

# Fauci Now Says COVID-19 Vaccine May Become Mandatory

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*Will the COVID-19 vaccine become mandatory? That's a question many are asking these days and, by the looks of it, the answer may well be yes — although as I'll explain later, I suspect the harms of the vaccine will become so apparent that it'll kill such efforts before they become widespread.*

In a January 1, 2021, Newsweek interview,<sup>1</sup> Dr. Anthony Fauci said he was “sure” some institutions and businesses will require employees to be vaccinated, and that it’s “quite possible” the vaccine will be required for overseas travel.

When asked about the possibility of mandating the vaccine on a local level, such as for children attending school, he stated that “Everything will be on the table for discussion.” That said, he pointed out that since “we almost never mandate things federally” — with regard to health — he doesn't believe a national vaccine mandate will be enacted.

In related news<sup>2</sup> December 21, 2020, presidential candidate Joe Biden rolled up his sleeve to get publicly inoculated against COVID-19, stating that the vaccine was “nothing to worry about.” He's also gone on record saying he will push for a 100-day mask mandate in federal buildings if he wins the presidency.<sup>3</sup>

## Can Experimental Vaccines Be Mandated?

While many vaccines are required by state or local law, the thing that sets the [COVID-19 vaccine](#) apart from all others is the fact that it is still an experimental vaccine. While Moderna and Pfizer have been granted emergency use authorization for their respective vaccine candidates, they still haven't even completed Stage 3 clinical trials yet.

The mRNA technology used in these vaccines is also experimental, and the sheer [speed at which the vaccines have been developed](#) and tested precludes us from knowing much about their side effects, especially in the long term.

As of December 18, 2020, the adverse event rate in the U.S. was 2.79%.<sup>4</sup> This means your risk of harm from the vaccine is far greater than your risk of dying from COVID-19, which has an overall noninstitutionalized infection fatality rate of just 0.26%.<sup>5</sup> Among those under

the age of 40, the infection fatality rate is a mere 0.01%.<sup>6</sup>

If an experimental vaccine were to be mandated, it would set a frightening precedent and pave the way for all sorts of nonconsensual medical experimentation on the general public, going forward.

In a December 29, 2020, article<sup>7</sup> in JAMA, the authors discuss the legal possibility of mandating COVID-19 vaccines, stating that “SARS-CoV-2 vaccines hold promise to control the pandemic and help restore normal social and economic life.”

However, this is questionable, considering the fact that the effectiveness of the vaccines is only measured by their ability to lessen moderate to severe COVID-19 symptoms such as cough and headache. Presumably, this would lower the risk of hospitalization and death for vaccinated individuals.

However, as explained in “[How COVID-19 Vaccine Trials Are Rigged](#),” the vaccines were not evaluated for their ability to actually prevent infection and transmission of the virus. And, if the vaccine cannot reduce infection, hospitalizations or deaths, then it cannot create the vaccine-acquired herd immunity required to end the pandemic.

What’s more, in a November 26, 2020, BMJ article,<sup>8</sup> Peter Doshi, associate editor of The BMJ, points out that while Pfizer claims its vaccine is 95% effective, this is the relative risk reduction. The absolute risk reduction is actually less than 1%. He also stresses that severe side effects appear commonplace:

“Moderna’s press release states that 9% experienced grade 3 myalgia and 10% grade 3 fatigue; Pfizer’s statement reported 3.8% experienced grade 3 fatigue and 2% grade 3 headache. Grade 3 adverse events are considered severe, defined as preventing daily activity. Mild and moderate severity reactions are bound to be far more common.”

#### New York Considers Forced Vaccination Bill

None of these open questions is stopping the New York Senate from considering a forced vaccination bill (A416<sup>9</sup>). As reported by constitutional attorney KrisAnne Hall:<sup>10</sup>

“January 6 New York Assemblymen will be asked to vote on a bill that will authorize the Governor and/or health officials to seize custody of New Yorkers, imprison, and force vaccinate them without due process.

This bill is not only a threat to the Constitution of New York, the people of New York, but also everyone in America if you consider the way certain legislation can spread throughout America in the age ‘crisis’ ...

If passed this legislation will place in the hands of the Governor, or his designated agent, the full and autonomous authority to ‘order’ the ‘removal’ and ‘detention’ of every person the Governor or his ‘delegee’ determines ‘may pose’ a ‘significant and imminent threat to public health’ ...

Once some health department worker thinks a New Yorker is a carrier or contact to a carrier, that person will be seized and held without hearing, trial, due process, or bond for a period of time to be determined by the health department.”

As noted by Hall, this bill violates the U.S. Constitution in several different ways. For starters, it eliminates your right to due process before forcing you into the custody of health officials, as well as your right to trial “as required by Article I sec 1 and Article VI Sec 18a of the New York Constitution.”

It also “arbitrarily reduces the well-established standard of strict scrutiny required for the infringement of these fundamental rights to the lesser standard of ‘clear and convincing evidence’ which will be determined solely by the Governor or some worker in the New York Health Department.” This, in turn, violates the constitutional principle of separation of powers.

Thirdly, “A-416 is a bold violation of Article 1 sec 5 and Article 1 sec 12 of the New York Constitution” as it would deprive you of your “inherent rights to due process related to a search and seizure” of your property and/or your body.

“New Yorkers cannot allow that to happen. Everyone in New York needs to contact their Senator and Assemblyman and DEMAND they vote no on A-416. Everyone in America needs to contact their State and demand that such legislation never be drafted,” Hall writes.<sup>11</sup>

In her blog post, Hall includes sample letter and phone scripts you can use when contacting your representatives.

### Blackmailing the Public to Force Vaccine Uptake

Getting back to the JAMA article<sup>12</sup> discussing the legal possibility of mandating COVID-19 vaccines, the authors point out that mandating a vaccine while it’s still under an emergency use approval is “legally and ethically problematic.”

“Vaccine mandates are unjustified because an EUA requires less safety and efficacy data than full Biologics License Application (BLA) approval. Individuals would also likely distrust vaccine mandates under emergency use, viewing it as ongoing medical research,” the article states.

Once the vaccine is fully licensed, however, vaccine mandates “could be imposed in multiple sectors,” according to the authors. Still, they point out that “Given the rarity of adult mandates, states are unlikely to enact mandatory COVID-19 vaccinations for the adult population, especially in the absence of long-term safety data.”

Private companies, on the other hand, can require vaccination as a condition of employment, and according to a Yale CEO survey, 71% of company executives supported the implementation of COVID-19 vaccine mandates in the workplace.<sup>13</sup>

The Equal Employment Opportunity Commission has already ruled that businesses can

compel their employees to get vaccinated, and that they may fire those who refuse. Employers must, however, allow for medical exemptions and “offer reasonable accommodations based on religion or disability.”<sup>14</sup>

Schools may also end up requiring COVID-19 vaccination for students, faculty and staff, and it seems likely the vaccine may simply be added to the ACIP-recommended list of childhood vaccinations. Most troubling, however, is the proposal to require vaccination as a condition of service. According to the JAMA article:<sup>15</sup>

“It is foreseeable that businesses in certain high-risk settings could require proof of vaccination as a condition of service, such as in long-distance travel (plane, rail, bus), restaurants, and entertainment (sports, movies, theater).

While states might be constitutionally barred from requiring vaccines to participate in religious worship, it is conceivable that some churches, synagogues, or mosques might consider such conditions for congregants. Local or state governments could also require vaccination as a condition of service.”

To be clear, even if state and federal governments don’t mandate the vaccine, by barring unvaccinated people from traveling, participating in social events and even entering into government buildings, they are essentially mandating it. Unvaccinated people would become second-class citizens that aren’t permitted to work, travel, conduct business or engage socially. What kind of life is that?

Yet this is precisely what we may be facing. As noted by the JAMA authors, “If scientific and logistical challenges can be overcome, linking vaccinations as a condition of providing service could be an effective incentive for vaccination.” They really should call it what it is: blackmail.

### Many Front-Line Workers Refuse COVID-19 Vaccine

Distribution of Pfizer’s and Moderna’s vaccines began at the end of December 2020. In the U.S., most states have elected to begin distribution among front-line health care workers and in senior care facilities. However, despite media fanfare, many health care workers are leery of the vaccine.

According to news reports, about half of all front-line workers in Riverside County, California, have refused the vaccine,<sup>16</sup> as have 60% of nursing home staff in Ohio,<sup>17</sup> 40% of staff at Chicago’s Loretto Hospital<sup>18</sup> and 40% of LA’s front-line workers.<sup>19</sup> Similar rates of vaccine refusal are being reported in several European countries.<sup>20</sup>

Interestingly, a survey by the National Association of Health Care Assistants revealed a whopping 72% of certified nursing assistants plan to refuse the vaccine,<sup>21</sup> as are 55% of firefighters in New York, according to a December 2020 poll by the Uniformed Firefighters Association.<sup>22</sup> The reason for this widespread hesitation is as understandable as it is justifiable. As noted in the Western Journal:<sup>23</sup>

“Throughout the coronavirus pandemic, any skepticism about the virulence of the virus or wisdom of draconian shutdowns was met with the mantra ‘follow the science’ to stifle any serious debate.

All along the way, however, officials did anything but as they imposed useless mask mandates, allowed Black Lives Matter protests despite closing businesses and imposing social distancing on everyone else, and even expressed skepticism about any vaccine simply because it was developed at the behest of President Donald Trump.

But worst of all, officials undermined science by suggesting that vaccination distribution begin based on race rather than in the nursing home populations that were actually ravaged by the virus.

In short, governments and the medical community killed any credibility they had at the beginning of the pandemic with their repeated hypocrisy and mixed messages. It’s no wonder these workers are reluctant to follow them now and are instead relying on their gut instincts to mistrust the untested vaccine and COVID-19 agenda.”

### Side Effects and Deaths Are Stacking Up

The fact that high rates of side effects and sudden deaths are already being reported will hardly improve matters in coming weeks and months. For example, January 4, 2021, RT reported<sup>24</sup> that health authorities in Portugal were “on alert” after the sudden death of a 41-year-old pediatric surgery assistant who had been in good health. She was found dead in her bed just two days after being inoculated with Pfizer’s COVID-19 vaccine.

December 30, 2020, the Daily Star reported<sup>25</sup> the death of an elderly resident in Lucerne, Switzerland, five days after receiving the Pfizer vaccine. The man had previously “reacted negatively” to the seasonal influenza vaccine. According to the report, he suffered from dementia but was otherwise in good health.

December 26, 2020, a Boston doctor with severe shellfish allergy suffered a life-threatening anaphylactic reaction to the Moderna vaccine. As reported by RT:<sup>26</sup>

“Within minutes, Sadrzadeh’s tongue and throat began to tingle and go numb, a reaction that he associated with his shellfish allergy. Even more concerning, his blood pressure then dipped so low that it wasn’t even detectable with a monitor. Luckily, the doctor had brought his own EpiPen, which he administered on himself before hospital staff rushed him to the emergency room ...

‘I feel that if I did not have my EpiPen with me, I would be intubated right now, because it was that severe,’ he said, adding that it was the worst allergic reaction he had experienced since he was 11 years old. The physician said he now recommends that people with allergies receive the vaccine in a hospital setting, instead of getting it from a clinic or local provider ...

The concerning case is the first of its kind to be linked to the Moderna jab. Officials with the Food and Drug Administration and the Centers for Disease

Control and Prevention are investigating at least six cases of severe allergic reactions occurring in people who took the Pfizer-BioNTech vaccine.”

A December 21, 2020, article<sup>27</sup> in The Defender reported the U.S. Food and Drug Administration is investigating a series of allergic reactions to the Pfizer vaccine. Aside from the Boston doctor, other reports of allergic reactions, including anaphylactic shock, include four health care workers in Illinois and three health care workers in Alaska.<sup>28</sup> Cases of anaphylaxis also emerged within days of the rollout of Pfizer’s and Moderna’s vaccines in the U.K.<sup>29</sup>

### Thousands Injured in Mere Days

According to the CDC,<sup>30</sup> by December 18, 2020, 112,807 Americans had received their first dose of COVID-19 vaccine. Of those, 3,150 suffered one or more “health impact events,” defined as being “unable to perform normal daily activities, unable to work, required care from doctor or health care professional.”

That’s 2.79%. Extrapolated to the total U.S. population of 328.2 million, we can then expect 9,156,780 Americans to be injured by the vaccine if every single man, woman and child is vaccinated. Is this really reasonable for a virus that has an average survival rate of 99.74%?<sup>31</sup>

## V-safe Active Surveillance for COVID-19 Vaccines

	Dec 14	Dec 15	Dec 16	Dec 17	Dec 18*
<b>Registrants with recorded 1<sup>st</sup> dose</b>	<b>679</b>	<b>6,090</b>	<b>27,823</b>	<b>67,963</b>	<b>112,807</b>
<b>Health Impact Events**</b>	<b>3</b>	<b>50</b>	<b>373</b>	<b>1,476</b>	<b>3,150</b>
<b>Pregnancies at time of vaccination</b>	<b>5</b>	<b>29</b>	<b>103</b>	<b>286</b>	<b>514</b>

\*Dec 18, 5:30 pm EST

\*\*unable to perform normal daily activities, unable to work, required care from doctor or health care professional

In the end, I suspect and predict that widespread mandates for COVID-19 vaccination will not take place. I believe there will simply be too many injuries and deaths from the first and second rounds of vaccinations, and that will destroy any and all vaccine mandate arguments.

### Allergy Alert

Many suspect polyethylene glycol (PEG), found in both Pfizer’s and Moderna’s vaccines, might be the culprit causing allergic reactions and anaphylaxis. According to Robert F. Kennedy Jr., “studies show that 1 in 7 Americans may unknowingly be at risk of experiencing



an allergic reaction to PEG.”<sup>32</sup>

Kennedy believes “everyone should be screened for anti-PEG antibodies before getting the Pfizer and Moderna vaccines,” adding that “It is unconscionable that, instead, the FDA and CDC are encouraging people to go ahead and risk a life-threatening anaphylactic reaction and just assume that someone will be on hand to save them.”<sup>33</sup>

It’s worth noting that the CDC has updated its vaccine guidance in response to reports of allergic reactions to the Pfizer vaccine, stating that:<sup>34</sup>

“If you have had a severe allergic reaction to any ingredient in an mRNA COVID-19 vaccine, you should not get either of the currently available mRNA COVID-19 vaccines. If you had a severe allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, CDC recommends that you should not get the second dose.

CDC has also learned of reports that some people have experienced non-severe allergic reactions within 4 hours after getting vaccinated (known as immediate allergic reactions), such as hives, swelling, and wheezing (respiratory distress).

If you have had an immediate allergic reaction — even if it was not severe — to any ingredient in an mRNA COVID-19 vaccine, CDC recommends that you should not get either of the currently available mRNA COVID-19 vaccines.

If you had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, you should not get the second dose ... People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.”

## COVID-19 Outbreaks Occurring Among Vaccinated

Yet another interesting problem that has arisen is that many newly vaccinated individuals are suddenly testing positive for COVID-19. In a San Jose, California, hospital, 51 employees tested positive within 10 days of vaccination, although it’s unclear whether all of them had actually received the vaccine.<sup>35</sup>

One died from COVID-19 complications. Interestingly, the outbreak is being blamed on an employee who showed up wearing an inflatable Christmas costume. The same pattern has been reported elsewhere.

For example, in Israel, 21 residents of a retirement home tested positive for the virus after receiving the vaccine.<sup>36</sup> Authorities pointed out that since two doses are required to provide protection against SARS-CoV-2, you can still catch it after the first dose. The same argument was made in the San Jose hospital case.

A doctor in Philadelphia also tested positive after taking the vaccine,<sup>37</sup> as did a nurse in San Diego.<sup>38</sup> In each case, health authorities have insisted that it’s not the vaccine causing the problem but, rather, the fact that the shot needs time to work.

Overall, there's plenty of reason to be cautious and delay COVID-19 vaccination as long as possible. As mentioned earlier, I believe that, in time, the harms will become apparent enough that any talk about mandating these vaccines will simply evaporate.

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## Notes

<sup>1</sup> [Newsweek January 1, 2021](#)

<sup>2</sup> [NBC News December 21, 2020](#)

<sup>3</sup> [9 News Australia December 4, 2020](#)

<sup>4, 29, 30</sup> [CDC.gov Anaphylaxis following mRNA COVID-19 vaccine receipt \(PDF\)](#)

<sup>5, 6, 31</sup> [Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352](#)

<sup>7, 12, 13, 14, 15</sup> [JAMA December 29, 2020 DOI: 10.1001/jama.2020.26553](#)

<sup>8</sup> [The BMJ Opinion November 26, 2020](#)

<sup>9</sup> [New York Senate Assembly Bill A416](#)

<sup>10, 11</sup> [KrisAnneHall.com](#)

<sup>16, 17</sup> [NBC News December 31, 2020](#)

<sup>18</sup> [NPR January 1, 2021](#)

<sup>19</sup> [Newsweek December 31, 2020](#)

<sup>20</sup> [ZeroHedge December 27, 2020](#)

<sup>21, 23</sup> [Western Journal January 4, 2021](#)

<sup>22</sup> [NBC New York December 6, 2020](#)

<sup>24</sup> [RT January 4, 2021](#)

<sup>25</sup> [Daily Star December 30, 2020](#)

<sup>26</sup> [RT December 26, 2020](#)



<sup>27, 28, 32, 33</sup> [The Defender December 21, 2020](#)

<sup>34</sup> [CDC.gov COVID-19](#)

<sup>35</sup> [ABC 7 News January 5, 2021](#)

<sup>36</sup> [The Jerusalem Post January 3, 2021](#)

<sup>37</sup> [NBC Philadelphia December 31, 2020](#)

<sup>38</sup> [Kiro7 News December 30, 2020](#)

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