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# Gates Tries to Justify Side Effects of Fast-Tracked Vaccine

*Analysis by Dr. Joseph Mercola*

14-18 minutes

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## Story at-a-glance -

- Bill Gates warns you will probably need multiple doses of any given COVID-19 vaccine for it to be effective
- The Moderna COVID-19 vaccine (currently known only as mRNA-1273), caused systemic side effects in 80% of Phase 1 participants receiving the 100 microgram (mcg) dose
- Side effects ranged from fatigue (80%), chills (80%), headache (60%) and myalgia or muscle pain (53%). After the second dose, 100% of participants in the 100-mcg group experienced side effects
- In the 250-mcg dose group, 100% of participants suffered side effects after both the first and second doses. Three of the 14 participants (21%) in the 250-mcg group suffered “one or more severe events”
- According to Gates, the side effects are largely due to the high dosages Moderna had to use to achieve the desired antibody levels. But if high dosages are required to create a robust-enough immune response, and higher dosages also cause systemic side effects in most or all people, the safety of the

global vaccination campaign may be questionable

As vaccine companies rush to bring a COVID-19 vaccine to market, billionaire Microsoft founder Bill Gates — who routinely funnels hundreds of millions of dollars to various vaccine projects — warns you will probably need “multiple doses” of any given COVID-19 vaccine for it to be effective.<sup>1</sup>

In speaking with CBS News, Gates said, “None of the vaccines at this point appear like they’ll work with a single dose,” adding that in order to wipe the virus out through universal vaccinations it will require “unbelievably big numbers” of doses. To be effective, he also predicts we will need to vaccinate around 80% of the global population so, yes, we’re talking about tens of billions of doses.

## **100% of Moderna Vaccine Participants Suffered Side Effects**

Gates visibly struggles to maneuver through the pointed questions posed by CBS about the safety of the [Moderna COVID-19 vaccine](#) (currently known only as mRNA-1273), which was recently found<sup>2</sup> to cause systemic side effects in 80% of Phase 1 participants receiving the 100 microgram (mcg) dose.

Side effects ranged from fatigue (80%), chills (80%), headache (60%) and myalgia or muscle pain (53%). After the second dose, 100% of participants in the 100-mcg group experienced side effects.

In the highest dosage group, which received 250 mcg, 100% of participants suffered side effects after both the first and second doses.<sup>3</sup> Three of the 14 participants (21%) in the 250-mcg group suffered “one or more severe events.”

Despite these worrisome results, the trial is being heralded as a big success, and vaccine expert Dr. Paul Offit has been quoted<sup>4</sup> as saying we now know “that it’s safe in 45 people,” and that “it doesn’t have a very common side effect problem.”

Clearly, we have very different perceptions of reality on what “very common” means. If 80% to 100% is considered uncommon, then just what level of harm must be inflicted in order for a vaccine to be viewed as having a questionable safety profile?

According to Gates, those side effects are largely due to the high dosages Moderna had to use in order to achieve the desired antibody levels. But, if high dosages are required to create a robust-enough immune response, and higher dosages also cause systemic side effects in a vast majority of people, just how safe will this global vaccination campaign be?

Keep in mind, the 45 participants in Moderna’s Phase 1 trial were healthy individuals between the ages of 18 and 55.<sup>5</sup> Meanwhile, over 90% of Americans are metabolically unhealthy and struggle with chronic health conditions that can make them more prone to vaccine complications.

What’s more, frail elderly are unlikely to survive serious vaccine side effects, yet people over 80 are the most vulnerable to COVID-19 and would theoretically stand to benefit from the vaccine most.

## **Coronavirus Vaccines Have Been Notoriously Prone to Failure**

High risk of side effects is probably to be expected, considering a) the history of coronavirus vaccines in general, b) most of the COVID-19 vaccines under development are relying on mRNA

technology that have never been used in vaccine production before now, and c) the vaccines are being fast-tracked, forgoing animal studies.

Starting with the first issue, researchers have been unable to produce a coronavirus vaccine despite decades-long efforts. While SARS-CoV-2 is a novel human coronavirus, there are seven others that cause respiratory illness in humans, including four that trigger the common cold,<sup>6</sup> which is why vaccine makers have been trying to develop coronavirus vaccines in the past.

Among the coronaviruses that cause respiratory illness are SARS and MERS. Coronavirus vaccine efforts gained speed in early 2002, following three SARS epidemics.

However, such efforts have proven highly problematic as coronavirus vaccines have a stubborn tendency to trigger paradoxical immune responses, and researchers have not been able to find a solution for that. This alone is why fast-tracking a COVID-19 vaccine is a terribly risky decision. As reported by Reuters, March 11, 2020:<sup>7</sup>

*“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.*

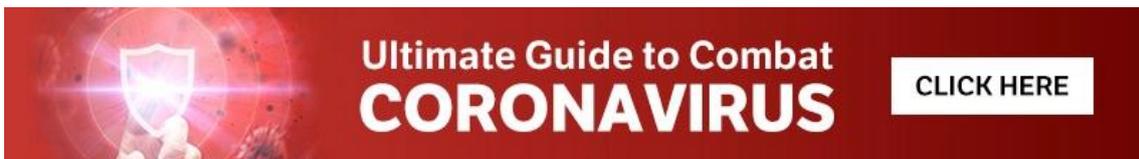
*The mechanism that causes that risk is not fully understood and is one of the stumbling blocks that has prevented the successful development of a coronavirus vaccine.*

*Normally, researchers would take months to test for the possibility of vaccine enhancement in animals. Given the urgency to stem the spread of the new coronavirus, some*

*drugmakers are moving straight into small-scale human tests, without waiting for the completion of such animal tests.*

*'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."*

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## Why a Vaccine May Trigger More Severe Illness

In my [interview with Robert F. Kennedy Jr.](#), who chairs the board of directors of the Children's Health Defense,<sup>8</sup> he reviewed some of the failed efforts to produce a viable coronavirus vaccine, starting in 2002, and highlighted the dangers of vaccine exaggeration of the immune response:

*"The Chinese, the Americans, the Europeans all got together and said, 'We need to develop a vaccine against coronavirus.' Around 2012, they had about 30 vaccines that looked promising. They took the four best of those and ... gave those vaccines to ferrets, which are the closest analogy when you're looking at lung infections in human beings.*

*The ferrets had an extraordinarily good antibody response, and*

*that is the metric by which FDA licenses vaccines ... 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.*

*Then those scientists remembered that 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 about 35 children, and the same thing happened. The children developed a champion antibody response, robust, durable. It looked perfect, and then the children were exposed to the wild virus and they all became sick. Two of them died. They abandoned the vaccine. It was a big embarrassment to FDA and NIH."*

As it turns out, they eventually discovered that there are two kinds of antibodies being produced by the coronavirus. When you read press releases and studies about COVID-19 vaccines, you'll see them referring to:

- Neutralizing antibodies<sup>9</sup> that fight the infection, and
- Binding antibodies<sup>10</sup> (also known as nonneutralizing antibodies) that do not prevent viral infection

The binding antibodies, rather than fighting the infection, actually trigger what's known as paradoxical immune enhancement. As explained above, what this means is that even though you may have a robust antibody response, when you're exposed to the

actual virus, rather than protecting you it actually enhances the virus' ability to make you sick or even kill you.

Looking at the preliminary findings<sup>11</sup> from Moderna's mRNA-1273 Phase 1 trial, we see that neutralizing antibody responses were quite good, "reducing SARS-CoV-2 infectivity by 80% or more" at day 43. However, we also see that:

*"Binding antibody IgG geometric mean titers (GMTs) to S-2P increased rapidly after the first vaccination, with seroconversion in all participants by day 15. Dose-dependent responses to the first and second vaccinations were evident."*

Does this rapid increase in binding antibodies mean paradoxical immune enhancement is a possibility? One of my main concerns with COVID-19 vaccines is, will they actually conduct testing to see if paradoxical immune enhancement occurs? Meaning, will they expose vaccinated participants to SARS-CoV-2, to see what happens?

## **mRNA Vaccines May Produce Serious Side Effects**

Aside from the possibility of a paradoxical immune response, mRNA vaccines may in and of themselves be problematic. Inside your cells, mRNA activate DNA instructions, and act as a template to build a specific protein.

The theory behind mRNA vaccines is that when you inject the mRNA, it will stimulate your own cells to manufacture the virus proteins.<sup>12</sup> In this case, those proteins would mimic the proteins found in SARS-CoV-2.

Conventional vaccines train your body to recognize and respond to the proteins of a particular virus by injecting a small amount of

the actual viral protein into your body, thereby triggering an immune response and the development of antibodies.

mRNA vaccines are designed to make your body produce its own viral protein, which your immune system would then mount a response to. No previous vaccines have had your own cells produce the viral proteins responsible for producing immunity.

What might go wrong when you turn your body into a viral protein factory, thus activating antibody production on a continual basis? Well, since there are no mRNA vaccines on the market, it's hard to tell. But, according to researchers at the University of Pennsylvania and Duke University:<sup>13,14</sup>

*“mRNA vaccines have potential safety issues, including local and systemic inflammation and stimulation of auto-reactive antibodies and autoimmunity, as well as development of edema (swelling) and blood clots.”*

Some of these effects, such as systemic inflammation and blood clots, resemble severe symptoms of COVID-19 itself. So, does that mean mRNA vaccines might worsen COVID-19 infection? What's more, since the mRNA vaccines work on the genetic level and could become integrated into your DNA, might they cause long-term, perhaps even generational, problems?

## **Some COVID-19 Vaccine Trials Are Not Using Inert Placebos**

Some COVID-19 vaccine trials also appear to be structured in such a way as to hide side effects, which does not inspire trust.

As noted in a July 21, 2020, Wired article,<sup>15</sup> some trials are using injected meningococcal vaccine rather than a true placebo, and anytime you use another vaccine as a control, certain symptoms of harm are automatically obscured.

Another way to hide side effects is to administer the vaccine along with certain drugs. One example of this is the University of Oxford's COVID-19 vaccine trial, which has one study arm in which subjects are given acetaminophen every six hours for the first 24 hours after inoculation.

Is the pain and fever reducer given to mask and downplay certain symptoms and side effects, such as pain, fever, headache or general malaise? It might. As noted by Wired:<sup>16</sup>

*“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.”*

## **Gates Continues Push for Global Vaccine Empire**

As discussed in several previous articles, including [“How Bill Gates Monopolized Global Health”](#) and [“Deconstructing Bill Gates’ Agenda,”](#) Gates is one of the financial beneficiaries of this pandemic. His foundation both funds vaccine developers

and owns stock in them.

While he claims there's separation between these two, it's a flimsy one at best, and clearly illegal. While the Bill & Melinda Gates Foundation doles out grants, the Bill & Melinda Gates Foundation Trust is a separate entity that manages the Foundation's assets.

However, these two entities have glaringly obvious overlapping interests, and grants given by the foundation frequently benefit the value of the trust's assets directly. I wrote about this illegal setup in "[Bill Gates — Most Dangerous Philanthropist in Modern History?](#)" This is why, despite giving away billions of dollars, Gates' "Decade of Vaccines" has doubled his worth, from \$54 billion to \$103.1 billion.

Since President Trump stopped the U.S. funding of the WHO, Gates is now the largest funder of the World Health Organization, which is laying down the ground rules that all nations are expected to follow, which, of course, includes the recommendation to vaccinate, as soon as a vaccine becomes available.

Gates' remarkable rise to influence on global health matters is founded not on expertise but on money. Just like John D. Rockefeller before him, Gates gained public adoration by donating money to ostensibly "humanitarian causes" — and purchasing good publicity.

Nowadays, he needs all the good publicity he can buy. As more people are getting wise to his greedy get-rich vaccine schemes, his reputation is rapidly tarnishing.

According to an April 23, 2020, Newspunch article,<sup>17</sup> 410,000 people had signed a White House petition<sup>18</sup> to investigate the

Bill & Melinda Gates Foundation for crimes against humanity and medical malpractice. At the time of this writing, the petition has garnered 628,668 signatures. That's well over six times the number required to illicit an official response. The petition is still open if you'd like to add your signature.