

Will COVID Shots Drive Mutated Variants?

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › Based on the scientific evidence, the narrative that unvaccinated people are viral factories for more dangerous variants is false
- › Just as antibiotics breed resistance in bacteria, vaccines put evolutionary pressure on viruses to speed up mutations and create more virulent and dangerous variants
- › Viruses mutate all the time, and if you have a vaccine that doesn't block infection completely, then the virus will mutate to evade the immune response within that person. That is one of the distinct features of the COVID shots – they're not designed to block infection. They allow infection to occur and at best lessen the symptoms of that infection
- › In an unvaccinated person, the virus does not encounter the same evolutionary pressure to mutate into something stronger. So, if SARS-CoV-2 does end up mutating into more lethal strains, then mass vaccination is the most likely driver
- › So far, SARS-CoV-2 variants are at most 0.3% different from the original Wuhan virus. Such minor variation means the virus will not present itself as a new virus. If you've recovered from COVID-19, your immune system will still recognize it

Will COVID shots drive the mutation of SARS-CoV-2, creating ever more variants? Or are the mutations primarily occurring in unvaccinated people? In the video report above, The Last American Vagabond host dives into the scientific research to find out.

As noted by The Vagabond, unvaccinated Americans are actually in the majority, still, despite what you're hearing on the news. Those saying "no" to participating in a medical gene modification experiment are not a small fringe group.

We are the majority, at just over half (51%) of the United States population over the age of 18, as of July 12, 2021. (More specifically, 56% have received one dose, and 49% are fully vaccinated, which for Moderna and Pfizer means having received two doses.¹⁾)

Based on the scientific evidence, the narrative that unvaccinated people are viral factories for more dangerous variants is simply false. Worse, it's the complete opposite of the truth and hides the fact that mass vaccination may be putting us all in a far direr situation than necessary.

Vaccines Drive Viruses to Mutate

As explained in "Vaccines Are Pushing Pathogens to Evolve," published in Quanta Magazine,² "Just as antibiotics breed resistance in bacteria, vaccines can incite changes that enable diseases to escape their control."

The article details the history of the anti-Marek's disease vaccine for chickens, first introduced in 1970. Today, we're on the third version of this vaccine, as within a decade, it stops working. The reason? The virus has mutated to evade the vaccine. The virus is also becoming **increasingly deadly** and more difficult to treat.

A 2015 paper³ in PLOS Biology tested the theory that vaccines are driving the mutation of the herpesvirus causing Marek's disease in chickens. To do that, they vaccinated 100 chickens and kept 100 unvaccinated. All of the birds were then infected with varying strains of the virus. Some strains were more virulent and dangerous than others.

Over the course of the birds' lives, the unvaccinated ones shed more of the least virulent strains into the environment, while the vaccinated ones shed more of the

most virulent strains. As noted in the Quanta Magazine article:⁴

"The findings suggest that the Marek's vaccine encourages more dangerous viruses to proliferate. This increased virulence might then give the viruses the means to overcome birds' vaccine-primed immune responses and sicken vaccinated flocks."

Vaccinated People Can Serve as Breeding Ground for Mutations

As noted by Reilly, before 2021, it was quite clear that vaccines push viruses to mutate into more dangerous strains. The only question was, to what extent? Now all of a sudden, we're to believe conventional science has been wrong all along.

Here's another example: NPR as recently as February 9, 2021, reported that "vaccines can contribute to virus mutations." NPR science correspondent Richard Harris noted:⁵

"You may have heard that bacteria can develop resistance to antibiotics and, in a worst-case scenario, render the drugs useless. Something similar can also happen with vaccines, though, with less serious consequences."

"This worry has arisen mostly in the debate over whether to delay a second vaccine shot so more people can get the first shot quickly. Paul Bieniasz, a Howard Hughes investigator at the Rockefeller University, says that gap would leave people with only partial immunity for longer than necessary."

According to Bieniasz, partially vaccinated individuals "might serve as sort of a breeding ground for the virus to acquire new mutations." This is the exact claim now being attributed to unvaccinated people by those who don't understand natural selection.

It's important to realize that viruses mutate all the time, and if you have a vaccine that doesn't block infection completely, then the virus will mutate to evade the immune

response within that person. That is one of the distinct features of the COVID shots — they're not designed to block infection. They allow infection to occur and at best lessen the symptoms of that infection. As noted by Harris:⁶

"This evolutionary pressure is present for any vaccine that doesn't completely block infection ... Many vaccines, apparently, including the COVID vaccines, do not completely prevent a virus from multiplying inside someone even though these vaccines do prevent serious illness."

In short, like bacteria mutate and get stronger to survive the assault of antibacterial agents, viruses can mutate in vaccinated individuals who contract the virus, and in those, it will mutate to evade the immune system. In an unvaccinated person, on the other hand, the virus does not encounter the same evolutionary pressure to mutate into something stronger. So, if SARS-CoV-2 does end up mutating into more lethal strains, then mass vaccination is the most likely driver.

COVID Variants Are More Similar Than You Think

Now, the [fearmongering over variants](#) is just that: fearmongering. So far, while some SARS-CoV-2 variants appear to spread more easily, they are also less dangerous. The Delta variant, for example, is associated with more conventional flu-like symptoms like runny nose and sore throat than the hallmark COVID-19 symptoms involving shortness of breath and loss of smell.⁷

In an interview for the documentary "[Planet Lockdown](#),"⁸ Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist at Pfizer, pointed out the fraud being perpetrated with regard to variants. He actually refers to them as "simians," because they're near-identical to the original. And, as such, they pose no greater threat than the original.

"It's quite normal for RNA viruses like SARS-CoV-2, when it replicates, to make typographical errors," Yeadon explains. *"It's got a very good error*

detection, error correction system so it doesn't make too many typos, but it does make some, and those are called 'variants.'

It's really important to know that if you find the variant that's most different from the sequence identified in Wuhan, that variance ... is only 0.3% different from the original sequence.

I'll say it another way. If you find the most different variance, it's 99.7% identical to the original one, and I can assure you ... that amount of difference is absolutely NOT possibly able to represent itself to you as a different virus."

Your immune system is a multifaceted system that allows your body to mount defenses against all sorts of threats. Parasites, fungi, bacteria and viruses are the main threat categories. Each of these invades and threatens you in completely different ways, and your immune system has ways of dealing with all of them, using a variety of mechanisms.

Whether you're going to be susceptible to variants has very little to do with whether or not you have antibodies against SARS-CoV-2, because antibodies are not your primary defense against viruses, T cells are. What this means then, is that getting booster shots for different variants is not going to help, because these shots do not strengthen your T cell immunity.

The importance of T cells has been known for a long time, and their role in COVID-19 was confirmed early on in the pandemic. Scientists wanted to find out if patients who recovered from SARS-CoV-1, responsible for the SARS outbreak some 17 years ago, might have immunity against SARS-CoV-2. As it turns out, they did.

They still had memory T cells against SARS-CoV-1, and those cells also recognized SARS-CoV-2, despite being only 80% similar. Now, if a 20% difference was not enough to circumvent the immune system of these patients, why should you be concerned with a variant that is at most 0.3% different from the original SARS-CoV-2?

"When your government scientists tell you that a variant that's 0.3% different

from SARS-CoV-2 could masquerade as a new virus and be a threat to your health, you should know, and I'm telling you, they are lying," Yeadon says.

"If they're lying, and they are, why is the pharmaceutical industry making top-up [booster] vaccines? ... There's absolutely no possible justification for their manufacture."

Mutations Are Good for Vaccine Business

Of course, by pushing fear of variants, vaccine makers ensure a steady supply of people willing to participate as guinea pigs in their **for-profit business scheme**. Pfizer plans to ask for EUA authorization for a third COVID booster shot in August 2021, Bloomberg reports.⁹

According to Pfizer's head of research, Dr. Mikael Dolsten, initial data suggest a third dose of the current Pfizer shot can raise neutralizing antibody levels by anywhere from fivefold to 10-fold.¹⁰ The company is also working on variant-specific formulations.

Dolsten points to data from Israel, where Pfizer's mRNA injection was used exclusively, which shows a recent uptick in breakthrough cases. This suggests protection starts to wane around the six-months mark. For now, the FDA is not recommending boosters,¹¹ but that can change at any moment, and most likely will.

Pfizer recently announced it intends to raise the price on its COVID shot once the pandemic wanes,¹² and during a recent investor conference, Pfizer's chief financial officer Frank D'Amelio said there's "significant opportunity" for profits once the market shifts to annual boosters.¹³

In an April 2021 article, The Defender reported expected profits from current COVID shots and boosters in coming years:¹⁴

- Pfizer expects a minimum revenue of \$15 billion to \$30 billion in 2021 alone

- Moderna expects sales of \$18.4 billion in 2021; Barclays analyst Gena Wang forecasts the company's 2022 revenue to be somewhere around \$12.2 billion and \$11.4 billion in 2023
- Johnson & Johnson expects sales of \$10 billion in 2021

Vaccine Treadmill Ahead

The way things have been going, it seems inevitable that we're facing a vaccine treadmill, where new variants will "necessitate" boosters on a regular basis. Boosters will also drive the "need" for [vaccine passports](#) to keep track of it all. As reported by The Defender:¹⁵

"Annual COVID booster shots are music to the ears of investors. But some independent scientists warn¹⁶ that trying to outsmart the virus with booster shots designed to address the next variant could backfire, creating an endless wave of new variants, each more virulent and transmissible than the one before ...

According to Rob Verkerk Ph.D., founder, scientific and executive director of Alliance for Natural Health International, variants can become more virulent and transmissible, while also including immune (or vaccine) escape mutations if we continue on the vaccine treadmill – trying to develop new vaccines that outsmart the virus.

Verkerk said 'if we put all our eggs' in the basket of vaccines that target the very part of the virus that is most subject to mutation, we place a selection pressure on the virus that favors the development of immune escape variants."

Vaccinologist Dr. Geert Vanden Bosche,¹⁷ whose resume includes work with GSK Biologicals, Novartis Vaccines, Solvay Biologicals and the Bill & Melinda Gates Foundation, published an open letter¹⁸ to the World Health Organization, March 6,

2021, in which he 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.*¹⁹

Will COVID-19 Shots Save Lives? Probably Not

As noted in the BMJ paper²⁰ "Will COVID-19 Vaccines Save Lives? Current Trials Aren't Designed to Tell Us," by associate editor Peter Doshi, while the world is betting on gene modification "vaccines" as the solution to the pandemic, the trials are not even designed to answer key questions such as whether the shots will actually save lives.

In an October 23, 2020, response²¹ to that paper, Dr. Allan Cunningham, a retired pediatrician, provided a summary of papers dating back to 1972, showing vaccines have been notoriously ineffective. In many cases, deaths have actually risen in tandem with increased vaccination rates, suggesting they may actually have a net negative effect on mortality.

Cunningham also lists studies arguing that the Centers for Disease Control and Prevention has exaggerated flu mortality statistics in an effort to increase uptake of the flu vaccine. They're clearly doing the same thing with COVID-19 mortality statistics. If people had not been so **misled by government authorities** about the true lethality of COVID-19, half the country would not have rolled up their sleeves to take an experimental gene modification injection. As noted by Cunningham:²²

"2020: A 14-year study finds that influenza vaccines are associated with an 8.9% increase in the risk of all-cause mortality in elderly men ... During six A/H3N2-predominant seasons their all-cause mortality increase was 16.6%!

...

The unfortunate history of influenza vaccines should warn us against repeating the process with Covid-19 vaccines. Peter Doshi may be understating the case when he suggests that influenza vaccines have not saved lives. The foregoing history and other observations suggest that in whole populations over the long run seasonal flu campaigns have actually cost lives ...

This idea is hard to grasp in the face of massive publicity and reports of 'vaccine effectiveness.' The vaccines provide modest short-term protection against seasonal flu, but the VE studies completely ignore adverse effects (e.g. high fever, seizures, narcolepsy, oculo-respiratory syndrome, Guillain-Barre syndrome) ... We don't need another vaccine treadmill that could do more harm than good."

Natural Selection Will Win

As we move forward, it's really important that we not cast aside hard-won science lessons in favor of politically-driven propaganda. The propaganda is not science. Do not confuse the two.

“ If you don't have these pathogens evolving in response to vaccines, then we really don't understand natural selection. ~ Evolutionary Biologist Paul Ewald, University of Louisville ”

If there's a silver lining to this whole mess, it's that more and more people are starting

to get educated about health, biology, virology and vaccinology. These are heady topics, but to begin to tease out truth from fiction, many are now taking the time to listen to doctors and scientists who are explaining the science behind it all.

The obvious and blatant lies and propaganda and over-the-top censorship is starting to wake up tens of millions of people in the U.S. about the vaccine frauds; not only the COVID jabs but the whole lot of them. It's getting easier by the day to tell the quacks from the real McCoy, because the truth tellers will actually explain how things work, whereas the propagandists juggle catchphrases and attack those who ask questions.

In closing, here are two more excerpts from articles detailing the inevitability of vaccines driving the mutation of viruses through natural selection. Quanta Magazine writes:²³

"Recent research suggests ... that some pathogen populations are adapting in ways that help them survive in a vaccinated world ... Just as the mammal population exploded after dinosaurs went extinct because a big niche opened up for them, some microbes have swept in to take the place of competitors eliminated by vaccines.

Immunization is also making once-rare or nonexistent genetic variants of pathogens more prevalent, presumably because vaccine-primed antibodies can't as easily recognize and attack shape-shifters that look different from vaccine strains.

And vaccines being developed against some of the world's wilier pathogens – malaria, HIV, anthrax – are based on strategies that could, according to evolutionary models and lab experiments, encourage pathogens to become even more dangerous.²⁴ Evolutionary biologists aren't surprised that this is happening.

A vaccine is a novel selection pressure placed on a pathogen, and if the vaccine does not eradicate its target completely, then the remaining

pathogens with the greatest fitness – those able to survive, somehow, in an immunized world – will become more common.

'If you don't have these pathogens evolving in response to vaccines,' said Paul Ewald, an evolutionary biologist at the University of Louisville, 'then we really don't understand natural selection.'

Similarly, Alliance for Natural Health International points out:²⁵

"Mutants of concern' are clearly on most of our radars. An important question is: are they growing or declining in frequency? In some countries, including ones where vaccinations have occurred at a high rate ... they are increasing and have already become dominant ... That should be a very large, flappy, red flag to anyone who has a reasonable grasp of evolutionary selection pressure on viruses with pathogenic capacity.

More infection – including more silent infection among asymptomatic people (even if reduced by vaccination) – provides more opportunities for mutation. If we continue to drag out the time it takes for the virus to just become another endemic component of our virosphere, there will be more opportunities and more mutations. Not dissimilar to a game of Russian roulette – so why don't we start counting our chances?

If variants become both more transmissible and more virulent, while also including immune (or vaccine) escape mutations – all trends we are witnessing in some parts of the world – we could be in deep trouble down the road.

At the very least, we stay on the vaccine (or monoclonal antibody) treadmill, trying to develop new vaccines (or monoclonal antibody therapies) that outsmart the virus when we should know better; that the virus will continue to outsmart us if we maintain such intense selection pressure on it ...

Let me throw in one more concept that is ecological in nature: herd immunity.

The base equation used by government scientists that estimates around 70% of the population need to be vaccinated or exposed to the virus to achieve herd immunity is flawed.

It is predicated on a number of assumptions that don't apply: equal mixing of populations and successful sterilization of the virus in vaccinated people and those exposed to wild virus being just two. This just isn't the case. In the real world, the situation is much more complex than in an idealized model.

Randolph and Barreiro remind us in their review²⁶ in the journal Immunity that '[e]pidemiological and immunological factors, such as population structure, variation in transmission dynamics between populations, and waning immunity, will lead to variation in the extent of indirect protection conferred by herd immunity.'

For vaccinated people, antigen-specific antibodies bind firmly to virus particles and competitively oust natural antibodies, giving vaccinated people potentially less cross-immunity to mutant variants that are more infectious and the wave of infectivity continues."