

# Fauci just tanked the covid19 vaccine program – And no one noticed

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Dr. Anthony Fauci of the US NIAID has dramatically lowered the bar for measuring success of COVID19 vaccines. All of sudden, COVID19 vaccines are only expected to prevent symptoms, not prevent transmission.

According to a report filed Oct 27, 2020 by [Daily Mail](#), “Dr Anthony Fauci cautioned that early COVID-19 vaccines are focused on **preventing symptoms of the virus** – not blocking it – during Yahoo Finance’s All Markets Summit on Monday”. (emphasis mine).

**“Dr Anthony Fauci cautioned that early COVID-19 vaccines are aimed at preventing symptoms during Yahoo Finance’s All Markets Summit on Monday”**

**“‘If the vaccine allows you to prevent initial infection, that would be great,’ he said. ‘[But] the primary endpoint [is] to prevent clinically recognizable disease’ ”**

KNOWING THAT COVID19 vaccines did not prevent transmission in Rhesus macaque monkeys, Fauci is trying to sell the idea that COVID19 vaccines might not need to prevent transmission to be considered worthwhile.

This is more than “managing expectations”. The fact that Fauci saying this means the vaccine manufacturers – and government agency personnel bent on keeping effective medicines away from people ill with COVID19 (see [c19study.com](#)), who are focused entirely on bringing a vaccine solution forward as the only solution to COVID19, all recognize that their program is in big, big trouble.

Here’s are some of the reasons why:

**The justification for vaccination is to protect the at-risk who cannot vaccinate, such as the immunocompromised.** Since COVID19 vaccines won’t prevent transmission, this undercuts the “greater good” argument – vaccines that only work to reduce the severity of the illness and do not prevent

transmission leave the immunocompromised at risk.

**The vaccine may in fact make COVID19 much, much worse in many people.** Many people who are vaccinated against COVID19 will likely suffer from “Disease Enhancement”, caused by “Pathogenic Priming” of the immune system to attack any of dozens of tissues in the human body following vaccination once they acquire the real viral infection. This is such a serious threat to public health that one MD I spoke with today mentioned that he was “deathly afraid of people dropping like flies” due to pathogenic priming.

**Time will tend to hide causal immunological relationships between vaccination and more severe disease.** The fact that some people might be receive their second exposure to the viral protein until weeks, months or a year following their Priming exposure (from the vaccine) will tend to obscure recognition of the causal relationship between the vaccine and the severe COVID19 cases. Those serious cases, up to 18 months following the onset of the vaccine program, will likely be blamed on a “more virulent strain”. Either way, the vaccines will appear to be very ineffective – just like influenza vaccines. It seems likely that the lack of efficacy will be blamed on waning immunity, and second booster shot each year will be recommended.

**For all of the talk on “Immunity Cards” and “ImmunityID”, such programs will fail.** There is little reason to provide proof that you are vaccinated because if you are not immune and can still transmit SARS-CoV-19, you’re a carrier and such programs will be futile.

**Vaccine mandates to reduce the severity of the disease will not make sense since most people are asymptomatic already anyway.** If the vaccine only makes the symptoms milder, and produces carriers, and most people who can be infected are not likely to experience serious illness already, the vaccine will not be seen as reducing severity in most people. The disease enhancement seen in animals in prior coronavirus studies (back when we used to use animals, not people, as guinea pigs for risky viral challenge studies) was more severe in older animals. We can fairly well surmise what is likely to happen if the M.O. for this vaccine is “vaccinate those at risk”.

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