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The Mis-Use of PCR Tests and Other Ways the Psychotic Covid Panic Narrative Was Created

BY **DR CARL HENEGHAN AND DR TOM JEFFERSON** 30 AUGUST 2022 10:00 AM

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Throughout restrictions which **Lord Sumption** called a “catastrophe”, we were exposed to the mantra of ‘follow the science’. But unfortunately, the only ‘science’ that seems to have been followed in the major decisions is that of modellers and government departments.



Models are akin to opinions. If they are science, the evidence they provide sits on the lowest rung of the ladder. Modellers are accountable to no one; most have never seen a patient in their lives as they have no clinical background, which impedes their understanding of how people behave. Individuals are not herds of buffalos. Some modellers have a consistent track record of getting their predictions dramatically wrong with (again) catastrophic consequences.

Since the start, we have looked at the evidence underpinning the fear-generating narrative pushed by the Government, some politicians, the media and many Twitterati, who overnight forgot the principles of scientific investigation, equipoise or uncertainty and the work of many pioneers in respiratory virus epidemiology spanning a century.

The psychotic narrative rests on three legs of what we call the Covid narrative stool.

The first leg is the number of cases. We have **shown** that misuse of polymerase chain reaction (PCR) based on a superficial understanding amplified the number of 'cases' as many of these were not likely to be infectious at all.

The second leg was the hospital pressure theme. Here using data which should have been available (but are not), we have **shown** that up to 40% of hospital cases were infected while in hospital, a phenomenon which shows no sign of abating.

The data from three devolved nations and our interpretation have been serialised **on our website**.

Finally deaths. A death in epidemiology is the one inevitable outcome you can observe and tally. The question is: what caused it? This is called attribution. Looking at the data from **freedom of information requests** made by an alert public and the response at times by patronising authorities, we counted 14 different ways of attributing deaths to COVID-19. The first prize for the most bizarre was the Care Quality Commission's: it left it to the care provider to decide the cause of death. So it is possible that administrators decided what role SARS-CoV-2 played in your grandmother's death. In one health authority's case, deaths of people who tested 'negative' were rolled into the Covid total.

So the catastrophe described by Lord Sumption was underpinned by very weak evidence; science was nowhere to be seen. Consequently, it remains impossible to separate the impact of SARS-CoV-2 from that of the policies designed to 'combat' it.

As the usual sources start gearing up to call for a new round of interventions and restrictions, have these massive cracks in evidence gathering and interpretation been tackled?



Hands up, who's got the answer?

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PCR Test Pseudo-epidemic

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