

## To be Blunt, the PCR Tests for COVID-19 Are Fraudulent

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I have over 40 years experience as a scientist. In 1978, as a freshly minted PhD, I was one of two scientists that set up the chemistry group in the Diagnostics Division of Abbott Laboratories in North Chicago, Illinois. Over my career I worked on arthritis, emphysema, parasites, cancer and AIDS. I was an advisor to South Africa President Thabo Mbeki and a member of the 2000 Presidential AIDS Advisory Panel. I have 42 scientific publications and two published books. *The Chromosomal Imbalance Theory of Cancer: The Autocatalyzed Progress of Aneuploidy in Carcinogenesis* written for cancer researchers has over 1,100 references. *Germ of Lies* is a factually accurate novel exposing the biggest scientific, medical blunder of the 1980s and 90s, which directly paved the way for the COVID cataclysm to occur.

My friend, Kary Mullis, received the 1993 Nobel Prize for inventing PCR (polymerase chain reaction), which can be very useful in a variety of scientific applications. PCR is like a photocopier that makes billions and trillions of copies of a single fragment of DNA to the point that it is observable by conventional methods. However, Kary (who died in 2019) was adamantly opposed to using PCR for diagnosing infectious disease because that would require inferring meaning that is not inherent in the result. In short: PCR turns a fragment of DNA into a mountain of identical fragments. PCR **does not** detect viruses, bacteria or other infectious agents.

Here's another way to look at the inference problem. Every cell in your body has the same DNA (except red blood cells lacking a nucleus). If you randomly select a fragment of DNA from any tissue or organ you can use PCR to make as many copies of that fragment as you like. PCR will amplify the same fragment from any tissue or organ in the body. Here's the inference problem. Unless you know before hand, the PCR result cannot tell you if the sample came from kidney, brain, heart, muscle, etc. The inference problem doesn't end there.

In the early days of genomics, researchers were shocked to discover that mice and humans both have about 20,000 genes of which 99% are identical (1). Lisa Stubbs of the Lawrence Livermore National Laboratory said, "I know of only a few cases in which no mouse counterpart can be found for a particular human gene, and for the most part we see essentially a one-to-one correspondence between genes in the two species (2)."

Obviously, what makes a mouse a mouse and a human a human is not in the genes. The whole is not only more than but decidedly different from the sum of its parts. In spite of this rarely acknowledged fact, many cell biologists, and virtually all cancer researchers, drug developers, and diagnostics manufacturers believe they can understand, detect, and control living things one gene at a time.

Ah!—but what about DNA profiling, for example in crime detection (3)? Although 99.9% of human DNA sequences are the same in every person, it is the differences in the short repetitive DNA sequences, which are not genes themselves, that make DNA profiling possible. The short repetitive segments of DNA are more similar between closely related individuals than unrelated individuals. DNA profiling can distinguish one individual from another, unless they are identical twins.

I and many other scientists are appalled that PCR testing is being used to whip the public into a panic over COVID. Politicians and government public health authorities are using PCR testing to impose severe restrictions on citizens in America and around the world. Meaningless PCR testing results are being used to justify the lockdowns which are destroying lives, businesses and society in general. The big question that few people are asking is whether the blind faith in these tests is justified. As explained above, these tests **DO NOT AND CANNOT** detect viruses. Diagnostic PCR testing must be stopped immediately. However, the problems with COVID run deeper than PCR testing.

On January 3, 2020, the World Health Organization's (WHO) China Country Office reported a total of 44 patients with pneumonia of unknown cause (4). Since China has over 1 million pneumonia cases every year you may ask why would they get excited over so few cases? It certainly was not for medical reasons. The answer is this decision was political, but that won't be developed here. I will stick to the scientific evidence demonstrating that the concept of a COVID pandemic is mendacious.

Pneumonia can be caused by exposure to many things such as chemicals, chronic drug use, chemotherapy, and malnutrition which then makes people susceptible to bacteria, fungi, and viruses. This exposure, as well as being old or a patient in a hospital, puts one at risk of developing pneumonia.

The COVID mania began on January 7, 2020 when China published a report by Fan Wu and colleagues (5) where they used a relatively new and unproved method called metagenomics (6) on a **single** patient to declare that a new type of cold virus was causing the pneumonias in Wuhan City, China. Metagenomics analysis of human samples is, in lay terms, a hierarchy of abstractions piled on top of a mountain of assumptions that produces a colossal number of sequences of RNA and DNA of unknown significance. As with PCR, metagenomics **DOES NOT** detect actual virus!

Regardless of the methods used, going from a handful of pneumonia cases to “identifying a new virus” in a **single** individual in a matter of days does not come close to satisfying even minimal scientific standards, and, in retrospect, constitutes institutional scientific and medical fraud! It is very difficult and time consuming to definitively prove the existence of a “new” virus as well as prove that it causes pneumonia or anything else. In short, the January 7 report from China that got the ball rolling toward global destruction did not actually discover a virus—and it certainly did not discover the cause of pneumonia in that individual!

Just days later, January 12, 2020, this institutional irrationality went global when China shared with other countries the RNA sequence it divined from the single patient (4). This sequence of RNA was used to develop diagnostic PCR tests for a virus. Astonishingly, on July 13, 2020, the USA Centers for Disease Control admitted on page 40: “no quantified virus isolates [i.e., real virus] of the 2019-nCoV are currently available (7).” 2019-nCoV is the name given to the phantom virus.

To repeat, there is no evidence—much less proof—that the PCR test results for COVID are clinically meaningful. While authorities and the media exhort people to “Listen to the Science,” they continue to disseminate erroneous and flawed information that looks a lot like propaganda. I urge you to dig deeper, do your own research, and then make up your own minds.

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