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

Posted at 11:30 am on September 3, 2020 by Michael Thau

Journalist Brian Fuss holds up COVID-19 testing information after receiving a coronavirus test by the White House Medical Unit before attending a news conference with President Donald Trump in the press briefing room at the White House, Thursday, April 9, 2020, in Washington. (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 guy who received a Nobel Prize for inventing it said using it that way doesn't work.

Kary Mullis's PCR process takes segments of DNA through a "cycle" that doubles the amount. If you run a single segment of DNA through just 40 cycles, you'll end up with 1×2^{40}, which is over a trillion copies. Remember that number, it's going to be important later.

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. Without the shell, they don't have any ability to infect a cell and reproduce. The PCR test doesn't detect "live" viruses, at best it only detects their "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 continuing to mass test for COVID-19 but using a different test.

As we saw in the previous entry, they also failed to mention that, since any test will have a false positive rate, mass testing will mean that an alarming number of bogus COVID-19 cases will continue to be reported every single day from 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 amounts of positive diagnoses that ought to be negative.

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!

> Good find. The CDC's own test specifies 40 amplification cycles (Ct), even though CDC has found almost no live, replication-capable virus at higher than 33 Ct.https://t.co/rQJ5SYYZxN https://t.co/SV53KMW50I pic.twitter.com/YEzVZbI98t
>
> — Phil Kerpen (@kerpen) September 2, 2020

That's right folks. The CDC issued guidelines for COVID-19 testing that their own research shows are bound to mean that a lot of people not infected by the virus would get back test results falsely saying they were.

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.

Moreover, 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.

> @carlheneghan et al: Pooled analysis confirms C19 PCR testing for "blanket detection of viral RNA cannot be used to infer infectiousness. Infectivity appears to decline after about 1wk of viral shedding around the cycle threshold value of 24" [1/2] https://t.co/9eE68JJxNu pic.twitter.com/A2vRgUGlhE
>
> — Andrew Bostom (@andrewbostom) August 30, 2020

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 looks like it will 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 through only 30 cycles, no viral remains were detected.

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.

> Isn't it much worse than NYT even says? They say 85-90% positive tests in MA at Ct=40 would not be positive at Ct=30. But paper CDC links to found no sample growth in Ct>24 & frequently none at <24. So even Ct of 30 is way too high & a lot more than 90% likely had no virus. pic.twitter.com/wGnZ4ltDwk
>
> — Michael Thau (@MichaelThau) August 29, 2020

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.

> Even 30 seems too high if no virus was found at any Ct >24. Also, even at low Ct, unless test was given 3 or 4 days after symptom onset, positive result only meant 40% or LESS chance of virus. Even at 3 or 4 days it was only 80 & 70%. So even when it's accurate it's not accurate. pic.twitter.com/Jh39sWsRqd
>
> — Michael Thau (@MichaelThau) August 30, 2020

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.

Moreover, given the available research, a positive PCR test

isn't even a reliable indicator of COVID-19 infection even if you do have symptoms. It wouldn't 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 seems to indicate that positive PCR test results are utterly meaningless.

It 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.

Who would have thought it?

***** See the *preceding installment* for more on Kary Mullis's reasons for saying the process he won a Nobel Prize for inventing can't be used to test for viral infection and how even the very low false-positive rate any test will have winds up creating a phony case count.*****

And, 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 it's fatality rate is.

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 four viral epidemics that occurred this century.

> 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. 🤔https://t.co/XC4w46G62V pic.twitter.com/xfxXedyt9j
>
> — Michael Thau (@MichaelThau) August 30, 2020

Clearly someone needs to investigate why the CDC recommended that COVID testing labs run samples through 40 amplification cycles.

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 likely 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.

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.

> This was my mother – she died asking why her son had not visited her for four months, lonely and dejected – and because they substituted her heart medication in the Covid confusion, and it failed to work.

> Meanwhile I was working 16 hour days in the response...
>
> — Ethical Skeptic ☀ (@EthicalSkeptic) September 2, 2020

Finis

...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?