LETTER REGARDING DANGERS AND INADEQUACIES OF COVID-19 PCR TEST, FROM SEPARATED FATHER TO CHILD'S MOTHER AND LAWYERS

Dear [names],

Re: COVID-19 testing and my son

I am writing to you in regards to the COVID-19 testing protocols, as I have a number of very significant concerns about these and, as such, am currently unwilling to grant my consent for my son, [name], to undergo any such testing.

The test currently being deployed to detect COVID-19 infection is the Polymerase Chain Reaction (PCR) test. This test, however, was not developed for and is not a reliable indicator of the presence of infectious disease. The Nobel-Prize winning inventor of the test, Kary B. Mullis, is quoted as stating: "PCR tests cannot detect free infectious viruses at all" (1). They can detect genetic sequences of viruses, but not viruses themselves. PCR test technology relies on amplifying results many times over. If they are amplified less than about 35 times, no-one will test positive. If they are amplified 60 times, everyone will test positive. So to be clear - a positive PCR test result is not evidence that a person is either unwell with any infection, or infectious to others.

It is important to recognise that inappropriate use of PCR tests to misdiagnose infectious disease is not a new phenomenon; in 2007, the presence of positive PCR tests led staff at Dartmouth-Hitchcock Medical Center to falsely believe they were in the midst of a whooping cough (pertussis) epidemic. Nearly 1,000 health care workers at the hospital in Lebanon, N.H., were given a preliminary test and furloughed from work until their results were in; 142 people were told they appeared to have the disease; and thousands were given antibiotics and a vaccine for protection. Hospital beds were taken out of commission, including some in intensive care.

However, nearly a year later, the entire episode was declared a false alarm, since not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, Bordetella pertussis, in the laboratory. Instead, it appears the healthcare workers were probably afflicted with ordinary respiratory diseases like the common cold. According to epidemiologists and infectious disease specialists, this episode occurred because too much faith was placed in a quick and highly sensitive molecular test - the PCR test - that led them astray.

Reflecting on the situation, Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson.

"The big message is that every lab is vulnerable to having false positives," Dr. Petti said. "No single test result is absolute and that is even more important with a test result based on PCR." (2)

Given the above, I do not feel it is in [my son's] interests to receive a PCR test for COVID-19, as the test is not fit for purpose where it comes to diagnosing the presence of active infection. If [my son] becomes unwell with COVID-like symptoms, then I am happy for him to self-isolate at home, either at my home or his mother's, for two weeks. thereby eliminating any potential risk of passing infection on to others, but I am not prepared to give my consent for him to receive a wholly inappropriate and unreliable test. Further, I do not believe this test is adequately safe. The intranasal nature of the PCR test represents a highly invasive experience that is not only potentially extremely distressing for a child, but it also carries with it risks to health. Media reports have detailed cases of the nasal swab penetrating the blood-brain barrier and causing brain fluid to leak (3), and there are also reports of the tests being contaminated due to inadequate quality controls at the CDC (4).

Leading on from this is the fact that COVID-19 infection is both rare and low-risk to healthy young children, such as my son Children only make up around 2% of COVID-19 cases worldwide (5), and, according to a CDC report, only 0.03% of COVID infections in under-21s are fatal (6). When children do contract COVID-19, they are most likely to have mild or no symptoms (7).

In summation, I do not feel that COVID-19 infection is a serious enough threat to my son to warrant invasive and potentially dangerous testing, especially given the test being routinely deployed is not reliable.

Please reply to this letter within 14 days of today's date acknowledging my concerns, and agreeing that COVID-19 testing will not be administered to [my son] without my express foreknowledge and consent. Currently, I do not give consent for him to receive any such test, and will inform you in writing if and when that situation should change.

Yours sincerely,

[Name]