Twitter Thread by Yardley Yeadon

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I urge all followers who have read my criticisms of PCR mass testing in U.K. to carefully read Mr Fordham's carefully worded letter. Note that the innovation minister in the Lords, Lord Bethel, already admitted that the PCR system doesn't have the equivalent of an MOT. https://t.co/zXzeDMKCBb

> So I wrote back to @lucyfrazermp for another go. Here\u2019s my letter.
>
> They don\u2019t understand how serious this is.
>
> If they can\u2019t tell us the oFPR, our PCR testing is worthless. (thread) pic.twitter.com/zHJ8SJCzf1
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> — Edmund Fordham (@EdmundFordham) November 28, 2020

Without this information it's impossible to interpret any result. If the oFPR is 4%, for example, and if the true prevalence is 0.3% (it's probably less), then for every 10,000 tests, 400 positives would be false & 30 positives would be genuine. So 93% of positives are false.

As Mr Fordham points out, almost all policies pivot on PCR mass testing. Hancock previously admitted on talkRADIO to Julia Hartley-Brewer in late summer that the FPR was "just under 1%". That was a flat lie (possibly inadvertent but he's never corrected the record). The reason...

...we are sure Hancock told a lie is that they have never known the FPR. Those including Hancock who believe that the oFPR can be estimated by inspection of the lowest positivity ever recorded, while logical, is completely wrong. Changes in personnel, throughout, testing...

...architecture & the like can radically alter the oFPR. Since Hancock's remark in late summer, PCR mass testing has moved into the Lighthouse Labs & this creates a new & urgent need to continually assess oFPR. I've good reason to believe it's now VERY much higher now that the...

...testing is being done by people far less experienced than before & at considerably higher throughput. Both factors greatly increase oFPR. I believe almost all positives out of these favourites are false, most of the time.
This accounts entirely for the notion that we're in...

...the midst of a lethal pandemic of a SARS virus, whereas the empirical data tells us for certain that we are bit. We are running at fewer respiratory illness calls to NHS111 & attendances to A&E. Yet this mass of false positives floods the deaths attribution system, making...

..,it appear that we've hundreds of covid19 deaths per day when we don't. These deaths would be additional to other deaths for precautions to make any sense. Yet adjusted all causes mortality does not reflect this.
Not just me having severe doubts about the trustworthiness...

...of the PCR mass testing system in U.K. (note, I'm making no claims about what's happening in other countries). Here's my latest:
https://t.co/7tdvEaNSvN
Univ Surrey also:
https://t.co/uPMGdzpFvf
They've just got to halt this test 'with no MOT' before they kill anyone else.

Forgot to add that the lateral flow tests do have the test equivalent of an MOT. Whatever you think of them, unless you've read the entire 3rd party validation report (which the PCR testing system doesn't have) its probably wrong. There's a great deal of propaganda about LFT..

...possibly originating from those making pots of money from Lighthouse Labs or those who are "immunity deniers", but it's perfectly good enough to identify infectious subjects, and misses no more of these than does PCR, even done well. I'm aware of population tests with LFT...

...in Liverpool, the nations hotspot, and Merthyr Tydfil, and in both cases finding either very low prevalences (possibly zero, depending on where the line is drawn for oFPR when performed by the army rather than by Porton Down scientists). Same story in Vienna, by the way...

...despite their prevalence by PCR recently being the same as in U.K..
Then there's the infamous recent case in U Cambridge, where all students initially testing positive by PCR were negative on retest, for a 100% false diagnosis rate. No virus.