



Philadelphia Police Will Stop Arresting Criminals in Hopes of Combating Coronavirus. Los Angeles and Cuyahoga County in Ohio Releasing Prisoners on Same Excuse

The Philadelphia Police Department will be delaying arrests for an array of crimes including narcotics, thefts, burglary, vandalism, prostitution, stolen cars, and economic crimes in hopes of curbing spread of coronavirus. The city will also be releasing prisoners to continue "social distancing."

The Los Angeles County Sheriff has begun releasing prisoners and is asking officers to refrain from arresting offenders when possible to protect inmates from coronavirus. In addition, up to 300 inmates will be released from the Cuyahoga County Jail in Ohio over the course of the next several weeks due to concerns about the potential spread of the virus. -GEG

The Philadelphia Police Department will be delaying arrests for an array of crimes including narcotics offenses, thefts, burglary, vandalism,

prostitution, stolen cars, and economic crimes over coronavirus concerns.

The city will also be releasing criminals from jail in an effort to continue "social distancing."

A leaked internal memo said that "if an officer believes that releasing the offender would pose a threat to public safety, the officer will notify a supervisor," who would ultimately make the decision about whether the suspect should be detained.

The Fraternal Order of Police has supported the decision to stop arrests in the crime-ridden city and noted that violent offenders will still be arrested.

"The directive was released to keep officers safe during this public-health crisis," FOP Lodge 5 president, John McNesby, said in a statement obtained by the Philadelphia Inquirer. "Meanwhile, violent offenders will be arrested and processed with the guidance of a police supervisor."

According to neighborhoodscout.com, your chance of becoming a victim of either violent or property crime in Philadelphia was one in 25, before arrests were even halted.

Under the new guidelines, officers from various plain-clothes specialized units will be temporarily reassigned to uniform patrol duties and the "Live Stop" vehicle impoundment program will be suspended until further notice.

The Los Angeles County Sheriff has also began releasing prisoners and is asking officers to cite and release offenders when possible to protect inmates from the coronavirus.

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Additional source:

<https://defensemaven.io/bluelivesmatter/news/jail-releasing-hundreds-of-inmates-in-anticipation-of-virus-Q9-jZst0j0aAqH9C0d8Gdw>



New Orleans Mayor Orders Halt to Gun and Booze Sales in Response to Coronavirus; Second Amendment Group Threatens to Sue

New Orleans Mayor LaToya Cantrell issued an emergency proclamation for Covid-19 and may suspend the sale of guns, ammunition, and alcohol within the city. The order also gives police authority to seize any private property they see fit to deal with the coronavirus emergency and gives them the power to force anyone out of their homes for evacuation. The Second Amendment Foundation warned Mayor Cantrell against prohibiting the sale of firearms, and advised her that a disease does not suspend any part of the Bill of Rights. The Second Amendment Foundation sued the city when Mayor Ray Negin confiscated firearms from law-abiding citizens during Hurricane Katrina. Louisiana passed a law in 2006, the year after Hurricane Katrina devastated the Gulf Coast, that prohibits the seizure of firearms from law-abiding citizens during a state of

emergency.

Reminiscent of the gun confiscation orders during the aftermath of Hurricane Katrina, New Orleans is once again flying off the rocker. Mayor LaToya Cantrell has issued an emergency proclamation that sales of guns, ammunition, and alcohol within the city may be suspended. The order also gives police authority to seize any private property they see fit in order to deal with the coronavirus emergency, and gives them the power to force anyone out of their homes for evacuation.

The text of the order reads, in part:

The Emergency Authority may commandeer or utilize any private property if it finds this necessary to cope with the local disaster emergency.

The Emergency Authority, on my order as Mayor of the City of New Orleans and Chief Executive Officer of the Parish of Orleans, is hereby empowered to direct and compel the evacuation of any and all persons from any part of the City deemed by the Emergency Authority to be suitable for evacuation, if necessary for the preservation of life or other disaster mitigation, response, or recovery in accordance with the provisions of Ordinance no. 22,247 M.C.C.

Subject to the provisions of Act 275 of 2006 (Regular Session), the Emergency Authority is hereby empowered, if necessary, to suspend or limit the sale, dispensing, or transporting of alcoholic beverages, firearms, explosives, and combustibles.

In response, the Second Amendment Foundation vows to sue the city, as they had done previously after the Katrina confiscations:

The Second Amendment Foundation today warned New Orleans Mayor Latoya Cantrell against suspending or limiting the sale of firearms and ammunition under her recently proclaimed

State of Emergency due to Covid-19.

Under provisions of her proclamation, the “Emergency Authority” is empowered, if necessary, “to suspend or limit the sale, dispensing or transporting alcoholic beverages, firearms, explosives, and combustibles.”

But SAF founder and Executive Vice President Alan M. Gottlieb is telling Mayor Cantrell, “Wait a minute!”

“Following Hurricane Katrina, we sued the city when then-Mayor Ray Nagin’s administration began confiscating firearms from law-abiding citizens for no good reason. The federal court ordered the city to cease confiscations.

“We sued New Orleans then, and we’ll do it again,” Gottlieb vowed. “The presence of a nasty disease does not suspend any part of the Bill of Rights, no matter what some municipal, state or even federal politician may think.

“While we certainly recognize the seriousness of this virus and its ability to spread rapidly,” he continued, “treating Covid-19 and taking steps to prevent it from infecting more people has nothing at all to do with the exercise of the right to keep and bear arms under the Second Amendment.

“People legally licensed to carry should not have their right to do so suddenly curtailed because some politician panicked,” Gottlieb observed. “We didn’t allow it before, and we’re not going to allow it now.”

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France: Finance Minister May Seize Major Companies Amid Market Mayhem

French Finance Minister Bruno Le Maire said his government is ready to use all measures to offer support to major companies suffering during the financial market turmoil, including nationalization if such necessity arises. French President Emmanuel Macron ordered a strict 15-day lockdown across the entire country, requiring people to stay at home to stop the spread of the virus. He said that police will patrol the streets and issuing fines for people without a written declaration justifying their reasons for being out. -GEG

This comes amid continuing turmoil on global financial markets caused by the coronavirus pandemic.

The French government is ready to use all measures to offer support to major companies suffering during the financial market turmoil, including nationalisation if such necessity arises, Finance Minister Bruno Le Maire said on Tuesday.

“I won’t hesitate to use all means available to protect big French companies,” Le Maire said on a conference call with journalists, as quoted by Reuters.

“That can be done by recapitalisation, that can be done by taking a stake, I can even use the term nationalisation if necessary,” Le Maire added, as quoted by the agency.

France has also promised a package of measures worth some €45bn to help companies and employees withstand the pandemic-linked storm, the minister said, as quoted by the Financial Times. This package would include payments to temporarily redundant workers and postponed tax and social security bills. The aid measures also include €300bn of state guarantees for bank loans to businesses and €1tn of such guarantees from European institutions, Le Maire said, as cited by the paper.

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Additional source:

<https://www.france24.com/en/20200317-france-s-coronavirus-lock-down-what-you-can-and-can-t-do>



Corona Bologna: The Truth Begins to Leak Out in Italy – The Overwhelming Majority of Deaths Are Linked to Other Illnesses

The president of the Italian Higher Institute, Silvio Brusaferro, said that medical records indicate: “There may be

only two people who died from coronavirus in Italy, who did not present other pathologies.” He acknowledged that the average age of death was over 80 years old and that the majority of them had serious chronic diseases. He said that only about 100 medical records have come from the hospitals throughout Italy. The entire country of 60-million people has been locked down despite the fact that the majority who died actually expired from other diseases that have nothing to do with Covid-19. -GEG

The government of Italy, as everyone knows, has locked down the whole country of 60 million people. So how many Italians have died from COV? Even by the standards of the useless and misleading diagnostic tests?

Ready?

As far as the Italian Higher Institute of Health knows, at this point:

Maybe two.

Maybe.

Try to wrap your mind around that.

Good luck.

Seems the president of the Italian Higher Institute has some smarts. He understands that people who already have other serious health conditions, which have nothing to do with COV, can and do die from those other conditions, regardless of the fact that they've tested positive (on useless tests) for COV. He gets it. I predict a great future for him. If he keeps shooting his mouth off, he might find himself working as a weed puller in a forest. Or he might suddenly be diagnosed with the virus and find himself in isolation.

Grit your teeth and plow through this piece from Rome, 13 March 2020, Agenzia Nova: *“Coronavirus: ISS [Italian National Institute of Health]: in Italy there are only two deaths*

ascertained so far due to Covid-19” (Italian, English)

“There may be only two people who died from coronavirus in Italy, who did not present other pathologies. This is what emerges from the medical records examined so far by the Higher Institute of Health, according to what was reported by the President of the Institute [Istituto Superiore di Sanità (ISS), Italian National Institute of Health], Silvio Brusaferro, during the press conference held today at the Civil Protection in Rome. ‘Positive deceased patients have an average of over 80 years – 80.3 to be exact...The majority of these people are carriers of chronic diseases. Only two people were not presently carriers of [other non-COV] diseases’, but even in these two cases, the examination of the files is not concluded and therefore, causes of death different from Covid-19 could emerge. The president of the ISS has specified that ‘little more than a hundred medical records’ have so far come from hospitals throughout Italy.”

“...At present, in fact, the authorities are unable to distinguish those who died from the virus, from those who, on the other hand, are communicated daily to the public, but who were mostly carriers of other serious diseases and who, therefore, would not have died from Covid-19. In response to a question from ‘Agenzia Nova’, in fact, Brusaferro was unable to indicate the exact number of coronavirus deaths. However, the professor clarified that, according to the data analyzed, the vast majority of the victims ‘had serious [non-COV] pathologies and in some cases the onset of an infection of the respiratory tract can lead more easily to death.’ To clarify this point, and provide real data, ‘as we acquire the folders we will go further. However, the populations most at risk are fragile, carriers of multiple diseases’.”

Translation into non-medical language: the people dying in Italy have other very serious traditional diseases that have nothing to do with COV, and it’s obvious they could have died, and probably did die, from those other diseases. Nevertheless,

we're locking down the whole country.

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China Gets Back to Work as Number of New COVID-19 Cases Wanes

The Chinese government relaxed its quarantine policies and workers are returning, factories are firing back up, and businesses are opening their doors to the public. -GEG

Signs of life are emerging in China's coronavirus-stricken economy – even as the epidemic is exploding around the world.

A number of key metrics of economic health have ticked up in the last week or two. Workers are returning, factories are firing back up, and even consumer-facing businesses are opening their doors.

This is the immediate result of the abatement of COVID-19 in China and the government's relaxing of policies that had essentially halted economic production, except at hospitals, pharmaceutical companies and delivery services.

First, the caveats: The resumption in activity has been slow, though steady. And China's economy could take a second-round

beating if the virus flares up again locally. But, for now, undeniable signs of activity are springing up.

Over 43% of small and midsize enterprises in China's manufacturing sector had resumed production as of Wednesday, Zhang Kejian, deputy minister of industry and information technology, told state media. This is crucial for these smaller firms, as many said in a recent survey that they could survive for only one to two months on their savings.

Toyota Motor Corp. US:TM has restarted production to some degree at all its China plants, the company said Tuesday. And that's good, because the Chinese people are driving again, according to measurements of traffic congestion and the Baidu Migration Index, which showed that more than 60% of people have returned to their workplace areas in China's 100 biggest cities. The government has even chartered a number of planes to carry returning workers, the state outlet CCTV reported.

Apple US:AAPL has reopened all manufacturing facilities outside of Hubei Province, the center of the virus outbreak, and over half of its 42 China retail stores were back doing business this week. Yet the company hedged, saying, "Work is starting to resume around the country, but we are experiencing a slower return to normal conditions than we had anticipated."

Other important metrics have risen. Coal consumption is at its highest rate in a month, though it's still below normal levels. Daily property-sales volume in 30 major Chinese cities has seen steady growth starting about two weeks ago, according to data provider Wind.

China's stock markets, meanwhile, have continued their unpredictability. After a steep but brief fall last month as the magnitude of the crisis became apparent, the CSI 300 XX:000300 climbed back to its highest level in a year – all while the virus ravaged the country. But now, as it has become clear that this is a global crisis, the index has finally

fallen – dropping nearly 4% from a Thursday high. The benchmark Shanghai Composite Index CN:SHCOMP closed Friday down more than 5% for the week.

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Engineer Analyzes PCR Coronavirus Test and Raises the Question “Does the 2019 Coronavirus Exist?”

David Crowe is a Canadian software and telecommunications engineer with a degree in biology who is an expert in global infections such as SARS, Ebola, and flu. He says that, because the PCR test looks for RNA, there is no proof that it detects a virus. Furthermore, there is no proof that a virus causes disease. The data is being interpreted to benefit the viral theory, and there is zero concern for false positive results. He concludes that medical papers are propaganda to increase panic. -GEG

Introduction

The Coronavirus scare that emanated from Wuhan, China in December of 2019 is an epidemic of testing. There is no proof that a virus is being detected by the test and there is

absolutely no concern about whether there are a significant number of false positives on the test. What is being published in medical journals is not science, every paper has the goal of enhancing the panic by interpreting the data only in ways that benefit the viral theory, even when the data is confusing or contradictory. In other words, the medical papers are propaganda.

It is also an epidemic by definition. The definition, which assumes perfection from the test, does not have the safety valve that the definition of SARS did, thus the scare can go on until public health officials change the definition or realize that the test is not reliable.

What I learned from studying SARS, the previous big coronavirus scare, after the 2003 epidemic, was that nobody had proved a coronavirus existed, let alone was pathogenic. There was evidence against transmission, and afterwards, negative assessments of the extreme treatments that patients were subjected to, the nucleoside analog antiviral drug Ribavirin, high dose corticosteroids, invasive respiratory assistance, and sometimes oseltamivir (Tamiflu). This is documented in my draft book chapter (mostly complete) that you can find here: <https://theinfectiousmyth.com/book/SARS.pdf>

Executive Summary

The world is suffering from a massive delusion based on the belief that a test for RNA is a test for a deadly new virus, a virus that has emerged from wild bats in China, supported by the western assumption that Chinese people will eat anything that moves.

If the virus exists, then it should be possible to purify viral particles. From these particles RNA can be extracted and should match the RNA used in this test. Until this is done it is possible that the RNA comes from another source, which could be the cells of the patient, bacteria, fungi etc. There

might be an association with elevated levels of RNA and illness, but that is not proof that the RNA is from a virus. Without purification and characterization of virus particles, it cannot be accepted that an RNA test is proof that a virus is present.

Officially the virus is called SARS-CoV-2 and the disease it is believed to be caused, COVID-19. We will just refer to coronavirus for the current virus panic, and SARS for the 2003 panic.

Definitions of important diseases are surprisingly loose, perhaps embarrassingly so. A couple of symptoms, maybe contact with a previous patient, and a test of unknown accuracy, is all you often need. While the definition of SARS, an earlier coronavirus panic, was self-limiting, the definition of the new coronavirus disease is open-ended, allowing the imaginary epidemic to grow. Putting aside the existence of the virus, if the coronavirus test has a problem with false positives (as all biological tests do) then testing an uninfected population will produce positive tests, and the definition of the disease will allow the epidemic to go on forever.

This strange new disease, officially named COVID-19, has none of its own symptoms. Fever and cough, previously blamed on uncountable viruses and bacteria, as well as environmental contaminants, are most common, as well as abnormal lung images, despite those being found in healthy people. Yet, despite the fact that only a minority of people tested will test positive (often less than 5%), it is assumed that this disease is easily recognized. If that was truly the case, the majority of people routed for testing by doctors should be positive.

The coronavirus test is based on PCR, a manufacturing technique. When used as a test it does not produce a positive/negative result, but simply the number of cycles required to detect genetic material. The division between

positive and negative is an arbitrary number of cycles chosen by the testers. If positive means infected and negative means uninfected, then there are cases of people going from infected to uninfected and back to infected again in a couple of days.

A lot of people say it is better to be safe than sorry. Better that some people are quarantined who are actually uninfected than risk a pandemic. But once people test positive, they are likely to be treated, with treatments similar to SARS. Doctors faced with what they believe is a deadly virus treat for the future, for anticipated symptoms, not for what they see today. This leads to the use of invasive oxygenation, high dose corticosteroids and antiviral drugs. In this case, some populations of those diagnosed (e.g. in China) are older and sicker than the general population and much less able to withstand aggressive treatment. After the SARS panic had subsided doctors reviewed the evidence, and it showed that these treatments were often ineffective, and all had serious side effects, such as persistent neurologic deficit, joint replacements, scarring, pain and liver disease.

Virus Existence

Scientists are detecting novel RNA in multiple patients with influenza or pneumonia -like conditions, and are assuming that the detection of RNA (which is believed to be wrapped in proteins to form an RNA virus, as coronaviruses are believed to be) is equivalent to isolation of the virus. It is not, and one of the groups of scientists was honest enough to admit this:

“we did not perform tests for detecting infectious virus in blood” [2]

But, despite this admission, earlier in the paper they repeatedly referred to the 41 cases (out of 59 similar cases) that tested positive for this RNA as, “41 patients... confirmed to be infected with 2019-nCoV.”

Another paper quietly admitted that:

“our study does not fulfill Koch’s postulates” [1]

Koch’s postulates, first stated by the great German bacteriologist Robert Koch in the late 1800s, can simply be stated as:

- Purify the pathogen (e.g. virus) from many cases with a particular illness.
- Expose susceptible animals (obviously not humans) to the pathogen.
- Verify that the same illness is produced.
- Some add that you should also re-purify the pathogen, just to be sure that it really is creating the illness.

Famous virologist Thomas Rivers stated in a 1936 speech, “It is obvious that Koch’s postulates have not been satisfied in viral diseases”. That was a long time ago, but the same problem still continues. None of the papers referenced in this article have even attempted to purify the virus. And the word ‘isolation’ has been so debased by virologists it means nothing (e.g. adding impure materials to a cell culture and seeing cell death is ‘isolation’).

Reference [1] did publish electron micrographs, but it can clearly be seen in the lesser magnified photo, that the particles believed to be coronavirus are not purified as the quantity of material that is cellular is much greater. The paper notes that the photos are from “human airway epithelial cells”. Also consider that the photo included in the article will certainly be the “best” photo, i.e. the one with the greatest number of particles. Lab technicians may be encouraged to spend hours to look around to find the most photogenic image, the one that most looks like pure virus. There is no way to tell that the RNA being used in the new coronavirus PCR test is found in those particles seen in the electron micrograph. There is no connection between the test,

and the particles, and no proof that the particles are viral.

A similar situation was revealed in March 1997 concerning HIV, when two papers published in the same issue of the journal "Virology" revealed that the vast majority of what had previously been called "pure HIV" was impurities that were clearly not HIV, and the mixture also included microvesicles that look very similar to HIV under an electron microscope, but are of cellular origin.[5][6]

Disease Definition

Infectious diseases always have a definition, but they are usually not publicized too widely because then they would be open to ridicule. They usually have a "suspect case" category based on symptoms and exposure, and a "confirmed" category that adds some kind of testing.

Reference [13] describes a suspect case definition, based on WHO definitions for SARS and MERS (Middle East Respiratory Syndrome) that was in effect until January 18, 2020, and required all four of the following criteria:

- "fever, with or without recorded temperature". Note that there is no universal definition of fever, so this may just be the opinion of a physician or nurse. With SARS a fever was defined as 38C even though normal body temperature is considered to be 37C (98.6F).
- "radiographic evidence of pneumonia". This can occur without illness, as was seen in [3] – a 10 year old boy with no clinical symptoms. He was diagnosed with pneumonia in the absence of symptoms.
- "low or normal white-cell count or low lymphocyte count". This is not really a criterion as every healthy person is included. This is also strange because people suffering from an infection normally have elevated white blood cell counts (although they may drop in people dying from an infection).

One of the following three:

- "no reduction in symptoms after antimicrobial treatment for 3 days". This is a standard indication of a 'viral' pneumonia, i.e. one that does not resolve with antibiotics.
- "epidemiologic link to the Huanan Seafood Wholesale Market". This, and the next criterion, create the illusion of an infectious disease, as it prefers the diagnosis of connected cases.
- "contact with other patients with similar symptoms".

On January 18th the last, three-part category was changed to:

- One of the following:
 - "travel history to Wuhan"
 - "direct contact with patients from Wuhan who had fever or respiratory symptoms, within 14 days before illness onset"

The big problem is that, in contrast to the definition for SARS, a "confirmed case" did not originally require the criteria for a suspect case to be met. A "confirmed case" simply required a positive RNA test, without any symptoms or possibility of contact with previous cases, illustrating total faith in the PCR technology used in the test. The World Health Organization definition [15] has the same flaw.

It was the fact that the SARS definition required both a reasonable possibility of contact with a previous case, and symptoms, that allowed the epidemic to burn out. Once everyone was quarantined, new cases were highly unlikely, testing stopped, and doctors could declare victory.

The Chinese eventually woke up and, around February 16th required confirmed cases to meet the requirements for a suspected case, as well as a positive test. They may have put this new definition into practice earlier because after a massive addition of almost 16,000 confirmed cases on February

12th , the number fell dramatically each day and, by February 18th was under 500 cases, and continued to stay low.

But other countries did not learn. Korea, Japan and Italy (and perhaps other countries) have started doing tests on people with no epidemiological link, encouraging people with the vague symptoms that are part of the definition to come to hospital to get checked, and obviously following up with asymptomatic people with a connection to anybody who tests positive. Consequently, in mid to late February, cases in those countries started to skyrocket.

A New Disease?

COVID-19, to use its formal name, is described as a distinct new disease. But it clearly is not. There are no distinctive symptoms, for a start. Reference [2] showed that, among 41 early cases, the only symptoms found in more than half, were fever (98%) and cough (76%). 98% had CT Scan imaging showing problems in both lungs (although it is possible to have shadowing on a CT scan without symptoms). The high percentage of cases with fever and shadowing in both lungs is an artefact of the disease definition, fever and “radiographic evidence of pneumonia” are two of the diagnostic criteria for a probable case.

The low rate of people testing positive on the coronavirus testing is further evidence that there are no obvious symptoms. If there were recognizable symptoms, doctors should have a better than 4% chance of guessing who has the virus. While some of the people may have been tested, without symptoms, because they were on a flight or cruise, countries outside China are encouraging people with the vague symptoms that exist to check in to a hospital, so increasingly people have symptoms of the flu or pneumonia, and are still testing negative in high numbers.

For example, as of March 9th , Korea had found 7,382 positive

cases out of 179,160 people tested (4.1%) [20]. In Washington State, where they appear to be reluctant to test anyone, only 1 out of 27 tested by February 24th had tested positive (3.7%)

Perhaps if they had tested all 438 who were then under quarantine, the epidemic would have exploded from 1 to about 16 cases (3.7% of 438). By March 9th, 1,246 tests had been performed with 136 found positive (11%). Obviously, in neither location can doctors recognize cases clinically.

Testing

Assuming, for a moment, the existence of a new coronavirus, what would a coronavirus test tell us, at this stage? Or rather, what does it not tell us?

- Without purification and exposing animals to viral particles we do not know if the virus is pathogenic (disease causing). It could be an opportunistic infection (invades unhealthy people with weakened immune systems) or a passenger virus (that is carried along by risky behavior, such as eating an animal carrier of a virus).
- We don't know the false positive rate of the test without widespread testing of healthy people far from places where people are being diagnosed with this possible new disease. If the test is 99% accurate, in a city of over 10 million, like Wuhan, there would be about 100,000 false positives (1%). It is easy to generate a false epidemic if you just keep testing like this. And it's worse if you restrict the test to people with symptoms, because then the flaws in the test will not be revealed for much longer.
- If someone is sick there is no proof that any or all of their symptoms are due to the virus, even if it is present. Some people may be immune, some may have some symptoms caused by the virus, but others caused by the drugs they are given, by pre-existing health conditions,

and so on.

- We don't know if the people who test negative are infected or not, especially when they show up with similar symptoms. For example, in [2], out of 59 patients, only 41 tested positive, but the researchers were clearly not sure whether the remaining 18 were uninfected or not. If they truly are not infected, they lend weight to the coronavirus not being the cause of their illness, as they had symptoms indistinguishable from the 41 positives.

Testing at such an early stage of knowledge is incredibly dangerous. It spreads panic, it can put people on dangerous medications, other circumstances of their treatment can be physically and psychologically damaging (such as intubation and isolation, and even seeing all the doctors and nurses in special suits emphasizing how deathly sick you are).

False Negatives – Big Problem

According to an article in the South China Morning Post [23], Li Yan, head of the diagnostic center at the People's Hospital of Wuhan University, noted on Chinese state TV that because of the multi-step process, an error at any stage could result in an incorrect outcome, and Wang Chen, president of the Chinese Academy of Medical Sciences, also on CCTV, said the accuracy is only 30 to 50 percent.

Wang Chen really means, however, that the test is only ever falsely negative, and never falsely positive. In a paper documenting a cluster of illness and positive tests in a family [3], this bias is clear, as most patients had more negative tests than positive tests, but were considered positive anyway. Patient 1 had 3/11 positive (27%), patient 2 had 5/11 (45%), patient 3 had all 18 negative, patient 4 had 4/14 (29%), patient 5 had 4/17 (24%) and patient 7 was the only with a majority positive (64%).

The only way to decide logically and scientifically is to have a gold standard for presence of the virus, which can only be purification and characterization. Since this has never been accomplished, doctors get to make decisions on the fly, always leaning towards treating patients as infected.

False Positives – Best Evidence

The major attempt to define the false positive rate was in a paper describing a new test methodology, but it has a built-in conflict of interest [19]. Clearly, if the false positive rate was high, the authors' aim to "develop and deploy robust diagnostic methodology for use in public health laboratory settings", would have failed. They did, however, do more than most. They took 297 samples of nasal and throat secretions from biobanks and tested them, only finding "weak initial reactivity" in four samples which, upon retesting, disappeared. The problem with this kind of analysis is that biobank samples may not have been obtained in the same way as samples from live people in an epidemic panic. The sampling was also not blinded, something that is necessary to eliminate the possibility of unconscious bias (a real problem in medicine). Furthermore, many samples in people believed to be infected are negative, and multiple samples are tested, as described for the family cluster paper.

In sum, testing 297 samples could, at best, show that the false positive rate was 1/300, but because multiple samples are often taken, with any one positive sample over-ruling all the negatives the false positive rate could be considerably less, as the biobank samples were only tested once.

And, even if this test did have a false positive rate that was very low, it is not clear that this particular test is in use, and the false positive rate cannot be extrapolated to any other test design.

Even a small false positive rate is critically important. A

99% accurate test would produce 100,000 false positives in a city of 10 million, like Wuhan. And if the number of positives in sampling is around 4% (which it appears to be from early statistics), then 1 out of 4 positives would be false.

Positive, Negative, Positive Again – Confusion

Some people have fully recovered from illness blamed on coronavirus, started to test negative, and then tested positive again. According to a news report [22] patients are not considered cured in China until they no longer have symptoms, have clear lungs, and have two negative coronavirus tests. Despite this, 14% of discharged patients later tested positive, but with no relapse of symptoms. This is very difficult to explain if the test is for a virus, much easier to explain if the RNA that the test is looking for is not viral in origin.

Other reports²:

- (Jan 31) A woman returning to Canada from China tested negative while “mildly ill” after arriving in Canada, but later tested positive.
- (Feb 11) A sick woman in Wuhan tested negative on her first test, after days of illness, but positive on the second.
- (Feb 16) An 83-year old American woman was screened as disease free after leaving a cruise ship but tested positive twice after arrival in Malaysia. Ironically, her husband had pneumonia, but tested negative. Nobody on the ship was sick, nor had travelled to mainland China recently.
- (Mar 1) Newsweek reported an American man tested negative upon return from Wuhan, China, without any symptoms. But later he was “weakly positive” and was returned to quarantine.

References are available upon request. Dates are of the

report.

Negative, Negative, Negative

A group of doctors in Marseille, France, working in a very experienced lab, that regularly does testing for respiratory viruses, reported testing 4,084 samples for the novel coronavirus, using several systems approved for use in Europe, without a single positive [25]. This included 337 people returning from China who were tested twice, and 32 people referred because of suspected coronavirus infection.

It is statistically improbable that this lab was just lucky to not get any coronavirus cases, it is more likely that they used more stringent criteria, illustrating that the performance of not just test kits, but labs, with this new test, is completely unknown. Yet, a positive test remains unquestioned in every case.

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