

COVID: Everybody Will Be Infected; No Exceptions; Stop Pretending Otherwise

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by [Jon Rappoport](#), [No More Fake News](#)

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I've spent the past two years proving SARS-CoV-2 doesn't exist. It's a total fiction.

Nevertheless, since most people believe in the virus with every fiber of their being, I enter their world and point out glaring inconsistencies and preposterous strategies for "containing the spread."

Once again, in this article, I'll visit the bizarre world of the virus. I'll take the viewpoint of a person who earnestly believes in the existence of SARS-Cov-2. And I'll show you a few of the walls such a person must ram into. Ready, get set, go:

First of all, here is the main reason why health authorities don't just throw up their hands and say, "Everybody is going to get infected":

It's bad for business. The business of profits and control over populations.

If everybody is infected, there is no way, no treatment, no vaccine, no lockdown, no mask, no quarantine that will solve the issue. You would be trying to solve a boat with a million holes floating in the middle of a tidal wave.

And reports of the initial spread of SARS-CoV-2 in early 2020 confirm the futility of blocking it. Overnight, the virus was found in a dozen countries and 10,000 people. Those 10,000 rapidly and inevitably became 100,000—and so on, multiplying in every direction.

Likewise with Omicron. It's here and there; a day later it's everywhere.

Another problem with “everybody will be infected”: the only answer is the development of natural immunity. That is not a medical intervention. That is not money. That is not State-imposed.

Once you let this cat out of the bag—natural immunity—people grasp the concept. They understand. “Oh, we're just going to have to live through it. We'll have to tough it out. And we can, because we always have.”

That's VERY bad for business and control.

Therefore, against all common sense, health authorities have to keep promoting the myth that some people will be infected and some won't be. And in order to increase the number that won't be, we need a vaccine and antiviral drugs and masks and lockdowns and business bankruptcies and suicides and desolated cities and towns and medical dictatorship and the Great Reset.

Once you accept the spread of SARS-CoV-2, you accept universal infection. There's no way around it. And then you're stuck with non-medical natural immunity.

The next piece of balderdash: the test for the virus. I've analyzed the test a dozen different ways and shown it's useless and deceptive. But why is it being done? What's the real reason?

Here's the big kicker, the bonus, and the true bottom-line reason for the test: it serves to reinforce the necessary myth

that “some people will be cases (infected) and some people won’t.”

Whereas, again, once you accept the spread of the virus, you accept that everyone will eventually be infected. There is no “some people infected” and “some people not.”

The powers-that-be will do and say anything to pretend the virus won’t infect everyone. The test gives them that justification.

Here is yet another reason to accept universal infection: locales and states and countries with very high vaccination rates are also reporting high levels of “COVID-19 disease.” The virus keeps spreading, regardless of what humans do to stop it.

If the development of natural immunity is the only answer...what IS natural immunity?

The medical research community has no compelling description. They’re wedded to a military model of antibodies (army scouts) that go out and ID invaders (viruses), so killer cells (backup troops) can destroy these enemies. And that’s the simple explanation. In the medical literature, it gets far more complicated than that.

On the other hand, I would say natural immunity is something called HEALTH. And you could write reams about what contributes to health, on a number of levels. But of course, the medical cartel doesn’t do health. It doesn’t study it in any comprehensive way.

Because it would be bad for business. The business of money and control.

Finally, for now, there is the related issue of “early intervention treatment.” I’m talking about ivermectin, HCQ, etc. If these drugs were widely used, would they stop the

spread of the virus? I wouldn't bet on it. For example, there is the possibility that one or more of these drugs help some people get better who are simply sick with common flu-like illness. Not COVID. And a belief in the power of the drugs (placebo effect) could play a significant role in recovery, for a limited number of people. (I would strongly advise people to look into adverse effects of any drug.)

Because taking a drug helps a person get better, that doesn't mean the medicine is "wiping out a virus," or preventing it from taking hold in the first place, or stopping it from spreading.

And that concludes today's episode of Let's Enter the Wacky Wonderful World of SARS-CoV-2, where people exercise their right to worship fairy tales highlighting non-existent viruses, and thus earn a gold star on the blackboard from the Reality Manufacturing Company.

I return you now to regular COVID mind-control programming on channels 1 through 5000.

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