

A More Honest Perspective of the COVID-19 Pandemic

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Since the first cases of the new coronavirus strain outside of China, every aspect of the pandemic's ever-changing amoebic narrative has been carefully controlled by the World Health Organization and major government health agencies.

High officials within a syndicate of institutions, including the CDC, National Institute of Allergy and Infectious Disease and the UK's National Health Service, have largely dictated government responses to lessen the pandemic. The Sars2-Cov19 pandemic is not the first time unelected medical bureaucrats, who the average person assumes to possess an enduring expertise, have guided global policies against pandemics and serious infectious outbreaks. The most recent example was the 2009-2010 H1N1 Swine Flu pandemic that never truly happened according to plan. Subsequently that effort revealed a surprising incompetence in the international medical hierarchy that can be blamed on the entire system rather than a few inept individuals.

However, during the current pandemic scare, something unusual and remarkably radical has happened. Historically, voices of opposition within institutionalized medicine remain relatively silent. Most often it is only a handful of health professionals who come forward to challenge official statements or to uncover the serious flaws in the scientific literature to support their actions.

Yet for the past year we have witnessed tens of thousands of physicians, medical experts and researchers coming forward publicly with harsh and even damning criticisms of how the ruling medical agencies have mishandled the pandemic. They easily recognize these agencies' contradictions, the conflicts of interest with the pharmaceutical industry, the large body of medical literature deconstructing and discrediting their fundamental claims, and the evidence to prove their policies are scientifically baseless. These are not dissident mavericks. Over 52,000 medical professionals representing some of the world's leading medical schools and research institutions have already signed the Great Barrington Declaration in protest against the official Covid-19 strategies and these policies' serious adverse effects on the physical and mental health of children, working class citizens and the poor. Moreover, they have nothing to gain. No financial interests jeopardize their judgments. And they are fully aware of the pushback and blacklisting that may follow and would injure their reputations.

Around the world, dissident medical voices are warning us that:

1. The official death counts, particularly in the US and the UK are grossly exaggerated
2. Polymerase chain reaction (PCR) was never created to be used as a diagnostic tool to determine Covid-19 infection or any other virus. Overreliance upon PCR is

a travesty that has created a Case-pandemic rather an actual symptomatic scourge.

3. The evidence to support the belief that large social lockdowns and social distancing, perhaps even mask wearing, will deter the spread of the virus is overstated and inaccurate.
4. America's official narrative, where the number of cases per capita far surpass any other nation, that effective, safe and cheaper drugs such as Ivermectin and hydroxychloroquine (HCQ) have no value and post serious harm is completely unfounded. Rather, if used wisely it is highly effective and safe as a preventative measure for first stage treatment of mild and moderate infections.

[A compilation](#) of 210 studies on HCQ's effectiveness against Covid-19, 145 peer reviewed, only found 26 showed that the cheap, widely used drug posed some risks or was ineffective. The remainder clearly indicate that HCQ is one of our best and most reliable courses of treatment. For example a study of 585 patients treated with HCQ along with azithromycin and zinc were relieved in under 3 days and none were hospitalized, required ventilation or died. Another study published in the journal *Clinical and Translational Science* reported 73% reduction in hospitalization with no serious adverse events.

5. In the meantime, we are told we must await for a vaccine or a new miracle drug and no other medical intervention is warranted other than personal hygienic practices, masks and social distancing.
6. The *New York Times* and other major media outlets are misrepresenting new cases of Covid-19 with the actual disease thereby grossly inflating those who may be positive but are otherwise healthy and pose no public threat.

The WHO's, CDC's and NHS' internal confusion and culture of inconsistency is leaving more and more citizens questioning who can be trusted. Even the otherwise conservative *British Medical Journal* published [a rare and brutal condemnation](#) of the corruption and commercialization throughout the official Covid-19 narrative. *BMJ's* executive editor Kamran Abbasi wrote:

"Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health.¹ Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency—a time when it is even more important to safeguard science."

Sadly mainstream media such as the *New York Times*, *Washington Post* and BBC are revealing a lack of journalistic integrity despite the open accessibility of medical studies to the contrary. Instead the media serves as an echo chamber to continue advancing this international debacle created by our leading health officials.

To understand the miscalculation of deaths that can be directly attributed to Covid-19 we can begin with the CDC's [own website](#):

"Due to the ongoing COVID-19 pandemic, this system will suspend data collection for the 2020-2021 influenza season."

In other words, the CDC's monthly mortality reports will no longer be monitoring actual influenza deaths, which are more often than not also conflated with deaths due to pneumonia. William Briggs, a former professor at Cornell University [noted](#) that last summer the CDC ceased counting flu and pneumonia deaths "because, we suppose, of the difficulty telling these deaths from doom deaths [Covid-19]." So how will these deaths be entered into mortality reports?

In early December, an assistant director at Johns Hopkins Medical School's Department of Applied Economics examined death statistics during the Covid pandemic and previous years. Due to the high percentage of non-Covid deaths decreasing during the pandemic, her conclusion was that these deaths were intentionally being labeled as Covid-1 caused. Her colleague Dr. Yanni Gu [summarized](#) the problem:

"The CDC classified all deaths that are related to Covid-19 simply as Covid-19 deaths. Even patients dying from other underlying diseases but are infected with Covid-19 count as Covid-19 deaths. This is likely the main explanation as to why Covid-19 deaths drastically increased while deaths by all other diseases experienced a significant decrease."

This irrational discrepancy in causes of death is not solely an American problem. Globally there has been a 98% percent [decrease](#) in diagnosed flu cases compared to 2019. Australia alone has recorded a 96% drop off.

There may be a sensible way to explain the decrease in flu and this in turn helps explain the dramatic increase in Covid-19 cases due to inaccurate testing and an infestation of false positives. Given the enormous impact of lockdowns, closing of businesses and public spaces, social distancing and masks, it is feasible that flu rates would decline noticeably. However, then the rise in Covid-19 cases becomes completely nonsensical unless spurious testing is the culprit.

Recently, even the World Health Organization had to [acknowledge](#) PCR's failures. Despite the mincing of words, the WHO reported,

"The design principle of RT-PCR means that for patients with high levels of circulating virus (viral load), relatively few cycles will be needed to detect virus so the Ct [cycle threshold] will be low. Conversely when specimens return a high Ct value, it means that many cycles were required to detect the virus. In some circumstances, the distinction between background noise and actual presence of the target virus is difficult to ascertain"

Most testing labs are using a cycle threshold of 40 amplifications, consequently the high rate of false positives. This is the reason for cases rising exponentially while actual deaths had leveled in mid summer until more recently. In the UK, Public Health England [states](#), "if a person has both a negative and positive test, then only their positive test will be counted." The US does likewise.

University of California virologist Dr. Juliet Morrison stated, 'I'm shocked that people think that 40 [cycles] could represent a positive.' She recommends a reasonable cutoff at 35, and Dr. Michael Mina at Harvard's School of Public Health suggests 30 or less. University of North Carolina's director of clinical microbiology Melissa Miller has [called](#) the application PCR for

all situations “completely irresponsible.”

The most damning indictment against every governor across the US who continues to rule on lockdowns, school closures and draconian police enforcement and yet has failed to reign in the plague of erroneous PCR testing in his or her state is found in a [recent study](#) by the Infectious Diseases Society of America. Using as a low a 25 cycle threshold, 70% of positives were not actual cases because the virus was unable to be cultured. In other words, the virus was already dead.

And yet when PCR cycle thresholds are adjusted, the number of cases plummet. This was observed in efforts made in Massachusetts, New York and Nevada where it was discovered that 90% of those testing positive carried “barely any virus.”

Fortunately some countries are waking up to PCR’s unreliability that was originally perpetuated by a very entrepreneurial German doctor Christian Dosten. Dosten also happens to be an advisor to the Germany’s Federal Ministry of Health. A Portugal appeals court ruled PRC is unreliable for testing Covid-19 and any enforced quarantine based on a positive PCR test would be illegal. As for Dosten and his paper published in the journal *Eurosurveillance*, it has served as the rationale for widespread PCR use. But the paper is substantially inaccurate but helped serve as a means for Dosten to gain a patent for coronavirus PCR testing. Now 22 leading medical professionals from the International Consortium of Scientists in Life Sciences have filed for the [paper’s retraction](#) due to “a tremendous number of very serious design flaws... which make the PCR test completely unsuitable as a diagnostic tool to identify the SARS-CoV-2 virus.”

The real crime is that none of the above failures were inevitable.

There is no reasonable explanation for miscalculating actual deaths associated with Covid-19 other than sheer stupidity or gross intentional neglect. PCR’s unsuitability to accurately diagnose the presence of active Covid-19, or any other infectious virus, has been well documented for many years. Even PCR’s inventor Dr. Kary Mullis has stated it is unsuited for clinical diagnosis.

Yet despite all of the foreknowledge of these facts, countless people have had their lives devastated by the choices our federal health officials and politicians have made based upon severely flawed science. Unnecessary quarantining, loss of income, lockdowns, and mental stress have adversely effected millions of Americans and people around the world. Again, we might to turn Abbasi’s [article](#) in the BMJ:

“... as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed. When good science is suppressed, people die.”

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