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# Correspondence

## Project Nightingale

As I read Dr. Albert Fisher's creative but chilling article on the use of artificial intelligence in what was once the practice of medicine,<sup>1</sup> I was at first perplexed about why this effort was named Project Nightingale. I wondered why Google and Ascension did not choose to name it Project Schweitzer or Project Livingstone after British physicians of similar vintage. Then it occurred to me that Project Nightingale actually removes the need for a physician, replacing him with AI. The nurse would be left taking care of the patient, with guidance from the computer. Then I wondered, how soon might the need for a trained and human nurse persist? I agree with Dr. Fisher, the best way to thwart this dehumanizing digitalization of medicine is for patients to refuse it and demand traditional warm-blooded Hippocratic medical treatment and care. Of course, this will only work so long as the patient is not replaced with a cyber proxy.

**Janis G. Chester, M.D.**

Dover, DE

## REFERENCE

1. Fisher A. Project Nightingale: from science fiction to reality. *J Am Phys Surg* 2020;25:26-27.

## Planet Covid

I have seen two very sad things recently. In a video by German professor of psychology, Dr. Franz Ruppert, a toddler is seen spontaneously "social distancing" from his toys. This is a version of the "Stockholm syndrome," in which you avoid anxiety by anticipating the dictates of your captors.

Yesterday, a group of 3- and 4-year-olds were walking in a line outside my office window in Omaha. They were all spaced three feet apart, all in masks, heads bowed, not talking, hands uniformly behind their back. It looked like a dystopian procession of tiny prisoners—which, in essence, is what it was. No more laughing smiling faces. No holding your classmate's hand. Just masked children learning absolute obedience.

There are at last count 18 controlled studies of mask wearing—none show-

ing benefit in diminishing transmission of small-particle-size airborne viruses. Most recently, U.S. Marines in quarantine barracks wore masks, practiced social distancing, and disinfected the environment. They were supervised by other Marines to ensure compliance. Masks were worn when not eating or sleeping. The study was published in what is supposed to be the world's premier medical journal—the *New England Journal of Medicine*. Predictably, these measures failed to decrease the transmission of COVID.

Ask yourself this: How many years are you going to wear a mask, stand in government-approved circles, or be subject to restrictions on travel at the whim of government technocrats? Two years? Forever? Is there an end to this? Viruses exist all around us all the time. Every year we have a "cold and flu season." This virus to date has a 99.991 percent worldwide survival, compared with 99.992 percent for influenza. Should we mask for all of these viruses? Shall our children be raised in a world where they cannot learn to read faces, cannot hug their teacher, and cannot be close to their classmates?

Against this backdrop, our most vulnerable elderly are placed in solitary confinement, fed a poor diet lacking vital nutrients, and denied proven successful prophylactic treatments. Even worse, some are actively infected by placing infectious patients into their nursing homes.

This is not the liberty for which I served my nation, nor the world in which I first took the Oath of Hippocrates. This is not just medical malpractice; this is murder by omission and commission. A very sophisticated psychological operation is apparently being perpetrated upon the whole world. We are rapidly becoming an immoral, insane, dystopian technocracy in which our very right to assemble and even speak can be revoked on the basis of hospital bed utilization. If we fail to stand up and take back control now, those of us who survive the next phase will spend our lives under a medical tyranny the likes of which the world has never known.

**Lee Merritt, M.D.**

Logan, Iowa

## COVID-19 Testing

The new coronavirus, which was first reported in Wuhan, China, in 2019, and spread throughout the world, has wreaked havoc on human life—medically, economically, and politically. In America, the virus has resulted in the closing of most businesses and institutions, and produced widespread fear of disease and death. This has caused a major disruption of American society.

But are these closings and this fear warranted?

Both are based on classifying anyone who tests positive as a “case,”<sup>1</sup> even if the person is asymptomatic, and there seems to be a hesitancy to publicize how severe “cases” are, and a tendency to attribute death to the virus on the slimmest pretext. This must stop.

Diagnosis is based on the use of tests to check for the genome, the RNA, of this virus. These tests check only for certain areas on the genome, not the entire genome, so other coronaviruses with some of these RNA sequences could be counted. They do not discriminate an intact viral particle from naked RNA, or fragmented RNA, neither of which is infectious. They cannot determine whether “intact” viral particles are infectious. They do not count the number of virions in a measured sample, but amplify the number many times. The viral RNA is transcribed into DNA using a reverse transcriptase enzyme. Each cycle of the test doubles the number of copies. A standard real-time RT-PCR set-up usually goes through 35 cycles, which means that, by the end of the process, around 35 billion new copies are created from each strand of the viral genetic material present in the sample.<sup>2</sup> Although many

U.S. labs use more than 35 cycles, the chance of viable virus being present at a cycle threshold of 35 or higher is less than 3 percent.<sup>3</sup>

At best, the PCR tests are sensitive screening tests, but their potential for low specificity makes them poor determinants of the extent of this disease in our nation and in the world. A better test is needed, and there are three.

The viral plaque assay test<sup>4</sup> actually counts the number of infectious particles in a sample by growing them in a cell culture. This would give a precise count of how many infectious people there actually are in a given area. It could also be used to determine whether an entity should be closed down if one of its members tests “positive” with a screening test. It could help determine how many virions are required to transmit an infection. It could show the mutation rate of this virus and how many variants there are of it, and whether other coronaviruses are actually causing diseases attributed to SARS-CoV-2. It could be used to show which personal protective approaches, if any, would interfere with the spread of the virus.

I have not seen the viral plaque assay described in the lay media and wonder why. It could be used to determine whether someone who tests positive with the quantitative PCR test, antigen, or antibody tests is really infectious.

Dr. Vincent Racaniello recorded an explanation of the method for a pre-COVID virus, before the issue became politicized.<sup>5</sup>

The fluorescent focus assay uses fluorescent-labeled monoclonal antibodies to detect infected cells before the formation of plaques.<sup>6</sup>

The end point dilution assay uses

multiple wells to determine infectivity by multiple dilutions to look for a cytopathic effect in 50 percent of inoculated cells.<sup>7</sup>

These methods have been available for years. Their use would help us replace fear with knowledge.

We owe it to our children and grandchildren to open up America before it is too late.

**Frank Polidora, M.D.**  
Drums, Pa.

## REFERENCES

1. Held KS. COVID-19 statistics and facts: meaningful or a means of manipulation? *J Am Phys Surg* 2020;25:70-72.
2. Jawerth N. How is the COVID-19 virus detected using real time RT-PCR? International Atomic Energy Agency. News; Mar 27, 2020. Available at: <https://www.iaea.org/newscenter/news/how-is-the-covid-19-virus-detected-using-real-time-rt-pcr>. Accessed Nov 30, 2020.
3. Swiss Policy Research. The trouble with PCR tests; Oct 4, 2020. Available at: <https://swprs.org/the-trouble-with-pcr-tests/>. Accessed Nov 30, 2020.
4. Vicenzi E, Canducci F, Pinna D, et al. Coronaviridae and SARS-associated coronavirus strain HSR1. *Emerg Infect Dis* 2004;10(3):413-418. doi: 10.3201/eid1003.030683. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3322807/>, Accessed Nov 30, 2020.
5. Racaniello V. Virus watch: counting viruses. YouTube; Jun 2, 2016. Available at: <https://www.youtube.com/watch?v=tGVDYGxqtJ0>. Accessed Nov 30, 2020.
6. Payne AF, Binduga-Gajewska I, Kauffman EB, Kramer LD. Quantitation of flaviviruses by fluorescent focus assay. *J Virological Methods* 2006;134(June):183-189.
7. Racaniello F. Measurement of viruses by end-point dilution assay. *Virology Blog*; Jul 13, 2009. Available at: <https://www.virology.ws/2009/07/13/measurement-of-viruses-by-end-point-dilution-assay/>. Accessed Nov 30, 2020.

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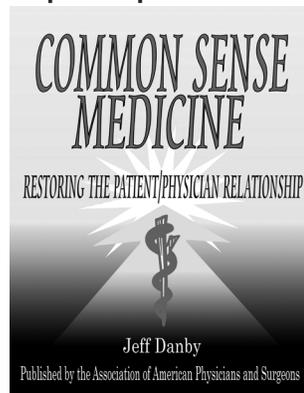
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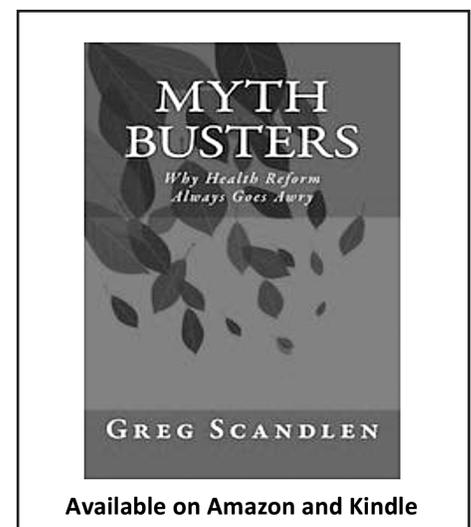
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