

How COVID-19 Vaccine Trials Are Rigged

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › While vaccine makers insist any COVID-19 vaccine reaching the market will have undergone rigorous testing, the way trial protocols are designed suggests these vaccines will not have a significant impact on infection rates, hospitalizations or deaths
- › Shockingly, preventing infection with SARS-CoV-2 is not a criterion for success in these vaccine trials. The only criterion for a successful COVID-19 vaccine is a reduction of symptoms shared by both COVID-19 and the common cold
- › In AstraZeneca's case, the interim analysis includes 50 vaccine recipients. The vaccine will be a success if 12 or fewer develop symptoms after exposure to SARS-CoV-2, compared to 19 in the 25-person control group
- › At least two cases of transverse myelitis (severe inflammation of the spinal cord) has been documented in AstraZeneca's trial, and the company temporarily halted its trial in September 2020. In October, Johnson & Johnson also paused its trial due to an undisclosed "unexplained illness" in one of its participants
- › If the vaccine cannot reduce infection, hospitalization or death, then it cannot end the pandemic, which means everyone who takes the vaccine will be doing so in vain

There's been a lot of talk lately about whether or not the fast-tracked COVID-19 vaccine will in fact be safe and effective. While vaccine makers insist that any vaccine reaching the market will have undergone rigorous testing, the way trial protocols are designed suggests these vaccines may leave a lot to be desired.

As reported¹ by Forbes contributor William Haseltine, a former professor at Harvard Medical School and Harvard School of Public Health, while Moderna, Pfizer,

AstraZeneca and Johnson & Johnson have all published their vaccine trial protocols in a rare display of transparency, “close inspection of the protocols raises surprising concerns.”

In a nutshell, the trial designs are such that the vaccines will get a passing grade even if their efficacy is minimal. Of course, we must also consider vaccine side effects and I’ve also written several articles about mounting [safety concerns](#).

COVID-19 Vaccine Trials Rigged to Pass Efficacy Test

As noted by Haseltine, prevention of infection would typically be a critical endpoint of any vaccine trial. In other words, you want to ensure that when you take the vaccine, your risk of infection is significantly reduced.

However, when it comes to the COVID-19 vaccine, shockingly, preventing infection is not a criterion for success in any of these trials. The only criterion for a successful COVID-19 vaccine is a reduction of COVID-19 symptoms, and even then, the reduction required is minimal.

“We all expect an effective vaccine to prevent serious illness if infected. Three of the vaccine protocols – Moderna, Pfizer, and AstraZeneca – do not require that their vaccine prevent serious disease only that they prevent moderate symptoms which may be as mild as cough, or headache,” Haseltine writes,² adding:

“The pharmaceutical companies intend to do trials ranging from 30,000 to 60,000 participants. This scale of study would be sufficient for testing vaccine efficacy.

The first surprise found upon a closer reading of the protocols reveals that each study intends to complete interim and primary analyses that at most include 164 participants. These companies likely intend to apply for an emergency use authorization (EUA) from the Food and Drug Administration (FDA) with just their limited preliminary results.”

To get a “passing” grade in the limited interim analysis, a vaccine must show a 70% efficacy. However, again, this does not mean it will prevent infection in 7 of 10 people. As explained by Haseltine:³

“For Moderna, the initial interim analysis will be based on the results of infection of only 53 people. The judgment reached in interim analysis is dependent upon the difference in the number of people with symptoms ... in the vaccinated group versus the unvaccinated group. Moderna’s success margin is for 13 or less of those 53 to develop symptoms compared to 40 or more in their control group.”

The other vaccine makers are basing results on a similar protocol, where only a limited number of vaccinated participants are exposed to the virus to evaluate the extent of their symptoms.

Johnson & Johnson’s interim analysis will include results from 77 vaccine recipients who have been infected with SARS-CoV-2, and if fewer than 18 of them develop symptoms of COVID-19, compared to 59 in the control group, the vaccine will be considered successful.

In AstraZeneca’s case, the interim analysis includes 50 vaccine recipients. The vaccine will be a success if 12 or fewer develop symptoms after exposure to SARS-CoV-2, compared to 19 in the 25-person control group.

Pfizer’s interim analysis is the smallest of the bunch, with just 32 vaccine recipients. Their success margin is seven or fewer vaccine recipients developing symptoms, compared to 25 in the control group. In the primary analysis, efficacy is set to about 60%, and at most, 164 volunteers will be included in that analysis.

Especially concerning are that those receiving the vaccine in these trials are young and healthy individuals who are not really at high risk of dying from COVID-19. This makes the results of these trials highly questionable in the far more vulnerable population of the elderly.

Trials Are Merely Testing Reduction of Common Cold Symptoms

As if that's not eyebrow-raising enough, the minimum qualification for a "case of COVID-19" amounts to just one positive PCR test and one or two mild symptoms, such as headache, fever, cough or mild nausea. As noted by Haseltine, "This is far from adequate."

All they're doing is testing to see if this COVID-19 vaccine will minimize common cold symptoms. They are not actually ensuring the vaccine will prevent serious COVID-19 complications. Johnson & Johnson's trial is the only one that requires at least five severe COVID-19 cases to be included in the interim analysis.

"One of the more immediate questions a trial needs to answer is whether a vaccine prevents infection. If someone takes this vaccine, are they far less likely to become infected with the virus?"

These trials all clearly focus on eliminating symptoms of COVID-19, and not infections themselves. Asymptomatic infection is listed as a secondary objective in these trials when they should be of critical importance.

It appears that all the pharmaceutical companies assume that the vaccine will never prevent infection. Their criteria for approval is the difference in symptoms between an infected control group and an infected vaccine group. They do not measure the difference between infection and noninfection as a primary motivation," Haseltine writes.⁴

Severe illness and death are also secondary objectives in these trials, and none of them include failure to prevent hospitalization or death as an important barrier to success. The increasingly disappearing common sense tells us that if the vaccine cannot reduce infection, hospitalization or death, then it cannot end the pandemic, which means everyone who takes the vaccine will be doing so in vain.

Some COVID-19 Vaccine Trials Are Not Using Inert Placebos

In addition to all of that, some COVID-19 vaccine trials are using other vaccines as “placebo” rather than truly biologically inert substances such as saline, which effectively makes it far easier to hide any vaccine side effects. While Moderna is using a saline solution placebo,⁵ AstraZeneca is using injected meningococcal vaccine rather than a true placebo.⁶

Another way AstraZeneca is masking potential side effects is by administering the vaccine along with certain drugs. In one of its study arms, subjects are given acetaminophen every six hours for the first 24 hours after inoculation. The pain and fever reducer could potentially mask and downplay side effects such as pain, fever, headache or general malaise.

In addition to masking side effects, it is widely recognized among literate natural medicine physicians that using **acetaminophen** during acute viral infections is not a wise strategy as it impairs the immune response to fight the infection.

As reported by Wired:⁷

“The press release for ... results from the Oxford vaccine trials described an increased frequency of ‘minor side effects’ among participants. A look at the actual paper, though, reveals this to be a marketing spin ...

Yes, mild reactions were far more common than worse ones. But moderate or severe harms – defined as being bad enough to interfere with daily life or needing medical care – were common too.

Around one-third of people vaccinated with the COVID-19 vaccine without acetaminophen experienced moderate or severe chills, fatigue, headache, malaise, and/or feverishness.

Close to 10 percent had a fever of at least 100.4 degrees, and just over one-fourth developed moderate or severe muscle aches. That’s a lot, in a young and healthy group of people – and the acetaminophen didn’t help much for most of those problems.”

Two Trials Paused Due to Safety Concerns

September 6, 2020, AstraZeneca paused its Phase 3 vaccine trial due to a “suspected serious and unexpected adverse reaction” in a British participant.^{8,9} The company did not initially divulge the nature of the adverse reaction, but it has since been revealed the volunteer developed severe inflammation of the spinal cord, known as transverse myelitis.^{10,11}

September 12, 2020, the British Medicines Health Regulatory Authority gave AstraZeneca the go-ahead to resume its Phase 3 trial in the U.K., after an independent review found it “safe to do so.”^{12,13} According to an AstraZeneca spokesperson, the incident was a case of undiagnosed multiple sclerosis.¹⁴

Days later, September 19, 2020, The New York Times reported¹⁵ a second case of transverse myelitis had occurred in the AstraZeneca trial. According to one expert consulted by the NYT, the occurrence represented a “dangerous pattern,” and that a third incidence might shut down the vaccine trial indefinitely.

AstraZeneca, however, claims the two cases are “unlikely to be associated with the vaccine,” and that there’s “insufficient evidence to say for certain that the illnesses were or were not related to the vaccine.”¹⁶ October 21, 2020, it was reported¹⁷ that one of the volunteers in AstraZeneca’s Brazilian trial had died from COVID-19 complications, but that the trial would continue anyway.

October 12, 2020, Johnson & Johnson halted its trial due to “unexplained illness” in one of its participants.^{18,19} Like AstraZeneca, Johnson & Johnson has kept mum about the details of the illness, saying “it’s important to have all the facts before we share additional information.”

Side Effects Are Commonplace

The fact that more trials have not been halted is surprising considering the rate of side effects²⁰ occurring in perfectly healthy volunteers. As reported in “[Gates Tries to Justify Side Effects of Fast-Tracked Vaccine](#),” after the first of two doses of the [Moderna](#)

COVID-19 vaccine, 80% of Phase 1 participants receiving the 100 microgram (mcg) dose developed systemic side effects.²¹

After the second dose, 100% reported side effects ranging from fatigue (80%), chills (80%), headache (60%) and myalgia or muscle pain (53%).

Despite that, the 100-mcg dose was ultimately chosen to move on to Phase 3 trials.²² In the highest dosage group, which received 250 mcg, 100% of participants suffered side effects after both the first and second doses.²³ Three of the 14 participants (21%) in the 250-mcg group suffered “one or more severe events.”

An October 1, 2020, report²⁴ by CNBC reviews the experiences of five participants in Moderna’s and Pfizer’s SARS-CoV-2 vaccine trials. One of the participants in Pfizer’s vaccine trial “woke up with chills, shaking so hard he cracked a tooth after taking the second dose.”

A Moderna trial participant told CNBC he had a low-grade fever and felt “under the weather” for several days after his first shot. Eight hours after his second shot he was “bed-bound with a fever of over 101, shakes, chills, a pounding headache and shortness of breath. He said the pain in his arm, where he received the shot, felt like a ‘goose egg on my shoulder.’ He hardly slept that night, recording that his temperature was higher than 100 degrees for five hours.”²⁵

Two others reported similar side effects, and a third warned you would need to take a day off after the second shot. CNBC also noted that “as companies progressed through clinical trials, several vaccine makers abandoned their highest doses following reports of more severe reactions.”

Might Certain COVID-19 Vaccines Raise Risk of AIDS?

Disturbingly, a group of researchers are now expressing concern that some COVID-19 vaccine candidates might put certain people at a higher risk of acquiring HIV, the virus that causes AIDS.^{26,27,28}

Using the failed attempt to create an HIV vaccine as an example, researchers explain²⁹ that the genetically engineered adenovirus, Ad5, used in the HIV vaccine trials, is the same one being used now in four COVID-19 candidates being studied in the U.S., Russia and Pakistan.

At the time of the failed HIV vaccine, scientists were unable to identify the exact reason why Ad5 seemed to increase the risk of HIV; it just inexplicably did. Interestingly, Dr. Anthony Fauci was the lead author on the HIV study,³⁰ in which he questioned “whether the problem extends to some or all of the other recombinant vectors currently in development or to other vector-based vaccines.”

Reflecting on that question, the researchers say they decided to go public with this information now, because Ad5 vaccines for COVID-19 might soon be tested in populations with high HIV prevalence, and they believe that informed consent about the HIV/AIDS risk should be part of the COVID-19 clinical studies.

Will COVID-19 Vaccine Be Mandatory?

According to one September 2020 poll,³¹ only 51% of Americans said they “definitely or probably” would get the COVID-19 vaccine when it comes out. Another survey³² found only 44% would take the first-generation vaccine even if they were paid \$100. Mounting vaccine hesitancy was bemoaned in an October 1, 2020, article³³ in the New England Journal of Medicine, and the answer, the article suggests, is to make it mandatory for all.

And, to entice compliance, the authors recommend implementing severe penalties for noncompliance, such as the suspension of employment and/or house arrest.

An October 19, 2020, article³⁴ by Wisconsin Public Radio also warns that if precedents hold, employers may have the right to force workers to get vaccinated. Potential exceptions might include certain medical issues, bona fide religious objections, and certain union contracts that bar vaccine requirements.

Operation Warp Speed recently selected Walgreens and CVS as nationwide partners in the coming vaccine distribution effort.³⁵ Nursing homes and long-term care facilities around the U.S. can opt in by signing up to have either of these companies come and administer the vaccine to its residents and staff, once available.

So-called “health passports” are also becoming reality. Ireland, for example, has already begun its national trial. The [Health Passport Ireland initiative](#) uses an app to track and display results of COVID-19 testing. Vaccination status will be added once a vaccine becomes available.

Untold amounts of money are also being spent on programs to [tag, track and trace the human population](#) in the name of public health and safety. According to an article³⁶ in the journal JAMA, the estimated cumulative costs of the COVID-19 pandemic related to lost output and health reduction amounts to more than \$16 trillion in the U.S. alone, or about 90% of our annual gross domestic product.

“For this reason, policies that can materially reduce the spread of SARS-CoV-2 have enormous social value,” the article claims. However, testing, tracing and isolation rules, all of which are promoted in this article, also have a price, and it’s one that any sensible person would reject, namely the loss of privacy and liberty.

As reported³⁷ by The Last American Vagabond, governments are selling our freedom in the name of public health. Do we really want to live in a “biosecurity state”? These freedom-robbing strategies are being sold to us as the path back to normalcy, but the reality will be anything but normal.

As detailed in [“The Global Takeover Is Underway,”](#) the pandemic and the global response to it is far from accidental. Overwhelmingly, the evidence points to it being part of a much larger scheme to implement the last stages of a technocratic takeover.

I’ve also covered various aspects of this globalists agenda in [“COVID Symptoms of Power: Tech Billionaires Harvest Humanity,”](#) [“Tech Billionaires Aiming at a Global Currency,”](#) [“Harvard Professor Exposes Surveillance Capitalism,”](#) [“How Medical Technocracy Made the Plandemic Possible”](#) and [“US Surveillance Bill 6666: The Devil in the Details.”](#)

The COVID-19 pandemic has dramatically widened the economic gap between average people and the wealthy elite,^{38,39} and continuing down the path we're currently on will only make this disparity worse, not better.

The globalist plan isn't about creating a better world for the average person, it's about enslaving us so that we cannot reject or even resist what's ultimately coming. Forced vaccinations are but one aspect of the plan that must be resisted at all cost.