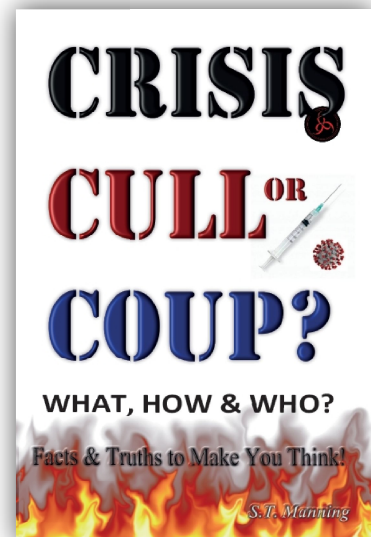


3-page extract from: “CRISIS, CULL or COUP? What, How & Who? Facts & Truths to make You Think. Exposing the Great Lie and the truth about the Covid-19 phenomenon.”

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The RT-PCR Test.

Arguably, anyone who properly understands the place that the PCR Tests have played in the Covid-19 phenomenon must, unless they are mentally challenged; are irredeemably obdurate; and/or have been system-conditioned to the point of brainlessness, come to the conclusion that the whole sorry Covid event from the beginning has been one massive, premeditated and calculated fraud on the people – and a fraud with far-reaching and very sinister consequences.



But first, a few necessary facts. The ‘real-time reverse transcription polymerase chain reaction (rRT-PCR) test’ was invented by Nobel prize-winning scientist Dr Kary Mullis who, somewhat conveniently for the Cabal, passed away just a month before the Covid-19 alarms were set off. This didn’t prevent him from getting a few digs in at Anthony Fauci before he passed on, implying that Dr Fauci was no more than a political mouthpiece who lacked the clinical knowledge to understand the PCR test – or, that he was deliberately fogging it!?

Anyway, the PCR process ‘works’ by basically multiplying and magnifying microscopic materials until sufficient ‘evidence’ is revealed, but it is important to note that even Dr Mullis himself said that the PCR *process* was NOT a diagnostic test – something since repeatedly (but not yet convincingly) ‘debunked’ of course, by many of the now-discredited fact-checkers from the previous list.

A simple way to understand how the PCR Test works is to imagine using a Google online map to identify fields where there is a plague of mice. In this sense, ‘a plague’ means say, 10 mice per square metre. But obviously, you can’t see any mice at all until you zoom in the camera say, 25 times – sufficient for the mice to become visible enough to count. The mice in this case represent the virus. The basic problem with the PCR Test was that first of all, if the tester saw even one mouse in the field it was being reported as a ‘positive’ result and thereby implying ‘an infection’ (or plague). What’s worse though, is that other testers were zooming in over 40 times, magnifying the field to such an extent that one could find all sorts of ‘evidence’ of mouse-related activity such as burrows, paw prints, mouse droppings or even just bent-over blades of grass for example, and this too was getting registered as ‘a positive result’ – or as evidence of a plague-like infestation. Obviously this is a very simplistic explanation, but should help those of us who are scientifically-challenged to get the picture.

The apparatus used to conduct these Covid-related PCR Tests also has differing ranges of magnification, meaning that a machine in one location may pick up ‘evidence’ of a virus that is not detected by another. Furthermore, the manufacturers of the PCR test kit warn explicitly in the accompanying literature that at least 4 other existing viruses (other than SARS-CoV-2) could trigger a ‘positive’ result. These are HKU1; NL63; OC43 & 229E, otherwise known as common colds that cause mild to moderate upper-respiratory tract illnesses, and, if the host has any of these viruses – or was ever *previously* exposed to them apparently (think mouse-droppings in a large field) – then the test could then register a ‘false-positive’ for Covid-19 – which is then reported as another Covid ‘case’ – right? ¹ The higher the number of test-cycles (zooming-ins) the higher the % chance of false-positives being returned. In other words, those in the know including the World Health Organisation, the CDC, the NIH, the NHS, the HSE, Dr Anthony Fauci and Bill Gates for example, all knew that the so-called ‘results’ from these PCR processes (not real tests at all) were not only unfit for the task, but were

producing totally false and misleading results.

This false-positive anomaly relates in turn directly to another important scientific factor known as the 'margin of error' – a statistic that informs the tester of the accuracy of the outcomes in any given medical/scientific test in respect of the numbers tested. A typical acceptable margin of error in scientific tests would be around 5%, meaning that if 100 people were tested for example and 4 of them registered as 'positive', that because the margin of error in that particular test was set at 5%, that it is possible, likely and even probable that all of those 4 'positive' results were in fact 'false-positives' or errors of data. Any such test that strays above a 10% margin of error is in effect, not really a credible, analytical test at all but more a quasi-scientific procedure that produces unreliable and relatively meaningless, and purely speculative data. In respect of Covid-19, the PCR Test had already proven notorious for returning an unacceptably high number of 'false positives' (up to 33% in some repeat systematic tests) in circumstances where different countries, agencies and organisations *still* did not have a reliable standardised gold model for testing for Covid-19.ⁱⁱ In short, the PCR Test is wholly inadequate to the task and falls way below the requirements of scientific testing standards, begging the obvious question as to why the WHO, the CDC, the NIH and Co., insisted that *only* the PCR procedure was to be used for Covid testing?ⁱⁱⁱ

Ethylene Oxide: Another more recent and very disturbing discovery is the fact that self-administered Covid-19 Rapid Antigen PCR 'EO' Test swabs are, for some inexplicable reason, coated with Ethylene Oxide which is described on the US Government's NIH Cancer website:

"At room temperature, ethylene oxide is a flammable colorless gas with a sweet odor. It is used primarily to produce other chemicals, including antifreeze. In smaller amounts, ethylene oxide is used as a pesticide and a sterilizing agent. The ability of ethylene oxide to damage DNA makes it an effective sterilizing agent but also accounts for its cancer-causing activity."^{iv}

Wikipedia hosts a much more detailed article, from which we have pulled the following short quotes: (American spellings).

Ethylene Oxide is / affects / causes:

- It is industrially produced.
- It is too dangerous for direct household use.
- It is a very hazardous substance. At room temperature it is a flammable, carcinogenic, mutagenic, irritating, and anaesthetic gas.
- It is so flammable and extremely explosive that it is used as a main component of thermobaric weapons.
- It has irritating, sensitizing and narcotic effects.
- Chronic exposure to ethylene oxide is also mutagenic.
- It is a proven carcinogen.
- It is associated with breast cancer incidence.
- An increased incidence of brain tumors and mononuclear cell leukaemia was found in rats that had inhaled ethylene oxide.
- There is evidence from both human and animal studies that inhalation exposure to ethylene oxide can result in a wide range of carcinogenic effects.
- Ethylene oxide is toxic by inhalation.
- It irritates mucous membranes of the nose and throat

- Higher doses cause damage to the trachea and bronchi, progressing into the partial collapse of the lungs.
- High concentrations can cause pulmonary edema and damage the cardiovascular system.
- The gas is already at toxic concentrations when it can be smelled.
- In view of these insidious properties, continuous electrochemical monitoring is standard practice, and it is forbidden to use ethylene oxide to fumigate building interiors in the EU and some other jurisdictions.
- Ethylene oxide causes acute poisoning, accompanied by a variety of symptoms. Central nervous system effects are frequently associated with human exposure to ethylene oxide in occupational settings.
- Headache, nausea, and vomiting have been reported. Peripheral neuropathy, impaired hand-eye coordination and memory loss have been reported in more recent case studies of chronically-exposed workers at estimated average exposure levels as low as 3 ppm.
- Ethylene oxide penetrates clothing and footwear, causes skin irritation and dermatitis with the formation of blisters, fever and leukocytosis.

So... why is this stuff being put on a cotton swab that is going right up people's noses as far as the hematoencephalic blood-brain barrier (BBB) which is already know to be susceptible to 'the effects' of Covid-19?^v Despite persistent efforts by fact-checkers to debunk the possibility that the deep nasal swab PCR Test *cannot* damage the blood-brain barrier, an October 2020 article in the *Daily News* reads:

"In everybody's worst COVID-test nightmare made real, a woman's brain fluid leaked out of her nose after a coronavirus nasal swab."^{vi}

More disturbingly, why is this Chinese-made product the standard Covid test that is being used on children? Surely all one needs to complete a nasal swab is something that is absent any other chemical agents so as to be able to simply collect some spit or nasal fluids without putting the subject at mortal risk - right? Some clean cotton buds or wooden spatulas that can be sealed in vials or plastic bags perhaps? Would it be too much to raise suspicions that these so-called PCR 'EO' Tests are another part of the diabolical plan?^{vii} Could this possibly be the reason why the WHO instructed the authorities NOT to look for the specific SARS-CoV-2 virus at all, but to rely instead on the RT-PCR test – a 'test' which we now know is generic to any coronavirus debris present-or-past and, as far as collecting accurate diagnostic data is about as useful as an ashtray on a motorbike?^{viii}

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7204879/>

ⁱⁱ <https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2820%2930453-7/fulltext>

ⁱⁱⁱ <https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/>

^{iv} [Ethylene Oxide - Cancer-Causing Substances - National Cancer Institute](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7961671/)

^v <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7961671/>

^{vi} <https://www.tribpub.com/gdpr/nydailynews.com/>

^{vii} [NEED TO WATCH. The Dangers of Ethylene Oxide in the PCR Test - Bing video](#)

^{viii} <https://www.who.int/publications/i/item/10665-331501>