

# How Many People Have Coronavirus? None? Let's Go to the Tests and Find Out..

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**None? Let's go to the tests and find out**

*Lockdown of the population, panic shopping, and the virus*

by [Jon Rappoport](#)

March 15, 2020

Note: this article contains several major points. I could have written it as four or five separate pieces. But because the points are related, they're under one roof here. I ask serious readers to dig in. (For further reference, full archive of "corona epidemic" articles [here](#).)

The other day, I was in a UPS store, and a customer was paying for a large box he was sending to Florida. I asked him what was in the box.

He said, "Toilet paper."

The new economy.

The majority of the people stripping items off store shelves know nothing about the virus, and if they did, they wouldn't care. They're acting like frothing marauders because other people are, too. "I've got to get paper towels and pet food because everyone else is hoarding them." Now there's REAL contagion.

The corollary: If no one were hoarding, store shelves would be adequately stocked, and shopping would be a relatively calm affair.

Quarantines, lockdowns, the advice to maintain “social distancing,” and wall-to-wall propaganda about “transmission of the virus” have resulted in mass cancelation of public events and the shuttering of large venues. Untold numbers of small businesses are in serious trouble.

This is a direct attack on the economy. It is also a ripping of the right to “peaceably assemble,” one of the natural freedoms embodied in the 1st Amendment to the Constitution. As usual, “the threat to public safety and health” is invoked to override freedoms and rights. You would think the public sees through this tired excuse for dictatorial control, but it is not the case. Parental government as a concept and a practice has invaded minds. “Well, sure, they’re taking care of us.” If you believe that, I have condos for sale on the far side of the moon.

At another level, quarantines serve to enforce the idea that all people are medical patients for their whole lives—and, therefore, they must follow medical orders. Get tested, diagnosed, drugged, vaccinated. For what? For all possible diseases and infections.

As far as the coronavirus is concerned, forget about contagion and transmission for the moment. What about the widespread diagnostic test for the virus in humans? Is this PCR test accurate? Is it useful? I keep coming back to the issue, because the whole designation of a “coronavirus case,” if it means anything at all, depends on the veracity of the test—not in a lab or a medical journal, but in life, in the world.

I repeat what I wrote in a recent article: Outside of China, the most widely used test is called the PCR. It must be done with tremendous care, because contamination with irrelevant

microbes and cellular material can yield a misleading and absurd result.

The PCR, it is claimed, can take a tiny, tiny bit of material from a patient and blow it up many times, so it can be identified. "This is the coronavirus. This patient is infected."

Not only that, the test's proponents assert that, quite easily, the PCR can also determine the AMOUNT of virus in the patient's body. Why is that vitally important? Because, to even begin talking about the patient ever getting sick, he must have millions and millions of coronavirus actively replicating in his body.

There are people (and I'm one of them) who challenge the claim that the PCR can show how much virus is in the patient's body. The experts try to brush us off—we don't understand the intricacies of the test, it's highly technical, we're not qualified to make a judgment, etc.

I've been searching for a way around this futile argument. In the process, I've discovered something important about the PCR. I SEE NO EVIDENCE THAT THE ACCURACY OF THE TEST HAS EVER BEEN PROVEN.

Let me explain. You bring your car to a good repair shop. The mechanics hook it up to a device and run a test to diagnose what's causing the car to stall. Who says their tests are accurate? At some point in the past, these diagnostic procedures have been vetted, to make sure they work properly.

And sure enough, when the mechanics say, "We've found the problem," and when they correct that problem, you drive the car and it doesn't stall anymore. This is called a real-life result.

This is not the situation re the PCR. Its proponents claim it can count how much virus is in a patient's body—how much of a

particular virus. But where is the proof, in real-life terms, that the PCR can do that? How was that proof ever established?

When I say proof, I don't mean technical mumbo-jumbo. I'm not referring to the highly dense language these scientists use among themselves. I'm talking about real live human patients, and results.

After all, if the PCR is being used to diagnose people, and if the results are being used to count the number of coronavirus cases in various countries, and if the number of cases forms the basis for, say, locking down the whole of Italy in a mass quarantine...THE TEST IS IMPORTANT, WOULDN'T YOU SAY?

I have seen no wide-ranging proof that the PCR was ever checked properly, when it was first introduced, to show it could do what researchers say it can do.

WHO TESTED THE TEST?

I have come up with a process—a simple process—which will check the veracity of the PCR. It should have been carried out decades ago. The fact that it wasn't is an enormous scandal.

Here it is.

From a hundred patients, very small tissue samples are taken. The PCR lab people don't take the samples. They don't ever see the patients or know who they are.

The lab professionals run these hundred samples through the PCR, obtain results, and then report: what virus did they find in each case, and how much of that virus did they find?

Let's say, in six instances, the lab techs claim they found a great amount of virus in the patients.

Well, those patients should be sick.

Are they? ARE THEY?

“We’ve determined that patients 4, 9, 32, 54, 65, and 86 all have a huge amount of virus in their bodies.”

“Interesting. Thanks. Let’s see. Hmm. Turns out these people are fit as a fiddle. Not sick. I guess your test didn’t work. It’s a flop.”

Or maybe the test does work. The six patients are sick. LET’S FIND OUT. IN THE WORLD, NOT IN JOURNALS.

That’s what I mean by real-life results. No jive, no tap dancing.

There is more. This experiment with the hundred patients? It should be done, not just once, but many times. A hundred patients here at this facility, a hundred patients there at that facility. Thirty or forty different facilities, and thirty or forty different sets of a hundred patients. It should be done by independent scientists without conflicts of interest.

It should have been done decades ago. I see no evidence that it was.

THE TEST WAS NEVER PROPERLY TESTED. A GIANT SCANDAL.

Think about what that means.

Now let’s go to China, where we’re told the majority of people who “have the virus” reside. What diagnostic test are they using there? CT scans of the lungs. Looking for what? Pneumonia. Why? Because it’s being called the number one symptom of coronavirus infection.

They’re kidding, right?

Unfortunately, no.

Well, pneumonia has many causes, none of which needs the presence of a coronavirus. That’s number one. Number two,

roughly 300,000 people in China die of pneumonia every year—long before the supposed coronavirus emerged. And number three, in the city of Wuhan, where the “epidemic” supposedly started, the air quality is horrific. Last summer, protests on the streets of Wuhan attested to citizen outrage at the problem. And, breaking news: disastrous air quality can cause pneumonia—no germs of any kind necessary.

But of course, we can sweep all these concerns off the table because, well, who cares about the accuracy of tests? If people in Los Angeles are fighting over who gets the last six rolls of toilet paper, that’s all the proof we need: this is a global epidemic caused by a virus. Right?

Finally, I’ll make a few comments concerning the ‘BUT WHAT ABOUT THIS’ PEOPLE. They have endless questions centering on reports of corona cases in this country, that country, this city, that town, another planet, another galaxy. I have answered some of those questions. There is a basic point covering all the questions:

DO NOT ASSUME THE PEOPLE WHO ARE SICK IN VARIOUS PLACES ARE ALL SUFFERING FROM THE SAME CAUSE. You might want to read that statement several times.

Since the diagnostic tests for the virus are inaccurate, wrong-headed, and absurd, the LUMPING OF ALL THESE SICK PEOPLE EVERYWHERE UNDER THE SAME LABEL—CORONAVIRUS—IS MEANINGLESS AND DECEPTIVE. Don’t fall for it. Be smarter than that. Stop trying to use one explanation to account for all supposed cases of the virus.

And furthermore, don’t make the false assumption that all these reported coronavirus cases are the result of NEW disease or never- before-seen disease. Where people are genuinely ill, many or most of them have the same health conditions that have been affecting humans for a long, long time—now recycled and re-labeled CORONAVIRUS.

I'm giving you insights I gained in 1987 while researching AIDS. In a nutshell, I took the groups the CDC claimed were at high-risk for AIDS—Haitians, Africans in certain countries, IV street drug users, gay men, hemophiliacs—and found that, for the most part, the groups were suffering from very old diseases and long-standing horrendous environmental conditions. Nothing to do with HIV. And where new illness was present, the causes were mainly chemical toxicity.

“It has to be all coronavirus or all something else.” Wrong. False. Misguided. Baloney. Start over.

I discovered this central con-hustle of the medical cartel 34 years ago, and it applies precisely and across the board, in the current “epidemic.”

For example, for those people researching 5G technology and its harmful health effects, stop stretching your necks trying to prove that 5G has to be THE real and single cause of ALL supposed corona cases. If you show 5G applies to one or two areas where people are being falsely labeled with the virus, you've done a major service. If you can't prove 5G applies to other areas, that's not a problem.

We're looking at multiple factors here. Some people are sick because of X. Others because of Y. Others because of Z. Still others are not sick at all.

But ALL OF THEM are being falsely corralled under the LABEL of coronavirus.

We don't need to replace one fake label with another single label.

Frankly, to use a technical term, this bullshit needs to stop.

If you're somewhat puzzled by this article, go back and read it again. Keep doing that until it comes clear. I say this because, in 1987, I had the same facts in front of me, the

same basic facts I 've presented in this article—and it took me three months to realize the implications and see where I'd bought the big con.

The biggest con of all: THIS EPIDEMIC IS ONE THING.

No. It isn't.