

Debra Thompson

From: Michael Truex <mtruex@gmail.com>
Sent: Saturday, December 19, 2020 10:19 AM
To: Assembly
Subject: KFSK brings in DR. John Hoyt on the PCR

Dr. John Hoyt, Medical director at northwest pathology, was on KFSK recently, talking about the PCR test. I really appreciated Mr. Hoyt's honest, straightforward explanation of the test.

Have a listen for yourself, here (scroll down and select the KFSK program with Mr. Hoyt, he starts at 3:50:

<https://www.kfsk.org/2020/12/17/influenza-immunizations-and-covid-19-information/>

Mr Hoyt begins by explaining the process his lab uses, which (for their lab) usually involves 37 cycles, though the lab doing testing for PMC is using 45. He states that the Virus is unique, and if you find it at all, its coming from that virus. He also states: "You see the virus coming up at 18-20" cycles." This is interesting, since it correlates perfectly to the graph shown in this study by the European Journal of Clinical Microbiology and infectious Diseases:

<https://link.springer.com/article/10.1007/s10096-020-03913-9>

This graph shows a rapid decline in the reliability of the PCR test above that number of cycles. The key to stating it correctly is to avoid the term "false positive" but instead to state: "specimens were not likely to culture a positive result (0% likely in fact) above 34 or 35 PCR cycles, even though the PCR indicated a positive." This means that in lab conditions- i.e. conditions perfect for specimen growth, these specimens had such low viral viability as to not be able to grow.

From my interpretation of the graph, and the words of Dr. Hoyt, **we should be testing at 18-20 cycles**, since that is where you usually see the virus with symptomatic cases. At this cycle threshold, we would see very few *non infectious positives*, and public policy based on "case numbers" would be based on real, infective cases.

There are now many analyses and scientific papers supporting this basic premise. The research group of French professor Didier Raoult has recently shown that at a cycle threshold (ct) of **25**, about 70% of samples remained positive in cell culture (i.e. were infectious); at a ct of **30**, 20% of samples remained positive; at a ct of **35**, 3% of samples remained positive; and at a ct **above 35**, no sample remained positive (infectious) in cell culture. This study does a good job explaining some other details, and in fact points out that the PCR will also detect *other corona viruses* 1-3% of the time if only one probe is used. Mr hoyt's lab uses 3, but how many are being used at PMC? See this summary of that study: <https://swprs.org/the-trouble-with-pcr-tests/>

Dr. Hoyt goes on:

12:18: "The idea in developing the assay was simply, if you've got it, then you know that you're an infected person, how infected, or how infective, the assay has not been set up to determine

that at all.... And to try to derive that from the work that was done to get emergency use authorization is extending the science... beyond what it can bear. "

*13:13: "in terms of the probe itself...the chance of a... technical false positive is essentially zero, because that's, the definition of the assay is, we're looking for those specific sites of now created DNA...really different because it has this incredible specificity... so how does that translate to disease? That's what Thermo Fisher, didn't really, there was not time for them to do a actual clinical study, it's really a technical study to prove whether you've got corona virus in this specimen... Does that translate to "you are an infectious risk?" NO, they didn't do that work. False positive, could you detect the virus and not be infected, **absolutely....** "*

Wow. Thank you Dr. Hoyt. This articulate, honest, and expert witness was able to give us an accurate visual of the strengths and shortcomings of the PCR test. It is superb for determining the presence of a short piece of RNA. However, it cannot be used to determine infectivity, and therefore it is NOT the right tool to determine if someone is dangerous to the populace. Something more indicative of a real infection, such as symptoms, or possibly an antigen test, would make better sense.

As we move forward with new emergency policies, many of them are based on "case numbers." A positive PCR test may indicate the presence of RNA material from Sars coV-2, but due to the above shortcomings, that presence does not result in an actual case of covid-19 as much as 97% of the time. So we are creating an emergency out of a DNA particle, and we are negatively impacting more people than necessary. To me, an "emergency" involves risk to human life, health, or happiness.

With that simple definition, the only emergency that has happened so far on Mitkof island, is an emergency of psychological damage and lost happiness from lock downs, forced masking, forced quarantines, lost jobs and destroyed businesses.

Sincerely,

Michael Truex



Virus-free. www.avast.com