

The UK Government Claims a 100% Accurate Coronavirus Antibody Test By Dr Kevin P Corbett MSc PhD

Our Government have always told us they must have “high quality randomised control trials” (RCTs). A gold standard before any medical test is used on UK patients. Careful considered assessment was always part of the deal. This was the official Government policy from the National Screening Committee for all tests as stated under ‘Reflecting New Evidence and Achievements’ here: <https://phscreening.blog.gov.uk/2019/09/11/new-version-of-screening-evidence-and-practice-book-launched/>

At a stroke this long accepted approach has now been completely overturned.

The Government now declares that it promotes the Roche’s Antibody Test for SARS-CoV-2. It does this on little evidence.

The media fanfare last week declared this new test ‘100% accurate’.

This is wrong.

No medical test is ever “100% accurate test”. None are “perfect”. This was indicated as recently as 2019 by the Government’s National Screening Committee in ‘Why Screening Is Different’: <https://phscreening.blog.gov.uk/2019/01/11/dont-let-good-intentions-undermine-population-screening-principles/>.

A “100% accurate test” was and still is an impossibility. The scientific fact is that all medical tests are imperfect. Such accuracy is a statistical ideal, not achievable in the real world of huge numbers of labs, even when exactly the same machines and procedures are used. It is just like Imperial College’s theory of how the Lockdown should occur across the population: an impossible thing to make happen.

The Government’s National Screening Committee was set up to protect us all from these situations yet many errors historically have occurred. Women were given inaccurate results in mammography tests and men similarly in prostate tests. As a result all of these have experienced unnecessary anxiety and received harmful and unnecessary medical procedures.

This catalogue of bad experiences occurred with tests that took years to produce and which were run through numerous gold standard RCTs.

Now the Roche test has been fast-tracked in a comparative instant without these usual precautionary principles. Roche state this in the Covid-19 test guidance that it has already published in the US to healthcare professionals but nothing is stated in documents given to patients.

There are further worrying signs that the science has been done too fast and not thought through. The reportedly low number of inaccurate test results which the test gives is said to be due to other medical conditions. These would rise exponentially when the test is rolled out across vast swathes of the British population. There is also no consistent set of approved validation criteria that Roche or any Big Pharma must adhere to as each country has different requirements. The WHO also advised our Government against closing our national borders yet now tells Public Health England *not to isolate the virus* in order to validate Antibody Tests - see page 4: <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

Why? WHO gives no reasons.

Why are Government scientists' now directed by WHO?

There is no historical or legal procedure for this. WHO is not part of our healthcare infrastructure and has never set policy on medical testing in this country. They have no bureaucratic gold standard that we trust.

And where are the RCTs proving this test is valid? There are none.

The UK is not alone. Other countries face the same issue. A Canadian science journalist, David Crowe has written about these issues for the Antibody Tests. Everyone should read that important information: <http://theinfectiousmyth.com/coronavirus/AntibodyTestingForCOVID.pdf>.

Antibody Tests are paving the way for a world with constantly repeating Mobility Lockdowns which will discriminate those who have been tested from those who have not, or those who refuse testing.

Consensual medicine is now at risk.

Already there calls are for people to have test certification before going back to work and for travel. Once this form of testing is introduced it will never be rescinded. Each year each new virus will now require costly certifications. The frequency of testing and certification will be ratcheted up according to WHO advice and not that of our UK own authorities. This is a relinquishing of our national sovereignty. Already organisations like the Epilepsy Society for example have forced its employees to take compulsory tests with those refusing being literally threatened with discipline and the sack. Contracts of employment are changed with no discussion or debate overnight. Employment apartheid is introduced. This form of discrimination and coercion will become the UK's 'new normal' once Antibody Testing is institutionalized.

Dr Kevin P Corbett MSc PhD

www.kevinpcorbett.com