Understanding the Motives of the Corporations and the Government:
A Special Interview With Dr. Meryl Nass
By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. This is Dr. Mercola helping you take control of your health. Today we are joined by a real pioneer in helping us understand all the nefarious going ons of our government with respect to vaccine. This is Dr. Meryl Nass. She's somewhat stealthy, even though she's been in this for decades, she doesn't do a lot of podcasts, but she's a really behind the scenes person, gathering information and helping us understand the details of what's going on.

Dr. Joseph Mercola:

Today we're going to dive into the egregious and nefarious undertakings of these approvals of boosters and extension of the recommendations of the COVID jabs down to the 5- to 11-year-olds, which is just – it is beyond mind boggling that they're targeting 28 million children in the U.S. and tens of thousands of these kids are going to die because of this recommendation. So, we're going to go deep and we're going to help you understand, and she's going to walk you through the process. Welcome, and thank you for joining us today.

Dr. Meryl Nass:

Thanks a lot for having me again.

Dr. Joseph Mercola:

Yeah. You're traveling, I guess you were just in Alaska for a whole day. We're just glad to grab you in a hotel room so you can update us on this, but I guess we can – not everyone may know or remember that there's quite a significant subterfuge that occurred recently in the efforts of the government and the drug companies to pull the wool over our eyes with respect to the final approval, because the FDA recently approved the COVID jab.

Dr. Joseph Mercola:

But it was only a product that's not available called Comirnaty, and you were the first person to expose this. Why don't you go into the details, so help, and walk us through exactly what happened because it's just a crime what they're getting away with.

Dr. Meryl Nass:

Yes. Okay. All of the COVID vaccines, and most of the COVID treatment products have not been approved. Approved means licensed. All except one, which is the Pfizer vaccine for adults age 16 and up got approved, i.e., licensed on August 23rd, but every other vaccine and for every other age group, and the boosters, have only been authorized under emergency use authorizations. There's a critical difference. 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 then later gets put on

the childhood schedule or is recommended by CDC (Centers for Disease Control and Prevention) in pregnancy, in which case it obtains a different liability shield.

Dr. Meryl Nass:

It becomes part of the national vaccine injury compensation program, and 75 cents from every dose of vaccine that's sold in the United States goes into a fund to pay for injuries that way. But if you get-

Dr. Joseph Mercola:

That was the 1986 act. [crosstalk 00:03:26].

Dr. Meryl Nass:

Yes. It established this. And at that point, took away liability, not from every single vaccine, but for all those recommended by CDC for children, and now, since 2016, for pregnant women as well, who are now the new gold rush for vaccines. Because once a company achieves a lack of liability, the profitability, the product increases dramatically, but products under emergency use, and this is based on a 2005 piece of legislation, have their own special government program for liability called the Countermeasures Injury Compensation Program. It is a terrible program. In 15 years?

Dr. Joseph Mercola:

Is this the PREP (Public Readiness and Emergency Preparedness) act?

Dr. Meryl Nass:

No, it's a subset of the PREP Act. The PREP act enabled the Countermeasures Injury Compensation Program to be created by Congress. 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), or some employees there decide whether you deserve to be compensated or not, and the maximum money 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 possibly medical bills that have been paid.

Dr. Meryl Nass:

In the 15, 16 years that this program has existed, they've only paid out 29 claims to a year. So far, even though they've had hundreds and hundreds of claims for injuries from COVID vaccines, they haven't paid out a single one, and that is very important, because the statute of limitations is just one year. It's getting close to running out for people who were vaccinated early. And if you don't apply, you lose your opportunity to get anything from this program. Of course, in fact, it's really an opportunity to apply and get nothing because almost nobody gets paid.

Dr. Meryl Nass:

Then you have nowhere to go. There's no further appeals process. You can ask the HHS twice to compensate you, and if they say no, that's it. 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 achieved 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, you've got nothing.

Dr. Meryl Nass:

You're going nowhere. If you're injured, you're on your own. What happened is President Biden and his administration decided it was going to be very important to institute mandates for these vaccines. Now, we don't know why that is. It doesn't make sense. Large numbers of Americans are recovered and have very durable, long-lasting immunity, much stronger than what you would achieve from the vaccine, which is limited only to immunity against spike, wears off over the next few months. May, in fact, permanently limit the kind of immune response you would make were you to be infected with COVID again.

Dr. Meryl Nass:

So, there's absolutely no good reason to vaccinate someone who's recovered and several bad reasons so that you can harm them. There's a higher rate of injury in the recovered if you vaccinate them, and you may damage, potentially damage their immune response later. But for reasons best known to itself, the Biden administration feels so certain that it needs to vaccinate everybody, that it has used illegal means to tell employers that they will lose federal contracts if they don't force their employees to be vaccinated immediately and must fire them, if they're healthcare workers, for example, or government employees, or military, if they have not been vaccinated.

Dr. Meryl Nass:

Now, obviously that is creating a great deal of chaos, particularly within the health care industry, particularly in my state, where these draconian rules went into effect on Friday and many fire department, police, EMTs (emergency medical technicians), nurses and doctors can no longer work in Maine. One thing that was necessary, in order to push mandates forward was for the government to say it had a licensed product because the statute that enabled emergency use authorizations to be issued, because before – before the emergency use, you had licensed drugs and you had experimental drugs and nothing else.

Dr. Meryl Nass:

There were no gray areas. It was licensed. When they brought this and they said, “Look, you can't – these are still experimental drugs under emergency use,” you can't force people. You have to offer them options, tell them what their options are, and they have the right to refuse. Since that is part of the statute, the federal government can't get around it, so they wanted a licensed product to avoid those provisions of the statute and 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 only called Comirnaty on August 23rd.

Dr. Meryl Nass:

But in the documents that FDA released on that date, there were some interesting caveats, which said the Comirnaty license vaccine is essentially equivalent to the EUA vaccine, and they may be used interchangeably, but they have certain legal distinctions. They didn't specify what the legal distinctions were. 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 scale or recommended in pregnancy, in which case it would then fall once certain administrative procedures had occurred, which usually take a few months, it would then fall under the National Vaccine Injury Compensation Program.

Dr. Meryl Nass:

Right now, Comirnaty is still not in that Injury Compensation Program and it's licensed so it no longer falls under the Countermeasures Injury Compensation Program, and so it is in fact subject to liability if you get injured with a bottle that says Comirnaty. Of course, it's your Pfizer, what do you want to do? You don't want to make that licensed product available until months have gone by, and you can get it into the National Vaccine Injury Group. They have not made the license product available.

Dr. Meryl Nass:

What has happened instead in the military is that FDA has made basically a secret deal with the military and said, certain of the emergency use lots can be considered equivalent to the licensed vaccine, will tell you which QR codes on those lots you can use, and you can give them to soldiers as if they're licensed. Subsequently, we're told that they're actually putting Comirnaty labels onto bottles that are emergency use authorized.

Dr. Meryl Nass:

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. You know that soldiers cannot sue the government for injuries. When the anthrax vaccine was in a similar situation, and it was under emergency use authorization, you also could not sue the manufacturer. Even though it wasn't licensed, the government had set up some agreements that precluded soldiers suing emergent bio-solutions for injuries they got from anthrax vaccine.

Dr. Meryl Nass:

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. And 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, otherwise they will lose government contracts.

Dr. Meryl Nass:

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, but the litigation situation in the United States has been very difficult since the pandemic began. We found that cases that do

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.

Dr. Meryl Nass:

We'll see what happens. But we have brought a lawsuit saying you can't have a vaccine that is both an emergency use product and a licensed product, that's against the law, but they've done it anyway and our request for an injunction was thrown out, and we're still pursuing that case.

Dr. Joseph Mercola:

Well, thank you for summarizing that so well. It helps us understand the backstory of what's going on and what they're seeking to do to justify their recommendations and get away with it, because ultimately, Pfizer's not stupid. They're, I believe, the largest drug company in the world and they do not want to have any legal responsibilities for the damages and the injuries and the deaths. So, it's interesting, it's just hard to justify how they're getting away with this because they're charging $20 a dose.

Dr. Joseph Mercola:

I mean, the taxpayers are being charged that, the individuals receiving this COVID jab aren't charged anything. It's all picked up by the taxpayers. The profits are paid to the drug manufacturers, but the justification for the charges are that they had to spend a lot, not only in manufacture, but to research it, but I believe it's somewhere between $10 and $20 billion were paid by the taxpayers to do the research to get these drugs and these jabs into being used.

Dr. Joseph Mercola:

It's even more egregious with Merck who doesn't have a vaccine at this point, but they've got a drug. It's a difficult name to pronounce. I don't recall it, but they were-

Dr. Meryl Nass:

Molnupiravir.

Dr. Joseph Mercola:

Yeah. Say that again. It's-

Dr. Meryl Nass:

Molnupiravir.

Dr. Joseph Mercola:

Molnupiravir. Yeah, Molnupiravir. I think they're charging $700. It cost them $17 and they didn't pay a penny, didn't pay a penny for the research. I think it was $10 billion, another $10 billion funded by the taxpayers to put this drug to market. Although that drug does – it is not a vaccine, so doesn't really qualify for exclusion of liability. But it's just that these drug companies are criminals. They're absolute criminals, and it's just shocking what they're getting away with and the maneuvers they're implementing to get these workarounds.

Dr. Joseph Mercola:

But as be bad as this is, it really pales in comparison to what they're doing, what they've just recently done. I'd like you to walk us through that because it's just appalling what they've done, is to change the recommendations to include 5- to 11-year-olds, a group that essentially has about 28 million children in the United States, none of which – well, virtually the results – if you round it off, the risk for any reactions to COVID is statistically zero. It is zero. In fact, I don't believe there's any recorded case in the entire world of anyone in that age group dying of COVID that didn't have some really strong existing comorbidity.

Dr. Joseph Mercola:

They're not at risk. If you have a healthy child, there is zero risk, and there's only danger if you get this vaccine. It's just shocking that they got away with this, and they knew they were going to get away with it, because I believe Pfizer, that they had all the doses. It's a different dose schedule. It's a third the dose. So, it's not the adult vaccine. It's a third the dose, which violates the recommendation of – typically, if you're giving a drug, it's a milligram per kilogram, it's based on their weight.

Dr. Joseph Mercola:

But they're giving the same dose to an 11-year-old that they would give to a 5-year-old, and there could be a threefold, fourfold difference in weight. They're just guessing on this, but then, nevertheless, all these vaccines were premade in anticipation of the approval by the FDA Advisory Committee, which basically approved it unanimously. So, you've got a lot more details on the backstory. I'm just so emotionally distressed about this. I couldn't even talk about it rationally anyway. Why don't you expand on your insights [crosstalk 00:18:57].

Dr. Meryl Nass:

Well, I'm at least as upset as you. As I said, we don't know why the government wants everybody vaccinated, but it's probably, there's probably a reason that goes beyond protecting us from COVID, and we don't know what that is. The government got FDA to authorize the vaccine for 12- to 15-year-olds on May 10, 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.

Dr. Meryl Nass:

But something kind of, I would say 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. 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.

Dr. Meryl Nass:

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.

Dr. Joseph Mercola:

A 5-year-old's supposed to give consent. That's just-

Dr. Meryl Nass:

Well, it's throwing out the whole – the basic concept of medical ethics is informed consent. Nobody gets to perform a medical procedure on you, or vaccinate you without your consent, or the consent of somebody old enough to provide it. The government, again, without bringing in any new laws, is just bypassing the legal system, just as it bypassed the medical system the way it delivered the vaccinations to adults, outside of doctor's offices, in clinics, often having untrained military people giving the vaccine and issuing tests.

Dr. Meryl Nass:

Now, the government has decided the only way to get a lot of kids vaccinated is to do it in pediatrician's offices, where your trusted pediatrician can talk you into it. What they did at the VRBPAC (Vaccines and Related Biological Products Advisory Committee) meeting last Tuesday-

Dr. Joseph Mercola:

For those of us that don't know, what is VRBPAC.

Dr. Meryl Nass:

Yeah, sorry. The VRBPAC meeting is the vaccine – FDA has one vaccine advisory committee, and it convenes this committee whenever it wants them to review an authorization or a license. It interestingly enough did not convene the committee when it decided to give Pfizer a license on August 23rd, and it got a lot of criticism for that. Basically the FDA has to have this committee because of federal rules, but it does its best to control it. It selects the people who are on it. Right now, half of the regular members are gone and FDA has filled it in with another group of about 10 or 12 new members, hand-picked to give the FDA what it wants.

Dr. Meryl Nass:

Many of these members have profound conflicts of interest, so that the editor in chief of The New England Journal is a temporary member of this committee. He said at the last meeting, "Well, we're not going to know what the side effects are or the efficacy until we start giving it to lots of children. So, let's just go and start giving it, and then we'll find out." There are two members of the committee, one permanent, one temporary, who are career employees of the CDC, whose job it is to push vaccines at the CDC.

Dr. Meryl Nass:

If they voted against authorizing a vaccine or licensing it, they would be out of a job. They have no business on that committee. Then there are other members who consult for pharma, including consulting for Pfizer, or doing clinical trials for Pfizer. It's a very unethical stew of Advisory Committee members, but it has to be there by law. Let me see. What happened last week is Pfizer delivered a large package of information to the FDA on October 6th. FDA staff had to go through this large packet of information on the 5- to 11-year-olds, produced 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.

Dr. Meryl Nass:

From August 6th, getting the package from Pfizer, they presented it on October 23rd. And there was apparently very little critical thought that went into their presentations. However, during the meeting, well, Children's Health Defense, and I was one of the authors, wrote to the committee and wrote to FDA officials and said, "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, but the one side effect we-"

Dr. Meryl Nass:

Well, we know there are a lot of side effects, but the issue is 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 one in 5,000 young males, teenage men or men in their early twenties who were vaccinated developed inflammation of the heart, which is a very serious side effect. Can lead, probably always leads to some scarring, can lead to sudden death, can lead to heart failure.

Dr. Meryl Nass:

After the smallpox vaccine was used in 2003, that also caused myocarditis. There are many cases of heart failure and deaths, and that's what ended the program after only 40,000 doses were given to civilians. Anyway, the members of the committee were able to elicit the fact that basically, the blood test done for efficacy had not been validated, that in the clinical trial, there were two groups of kids. The first group was enrolled in the trial for two to three months, and the second group, because FDA said that we don't have enough kids, was enrolled in the trial for 17 days. Seventeen days.

Dr. Meryl Nass:

These two groups comprised over 3,000 kids who got vaccinated and about 1,500 or 2,000 that got placebo vaccinations, and none of them got very sick. None had to go into the hospital with COVID, none died and none had myocarditis. And it was claimed that not a single kid had a serious adverse reaction that could be linked to the vaccine. They didn't say how they made that determination, and basically they just waved their hands and said, “The vaccine was safe.”

Dr. Meryl Nass:

But they didn't even look at safety in all these kids. Even though FDA had said, “Add kids to your clinical trial that had a safety subset.” There was only a few hundred kids, and they had an efficacy subset. It was the small number of kids, I think even less than a hundred, from whom they drew blood and tried to show that they had adequate levels of neutralizing antibodies in their blood, which was a surrogate for efficacy, because they didn't have enough cases of COVID in this very abbreviated trial to use the cases as justification that the vaccine actually works in this age group.

Dr. Meryl Nass:

Even after the advisory committee had elicited it, that there really wasn't reliable evidence of safety or effectiveness because this blood test they did had never been validated, they still decided, “Well, look, there are a few kids here and there who have many comorbidities, they're sick kids, and these kids would benefit from vaccination.” The way the FDA has asked us to deliberate, they give us only one choice. You can either vote to authorize the vaccine for 5- to 11-year-olds, for the entire age group, or you can vote against authorizing it.

Dr. Meryl Nass:

We don't have an option to just authorize it for the kids who are chronically ill, who are the ones who might benefit. And therefore, we just have to vote yes, because some of those kids could die if we don't make the vaccine available to them. Now, it was mentioned in the meeting that the advisors knew mandates were coming. They also knew that, back in May, June, CDC had established that 42% of kids had preexisting immunity, had already had COVID because many more children than adults have asymptomatic cases, or they have just a cold, so you don't know that they have COVID.

Dr. Meryl Nass:

But when you do serologies on them later, you find positive serologies. They have antibodies. If, in May, June, 42% of kids in the 5 to 11 age group were already immune, we can safely assume that after a summer of them playing together, and two months of them attending school together, with very few, if any, serious school outbreaks occurring, that at least 50% of this five to 11 year cohort is now already immune, and that vaccinating those that 50% or 60% will give them no additional benefit in terms of immunity, but will put them at higher risk of side effects than if they had never had COVID and may damage their future immune response if they are exposed to new COVID variants and don't completely-

Dr. Meryl Nass:

If they get a minor illness from new variants, they may have, as that happens over time, this concept of original antigenic sin, they may have a limitation to the broad immunity they would otherwise develop. Because the vaccines only give you spike and leave out 20 more proteins that are associated with the coronavirus. Anyway, the people in the committee said, “Well, there's all these reasons, maybe we shouldn't give it, but we've got to save those few kids, and what about these kids whose parents are dying for a vaccine?”

Dr. Meryl Nass:

Well, nobody said, “Look, the parents for 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 medically waived from being vaccinated.”

Dr. Meryl Nass:

The committee members were aware of all this stuff, but in the end, and most of them consult for pharma, or like the editor of The New England Journal, they sell reprints, they sell advertising to

Pfizer, and to all the other drug companies, they make most of their money from drug companies, and they know which side their bread is buttered on. Apart from one very smart member of the committee who works for the NIH, he abstained, he wouldn't even vote no, he didn't have the guts to vote no, but he knew this was a bad idea.

Dr. Meryl Nass:

Every other member of the committee voted yes, which is what FDA wanted. Now, that allows – FDA gets to decide on whether to license or authorize a vaccine or drug. CDC then determines which demographic groups the vaccine should be rolled out to. That is going to happen on Tuesday in two days, no tomorrow, and we can assume that the advisory committee for CDC is probably equally as spineless as the advisory committee for FDA, and will almost certainly roll this out to be available to all children whose parents want them vaccinated.

Dr. Meryl Nass:

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 been working on a law and they have brought these laws into being, in British Columbia, that allow children of any age to consent for themselves. Think about that. A baby can consent for vaccinations for themselves. What happens if the baby cries?

Dr. Joseph Mercola:

The epitome of absurdity. Yeah.

Dr. Meryl Nass:

And that [crosstalk 00:33:54] here.

Dr. Joseph Mercola:

Some basic questions. From your review of the literature, what is your best guess as to the risk of myocarditis and other side effects in this younger age group, from the 5 to 11, compared to the 12- to 15-year-olds who already have a documented increase? My guess is they have a more active immune system, and they'd be at a higher likelihood of developing these side effects, but I don't know. Do you have any suspicions?

Dr. Meryl Nass:

Yeah. In the letter CHD wrote to the advisory committee for FDA, we created a graph based on the reporting rate to VAERS (Vaccine Adverse Event Reporting System) of myocarditis versus age, and we showed there was an exponential curve, so that men, age 65 and up, had a rate that was 1/100th the rate of boys in 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, 1 in 5,000 rate was reported to VAERS. That's not a real rate.

Dr. Meryl Nass:

That doesn't tell us how many people – 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. The 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. Does 1 in 10 report to VAERS, 1 in a 100, 1 in 50? Just nobody knows.

Dr. Meryl Nass:

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 importing rate to theirs. We know that's not true. On their website, that's what they have. Elsewhere on the website, they say you can't do it. You can't take a VAERS rate and call it an actual rate of reactions, but they've done that. 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 rate, although they're not saying so directly.

Dr. Meryl Nass:

Now, let me give you an example about smallpox vaccine, which also caused myocarditis. The original military study just looked at cases that were sent to experts, it was sent to specialists. And they found about 1 in 15,000, roughly, people who got vaccinated for smallpox came down with a clinical case of myocarditis. Myocarditis [inaudible 00:37:07] specialist. However, a good military immunologist started looking at soldiers very carefully before they got smallpox vaccine and published a paper in 2015.

Dr. Meryl Nass:

They drew blood before and after the vaccination and found that 1 in 220 was developing a clinical case of myocarditis, 1 in 220, but 1 in 30 was developing a subclinical case of myocarditis where their troponin rose from normal to more than two times the upper limits of normal. But these people didn't show symptoms. One in 30 had inflammation of their heart that was measurable on testing. Right now, in terms of what the rate is for COVID, if nobody is looking, no federal agency wants to find out the real rate.

Dr. Meryl Nass:

But if you did a simple study, just looked for troponin levels, before and after a dose, you would find out what the real rate of myocarditis is. Now, that's a serious side effect. It can lead to sudden death. It can lead to death over several years due to heart failure, but there are many more side effects, and FDA has simply waved their hands and said, look, our clinical trials aren't big enough to find a rate. We found a few cases of Bell's palsy. There's a case here and there of stroke, heart attacks. We just don't know what the rates are. Duh. We don't have to talk about them because we don't really know.

Dr. Meryl Nass:

This is what we're dealing with. 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 that they're being used improperly. It was discovered that a new algorithm was being used to study the various database that only came into

use in January, immediately after the vaccines were authorized, and the algorithm was developed such that you compare two vaccines to each other.

Dr. Meryl Nass:

If the pattern of side effects was similar between the two vaccines, which is often the case, because vaccine reactions are – there's a limited number of general vaccine reactions. So Bell's palsy happens in anthrax vaccine, and it also happens in COVID vaccine. Guillain-Barre happens in a bunch of vaccines. So, if the pattern is similar, even if one vaccine has a thousand times the rate of these side effects as the other one, by using this flawed particular algorithm, you obscure that difference and you claim there's no problem because the pattern was the same, even though the rates could be markedly different.

Dr. Meryl Nass:

That is the algorithm they're using to analyze VAERS. They're also using some bad methods, we don't know what it is, to analyze the vaccine safety database, which encompasses 12 million Americans who are enrollees of certain HMOs around the country. And 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 signal for myocarditis. We're not finding an anaphylaxis signal. We're not finding a Bell's palsy signal.

Dr. Meryl Nass:

They couldn't, they couldn't find that the rates were elevated for all of these known side effects. So there's something wrong with the analytic methods that are being used, but they 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, and order of magnitude is 10 times. So, they're 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 off the charts.

Dr. Meryl Nass:

Other side effects totaled together over 800,000, again, more deaths and more side effects than have ever been reported for every vaccine in use in the U.S. cumulatively over 30 years.

Dr. Joseph Mercola:

Combined.

Dr. Meryl Nass:

Combined. Added-

Dr. Joseph Mercola:

All of the previous vaccines combined together do not even come close to the devastation and destruction that this COVID jab has implemented in our culture.

Dr. Meryl Nass:

The federal agencies are just looking the other way, pretending nothing happened, and no matter how many people approach them in so many different ways, with lawsuits, with public comments, reaching out to politicians, these people have put their heels together. They won't let us look into the databases they have and they pretend nothing at all is happening.

Dr. Joseph Mercola:

Yeah, it's obviously intentional. I mean, they spent billions of dollars to develop these COVID jabs, and they've spent additional billions of dollars just in marketing and promoting them, yet they spend zero, not one penny on any intervention to definitively identifying, accurately measure what the side effects are. That is their rightful, legal, lawful responsibility. They're supposed to protect the public. They're supposed to identify these. They're not supposed to be a marketing firm for the drug companies, which is exactly what they've converted to.

Dr. Meryl Nass:

Right. A vaccine is not just a syringe with something in it. A vaccine is a syringe and the liquid and a label. The label is supposed to tell you what clinical trials were conducted, what the results were, what the side effects are, what the interactions are with other drugs or vaccines, what the rates of problems are. None of these vaccines has a truthful label. Although, I have been saying since the beginning of this program, that people should have choice.

Dr. Meryl Nass:

If you want a vaccine, you should be able to have it. If you don't want a vaccine, you don't need to have it because you can't achieve herd immunity anyway, with these vaccines, they're too leaky. It's now been acknowledged by Rochelle Walensky the director of the CDC, and by the top vaccinologist in England, Sir Patrick Vallance, there's never going to be herd immunity from these vaccines. If you can't achieve that, how can you ask for somebody to get vaccinated?

Dr. Meryl Nass:

I've changed my tune on the vaccines over the last week, and now I don't think anyone really should be allowed to be vaccinated with them until you can come up with an honest label and honest marketing. If you can't tell people how much good these vaccines are going to do for them and how much harm they could potentially do, and you can't provide them the honest information with all the databases you have at your disposal, I don't think you have the – I mean, the statute, the EUA statute requires that you provide this information. You have to give people who are taking an experimental product a risk/benefit analysis based on what you know. Right now the federal agencies know a lot and they're hiding it.

Dr. Meryl Nass:

I think that, that's not legal, and I personally don't think anyone needs to take these vaccines. Whether the courts are going to agree with me is another question because we feel most of the courts have been corrupted, but based on existing law. Another thing that happened during this VRBPAC meeting is 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 cold fridges anymore.

Dr. Meryl Nass:

We can put these vials in a doctor's office and they can sit in the regular fridge for 10 weeks and they'll be fine." Some people said, "Okay, 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." I said, "Well, okay, how did that make it so much more stable?" And everybody looked at each other and said, "We don't know."

Dr. Meryl Nass:

An hour later, Pfizer pulled some chemists from somewhere who got on the line, but he couldn't explain it either. Then later, in the meeting, one of the, these people are bright, one of the members of the committee said, "Hey, did you use this new formulation in the clinical trial?" And Bill Gruber, the Pfizer rep, said, "No, we didn't." So, this is another grossly illegal thing. 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.

Dr. Joseph Mercola:

It's an absolute dystopian nightmare. Completely surreal. You can't make this stuff up. I mean, it's just shocking. As bad as this is, earlier this year, Fauci projected that these COVID jabs would be available for everyone from infants all the way up. So, they've already got the 5-year-olds. What's your anticipation of the infants to 5-year-olds?

Dr. Meryl Nass:

Okay. The way the system works in the United States, since the 1990s, a law was put in place that basically was designed to help children. It said, "Look, we have all these drugs, but they're tested in grownups. We can't really test in children because of existing laws and because of informed consent." In those days, they didn't think kids could provide their own informed consent.

Dr. Joseph Mercola:

Imagine that.

Dr. Meryl Nass:

FDA said, "Look, we need to test drugs in kids, we need to know how they work in kids, because kids are not just little adults." Therefore, a law was passed that said, as long as a company in consultation with FDA does appropriate testing in children, a drug or a vaccine can get an additional six months of patent protection. That means that no generics can come in for six more months. If they have a blockbuster vaccine, like the COVID vaccines, that can equate to billions of dollars in extra profit.

Dr. Meryl Nass:

With the Pfizer vaccine, FDA has specified how to do the children trials and when they need to be done, etc. We know that Pfizer has submitted its plan for vaccinating babies down to 6 months already, earlier this year, and presumably FDA has approved that and we believe those trials are now ongoing because whistleblowers in Poland have found out that there are four European countries, I think Poland, Finland, Spain, and one other, and the U.S., these trials of the Pfizer vaccine down to 6-month-old babies.

Dr. Meryl Nass:

But we also know that part of the deal between Pfizer and FDA was that they were going to test it in babies even younger than six months. Pfizer has to provide its plan for that by the end of next January, and then those trials will start. Now, 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 also look at these trials as a way of almost sacrificing little children, because when you start a trial, you don't know, but the dangers are going to be when you give these drugs or vaccines to little children.

Dr. Meryl Nass:

I doubt, I mean, 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, but they will be tested in very young babies. That 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. I mean, we know doctors who've offered up their children for the 5- to 11-year-old testing and in the younger testing. But there will be clinical trials.

Dr. Meryl Nass:

Okay. So, there was going to be trial – there are ongoing trials in children and there will be trials in every younger children. When will we get the data from those trials? 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, five years before we actually know from clinical trials what the rates of myocarditis are and what other side effects may be occurring.

Dr. Meryl Nass:

That's another crime. It's again, it's the fulfilling the letter of the law without the meaning of the law. It makes no sense to run clinical trials that are not going to be completed until five years after your mass vaccination program has gone through and vaccinated everyone. It's just a joke to do that. 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 give them data correctly.

Dr. Meryl Nass:

For all the Americans out there who haven't spent 20 years examining the FDA procedures like I have, it's designed to make them think a real regulatory process is going on. I just want to tell you, you're the guinea pigs, and they're not collecting the data. Nobody should get these shots.

Dr. Joseph Mercola:

Yeah. Fortunately there are tens of millions of Americans who understand that and have refused many cases, a great cost to themselves personally, losing their jobs or other harsh circumstances. Those are really the placebo, the only true placebo, because everyone else is being in the shot. But the extension of the question, because I don't think I understand, it appears that Fauci was correct, and that it may even be this year. Do you think that they're going to have some federal

regulatory agency approve the COVID jab for the 6-months-old to 5-year-olds this year? Or when do you think it will be?

Dr. Meryl Nass:

No, that data won't be supplied until late next year, if at all. But the trials down to age 2 are certainly ongoing now.

Dr. Joseph Mercola:

It's just from bad to worse, but well, that's, I guess some saving grace that at least that the children under 5 will be protected for a short-term. I appreciate the insights that you shared and the details to help us understand what's going on at a deep level because this is not easy information to come by and you've been diligently seeking to identify these pieces of information for the last 20 years with your brilliant work on the anthrax vaccine, stimulated from the 9/11 fiasco. Any other insights you'd like to share with us?

Dr. Meryl Nass:

It's illegal actually to authorize EUAs for these vaccines, because there are drugs that can prevent the condition, as well as treat it, and the ones everybody has heard are ivermectin and hydroxychloroquine, but there are a number of other drugs that have profound effects on COVID. I learned some more about this, this weekend from Richard Urso and Ryan Cole. So, now I'm going to start using TriCor and cyproheptadine.

Dr. Joseph Mercola:

What is TriCor? I know cyproheptadine is Periactin.

Dr. Meryl Nass:

TriCor is a fenofibrate, which apparently, essentially emulsifies the lipid that breaks down, not only lipid nanoparticles, but fatty conglomerations of stuff that contain virus and inflammatory substances. So, allowing the body to break them down better.

Dr. Joseph Mercola:

So, this should help, not only the COVID virus, but actually problems from the complication, from the nanoliposomes that are in the vaccine.

Dr. Meryl Nass:

Right. I can't remember all the complex reasons why cyproheptadine is a preferred antihistamine, but it is, using combinations of H1 and H2 blockers. Pepcid at high dose, up to 80 milligrams three times a day is useful for treatment. Dr. Robert Malone has a clinical trial just starting now where he's using the combination of Pepcid and Celebrex (Celecoxib). Another drug, a drug – what is it? The most used oral drug for diabetes?

Dr. Joseph Mercola:

Metformin.

Dr. Meryl Nass:

Metformin apparently has a role as well, 500 milligrams a day. I have to learn more about all that, but-

Dr. Joseph Mercola:

Well, yeah, that would make sense, but it's far better to treat the foundational cause, and Metformin does it superficially, and it's a Band-Aid, and if you've been modulating your diet to decrease insulin resistance, you'd achieve the same result. Now, and I'm not a big drug fan, although I'm sure many of these could be better than taking the COVID jab, or suffering from the results of the infection. It seems to be a universal recommendation to address the micro-clotting, to put people on aspirin. I think there's many-

Dr. Meryl Nass:

[crosstalk 00:57:48].

Dr. Joseph Mercola:

Yeah. I'm wondering what you are – Usually the typical dose is 325 milligrams or one adult aspirin. Some studies or recommendation maybe recommend two, but I'm wondering what your thoughts are in using something like n-acetylcysteine, which seems, in my mind, to be superior and may preclude the need of taking an aspirin for achieving the same results at stopping the clots.

Dr. Meryl Nass:

Aspirin has a particular effect on platelets that the spike activates. Does NAC have that action or does it affect other parts of the clotting cascade?

Dr. Joseph Mercola:

I'm not sure if it works on platelets, certainly impacts the clotting cascade, and it actually helps to associate some of the fibrin bonds that occurred that actually contributes to the clot. It's also a precursor for glutathione, which many people are deficient on. It is important in mediating the inflammatory side effects from the condition.

Dr. Meryl Nass:

Do you think 600 milligrams twice a day is enough, NAC?

Dr. Joseph Mercola:

From my review, it probably is maybe even excessive, maybe only 500 milligrams is required. I mean, in many times, it's a mistake to take too much, but I haven't carefully reviewed the studies that address this. That's why I asked the question. I don't know.

Dr. Meryl Nass:

Ryan Kohl's says basically everybody is vitamin D-deficient in the winters if you live at a high-

Dr. Joseph Mercola:

Well, absolutes, they're rarely ever correct. I would be the example that breaks that because I have not swallowed any vitamin D in over a decade, and my last level a few weeks ago was 70, which is-

Dr. Meryl Nass:

But you live in Florida.

Dr. Joseph Mercola:

I know, but he said everybody.

Dr. Meryl Nass:

No, no, but I started to say, and I couldn't remember, up above a certain parallel is what was the end of the-

Dr. Joseph Mercola:

Yeah, unless you supplement, that's correct. Yeah. I think it's like the 20 degrees [crosstalk 01:00:02].

Dr. Meryl Nass:

It was 34th parallel or something, because we were in Alaska.

Dr. Joseph Mercola:

Oh, okay. Everyone at Alaska, everyone in Canada, for sure.

Dr. Meryl Nass:

Yes, and I'm in Maine, so everyone-

Dr. Joseph Mercola:

That is you're much different. You're probably over higher north than some of Canada.

Dr. Meryl Nass:

Yeah. The idea is we all need to take vitamin C because it lowers our chance of getting the disease and lowers the risk of getting a severe case. There are many other postulated mechanisms by which vitamin D may help us fight against cancer and other chronic illness.

Dr. Joseph Mercola:

Heart disease, autoimmune disease are some of the big ones, diabetes, obesity. This is like a magic pill. It's just amazing all the human conditions that it benefits. I mean, aside from improving your immune system, decreasing your risk for this type of infection.

Dr. Meryl Nass:

Ryan says your levels should be over 50. Not 30.

Dr. Joseph Mercola:

Oh, 100%, 100%. Yeah, 30 is minimal. It's suboptimal for most people. If it drops below 50, you run into problems. So, 60 to 80 is probably the range that you're looking for. And if you have COVID, or not just COVID, if you have cancer, that would be a condition that we'd probably benefit from 80 to 100, but 60 to 80 for most people is a target zone. The only way that you could possibly know this, you can't guess it, you can't feel it – you've got to get a blood test. It's the only way to do it.

Dr. Meryl Nass:

Right. Good.

Dr. Joseph Mercola:

Yeah. I think over 50 is a bare-butt minimum. You probably need it over 50, but the problem is, in the winter, especially if you have decreased exposure to ultraviolet radiation, and you're not supplementing, your levels tend to fall. Vitamin D is fat-soluble, it stays in tissues for quite a while, so it doesn't drop acutely like water-soluble vitamins would. So, it'll last for a month or two before you start to go – if you're at 50 or above 50, then it can gradually fall down to 50, and then by the time you get exposure to the sun in the spring, it starts to climb back up again.

Dr. Joseph Mercola:

Boy, you have done such an amazing job and you continue to do, and you're involved right now with a stealth project that I'm really not at liberty to discuss, but it's very exciting. It's using a strategy that was used to knock tobacco out and catch that industry and its lies and denial that there's any addiction associated with smoking tobacco or any risk of cancer. I mean, that was the crazy obvious lies that they persisted, but we fought. There was finally some legal actions that caused them to capitulate and surrender, and now we have the warnings, and there's a similar effort going on now that you're involved with Bobby Kennedy Jr. and Dr. Robert Malone.

Dr. Joseph Mercola:

Hopefully we'll be able to disclose what's going on soon, very soon. Now, you have a website, I think it's MerylNassMD.com?

Dr. Meryl Nass:

I do, and I also have a more updated website, AnthraxVaccine.blogspot.com.

Dr. Joseph Mercola:

That's a mouthful, AnthraxVaccine.blogspot.com. I'm assuming it discusses more than just anthrax.

Dr. Meryl Nass:

Oh yes. I tried to create MerylNassMD.com as a mirror site, which would have easier navigability, but everything is difficult.

Dr. Joseph Mercola:

Well, especially if you're doing it yourself. Ideally that should be outsourced to someone who's technically literate in computer and with all the new recent developments so that we can make it easy, but to do it yourself is like crazy. Especially when that's not your primary skillset. Your skillset is an investigative position, to understand what the government and these other globalists have in plan for us. Anyway, that Anthrax.blogspot.com is-

Dr. Meryl Nass:

AnthraxVaccine.com

Dr. Joseph Mercola:

Oh, vaccine. We got to get you a different domain. Jeez, because it got to be simple. I mean, that's just too much. But anyway, we can put links in there, so you just have to click on a link in the article so you can get people to it, but you don't have frequent posts, but when you post, it's really pretty good. So, definitely someone should be reviewing it on a regular basis.

Dr. Meryl Nass:

Actually I post things almost every day.

Dr. Joseph Mercola:

Oh okay.

Dr. Meryl Nass:

Use other people's articles, and then I write one of my own maybe once a week.

Dr. Joseph Mercola:

Okay. That's what I was referring to, the ones you're writing. Yeah. Well, you're doing a magnificent job. We're all fortunate to have you looking out for us and helping uncover the sordid efforts of these individuals, corporations and companies that are seeking to profit at the expense of human suffering and death. It's a sad, sordid tale. I mean, it just brings you to tears when you think what they're doing and getting away with. I mean, I've watched – I mean, sometimes I just watch these things before I go to bed and I just scream, “How could they be doing this? How could they be doing this? How could they be getting away with it?”

Dr. Meryl Nass:

Let me say again, for everybody, all the vaccines that are available in the United States are not Comirnaty because of the liability issues.

Dr. Joseph Mercola:

All the COVID jabs.

Dr. Meryl Nass:

All the COVID jabs are authorized, not licensed. They're all legally, technically experimental. I know you can lose your job and all these terrible things can happen, but you can sue later. Legally, they can't force you because of the Nuremberg code and because of existing US law

about informed consent, and because of the actual statute on emergency use authorization, which says you have the right to refuse. They can't force you to take these. I know they are forcing you, but legally they can't, and keep that in mind.

Dr. Meryl Nass:

As I've told people, you demand to see the bottle that says Comirnaty because legally, they can force the licensed product on you, but there isn't any right now. So, you have an out for the next few months, hopefully.

Dr. Joseph Mercola:

Beyond that, there's just no reason, no possible justification for you to ever, ever, ever give your child this nonsense. It just should never be done. Your responsibility as a parent is to protect your child, not to damage and harm them based on the recommendations of an absolutely corrupt and fraudulent system. So, you've got to defend your children. There's no child should have ever, ever be given this COVID jab.

Dr. Meryl Nass:

Yeah. I mean, there are good reasons to think it may damage fertility and the government won't tell us about that. But we know that in the animal studies, the lipid nanoparticle was going, preferably to the ovaries of the rodents. We know that the government has tried to cover up pregnancy losses in women who were vaccinated during pregnancy. So, they're really dangerous vaccines. It's not what you don't know won't hurt you. What you don't know will hurt you. Please protect your children. If there's any way, don't get vaccinated.

Dr. Meryl Nass:

The more people who say no, the more the government is already backing down. In many cities, the imposed dates by which you have to be vaccinated have been pushed back. Now Biden's administration is saying, “Well, it's not going to be carved in stone. You're not jumping off a cliff, we're going to negotiate with people because they don't want to lose 30% or 40% of their staff.” So, be strong, protect yourself and your children, know you're doing the right thing. We've got a criminal organization running things now. And in many cases, it's the same – this is a worldwide program of some kind designed to control us. Once we all figure it out, we can win. There's many, many more of us than there are of them.

Dr. Joseph Mercola:

Yeah. The practical reality is, it's still about a third of us, at least, that understand this and refuse to take this. If we choose to resist, especially in the central industries, then they can't afford the loss of that critical manpower and threshold, because the country will collapse. I mean, they did it with pilots in the Southwest. I mean, they forced them to change their position, because there was no way they could continue to run their business with that many people refuse to cooperate, and just essentially were fired or quit, whichever one. The end result is they don't have the critical threshold needed to continue their business. So, we've got to resist. We've got to maintain it. It's the only way out.

Dr. Meryl Nass:

Yes. This weekend 1,500 American airlines flights got canceled because the pilots and others called out sick. On Wednesday, there is a national walkout day. Don't go to work, go into the streets, demonstrate, do not cooperate. Don't wear masks.

Dr. Joseph Mercola:

Yeah. I couldn't agree more, is we've got to do a peaceful civil disobedience. That's what we need. It'll work. At least it's the best shot we've got, so I would definitely recommend it. Well, again, thank you for everything you're doing. Really appreciate the time and your work and effort in this area, and continued efforts to educate us.

Dr. Meryl Nass:

Thank you.