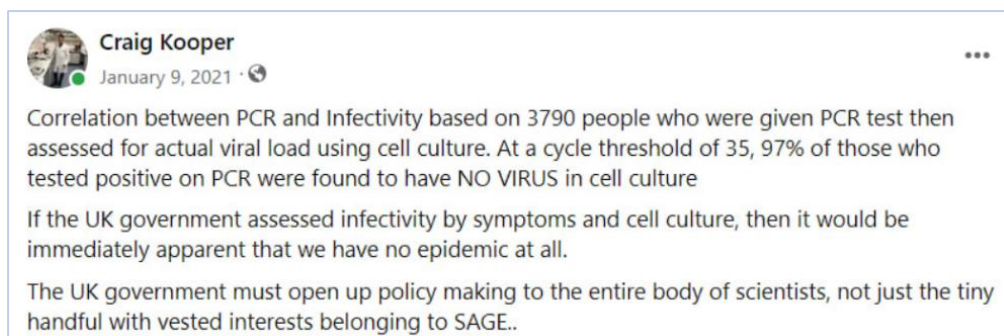


# False Positive

By Craig Paardekooper

## 1. DOES POSITIVE PCR MEAN INFECTION ?

**If a patient tests positive for Covid-19 with a PCR Test, this doesn't mean they are infected.** See <https://howbad.info/pcrtest.pdf>



## 2. ARE REPEAT PCR CONSISTENT ?

**If tested again, they may well turn out with a negative test.** However, in the NHS, patients are only tested once and this stays on their record throughout their admission.

See <https://howbad.info/falsepositive.pdf>

## 3. 30 DAY RULE

Hospital policies were changed alongside the implementation of the Medical Examiner System, to ensure that **any patient who died within 30 days of a positive test, would have to have covid-19 as their primary cause of death. This was regulated by the Medical Examiner.**

See [Any Death 60 Days After a Positive PCR Test Is Listed as COVID Death \(mercola.com\)](https://mercola.com/any-death-60-days-after-a-positive-pcr-test-is-listed-as-covid-death)

## 4. WHAT IS THE MEDICAL EXAMINER SYSTEM ?

From 2016 onwards, a government appointed medical examiner was posted to each hospital. All certifications of cause of death were no longer made by the multitude of doctors treating patients, but instead were made by a single person acting as the sole authority - the Medical Examiner, who had no contact with the patient – See [BREAKING: NHS Director confirms Doctors lied about Cause of Death to create the Illusion of a COVID-19 Pandemic – The Expose \(expose-news.com\)](https://expose-news.com/breaking-nhs-director-confirms-doctors-lied-about-cause-of-death-to-create-the-illusion-of-a-covid-19-pandemic)

## 5. PNEUMONIA RECLASSIFIED AS COVID

The highest cause of death at every hospital per annum pre covid-19 is Pneumonia. Pneumonia is a respiratory disease like covid-19. Pneumonia can be broken down into 4 different causes of death: Bronchopneumonia, Aspiration Pneumonia, Community-Acquired Pneumonia and Hospital Acquired Pneumonia. These four causes when added together kill the largest number of people on an annual basis prior to the pandemic. **The Medical Examiner (one individual in each hospital), was certifying all these pneumonia deaths as covid-19 deaths.** When four different diseases [are] grouped and now being called covid-19, you will inevitably see covid-19 with a huge death rate.

As a result, pneumonia and flu vanished, since they were reclassified as COVID-19. See [The Pandemic Crushed the Flu--What Happens When It Returns? | The Scientist Magazine® \(the-scientist.com\)](https://the-scientist.com/the-pandemic-crushed-the-flu-what-happens-when-it-returns/)

## 6. OTHER CONDITIONS RECLASSIFIED AS COVID

**Patients being admitted and dying with very common conditions such as old age, myocardial infarctions, end-stage kidney failure, haemorrhages, strokes, COPD and cancer etc. were all now being certified as covid-19 via the Medical Examiner System.**

## 7. INCENTIVES FOR REPORTING A COVID-19 DEATH

**hospitals were incentivised to report covid-19 deaths over normal deaths, as the government was paying hospitals additional money for every covid-19 death that was being reported,**

In late March 2020, the U.S. Congress passed the Coronavirus Aid, Relief and Economic Security (CARES) Act. Within this \$2 trillion stimulus package, \$100 billion was earmarked for hospitals and local health centers that treated COVID patients

It is odd why so much money was ear-marked so quickly, when relatively few had died, and the “pandemic” had barely begun.

According to the US Department of Health and Human Services [HHS] which oversees the Centers for Medicare & Medicaid Services, under the federal coronavirus aid relief bill known as the CARES Act, hospitals get an [extra 20% in Medicare reimbursements](#) on top of traditional rates due to the public health emergency.

Hospitals were reimbursed an extra 20% for each Medicare patient hospitalized with COVID, and the only criteria to receive that bonus was a COVID-positive PCR test.

## **8. HARMFUL PROTOCOLS FURTHER INFLATED DEATHS**

Hospitals also received a 300% upcharge for COVID patients placed on ventilators, even after it became apparent that this was a death sentence. Somewhere between 50% and 86% of all ventilated COVID patients died, yet government never dropped the incentive to use ventilators.

Harmful protocols included –

- a. Denial of treatment – suspending care for many illnesses
- b. Denial of preventative medicines for COVID
- c. DNR orders
- d. Use of Midazolam
- e. Use of Remdesivir
- f. Use of Ventilators

## **MOTIVATION**

**Why would governments seek to inflate the count of deaths from COVID-19 ?**

To create a fake pandemic.

**But what purpose would a fake pandemic serve ?**

To induce fear

**But what was the purpose of this fear?**

To motivate people to take the COVID “vaccine”

**So if the “vaccine” was not to cure a “pandemic” then what was it for ?**

We can see that it was NOT for health reasons. And the deception indicates that it was not for any reason they thought you might like.

**Was this Pre-planned?**

Planning must have started before 2016, when the Medical Examiner System was introduced.

**Was this Global ?**

Yes.

**Why was this deception Global?**

We can see that it was NOT about personal gain. Its global scope, and the required cooperation of so many participants, suggests that it goes far beyond the personal motives or influence of individual actors, or even individual nations.

Since the implementation of this deception violated ALL laws, injured or killed many recipients and destroyed businesses and economies, we can see that it trumped everything.

Its policies were applied with blind obedience and absolute belief as if its acolytes and evangelists were (and are) surrendering all judgement to a higher authority.

Its policies were applied with unconditional devotion – willing to put aside all codes or conduct and make any sacrifice of population or economy.