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TEAM LIFESTYLE RESEARCH PAPERS

7 SENTENCES TO END THE COVID-19 DRAMA

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LESSON 1

THEY NEVER LIE, THEY JUST HYPNOTISE YOU

Pfizer Exec Admits COVID Vaccine Was Not Tested for Preventing Transmission [\[1\]](#)

A Pfizer executive said on 10/10/2022 that neither she nor other Pfizer officials knew whether its COVID-19 vaccine would stop transmission before entering the market last year.

Member of the European Parliament, Rob Roos, asked during a session: [\[2\]](#)

“Was the Pfizer COVID vaccine tested on stopping the transmission of the virus before it entered the market? Did we know about stopping immunization before it entered the market?”

Pfizer’s Janine Small, president of international developed markets, said in response:

“No ... You know, we had to ... really move at the speed of science to know what is taking place in the market.”

Roos, of the Netherlands, argued in a Twitter video Monday that following Small’s comments to him, millions of people around the world were duped by pharmaceutical companies and governments.

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“Millions of people worldwide felt forced to get vaccinated because of the myth that ‘you do it for others,’” Roos said. “Now, this turned out to be a cheap lie” and “should be exposed,” he added.

The U.S. Food and Drug Administration wrote in late 2020 that there was no data available to determine whether the vaccine would prevent transmission [\[3\]](#) and for how long it would protect against transmission of the SARS-CoV-2 virus that causes COVID-19.

“At this time, data are not available to make a determination about how long the vaccine will provide protection, nor is there evidence that the vaccine prevents transmission of SARS-CoV-2 from person to person,” the agency specifically noted.

A number of officials in the United States and around the world had claimed COVID-19 vaccines could prevent transmission. Among them, President Joe Biden in July 2021 remarked that “you’re not going to get COVID if you have these vaccinations.”

Chief Biden administration medical adviser Dr. Anthony Fauci in May 2021 said in a CBS interview that vaccinated people are “dead ends” for COVID-19, suggesting they cannot transmit the virus.

“When you get vaccinated, you not only protect your own health and that of the family but also you contribute to the community health by preventing the spread of the virus throughout the community,” Fauci said. [\[4\]](#)

Two months later, in late July of that year, Fauci said that vaccinated people are capable of transmitting the virus. [\[5\]](#)

CDC DIRECTOR: COVID VACCINES CAN'T PREVENT TRANSMISSION ANYMORE [\[14\]](#)

The director for the CDC publicly acknowledged in a CNN interview that the COVID-19 vaccine is not effective at preventing transmission of the virus.

In a segment on CNN with Wolf Blitzer, Walensky said that while the vaccines are doing very well to protect against serious illness and death, what they cannot do anymore is stop transmission.

“Our vaccines are working exceptionally well. They continue to work well for Delta with regard to severe illness and death. They prevent it,” Walensky said.

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LESSON 2

LEVEL OF STUPIDITY BY THE GOVERNMENT

Opinion: The CDC finally admits it was wrong about surface transmission of COVID-19[\[6\]](#)

INDIAN EXPRESS

Explained: With a '1-in-10,000 chance', can we stop worrying about getting Covid-19 from surfaces?[\[7\]](#)

CDC

SARS-CoV-2 and Surface Transmission for Indoor Community Environments[\[8\]](#)

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LESSON 3

COVID-19 VACCINE WAS TESTED ON HUMANS AND ANIMALS SIMULTANEOUSLY [\[9\]](#)

As they race to test an experimental coronavirus vaccine, researchers aren't waiting to see how well it prevents infection in animals before trying it in people, breaking from the usual protocol.

"I don't think proving this in an animal model is on the critical path to getting this to a clinical trial," said Tal Zaks, chief medical officer at Moderna, a Cambridge, Mass.-based biotech that has produced a Covid-19 vaccine candidate at record speed. He told STAT that scientists at the National Institutes of Health are "working on nonclinical research in parallel." Meanwhile, the clinical trial started recruiting healthy participants in the first week of March.

That isn't how vaccine testing normally happens. Regulators require that a manufacturer show a product is safe before it goes into people, and while it isn't enshrined in law, researchers almost always check that a new concoction is effective in lab animals before putting human volunteers at potential risk.

"This is very unusual," explained Akiko Iwasaki, a Yale University microbiologist who studies the immune response to viruses. "It reflects the urgency to develop vaccines to counter the Covid-19 pandemic."

"The traditional vaccine timeline is 15 to 20 years. That would not be acceptable here," said Mark Feinberg, president and CEO of the

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International AIDS Vaccine Initiative, whose work as chief public health and science officer at Merck Vaccines was instrumental in the development of the immunization against Ebola. “When you hear predictions about it taking at best a year or a year and a half to have a vaccine available ... there’s no way to come close to those timelines unless we take new approaches.”

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LESSON 4

FACT CHECK SCAM [\[10\]](#)

Fact Check-COVID-19 vaccines did not skip animal trials because of animal deaths

By [Reuters Fact Check](#)

Posts claiming that COVID-19 vaccine producers skipped animal trials due to the animals in those trials dying are false. Pfizer-BioNTech, Moderna and Johnson & Johnson, which have been granted emergency authorization use by the Food and Drug Administration (FDA) in the United States, all conducted animal trials and had no significant safety concerns to report.

Examples can be seen [here](#) and [here](#) .

COVID Jab: They Skipped all Animal Trials Because all Animals Were Dying & Went Directly to People.



@erin_bsn

Texas State Senate, May 2021

Some posts include video of a hearing by the Texas State Senate and the text: “COVID jab: They skipped all animal trials because all animals were dying & went directly to people. Texas State Senate, May 2021.”

The clip in the posts come from a Texas State Senate hearing on May 6, 2021, visible [here](#) . The Senate discussed “bill 1669” ([here](#)), about “prohibited discrimination regarding vaccination status and mandates

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for receiving or participating in the administration of vaccines; authorizing administrative penalties.”

At the 44:22 mark [here](#) , Texas State Senator Bob Hall begins questioning pediatrician Angelina Farella about the COVID-19 vaccines skipping animal trials. Hall says that animal trials were skipped due to the animals dying and Farella says she agrees.

These claims, however, are false. Reuters found no evidence of the three COVID-19 vaccines skipping animal trials due to the animals dying or otherwise.

The FDA has so far authorized COVID-19 vaccines produced by three companies, Pfizer-BioNTech, Moderna and Johnson & Johnson, for emergency use in the United States ([here](#)).

Emergency use authorization (EUA) in the U.S. has been issued as a result of the severity of the pandemic. When the pandemic is over, vaccine manufacturers will need to apply for full U.S. Food and Drug Administration (FDA) approval ([here](#)).

A Pfizer media spokesperson told Reuters via email the claims are false, and linked to a Sept. 2020 press release about the effects of their mRNA vaccine in mice and non-human primates ([here](#)). They also pointed to a peer-reviewed Feb. 2021 paper on its vaccine working on primates ([here](#)).

Moderna has released similar information ([here](#) , [here](#)), as has Johnson & Johnson ([here](#)).

An FDA spokesperson told Reuters via email that the claims that the vaccines had skipped animal trials due to animal death was untrue. None had significant safety issues to report in their respective animal

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trials, as seen under “5.3 Non-Clinical Studies” sections of the EUAs for Pfizer-BioNTech [here](#) , Moderna [here](#) and Johnson & Johnson [here](#) .

Due to time constraints and the urgency to find a vaccine for COVID-19, Moderna and Pfizer did receive approval to run animal testing and early trials on humans at the same time, as opposed to fully completing animal trials before moving on to human trials. This, however, does not mean animal trials were skipped or that the safety of the vaccines were compromised ([here](#) , [here](#) , [here](#)).

Reuters Fact Check has debunked false similar claims about the safety and trials of the COVID-19 vaccines approved by the FDA for emergency use [here](#) , [here](#) , [here](#) and [here](#) .

VERDICT

False. The COVID-19 vaccines produced by Pfizer-BioNTech, Moderna and Johnson & Johnson did not skip animal testing due to the animals dying.

This article was produced by the Reuters Fact Check team. Read more about our fact-checking work [here](#) .

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LESSON 5

DEATHS FROM COVID ‘INCREDIBLY RARE’ AMONG CHILDREN [\[11\]](#)

A comprehensive analysis of hospital admissions and reported deaths across England suggests that COVID-19 carries a lower risk of dying or requiring intensive care among children and young people than was previously thought.

In a series of preprints published on medRxiv [1-3](#), a team of researchers picked through all hospital admissions and deaths reported for people younger than 18 in England. The studies found that COVID-19 caused 25 deaths in that age group between March 2020 and February 2021.

About half of those deaths were in individuals with an underlying complex disability with high health-care needs, such as tube feeding or assistance with breathing.

The studies did not evaluate rates of less-severe illness or debilitating [‘long COVID’ symptoms](#) that can linger months after the acute phase of the infection has past. “The low rate of severe acute disease is important news, but this does not have to mean that COVID does not matter to children,” says paediatrician Danilo Buonsenso at the Gemelli University Hospital in Rome. “Please, let’s keep attention — as much as is feasible — on immunization.”

In one of the preprints, the researchers trawled for published accounts of COVID-19 among children and young people, and ultimately analysed

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data from 57 studies and 19 countries³. They then picked apart risk factors for severe disease and death from the data.

Study findings

Some conditions — including obesity and cardiac or neurological conditions — were associated with a higher risk of death or intensive-care treatment, the researchers found. But the absolute increase in risk was very small, study author Rachel Harwood, a paediatric surgical registrar at Alder Hey Children’s Hospital in Liverpool, UK, told reporters at a media briefing.

For the other two preprints, the researchers focused on England, drawing on nationwide health-care data on intensive-care admissions and deaths among those under 18 years old. The team found that, of 6,338 hospital admissions for COVID-19, 259 children and young people required treatment in paediatric intensive-care units.

Black children were more likely than their white counterparts to require intensive care, both for COVID-19 and for paediatric multisystem inflammatory syndrome, a rare syndrome associated with coronavirus infection. But overall, the need for intensive care was “incredibly rare” among these patients, says study author Joseph Ward of the University College London Great Ormond Street Institute of Child Health.

Of 3,105 deaths from all causes among the 12 million or so people under 18 in England between March 2020 and February 2021, 25 were attributable to COVID-19 — a rate of about 2 for every million people in this age range. None had asthma or type-1 diabetes, the authors note, and about half had conditions that put them at a higher risk than healthy children of dying from any cause.

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Taken together, the unusually comprehensive studies could provide some comfort to parents who have been shielding children who they thought might be vulnerable to severe complications from COVID-19.

“There’s a general feeling among paediatricians that probably too many children were shielded during the first wave of the pandemic,” Russell Viner, who studies adolescent health at the University College London, told reporters.

In some cases, those efforts might have done more harm than good, added Elizabeth Whittaker, an infectious-disease specialist at Imperial College London. “Shields are very leaky,” she said. “The shields have not been perfect, and have probably caused more stress and anxiety for families than benefit.”

The work does not tackle the spectre of long COVID, but other studies suggest that [it does occur in children](#) — including in those who had mild initial symptoms or were asymptomatic — but less frequently than in adults.

Despite the very low death and intensive-care rates, Buonsenso hopes that schools will embrace measures such as masks and improved ventilation, and that parents will focus on immunization — for either their children, where possible, or themselves.

“When adults are immunized, fewer children are infected,” he says. “We need to do as much as possible to reduce COVID-19 infection in children.”

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LESSON 6

GREAT BARRINGTON DECLARATION [\[12\]](#)

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

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As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work

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normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

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LESSON 7

SHOCKING SIDE-EFFECTS IGNORED

1. Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents [\[13\]](#)

This study focuses on cardiovascular manifestation, particularly myocarditis and pericarditis events, after BNT162b2 mRNA COVID-19 vaccine injection in Thai adolescents. This prospective cohort study enrolled students aged 13-18 years from two schools, who received the second dose of the BNT162b2 mRNA COVID-19 vaccine. Data including demographics, symptoms, vital signs, ECG, echocardiography, and cardiac enzymes were collected at baseline, Day 3, Day 7, and Day 14 (optional) using case record forms. We enrolled 314 participants; of these, 13 participants were lost to follow-up, leaving 301 participants for analysis. The most common cardiovascular signs and symptoms were tachycardia (7.64%), shortness of breath (6.64%), palpitation (4.32%), chest pain (4.32%), and hypertension (3.99%). One participant could have more than one sign and/or symptom. Seven participants (2.33%) exhibited at least one elevated cardiac biomarker or positive lab assessments. Cardiovascular manifestations were found in 29.24% of patients, ranging from tachycardia or palpitation to myopericarditis. Myopericarditis was confirmed in one patient after vaccination. Two patients had suspected pericarditis and four patients had suspected subclinical myocarditis. In conclusion, Cardiovascular manifestation in adolescents after BNT162b2 mRNA COVID-19 vaccination included

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tachycardia, palpitation, and myopericarditis. The clinical presentation of myopericarditis after vaccination was usually mild and temporary, with all cases fully recovering within 14 days. Hence, adolescents receiving mRNA vaccines should be monitored for cardiovascular side effects. Clinical Trial Registration: [NCT05288231](#).

2. Myopericarditis after messenger RNA Coronavirus Disease 2019 Vaccination in Adolescents 12 to 18 Years of Age [\[15\]](#)

Abstract

Objectives: To characterize the clinical course and outcomes of children 12-18 years of age who developed probable myopericarditis after vaccination with the Pfizer-BioNTech (BNT162b2) coronavirus disease 2019 (COVID-19) messenger RNA (mRNA) vaccine.

Study design: A cross-sectional study of 25 children, aged 12-18 years, diagnosed with probable myopericarditis after COVID-19 mRNA vaccination as per the Centers for Disease Control and Prevention criteria for myopericarditis at 8 US centers between May 10, 2021, and June 20, 2021. We retrospectively collected the following data: demographics, severe acute respiratory syndrome coronavirus 2 virus detection or serologic testing, clinical manifestations, laboratory test results, imaging study results, treatment, and time to resolutions of symptoms.

Results: Most (88%) cases followed the second dose of vaccine, and chest pain (100%) was the most common presenting symptom. Patients came to medical attention a median of 2 days (range, <1-20 days) after

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receipt of Pfizer mRNA COVID-19 vaccination. All adolescents had an elevated plasma troponin concentration. Echocardiographic abnormalities were infrequent, and 92% showed normal cardiac function at presentation. However, cardiac magnetic resonance imaging, obtained in 16 patients (64%), revealed that 15 (94%) had late gadolinium enhancement consistent with myopericarditis. Most were treated with ibuprofen or an equivalent nonsteroidal anti-inflammatory drug for symptomatic relief. One patient was given a corticosteroid orally after the initial administration of ibuprofen or a nonsteroidal anti-inflammatory drug; 2 patients also received intravenous immune globulin. Symptom resolution was observed within 7 days in all patients.

Conclusions: Our data suggest that symptoms owing to myopericarditis after the mRNA COVID-19 vaccination tend to be mild and transient. Approximately two-thirds of patients underwent cardiac magnetic resonance imaging, which revealed evidence of myocardial inflammation despite a lack of echocardiographic abnormalities.

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LESSON 8

CURIOUS CASE OF MASK

- 1. Scientists Studied 12 Masks — Every One Contained This Cancer-Causing Compound [\[16\]](#)**
- 2. Twitter [\[17\]](#)**
- 3. 'Unsafe' levels of carcinogen found in masks [\[18\]](#)**
- 4. Fact-Check : Another Scam Caught [\[19\]](#)**

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REFERENCES

1. <https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-never-tested-prevent-transmission-et/>
2. https://twitter.com/rob_roos/status/1579759795225198593
3. <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>
4. <https://thehill.com/homenews/sunday-talk-shows/553773-fauci-vaccinated-people-become-dead-ends-for-the-coronavirus/>
5. <https://www.youtube.com/watch?v=mP9iHyj1uiU>
6. <https://www.denverpost.com/2021/04/13/cdc-surface-transmission-rare-covid-19/>
7. <https://indianexpress.com/article/explained/covid-19-transmission-surface-sanitisation-cdc-7266407/>
8. <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>
9. <https://www.statnews.com/2020/03/11/researchers-rush-to-start-moderna-coronavirus-vaccine-trial-without-usual-animal-testing/>
10. <https://www.reuters.com/article/factcheck-covid-vaccine-animal-idUSL2N2NJ1IK>
11. <https://www.nature.com/articles/d41586-021-01897-w>
12. <https://gbdeclaration.org/>
13. <https://pubmed.ncbi.nlm.nih.gov/36006288/#:~:text=In%20conclusion%2C%20Cardiovascular%20manifestation%20in,fully%20recovering%20with%20hin%2014%20days>

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14. <https://www.msn.com/en-us/health/medical/cdc-director-covid-vaccines-cant-prevent-transmission-anymore/ar-AASDndg>
15. <https://pubmed.ncbi.nlm.nih.gov/34339728/>
16. <https://childrenshealthdefense.org/defender/masks-titanium-dioxide-cancer-cola/>
17. <https://twitter.com/federicolois/status/1563387040540274688?s=20&t=VRbh-6RkOtbOcyc52LXiJg>
18. <https://www.ecotextile.com/2022022829014/dyes-chemicals-news/unsafe-levels-of-carcinogen-found-in-masks.html>
19. <https://www.reuters.com/article/factcheck-masks-titanium-dioxide-idUSL1N32L11T>