

Lockdowns Are Based on Fraud: Open Letter to People Who Want Freedom

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This article is arranged so you see the fraud in more detail as you read further.

QUICK OVERVIEW

The lockdowns are based on high levels of COVID cases.

“We have so many new cases, we have to lock down.”

This claim is based on the diagnostic PCR test.

The more tests you do, the more positive results come up. A positive result is taken to mean: the person is infected with the virus.

But overwhelmingly, these so-called “infected” people have no symptoms. They are healthy. Nevertheless, each one is called a “COVID case.” This is absurd.

A case should mean the person has clinical symptoms; he is sick.

These people aren't sick, and there is no indication they will get sick.

So...expand testing, test millions of people, obtain results

claiming “infection,” call all these healthy people “cases,” and order lock downs.

This is a straight-out con. The real goal is lockdowns and economic devastation.

IS THE PCR TEST DECEPTIVE?

You need one piece of background here.

The PCR test is run in “cycles.” Each cycle is a quantum leap in amplifying or magnifying the original tiny, tiny piece of material taken from the patient’s swab sample. It’s like blowing up a small photo to an amazing size.

The question is: how many cycles should the PCR test be run at? This is vital issue, because the number of cycles changes the result.

July 16, 2020, podcast, “*This Week in Virology*” [1]: Tony Fauci makes a point of saying the PCR COVID test is useless and misleading when the test is run at “35 cycles or higher.” A positive result, indicating infection, cannot be accepted or believed.

Here, in techno-speak, is an excerpt from Fauci’s key quote (starting at about the 4-minute mark [1]): “...If you get [perform the test at] a cycle threshold of 35 or more...the chances of it being replication-competent [aka accurate] are miniscule...you almost never can culture virus [detect a true positive result] from a 37 threshold cycle...even 36...”

Too many cycles, and the test will turn up all sorts of irrelevant material that will be wrongly interpreted as relevant.

That’s called a false positive.

What Fauci failed to say on the video is: the FDA, which authorizes the test for public use, recommends the test should

be run up to 40 cycles. Not 35.

Therefore, all labs in the US that follow the FDA guideline are knowingly or unknowingly participating in fraud. Fraud on a monstrous level, because...

Millions of Americans are being told they are infected with the virus on the basis of a false positive result, and...

The total number of COVID cases in America—which is based on the test—is a gross falsity.

The lockdowns and other restraining measures are based on these fraudulent case numbers.

Let me back up and run that by you again. Fauci says the test is useless when it's run at 35 cycles or higher. The FDA says run the test up to 40 cycles, in order to determine whether the virus is there. This is the crime in a nutshell.

If anyone in the White House has a few brain cells to rub together, pick up a giant bullhorn and start revealing the truth to the American people.

“Hello, America, you've been tricked, lied to, conned, and taken for a devastating ride. On the basis of fake science, the country was locked down.”

If anyone in the Congress has a few brain cells operating, pull Fauci into a televised hearing and, in ten minutes, make mincemeat out of the fake science that has driven this whole foul, stench-ridden assault on the US economy and its citizens.

All right, here are two chunks of evidence for what I've written above. First, we have a CDC quote on the FDA website, in a document titled: *“CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel For Emergency Use Only.”* [2] See pdf page 38 (doc page 37). This document is marked, “Effective: 12/01/2020.” That means, even though the virus is

being referred to by its older name, the document is still relevant as of Dec 2020. "For Emergency Use Only" refers to the fact that the FDA has certified the PCR test under a traditional category called "Emergency Use Authorization."

FDA: "...a specimen is considered positive for 2019-nCoV [virus] if all 2019-nCoV marker (N1, N2) cycle threshold growth curves cross the threshold line within 40.00 cycles ([less than] 40.00 Ct)."

Naturally, MANY testing labs reading this guideline would conclude, "Well, to see if the virus is there in a patient, we should run the test all the way to 40 cycles. That's the official advice."

A disastrous inference.

Then we have a New York Times article (August 29/updated September 17) headlined: "*Your coronavirus test is positive. Maybe it shouldn't be.*" [3] Here are money quotes:

"Most tests set the limit at 40 [cycles]. A few at 37."

"Set the limit" would usually mean, "We're going to look all the way to 40 cycles, to see if the virus is there."

The Times: "This number of amplification cycles needed to find the virus, called the cycle threshold, is never included in the results sent to doctors and coronavirus patients..."

Boom. That's the capper, the grand finale. Labs don't or won't reveal their collusion in this crime.

Get the picture?

IS THE PCR TEST USEFUL AND MEANINGFUL?

Now let's go to published official literature, and see what it reveals. Spoiler alert: the admitted holes and shortcomings of the test are devastating.

From “*CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel For Emergency Use Only.*” [2]:

“Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.” (doc page 40)

Translation: A positive test doesn’t guarantee that the COVID virus is causing infection at all. And, ahem, reading between the lines, maybe the COVID virus might not be in the patient’s body at all, either.

From the World Health Organization (WHO): “*Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans*”:

“Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar.”

Translation: Some PCR tests register positive for types of coronavirus that have nothing to do with COVID—including plain old coronas that cause nothing more than a cold.

The WHO document adds this little piece: “Protocol use limitations: Optional clinical specimens for testing has [have] not yet been validated.”

Translation: We’re not sure which tissue samples to take from the patient, in order for the test to have any validity.

From the FDA: “*LabCorp COVID-19RT-PCR test EUA Summary: ACCELERATED EMERGENCY USE AUTHORIZATION (EUA) SUMMARY COVID-19 RT-PCR TEST (LABORATORY CORPORATION OF AMERICA)*” [5]:

“...The SARS-CoV-2RNA [COVID virus] is generally detectable in respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2

RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status...THE AGENT DETECTED MAY NOT BE THE DEFINITE CAUSE OF DISEASE (CAPS are mine). Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.”

Translation: On the one hand, we claim the test can “generally” detect the presence of the COVID virus in a patient. But we admit that “the agent detected” on the test, by which we mean COVID virus, “may not be the definite cause of disease.” We also admit that, unless the patient has an acute infection, we can’t find COVID. Therefore, the idea of “asymptomatic patients” confirmed by the test is nonsense. And even though a positive test for COVID may not indicate the actual cause of disease, all positive tests must be reported—and they will be counted as “COVID cases.” Regardless.

From a manufacturer of PCR test kit elements, Creative Diagnostics, “*SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit*” [6]:

“This product is for research use only and is not intended for diagnostic use.”

Translation: Don’t use the test result alone to diagnose infection or disease. Oops.

“non-specific interference of Influenza A Virus (H1N1), Influenza B Virus (Yamagata), Respiratory Syncytial Virus (type B), Respiratory Adenovirus (type 3, type 7), Parainfluenza Virus (type 2), Mycoplasma Pneumoniae, Chlamydia Pneumoniae, etc.”

Translation: Although this company states the test can detect COVID, it also states the test can read FALSELY positive if the patient has one of a number of other irrelevant viruses in

his body. What is the test proving, then? Who knows? Flip a coin.

“Application Qualitative”

Translation: This clearly means the test is not suited to detect how much virus is in the patient’s body. That’s another indication that the test is useless for determining whether the patient is ill—since millions and millions of virus must be present, in order to produce illness.

“The detection result of this product is only for clinical reference, and it should not be used as the only evidence for clinical diagnosis and treatment. The clinical management of patients should be considered in combination with their symptoms/signs, history, other laboratory tests and treatment responses. The detection results should not be directly used as the evidence for clinical diagnosis, and are only for the reference of clinicians.”

Translation: Don’t use the test as the exclusive basis for diagnosing a person with COVID. And yet, this is exactly what health authorities are doing all over the world. All positive tests must be reported to government agencies, and they are counted as COVID cases.

Those quotes, from official government and testing sources, torpedo the whole “scientific” basis of the test.

CONCLUSION: The PCR test is useless and deceptive. It provides de facto dictators the opportunity to cite “new case levels” and lock down populations, creating economic and human devastation.

RESIST, REBEL, PROTEST, OPEN UP THE ECONOMY ANY WHICH WAY YOU CAN.

SOURCES:

[1] https://www.youtube.com/watch?v=a_Vy6fgaBPE

[2] <https://www.fda.gov/media/134922/download>

[3] [nytimes.com/2020/08/29/health/coronavirus-testing.html](https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html)

[4]

<https://web.archive.org/web/20200301092906/http://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance> (for <http://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>)

[5] <https://www.fda.gov/media/136151/download>

[6] <https://www.creative-diagnostics.com/pdf/CD019RT.pdf>