Another Article Too Hot to Handle; Even Vaccine Critics Won't Run With It

Another Article Too Hot to Handle; Even Vaccine Critics Won't Run With It

by **Jon Rappoport**, *No More Fake News*
February 23, 2022

A few days ago – in my article *The Test for Klaus Schwab and the World Economic Forum*, I republished my proof that the medical cartel has been routinely killing millions of people, with its treatments, for at least the past 20 years.

And when I say proof, I'm talking about clear mainstream research.

Virtually no one has taken those research citations and run with them, despite the fact that I've highlighted them for years. I've highlighted them in articles and interviews.

What's the problem?

Apparently, even many "alternative" journalists and doctors are keeping a piece of their souls in the official prison of fake medicine and fake science. On purpose.

They want to hedge their bets. They want to go halfway, but not all the way.

They want to admit some things, but not other things.

So today, I'm posting another one of my "too hot to handle" pieces. I've published this article at least four times. Even

doctors who oppose the COVID vaccines won't pick up on it.

Why?

It's too REAL, because it proves the RNA injections were DESIGNED to fail, to be useless, from the get-go.

That's right.

And if you expose THAT, you burn the whole house down.

The vaccine establishment collapses.

No one will believe anything the establishment says about vaccines. Nor should they.

And many journalists and doctors of all stripes want to "protect the public" from THE TRUTH.

I don't want to bury the truth. I'm not settling for half.

Buckle up—

I wrote and posted this piece while the clinical trials of the COVID vaccine were in progress. It reveals how and why those trials were constructed and designed to fail. They did fail.

The vaccine makers DESIGNED a series of clinical trials that, even on their own terms ("the virus is real, fear the virus") were destined to be a complete flop.

PART ONE

Peter Doshi, associate editor of the medical journal BMJ, and Eric Topol, Scripps Research professor of molecular medicine, have written a devastating NY Times opinion piece about the ongoing COVID vaccine clinical trials.

They expose the fatal flaw in the large Pfizer, AstraZeneca, and Moderna trials.

September 22, 2020, the Times: *"These Coronavirus Trials Don't*

Answer the One Question We Need to Know" (also, here):

"If you were to approve a coronavirus vaccine, would you approve one that you only knew protected people only from the most mild form of Covid-19, or one that would prevent its serious complications?"

"The answer is obvious. You would want to protect against the worst cases."

"But that's not how the companies testing three of the leading coronavirus vaccine candidates, Moderna, Pfizer and AstraZeneca, whose U.S. trial is on hold, are approaching the problem."

"According to the protocols for their studies, which they released late last week, a vaccine could meet the companies' benchmark for success if it lowered the risk of mild Covid-19, but was never shown to reduce moderate or severe forms of the disease, or the risk of hospitalization, admissions to the intensive care unit or death."

BOOM. THE CLINICAL TRIALS WERE NOT DESIGNED TO SHOW THE VACCINE COULD PREVENT SERIOUS ILLNESS. OR HOSPITALIZATION. OR DEATH.

The Times: "To say a vaccine works should mean that most people no longer run the risk of getting seriously sick. That's not what these trials will determine."

BOOM.

This means these clinical trials are dead in the water.

And I could stop this article right here and walk away. Done. Finished. Nothing more need be said.

And you the reader could walk away. OK, done. The clinical trials of the vaccine were never intended to prevent serious illness of any kind. Never intended to prevent

hospitalizations or deaths. End of story.

Goodbye. Forget the vaccine. Why would anyone want to take it?

But if you want to know WHY the clinical trials were designed this way, and HOW the con was played, and why it was actually necessary to design the clinical trials to be useless, read on.

The whole vaccine house is ALREADY burned down, but I'm going to say a lot more. I'm going to burn the ashes.

First of all, make sure you understand the clinical trials of the RNA vaccines were only designed to show effectiveness in preventing "mild cases of COVID," which nobody should care about, because mild cases (cough, fever, chills) naturally run their course and cause no harm. THERE IS NO NEED FOR A VACCINE THAT PREVENTS MILD CASES.

Now let's go deeper. Read the next section from the Times piece, and then I'll make comments.

"The Moderna and AstraZeneca studies will involve about 30,000 participants each; Pfizer's will have 44,000. Half the participants will receive two doses of vaccines separated by three or four weeks, and the other half will receive saltwater placebo shots. The final determination of efficacy will occur after 150 to 160 participants develop Covid-19…"

Now pay close attention. Here's how it works. The vaccine companies are looking for a total of 150 mild COVID cases to occur, combined, in the two groups– those receiving the placebo and those receiving the vaccine. How would that happen? The researchers believe "the coronavirus is spreading everywhere" and it will pounce on some of the volunteers during the clinical trial.

Let's say that, during the trial, 100 people receiving the placebo develop mild COVID-19 (cough, chills, fever), and only

50 people receiving the vaccine develop mild COVID.

The vaccine companies would say, “We just proved the vaccine is 50% effective in preventing COVID, and that’s all we need to do, in order to win emergency authorization from the FDA. Release the vaccine. Inject the world.”

The outcomes for ONLY 150 people equal “let’s shoot up seven billion people.”

That’s staggering.

But it gets even worse. The magic number of 150 COVID cases? How is a COVID case defined? The authors of the Times piece have the answer:

“In the Moderna and Pfizer trials, even a mild case of Covid-19 — for instance, a cough plus a positive lab test — would qualify and muddy the results. AstraZeneca is slightly more stringent but would still count mild symptoms like a cough plus fever as a case.”

But wait. The NY Times itself recently published an article stating that up to 90% of US COVID cases could very well be false positives—in other words, not cases at all. Why? Because the diagnostic PCR test, as it is performed by labs, is too sensitive. It registers “positive for COVID” when it shouldn’t.

So, in these vaccine clinical trials, the whole process of determining that “150 people developed COVID-19” is completely unreliable, useless, absurd, and nonsensical.

On the one hand, a positive PCR test is unreliable and means nothing. On the other hand, a cough and fever (“mild COVID”) are nothing to worry about, and don’t require a vaccine at all. We’re talking about 150 cases of “who cares.” That’s what the COVID vaccine is DESIGNED to prevent.

“So, Doctor, the magic number is 150 ‘who cares’ mild cases?

That’s the number that will decide the immediate fate of the planet?”

“Of course.”

“And these 150 people, who you say develop mild COVID-19…no one should care, because those symptoms cure themselves, and no vaccine is needed.”

“Correct.”

“And come to think of it, the people receiving the vaccine in the clinical trials could develop symptoms indistinguishable from mild COVID-19, as a result of the effects of the vaccine.”

“Yes, that’s right.”

“But you’re very confident in the success of the vaccine.”

“Indeed.”

“Why?”

“I have to be confident. If we’re exposed as incompetent frauds, our bottom line will take a huge hit. And we’ll wind up in prison.”

PART TWO: THE DEVIOUS TRICK

Now I’m going to go over the vital information again, but this time I’m going to show you how…

The vaccine companies can use the fatal flaw in their protocol design to…

Actually win approval of their COVID vaccine.

Stick with me. This is big.

Only 150 people are needed to make the major clinical trials of a COVID vaccine look like a success.

Out of 30,000 volunteers in a trial, researchers are waiting for 150 people to “come down with COVID-19.” MILD cases. They assume this will happen because they believe the coronavirus is everywhere, and it’ll infect some of their volunteers.

Of course, their definition of a mild case of COVID-19 is meaningless. Cough plus fever, and a positive PCR test. The test spits out false positives like a rigged slot machine, and the visible mild symptoms could result from flu, polluted air, or too many candy bars.

Nevertheless, the researchers are waiting for a total of 150 people to “catch a mild case of COVID.” When that number is reached, everything stops.

Now comes the big moment. How many of those 150 COVID cases occurred in the group that received the vaccine, and how many in the group that received the placebo shot of salt water?

Let’s say only 50 COVID cases occurred in the vaccine group, and 100 in the placebo group. The researchers pop champagne corks. They say, “Look, the vaccine is 50% effective at preventing COVID, and that’s all we need to win emergency authorization from the FDA.”

BUT suppose 75 cases occurred in the vaccine group and 75 in the placebo group? No good. No good at all. No way to call the vaccine effective.

Now comes the “reshaping of the data.”

HERE WE GO.

The researchers say, “Wait. Thirty of the COVID cases in the vaccine group were REALLY just adverse reactions to the vaccine. They weren’t cases of COVID. You see, the vaccine can cause symptoms that are indistinguishable from mild COVID. Cough, fever, chills. ACTUALLY, there were only 30 cases of COVID in the vaccine group. There were 75 in the placebo

group. That’s good enough. The vaccine IS effective. We’re golden. We can get emergency authorization from the FDA right now to shoot up everybody.”

Vaccine manufacturers HAVE KNOWN ALL ALONG that they could pull this trick.

Why leave things to chance?

Why risk a few hundred billion dollars of profit on a random distribution of mild COVID cases among the volunteers in their clinical trials?

The definition of a mild COVID case is EXACTLY what the vaccine manufacturers needed. It enabled them to hatch a plan, to make sure they didn’t fail.

They could pawn off a MILD case of COVID as a reaction to the vaccine. They could fake that without causing ripples. The FDA would say, “The vaccine reactions aren’t serious. All right, no problem. We’ll approve this vaccine for emergency use.”

However…If the manufacturers designed their clinical trial protocol to prevent serious cases of COVID—-very serious pneumonia—then first of all, they would be waiting to see 150 cases of really sick people to occur among the volunteers.

That might never happen. In 100 years.

And second, if it did happen, and the manufacturers had to pull their devious switcheroo trick and blame the vaccine for some of these SERIOUS cases…

They would have to tell the FDA that their vaccine was causing life-threatening pneumonia; and the FDA, under a lot of scrutiny these days, would find it very difficult to overlook that.

FDA: “We can’t approve this vaccine. It could cause a few million cases of dire pneumonia…”

The vaccine companies didn’t make a titanic stupid mistake in their protocol design. In gearing the protocol to prevent MILD COVID cases, they did what they did on purpose. It allows them to “reshape their data” and win FDA emergency approval for their vaccine.

These companies have no intention of failing, starting over, and spending a year recruiting 30,000 new volunteers. They want success and money now. They want to win the race.

And they will win, if the truth isn’t known and shared widely.

The punchline:

Every “expert,” in August 2021, is instructed to say the vaccine is definitely protecting people against severe illness and hospitalization. This is their promotional message to the world.

“Yes, even if you’re vaccinated, you could become infected with the virus, you could develop COVID, and you could pass the virus to other people, BUT you must take the shot. It will protect you from becoming severely ill.”

As you can see from what I’ve written above, this is a straight-out lie.

It was always a fantastic lie, from the beginning of COVID vaccine development, because the design of the clinical trials had nothing to do with preventing serious illness.

—end of article—

OK, we’re back in the present now; 2022. Everything you’ve just read has been studiously ignored. Shoved to the side.

The vaccine was only designed, at best, to prevent mild cough, fever, chills. That’s it. A mild case of flu-like illness. Which cures itself.

That design was intentional. It allowed the vaccine makers to win approval for the injection.

If they had to wait around for 150 volunteers in the clinical trials to develop serious pneumonia, that could have taken years. Or forever.

The clinical trials proved nothing.

The vaccine, even in mainstream scientific terms, was worthless.

It was designed that way.

That’s a chunk of blockbuster news anybody with a half a brain should be shouting from the rooftops. Instead: SILENCE.

Why?

Again, because this blockbuster news burns the whole house down.

It takes down the whole vaccine establishment.

And there are lots of vaccine critics who DON’T WANT TO GO ALL THE WAY.

EVEN THOUGH THEY SHOULD.

They back away. They pretend they don’t know what they DO know.

They could shoot down, overnight, the whole basis for these COVID shots, and they would expose the vaccine that is maiming and killing of millions upon millions of people.

But they stay silent.

Show them this information.

Get them to tell you what their problem is.

Connect with Jon Rappoport

cover image credit: himmlisch / pixabay