



Does wearing a mask cause diagnostic tests to read false-positive for COVID?

By Jon Rappoport, July 23, 2020

(To read about Jon's mega-collection, *The Matrix Revealed*, [click here.](#))

Suppose one of the most intense "safety practices" ---wearing a mask---actually inflates the number of COVID diagnoses?

Needless to say, it would be a bombshell. Suppose PCR and antibody tests turn out false positive results because people are wearing masks every day?

How is that possible?

Actually, it's quite simple. A person wearing a mask is breathing in his own germs all day long. He breathes them out, as he should, but then he breathes them back in.

It seems evident that this unnatural process would increase the number and variety of germs circulating and replicating in his body; even creating active infection.

Along with this, a decrease in oxygen intake, which occurs when a mask is worn, would allow certain germs to multiply in the body---germs which would otherwise be routinely wiped out or diminished in the presence of an oxygen-rich environment.

Here's the key: Both the PCR and antibody tests are known for registering false-positive results, since they cross-react with germs which have nothing to do with the reason for the test.

If wearing a mask increases the number and variety of germs replicating in the body, and also increases the chance of developing an active infection...then the likelihood of a false-positive PCR or antibody test is increased.

In other words, masks would promote the number of so-called COVID cases. This would, of course, have alarming consequences.

People labeled "COVID" face all sorts of negative consequences. I don't have to spell them out.

In past articles, I've shown that both PCR and antibody tests DO register false-positives because they react with irrelevant germs.

For example, let's consider the PCR: From the World Health Organization (WHO): "Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans":

"Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar."

Translation: Some PCR tests register positive for types of coronavirus that have nothing to do with COVID---including plain old coronas that cause nothing more than a cold.

From a manufacturer of PCR test kit elements, Creative Diagnostics, "SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit":

"...non-specific interference of Influenza A Virus (H1N1), Influenza B Virus (Yamagata), Respiratory Syncytial Virus (type B), Respiratory Adenovirus (type 3, type 7), Parainfluenza Virus (type 2), Mycoplasma Pneumoniae, Chlamydia Pneumoniae, etc."

Translation: Although this company states the test can detect COVID, it also states the test can read FALSELY positive if the patient has one of a number of other irrelevant viruses in his body. What is the test proving, then? Who knows? Flip a coin.

Now let's consider the antibody test---

Business Insider, April 3, 202: "Some tests have demonstrated false positives, detecting antibodies to much more common coronaviruses."

Science News, March 27: "Science News spoke with...Charles Cairns, dean of the Drexel University College of Medicine, about how antibody tests work and what are some of the challenges of developing the tests."

"Cairns: 'The big question is: Does a positive response for the antibodies mean that person is actively infected, or that they have been infected in the past? The tests need to be accurate, and avoid both false positives and false negatives. That's the challenge'."

That's just a sprinkling of sources on both the PCR and antibody tests---revealing that both of these tests DO spit out false-positive results. Many of those false-positives are the result of cross reactions with irrelevant germs.

And as I stated at the top of this article, if wearing masks increases the number and variety of germs circulating and replicating in the body, then it's quite likely that masks will, in fact, contribute to false diagnoses of COVID.

Now, we come to a different angle on this story. Everyone is aware that governors and other politicians are ramping up orders to wear masks to new insane levels. If indeed this order will result in more diagnosed COVID cases...

How can we avoid looking at the financial incentives?

It turns out that the states are receiving federal money for EVERY COVID case.

The reference here is Becker's CFO Hospital Report, April 14, 2020, "State-by-state breakdown of federal aid per COVID-19 case":

"HHS recently began distributing the first \$30 billion of emergency funding designated for hospitals in the Coronavirus Aid, Relief, and Economic Security Act..."

"Below is a breakdown of how much funding per COVID-19 case each state will receive from the first \$30 billion in aid. Kaiser Health News used a state breakdown provided to the House Ways and Means Committee by HHS along with COVID-19 cases tabulated by The New York Times for its analysis."

"Alabama: \$158,000 per COVID-19 case	Minnesota: \$380,000
Alaska: \$306,000	Mississippi: \$166,000
Arizona: \$23,000	Missouri: \$175,000
Arkansas: \$285,000	Montana: \$315,000
California: \$145,000	Nebraska: \$379,000
Colorado: \$58,000	Nevada: \$98,000
Connecticut: \$38,000	New Hampshire: \$201,000
Delaware: \$127,000	New Jersey: \$18,000
District of Columbia: \$56,000	New Mexico: \$171,000
Florida: \$132,000	New York: \$12,000
Georgia: \$73,000	North Carolina: \$252,000
Hawaii: \$301,000	North Dakota: \$339,000
Idaho: \$100,000	Ohio: \$180,000
Illinois: \$73,000	Oklahoma: \$291,000
Indiana: \$105,000	Oregon: \$220,000
Iowa: \$235,000	Pennsylvania: \$68,000
Kansas: \$291,000	Rhode Island: \$52,000
Kentucky: \$297,000	South Carolina: \$186,000
Louisiana: \$26,000	South Dakota: \$241,000
Maine: \$260,000	Tennessee: \$166,000
Maryland: \$120,000	Texas: \$184,000
Massachusetts: \$44,000	Utah: \$94,000
Michigan: \$44,000	Vermont: \$87,000

Virginia: \$201,000

Wisconsin: \$163,000

Washington: \$58,000

Wyoming: \$278,000..."

West Virginia: \$471,000

The article goes on to list every state and the money it will receive for EACH DIAGNOSED COVID CASE.

If mask wearing increases the likelihood of a COVID diagnosis, then: those states forcing new widespread mask dictates will be multiplying their federal \$\$\$.

And if you really want to cover the bases, every method of fake case-counting will have the same ballooning \$\$\$ effect for the states.

ALL the so-called containment measures---masks, quarantine, isolation, distancing, lockdowns, economic destruction---bring on fear, stress, loneliness...lowering immune-system function...leading to more infections...which means more germs replicating in the body...which means more false-positive COVID diagnostic tests...and more human destruction...and more \$\$\$ for the states.

SOURCE:

<https://www.beckershospitalreview.com/finance/state-by-state-breakdown-of-federal-aid-per-covid-19-case.html>