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I’m a Clinical Lab Scientist, COVID-19 Is Fake, Wake Up America!

By Derek Knauss and Prof Michel Chossudovsky
Global Research, February 12, 2021
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The following statements by **Dr. Derick Knauss** on the identity of the virus and on the failures of the PCR test are corroborated by numerous scientific studies including the WHO. See the text by Prof. Michel Chossudovsky at the foot of Dr. Knauss’ article

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I have a PHD in virology and immunology. I'm a clinical lab scientist and have tested 1500 supposed positive Covid 19 samples collected here in S. California. When my lab team and I did the testing through Koch's postulates and observation under a SEM (scanning electron microscope), we found NO Covid in any of the 1500 samples.

What we found was that all of the 1500 samples were mostly Influenza A and some were influenza B, but not a single case of Covid, and we did not use the B.S. PCR test.

We then sent the remainder of the samples to Stanford, Cornell, and a few of the University of California labs and they found the same results as we did, NO COVID. They found influenza A and B. All of us then spoke to the CDC and asked for viable samples of COVID, which CDC said they could not provide as they did not have any samples. We have now come to the firm conclusion through all our research and lab work, that the COVID 19 was imaginary and fictitious.

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The flu was called Covid and most of the 225,000 dead were dead through co-morbidities such as heart disease, cancer, diabetes, emphysema etc. and they then got the flu which further weakened their immune system and they died.

I have yet to find a single viable sample of Covid 19 to work with. We at the 7 universities that did the lab tests on these 1500 samples are now suing the CDC for Covid 19 fraud. the CDC has yet to send us a single viable, isolated and purifed sample of Covid 19. If they can't or won't send us a viable sample,

I say there is no Covid 19, it is fictitious. **The four research papers that do describe the genomic extracts of the Covid 19 virus never were successful in isolating and purifying the samples.** All the four papers written on Covid 19 only describe small bits of RNA which were only 37 to 40 base pairs long which is NOT A VIRUS. A viral genome is typically 30,000 to 40,000 base pairs.

With as bad as Covid is supposed to be all over the place, how come no one in any lab world wide has ever isolated and purified this virus in its entirety? That's because they've never really found the virus, all they've ever found was small pieces of RNA which were never identified as the virus anyway.

So what we're dealing with is just another flu strain like every year, COVID 19 does not exist and is fictitious. I believe China and the globalists orchestrated this COVID hoax (the flu disguised as a novel virus) to bring in global tyranny and a worldwide police totalitarian surveillance state, and this plot included massive election fraud to overthrow Trump.

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"False Positives" and the Identification of the Virus

Excerpt from Prof. Michel Chossudovsky's E-Book

> **The 2020 Worldwide Corona Crisis: Destroyig Civil Society, Engineered Economic Depression, Global Coup d'État and the "Great Reset"**
>
> Global Research E-Book, Centre for Research on Globalization (CRG)

While **SARS-CoV-2** –namely the the virus which is said to cause COVID-19 (categorized as a disease), was isolated in a laboratory test in January 2020, **the RT-PCR** test does not identify/ detect the virus. **What it detects are fragments of viri**. According to renowned Swiss immunologist **Dr B. Stadler**

> So if we do a PCR corona test on an immune person, **it is not a virus that is detected**, but a small shattered part of the viral genome. **The test comes back positive for as long as there are tiny shattered parts of the virus left.** Even if the infectious viri are long dead, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material enough [to be detected].

The Question is Positive for What?? The PCR test does not detect the identity of the virus, According to **Dr. Pascal Sacré,**

> **these tests detect viral particles, genetic sequences, not the whole virus.**
>
> In an attempt to quantify the viral load, these sequences are then amplified several times through numerous complex steps that are subject to errors, sterility errors and contamination.

Positive RT-PCR is not synonymous with COVID-19 disease! PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient's state of health to confirm its value [reliability]

The media frighten everyone with new positive PCR tests, without any nuance or context, wrongly assimilating this information with a second wave of COVID-19.

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WHY then was it adopted??

The Controversial Drosten RT-PCR Study

F. William Engdahl in a recent article documents how the RT-PCR Test was instated by the WHO at the outset, despite its obvious shortcomings in identifying the 2019-nCoV. The scandal takes its roots in Germany involving "a professor at the heart of Angela Merkel's corona advisory group":

On January 23, 2020, in the scientific journal Eurosurveillance, of the EU Center for Disease Prevention and Control, **Dr. Christian Drosten**, along with several colleagues from the Berlin Virology Institute at Charité Hospital, [together] with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study entitled, "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance January 23, 2020).

While Drosten et al's Eurosurveillance article (undertaken in liaison with the WHO) confirmed that "several viral genome sequences had been released", in the case of 2019-nCoV, however, "**virus isolates or samples from infected patients** were not available … ":

> "The genome sequences suggest presence of a virus closely related to the members of **a viral species termed severe acute respiratory syndrome (SARS)-related CoV,** a species defined by the agent of the 2002/03 outbreak of SARS in humans [3,4].
>
> We report on the the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], **designed in absence of available virus isolates or original patient specimens.** Design and **validation were enabled by the close genetic relatedness to the 2003 SARS-CoV**, and aided by the use of synthetic nucleic acid technology." (Eurosurveillance, January 23, 2020, **emphasis added).**

What this (erroneous) statement suggests is that the identity of 2019-nCoV was not required and that "validation" would be enabled by "the close genetic relatedness to the 2003-SARS-CoV."

The recommendations of the Drosten study (supported and financed by the Gates Foundation) pertaining to the use of the RT-PCR test applied to 2019-nCoV were then transmitted to the WHO. They were subsequently endorsed by the Director General of the WHO, **Tedros Adhanom.** The identity of the virus was not required.

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microbiologists et al. "Their careful analysis of the original [Drosten] piece is damning. … They accuse Drosten and cohorts of "fatal" scientific incompetence and flaws in promoting their test" (Engdahl, December, 2020).

The results of the PCR Test applied to SARS-2 are blatantly flawed. Drosten et al recommended the use of a 45 amplification threshold cycle (Ct), which was endorsed by the WHO in January 2020.

According to Pieter Borger, et al

The number of amplification cycles [should be] less than 35; preferably 25-30 cycles. In case of **virus detection, >35 cycles** only detects signals which do not correlate with infectious virus as determined by isolation in cell culture…(Critique of Drosten Study)

The WHO's RT-PCR "Retraction" (January 20, 2021)

The RT-PCR test was adopted by the WHO on January 23, 2020, following the recommendations of the Drosten study quoted above.

One year later on January 20th, 2021, the WHO came out with the admission that the PCR test will yield biased results if they are conducted above a certain cycle threshold used for amplification. Below is the text of the WHO's "retraction":

> WHO guidance Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed (*1*). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation,**a new specimen should be taken and retested** using the same or different NAT technology.

What this admission of the WHO confirms is that **most of the estimates of covid positive under the so-called "Second Wave" (with amplification cycles in excess of 35) are invalid,** which means that the lockdown / economic measures which have resulted in social panic, mass poverty and unemployment (allegedly to curtail the spread of the virus) have no justification whatsoever.

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Millions of people worldwide have already been tested:

> "if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), **the probability that said person is actually infected is less than 3%**, **the probability that said result is a false positive is 97%** (Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al, Critique of Drosten Study)

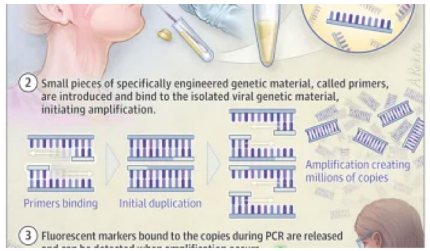
At the time of writing (Second Wave) the test is being used extensively to hike up the numbers with a view to justifying a partial lockdown with devastating social and economic impacts including the engineered bankruptcy of tourism, air travel and the urban services economy.

Both the WHO and the scientific assessments (quoted above) confirm unequivocally that the tests adopted by governments to justify the destabilization of their national economy are TOTALLY INVALID. Moreover, those PCR tests are not routinely accompanied by a medical diagnosis of the patients who are being tested.

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