

Virus, COVID, pandemic, vaccine, and testing: fiction, not reality or science!

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Greetings from Ottawa, Canada!

My name is Saeed Qureshi. I am a retired research scientist who worked for Health Canada for 30 years in assessing the quality of pharmaceutical products for human use. As a bench scientist at Health Canada, I was considered a resident expert for providing advice relating to drug product applications for marketing purposes, mostly concerning quality aspects.

These roles allowed me to interact with other international regulatory agencies, including the FDA, to develop and apply regulatory standards for assessing pharmaceutical products' quality.

I have an academic qualification with a Ph.D. degree in chemistry, more specifically analytical organic chemistry, which gives me a strong background in developing, validating, and applying tests for product evaluations.

I worked independently in toxicology, pharmacology, and pharmaceutical areas at Health Canada. I learned most of these subjects by taking under-graduate and graduate-level courses at different universities. Combining this training with my chemistry expertise and benchtop research provide me a unique perspective of the medical and pharmaceutical subjects, rarely available at present.

As a scientist, as expected, I have published many research articles and reviews in international peer-reviewed journals and participated in numerous international conferences, including organizing a couple in North America and Europe.

For the past five years, I am contributing as a freelance scientist, providing suggestions to improve the quality of the products, and their efficient availability to the public. This is mostly offered through my web blog.

A couple of weeks ago, I was interviewed on coronavirus and COVID-19 topic, which is well received and appreciated. However, it has been suggested that a shorter version would also be desirable to convey the message to the public with little technical details.

This presentation is in response to this request. Therefore, for this presentation, I will restrict myself to basic scientific principles. I will describe these principles in simple language and logical reasoning to convey that the science has been misrepresented for the pandemic leading to scaring and fearmongering of the non-existent virus and illness.

My involvement with pandemic started with observing the scare of getting the illness and potential death among people. To me, it was clear that the situation was exaggerated. In my view, the numbers of deaths reported were well within the average attrition rate. However, patients were getting labeled with COVID based on testing. As noted above, being a developer and user of tests during my career, hearing the word testing; naturally got my attention and curiosity to dig deeper into the testing aspect.

To clarify, my focus here would be on the virus, commonly named SAR-CoV-2 and its associated labeled illness COVID-19.

There have been two different types of tests commonly mentioned for COVID or virus testing. Antibody tests, which is a blood test and swab test, with a nasal or throat sampling. An antibody test presumably establishes if an infection because of the virus has occurred, so it is an aftereffect test. On the other hand, the swab test is a supposedly virus test to see if the virus is present.

A swab test is commonly applied for screening purposes. Consequently, I will restrict my further description to swab test only. However, the limitations and drawbacks of this testing will equally be valid to the antibody tests.

The swab test is called a swab test because it starts by taking a swab sample. Otherwise, technically it is called a PCR test. It is not essential for an everyday user of the test to know the detail aspect of the PCR test, just like technical details are not needed for a user of an in-home pregnancy test. A slight variation of PCR test known as RT-PCR test, also commonly referenced. However, for all practical purposes, it remains fundamentally the same as any standard PCR test.

The critical thing to note here is that the test is chemistry-based. Note the mention of chemistry and the test here; that is where my expertise comes in. I can certainly understand and explain the test's relevancy and validity with a high degree of accuracy and confidence.

In this regard, for any test, the important thing is that the test must be validated, i.e., it must have gone through a test-drive before its commercial or general use to show that it is capable of doing what it is supposed to do or test.

For validation of the test, there are at least four primary requirements to meet: (1) It should be

sensitive enough to detect the item it is supposed to detect; (2) the test should be repeatable or reproducible; (3) it must be specific, i.e., it should be able to see the item without the interference from other co-existing impurities; (4) a pure and certifiable reference product must be available, in this case, the virus. The critical aspect to note here is that if the reference or standard is not available, the other three items mentioned, i.e., specificity, sensitivity, and reproducibility, cannot be established.

Therefore, for the PCR test to be valid, one requires a reference virus (independently isolated and purified).

Now, here is the problem! There is no isolated and purified sample of the pure virus available from a third party. Therefore, scientifically speaking, a valid PCR test cannot be developed.

That is, the test cannot show the presence or absence of the virus – period. I want to emphasize and be direct here that saying it otherwise would either reflect the subject's incompetence or misrepresenting testing science. One thing is settled, i.e., the PCR in a scientifically invalid test for the virus testing purpose.

In reality, however, the PCR test is described for RNA or DNA testing, i.e. testing RNA/DNA as a marker for the virus. What are RNA and DNA? They are long-chain chemical compounds, like proteins, present in the bodies and are considered part of viruses, as well.

Again, suppose the claim is that the PCR test is measuring the RNA. In that case, the PCR test has to meet the above mentioned four criteria of test validation with RNA, particularly the availability of the RNA of the virus. As noted above, as the virus is not available, one cannot get its RNA. Therefore,

the PCR test cannot be a valid test for RNA and the virus by extension.

Therefore, the indisputable conclusion is that we do not have a test for the virus because the virus is not available, which in turn has never been isolated from any source in particular humans.

Before going further, let me explain a fancy concept presented in the scientific world. I should say more specifically in the medical and virology world that the combination of the PCR test and sequencing of RNA establishes the presence of the virus and/or disease.

Let me explain this concept with an analogy. Suppose one finds some rubber specimens from an accident site (BTW, rubber is also a long chain chemical compound like RNA or DNA). After analyzing the sample, by finding a unique chemical structure or sequence of the rubber, it is considered that it may have come from a tire of an armored vehicle. So, an extrapolation is made to conclude that some illegal army or armed activity might have happened in the area. Therefore, such unlawful activity must be monitored and controlled.

Testing for viruses with a PCR test is similar, i.e., finding some unrelated pieces and building a story from them. Please do not laugh. The analogy I provided might have some strength compared to virus or PCR testing because the rubber sample's chemical might have matched with some real pure rubber reference standard. The PCR or RNA test never has a pure sample of RNA from the virus to compare with.

The point is that the PCR test and its associated RNA sequencing is not relevant and/or valid to monitor the virus. It cannot detect or monitor the

virus or its related pieces, such as RNA, with accuracy and validity.

People often suggest the term "number of cycles," reflecting the number of repeats of the chemical reaction while conducting a PCR test. Regarding the accuracy of the PCR test, i.e., a higher number of cycles are perhaps causing the problem of showing a false positive. Hence, lowering of # of cycles may address the issue of false or higher positive results. Of course, not. The problem is not with the or because of the # of cycles but the test itself. The test has never been validated, and it cannot monitor virus - Period. God knows what a PCR test is detecting and monitoring – absolutely unknown. Most likely nothing.

So, in short, virus or PCR test has no meaning, and at present, no one is monitoring the virus. It is critical to note that using and/or promoting non-validated tests may be considered negligence and incompetence and could lead to investigations with severe consequences.

It may be necessary to clarify here that scientific literature often references the isolation of the virus. People should be watchful of the misrepresentation of the terminology in the microbiology and virology subjects. The word isolation here is not used in the true sense of the word's meaning but represents obtaining a mixture of multiple ingredients that presumably may contain the virus. Therefore, people should be clear that a pure virus has never been isolated, positively identified, or available in pure form.

So, now what about the illness which is presumably caused by the virus. I do not think I need to answer this question. It should be pretty clear that there cannot be any illness related to the virus because it does not exist or has not been

shown to exist then how can it cause the disease or linked to the disease. If there is no illness, then there cannot be a pandemic.

A few words about the use of face-masks as a protection from the virus or pandemic: it should be noted that there has not been any evidence, scientific or experimental, in support of protection or not with the mask use. A simple and straightforward experiment could be conducted to establish its promoted relevance and benefit.

For example, one blows some air containing virus through a two-sections tube separated by a mask or its material. All one has to do is to measure the virus on both sides of the mask to see if the virus passes through it or not. No one has done such a simple experiment and cannot do it. The reason being, such an investigation would require the virus specimen and a valid test to monitor the virus. Both of them do not exist; hence, the masks' usefulness cannot be established.

It should be considered direct and straightforward evidence in negating the virus's existence and validity of the test; however, even such a simple experiment cannot be done to establish the virus's presence and spread.

So how about treatments such as vaccination to address the illness. Vaccines have been developed to protect us from the virus. However, as I have described here, no one finds the virus specimen, how these vaccines have been developed and established that they will kill the virus and protect us from the virus.

Literature does not provide a single example where it has been shown that vaccines indeed kill the virus, at least in humans. It cannot be because the virus specimens are not available to test the

vaccines. One would require a pure physical sample of the virus, which is not available or exist.

It is embarrassing that science has been trivialized and degraded to make such false claims. A serious investigation into the scientific aspect of virus testing is urgently needed.

Another aspect that requires attention is that people claim observed serious illnesses and deaths as evidence of the virus pandemic. This is strange because experts, particularly medics, endorse such a claim to convince the public to indicate the virus and pandemic existence. In reality, deaths are not indicators of the virus or pandemic. It should be the other way round, i.e., tests and clinical evidence of disease should describe death's cause. If a specific cause, supported by a valid test linked with many deaths, over and above the normal attrition rate, that should indicate a pandemic sign. As there is no valid testing available for the virus and its associated illness COVID-19, deaths cannot be categorized as COVID-19 or of its pandemic.

It appears almost certain that illness or pandemic is not caused by the virus (SARS-CoV-2) as commonly presumed. The reasons being: (1) the test (PCR) often used to monitor the disease/pandemic has no relevance or scientific credibility to detect this virus or its associated illness, (2) there has been no other evidence provided to establish the existence of the virus.

So then, how would one explain the higher number of deaths which occurred during the last year? Possibly, they resulted from the poorly thought-out advice by the scientists and experts to the political leadership. In particular, the lockdowns with stay-at-home advisories or orders

and suggestions of unhealthy lifestyle choices. For example:

Concerning, Stay-at-home advisories or orders:

Assuming, as per scientists' and experts' opinions, that pandemic is a virus-based illness, by default, advisory should be for boosting the immunity. The stay-at-home advisories and curfews should be considered counter-intuitive, unproductive, and restrictive for developing immunity to fight the virus. It is quite possible that the negative impact of the stay-at-home policy, provided lower immunity, may have led to overall higher general infection rates and possibly some higher death numbers.

Cancellation of elective surgeries and diagnoses:

There is always a possibility that delays in such "elective" diagnoses and treatments can lead to disastrous results, including deaths if not taken care of in time. With the expectation of a higher number of "pandemic patients," most hospitals restricted their services to the bare minimum. Think about it: would it not push patients toward deaths, particularly the elderly with pre-existing conditions, who could not convince hospitals to schedule necessary emergencies and other medical attention?

Misdiagnosis and/or mistreatment:

It is a well-known fact that once the PCR test results come back as positive, the treatment becomes almost no-treatment (i.e., quarantine or isolation). Even prophylactic treatments with well-known drugs (with high safety and efficacy profiles) are practically prohibited or banned. Many medical practitioners are forbidden to use their professional expertise and judgments in prescribing appropriate medications for their

patients. Apparently, at the advice of certain scientists and "experts," state authorities banned or restricted the use of potentially relevant drugs. Such policy decisions may have caused an increase in deaths, at least to some degree. There is a strong possibility of misdiagnosis, which obviously can lead to unwarranted deaths.

It certainly appears to be a colossal failure of medical science, its practice, and the correspondingly regulatory authorities' management. It is hoped that someone will take responsibility for this medical mishap to avoid such a repeat in the future.

In conclusion, the commonly used swab or PCR test for detecting the virus and its associated illness COVID-19 is a non-validated test, which cannot provide relevant and accurate results. The virus has never been isolated, positively identified, and/or available in a purified form; hence, it can be said that it does exist. Further, treatment, including vaccine, cannot be developed or employed for something which does not exist. A strong possibility exists that misdiagnosis and mistreatment may have led to extra deaths. This may be avoided if physicians are provided the freedom of using their expertise without biasing their judgment with flawed PCR test reports.

At present, the test does not make any scientific sense. Therefore, it should be discontinued immediately. This will help in addressing the immediate impact of the pandemic.

The topic of testing, including PCR and virus isolation, belongs to chemistry-related science and should be dealt with following chemistry principles to evaluate and validate such techniques. So that in the future, such mishaps of a pandemic could be avoided.

If interested in finding further details on most of the aspects I have described here, they could be found by visiting my web blog. (www.drug-dissolution-testing.com). Thank you for your attention.