Are COVID Shots Fueling More Dangerous Mutations?

By Dr. Joseph Mercola | mercola.com

Story at-a-glance

- When vaccines that don't provide robust immunity are overused, they allow viruses to mutate in potentially hazardous ways. COVID variants with measurably different behavior emerged in mid-December 2020, which coincides with the rollout of the first COVID shots
- While variants were identified in various areas before the shots were introduced in those same regions, vaccine makers were conducting large-scale trials on thousands of people in those areas well before the shots became available to the public, and before variants were detected
- The COVID shots do not prevent infection or transmission, hence the variants created inside vaccinated individuals will spread. This hypothesis was confirmed in a 2015 study, which found that "imperfect vaccination can enhance the transmission of highly virulent pathogens"
- Research shows fully vaccinated individuals who develop breakthrough infections with the Delta variant have the same viral loads as unvaccinated individuals infected with this virus, hence both groups can spread the infection to the same degree
- Data from the U.S. Centers for Disease Control and Prevention show 74% of COVID-19 diagnoses in Barnstable County, Massachusetts, between July 6 through July 25, 2021, and 80% of hospitalizations, were among the fully vaccinated

Will mass injections against COVID-19 encourage the mutation of more dangerous versions of SARS-CoV-2? In the video above, WhatsHerFace questions why the U.K. government is procuring 6 million pounds worth of body bags, or "temporary body storage," even as government officials announce that the current vaccination rate has "created a protective wall" against the infection.[1]

If that's true, why are they expecting an "excess death scenario" requiring massive numbers of body bags? The procurement agreement will remain in effect for a period of four years. Does the U.K. government know something they're not sharing with the public?

Have they peeked at the actual science and realized that mass vaccination during an active pandemic might encourage mutations that evade vaccine-induced defenses, or that the gene-modifying injections might render the vaccinated more susceptible to serious illness and death through a mechanism known as antibody-dependent enhancement (ADE) or the more descriptive term, paradoxical immune enhancement (PIE)?

Where Are the Variants Coming From, and Why Now?

WhatsHerFace highlights some of the answers given by health professionals on social media when asked why no problematic variants emerged during the first year when no COVID injections were available, and only popped up after the mass injection campaign started.

According to one such answer, "Our surveillance sucked in the beginning and it takes time for variants to come about but once they come they become rampant." Interestingly, as noted in a February 15, 2021, article in The Conversation,[2] variants with "measurably different behavior" did not emerge until mid-

December 2020, which just so happens to be the exact time at which the first COVID shots were rolled out.

Fact-checkers have tried to debunk any connection between COVID shot rollouts and the emergence of variants by showing that variants were identified in various areas before the shots were introduced in those same regions. However, as noted by WhatsHerFace, vaccine makers were conducting large-scale trials in those areas well before the shots became available to the public.

For example, Pfizer enrolled more than 46,000 participants in the U.S., Argentina, Brazil, South Africa, Germany, and Turkey,[3] and Oxford/AstraZeneca injected 23,000 participants in the U.K., Brazil, and South Africa.

> *"Now this is very interesting," WhatsHerFace says, "because you'll actually find that each of the areas where variants first emerged just happen to be the same countries where the trials took place."*

The Backstory of the Delta Variant

The Delta variant (B.1.617.2) was initially identified in India on December 1 and 11, 2020. While the COVID jabs were not rolled out in India until mid-January 2021, Phase 3 trials for Biotech's Covaxin were initiated in Bharat, India, on November 16, 2020. By December 22, 2020, 22,500 volunteers had received the jab.

On a side note, the Indian government released Covaxin to the public before Phase 3 trials were completed and in the absence of any safety or efficacy data. According to some vaccinologists, the emergence of potentially more problematic variants following mass vaccination rollouts during an active pandemic is precisely what you'd expect.

Dr. Geert Vanden Bosche,[4] whose resume includes work with GSK Biologicals, Novartis Vaccines, Solvay Biologicals, and the Bill & Melinda Gates Foundation, published an open letter[5] to the World Health Organization, March 6, 2021.

In the letter, Bosche warned that implementing a global mass vaccination campaign during the height of the pandemic could create an "uncontrollable monster" where evolutionary pressure will force the emergence of new and potentially more dangerous mutations.

> *"There can be no doubt that continued mass vaccination campaigns will enable new, more infectious viral variants to become increasingly dominant and ultimately result in a dramatic incline in new cases despite enhanced vaccine coverage rates. There can be no doubt either that this situation will soon lead to complete resistance of circulating variants to the current vaccines," Bossche wrote.*[6]

'Leaky' Vaccines Promote Mutations

In short, when vaccines that don't provide robust immunity are overused, they allow viruses to mutate in potentially hazardous ways. When you overuse an antibiotic that fails to eradicate the bacteria, antibiotic-resistant bacteria are allowed to flourish.

In the same way, overuse of a vaccine that doesn't provide immunity can allow the virus to mutate inside vaccinated individuals into variants that evade vaccine-induced immunity.

And, as we already know, the COVID shots do not prevent infection or transmission, hence the variants created inside vaccinated individuals will spread, attacking both vaccinated and unvaccinated alike. This hypothesis was confirmed in a

2015 study[7] in PLOS Biology, which found that "imperfect vaccination can enhance the transmission of highly virulent pathogens." As explained by the authors:[8]

> *"There is a theoretical expectation that some types of vaccines could prompt the evolution of more virulent ('hotter') pathogens. This idea follows from the notion that natural selection removes pathogen strains that are so 'hot' that they kill their hosts and, therefore, themselves.*
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> *Vaccines that let the hosts survive but do not prevent the spread of the pathogen relax this selection, allowing the evolution of hotter pathogens to occur. This type of vaccine is often called a leaky vaccine. When vaccines prevent transmission, as is the case for nearly all vaccines used in humans, this type of evolution towards increased virulence is blocked.*
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> *But when vaccines leak, allowing at least some pathogen transmission, they could create the ecological conditions that would allow hot strains to emerge and persist.*
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> *This theory proved highly controversial when it was first proposed over a decade ago, but here we report experiments with Marek's disease virus in poultry that show that modern commercial leaky vaccines can have precisely this effect: they allow the onward transmission of strains otherwise too lethal to persist.*
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> *Thus, the use of leaky vaccines can facilitate the evolution of pathogen strains that put unvaccinated hosts at greater risk of severe disease."*

This research was reported in a number of mainstream media

publications, including Live Science,[9] Newsweek[10], and National Geographic.[11] Quanta Magazine also took a deep dive into it in May 2018, closing the article with the following observation:[12]

> *"… the most crucial need right now is for vaccine scientists to recognize the relevance of evolutionary biology to their field. Last month, when more than 1,000 vaccine scientists gathered in Washington, D.C., at the World Vaccine Congress, the issue of vaccine-induced evolution was not the focus of any scientific sessions.*
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> *Part of the problem, [disease ecologist Andrew] Read says, is that researchers are afraid: They're nervous to talk about and call attention to potential evolutionary effects because they fear that doing so might fuel more fear and distrust of vaccines by the public …"*

The COVID shots, which do not make you immune against the virus but rather only lessen symptoms of infection, are a perfect example of leaky vaccines that can allow the virus to mutate within the mildly ill host, who then transmits the mutated virus to others. In this way, the shots can fuel a never-ending chain of outbreaks.

NPR Highlights How Vaccines Drive Viral Evolution

In a February 9, 2021, article,[13] NPR highlighted this risk, stating that "vaccines could drive the evolution of more COVID-19 mutants." According to NPR science correspondent Richard Harris, "the virus is always mutating. And if one happens to produce a mutation that makes it less vulnerable to the vaccine, that virus could simply multiply in a vaccinated individual."

Simply having a virus mutating inside you isn't necessarily dangerous, however. The viral load also plays an important role in determining how potentially dangerous a vaccinated individual who carries a mutation might be. If your viral load is low, the risk of you transmitting the mutated virus to others is also low. If your viral load is high, then the risk of transmission increases accordingly.

When it comes to the Delta variant, there's bad news for those who have received one or more COVID shots, as research[14] shows fully vaccinated individuals who develop breakthrough infections with the Delta variant have the same viral loads as unvaccinated individuals who are infected with this virus. As reported by Reuters on August 2, 2021:[15]

> *"Among people infected by the Delta variant of the coronavirus, fully vaccinated people with 'breakthrough' infections may be just as likely as unvaccinated people to spread the virus to others, new research suggests. The higher the amount of coronavirus in the nose and throat, the more likely the patient will infect others.*
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> *In one Wisconsin county, after Delta became predominant, researchers analyzed[16] viral loads on nose-and-throat swab samples obtained when patients were first diagnosed. They found similar viral loads in vaccinated and unvaccinated patients, with levels often high enough to allow shedding of infectious virus.*
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> *'A key assumption' underlying current regulations aimed at slowing COVID-19 transmission 'is that those who are vaccinated are at very low risk of spreading the virus to others,' said study coauthor Katarina Grande of Public Health Madison & Dane County in Madison, Wisconsin.*

> *The findings, however, indicate 'that vaccinated people should take steps to prevent the spread of the COVID-19 virus to others,' she added."*

Lambda Variant Shows Signs of Vaccine Resistance

The latest coronavirus on the block is Lambda, which was first identified in Peru. It's now spreading through South America. Like the Delta variant, Lambda is more infectious than the original SARS-CoV-2 virus. Unlike Delta, it appears more resistant to vaccine-induced antibodies.

According to Reuters,[17] three spike protein mutations "help it resist neutralization by vaccine-induced antibodies." While some claim the emergence of Delta and Lambda is justification for a third booster shot, Rockefeller University researchers point out that a third dose might raise the number of antibodies, but it won't improve their ability to neutralize viruses.[18,19]

If a third dose can't neutralize any of the variants any better than two doses, then we're back at the beginning of this vicious cycle where imperfect neutralization drives additional mutation.

The Rockefeller University paper also highlights the superior protection offered by natural immunity, which is what you get after you've recovered from an infection. According to the authors, "memory antibodies selected over time by the natural infection have greater potency and breadth than antibodies elicited by vaccination."

Most of the identified cases of Covid-19 in a Barnstable County, Massachusetts, town, in July (74%) were among fully vaccinated people. Most, but not all, had the Delta variant.

Additionally, four of five hospitalized patients were fully vaccinated. Only one was not fully vaccinated. ~ Sharyl Attkisson

For transparency, one of the coauthors, Michel Nussenzweig, told Reuters that if an updated injection capable of protecting against one or more specific variants were to become available, "then that would be the choice."

I mention that, because the competing interest statement on that paper reveals the Rockefeller University "has filed a provisional patent application in connection with this work … (US patent 63/021,387). The patent has been licensed by Rockefeller University to Bristol Meyers Squib."

An identical competing interest statement can also be found on other recent papers, including a preprint paper[20] titled "Development of Potency, Breadth and Resilience to Viral Escape Mutations in SARS-CoV-2 Neutralizing Antibodies."

At the time of writing, I got nothing but error messages when trying to access the U.S. patent office to confirm what U.S. patent 63/021,387 might be, but based on the papers bearing this competing interest statement, it sounds like the Rockefeller University might be patenting a new COVID shot against variants.

First COVID Shots Appear Ineffective Against Newer Variants

At the same time that Moderna and Pfizer raise prices on their individual COVID shots by 10% and 25% respectively,[21] evidence of their ineffectiveness continues to mount.

In a July 30, 2021, report,[22] Sharyl Attkisson cited data[23] from the U.S. Centers for Disease Control and Prevention, which show that 74% of COVID-19 diagnoses in Barnstable County, Massachusetts, between July 6 through July 25, 2021, and 80%

of hospitalizations, were among the fully vaccinated.

"The report contradicts multiple false reports that have claimed the vaccines are '100% effective' in preventing hospitalization," Attkisson writes.[24]

"It also contradicts false reports that have implied vaccinated people are not spreading Covid-19. According to CDC, the fully vaccinated are showing just as high of a 'viral load' as unvaccinated people who get infected.

CDC published new data[25] *on the topic in its weekly report. It says that most of the identified cases of Covid-19 in a Barnstable County, Massachusetts, town, in July (74%) were among fully vaccinated people.*

Most, but not all, had the Delta variant. Additionally, four of five hospitalized patients were fully vaccinated. Only one was not fully vaccinated. Today, CDC also acknowledged that Covid-19 viral load is 'similarly high' in both vaccinated and unvaccinated people. That's a result, say officials, of the Delta variant.

From the start, virologists said that there would be natural variants to Covid-19. They also accurately predicted that effectiveness of Covid-19 vaccines would wear down in a matter of months, not years. Now, CDC is confirming that the current Covid-19 vaccines are not working effectively against Covid-19.

In contrast, the millions of Americans who have fought off Covid-19 infections, either with or without symptoms, are proving to have greater and longer lasting immunity, so far, than those who have been vaccinated. That, too, was predicted by virologists."

Americans are now told the Delta variant is a pandemic among the unvaccinated, even though the data doesn't support this claim. The CDC appears to be trying to prop up this narrative by not reporting breakthrough infections in vaccinated individuals unless they are hospitalized or die.

Even then, they acknowledge them only if they have a positive PCR test run at a cycle threshold (CT) below 28,[26] whereas unvaccinated people are still tested at a CT of 40 or above. The higher the CT, the greater the chance of a false positive.

Israeli Data Show Waning Effectiveness of Pfizer Shot

Israel is now recommending a third booster shot for people over the age of 60, as data[27] shows the Pfizer injection is only 39% effective (relative risk reduction) against the Delta variant, down from 64% relative effectiveness two weeks earlier.

As of August 2, 2021, 66.9% of Israelis had received at least one dose of Pfizer's injection; 62.2% had received two doses.[28] A day earlier, August 1, the director of Israel's Public Health Services, Dr. Sharon Alroy-Preis, announced half of all COVID-19 infections were among the fully vaccinated.[29] Signs of more serious disease among fully vaccinated are also emerging, she said, particularly in those over the age of 60.

Alternative Treatments

In closing, remember there are several different treatment protocols for COVID-19 that appear just as effective for variants as for the original virus, including the following:

- Front Line COVID-19 Critical Care Alliance's I-MASS Prevention and At-Home Treatment protocol

- The FLCCC's I-MASK+ Prevention and Early Outpatient Treatment protocol
- The FLCCC's I-RECOVER management protocol for long-haul COVID-19 syndrome
- Nebulized hydrogen peroxide for prevention and treatment of COVID-19, as detailed in Dr. David Brownstein's case paper[30] and Dr. Thomas Levy's free e-book, "Rapid Virus Recovery." Levy believes nebulized hydrogen peroxide can also be an invaluable strategy for combating spike protein toxicity[31] because, in addition to being a powerful antiviral, it will also augment and speed up cellular healing, in part by improving oxygenation

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