COVID-19: Not ARDS; Electron Spin Resonance.

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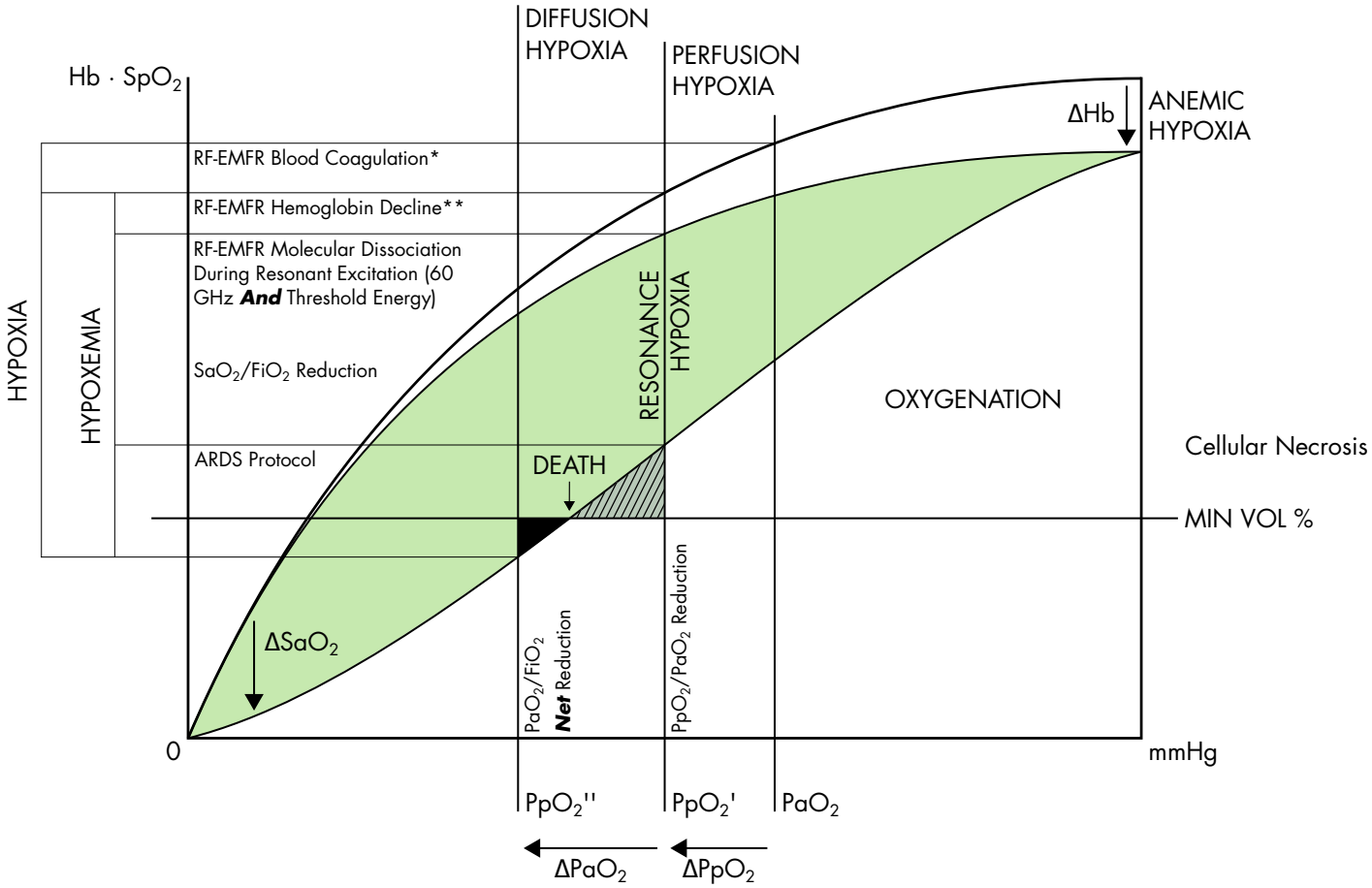
An unsuspected reproducible physiological response concerning both, the additives of vaccines after 1997, shown to amplify human bioreactivity to radio frequency electromagnetic field radiation (RF-EMFR) **400-fold**, and the frequency band and output range of an aimed and amplified signal of concurring recent deployment, has, once measurement error incurred through a grossly misapplied test, that its inventor Kary Mullis warned must not be used for the diagnosis of infectious disease, could be estimated as high as 95%, resulted in the diagnosis: *acute radiation sickness from acute RF-EMFR poisoning indicating lack of oxygen, hypoxia {due to extensive blood coagulation (perfusion hypoxia) and inadequate blood reoxygenation, hypoxemia [in consequence of resonant paramagnetic dioxygen (normobaric resonance hypoxia), therapeutic malpractice (palliative diffusion hypoxia), p.r.n. anemia (anemic hypoxia)]}; subconjunctival and/or sinus bleeding; immune deficiency and flu-like symptoms.*

The syndrome was noted from the flu shot which was **singularly common to most of the most sick** of the atypical ARDS-type. When examined, microscopy and materials analysis discovered nano RFID consisting of heavy metals labeled as virus suppressants and vaccinal preservatives neither of which held substance. When subjected to controlled RF-EMFR, electromagnetic induction charged and controlled the conductants, amplified the electromagnetic field and moved erythrocytes into lock step, following a differentiated predictable pattern depending on the field modulation. A static field configured erythrocytes to permanent dipoles in rouleaux formation: perfusion hypoxia. An alternating field disrupted the pseudo-agglutination but not the erythrocyte aggregation. Protracted exposure to RF-EMFR diminished the concentration of hemoglobin, the conducting iron-based protein complex binding oxygen: anemic hypoxia. A conductant, it could be, *could*, that if iron-based complexes, too, were to clot the observed hypochromia issued out of iron deficiency, if the transport or resorption of iron, too, were impaired. At continuous 60 GHz threshold excitation – the frequency at which the new beam-forming antennas operate efficiently – electron spin resonance dissociated oxygen from hemoglobin: resonance hypoxia. If rerun with an iron ingot, confirm without loss of generality that corrosion stops: stainless iron, Q.E.D. The electrons composing oxygen absorb the input energy, the electrons vibrate with the input and rotate, the oxygen molecule becomes unstable, and hemoglobin stops the transport of oxygen. The lack of oxygen causes cellular necrosis first confined to the lung area where it provokes the collapse of the immediate oxygen receptor system and the apparition of opportunistic infections. Owing to the quantized nature of spin states, the effect is equivalent to a patient released at 26,246 feet without prior acclimatization, net of the atmospheric pressure and temperature components. Not the right kind of ventilation can, to produce alleviation of symptoms, uniquely drown the patient through tissue tear, ulceration and internal bleeding: diffusion hypoxia.

Causal treatment is 1. a silver-coated tent net per bedside patient to restore oxygenation; 2. a rife machine to aid the recovery inside of same Faraday cage; 3. an EMP device to disable intravascular RFID to render conductants inert; 4. a history of applied vaccinations to diagnose attenuation in the *triggering* signal power; 5. an RF-EMFR meter to monitor the signal state; 6. shutdown of the signal, with a moratorium on vaccines until tested and cleared of conductants, obviating (1.) - (4.): advised.

COVID-19 OXYGEN DISSOCIATION



*Most pronounced in high age. **No age-specific data.

OXYGEN ABSORPTION SPECTRUM