# How They'll Fake the Success of the COVID Vaccine

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by <u>Jon Rappoport</u>, <u>No More Fake News</u> November 13, 2020

I've described how the major clinical trials of the COVID vaccine are designed to prevent nothing more than a cough, or chills and fever [1] [2].

The whole plan to gain FDA approval of the vaccine is a stark fraud.

Now let's move on to the next con: how to make it seem the vaccine is a roaring success.

Brief background: My readers know I've presented a complete case to show the SARS-CoV-2 virus was never proved to exist in the first place [3] [4] [5] [6] [7] [8] [9] [10]. So the whole idea of a vaccine is a non-sequitur, an absurdity. Likewise, the PCR test for "the virus" is a fraud on several levels [11]:

For example, the number of "cycles" for which the test is set is a key factor. Each cycle is a huge amplification of the tissue sample taken from the patient.

When you blow up that tissue sample above 34 cycles, you get gigantic numbers of false-positive results, even by the standards of the test. Fauci has admitted it. I've pointed out that FDA guidelines nevertheless recommend doing the test at up to 40 cycles. This alone explains reports of "rising COVID case numbers."

Let's say Pfizer and then Moderna win FDA approval to release their vaccines in the US. With the military doing the logistics of shipping, millions of doses move out, and soon, an extraordinary number of Americans are lining up to take the shot.

After a suitable period of time, the elite medical planners will change the way the PCR test is done. The number of cycles will be drastically reduced. That order will go out to labs in the US.

What does this mean? It means that far fewer positive test results will occur.

Therefore, the trend of "new COVID cases" will stop rising. It will level off, and then it will fall.

This rigging will be heralded as proof that that vaccine is producing a victory over the virus.

There is another strategy: change the definition of "a case of COVID." Make the new definition, in terms of clinical symptoms, more restrictive. Something like this would do the trick: "The patient must exhibit a body temperature of at least 100 for 48 consecutive hours."

That will automatically cause a significant drop in the number of cases. The drop will be attributed to the salutary effect of the vaccine.

For purposes of lockdowns and general clampdowns [12], to promote more fear and punish areas where the economy is "too open," a reverse-technique can be applied:

Make PCR tests adjust their cycles UPWARD, thus producing huge numbers of positive results and "new cases."

"Well, in South Dakota, we have to mandate at least 100,000 more vaccinations in each of the following 'hot spots,' where case numbers have suddenly escalated. And we must lock down

those areas immediately..."

Needless to say, any and all serious harm and death caused by the vaccine anywhere will be attributed to "the pandemic disease."

And there you have it. Simple, brutal, criminal, and controlled from the federal level. A strategy for making it seem the COVID vaccine is effective, and saved the day.

Here is a backgrounder I wrote on the subject of COVID vaccine fraud:

Making a vaccine look like it's a champion isn't difficult for public health agencies. There are a number of strategies.

Of course, these fraudulent strategies would be serious crimes. But when has that stopped the CDC or the World Health Organization?

In no particular order--

ONE: Rework the definition of a "COVID case." Presently, the CDC absurdly allows doctors to diagnose a person with COVID who has a cough, or chills and fever, and lives in an area where cases are being claimed. No test necessary.

So change this practice, once the vaccine is approved. Demand testing for a diagnosis. State that cough alone is not enough. Chills and fever must also be present. Require fever to be above 100.

These and other changes would automatically shrink the number of cases. The drop in numbers would be attributed to the vaccine.

This "definitional shrinking" was, in fact, deployed in the 1950s, after the introduction of the polio vaccine.

TWO: Order a change in the way the PCR diagnostic test is done. The practice of amplifying the original test sample from the patient occurs in cycles, or jumps. The greater the number of cycles, the more likely the test will result in a COVID diagnosis. Therefore, order a reduced number of cycles for all testing labs.

Outcome? Fewer COVID diagnoses. Fewer case numbers. "The vaccine is working."

THREE: Quietly restrict the present hospital practice of arbitrarily writing "COVID" on patient case and death files.

FOUR: Cook up and publish false studies showing more and more people are developing immunity to the virus. Attribute this to the vaccine.

FIVE: Another type of false study—"the transmission of the virus from person to person is slowing, thanks to the vaccine."

SIX: Pump up the success of issuing Immunity certificates after vaccination. "People are feeling safer now. More businesses are reopening..."

SEVEN: Using the compliant press, simply issue bald declarations that the vaccine is a success.

EIGHT: Hide the many instances of injury and death from the vaccine. When necessary, claim COVID was the cause.

NINE: Warn that the wonderful vaccine-derived immunity is not permanent, and frequent booster shots are necessary.

TEN: Rework the definition of "vaccine-acquired immunity." Even a very weak antibody response from the shot would qualify as "protective immunity."

ELEVEN: Huge numbers of people with ordinary flu-like illness, pneumonia, and other traditional lung infections are being

called "COVID." Change this practice. Go back to calling many of these people "flu," "pneumonia," etc. COVID case numbers will drop. Claim the drop is the effect of the vaccine.

TWELVE: Presently, millions of so-called COVID cases have "co-morbidities." These are prior serious health conditions which are, in fact, the true causes of illnesses and death. Of course, this is denied. But after the vaccine is introduced... scale back the practice of counting all these ill and deceased co-morbid patients as "COVID." Case and death numbers will drop. Claim the vaccine is the reason.

THIRTEEN: After the vaccine is introduced, slow down testing for a brief period. This will automatically reduce the rate of new cases. Attribute the decline to the vaccine.

Committing these crimes are a walk in the park for public health agencies.

And appointing official mouthpieces to carry lies to the public is as easy as training little Faucis to sit up and bark.

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