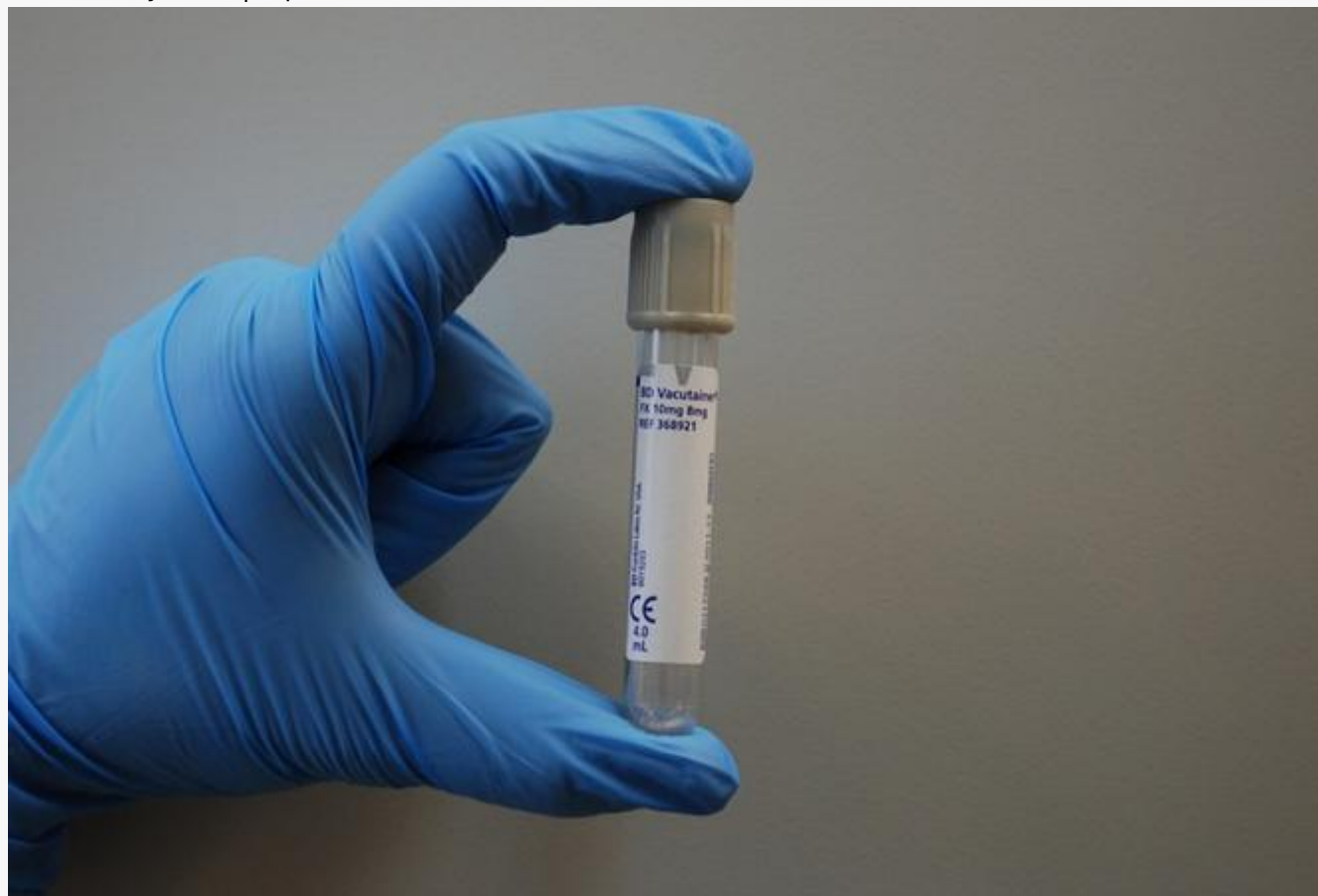


# Corona: Creating the Illusion of a Pandemic Through Diagnostic Tests

written by GEG | April 10, 2020



Investigative journalist Jon Rappoport quotes official sources about the PCR test for coronavirus that confirm the uselessness of the test. The increasing number of people infected and the number of deaths from COVID-19 are based on these faulty tests, or no tests at all. The “pandemic effect” is entirely without scientific support. For example, literature from Creative Diagnostics, a manufacturer of PCR test kit components, says “For research use only, not for use in diagnostic procedures.” [Please read that again. In fact, read the rest of Jon’s report to see why this is so true.] -GEG

Nailed them, with their own words.

In this article, I’ll present quotes from official sources about their own diagnostic test for the coronavirus. I’m talking about fatal flaws in the test.

Because case numbers are based on those tests (or no tests at all), the whole “pandemic effect” has been created out of fake science.

In a moment of truth, a propaganda pro might murmur to a colleague, “You know, we’ve got a great diagnostic test for the virus. The test turns out all sorts of results that say this person is diseased and that person is diseased. Millions of diseased people. But the test doesn’t really measure that. The test is ridiculous, but ridiculous in our favor. It builds the picture of a global pandemic. An excuse to lock down the planet and

wreck economies and lives...”

The widespread test for the COVID-19 virus is called the PCR. I have written much about it in past articles.

Now let’s go to published official literature, and see what it reveals. Spoiler alert: the admitted holes and shortcomings of the test are devastating.

From “CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel” [1]:

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

Translation: A positive test doesn’t guarantee that the COVID virus is causing infection at all. And, ahem, reading between the lines, maybe the COVID virus might not be in the patient’s body at all, either.

From the World Health Organization (WHO): “Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans” [2]:

“Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar.”

Translation: Some PCR tests register positive for types of coronavirus that have nothing to do with COVID—including plain old coronas that cause nothing more than a cold.

The WHO document adds this little piece: “Protocol use limitations: Optional clinical specimens for testing has [have] not yet been validated.”

Translation: We’re not sure which tissue samples to take from the patient, in order for the test to have any validity.

From the FDA: “LabCorp COVID-19RT-PCR test EUA Summary: ACCELERATED EMERGENCY USE AUTHORIZATION (EUA) SUMMARYCOVID-19 RT-PCR TEST (LABORATORY CORPORATION OF AMERICA)” [3]:

“...The SARS-CoV-2RNA [COVID virus] is generally detectable in respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status...THE AGENT DETECTED MAY NOT BE THE DEFINITE CAUSE OF DISEASE (CAPS are mine). Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.”

Translation: On the one hand, we claim the test can “generally” detect the presence of the COVID virus in a patient. But we admit that “the agent detected” on the test, by which we mean COVID, “may not be the definite cause of disease.” We also admit that, unless the patient has an acute infection, we can’t find COVID. Therefore, the idea of “asymptomatic patients” confirmed by the test is nonsense. And even though a positive test for COVID may not indicate the actual cause of disease, all positive tests must be

reported—and they will be counted as “COVID cases.” Regardless.

From a manufacturer of PCR test kit elements, Creative Diagnostics, “SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit” [4]:

“Regulatory status: For research use only, not for use in diagnostic procedures.”

Translation: Don’t use the test result alone to diagnose infection or disease. Oops.

“non-specific interference of Influenza A Virus (H1N1), Influenza B Virus (Yamagata), Respiratory Syncytial Virus (type B), Respiratory Adenovirus (type 3, type 7), Parainfluenza Virus (type 2), Mycoplasma Pneumoniae, Chlamydia Pneumoniae, etc.”

Translation: Although this company states the test can detect COVID, it also states the test can read FALSELY positive if the patient has one of a number of other irrelevant viruses in his body. What is the test proving, then? Who knows? Flip a coin.

“Application Qualitative”

Translation: This clearly means the test is not suited to detect how much virus is in the patient’s body. I’ll cover how important this admission is in a minute.

“The detection result of this product is only for clinical reference, and it should not be used as the only evidence for clinical diagnosis and treatment. The clinical management of patients should be considered in combination with their symptoms/signs, history, other laboratory tests and treatment responses. The detection results should not be directly used as the evidence for clinical diagnosis, and are only for the reference of clinicians.”

Translation: Don’t use the test as the exclusive basis for diagnosing a person with COVID. And yet, this is exactly what health authorities are doing all over the world. All positive tests must be reported to government agencies, and they are counted as COVID cases.”

Those quotes, from official government and testing sources, torpedo the whole “scientific” basis of the test.

And now, I’ll add another, lethal blow: the test has never been validated properly as an instrument to detect disease. Even assuming it can detect the presence of the COVID virus in a patient, it doesn’t show HOW MUCH virus is in the body. And that is key, because in order to even begin talking about actual illness in the real world, not in a lab, the patient would need to have millions and millions of the virus actively replicating in his body.

Proponents of the test assert that it CAN measure how much virus is in the body. To which I reply: prove it.

Prove it in a way it should have been proven decades ago—but never was.

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