

Statement

Non validity of “PCR test” and consequences

for Mika Vauhkala by Dr Astrid Stükelberger PD PhD

Short CV summary: Dr Astrid Stuckelberger is an internationally recognized scientist and expert in national and global public health issues. She holds a PhD in population health, a Privat-Dozent of medicine, a Master degree in cross-cultural mental health diagnosis and received professor honorariat and UN awards for her achievements. During 30 years at the Faculty of Medicine of the University of Geneva and Lausanne, she directed several international and European research projects, training and communication for the public.

She was called as a consultant in different programmes for WHO and UN agencies on topics such as epidemics, emergency management, population health, health at work, mental health, ageing, social determinants and research ethics. In that context, she was for example under contract for 3 years to design with WHO experts the International Health Regulation implementation training for member states which deals with emergency management, risk assessment, procedures to assess/monitor a pandemic, human rights, etc. Along with her teaching, she created the Geneva international summer school on Global Health and Human Rights involving many experts on the topic. At the European level, she is regularly invited as an EU expert in multidisciplinary teams to assess the scientific validity and ethics/regulation adequacy to fund projects or programmes in the area of health, medicine and innovation. Author of a dozen books and more than 200 scientific articles, policy papers, governmental, European Commission or UN reports.

CV and recommendation letters from WHO/UN are available on my website: www.astridstuckelberger.com

1. The PCR Test (*Polymerase Chain Reaction*)

PCR tests are not valid to detect and characterize a virus

The PCR test is a technique used for research in laboratory: genetics and microbiology laboratories carry out PCR testing every day to diagnose genetic conditions, cancer risk and cancer mutations relevant to treatment and infectious diseases. It is usually a reliable technique for laboratory research that allows detection of specific known nucleic acid sequences. The test itself is readily adapted to testing something new only when one knows what to look for. As medical handbooks describe it, the coronavirus is not new, it is listed as “a common flue”; however, it mutates rapidly in different strains, which makes it impossible to detect with any standard world public standardized tests around the world¹.

The PCR technique can identify genetic material from a virus but not the whole virus: although it is good at correctly identifying genetic material from a virus, it does not detect the whole virus. Therefore, PCR tests cannot diagnose any viral infection and is not a good test for infectivity².

COVID patients are infectious for 7-8 days³, but the person infected can test positive with PCR even when they are no longer sick or infectious. People who have had COVID can test positive with PCR results for 80 days⁸⁴ or

¹ Stuckelberger A, Urbina M. WHO International Health Regulations (IHR) vs COVID-19 Uncertainty. Acta Bio Med [Internet]. May11 2020 ;91(2):113-7. Link to article: <https://pubmed.ncbi.nlm.nih.gov/32420935/>.

² Dr Clare Craig BM BCH FRCPath, Diagnostic Pathologist with the collaboration of Dr Tanya (Tetyana) Klymenko PhD, FHEA, FIBMS, Senior Lecturer, Sheffield Hallam University. Report on COVID testing, FDDLQ, Quebec May 2021. <https://fddlp.org/wp-content/uploads/2021/09/Rapport-Craig-Klymenko-Vcopy.pdf>

³ 7. Cheng, H.-Y. et al. Contact Tracing Assessment of COVID-19 Transmission Dynamics in Taiwan and Risk at Different Exposure Periods Before and After Symptom Onset. JAMA Intern. Med. **180**, 1156–1163 (2020). <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2765641>

⁴ Cevik, M. et al. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis. Lancet Microbe **2**, e13–e22 (2021). <https://www.thelancet.com/action/showPdf?pii=S2666-5247%2820%2930172-5>

more, even when they are no longer sick, infected or contagious. This is because after the infection, when no viable virus capable of infecting others is being produced, there will remain debris of the viral genetic sequence that cells will continue to reproduce. **Patients who are immune and never have symptoms can test positive.** PCR testing also has a propensity to false positive results creating pseudo-epidemics in the absence of real disease. PCR tests have to be transported to a laboratory for processing and results take 24-48 hours.

PCR tests cannot be used for any diagnose or virus detection

As a fundamental precept, let us underline that **Dr. Kary B. Mullis who received the Nobel Prize in chemistry in 1993 for inventing the PCR technique**, witnessed in many videos that he never developed this technique to detect viruses and serve as a disease diagnostics.

Before his death in 2019, he declared publicly in several occasions that **the PCR technique is an invention for in vitro research in the laboratory. He emphasized it is not intended nor reliable as a test for the public or as a medical diagnostic tool for physicians because it is inaccurate to detect any virus**⁵.

About the antigen testing

Results of antigen testing take only 30 minutes, the procedure is not invasive, it is simple, rapid and it is cheap. Why has it been introduced? because it is supposed to detect actively infective patients through identifying viral particles and is less likely to produce false positive cases than the PCR test. However, antigen tests have been criticized for missing a lot of cases⁶ especially when tested beyond infectious phase and with a highly mutant common flu like coronaviruses which weaken rapidly and diversifies to other weaker strain.

2. About the Procedure to use a “PCR Test” (WHO/CDC/Scientific studies)

Threshold Cycle (CT) Value of the PCR should always be noted

The procedure has not been respected.

Although it was obvious early in 2020 in several sections of WHO guidelines for laboratories and clinics, and in CDC report mentioned below, **that the quality control of PCR technique must be very carefully taken into account and that the CT must be low and mentioned in all tests reports** – these was never applied!

“The WHO guidance document on Diagnostic Testing for SARS-CoV-2” emphasizes that ***weak positive results should be interpreted with caution***⁷. **The threshold cycle (CT) value** required to supposedly detect the virus is inversely proportional to the patient's viral load. **If the test results do not match the clinical picture, a new sample should be collected and the test repeated using the same or a different nucleic acid amplification method. This was not applied either.**

On 7 December 2020, WHO produced a 5th version updated “INFORMATION NOTICE FOR IVD USERS”⁸ with a new cautious approach “on false positive COVID cases”: “after receiving user feedback on elevated risk for false SARS-CoV-2 results when testing specimens using RT-PCR.[...] Therefore, and healthcare providers are encouraged to take into consideration testing results along with clinical signs and symptoms, confirmed status of any contacts, etc”. The WHO information notice includes a summary of advice points for users as follow:

⁵ Interview of Kary Mullis, Nobel Prize of Chemistry, Inventor of the PCR test: <https://www.youtube.com/watch?v=rXm9kAhNj-4>

⁶ Dr Clare Craig BM BCH FRCPath, Diagnostic Pathologist with the collaboration of Dr Tanya (Tetyana) Klymenko PhD, FHEA, FIBMS, Senior Lecturer, Sheffield Hallam University. Report on COVID testing, FDDL, Quebec, May 2021. <https://fddl.org/wp-content/uploads/2021/09/Rapport-Craig-Klymenko-Vcopy.pdf>

⁷ WHO (2020) Diagnostic testing for the detection of SARS-CoV-2. Geneva, World Health Organization, September 2020. <https://iris.who.int/bitstream/handle/10665/334254/WHO-2019-nCoV-laboratory-2020.6-eng.pdf?sequence=1>

⁸ WHO Information notice for IVD Users 2020/5 (5th version). 7 December 2020. WHO Geneva Switzerland,.5 Link: https://web.archive.org/web/20210117140629/https://nmra.gov.uk/images/PDF/Alerts/WHO-Info-Notice_COVID-NAT_EN.pdf

WHO Advice to users of In Vitro Diagnostics (IVD PCR):

1. Please read carefully the IFU in its entirety.
2. Contact your local representative if there is any aspect of the IFU that is unclear to you.
3. Check the IFU for each incoming consignment to detect any changes to the IFU.
4. Consider any positive result (SARS-CoV-2 detected) or negative results (SARS-CoV-2 not detected) in combination with specimen type, clinical observations, patient history, and epidemiological information.
5. **Include the CT value in the report to the requesting healthcare provider.**

WHO clearly admits the risk of false positive in its 5th version (2nd update of 13 January 2022) of the "information notice on in vitro diagnosis medical device users of PCR tests **that the CT cycle is important to avoid false positives** and that *"most PCR assays are indicated as **"an aid to diagnosis"** and therefore providers should review the results also taking into account the date of collection, type of specimen, specific characteristics of the test, clinical findings, patient history, confirmed status of any contacts, and epidemiologic information*"⁹.

This change of PCR criteria by WHO should no longer justify further PCR testing nor any measures related to it such as numerical ID passports, restrictions on mobility, meetings or quarantines.

Quality control and limitations (CDC¹⁰)

The CDC guidelines on RT-PCR in vitro instructions use of July 2020 (pp. 37-39 in pdf file)¹¹ specify the procedural and quality control requirements necessary for a valid result ("Quality Control"), as well as the countless inaccuracies and limitations of this test ("Limitations"), in particular when the threshold cycle (CT), also called "amplification cycle", are too high and beyond 25 CT for lab research. The higher the amplification cycles (CTs), the less valid is the result of the test: **above 37 cycles (CT), the false positive rate is too high to be considered.**

In Finland:

According to THL, PCR technique has been used at 40 CTs/amplification cycles, and at reference laboratories even at 45 cycles¹². This CT information was never noted in the report or medical status of the person.

Numerous studies show that PCR tests are not reliable to diagnose a health/disease medical status

Many studies have taken place since the beginning of the pandemic and have questioned the validity of using the PCR laboratory technique and its procedures for diagnosing and taking public health policy measures. Some of the important finding will be mentioned here. Early on, in May 2020, Bullard et al¹³ questioned the diagnosis and contagiousity: the study included SARS-CoV-2 RT-PCR confirmed positive and determined their ability to infect Vero cell line. **The results showed that patients could not be contagious with CT >24 as the virus is not detected in culture above this value.**

A French benchmark study on the validity or not of a positive PCR test was conducted with one of the most important University Hospital Center (IHU) in the Mediterranean dealing with epidemic, variants and new

⁹ WHO Information Notice for Users 2020/05 (version 2) 13 January 2021

<https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

¹⁰ CDC is the US Center of Disease Control and Prevention, commonly known as "the CDC". The CDC is the Centers for Disease Control and Prevention, an integral part of the U.S. Department of Health and Human Services, and is the primary U.S. federal authority for protecting human health and safety in the United States and abroad. CDC provides credible information to improve public health decision making and enhance health through effective partnerships.

¹¹ CDC, Center of Disease Control (2020). CDC 2019–Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel for Emergency Use Only Instructions for Use. CDC:Atlanta USA. (<https://www.fda.gov/media/134922/download>)

¹² Finnish Institute for Health and Welfare THL on Twitter 2.12.2020 <https://twitter.com/thlorg/status/1334020021169766400>

https://thl.fi/documents/533963/5860112/Testauswebinaari_final_15.5.2020.pdf/ff78ae45-b4d8-e3a5-9861-7cc991b4fe65?t=1589553036389

¹³ Jared Bullard, Kerry Dust, Duane Funk, James E Strong, David Alexander, Lauren Garnett, Carl Boodman, Alexander Bello, Adam Hedley, Zachary Schiffman, Kaylie Doan, Nathalie Bastien, Yan Li, Paul G Van Caesele, Guillaume Poliquin, Predicting Infectious Severe Acute Respiratory Syndrome Coronavirus 2 From Diagnostic Samples, Clinical Infectious Diseases, Volume 71, Issue 10, 15 November 2020, Pages 2663–2666, <https://doi.org/10.1093/cid/cia638>

strains of diseases entering the port of Marseille, led by Prof. Didier Raoult. Since the beginning of the pandemic, up to May 2021, the IHU performed 250'566 SARS-CoV-2 RT-PCR for 179'151 patients, of whom 13'161 (7.3%) tested positive. The study included a sample of 3790 positive PCR results and correlated them with 1941 SARS-CoV-2 isolates. The study was published by Jaafar et al. in June 2021 in the Clinical Infectious Diseases and concludes that those result confirms studies in Korea¹⁴ and in Taiwan¹⁵ and demonstrates the invalidity of PCR as a diagnostic of infectious disease with CTs above 35 (= 97% false positive):

*"It can be observed that at CT = 25, up to 70% of patients remain positive in culture and that at CT = 30 this value drops to 20% of patients remain positive in culture At CT = 35, the value we used to report a positive result for PCR < 3% of cultures are positive"*¹⁶

To conclude, **evidence proves this test is not a diagnosis and can in no way state with precision whether a positive test proves the presence of a bacterium, of a virus or of something else, such as antibody "debris" from an old infection.** CDC in its guidelines on RT PCR use in the "Limitations" sections mentions:

"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms."[?]

PCR tests cannot be used to make a diagnose or as pandemic management tool (WHO/CDC)

The consequences of transferring the PCR technique laboratory test to serve as a (falsely) reliable medical diagnostic test in the health system and in public, are incalculable, since the results of this new "public health PCR test" (with CTs > 35 and +97% false positive cases) are the basis for almost all political decisions on emergency measures or measures to restrict freedom and violate basic human rights. The procedure of the PCR equipment (the so-called "test") cannot be standardized; it is a specific technique for in vitro laboratory research. Furthermore, it requires a continuous and meticulous calibration of the machine to an agent that is known beforehand. This "test" is not reliable for any "in vivo" health assessment in the population nor can it be used as a monitoring tool for surveillance and monitoring of an epidemic/pandemic, as the CDC points out in January 2020 (p. 39)¹⁷.

Furthermore, this test has never before been used on a global public scale and validated by the WHO. The recommendations following a "PCR Medical Product Alert" communicated by the WHO in December 2020¹⁸ and January 2021¹⁹ emphasize that laboratory procedures must be respected and that the CTs (Cycle Thresholds) must be communicated openly to avoid unreliable results due to too high CTs.

In Finland:

According to The Finnish Institute for Health and Welfare (THL), laboratories doing covid-testing in Finland never report the CT values of positive PCR test results²⁰. However THL mentions 45 amplification cycles (> 45CT) were used in reference laboratories, which results is over 99% of false positive. Thus, not only the PCR positive cases cannot be scientifically valid for any public health decisions. On the opposite, it demonstrates that 99% of measures take on the PCR basis are unlawful and unjustified such as discriminating the population who can live and eat in restaurants as they always have.

¹⁴ Chang MC, Hur J, Park D. Interpreting the COVID-19 test results: a guide for physiatrists. Am J Phys Med Rehabil 2020. doi:10.1097/PHM.0000000000001471. <https://pubmed.ncbi.nlm.nih.gov/32427600/>

¹⁵ Chen CJ, Hsieh LL, Lin SK, et al. Optimization of the CDC protocol of molecular diagnosis of COVID-19 for timely diagnosis. Diagnostics 2020; 10:333. <https://pubmed.ncbi.nlm.nih.gov/32455796/>

¹⁶ Rita Jaafar, Sarah Aherfi, Nathalie Wurtz, Cléo Grimaldier, Thuan Van Hoang, Philippe Colson, Didier Raoult, Bernard La Scola, Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates, Clinical Infectious Diseases, Volume 72, Issue 11, 1 June 2021, Page e921, <https://doi.org/10.1093/cid/ciaa1491>

¹⁷ CDC (2020). CDC 2019–Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel For Emergency Use Only Instructions for Use. CDEC:Atlanta USA. (<https://www.fda.gov/media/134922/download>)

¹⁸ WHO (7 December 2020). Information notice for IVD on PCR Alert https://nmra.gov.lk/images/PDF/Alerts/WHO-Info-Notice_COVID-NAT_EN.pdf.

¹⁹ WHO Information Notice for Users 2020/05 (version 2) 13 January 2021. <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

²⁰ Decision THL/6459/3.10.00/2020, given 8.12.2020

About the harmful consequences of PCR use on policies and individual health and finances

It is also harmful, with dramatic consequences, to have a population believe that healthy, symptom-free people are sick, infected or contagious based only on a positive PCR test for SARS-CoV-2, when the reliability of the PCR test is so weak, as previously noted in this report. In 2020, Surkova²¹ and her research team analyzed the potential consequences and costs of using a PCR test results with a significant false positive rate, such as those used for SARS-CoV-2: “misleading diagnostic performance, potentially leading to mistaken purchasing or investment decisions”. The article also points out the potential consequences of false-positive COVID-19 swab test results with not only wrong medical decisions and patient pathways in the hospital with psychological damages instilling fear, stigmatization and isolation, but also financial losses at the individual and global as well as national perspective (table 1):

Potential consequences of false-positive COVID-19 swab test results

Elena Surkova, Vladyslav Nikolayevskyy and Francis Drobniowski²¹

Individual perspective

Health-related

- For swab tests taken for screening purposes before elective procedures or surgeries: unnecessary treatment cancellation or postponement
- For swab tests taken for screening purposes during urgent hospital admissions: potential exposure to infection following a wrong pathway in hospital settings as an in-patient

Financial

- Financial losses related to self-isolation, income losses, and cancelled travel, among other factors

Psychological

- Psychological damage due to misdiagnosis or fear of infecting others, isolation, or stigmatisation

Global perspective

Financial

Misspent funding (often originating from taxpayers) and human resources for test and trace
Unnecessary testing
Funding replacements in the workplace
Various business losses

Epidemiological and diagnostic performance

- Overestimating COVID-19 incidence and the extent of asymptomatic infection
- Misleading diagnostic performance, potentially leading to mistaken purchasing or investment decisions if a new test shows high performance by identification of negative reference samples as positive (ie, is it a false positive or does the test show higher sensitivity than the other comparator tests used to establish the negativity of the test sample?)

Societal

- Misdirection of policies regarding lockdowns and school closures
- Increased depression and domestic violence
(eg, due to lockdown, isolation, and loss of earnings after a positive test).

²¹ Elena Surkova, Vladyslav Nikolayevskyy and Francis Drobniowski (December 2020). False-positive COVID-19 results: hidden problems and costs, Lancet, Vol. 8 (12), pp- 1167-1168. <https://pubmed.ncbi.nlm.nih.gov/33007240/>

3. The PCR test has been judged invalid by CDC and other European Tribunal²²

Early on in March 2020, the US Center for Disease Control and Prevention (CDC) had to withdraw PCR testing kits when they were shown to have a high rate of false-positives due to reagent contamination²³.

Several government bodies have invalidated the PCR test and the coercive measures

A – Specific to PCR testing creating coercive measures

Portugal Appeal Court – November 2020 (Court case 1783/20.7T8PDL.L1-3)²⁴

Court decision: on November 11, 2020, Portugal's Court of Appeals rejected the Azores' decision to place four tourists in forced quarantine after one of them tested positive²⁵ for PCR. The Portuguese appeals court had ruled that PCR tests are unreliable and that it is unlawful to quarantine people based solely on a PCR test.

Rationale: The court considered the reliability of the test "more than debatable" (title "*mais do que discutível*") and determined that the test was not capable of determining infection beyond a reasonable doubt. Citing he study by Jaafar et al. 2020²⁶, the Portuguese court stated that as the PCR test reliability depends on the number of threshold cycles (CTs) used and the viral load present, they concluded:

"if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the rule in most laboratories in Europe and the US), the probability that said person is infected is less than 3%, and the probability that said result is a false positive is 97%."

Same for Finland who used 40 to 45 CTs for PCR tests

Austria Court – March 2021^{27,28} (Court case: VGW 103/048/3227/2021-2)²⁹

Court decision: The Vienna Administrative Court granted a complaint by the FPÖ (Freedom Party of Austria) against the prohibition of its meeting registered for January 31, 2021 in Vienna. The Austrian Court ruled PCR Tests not suitable for COVID-19 diagnosis and that lock downs have no legal basis. The information from the City of Vienna Health Service on which the prohibition by the Vienna State Police Department was based, "did not contain any valid and evidence-based statements or findings on the epidemic"

Rationale: The court stated on the basis of scientific studies that the grounds for the prohibition put forward by the Vienna State Police Department are completely unfounded. The court agrees with the statements in the complaint "on all points" and even goes far beyond the arguments put forward by the FPÖ itself. It is expressly pointed out that even according to the WHO, "a PCR test is not suitable

²² The cases reported have been covered by several media. When available, the court judgement document will be mentioned.

²³ Willman D. Contamination at CDC lab delayed rollout of coronavirus tests. April 18, 2020. https://www.washingtonpost.com/investigations/contamination-at-cdc-lab-delayed-rollout-of-coronavirus-tests/2020/04/18/fd7d3824-7139-11ea-aa80-c2470c6b2034_story.html

²⁴ Appeal Court document (11 November 2020) https://www-dgsi-pt.translate.goog/itrl.nsf/33182fc732316039802565fa00497eec/79d6ba338dcbe5e28025861f003e7b30?x_tr_sch=http&x_tr_sl=pt&x_tr_tl=en&x_tr_hl=en-US

²⁵ Tribunal da Relação de Lisboa, Proc. Nº 1783/20.7T8PDL.L1. 11 November 020. <http://www.dgsi.pt/itrl.nsf/33182fc732316039802565fa00497eec/79d6ba338dcbe5e28025861f003e7b30?OpenDocument>

²⁶ Rita Jaafar et al. (2021). Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates, Clinical Infectious Diseases, Volume 72, Issue 11, 1 June 2021, Page e921, <https://doi.org/10.1093/cid/ciaa1491>

²⁷ Austrian court overturns judgment: PCR test not suitable for diagnosis (31 March 2021) by www.info-direct.eu – found on https://covidcalltohumanity.org/wp-content/uploads/2021/05/Info-Direkt_Austrian-court-overturns-judgment-PCR-test-not-suitable-for-diagnosis.pdf

²⁸ Austrian Court Rules PCR Test Not Suitable For COVID-19 Diagnosis And That Lockdowns Has No Legal Basis (April 8, 2021). - <https://greatgameindia.com/austria-court-pcr-test/>

²⁹ Administrative Court of Vienna Judgement of 24 March 2021 - https://worldfreedomalliance.org/wp-content/uploads/2021/05/20210324-AT-T-EN-Verwaltungsgericht_Wien_VGW_103_048_3227_2021_2.pdf

for diagnosis and therefore does not in itself say anything about the disease or infection of a person” and you need to have a medical validation. However, the Minister of Health uses a completely different and a much broader case definition for COVID19, which cannot be used to justify any prohibition.

The Austrian Corona Commission should have used the WHO case definition and should not have used the case definition of the Minister of Health, consequently the numbers of “sick”/“infected” is inflated with false positives, thus wrong with misleading policy and medical decisions.

B – Specific to coercive measures related to PCR massive false positive testing inducing false pandemic

German Appeal Court -January 2021³⁰

Court decision:

A German district court in the city of Weimar has declared that strict lockdown imposed by the government of the central state of Thuringia last spring are unconstitutional, as it acquitted a person accused of violating it. The case involved a man accused of violating strict German lockdown rules by celebrating a birthday with seven friends.

The judge not only acquit the defendant but also stated that the authorities themselves breached Germany’s basic law: the regional government itself violated the “inviolably guaranteed human dignity” secured by Article 1 of the German basic law in the first place by imposing such restrictions, a decision that was up to lawmakers to make and not regional government.

Rationale:

Thuringia’s spring lockdown was a “catastrophically wrong political decision with dramatic consequences for almost all areas of people’s lives,” the court said, justifying its decision. It represented the most comprehensive and far-reaching restrictions on fundamental rights in the history of the Federal Republic while calling the disproportionate measures an attack on the foundations of our society. According to the court, the government lacked sufficient legal grounds to impose the restrictions since there was no “epidemic situation of national importance” at that time and the health system was at no risk of collapsing as the Robert Koch Institute reported that the Covid-19 reproduction number had fallen below 1.

Dutch Appeal Court – February 2021³¹ (court case: ECLI:NL:RBDHA:2021:100)³²

Court decision: The Hague Court has ruled that the COVID-19 lockdown which was imposed by the Dutch Government had no legal basis and that it was illegal. The curfew is a severe violation of several aspects of Human Rights, in particular the right to freedom of movement and privacy and (indirectly) limits, among other things, the right to freedom of movement and privacy and (indirectly) restricts, among others, the right to freedom of assembly and demonstration.

The Dutch government imposed curfew under the provision of the Extraordinary Powers of Civil Authority Act, an emergency Act giving the state the right to bypass the legislative process to impose a curfew, based on the pandemic situation defined as “very urgent and exceptional circumstance”. “The Preliminary Relief Judge ruled that the introduction of the curfew did not involve the special urgency required to be able to make use of the [act],” the Hague continued, noting that the government had had time to discuss such a curfew beforehand, before ruling that “the use of this law to impose curfew is not legitimate.”

³⁰ German District Court declares Corona Ordinance Unconstitutional, in UK Human Rights blog (25 January 2021)

<https://ukhumanrightsblog.com/2021/01/25/german-district-court-declares-corona-ordinance-unconstitutional/>

³¹ State must lift Curfew, District Court of The Hague (16 February 2021) <https://www.rechtspraak.nl/Organisatie-en-contact/Organisatie/Rechtbanken/Rechtbank-Den-Haag/Nieuws/Paginas/Staat-moet-avondklok-laten-vervallen.aspx>

³² Court case on Curfew (16 February 2021) Court of the Hague – link <https://uitspraken.rechtspraak.nl/#/details?id=ECLI:NL:RBDHA:2021:1100>

Rationale:

After the curfew was imposed by the Dutch government under the provision of the Extraordinary Powers of Civil Authority Act, citizens were required to stay at home between the hours of 9 PM to 4:30 AM. Citizens could step out during this time only in case of emergencies, essential work, medical assistance need, walk a pet or a valid excuse. Any infringement would result in a fine. As a consequence of this curfew, people faced riots causing large materialistic damage, loot, police clashes and large numbers of arrests. A group known as the *Virus Truth Foundation* filed a lawsuit in the Hague court arguing that this curfew was an infringement on human rights and the Dutch constitution.

**Finland's Head of Health Security, Mika Salminen
says WHO's Instruction on testing is incomprehensible³³**

Helsingin Sanomat (HS) – 19 March 2020

Mika Salminen, a senior Finnish health official of the Finnish Institute for Health and Welfare (THL) dismissed a World Health Organization (WHO) advisory to test as many people as possible for Coronavirus, arguing that such a measure would be completely illogical when combating a pandemic.

Mr Salminen commented at the WHO's notion that stopping the spread of COVID-19 requires testing on a mass-scale in his own words, as follow:

"Let me say it straight: it [broad testing like in South Korea] is not applicable in the Nordic countries."

"To be honest, we don't understand the WHO's instructions for testing. We can't fully remove the disease from the world anymore," he said, adding: "If someone claims that, they don't understand pandemics."

"The test is not a cure", Salminen said.

Citing limited supplies, Finland has narrowed COVID-19 testing to high-risk individuals and medical workers. Salminen told local media that screening for the virus should be done where it will be "effective," not simply "where there is concern" about a respiratory disease.

"Those who may be sick at home don't (gain any) benefit from testing," he said.

The Finnish health official noted that administering the test massively would drain valuable medical resources and personnel from those who need it most.

³³ Helsingin Sanomat (HS) 19.3.2020. "Suomi lisää koronaviruksen testauskapasiteettia, mutta ei ota testeihin lievöoireisiä: "Emme totta puhuen ymmärrä WHO:n linjausta", sanoo THL:n Mika Salminen". <https://www.hs.fi/kotimaa/art-200006446009.html>

Conclusion

In conclusion, the PCR test is not valid, nor for detecting an infectious agent such as a virus, nor for diagnosing an ongoing illness and its contagiousity.

Furthermore, many other aspects of PCR testing were not adequate nor justified:

- the procedures of PCR testing laboratory technique in Finland were deceptive. It used a much too high amplification cycle (CT >40 or >45) resulting in more than 97% false positive results, as evidenced by above studies. Court cases of Portugal and Austria rules PCR test not suitable, unreliable and unlawful, thus not justifying any measures such as quarantine or prohibition of meeting or entering public places.
- the procedure was not suitable at the technical as well as at the human respect and dignity level, the way the PCR test was applied with a the nasopharyngeal swab to collect samples is extremely invasive, touching sensitive areas and harming the person or infant in a very delicate area close to the brain nerve, when saliva is far superior for detecting biological sample³⁴. Saliva is recommended as a simple, low-cost, non-invasive option

The PCR test was no reason to act on the healthy public and to enforce unnecessary and unreliable test with high amplification cycles. Moreso, it induces 97% of false positives in Finland.

The imposed false positive testing created a false positive pandemic and falsely justified the prohibition of movement, meeting and travelling, which several courts in Europe and in the world have evidences by ruling PCR not acceptable for policy decision making.

Therefore, using a PCR test as a basis to impose policy measures and discriminating people regarding their permission or not to travel, to assemble or even to entry public places - such as a restaurant - is unjustified and a violation of human rights. The whole idea of a “pandemic” is questioned

The EU Regulation establishing the EU digital COVID certificate was adopted on 14 June 2021³⁵ and has been in force since 1 July 2021, although scientific findings have proven that the test PCR creates 97% of false positive and Courts in Europe have judged the PCR unreliable for any decisions or imposed public health measures since 2020.

Given the Coronavirus COVID-19 (SARS-CoV2) mutates and disappears within a few months, it is scientifically not possible to maintain the declaration of a COVID-19 “pandemic” beyond 2020 nor any public health measures, nor to impose its diagnostic with a misleading test overtime (Stuckelberger, 2020³⁶, 2021³⁷; IHU, 2021³⁸).

Geneva Switzerland, the 29th of September 2023



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³⁵ EU 2021/953 (14 June 2021. Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic (Text with EEA relevance)
in English: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0953>,
in Finnish: <https://eur-lex.europa.eu/legal-content/FI/TXT/PDF/?uri=CELEX:32021R0953>

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³⁸ IHU (2020-2021) Plusieurs cours relayé par la chaîne IHU, débriefing du Professeur Didier Raoult sur chaîne d'information IHU sur YouTube ex : IHU Marseille: <https://www.youtube.com/watch?v=MA5NqAbqPlk>.