(TRANSLATED FROM FRENCH)

Ministry of Labour, Health, Solidarity and the Family
14, avenue Duquesne
75350 PARIS 07

To the attention of :
Mr Grégory EMERY, Director General of Health

By L.R.A.R. (7-page letter)

Copy :
Various national and international media; Mr. **R. F. KENNEDY Jr**, U.S. Secretary of Health and Human Services, Children's Health Defense ; **Mary S. HOLLAND**, Esq. CEO ; **Dr Meryl NASS**, Meryl's CHAOS; **Aaron SIRI**, attorney, USA ; **Reiner FUELLMICH**, attorney, Germany and ICIC Law ; **Ana GARNER**, attorney, USA ; **Dexter L-J RYNEVELDT**, attorney, South Africa ; **Tony NIKOLIC**, attorney, Australia ; **Ron JOHNSON**, **Roger MARSHALL**, **Rand PAUL**, U.S. Senators.

Paris, February 14, 2025

Reference : **PCR & RT-PCR test techniques / national and international**

Subject : Request for information following publication of document **DGS-URGENT n° 2025-04 dated 06.02.2025** and following publication of the press article **"PCR TESTS : RELIABILITY CALLED INTO QUESTION".**

Mr. Director General of Health,

On February 6, 2025, you published for the attention of all physicians and caregivers the note in reference DGS-URGENT n° 2025-04 entitled "REINFORCED VIGILANCE AGAINST THE RISK OF TRANSMISSION TO HUMANS OF INFLUENZA VIRUSES OF ZOONOTIC ORIGIN - WHAT TO DO".

In this note, you specify the steps to be taken by all doctors - other specialists, general practitioners, nurses, midwives and pharmacists.

Concerning the tests to be carried out, you order :

"For any possible case of avian or swine flu (see attached definitions), take a nasopharyngeal swab (and conjunctival swab in the case of ocular symptoms) to test for influenza by RT-PCR. [...]. "

We know that it's the aggregate statistics from the RT-PCR tests, as they will be reported back to you, that will enable you to determine whether or not there is a pandemic, and thus enable the government to implement a whole raft of liberticidal measures to combat it.

However, our attention has been drawn to the following article **"PCR TESTS : RELIABILITY CALLED INTO QUESTION"** published by the **Infodujour.fr** website **on February 11, 2025**, transcribed in extenso below, and **clearly calling into question the very reliability and reliability of this TEST PCR and RT-PCR technique.**

ARTICLE :

PCR TESTS: RELIABILITY CALLED INTO QUESTION[1]

February 11, 2025 - 06:00 by Editorial Team

In response to the February 6, 2025 health alert concerning avian flu transmitted to humans, researcher Jean-Marc SABATIER questions the relevance of PCR tests as a diagnostic tool.

We've already seen this happen with PCR tests for Covid-19. We now know that they were unreliable. Today, the American and French health authorities are back at it again, testing for a hypothetical bird flu pandemic in the human population. The aim, no doubt, is to rapidly offer us a vaccine just as bogus as the one designed to combat SARS-CoV-2, but just as lucrative for Big Pharma.

Warning from the PCR founder

In 1983, biochemist Kary MULLIS invented Polymerase Chain Reaction (PCR), a tool that redefined the science of genetics. This simple technique enabled him to make as many copies of DNA as he wished. He was awarded the Nobel Prize in Chemistry for his invention in 1993.

Some time later, his invention was used for virus research. PCR became "TEST PCR".

Kary MULLIS was one of the first to criticize the use of his invention for the virus scanning application through numerous articles and videos.

"DR KARY MULLIS, INVENTOR OF PCR, EXPLAINS WHY HIS PCR TECHNIQUE CAN'T BE USED TO "DETECT VIRUSES."

https://library4humanity.blogspot.com/2021/10/pcr-inventor-dr-kary-mullis-explains.html

In the video filmed in 1993, he said:

"PCR for diagnostic purposes is a big problem. IF YOU AMPLIFY THE SIGNAL OVER A LARGE NUMBER OF CYCLES, IT WILL GENERATE A CONSIDERABLE AND INCREASING NUMBER OF FALSE POSITIVES. Again, I'm skeptical about the veracity of a PCR test [...].

"WITH THE PCR TEST, YOU CAN FIND ALMOST ANYTHING IN ANYONE [...].

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[1] *https://infodujour.fr/sante/78973-tests-pcr-la-fiabilite-remise-en-question*

If you can amplify a single molecule to a level you can actually measure - which PCR can do - then there are very few molecules that aren't present at least once in your body."

<u>Dr Jean-Marc SABATIER : "Several stages".</u>

Following the publication of an urgent alert on February 6, 2025 by Dr. Grégory Emery, Director General of Health, calling on doctors to perform PCR tests to detect a possible avian flu pandemic, the question was put **Dr Jean-Marc SABATIER, PhD in Cell Biology and Microbiology, HDR in Biochemistry, DEA in Cell and Molecular Biology and Research Director at the CNRS :**

WHAT DO YOU THINK OF THE RELIABILITY OF PCR TESTS FOR DETECTING INFECTION ?

(The researcher first specifies that he is speaking on his own behalf).

"The simplified operating principle of PCR **(1)** (Polymerase Chain Reaction) is to amplify genetic information contained in a biological sample, in order to highlight the presence or absence of the desired genetic information.
The first step is to take a biological sample containing the genetic material. The genetic material taken is nucleic acid, made up of nucleotides represented by the letters ATGC for DNA and AUGC for RNA.

<u>A sequence of nucleotides</u>

"The second step is to introduce a probe into the sample. This DNA probe consists of the genetic sequence complementary to the DNA or RNA sought. This genetic sequence generally consists of a sequence of 20 to 25 nucleotides (letters). Thanks to a phenomenon of chemical complementarity, the nucleotides (letters) making up the probe will pair up with their complementary nucleotides, if they exist in the biological sample taken.
If the probe recognizes this sequence of complementary nucleotides, which are undetectable because they are too weakly represented, a fluorescent label, the **third stage** (other processes can be used), is applied to the sequence of paired complementary nucleotides. At this stage, the fluorescence is too weak to be detected, so it must be amplified.
This is followed by amplification (**fourth step**), known as "cycling": the sequence of complementary nucleotides is copied/amplified numerous times.

<u>Search for microbes including DNA and RNA viruses</u>

The large number of copies of complementary nucleotide sequences enables fluorescence measurements to detect the presence or absence of the desired genetic sequence. Of course, if the probe has not paired, there will be no fluorescence.
Today, PCR technology is used to detect the presence of microbes, including DNA and RNA viruses. In the case of RNA viruses, the biological sample taken undergoes the action of a reverse transcriptase, which converts the RNA of any virus sampled into DNA. This action is called RT-PCR (Reverse Transcription Polymerase Chain Reaction).

<u>The presence of this virus can thus be detected using PCR technology.</u>

As Kary Mullis rightly pointed out in his 1993 interview, the use of PCR technology for virus research is seriously unreliable.

THE PROBE

The choice of probe (a sequence of nucleotides complementary to a portion of the virus genome) is very important. Inappropriate or contaminated probes can lead to erroneous results.

AMPLIFICATION (CYCLES) (2)

The number of amplification cycles performed is of paramount importance, as it will determine the amount of fluorescence of the labeled DNA elements, and therefore the test result. For example, a test that is negative on 25 cycles of PCR amplification may be positive on 35 cycles of amplification. In fact, 35 cycles of amplification (or more) may reveal a very low viral load and/or fluorescence associated with non-infectious virus fragments. Inert (non-infectious) virus fragments may remain in the body for a long time after infection. In this case, at 25 cycles, fluorescence will not be detectable. On the other hand, at 35 cycles of amplification, this fluorescence will be detected (positive PCR test) without the person being infectious. This is because a fragmented virus is no longer active.

AUTOMATIC MACHINES USED

It should be noted that PCR test results can be influenced by the programming and/or calibration of dedicated PCR machines.

(1) How do COVID-19 tests work? RT-PCR explained
(2) COVID Diagnosis with PCR | Misinterpreting results | Cycle threshold

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This article clearly shows that **serious questions about the reliability of the PCR technology used to detect infectious viruses (TEST PCR or RT-PCR)** can be asked on five technical levels:

1) Reverse transcription reliability in RT-PCR;

2) The reliability of the selected probe;

3) The reliability of the nucleotide reaction and its labeling;

4) Amplification reliability (number of cycles) ;

5) The reliability of the machines performing PCR and RT-PCR TESTS in terms of computer code and parameterization.

Nota bene: **However, we would like to draw your attention to the fact that for some years now, this Polymerase Chain Reaction (PCR) technology has been used to detect numerous microscopic organisms (microbes), including HIV, viral hepatitis, HPV, whooping**

cough, bacterial meningitis and so on. Therapeutic treatments are therefore certainly prescribed unnecessarily on the basis of all these false-positive dependent diagnoses.

In view of these serious doubts about the reliability of the RT-PCR tests you order under your circular, we hereby inform you that **if a pandemic were to be triggered, civil legal action could be taken against you on the basis of articles 143 et seq. of the French Code of Civil Procedure.**

For reasons of transparency that are necessary and legitimate in a democratic system, and **on the basis of article 15 of the Declaration of the Rights of Man and of the Citizen ("*Society has the right to hold any public official accountable for his administration*"),** we would ask you to answer this first series of questions:

1) CONCERNING THE RELIABILITY OF REVERSE TRANSCRIPTION (RT) :

- How to check the accuracy of reverse transcription? Many errors are likely: https://www-sciencedirect-com.translate.goog/topics/neuroscience/reverse-transcriptase?_x_tr_sl=auto&_x_tr_tl=fr&_x_tr_hl=fr&_x_tr_pto=tc

Reverse transcriptase has no proofreading capacity.

2) CONCERNING THE RELIABILITY OF THE SELECTED PROBE :

- Who selects the probes: the manufacturer or the Ministry ?
- Is this technical selection included in calls for tender ?
- Does the Ministry have control over the probes used in each laboratory authorized to perform RT-PCR tests, and to what extent ?

3) CONCERNING THE RELIABILITY OF THE NUCLEOTIDE REACTION AND THEIR MARKING :

- Can you guarantee that fluorescence is selectively associated only with neoformed/amplified nucleic acids, in the absence of non-specific fluorescence (**not linked to the nucleotide sequence under investigation**) ?

4) CONCERNING THE RELIABILITY OF THE AMPLIFICATION :

- How many cycles are required of laboratories to perform RT-PCR tests ?
- Is this number regulated or at the discretion of the administrative authority ?
- Is there a threshold that scientifically prevents false positives, and hence erroneous, excessive and misleading results ?
- How do you justify the choice of the number of cycles ?
- How do you know that this threshold is appropriate ?

- Who checks the machine settings to verify the number of cycles ?
- For obvious reasons of transparency, **will you make sure that the number of cycles is indicated on the document given to the patient after the test ?**

5) CONCERNING THE RELIABILITY OF THE "AUTOMATIC" MACHINES USED TO CARRY OUT THE TESTS :

- Is the parameterization of the "automatic" machines regulated, and by what legislation ?
- Does the Ministry have any control over the way these machines are configured ?
- Is the organization and operation of the "automatic" machines are coordinated at national level, and if so, who coordinates it ?
- **Is the machine operating software code verified/certified ?**
- Which companies are in charge of these operations, which public contracts are involved, and at what level (national or European) ?
- Are the "automatic" machines connected to a network enabling the manufacturer to maintain them and modify their code and settings remotely, thus opening up the possibility of fraud ?
- **In view of the possible consequences of false results - the triggering of a fictitious pandemic, confinements and associated liberticidal measures - how do you guarantee the transparency of the whole process ?**

OTHER GENERAL QUESTIONS :

- Aren't the choices relating to the probe, amplification (number of cycles) and the calibration and parameterization of the "automatic" machines's code made with a view to fictitiously establishing a pandemic ?
- Who compiles the statistics from the results you receive, and who aggregates them ?
- Are other organizations involved at this stage ?
- How can you guarantee citizens that such a testing campaign is not organized for a predetermined purpose ?

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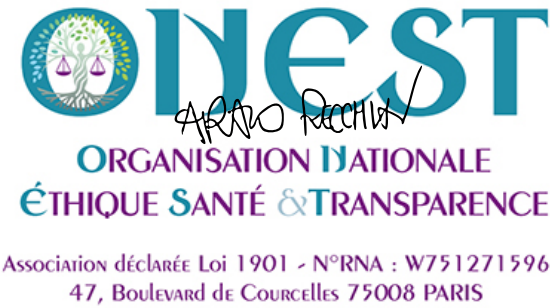
Thank you very much in advance for your precise and detailed feedback on all these questions,

Yours sincerely

The College of Professionals - Department of Law, Medicine and Public Health



Official website: https://onest-alternative.org/