

COVID Conflicts: Asymptomatic Testing, Lack of Danger to Kids

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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STORY AT-A-GLANCE

- › Ivor Cummins interviews Dr. Reid Sheftall about the many inconsistencies surrounding SARS-CoV-2, the virus that causes COVID-19, and related mitigation measures
- › SARS-CoV-2 has an infection mortality rate that is equal to or less than the flu, making school closures unnecessary because they're not closed down for flu, which is a much deadlier disease than COVID-19 in that age group
- › Asymptomatic people are being tested for COVID-19 at unprecedented rates, a waste of resources that goes against good medical practice
- › Sheftall studied mask usage extensively and found mask mandates did not noticeably change the number of cases or deaths the way they should if they actually reduce transmissibility
- › Countries that used minimal masks and did not have mandated lockdowns were not worse off than neighboring countries with mask mandates and mandatory lockdowns
- › "There's clearly, in plain sight, huge worldwide organizations who need this crisis and who are fermenting panic for eight months now," Cummins said. "Why they're doing it you can argue but the fact that they're doing it is plain and obvious"

From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the

pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media are key players and have been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

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Ivor Cummins is a biochemical engineer with a background in medical device engineering and leading teams in complex problem-solving. On his website, TheFatEmperor.com,¹ he offers guidance on how to decode science to transform your health. In a podcast from December 11, 2020, he interviewed Dr. Reid Sheftall about SARS-CoV-2, the virus that causes COVID-19.

Sheftall is an intelligent surgeon, having scored in the 99.95 percentile on the SATs and off the scale on his medical board and surgical board exams. He begins by explaining that the SARS-CoV-2 is only 100 nanometers in diameter, which is smaller by one-fourth than SARS-2 virus, which is only 100 nanometers in diameter, which is smaller, by one-fourth, than the shortest wavelength that we can see in the visible spectrum.

He's been using social media to write essays about different aspects of the virus and the policies that were enacted because of what he calls "mistakes that were made early on" in the pandemic. Here are seven of Sheftall's predictions and corrections, along with the date in which he made them, which are covered in more detail during the interview:

1. SARS-CoV-2 has an infection mortality rate that is equal to or less than the flu (March 15).
2. Masks won't reduce the transmissibility (March 15), but experts still say they do.
3. Lockdowns not only will not work, but will cause much death and destruction, including loss of jobs and insurance, life savings and other resources, up to and including loss of life (March 17). Experts are still lobbying for use of lockdowns.

4. We should not close schools because we don't close them for the flu, which is a much deadlier disease than SARS-2 in that age group (March 18).
5. The reason the cases and deaths are so low in Asian countries is not because of better testing, tracing and lockdowns, as the experts have said and continue to say, but is because of "immunity in place" due to cross reactivity of SARS-2 with previously encountered coronaviruses. This is mediated by cross reacting memory B and T cells, secretory IgA (August 10, not yet proven).
6. We're not experiencing "second waves" in the U.S. They are first waves in different parts of the country as the virus marches through different climate types in different regions (August 10).
7. There are not 40 million cases in the U.S. There are at least 160 million (October 17).

Infection Fatality Rate Has Been Wrong Since the Beginning

Early on during the pandemic, infection mortality rate claims varied from 2.7% to 7%, with most being in the 4% range. According to Sheftall, that's "about 40 times too high" and ended up causing panic and fear in the public. He figured out the infection mortality rate was wrong because he noticed something important: The wide fluctuations in mortality rates didn't add up:

"As a surgeon, we noticed that surgical outcomes are very close. From a very good surgeon to a very mediocre surgeon, the mortality and morbidity is very close.

Yet, when I heard the information about what had happened in Italy, where 7%, supposedly, of the people infected were dying and in Germany, where it was much lower, I'm thinking that doesn't make sense because the Italians would call their German colleagues and find out if something was being done differently and change something, and the rate should be very close to the same. So, I knew there was a problem."

Sheftall suggested that selection bias was being used in the counting of cases, and organizations such as the World Health Organization and the U.S. Centers for Disease Control and Prevention were drastically undercounting the number of people who were infected, which inflated the mortality rate.

Sheftall looked for data in which every case had been counted, ending up with a cruise ship, in which every person had been tested, and a small town in Germany that had also tested all residents. "When I crunched the numbers, the infection fatality rate came out to 0.14%, so I knew ... there were some gross errors going on."

Sheftall posted his findings on Facebook, only to be told he was wrong. He then wrote letters to Fox and CNN, hoping to share the information with the public, but he didn't hear back.

"What happened, unfortunately, is that everybody accepted those numbers as gospel, if you will, and proceeded to make models that were way off.

Epidemiologists appeared on television, and they were way off.

The general population, as I said before, began to panic and then the politicians were able to – and I'm not saying they were nefarious in this – but they were able to institute some policies, which were extremely destructive ... I don't think the general public would have agreed to lockdowns, for example, if they had known that the infection fatality rate is 0.1% ... the same as the flu."

Other experts, like Stanford University's disease prevention chairman Dr. John Ioannidis – an epidemiologist who has made a name for himself by exposing bad science – have also criticized global lockdown measures, saying they were implemented based on flawed modeling and grossly unreliable data. Like Sheftall, Ioannidis suggested the infection fatality rate was actually 0.05% to 1%, with a median of about 0.25%.²

Shutting Down Schools 'Makes Absolutely No Sense'

Sheftall cites COVID-19 survival rates by age, posted by the CDC September 10, 2020, which are as follows:

- Ages birth to 19: 99.997%
- Ages 20 to 49: 99.98%
- Ages 50 to 69: 99.5%
- Ages 70 and up: 94.6%

This translates into a 0.1% infection fatality rate, using the CDC's own numbers – and the CDC is one of the agencies that cited a 4% infection fatality rate early on. Sheftall couldn't find data on the survival rate of school-aged children from 5 to 17 years, but he did uncover that there were 51 COVID-19 deaths reported in that age range from March 1 to September 10, 2020.

"Now there are 56.4 million students in elementary, middle and high school in the United States so that means the chances by population, not by infection but by population, are less than 1 in a million per year for a student in school, and that's very important because we've shut down the schools in America, which causes a lot of problems," he said.

Given these numbers, shutting down schools "makes absolutely no sense," as he noted that every year more than 200 school-aged children, on average, die from the flu during a five-month flu season. "So, if you want to be consistent ... if you're going to close the schools for SARS-CoV-2 you must close them every year for the flu because it's actually much more severe in the school-age group."

But closing schools has consequences, as has been made readily apparent during the pandemic. Interruptions in learning are common – "they did a survey in Boston and only half the children were logging in" to virtual learning, Sheftall said, while others don't have money for a computer or internet connection. Other issues that may have been picked up on at school, like problems with vision or hearing, or cases of abuse, may also go unnoticed.

Asymptomatic Testing Goes 'Against Good Practice'

According to The Atlantic's COVID Tracking Project, more than 230.3 million COVID-19 tests have been conducted in the U.S. as of December 20, 2020,³ which includes an unknown number of tests conducted on people with no symptoms.

The costs for such testing could be used for a more productive purpose, according to Sheftall. Cummins also notes that "it's kind of unethical and it's against good practice" to test asymptomatic people at such a massive rate. "The whole basis of medicine," he says, is to test people with symptoms so you can find out what's wrong and treat them accordingly. Sheftall continues:

"In 2017 to 2018 ... between 70 and 80 million people in America got the flu ... nobody noticed for the most part and no one was tested. I'm a doctor and I vaguely remember that it was a bad flu season. That was it. And yet with COVID we're testing so many people you wouldn't believe it."

During a June 8, 2020, press briefing, Maria Van Kerkhove, the World Health Organization's technical lead for the COVID-19 pandemic, made it very clear that asymptomatic transmission is very rare, meaning an individual who tests positive but does not exhibit symptoms is highly unlikely to transmit live virus to others.

A study in Nature Communications also found "there was no evidence of transmission from asymptomatic positive persons to traced close contacts."⁴ Meanwhile, the COVID-19 tests are problematic in and of themselves.

These positive reverse transcription polymerase chain reaction (RT-PCR) tests have been used as the justification for keeping large portions of the world locked down for the better part of 2020, despite the fact that PCR tests have proven remarkably unreliable with high false result rates.

A positive test does not actually mean that an active infection is present. The PCR swab collects RNA from your nasal cavity. This RNA is then reverse transcribed into DNA. However, the genetic snippets are so small they must be amplified in order to become discernible.

What this does is amplify any, even insignificant sequences of viral DNA that might be present to the point that the test reads "positive," even if the viral load is extremely low or the virus is inactive. According to Sheftall:

"When we see all these positive cases, some of them are older than they're letting on. They're calling them new cases. The test looks for messenger RNA fragments in the oral pharynx, OK? It's the swab test. It's an antigen test, OK, as opposed to an antibody test.

And those fragments can stay in there for months after the patient has recovered. That's No. 1. And No. 2, think of the name – it's polymerase chain reaction. The PCR test is an amplification test. It can take a tiny fragment and amplify it into a billion fragments ...

There are different types of immunological responses to a pathogen, one of which is the barrier immunity. And you can have fragments of messenger RNA in your oral pharynx and have never gotten sick from the disease, never even registered on the scale, no bullet, no signal, no nothing because the barrier immunity injured the viruses early on and broke them into pieces, and then the PCR picks it up as a new test."

Masks, Lockdowns Don't Work

Sheftall also compiled daily new deaths for six countries, including the United Kingdom, France, Italy, Spain, Germany and Sweden. All of them have similar death curves, despite whether they instituted lockdowns or not. He also found a graph (pictured at 40 minutes in the video) in which scientists compared the number of cases in a region with how stringent the measures were by the government, including degree of lockdown, group restrictions and mask mandates.

"You can see that there's no reverse correlation like you would expect ... if the measures are not stringent you should see more cases, according to their thinking ... [but] it's the

exact opposite of what the people were saying," Sheftall said. In fact, the graph largely shows lower cases when less stringent measures were taken.

"It's the same with mask introductions," Cummins added. "If you look at around 10 or 12 countries where they brought in mask mandates, there was no impact on the curve ... whatsoever so the empirical science of our own eyes is screaming at us: Masks and lockdowns don't really move the needle much, maybe a little, but no one wants to know. It's an ideology now. It's a religion."

Sheftall studied mask usage extensively and found mask mandates did not noticeably change the number of cases or deaths the way they should if they actually reduce transmissibility. Countries that used minimal masks were not worse off than neighboring countries with mask mandates.

"Due to statements by experts and CNN commercials claiming that masks prevent viral spread, mass hysteria descended on the world over the wearing of masks," he said. There have been cases of hot coffee being thrown in the faces of people not wearing masks, fines issued and other hysteria, over a measure that's not proven to work.

In fact, in the first randomized controlled trial of more than 6,000 individuals to assess the effectiveness of surgical face masks against SARS-CoV-2 infection found masks did not statistically significantly reduce the incidence of infection. Among mask wearers, 1.8% ended up testing positive for SARS-CoV-2, compared to 2.1% among controls.⁵

When they removed the people who did not adhere to proper mask use, the results remained the same — 1.8%, which suggests adherence makes no significant difference.

Bringing in the Great Reset

When the science flies in the face of the restrictions being imposed, it becomes clear that there's a sinister hidden agenda. Many of the global elite need this crisis and have been "fermenting panic for the past eight months. Why they're doing it you can argue but the fact that they're doing it is plain and obvious," Cummins said, adding:

"The WHO drove the masks when it was utterly antiscientific. They're not stupid, so why did they do that? The WHO equally knows the science on lockdowns and the analyses but they remorselessly recently pushed lockdowns again ... they're imploring governments to lock down hard, and they have to know that that's the wrong thing to do.

So you can go to the World Economic Forum (WEF). They've made it clear that this is an enormous opportunity to bring in the Great Reset and to retool the world."

Ultimately, Cummins believes there's not one "single evil genius stroking a cat" that orchestrated a conspiracy, but rather COVID-19 presented an opportunity that multiple entities have used to further their own agendas. What you can do now is keep your eyes open and your ears tuned to the science, so you don't fall victim to the unnecessary panic and fear they are seeking to cause:

"China certainly exploited a new nasty virus and saw it as an opportunity to send the fat, lazy, soft Westerners into a tailspin. Why not? And the WEF has been very clear on its goals, and it's remorseless in driving them.

The WHO, the U.N., the European vaccine alliances, you know, have plans for vaccine passports by 2021, and they were published a year or two ago. I mean imagine you wanted vaccine and health passports by 2021 and then corona came along.

Can you imagine how you'd feel? You would salivate, you would see an enormous opportunity to move forward long plans and get them done in six months. There's no conspiracy theory. It's just unfortunate that a vast array of very powerful bodies all pretty much see enormous opportunity in Sars-CoV-2, and then they all probably, to greater or lesser extents, they talk to each other and communicate.

So, it's like everyone's got the big payday now and I think what we see is the result of ... this huge remorseless general push toward hysteria because it will

enable everyone's goals and the whole of the pharmaceutical industry is salivating. It's just one of those phenomena that unfortunately has been exploited beyond belief."

Sources and References

- ¹ [The Fat Emperor, Podcast, December 11, 2020](#)
- ² [Greek Reporter June 27, 2020](#)
- ³ [COVIDTracking.com December 17, 2020](#)
- ⁴ [Nature Communications November 20, 2020; 11 Article number 5917, Discussion](#)
- ⁵ [Annals of Internal Medicine November 18, 2020 DOI: 10.7326/M20-6817](#)