

NY TIMES: Up to 90% Who've Tested COVID-Positive Wrongly Diagnosed! TRUTH: A Whole Lot Worse! (Pt 3/3)

By [Michael Thau](#) | Sep 03, 2020 11:30 AM ET

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AP Photo/Andrew Harnik

“The urge to save humanity is almost always a false face for the urge to rule it.”
 — H.L. Mencken

In the previous [entry](#), we learned how a process invented to increase the size of research samples of DNA called *polymerase chain reaction* is used to test for viruses even though the biochemist who received a Nobel Prize for inventing it said using it that way doesn't work.

But what does he know, right?

Kary Mullis's PCR process takes segments of DNA through a "cycle" that



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We also saw that the COVID-19 virus, like any other virus, is just some genetic code surrounded by a shell that acts as a “Trojan horse,” allowing the virus to invade the cells of living organisms. Once inside, the genetic code exits the shell, hijacking the cell’s functions to make it produce more copies of the virus.

The genetic code inside the COVID-19 virus’s shell is RNA. So, since the PCR cycle only works on DNA, before a sample is tested for COVID-19 another process is used to convert the former into the latter. Once that’s done, the sample is run through a number of PCR cycles to amplify the amount of any converted-viral-RNA that was originally in it so there’s enough be detected.

But two factors are responsible for creating the massive unreliability of PCR testing that, as we saw in [part 1](#), the New York Times reported on but downplayed to push for mass testing of a different kind without discrediting the whole concept.

1. The bits of genetic material whose amount is being amplified ARE NOT viruses. They’re just small segments of inert genetic material found inside a virus’s shell. The PCR test doesn’t detect “live” viruses, at best it only detects their “dead remains.”
2. The detection of viral remains involves massively amplifying the amount in the original sample by running it through successive PCR cycles. And nothing about the PCR test itself will tell you if there was actually *any* “live” virus in the original sample.

The number of PCR cycles it takes to amplify a sample containing viral remains to the point where they can be detected is called its *cycle threshold*.

And if the New York Times were interested in producing journalism rather than shilling for mandatory testing, they would have focused their whole story on something you have to read three-fourths of the way in to even find out.

The Food and Drug Administration said in an emailed statement that it does not specify the cycle threshold ranges used to determine who is positive, and that “commercial manufacturers and laboratories set their own.”

The Centers for Disease Control and Prevention said it is examining the use of cycle threshold measures “for policy decisions.” The agency said it would need to collaborate with the F.D.A. and with device manufacturers to ensure the measures “can be used properly and with assurance that we know what they mean.”

So the FDA and CDC have spent months hyping a test that involves amplifying tiny samples of viral remains until there’s enough to detect. But, according to the New York Times, there are no rules or even any guidelines for how much amplification the testing companies do.

Even though obviously, the more positive test results they churn out, the more downstream business they’ll get from people who are worried because they had contact with someone that tested positive and the general increased concern over the virus.

And, of course, the Times neglected to mention any of that but, instead, focused on pushing for continued mass-testing for COVID-19 by other means.



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now til eternity even after the virus has run its course, creating an illusory pandemic that never goes away.

Convenient huh?

But what the New York Times says about the unreliability of PCR testing also significantly understates how badly the cycling process is being abused to inflate the number of positive test results.

And it's probably no coincidence that, had they been upfront about just how unreliable the data we've thus far gotten from PCR-testing is, they would have had a tough time claiming there was any justification for mass testing by other means.

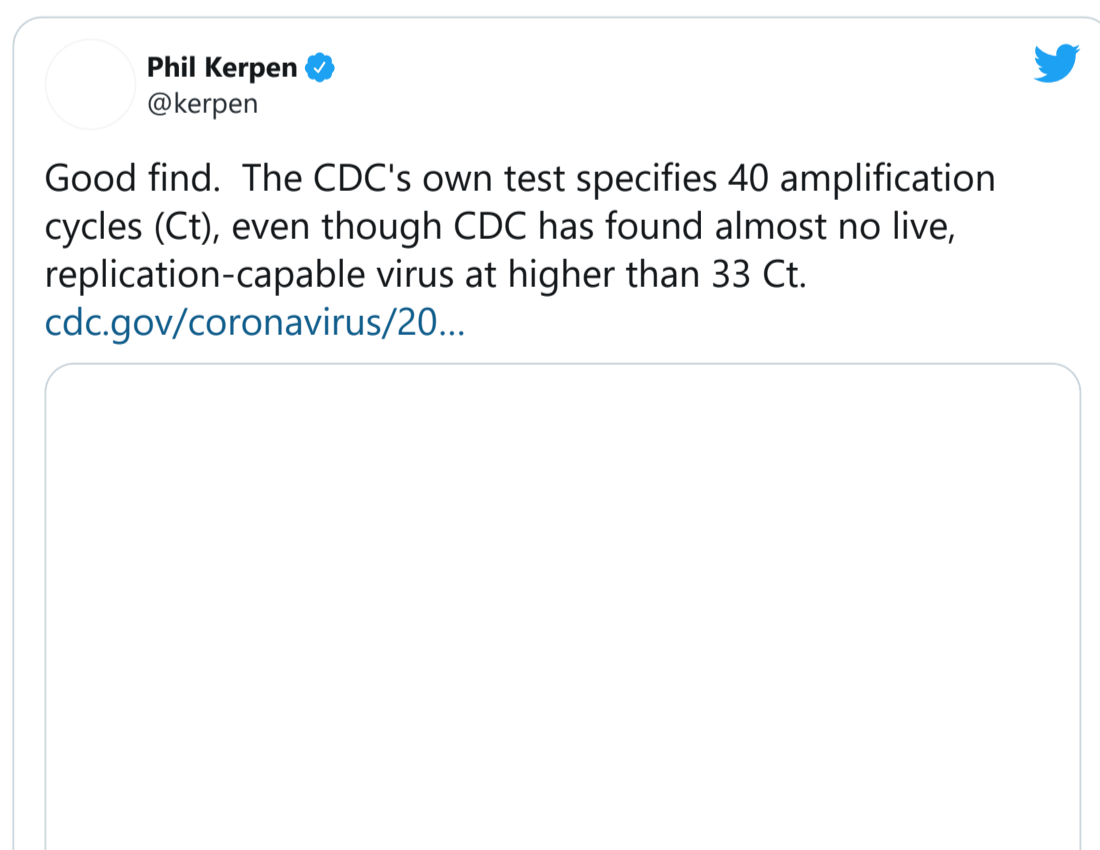
Their article informs us that most testing companies run the samples they receive through 40 cycles. As we saw above, that means any genetic material in them is being multiplied *over a trillion times*. We're told that a few companies run samples through only 37 cycles, which is still multiplying the amount of converted viral-RNA by a factor of almost 140 billion.

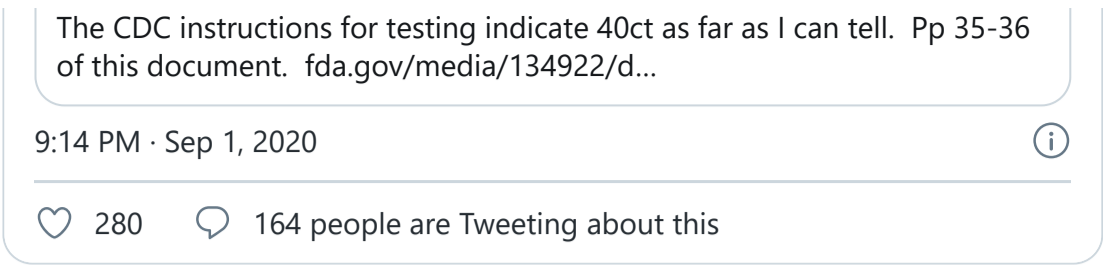
The New York Times goes on to say that the "C.D.C.'s own calculations suggest that it is extremely difficult to detect any live virus in a sample above a threshold of 33 cycles." But, this is a deceptive way of stating what the CDC's [data](#) shows that significantly understates how using 40 or even 37 cycles is going to result in massive numbers of people getting told they have COVID-19 who don't.

The CDC didn't just have "extreme difficulty" finding any live virus in samples whose cycle threshold was above 33. They were straight-up *unable* to find any. Moreover, they were frequently unable to find any live virus even in samples with lower cycle thresholds.

But the worst is yet to come.

Though the CDC replied to the Times by saying they were "examining the use of cycle threshold measures for policy decisions," the New York Times either didn't know or didn't want you to know that the CDC already has [guidelines](#) that recommend ... wait for it... 40 amplification cycles. Even though *their own researchers* were unable to find any live virus in samples with a cycling threshold greater than 33!



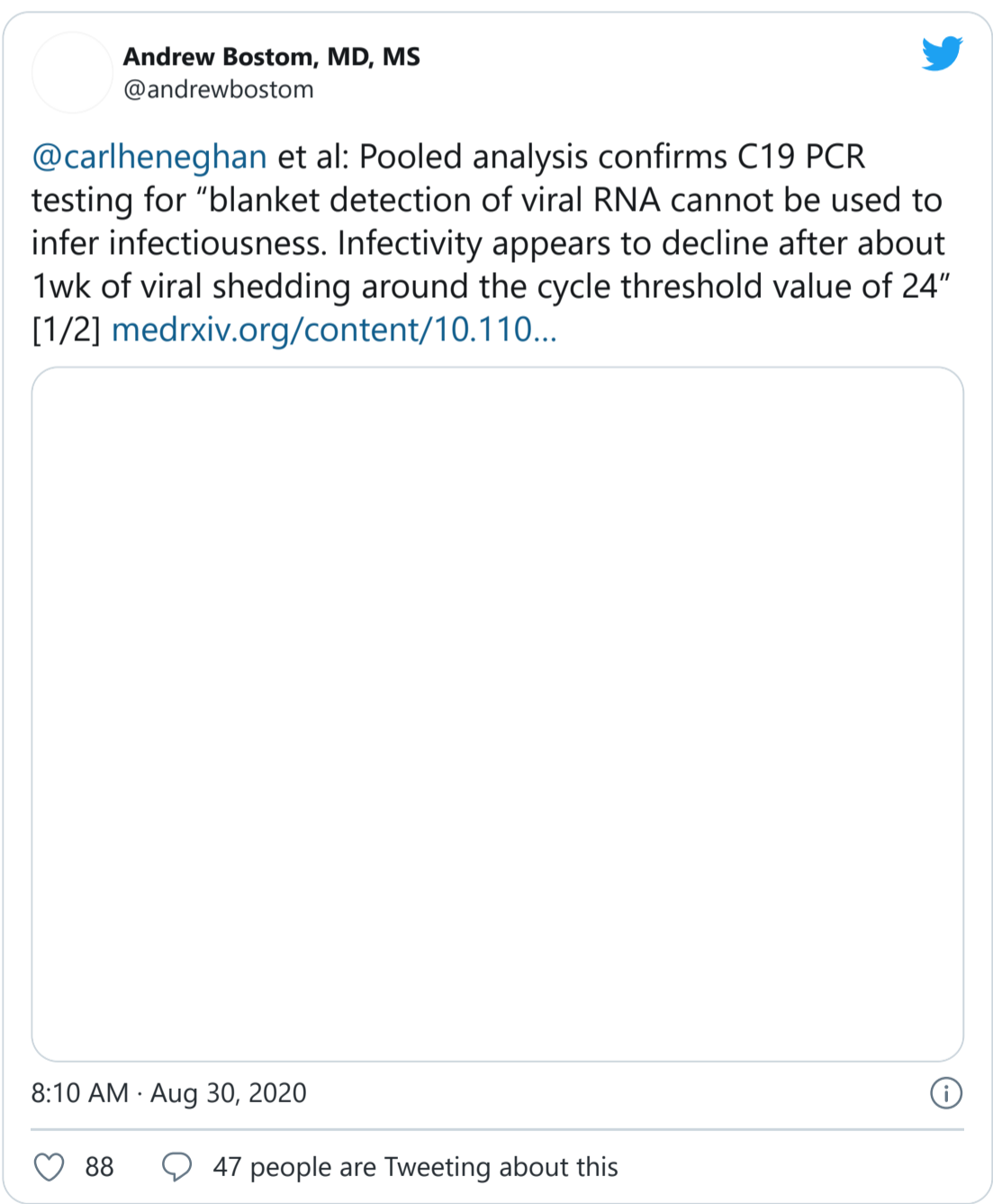


That's right folks. The CDC issued guidelines for COVID-19 testing that their own research shows were 100% guaranteed to drown America in a deluge of false COVID-19 diagnoses.

Moreover, even running samples through the 33 cycles the New York Times mentions as the cutoff point in the CDC's research appears to be way too much amplification.

One [paper](#) the CDC cites reports finding no "live" virus in any samples whose cycle threshold is greater than 24. And, even the CDC found a lot more samples that had no live virus than they did samples that did for cycle thresholds between 24 and 33.

A pooled analysis of several different studies by a team of researchers at [Oxford](#) also concluded that positive PCR test results from samples with cycle thresholds over 24 shouldn't be taken to indicate the presence of any actual virus.



The upshot of all of this is that the 40 amplification cycles recommended by the CDC and used in the majority of U.S labs are going to generate a lot more bogus positive test results than even the New York Times said.

The Times claimed that around 90% of samples taken from a set of positive tests that used 40 cycles were really negative because, when they were run



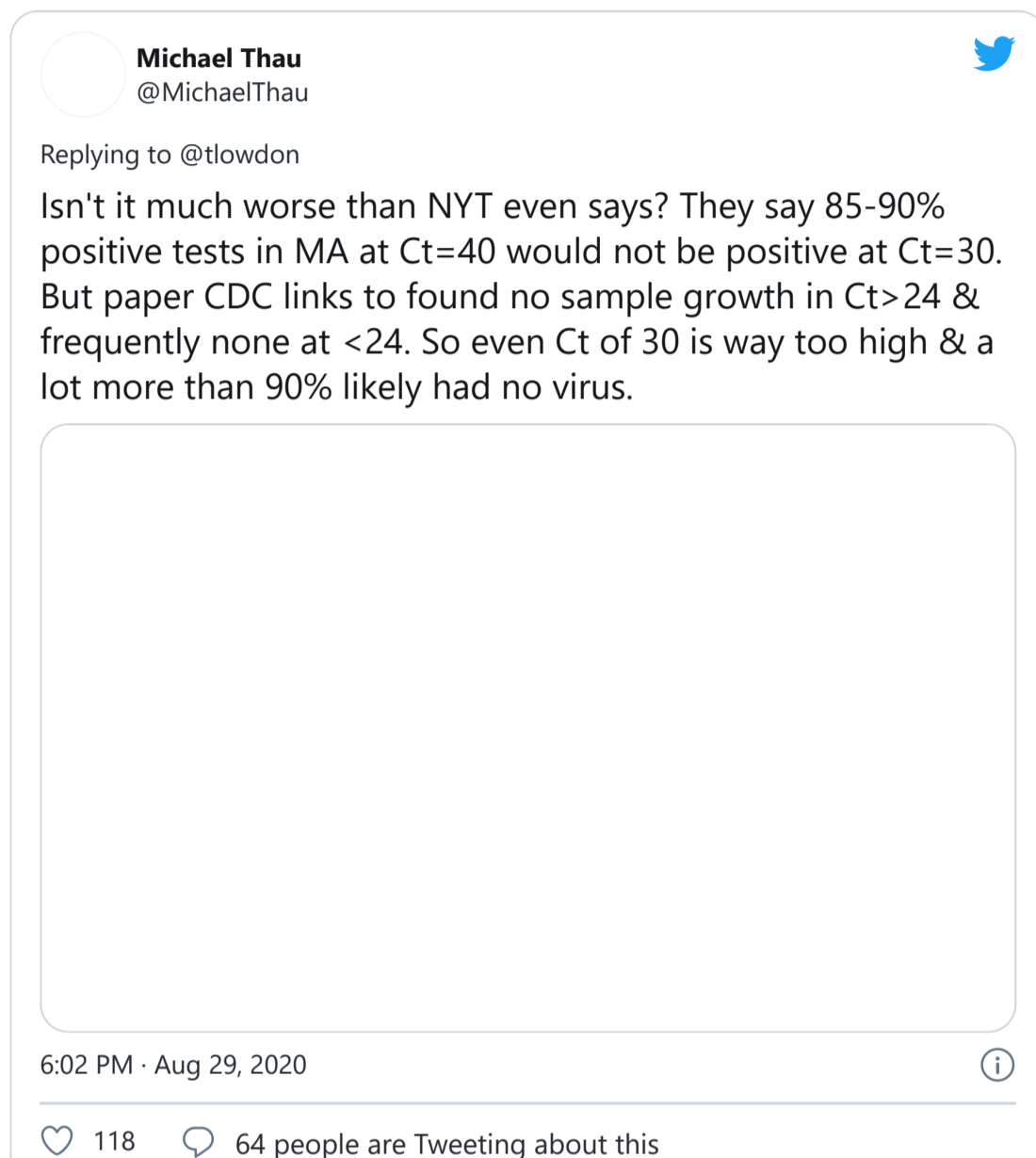
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But given that 30 cycles also appear to be way too much amplification, it's likely that a lot more than just 90% were actually bogus. Who knows how few positive diagnoses would have been verified if they'd used the much lower 24 number of amplifying cycles recommended by the Oxford team and above which the other research cited by the CDC found no live virus.

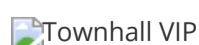
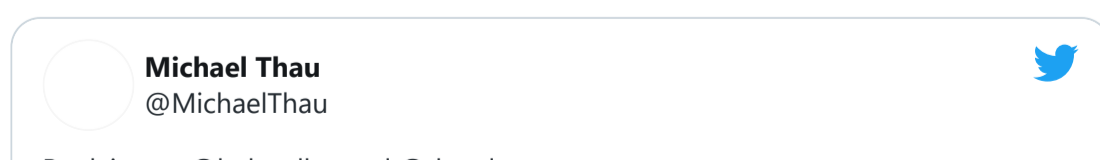
Moreover, though that other research did at least sometimes find actual virus in some samples with cycle thresholds at or below 24, they still frequently found none. Meaning that, so far as the available research goes, positive PCR test results appear to *never be very reliable* regardless of how few amplification cycles are used.



But it gets even worse. All the studies cited by the CDC were done only on people with symptoms. And it turns out that the number of days after onset seems to have a huge effect on whether positive PCR test results are reliable.

According to that study the CDC cited that found no virus at cycle thresholds above 24, if a sample testing positive is taken more than seven days after the onset of symptoms, the probability that the test is indicating the presence of live virus is... wait for it.... zero.

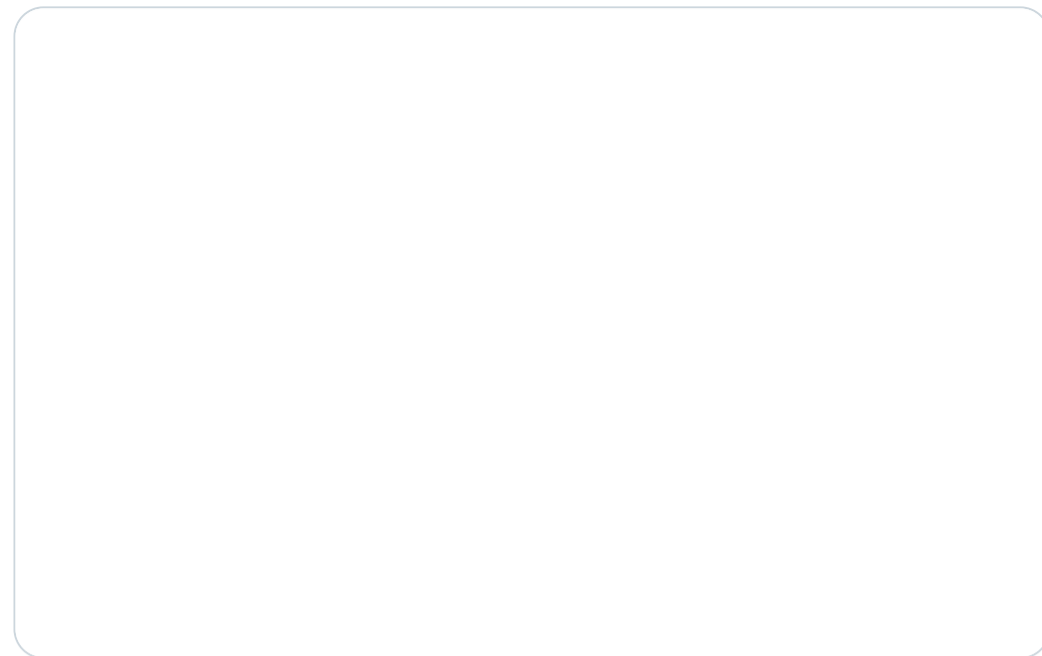
But even positive test results from samples taken *within 7* days of the onset of symptoms don't turn out to be very reliable. The study only found a *40% or less* chance of discovering any live virus in samples testing positive for viral remains that were taken on any of the first seven days after symptom onset *except* the third and fourth. And the ones taken on the third day only had an 80% chance of containing any virus, while the ones taken on the fourth only had a 70% chance.



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even when it's accurate it's not accurate.



8:42 PM · Aug 29, 2020



♥ 5



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Even for people with symptoms, the research seems to show that regardless of how few cycles you use the PCR test is going to diagnose a lot of people who aren't actually infected with the COVID-19 virus as positive.

But what's worse for the regime of mass testing is that none of these studies was done on asymptomatic patients at all. So we have no reason whatsoever to believe that PCR testing is *ever* reliable for discovering infections in people who don't show symptoms.

Remember:

- The study which kept track of the amount of time after symptom onset samples were taken found no live virus in samples testing positive taken more than 7 days after symptoms began.
- The CDC didn't find any virus in most samples that tested positive after being run through more than 24 cycles. The other study found no virus in any samples with a cycle threshold greater than 24. And the Oxford pooled analysis also found that more than 24 amplification cycles is too many.

Given that most labs in the U.S are running samples through 40 amplification cycles and the few that aren't are amplifying them 37 times, as hard as it is to believe, it's very possible that, for all intents and purposes, *no one in America who tested positive* but didn't have symptoms was really infected.

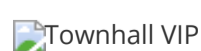
And even if some were, the percentage who weren't is likely to be a lot more than the 90% upper bound suggested by the New York Times.

But, since the research also shows a positive PCR test isn't even a reliable indicator of COVID-19 infection *when you've got symptoms*, it wouldn't even be at all surprising if *most* of the people with symptoms who've been led to believe they have COVID-19 by a positive PCR test really have something else.

In short, all the available research clearly indicates that positive PCR test results are utterly meaningless.

Turns out that the guy who won a Nobel Prize for inventing the process was right and it shouldn't be used to test for viruses at all.

Crazy world, huh.



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But it gets crazier.

Since PCR tests are the standard diagnostic tool that's been used to detect COVID-19 infection, all the data we've been given is worthless too. We don't have a clue how many people have really been infected with the COVID-19 virus or what its fatality rate is.

But, if a positive PCR test doesn't mean you're currently infected with COVID-19, what does it mean?

Well, believe it or not, it might mean the exact opposite. Maybe you were infected but fully recovered days, or weeks, or even months ago and, far from being sick, now have immunity to the virus.

Or maybe some of it was among the trillions of viruses that are always roaming around your system that never rise to the level of infection.

Heck, given that the viral remains are getting amplified over a trillion times, maybe some dead fragments were among the God-only-knows how many microscopic entities living in that sandwich you ate a few hours before getting tested or simply suspended in the air you breathed while walking through the front door.


In other words, what a positive COVID-19 PCR test means is absolutely nothing.

The numbers the medical bureaucrats in charge have been throwing at us might as well have come from a Ouija board.


But there's something that's, in a way, even more scandalous going on here.

The CDC was hyping PCR tests for COVID before any of this research was even done. They were also using the results to compile data which they then used to scare the public and justify the never-before-seen widespread adoption of extreme measures to slow down its spread.

They even ignored all the precautions they took to limit the use of PCR-testing in all of the previous viral epidemics that occurred this century.



Michael Thau
@MichaelThau



Turns out during all 4 epidemics prior to COVID-19 since 2000, CDC & WHO were concerned about the high false-positive rates for PCR tests & issued guidelines to try and minimize them. But for C19, both somehow forgot all about PCR false-positive rates.
medrxiv.org/content/10.110...

Clearly, someone needs to investigate why the CDC recommended that COVID testing labs run samples through 40 amplification cycles knowing full well that the awful result would be millions of Americans falsely believing they have COVID-19 and a good chunk of them stupidly certain they'd be dead in a matter of days.

Why PCR testing is even still being used to generate data that keeps the country in a state of panic when it's clearly worthless is another thing that obviously needs to be looked into seriously.

But a more basic question is why PCR tests were being hyped as "the gold standard" for COVID-19 detection before any testing was done to verify that claim when they don't even detect the virus.

The American people have been frightened into surrendering their most basic liberties based on a test that both Anthony Fauci and CDC director Robert Redfield had to know there was no reason to think was at all reliable.

And once the research showed that the test is falsely diagnosing millions of Americans who don't really have COVID-19, they not only did nothing to end its use, they continued scaring us with its results.

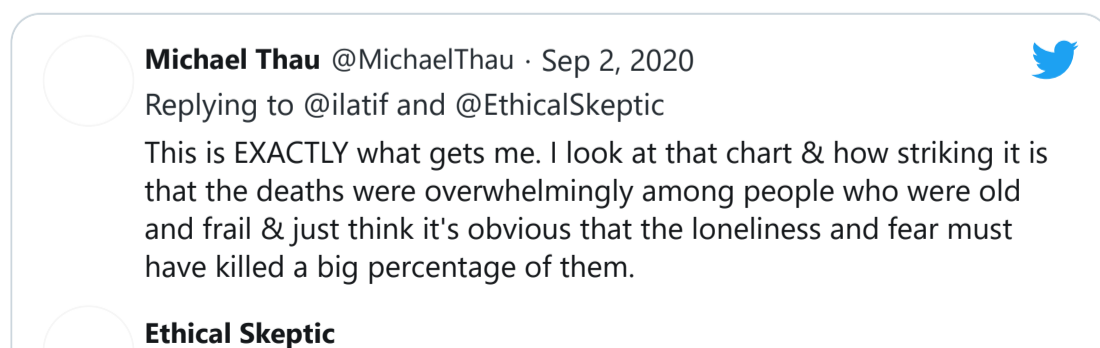
Evil doesn't even begin to describe it. One wonders whether a human heart can possibly beat in Anthony Fauci or Robert Redfield's chest.

We're witnessing perhaps the greatest political scandal in all of history and certainly one of its greatest crimes.



And it's about time someone with authority found out what those responsible were trying to accomplish and make sure that, whatever it was, they're made to pay the steep price justice demands.

We've suffered way too much carnage and been told way too many lies to let this pass.



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CONTUSION, and it failed to work.

Meanwhile I was working 16 hour days in the response...

12:59 AM · Sep 2, 2020



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...If you missed part 1 or need another look, you can find it [here](#)...

Part 2 can be found [here](#).

Did you know that the research on COVID-19 has repeatedly shown that around half of us have preexisting “crossover immunity” from prior contact with very common but harmless variant strains?

How could you when top public health officials like Anthony Fauci and CDC Director Robert Redfield have not only withheld the data but gone so far as to commit perjury by denying it before Congress?

Find out more on how the real COVID-19 science is being suppressed:

[Trump’s New C19 Advisor Cites Research Showing Widespread Immunity! Calls out CDC Head Redfield’s False Testimony to Stunned Press](#)

Were you aware that the Chinese Communist Party started hyping COVID-19 in their official English language publication way back on January 1st?

In the ensuing months, they conducted a far-reaching propaganda campaign to convince Western nations to commit suicide by imposing these unprecedented anti-science lockdowns and make billions selling us shoddy medical supplies along the way.

The CCP even used a mass of fake social media accounts to attack dissenting Governor Kristi Noem for having enough brains and courage to buck the tied and not impose their lockdown-weapon on South Dakota.

For the details on how China attacked America with what their top military strategist has called a “new concept of weapon” see:

[The ‘Whistleblower’ Who Told Tucker Carlson COVID-19 Is a Chinese Bioweapon May Be Playing a Very Devious Game](#)



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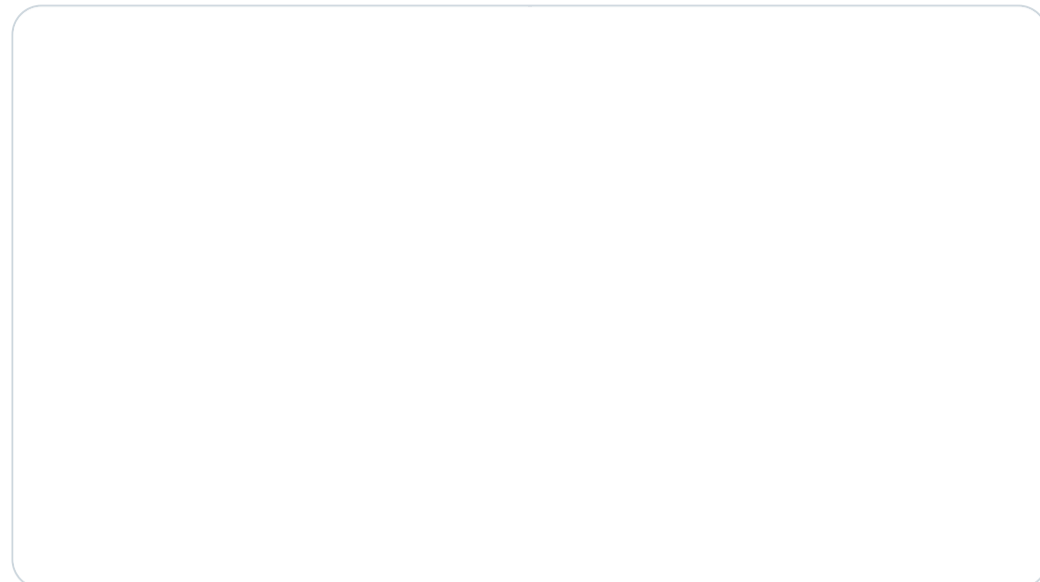
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"What must be made clear is that the new concept of weapons is in the process of creating weapons that are closely linked to the lives of the common people."

Thanks for that, Qiao Liang..

h/t @stacey_rudin



8:24 PM · Sep 28, 2020



70 52 people are Tweeting about this

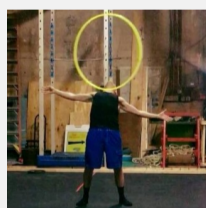
The disastrous policies and shocking misinformation peddled by those charged with safeguarding America's public health these past six months may reflect more than just incompetence or corruption. In some cases, it might be treason.

[The 'Whistleblower' Who Told Tucker Carlson COVID-19 Is a Chinese Bioweapon May Be Playing a Very Devious Game](#)

And check out [the rest of my work](#) for everything else the media isn't telling you about COVID-19.

But steel your resolve. It's much worse than you even think.

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Just making sure everyone's awake.

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