

The many scandals of the PCR test: Part 1

By **Sonia Elijah** March 24, 2021



IN 1993, the biochemist **Dr Kary Mullis** won the Nobel prize for inventing the **PCR** (polymerase chain reaction) technique.

It was designed to analyse DNA in a cost-effective and expedient way by replicating a strand of DNA millions of times, allowing scientists to pinpoint a segment of the strand and amplify it. Polymerase is an enzyme which is essential for producing DNA and RNA.

Mullis's revolutionary method was used to detect genetic mutations to identify genetic diseases such as sickle cell anaemia. It was never designed to diagnose infectious diseases.

In a 1993 interview, Mullis candidly spoke about the dangers of the misuse of PCR testing. Perhaps not surprisingly, the video was removed from YouTube 'for violating its terms of service'. After some digging, I found it posted on archive.org.

In the video, Mullis candidly states: 'It's just a process that is used to make a whole lot of something out of something. It doesn't tell you that you are sick and it doesn't tell you that the thing you ended up with was going to hurt you or anything like that.'

Fast-forward to January 7, 2020. Authorities in China's Wuhan province announce that a novel coronavirus is the cause of cases of pneumonia detected around the end of December 2019.

Remarkably, only three days later, on January 10, a complete viral genome sequence is made available on virological.org.

Around this time in January, Professor Christian Drosten (Reverse Transcription)-PCR test protocol for the novel 2, in his lab in Berlin, based on Mullis's PCR technique. [protocol](#) is accepted by the WHO on January 13, 2020.

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This is almost two months before the World Health Organisation declares the novel coronavirus a pandemic on [March 11, 2020](#).

On January 21, the [Corman-Drosten paper](#) is submitted to the journal *Eurosurveillance*. A rushed peer review occurs the following day (this peer review has never been released despite repeated requests from international scientists).

On January 23, the Corman-Drosten paper is published, laying the foundation for the RT-PCR test to be the ‘gold standard’ for detecting SARS-CoV-2, later confirmed by the WHO.

A sample of the authors of the research paper include: Victor M Corman, Christian Drosten (inventor of the PCR protocol for SAR-CoV-2 who also happens to be the editor of *Eurosurveillance*), Olfert Landt (CEO of the Tib-Mobliol biotech company), Jenna Ellis (Public Health England scientist), Maria Zambon (a member of the Government scientific advisory body SAGE, of the New and Emerging Respiratory Virus Threats Advisory Group and of the WHO International Health Regulations emergency committee). I will refer back to these authors and their conflict of interests in Part 2 of my investigative report.

The science journalist and geneticist Peter Andrews wrote an [article](#) in December 2020 about a proper peer review of the Corman-Drosten paper conducted by a group of 22 highly-experienced scientists from Europe, the USA and Japan.

The group comprised senior molecular geneticists, biochemists, immunologists and microbiologists. They found at least ten major flaws with the paper. The website of the independent peer reviewers is at [CormanDrostenreview.com](#)

Andrews highlights some of the major flaws of the Corman-Drosten PCR protocol, flagged by the 22 group peer review:

- Non-specific, due to erroneous primer design.
- Enormously variable.
- Cannot discriminate between the whole virus and viral fragments.
- Has no positive or negative controls.
- Has no standard operating procedure.
- Does not seem to have been properly peer-reviewed.

Dr Mike Yeadon, one of the scientists who was part of the international review group, highlighted another major flaw with the PCR test in ‘its propensity to suffer from contamination, and the integrity of a PCR is very easily destroyed by invisible levels of contamination even in the hands of an expert, working alone and on a small handful of samples’.

If only the failings of RT- PCR testing ended there. But, tragically, they don’t. The probability of a false positive result of Covid-19 arising from a PCR test is notably high, especially when a high cycle threshold (C

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As I wrote earlier, the PCR test works by replicating str order for them to become large enough to identify. The

to produce something identifiable is called the cycle threshold value. Anything above a CT value of 35 increases the chance of a false positive result.

[Dr Andrew N Cohen](#) co-authored a report as early as May 2020 warning of the dangers of false positive results generated from PCR testing. The research paper alarmingly states:

‘We derived a conservative estimate of the range of false positive rates that can reasonably be expected in SARS-CoV-2 testing. Findings: Review of external quality assessments revealed false positive rates of 0-16.7 per cent with an interquartile range of 0.8-4.0 per cent.’

This means if you are testing 30million people (approximately just under half population of the UK), using a conservative 1 per cent false positive rate it will result in 300,000 false positives.

If you take the median rate of 2.4 per cent, it results in 720,000 false positive cases. You can guess where I am going here – you’ve already got an epidemic just in false positive cases.

The paper goes on to state ‘the high false discovery rate that results, when prevalence is low, from false positive rates typical of RT-PCR assays of RNA viruses **raises questions about the usefulness of mass testing; and indicates that across a broad range of likely prevalences, positive test results are more likely to be wrong than are negative results, contrary to public health advice about SARS-CoV-2 testing**’.

The implications of this are huge and lead to many questions as to why the UK government chose to implement [Operation Moonshot](#) (the name given to the Covid-19 mass asymptomatic PCR testing scheme) with a targeted budget of £100billion proposed by Johnson’s former chief aide Dominic Cummings.

A ‘scandalous’ £12billion was already spent by October 2020 until the [Good Law Project stepped in](#) with the threat of legal action against the Government, claiming ‘that the Moonshot project was unlawful because it ignored scientific evidence and committed a vast sum of public money with no transparency as to how the decisions were made’.

What adds insult to injury is that many government ministers awarded lucrative contacts under Operation Moonshot to companies which were far from suitable.

For example, a company called OptiGene was highlighted in a [Daily Mail article](#) for being so small it doesn’t even have to file full accounts. The article reads: ‘One deal – worth £387million – is with a firm based in Horsham, West Sussex, called OptiGene. Its 2019 accounts state it had assets of just £1.6million.’

More scandals will be revealed in Part 2 of my investigative report on the PCR test.

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