

Why Do Vaccines Continually Fail to Live Up to Their Promises?

What healthcare "authorities" repeatedly moving the COVID-19 vaccine goalposts can teach each of us.



A MIDWESTERN DOCTOR

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Story at a Glance:

- Vaccines are often ill-suited to contain the diseases they are made for. Because of this, false promises have to be made so the public will agree to a vaccination campaign. So as time moves forward, the goalposts have to be continually moved as the vaccines fail.
- The ways vaccines fail are relatively consistent, so both those failures and the policy responses to those failures are pretty easy to predict. Almost everything that has happened with the COVID-19 vaccines should have been known before their deployment upon the American people.
- The failures of the COVID-19 vaccines provide an immensely valuable lesson for understanding the critical issues underpinning the practice of vaccination. These lessons are essential for everyone to learn so that the same vaccine scam cannot be pulled with the next infectious disease that comes along.

In October 2019, my relatives decided to go on a trip to China in December, and for reasons I can't explain, I began to have a strong feeling something terrible was going to happen there. When they got back shortly before Christmas, however, nothing had happened. I wasn't sure what to make of it until a coworker who spent a lot of time on

were actively attacking anyone who suggested it could be a problem.

At the end of 2019, I had a flash of everything that would happen over the next three years, and my experience since then has been the surreal experience of watching that nightmare manifest into reality and—despite my best efforts—being powerless to stop it. The best analogy I found for the experience was being a grain of sand near the seashore that was powerless against the ocean's waves that were moving me all over the place.

Similarly, when the much-heralded [NEJM study](#) on Pfizer's vaccine came out, after spending thirty minutes going through the study, I saw exactly what was going to happen with the vaccine over the next few years. I told many of my colleagues, almost all of whom—despite the correct but highly unorthodox predictions about the course of the pandemic I'd already provided over the last year— thought I was crazy or did not understand vaccinology and did not listen to me. Many have since apologized to me because my predictions (which were heretical then) subsequently came true, and much of the collective hypnosis around the vaccines has broken.

The reason I was able to make these predictions had nothing to do with me being a clairvoyant; rather, they were a result of me using already established principles or precedents and taking them to their logical conclusion. In turn, a lot of my work over the last year and a half has been to try to bring awareness to those principles so the disaster we witnessed over the past three years (and others that preceded it) cannot continue to repeat.

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The Lead-up to COVID-19

In 2015, a coordinated campaign kicked off to mandate vaccines across America, initially justified by a small measles outbreak that [occurred in California](#) at the end of 2014. No one died, but the media started a hysterical campaign about it, and before long [SB277](#), a bill mandating vaccines in California, was proposed. It provoked mass political protest (many parents in California have vaccine-injured children), and after a divisive debate at the Capitol, the governor eventually signed the bill. In his signing message, he [explicitly stated](#) that it had been agreed any medical exemption to vaccination *must be respected*.

After this, vaccine mandates were pushed across the country, where in all cases, regardless of the public protest or testimony given against the bills, legislators voted down party lines (all Democrats wanted mandates, all Republicans opposed them—with the closest defeat of the mandates happening in Colorado). I also vividly remember learning that in Colorado, [one of the activists witnessed](#) a pharmaceutical lobbyist typing messages on her laptop to the Democratic legislators that were then repeated verbatim during a public hearing on the proposed law.

This was quite surreal to watch (since previously, the Democrat party had stood up to Big Pharma), and I believe this rapid change of the political landscape was one of the key reasons why Trump adopted vaccine skepticism into his populist presidential campaign.

When all of this was happening, [Sherry Tenpenny](#) warned us that this was simply the opening salvo in the [WHO's and Bill Gates's decade of vaccines plan](#), and mandatory adult vaccinations would be enacted in a few years. When she said this, I fully admit I believed something like that could never happen because it would require an almost impossible emergency (e.g., a highly contagious bioweapon entering the population) to occur. So as you can imagine, I became very, very worried at the end of 2019.

To illustrate how relentless and well coordinated all of this was, after SB277 passed, demand for medical exemptions to vaccination in California understandably increased as well. This led to a PR campaign (e.g., [see this article](#)) being launched to go after the doctors who wrote the medical exemptions (which, as noted above, SB277 was supposed to protect).

This “emergency” of unscrupulous medical exemptions was then used to draft SB276, which both revoked the right of a physician to write a medical exemption to vaccination and for the medical board to end the career of any doctor who did (along with systematically revoking all existing exemptions). This bill also met massive protest but nonetheless was signed into law two months *before the start of COVID-19*.

After several examples made out of anyone who wrote an exemption, California doctors were unwilling to take on the risk of writing an exemption. So not surprisingly, once the COVID-19 vaccines came out, I heard numerous stories of egregious ethical lapses by physicians (e.g., after someone was placed in a California ICU for a near-fatal blood clot the ICU doctors agreed came from the vaccine, none of them were willing to write the patient a vaccine exemption for work for the second dose of the vaccine).

Note: I covered what happened during this period in more detail [here](#).

Vaccine Mythologies

Our society regards vaccination as the salvation which brought us out of the dark ages of rampant infectious disease. Because of this ([inaccurate](#)) mythology, most physicians view vaccines as completely safe and effective. As a result, physicians are typically resistant to considering anything that casts doubt on the merits of vaccination (since doing so would directly challenge their identity as medical doctors), and they have a variety of [cognitive blind spots](#) on the issue.

For example, because vaccines are assumed to be safe and effective, doctors will often not even consider a “vaccine-preventable illness” in vaccinated individuals with signs of the illness. This is why outbreaks of diseases like pertussis (few doctors know the vaccine [does not prevent pertussis infection or transmission](#)) initially are not recognized in vaccinated populations.

The two fundamental misunderstandings that were pervasive throughout the medical field at the time of the COVID-19 vaccination campaign were as follows:

1. Vaccination does not guarantee herd immunity. Instead, vaccines typically fail to prevent disease transmission and trigger the evolution of variants that are resistant to

the vaccine. As this is a complex subject, it is explained in [a longer article](#) where I reviewed how this has occurred with many other vaccinations and the [typical patterns of how vaccines fail](#). In the case of the COVID-19 vaccines, the manufacturers did not even bother to test if the vaccines would prevent transmission and [this was well known in 2020 before the vaccines had even hit the market](#).

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.

2. Every vaccine causes harm—and [often in very similar ways](#). In most cases, the odds a vaccine will cause an injury are significantly greater than the odds a vaccine will prevent an injury of equivalent severity from the disease the vaccine “protects” you against. This is also a complex subject, so it was covered in [a previous article](#) on the relative risks and benefits of each vaccine which was written since many parents asked me which vaccines they needed to opt out of giving to their children ([some vaccines are much more dangerous than others](#)).

Because of these, we typically see a similar pattern with vaccination.

- Initially, the vaccine is portrayed as being dramatically safer and more effective than it is. This is used to convince the public to support a voluntary and limited mass vaccination campaign.

Note: In recent decades, pervasive corruption has entered the academic publishing industry, and as a result, a fairly consistent playbook has been developed for concealing the adverse effects observed in clinical trials and making an ineffective drug appear effective. This fraud is relatively easy to recognize (e.g., it's covered in [this book](#) and [this book](#)), but unfortunately, the medical journals are financially dependent on the pharmaceutical companies and thus never expose it. For example, when I read [the NEJM paper](#) on the COVID-19 vaccine, I had a very good idea of the research fraud that likely occurred due to my familiarity with [the horrendous HPV vaccine trials](#). Because of this, much of the research fraud and gaslighting of injured clinical trial participants I predicted would happen [was later confirmed by whistleblowers and participants within the trials](#).

- Once a certain threshold of people receives the vaccine, the fact that so many people have been vaccinated is used to create the political justification to create some mandate for the vaccine.

- The vaccine fails to achieve what it was promised to do and injures numerous vaccinated people, creating widespread resistance in the population.

Note: aggressive marketing of a vaccine over a short period suggests there will be significant issues with the vaccine that thus requires hitting the necessary threshold for mandates before widespread resistance emerges against the vaccine.

- This vaccine failure is interpreted as a sign that not enough people were vaccinated, rather than the vaccine being unable to prevent disease outbreaks (and in some cases worsening them).

- Typically, in nature, if something fails to work or causes an undesirable state to be reached, a corrective measure will stop it from continuing to occur (this is known as negative feedback). The failure of vaccines, coupled with the unbreakable faith in them instead, results in a positive feedback loop where their failures increase the zeal to vaccinate.

- In a few cases (specifically with the most dangerous vaccines), this has led to widespread protests against their use (e.g., there was a widespread protest in the military against the [anthrax mandates](#)). The earliest example was the mass protests against [the failed smallpox vaccines](#) over a century ago which eventually ended the mandates and not long after smallpox as well.

Everything we've witnessed with the public protest against the COVID-19 vaccines is a *deja vu* of [the smallpox debacle](#), which serves to illustrate how deeply these patterns are ingrained within our collective psyche.

Note: Recently, [The Times published an investigation](#) which at last acknowledged SARS-CoV-2 came from a lab (something exceedingly evident from the very start of the pandemic that we were nonetheless gaslighted and censored over throughout the pandemic). One quote in that article caught my eye:

The investigators believe the Chinese military had taken an interest in developing a vaccine for the viruses so they could be used as potential bioweapons. If a country could inoculate its population against its own secret virus, it might have a weapon to shift the balance of world power.

For context, China's attempts to vaccinate against SARS-CoV-2 were a failure, and to address outbreaks, China had to institute a variety of draconian policies [which met widespread resistance from the populace](#) (who actually managed to force China's authoritarian government to back down). This quote is hence noteworthy because it either illustrates China's inability to recognize their faith in vaccination was preventing them from recognizing that strategy could only backfire on them or that the investigator's own blind faith in vaccination led them to assume China's military must have shared that faith as well.

The Flawed COVID-19 Vaccine Design

When the COVID-19 vaccines hit the market, there were a few major issues with them many were not aware of.

First, there were serious questions about if it was realistic to develop a COVID-19 vaccine:

- It's challenging to make vaccines against coronaviruses (e.g., they rapidly mutate).
- Despite SARS first emerging over twenty years ago and a great deal of research being dedicated to making a vaccine against this more dangerous coronavirus, there had been no successes, and SARS vaccines tested in animals, through antibody-dependent enhancement, worsened rather than improved a SARS infection in vaccinated animals.
- Vaccines that are (at least somewhat) successful take years to develop. Developing one, testing it on humans, and mass producing it in under a year bordered on impossible. Because this was impossible, every possible corner had to be cut to make that timeline. Because of this, much of the necessary research was skipped (but given a pass by the regulators), and there were [unprecedented quality control issues](#) with the vaccines that were eventually produced.

- Vaccinating once most of the population had already been exposed to COVID-19 meant that it was unlikely the vaccine could do anything meaningful to prevent the spread of COVID-19, and if anything, would worsen the course of the pandemic by creating harmful variants (e.g., [Geert Vanden Boshee](#) repeatedly tried to warn the public about this).

Many of these issues were known within the mainstream vaccinologist community, so even the most extreme vaccine zealots [like Peter Hotez](#) (who [testified to a Congressional committee](#)) warned [there were severe issues with attempting to make this vaccine](#).

In short, making a safe and effective vaccine in a year bordered on impossible.

Second, there were serious issues with the vaccine design:

- The safety of the lipid nanoparticles was not established before vaccination, and specific concerning characteristics of them (such as their use of polyethylene glycol, a known allergen that many in the population had already been sensitized to) were ignored.
- The mRNA vaccines functioned by mass-producing the spike protein throughout the body. It was never established where the vaccine would end up or how long it would last in the body (Pfizer and Moderna were allowed to skip testing this before their approval).

Many of the problems we have since encountered with the vaccines are due to the persistence and spread of the mRNA and spike protein throughout the body. You may remember that they were initially promised to only get into the cells of your muscles (excluding where the DNA was) and then rapidly disappear. Since lipid nanoparticles were already known to spread throughout the body and the vaccine mRNA [was modified to resist being broken down by the body](#), it should have been assumed this would happen if there were no data to refute the possibility.

- The spike protein was one of the most rapidly mutating parts of the coronavirus. Historically, vaccines made only against one antigen (“monovalent vaccines”) tend to fail, even in cases where the antigen mutates more slowly, as they create a selective pressure for the pathogen to no longer carry the vaccine’s antigen.
- The vaccines directly injected into the body created an immune response to the spike

protein in the blood. They did not, however, create an immune response to it in the lining of the respiratory tract (e.g., the nasal mucosa). Because of this, while the vaccine [had the potential to reduce symptoms](#), it was unlikely the vaccine could ever prevent transmission, and this same issue has been observed in numerous other vaccines. However, even though this principle was well-known to vaccinologists and Pfizer's own paper never claimed their vaccine prevented transmission, it was assumed to and used as a justification to turn the population against each other and institute mandates.

- The spike protein was highly immunogenic. Furthermore, it had many unusual matches with human tissue, something known to create autoimmunity and which [many academics warned against](#) before the spike protein vaccines hit the market. Worse still, the spike proteins were expressed on the surface of the cells that the synthetic mRNA had transfected, which would likely trigger the immune system to attack those cells. Not surprisingly, the mRNA vaccines ended up [having an extraordinarily high rate of triggering autoimmune diseases](#), and as far as I know, no other pharmaceutical has done anything comparable.

- The spike protein appeared to be a highly effective agent [at collapsing the zeta potential of the body](#) (this was a distinguishing characteristic of COVID-19 infections). This is a common mechanism of harm with all vaccines, but typically they have a much smaller adverse effect on zeta potential. This is why amongst other things, blood clots are so common after vaccination and why vaccine injuries often respond to [treatments that restore the physiologic zeta potential](#).

All of this meant that a vaccine based on mass-producing the toxic spike protein in the body was unlikely to be effective and likely to cause harm. As time has passed, we have seen that on an unprecedented scale and discovered a variety of other “unexpected” ways it messed up the immune system.

Sadly, none of this mattered, and despite our best efforts (e.g., [we brought up the least controversial red flags](#)), we could not prevent our colleagues from vaccinating, quite a few of whom are now injured and regret taking the vaccine. Although I've seen similar things in the past, it was still almost surreal to observe how effective the marketing campaign for these vaccines was and how many doctors believed they were a modern-day miracle that would end the pandemic.

Because of how badly the vaccines were designed (many of their issues could have easily been avoided, and this should have been apparent to Pfizer's scientists), many of us have wondered if the vaccines were deliberately designed to fail. Although this seems nonsensical at first, it makes a lot of sense if the goal was to sell as many products as possible, given that there was no accountability for the vaccine's failures and those failures could be attributed to new variants that needed new boosters.

Note: a longer discussion of why the COVID-19 vaccines could never work can be found [here](#).

Moving The COVID-19 Goal Posts

Moving the goalposts is a metaphor, derived from goal-based sports, that means to **change the rule or criterion (goal) of a process or competition while it is still in progress**, in such a way that the new goal offers one side an advantage or disadvantage.

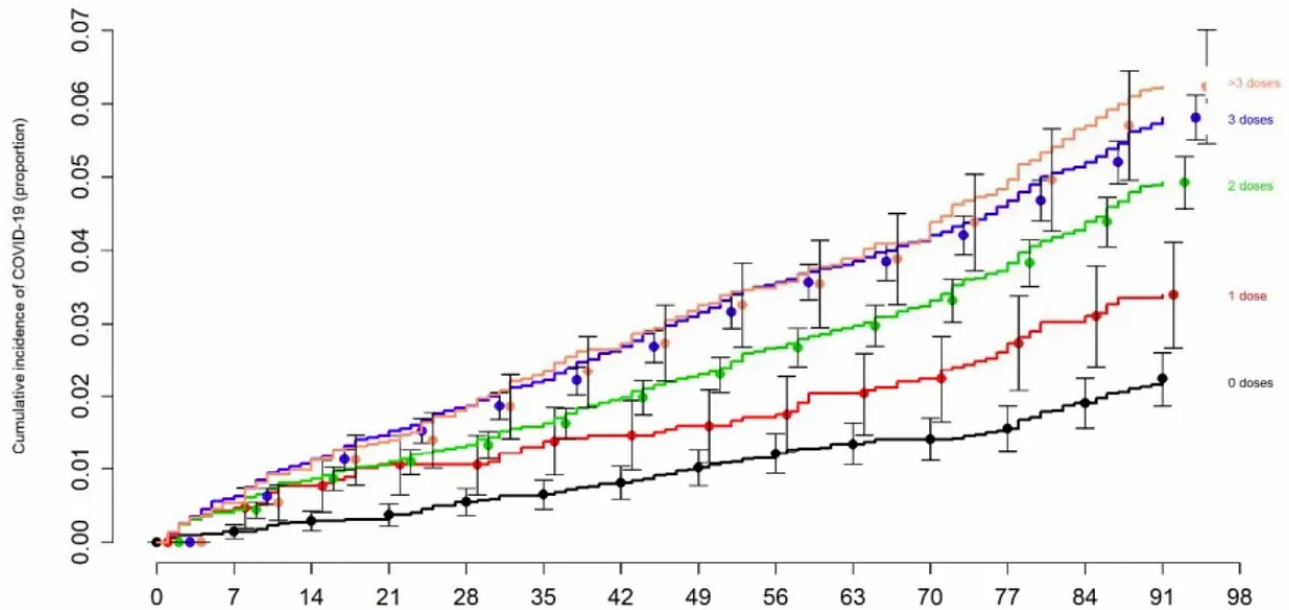
Since vaccines inevitably fail to live up to their impossible promises, new reasons must be continually invented to justify pushing them on the population. As you may remember, the COVID-19 vaccines were initially presented as being voluntary (in fact, they were [originally marked under a scarcity model](#) 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, and requiring multiple boosters each year. This reversal was entirely predictable as it followed the playbook already developed with previous vaccinations.

Fortunately, because of how unfeasible the vaccines were and just how aggressively their impossible promises were dishonestly promoted to the population ([many of which I cataloged here](#)), a lot of people woke up to the entire scam—especially after a Pfizer representative [admitted to Europe's parliament that they lied about the vaccine preventing transmission](#) (ironically justifying this lie under the fact the unrealistic timeline to produce the vaccine forced them to). I thus frequently saw memes like this:



In addition to the meme's accuracy, since it was created, every remaining justification for the COVID-19 vaccines has been demolished. First, numerous datasets have shown that vaccines actually increase one's risk for COVID-19 and that this risk increase as you receive more vaccinations. This was most clearly shown by the Cleveland Clinic's [study](#) of 51011 people):



Likewise, more and more datasets have emerged showing vaccination campaigns were correlated with an increase in death:

Biden's Vaccine Mandate

Age	Q2 2021	Q3 2021	Q4 2021	Q1 2022
0-24	119%	127%	110%	91%
25-34	131%	178%	131%	125%
35-44	133%	200%	156%	136%

45-54	119%	180%	151%	143%
55-64	114%	153%	141%	137%
65-74	108%	131%	125%	122%
75-84	106%	119%	121%	121%
85+	92%	104%	105%	103%

Excess mortality by Age in the USA

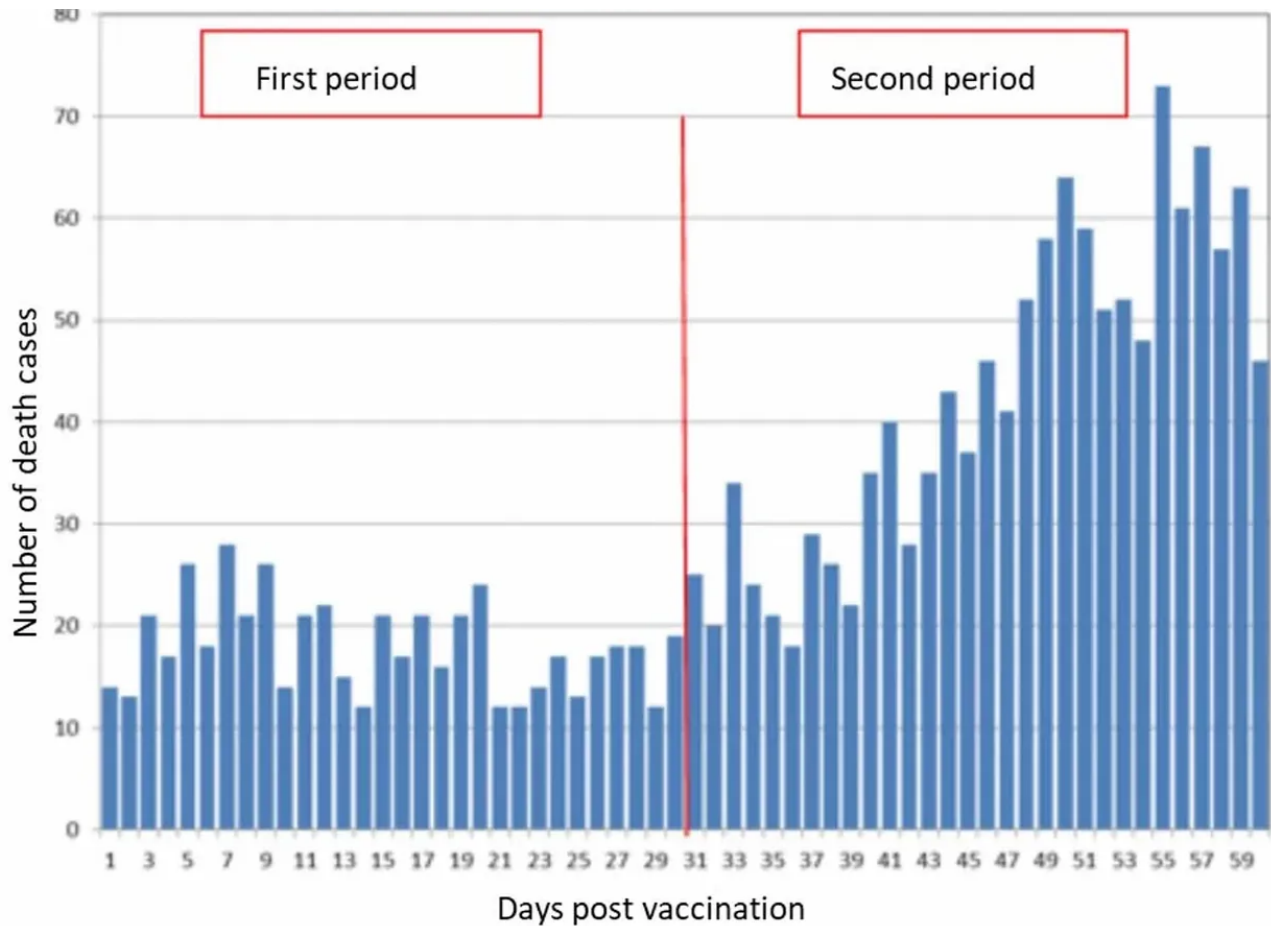
In some data sets that could show it, this mortality was also shown [to be directly associated with being vaccinated](#):

All Cause Death Risk ratio by age group, UK 2022 "ever vaccinated" vs "unvaccinated"
 values > 1 indicate higher death risk for vaccinated
 source: UK ONS data



Furthermore, this risk [was shown](#) only to increase following vaccination:

Source: The Israeli Ministry of Health



Note: Medicare data (summarized [here](#)) also showed an increased risk of death following vaccination.

Recently another [Substack author dug up a study](#) that destroyed the last goalpost. It was a retrospective study of Merck’s highly questionable COVID-19 therapy on patients within the VA (which provided a larger and relatively homogenous dataset). However, this study inadvertently did something that is typically not permitted—it compared the severe COVID-19 outcomes between vaccinated and unvaccinated patients. To quote [Igor Chudov](#):

Look at the “control group”: veterans who did NOT receive Molnupiravir and received standard care instead (circled above). Let’s make a nice table out of that:

Category	Total Number of Veterans	Hospitalized or Died	Hospitalizations or Deaths Per 1,000

Unvaccinated or primary series incomplete	27,053	429	15.86	!!!
Primary series complete, no booster	15,660	390	24.90	!!!
Primary series complete, booster	20,568	549	26.69	!!!
Primary Plus Booster > 3 months ago	26,657	720	27.01	!!!

Note: these results are both highly concerning (drugs with a much smaller risk profile have been pulled from the market) and, as shown above, consistent with everything else that has been observed with the vaccines.

Conclusion:

Two fundamental issues are responsible for the COVID-19 debacle that, in many ways, are two halves of the same coin.

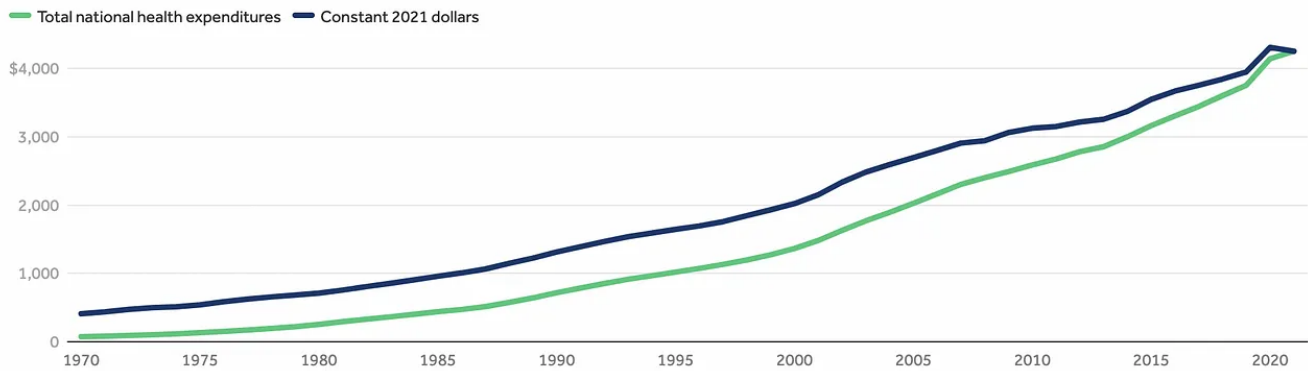
The first is the vaccine-positive feedback loop (which the pharmaceutical industry has been eager to encourage). If something novel were to be introduced, you would initially be cautious about adopting it. Then if you saw signs the new thing was harmful and had the opposite effect of what was intended (e.g., killing people instead of saving lives), you would back off of it. However, due to the vaccine positive feedback loop, the exact opposite occurs, and the proponents of the vaccination campaigns double down on doing even more of it.

As I tried to show with [the smallpox example](#), we have lived with the consequences of that dysfunctional mindset for over a century. That unshakable faith in vaccination, in turn, is why we still won't follow practices that could dramatically reduce the rate of harm from vaccination (e.g., spacing vaccinations out, [not giving the most harmful vaccines](#), and not giving Tylenol after a vaccine-induced fever). It's also why so few healthcare professionals understand [many of the signs and mechanisms of vaccine injury](#) (despite those mechanisms having been worked out decades ago) and why simple treatments for vaccine injuries (e.g., [restoring the physiologic zeta potential](#)) are still almost unknown.

The second is how much money goes into our medical system and how the medical industry reciprocally focuses on how to get more money rather than meeting its duty of making people healthy (which it arguably has an inherent conflict of interest in doing as

you can't sell medicine to people who aren't sick). This trend is best exemplified by the fact each year, more and more of our money goes to healthcare spending:

Total national health expenditures, US \$ Billions, 1970-2021



Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.

Source: KFF analysis of National Health Expenditure (NHE) data • Get the data • PNG

Peterson-KFF
Health System Tracker

Yet despite almost a fifth of all the money spent in the USA going to healthcare, we have [significantly worse healthcare outcomes](#) than the other developed nations, all of whom pay much less than we do on healthcare, and nothing has been done to break this positive feedback loop. Instead, we keep spending more on our dysfunctional healthcare apparatus.

Once you see things through this lens, everything makes much more sense. For example, clinical trials cost a lot of money, so if a profit-focused pharmaceutical company gets data that suggests they will lose the money they invested in the clinical trial, why wouldn't they fake the data to suggest otherwise? Similarly, if medical journals, the media, and government regulators are responsible for catching this fraud but depend on pharmaceutical money, how could you expect them to expose a fabricated trial?

As the years go by, the greed of the pharmaceutical industry and the corruption I've seen in all the parties responsible for preventing it keeps increasing. During COVID-19, it accelerated to such a degree that much of the public could see it too. It also entered other industries like Big Tech ([which reciprocally invested in the industry](#) which was followed by taking the unprecedented step to zealously censor anything online that threatened the pandemic boondoggle) and made the corrupt leadership within the Federal Government become more and [more brazen in their advocacy for the industry over the American](#)

[people](#).

Recently, for example, I covered the industry's annual conference for investors (which sets the tone for the drug campaigns we will see over the next year). That conference had the head of the FDA, Califf ([who had a long history of working hand in hand with Big Pharma](#)), be invited as a keynote speaker. Furthermore, right before the conference started, [Califf presided over the non-traditional approval of a new drug](#), and it just so happened that the financial opportunities created by that drug (and a few others the FDA had recently enthusiastically approved) were the focus of the conference.

Note: I specifically covered that conference because while the drugs they promoted for treating these new franchises had many huge issues, safe, affordable, and effective [treatments for Alzheimer's disease](#) and [treatments for obesity](#) have existed for years and, in many cases, decades. Unfortunately, like many other effective therapies, they are simply forgotten sides of medicine because no one can make money off of them.

However, while the medical profession and our societal institutions have been unable to break the downhill spiral created by this positive feedback loop, one functioning negative feedback system still exists—the American Public. Consider, for example the results of [this recent survey](#) of 1000 American adults:

How likely is it that side effects of COVID-19 vaccines have caused a significant number of unexplained deaths?

28% very likely

21% somewhat likely

20% not very likely

17% not at all likely

14% not sure

Do you personally know anyone whose death you think may have been caused by side effects of COVID-19 vaccines?

28% yes

61% no

10% not sure

I sincerely believe the pharmaceutical industry overplayed its hand, and the choice to push the COVID-19 vaccines on the public will be immensely costly to the industry in the long term due to the widespread loss of public trust in Big Pharma. The best parable I can think of for this situation is "[The Goose That Laid the Golden Eggs](#)," which tells the story of a goose that periodically did just that for its previously impoverished owners.

After becoming fabulously wealthy, its owners decided they needed even more money and killed the goose to get the rest of the eggs inside it—only to discover there was no gold in the goose, thus squandering the immense source of prosperity that had fallen into their laps. Like many others, I am therefore doing my best to utilize the unprecedented window the industry has given us to get their golden goose, and I thank each of you for helping to do so too.

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NeverDull Jul 11  Liked by **A Midwestern Doctor**

I follow many of the links in your articles, and had missed the one that breaks down the potential harms of the suite of vaccines that are generally required in childhood. I am horrified that I allowed my kids to get all of these vaccines (sans Covid, my antenna were up for that one). But I was fully duped on all the others, including Gardasil. As my