

Asymptomatic COVID spread used to shut down the economy and close schools was false: in fact, it was a lie



[PaulAlexander](#)
[June 15, 2021](#)

Like 348

[5 Comments](#)



Paul Elias Alexander, PhD; Parvez Dara, MD, MBA; Howard Tenenbaum, DDS, PhD

Asymptomatic COVID spread used to shut down the economy and close schools was false: in fact, it was a lie

Paul Elias Alexander, PhD, Parvez Dara, MD, MBA, Howard Tenenbaum, DDS, PhD

We will start this discussion on the corruption of 'asymptomatic spread' by stating emphatically, that there should be no vaccination of our children with these COVID vaccines. Zero. These vaccines have no long-term safety assessments, and they are working not alike the classical vaccines. We are talking about vaccinating millions of healthy infants, children, and adolescents, and we know the risk is not substantial. This is illogical, irrational, absurd, and very reckless and dangerous. The threshold for safety must be set at the highest. Of course, high-risk young persons should be considered on a case-by-case basis based on an ethical

informed assessment of the balance of the risk versus benefits. We say at this time, no, stop, put an immediate pause on this. We are very concerned with the potential harms to children if this is not done properly. Get the proper safety data collected and assessed first.

We are not against vaccines and in no way anti-vaxxers, rather, we support vaccines once developed properly. Vaccines have harmed our children in the past when not developed properly. We are pro-vaccine but are against these vaccines as the harms are potentially catastrophic. Children could be set up for a life time of disability and possible death. We cannot just rush into mass vaccinating healthy persons and importantly, our children, until we properly assess the risks. How can we be told that vaccines take 10 to 12 to 15 years to develop, yet these were developed in 3 months and they are safe? How? When we bypassed the proper animal studies and the safety assessment. We need to assess if there are potentially unsafe blood clots and bleeding connected to the vaccines. These are a pressing concern now as they have emerged. We have to assess the myocarditis and pericarditis risks and this is now a real unfolding catastrophe. We knew very early on that COVID is amenable to risk stratification and that your baseline risk was prognostic on mortality. Why not the same approach for these vaccines? Why are members of the public not allowed to have open public discussion if they think they have been vaccine injured? They must also be given care urgently and are dealt with optimally. Their adverse outcome information must be collected for us to make an accurate assessment of the risk subsequent to vaccination. Moreover, when we opine scientifically, we are talking to the US, Canada, Britain, France, Australia, Italy, all of Europe, the Caribbean, African nations, all of the globe. Every single person on this earth is important and all our lives matter, especially our minority children who often bear the worst from any illness. We are trying to help save 'all' lives. Now, on to the core thesis surrounding **asymptomatic spread**.

There was no credibility to 'asymptomatic spread' or transmission in COVID-19 as a key driver of the pandemic nor even as a driver of minimal infection. This is not only our hypothesis, we feel strongly that asymptomatic spread was bogus from the start and was used to underpin the lockdowns and had and has still today, no basis. This was part of pandemic corruption. We have looked at the evidence gathered across the last 16 months and can safely say this was a false narrative along with masking, lockdowns, social distancing, and school closure policies that visited crushing harms on the society and hurt the US and the world immensely. That the US Pandemic Task Force and these illogical, irrational, unscientific medical experts could use this falsehood and shutter the society and cost so much destruction of life, wealth and property is a scandal, shameful, and unforgiveable. This was all about corruption, this pandemic response, and there certainly were ingredients other than science at play throughout.

There are members of the US Task Force that some of us here got the pleasure of working with and some of them are incredibly smart, good people. Decent god-fearing people. But they were and are flat wrong! Have been on everything COVID. Every policy was based on their input and guidance and they created disaster. Many thousands of people died due to them! Their policies! Never has a President been as ill-served as by these Task Force members. They misled and undercut President Trump at each turn and one continues to mislead the current administration. Who knows, maybe the combination caused a chaotic frenetic collaboration, so maybe the combination doomed them from the start. But on a day-to-day basis, we were watching a clown car in the daily briefings! Their hypothesis cannot be borne out on asymptomatic spread, and we have decided once and for all, to lay out the evidence on asymptomatic spread and give our view. This should have never been about supposition, speculation, assumptions or even whimsy by them. This is not evidence-based research, that is not science. Speculation and assumption is not science. They failed catastrophically and must not be allowed to re-write their history.

As we lay out our op-ed and the evidence that underpins our reasoning, we ask any of the scientists to put forth their data, their science, their proof of its credibility and once shown and proven, we will gladly adjust our position and conclude otherwise. We also apologize for our writing is blunt on this matter, for we are angered at the catastrophic failures of the Task Forces and these unsound irrational experts who have caused so much damage.

This was such a significant aspect of the pandemic policy decisions, the issue of 'asymptomatic spread', that it could not be based on 'possibility' or assumptions. We are afraid however, that it was, and this had catastrophic consequences. They, these absurd and unscientific medical experts, made 'asymptomatic spread' the cornerstone of the societal lockdowns and they did this with no credible basis. There was no strong data or any evidence to underpin this and even if this was assumed for several weeks, and even if we took a more cautious approach initially and this was reasonable, we used and kept this false narrative in place far too long to keep draconian and punitive lockdown restrictions in place that had no basis. Lives were lost as a result! For us to buy this, we need to see the evidence and data and there is/was none! We operate in a world of evidence-based medicine and research whereby policies must be underpinned by credible evidence and even if it were 'anecdotal' 'real-world evidence', it must have some basis. This had none. The reality is that there is no verifiable evidence still today as we write, that persons have developed COVID-19 based on asymptomatic spread, evidence that is credible. You must torture the data or infections to find one and still, it is plagued with the very questionable RT-PCR results.

You just cannot discuss this asymptomatic issue without factoring in the very flawed RT-PCR test with its 97% to 100% false positives at cycle counts (Ct) of 34 to 35 and above (optimal Ct of 24 to 25 denotes real infectiousness and predictive of serious outcomes). This RT-PCR disastrous test cannot be omitted for it was part of the 'asymptomatic' deception. I cannot be generous in my language anymore. This was not a falsehood; it was meant to deceive!

This duplicitous 'asymptomatic' assertion hobbled and basically doomed the pandemic response from the start, for all the societal shutdowns and school closures revolved around the premise of asymptomatic spread. Dr. Anthony Fauci can be credited with perhaps the greatest falsehood to the American population and the then President Trump. He continues to advance this misleading and duplicitous narrative into the current President Biden's administration.

They did not try to and failed to protect public health and our elderly in nursing homes, all these crazy lockdown insane lunatics! That's what they are, lunatics! We have searched for a better descriptive. These bureaucrats and technocrats, this ruling elite, these television medical experts. Flat wrong on everything COVID, yet run around extolling each other patting each other on the back. For what? The destruction they caused? We begged them to secure the elderly and high-risk strongly but they did not and did not stop the lockdowns. Had we protected the elderly properly from the start, we would have not lost the lives we did. Had we allowed early outpatient treatment using a multi-drug approach (hydroxychloroquine, ivermectin, corticosteroids, anti-blood clotting drugs etc. under clinician supervision), we would have saved hundreds of thousands of lives. We could minimize or stop symptoms and thus spread with multi-drug early treatment, which would reduce hospitalization and death. Early treatment can be much more effective than vaccine is stopping transmission.

They, these lunatic lockdown advocates, these medical experts, pretended there were no harms to their lockdowns. It was deliberate, a perverse cruelty on populations. Just look at the declining health due to the isolation from the lockdowns (the mental health costs, the dementia), the inactivity, the loss of education due to school closures, lost medical care, loss of jobs/employment, and income. "Some of these costs, sadly, remain ahead of us, including deaths from delays in cancer screening and treatment, rising opioid overdose, and harms to the life expectancy of today's children due to lost schooling" (Collateral Global). Alarming, we see how COVID wreaks havoc differentially due to baseline risks that are often exaggerated in the underprivileged, but also in the underprivileged in terms of the harms and effects of the lockdowns. For example, "while breast cancer screening in Washington state fell by 50% for women overall, the drop was even more precipitous among minorities". Look at how we have

suffered our elderly in nursing homes, how our aged populations have died lonely, in fright, isolated, confused, in the last days, weeks of their lives. Look at what we have done! What a scandal!

Before we lay bare this 'asymptomatic' fraud, let us show just how duplicitous and incompetent these public health agencies can be and how much lies they (and their leaders) spew in an attempt to deceive and confuse the public. In this case to drive fear now in parents so as to push them to vaccinate their children. They, as public health leaders at the CDC and NIH must rise above the politics and work to inform the public based on truth, evidence, and a quest to help and inform. Not mislead and confuse!

So to help make our case on asymptomatic spread untruths, on Friday, the CDC put out a statement (based on their [June 11th 2021 MMWR report](#)) that there is a troubling rise in teens being hospitalized for COVID-19. The first fact that jumps out at us is that there were 0 (zero) deaths. CDC stated that adolescent hospitalization rates increased during March and April 2021 after decreases in January and February 2021. This message went viral in the media 24/7. This misinformation and lie by the CDC and clear effort to lie to the public was couched as a 'troubling rise'. But the lie was that there was a rise in March and April but then a decrease in May back to the level it was at the close of February 2021. What garbage, what drivel the CDC has stated here!

The CDC and its Director Walensky had clear knowledge that the hospitalization rate had decreased but they cherry picked a portion of the graph and data (the upside of the graph) and presented that without the downside portion that shows the decline. What hubris and deceit by Walensky! Did she not read the data? Did someone or staff set her up to look substandard in the media for this once again, shows a badly mis-informed or prepared CDC director. And we have no reason to think she is incapable, in fact, her credentials are stellar. We have no reason to think she is that inept. We think something other than science is at play here. Persons in her agency must be feeding her the garbage to undermine her, and doing it repeatedly, and we ask her to please read and study the junk they are giving you before you make a public statement. It is not only your reputation Dr. Walensky, but that of this marque agency, the CDC. It, CDC, must not be dragged through the mud this way, and set for ridicule. The public is very informed and understand much more than public health officials think they do, and thus the preparation and public statements by the CDC must be open, transparent, explicit, and above all, accurate. No lies, no spin, no half-baked tripe. Pure evidence and truth, balanced information so that the public is informed for their decision-making. Do not mislead the public!

For she, Dr. Walensky, knew that this was a cherry-picking of the data to drive an erroneous misleading message, because across all age-groups, hospitalizations had declined during the prior 6 to 8 weeks. She knew this. "Allen says the latest data from May showed that hospitalization rates declined to 0.6 on May 29". The real atrocity in this reporting by the CDC is that they did not include the data from May 2021. This was pure efforts to mislead the public because the same data used in the report showed a significant decline in the month following the slight increase". So, the CDC took data that showed an increase in April 2021 and now reports it in June as if the May data of the clear decline does not exist. Just the April data and also, why is it now being reported? How incredibly duplicitous and such arrogance to think the American people are that stupid that they cannot see the decline in May?

She, Dr. Walensky, was actually mis-reporting (seemingly deliberately given the data was right there for her to see) CDC's own data. Why? Is this the first time a CDC MMWR report was basically junk pseudo-science? Based on falsehoods? This MMWR report was based on a population-based surveillance system of laboratory-confirmed COVID-19-associated hospitalizations in 99 counties across 14 states, covering approximately 10% of the U.S. population. Horowitz of the Blazemedia was beside himself as he discussed this duplicity by the CDC and rightly so. Dr. Walensky stated she was para 'deeply concerned by the rise'. Yet she knew she was being deceitful, in plain view, understanding that the media cartel would gobble the erroneous tripe up and the public would be too lazy to do the reading just a bit further down in the MMWR to understand the mis-information. "It turns out they picked arbitrary start and end points-an old trick they've used with mask studies". Or is it that Dr. Walensky cannot read the science or understand the data or graphs? Or those reporting to her? They (Dr. Walensky) also made this type of deceitful error and omission when they reported and misled on the risk of outdoors transmission (< 1% but claiming it is more like 10%), among many others. Same issues with the summer camp rules and spread after vaccination, with flips and flops between Walensky and Fauci. Someone was or is lying, who? And importantly, why? They are routinely false and this is very bad science.

Makary of Johns Hopkins stated para "that the CDC did not report the key issues in that report. No child died, and the CDC should have said this. This is the great news! The hospitalization rate was lower for COVID than it was for influenza". The CDC should have said this also as the headline. What about the heart swelling complications on teens due to the vaccine...one of the failures of the CDC is their ignoring of natural immunity and this insane rush to mass vaccinate people already immune...we are seeing another set of talking points on the Delta variant scare". Hirschhorn writes eloquently about this refusal to recognize natural immunity as a major player in COVID. "The reason is simple. The more that natural immunity is accepted, the more reason

there is to reject getting one of the experimental COVID vaccines. Half the US population from kids to adults likely have natural immunity, even though most never suffered any serious ill effects from being infected”.

CDC knew the number was coming down for months but misled in their report when they knew it was 20 hospitalizations per day of about 25 million teens, so a rate of approximately 0.00008%. This was to drive panic about a troubling rise in teen hospitalizations and the very small number was going down, and not up. They the CDC knew the % was very, very low. They duplicitously picked only one piece of data and this was terrible so as to exploit the fears of parents. This was to drive vaccinations, despite learning of the increasing myocarditis among teenagers who are vaccinated for COVID-19. The CDC's very own VAERS database has near 6,000 deaths linked to the vaccine. The CDC pretends this does not exist, yet the deaths thus far from COVID vaccines are more than all deaths from all vaccines across the last 30 years. Do you understand this? This is not our data, this is CDC's data.

How about the study out of Israel involving over 6 million participants that uncovered natural immunity from SARS-CoV-2 infection was equivalent or even better to vaccination immunity in reducing risk of COVID infection. “Our results question the need to vaccinate previously-infected individuals”. How about the results from the Cleveland Clinic study that looked at 52,238 employees (Employees of the Cleveland Clinic Health System working in Ohio), whereby 1359 (53%) of 2579 previously infected subjects remained unvaccinated, compared with 22,777 (41%) of 49,659 not previously infected. Any subject who tested positive for SARS-CoV-2 at least 42 days earlier was considered previously infected. One was considered vaccinated 14 days after receipt of the second dose of a SARS-CoV-2 mRNA vaccine. “Not one of the 1359 previously infected subjects who remained unvaccinated had a SARS-CoV-2 infection over the duration of the study” leading researchers to conclude that persons who have had SARS-CoV-2 infection would be unlikely to benefit from COVID-19 vaccination. But CDC and the media medical cartel are pretending these studies and great news do not exist.

Dr. Walensky apparently does not get these research reports and prefers to rather mislead the nation and parents with inaccurate and half-presented data. How low has the CDC fallen and how come they have absolutely no common sense! Why is this incessant drive by the CDC day in, day out to mislead the public and how long has this been going on? Why are they working to undermine President Biden and his administration for this can only damage his administration's credibility?

What about the CDC's HEROES-RECOVER study? Look at that duplicity by the CDC. They stated in their protocol that "one of the study's primary objectives was to, "Examine post-vaccine immunologic response in those previously infected." Yet, despite the fact that there were prior infected persons in the study, they were excluded from the study results. "Among 5,077 participants, those with laboratory documentation of SARS-CoV-2 infection before enrollment starting in July 2020 (608) or identified as part of longitudinal surveillance up until the first day of vaccine administration (240) were excluded." Why would CDC do this when this was a group that was part of the study and a key group in terms of the primary purpose? Where did these people vanish to?

What about the misleading statements (see New York Post) by the CDC and Walensky, recently about outdoor transmission risk (grossly over-stating it and seeking to drive fear), having to come back and retract and clarify. What about the director trying to blame the journal they took the data from? Do they at the CDC not read what they are publishing or read whatever, for accuracy or validity? This is shocking. Why must the CDC try each time to mislead the public? Why would the director do this given her prominent role?

We set the table for this op-ed with the falsehoods by the CDC on rising teen hospitalizations and omission of COVID-19 recovered persons in the HEROES-RECOVER study, in the quest by CDC to vaccinate. This is how the last 16 months has been with CDC's actions and reporting. Late and false! Always one year behind the science. Always misleading. Politicized.

We will begin our op-ed on the lies of 'asymptomatic spread' by using the exact words of Dr. Anthony Fauci of the NIAID. Dr. Fauci, previously stated the following as he advocated and moved to shut the society down: "historically, people need to realize that **even if there is some asymptomatic transmission, in all history of respiratory viruses of any type, asymptomatic transmission has never been the driver of outbreaks.** The driver of outbreaks is **always a symptomatic person.** Even if there is a **rare asymptomatic person** that **might** transmit, an epidemic is not driven by asymptomatic carriers". Soon and without scientific evidence, he and his fellow Task Force people changed the narrative to the contrary.

But what did we know? That he knew yet sought to lie to the nation. In asymptomatic individuals, the viral load is typically very low and the infectious period is also short in duration. They, asymptomatic positive persons (assuming they are 'actually' positive and not based on an incorrect test), may still exhale virus particles, which another person may encounter. However, the overall likelihood of transmitting the disease to others is negligible. Vanishingly small. Exceedingly small. Thus, asymptomatic cases are not the major drivers of epidemics.

Dr. Fauci and his staff along with the help of the media repeatedly came to the podium and misled the nation for they repeatedly told us that due to asymptomatic spread, we would have to wear masks, and socially distance, and close schools, and shut everything down. Dr. Fauci's recent e-mails exposing the issue of asymptomatic spread being a non-issue underscores the misinformation he broadcasted to the public. Recent e-mails uncovered show that Fauci stated that "most transmissions" of virus "occur from someone who is symptomatic" and "not asymptomatic". His comments that were reiterated scores of times on national and international media were the cause of many a loss of life, property, liberty and wealth of an entire generation.

Equally misleading was the premise that all infections equated to severe illness and potential death. This was not only an untruth but has led to scores of teenagers and 20+ year-olds fearful for their lives. They cower below their beds thinking they, in all their health, are at the same risk as their 85 year-old grandmother who has three grave medical conditions. This not only devastated their outlook to the future but hobbled them into a state of depression which translated to an increase in suicides in that cohort. We as a nation (and world) were fed mistruths, lies, and half-truths by what we can only describe as 'fallen' nonsensical, illogical, irrational, and specious medical experts on television, on the stage with their government bureaucratic leaders, and academics.

We knew very early on that COVID was amenable to risk stratification and that your baseline risk was most prognostic for mortality, age and obesity being the principle ones along with renal disease and diabetes as well as heart disease. We realized early on that a more focused 'targeted' approach was needed and not a 'one-size-fits-all' approach that would be devastating.

Like how we know that the FDA is misleading the public with its guidance that "If you have not been vaccinated: Be aware that a positive result from an antibody test does not mean you have a specific amount of immunity or protection from SARS-CoV-2 infection." What utter nonsense by the FDA and they know it, they know there is empirical evidence to refute this fully. Johns Hopkins Makary has stated "There's ample scientific evidence that natural immunity is effective and durable, and public-health leaders should pay it heed." A huge number of Americans have natural immunity because though "Only around 10% of Americans have had confirmed positive Covid tests, but four to six times as many have likely had the infection...the effect of natural immunity is all around us. The plummeting case numbers in late April and May weren't the result of vaccination alone, and they came amid a loosening of both restrictions and behavior". Turner et al. published in journal Nature recently that SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans (a source of protective antibodies).

The authors concluded that “prior Covid infection induces a ‘robust’ and ‘long-lived humoral immune response,’ leading some scientists to suggest that natural immunity is probably lifelong”.

Additional US research (Lancet) that tracked population-based SARS-CoV-2 antibody seropositivity duration using observational data from a national clinical laboratory registry of patients tested by nucleic acid amplification (NAAT) and serologic assays, showed an encouraging timeline for the development and sustainability of antibodies up to ten months from natural infection. A similar type study (Nature) showed that SARS-CoV-2 infection induces a robust antigen-specific, long-lived humoral immune response in humans. Moreover, a pre-print paper shows that without vaccination, the antibodies in the infected person is roughly stable for 6 to 12 months. Combined to the Israeli data and the Cleveland data, the case has been built and is indeed compelling.

Like how we know that the job of the media cartel and the inept medical experts on television now is to scare us and parents into vaccination, leading Makary to also weigh in with “Some health officials warn of possible variants resistant to natural immunity. But none of the hundreds of variants observed so far have evaded either natural or vaccinated immunity with the three vaccines authorized in the U.S”. They are trying in the media and the illogical and incompetent academically sloppy medical experts to drive fear, claiming children can die of COVID-19. We say not so, show us the evidence. Stop the lies! Makary even weighed in on this stating “In reviewing the medical literature and news reports, and in talking to pediatricians across the country, I am not aware of a single healthy child in the U.S. who has died of COVID-19 to date...We found that 100% of pediatric COVID-19 deaths were in children with a pre-existing condition”. Makary further stated “CDC’s own data show that MIS-C overwhelmingly targets black and Latino children, “likely due to the disproportionate rates of childhood obesity and chronic conditions in these populations.” While three dozen have died, the weekly rate of COVID-associated MIS-C is now at zero”.

It’s a lie, all a lie we say, all part of the bogusness to drive needless fear in parents. That could harm their children with potentially dangerous vaccines. Children must never be vaccinated with these vaccines, these ‘untested to exclude harms’ vaccines. We are not saying a child could die from this, but we are arguing that such a child (tragically) would likely be very ill absent of COVID and COVID did what it has done and done well, it exploits risks.

There were so many falsehoods thrown at the American people by persons in authority and with many credentials behind their names and these are the very people who have sucked at the teats of the tax-payers Treasury purse for decades. You would think at least our tax-payer

research grant money would be well spent on these lunatics who could at least tell us the truth and not mislead us!. Take the issue of re-infections to drive fears so you rush to vaccinate. We have looked at the published evidence and can conclude based on the existing body of evidence, that reinfections are very rare, if at all, and based on typically one or two instances with questionable confirmation of an actual case of re-infection e.g. often easily explained by flawed PCR testing etc. (references [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#)). A [very recent study in Qatar](#) (Lancet) found that “natural infection appears to elicit strong protection against reinfection with an efficacy ~95% for at least seven months”.

[Dr. Marty Makary of Johns Hopkins](#) wrote “reinfection is extremely rare and even when it does happen, the symptoms are very rare or [those individuals] are asymptomatic”. Importantly, the [World Health Organization](#) (WHO) has recently (May 10th 2021 Scientific brief, WHO/2019-nCoV/Sci_Brief/Natural_immunity/2021.1) alluded to what has been clear for many months (one year now), which is that people are very rarely re-infected. The WHO was very late but better late than never.

Similarly, it was evident that the RT-PCR tests had [large numbers of false positive](#) results when certain criteria of using high Thermal Cycle Thresholds of greater than 30 were utilized leading to erroneous quarantines and closures when a positive test emerged. In fact, [Dimitri Mouliou states](#), “New technologies have loss of standardization as the countless PCR kits vary in methods and cutoff values, thus, test results are paralleled in unassociated weights, and a realistic comparison between cases is trammled. Thus, by preserving the existence of misleading COVID-19 cases in such way, scientific community is being prevented from clear-sighted advances. Since PCR assay cannot distinguish between active and residual RNA.”

We knew that what mattered most was the number of hospitalizations, ICU bed use, and deaths, not the infections. An infection did not mean one was a ‘case’ of disease. And likely a false positive. We became aware early on that a cycle threshold (Ct) of 24 was the limit in RT-PCR testing and everything above limit was likely false positive, picking up viral dust, fragments, old coronavirus, old recovered infection etc. We knew the CDC had set the Ct at 40 which contributed to the hundreds of thousands and millions of positive cases that were not positive leading to wrongful policy mandates of school closures and unnecessary quarantine. We were aware and made known that children were at near zero risk of acquiring the infection, spreading it, or getting ill from it, yet the experts and the media continued their narrative on frightening parents. The CDC, the teachers’ unions, and the television medical experts have spent the last 15 to 16 months lying and scaring parents needlessly and have been lying openly on risk to children.

Like how we know but are pretending, that the vaccines were approved for emergency use based on exceptionally and grossly inadequate studies to evaluate safety and effectiveness. Like how we know that the vaccine roll out during a pandemic is driving the mutant variants. Like how we know that vaccinating now is fruitless given the original spike is no longer dominant and that this will be a boon for the vaccine developers who will have to manufacture new versions of the vaccines routinely, with yearly booster shots etc. We know all of this, especially save for the very high-risk with compromising conditions, we had all that we needed societally to handle COVID, and that a vaccine was not needed and definitely not for low-risk populations and children.

We have stated previously and continue to reiterate that those individuals who have been infected with the SARSCoV2 need not be vaccinated since they have a durable and long-lasting immunity to the virus, as compared to the Vaccine that confers antibodies directed against the Spike Protein only. Perhaps such immunity against a selected and limited part of the virus is limited and we feel might also drive the viral variants due to selection pressure.

There was this pure falsehood and lie about no prior immunity. But we had also commented that the T-cell immunity was out there and represented a large portion of persons who were not candidates for vaccine and were already strongly immune to COVID e.g. had prior infection with other coronaviruses and common cold coronaviruses that confer 'cross-protection' cellular immunity via T-cell immunity etc. ([Weiskopf](#) , [Grifoni](#), [Le Bert](#), [Mateus](#), [Tavukcuoglu](#), [Cassaniti](#), [Dykema](#), [Echeverría](#), [Bonifacius](#), Nelde, Ansari, Ma, Lineburg, Borena) (references [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#)). The reader can draw their own conclusions.

We have also advocated that early outpatient treatment (references [1](#), [2](#), [3](#), [4](#)) was very successful in reducing the risk of hospitalization and death (McCullough, Risch, Zelenko, Tenenbaum, Kory, Smith, Bernstein, Fareed, Ladapo etc.). Unfortunately, the expert scientific community was misguided in it's vitriol against the early treatment More evidence continues to emerge from well-designed studies that are proving the previous narrative wrong. We have been advocating for thorough testing of the vaccines prior to mass vaccinations for fear of Serious Adverse Events that might accrue over time from such a policy mandate. It appears our fears are well-founded and we are now seeing (CDC's very own VAERS database). Given the risks and harm exposed on the CDC VAERS site, we have advocated that children must not be vaccinated with mRNA vaccines for fear of short-term and longer-term harm. The short-term harms are being revealed in the media news daily while the longer-term harm may unfold over time. There must be no EUA for children and only high-risk children should be considered and based only on ethical consenting between the parents, doctor, and child after considering the balance between the benefits of vaccine versus the harms.

Certain political and scientific experts have maintained a 'ZERO COVID' view which is ill-thought and ludicrous because it is impossible to attain. There is no way we could eliminate every infection/case as COVID is now endemic and all around us. ZERO was never possible as the Nature survey of scientists states, "It's a beautiful dream but most scientists think it's improbable. In January, Nature journal asked more than 100 immunologists, infectious-disease researchers and virologists working on the coronavirus whether it could be eradicated. Almost 90% of respondents think that the coronavirus will become endemic — meaning that it will continue to circulate in pockets of the global population for years to come." We knew this while they forced their absurd intention to destroy the society by enforcing lockdowns to attain ZERO. Enforcing Lockdowns forces the pathogen to mutate more infectiously. Dr. Christopher Martin stated, "most experts believe the answer is no and predict that the virus will continue to circulate indefinitely, transitioning from the current pandemic to a steady, but much lower, endemic rate of infection." We have always advocated that simple enhanced handwashing and isolation of only the symptomatic ill/sick persons are the best societal measures in controlling the viral infection. We have stated previously that the SARS-CoV-2 will eventually become endemic, less virulent and circulate through the population mutating as it does, mostly to find harmony with its human hosts. Thusly, any suggestions of "ZERO COVID" must be considered as entertainment for those that have taken leave of all science and reason and wish to impose undue harm on the populace.

We have advocated against the masks previously and current data bears it out that cloth face masks are ineffective and dangerous, specifically to the children as used, with no clear benefit. impacting their social, emotional, and health and well-being. It is also confirmed that the social distance rule of 6 feet was made up, not based on credible science. Same as the 3 feet in school, courtesy of the CDC experts. Made up.

In showing the gross efforts to mislead on asymptomatic spread, we have to also lightly treat issues around lockdowns, school closures, masking, and mask mandates. What did we know about lockdowns and school closures and masks? What evidence accumulated and very early? We recommend that you judge for yourself. We link the various catastrophic harms (consequences) and failures of lockdowns (references [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#), [29](#), [30](#), [31](#), [32](#), [33](#), [34](#), [35](#), [36](#), [37](#), [38](#), [39](#), [40](#), [41](#), [42](#), [43](#), [44](#), [45](#), [46](#), [47](#), [48](#), [49](#), [50](#), [51](#), [52](#), [53](#), [54](#), [55](#), [56](#), [57](#), [58](#)) and school closures (references [1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#), [29](#), [30](#), [31](#), [32](#), [33](#), [34](#), [35](#), [36](#), [37](#), [38](#), [39](#), [40](#), [41](#), [42](#), [43](#), [44](#), [45](#), [46](#), [47](#), [48](#), [49](#), [50](#), [51](#), [52](#), [53](#), [54](#), [55](#), [56](#)). The basis for the societal lockdowns was that 40% to 50% of persons infected with SARS-CoV-2 could potentially spread it due to being asymptomatic. "But fears that the virus may be spread to a significant degree by asymptomatic carriers soon led government leaders to issue broad and lengthy stay-at-home orders and mask mandates out

of concerns that anyone could be a silent spreader". However, the evidence in support of common asymptomatic spread remains largely non-existent and we argue, was overstated, and potentially was made with no basis.

We were aware of the catastrophic harms due to mask use:

(references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24).

And of the ineffectiveness of masks

(references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35) and the failure of mask mandates

(references 1, 2, 3, 4, 5, 6, 7, 8).

During the past 16 months the "experts" and their willing accomplices have amassed great fortunes while the lockdowns and school closures have placed an astronomical burden on the poorer in society. The COVID pandemic created billionaires among the pharmaceutical industry while shoring up the fortunes of the wealthy and small business operators languished or outright lost all their life's earnings. The nation has lost a brace of productive and innovative citizens from the sheer

academic sloppiness and overt politicization of a pandemic. These experts and their acolytes have exhibited a depth of cognitive dissonance to anything that disagreed with their absurdities that they spewed at the public, who yearned just honesty and the facts for their informed decision-making.

We also suggest the complete cessation of testing asymptomatic individuals for the virus, both because of false positive results (which drives fear) and because it serves no purpose since contact tracing in a full-blown pandemic is worthless from any scientific point of view in controlling it. We remain confident enough based on the existing literature to also agree that 'it is a *dangerous assumption* to believe that there is *persuasive, scientific evidence* of asymptomatic transmission'. We feel that only symptomatic individuals should be tested for the SARSCoV2 virus, period. "Searching for people who are asymptomatic yet infectious is like searching for needles that appear and reappear transiently in haystacks, particularly when rates are falling".

Further Scientific Evidence against Asymptomatic Spread:

A high-quality review study by [Madewell published in JAMA](#) sought to estimate the secondary attack rate of SARS-CoV-2 in households and determine factors that modify this parameter. In addition, researchers sought to estimate the proportion of households with index cases that had any secondary transmission, and compared the SARS-CoV-2 household secondary attack rate with that of other severe viruses and with that to close contacts for studies that reported the secondary attack rate for both close and household contacts. The study was a meta-analysis of 54 studies with 77 758 participants. Secondary attack rates represented the spread to additional persons and researchers found a 25-fold increased risk within households between symptomatic positive infected index persons versus asymptomatic infected index persons. "Household secondary attack rates were increased from symptomatic index cases (18.0%; 95% CI, 14.2%-22.1%) than from asymptomatic index cases (0.7%; 95% CI, 0%-4.9%)". This study showed just how rare asymptomatic spread was within a confined household environment. "The real impact of asymptomatic transmission is likely to be even smaller than this figure because the study combines asymptomatic and pre-symptomatic individuals".

A study published in [Nature](#) found no instances of asymptomatic spread from positive asymptomatic cases among all 1,174 close contacts of the cases, based on a base sample of 10 million persons. [AIER's Zucker](#) responded this way "The conclusion is **not** that asymptomatic spread is rare or that the science is uncertain. The study revealed something that hardly ever happens in these kinds of studies. There was not one documented case. Forget rare. Forget even Fauci's previous suggestion that asymptomatic transmission exists but not does drive the spread. Replace all that with: never. At least not in this study for 10,000,000".

One study in May 2020 examined the 455 contacts of one asymptomatic person. Researchers found that "all CT images showed no sign of COVID-19 infection. No severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections was detected in 455 contacts by nucleic acid test".

The [World Health Organization](#) (WHO) also made this claim that asymptomatic spread/transmission is rare. This issue of asymptomatic spread is the key issue being used to force vaccination in children. The science, however, remains contrary to this proposed policy mandate.

Additionally, a high-quality robust study in the [French Alps](#) examined the spread of Covid-19 virus via a cluster of Covid-19. They followed one infected child who visited three different schools and interacted with other children, teachers, and various adults. They reported no instance of secondary transmission despite close interactions. These data have been available

to the CDC and other health experts for over a year, and while one must tease out the concept of no asymptomatic spread though we argue it is an easy argument to make, it clearly shows that children do not spread the virus.

Ludvigsson published a seminal paper in the *New England Journal of Medicine* on Covid-19 among children 1 to 16 years of age and their teachers in Sweden. From the nearly 2 million children that were followed in school in Sweden, it was reported that with no mask mandates, there were zero deaths from Covid and a few instances of transmission and minimal hospitalization. We include this study for it is seminal in showing that masks were never needed and children do not spread the virus or get sick or die from it. But importantly, if asymptomatic spread was so vast, and there were 2 million children, would there not be much more elevated numbers of infection reported?

A recent June 10th 2021 op-ed sheds more confirmatory light that asymptomatic spread was more a myth than a reality. Ballan and Tindall wrote "People presenting with symptoms of Covid-19 are almost exclusively responsible for transmitting SARS-CoV-2... serious infection usually results from frequent exposure to high doses of SARS-CoV-2, such as health care workers caring for sick Covid-19 patients in hospitals or nursing homes and people living in the same household.

A person showing no symptoms of Covid-19 may test positive for SARS-CoV-2 on a PCR test, which doesn't necessarily mean that they are infectious. They explain further that the myth was driven by a single case report of an asymptomatic woman from China who had spread the virus to approximately 16 contacts in Germany. "Later reports showed that, at the time of contact, this woman was taking medication for flu-like symptoms, invalidating the evidence provided for the theory of asymptomatic transmission".

Ballan and Tindall further explain that "a person showing no symptoms of Covid-19 may test positive for SARS-CoV-2 on a PCR test, which doesn't necessarily mean that they are infectious. There are four ways in which this can happen: i) the test may give a false positive result due to several faults in the testing process or in the test itself (the person is not infected), ii) the person may have recovered from Covid-19 in the last three months (the person is not currently infected but dead debris of the virus are being picked up by the test), the person may be pre-symptomatic, i.e, the person is infected but still in the early stages of the disease and has not yet developed symptoms, and iv) the person may be asymptomatic, i.e. the person is infected but has pre-existing immunity and will never develop symptoms".

Dr Clare Craig, a pathologist, and her colleague Dr Jonathan Engler have examined the research evidence behind the claim that Covid-19 can be transmitted by asymptomatic individuals. They wrote "harmful lockdown policies and mass testing have been justified on the assumption that asymptomatic transmission is a genuine risk. Given the harmful collateral effects of such policies, the precautionary principle should result in a very high evidential bar for asymptomatic transmission being set. However, the only word which can be used to describe the quality of evidence for this is woeful. A handful of questionable instances of spread have been massively amplified in the medical literature by repeatedly including them in meta-analyses that continue to be published, recycling the same evidence base.

It is important to carefully distinguish purely *asymptomatic* (individuals who never develop any symptoms) from *pre-symptomatic* transmission (where individuals do eventually develop symptoms). To the extent that the latter phenomenon, which has in fact happened only very rarely, is deemed worthy of public health action, appropriate strategies to manage it (in the absence of significant asymptomatic transmission) would be entirely different and much less disruptive than those adopted.

We state emphatically that the concept of 'asymptomatic spread' of COVID virus was devised to frighten the population into compliance and that it was not central to this pandemic as we were told. Evidence to support its existence remains lacking and absent. We close by offering our continued beliefs and thus opinion on how this pandemic should have been handled from the start. We would have as a basic, the strong double and triple down protection of the elderly high-risk populations. If this is not done properly and first, then there will be no success. We should have fostered improved hand-washing hygiene and isolation of only the ill/sick/symptomatic persons. No asymptomatic person is/was to be quarantined and there is only to be testing of symptomatic persons or when there is strong clinical suspicion. We would promote education in improving support for the immune system such as public service messages about vitamin D supplements (especially in societies with limited sunlight) and allow the rest of the low-risk society to live largely unfettered daily lives, taking sensible reasonable safety precautions. This would allow them to mingle and be exposed to each other harmlessly and naturally, so that this would drive population level immunity. At the same time, we would offer early outpatient treatment to high-risk positive persons (in nursing homes or their private homes). This includes the elderly, younger persons with underlying medical conditions, and obese persons.

We feel that had this approach been enacted from the very beginning, the devastating losses incurred by businesses and the economy, as well as the deaths of despair to the business owners, employees, and our school children would have been avoided. There were crushing

harms to our societies and especially our children due to the lockdowns and school closures, and this is unforgivable for the data was always available and we have been screaming loudly from March 2020 on the pending tragedy if our governments continued in that manner. The narrative and falsehood of 'asymptomatic spread' helped severely hobble and damage the pandemic response as it caused devastating personal and economic losses to accrue needlessly, and especially for our children. Especially for the poorer among us who could least afford!

I close by asking CDC, NIH, FDA and all of these alphabet agencies that have been failing us for so long, show me, show us the evidence! Stop spewing nonsense without the evidence. Stop lying to the nation about their immune systems' incapability that is way more robust than you give it credit for! You are denying basic immunology and virology and acting a fool. "Natural immunity and vaccinated immunity are equally effective and "probably life-long". Stop lying to the public and we call on the public that until you the CDC and NIH get your credibility and honesty 'house' in order, that the nation must turn you off, tune you out, for you spew inaccurate misleading nonsense 24/7 that defies common sense! Focus now on rebuilding your credibility that is so destroyed, now deeply buried, courtesy of you the CDC and NIH! Hopefully the FDA can unshackle itself from you and return to a non-political regulatory role it must hold, for the safety of the nation. You talk about 'following the science', well show us. Begin by following it. Shame on all of you so called experts!

Note that views expressed in this opinion article are the writer's personal views and not necessarily those of TrialSite.



Follow the TSN COVID-19 Channel

Related



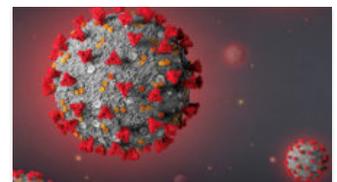
No Liability Equals No Trust: No COVID Vaccine For Our Children



At-home Covid Research Study



More Pandemic Corruption: Refusal to Fully Recognize Natural Immunity



The COVID-19 spike protein may be a potentially unsafe toxic endothelial pathogen

Explore Further