

Why the COVID-19 Vaccines Could Never Prevent Transmission

The history behind "Herd Immunity" helps to explain why each of our officials lied to us when marketing the vaccines.



A Midwestern Doctor
1 hr ago

20

5



When the COVID-19 vaccines came out, most of my colleagues [drank the Kool-Aid](#) and scrambled to be the first ones to make it to the mass vaccination site (healthcare workers got first access to the vaccine). My spouse and I were two of the only exceptions at our facility.

Later, when our administrator (also a physician) realized that we had not been vaccinated, a series of meetings were arranged to address our “vaccine hesitancy.” A few things stood out to me throughout this process:

- Numerous major were immediately apparent in [Pfizer’s NEJM paper](#), but all of the physicians I worked with (who on a daily basis patronizingly reminded all of us of their competency for appraising the scientific literature), became fixated on Pfizer’s “95% effective claim” and were completely blind to the paper’s methodological shortcomings.
- At various times both of us were informed that it was immensely arrogant on our part to assume our colleagues had incorrectly appraised the evidence and that by having a differing assessment of the paper, we were suggesting that we knew better than all of them.
- Every single point we cited was subsequently proven to be true (hence why I preserved our correspondence).

Due to the politically charged nature of the topic, we tried to be as non-confrontational as possible and only critiqued the least controversial aspects of the vaccine (e.g., I was nearly certain there was massive fraud in the trials, there would be serious issues with vaccine efficacy and there would be significant autoimmune and cancer issues for the vaccinated). Since discussing the “controversial” areas could label us an “anti-vaxxers” and cast doubt

on our ability to accurately appraise this paper, the most defensible areas we instead mentioned were as follows:

- The vaccine had not been tested for fertility effects in women of childbearing age.
- The reported benefits were minuscule, 119 had to be vaccinated to prevent a symptomatic case of COVID-19, e.g. a sore throat, 2711 had to be vaccinated to prevent a “severe” outcome (which of course [was never clearly defined by Pfizer or Moderna](#)), and 44,060 (split evenly between vaccine and placebo) person trial **was too small** to even determine how many needed to be vaccinated to prevent a single death from COVID-19. Considering that over half of the trial’s vaccine recipients experienced symptomatic side effects from vaccination, it was thus unclear if the risk-to-benefit ratio justified vaccination.
- This technology is experimental and the clinical trial [is not scheduled to finish until 2023](#), so it will not be possible to fully assess the risks and benefits of the vaccine until then.
- The vaccine was not tested for its ability to prevent transmission, so we cannot know if patients will benefit from their doctor being vaccinated.

All of these points were of course ridiculed and dismissed, but were sufficient for us to be left alone provided we agreed not to share our hesitancy with our patients (at this time Biden’s mandates had not yet been enacted). When I found particularly interesting about this process was that we were repeatedly told the fact that the vaccines prevent infection was proof that they would also reduce transmission. This statement illustrated a fundamental lack of understanding of immunology but was extremely common for me to encounter throughout the vaccine rollout.

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It was also not helped by the fact the health authorities insisted the vaccine stopped transmission despite it being well-known the vaccines were not tested to evaluate transmission



Fauci: Vaccinated people become 'dead ends' for the coronavirus

BY JOSEPH CHOI 05/16/21 11:43 AM ET

Fauci added that vaccinated people essentially become “dead ends” for the virus to spread within their communities.

“When you get vaccinated, you not only protect your own health and that of the family but also you contribute to the community health by preventing the spread of the virus throughout the community,” Fauci said. “In other words, you become a dead end to the virus. And

when there are a lot of dead ends around, the virus is not going to go anywhere. And that's when you get a point that you have a markedly diminished rate of infection in the community."

Since that is a heavy accusation to level, I would like to cite [a October 2020 article](#) that was written in a premier medical journal and any policymaker should have been aware of (**this is the single most important part of this article**):

Yet the current phase III trials are not actually set up to prove either ([table 1](#)). None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.

An understandable degree of outrage has emerged following a recent testimony from a Pfizer executive in front of Belgium's parliament that the vaccine's ability to prevent transmission was never tested.

Pfizer did not know whether Covid vaccine stopped transmission before rol...





I would argue that while this outrage is understandable, the bigger issue is that this lack of testing was abundantly clear to the scientific community, and except for a few brave voices [like Peter Doshi](#), this issue was swept under the rug.

This silence from the scientific community allowed authorities around the world like Fauci (as shown above) to claim COVID-19 vaccination would prevent transmission and thus galvanize the population against anyone who was not vaccinated:





Although I believe Duran’s behavior was inappropriate, the demonization in this article really bothered me as I am well familiar with where those actions can lead to (such as the camps for the unvaccinated [Australia established](#)).

The media likewise adopted their mythology of vaccines being our salvation:

A screenshot of a tweet by Aaron Ginn (@aginnt) from Dec 26, 2021. The tweet text reads: "Let’s go back in time to 3/29/21" followed by a quote: "No we know that the vaccines work well enough that the virus stops with every vaccinated person... The virus does not infect them...It cannot use a vaccinated person as a host to get more people." Below the text is a video thumbnail showing Rachel Maddow on the MSNBC news set. The video has 21,813 likes and 8,625 retweets. The timestamp is 7:57 PM • Dec 26, 2021.

Aaron Ginn
@aginnt
Let’s go back in time to 3/29/21

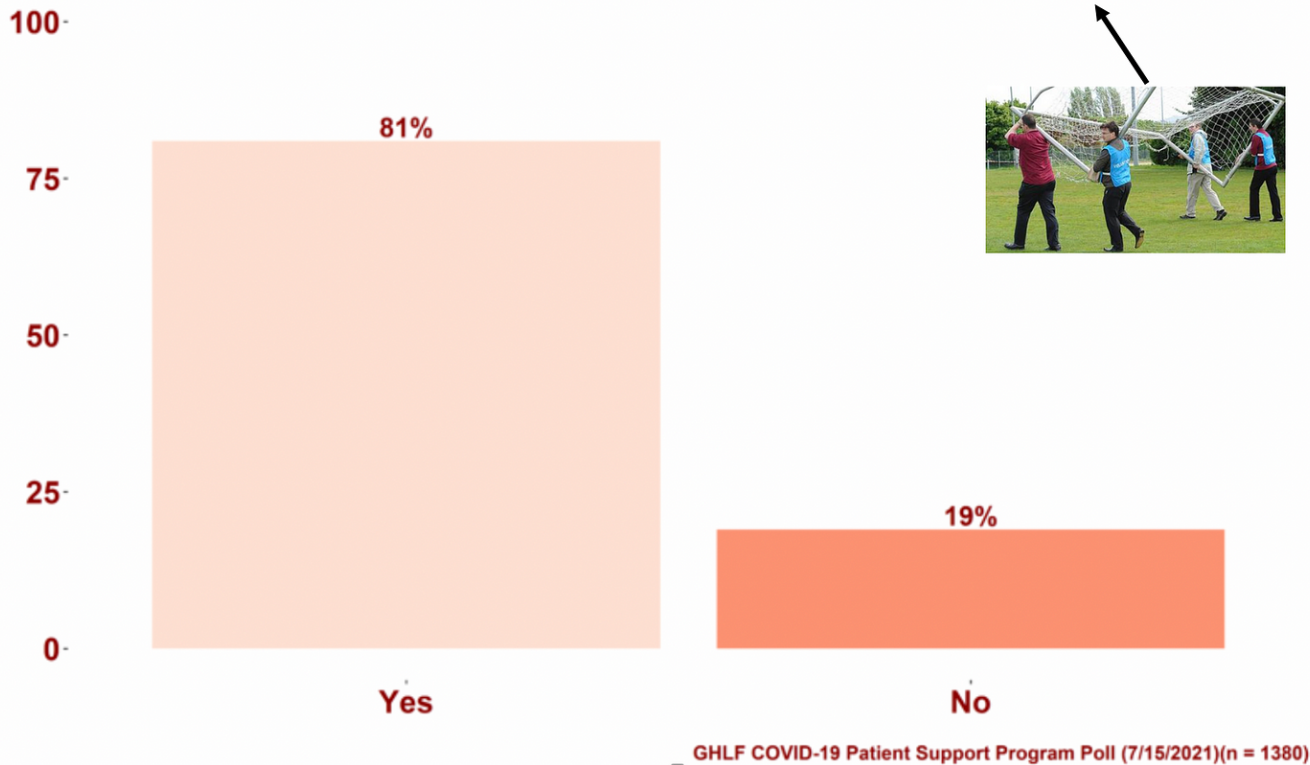
“No we know that the vaccines work well enough that the virus stops with every vaccinated person... The virus does not infect them...It cannot use a vaccinated person as a host to get more people.”

7:57 PM • Dec 26, 2021
21,813Likes8,625Retweets

Anyone who was not vaccinated was treated as a leper to be avoided:

Do You Avoid Spending Time With Family or Friends

Do you avoid spending time with family or friends who are eligible but not fully vaccinated?



Anyone who didn't vaccinate was viewed as Grandma's murderer (and often barred from visiting her), while children were viewed as life-threatening risk to teachers (which was used to argue for both masking of students and distance learning, both of [which were disastrous for students](#)):

POLITICS · Published May 3, 2021 9:05pm EDT

Cuomo warns unvaccinated people could kill grandmas

Janice Dean says Cuomo 'has some nerve shaming others for possibly endangering their grandparents'

Public health officials (like those in Australia) and the press, apparently unaware of [the BMJ's editorial](#), were all too eager to take advantage of this situation and stoke hatred toward the unvaccinated:

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Hi, Nicholas

If you're not medically fragile, refusing a COVID vaccine is an indefensible moral choice

People who don't get vaccinated will undermine herd immunity, causing more deaths. They need to imagine how their choice fails to protect the vulnerable.

Robert Prentice Opinion contributor

Published 3:15 a.m. ET Dec. 8, 2020 | Updated 12:49 p.m. ET Dec. 10, 2020

The gullible members of society in turn were also eager to adopt this lie:

- Fifty-eight percent (58%) of voters would oppose a proposal for federal or state governments to fine Americans who choose not to get a COVID-19 vaccine. However, 55% of Democratic voters would support such a proposal, compared to just 19% of Republicans and 25% of unaffiliated voters.
- Fifty-nine percent (59%) of Democratic voters would favor a government policy requiring that citizens remain confined to their homes at all times, except for emergencies, if they refuse to get a COVID-19 vaccine. Such a proposal is opposed by 61% of all likely voters, including 79% of Republicans and 71% of unaffiliated voters.
- Nearly half (48%) of Democratic voters think federal and state governments should be able to fine or imprison individuals who publicly question the efficacy of the existing COVID-19 vaccines on social media,

television, radio, or in online or digital publications. Only 27% of all voters – including just 14% of Republicans and 18% of unaffiliated voters – favor criminal punishment of vaccine critics.

– Forty-five percent (45%) of Democrats would favor governments requiring citizens to temporarily live in designated facilities or locations if they refuse to get a COVID-19 vaccine. Such a policy would be opposed by a strong majority (71%) of all voters, with 78% of Republicans and 64% of unaffiliated voters saying they would Strongly Oppose putting the unvaccinated in “designated facilities.”

– While about two-thirds (66%) of likely voters would be against governments using digital devices to track unvaccinated people to ensure that they are quarantined or socially distancing from others, 47% of Democrats favor a government tracking program for those who won't get the COVID-19 vaccine.

How far are Democrats willing to go in punishing the unvaccinated? Twenty-nine percent (29%) of Democratic voters would support temporarily removing parents' custody of their children if parents refuse to take the COVID-19 vaccine. That's much more than twice the level of support in the rest of the electorate – seven percent (7%) of Republicans and 11% of unaffiliated voters – for such a policy.


You've all had to live through this and I'm sure you have examples to share that are even more egregious than the ones I have presented here (please share any you feel I should include). It is thus quite understandable why so many are outraged by Pfizer's recent admission; they have a good justification to be. For example, consider this tweet:



Pfizer Inc. 
@pfizer



The ability to vaccinate at speed to gain herd immunity and stop transmission is our highest priority. There is a lot of work ahead, and our focus

IS on supporting points of
vaccination  , as that's key
to increasing the volume of
people getting vaccinated
every day.

#JPM2021

6:24 PM · Jan 13, 2021 · Twitter Web App

(It will be fascinating to see how this statement will eventually be justified)

However, I instead would like to propose a different way of looking at this. How do you convince the population to take a product that has clearly failed (if you are vaccinated and get ill regardless of who transmitted it to you...this means the vaccine did not work)? Furthermore, how do you convince them rather than have them acknowledge it had failed, instead get them to double down on taking more vaccines and forcing vaccination upon the unvaccinated?

In a previous article, I discussed the hierarchal structures of information control within society and argued that the same methods of propaganda are repeatedly tested out until reliable approaches are discovered. Once those methods are discovered, they are then utilized ad nauseam.



Pierre Kory's Medical Musings

California's Misinformation Epidemic Pt. 1

From The Forgotten Side of Medicine Substack, this essay brilliantly details the history, current state, and future of the criminal control of information, corruption of science, and coercion of the public in regards to vaccines. I consider it an honor to host this essay for my subscribers...

Read more

16 days ago · 324 likes · 21 comments · Pierre Kory, MD, MPA

Put differently, I was able to understand how [much of the public relations \(propaganda\) campaign for the COVID-19 vaccines](#) would play out because I had witnessed the exact same scams be pulled countless times in the past with other ineffective vaccinations.

Central to all these scams is the mythology of “herd immunity.”

Moving Goalposts

A common strategy in propaganda is moving goalposts, as the target ultimately being aimed for is something the public would initially never agree upon. As a result, the first thing that is pushed on the public is something that at least on the surface seems justifiable but is then gradually shifted to the originally unacceptable goal (this process is commonly analogized to [the totalitarian tiptoe](#) or slowly boiling a frog in water so it does not jump out —[although the scientific accuracy of that specific claim is debated](#)). This process is very methodical and easy to recognize once you know how to look for it.

Consider for example, as detailed previously [here](#) and [here](#), just how quickly we have gone from each of these to the next:

- A “need” for Big Tech to curate information at the end of the Obama administration.
- Introducing the concept of “misinformation.”
- Creating the illusion of an epidemic of “misinformation.”
- Mass censorship of anything arbitrarily deemed misinformation.
- Doctors being forbidden from sharing ‘misinformation’ with their patients

Doctors being forbidden from sharing misinformation with their patients.

- Misinformation being declared a weapon of war by New Zealand's prime minister at the UN.
- Governments [criminalizing](#) the dissemination of "misinformation."

One of the most consequential examples of moving goalposts can be found in each of the recent major wars the US was involved in (Vietnam, Afghanistan, Iraq). The initial involvement was pitched as limited support (e.g. a limited deployment), which then turned into a quagmire that only accomplished causing enormous devastation on both sides.

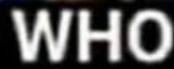
In each case, the American public, after years of pointless bloodshed, eventually acknowledged the wars were a mistake, and the U.S. was forced to withdraw with nothing to show for it except enriching defense contractors (a polite term for war profiteers [like Biden's Secretary of Defense](#)). This is an important pattern to recognize because we appear to be going through the early stages of the same process with Ukraine now. Billions in military aid have been given for weapons to "fight Russia" and the same propaganda used to sell each previous war is being reused for this war (Glenn Greenwald provides an excellent synopsis [here](#)).

The military-industrial complex's [propaganda has many similarities](#) to the medical-industrial complex's propaganda and hence is quite valuable to study when attempting to understand what happened with COVID-19. Like wars, vaccination campaigns are always initially sold on miraculous promises those with firsthand knowledge of the data and the subject know are false. Once those promises fail to materialize, the goalposts are repeatedly moved with higher and higher rates of vaccination being demanded, lower and lower bars being set for what the vaccine will accomplish, and harsher and harsher penalties being imposed upon those who refuse vaccination.

As many of you noticed, the COVID-19 vaccines were initially presented as being voluntary (in fact they were [initially marked under a scarcity model](#) with each recipient being privileged to get a vaccine), it was claimed the pandemic would soon be over with the miracles of two dose mRNA vaccines, and not a peep was ever mentioned about the potential need for boosters. The goalposts were then eventually moved to mandatory vaccinations, the vaccines only reducing your chance of dying, the virus being with us for the foreseeable future (as numerous cases of outbreaks in fully vaccinated groups emerged),

and requiring multiple boosters each year. This reversal was entirely predictable as it followed the playbook which had been already developed with previous vaccinations.



The image shows the letters 'WHO' in a white, bold, sans-serif font against a dark, blurred background.

(Note: although the last point is clearly meant to be poking fun at those who worship the vaccines, some have argued [it may also be applicable](#) and while their specific argument is highly questionable, I am quite curious to see how far this meme will ultimately go).

What is particularly frustrating about this vaccination campaign was that it was known from the start the vaccines would likely fail. My biggest fear, which appears to have materialized, was that the vaccines would not only be ineffective but they would prevent the population from developing herd immunity to SARS-CoV-2. In a recent article, I attempted to summarize the pieces of evidence demonstrating this was known and deliberately concealed by the healthcare authorities (I would highly recommend it to those of you who wish to know more about the content detailed within today's article).

The Forgotten Side of Medicine

Why the Covid Vaccines Were Never Likely to Be Effective

I have successfully been fighting a drawn-out battle with multiple employers to avoid getting vaccinated (as have a few people I am very close to). Over the last few weeks, staffing shortages and customer absences have occurred at our employment sites due to everyone getting ill from COVID. This is particularly unusual given that this wave is happeni...

[Read more](#)

4 months ago · 323 likes · 494 comments · A Midwestern Doctor

Some of the key points from the above article included:

- When vaccines work (many do not), they create an evolutionary pressure on the target

pathogen to no longer be covered by the vaccine. This is an extremely common process that has happened with many other vaccines and is known as [serotype replacement](#).

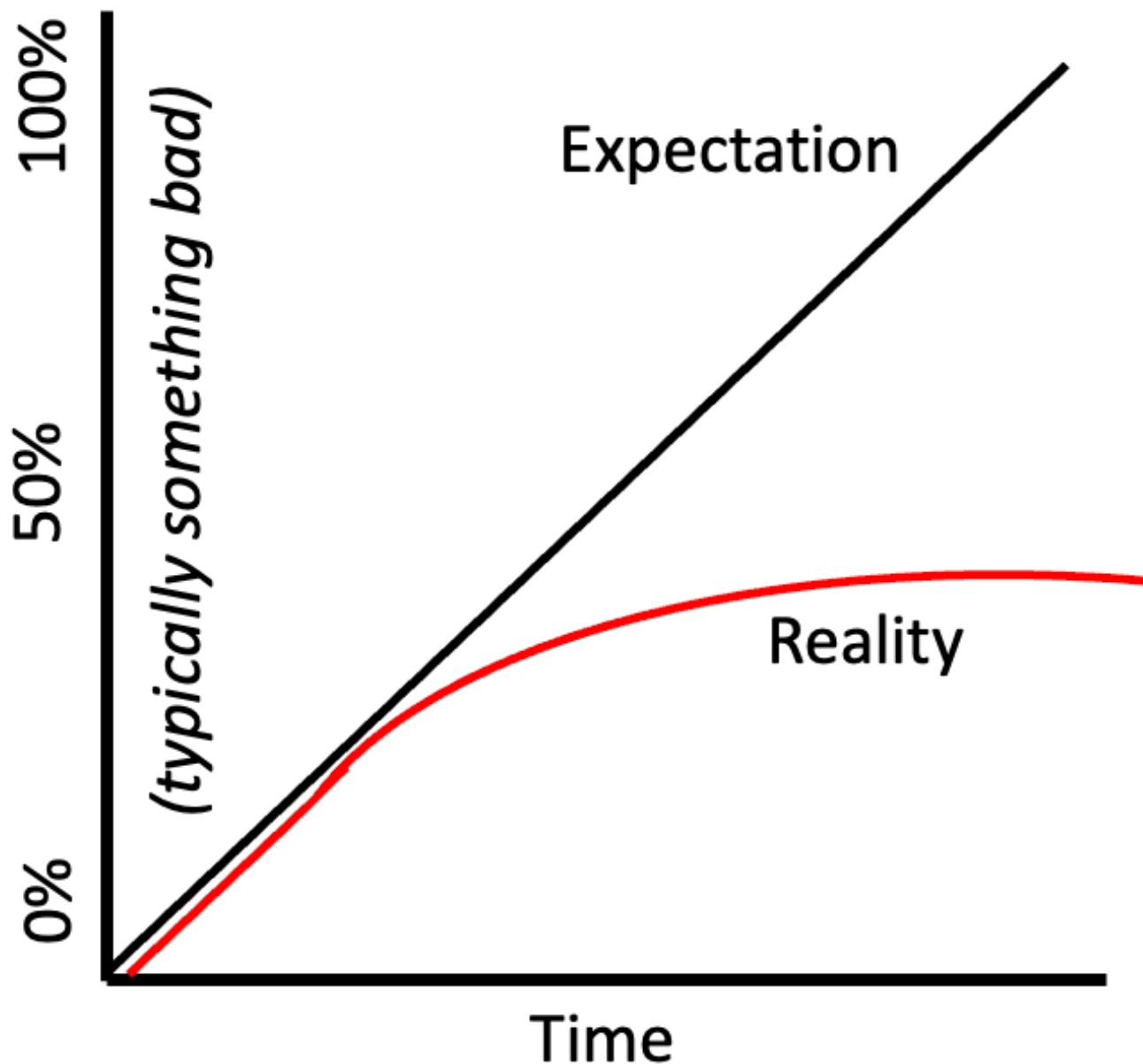
- Serotype replacement can often produce more pathogenic variants of a virus or bacteria.
- Given that SARS-CoV-2 mutates rapidly and is easily transmissible, it seems unlikely serotype replacement would not occur.
- SARS-CoV-2 evolving immunity to the vaccine could have potentially been avoided by designing vaccines with multiple antigens on them in regions of the virus that did not mutate rapidly. Instead, the vaccine only used a single antigen, a rapidly mutating (and cytotoxic) part of the virus, the spike protein.
- Vaccines that do not produce sterilizing immunity produce variants and cannot prevent transmission. The spike protein vaccines were designed to reduce symptoms, **not** to reduce transmission (such as through creating mucosal immunity).
- All of the above argues that the vaccines may have been intentionally designed to fail so that perpetual boosters could be sold to the public.

As the argument for a vaccination campaign weakens because the vaccine repeatedly fails to prevent illness while causing many concerning side effects, to sustain the vaccination campaign, mandates must gradually be enacted. Typically, to justify a mandate, it must be argued that the unvaccinated individual is not just hurting themselves but is hurting others and thereby meets the threshold for losing their personal liberties. To do so, we rely upon the construct of “herd immunity,” which like many other things in the mythology of vaccination, is based on false premises that inevitably fail and hence require continually moving the goalposts.

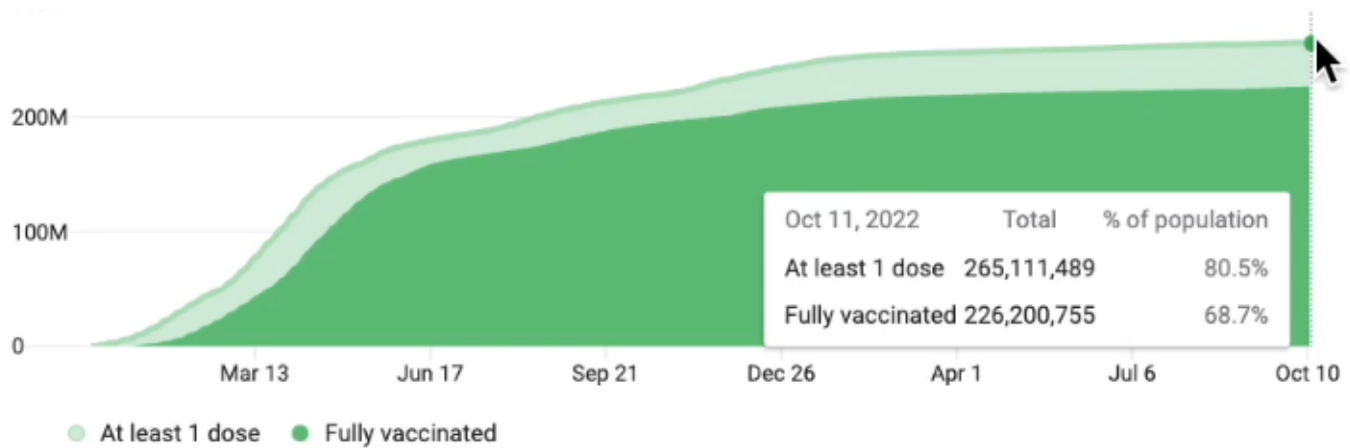
Modeling

One of the foundational beliefs of our religion of science is that everything in the universe can be broken down into mathematical equations. In many cases, this is completely true. However, with more complex natural systems, especially those involving sentient organisms, these models often fail to hold up (e.g. consider [this collection of climate](#)

organisms, those models often fail to hold up (e.g. consider [this collection of climate models that were later proven to be false](#)). Unfortunately, due to the faith we hold in the “scientific” paradigm, when bad mathematical models are put forward, they are rarely if ever questioned. The below graph is meant to illustrate what I have observed with more models or projections than I can count:



A recent memorable example were the projected vaccination rates in the United States compared to what actually happened:



This data shows how many people have received at least 1 dose of a vaccine. People who are fully vaccinated may have received more than 1 dose. · [About this data](#)

[Feedback](#)

The modeling problem was most evident with the dire models that were used to justify mass lockdowns. The modelers, who had previously made wildly inaccurate models [that greatly overstated the death rate from various infectious diseases](#), produced a model for COVID-19 that predicted a global catastrophe if strict lockdowns were not immediately implemented. When policymakers were presented with these catastrophic models, they of course felt duty-bound to impose these lockdowns and viewed their potential consequences as a necessary sacrifice.

There were however three problems with those models:

- Lockdowns were nonsensical because at best, all they could accomplish was delaying the spread of the disease as individuals would eventually have to leave their homes.
- The modelers did not consider the social and [economic consequences](#) of their models.
- The individuals who made these models utilized a variety of flawed assumptions that would not have withstood any degree of independence scrutiny had they been subject to peer review. Malcolm Kendrick [provided an excellent summary](#) of some of the methodological flaws in their models and it is truly amazing these mistakes were never flagged by the scientific community (although fortunately [they later were put in the spotlight by a parliament hearing](#)).

One of my favorite “bad models” is the [ASCVD calculator](#) which was rolled out in 2013 by the American Heart Association and was eagerly adopted by my colleagues (it has a few easy to obtain numbers you can punch in to “scientifically” calculate how likely someone will be to have a heart attack or stroke in the next 10 years). Those with a score of at least 5% were “encouraged” to take a statin, while those with at least a 7.5% risk were “advised” to start a statin.

I was always suspicious of this model as I knew statins provided minimal benefit in preventing these conditions (but were excellent at creating life altering side effects and enriching the statin manufacturers). It was thus not hard for me to notice they would normally calculate a risk which passed the statin threshold which immediately reminded of [the 2010 WebMD scandal](#).

WebMD (a website which Google consistently ranks at the top for all health related search queries) provided a free depression survey that regardless of your answers, always concluded you were at risk for severe depression and recommended seeing your doctors to prevent disastrous complications like suicide, visits that almost always resulted in lifelong psychiatric medication prescriptions. WebMD of course had heavy sponsorship from Eli Lilly (Prozac’s manufacturer) and had engaged in decades of egregious conduct to keep their drugs on the market (which I believe [represents the best parallel](#) to how everyone in the government covered up the dangers of the COVID-19 vaccines).

Most of my colleagues gleefully adopted this cardiovascular risk calculator (as did the medical board examinations [and the guidelines each physician is expected to follow](#)). At this point, I have lost track of how many times numbers were authoritatively pushed into the calculator in front of a patient after which the patient was gently, then firmly, and then if still not agreeing to, hysterically lectured on their urgent need to start taking a statin regardless of the side effects of the drug. I was thus overjoyed when I learned that [a 2016 Kaiser study](#) had looked at the electronic health care data of 307,591 Americans and discovered that the calculator was overestimating the risk of a heart attack or stroke by between 5 to 6 times!

This is a **huge** figure which cannot be account for by anything besides a dysfunctional calculator in the first place, and had this error been corrected, almost none of the patients

calculator in the first place, and had the error been corrected, almost none of the patients who met the calculator's criteria for initiating statin therapy would have qualified. Unfortunately, few of my colleagues are aware this study exists, and the calculator has remained in widespread use (which may be explained by most of the members of the guideline committees who inevitably conclude people need to take statins regardless of the evidence [being on the payroll of statin manufacturers](#)).

Although the widely adopted calculator overestimating the risk of a heart attack or stroke by 5 to 6 times was a national scandal in of itself with profound consequences for millions, it was far more accurate than the unchallenged and farcical [epidemiological models for COVID-19](#) (or any of the models those individuals [had made previously](#)).

As you might suspect, this exact same problem has occurred for decades with modeling herd immunity, and like many other models, the modelers have never been required to defend their models or held to be accountable for their models' failures.

The History of Herd Immunity

Throughout my lifetime, I have repeatedly witnessed the proposed vaccine herd immunity threshold be raised again and again, and simultaneously noticed most people don't seem to notice this trend as they believe each projection presented to them. Fortunately, to some degree this is acknowledged by the epidemiological community (the following is a paraphrased quotation from [Wikipedia](#) with my commentary in brackets):

The term "herd immunity" was first used in 1894 by a veterinary scientist and USDA official to quantify the vitality and disease resistance of well-fed herds of pigs. In 1916, USDA veterinary scientists used the term to refer to the immunity after infection in cattle infected with brucellosis. By the end of the 1920s the concept was used extensively - particularly among British scientists - to describe the build-up of immunity in populations to diseases such as diphtheria, scarlet fever, and influenza.

Herd immunity became widely recognized in the 1930s following research on the epidemiology of measles in Baltimore after it was noticed children developing immunity to measles temporarily decreased new infections. Because methods of the time (1930s-1950s) in conjunction with natural immunity failed to end measles outbreaks until a

measles vaccine became available in the 1960s, it was concluded that herd immunity, in general, required vaccination [*rather than this only applying to measles*].

Following vaccination being associated with herd immunity, the term entered widespread use [presumably because of the money that could be made from it], and became dogma after being [*erroneously associated*] with the elimination of smallpox.

In the 1970s, the theorem used to calculate a disease's herd immunity threshold was developed

Since the adoption of mass vaccination and ring vaccination, **complexities and challenges to herd immunity have arisen**. Modeling of the spread of infectious disease originally **made a number of assumptions**, namely that entire populations are susceptible and well-mixed, **which is not the case in reality**, so more precise equations have been developed.

In recent decades, it has been recognized that the dominant strain of a microorganism in circulation may change due to herd immunity, either because of herd immunity acting as an evolutionary pressure or because herd immunity against one strain allowed another already-existing strain to spread. Emerging or ongoing fears and controversies about vaccination have reduced or eliminated herd immunity in certain communities, allowing preventable diseases to persist in or return to these communities [*this sentence's logic, like many things in the vaccine mythology creates an unfalsifiable belief system that will always favor vaccination*].

I and many others view herd immunity as a marketing gimmick used to justify higher and higher vaccination sales (e.g. the mythical 95% childhood vaccination rate [California mandates](#) across the state) [because many of the premises its models rely upon are flawed](#) (e.g. vaccine immunity lasts for a few years not a lifetime, and most of the adult population is not vaccinated).

While some vaccination campaigns within limited circumstances have been shown to reduce the prevalence of a disease in a community (this will be discussed in the second part of this series), vaccination rates frequently have no correlation to the prevalence of epidemics they are supposed to prevent (e.g. in 1985, when most of the vaccines were new)

epidemics they are supposed to prevent (e.g. in 1965, when most of the vaccines we now use were not on the market, there were not widespread outbreaks of those diseases). As this article aptly states:



If only half of America is properly vaccinated, where are the epidemics?

BY GRETCHEN DUBEAU — 09/13/16 03:25 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

769 COMMENTS

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Just In...

Former Senate Intel aide indicted in DOJ leak case
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NEWS — 1H 55M AGO

Sessions explains to Congress rationale for not defending ObamaCare
ADMINISTRATION — 2H 46M AGO

Trump to leave G-7
Click on the image to read the article.



Treating the opioid epidemic requires access to specially trained doctors

In the case of COVID-19, the vaccine herd immunity threshold was initially presented as being between 60-70%, but has now risen to over 90% and it is gradually being acknowledged that achieving herd immunity is impossible.

[One of the best examples](#) I have seen of the error of this approach can be observed by contrasting South Africa (35% vaccinated, 5% boosted) with Portugal (95% vaccinated, 70% boosted). Initially, their rates of infections and death from COVID-19 were similar, but once the vaccines were introduced, infections and deaths became much more common in Portugal, while South Africa (which has many [severe health care challenges](#)) effectively developed herd immunity to COVID-19 (other African countries that did not vaccinate have also fared well).

Negative Vaccine Efficacy

As the example above illustrates, a concerning phenomenon has been repeatedly observed: being vaccinated makes one more likely to catch COVID-19.

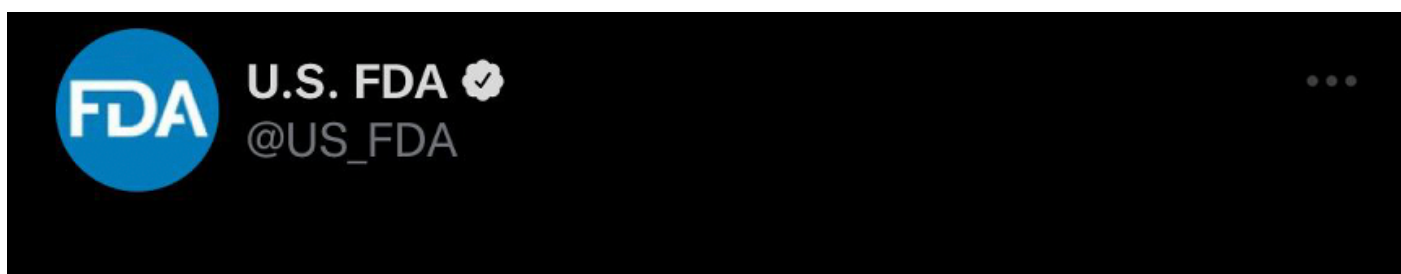
I have long suspected this is the case as I have observed certain vaccines appear to increase the likelihood of a severe illness and I have seen countless pieces of evidence suggesting this was the case (e.g. smallpox vaccination campaigns [repeatedly resulting](#) in larger smallpox outbreaks than those that preceded the campaign or those in neighboring cities that were not vaccinated). Since that time I discovered that [many other studies have reached the same conclusion](#) (e.g. receiving an influenza vaccination greatly increases your risk of developing a variety of other viral respiratory infections).

In the case of COVID-19, vaccine efficacy appears to drop from the time of vaccination until it eventually becomes negative.

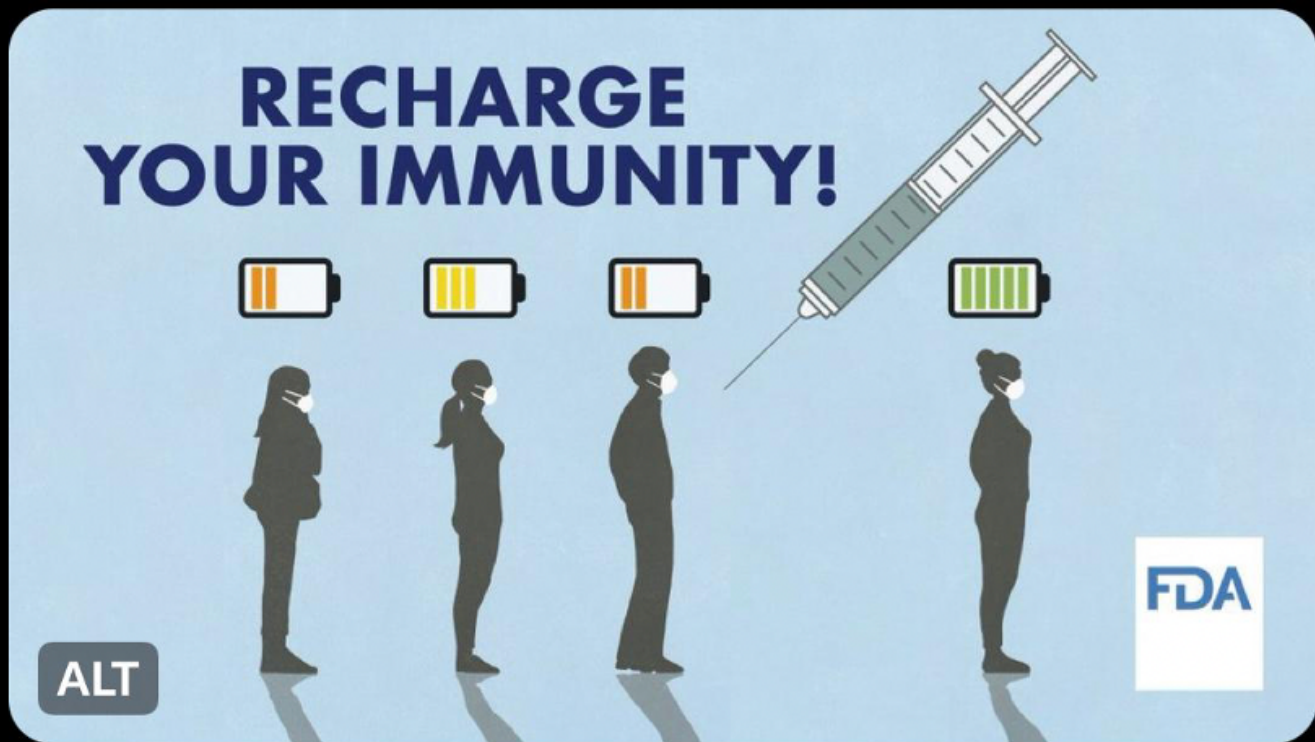
The solution to this problem has been to repeatedly deploy boosters before the vaccine efficacy can become negative. Further complicating the issue, as best as I can tell from reviewing the preliminary evidence, the rate of decline in vaccine efficacy appears to accelerate with each successive vaccination (while the rates of severe adverse reactions simultaneously increase).

A phrase I have commonly heard mentioned is that *“the definition of fanaticism is one realizing they are going in the wrong direction, and then instead of slowing down or turning around, they double their speed”* (another description for this phenomenon is choosing to double-down rather than admit that one is wrong). Our society seems to reward this behavior, so it persists (the previously mentioned wars for example provide numerous tragic examples).

I can thus understand why vaccine advocates are choosing to promote more and more boosters rather than acknowledging that vaccination may not be the solution to COVID-19



Don't be shocked! You can now
#RechargeYourImmunity with an updated
#COVID19 booster. [fda.gov/update](https://www.fda.gov/update)



10:48 AM · 9/9/22 · **Sprout Social**

127 Retweets **783** Quote Tweets **238** Likes

I view all of this as a product of public health training conditioning each student to believe the solution to every problem in the world is more vaccinations, which results, quite literally, with many of them being kept up at night in turmoil over the minute percentage of the population who refuse to vaccinate and prevent all of our problems from magically going away.

Nonetheless, it still surprises me that they don't seem to get that there is no possible way a vaccine with negative vaccine efficacy could ever create herd immunity. Like many other

things in life, that is the power of ideology, and ironically helps to explain why the mythology of herd immunity actually fulfills the criteria for pseudoscience:

Science	Pseudoscience
Willingness to change with new evidence	Fixed ideas
Ruthless peer review	No peer review
Takes account of all new discoveries	Selects only favourable discoveries
Invites criticism	Sees criticism as conspiracy
Verifiable results	Non-repeatable results
Limits claims of usefulness	Claims of widespread usefulness
Accurate measurement	"Ball-park" measurement

Conclusion:

In most cases, I vehemently disagree with the fact-checkers ([such as those](#) of the first article posted [here](#)). Curiously, today I found myself in agreement with Politifact on this issue:

To quote their [rationale](#):

But the notion that Pfizer "admitted" it didn't test its vaccine for its ability to stop transmission is incorrect.

Andrew Widger, a spokesperson for Pfizer, said in a statement that details of its phase 3 clinical trial have been online since 2020, and that the trial was never intended to study transmission.

This line of reasoning however does put Politifact in a bit of a bind and I am quite interested to see how this Ministry of Truth addresses that problem:

abc NEWS <https://abcnews.go.com/Health/pfizer-vaccine-shows-94-effectiveness-against-asymptomatic-transmission-covid/story?id=76389615>

Pfizer vaccine shows 94% effectiveness against asymptomatic transmission of COVID

Those not vaccinated were 29 times more likely to die from COVID, per the data.

By **Dr. Eric Silberman**
March 11, 2021, 5:30 PM ET • 4 min read

VACCINE HESITANCY EXAMINED

Why are people hesitant to trust a COVID-19 vaccine? Vaccines are proven to reduce deaths and help end pandemics, but the historic speed that the coronavirus vaccines have been developed has made some people hesitant to take them. DeFodi Images via Getty Images, FILE

Pfizer's vaccine is successful in preventing not only symptomatic COVID-19, but also asymptomatic disease according to new real-world data, Israel's Ministry of Health and Pfizer/BioNTech announced Thursday.

REUTERS <https://www.reuters.com/article/us-health-coronavirus-pfizer-israel/pfizer-biontech-say-data-suggests-vaccine-94-effective-in-preventing-asymptomatic-infection-idUSKBN2B311J>

Pfizer/BioNTech say data suggests vaccine 94% effective in preventing asymptomatic infection

By Michael Erman, Maayan Lubell

NEW YORK/JERUSALEM (Reuters) - Pfizer Inc and BioNTech SE said on Thursday that real-world data from Israel suggests their COVID-19 vaccine is 94% effective in preventing asymptomatic infections, meaning it could significantly reduce transmission.

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FACT CHECK

Fact check: Vaccines protect against contracting, spreading COVID-19

Daniel Funke
USA TODAY
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The agency [says on its website](#) that, while breakthrough infections are possible, "most people who get COVID-19 are unvaccinated." Experts told USA TODAY the shots provide considerable protection against infection and transmission.

"Yes, it is true that vaccinated individuals can also be infected by and spread SARS-CoV-2 to others," [Shweta Bansal](#), an associate professor of biology at Georgetown University, said in an email. "However, the evidence is crystal clear that risk of transmission for a vaccinated individual is significantly lower than for an unvaccinated individual."

GOV.UK Topics

Home > Coronavirus (COVID-19) > Vaccinations for coronavirus

<https://www.gov.uk/government/news/one-dose-of-covid-19-vaccine-can-cut-household-transmission-by-up-to-half>

Press release

One dose of COVID-19 vaccine can cut household transmission by up to half

A new study by Public Health England (PHE) has shown that one dose of the COVID-19 vaccine reduces household transmission by up to half.

From: [Public Health England](#)

Published 28 April 2021

Bansal pointed to data from the United Kingdom, which shows the COVID-19 vaccines reduce the chances of getting infected by 50%-75%. A preprint study, also conducted in the U.K., found that two doses of the Pfizer vaccine are 80% effective against preventing all infections with the delta coronavirus variant.

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Our rating: False

Based on our research, we rate FALSE the claim that the COVID-19 vaccine doesn't stop you from getting or spreading the virus, so it can't protect others. While vaccinated individuals can get COVID-19, experts and public health officials say they are less likely to contract the virus than unvaccinated people. That means they're also less likely to spread the virus to others. When vaccinated people do get sick, the chances of severe illness, hospitalization or death are low. Research indicates they also get better faster than their unvaccinated counterparts.

<https://www.usatoday.com/story/news/factcheck/2021/11/17/fact-check-covid-19-vaccines-protect-against-infection-transmission/6403678001/>

(Note: [The Ministry of Truth](#) is in reference to the main character of 1984's job being to continually edit old news stories so that the ruling party was never wrong regardless of their past errors).

The most unfortunate part of all of this is that the failure of vaccines to prevent disease transmission (while creating asymptomatic carriers) has also been observed with many other vaccinations and there are numerous studies showing where this happens and more importantly how it happens.

In the next part of this series, I will discuss those studies as they provided many valuable lessons in immunology that should have been considered prior to choosing to adopt a spike protein synthesizing vaccine that was only designed to reduce symptoms of COVID-19. Although technical, I believe these studies are critical to share because they highlight the profound lack of knowledge within the medical field towards the science of vaccination.

Thank you for reading and sharing this with the appropriate audiences (e.g. on [Gab](#) or [GETTR](#)).

Lastly, I apologize for failing to provide the next installment in [the previous series on Alzheimer's](#). I am still working on that one, but I felt it needed to be paused to cover this story (this has been a busy week at work and I had an "unexpected" death of a dear friend). I am also curious if there is an interest on an article my thoughts on the current disastrous conflict in Ukraine. This topic has been on my mind a lot lately due to the real concerns of a potential nuclear war and because I was recently introduced to a real-life version of the arms dealer in this [iconic scene](#) and who embodied the "[banality of evil](#)".