**SUBJECT: EU CITIZENS SAY NO TO THE DIGITAL GREEN CERTIFICATE (REASON #1)**

Dear Madam/Sir,

We are a network of European scientists, lawyers, doctors and citizens with diverse professional backgrounds writing to you in response to the proposal, now before Parliament, for the **Green Digital Certificate**. United by significant concerns about the long-term implications of this instrument on European values and principles, we firmly believe that the proposed instrument represents an **undue limitation of the fundamental freedoms** of citizens of the European Union while not addressing the underlying health concerns.

When analysing the proposal, we noted that the usual complement of impact assessment, cost-benefit analysis and public consultation was missing. The Better Regulation rules, emphasise the importance of these procedures in maintaining the balance of power and democratic checks and balances in Europe.

In the coming days, we will be sharing with you some legal and scientific information to support you in taking an informed decision about the vote. We will also draw your attention to certain citizens’ initiatives, some of them officiated by the EU, which demonstrate the strength of feeling among European citizens towards the proposed instrument. We are particularly keen in establishing an open and transparent communication line with you to ensure a meaningful and constructive dialogue.

Our **first contribution is underlining critical aspects of the PCR test**. While testing is one of the pillars of the Green Digital Certificate, we provide the scientific evidence of its significant shortcomings in proving Covid-19 infection. Made in the spirit of free discourse and with respect for Parliament co-legislator role we are submitting to your attention the analysis of the effectiveness of PCR tests. Please find below an outline of key areas of concern.

* The PCR test detects specific segments of genetic material present in SARS-CoV-2. However, a **PCR test cannot distinguish between live and dead viruses**. Therefore, a positive PCR test fails to provide any information about the infectiousness of an individual. Used in isolation, it does not prove that the person is actively infected, or sick, or can infect others ([Jefferson et al, 2020](https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v4)).
* People infected with SARS-CoV-2 can be infectious for a short period before the onset of symptoms of COVID-19 and for approximately eight days after the onset of symptoms. Due to the sensitivity of PCR tests, **inactive viral fragments can be detected** in nasal swabs for **up to 83 days from the onset of disease** ([Jefferson et al, 2020](https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v4)).
* It is **possible for a person to test positive for SARS-CoV-2 when they do *not* have the virus**, due to errors within the PCR test protocol. False positive results can also occur from contamination when taking the sample, when handling it in a laboratory, when testing asymptomatic individuals and due to equipment errors ([Craig](https://www.pandata.org/a-miscarriage-of-diagnosis/), 2021).
* The ‘primers’ (short genetic sequences) used in PCR tests may not accurately detect SARS-CoV-2, particularly when only a single primer is used ([Borger et al, 2020](https://cormandrostenreview.com/report/)). The **PCR test could confuse genetic material from the human genome or from other coronaviruses** for SARS-CoV-2 ([Craig](https://www.pandata.org/a-miscarriage-of-diagnosis/), 2021).
* The “**cycle threshold**” - the number of times genetic material is amplified - **is important when interpreting PCR test results**. If the cycle threshold (Ct) value is low (e.g. below 25), this indicates that there is a lot of viral genetic material and therefore it is more likely that the virus is active. If the Ct value is high (e.g. above 30), it is more likely that the infection is no longer active ([Jefferson et al, 2020](https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v4))

*If there is no active virus, a person is not infectious.*

In November 2020, a group of scientists conducted a review of the Corman-Drosten paper ([Corman et al.](https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.3.2000045), January 2020), which set the standard for global PCR testing for SARS-CoV-2,. The scientists who conducted the review concluded that *‘the Corman-Drosten paper is severely flawed with respect to its biomolecular and methodological design*’([Borger et al](https://cormandrostenreview.com/report/)., 2020). The concerns raised in this review have yet to be properly addressed by the authors. In January 2021, the WHO issued technical guidance for PCR testing which outlined the limitations of PCR testing and the risk of false positives ([WHO,](https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05) 2021).

**In light of the above considerations, the validity and usefulness of current PCR testing regimes, particularly when testing asymptomatic people, must be called into question. The scientific evidence clearly shows that the PCR test cannot provide reliable results about the Ccovid-19 infection. Therefore, the fundamental assumption of reliability for diagnosing Covid-19 on which a PCR test Green Digital Certificate would be based is incorrect and might lead to unfair and discriminatory treatment of the bearer, who would see their fundamental freedom of movement barred on a doubtful scientific basis.**