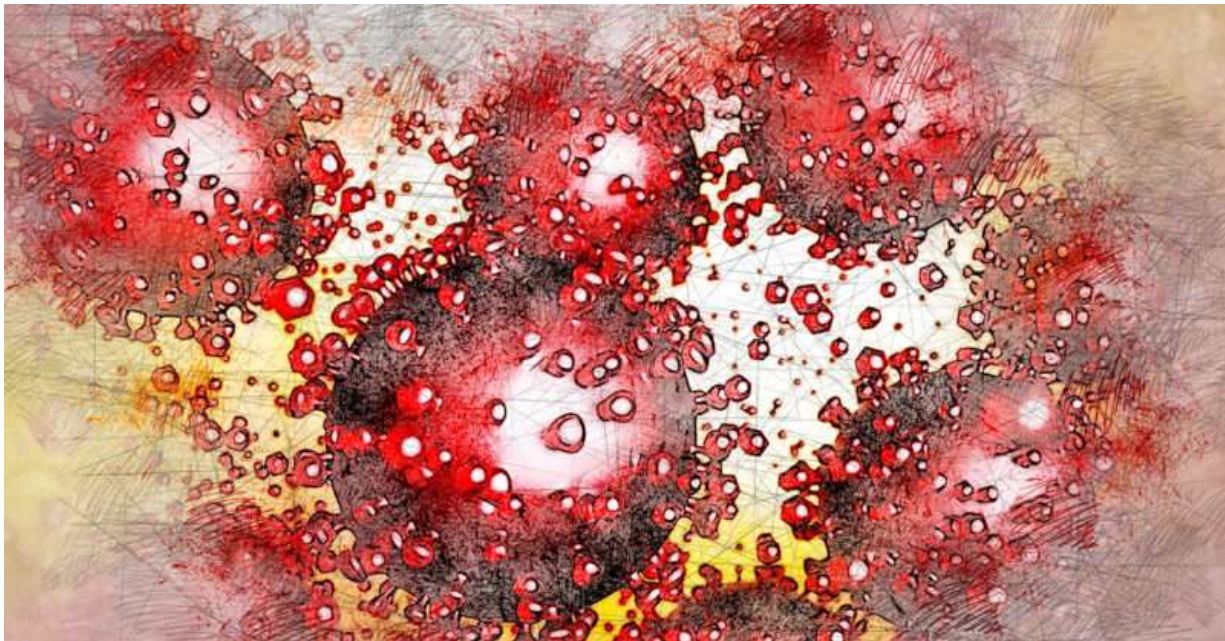


WHO Waited Two Years to Admit COVID-19 Is Airborne — But Why?

Anyone reading Pastor Bob's web page www.pastorbobreid.com knows that I have been saying this and more for thirty+ years. This article below was written by Dr. Joseph Mercola and posted on the Children's Defense Fund page. One of the first things I do when I get up in the morning is to check the sky outside my residence. I am looking for those white chem-trails in the sky.

The World Health Organization is supposed to be an "expert" when it comes to protecting public health, but it was clueless when it came to letting the public know how SARS-CoV-2 was transmitted.

By Dr. Joseph Mercola



Story at a glance:

- On March 28, 2020, the World Health Organization (WHO) tweeted, "FACT: #COVID19 is NOT airborne."
- Aerosol scientist Lidia Morawska of the Queensland University of Technology in Australia said it was "so obvious" that airborne transmission was occurring, even in Feb. 2020.
- Morawska and colleagues presented evidence of airborne transmission to the WHO in March 2020, including cases of people becoming infected when they

were more than 1 meter from an infected person, and “years of mechanistic studies;” the advice was largely ignored.

Nearly two years after the pandemic began, on Dec. 23, 2021, the WHO finally acknowledged that SARS-CoV-2 is airborne.

The WHO getting it wrong about SARS-CoV-2’s airborne potential calls into question why it continues to be regarded as a global health authority.

It was March 28, 2020, when the WHO — the supposed global authority on infectious disease — tweeted, “FACT: #COVID19 is [NOT airborne](#).”

The statement included a “*fact check*” box, authoritatively stating that information circulating on social media that COVID-19 is airborne was “*incorrect*” and “*misinformation*.”

“The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or speaks,” the [WHO wrote](#). “These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces.”

Their advice to best protect yourself at the time — again, this is coming from what is supposed to be the world leader on health — was to keep a 1-meter (3.2-feet) distance from others, disinfect surfaces, wash your hands and avoid touching your eyes, mouth and nose.

There was no hint that, perhaps, the science wasn’t actually settled on how SARS-CoV-2 is transmitted. No mention that the virus might be aerosolized and capable of traveling long distances through the air.

Nothing about the importance of proper ventilation and air filters. But then, nearly two years after the [pandemic](#) began, the WHO quietly changed its tune on Dec. 23, 2021.

WHO finally admits SARS-CoV-2 is airborne

In a monumental move that should have made front-page news, the WHO finally acknowledged that [SARS-CoV-2](#) is airborne.

Their “*Coronavirus disease (COVID-19): How is it [transmitted?](#)” webpage, updated Dec. 23, 2021, now states:*

“The virus can spread from an infected person’s mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. Another person can then contract the virus when infectious particles that pass through the air are inhaled at short range (this is often called short-range aerosol or short-range airborne transmission) or if infectious particles come into direct contact with the eyes, nose or mouth (droplet transmission).”

“The virus can also spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. This is because aerosols can remain suspended in the air or travel farther than conversational distance (this is often called long-range aerosol or long-range airborne transmission).”

“It was a relief to see them finally use the word ‘[airborne](#),’ and to say clearly that airborne transmission and aerosol transmission are synonyms,” aerosol chemist Jose-Luis Jimenez at the University of Colorado Boulder told Nature.

Still, how is it possible that the WHO took years to update this pertinent piece of information, which has massive implications for public health, when scientists knew of SARS-CoV-2’s airborne potential from the beginning?

According to one [investigation](#), *“Interviews conducted by Nature with dozens of specialists on disease transmission suggest that the WHO’s reluctance to accept and communicate evidence for airborne transmission was based on a series of problematic assumptions about how respiratory viruses spread.”*

WHO’s ignorance regarding airborne transmission

Whether the WHO was truly ignorant about basic science behind [viral transmission](#) — or found it difficult to shift its position publicly after stating, as fact, that SARS-CoV-2 is not airborne — is unknown.

But either way, it calls into question why the WHO continues to be regarded as a global health authority. There were red flags at the WHO from the start, Nature reported.

“WHO dismissed field epidemiology reports as proof of airborne transmission because the evidence was not definitive, something that is difficult to achieve quickly during an outbreak.”

“Other criticisms are that the WHO relies on a narrow band of experts, many of whom haven’t studied airborne transmission, and that it eschews a precautionary approach that could have protected countless people in the early stages of the pandemic.”

“Critics say that inaction at the agency led to national and local health agencies around the world being similarly sluggish in addressing the airborne threat. Having shifted its position incrementally over the past two years, the WHO also failed to adequately communicate its changing position, they say.”

Nature also spoke with aerosol scientist Lidia Morawska of Queensland University of Technology in Australia, who said it was “so obvious” that airborne transmission was occurring, even in February 2020.

In September 2020, the [Association of American Physicians and Surgeons](#) also warned that airborne transmission was likely:

“The preponderance of scientific evidence supports that aerosols play a critical role in the transmission of SARS-CoV-2. Years of dose response studies indicate that if anything gets through, you will become infected. Thus, any respiratory protection respirator or mask must provide a high level of filtration and fit to be highly effective in preventing the transmission of SARS-CoV-2.”

WHO ignored early advice about airborne transmission

July 2020 marked the first time that the WHO acknowledged that [short-range aerosol transmission](#) in certain areas, namely crowded, inadequately ventilated indoor spaces over a prolonged period of time, *“cannot be ruled out.”*

However, months earlier, in March 2020, Morawska and dozens of colleagues emailed two leaders at the WHO about their belief that SARS-CoV-2 was airborne.

Just days later, a video conference was held and [Morawska](#) presented evidence for their case, including cases of people becoming infected when they were more than 1 meter from an infected person, and *“years of mechanistic studies”* showing that mucus can become aerosolized when people talk and the aerosols can “accumulate in stagnant rooms.”

The advice was largely ignored, with the WHO instead taking the advice of the Infection Prevention and Control Guidance Development Group (IPC GDG) — a group that advises the WHO on how to contain infections, particularly in hospitals.

At the time, no one in the IPC GDG had studied airborne disease transmissions. Critics suggest the group was biased due to their medical training and medical dogma about how most respiratory diseases spread. According to the Nature report:

“These biases led the group to discount relevant information — from laboratory-based aerosol studies and outbreak reports, for instance. So the IPC GDG concluded that airborne transmission was rare or unlikely outside a small set of aerosol-generating medical procedures, such as inserting a breathing tube into a patient.”

Experts knew SARS-CoV-2 was airborne

The WHO is supposed to be an “expert” when it comes to protecting public health. But the organization was clueless when it came to letting the public know how SARS-CoV-2 was transmitted.

As of October 2020, they had quietly updated their advice to state that aerosol transmission could occur outside of medical facilities, such as in restaurants, choir practices, fitness classes, nightclubs, offices and places of worship.

But it would still be more than a year before they updated their official advice to clearly state that SARS-CoV-2 is airborne. Meanwhile, by January 2021, Morawska and colleagues — not giving up — had published (online) an article in *‘The Journal of Hospital Infection’* [dismantling myths](#) on the airborne transmission of SARS-CoV-2.

“There is little doubt that SARS-CoV-2 is transmitted via a range of airborne particle sizes subject to all the usual ventilation parameters and human behavior,” they stated, adding that at least two research groups had also detected infectious SARS-CoV-2 viruses in aerosol samples from hospital patients’ rooms.”

The article clearly laid out the following:

“There is mounting evidence to support the presence and transmissibility of SARS-CoV-2 through inhalation of airborne viruses. Exposure to small airborne particles is equally, or even more, likely to lead to infection with SARS-CoV-2 as the more widely recognized transmission via larger respiratory droplets and/or direct contact with infected people or contaminated surfaces.”

Proper ventilation, air filtration overlooked

The implications for infection control are many, and they recommended targeting airborne transmission to help limit the risk of transmission indoors, something the WHO largely overlooked throughout the [pandemic](#):

“[T]he existing evidence is sufficiently strong to warrant engineering controls targeting airborne transmission as part of an overall strategy to limit the risk of infection indoors.”

“These would include sufficient and effective ventilation, possibly enhanced by particle filtration and air disinfection; and the avoidance of systems that recirculate or mix air. Opening windows, subject to thermal comfort and security, provides more than a gesture towards reducing the risk of infection from lingering viral particles.”

In May 2021, a U.S. Centers for Disease Control and Prevention (CDC) study revealed the importance of simple steps like [improving ventilation](#).

The study compared the incidence of COVID-19 in Georgia kindergarten through grade 5 schools that were open for in-person learning in fall 2020 with various recommended prevention strategies, such as mandatory masks and improvements to ventilation.

After adjusting for county-level incidence, the study revealed that COVID-19 incidence was 39% lower in schools that improved ventilation. Dilution methods, which work by diluting the number of airborne particles, include opening windows and doors or using fans.

This led to a 35% lower incidence of COVID-19, while methods to filter airborne particles, such as using HEPA filtration systems with or without ultraviolet germicidal irradiation, led to a 48% lower incidence.

If SARS-CoV-2 weren’t airborne, these measures would not have such a significant effect.

It’s noteworthy to point out that, on Sept. 18, 2020, the CDC posted updated COVID-19 guidance on its *“How COVID-19 Spreads”* page that, for the first time,

mentioned [aerosol transmission](#) of SARS-CoV-2, saying *“this is thought to be the main way the virus spreads.”*

The [CDC then deleted](#) the mention of aerosols and the possibility of spreading beyond 6 feet the following Monday, Sept. 21, 2020, saying a draft version of proposed changes had been posted *“in error.”*

Fauci says COVID is permanent, risk is up to you

In an interview with ABC News, [Dr. Anthony Fauci](#), director of the National Institute of Allergy and Infectious Diseases, made it clear that COVID-19 is here to stay:

“This is not going to be eradicated and it’s not going to be eliminated. And what’s going to happen is that we’re going to see that each individual is going to have to make their calculation of the amount of risk that they want to take ...”

It’s a stark change from earlier in the pandemic when we were told that COVID-19 shots would end the pandemic by preventing infection and stopping transmission, and provide foolproof protection against COVID-19.

Now that it’s clear the shots don’t prevent COVID-19 infection or transmission of SARS-CoV-2, Fauci has changed his tune, saying that individuals are pretty much on their own to figure out what’s too risky and what’s not.

“It’s going to be a person’s decision about the individual risk they’re going to take ...” Fauci said, adding again later, *“Again, each individual will have to [m]ake their own determination of risk.”*

In most cases, public officials and health agencies won’t admit they were wrong. Instead, they’ll slowly distance themselves from the questionable statement, which is what the WHO did.

In order to save face, it gradually shifted its advice from claiming that SARS-CoV-2 is not airborne to finally acknowledging that it is.

On March 23, [Alondra Nelson](#), head of the White House Office of Science and Technology Policy, also stated:

“The most common way COVID-19 is transmitted from one person to another is through tiny airborne particles of the virus hanging in indoor air for minutes or hours after an infected person has been there.”

Toward that end, she shared how to make indoor environments safer by filtering or cleaning the air and using effective ventilation, including by simply opening a window — straightforward, practical advice that WHO should have been providing all along.

Dr. Joe Mercola's article is another example of the inept if not corrupt CDC and WHO cannot be trusted or relied upon for expertise analysis or comments on how Covid spread. I can understand why Dr. Mercola does not mention ChemTrail spraying since it would get him a strike on his web page, yet nonetheless if you think that ChemTrails are related you have been living in a vacuum.

Those of us who have been studying the aerial spraying by military and civilian aircraft have tons of evidence confirming what they have been doing for more than thirty years. Dane Wittington of GeoEngineeringWatch.com and others like Peter Kirby who has written one of the most comprehensive books on ChemTrails, '*ChemTrails Exposed: A New Manhattan Project*', 2nd Edition.

Peter Kirby's book is one of the most comprehensive books on the topic. Many people I have talked with over the years do not believe that there is an effort to exterminate humanity as if we were insects that have to be eradicated from the flower garden. There are researchers in the southwest part of the country who have went to their own expense to have residue on plants and bushes carefully removed, bagged, and sent for chemical analysis at labs that provide expert scientific lab analysis. Back when Donald J. Trump was elected in 2016, he was photographed at Andrews Air Force Base touring an aircraft inside showing the chemical tanks located where airline passengers would have previously sat in a passenger seat arrangement. Pictures were on the Internet the day he inspected a converted commercial jet liner equipped with chemical tanks and pumps used to mix and disburse the toxic chemical soup.

In a discussion with a visiting nurse just a week ago, I asked her if she ever looked up and took notice of the crisscrossing pattern of those white streaks in the atmosphere. She was clueless and said she never paid any attention to them. It is incredible how ignorant people are when it comes to the fact they are being sprayed like bugs infesting your prize flower plants.

Bill Gates Warns a Deadlier Coronavirus Pandemic Will Come, Stresses Vaccine Urgency

[Bill Gates warns a more transmissible and fatal Covid variant 'could be generated'](#) --Eugenics enthusiast says there is "way above five percent" risk of pandemic generating more transmissible and "even more fatal" Coronavirus variant | 1 May 2022 | Bill Gates has warned there is a "way above five percent" risk the world has not yet seen the worst of the COVID-19 pandemic. The tech mogul and philanthropist said he did not want to sound "doom and gloom" but warned there was a risk an "even more transmissible and even more fatal" variant could be generated. "We're still at risk of this pandemic generating a variant that would be even more transmissible and even more fatal," Gates [told](#) The Financial Times on Saturday. "It's not likely, I don't want to be a voice of doom and gloom, but it's way above a five percent risk that this pandemic, we haven't even seen the worst of it." It is not the first time he has made such a prediction. In December 2021, he warned his millions of Twitter

followers to brace themselves for the worst part of the pandemic having previously cautioned in 2015 that the world was not ready for the next pandemic.

Bill Gates continues to perform like the Energizer Bunny commercial and rather than keeping his mouth shut and hiding away on one of his multimillion dollar properties, he keeps running his mouth. His predictions have been far too accurate for them to have been coincidental.

Blessings,

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