



## The “Contagion mystery”: Why the Influenza transmission in the Reality test completely failed

In January 2026, an article in the New Zealand mainstream media (One News) caused a minor stir with its telling headline: “Locked in a small room with people who had the flu, but no one got infected. Why?” What was presented as an anomaly or a curious isolated case is in fact based on a highly topical, controlled clinical human study by the University of Maryland, published in the journal PLOS Pathogens.

What was special about this experiment: It was the first controlled study in which subjects were not artificially infected in the laboratory with cultivated cell culture soups, but in which the study relied on people who had naturally contracted influenza in everyday life.

The results of this study shake the foundations of the prevailing contagion theory – even though the authors and media coverage subsequently do everything to save the old dogma with creative excuses.

The experiment: [Maximum contact, minimum effect](#)



The study design was intended to provide the alleged influenza virus with the absolute best conditions for spreading:

- Healthy volunteers were isolated in a hotel room together with actively ill people for a period of two weeks.
- The rooms were intentionally poorly ventilated and had inferior air quality.
- Temperature and humidity were set precisely to the values that virologists claim promote transmission.
- The participants played cards at close range, did sports together, and shared items such as computers.

Measures such as wearing masks, maintaining social distancing, or vaccinations were deliberately **not** implemented. If conventional medicine were correct in its assertion that influenza is a highly contagious pathogen transmitted via droplets and aerosols when breathing, coughing, or sneezing, a massive wave of infections should have occurred in this repressive environment.

The actual result? **There were absolutely zero transmissions.** Not a single one of the healthy volunteers developed a flu-like illness, and neither positive PCR results nor serological antibody detections could be obtained.

### The rescue attempts of a dying hypothesis

Instead of acknowledging that the experiment had falsified the fundamental hypothesis of epidemiological contagion in everyday life, the researchers resorted to a series of defensive claims. They argued that the cough frequency of the infected individuals might have been too low, that seasonal fluctuations played a role, or that the middle-aged participants possessed cross-reactive immunity due to decades of prior exposure.

This approach fundamentally contradicts the classical scientific method. A true scientist formulates a hypothesis and attempts to disprove it through experimentation. If the hypothesis cannot be disproven even under ideal conditions, it must be discarded or fundamentally modified. Inventing new auxiliary hypotheses simply to keep a disproven dogma alive is pseudoscience.

### A series of historical failures

Anyone who studies medical history beyond the official textbooks knows that this failure is not an isolated case. Attempts to transmit colds and flu from person to person under controlled conditions have been systematically failing for over a hundred years.

- **The Rosenau experiments (1918):** During the infamous "Spanish flu," Milton Rosenau's team desperately tried to infect healthy sailors through direct contact with the critically ill. The sick sailors coughed directly into the mouths of the healthy ones, secretions were transferred – the result, even then, was: not a single case of illness.
- **Documented over 200 studies:** In his work *"Can You Catch a Cold? Untold History and Human Experiments,"* researcher Daniel Roytas analyzed more than 200 historical studies on infectious diseases. The conclusion is clear: Direct, natural proof that germs or viruses attack healthy tissue and that diseases spread from person to person has never been provided.

## Circular reasoning in the laboratory: PCR and cell cultures

So why does the medical system cling so tenaciously to this narrative? Because modern virologists don't conduct research in real-world situations, but rather in mathematical models and artificial laboratory scenarios. When studies claim to detect "viruses" in patients' breath, they use the RT-PCR test. They detect short RNA sequences and simply assert that these originate from a virus because databases (like the CDC's) define these sequences as such. This is a classic circular argument: It presupposes the existence of the virus in order to prove its existence.

The supposed cultivation in the laboratory is also a fallacy. When samples are applied to cells (such as the often-used kidney cells of Cocker Spaniels) and these cells die after four days, this is called a "cytopathic effect," and the blame is placed on an invisibly acting virus. The fact that cells in a test tube simply die due to nutrient deprivation, the addition of antibiotics, and chemical stress is systematically ignored.

## Conclusion: The environment determines health

The germ theory is based on an unproven threat scenario. While people can certainly influence each other through emotional states, stress, or environmental toxins, microbes are not the transmission mechanism. Bacteria do not attack healthy tissue; they only become active when tissue is already damaged by toxins, cold, or energy deprivation, in order to aid in its breakdown.

The latest study from Maryland unintentionally demonstrates that the fear of natural contagion is unfounded. True prevention doesn't mean isolating oneself from others or relying on masks and chemicals, but rather maintaining a stable and healthy biological environment.

*This report is based on the media-critical analyses and scientific source work of Dr. Sam Bailey.*

## **Become your own health manager**

The fact that no transmission occurred even under extreme conditions in the hotel room proves the enormous strength of a healthy biological environment. It also shows us that we can no longer relinquish responsibility for our health to institutions that want to keep us trapped in a permanent illusion of fear. True prevention is independent and self-determined. It is up to each of us to become the sovereign manager of our own health and to provide for our own family independently.

**Source:** *Based on the medical information reports of New Zealand physician Dr. Sam Bailey.*