GlobalResearch
Center for Research on Globalization

What You Need to Know About Pfizer's Comirnaty Vaccine

By Dr. Joseph Mercola and Dr. Meryl Nass
Global Research, November 08, 2021
Mercola 7 November 2021

Region: USA
Theme: Science and Medicine

***

Pfizer/BioNTech's Comirnaty COVID shot was approved (licensed) by the U.S. Food and Drug Administration in late August 2021, but only for adults, and only when carrying the Comirnaty label. No other COVID shot has been FDA approved. However, Comirnaty is currently not available, and while the experimental, emergency use authorized (EUA) Pfizer shot is substituted for Comirnaty, the two products are clearly legally distinct and not the same

A licensed vaccine is not shielded from liability until or unless it's added to the recommended childhood vaccination schedule by the CDC. So, if you were injured by Comirnaty, you could sue Pfizer. You cannot sue if injured by the EUA Pfizer shot (or any of the other EUA COVID injections)

Even though several hundred claims have been filed with the Countermeasures Injury Compensation Program (CICP) for injuries resulting from the COVID shots — which is the only possible avenue to obtain damages — not a single claim has been paid out

Natural immunity is much stronger than what you can achieve from the injection, which only provides antibodies against the SARS-CoV-2 spike protein and wanes within a few months. The shots may in fact permanently limit the kind of immune response you would make were you to later be exposed or infected with COVID

Children's Health Defense has filed a lawsuit arguing you cannot have a vaccine that is both an emergency use product and a licensed product at the same time. That's against the law, but the government has done it anyway. Remarkably, the request for an injunction was initially thrown out, but the CHD has not given up and is still pursuing the case

*

In this interview, Dr. Meryl Nass, an internist specializing in toxicology, vaccine-induced

illnesses and Gulf War illness, shares her insights into the dangers of the COVID jab, which received an emergency use authorization October 26, 2021, for children as young as 5.

We also discuss the conflicts of interest within the U.S. Food and Drug Administration that seem to be behind this reckless decision, and how the agency pulled the wool over our eyes with its approval of Pfizer/BioNTech's Comirnaty COVID injection.

Is the COVID Jab Approved or Not?

As explained by Nass:

> "All of the COVID 'vaccines,' and most of the COVID treatment products, have not been [FDA] approved. Approved means licensed. All except one, which is the Pfizer vaccine for adults, age 16 and up, which got approved, i.e., licensed on August 23 [2021].
>
> But every other vaccine, and for every other age group, including the boosters, have only been authorized under emergency use authorizations (EUAs). There's a critical difference [between licensing and EUA]. Once a drug is fully licensed, it is subject to liability.
>
> If the company injures you with that product, you can sue them, unless it later gets put on the CDC's childhood schedule or is recommended by the CDC [U.S. Centers for Disease Control and Prevention] [during] pregnancy, in which case it obtains a different liability shield.
>
> It then becomes part of the National Vaccine Injury Compensation Program (NVICP, established under the 1986 National Childhood Vaccine Injury Act), and 75 cents from every dose of vaccine that is sold in the United States goes into a fund to pay for injuries that way."

The National Childhood Vaccine Injury Act removed liability for all vaccines recommended by the CDC for children. Since 2016, they've also removed liability for vaccines given to pregnant women, a category that has become the latest "gold rush" for vaccines. Naturally, once a company is no longer liable for injuries, the profitability of the product in question increases dramatically.

Countermeasures Injury Compensation Program Is Nearly Useless

Products under emergency use have their own special government program for liability called the Countermeasures Injury Compensation Program (CICP). "It is a terrible program," Nass says. CICP is an offshoot of the 2005 PREP Act.

> "The PREP act enabled the CICP to be created by Congress," Nass explains. "Congress has to allocate money for it. If you are injured by an emergency use product, you don't get any legal process. The companies have had all their liability waived. There is a single process that is administered through HHS [Health and Human Services].
>
> Some employees there decide whether you deserve to be compensated or not. The maximum in damages you can obtain is about $370,000 if you're totally disabled or die, and the money is only to compensate you for lost wages or unpaid medical bills."

So far, even though several hundred CICP claims have been filed for injuries resulting from

the COVID shots, not a single claim has been paid out. This is important, because the statute of limitations is one year. “It’s getting close to running out for people who were vaccinated early,” Nass says.

If you fail to apply in time, you lose the opportunity to get any compensation entirely. “Of course, in fact, it’s really ‘an opportunity’ to apply and get nothing because almost nobody gets paid,” she says. At that point, you have no further recourse. There’s no appeals process to the judicial system.

> “You can ask the HHS twice to compensate you, and if they say no, that’s it,” Nass explains. “You can attempt to sue the company that made the product, if you’re convinced it was improperly made, but the secretary of HHS has to give you the permission to sue.
>
> You have to prove that there was willful misconduct and no one has ever reached that bar. So, there has never been a lawsuit under this. Anyway, that’s what you’re looking at. If you get the vaccine under EUA and are injured, you’re on your own. People have no idea about this when they vaccinate themselves or their children.”

Why Were the Shots Mandated?

As you know by now, president Biden decided to mandate the COVID jab for most federal employees (but not all) and private companies with 100 employees or more. “We don’t know why that is,” Nass says. It doesn’t make sense, as large numbers of Americans have already recovered from COVID-19 and have durable, long-lasting immunity already.

As correctly noted by Nass, natural immunity is much stronger than what you can achieve from the injection, which only provides antibodies against the SARS-CoV-2 spike protein and wears off within a few months. The shots “may in fact permanently limit the kind of immune response you would make were you to be infected with COVID later,” Nass says.

For these reasons, there’s absolutely no good reason to vaccinate people who have recovered from the infection and several bad reasons. There’s evidence showing the shot can be more harmful for those with existing immunity.

> “But for reasons best known to itself, the Biden administration feels so certain it needs to vaccinate everybody that it has used illegal means to tell employers they will lose federal contracts if they don’t force their employees to be vaccinated immediately, and must fire them — if they’re health care workers, for example, or government employees, or military — if they have not been vaccinated.
>
> Obviously that is creating a great deal of chaos, particularly within the health care industry, particularly in my state, Maine, where these draconian rules have gone into effect and many fire department, police, EMTs, nurses and doctors can no longer work.
>
> The one thing that was necessary to push mandates forward was for the government to be able to say it had a licensed product. Before the emergency use authorization was created in 2005, you had licensed drugs and you had experimental drugs and nothing else.
>
> There was no gray area between them. Any use of a medication or vaccine that is not fully licensed is still experimental, despite the fact that a new category of drugs has

been created with emergency use authorizations.

These are still experimental drugs, so under emergency use, you can't force people [to take them]. You have to offer them options and they have the right to refuse. Since that is part of the statute, the federal government can't get around it.

Therefore, attorneys in the Biden administration knew they could not legally impose mandates under an EUA, and so they demanded that FDA provide a COVID vaccine full approval, aka, an unrestricted license. This was believed to enable them to impose mandates.

They must have put pressure on the FDA, and FDA gave them what they wanted, which was a license for the Pfizer vaccine called Comirnaty on August 23 [2021]."

Comirnaty Approval Includes Important Caveats

In the documents released August 23, 2021, by the FDA, there were some interesting caveats. They said the Comirnaty vaccine is essentially equivalent to the EUA vaccine and the two vaccines may be used interchangeably. However, they pointed out that the two are legally distinct. Curiously, FDA didn't specify what these legal distinctions are.

"I concluded that the legal distinctions were the fact that under EUA, there was essentially no manufacturer liability, but once the vaccine got licensed, the manufacturer would be subject to liability claims unless and until the vaccine was placed on the childhood schedule or recommended in pregnancy, in which case it would then fall … under the NVICP," Nass says.

"Right now, Comirnaty is still not in that injury compensation program, and it's licensed, so it no longer falls under the CICP. So, it is in fact subject to liability if you get injured with a bottle that says Comirnaty on it. Of course, if you're Pfizer, what do you want to do?

You don't want to make that licensed product available until several months have gone by and Comirnaty has been put into the National Vaccine Injury Compensation Program. So, Pfizer and FDA have not made the licensed product available yet.

What has happened instead, in the military, is the FDA has made a secret deal with the military and said, certain emergency use lots can be considered equivalent to the licensed vaccine, and [told military medical staff] which QR codes — which lots can be used. [These specific lots] can then be given to soldiers as if they're licensed.

Subsequently, we're told that military clinics are actually putting Comirnaty labels onto bottles that are under EUA. Now, that probably can happen in the military, but only in the military, because there are likely to be memoranda of understanding within the military that we haven't seen yet that say soldiers cannot sue Pfizer for injuries …

In the military, the government and Pfizer feel like they have set up a situation where nobody can sue, but in the civilian world, that has not happened, and so there is no Comirnaty available.

Yet, on the basis that FDA licensed this product, the federal government is still telling employers that they can mandate it and that they must fire employees that have not

> taken the vaccine, or they will lose government contracts. We're in a very interesting situation that is ripe for litigation, and Children's Health Defense, which is an organization I represent, is litigating some of this.
>
> However, the litigation situation has been very difficult since the pandemic began. Cases that normally would've been easy wins are being thrown out by the courts, both in the U.S. and in Europe. Something strange has happened and the judges are looking for any way out, so they don't have to rule on the merits of these cases."

The organization Children's Health Defense has filed a lawsuit arguing you cannot have a vaccine that is both an emergency use product and a licensed product at the same time. That's against the law, but the federal government did it anyway. Remarkably, the request for an injunction was initially thrown out, but Children's Health Defense hasn't given up and is still pursuing that case.

COVID Jab Is Authorized for 5- to 11-Year-Olds in the US

As mentioned, the FDA recently authorized the EUA COVID jab for children between the ages of 5 and 11, which is simply appalling, considering they are at virtually no risk from COVID-19. I've not seen a single recorded case in the entire world of anyone in that age group dying of COVID that didn't have a serious preexisting comorbidity, such as cancer.

If you have a healthy child, they are at no risk from the infection, so there's only danger associated with this shot, which in this age group would be one-third the adult dose. Typically, when you're giving a drug to a child, the dose is calculated based on the child's weight. Here, they're giving the same dose to a 5-year-old as an 11-year-old, despite there being a significant difference in weight. So, it's pure guesswork.

Worse yet, the mRNA vaccines produce an unpredictable amount of spike protein, and even if they produce much too much, there is no way to turn off the process once you have been injected.

Despite clear safety signals, the FDA's advisory committee authorized the Pfizer jab for 5- to 11-year-olds unanimously, 17-to-0 (with one abstaining vote). However, when you look at the roster of the FDA's committee members[1] who reviewed and voted to authorize the Pfizer shot for children as young as 5, the unanimous "yes" vote becomes less of a mystery.

Abhorrent Conflicts of Interest

As reported by National File[2] and The Defender,[3] the membership of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) has had staggering conflicts of interest. Members have included:

A former vice president of Pfizer Vaccines
A paid Pfizer consultant
A recent Pfizer research grant recipient
A mentor to Raphael Simon, senior director of vaccine research and development at Pfizer
James Hidreth — President of Meharry Medical College, which administers Pfizer vaccines
A chair of the Independent Data Monitoring Committee for the Pfizer Group B Streptococcus Vaccine Program
An individual proudly photographed taking a Pfizer vaccine
Several people who are already on the record supporting coronavirus vaccines for children, including Ofer Levy, Jay Portnoy and Melinda Wharton

In addition to that, former FDA commissioner Scott Gottlieb is currently on Pfizer's board of directors. As noted by Nass, two of the members, one permanent and one temporary, are also CDC career employees whose job it is to push vaccines at the CDC.

> "If they voted against authorizing a vaccine, they would be out of a job," Nass says. "They have no business on that committee … It's a very unethical stew of advisory committee members …
>
> What happened is Pfizer delivered a large package of information to the FDA on October 6, 2021. FDA staff had to go through this large packet of information on the 5- to 11-year-olds and produce their own report, which was about 40 pages long, and create talks to give to the advisory committee, and they did all of this in 17 days.
>
> There was apparently very little critical thought that went into their presentations. Before the meeting, Children's Health Defense, and I was one of the authors, wrote to the committee and to FDA officials saying, 'Look, there's all these reasons that don't make logical or medical sense for vaccinating kids in this age group, because they almost never get very ill or die, and the side effects of the vaccine are essentially unknown.
>
> We know there are a lot of side effects, but the federal government has concealed from us the rate at which these side effects occur. But we know that the rate from myocarditis is very high, probably at least 1 in 5,000 young males … which is a very serious side effect. It can lead, probably always leads, to some scarring. It can lead to sudden death, to heart failure."

Trials in Young Children Were Insufficient

As explained by Nass, in the clinical trial, there were two groups of children. The first group was enrolled for two to three months, while the second group was enrolled for just 17 days after receiving the second dose. (Pfizer added the second group because FDA claimed there

weren't enough volunteers in the first group.)

These two groups comprised over 3,000 children who got the jab and 1,500 or 2,000 who got a placebo. None suffered serious side effects. This was then translated into the claim that the injection was safe. However, as noted by Nass:

> "They didn't look at safety in all these kids. Even though FDA had said, 'Add kids to your clinical trial,' Pfizer created a 'safety subset' of one-tenth of the vaccinated subjects.
>
> It was this small number of kids from whom they drew blood to show they had adequate levels of neutralizing antibodies, which was a surrogate for efficacy, because they didn't have enough cases of COVID in this abbreviated trial to show that the vaccine actually works in this age group."

Even though the advisory committee acknowledged that the blood test done for efficacy had not been validated, and wasn't reliable evidence of effectiveness, they still decided that all children, regardless of health status, would benefit from the injection.

They also ignored the fact that at least half the children are already immune, and giving them the injection will provide no additional benefit in terms of immunity, while putting them at increased risk for serious side effects.

> "Nobody said, 'Look, the parents of healthy kids may be dying for a vaccine, but that's because we haven't told them the truth about the vaccine. We haven't told them their kids don't need it. We haven't told them it's going to potentially damage future immunity.
>
> We haven't told them they're at higher risk of side effects than if they never had COVID. We're not allowing them to go get antibody tests to establish that they're already immune and therefore should be waved from being vaccinated.'
>
> The committee members were aware of all this stuff, but in the end [they voted yes] … apart from one very smart member of the committee who works for the National Institutes of Health. He abstained. He didn't have the guts to vote no, but he knew this was a bad idea."

Children Are Being Injected Without Parental Consent

While all of that is bad enough, parents of young children now face the possibility of their children being injected against their will and without their knowledge. Nass comments:

> "As I said, we don't know why the government wants everybody vaccinated, but there's probably a reason that goes beyond protecting us from COVID.
>
> The government got the FDA to authorize the vaccine for 12- to 15-year-olds on May 10 [2021], and subsequently that group, which is about 6 million kids, has been getting vaccinated across the country. That's under emergency use so, again, you can't sue.
>
> But something kind of evil happened, which was many cities began vaccinating 12- to 15-year-olds in the absence of parental permission. So, a child could show up with their friends or a friend's mother at a vaccine center and get vaccinated with no one asking about their medical history, nobody calling the parents. No notation got entered into the

child's medical record that they were vaccinated.

Vaccinators were told to make their own assessment. If they thought this child could give consent, go ahead and vaccinate. Now, that is a gross violation of our laws, and yet it was happening in Boston, in Philadelphia, in Seattle, in San Francisco, and we have good documentation of it.

The government currently is planning for mobile vaccination clinics for kids and vaccinations in schools, and they may take this program of vaccinating without parental consent down to the 5- to 11-year-olds …

In fact, we may see clinics popping up that don't require informed consent in the 5- to 11-year-old group. Let me just mention that the chief medical officer in Canada's British Columbia said they have brought laws that allow children of any age to consent for themselves. Think about that. A baby can consent for vaccinations for itself. It would be funny if it wasn't so diabolical."

All of this goes against the most basic concept of medical ethics, which is informed consent. No one has the right to perform a medical procedure on you without your consent, or the consent of a legal guardian. The government, again, without establishing any new laws, is simply bypassing the legal system.

Will Young Children Be at Risk for Myocarditis?

Based on her review of the scientific literature, Nass suspects younger children in the now COVID jab-approved, 5- to 11-year-old age group will be at exponentially higher risk of myocarditis and other side effects compared to the 12- to 15-year group, where we've already seen a documented increase.

"In the letter that Children's Health Defense wrote to the advisory committee for the FDA, we created a graph based on the reporting rate of myocarditis versus age, and we showed there was an exponential curve.

Men aged 65 and up had a rate that was 1/100th the rate of boys aged 12 to 17. If that exponential curve keeps going up, the rate in the 5- to 11-year-olds could be even dramatically higher. In those young men, a 1 in 5,000 rate was reported to VAERS [Vaccine Adverse Events Reporting System]. That's not a real rate.

That just tells us how many people got diagnosed with myocarditis, and then went to the trouble of reporting it to the FDA. The FDA and CDC have a large number of other databases from which they can gather rates of illness.

VAERS is considered passive reporting. It is not considered fit for purpose to establish illness rates because we don't know how many people report. Do 1 in 10 report, 1 in 100, 1 in 50? Nobody knows.

However, again, because everything is crazy since the pandemic came in, the CDC has tried to pull the wool over our eyes and has claimed that the rate of anaphylaxis in the population from COVID vaccines is identical to their reporting rate to VAERS. We know that's not true.

On the CDC's website, that's what they have. Elsewhere on the website, they say you

> can't take a VAERS rate and call it an actual rate of reactions, but they've done that [for anaphylaxis]. And they're trying to obfuscate the fact that they're not giving you real rates, and sort of pretending that the myocarditis rate is probably the VAERS reporting rate of myocarditis, although they're not saying so directly."

Nass goes on to recount an example from the smallpox vaccine, which also caused myocarditis. A military study that just looked at cases sent to specialists found roughly 1 in 15,000 developed myocarditis. A military immunologist then dug deeper, and drew blood on soldiers before and after vaccination, and found a myocarditis rate of 1 in 220 after receiving the smallpox vaccine.

However, 1 soldier in 30 developed subclinical myocarditis where troponin rose from normal to more than two times the upper limits of normal. While asymptomatic, 1 in 30 had measurable inflammation of the heart. "Right now, in terms of what the rate is for COVID, nobody is looking, no federal agency wants to find out the real rate," Nass says.

You Can't Find Problems You Refuse to Look For

A simple study that measures troponin levels — a marker for heart inflammation and damage — before and after each dose, could easily determine what the real rate of myocarditis is, yet that is not being done.

> "This is what we're dealing with," Nass says. "All these databases, which is about a dozen different databases, that CDC and FDA said they could access to determine the rates of side effects after vaccination with COVID vaccines, they're either not being used or being used improperly," Nass says.
>
> "It was discovered that a new algorithm was being used to study the VAERS database that only came into use in January 2021, immediately after the vaccines were authorized, and the algorithm was developed such that you compare two vaccines to each other.
>
> If the pattern of side effects was similar between the two vaccines — which is often the case because there's a limited number of general vaccine adverse reactions — even if one vaccine has a thousand times more side effects as the one it is being compared to, by using this flawed algorithm, if the pattern of reactions was the same, even though the rates were 1,000 times higher for one, the algorithm would fail to detect a problem.
>
> That is the algorithm they're using to analyze VAERS [data]. They're also using bad methods … to analyze the vaccine safety database, which encompasses 12 million Americans who enrolled in HMOs around the country. The CDC pays for access to their electronic medical records and their data.
>
> Somehow when these databases have been looked at carefully, they're finding very low rates of myocarditis in boys, approximately equal to the VAERS reporting. It was said months ago, 'We can't find a safety signal for myocarditis. We're not finding an anaphylaxis signal. we're not finding a Bell's palsy signal.'
>
> The FDA's and CDC's algorithms couldn't pick up for most known side effects. So, there's something wrong with the analytic methods that are being used, but the agencies haven't told us precisely what they are. What we do know is that the rates of side effects that are being reported to VAERS are phenomenal.

> They're orders of magnitude higher than for any previous vaccines used in the United States. An order of magnitude is 10-fold, so rates of reported adverse reactions are 10 to 100 times higher than what has been reported for any other vaccine. Reported deaths after COVID in the United States are 17,000+. It's off the charts.
>
> Other side effects reported after COVID vaccinations total over 800,000. Again, more deaths and more side effects than have ever been reported for every vaccine combined in use in the U.S. cumulatively over 30 years."

Despite all this shocking data, our federal agencies look the other way, pretending as if nothing is happening, and no matter how many people approach them — with lawsuits, with public comments, reaching out to politicians — they refuse to address blatantly obvious concerns. This is clear evidence that they're acting with intentional malice.

FDA has become Clown World, and what they do now is to perform a charade of all the normal regulatory processes that they are expected to perform … You're the guinea pigs, but they're not collecting the data. Nobody should get these shots. ~ Dr. Meryl Nass

The FDA and CDC are supposed to protect the public. They're supposed to identify safety concerns. They're not supposed to act as marketing firms for drug companies, but that's precisely what they've been converted to.

New Formulations Have Never Been Tested

Another truly egregious fact is that Pfizer has altered its formulation, allegedly to make it more stable, but this new formulation has never been included in any of the trials. Nass explains:

> "During the October 26, 2021, VRBPAC [Vaccines and Related Biological Products Advisory Committee] meeting, Pfizer said, 'Look, we want to give the vaccines in doctor's offices and we've found a way to stabilize the vaccine so we don't need those ultra-cold fridges anymore. We can put these vials in a doctor's office and, once defrosted, they can sit in a regular fridge 10 weeks and they'll be fine.'
>
> Some committee members asked, 'OK, what'd you do? How did you make this marvelous discovery?' And they said, 'We went from the phosphate buffered saline buffer to a Tris buffer, and we slightly changed some electrolytes.' A committee member asked, 'OK, how did that make it so much more stable?' And everybody in the meeting from FDA and Pfizer looked at each other and said, 'We don't know.'
>
> An hour later, Pfizer had one of their chemists get on the line, but he couldn't explain how the change in buffer led to a huge increase in stability, either. Then, later in the meeting, one of the members of the committee asked, 'Did you use this new formulation in the clinical trial?'
>
> And Dr. Bill Gruber, the lead Pfizer representative, said, 'No, we didn't.' In other words, Pfizer plans, with FDA connivance, to use an entirely new vaccine formulation in children, after their clinical trials used the old formulation. This is grossly illegal. They've got a new formulation of vaccine. It wasn't tested in humans. And they're about to use it on 28 million American kids."

It's nothing short of a dystopian nightmare. Completely surreal. You can't make this stuff up.

Yet as shocking as all this is, earlier this year, Dr. Anthony Fauci projected that these COVID jabs would be available for everyone, from infants to the elderly. Now they've got the 5-year-olds, and there's every reason to suspect they'll go after newborns and infants next.

Whose Babies Will Be Offered Up as Sacrificial Lambs?

According to Nass, Pfizer and the FDA have struck a deal that will allow Pfizer to test on babies even younger than 6 months old, even if there's no intention to inject infants that young. Those trials may begin as early as the end of January 2022.

> "This arrangement between FDA and Pfizer will give Pfizer its extra six months of patent protection, whether or not these vaccines are intended to be used in those age groups. So, you can look at these trials as a way of almost sacrificing little children, because when you start a trial, you don't know what the dangers are going to be.
>
> I could be wrong, but I doubt we're going to give these to newborn babies the way we give the hepatitis B vaccine on the date of birth, yet they will be tested in very young babies. The question is, whose babies get tested? In the past, sometimes the babies that got tested were foster children, wards of the state. Sometimes parents offer up their children. But there will be clinical trials."

When will we get the data from those trials? It turns out that in the agreements reached between Pfizer and the FDA, some of those trials won't conclude until 2024, 2025 and 2027. The goal here is to vaccinate all Americans, children and adults, within the coming few months or a year, yet it'll be five years before we actually know from clinical trials what the side effects may be.

We're Living in Clown World

As noted by Nass, this is yet another crime. It may fulfill the letter of the law, but it doesn't fulfill the meaning of the law. It makes no sense to run clinical trials that won't be completed until five years after your mass vaccination program has been completed and the entire population is injected.

> "It's just a joke to do that," Nass says. "But FDA has become Clown World, and what they do now is to perform a charade of all the normal regulatory processes that they are expected to do, but they're only doing them in an abbreviated or peculiar manner so that they don't really collect the important data.
>
> For example, the control group has been vaccinated two months into the Pfizer trials, which effectively obscures side effects that develop after two months. Blood is not tested for evidence of myocarditis or blood clots using simple tests (troponin and D-dimer levels).
>
> For all the Americans out there who haven't spent 20 years examining the FDA procedures like I have, these FDA advisory committee meetings are it's designed to make you think a real regulatory process is going on, when it's not. Instead we are all guinea pigs, but no one is collecting the data that would normally be required to authorize or approve a vaccine. Therefore, in my opinion, nobody should get these shots."

To make matters even worse, it's actually illegal to grant EUAs for these vaccines, because

there are drugs that can prevent the condition (COVID), as well as treat it. EUAs can only be granted if there are no existing approved, available alternatives to prevent or treat the infection.

The effective drugs most have already heard of are ivermectin and hydroxychloroquine, but there are a number of other drugs that also have profound effects on COVID, Nass says, including TriCor and cyproheptadine (Periactin).

TriCor, or fenofibrate, emulsifies lipid nanoparticles and fatty conglomerations that contain viruses and inflammatory substances. The drug essentially allows your body to break down the viral and inflammatory debris better. As such, it might also help combat complications caused by the nanoliposomes in the COVID shot.

According to Nass, Pepcid at high doses of up to 80 milligrams three times a day is also useful for treatment. Dr. Robert Malone is starting a clinical trial using a combination of Pepcid and celecoxib (brand name Celebrex). Many are also recommending aspirin to prevent platelet activation and clotting.

I believe a far better alternative to aspirin is lumbrokinase, and/or serapeptase. Both are fibrinolytic enzymes that address blood clotting. You can develop sensitivity to them, so I recommend alternating the two on alternate days for about three months if you've had COVID.

You could rule out blood clotting by doing a D-dimer test. If your D-dimer is normal, you don't need an anticlotting agent. If clotting is a concern, you could also use NAC in addition to these fibrinolytic enzymes. It too helps break up clots and prevent clot formation.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Notes

[1] FDA Members Office of Vaccine Research and Review Meeting Roster

[2] National File October 26, 2021

[3] The Defender November 1, 2021

Featured image is from Children's Health Defense

Articles by: **Dr. Joseph Mercola** and **Dr. Meryl Nass**