

Three Tips for Checking Whether a Medical Study Is Legit or Bulls-It

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You've just watched a video of a high-profile, Covid-sceptic speaker saying that shedding of the spike protein from vaccinated people endangers those they come in close contact with. You want to find out more, so you look at one or two of the links under the video that provide source material for what the speaker said. (Great those links are there; most videos don't have them.)

Or a friend who is a believer in the official narrative about Covid has sent you a news item with a scary headline about the Indian 'triple-mutation new variant.' You're pretty sure the article is very misleading, so you want to check out the study it's based on.

How can you find source material and – if and when you find it – try to quickly figure out whether it's legit?

Because there's a huge, hot complicated mess of claims and counter-claims out there. And unfortunately there's misleading information coming from 'experts' on *both* sides of the Covid divide.

And this isn't unique to Covid. As [Scott Adams](#) – who created the Dilbert cartoon strip and now is a pundit – points out in

page 14 of his book [Loserthink](#):

“One thing I can say with complete certainty is that it is a bad idea to trust the majority of experts in any domain in which both complexity and large amounts of money are involved.”

So I’ve put together three tips to help you quickly discern whether a medical paper is meaningful or meaningless. I’ve distilled the tips from my decades of reading, writing and editing scientific and medical papers.

Tip One: Is key information left out or hidden?

Tip Two: If the source material is a study about the effect of an intervention, does the study measure serious illness or death in humans, or is it on animals or theoretical, test-tube models?

Tip Three: Does the study contain the information that the article or video referring to it says it contains?

Tip One: Is key information left out or hidden?

You’ve very likely seen the [April 30, 2021](#), news article from the Salk Institute. It’s titled, ‘The novel coronavirus’ spike protein plays additional key role in illness.’ Its subtitle is, ‘**Salk researchers and collaborators show how the protein damages cells, confirming COVID-19 as a primarily vascular disease.**’

The article has been weaponized to bolster virtually every Covid-related viewpoint. For example, many news reports about it – such as [this one](#) – claim that the Salk paper provides yet more proof that Covid is deadly, and also shows that Covid exerts its action via the spike protein attacking blood vessels.

And many other pieces – such as [this video](#) – say that it demonstrates yet another way mRNA vaccines are injuring and

killing millions of people.

Here's how you can easily and quickly check whether this paper is solid.

It's easy to find the study: here's a hyperlink to the [study](#) in the second paragraph of the Salk article. Click the hyperlink, and you'll see the study, which is on the *Circulation Research* journal's website.

But – ugh – it looks complicated: the title is 'SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2.'

Don't despair. It turns out it's easy to figure out whether the paper is full of holes or not.

Scroll down through the study.

First, you'll see that in the study the researchers created an artificial, spike-protein-coated, viral shell (and didn't put any RNA into the shell). Then they place a number of these viral shells into each hamster's trachea, which is the top of the windpipe leading to the lungs.

*So this is very far removed from meaningful studies involving humans. See **Tip Two** for more on this topic. (Note also that the study wasn't at all related to injection of mRNA or to vaccines – so it's a real stretch to extrapolate from it to what could happen in people who have receive an mRNA jab.)*

Then scroll down more, and you'll see this bombshell:

“Data Availability

The data that support the findings of this study, including statistical analyses and reagents used, are available from the corresponding author upon request.”

(‘Corresponding author’ refers to the person who's the contact

for responding to queries about the study.)

Whoa! You have to write to one of the study's authors to get key information about the study?! That's a whopper of a red flag.

I wouldn't send this Salk news article and accompanying study – or videos or articles making assertions about them – to others.

Not unless you want to: email the study's corresponding author asking for the missing data/material, receive the material, analyze it and determine whether it holds water. And the very fact that one has to do all that is enough to conclude there's something very suspicious going on.

(And by the way, there are many other ways of hiding critical information. A very common one is burying the key results in supplemental tables or charts. ['Supplemental' is a term for information that's not included in the main paper but instead is in a separate document or documents.] To find a current example of this, because I know it's extremely common, yesterday I went to the *medRxiv* website, scrolled down a bit and clicked on '[View by Month](#).' Then I clicked on the title of the paper at the top of the list that came up. That [paper](#) was published May 20. It's on how airway antibodies reappear after SARS-CoV-2 vaccination. I scrolled down and saw it only shows the abstract – that is, a summary of the study. [There's also other info under the abstract, including a 'Funding Statement' that says the Bill & Melinda Gates Foundation was among the funders of the study. That's a big red flag.] To look at the full paper, I scrolled back up to the top of the page and clicked '[Download PDF](#)' on the right-hand side. Then I looked at the 'Results' section of the PDF of the paper. Sure enough [after skipping the first section of the 'Results,' on 'Patient enrollment, assessment of disease severity and timeline,' which in fact is part of the methods rather than results (sigh)], I saw that **the reporting of key results is**

largely in figures and tables in the supplemental material. So a person would have to click on the [supplementary-material hyperlink](#), download the material, and then search for and examine the figures and tables with the key results. How many people have time or inclination to do that?)

Tip Two: If the source material is a study about the effect of an intervention, does the study measure serious illness or death in humans, or is it on animals or theoretical, test-tube models?

We're constantly being told that a particular 'treatment,' 'vaccine' or 'public-health measure' is saving lives. And that a 'new variant' or 'viral-escape [mutation](#)' is very deadly.

But such claims are meaningless unless they are objectively, verifiably, shown to be true.

So for starters, **they've got to be studied in people.** Not in mice or monkeys, nor in test tubes or petri dishes (AKA '*in vitro*').

And those human studies have to focus on whether the interventions reduce serious illness and death, or whether things like the 'new variants' increase serious illness and death. (Serious illness and death are 'hard outcomes' – where the tire hits the road. These are definable, measurable/quantifiable and clinically meaningful. 'Soft outcomes' are things like antibody levels in the blood, and relatively minor complaints like coughing, fever, fatigue or a headache.)

(One additional caveat: even if papers are on humans and study serious illness or death, they probably are skewed in some very significant ways. [Virtually all](#) medical studies conducted in at least the past three decades have been funded by an organization or company with financial and/or political interests. So studies are set up to produce results that further those interests.)

By way of examples, here are two papers that supposedly provide 'proof' that the Indian 'triple-mutation' new variant dubbed B.1.617 is highly 'transmissible'/infectious and, by extrapolation, very dangerous and deadly. [Note added May 25: These papers aren't easy to find: the vast majority of pieces on the Indian 'new variant' don't provide primary-source material.]

1) The first paper was posted on the website of the online journal *bioRxiv* on [May 3, 2021](#), titled, 'Convergent evolution of SARS-CoV-2 spike mutations, L452R, E484Q and P681R, in the second wave of COVID-19 in Maharashtra, India.'

Here's what the paper's authors wrote about the approach they used to figure out whether the new variant is more 'transmissible':

"For assessment of the noted mutations on binding to neutralizing antibodies, the SARS-CoV-2 spike RBD domain complexed with two selected mAbs REGN10933/ P2B-2F6 were retrieved (PDB ID: 6XDG; resolution 3.90Å and 7BWJ; resolution 2.65 Å respectively)^{15,16}. Point mutations were carried out using Biovia Discovery studio visualizer 2020 and the structures of the complexes were subjected to energy minimization using macro model tool in Schrodinger 2020 using default parameters. The molecular interactions between the RBD-ACE2 interface, within the RBD and between the neutralizing mAbs-RBD[,] were analyzed using non-bonded interactions tool in Biovia Discovery studio visualizer 2020."

Translation: the study was done in artificial conditions *in vitro* using highly complex methods, equipment and computations.

You can't get more removed from real life than that!

2) The second paper was posted on *bioRxiv* on [May 5, 2021](#), titled, 'SARS-CoV-2 variant B.1.167.1 is highly pathogenic in hamsters than B.1 variant.'

The study was done with 18 hamsters.

(And the scientists didn't even attempt to see whether this 'new variant' actually moves between hamsters faster than other forms of the novel coronavirus or any other virus, and/or sickens and kills more of them.)

So these two studies tell us virtually nothing about whether the Indian 'new variant' is more dangerous in humans than other forms of the novel coronavirus.

Tip Three: Does the study contain the information that the article or video referring to it says it contains?

For illustrative purposes, I'll use this tip to tackle the topic of '**spike-protein shedding**.'

This is the theoretical scenario in which a person receives an mRNA shot, makes copies of the spike protein in their cells, releases a sizable number of these copies into the environment, and then large quantities of the spike-protein copies enter body of someone nearby.

One group that's fanning flames of fear surrounding shedding is America's Frontline Doctors. On [April 26](#), 2021, the group released an 'issue brief for citizens, policymakers and physicians' on complications after Covid vaccination.

The third section of that issue brief is titled, 'Can the unvaccinated get sick from contact with the vaccinated?' The section is crammed with claims about damage that occurs in people after they receive the mRNA vaccines. But it has only one hyperlink to source material. That hyperlink is in the second sentence.

Here's that whole section (I've added bolding for emphasis):

“The vaccine produces many trillions of particles of spike proteins in the recipients. Patients who are vaccinated can shed some of these (spike protein) particles to close contacts. The particles have the ability to create inflammation and disease in these contacts. In other words, the spike proteins are pathogenic (“disease causing”) just like the full virus. What is most worrisome is that a person’s body is being suddenly flooded with 13 trillion of these particles and the spike proteins bind more tightly than the fully intact virus. Because of the biomimicry (similarity) on the spike, **shedding appears to be causing wide variety of autoimmune disease[s] (where the body attacks its own tissue) in some persons. Worldwide cases of pericarditis, shingles, pneumonia, blood clots in the extremities and brain, Bell’s Palsy, vaginal bleeding and miscarriages have been reported in persons who are near persons who have been vaccinated. In addition, we know the spike proteins can cross the blood brain barrier, unlike traditional vaccines.”**

But note again that there’s just one primary-source paper for that paragraph/section; it’s hyperlinked to the word ‘shed.’ The primary-source material is a study published online on [September 1, 2020](#) in a journal called *SN Compr Clin Med* (the short form for *SN Comprehensive Clinical Medicine* [I don’t know what ‘SN’ stands for][Note added March 25: SN is ‘Springer Nature’]). Its title is, ‘COVID-19 and its Modes of Transmission.’

The paper is about indirect and direct modes of transmission of Covid. **But it does not mention vaccines, vaccination or injection of mRNA at all.**

Therefore it doesn’t back up the claim by America’s Frontline Doctors that people who receive Covid mRNA vaccines shed the spike protein.

While we’re at it, let’s look at whether there’s any primary-

source material that does support the 'spike-protein shedding' claim.

One document that's being used by a lot of people to try to support the claim that shedding occurs after Covid vaccination is **a November 2020 Pfizer document that details the protocol for Pfizer's Covid-vaccine study.**

The focus of all that attention is the first part of subsection '8.3.5.1. Exposure During Pregnancy,' on pages 67 and 68 of the document. Subsection 8.3.5.1 reads as follows (bolding added by me for emphasis):

'An EDP [exposure during pregnancy] occurs if:

- A female participant [in the study] is found to be pregnant while receiving or after discontinuing study intervention.
- A male participant who is receiving or has discontinued study intervention **exposes a female partner** prior to or around the time of conception.
- A female is found to be pregnant **while being exposed or having been exposed to study intervention due to environmental exposure.** Below are examples of environmental exposure during pregnancy:
 - A female family member or healthcare provider reports that she is pregnant **after having been exposed to the study intervention by inhalation or skin contact.**
 - A male family member or healthcare provider who has been **exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.'**

The term 'study intervention' in this document refers to the Pfizer Covid vaccine.

The section is saying that someone can be 'exposed to the

study intervention during environmental exposure,' and that that 'environmental exposure' is via 'inhalation or skin contact.'

But how can people make the leap from there to saying that the Pfizer-protocol document is referring to the following theoretical sequence: people receiving the mRNA jab, spike protein being made in their bodies, the spike protein spreading into the environment and then the protein entering the bodies of people nearby (and then making them ill)? There's no basis for that in the document.

Unfortunately some prominent people are making that leap a lot, and misquote the Pfizer document to make it match what they're claiming.

For example, [Dr. Christiane Northrup](#) says in a May 21, 2021, video, "If you look at the Pfizer document from the very beginning, on page 67 it actually says that 'no male should be impregnating a woman for seven weeks, and no female should get pregnant for seven weeks,' and they say right on there because of 'skin contact' or 'sexual contact.' So you have to ask yourself, what did they know, or do they know, that they're not telling us?" (She must be referring to page 67 of the Pfizer protocol document, because as far as I know there's no other document about Pfizer's Covid vaccine that discusses pregnancy and exposure/transmission, at least not one that discusses them on page 67.) Another example of Northrup misquoting the protocol document is this [May 20, 2021](#) interview of her, starting at 3:30.

I found the first clue to what this section of the protocol is much more likely to mean by simply looking at other parts of the Pfizer document. For example one page later, in the last paragraph of subsection '8.3.5.2, Exposure During Breastfeeding,' it says (bolding added by me for emphasis): **'An exposure during breastfeeding is not created when a Pfizer drug specifically approved for breastfeeding women (eg,**

vitamins) is administered in accord with authorized use. However, if the infant experiences an SAE [serious adverse event] associated with such a drug, the SAE is reported together with the exposure during breastfeeding.'

That mention of 'exposure' in this paragraph seems to refer to 'a Pfizer drug' ... '(eg, vitamins).'

So could all the sections in the Pfizer protocol relating to 'exposure' from the 'study intervention' in fact be using boiler-plate language be referring not to shedding, but instead to people coming into physical contact through the air or another mechanism with the study drug?

That seems the most likely explanation to me.

I searched online and, indeed, this does seem to be Pfizer's boilerplate-like language.

For example, if you look at section '8.10. Exposure During Pregnancy' in the [2015 Pfizer protocol](#) for its study of **dacomitinib (a drug for non-small-cell lung cancer)**, that section reads (bolding added by me):

"For investigational products and for marketed products, an **exposure** during pregnancy occurs if:

1. A female becomes, or is found to be, pregnant while receiving or having been **exposed (eg, because of treatment or environmental exposure)** to the investigational product, or the female becomes, or is found to be pregnant after discontinuing and/or being exposed to the investigational product;

An example of environmental exposure would be a case involving direct contact with a Pfizer product in a pregnant woman (eg, a nurse reports that she is pregnant and has been exposed to chemotherapeutic products).

2. **A male patient has been exposed (eg, because of**

treatment or environmental exposure) to the investigational product prior to or around the time of conception and/or is exposed during his partner's pregnancy.

It has a reasonably strong resemblance to the section on exposure during pregnancy in the Pfizer vaccine protocol document. (And it's not at all likely that a cancer drug sheds.)

So the only conclusion I can draw is the Pfizer-vaccine protocol document doesn't provide any sort of support for the concept that people who have received Covid mRNA shots are shedding the spike protein and spreading it to others.

And the fact that America's Frontline Doctors attempts to support its assertion that Covid mRNA vaccines cause shedding with a paper that has nothing to do with vaccination indicates that there is not any evidence this can take place.

Using very shaky 'evidence' to try to 'prove' something suggests that in fact there's probably no proof of it at all.

I do think the vaccines are dangerous and are negatively affecting people who've received them; I also believe that people who've been in close contact with vaccine recipients can be negatively affected.* There are plenty of plausible reports of, for example, altered periods in women who have been in the vicinity of people who've been vaccinated. So altered periods are quite possibly related to being in close proximity with vaccinated people. But there's zero proof, as far as I've seen, that the spike proteins produced by the mRNA jabs cause those altered periods.

Maybe it's something else in the shots that's resulting in all the negative effects in people who've been in proximity to individuals who've had the jabs. Or maybe perhaps it's not something in the shots, but somehow another phenomenon associated with receiving the shots.

At the moment it's very hard to know. Chasing misinformation just makes us go down blind alleys and delays or even permanently stops us from finding the truth.

Spreading information that has extremely flimsy grounds also gives significant fodder to our opponents to paint us all as spreaders of lies. That turns many people away from listening to what any of us are saying.

It also makes people on our side support the physical and emotional separation of Covid believers/pro-vaccinators and us (which is exactly what the architects of the Covid coup want). For example, Dr. Larry Palevsky at 41:00 in this April 27, 2021, video says people who've received these vaccines "should be quarantined and have a badge on their arms that say[s], 'I've been vaccinated' [i.e., like Jews were marked by yellow-star badges in WWII]) ... so that we know to avoid them on the street ... and not go near them anywhere in society."

The bottom line? Try to resist the pull to believe an article or video just because it fits with your Covid-sceptic view and is from someone you reflexively trust.

You can use the three tips in this article to work toward staying objective and figuring out for yourself whether there's solid evidence behind claims made by 'experts.'

Trust yourself. You can do it.

[Connect with Rosemary Frei](#)

*.Sentence was edited in Rosemary Frei's original article on March 28 for clarity.]

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