

The PCR Testing Debacle

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Over 100 companies are currently producing tests for COVID-19, and these tests were approved by the FDA under emergency authorization with almost no validation. The test makers only had to show that the tests performed well in test tubes and no real-world demonstration of clinical viability was required.¹ Each vendor has established its own and as-yet-unmeasured accuracy. The variations are myriad, with some tests able to detect as few as 100 copies of a viral gene while others require 400 copies for detection.² Additionally, most will show positive results for as long as 6 months, while the actual time a person is contagious is only a few days.

The accuracy of tests is important since numbers of “cases” is the metric used to determine business closures, event cancellations, lockdowns, withdrawal of civil rights and liberties, whether or not people can congregate, and if the dreaded masks are required.

One of the most widely used tests is the polymerase chain reaction (PCR), which involves examining a sample of mucus from a person’s nose or throat to look for COVID-19 genetic material. Biochemist Kary Mullis is the inventor of the PCR test and won the Nobel Prize in chemistry for his invention in 1993. Mullis stated in 2013 that PCR was never designed to diagnose disease. The test finds very small segments of a nucleic acid which are components of a virus. According to Mullis, having an actual infection is quite different than testing positive with PCR. According to Mullis, PCR is best used in medical laboratories and for research purposes.

Dr. David Rasnick, also a biochemist and founder of a lab called Viral Forensics, agrees. “You have to have a whopping amount of any organism to cause symptoms. Huge amounts of it. 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.”

When asked about having a COVID-19 test he stated, “Don’t do it, I say, when people ask me. No healthy person should be tested. It means nothing but it can destroy your life, make you absolutely miserable.” He went on to say, “Every time somebody takes a swab, a tissue sample of their DNA, it goes into a government database. It’s to track us. They’re not just looking for the virus. Please put that in your article.”³

In fact, PCR testing was already shown to be wildly inaccurate almost 15 years ago. In 2006, massive PCR testing was performed at the Dartmouth Hitchcock Medical Center when it was thought that the medical center was experiencing an epidemic of

whooping cough. Almost 1000 healthcare workers were furloughed until their test results were returned. Over 140 employees were told that they had whooping cough, and thousands of others who tested positive were given antibiotics and/or a vaccine for whooping cough.

Almost eight months later, employees received an email from the hospital administration which stated that the entire episode was due to PCR testing error. Not even one case of whooping cough was confirmed with a more reliable follow-up test, and it was determined that the employees just had a common cold, not whooping cough.⁴

Apparently, this history was ignored as incompetent health officials like Mr. Fauci decided that ginning up cases was more important than following the science. Thus a test that the developer said was not useful for diagnosis and that had been previously shown to be inaccurate 100% of the time was recommended for COVID-19.

A recent meta-analysis published in the *British Medical Journal* looked at the accuracy of PCR testing specifically for COVID-19. The researchers reported that while no test is 100% accurate, the sensitivity and specificity of a test is evaluated by comparison with a gold standard, and there is no gold standard for COVID-19. One of the reasons is that it is impossible to know the false positive rate without having tested people who don't have the virus along with people who do, and this was never done.

The analysis showed that the false negative rate ranges between 2% and 29%. Accuracy of viral RNA swabs was highly variable. In one study, sensitivity was 93% for broncho-alveolar lavage, 72% for sputum, 63% for nasal swab, and only 32% for throat swabs. The researchers stated that results vary for many reasons including stage of disease.⁵ This analysis was published in May – long after Mr. Fauci and his accomplices had succeeded in creating a false pandemic, in part by insisting that more and more people should be tested.

Fortunately, many people are far more diligent than Fauci in checking out facts. Investigators from *OffGuardian* contacted the authors of four papers published in early 2020 in which researchers claimed that they had discovered a new coronavirus. The investigators asked for proof that electron micrographs showed purified virus and all four groups replied that they did not.

Here are the verbatim responses from the four groups:

“The image is the virus budding from an infected cell. It is not purified virus.”

“We could not estimate the degree of purification because we do not purify and concentrate the virus cultured in cells.”

“[We show] an image of sedimented virus particles, not purified ones.”

“We did not obtain an electron micrograph showing the degree of purification.”

The investigators also contacted virologist Charles Calisher and asked if he knew of any research group that had isolated and purified SARS-COV-2 and he replied that he did not. They concluded at this time no one knows whether or not the RNA gene sequences used in the in vitro trials and which were used to calibrate the tests came from SARS-CoV-2.⁶

All of this may explain why some of the testing results from around the world have been so difficult to understand or explain. For example, testing in Guangdong province in China showed that 10% of people who recovered from COVID tested negative and then tested positive again.⁷ Twenty-nine patients tested in Wuhan tested negative, then positive, and then the results were “dubious.”⁸

According to Wang Chen, president of the Chinese Academy of Medical Sciences, PCR tests are only 30-50% accurate.⁹

And the CDC agrees. A statement in its online instruction manual for PCR testing includes these statements:

Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms”

This test cannot rule out diseases caused by other bacterial or viral pathogens.”¹⁰

The FDA’s online emergency use authorization includes this statement:

“positive results [...] do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.”¹¹

In fact, the manufacturers’ instruction manual for one PCR test includes these statements:

These assays are not intended for use as an aid in the diagnosis of coronavirus infection”

For research use only. Not for use in diagnostic procedures.”¹²

The bottom line is that this test is useless for diagnosing CoVID-19. If the error rate is only 5% this could mean that the number of cases worldwide is off by millions. But the error rate is most likely much higher, which means that the world’s population is suffering due to a made-up pandemic, as I’ve been stating for months.

Fauci is supposed to be the world’s leading virology expert and we are all told regularly that we should listen to him and carefully follow his instructions. If he is, indeed, an expert, he must have known all of this for a very long time. He should be held personally accountable for the death and destruction he has caused in this country. His actions are criminal. On the other hand, if he is a feckless and incompetent fool, he

should be fired immediately. In either case, testing should stop, and we should immediately begin the process of returning to normal.

¹ Pride D. "Hundreds of different coronavirus tests are being used – which is best?" *The Conversation* April 4 2020

² IBID

³ Farber C. 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/> accessed 7.2.2020

⁴ Kolata G. "Faith in Quick Test Leads to Epidemic That Wasn't." *New York Times* Jan 22 2007

⁵ Watson J, Whiting PF, Brush JE. "Interpreting a covid-19 test result." *BMJ* 2020 May;369:m1898

⁶ Engelbrecht T, Demeter K. "COVID19 PCR Tests are Scientifically Meaningless." *Off Guardian* Jun 27 2020

⁷ Koop F. "A startling number of coronavirus patients get reinfected." *ZME Science* Feb 26 2020

⁸ Li Y, Yao L, Li J et al. "Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19." *J Med Virol* 2020 Mar;92(7)

⁹ Feng C, Hu M. "Race to diagnose coronavirus patients constrained by shortage of reliable detection kits." *South China Morning Post* Feb 11 2020

¹⁰ CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel <https://www.fda.gov/media/134922/download>

¹¹ ACCELERATED EMERGENCY USE AUTHORIZATION (EUA) SUMMARY COVID-19 RT-PCR TEST (LABORATORY CORPORATION OF AMERICA) <https://www.fda.gov/media/136151/download>

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