# ARE CORONAVIRUS TESTS RELIABLE?

## PCR TESTS are the tests used in the UK to diagnose Covid-19, but they DO NOT IDENTIFY IF A PERSON CAN INFECT OTHERS

# *In a fact checker article from Reuters which simply tries to debunk the claimed paternity of the assertion that PCR cannot be used in virus detection (which we will further down prove to be false), some very important statements are brought over. First, that the PCR tests are the preferred method used in diagnosing Covid-19 infection. Second, that, according to Public Health England, this has nothing to do with really identifying if a person is able to infect others.*

**“The PCR test is the preferred COVID-19 testing method in England** ([tinyurl.com/u9xxxup](https://tinyurl.com/u9xxxup)). It detects the presence of the virus by amplifying the virus’genetic material to a point where it can be detected by scientists ([tinyurl.com/y7rno7pf](https://tinyurl.com/y7rno7pf)).

A spokesperson for Public Health England told Reuters why PCR tests are being used widely in England: “Molecular diagnostic tests, such as real-time PCR, are the gold standard methods for identifying individuals with an active viral infection, such as SARS-CoV-2 (the cause of COVID-19 disease), in their respiratory tract. These tests are rapid and produce results in real-time.

# “It is important to note that detecting viral material by PCR does not indicate that the virus is fully intact and infectious, i.e. able to cause infection in other people. The isolation of infectious virus from positive individuals requires virus culture methods. These methods can only be conducted in laboratories with specialist containment facilities and are time consuming and complex.” (Fact check: Inventor of method used to test for COVID-19 didn’t say it can’t be used in virus detection <https://www.reuters.com/article/uk-factcheck-pcr-idUSKBN24420X>)

## SOME MORE CRITICAL SCIENTIFIC REFERENCES CONCERNING PCR USE FOR DIAGNOSIS

***Dr. Kary Mullis****, who won the Nobel prize for inventing* ***PCR to detect HIV****, explains its limitations – why the PCR test is not especially diagnostic, for HIV or for anything else:*

“**Quantitative PCR is an oxymoron. PCR is intended to identify substances qualitatively, but by its very nature is unsuited for estimating numbers. Although there is a common misimpression that the viral-load tests actually count the number of viruses in the blood, these tests cannot detect free, infectious viruses at all; they can only detect proteins that are believed, in some cases wrongly, to be unique to HIV.

“THE TESTS CAN DETECT GENETIC SEQUENCES OF VIRUSES, BUT NOT VIRUSES THEMSELVES.” [1]**

“Can’t identify viruses? Then how do we know all these people have the same disease, let alone the same novel disease?

This means that with all these people who have supposedly been PCR tested for COVID, there is still no conclusive diagnostic evidence that they have any coronaviruses at all. Let alone the same virus. According to the inventor of the primary diagnostic test.”

(The Doctor Within – Newsletter March 20: <https://thedoctorwithin.com/blog/2020/03/10/newsletter-march-2020/>)
[1] National Library of Medicine Questioning the HIV-AIDS Hypothesis: 30 Years of Dissent
Front Public Health. 2014; 2: 154. www.ncbi.nlm.nih.gov/pmc/articles/PMC4172096/

*Let’s add some more about the PCR test, following some key points from the article*,**[The Corona Simulation Machine: Why the Inventor of The “Corona Test” Would Have Warned Us Not To Use It To Detect A Virus](https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/%22%20%5Ct%20%22_blank)**: <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/>

* **The PCR technology was not meant to be used for diagnosis**.
* PCR’s original purpose is to manufacture DNA samples for research by using a process of amplification that successively doubles the amount of the DNA in each cycle of the process.
* **PCR doesn’t produce a Yes or No result**. The more cycles of amplification in the process, the more doubling of the DNA.
* **The number of cycles used is chosen arbitrarily. So, the test could produce much less or much more DNA depending on the number of cycles used.** Furthermore, the amount of DNA is on a continuum and the threshold at which point a *test* is considered positive is also arbitrary.
* Even **a positive PCR test does not prove infection with SARS-COV2, as this virus has not been isolated**.
* When you are swabbed for the test**your DNA sample is recorded in a government database**.
* **Repeated tests on the same person can result in different results**, some of which may be above and others of which may be below the cut-off for a positive result. Sometimes the test is given repeatedly until a positive result is obtained.”

# *Now, since these PCR cycles produce more DNA, it is very notable to observe that One of the WHO primer sequences in the PCR test for SARS-CoV-2 is found in all people!...*BOMBSHELL: WHO Coronavirus PCR Test Primer Sequence is Found in All Human DNA: <https://pieceofmindful.com/2020/04/06/bombshell-who-coronavirus-pcr-test-primer-sequence-is-found-in-all-human-dna/?fbclid=IwAR2urqY9YaT9LlSy892mZl2AxMBEYJwI9F9tiYjDIe8uPqlGuu7nnwpaUs0>

(here the **WHO description of PCR tests used for Covid-19**: <https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2>)

*An important article coming from an investigative journalist who knew Kary Mullin and interviewed another two experts on the PCR topic* (WAS THE COVID-19 TEST MEANT TO DETECT A VIRUS? <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/> ) *reveals indeed the possibility of having this common primary sequence (primer) determine a false result:*

“ From an email from Kary Mullis (PCR creator), to the widow of boxer Tommy Morrison, whose career and life were destroyed by an “HIV test,” and who litigated ferociously for years, against test manufacturers, Dr. Mullis wrote, on May 7, 2013: “**PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment**. “

*Lets’ add another couple of critical excerpts from the scientists’ testimonies...*

““You have to have a whopping amount of any organism to cause symptoms. Huge amounts of it,” **Dr. David Rasnick, bio-chemist, protease developer, and former founder of an EM lab called Viral Forensics** told me. “You don’t start with testing; you start with listening to the lungs. **I’m skeptical that a PRC test is ever true. It’s a great scientific research tool.  It’s a horrible tool for clinical medicine.  30% of your infected cells have been killed before you show symptoms. By the time you show symptoms…the dead cells are generating the symptoms**.” I asked Dr. Rasnick what advice he has for people who want to be tested for COVID-19.
“Don’t do it, I say, when people ask me,” he replies. “**No healthy person should be tested. It means nothing but it can destroy your life, make you absolutely miserable**.”

*The following is a presentation of how exactly, one can obtain a positive or negative result depending on the number of cycles of amplification they use for the PCR, for which THERE IS NO UNIVERSAL STANDARD:*

“I conducted a two-hour interview with **David Crowe– Canadian researcher, with a degree in biology and mathematics, host of The Infectious Myth podcast, and President of the think-tank Rethinking AIDS**. He broke down the problems with the PCR based Corona test in great detail, revealing a world of unimaginable complexity, as well as trickery.

 “**The first thing to know is that the test is not binary**,” he said. “In fact, I don’t think there are any tests for infectious disease that are positive or negative.[…]What they do is they take some kind of a continuum and they arbitrarily say this point is the difference between positive and negative.”

 “PCR is really a manufacturing technique,” Crowe explained. “You start with one molecule. You start with a small amount of DNA and on each cycle the amount doubles, which doesn’t sound like that much, but if you, if you double 30 times, you get approximately a billion times more material than you started with. So as a manufacturing technique, it’s great. What they do is they attach a fluorescent molecule to the RNA as they produce it.  You shine a light at one wavelength, and you get a response, you get light sent back at a different wavelength. So, they measure the amount of light that comes back and that’s their surrogate for how much DNA there is. I’m using the word DNA. There’s a step in RT- PCR test which is where you convert the RNA to DNA. So, the PCR test is actually not using the viral RNA. It’s using DNA, but it’s like the complimentary RNA. So logically it’s the same thing, but it can be confusing. Like why am I suddenly talking about DNA? Basically, there’s a certain number of cycles.”

This is where it gets wild. “**In one paper**,” Crowe says, “**I found 37 cycles. If you didn’t get enough fluorescence by 37 cycles, you are considered negative. In another, paper, the cutoff was 36. Thirty-seven to 40 were considered “indeterminate**.” And if you got in that range, then you did more testing. I’ve only seen two papers that described what the limit was. **So, it’s quite possible that different hospitals, different States, Canada versus the US, Italy versus France are all using different cutoff sensitivity standards of the Covid test. So, if you cut off at 20, everybody would be negative. If you cut off a 50, you might have everybody positive**.”[…]

“I think if a country said, “You know, we need to end this epidemic,” They could quietly send around a memo saying: “We shouldn’t be having the cutoff at 37. If we put it at 32, the number of positive tests drops dramatically. If it’s still not enough, well, you know, 30 or 28 or something like that. So, **you can control the sensitivity.**” Yes, you read that right. **Labs can manipulate how many “cases’ of Covid-19 their country has**. Is this how the Chinese made their case load vanish all of a sudden?”

## UK OFFICIALLY WITHDRAWED COVID TESTS SEVERAL TIMES for being INFECTED WITH THE DISEASE (!!), UNRELIABLE OR UNSAFE

# UK-bound Coronavirus testing kits held-up after becoming contaminated by COVID-19 <https://www.express.co.uk/news/uk/1262747/coronavirus-testing-kits-contaminated-covid-19>

“The paper said the Government had hired private firms to help produce thousands of kits so mass testing will be available to the public within weeks. But Luxembourg-based supplier Eurofins has told officials a consignment of parts called probes and **primers had been contaminated with coronavirus** and would be held up.”

*21st April Telegraph article shows that* “Leaked memo exposes farce as Covid-19 results are less reliable than first thought because of 'degraded' performance”

**Revealed: NHS staff given flawed coronavirus tests:** <https://www.telegraph.co.uk/news/2020/04/21/public-health-england-admits-coronavirus-tests-used-send-nhs/>

# In August we find out that “UK government recalls 741,000 coronavirus testing kits over safety concerns” <https://7news.com.au/lifestyle/health-wellbeing/uk-government-recalls-741000-coronavirus-testing-kits-over-safety-concerns-c-1226364?fbclid=IwAR1VJkxcDQnD200YFSGSF_uWe1FivaGwyypl4uEcof-Yc5FQ2SkHxdRsPqE>

“The British regulatory authority responsible for medical products has ordered the recall of hundreds of thousands of coronavirus tests after **they were found not to be safe for use.**

Up to 741,000 tests from the Randox company are affected, the British government confirmed on Saturday.”

## EXPERIMENTAL INVALIDATION OF THE PCR TESTS

# *In fact, there is one famous challenge we know about concerning the reliability of such tests, dating from April 2020, when President John Magufuli publicly declared that animals, fruits and vehicle oil had been secretly tested at the laboratory coming out positive and therefore suspended the Head of the country’s national health laboratory in charge of coronavirus testing. Despite the pressure, president Magufuli refused to lockdown his country.*

# Tanzanian President John Magufuli: Even Papaya and Goats are Corona positive: <https://www.youtube.com/watch?v=207HuOxltvI>

# *Btw, though the MSM got a job in mocking and ridiculing this man, please search for his name on YTube and you will find out what he has done for his country* *(for ex., 2019:* Why Tanzania’s John Magufuli Is Africa’s Most Beloved President?: <https://www.youtube.com/watch?v=ss32YUsyu2s>)

# ARE CORONAVIRUS TESTS EVEN NECESSARY?

*Yesterday (26th August 2020), a totally unexpected statement from CDC rocked the US:*

# CDC says asymptomatic people don't need testing, draws criticism from experts

<https://thehill.com/policy/healthcare/513704-cdc-says-asymptomatic-people-dont-need-testing-draws-criticism-from-experts?fbclid=IwAR1gG0lqEqpxDI1dYTR3JbcX78-znxA3TqHN9_Q-6c0oqU8f2kPMjJm_W6k>

The guidance [now states](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html): “**If you have been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes but do not have symptoms: You do not necessarily need a test unless you are a vulnerable individual or your health care provider** **or State or local public health officials recommend you take one**.”

Though the last words leave place for any possible abuse, this “is a stark change from the previous CDC guidance, which emphasized the importance of testing people who were in close contact with infected people.

“Testing is recommended for all close contacts of persons with SARS-CoV-2 infection,” the [previous guidance](https://web.archive.org/web/20200820045121/https%3A/www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html) said. “Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of individuals with SARS-CoV-2 infection be quickly identified and tested.””

*Let’s also remember that this new CDC position is consistent with the idea that* ***asymptomatic*** *people (infected but not displaying the symptoms) practically do not spread the disease, as officially affirmed at the beginning of June by Maria Van Kerkhove, head of the World Health Organization’s emerging diseases and zoonosis unit.*

# WHO Says Covid-19 Asymptomatic Transmission Is ‘Very Rare’ <https://www.youtube.com/watch?v=NQTBlbx1Xjs>

*Now, of course, if we consider the previous assertions about the unreliability of the PCR tests, everything make sense in the light that ASYMPTOMATIC cases may be in fact FALSE POSITIVE, meaning such people are not infected with SARS-CoV-2 (Covid-19)*

# *Now, I think enough reasons to recommend the June 27, Off-Guardian article that the Reuters Fact Checker tried to debunk in a couple of phrases...*- COVID19 PCR Tests are Scientifically Meaningless <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>

# Though the whole world relies on RT-PCR to “diagnose” Sars-Cov-2 infection, the science is clear: they are not fit for purpose

# *The article appeals to many valuable scientific testimonies that show that…*

#### THERE IS A LACK OF A VALID GOLD STANDARD FOR THE PCR MEASUREMENTS (THUS PCR CAN BE USED ACCORDING TO PARTICULAR INTERESTS)

#### THERE IS NO PROOF THAT THE RNA DISCOVERED BY THE TEST IS OF VIRAL ORIGIN AS NO PURIFIED VIRUS HAS BEEN DISCOVERED. ALSO, **HERE IS NO SCIENTIFIC PROOF THAT THE RNA SEQUENCES IDENTIFIED BY THE TEST ARE THE CAUSATIVE AGENT OF WHAT IS CALLED COVID-19.**

* THE TESTS HAVE LOW RELIABILITY AND MAY GIVE SUCCESIVE DIFFERENT RESULTS FOR SAME INDIVIDUALS WITHOUT REASONABLE JUSTIFICATION.
* PCR TESTS ARE QUALITATIVE AND NOT QUANTITATIVE, THUS CANNOT MEASURE HOW MUCH A PERSON IS “BURDENED” WITH A DISEASE-CAUSING VIRUS,

#### HIGH CQ VALUES (MORE THAN 40 CYCLES USED BY PCR) MAKE THE TEST RESULTS EVEN MORE MEANINGLESS

“the science is clear: **The numbers generated by these RT-PCR tests do not in the least justify frightening people who have been tested “positive” and imposing lockdown measures that plunge countless people into poverty and despair or even drive them to suicide.**

**And a “positive” result may have serious consequences for the patients as well, because then all non-viral factors are excluded from the diagnosis and the patients are treated with highly toxic drugs and invasive intubations.** Especially for elderly people and patients with pre-existing conditions such a treatment can be fatal, as we have outlined in the article [**“Fatal Therapie.”**](https://www.rubikon.news/artikel/fatale-therapie)

Without doubt eventual excess mortality rates are caused by the therapy and by the lockdown measures, while the “COVID-19” death statistics comprise also patients who died of a variety of diseases, redefined as COVID-19 only because of a “positive” test result whose value could not be more doubtful.”

 WHO Director General Dr Tedros Adhanom Ghebreyesus said: “**We have a simple message for all countries: TEST, TEST, TEST.”**

*Indeed, people may be concerned about countless other issues in relationship to this so-called pandemic… but truly,* ***the one essential action that is at the root of all the disaster we are seeing today is… TESTING. So they want more…***

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