GlobalResearch
Center for Research on Globalization

Why COVID-19 Testing Is a Tragic Waste

By Dr. Joseph Mercola

Theme: Science and Medicine
Global Research, November 18, 2020
Mercola 13 November 2020

From the beginning of the COVID-19 pandemic, the clarion call has been to test, test and test some more. However, right from the start, serious questions arose about the tests being used to diagnose this infection, and questions have only multiplied since then.

Positive reverse transcription polymerase chain reaction (RT-PCR) tests have been used as the justification for keeping large portions of the world locked down for the better part of 2020.

This, despite the fact that PCR tests have proven remarkably unreliable with high false result rates, and aren't designed to be used as a diagnostic tool in the first place as they cannot distinguish between inactive viruses and "live" or reproductive ones.

Dr. Mike Yeadon, former vice president and scientific director of Pfizer, has even gone on record stating[1] that false positive results from unreliable PCR tests are being used to "manufacture a 'second wave' based on 'new cases,'" when in fact a second wave is highly unlikely.

Understanding PCR Tests

Before his death, the inventor of the PCR test, Kary Mullis, repeatedly yet unsuccessfully stressed that this test should not be used as a diagnostic tool for the simple reason that it's incapable of diagnosing disease. A positive test does not actually mean that an active infection is present. As noted in a U.S. Centers for Disease Control and prevention publication on coronavirus and PCR testing dated July 13 2020:[2]

- Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.
- The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.

So, what does the PCR test actually tell us? The PCR swab collects RNA from your nasal cavity. This RNA is then reverse transcribed into DNA. However, the genetic snippets are so small they must be amplified in order to become discernible. Each round of amplification is called a cycle.

Amplification over 35 cycles is considered unreliable and scientifically unjustified, yet Drosten tests and tests recommended by the World Health Organization are set to 45 cycles.

What this does is amplify any, even insignificant sequences of viral DNA that might be present to the point that the test reads "positive," even if the viral load is extremely low or the virus is inactive. As a result of these excessive cycle thresholds, you end up with a far higher number of positive tests than you would otherwise.

We've also had problems with faulty and contaminated tests. As soon as the genetic sequence for SARS-CoV-2 became available in January 2020, German researchers quickly developed a PCR test for the virus.

In March 2020, The New York Times[3] reported the initial test kits developed by the CDC had been found to be flawed. The Verge also reported[4] that this flawed CDC test in turn became the basis for the WHO's test, which the CDC ended up refusing to use.

PCR Tests Cannot Detect Infection

Perhaps most importantly of all, the PCR tests cannot distinguish between inactive viruses and "live" or reproductive ones. What that means is that PCR tests cannot detect infection. Period. It cannot tell you whether you're currently ill, whether you'll develop symptoms in the near future, or whether you're contagious.

The tests may pick up dead debris or inactive viral particles that pose no risk whatsoever to the patient and others. What's more, the test can pick up the presence of other coronaviruses, so a positive result may simply indicate that you've recuperated from a common cold in the past.

An "infection" is when a virus penetrates into a cell and replicates. As the virus multiplies, symptoms set in. A person is only infectious if the virus is actually replicating. As long as the virus is inactive and not replicating, it's completely harmless both to the host and others.

Chances are, if you have no symptoms, a positive test simply means it has detected inactive viral DNA in your body. This would also mean that you are not contagious and pose no risk to anyone.

For all of these reasons, a number of highly respected scientists around the world are now saying that what we have is not a COVID-19 pandemic but a PCR test pandemic. In his September 20, 2020, article[5] "Lies, Damned Lies and Health Statistics — The Deadly Danger of False Positives," Yeadon explains why basing our pandemic response on positive PCR tests is so problematic.

In short, it appears millions of people are simply being found to carry inactive viral DNA that pose no risk to anyone, yet these test results are being used by the global technocracy to implement a brand new economic and social system based on draconian surveillance and totalitarian controls.

Artificially Created Justifications for Totalitarian Controls

As reported by The Vaccine Reaction, September 29, 2020:[6]

> "The test's threshold is so high that it detects people with the live virus as well as those with a few genetic fragments left over from a past infection that no

> longer poses a risk. It's like finding a hair in a room after a person left it, says Michael Mina, MD, an epidemiologist at the Harvard T.H. Chan School of Public Health.[7]
>
> In three sets of testing data that include cycle thresholds compiled by officials in Massachusetts, New York and Nevada, up to 90% of people testing positive carried barely any virus, a review by The New York Times found[8] ...
>
> 'We've been using one type of data for everything, and that is just plus or minus — that's all,' Dr. Mina said. 'We're using that for clinical diagnostics, for public health, for policy decision-making.'
>
> But 'yes' or 'no' isn't good enough, he added. It's the amount of virus that should dictate the infected patient's next steps. 'It's really irresponsible, I think, to forgo the recognition that this is a quantitative issue,' Dr. Mina said."

Again, medical experts agree any cycle threshold over 35 cycles makes the test too sensitive, as at that point it starts picking up harmless inactive DNA fragments. Mina believes a more reasonable cutoff would be 30 or less.

According to The New York Times,[9] the CDC's own calculations show it's extremely unlikely to detect live viruses in samples that have gone through more than 33 cycles, and research[10]published in April 2020 concluded patients with positive PCR tests that had a cycle threshold above 33 were not contagious and could safely be discharged from the hospital or home isolation.

Importantly, when officials at the New York state laboratory, the Wadsworth Center, reanalyzed testing data at The Times' request, they found that changing the threshold from 40 cycles to 35 cycles eliminated about 43% of the positive results. Limiting it to 30 cycles eliminated a whopping 63%.[11] The Vaccine Reaction adds:[12]

> "In Massachusetts, from 85 to 90% of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles, Dr. Mina said. 'I would say that none of those people should be contact-traced, not one,' he said.
>
> 'I'm really shocked that it could be that high — the proportion of people with high CT value results,' said Ashish Jha, MD, director of the Harvard Global Health Institute. 'Boy, does it really change the way we need to be thinking about testing'[13] ...
>
> In late August, the U.S. Food and Drug Administration (FDA) approved the first rapid coronavirus test that doesn't need any special computer equipment. Made by Abbot Laboratories, the 15-minute test [BinaxNOW] will sell for U.S. $5 but still requires a nasal swab to be taken by a health worker.[14]
>
> The Abbot test is the fourth rapid point-of-care test that looks for the presence of antigens rather than the virus's genetic code as the PCR molecular tests

do.[15]"

Massive Waste of Resources

As noted by Dr. Tom Jefferson and professor Carl Henegan in an October 31, 2020, article in the Daily Mail,[16] mass PCR testing has been a massive waste or resources, as it doesn't provide us with the information we actually need to know — who's infectious, how far is the virus spreading and how fast does it spread?

Instead, it has led to economic devastation from business shutdowns and isolating noninfectious people in their homes for weeks and months on end. Jefferson and Henegan claim they shared their pandemic response plan with British Prime Minister Boris Johnson over a month ago, and just presented it to him again. "We urge him to pay attention and embrace it," they write, adding:

> "There are only two things about which we can be certain: first, that lockdowns do not work in the long term … The idea that a month of economic hardship will permit some sort of 'reset', allowing us a brighter future, is a myth. What, when it ends, do we think will happen? Meanwhile, ever-increasing restrictions will destroy lives and livelihoods.
>
> The second certainty is this: that we need to find a way out of the mess that does no more damage than the virus itself … Our strategy would be to tackle the four key failings."

These four areas are:

1. Addressing the problems in the government's mass testing program
2. Addressing "the blight of confused and contradictory statistics"
3. Protect and isolate the vulnerable — primarily the elderly, but also hospitalized patients in general and staff — while allowing the rest to maintain "some semblance of normal life"
4. Inform the public about the true and quantifiable costs of lockdown that "kill people just as surely as COVID-19"

"If we do these things, there is real hope that we can learn to live with the virus. That, after all, was supposed to be the plan," Jefferson and Henegan note. With regard to testing, the pair call "for a national program of testing quality control to ensure that results are accurate, precise and consistent."

Importantly, we must not rely on positive/negative readings alone. The results must be assessed in relation to other factors, such as the age of the subject and whether they are symptomatic, to determine who actually poses an infectious risk. You can review the full details of their proposed plan at the end of their Daily Mail article.[17]

Lockdown Dangers Have Been Kept Out of Public Discussion

Jefferson and Henegan aren't the only ones highlighting the fact that the global lockdown strategy is causing more harm and destruction than the virus itself. In a June 16, 2020

article in The Federalist, James Lucas, a New York City attorney, wrote:[18]

> "If we're going to allow models and modelers to dictate the entire nature of our society, one would hope that the models are as complete as possible. Yet the epidemiological models that have so transformed our world are seriously incomplete, and therefore fundamentally inadequate.
>
> Any medical therapy is supposed to be tested for both efficacy and safety. There have been several studies[19] examining the effectiveness of the lockdowns in combating the spread of the COVID-19 virus, with mixed conclusions.
>
> So far, however, none of these studies or models have analyzed the safety side of the lockdown therapy. In response to questions from physician Sens. Rand Paul and Bill Cassidy, Dr. Anthony Fauci admits[20] this side of the equation has not been accounted for in the models now driving our world.
>
> As noted in an open letter[21] recently signed by more than 600 health-care professionals, the public health costs from the lockdowns — described as a 'mass casualty incident' are real and growing.
>
> These models are estimations based on existing research. The constantly changing projections of coronavirus deaths are extrapolations from research on previous epidemics. Yet modelers have no excuse for leaving evaluations of the lockdowns' massive costs to public health out of their models."

The Hidden Costs of Lockdowns

How does the "lockdown therapy" affect public safety? In his article, Lucas highlights the following:[22]

- Increased chronic disease rates due to unemployment, poverty and putting non-COVID medical care on hold — Research[23] by the Veterans Administration has shown delaying cancer treatment for just one month led to a 20% increase in mortality. Another study[24] found each one-month delay in breast cancer diagnosis increased mortality by 10%
- Increased rates of mental health problems due to unemployment and isolation
- Increased mortality rates from suicide — In one study,[25] being unemployed was associated with a twofold to threefold higher relative risk of suicide. A more recent study[26] estimates "deaths of despair" linked to lockdowns may be around 75,000 in the U.S.
- Reduced collective life span — Extended unemployment is also associated with shorter, unhealthier lives. Hannes Schwandt, a health economics researcher at Northwestern University, estimates an extended economic shutdown could shorten the lifespan of 6.4 million Americans entering the job market by an average of about two years.[27] Lucas notes:

> "If epidemiologists don't care to take account of this toll, another profession must. A study[28] just released by a group of South African actuaries estimates that the net reduction in lifespan from increased unemployment and poverty due to a national lockdown will exceed the increased lifespan due to lives saved from COVID-19 by the lockdown by a factor of 30 to 1.
>
> In other words, each year of additional life attributable to isolating potential coronavirus victims in the lockdown comes at a cost of 30 years lost due to the negative public health effects of a lockdown …"

Lack of education is also associated with significantly shorter life spans and poorer health. High school drop-outs die on average nine years sooner than college graduates,[29] and school closings disproportionally affect poorer students.

Who Pays the Most?

As noted by Lucas, in addition to calculating the overall costs on society, modelers must also determine "on whom those costs fall," because the costs are not borne equally by all. The consequences of the lockdowns disproportionally affect those who are already the most vulnerable — financially and health wise — such as those living near the poverty line, the chronically ill, people with mental illness and minorities in general.

> "Contrary to the PR slogan, we are NOT all in this together," Lucas writes.[30] "We need less insipid pro-lockdown propaganda extolling the virtues of the 'essential' workers, and more serious analysis of the enormous public health toll the lockdowns are imposing on them. Otherwise, we may come to see the era of coronavirus as simply the time where pro-lockdown elites sacrificed the working class[31] to protect themselves."

A Pandemic of Fearmongering

An October 28, 2020, article featured by the Ron Paul Institute points out that:[32]

> "Ever since the alleged pandemic erupted this past March the mainstream media has spewed a non-stop stream of misinformation that appears to be laser focused on generating maximum fear among the citizenry.
>
> But the facts and the science simply don't support the grave picture painted of a deadly virus sweeping the land. Yes, we do have a pandemic, but it' a pandemic of ginned up pseudo-science masquerading as unbiased fact."

Nine facts that can be backed up with data "paints a very different picture from the fear and dread being relentlessly drummed into the brains of unsuspecting citizens," the article states. In addition to the fact that PCR testing is practically useless, for all the reasons already mentioned, these data-backed facts include:

1. A positive test is NOT a "case" — As explained by Dr. Lee Merritt in her August 2020

Doctors for Disaster Preparedness[33] lecture, featured in "How Medical Technocracy Made the Plandemic Possible," media and public health officials appear to have purposefully conflated "cases" or positive tests with the actual illness.

Medically speaking, a "case" refers to a sick person. It never ever referred to someone who had no symptoms of illness. Now all of a sudden, this well-established medical term, "case," has been completely and arbitrarily redefined to mean someone who tested positive for the presence of viral RNA. As noted by Merritt, "That is not epidemiology. That's fraud."

2. According to the CDC[34] and other research data,[35] the COVID-19 survival rate is over 99%, and the vast majority of deaths occur in those over 70, which is close to normal life expectancy.

3. CDC analysis reveals 85% of patients testing positive for COVID-19 wore face masks "often" or "always" in the two weeks preceding their positive test. As noted in the Ron Paul article,[36]"The only rational conclusion from this study is that cloth face masks offer little if any protection from Covid-19 infection."

4. There are inexpensive, proven successful therapies for COVID-19 — Examples include various regimens involving hydroxychloroquine with zinc and antibiotics, quercetin-based protocols, the MATH+ protocol and nebulized hydrogen peroxide.

5. The death rate has not risen despite pandemic deaths — Data[37,38] show the overall all-cause mortality has remained steady during 2020 and doesn't veer from the norm. In other words, COVID-19 has not killed off more of the population than would have died in any given year anyway.

As noted in the Ron Paul article,[39] "According to the CDC as of early May 2020 the total number of deaths in the US was 944,251 from January 1 — April 30th. This is actually slightly lower than the number of deaths during the same period in 2017 when 946,067 total deaths were reported."

15,000 Doctors and Scientists Call for End to Lockdowns

All in all, there are many reasons to suspect that continued lockdowns, social distancing and mask mandates are completely unnecessary and will not significantly alter the course of this pandemic illness, or the final death count.

And, with regard to universal PCR testing where individuals are tested every two weeks or even more frequently, whether they have symptoms or not, this is clearly a pointless effort that yields useless data. It's just a tool to spread fear, which in turn allows for the rapid implementation of the totalitarian control mechanisms required to pull off The Great Reset. Fortunately, more and more people are now starting to see through this plot.

About 45,000 scientists and doctors worldwide have already signed the Great Barrington Declaration,[40] which calls for the end to all lockdowns and implementation of a herd immunity approach to the pandemic, meaning governments should allow people who are not at significant risk of serious COVID-19 illness to go back to normal life, as the lockdown

approach is having a devastating effect on public health — far worse than the virus itself.[41,42]

The declaration states:[43]

> "Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health ...
>
> The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to coronavirus through natural infection, while better protecting those who are at highest risk. We call this focused protection."

The declaration points out that current lockdown policies will result in excess mortality in the future, primarily among younger people and the working class. As of November 5, 2020, The Great Barrington Declaration[44] had been signed by 11,791 medical and public health scientists, 33,903 medical practitioners and 617,685 "concerned citizens."[45]

*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Notes

[1] The Huntingtonian October 6, 2020

[2] CDC 2019 Novel Coronavirus RT-PCR Diagnostic Panel July 13, 2020 (PDF)

[3] New York Times, March 20, 2020

[4] The Verge, March 17, 2020, Current Gold Standards

[5] Lockdownskeptics September 20, 2020

[6, 11, 12] The Vaccine Reaction September 29, 2020

[7] Daily Mail August 30, 2020

[8, 9, 13] The New York Times August 29, 2020

[10] Clinical Microbiology and Infectious Diseases April 27, 2020; 39(6): 1059-1061

[14] Abbott Press Release August 26, 2020

[15] Business Insider September 21, 2020

[16, 17] Daily Mail October 31, 2020

[18, 22, 30] The Federalist June 16, 2020

[19] National Review May 22, 2020

[20] WSJ Opinion May 13, 2020

[21] Letter from Doctors to President Donald Trump May 19, 2020

[23] Health Services Research 2007 Apr; 42(2): 644–662

[24] The ASCO Post April 14, 2016

[25] Journal of Epidemiology & Community Health 2003; 57: 594-600

[26] Well Being Trust Projected Deaths of Despair During COVID-19

[27] Reuters April 3, 2020

[28] Pandemic Data and Analytics — Quantifying Years of Lost Life

[29] Center on Society and Health February 13, 2015

[31] The Federalist May 4, 2020

[32, 36, 39] Ron Paul Institute October 28, 2020

[33] Doctors for Disaster Preparedness

[34] CDC.gov Pandemic Planning Scenarios Updated September 10, 2020

[35] Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352

[37] YouTube, SARS-CoV-2 and the rise of medical technocracy, Lee Merritt, MD, aprox 8 minutes in (Lie No. 1: Death Risk)

[38] Technical Report June 2020 DOI: 10.13140/RG.2.24350.77125

[40, 43, 44] Great Barrington Declaration

[41] Sky News October 7, 2020

[42] Washington Times October 8, 2020

[45] Great Barrington Declaration Signatures

The original source of this article is Mercola
Copyright © Dr. Joseph Mercola, Mercola, 2020

Comment on Global Research Articles on our Facebook page

Become a Member of Global Research

Articles by: Dr. Joseph Mercola

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca