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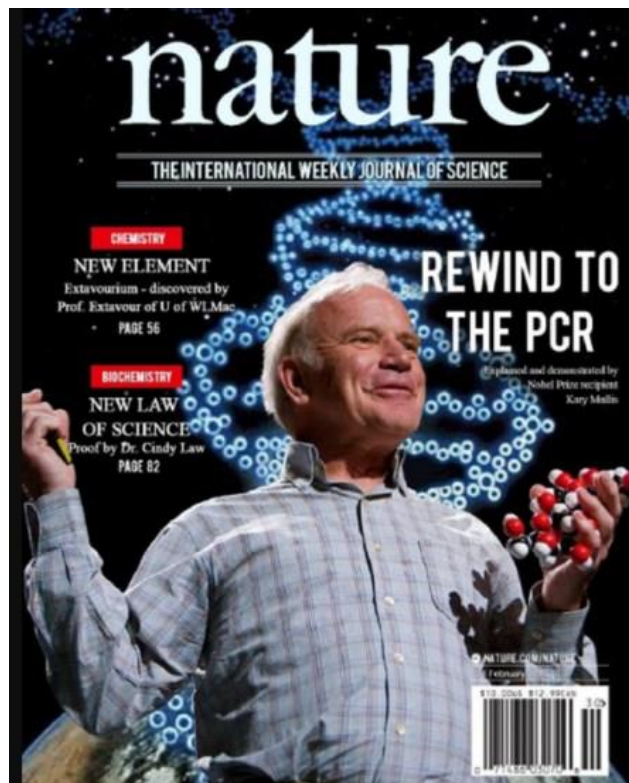
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The COVID-19 PCR Test Is Key To The Pandemic Fraud

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Written by John O'Sullivan



The **polymerase chain reaction** (PCR) test – used as the bellwether for coronavirus – is not fit for purpose. Herein, we summarize discredited COVID19 testing and encourage you to do your own research and become better informed as to how misdirection, incompetence and scientific fraud is gravely harming our personal and societal well being.

[Nick Delgado](#) wrote an excellent primer in April of how this COVID19 test is widely being used (and abused) and we incorporate some of his analysis herein. Despite problems known even then, the PCR test remains the most commonly used COVID-19 test both in the US and globally.

The PCR test was invented by Kary Mullis (photo, top) in 1985 but it was never intended for detecting disease; it's primary applications included biomedical research and criminal forensics.

Before his death in 2019 Mullis told reporters:

“Scientists are doing an awful lot of damage to the world in the name of helping it. I don’t mind attacking my own fraternity because I am ashamed of it.” –Kary Mullis, Inventor of Polymerase Chain Reaction

Mullis often spoke out against using his test for diagnosing illnesses. So-called experts ignored the warning. But now, many independent scientists and medical professionals are coming forward to denounce the idiocy of governments, the media and NGO's for pushing the number of novel coronavirus “cases” (not deaths) premised on spurious results from this problematic PCR test.

Reporting on the original 1980's great breakthrough of the Mullis Polymerase Chain Reaction innovation, the *London Observer* wrote:

“Not since James Watt walked across Glasgow Green in 1765 and realized that the secondary steam condenser would transform steam power, an

inspiration that set loose the industrial revolution, has a single, momentous idea been so well recorded in time and place.”....

Other than Delgado’s excellent introductory article, we recommend reading [Allan Weisbecker](#) who offers a more up to date ([August 16, 2020](#)) analysis citing recent evidence exposing the fallacies around COVID testing. [1]

Weisbecker poses the key question we should ask ourselves:

“What do we mean when we say somebody has ‘tested positive’ for the Corona Virus?”

We’ve been hijacked by our technologies, but left illiterate about what they actually mean. In this case, I am in the rare position of having known, spent time with, and interviewed the inventor of the method used in the presently available Covid-19 tests, which is called PCR, (Polymerase Chain Reaction.)”

Mullis and others correctly called out the idiocy of [groupthink](#) – the reliance on ill-informed and misguided ‘experts’ who direct government health policy. A key culprit among prominent world bodies is the World Health Organization (WHO) loudly telling is to [“test, test, test!”](#)



WHO head: 'Our key message is: test, test, test'

WHO head Tedros Adhanom Ghebreyesus and his co-conspirators pushing the new dystopian plan for a '[Great Reset](#)' know full well the more you test, the more positive cases will emerge and the more their insane over reaction to the 'crisis' becomes validated. But dissenters are wise to this scam. Here is a typical comment from one the thousands of experts dissenting from the accepted narrative:

"I'm skeptical that a PCR test is ever true. It's a great scientific research tool. It's a horrible tool for clinical medicine," warns Dr. David Rasnick, biochemist and protease developer.

As Delgado's research discovered:

*"The PCR test is so well known for giving inaccurate results that the CDC warns not to give the test to asymptomatic persons **"because of the increased likelihood of false-positive results."** In fact, there is a famous Chinese paper that stated if you're testing asymptomatic people with PCR, up to 80% of positives could be false positives.*

But the numbers aren't just skewed by false positives, they are also skewed by how many people are offered the test and what condition they are in. For example, during the first few weeks of the 'pandemic' tests were scarce. As they became more widely available of course the number of infections accounted for increased as well, and false-positive results further increased those numbers."

Widespread reliance on the PCR for COVID19 testing is beyond stupid. It is criminal because it is pushed as justification for maintaining 'lockdown' measures and compounding the fear and misery (including economic) much of the world is still suffering as a consequence of this gigantic science fraud.

To better appreciate the insanity that has befallen us let's review a little of the history of the PCR test to see how we sank into this nonsensical unscientific morass. Canadian researcher David Crowe, with a degree in biology and mathematics, host of *The Infectious Myth* podcast had this to say on the testing insanity:

"The first thing to know is that the test is not binary. In fact, I don't think there are any tests for infectious disease that are positive or negative.

In the early 1990's, PCR, (Polymerase Chain Reaction) came into popular use, and Kary Mullis was awarded the Nobel Prize for it in 1993. PCR, simply put, is a thermal cycling method used to make up to billions of copies of a specific DNA sample, making it large enough to study. As it correctly says on PCR's [Wikipedia page](#), PCR is an "...indispensable technique" with a "broad variety" of applications, "...including biomedical research and criminal forensics." [Italics mine.] The page goes on to say, to my [Mullis, the inventor

of the test] dismay, that one of the applications of PCR is "...for the diagnosis of infectious diseases."...

"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.**" [emphasis added]

"That's so important. I think people envision it as one of two things: Positive or negative, like a pregnancy test. You "have it" or you don't."

"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... 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.**"

The fact is a vast majority of people infected with COVID-19 have mild symptoms and it's estimated that 50% of people infected are asymptomatic.

Many of the people who allegedly died from COVID-19 were already very sick and would have died anyway in a short period of time. The scientific

data made available to the public proves that around 95 percent of deaths were patients were over 80 years of age with two or more comorbidities (such as cancer).

Social media, mainstream scientific journals (owned by self-serving corporations) and the biased national press that makes money from selling bad news so are very much 'in' on ensuring you and I do not get to see the evidence contradicting the accepted 'doom and gloom' pandemic narrative.

An important Chinese research paper that exposed that around 80 percent of PCR test positives could be false positives was quietly withdrawn by PubMed. Though only the abstract is still online even though the Chinese paper appears to still be published and available.

Interestingly, a month later, a paper published in the Journal of Medical Virology showed that 29 out of 610 patients at a hospital in Wuhan had 3 to 6 test results that flipped between **"negative," "positive" and "dubious."**

[Allan Weisbecker](#)'s article tells us:

*"I actually have a translation with a friend. I translated it into English and it's a really, standard calculation of what they call positive predictive value. The abstract basically said that in asymptomatic populations, **the chance of a positive coronavirus test being a true positive is only about 20%. 80% will be false positive.**"*

PCR for diagnosis is a big problem when you have to resort to amplifying the outcome a huge number of times – this increases the likelihood of generating massive amounts of false positives.

The United States, UK and other major nationals have all but abandoned classical diagnostic medicine in favor of biotech, or lab result medicine.

No longer are doctors physically examining patients and determining a simple respiratory infection like a cold or the flu.

Instead, due to prevailing fears, they are jumping the gun to assume "covid" because the symptoms are all but identical. As a clue, check the official records and see how few people are classified as ill from those traditional ailments. 'Hey presto' almost every chest infection now is certified as likely due to the novel coronavirus.

The PCR test is finding so many asymptomatic cases (people who test positive but are otherwise very healthy with no symptoms) because the very replication technique relied on is designed to find microscopic fragments and to amplify them so that they appear far worse than they are.

The PCR test, in almost all cases, is finding tiny fragments of nucleic acids. On this point consider an email from Kary Mullis, 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."

Fragments so microscopically tiny that there is no possibility any healthy person would be in danger from suffering a full-blown infection. So microscopically small yet are being reported by labs and thereafter by policymakers as 'positives.'

But by any rational, sane interpretation these are not to be relied on as evidence of someone who is sick. These are people whose tests are showing up so infinitesimally small but are a 'positive' trigger even when

they may be nothing more than the remnants of an inconsequential common cold they had weeks or months earlier.

Another example of the insanity is a study from Singapore in which tests were carried out almost daily on 18 patients. The majority went from “positive” to “negative” back to “positive” at least once, and up to five times in one patient.

Even Wang Chen, president of the Chinese Academy of Medical Sciences, conceded in February that the PCR tests are “only 30 to 50 per cent accurate,” while Sin Hang Lee from the Milford Molecular Diagnostics Laboratory sent a letter to the WHO's coronavirus response team and to Anthony Fauci on March 22, 2020, saying that:

“It has been widely reported that the RT-qPCR [Reverse Transcriptase quantitative PCR] test kits used to detect SARSCoV-2 RNA in human specimens are generating many false positive results and are not sensitive enough to detect some real positive cases.”

Also, the mainstream medical journal Deutsches Ärzteblatt reports that in Germany **70 percent of the people tested “positive” are not “positive” at all**. Yet “they are prescribed quarantine.”

It isn't what people imagine, say for a pregnancy test, where you have a definable positive or negative indicating a foetus (or not). You don't keep amplifying the results of a negative pregnancy test until you get a 'positive' for a baby. It is insane. But this is what is happening (and passes muster) in coronavirus PCR tests.

As Crowe explained, a lab could conceivably opt to keep amplifying the sequence of testing of a sample **UNTIL** they reach the point they arbitrarily decide they have enough copies of their sample to declare a positive result for COVID19. Labs are thus motivated to amplify samples and find more covid cases – “just to be safe!” It is a vicious circle of fear driving stupidity.

No 'Gold Standard' Therefore No Testing Is Accurate

In any case, those tests were not built on a "gold standard" which means purification of an actual virus. Purification means the pathogen has been separated from all else. HIV co-discoverer and Nobel Laureate Luc Montagnier famously told journalist Djamel Tahiri in an interview: "repeat, we did not purify."

Jessica C. Watson from Bristol University confirms this. In her paper "Interpreting a COVID-19 test result," published recently in The British Medical Journal, she writes that there is a "***lack of such a clear-cut 'gold-standard' for COVID-19 testing.***"

This admission was also made to us by Thomas Löscher, former head of the Department of Infection and Tropical Medicine at the University of Munich and member of the Federal Association of German Internists. [2]

David Crowe explains it further:

"PCR is really a manufacturing technique. 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." [3]

Speaking to Principia Scientific International on the shocking absence of any such “gold standard” an internationally respected virus testing expert, Dr Saeed Qureshi said he knows of no such “gold standard” for the virus test. He said this is because no lab has yet satisfactorily identified, isolated and replicated a distinct and new virus - **COVID19**.

But compounding the problem of false positives is the systemic errors and perhaps potential fakery that is only just being uncovered.

Big League Politics has reported on widespread errors coming from certain COVID-19 testing facilities, with the total of cases being widely overinflated.

“The Florida Department of Health is scrambling after fraud was discovered in how COVID-19 testing rates were being reported across the state.

*After the health department released a report showing a stunning statewide positivity rate of 11 percent, analysis of the numbers revealed severe irregularities. **Many labs reported 100 percent positivity**, meaning that every test came back positive.*

In addition to the labs reporting 100 percent positivity, there were other testing facilities that reported abnormal levels of positive tests. FOX 35 found that Centra Care reported that 83 people who submitted tests were all counted as positive. The Orlando Veteran’s Affairs Medical Center reported a 76 percent positivity rate, NCF Diagnostics reported tests at a 88 percent positivity rate, and Orlando Health reported a 98 percent positivity rate.

Orlando Health has admitted that the results from the health department’s report are dubious. They said that their positivity rate was only 9.4 percent, not 98 percent as it was shown in the report. This casts major doubt regarding the accuracy of the total cases that have been reported in Florida.

The fake news has used Florida as an example to bolster their COVID-19 mass hysteria due to all of the supposed cases that were popping up throughout the state.”

Award-winning journalist Torsten Engelbrecht gives more details in his article [‘COVID19 PCR Tests Are Scientifically Meaningless.’](#) [4]

Adding to the skepticism are pathologists who are yet to find a single autopsy showing COVID19, as reported in a [June 27 Off-Guardian article.](#) [5]

The truth is, viruses are rarely deadly. The majority of coronavirus-related deaths in humans are due to OTHER chronic diseases that hinder the immune system or cause it to go haywire in response to the virus (cytokine storm), and not damage caused by the virus itself.

We need to stop saying “Stay safe!” to everyone. We are safe. We have a powerful and intelligent immune system that is designed to withstand toxic, microbial inundation at all times.

The pandemic emergency needs to cease immediately and the world must never again resort to a knee-jerk reaction to a ‘crisis’ that, in effect, occurs every year in any normal flu season. We know this particular outbreak is no worse than a bad influenza because [‘Neither US Nor UK Have ANY Excess Deaths From COVID19.’](#)

The CDC has even quietly updated that only 6% of ~180,000 US “virus” deaths are directly attributed to the virus. [6]. While British mathematician, [Andrew Maher](#)’s analysis of the official data goes even further. He concluded that **NO ONE has died from COVID19.** [7]

We must stop being sheep and start living our lives again. Together, we refuse to surrender to fear.

[1] <http://blog.banditobooks.com/labs-can-manipulate-how-many-cases-of-covid-19-their-country-has/>

[2] E-mail from Prof. Thomas Löscher from March 6, 2020

[3] <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/>

[4] <https://principia-scientific.com/covid19-pcr-tests-are-scientifically-meaningless/>

[5] <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>

[6] https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

[7] https://www.youtube.com/results?search_query=Andrew+Mather

About the author: John O’Sullivan *John is CEO and co-founder (with [Dr Tim Ball](#)) of Principia Scientific International (PSI). John is a seasoned science writer and legal analyst who assisted Dr Ball in [defeating](#) world leading climate expert, Michael ‘hockey stick’ Mann in the [‘science trial of the century’](#). O’Sullivan is credited as the visionary who formed the original ‘Slayers’ group of scientists in 2010 who then collaborated in creating the world’s first full-volume [debunk of the greenhouse gas theory](#) plus their new [follow-up book](#).*

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