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ON WAFER-THIN ICE

The pandemic narrative stands on feet of clay in terms of its scientific evidence, which the critics of scaremongering do not pay enough attention to.

by **Matthias Müller**

Photo: Couperfield / Shutterstock.com

It seems as if the "Coronas Witnesses" have achieved what was for a long time frowned upon in science - at least according to their alleged self-image: the reversal of the burden of proof when evaluating scientific theories. Dealing with scientific theories has hitherto been subject to the cruel dictates of empiricism: if even a single observation did not agree with the theory, it was considered refuted, even if ten thousand observations seemingly supported the theory. So they go, the good old days of science. Because the "New Normal" apparently also includes actively fending off facts - especially when they conflict with the narrative of a few protagonists. Since Corona: Even if thousands of facts Studies and well-documented observations refute the pandemic theory, but this does not change its dogged spread. That is deeply despicable. It's time to end the cuddle class with the scare makers.

In the past few months, countless independent researchers, medical professionals, scientific experts, but also savvy, independent journalists and watchful thinkers have spoken out through videos on social networks, through short or voluminous articles, through impressive research. Discussions and conversations are also common in the personal environment. However, the merciless hunt down of these people by the mainstream media, the barrage of discrediting, denigration and defamation have turned every normal conversation into a highly explosive minefield.

For fear of being immediately insulted and branded as a corona denier, Covidiot or right-wing conspiracy theorist at the first sign of criticism, most of them are consciously willing to compromise, even downright

harmless. The introduction "I am not a corona denier / conspiracy theorist / belittled, we know the virus exists, but ..." has become a standard phrase. Almost like an offering, a gift for a guest, it is offered almost submissively in order to attract a little gracious attention.

Not only is this deeply unworthy, it makes you feel sick. There is no reason, in the slightest, to bow to the fascist dictates of opinion by some elitist speakers. Truth is not a matter of negotiation. It is time to put on somewhat tougher bandages in the hand-to-hand combat of the evidence-based dispute and finally to put Corona's witnesses in their place. You like to self-righteously refer to the critics of the panic narrative as "corona deniers", but it is they who deny: They deny the facts. Obviously, it is part of the particular irony of this "New Normal" that precisely those whose narrative shows such dramatic anemia in terms of their evidence are so happy to demand "Sources!" And "Evidence!". Well, so be it. Let's talk about theories and facts.

THEORY NUMBER 1: SARS-COV-2

Let's start with the initial hypothesis, the fabulous "2019 novel Coronavirus", which - according to legend - hopped down from a bat, somehow landed on the Wuhan fish market and from there the first humans attacked. Such a phenomenon is called zoonosis when an animal virus suddenly discovers its taste in human cells.

What are the facts of this story? Sources such as Wikipedia provide insufficiently precise information on this, so we have examined the **original virus identification protocol** ([https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)30251-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30251-8.pdf)). It can be seen from them that samples of respiratory secretions were taken from a total of nine patients in Wuhan at the beginning of January 2020. All samples were cleaned using the same procedure. No intact, reproductive virus was found in any of the samples. What was found were exclusively artifacts from a wide variety of genetic material, which only tested negative against 5 to 18 known viruses and 3 to 5 types of bacteria in order to rule out these as possible causes of the pneumonia observed in the patients.

Interestingly, they were satisfied with these random exclusion tests - after all, there are at least 10 different bacterial strains, each with various subspecies, including highly dangerous hospital germs that are known to cause pneumonia, as well as fungal diseases and toxins of chemical or biological origin, smog or radiation exposure.

Wuhan is one of the world's most polluted cities. They did not want to consider all of these obvious possibilities as a possible cause of the lung diseases of these nine patients, but rather went in search of a "new" virus with a striking determination. As a result, the smear material was multiplied in cell culture and reconstructed using complicated genetic engineering processes based on models and comparisons from gene databases, missing parts were added by genetic engineering - like a puzzle in which not all parts were present.

A "complete" genome could be reconstructed from seven of the nine samples. To put it precisely, Sars-Cov-2 was not "discovered", but rather reconstructed - composed of fragments of RNA (ribonucleic acid) found and the gaps filled with the help of computer models. To date, no complete, intact and replication-capable (i.e. no "living" virus - this term is misleading because viruses are technically not "living") Sars-Cov-2 has been discovered, isolated and analyzed. With the entire Corona "discovery", we correctly speak of a reconstruction rather than a "proof".

This reconstruction did not correspond to any picture of the known Corona family members, so it was assumed that a new discovery. However, whether this virus actually exists, let alone whether it is new, cannot be validated in this way, since the aforementioned reconstruction process is not proof in the actual sense. An example may serve to provide a better understanding: Suppose you buy a sack full of Lego bricks for your children on Ebay, used, unsorted. Now your filius will manage to build a pretty red fire truck from this material. Does this provide proof that an original Lego fire engine ever existed in the Lego collection you bought? Or is it simply thanks to creativity and the amount of suitable individual parts, that this fire engine could be constructed? You just don't know.

The virologists have agreed not to embarrass each other by asking such uncomfortable questions. There is a "scientific consensus" that a genetic engineering reconstruction should be recognized as "evidence". In fact, a reconstruction does not become proof even if all virologists assure each other that it would be. A discovery is the first observation of something that exists of itself as a whole. A reconstruction, on the other hand, is the creation of a whole from individual parts - according to the theoretical conception of a fictitious whole.

Even in the very early days of research into pathogens, people knew about the dilemma of "discoveries" in which nothing was actually discovered. Therefore, the four "Koch's postulates" were set as the gold standard for pathogen detection. These postulates laid down by Robert Koch ensure that one does not lose sight of the forest for all the sawdust in the scientific zeal for discovery. They must be fulfilled in the case of a "real" pathogen detection, otherwise the evidence is deemed not to have been provided. They should be presented here in short form:

- The first postulate states that the suspected pathogen must always be associated with the disease that it allegedly caused. This means that the pathogen must be present in every case of the disease, but the pathogen must not be present in healthy individuals.
- The second postulate concentrates on its isolated pure form. The suspected pathogen must be grown in pure culture. If it is not possible to cultivate the pathogen under laboratory conditions that correspond to those in its preferred host organ and to isolate it completely from other organisms, the pathogen is deemed not to have been detected.
- The third postulate demands that the pathogen that has been grown in pure culture and completely isolated must trigger exactly the disease in a healthy host organism that is ascribed to it. If this does not succeed, the proof is not provided.
- Finally, the fourth postulate is the cross check. After the cultured pathogen has triggered the disease in question again in the healthy host organism, it must be possible to isolate it again and be identical to the original pathogen.

A pathogen is only considered to be detected if all these conditions are met. In the first evidence from Wuhan regarding Sars-Cov-2, not a single one of Koch's postulates was fulfilled, it was a pure reconstruction. In addition to the first pseudo-proof from January 2020 in Wuhan, further proof attempts were made for Sars-Cov-2. There are a total of four other studies that allegedly provided evidence; all of these alleged evidence studies were genetic engineering reconstruction methods (1 to 4).

When asked by Torsten Engelbrecht, an award-winning journalist, and the independent researcher Konstantin Demeter, all authors of the above-mentioned studies confirmed in writing that their submissions *did not* fulfill Koch's postulates. Moreover, they admitted that they had no evidence that the RNA material used to reconstruct the Sars-Cov-2 genome was virus-like particles or cell debris, pure or impure, or viral particles of any kind. In other words, everyone built red fire engines out of a pile of colorful Lego bricks.

The experienced virologist Charles Calisher has also examined all studies that have ever been published worldwide to determine whether Sars-Cov-2 has ever been isolated in its pure form and detected as a wild virus capable of replication. The answer to that is no. Since the first day of the "pandemic", not a single real proof of Sars-Cov-2 has been produced anywhere in the world. So far, Sars-Cov-2 is just a theory, a phantom image of an alleged pathogen, nothing more. All previous "evidence" were no evidence, but genetic engineering reconstructions. In no case was Koch's first postulate kept, let alone all four. There is no experiment or study anywhere in the world

These are the facts. Sars-Cov-2 is nothing more than a vague assertion that is spread in the media with astonishing aggressiveness until proper evidence is provided according to real scientific rules. Presumably, this aggressiveness is due to the shockingly weak evidence, because those who have no arguments are usually loud. Aggressive sound pressure, however, does not replace scientific evidence, nor does it suspend the obligation to provide evidence. Although the novel coronavirus is a theory that has not yet been proven, it may well be possible that it could apply.

You can't deny that across the board. However, we would definitely like to deny that so-called experts can make well-founded statements about the alleged properties and effects of this phantom. Statements that begin with the words "We know about the virus that ..." are nothing more than pseudoscientific ramblings, vain self-importance, boastful gossip.

These impostors know absolutely nothing about this virus, because no one on this planet, no doctor and no virologist has ever seen it. Such is the state of affairs - and if a discussion is conducted on the basis of the scientific evidence available so far, then it starts with precisely this fact: Sars-Cov-2 is a theory that is still unproven - everything we know about it is based on that genetically engineered model of a fictitious new virus. The question of how a functioning vaccine can be developed against a virus for which there is currently only a theoretical model can only be answered with a lot of imagination and a good deal of business acumen.

THEORY NUMBER 2: COVID-19

"Covid-19" is the dramatic name for the disease that Sars-Cov-2 is said to cause. There is a reason for this vague formulation, because the disease "Covid-19" cannot be clinically proven.

What does that mean? If a disease cannot be clinically proven, then this means that there is neither a specific symptom nor a typical clinical course that would be sufficiently significant that the disease could be accurately diagnosed, ie "proven". According to the Robert Koch Institute (RKI), Covid-19 is clinically defined by "respiratory symptoms of any severity". This is an everyday definition and in no way suitable to adequately characterize a disease clinically. What are "Respiratory Symptoms of Any Severity"? Easier cold? Yes of course. Sneeze? Clear. To cough? Of course. Fever? Not really, but here ... yes, yes. Lung infection? But hello! A slight scratchy throat? For sure. Itchy nose? But something of!

"Respiratory symptoms of any severity" is any condition outside of the completely healthy, somewhere in the area of the respiratory tract. This means that every flu infection, every cough, every hay fever, every pneumonia or even a common cold is by definition possibly a "Covid-19", but none of it can be a "Covid-19". "Covid-19" has no specific symptom and no typical course.

There is nothing to clinically identify this ominous disease, and nothing to rule it out. If there is anything at all that one could say that is typical of an "infection" with Sars-Cov-2 with sufficient statistical significance, it is that the "infected person" is and remains completely healthy, because that is currently the case with over 90 percent of those who tested positive. This is remarkable for a global killer virus for which basic constitutional rights are suspended and the world economy is put into an artificial coma.

The "killer virus" causes absolutely nothing in eight out of ten "infected people" and the remainder have symptoms similar to the flu. Only in a tiny fraction are the symptoms - again flu-like - difficult, which also coincides with the seasonal flu, but flu viruses are far more reliable in terms of their pathogenic potential. Sometimes **months of exhaustion** (https://www.focus.de/gesundheit/praxistipps/chronisches-erschopfungssyndrom-das-sind-die-anzeichen-fuer-cfs_id_6947032.html) even after the disease has subsided, body **aches** (<https://www.hexal.de/patienten/ratgeber/erkaeltung/symptome/erkaeltung-oder-grippe>), temporary loss of **smell and taste** (<https://www.fachaezte-muenchen.com/news/detail/riechstoerungen-wenn-die-nase-ihren-dienst-aufgibt/>), **formation of blood clots** (<https://www.ndr.de/ratgeber/gesundheit/Grippe-Herzinfarkt-Risiko-steigt,grippe254.html>), **damage to the immune system** (<https://www.lungenaerzte-im-netz.de/krankheiten/grippe/komplikationen/>), **organ damage** (<https://www.welt.de/gesundheit/article6453079/Die-Grippe-hinterlaesst-ein-wehrloses-Immunsystem.html>), **brain damage** (https://www.medica.de/de/News/Archiv/Grippe_mit_Langzeitfolgen), **heart damage** (https://www.stiftung-gesundheitswissen.de/wissen/grippe/hintergrund?gclid=Cj0KCQjw8fr7BRDSARIsAK0Qqr74sy83SAFC7dt7Ozmb7VIQ8AsqKVSHVBYX9sssaAqTbe_VA3ru1SUaArFHEALv). All this, for example, does the influenza virus as well and is not an exclusive property of Sars-Cov-2. As before, the question of differential diagnoses remains open to clarify what exactly Sars-Cov-2 does - and what not.

However, some overzealous doctors and medical professionals have drawn considerable media attention by claiming to have seen particularly mysterious cases of this phenomenon. The Reinhold Messners of the medical society, to whom the epidemiological yeti in person appeared in the form of an evil "Covid-19", report gruesome organ damage as well as destroyed lung tissue and vascular damage. These anecdotes actually require a more detailed scientific evaluation, but strangely enough, in these cases - which are extremely interesting from a medical point of view - scientific examinations, autopsies and research are largely absent.

As a sensational lead story, these tabloid descriptions of individual cases are good enough, but apparently not sufficiently motivating for the research of a global killer. The fact is: In many of these individual cases, other causes for the unusual symptoms have subsequently emerged or, possibly, uncomfortable examinations have been deliberately avoided. Couldn't certain lung damage also have been caused by **contraindicated invasive ventilation** (https://www.evms.edu/covid-19/covid_care_for_clinicians/)? What does the documentation look like? Have experimental, incorrect, or inappropriate therapies been used? From countries like Italy, Spain or the USA, massive, hair-raising medical errors have become known.

However you want to classify the descriptions of the said, media-related doctors - the fact is that they remain a statistically irrelevant marginal phenomenon. The overwhelming majority of the "infected" are completely spared these inexplicable phenomena.

The so-called difficult processes alone give reason enough to question critically. At least it is extremely striking that *none* of them have bothered to diagnose the difference. One was always satisfied with a positive corona test, no further examinations were carried out on any of the patients worldwide, at least not systematically. But that would be the dictate of science - after all, the natural urge to research alone should guide every medical professional to take a closer look at a new, global killer epidemic. Why were no additional tests carried out to rule out infection with another virus - for example flu viruses - or various bacteria?

How do we want to know whether the "severe courses" did not carry an influenza virus or other pathogens in addition to Sars-Cov-2 and are in fact affected by them? There is not a single study in the world that shows that Sars-Cov-2 causes any disease at all. There is only one questionable "test", which in some cases is associated with a more or less severe influenza infection, but in most cases not even that. To speak of "evidence" here mocks any medical or scientific basis. The extremely noticeable, almost complete absence of the typical annual flu cases this year should certainly give food for thought. A statistically completely normal number of respiratory illnesses in 2020 - but the annual flu is not included? Did Covid-19 beat the flu?

In Germany alone, around **40,000 people** (<https://www.ebm-netzwerk.de/de/veroeffentlichungen/covid-19>) die of community-acquired pneumonia every year. Hospital germs are a huge topic worldwide and take the top position among the fatal infectious diseases. No other infection phenomenon kills more people in Europe. Could it not be that a large proportion of the alleged deaths from Covid-19 are actually due to these extremely dangerous, but also politically extremely uncomfortable pathogens? In Italy alone there is a lot to be said for this theory, because over 80 percent of all Covid-19 patients there were also treated with antibiotics, which indicates a bacterial superinfection. Italy has the biggest problem **with multi-resistant germs of** (<https://correctiv.org/recherchen/keime/artikel/tag/italy/>) all European countries.

In Italy, more than 50,000 people die of hospital germs every year, but strangely enough not in spring 2020. Amazing, isn't it? It would be absolutely obvious to clarify this possible cause for a "severe course" at least once, before blaming the cause of death on something that up to then - actually until today - had not even been scientifically researched correctly. Or did you not want to forego certain financial **incentives** (<https://www.kvb.de/praxis/qualitaet/hygiene-und-infektionspraevention/infektionsschutz/coronavirus/>) "in connection with **number of cases** (<https://eu.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/>)" in the pandemic practices and hospitals? After all, there are attractive bonus payments from the health insurers for Covid-19 patients, which can quickly double the normal billing rates ...

Basically, these special cases collide massively with Koch's postulates mentioned at the beginning and thus plunge the entire Covid-19 myth into hardship and misery: Koch's postulates require a pathogen that it

triggers a disease that is essentially always the same, so "typical" runs. Healthy individuals are not allowed to carry the pathogen within themselves, sick individuals must carry the pathogen - otherwise the alleged pathogen is to be denied its pathogen properties. Now, with Sars-Cov-2, we have a particularly strange bird at the start: As a rule - currently at over 90 percent - it does not make people sick, but it is "detectable" and thus already violates Koch's first rule times basically.

The remaining 10 percent have symptoms, sometimes severe, but not typical. To make matters worse, there are extremely many people who show symptoms of "Covid-19" - that is, "any" symptoms in the airways - but where Sars-Cov-2 cannot be detected. Another massive violation of the strict postulates of the pioneer of infection theory, Robert Koch. So how now? Does Sars-Cov-2 trigger a real, typical disease that deserves to be called "Covid-19" or not?

Well the answer is sobering. After meanwhile millions of tests it is clear with overwhelming statistical rigor: No. In the overwhelming number of cases - well over 80 percent - the alleged virus does not trigger anything and the rest lead to illnesses that essentially correspond to the symptoms and mortality of a normal flu-like infection. Covid-19 cannot be differentiated from a normal flu-like infection by any specific symptom or typical course.

So when we speak of the global killer epidemic, the "pandemic", we are speaking on the basis of exactly this tough truth: "Covid-19" cannot be clinically proven as an independent disease. There is not even enough medical evidence to claim that "Sars-Cov-2" would cause any disease at all, since it has not even been investigated, let alone proven, whether it was associated with a positive PCR test. Diseases are merely a coincidence or actually a causality. The difference is huge: every time the Big Ben bell rings in London, someone dies in Europe. Is that why the stroke of the bell itself is fatal?

THEORY NUMBER 3: THE RT-PCR TEST

The assertion "The virus is in circulation!" Is, strictly speaking and factually considered, not empirically verifiable. Rather, the RT-PCR test is "in circulation". If the result is "positive", it is referred to as an "infection", but this interpretation is scientifically inadmissible, as we will explain in detail below. The entire pandemic narrative is based solely on this test procedure. Without the RT-PCR test, the "pandemic" would never have got going and probably would not even have been noticed.

The majority of the population actually knows absolutely nothing about the current "corona test". Maintaining this ignorance may be intentional, but at least it is accepted with approval by politics and the media - it is evidently avoided to explain the procedure to people at least in a somewhat understandable way. If the population understood this test, the "pandemic" would have ended by the hour, so education is sorely needed. Not that numerous medical professionals, journalists with professional ethics, and real scientists have not tried this yet - but it is apparently still not enough.

The PCR test is a genetic engineering process that was developed in 1983 by the biochemist Kary Mulis. Mulis was awarded the Nobel Prize in 1993 for this. PCR stands for "Polymerase Chain Reaction", the "RT" in front stands for "Reverse Transcript". To understand the procedure, it is not necessary to go into the depths of genetic engineering - in short, the test principle consists in using a genetic "template" consisting of two so-called "primers". This template is the counterpart to a very short gene sequence of the virus genome sought. It is important that the entire genome of the virus is not searched for, just that short snippet.

If the template finds its corresponding counterpart, i.e. the short gene sequence to which it is calibrated, it docks onto it and creates copies of it. The copying process is controlled by enzymes and temperature cycles. Each cycle causes a doubling of the material found. There is an exponential increase. After 30

cycles, for example, the amount of $2 + 2^{29}$ gene snippets was produced from one gene snippet. At some point, after 30, 35, 40 or even more cycles, there will be enough duplicated material that it can be made visible by a staining test.

This test procedure is extremely problematic if it is to be used to detect a virus infection, because it is not suitable for this in principle. Kary Mulis himself says of the method he has developed that quantitative virus detection with this method would be a contradiction in terms. The manufacturers of PCR test kits even explicitly point out for everyone **in their product descriptions** (<https://www.qiagen.com/de/products/diagnostics-and-clinical-research/sample-processing/qiaamp-viral-rna-mini-kit/?clear=true#orderinginformation>) that the method is not suitable for diagnostic purposes. It is not just about a single problem, but a whole chain of problems:

1. The RT-PCR test only looks for a tiny gene sequence from the suspected target virus. For this to work, however, this small gene sequence would have to be absolutely unique and typical for the virus we are looking for; no other virus should have the same gene sequence anywhere in its genome. However, this cannot be ruled out, since we do not know all the individual representatives of the very extensive and largely harmless corona family, for example. The prototype of all RT-PCR tests on the market was developed by Christian Drosten in Berlin. He began test development on January 1, 2020 - at that time there was just an unconfirmed rumor on social media of an alleged occurrence of seven Sars infections in Wuhan less than 48 hours earlier. How out (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6988269/>) According to **his own documentation** (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6988269/>), the test was calibrated for the gene sequences of a wide variety of old viruses from the corona family (5). Accordingly, it is completely out of the question that the test will work exclusively on the allegedly new Sars-Cov-2, but rather on all strains that have this arbitrarily selected gene sequence. This fact was proven by the **INSTAND ring study** (<https://www.instand-ev.de/System/rv-files/340%20DE%20SARS-CoV-2%20Genom%20April%202020%20200502j.pdf>). All tests on the market show cross-positive

reactions with other viruses, in some cases also with animal viruses and flu pathogens, as Drosten **himself confirms** (<https://www.youtube.com/watch?v=smhbENDRPOE>). Consequently: In such cases there is *no* infection with Sars-Cov-2.

2. A positive RT-PCR test only detects the presence of this one gene snippet, not the entire virus genome. Viruses that come into contact with our body are regularly recognized and destroyed by the immune system. Viruses found in aerosols in the air or on surfaces are destroyed by UV light, chemicals (disinfectants), temperature and oxidation. Most of the foreign genetic material in, on or around our body consists of the remains of destroyed foreign organisms and viruses. Of the many millions of viruses released around us every second, only a handful survive long enough to find a new host. In the case of a positive RT-PCR test, it cannot be ruled out that only an artifact of a virus that has already been destroyed has been found. Hence: *no* infection with Sars-Cov-2.
3. Even if an RT-PCR test turns out positive because it should have discovered the complete genome of Sars-Cov-2, this does not say anything about an actual infection. It doesn't even say anything about the actual presence of the whole virus. If the complete genome of a person can be detected in a water glass, it does not mean that this person is actually sitting in this glass. An active virus consists of a genome *and* shell, both must be intact, just by the way. For an infection to occur, millions of active viruses must multiply in the body. However, since the RT-PCR test reacts extremely sensitively and detects even absurdly low amounts of genetic material, which are completely insufficient to trigger an infection, a positive test is not conclusive regarding a possible infection even if the material found is actually from the active target virus should come from. Consequently: In such cases there is still *no* infection with Sars-Cov-2.
4. The RT-PCR method is not a binary test; it does not have a clearly positive or negative result. The test procedure is a threshold value test, the threshold value is specified as a Ct value (Cycle Threshold, threshold value cycle). This value indicates how many doubling cycles should be carried out before the staining test can be regarded as positive or negative. There is no scientific basis or specification for the Ct value, it is arbitrary. Each manufacturer and each laboratory determines the Ct value at will. Drosten recommends a Ct value of 45 for his test. With 45 duplication cycles, 17,592,186,044,416 copies were made from a gene snippet - so only when the genetic material found has been increased by the insane factor of 17.6 trillion can it be detected. In addition, with each doubling cycle, the risk increases that even the tiniest errors or impurities will be absurdly amplified and then produce a false positive result. Even samples that were absolutely virus-free were tested positive with up to 1.4 percent in the "Instant" ring study. In the usual tests, a rate of 0.5 to 2 percent of false positive results is assumed by the manufacturers themselves. With more than a million weekly tests, that results in a huge number of downright false tests. There are also indications that the Ct value of 45 is much too high. From a Ct value of around 30, virus strains could no longer be successfully grown in cell cultures. This means that with such small amounts of genetic material found, it must be assumed that **An American study** (<https://archive.is/AdUSn>) found that due to the much too high Ct values, up to 90 percent of positive tests are very likely not to be infectious.
5. The RT-PCR test is an ultra-sensitive procedure. Since it is able to recognize low concentrations of nucleic acids even without imagining, extreme requirements are placed on the implementation of the method. Even microscopic impurities make the patient's swab unusable, and even the smallest mistake in sampling, packaging, transport or in the laboratory will render the test invalid. Basically, all samples must be taken under sterile conditions by medical personnel, sealed, packed, stored and transported under the strictest of conditions. Laboratories must be certified and each test must be cross-tested twice. Of course, that doesn't happen in the current test orgy. Just the idea of setting up various test stations on motorways is grotesque and shows pure political activism. Scientifically, that is the grossest nonsense. Not a single one of these tests is permitted according to the applicable standard, the medical significance of these tests is zero.

The PCR process is originally a genetic engineering manufacturing process. It is not suitable for the detection of an intact, replication-capable virus, since no conclusions about the pathogenic potential can be drawn from the test result. In principle, the test cannot diagnose an infection, since an infection not only requires the detection of an intact virus, but its active reproduction in the host must take place. The PCR method cannot make any statements regarding a possible transferability, because the prerequisite for a transfer is a significant infection process.

The RT-PCR test is a demonic tool because, contrary to the facts, it claims to be a diagnostic instrument. The test can neither make a valid statement about the presence of the allegedly new coronavirus, and it certainly cannot diagnose an infection with "Covid-19". "Covid-19" only exists through the RT-PCR test, because with this test a completely fuzzy, clinically almost arbitrary symptom pattern is assigned to an alleged virus. However, there are no studies anywhere in the world that could prove a causality between a positive test and any specific disease.

With the same scientific validity, "Covid-19" could be assigned to the patient's eye color. If he has blue eyes and coughs, it is "Covid-19", if the eyes are brown, gray or green, then not. It sounds absurd and it is shockingly too: Statistically, the available data even speak against causality, because the absolute majority of the allegedly "positives" were not and will not be sick, but the actually sick show symptoms that are not uniform and which are regularly triggered by all sorts of other pathogens and comorbidities. The assignment of a disease to a positive RT-PCR test is therefore not scientifically tenable.

In addition, it should be clearly emphasized that there is no such thing as "the" PCR test. Rather, there are a large number of different tests, currently well over a hundred are in use worldwide.

Some RT-PCR kits test two gene sequences at the same time, some only test a single one, and it is not the same for all tests. France uses different tests than Germany, the US uses different tests, and so on. Not a single test used worldwide has been validated - that is, it has never been independently verified whether the test actually does what it is supposed to. Ever

Depending on which gene sequence of the suspected Sars-Cov-2 is tested, the test is more or less susceptible to cross-positive and thus incorrect results with other pathogens. According to the manufacturer, some tests react positively to flu viruses - so the whole thing naturally becomes a farce.

That is the real facts. The "pandemic" is, empirically and strictly scientifically, on wafer-thin ice. We have an extremely fragile virus theory. In addition, we have a provocatively fuzzy theory of an allegedly new disease, the symptoms of which, however, cannot be distinguished from normal flu-like infections and various other, well-known syndromes. The connection between the two theories is arbitrarily constructed by means of a highly elastic "test", which however is neither suitable nor approved nor validated and is known to be extremely error-prone.

It would be right to point out this weak foundation to the propagators of this destructive narrative. They have been able to terrify us long enough with creative number games and genetic sleight of hand, and that should finally be over.

Sources and Notes:

(1) Study 1: Leo LM Poon; Malik Peiris, "Emergence of a novel human coronavirus threatening human health", **Nature Medicine** (<https://www.nature.com/articles/s41591-020-0796-5>), March 2020.

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(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7045880/>), February 2020.

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(4) Study 4: Na Zhu et alii, " A Novel Coronavirus from Patients with Pneumonia in China ", 2019, **New England Journal of Medicine** (<https://www.nejm.org/doi/full/10.1056/nejmoa2001017>), February 20, 2020

(5) See (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6988269/>) Results.

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Matthias Müller, born in 1972, trained media and communications clerk, was for many years a consultant for marketing and strategic communication for customers in the fields of medicine, dietary supplements, medical technology, banks, systems and the financial industry. At some point he got tired of this job and decided to found his own publishing house. He has been a successful publicist since 2008, and his regional print magazine appears in the East Bavarian region.

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