

What Do We Know?

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December 16, 2020

We know that the PCR tests being used are not “fit for purpose”, that they are for **Research Use Only**. They are not meant to be used as diagnostic tools, and the late inventor of the RT-PCR instruments was very clear about this. According to the late Dr. Kary Mullis,

“PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment.” (1)

We also know that Coding changes to Death Certificates have fabricated false perceptions about COVID lethality. CDC coding changes blurred the important distinction between dying OF COVID and dying WITH COVID. Consequently co-morbidities such as heart disease, cancer, etc. have been largely negated and COVID has been relegated an artificially high importance in terms of Cause of Death reporting.

Dr. Ngozi Ezike explained the “death count” in a May 2020 press conference with these words:

“I just want to be clear in terms of the definition of ‘people dying of COVID’.

So, the case definition is very simplistic. It means, at the time of death, it was a COVID positive diagnosis.

So, that means that if you were in hospice and had already been given, you know, a few weeks to live, and then you were

also to have found to have COVID, that would have counted as a COVID death.

It means that if technically even if you died of a clear alternate cause, but you had COVID at the same time, it's still listed as a COVID death.

So, everyone who is listed as a COVID death, doesn't mean that that was the cause of death, but they had COVID at the time of death.

I hope that's helpful." (2)

According to [H. Ealy, M. McEvoy et al](#) in "Covid-19: Questionable Policies, Manipulated Rules of Data Collection and Reporting. Is It Safe for Students to Return to School?":

"The 2003 guidelines for establishing death certificates had been cancelled. "Had the CDC used its industry standard, *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting Revision 2003*, as it has for all other causes of death for the last 17 years, **the COVID-19 fatality count would be approximately 90.2%** lower than it currently is." (3)

To summarize then, the tests that are widely used to test for COVID are not fit for diagnostic purposes. Additionally, prior to the announced pandemic, coding changes made to Death Certificates falsely and very significantly increase COVID Death Statistics.

These two factors alone create substantial misperceptions about the danger and lethality of COVID-19.

(1) John O'Sullivan, " [The COVID-19 PCR Test Is Key To The Pandemic Fraud.](#)" Principia Scientific International, 8 September, 2020.

(2) "[THE DEATH COUNT EXPLAINED: Dr. Ngozi Ezike, director of Illinois Department of Public Health.](#)" 16 May, 2020. YouTube

(3) [H. Ealy, M. McEvoy et al , “Covid-19: Questionable Policies, Manipulated Rules of Data Collection and Reporting. Is It Safe for Students to Return to School?/If COVID Fatalities Were 90.2% Lower, How Would You Feel About Schools Reopening?” Global Research, August 09, 2020/Children’s Health Defense, 24 July 2020.](#)

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