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Invention of “The Covid Narrative”: The PCR Test Sustains The Myth of a Global Pandemic. It Serves to “Maintain Fear”

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Global Research, December 04, 2022
Nouveau Monde

Theme: Science and Medicine

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First published on November 28, 2021.

It is worth noting that in the US the CDC as of December 31, 2021, the PCR was “cancelled”.

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The mystification and inappropriate use of the PCR test, denounced since October 2020 by lawyer Reiner Fuellmich prevails despite the landmark decision of the Court of Appeal (October 2020) in Portugal[1][2].

Everywhere in the rich countries, the rulers impose its deadly use thanks to the corruption of many scientists and doctors, media to whom we let the word, the many others being defamed threatened and muzzled.

Currently, a simple PCR positive test

- makes you qualify as a “case”,[3][4][5]
- declares you dangerous for others,
- bans you from work, school or sport.

It also exposes you to interrogations worthy of the inquisition (minus the physical torture) so that you denounce those you have met, who will immediately be declared contact cases and subjected in turn to the madness of exclusion and repeated tests.

To break the chain of transmission, you have to isolate the really sick people, those who show clinical signs (fever, cough, fatigue, anosmia...) in whom the test can be useful to confirm the diagnosis of viral infection (and not much more) and let the asymptomatic ones (who are only very exceptionally contaminators) live normally.

In a person with no clinical signs, a positive PCR test does not indicate that he or she is ill, will become ill, is a carrier of the virus, or can transmit it.

These findings were initially made on 3790 positive cases[6].

Their definitive confirmation was made during the colossal screening (10 million people tested) around Wuhan[7] where none of the 300 PCR-positive asymptomatic people turned out to be virus carriers, contaminants or affected by the disease after one month of surveillance.

> We know, they know, and we know they know[8].

A recent FDA document finally admits that the "Covid" PCR test was developed without specific viral samples isolated for test calibration, admitting that it tests for something else,[9] some insufficiently virus-specific RNA sequences

The infamous PCR test for coronavirus (Covid-19) was not developed with real samples, but rather with what appears to be genetic material from a common cold virus.

In the FDA document, it is clearly stated that ordinary seasonal flu genetic material was used as a test marker in the PCR test kits.

Yet the authorities knew that many people would test "positive," allowing them to use those results to create the "Covid" narrative.

There is no legitimate test that can accurately identify the presence of SARS-CoV-2.

Another revelation in the recent document is the FDA's admission that the test results are "aggregated" and therefore produce inaccurate numbers. The FDA is literally fabricating data to support a false narrative.

And So:

> "We are now at a crossroads around the world. The time is ours to decide whether we will allow this type of medical fascism to continue and impact our children's future. Or if we will finally say no to tyrannical government policy."[10]

Selected excerpts from the FDA document from January 2020 and revised regularly (last in July 2021)

> "Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2)
>
> "Because no quantified 2019-nCoV virus isolates were available for use by CDC at the time the assay was developed and this study was conducted, assays designed for

> detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full-length RNA (N gene; GenBank Accession: MN908947. 2) of known titer (RNA copies/µL) enriched in a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic the clinical sample.[11]

CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel[12]

> "The results relate to the identification of SARS-CoV-2 RNA.
>
> SARS-CoV-2 RNA is usually detectable in upper and lower respiratory tract specimens during infection. Positive results are indicative of active infection with SARS-CoV-2, but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definitive cause of the disease. Laboratories in the United States and its territories are required to report all results to the appropriate public health authorities.
>
> Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results should be combined with clinical observations, patient history, and epidemiologic information."

Other excerpt:

> "DO NOT DISCARD: Important product-specific information
>
> LIMITATIONS This test has not been approved by the FDA. This test has been cleared by the FDA under an EUA for use by licensed laboratories. This test has only been cleared for the detection of nucleic acid from 2019-nCoV, not for other viruses or pathogens.
>
> This test is authorized only for the duration of the declaration that circumstances exist to justify authorization of the emergency use of in vitro diagnostics for the detection and/or diagnosis of SARS-CoV-2 under section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked earlier."

" The WHO's Mea Culpa"

The WHO in January 2021 had called attention to the invalidity of many PCR tests especially when laboratories spuriously use high signal amplifications [CT Threshholds]. No account has been taken of this warning, at least in most French labs.[13] Below is the WHO's carefully formulated "Retraction"

> WHO guidance Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed (*1*). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology. (emphasis added)
>
> WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (*2*). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.

According to Michel Chossudovsky's Analysis of the WHO Retraction:

> "Invalid Positives" is the Underlying Concept
>
> This is not an issue of "Weak Positives" and "Risk of False Positive Increases". What is at stake is a "Flawed Methodology" which leads to invalid estimates.
>
> What this admission of the WHO confirms is that the estimate of covid positive from a PCR test (with an amplification threshold of 35 cycles or higher) is invalid. In which case, the WHO recommends retesting: "a new specimen should be taken and retested…".
>
> The WHO calls for "Retesting", which is tantamount to "We Screwed Up".
>
> That recommendation is pro-forma. It won't happen. Millions of people Worldwide have already been tested, starting in early February 2020. Nonetheless, we must conclude that unless retested, those estimates (according to the WHO) are invalid.
>
> This is not an issue of "low positives" or "risk of false positives." The issue is about the starting point in January 2020 of WHO's implementation of a misleading and flawed methodology that leads to estimates that have no scientific basis.
>
> What this contradictory statement from the WHO confirms is that the estimate of Covid positive from a PCR test (with an amplification threshold of 35 cycles or more) is simply invalid. In this case, WHO recommends repeating the PCR test:
>
> "a new sample should be collected and the test repeated…".
>
> From the outset, the PCR test has routinely been applied at a Ct amplification threshold of 35 or higher, following the January 2020 recommendations of the WHO. What this means is that the PCR methodology as applied Worldwide has in the course of the last 12-14 months led to the compilation of faulty and misleading Covid statistics.
>
> And these are the statistics which are used to measure the progression of the so-called "pandemic". Above an amplification cycle of 35 or higher, the test will not detect fragments of the virus. Therefore, the official "covid numbers" are meaningless.
>
> It follows that there is no scientific basis for confirming the existence of a pandemic.
>
> Which in turn means that the lockdown / economic measures which have resulted in social panic, mass poverty and unemployment (allegedly to curtail the spread of the virus) have no justification whatsoever.[16]

In addition, other scandals have arisen in relation to the PCR test[17]

The US Food and Drug Administration has issued "the most serious type of recall" for popular home test kits that indicate whether a person is infected with the coronavirus. At least 2.2 million products may have yielded false positives.

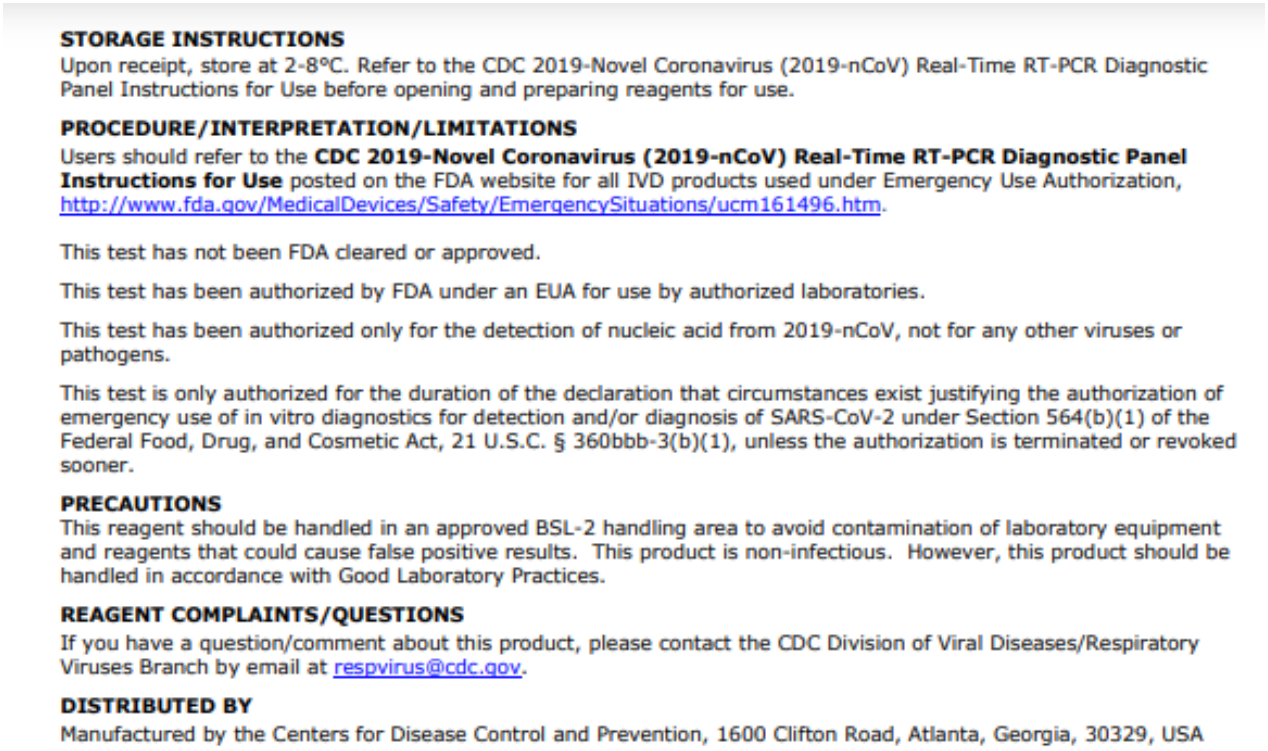
Some 2,212,335 kits produced by Australia-based biotech company Ellume and distributed in the U.S. potentially show false-positive results for the SARS-CoV-2 test, the public health

agency said in a recent release in Nov. 2021.

The FDA warned that use of the defective kits “may result in serious adverse health consequences or death,” calling the case a “Class I recall.”

In conclusion, confirmation that PCR tests are unreliable and should not be used by governments as evidence of the “pandemic” comes from the FDA itself.

It is high time that our leaders return to the traditional means of assessing epidemics: counting the sick and counting the dead from the disease.



STORAGE INSTRUCTIONS
Upon receipt, store at 2-8°C. Refer to the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Instructions for Use before opening and preparing reagents for use.

PROCEDURE/INTERPRETATION/LIMITATIONS
Users should refer to the **CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Instructions for Use** posted on the FDA website for all IVD products used under Emergency Use Authorization, http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm.

This test has not been FDA cleared or approved.

This test has been authorized by FDA under an EUA for use by authorized laboratories.

This test has been authorized only for the detection of nucleic acid from 2019-nCoV, not for any other viruses or pathogens.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of SARS-CoV-2 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

PRECAUTIONS
This reagent should be handled in an approved BSL-2 handling area to avoid contamination of laboratory equipment and reagents that could cause false positive results. This product is non-infectious. However, this product should be handled in accordance with Good Laboratory Practices.

REAGENT COMPLAINTS/QUESTIONS
If you have a question/comment about this product, please contact the CDC Division of Viral Diseases/Respiratory Viruses Branch by email at respvirus@cdc.gov.

DISTRIBUTED BY
Manufactured by the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia, 30329, USA

Notes :

[1] Vers le faire-part de décès des tests PCR (francesoir.fr)

[2] La grande supercherie des tests PCR, 90 % des cas positifs ne sont pas malades ni contagieux (francesoir.fr)

[3] *Elena Surkova, Vladyslav Nikolayevskyy, Francis Drobniewsk
False-positive Covid-19 results: hidden problems and costswww.thelancet.com/respiratory Vol 8 December 2020

[4] https://latribunedissidente.over-blog.com/2020/10/la-pertinence-des-tests-pcr-dr-pascal-sacre.html

[5] Covid : La PCR nasale peut-elle mentir ? Dr Pascal Sacré, AIMSIB, 30 août 2020

[6] Rita Jaafar Correlation between 3790 positive quantitative polymerase chain reaction samples and positive cell cultures, including 1941 severe acute respiratory syndrome coronavirus 2 isolates Clinical Infectious Diseases, 9/28/2020 ciaa1491 coronavirus 2 du syndrome respiratoire aigu sévère Maladies infectieuses cliniques, 28/9/2020 ciaa1491,
https://doi.org/10.1093/cid/ciaa1491

[7] France info with AFP: After mobilizing more than 28,000 caregivers at more than 2,800 sites, authorities in Wuhan, China, carried out the largest Covid-19 screening operation among eleven million residents at a cost of $127 million Monday, August 9, 2020…

[8] L'archipel du goulag, Soljenitsyne

[9] https://www.fda.gov/media/134922/downloadwww.fda.gov

[10] https://rightsfreedoms.wordpress.com/2021/10/27/fda-document-admits-Covid-pcr-test-was-developed-without-isolated-samples-for-test-calibration-e

[11] https://www.fda.gov/media/134922/downloadwww.fda.gov

[12] Centers for Disease Control and Prevention Division of Viral Diseases 1600 Clifton Rd NE Atlanta GA 30329 CDC-006-00019, Revision: 07 CDC/DDID/NCIRD/ Division of Viral Diseases Effective: 07/21/2021

[13] L'OMS confirme que le test Covid-19 PCR est invalide, les estimations des « cas positifs » sont sans fondement. Le confinement n'a aucune base scientifique. | Mondialisation — Centre de Recherche sur la Mondialisation

[14] WHO Information Notice for Users 2020/05

[15] Diagnostic in vitro

[16] Prof. Michel Chossudovsky mentions that there are several other flaws with the PCR test that are not discussed in this article. (See Michel Chossudovsky's e-book): The 2020 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d'État and the Great Reset(Chapitre II).

[17] FDA recalls millions of Covid test kit over false results – Asume Tech 11 Nov 21

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Translation from the French original by Global Research

Link to the original article:

La mystification par le test PCR pour créer le mythe de la pandémie et entretenir la peur

Par Dre Nicole Delépine, November 18 2021

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