

“Second Wave” Covid-19 Cases, With Face Masks...

"A Laboratory-created Pandemic of PCR Testing"

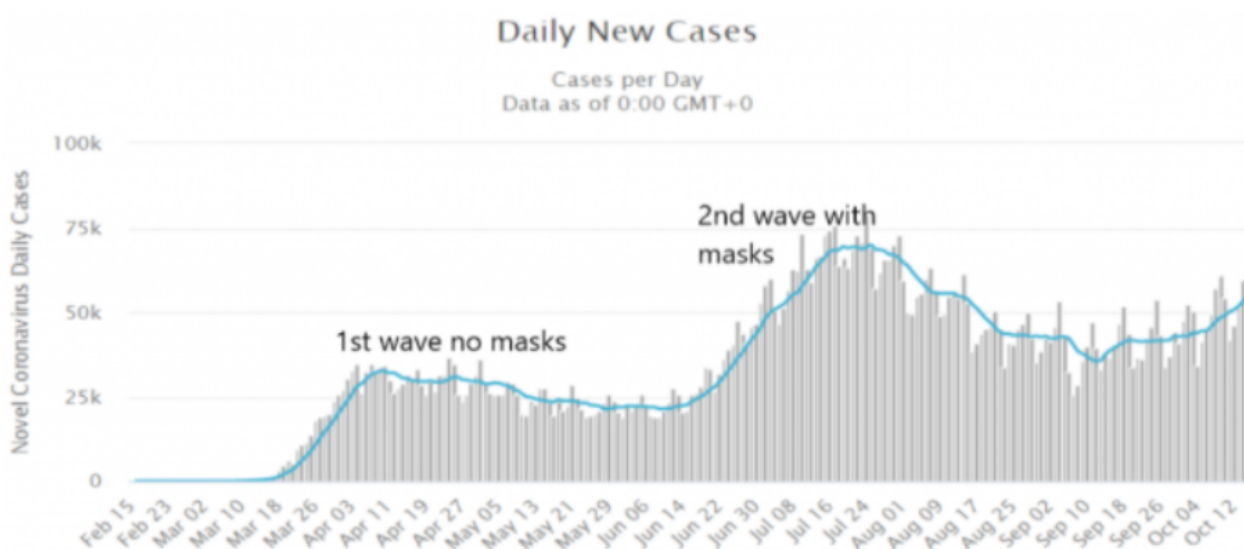
By [John C. A. Manley](#)

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Region: [Canada](#)

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Dr. Gary Magdar, a [dentist in Ontario](#), and founder of [Gold tent TA Paradise](#), created the following graph to show how helpful masks have been in slowing the second wave in the United States:



Yep, masks are truly the pinnacle of modern medicine: Fending off evil corona spirits with all the effectiveness of a lucky rabbit’s foot and a pinch of salt over the left shoulder.

Studies show that wearing a mask damp with “enemy droplets” increases [bacterial infection rates](#); but does a mask increase *viral* infection rates? The above chart *suggests* it might. At best, it shows masks have helped stop infection rates as much as [Twitter has helped illiteracy rates](#).

More importantly, however, the above chart suggests that the second wave has more to do with increased *testing* rather than an increased *infection* rate. The first, flatter curve could easily be labelled “1st wave without PCR tests.” As Drs. Karina Reiss, PhD and Sucharit Bakdi, MD confirm in [Corona: False Alarm?](#):

“The more tests are performed, the more COVID-19 cases are found during the epidemic. This is the essence of a laboratory-created pandemic.”

And, of course, the number of positive test results will increase with the number of amplification cycles used in PCR testing. As [The New York Times](#) wrote: “In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus...”

In my own province of Ontario “COVID cases” are [“surging.”](#) Yet, we are using a very high cycle threshold. In [this video](#), you can see Randy Hillier, a member of Ontario parliament, posing the following question to the Premier at a legislative assembly in September:

Image on the right: Randy Hillier, a brave soldier of truth, questioning the Premier about his faulty COVID tests at Ontario’s provincial parliament.



“We know high false positive rates are due to high [cycle thresholds] and Canadian and world experts agree it should not be more than 25 cycles. Yet, according to the [Journal of \[Clinical\] Virology](#), Ontario labs are testing samples at 38-45 cycles... When did the Premier become aware of these faulty tests and practices? And why have you done nothing to fix them since at least July?”

The Premier, however, was absent; while the Health Minister dodged the question with all the grace of a newborn giraffe.

In September, [The Westphalian Times](#) queried provincial health authorities across the country asking for the cycle thresholds. Here’s what they got back: “Ontario, British Columbia, Nova Scotia, and Saskatchewan refused to share their PCR testing information. British Columbia said they did not have the ‘capacity’ to retrieve this information... Alberta and New Brunswick failed to respond to our requests at all.”

Quebec health authorities, however, reported using a 45 PCR cycle threshold. Interesting, isn’t it, that they also have so many “cases”?

Whether masks produce more supposed “COVID cases” is yet to be proven. Yet it seems obvious that hyper-sensitive, [unapproved](#) and rampant testing for a [common-cold virus](#) does produce more cases.

Of course, most are not really cases. Even the positive ones. A COVID-19 case refers to someone with severe respiratory problems who tests positive for SARS-COV-2. People who aren’t even aware they are infected, don’t count. At least, not in reality. However, on TV, in newspapers and in big government, anything seems possible.

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John C. A. Manley has spent over a decade ghostwriting for medical doctors, as well as naturopaths, chiropractors and Ayurvedic physicians. He publishes the [COVID-19\(84\) Red Pill Briefs](#) – an email-based newsletter dedicated to preventing the governments of the world from using an exaggerated pandemic as an excuse to violate our freedom, health, privacy, livelihood and humanity. He is also writing a novel, [Brave New Normal: A Dystopian Love Story](#). Visit his website at: [MuchAdoAboutCorona.ca](#). He is a frequent contributor to Global Research.

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