

# COVID Antibody Tests: Here Comes More Trickery and Fakery

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COVID antibody tests are subject to false positives and all manner of interpretation, opening the door for them to be used as tools of control.

## COVID antibody tests

are going to become a focus, now that many states and nations have partially or fully lifted their lockdown restrictions. As we enter another chapter in the long book of Operation Coronavirus, authorities are trying to implement widespread testing based on detection of antibodies (along with [contact tracing](#) or surveillance). Now is the time to inform yourself about what the COVID antibody tests are and how they work, since there is a lot at stake here. Authorities are planning on upholding or violating your rights and freedom based on the results (and more importantly the interpretation of the results) of these tests. In truth, we all possess the right to **personal bodily autonomy** and **medical sovereignty**, and being forced to undergo such a test is itself a violation of our inherent sovereign rights. However, regardless of what choice you personally make in that regard, it is crucial to understand how these tests work and what the results mean, because – rest assured – the results will be used against you if past history is any indicator of the intent of the NWO (New World Order) conspirators.

## Antibody Theory

Before we jump into the **COVID antibody test**, let's begin with some definitions. An antibody is a blood protein which your body produces to counteract a specific antigen. An antigen is a toxin or other foreign substance which the body recognizes as an invader. Antibodies combine chemically with substances which the body recognizes as alien as part of a healthy immune response. In typical fashion, the Medical Industry (remember that [Western Medicine is Rockefeller Medicine](#)) has conflated antibodies with immunity, by claiming that high titers (or levels) of antibodies show strong immunity. However this is a fallacy coming from a materialistic viewpoint (everything must be measured) combined with a profit-driven motive (vaccines produce antibodies, so if the Medical Establishment can convince you that antibodies = immunity, then vaccines confer immunity, no questions asked). The truth is that immunity is far more mysterious than just a simple measurement of certain substances in the blood. Immunity has a strong bio-energetic component which cannot be measured! Here are some quotes from the [whale.to](#) website:

*“A titer test does not and cannot measure immunity, because immunity to specific viruses is reliant not on antibodies, but on memory cells, which we have no way to measure. Memory cells are what prompt the immune system to create antibodies and dispatch them to an infection caused by the virus it “remembers.” Memory cells don't need “reminders” in the form of re-vaccination to keep producing antibodies.”* (Science, 1999; “Immune system's memory does not need reminders.”) [ACCESS to JUSTICE. MMR10 – IN EUROPE](#)

*“The fallacy of this (antibody theory) was exposed nearly 50 years ago, which is hardly recent. A report published by the Medical Research Council entitled ‘A study of diphtheria in two areas of Gt. Britain, Special report series 272, HMSO 1950 demonstrated that many of the diphtheria patients had high levels of circulating antibodies, whereas many of the contacts who remained perfectly well had low antibody.’” – Magda Taylor, [Informed Parent](#)*

*“Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn’t mean a thing. The only true antibodies, of course, are those you get naturally. What we’re doing [when we inject vaccines] is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you’re asking for all sorts of trouble, and we don’t believe it works.”– [Glen Dettman Ph.D.](#), interviewed by Jay Patrick, and quoted in “The Great American Deception,” Let’s Live, December 1976, p. 57*

*“Many measles vaccine efficacy studies relate to their ability to stimulate an antibody response (sero-conversion or sero-response). An antibody response does not necessarily equate to immunity ... the level of antibody needed for effective immunity is different in each individual ... immunity can be demonstrated in individuals with a low or no detectable levels of antibody. Similarly in other individuals with higher levels of antibody there may be no immunity.” – [Trevor Gunn BSc](#)*

Then we have a quote from Dr. Stefan Lanka, whose viewpoints I highlighted in [Deep Down the Virus Rabbit Hole – Question Everything](#):

*“I’m absolutely sure that **no** antibody test in medicine has any absolute meaning. Especially in HIV antibody testing, it is clear that the antibodies that are detected in the test are present in everybody. Some people have them in higher concentrations, and some in lower concentrations, but only when you reach a very high level of antibodies – much higher than in **any** other antibody testing – are you considered to be “positive.” This is a contradiction in terms because in other antibody tests, the **lower** your level of antibodies, the higher your risk for a symptomatic infection. But with HIV they say you are “positive” **only** when you have reached a very high level of antibodies. **Below** this level, you are said to be negative.” – [\[1995\] INTERVIEW STEFAN LANKA](#)*

## Old Blood Samples Contain COVID Antibodies

Knowing that background to antibody theory, let’s take a look now at how they are applying it to COVID. I will be quoting David Crowe’s recent paper [Antibody Testing for COVID-19](#) throughout this article. Crowe points out many major assumptions with the COVID antibody tests. One place to start is with tests which show antibody positive results. The question is: how do we know if they just acquired those antibodies recently, or if they had them for years? There is no way to know. If they had them for years, what is the antibody test proving? Nothing. Crowe writes:

*“Almost 14% of saved blood from old donations tested positive in a Dutch study, and in the validation of the Cellex and Chembio tests, 4.4% and 3.6% of old samples were positive. The idealized antibody model is based on the date of infection as the starting point, but this date is never known with certainty. Even when someone came into contact with a COVID-19 RNA positive person on a certain date that is not a guarantee that this was the date of infection, given that, prior to the lockdown, people could apparently be infected while playing in the park, eating at a restaurant, walking down the street, attending a concert, or participating in any other now banned activity. When antibody surveys are performed, the vast majority of people who test positive had no idea that they had previously been infected, and cannot possibly be sure about the date.”*

*“But a far bigger problem is that the number produced is impossible to validate. When 1.5% of Santa Clara volunteers tested positive, it was assumed that that was truth. This ‘truth’ asserts that all of these people were RNA-positive at some point in the recent past. But there is absolutely no evidence for this. The ‘truth’ assumes that all the people were negative for COVID-19 antibodies prior to the assumed period of RNA-positivity. But there is absolutely no evidence for this.”*

## COVID Antibody False Positives

A second problem with COVID antibody test is false positives. Just like the [PCR test was found to lead to as much as an 80% false positive rate](#) in the actual diagnosis of COVID, so too can COVID antibody tests lead to false positives, meaning the test finds that you have COVID antibodies in your system when you are COVID negative. Something is clearly very wrong with a test that is supposedly designed to only detect antibodies to a particular disease, and then detects such antibodies in people without that disease! Crowe writes:

*“Other problems with antibody tests include a significant number of samples testing antibody positive*

*from people who were COVID-19 RNA negative (although some had 'COVID-like' symptoms), with no evidence that the person was ever infected. In one Chinese study the positive rate on presumably never infected people was 25%."*

## **Antibodies are Not Specific**

Yet another problem with COVID antibody tests is that they test for antibodies which may not even be specific for COVID! Crowe writes:

*"... different manufacturers found a significant percentage of samples positive for COVID-19 antibodies, that were known not to have COVID-19, but instead contained other viruses, bacteria or mycoplasma, or were from people with auto-immune conditions, indicating that the antibodies are not specific. For example, 10% of Hepatitis B samples were positive, 33% of Respiratory Syncytia Virus, 10% of auto-antibodies and 17% of Streptococcus.*

I encourage readers to read Crowe's paper in whole since it is an excellent synopsis of the problems of COVID antibody tests. Meanwhile, let's return to the subject of antibodies, the innate immune system, the adaptive immune system and more.

## **Antibodies are Only Developed by your Immune System if its First Line of Defense Fails**

Remember: innate (non-specific) immunity comes first. Humoral, adaptive, antibody-mediated immunity (specific) comes second, and is also referred to as "acquired immunity." Jon Rappoport did an article ([COVID: David Crowe's brilliant new paper takes apart antibody testing](#)) on Crowe's paper. I was impressed by many of the comments below the article, and have reproduced several here. This comment is by Tim Lundeen (spelling errors and typos are left as written for all comments):

*"One of the major issues (mentioned peripherally in this paper) is that you only develop antibodies when your innate immune system can't clear an infection. So 60% to 85% of people are able to clear coronavirus using their innate immune system, and will NEVER develop antibodies. The innate immune system is your "generic", it works against any infection. It's the first line of defense. If it can't totally clear an infection, then the adaptive immune system comes into play, makes antibodies, and then the antibodies clear the infection. There are a number of places where large numbers of people have been exposed to coronavirus in a contained space: cruise ships, military ships, and homeless centers. In all of these places, 60 to 85% of the people massively exposed showed NO coronavirus RNA, e.g. their innate immune system cleared the coronavirus, they were immune to it. So they did not, and never will, develop antibodies."*

This comment is by PFT:

*"One thing people don't understand. Not everyone needs or produces antibodies when infected. Antibodies are produced by the adaptive immune system, which is basically your army of last resort against pathogens and which takes 1-2 weeks to mobilize. The primary immune defense is the innate system made up of many cells and molecules that inhibit viral replication and kill them. They also coordinate with the adaptive immune system sending signals to mobilize and providing information on the location and nature of the pathogen. If the innate system clears the infection quickly, danger signals are no longer issued and the adaptive immune system is deactivated and stands down, so no antibodies or very few (below detection limits) are produced. So while antibody rates may be in the order of 20-40% of the herd, an unknown number of the herd are also immune by nature of having a more effective innate immune system."*

*"The adaptive immune system has 2 components. Humoral and cellular responses. The former produces antibodies produced by B cells. The latter uses T cells. Helper T cells actually are important to activate the B cells to produce antibodies and cytotoxic T cells. Tregs prevent an excessive immune response, and activated cytotoxic T cells are killing machines. Cellular immunity is important to actually kill infected cells. Antibodies don't kill but only mark an infected cell for destruction or block it from infecting an uninfected cell. Although both are important when the innate immune system needs their help, many believe cellular immunity is the more important and that it also has memory that's not as well understood."*



## How the NWO Controllers Could Use COVID Antibody Testing For Nefarious Purposes

Antibody tests are clearly flawed in numerous ways – and this opens the door for them to be used (like so many other things) in the ‘name of science’ to achieve highly destructive agendas. It’s all about interpretation, which is a form of perception. I have stated emphatically many times that we are in the midst of a **perception war**. Operation Coronavirus is all about **perception management**, starting with controlling people’s perception of the true nature of viruses and disease. Perception is all important in the interpretation of the results. For example, authorities could claim that people who are antibody positive must be isolated, quarantined and subjected to absurd unscientific rules (social distancing, mask wearing, etc.) because the antibodies are evidence they are currently infected or sick. On the other hand, authorities could claim that people who are antibody positive are now immune and well, since the antibodies show they already had COVID and successfully defeated it, and that people who are antibody negative must be monitored and feared, because without the antibodies they are not immune and could become infected and spread it to others (and thus ‘a threat to everyone’ or other such nonsense). A third example is that authorities could claim that if the number of people who are antibody positive remains below the level of ‘herd immunity’ (90% or so), then we must have [mandatory vaccination \(a long cherished NWO agenda\)](#) to ‘protect public health’ (or other such nonsense). The capacity to manipulate the meaning of the results is endless.

Rappoport himself has written for decades about the lack of logic when it comes to the interpretation of antibody tests. This quote is in reference to HIV antibody tests:

*“Until AIDS testing took off in earnest in the mid-1980s, it was generally assumed that the presence of antibodies in a patient signified good health. The patient had contacted a germ, mounted an immune response, and the germ was neutralized. There was certainly no consensus that antibodies meant present or future disease across the board. In other words, if millions of people in China had encountered H5N1 (bird flu) viruses and showed antibodies to these viruses, it would be expected that they would remain healthy. Except that with the onset of AIDS research, everything was stood on its head. People who were tested and called HIV-positive – meaning they had antibodies to the virus – were said to be sick or on a sure road to becoming sick. So now we have another level of the AIDS testing hoax. Why were people being tested for antibodies to HIV? Why was that method presumed to be significant at all? Why wasn’t the presence of antibodies to HIV taken as a sign of health? Millions of people all over the world have been subjected to the Elisa and Western Blot HIV tests – both of which have the sole objective of finding*

antibodies to HIV. Why have these tests been elevated to the status of present or future disease detectives? While writing AIDS INC. in 1988, I had a very interesting conversation with a doctor at the US National Institutes of Health. He told me that when an HIV vaccine eventually went into testing (and when it was later released for use on the public), every person who got the vaccine would be given a special letter. The letter would say that the person had received the vaccine. The letter would say that if, at any time, the person was subsequently tested for HIV and came up positive – meaning he had antibodies to HIV – this should NOT be taken as a sign of present or future illness. In this case, the person was actually immune to HIV, because he had “received” his antibodies from the vaccine.

I almost fell off my chair. I said, “Let me get this straight. If a person develops antibodies naturally to HIV, he is told he is either sick now or will get sick. But if gets his antibodies – the same antibodies – to HIV from a vaccine, he is told he is immune to the virus.” The doctor gave me no clear response. This explosive contradiction has been studiously ignored by the mainstream press and by the entire AIDS establishment network. By conventional standards (not mine), the whole point of a vaccine is to confer immunity to a germ by producing antibodies to that germ in the body. That is the essence and the standard of a “good vaccine.” And yet, in the case of AIDS research, all this was turned upside down. Suddenly, HIV positive meant: the patient has antibodies to HIV and this is a sign that he will become very ill and most likely die. To sum up: not only are both HIV antibody tests (Elisa and Western Blot) unreliable in finding true positives, as opposed to false positives, the WHOLE IDEA of using the presence of antibodies as an unmistakable sign of present or future illness is without merit.” – [1988/2006] [The Massive Fraud Behind HIV Tests by Jon Rappoport](#)

He also writes in a more recent [article](#) about COVID antibody tests:

“Chicago Tribune, April 3: “A new, different type of coronavirus test is coming that will help significantly in the fight to quell the COVID-19 pandemic, doctors and scientists say.” “The first so-called serology test, which detects antibodies to the virus rather than the virus itself, was given emergency approval Thursday by the U.S. Food and Drug Administration.” “The serology test involves taking a blood sample and determining if it contains the antibodies that fight the virus. A positive result indicates the person had the virus in the past and is currently immune.”

...

Got that? A positive test means the patient is now immune to the virus and can walk outside and go back to work. NBC News, April 4, has a somewhat different take: “David Kroll, a professor of pharmacology at the University of Colorado who has worked on antibody testing, explained that the antibodies [a positive test] mean ‘your immune system [has] remembered the virus to the point that it makes these antibodies that could inactivate any future viral infections.’” “What the test can’t do is tell you whether you’re currently sick with coronavirus, whether you’re contagious, whether you’re fully immune – and whether you’re safe to go back out in public.” “Because the test can’t be used as a diagnostic test, it would need to be combined with other information to determine if a person is sick with COVID-19.” *Oops. No, this really isn’t a diagnostic test, it doesn’t tell whether the patient is immune and can go back to work. Excuse me, what??*

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And there you have it. The official word on the COVID antibody test from official sources. It’s yes, no, and maybe. Public health officials can SAY whatever they want to about antibody tests: a positive result means you’re immune, it means you have an infection, it means you’re walking on the moon eating a hot dog.

Generally speaking, before 1984 a positive antibody test was taken to mean the patient had achieved immunity from a germ. After 1984, the science was turned upside down; a positive result meant the patient “had the germ” and was not immune. Now, with COVID-19, if you just read news headlines, a positive test means the patient is immune; but if you read down a few paragraphs, a positive test means the patient is maybe...maybe not...immune. Maybe infected, maybe not infected. Maybe sick, maybe not sick. And, on top of all that, antibody tests are known to read falsely positive, owing to factors that have nothing to do with the virus being tested for.”

## Conclusion

So, as the world rushes into COVID antibody testing and contact tracing, it is always worth examining the basis of the official narrative, because without fail it turns out to be built on lies and propaganda. High antibody levels don’t equate to immunity, and they can mean anything under the sun depending on how they are interpreted. We know the plan is for [digital certificates](#) and [immunity passports](#). Will these immunity passports be based on (unreliable) antibody tests before the they roll out a COVID vaccine? Stay aware and question every aspect of this agenda.

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