Methods of deceit underlying pathology, virology and genetics

Jamie Andrews of the Virology Control Studies Project, interviewed by Sasha Latypova, condensed transcript

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- Oct. 25, 2024 - Conversation with Jamie Andrews, the Virology Controls Studies Project (Sasha Latypova)

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- Nov. 2, 2024 - The Spanish Flu Hoax & The Rosenau Contagion Study. (Jamie Andrews)

Notes from KW:

1. In conducting research to attempt replication, expose and thereby discredit many of the scientific protocols purporting to support conclusions drawn by pathologists, virologists and geneticists, Jamie Andrews and his colleagues have used living cell lines taken from human embryos through abortion, just as earlier researchers (including John F. Enders, Thomas H. Weller and Frederick C. Robbins as early as 1949,[1] and Alex Jan van der Eb and Frank Graham in 1972[2]) also used cell lines and organs taken from human embryos through abortion.

Cell lines and organs taken from human embryos are taken by intentionally dismembering and killing living human beings. Abortion is a grave mortal sin, and I pray and hope that all scientists, physicians, mothers and fathers will stop intentionally killing human beings, and stop supporting and conducting all research using organs and cell lines taken from human embryos.

2. Andrews accepts claims made by suppliers of biological materials that I believe are not true and cannot be true. For example, at p. 7 of the transcript below, Andrews states:

> "We can guarantee that there is no pathogen in the dish, because we have bought all of the reference material guaranteed to be uncontaminated. They negatively test and heat sterilize every single part to this. They heat sterilize the fetal bovine serum. They heat sterilize and negatively test the cell line and then they also put penicillin and streptomycin in, antibiotics, to get rid of bacteria and fungi contamination."

[1] Cultivation of the Lansing Strain of Poliomyelitis Virus in Cultures of Various Human Embryonic Tissues, *Science*, Jan. 28, 1949
[2] US-FDA CBER Vaccines and Related Biological Products Advisory Committee Meeting, discussion of "adventitious agent testing, tumorigenicity testing, and issues related to residual cell substrate DNA of novel and neoplastic cell substrates used to manufacture viral vaccines, May 16, 2001, van der Eb testimony, transcript at p. 77-82

To the extent suppliers assert that cell lines have been "heat sterilized," I think they are making a false representation, because I think sterilizing a cell line with heat sufficient to kill non-cell-line living cells (so-called contaminants), will also kill the human embryonic kidney cells themselves, leaving them non-viable: not capable of dividing and growing in the petri dish.

The intrinsic heterogeneity and instability of living creatures -- the irrepressible dynamism of organic life over time and in relation to God, surrounding living creatures and the non-living material world -- is the same theoretical and practical hurdle that renders the establishment, compliance and enforcement of true biological product purity and stability standards impossible.

I point this out only to emphasize that the diabolical deceptions carried out by physicians, pathologists, biologists and virologists for the past century have many, many layers.

3. I've added headers to the transcript below, indicated by [brackets], to help readers orient to the topics discussed during the interview.

* * *

[1. How Jamie Andrews began investigating the scientific foundations of disease pathology and virology]

Sasha Latypova

Hello, everyone. Today I have an exciting guest. I would like to introduce you all to Jamie Andrews. I was very interested in his Virology Controls Project and work with the different PCR labs.

Jamie, maybe say a couple things about you, your background and how you got into this project, what motivated you.

Jamie Andrews

Hi, Sasha. Thank you very much for having me on and for letting me introduce the project to you and all of your listeners.

My name is Jamie Andrews. I moved to France about six years ago from the UK, just looking to kind of escape what was going on in the UK, politics-wise [...] what happened with Brexit [...] I started to see the kind of UN agenda walls kind of slowly creeping in [...]

This project was born out of the fact of what happened in 2020. We had a vaccine passport here for nearly a year. In fact, just over a year, which saw me and more importantly, my kids banned from society. It was just over a year, which was a third of my eldest son's life at the time, not being able to partake in society at all: restaurants, theaters, cinema, anything like that, we were completely banned because we refused to take [vaccines].

SL

How about school? Are they in school?

JA

They were in school at the time. Fortunately, he was just a little bit too young to be forced into a mask all day. But the kids that were just a couple of years older than him were forced to wear masks all day. I didn't take him out of school. I would have done it if they had forced these things.

But this was the setting for me to start to look at causation, start to actually challenge, "Well, if this supposed deadly pathogen is transmitting from person to person --"

My scientific background is practically none. I have a degree in geology, but that was 20 years ago. I know how to handle data. I know how to look at data, to compartmentalize it and to read published, peer-reviewed journals. But apart from that, it's been 20 years since I had any sort of accreditation, that was in geology.

And to be honest, I very much saw what was the problems with, again, the UN's claim about anthropogenic climate change, because data didn't stack up to me then, even as an undergrad. So I was skeptical coming in whenever I saw the moniker of UN, the World Health Organization.

Immediately alarm bells started to ring that, "Hang on a second, what's happening in front of my face, and what's happening on the news." There was just a direct in-comparison between the two.

It was incompatible: what was going on in front of my eyes and what the news said was happening.

This was no much more prevalent than in India where -- my wife has Indian heritage and I knew a couple of people during 2020 that were working on the streets, in charitable agencies working with people that were in quote-unquote, "the most unsanitary conditions."

I was getting daily updates through, what the news was saying was peaking transmissible pathogens. And on the streets of New Delhi, I had a friend who was giving me daily reports saying, "Look, nothing's happening."

They were saying there was this deadly pathogen there, but people living in malnutrition environments, diseased, supposedly, very poor and literally, sat on the streets next to each other with rubbish and all of the most what you would think of as conducive pathogenic-encouraging situation and these people weren't dying.

If there was a transmissible agent, it just should have been --

SL

It was the same in San Francisco. I have friends there and I have properties nearby. When we looked at it, all the homeless population in San Francisco, which is kind of a similar situation, we thought, they would be dropping dead left and right. And there's nothing. There's nothing at all.

JA

It's strange, isn't it? The homeless population are supposedly immune. This led me to going and just typing into Google Scholar, I didn't really know what I was looking for. I have an A-level in biology, but past that I had kind of nothing to do with the area of biosciences whatsoever. It was to do with geology and that kind of mass spectrometry, really, they rely on, carbon dating and things like that.

[2. Disease contagion studies; Milton J. Rosenau, Director of US Public Health Service Hygienic Laboratory 1899-1909]

The machinery and the mechanisms involved in virology, I had not a clue. But I started to look and [found] what turned out to be contagion studies.

They did actually give people what they considered to be virus directly up the nose. In some of the older ones, at the turn of the 20th century, such as the [Milton J.] Rosenau studies[3] which were conducted by the US Navy, where **they took people who were displaying the symptoms or basically very unwell with what they considered to be the Spanish flu** and they took all of their fluids, the BALF [bronchoalveolar lavage fluid], the mucus, the sputum, **and did everything that they could to healthy people to try and infect them.**

And lo and behold, this was a real kind of change for me in my life, was **realizing that they all failed**.

It was just this mind-blowing moment of going, "I've looked for causality, expecting there to be [causality]." And this isn't just with the influenzas and the coronaviruses. They've done it with all manner, with smallpox, with polio, with every single communicable disease and turned up nothing.

For me, it was a very eye-opening moment and a very liberating moment because it was "Okay, well, maybe disease doesn't work like this." That kind of led me to looking at, because we all saw that the pandemic, the scamdemic during 2020 was actually enabled by the **PCR test**. Really, that was the pure vehicle for trying to claim that somebody was sick.

They came up with all of these very inventive things such as **asymptomatic transmission**, where the symptom of you being sick with a deadly pathogen was you didn't have any symptoms.

SL

It's so deadly that you don't have any symptoms. That's the best.

[3. Reagents, equipment and methods for cell culture isolation of viruses and PCR, polymerase chain reaction.]

JA

So, I think everybody could see that the PCR test, on the face of it, was not showing what it was claiming to be showing.

Now, up until this very point, really, although people have kind of pointed out that -- and there were some anecdotal evidences with John Magufuli, for instance, who was the president of Tanzania, who did a press release that said that he PCR-tested a goat and a papaya and all manner of things that came back with positives.

It's still only really been anecdotal evidence.

The project that I formed about a year ago, just over a year ago, is finding people that are coming from biomedical backgrounds. Some of them are still working in there, but all of the people that I've consulted with and worked with are all published, peer-reviewed biochemists or microbiologists or even virologists and geneticists that were skeptical of the claims that were made.

[3] Experiments to determine mode of spread of influenza, Milton J. Rosenau, *Journal of the American Medical Association*, Aug. 2, 1919.

We really wanted to go out and prove it, actually take the evidence.

One of the names that kind of came about in 2020 to me was **Dr. Stefan Lanka**, who did some control experiments during 2022 **showing that the cell culture isolation of viruses was essentially fraudulent**.

I took that as a benchmark to try and replicate his results and then further them because he actually, the story goes that he did the genetic sequencing, that he managed to take a control culture and genetically sequence it and build the SARS-CoV-2 genome out of essentially a cell line which shouldn't have SARS-CoV-2 in it.

Hence you have falsified their, the big genomic sequencing. That's what we're currently doing. We are currently in the process of genetically sequencing some control cultures.

I have prepared a PowerPoint presentation...

What we did was we designed an experiment that took, Stefan Lanka's work took the exact protocol for the original isolation of SARS-CoV-2, which was funnily enough done in monkey kidney cells. It's not done in human cells. It's done in a monkey cell, which is rather strange, because the in vitro isolation...I don't really know where I should start from.

SL

Just a little like basics for people who are not familiar with this.

JA

Virologists have always said that you cannot just take a sample direct from a sick person and centrifuge it down and get virus. They can't supposedly purify a virus in such methods. There's supposedly not enough. You would have to have swimming pools' worth of fluids to be able to do this, according to them.

Their get-around clause with this -- and this is the gold standard for supposedly isolating a virus -- **is to add more stuff**.

It sounds as if it's contrapuntal to what they're trying to do, adding more stuff if you're trying to isolate it and get it something on its own. But that is what they do.

They claim to do this by growing it in cell lines. They take cell lines taken from banks, which sell reference materials. They are supposedly sterilized cell lines. They grow the cells out and then they inoculate them with the fluids of a sick person.

And **when these cell lines break down**, which is called the **cytopathic effect, they say that that is caused by a pathogen,** therefore they know that the pathogen is in their dish and they can then centrifuge it out and they have enough because they've supposedly grown it in this cell culture.

The issue is that when Stefan Lanka conducted these, he showed that, and actually it's kind of funny because the person that invented this method, the cell culture isolation, was a guy called John Enders. He did this in 1954, and he did it with measles, which was the very first "virus" he isolated.

In his un-inoculated culture, i.e. the one without any sample in, the cell line still broke down.

SL

The cells die outside of bodies, so there is no perpetual living cell line.

JA

That's right. All of this when you actually scratch beneath the surface is very well documented.

That "starving cell lines causes them to die," it's quite obvious when you look at it on the face of it.

There's a few key things to do with PCR that hopefully I can kind of point out.

[4. Negative control study: growing cell line in nutrient medium without addition of allegedly pathogenic material, but following virus isolation protocols]

[One] is the fact that, if you have not isolated something, it's very difficult to find something.

What we have here in this top slide, in this plate is the negative control of our study.

We have the cell line. It's a **human embryonic kidney** [HEK] **cell line** which is supposedly the most robust clinical cell line to use. The hardest to break down. We chose to try and give ourselves the highest hurdle, to strong man, steel man the results that we were getting by taking the most robust cell line: the human embryonic kidney cell.

You grow them out in what's called **fetal bovine serum**. It's a **nutrient medium**. It's the fluid from around the heart of a baby cow and it contains all of the nutrients for a cell line to grow.

You take a pellet of the cell line and you grow them out to what's called **confluence** within a dish.

You want to get them to grow out, but not too much, so that they occupy enough of the dish, but still have room to grow. So here we have objective verification in these cell cultures. We use a thing called [Thermo-Fisher Scientific] Countess, which counts the amount of viable cells. So just living to dead cells.

Here you can see the cell viability counter saying that we have a very confluent dish. There's 95% good healthy cells and still 5% left for them to grow into. They're not starving each other out, which they can do if you "overgrow" them, which was some of the problems that people say that Stefan Lanka had with his cell culture isolation. They claimed that he overgrew them. I don't necessarily believe that, but we wanted to just show that we were taking note of some of the problems that people claimed that they had and making sure that we kind of ticked all the boxes with that.

So this is our negative control to show that when cells are given the necessary medium, they grow and they stay healthy. And this is taken at Day 4. What you do is you incubate this and you grow them out. You leave them in an incubator, they grow out.

Now, in every single isolation-of-a-virus protocol, when they inoculate these cell cultures with a sample [of alleged infectious material], they **remove the nutrient medium**.

We have followed a standard protocol for isolating a virus. It's an adenovirus, which is because they use slightly different cell lines for isolating different viruses.

For the HEK, they isolate SV40, lentiviruses and adenoviruses. So we followed a protocol that is in a published and peer-reviewed literature where they **reduce the nutrient medium to 2%**, which is a very, very standard reduction. You will find that in practically every single **viral isolation protocol**.

When they removed the nutrient medium, we, this is the test, we fluctuated the amount of fetal bovine serum and left it in for four days. You can see that the cell line has died. You have these huge gaps in it. You also have what's called cincture and clumping where the cells die, the cell walls break down and they move together and clump and form plaques.

There's all sorts of morphology, which was noted by the contract research organization who did this. We employed the independent research. We blinded the outcomes. And this was done by this contract research organization who pointed out that, a lot of these morphologies that we see in cytopathic effect, i.e. the supposed breakdown of cell lines caused by a pathogen, were noted in all of these cell cultures.

If you look at the bottom here, the cell viability counter that we were talking about before has noted that, it should, that should actually say 34%, is a typo, but 34%, is dead at Day 4 [after] inoculation.

SL

How do they justify the removal of nutrients from the cells?

JA

That's an interesting question. What they call it is a **maintenance medium.** They accept that 10% fetal bovine serum is a what they call **growth medium**. Then they say, if you remove it down to 2%, because they do a wash when they put it in, so [the wash] lowers the overall concentration down, they call it a maintenance medium.

Well, it's just a misbranding, really. It's not a maintenance medium. It's starving the cells. Which is what we found, because we did this in over 90 cultures, 90 separate cell plates and we received cytopathic effects to the exact degree mentioned by the American Society of Microbiology, that if you have any cytopathic effect within two days and up to six days, you have a virus in your dish.

So **we have achieved the standards according to the American Society of Microbiology without putting a pathogen in the dish.**

And we can guarantee that there is no pathogen in the dish, because we have bought all of the reference material guaranteed to be uncontaminated. They negatively test and heat sterilize every single part to this. They heat sterilize the fetal bovine serum. They heat sterilize and negatively test the cell line and then they also put penicillin and streptomycin in, antibiotics, to get rid of bacteria and fungi contamination.

So they claim that it's solely a cause of a virus, but it contains, funnily enough, also the antibiotics are known nephrotoxic. So amphotericin, gentamicin, somewhat penicillin and streptomycin, are all known to cause renal disease.

And most, 90% of the cell lines that are used in these cell cultures are kidneys. They're kidney cells. So they are knowingly using nephrotoxic ingredients such as antibiotics. And then when the kidney cells die, they're saying, "Oh, look, it must be because of a pathogen and not because of the ingredients."

This is what a control study really does is, it's a very basic thing of just removing the independent variable and showing that **the ingredients cause the observable effect that they claim is made by a virus**.

Here, just very quickly, we put it down to 1%. They will consider 1% a **starvation medium**. They do have this in a few protocols, but we show that actually there's not a lot of difference between the cytopathic effect, between what they call a maintenance medium [2%] and a starvation medium [1%].

They are putting most of their cell cultures in this 2% medium which is causing the death.

[5. Positive control study: Growing cell line in nutrient medium with addition of sputum from asymptomatic, healthy human subject, also following virus isolation protocols]

Here is a recent finding because we did do a positive control, where we took asymptomatic sputum and added it, to no effect. They say that sputum, that there's 38 trillion viruses in us at all times and a study put out that there's 5-point, an average asymptomatic healthy person has 5.5 viruses in them at all times, pathogenic viruses.

So we conducted this positive control. People wanted to see exactly the difference to kind of compare and contrast. So the actual protocol that we used here, and this will be of interest because if you look here in Cell Plate A, this is off of a published isolation of adenovirus.

Here they transfected this exactly the same line, the HEK, the human embryonic kidney cell line. They took the genetics, supposedly, of adenovirus and put them in the culture.

And this was the result. This is actually at Day 5, so if you see post-5-day transfection. And here is the protocol underneath just outlining the fact that they put it in 2% fetal bovine serum, exactly the same antibiotics are the penicillin and streptomycin, DMEM [Dulbecco's Modified Eagle Medium] and the same --

Here we have exactly the same conditions that both of these cultures are in. One is supposedly transfective with the genome of a pathogenic virus. And as you can tell, obviously they don't have the count test readout, but you can quite easily see to the untrained eye that these ones have massive, massive gaping holes in them.

If anything, the pathogenic effect is maybe even less. When you take the images, these are these are both at the same at 20 times magnification so you can compare them when you when you take the pictures.

It is a little bit subjective because you can take -- this isn't the whole dish. It's just, you can zoom in and take parts which you want to. But as a rough indication, a virologist is going to take a picture of the most cytopathic effect that they can find because that's what they want to try and prove.

Here we, just to kind of skim through this, these are the results of the project that we have.

[6. PCR tests, genetic sequencing; looking for an object that has not been isolated or identified.]

How this kind of plays out to genetics and PCR is that, and this is where the end of the road is, because every single virologist, and as you pointed out before, they will readily admit that starvation of cells does occur.

And they will also actually readily admit that you don't necessarily have a virus.

You have to verify that you have a virus with other means.

And those other means are actually genetics, eventually whole genome sequencing. They will usually just PCR test it. They will PCR test with certain things.

But here is the problem. **If you have not isolated this virus, i.e. if the observable effects are happening irrelevant to whether you put a pathogen in, how do you know what you're looking for within genetics when you test them?**

Because even if you take what they're saying is happening, [...] even if you accept that everything works in the way that they say it does, [in] which a nucleotide sequence is representative within PCR, so they take small

nucleotide sequences which are supposedly specific to a virus or specific to whatever you are looking for, with the PCR test, bacteria and people and anything with a genetic sequence.

How do you know if you have never ever purified and isolated the thing that you are looking for?

How do you know what to look for when you are PCR testing it?

It's like saying, "I am looking for a new color that's never been seen before," if that makes sense. "Go out and find me this new color that's never been seen before. " "Okay, what does it look like?" "Well, I don't know."

It's kind of impossible to say that, because you have **no benchmark** for what it should look like originally, that you can all of a sudden then find it in this soup.

And the other thing to note is the fact that, we've already seen that this is slightly easier, but **within the cell culture**, there is human embryonic kidney cell, there is fetal bovine serum, **there's all manner of different cell lines.**

For SARS-CoV-2, you are starting with, knowingly, the genetics of a monkey, knowingly, the genetics of a cow, knowingly, the genetics of a human sample. You already have a mixture, a wash of three different animals in this dish.

And geneticists will even say this, and they will agree with this, that a mixture of samples is very difficult because it's all stirred into one, because it's all a mixture.

The way that the genetic sequencing works is they break it down into very, very small fragments to then build it back up.

So when you're breaking it down into these very small fragments, **how do you know that this one comes from a monkey, this one comes from a cow, this one comes from a person, and this one comes from a virus?**

Well, it's very difficult, especially when they claim that, say, a monkey shares 99% of the same genotype as a person.

So here you have kind of the beginnings of seeing all sorts of problems, which are fascinating.

SL

Yeah, and I keep telling people, genetics is just as fake science as virology. You can go for a long time explaining that. PCR is funny: it's a collision of two fake sciences. It's beautiful.

[7. Fluorescent dyes and PCR]

JA

That's right. I've got a video. [transcript of video presentation]

...Let's start with dye-based qPCR. This relies on the use of an intercalating dye that binds specifically to the minor group of double-stranded DNA.

These dyes have very low fluorescence when they're not bound to DNA, but exhibit high fluorescence when bound to DNA. A double-stranded DNA binding dye is included in the qPCR mix, and the fluorescent signal is measured after each application cycle.

Because fluorescent signals of these dyes increase dramatically in the presence of double-stranded DNA, qPCR amplification can be detected and visualized as an increase in fluorescence signal.

DNA-binding dyes are easy to use, but the detection is not sequence-specific. To confirm amplification specificity, multi-curve analysis is performed after amplification is complete.

The reaction is heated slowly. When the double-stranded amplicon denatures, there is a sudden change in fluorescence. This melt temperature is a function of the amplicon sequence and length. As a result, melt curve analysis can be very useful in verifying the specificity of a reaction by giving us information on the number and size of amplicons present.

In probe-based qPCR, primers are used in combination with a probe to detect the amplification product.

Probe is synthesized with a fluorescent reporter covalently attached, and the fluorescence of this reporter changes as the qPCR product is formed.

The most commonly used probe chemistry is the hydrolysis format. With hydrolysis probe chemistry, the probe is...

JA

I'll just stop it there for the moment, because I just wanted to kind of run very quickly through...the basics of what is occurring in PCR.

In both of the methods of PCR, they use **fluorescent dyes**. They actively say that they are knowingly putting in a fluorescent dye whether that's in RT-PCR [Reverse Transcription Polymerase Chain Reaction] where they claim -- and she's just explaining it now -- that they put it in with a **quencher** and it binds to a specific nucleotide sequence. And then when they go through these cycles of amplifying it, the dye expresses.

If I am to break it down of exactly what they're doing within PCR, to make it simple so that people can understand, if you look at this picture at the bottom, this is a PCR machine broken down into its very, very simple, and it is actually a very simple machine when you look at it.

The reagents is where they claim the complexity is happening, but what they will knowingly tell you is that they take a sample of what they want to genetically sequence, or they find the target primers, target nucleotide sequence, and they put a fluorescent dye in it.

They put a fluorescent dye knowingly in it.

Then they put this sample in a thermocycler and heat it up. And when the dye fluoresces, the cameras pick up the pick up the fluorescence. **They are putting a fluorescing dye in.**

SL

And then picking up fluorescence.

JA

When it fluoresces, they say all of this story about why it fluoresced.

When you look at it in those very, very simple terms, it is actually quite stupid. Because all of it is unseen. All of it is very complex in what they're saying. Is it happening? Because on the surface of it, they're literally just shining a camera and picking up the fluorescence.

That's kind of going into the PCR. That's the core principles of what's occurring.

It's a very, very simple set of mechanisms. The only complexity is what's happening beyond the naked eye, beyond what anybody can see, where they say that the nucleotide sequence is binding up to the specific base pairs, and the reason why it's amplifying is because of da-di-da-di-da.

SL

But that's just a story. Like, there's no...

JA

It is just the story. To what degree that occurs, we don't know. You can't say with any specificity.

So just at the very core principles of what's occurring with PCR and whole genome sequencing, because this is even the most accurate, genome sequence, where they have.

For instance, the Wu Fan assembly for SARS-CoV-2, whole genome sequencing, Illumina sequencing, next generation sequencing, nanopore sequencing, all does the same thing, just a lot more times.

It's still a fluorescent dye. It's still taking these small packets. It's still, whenever it's fluorescing, they have the same thing. They just do it. Sometimes the reads, the small reads that you get out of it are half a billion reads that you get out of it, which is why it takes quite a long time.

Here we have actually part of the control experiments that we've done. We have actually done some controls and I would just go through some of the manuals.

Because it's quite enlightening. It's enlightening to me, when I start to actually look at things, the things that they give you, because more often than not, they do actually tell you just how spurious this stuff is.

The primers that we used in the control experiments that we did, we bought the most accurate primers available. So it's RT-PCR, reverse transcriptase polymerase chain reaction, which is all done in one supposed vial where they put it in, it reverse transcribes it from DNA to RNA, and then it has three genes. It supposedly doesn't just measure one nucleotide sequence. It measures three that are supposedly specific.

This is the most accurate PCR that money can buy. And yet in the manual, it specifically says this product is not intended to be used for therapeutic or diagnostic purposes in humans or animals. So anybody that has been given any sort of medical intervention based on a PCR test alone should very much read the manual. It's like buying a soft drink and on the soft drink it says, "Please do not consume this soft drink."

SL

Yeah, it's not for human consumption.

JA

It's not for human consumption, yeah.

SL

This part, this is a regulatory, so what people don't quite understand about diagnostic tests. It's actually, it's okay to have this statement because they never approved it as a standalone diagnostic test. You can have diagnostic tests, and I worked in the industry of CROs, contract research organizations, where we have our own tests that we made, on assays we made ourselves and validated, which we sell to professionals who then make a certain type of decision. And we were selling it to pharma companies to make their decisions about their drugs.

It's not even patient diagnostics. And FDA allows you to do that.

But now this means that, what they were doing during this pandemic is forcing this analytical technique as if it's a diagnostic test on everyone. And nobody of course was told this. It's never been validated to diagnose any disease or condition.

JA

That's right. Who is making? It's kind of plausible deniability, right? It's not on me and everybody's standing back going, "Well, we said it was for research use only" and so on and so forth.

But yet the frontline medics are kind of going, "You've appeared in hospital, you have some sort of respiratory problems, but we don't know what it is. Is it bacterial? Is it whatever?" And they do this PCR test and then start treating people on it.

SL

And even worse now, they send them to people's homes. It's absolutely terrible what they're doing.

JA

That's right. With the [Viral Control Studies] project, we hope to kind of unstitch what they're doing and show this. This is the types of questions that you need to ask to back yourself, legally, if you find yourselves in these positions in hospital, if you have family members that are unfortunately unwell, that you need to be able to back yourselves that--. Medics will, if they don't know what's wrong with you, which is seemingly nine times out of 10 these days is, their go-to is to kind of blame viruses and inject you with all sorts of stuff which as a lot of us are finding out is not a good thing to do.

Here's the other very important part to this is, is that, **they claim to have a negative control** as part of these tests. Now, the negative control here, they say, just contains nuclease-free water. **That's not actually a negative control, because a negative control would be a healthy human sample**. Because nuclease-free water is obviously not going to fluoresce, right? Because it's water. It's going to dampen down any fluorescence. So, of course, you're going to get a blank result out of that.

That's not showing that it's working. That's showing that when you put water in a machine, it doesn't--.

Interestingly enough though, interestingly enough during 2020, some of the very first few batches of accredited primers that were sent out were actually amplifying the negative control because the primers were so fluorescing that the negative controls were amplifying.

They use this down the bottom as their scapegoat. They say it's a thing called **primer-dimer**, which is where the primer attaches to itself. And it's quite actually a common thing when you read places like ResearchGate. ResearchGate have a lot of new lab techs and things to PCR and to the world of genetics saying, "My negative control keeps amplifying. Can somebody help me out?"

These are the kind of rescue methods for basically failing these tests, is the fact that they just say, "It's primer dimer. Try putting less primer in."

Whereas actually on the surface of these things, it's maybe you should actually look as to why these things are failing. Because if a negative control amplifies, the test is junked, right? You have to legally junk it because that's what a negative control is there for.

This is quite eye-opening to me as a layman, is that working hand in hand with a lot of these accredited microbiologists and accredited geneticists involved in the project, I've worked with them very closely for about two years. And every single one of them has echoed the same sentiment to me in terms of finding out about their daily practices at the bench which was, they all get the remit. They all get the work in from above.

Pfizer comes in, they want to clinically test this drug or whatever. **They know before they conduct the experiment what the experiment should look like**. They know, for instance, on a PCR test that it should be amplifying here, the graph should look like this, and it should be an exponential curve here, here, and here.

When it doesn't happen in the way that they've preconceived, they don't say, "Oh, it's wrong, so we haven't found what we're looking for." What they do is they chuck everything out, make a few tweaks in terms of the protocol, and **then run it again until they get the results that they conceived that they wanted in the first place.**

To me as a layman, that was really jaw-dropping because it's kind of like, well, that's not really science, is it? That's not trying things and then if you don't get the results saying, "We haven't got the results, we don't think it works that way."

That is just changing your methodology until you find what you thought you wanted in the first place. And they all said the same thing. They all said that basically that's it. You're just employed to essentially do this kind of paint-by-numbers type thing of creating the image that you had in your head of what a positive result should look like before you start.

It's just been quite an interesting learning process from somebody kind of outside of the commercial science, if you want to even call it science. I'm not entirely sure whether it would fall under that bracket if you actually broke down what they're doing on a day-to-day basis.

[8. Cycle thresholds, manual baseline adjustments and PCR]

Here is just the interpretation of results. A lot of people that are challenging PCR rightly point out that, we've all heard about **cycle thresholds** [CTs], the amount that's being, the amount that's being amplified.

So here we have, they consider, there's a few different channels on here. So this is the FAM [flourescein amidite] channel. So it's 40 cycles they consider as a positive result. 40 cycles is quite high. They claim that you're talking about only a couple of molecules of target nucleotide sequence at 40 cycles, so right here again in the most supposedly accurate primers kit, that they are saying that they will accept anything up to this 40-cycle threshold.

I'll just point out something that became interesting for us is that the positive control --- so a positive control in science is what you are meant to be looking for. So it's meant to be purified the-thing-that-you-are-testing, right?

In PCR, it's a thing called an oligonucleotide, which is about 200 different chemicals that are all whizzed together and that they claim is purified target sequence. So purified nucleotide sequence that you're looking for.

And just again, as a layman, I would have thought that if you were testing the purified target thing that you were looking for, that would you really need it to amplify once, twice? I don't know.

To me, it's kind of like I've developed this test for an apple and the positive control that I have is an apple. You shouldn't think that it should be difficult to find the apple when the positive control is fully what you're looking for.

Yet here in this target, in this primer sequence, it's anything under 27, 27 cycles, which is actually not even that strong a positive indication, even in a test of sputum.

So it's quite strange to me that they can accept just such a kind of low degree.

I've got a couple of videos here based on...this is from Thermo Fisher Scientific who provide all the equipment. Hopefully you can kind of stick through the kind of patronizing and condescending tones and find some of the information because some of the information is actually quite eye-opening when you stitch it all together.

> Welcome to Ask TaqMan.
>
> Today's real-time PCR question, "What's **threshold** and where do I place it?"
>
> Excellent question. The threshold is a horizontal line in our amplification plot that can be moved up or down along the y-axis. Its purpose, as we'll see in a minute, it tells the software where to take data.
>
> Now, not all places on the y-axis are equal. Some regions we want to avoid. Specifically, we don't want to be too low. Otherwise, we get down into the noise.
>
> Conversely, if we go too high, we're in the linear or plateau phase of amplification, where data are less predictable.
>
> A happy spot? Some place where all of our curves are straight and parallel to one another.
>
> What we really want is to put the threshold wherever the precision of our replicates is highest. That's generally somewhere toward the middle of the geometric phase, or maybe slightly higher. In any case, with a really robust assay, hitting a good spot is quite easy.

The default on all Applied Biosystems real-time PCR software is auto-threshold. meaning the software sets thresholds for us the second we click analyze. Notice that it sets a different threshold for each assay separately which is good since not all assays have the same sweet spot.

If I want, though, I can switch any one or all of my thresholds to manual mode, then move the line up or down with my mouse. Once the threshold is set and we click analyze, all the samples get their respective CT values.

The attentive viewer might be tempted to ask, "Well, if the threshold can be moved up or down, doesn't that change CTs?"

Why, yes, it does.

But here's the thing. As long as we keep the threshold firmly within the geometric phase, the relative or delta-CT, between any two samples, stays constant. This fact allows us to do things like calculate fold changes in gene expression from sample to sample, and to get quantity information from a standard curve.

And that's all there is to threshold. If you have any real-time PCR questions, just ask TaqMan.

JA

Just to recap on the first one is that he states that when you're moving this threshold about, it does actually change the CT value. So there can be a manual threshold change which will affect the whole thing, the readout of what you're getting.

This is combined with the second video from the same chap.

Welcome to Ask TaqMan

Today's question: "What are baselines and should I even care?"

You should care. Let me explain why. Here, we're looking at a fairly standard real-time amplification plot.

We have some nice curves each of which has the familiar geometric phase, linear phase and plateau phase.

So far, so good. But what's all this junk in the early cycles?

Well, friends, if you said junk, you were right.

You heard me. Junk, trash, waste, detritus, garbage, otherwise known as noise.

It's the stuff we see before our actual signal from an amplification gets high enough to overcome that noise. And as the rather impolite adjectives I used just a second ago suggest, it's completely useless to us.

So we can just ignore it, right? No. Here's the thing. This noise does have an effect on our curves.

Our job is to minimize that effect **by effectively subtracting out the noise**. We do that by establishing what's known as a baseline, a cycle-to-cycle range over which only noise can be seen prior to the appearance of curves.

Once established, the software will effectively subtract out the noise on a well-by-well basis, greatly improving the quality of our data.

Let's switch the y-axis to a linear scale for the moment to illustrate the effect of baseline subtraction. Here's our data prior to baselining. Note how every sample begins from a slightly different spot on the y-axis, causing our geometric phase data, this curvy part over here when we're in a linear scale, to look horrible.

But once we subtract noise, every sample begins from the same point zero. And as a result, the data clean up nicely.

The value we get after normalizing for background is something called delta RN. If you ever look closely at a log scale amplification curve, the one we're used to seeing, you'll notice that delta RN is what's graphed on the y-axis. By the way, the N in delta RN, that has to do with rocks, which you can learn about in another Ask TaqMan video

Check it out if you haven't already.

But before you go, just note that there are two ways to set baselines in Applied Biosystems real-time PCR software, manually and in automatic mode.

If you do it the manual way, you set the baseline range under Analysis Settings. You either set it for a single assay, in which case all wells for that assay get the same subtraction, or you can go under advanced settings and set wells individually.

Better yet just use the default setting of auto-baselining. With this selected, the software figures out how much noise needs to be subtracted from each well individually, and, as such, generally produces the best result.

So why have a manual feature?

Well, auto does fail on occasion, especially with some cyber-assays and non-standard chemistries.

You'll know auto has malfunctioned by the shapes of your curves. If they look more S-shaped than they should, it could be that auto has mis-applied the baseline set the end cycle to low.

As a result, not enough noise is being subtracted and the curves take on that strange shape.

To fix the problem, switch over to manual mode...

JA

Okay, that's enough of that sitting through it. But it's just to highlight the fact **that they know that there are some manual threshold levels that affect the results that can be turned up or down, literally like a dial to reject or accept what they class as noise**.

But we actually found this out through, it was complete happenstance. Unfortunately, every single other experiment that we've done, we've blinded the outcomes to the contract research organization.

Whereas when we came to PCR test these cultures, unfortunately, the person was let on to what we were trying to do. So we were getting them PCR tested for SARS-CoV-2, but they knew that the cultures that we were handing them couldn't possibly contain a virus.

And they were very suspicious about this, of course, as you would be. I had to have about an hour's-long meeting with the CEO as to why I was bothering doing this, which was very unorthodox because every single other time it's been very cursory, the information that they've wanted. You know, just "yes, sir, no, sir, three bags full, sir. Here you go. Here's the results of your experiment. Can we be paid now, please?"

So we, during this we spoke to the CSO, the Chief Scientific Officer who actually got put in touch with a geneticist that we were working with in our project and we were doing some investigation ourselves and they had run, trying to set up to use some of these primers on their machine.

They were actually borrowing a machine that wasn't known to them and so hadn't set up the channels correctly. There's three channels in this case, and they were used to only using two channels. They actually gave us the results back and we got a positive on one channel and a negative on another channel, which shouldn't happen.

The channels are just the fluorescent dyes. If you have the target sequence in there, they should all be positive or all should be negative. And then you just get the mixture and that's what provides the curves that you see, the amplification curves.

And we asked this geneticist, the independent, the contract research organization geneticist, "Do you have any idea?" Because they had done somewhere in the region of about 50,000 PCR tests during 2020.

And they said, "Oh, yeah, that's just the baseline threshold. You just need to up the baseline threshold on the hex channel, the channel that was negative."

So she said, she admitted that this baseline channel, because it was set so low, was inhibiting the positive from coming through. It was essentially rejecting everything that it was calling noise. It was calling this noise floor low. What they admitted to is that, and when you actually study the literature, is that there is between the setting of the threshold and the baseline correction you can change the outcome by three to 15 cycles.

A lot of people think when they're just talking about thresholds, when it comes to PCR, "Oh, 35 cycles, it's not very accurate." Well, it's a little bit more complex than that, because 35 cycles doesn't necessarily mean 35 cycles, because if you've set the baseline correction, low or higher to that, it could mean anything from 20 to 45, or it could be 15 to 45, depending on how aggressively you've set the kind of internal thresholds to reject or accept what they call the noise floor.

So we got our results back here and "unfortunately," they said "I'm so sorry Mr. Andrews, but they've come back negative, unfortunately. Viruses do exist and whatever."

We had a look at these and these that are plotting on here are the positive control. We talked about just a little bit before. The positive control is meant to be purified what-you're-looking-for. And also within the manual, it says that anything over 27 is a fail.

Well, this is the cycle threshold read off of because you have to take where it becomes exponential is where you take the readout. Well, this was at 35 to 36 cycles, i.e. it's a failed test. It wasn't negative. What we think that they've done is they've turned up this baseline correction so high that the noise floor has pushed the positive control into giving a failed result.

It's very eye opening to us for a few for a few reasons. It was a bit of a gut punch because it came back negative. It wasn't negative. It failed. But we learned two very valuable things.

[One,] that you've definitely got to blind the outcomes to people if you want them to try and do some sort of unbiased science because they will change the results to fit what they want.

And secondly, the fact we've uncovered this seemingly volume knob in PCR testing which is very much a parameter that is accessible to a geneticist to manipulate the outcome of what's going on and here is another area that you can kind of get an internal look at lab techs and their general day-to-day thoughts, their private thoughts and here's one here.

If you see all this you know what they consider to be noise and it says here from a lab tech:

> "I work as a scientist in a research laboratory doing epidemiological mapping for viral and bacterial targets through RT-PCR. I joined the job, the lab after several years training as a BMS [Bachelor of Medical Science or Master of Science in Basic Medical Science] specializing in molecular virology and have used RT-PCR analysis software for those same years.
>
> Never before in research or diagnostics have I seen somebody use set thresholds so religiously as my manager, set using a sample group of only 20 and not even the same sample type as we use on the study.
>
> The pic shows one example of the set thresholds being insanely low, sat dead in the background noise and therefore capturing many inconclusive and false positives."

So this was part of a thread where they've kind of opened up their machine on Day 1 to see that their manager has these set thresholds, which are allowing basically all of what they consider to be junk all the way through. And so making and fabricating these positives.

Is it that people got told to set these baselines low? Is it completely dependent on the geneticist running it? There's all sorts of --. I don't tend to go down the, because it's very hard to prove, intent. It's hard to prove, are people doing this on purpose?

I usually take the thought that people are just kind of paid to do the job and they just keep their head down and that's about it. They don't know, they aren't knowingly doing this, but setting some kind of internal threshold to generate all of these positives and doing that is definitely something that needs to be looked into.

If you want to get into the real, the funny side of PCR is, and actually how, just crap this stuff is really, the PCR thermocycler and some of these, the Quant 7, the most up-to-date thermocyclers, you're talking about $20,000 to $30,000 for one of these machines.

But when you actually break it down, as we talked about before, it's just a camera and a heating module.

They take a Peltier module, which is just a very simple, you can buy them for a few dollars from China, and you heat them up and then you reverse the polarity on the battery that runs them and they cool down very quickly, and that's all a PCR thermocycler is. Actually the digital side of it is really not rocket science. It's not a full computer processing power. It does very rudimentary things compared to even your basic laptops.

They have managed to put an entire PCR thermocycler into a battery-operated machine that you can use. And it's one time, and this was released by Pfizer, I think in 2022, called the Lucira. It literally is in your hand. It's a single-use PCR machine.

Now, they say it's actually LAMP [loop-mediated isothermal amplification], which the only difference is, the reagents are exactly the same. The method of doing it is exactly the same. But in LAMP, RT-LAMP, they only heat it once. They heat it once at a consistent temperature, whereas in PCR, it just does cycles. But it has all of the working parts of the Quant 7 Thermo-Fisher Scientific in a pocket battery-driven device, machine.

That that's how crap the machine, the machinery is, when you actually start to scratch away at the surface of it.

I want to dispel the illusion that what is going on is this miraculous stuff and I want to pull away the curtain and it is the Wizard of Oz behind there pulling all of the gears and saying "This is very complex stuff."

And again, I have a little video of it occurring because, again, it's quite eye-opening when you watch it.

> The Lucira COVID-19 test puts amplification technology previously only available in lab-based PCR equipment in the palm of your hand. Here's how it works.
>
> Once you snap in the vial, a spike pierces a hole in it, allowing the purple liquid containing your sample to flow into the device. Inside is a state-of-the-art mini lab that has all the equipment needed to run the test.
>
> The liquid flows down from your sample into five separate chambers. Two of these chambers contain internal controls that act as fail-safes, to ensure that your test results will be accurate. One chamber is used to confirm that the device is working properly. The other checks for a human gene to make sure you swabbed correctly and have enough sample.
>
> The remaining three chambers test for COVID-19.
>
> The microchip, which runs the device, sits on a circuit board.
>
> At the bottom of the device is also a heating element, which does two things.
>
> First, it breaks open the virus's outer shell, releasing its genetic material. If the virus is present in your sample, specially-designed pieces of genetic material already inside the device will bind to it. The heat kickstarts a series of events to amplify or make copies of the virus's genetic material.
>
> When a copy is made, both ends fold back on itself to form loops so that it looks like a dumbbell. Each dumbbell shape acts as a template to make more and more copies, and the amount of genetic material increases rapidly.
>
> This process is called loop-mediated isothermal amplification, or LAMP, an innovation that enables the amplification power of PCR to be run on AA batteries in the palm of your hand.
>
> If the virus is present, **it will change the pH of the solution, making it more acidic. This causes the liquid to change from purple to light yellow.**

If the liquid turns yellow, the light will shine through easily.

If the microchip detects this light signal during the 30-minute run of the test, it will trigger the device to display a positive result.

If the virus is not present, the liquid will remain purple and the LED light will have a hard time shining through. When the microchip has waited long enough without detecting a light signal, it means the virus wasn't found, which triggers the device to display a negative result.

Lucira puts PCR quality results in the palm of your hand. Visit lucirahealth.com for more information.

JA

Okay, and the big thing that I want to point out with that is, I don't know if you caught it right at the end there, but they admitted that the thing that they were looking for when they said, "Oh, the sample comes down and it mixes" and it does all the, they showed the loop-mediated stuff with all of the very complex nucleotides being knocked down in a big long row.

But then they said that the sample comes down and it mixes with that and it turns acidic. And the acidity makes the reagent turn yellow. So they fully admitted that actually what they're looking for is acidity.

SL

It's all this hocus pocus genetics. It's just a story. It's acidity. They're looking for acidity.

JA

And it kind of gets even worse than that because I've just bought one of these. This is an exact same thing, but it's reusable. So this benchtop thing, you get the reagents in this – in the little card. You get all the little reagents in a circle in the card, and then you can put them in and reuse this machine. It works on the same technology.

And in the manual, it says, "Avoid acidic foods before you use it." I wonder why that is. I wonder why you shouldn't eat acidic foods. Is it because it's looking for acidity?

And there's fair science that say when you are expressing symptoms, especially respiratory symptoms, that your mucus turns what?

SL

Acidic. It's a product of any kind of inflammation.

JA

I'm not saying that that's exactly how it works because I haven't actually, I'm due to receive this machine in a few weeks' time. I can tell you a little bit more when I do some of the testing on it.

But is it as stupid as just, it's measuring acidity? Because I think that we can all see that it is measuring something. People are sick, they test, it comes back positive. I think there is certainly some sort of correlation between where things test and where things don't.

Just at the bottom here that the World Health Organization have just approved this technology to be used, the LAMP-mediated thing, so these home PCR kits, they're trying to to take slowly the rapid antigen tests off of the market and replace them with these reusable desktop PCR machines because everybody knows that the antigen tests are junk.

There is some semblance of it telling you whether you're sick or not. But if it is just as stupid as it is measuring acidity, it a) should be easy to show and b) easy to prove in a course of law or anything like that, that if they're basing this stuff off of fraudulent indications, they're claiming it's indicating one thing, whereas actually it's provably not.

SL

One thing to do when you get the machine is try to do some sort of dose response curve. For more acidity versus less acidity, just do the pH testing, different levels of pH, and try to see if you get where that internal threshold is set for that machine.

JA

I don't think that putting straight sulfuric acid in it or whatever is going to work because I think that they're, fairly "sensitive." They also contain housekeeping genes, which are meant to make sure that you're only putting, something of human origin in. It's meant to register B-actin, which is a type of protein.

So I'm guessing that you have to have some sort of protein source in there. And also it claims to have control. If it knowingly works on acidity, I would suspect that if you put something too acidic in it, it would jump the control.

I think that it's somewhere to start, it's somewhere to, just initial indications of how to undo these things.

But you're right, some sort of concentration gradient to go through to see, because I really want to be able to, the point of the project is to be able to find something that causes a positive every single time so that everybody in around the world can, because I'm just one person, we're just one project team and it's just in one country.

I want people to do it in their own countries. The way that we unstitch what happens with the World Health Organization and what happens with, to try to prevent 2020 from happening again, is to attack your local governments and local authorities by doing this.

[9. Stefan Lanka, German court ruling on evidence of the existence of measles virus.]

Just very quickly, because the project is based off of Stefan Lanka, who actually got the court in Germany, the highest court in Germany. It was ratified at the Supreme Court of Germany, to admit "as a result...insofar as it is admissible, because the claimant's criterion of providing evidence of the existence of measles virus through 'a scientific publication' was not met by the plaintiff." Those were the words the transcripts of the judge and at the higher court of Stuttgart.

[Lanka, in 2011] put out a wager to try and bring light to the problems or try and stop the German government from initiating a mandatory measles vaccination in schools. And he put out a wager: "Can anybody find me scientific evidence of the existence of a measles virus now?"

The trial is very long, very boring, and quite, it's not very easy to understand. It's based on a single scientific publication.

The exact ruling, the judge said that the terms of his prize, which he put out a prize of a hundred thousand Euros for anybody that could come up with this and they deemed that it was only within one scientific publication.

That's what the ruling is based on. There is not a single scientific publication which proves in totality Koch's postulates that the measles virus exists.

The interesting thing about that, and lots of people, say, "Oh, he's won on a technicality."

Well, he kind of won on a technicality. But the interesting thing about this is, is that one of the papers that was submitted that the person, Dr. [David] Bardens, who tried to claim the money, submitted six papers as proof of the existence of measles virus and one of those papers was here Lund, GA, Tyrell, DL and Bradley, RD [*The molecular length of measles virus RNA and the structural organization of measles nucleocapsids*, J. Gen. Virol., 1984] was the whole molecular length of the measles virus RNA. They submitted the genome sequence, published, of the measles virus and interestingly, ratified up to the Supreme Court in Germany they have wholesale admitted that the genome on its own does not constitute the existence of a virus.

So just when it comes down to, again, looking at the PCR, looking at whole genome sequencing within the eyes of the law, when you're looking at, evidence for something existing, it hasn't satisfied Koch's postulates and seemingly those still stand.

It's just an area of interest.

SL

Just genome is not even part of the [Koch's] postulates. It's being able to demonstrate that you can, this thing that you've isolated causes the illness, and if you don't have it, then there's no illness.

JA

That's right. And this is the kind of the back end coming out the other side of actually looking at, even when they assemble the full genomes of things, even when they're saying, "This is exactly it. We have this 30,000-long nucleotide sequence. It's very, very accurate," and so on and so forth, with viruses.

[10. Innocence project, forensic DNA, inability of geneticists to distinguish human DNA from dog DNA.]

It's fair enough to start picking holes in that but one of the eye-opening things in my investigation and doing the R&D [research and development] for this project that I came across was um a project called the Innocence Project, which was set up by one of the lawyers on the OJ Simpson trial, and another one called Greg Hampikian, who during the OJ Simpson trial, they were so put off by some of the forensics evidence, that they started to kind of dig into the National Institute of Technology, the kind of three-letter agency that was involved in forensics genomes, making sure that what was going on in court was, was it based on good science, all of genetic forensics evidence?

This Innocence Project, and Greg Hampikian, and the name is escaping me now. I've said his name so many times, but I can't remember. It'll come back to me. They went to the three-letter agencies looking for what is essentially a blinded test for forensics genetics sequencing.

They asked the National Institute of Standards and Technology if they had any blinded tests of accuracy, to which jaw-droppingly, they said "No. We don't. We've never actually tried to blind known outcomes to genetics labs to test whether it's accurate."

They forced -- this group, the Innocence Project -- forced the National Institute of Technology to do it.

Here, if you read at the top, a 2013 survey by the National Institute of Standards and Technology asked analysts from 108 labs to look at a three-person mixture and determine if a suspect's DNA was present.

They took this DNA petri dish, they put three people in, and they said, "We know the perpetrator of this crime. Can you tell us which one it is, A, B, C, or they're not in the dish?"

70% of the analysts said the suspect might be in the mix. 24% said the data was inconclusive. And just 6% arrived at the truth: the suspect was not in the sample. So out of 108 different labs, 6%, it was eight labs, got the correct answer.

They say it's 99% accurate, all this DNA stuff. But actually when you blind the outcomes, when you know the outcome, and I've asked this of maybe a couple of hundred geneticists. Now I do the same thing every time. It's "if I took a DNA sample, if I took a pool of a hundred animals, and I, they were known to me, but you didn't know which animals they were. And I took the sample of one animal. Could you tell me what that animal was?"

And every single one of them goes, "Yeah, of course I could."

And I just say one simple thing: "Could you show me a paper where you do this?"

And it doesn't exist. It doesn't exist. They are complete--, it's like garlic to a vampire. They don't like being blinded. In fact, the entire forensics geneticists' union or whatever it is, have actively rallied against being blinded to the outcomes.

They want to know basically who they think the perpetrator is before they start any of these genetic sequencing. Here it says the same Innocence Project. Greg Hampikian, a biology and criminal justice professor at Boise State University and director of the Idaho Innocence Project, was a defense expert in the trial and felt sure the analysts had reached their conclusion because of unconscious bias. They knew a great deal about the case, including that the detectives believed Robinson was guilty.

To test his suspicions, Hampikian and cognitive neuroscientist Itiel Dror of University College London sent the DNA data to 17 other analysts and asked them to interpret it without any information about the case. Only one agreed with the original analysis, again, less than a 10% outcome when you blind the outcomes to even within forensic science which, I have to tell you, Sasha, I have no interest about getting into because the implications for showing that potentially forensic DNA testing is not as it says it is, is mind-blowing. Absolutely mind-blowing.

SL

It should be because...there are famous, and I can send you references to that, there are news stories in articles saying that people do these blinded tests sent out for the results. These forensic supposedly DNA tests cannot tell the difference between a dog and a human.

So they send dog DNA--. There are numerous examples. There are also examples where, for example, people who received bone marrow transplant, they have different DNA now. So their DNA changes.

It's also not clear whether sampling from one part of the body produces the same results sampling from another part of the body.

Because not only they don't do these validation tests, they also don't do the repeat test.

For example, if this first experiment with 108 labs was repeated, would it be the same 6% that come back with correct answer or a different 6% or 3% or no? What does it look when you test, retest?

JA

That's right. Essentially, there is no repeatability within it, even on first go, because you -- and I've come under quite a lot of flak for kind of just even pointing this out -- because people go, "Are you trying to tell me that--?"

It's astounding to people that work in, say, engineering and mechanical engineering are things that, aviation.

I was chatting to a bloke on Twitter that's in aviation and insurance, so they quite clearly have, when things go wrong, it's very evident that they go wrong. The plane falls out of the sky.

The problem with a lot of biology is that, well, there is nothing tangible to go by.

It's not like a failing system. **You can't really see its working parts**. You are totally kind of reliant on what's happening within the petri dish and unless you specifically go and you specifically benchmark test it against something that's happening in reality, like, for instance knowing an animal that you've chosen or knowing a person that you've chosen and reverse engineering it, there's no way of easily showing that.

So it's eye opening to a lot of people that these things haven't been done before within these areas of science that, to an engineer, for instance, they just say, "Well, they must have done it because if they haven't, that's mental."

But it's mental. It's mental. That's it. They haven't done it. Not only have they not done it, is that when they in the very, very rare instances that they do do it, they fail massively, massively badly.

It's like, to the aviation industry, they've been working on these prototypes for planes, for the last however long forensic science has been going, for the last 50 years or whatever, they've been working based on this prototype of a plane.

And finally, they've actually built this prototype of a plane and it's just combusted on the runway. It is kind of farcical when you look at that.

It's interesting that you bring up about, that here's just the actual National Institute of Technology, it's a 70-page document just showing that "Yeah, it occurred" and they released it and it is buried deep into the literature of the National Institute of Technology in the US, how badly they failed.

Just as a kind of funny, last bit, you brought up about the um about the dog sequencing.

> Video clip, 23&me Lizard DNA:
>
> ...With the help of my wife we extracted enough saliva to send off in the mail
>
> We were so excited to see the results.

After about three months, we were shocked.

My lizard was 51% Ashkenazi Jewish.

He was also 48% West Asian.

This was really interesting.

They also gave us a little bit of his background and his history, what he liked to eat, etc.

Let us know which animal's DNA we should send in next.

JA

And people have started to do this, just sending in junk. And this was even on a local news station, CBS News.

Video clip:

Reporter:

...Let's throw it back to a story we showed you last year when the WBZI team checked up on commercial pet DNA testing companies.

All right, there's one cheek. We sent a sample from this pet owner's human cheek to a company called DNA My Dog. The results? Part bulldog.

Would you see yourself as a bulldog?

Woman:

Some people would agree with that at times, but no. No.

Reporter:

Back then the company responded saying the results provided would not be possible on a human sample. That explanation left us unsure. So now we're giving it another shot. That's me swabbing my own cheek before sending the samples off to three different companies.

Oravet reported my cheek sample failed to provide the data necessary to perform the brief ID analysis.

Then Wisdom panel messaged that my sample didn't provide enough DNA to produce a reliable result.

But for a second time now, the results we got from the company DNA My Dog linked dog breeds to a human sample, reporting back that I'm 40% Alaskan Malamute, 35% Sharpay, and 25% Lab.

I mean, they're cute, right? But seems like someone is barking up the wrong tree here.

And veterinarians tell the I-team if a lab can't tell the difference between human and canine DNA, that's a red flag.

JA

Well, there you have it. It's that even the ones were coming back inconclusive. They weren't coming back saying, "You've given us a human sample."

It was just, "OK, this looks a bit fishy."

Actually, I have some friends that are currently kind of doing the same kind of, what is essentially control tests by, to test the accuracy of these things. And now they ask for, they want a picture of your dog. They want a video of you taking the sample of the dog. They want as much information about it beforehand, before doing any of these things, seemingly because they've got stung making it up. Literally just making it up.

This is the background that we have going on, there's quite clearly a lot of holes in this thing.

They tell us on the surface "It's 99.9 accurate, we never get anything wrong and this is exactly how it works."

Whereas I hope that you can see that they openly tell you that **some of the things that they're measuring are just the fluorescent dye that they're putting in, that it turns acidic and they're measuring acidity, that there are just wholesale volume knobs to turn up and down the positive or negative results that they're getting**.

And then even when you come out right out the back, even when they're very confident in saying it, that actually when you blind test the results they can't tell the difference between a lizard or a dog or a human being.

That's kind of it in in a nutshell the background towards what is the, I would say, pseudoscience of, you know, genetics.

SL

Those two are pseudosciences, the virology and genetics, and then the PCR test, it's combined.

This is fascinating and I hope more people subscribe. Is Substack your primary?

JA

Yeah, Substack is where we're going to be releasing all of the results. It's an open-source project. We welcome people getting on board. The whole point is, is that **we're trying to dispel the mysticism around science**.

There's this thing that scientists are this protective breed in white lab coats and everything that goes on behind closed doors is very, very technical and you can't understand it as a layman.

I want to lift the lid on that and I want to bring people into the laboratories.

So we're doing all of these experiments. We're trying to show them in as communicable and easy a way as possible. We are even going as far as taking video. We have video to release of the experiments taking place in a couple of the CROs. We're releasing every single piece of material to the general public as they want it to use in an open-source manner in any way that they want to use them.

Whether it is people being unfairly dismissed from work or people trying to be forced into taking vaccinations or people in school trying to not have vaccine mandates at school for their kids.

Take this work and use it to defend yourself and say, "Look, this science is not settled. You cannot force us to do anything," otherwise you're going --.

I want to empower people to be able to defend themselves, both knowing how fraudulent this science is, and also, to make sure that people trying to enforce all of these ridiculous politics on people, are legally liable for what they're doing.

That's the project that I'm running. It's available on Substack, putting all of the information out there.

And if you sign up for free, the email addresses, we're keeping them.

The final, all the experiments, the whole genome sequencing that we're doing at the moment, the PCR testing will all be put up into one manuscript that we will be emailing to everybody in one kind of large piece of paper.

We're very aware that there is not a single scientific journal that will publish this. And I don't want it published. It's about an open-source and a decentralized way of getting people moving forward and unstitching the problems that we're seeing in science today and the problems of why 2020 occurred...