

Distance Learning Plan (DLP) Destroys Education, Based on Flawed Covid Figures: Letter to Superintendents of Public Schools in Minnesota

A Positive PCR Nasal Swab Test is NOT the Same as a “Case” of Covid-19!

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Region: [USA](#)

Theme: [Science and Medicine](#)

Minnesota’s superintendents of public schools have been placed in a difficult position, one that the folks at the CDC and the Minnesota Department of Health (DOH) have put them in with their Distance Learning Plan 2.0.

I would like to point out some flaws in the DOH’s Distance Learning Plan 2.0, which I fear will be obediently and blindly followed by school districts across the state, without anyone in position of power and influence actually checking the DOH’s math.

The figures that were published in the August 5, 2020 Duluth News-Tribune presented the following information about the increasingly restrictive learning levels for schools according to the incidence of COVID-19 “cases” that have been reported to the DOH from the local communities.

What follows is the Distance Learning Plan 2.0 formula that totally ignores the reality that the RT-PCR nasal swab test, which is considered the “gold standard” for making the diagnosis of COVID-19, is fatally flawed, resulting in high percentages of false positive tests (see article below for more information) that make the test essentially worthless – and misleading.

The first of the serious problems dealt with in this article is the flawed DOH 5-part formula for how Minnesota’s children are to be educated this fall and into the future.

1] if the incidence of “cases” (actually positive tests, which are frequently false positives) is 0 – 9 per 10,000 in the community then all elementary and secondary schools can open for in-person learning. This tiny fraction (less than 10/10,000 means that there are essentially zero active “cases” (or at least what the Public Health bureaucracy considers “cases”) in the community;

2] if the community incidence was between 10 – 19 “cases” per 10,000 population, in-person learning would be still be allowed for elementary students but “hybrid” learning would be offered for secondary students;

3] if there were 20 – 29 “cases” per 10,000 population, then both elementary and secondary schools would have to be “hybrid”;

4] if there were 30 – 49 “cases” per 10,000 population: elementary schools “could be hybrid” while secondary schools “would be hybrid”;

5] if there were 50 or more “cases” per 10,000 population, all students would be offered only distance learning, essentially meaning a return to essentially lock-down status for students – and parents.

However, each of those ranges of “cases” actually represents very small incremental fractions of the community that are erroneously assumed to be sick and contagious despite many of the cases being totally asymptomatic and essentially non-contagious.

A Positive PCR test IS NOT the Same as a “Case” of COVID-19!

Moreover, these “assumptions” about how far to open our public schools are based on seriously flawed PCR tests – with the incidence of each of the five groups falling below the numbers of annual common cold coronavirus infections, annual influenza infection or the more common “influenza-like illnesses” (ILI) cases that are epidemic each flu season – none of which, it must be pointed out, have resulted in draconian lock-downs – or even mandatory mask-wearing.

What is being uncritically reported to the DOH includes totally asymptomatic “cases” of people that had false positive nasal swab tests but never were ill and never become ill after the false positive test results were revealed.

Unfortunately, these PCR tests have never been approved by the FDA for diagnostic testing, but that hasn’t stopped them from being very profitably marketed by a multitude of biomedical companies, including both major Big Pharma corporations and start-up outfits. Instead, they have been granted blanket Emergency Authorized Use by the FDA!

Every PCR test kit on the market – to my knowledge – has been found to have high percentages of false positive results, often in the 40% to 70% range. That makes them unreliable at best and worthless at worst, especially when the test results are used for propaganda purposes by greedy, vaccinology-illiterate billionaires like Bill Gates and his billionaire buddies at the World Economic Forum, co-opted academic epidemiologists/statisticians, CDC bureaucrats, WHO bureaucrats and greedy Big Pharma/Big Media/Big Medicine CEOs that have influenced governments all around the world.

Other innocent entities that are necessarily vaccinology-illiterate (because vaccinology and virology are such complex areas of study) and are therefore dependent on the advice of bought-and-paid for “scientists-for-profit”, include struggling small business owners, school superintendents, mayors, governors, presidents, politicians and even most physicians and nurses that are influencing serious decisions about the futures of our nation’s children, the economy and the planet.

The DOH’s statistical error that needs to be pointed out to all public school superintendents and school boards in Minnesota is this: the seemingly large “relative” differences between 10 or 20 or 30 or 50 “cases” per 10,000 population “actually” means 1 or 2 or 3 or 5 PCR positive tests per 1,000 population, which, in “actual” percentage terms, translates to the very small percentage figure differences of 0.1%, 0.2%, 0.3% or 0.5%.

What should disturb everybody is the fact that the Minnesota Department of Health (probably at the behest of the CDC) has erroneously/deceptively (intentionally?) led us all to believe that a positive PCR test is the same as a “case” of COVID-19, whereas nothing could

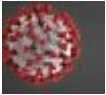
be further from the truth.

For further references see:



Covid-19: Questionable Policies, Manipulated Rules of Data Collection and Reporting. Is It Safe for Students to Return to School?

By [H. Ealy](#), [M. McEvoy](#), and [et al.](#), August 09, 2020



Manufactured Pandemic: Testing People for Any Strain of a Coronavirus, Not Specifically for COVID-19

By [Julian Rose](#), June 29, 2020



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Dr Kohls is a retired rural family physician from Duluth, Minnesota who has written a weekly column for the Reader Weekly, Duluth's alternative newsweekly magazine since his retirement in 2008. His column, titled *Duty to Warn*, is re-published around the world.

He practiced holistic mental health care in Duluth for the last decade of his family practice career prior to his retirement in 2008, primarily helping psychiatric patients who had become addicted to their cocktails of psychiatric drugs to safely go through the complex withdrawal process. His *Duty to Warn* columns often deals with various unappreciated health issues, including those caused by Big Pharma's over-drugging, Big Vaccine's over-vaccinating, Big Medicine's over-screening, over-diagnosing and over-treating agendas and Big Food's malnourishing food industry. Those four entities can combine to even more adversely affect the physical, mental, spiritual and economic health of the recipients of the medical treatments and the eaters of the tasty and ubiquitous "FrankenFoods" - particularly when they are consumed in combinations, doses and potencies that have never been tested for safety or long-term effectiveness.

Dr Kohls' *Duty to Warn* columns are archived at:

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