

# An epidemiologist reveals circular reasoning is used to support the validity of COVID-19 test kits. – RevealingFraud.com (by Jason Hommel)

A discussion with an anonymous epidemiologist shows that he just assumes the test kits work, because they are assumed to work.

We had a discussion based on my article that lists 15 sources that all say the COVID19 test kits don't work:

Scientists Say the COVID19 Test Kits Do Not Work, Are Worthless, and Give Impossible Results

<https://revealingfraud.com/2020/03/health/test-kits-do-not-work/>

Anonymous Epidemiologist:

I think you probably overstate the problems with test kits (because identifying asymptomatic infections is not a false positive) and I already account for the over to issues (the adjustment to 0.5% based on the Diamond Princess is based on an age adjustment).

If I made your assumption, which as I noted I believe is incorrect and vastly overstates the specificity issues, it actually INCREASES the case fatality rate.

Jason Hommel:

As I understand the terms, an “asymptomatic carrier” has no symptoms, but has the COVID19 as determined by a test kit. And a false positive is someone with no symptoms, but tested positive. So. both look exactly identical. no symptoms. positive test. Is there a second test kit that tests the test kit to be able to know the difference between someone with no symptoms but tests positive (asymptomatic carrier) vs someone with no symptoms but tests positive (false positive)? Furthermore, I found a study that said because the tests are bad, there is no way to distinguish between the two. [Potential False-Positive Rate Among the ‘Asymptomatic Infected Individuals’ in Close Contacts of COVID-19 Patients]

<https://pubmed.ncbi.nlm.nih.gov/32133832/>

Anonymous Epidemiologist:

A false positive is someone without an infection but a positive result. An asymptomatic carrier is infected with no symptoms.

I ran into a physician at the Arkansas Department of Health back in 2000, the then-head of the TB program, who also had problems wrapping his head around this. Physicians think of a “case” as a diagnosed individual, public health folks think of it as someone with the infection/disease, diagnosed or not (our “patient” is the population, not individuals, which is why

veterinarians, trained with a herd focus, are often better epidemiologists than MDs/DOs). We had a TB case diagnosed in a junior high student in Forrest City, and the news led to people flocking for TB testing – we ended up doing population screening instead of only testing symptomatic cases. Because a lot of TB infections are asymptomatic, the number of DIAGNOSED cases rose dramatically. The doctor thought this meant we had a large increase in incidence and prevalence rates, and it took a lot to convince him that was wrong – the infections were ALREADY there, and the older estimates were too low because of the ascertainment bias introduced by less extensive screening.

Jason Hommel:

I understand the difference between the two, as you are saying. The asymptomatic carrier is infected. Again, my question was how do you determine the difference, and you came right back to the test. However. What if the test is bad, how do you tell the difference? That is the essential question. To help you understand my question, I have another. What is the reliability of the TB test vs. the COVID19 test? As I understand it, a pregnancy test is 99% accurate. The scientists I'm reading say the COVID19 test is 20% accurate, 30%, 40%, or just total nonsense.

Anonymous Epidemiologist:

You generally use an established, "Gold standard" test to compare. Unfortunately at this point, the existing test IS the gold standard. That is one reason I do not buy the error numbers you toss around – there is no reference point at present to actually determine those numbers, and three sequence PCR in general has much better accuracy than you report – the sensitivity and specificity of the N. gonorrhoea test, for example, runs about 98% each, and that is using a gold standard of bacterial cultures as a comparison reference. In fact, the problems that led to the bad press for CDC was that reagents were contaminated in a way that led to underidentification because one primer was not identifying qc material that supposedly contained the sequence, while the other two were accurately responding to their qc materials.

A paper in the journal radiology is finding similar PPVs for the COVID pcr test and the gonorrhoea test using cases confirmed with CT scans.

Jason Hommel:

Oh. Thank you.

Jason Hommel:

<https://www.itnonline.com/content/ct-provides-best-diagnosis-novel-coronavirus-covid-19> This article?

Jason Hommel:

It seems to me that our discussion has moved all the way into unsubstantiated opinion. There is no way a CT scan can see a virus. All a CT scan can see is if the lungs are congested, as in, from the flu. This confirms my well researched opinion that they are simply re classifying flu cases as COVID19 cases. Furthermore, you are confirming for me that there really is no way to test the reliability of the test kits in use; because circular reasoning (assuming that the test kits are the gold standard, IE, assuming they work) does not answer the question of whether or not they work. The other problem then, is are "asymptomatic carriers" the ones spreading the disease, or do we just have an epidemic of false positives because the test kits are so horrible?

Jason Hommel: As I understand things, it is not up to me to prove that the test kits don't work. Because I'm not doing anything. However, those who are enacting martial law, and breaking

many laws of the supreme law of the land, breaking many Constitutional laws, violating the bill of rights, destroying the first Amendment through censorship, destroying the Second amendment through suspending gun sales, and on and on have the burden of proof that the test kits actually work. But not even top scientists can do so.

An asymptomatic carrier and a false positive look exactly the same. No Symptoms. Tests positive. And there is no second test that can tell the difference between the two.

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