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Fast-Tracked COVID-19 Vaccine — What Could Go Wrong?

Analysis by Dr. Joseph Mercola ✔ Fact Checked | January 24, 2023

STORY AT-A-GLANCE

- The COVID-19 vaccine may in fact be the most fast-tracked vaccine ever created in all history, which necessitates the elimination of required safety testing steps, such as animal testing
- Pfizer in collaboration with BioNTech began human trials in the U.S. of a COVID-19 vaccine on May 11, 2020. If successful, the vaccine could be released as early as September 2020 with an FDA-approved Emergency Use Authorization (EUA)
- Like Moderna and several other competitors, the Pfizer/BioNTech vaccine is using messenger RNA (mRNA) rather than live or attenuated (inactivated) viruses grown in animal cells
- Previous attempts to create coronavirus vaccines have failed due to coronaviruses triggering production of two different types of antibodies — one that fights disease and one that triggers "paradoxical immune enhancement" that often results in very serious disease and/or death
- Vaccines that caused paradoxical immune enhancement initially looked very promising as they produced very robust antibody responses. Yet when exposed to the wild virus, ferrets and children became severely ill and many died

From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media is a key player and has been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

Bill Gates — who **illegally invests in the industries he gives charitable donations to** and promotes a global public health agenda that benefits the companies he's invested in — claims life cannot go back to normal until we can vaccinate the global population against COVID-19.[1,2]

And, according to The Rockefeller Foundation's white paper,[3] "National COVID-19 Testing Action Plan," privacy concerns "must be set aside" so that the infection status of every individual can be accessed and validated before permission is given to entering schools, office buildings, places of work, airports, concert and sport venues and more.

We're currently being told that we "must" forgo our civil liberties because we might spread a virus to a potentially vulnerable individual. To prevent deaths from occurring by people moving about freely, we're told we have to stop living.

Yet every single flu season throughout history, people have moved about, spreading the infection around and facilitating the acquisition of natural herd immunity. Undoubtedly, most people who have ever left their house with a cold, stomach bug or other influenza at any point in the past, have unwittingly spread the infection to others, some of which may have ended up with a serious case of illness and some of which may ultimately have died from it.

There is simply no way to prevent such a chain of events in perpetuity. As noted by Attorney General William Barr in an April 21, 2020, interview with Hugh Hewitt,[4] "impingements on liberty" were adopted "for the limited purpose of slowing down the spread, that is bending the curve. We didn't adopt them as the comprehensive way of dealing with this disease."

Indeed, giving up our civil liberties in an effort to prevent all future deaths from infectious disease is profoundly misguided, and will not work in the long run.

Still, people around the world are being effectively manipulated and brainwashed with carefully honed propaganda derived from massive behavioral surveillance, to put life on hold until there's a vaccine. Of course, by then, vaccination will likely become mandatory for anyone who wants to return to regular life.

To pull off this global plan of "disease surveillance" (which will eventually be tied to digital finance and identification schemes that are also in the works), those advocating for a "new normal" need a vaccine, and they need it fast, while fears are still dominating the news.

Vaccine Makers Race to Create COVID-19 Vaccine

Safety testing for vaccines typically leaves much to be desired to begin with, but when it comes to fast-tracked pandemic vaccines, safety testing is accelerated and becomes even more inadequate. The COVID-19 vaccine may in fact be the most fast-tracked vaccine ever created in history, which necessitates the elimination of required safety testing steps, such as animal testing.[5,6]

May 5, 2020, The New York Times reported[7] that Pfizer, in collaboration with BioNTech, was scheduled to begin human trials of a COVID-19 vaccine on May 11, 2020 in the U.S. If successful, the vaccine could be released under an FDA-approved Emergency Use Authorization (EUA)[8] as early as September 2020 — an unheard-of timeframe for any vaccine development.

Other vaccine makers have announced vaccine candidates will be ready in September as well[9] — far sooner than the original 18 months to two years that Gates, Fauci and other authorities initially predicted at the beginning of this pandemic.

April 23, 2020, a dozen healthy German volunteers, aged 18 to 55, received Pfizer's vaccine candidate, known only as BNT162.[10] That trial is expected to eventually be expanded to 200.

Why the elderly, who are the most vulnerable to COVID-19 complications, would be excluded is a question worth asking — especially in light of the paradoxical immune enhancement that coronavirus vaccines are known for. (I'll cover that in a later section.)

The U.S. trial will include 360 healthy volunteers in the first stage, and as many as 8,000 in the second stage. Volunteers will be divided into four groups, each group receiving one of four variations of the vaccine. The trial is being conducted at New York University's Grossman School of Medicine, the University of Maryland School of Medicine, the University of Rochester Medical Center and the Cincinnati Children's Hospital Medical Center.

> *"As soon as pharmaceutical companies can show evidence that a vaccine is effective and has produced no serious harms, they can apply for this kind of approval, which allows doctors to administer the vaccine to those most in need.*
>
> *But more detailed study results may still be needed to persuade federal regulators to approve a candidate for the broader public,"* The New York Times reports.[11]

COVID-19 Vaccine Will Be Unlike Any Other

Like Moderna and several other competitors, the Pfizer/BioNTech vaccine is using messenger RNA (mRNA) rather than live or attenuated (inactivated) viruses grown in animal cells. Among the

vaccine candidates are ones containing uridine-containing mRNA (uRNA), nucleoside-modified mRNA (modRNA) and self-amplifying mRNA (saRNA).[12] As explained by The New York Times:[13]

> *"... messenger RNA ... carries the instructions for cells to make proteins. By injecting a specially designed messenger RNA into the body, the vaccine could potentially tell cells how to make the spike protein of the coronavirus without actually making a person sick.*
>
> *Because the virus typically uses this protein as a key to unlock and take over lung cells, the vaccine could train a healthy immune system to produce antibodies to fight off an infection ... But no vaccine made with this technology for other viruses has ever reached the global market."*

So, not only are we dealing with a novel virus, the mechanics of which is still not thoroughly understood (some experts are now saying it appears to be a genetically engineered virus that attacks the blood[14] more so than the lungs, for example), they're also using a novel RNA-based vaccine that has never been used before.

What could possibly go wrong? In my view — just about everything. It could turn into a global catastrophe the likes of which we've never experienced before.

Fast-Tracked Vaccine Could Have Catastrophic Consequences

In my recent interview above with Robert Kennedy Jr., he summarized the history of coronavirus vaccine development, which began after three SARS epidemics had broken out, starting in early 2002. Two of those three epidemics were lab-created organisms. Chinese, Americans and Europeans all started working on a coronavirus vaccine and around 2012, there were some 30 promising candidates.

As explained by Kennedy, the four best vaccine candidates were then given to ferrets, which are the closest analogue to human lung infections. Kennedy explained what happened next:

> *"The ferrets had an extraordinarily good antibody response, and that is the metric by which FDA licenses vaccines ... They do a serological response [test to] see 'Did you develop in*

your blood antibodies to that target virus?' The ferrets developed very strong antibodies, so they thought, 'We hit the jackpot.' All four of these vaccines ... worked like a charm.

Then something terrible happened. Those ferrets were then exposed to the wild virus, and they all died. [They developed] inflammation in all their organs, their lungs stopped functioning and they died ...

The same thing had happened in the 1960s when they tried to develop an RSV vaccine, which is an upper respiratory illness very similar to coronavirus.

At the time, they did not test it on animals. They went right to human testing. They tested it on I think about 35 children, and the same thing happened. The children developed a champion antibody response — robust, durable.

It looked perfect [but when] the children were exposed to the wild virus, they all became sick. Two of them died. They abandoned the vaccine. It was a big embarrassment to FDA and NIH."

The Cause Behind Paradoxical Immune Enhancement

What could possibly account for this perplexing outcome? Why did the ferrets die when exposed to the wild virus even though they had a robust antibody response to the vaccine?

As explained by Kennedy, after looking into the matter further, researchers in 2012 discovered that coronaviruses produce not just one but two different types of antibodies — neutralizing antibodies[15] that fight the infection, and binding antibodies[16] (also known as nonneutralizing antibodies) that cannot prevent viral infection.

Incapable of preventing viral infection, binding antibodies can instead trigger a "paradoxical immune response," or "paradoxical immune enhancement." "What that means is that it looks good until you get the disease, and then it makes the disease much, much worse," Kennedy said, adding:

"Coronavirus vaccines can be very dangerous, and that's why even our enemies, people who hate you and me — Peter Hotez, Paul Offit, Ian Lipkin — are all saying, 'You got to be really, really careful with this vaccine.'"

Additionally, in my interview with Dr. Meryl Nass that will run May 24, 2020, she notes that Ralph Barric from the University of North Carolina — who collaborated extensively with Shi Zhengli from

the Wuhan Institute of Virology, and who is widely noted as one, if not the leading coronavirus virologist in the world — predicted that the vaccine would be an abysmal failure in the elderly who need it the most.

Many of the COVID-19 vaccines currently in the running are using mRNA to instruct your cells to make the SARS-CoV-2 spike protein (S protein), in other words, the glycoprotein that attaches to the ACE2 receptor of the cell. This is the first stage of the two-stage process viruses use to gain entry into cells.

The idea is that by creating the SARS-CoV-2 spike protein, your immune system will commence production of antibodies, without making you sick in the process. But are they in fact checking which of the two types of antibodies this process will produce?

Will injecting mRNA trigger the production of neutralizing antibodies or will it produce binding/nonneutralizing antibodies? Simply checking for antibody response may not suffice.

Vaccine Propagandist Expressed Concerns

Fast-tracking vaccine development has considerable risks. The best case scenario (highly unlikely) is that it will simply be ineffective (which is typically the case for the seasonal influenza vaccine), or, far more likely, it will cause serious side effects (as was the case with the fast-tracked 1976-1977 and 2009-2010 H1N1 swine flu vaccine), or it just might worsen infection rather than prevent it, as has been the case with previous coronavirus vaccines. As reported by Reuters:[17]

> *"Studies have suggested that coronavirus vaccines carry the risk of what is known as vaccine enhancement, where instead of protecting against infection, the vaccine can actually make the disease worse when a vaccinated person is infected with the virus.*
>
> *The mechanism that causes that risk is not fully understood and is one of the stumbling blocks that has prevented the successful development of a coronavirus vaccine ...*
>
> *'I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with,' Dr. Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, told Reuters."*

Coming from a staunch pro-mandatory vaccination propagandist like Hotez, that's really saying something. Needless to say, COVID-19 vaccine makers will be indemnified from financial liability no matter how many casualties a fast-tracked vaccine might cause.

Fast-Tracked Swine Flu Vaccine Caused Genetic Alterations

The H1N1 swine flu of 2009 was the most recent pandemic of note, and it's well worth remembering what happened with the European fast-tracked vaccine. Europe accelerated its approval process, allowing manufacturers to skip large-scale human trials[18] — a decision that turned out to have tragic consequences[19] for an untold number of children and teens across Europe.

Over the next few years, the ASO3-adjuvanted swine flu vaccine Pandemrix (used in Europe but not in the U.S. during 2009-2010) was causally linked[20] to childhood narcolepsy, which abruptly skyrocketed in several countries.[21,22]

Children and teens in Finland,[23] the UK[24] and Sweden[25] were among the hardest hit. Further analyses discerned a rise in narcolepsy among adults who received the vaccine as well, although the link wasn't as obvious as that in children and adolescents.[26]

A 2019 study[27] reported finding a "novel association between Pandemrix-associated narcolepsy and the non-coding RNA gene GDNF-AS1" — a gene thought to regulate the production of glial cell line-derived neurotrophic factor or GDNF, a protein that plays an important role in neuronal survival.

They also confirmed a strong association between vaccine-induced narcolepsy and a certain haplotype, suggesting "variation in genes related to immunity and neuronal survival may interact to increase the susceptibility to Pandemrix-induced narcolepsy in certain individuals."

In addition to that, there's the research[28] showing that the H1N1 swine flu vaccine was one of five inactivated vaccines that increased overall mortality, especially among girls.

The Pandemrix debacle should be instructive. No one anticipated a flu vaccine to have genetic consequences, yet it did. Now they're proposing injecting mRNA to make every single cell in your body produce the SARS-CoV-2 spike protein. How can we possibly think that the long-term ramifications of this will be clear by September?

Safer Vaccines Can Be Made

In my recent interview with Judy Mikovits, Ph.D. is a cellular and molecular biologist, she points out there's a way to produce a much safer vaccine against COVID-19. Of course, her proposal will never see the light of day or ever be considered.

She proposes a novel vaccine for viruses like SARS-CoV-2 that involves alpha interferon, small amounts of the virus and peptide T, which would block the interaction of the virus and keep your T cells from getting infected.

Interferon Type 1[29,30,31] is a type of beneficial cytokine released by your body as one of its first line of defense against viral infections. In a nutshell, it interferes with viral replication. It's also been shown to suppress certain types of tumors. As part of your immune system, it digests viral DNA and viral proteins in infected cells while simultaneously protecting noninfected neighboring cells.

Interferon alpha and beta also help regulate your immune response. As noted in a 2018 paper[32] on the dual nature of Type 1 and Type 2 interferons, "both antiviral and immunomodulatory functions are critical during virus infection to not only limit virus replication and initiate an appropriate antiviral immune response, but to also negatively regulate this response to minimize tissue damage."

Unlike conventional vaccines, which are mostly injected, this would be oral and only stimulate antibody humoral responses. Her version would also cause innate cellular immunity from the T cells. As Mikovits explained in my recent interview with her, featured in "**Could Retroviruses Play a Role in COVID-19?**":

> *"I was part of the team that first used the immune therapy, a purified Type 1 interferon alpha, as a curative therapy for a leukemia. That research has proceeded for decades, [yet] the Food and Drug Administration said, 'You can't use that in preventing coronaviruses from jumping from animals [to humans].'*
>
> *[Type 1 interferon] is a simple food. It's a simple spray. We have it on the shelf now, made by Merck, [yet] Merck discontinued its use. Why would you do that if that was the frontline ... prevention? Interferon alpha is your body's own best antiviral against coronaviruses and retroviruses."*