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by Jefferey Jaxen, The HighWire
December 7, 2020

Last week, the United Kingdom jumped in front of all other Western nations when it was the first to give emergency approval to Pfizer's experimental Covid vaccine.

As Pfizer's novel injectable product got the green light from Britain's Medicines & Healthcare products Regulatory Agency (MHRA), *The New York Times* wrote:

"European regulators on Wednesday cast doubt on the rigor of Britain's review and said that the authorization was limited to specific batches of the vaccine, a claim that Pfizer denied and British officials did not address."

Echoing the doubt in part was Switzerland's medical regulator Swissmedic publicly declared necessary information was lacking, and it would not sign off on three different coronavirus vaccines [Pfizer, Moderna and AstraZeneca's] ordered by the Swiss government.

Swissinfo.ch noted: "The regulator said important data on safety, efficacy and quality are still missing. It has reached out to the manufacturers, who provided data from their studies."

At a press briefing last Tuesday organized by the Federal Office of Public Health., Swissmedic's Claus Bolte threw down the gauntlet: "We lack data on the effectiveness of the

clinical trials and on the important subgroups that participated in these large studies," Bolte, head of the authorization division, explained as Swissmedic demurred from endorsing the unproven jabs.

Nevertheless the UK marched forward with their strategy, echoed by most nations around the world, to target frontline health workers and everyone who lives or works in long term care facilities, for the first round of experimental vaccines.

Swaths of the medical community are increasingly hesitant at being… steamrolled? Socially pressured? Coerced? Given an offer they can't refuse?…into becoming Phase 4 Post-Marketing data points for Pfizer's experimental vaccine – and for good reason!

Until recently, the bulk of scientific data known publicly about Pfizer's shot came via the company's carefully worded press releases. This inconvenient truth has dawned on the medical community who are first in line for the shot.

Doctors and nurses are not convinced about the vaccine data. To those ends, large health systems, medical societies and the federal government are launching an effort to persuade front-line health-care providers to take experimental shots.

A rushed propaganda arm is kicking into gear behind the scenes in an attempt to quell widespread vaccine hesitancy erupting within the medical community. Unanswered questions, lack of transparency, questionable safety profiles, absent liability and the limited trial endpoints of the experimental vaccines deserve further public debate before premature assumptions of widespread uptake are made by health officials and national leaders.

In the US, vaccine-makers are given legal protection from any injuries or death caused by their injectable products. Outside America, this concept is foreign and scoffed at (as it should be!), by citizens of other countries. After the rushed

approval of Pfizer's shot, the UK population received a sobering lesson in Big Pharma's *modus operandi.*

Mere days after the UK gave Pfizer's Covid vaccine the green light, Pfizer's Department of Health and Social Care confirmed the company had also been given indemnity protecting it from legal action as a result of any problems with the vaccine.

Simultaneously, in the true spirit of transparency, Pfizer's UK management spoke to journalists at a press conference but refused to explain why the company needed an indemnity, according to The Independent: "We're not actually disclosing any of the details around any of the aspects of that agreement and specifically around the liability clauses."

Ministers have also changed the law in recent weeks to give new protections to companies such as Pfizer, giving them immunity from being sued by patients in the event of any complications, according to reports.

The UK government has published information regarding Pfizer's COVID-19 mRNA Vaccine BNT162b2 for UK health professionals. Comprised of the latest, most up-to-date data and science, from the company itself, the information leaflet notes the following points:

"It is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility."

"Animal studies into potential toxicity to reproduction and development have not been completed."

"The most frequent adverse reactions in participants 16 years of age and older were pain at the injection site (> 80%), fatigue (> 60%), headache (> 50%), myalgia (> 30%), chills (> 30%), arthralgia (> 20%) and pyrexia (> 10%) and were usually mild or moderate in intensity and resolved within a few days after vaccination."

"In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products."

Major bombshell's were delivered last week. The first one was from doctors Wolfgang Wodarg and Michael Yeadon, in the form of a legal petition to the European Medicines Agency. They have demanded a "stay," or halt, to Phase III trials of Pfizer's BNT162 in Germany, and in all other EU protocol countries until study design is amended.

The doctors deemed the current study designs for the Phase II/III trials of Pfizer/BioNTech to be inadequate for several reasons.

One such reason are that the clinical trials for new experimental Covid vaccines candidates, which use polymerase chain reaction (PCR) tests as the primary evidence of infection, are inadequate to accurately assess efficacy, say the doctors.

Along the lines of understanding safety, or a lack thereof, the doctors also raised the very real issue of Antibody Dependent Enhancement (ADE). This is a common problem with the family of coronaviruses and a major, well-documented reason why many previous vaccine trials for other coronaviruses failed.

The doctors write: "Major safety concerns were observed in animal models. If ADE occurs in an individual, their response to the virus can be worse than their response if they had never developed an antibody in the first place."

Once thought to be a baseless theory, the admittedly untested effects on fertility from Pfizer's shot has scientific standing to be questioned. The petition reads:

Syncytin-1…is derived from human endogenous retroviruses (HERV) and is responsible for the development of a placenta in mammals and humans and is therefore an essential prerequisite

for a successful pregnancy, is also found in homologous form in the spike proteins of SARS viruses. There is no indication whether antibodies against spike proteins of SARS viruses would also act like anti-Syncytin-1 antibodies. However, if this were to be the case this would then also prevent the formation of a placenta which would result in vaccinated women essentially becoming infertile. To my knowledge, Pfizer/BioNTech has yet to release any samples of written materials provided to patients, so it is unclear what, if any, information regarding (potential) fertility-specific risks caused by antibodies is included.

Here's EMA co-petitioner Dr. Wolfgang Wodarg speaking about his action in a recent interview with Del Bigtree on *The HighWire*:

https://thehighwire.com/videos/health-expert-stop-covid-vax-experiments/

Threaded throughout the paper was information discovered from the second major bombshell: The paper purporting to validate the primary RT-PCR test to detect SARS-CoV-2 used since January for the detection of coronavirus has been deemed "useless" by an external peer-review.

This is the same test used to determine if the new Covid vaccines are effective! Starting to see the house of cards yet? Listen to this guy:

Dr. Michael Yeadon, co-petitioner on the EMA legal document and one of the 22 medical professionals who has signed onto the external peer-review of the PCR test. This interview is with talkRADIO's Julia Hartley-Brewer: