

INSPECT THE EVIDENCE



Evidence

against the use of PCR tests to drive government directives

The legal case against the government will be based on the following facts. Increased PCR Testing was the main metric to justify further lockdowns throughout the UK

Coronavirus case numbers have consistently been based on PCR tests. Large increases in the number of tests carried out led to large increases in cases. This did not correlate with hospital admissions. Case increases were solely used to justify further lockdowns, whilst ignoring the actual real-time clinical and hospital data. Models based on PCR tests were immediately mathematically proven to be highly implausible and yet the lockdown measures remained in place. In addition, out-of-date death data was used to model future scenarios. When these models were proven to be highly inaccurate, lockdown measures remained in place.

The tests

were NEVER suitable for large scale diagnostic testing

Quality Control was never carried out. If the PCR test currently driving government directives was a diagnostic test in the NHS, it would immediately be stopped due to lack of reliability and internal consistency. These tests were never intended to be used on 'well' people with no clinical symptoms. Indeed, the BMJ published [an article in September 2020](#) stating this. Such evidence was in the public domain, in respected scientific journals, long before November 2020 (second lockdown) and was completely overlooked by the government's advisory board (SAGE) in relation to recommending the second lockdown.

The CDC in the US, in its document released 13th July 2020, (page 38, first full bullet point) states 'Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms'. To simplify, they are saying the test may not be measuring what it is supposed to be measuring.

In a study carried out by [Bullard et al \(2020\)](#), in *Clinical Infectious Diseases*, it was found that out of 90 PCR positive samples, there was no viable viral growth in samples with a Ct > 24. Most PCR tests in the UK are using up to 35 Ct, which means an inevitable amount of false positives are being used to guide policy. All tests over Ct 24 should have been disregarded according to this evidence. The tests can't tell the difference between active and inactive RNA matter, and results do not outline the number of cycles used. This should have been included in the data.

Test results have continuously been used in place of actual clinical evidence of disease (clinical symptoms) with no scientific basis for doing so. This has led to very damaging ideas about the spread of disease, none of which are scientifically accurate. Outsourcing of testing to private contractors has led to even greater problems with quality control, including improperly trained staff, contamination etc. and therefore has led to further inaccuracies in results.

PCR testing was never fit for purpose and should not have been applied in this way. This was never in dispute and is the key to a legal case of negligence.

The elephant

in the room: Real world evidence shows us that there is no crisis

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Indeed a myriad of methodological issues are clearly outlined in the [External Peer Review of the Drosten PCR test \(Nov 2020\)](#). In a study carried out by Bullard et al (2020), in Clinical Infectious Diseases, it was found that out of 90 PCR positive samples, there was no viable viral growth in samples with a Ct > 24. Most PCR tests in the UK are using up to 35 Ct, which means an inevitable amount of false positives are being used to guide policy. All tests over Ct 24 should have been disregarded according to this evidence. The tests can't tell the difference between active and inactive RNA matter, and results do not outline the number of cycles used. This should have been included in the data. Test results have continuously been used in place of actual clinical evidence of disease (clinical symptoms) with no scientific basis for doing so. This has led to very damaging ideas about the spread of disease, none of which are scientifically accurate. Outsourcing of testing to private contractors has led to even greater problems with quality control, including improperly trained staff, contamination etc. and therefore has led to further inaccuracies in results.

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The NHS is not overwhelmed, admissions are at normal seasonal levels. Death levels are in line with the 5 year average (although now we may see a rise in excess death due to missed access to medical care).

According to [official figures by the ONS](#), the coronavirus (COVID-19) did not feature in the top ten leading causes of death for deaths registered in September 2020, in England or Wales. In fact, in England, COVID-19 was the 19th most common cause of death and in Wales COVID-19 was the 24th most common cause of death. The notion that a threat of this level should result in a full national lockdown can in no way be deemed 'an appropriate response'.

The government did not employ the appropriate legal act written to deal with an event such as covid. Instead they chose to use the Public Health Act (1984) which gave far-reaching powers for an extended 6 month period. They then voted to extend it for a further 6 months. It is our contention that for a highly dynamic situation, the Civil Contingencies Act was far more appropriate. The Corona Virus Act based on PCR-led data, led to the unconstitutional removal of human rights and civil liberties of the citizens of the UK for extended periods with no justification.

For the reasons cited above, We urge you to contact us to relate your stories of financial, psychological and educational suffering.

It should be also noted that Eminent and vocal scientist Michael Yeadon (former Chief Scientist at Pfizer) has publicly denounced the use of these tests: 'I demand we halt mass PCR testing. Everyone should campaign for this. It is the single action needed to save our society.'

If you have the strong feeling that things are very wrong, your instincts are sound. And it's surprisingly simple to fix. Campaign relentlessly to immediately halt mass PCR testing for reasons above. There is absolutely no risk and only gains. One gain will be the rapid re-emergence of our country.

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