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Issue: **November 2020**

November 1, 2020 Op-ed-Update: Pfizer, Moderna and AstraZeneca and Their Unsafe Vaccines

Emil Malak Wrote!

I am NOT a scientist or an economist, but I do conduct a lot of research. I speak with many experts in various fields and I love acquiring knowledge. The opinions expressed in this article are my own. They are straight to the point, hard hitting and presented in a take no prisoners' manner. I am NOT an anti-vaxxer, nor do I subscribe to any crazy conspiracy theories. On the contrary, I am a proponent of vaccines so long as they are safe. Vaccines have played an important part in the safety of the public and have eradicated the threat of diseases like polio and the measles, and we need to continue research to develop new vaccines in the future.

No political angle: only opinions based on scientific information

In February of this year during the very early days of the virus, one month before the World Health Organization declared a global pandemic, with only a handful of cases outside of China and less than a dozen confirmed in the U.S., I wrote an article titled [A Global Pandemic Has Already Started](#). My intent was to sound the alarm and give warning of what was about to happen throughout the world. Unfortunately, many of those predictions became reality.

2021 could be a catastrophic year and cause the financial collapse of western economies

I predict that by the middle of 2021, we could find ourselves during one of the deadliest years ever. The unproven coronavirus vaccine is being

pushed on the public as if it were candy. What is the plan if this vaccine fails? A task force needs to be ready now with a Plan B should this vaccine backfire.

After receiving their initial 800,000 doses of the vaccine a few days ago, vaccinations have begun in the UK. The British government has ordered a total of 40 million doses of the Pfizer/BioNTech vaccine, enough to vaccinate 20 million people. If only 10% (2 million) develop serious side effects, the result could be catastrophic. Imagine if that number is closer to 25%? Five million people with serious side effects from the virus could collapse the entire healthcare system. No country in the world could handle such a number and a public revolt would soon follow. At that point, Military action would be the only remedy to restore and keep the peace.

Recall the vaccine and keep it off the market until we have two years of data

We cannot roll the dice with an unproven vaccine. Already, after just one day of vaccinations, some healthcare workers in the UK are displaying allergic reactions, raising yet another vaccine safety concern for those with pre-existing allergies. How many more will have serious allergic reactions as vaccinations become more spread? How many people do not even know they have allergies? The vaccine should be recalled now and undergo continued evaluation for at least two years before further harm is brought on the public. A vaccine will not solve the coronavirus and this vaccine is not ready for public consumption. Three months data is not nearly enough to evaluate safety. We need at least two years to be able to determine the success of the vaccine and the absence of long-term side effects. Have we not learned from the anthrax vaccine and the long-term side effects that our brave soldiers experienced?

Our only viable way out at this situation is to ramp up **testing of every person every three days**. That will allow us to operate as normal until true, proven therapeutic solutions are developed and available.

<https://www.usatoday.com/story/news/health/2020/12/09/covid-pfizer-vaccine-allergic-reaction-uk/6505867002/>

<https://vaccineimpact.com/2020/fda-announces-deaths-of-two-pfizer-vaccine-trial-participants-as-it-prepares-to-issue-fast-track-authorization/>

Is Pfizer's Chairman Retracting Claims of his Vaccine's Success?

Pfizer chairman Albert Bourla told Dateline host Lester Holt that the pharmaceutical company was "not certain" if the vaccine prevented the coronavirus from being transmitted, saying, "This is something that needs to be examined." Is Bourla backtracking on earlier claims of the vaccine's success? If someone is contagious after being vaccinated it means the vaccine did not work. We have given a lot of reasons in this and other articles why these coronavirus vaccines could be unsafe and ineffective, and now Pfizer's CEO is saying it for us. A vaccine is worthless if it does not stop the spread of the virus. If a COVID-19 vaccine cannot stop the spread, that means it can't stop COVID-19. What about the 614G mutation which is much more contagious? If that were to recombine with the N439K which binds more tightly to the spike protein recombine, we could really have a monster on our hands. Is the vaccine that targets COVID-19 no longer applicable to the 614G (COVID-2.0) and the most recent N439K (COVID-3.0) mutations?

<https://thehill.com/news-by-subject/healthcare/528619-pfizer-chairman-were-not-sure-if-someone-can-transmit-virus-after?amp>

I, Emil Malak, declare the coronavirus year 2020 to be remembered as the YEAR OF THE IDIOTS!

Coronavirus Insanity

The UK has just approved Pfizer's COVID-19 vaccine and plans to begin using it as soon as next week. British nursing home residents, older adults and health care workers will be first to be inoculated. This is extremely risky and a bad idea to use front line healthcare workers as guinea pigs to receive an unproven vaccine with insufficient data to ensure its safety or effectiveness. What happens if a person no longer has neutralizing antibodies six months after receiving the vaccine? Some cases have shown no antibodies to be present after only three months. Are we really willing to experiment with our healthcare workers and with our elderly? These are irresponsible risks that we should never take with anyone's lives, much less our precious elderly and essential healthcare workers. The fear generated by this pandemic has created a coronavirus insanity syndrome and is causing us to make many irrational choices.

<https://www.cnet.com/health/pfizer-covid-19-coronavirus-vaccine-approved-next-week-in-uk/>

Former Presidents **Barack Obama**, **George W. Bush** and **Bill Clinton** are volunteering to get their Covid-19 vaccines on camera to promote public confidence in the vaccine's safety once the US Food and Drug Administration authorizes one. First of all, I do not believe for a second they will take the actual vaccine, but if they do, I hope they stay many miles away from their families, friends and from me.

<https://edition.cnn.com/2020/12/02/politics/obama-vaccine/index.html>

Health Workers and Elderly After Vaccinations

Over 6 months after the vaccination, we will for sure see a new round of infections once Antibody-Dependent Enhancement (ADE) starts to kick in. The other possibility is, no antibodies to fight the virus the second time infected. This means vaccines will make us worse. We will end up with possibly millions of people with long lasting disabilities or death.

COVID-19 Should Be Treated as an Acute Inflammatory Disease

The coronavirus family sets off an inflammatory cascade that can initiate many different inflammations within the lungs. A vaccine that is dealing with a spike protein that has already mutated twice could be rendered useless and even dangerous if a person were to be infected a second time.

Researchers from Virginia Commonwealth University explained the inflammatory nature of the virus and described how best to develop effective treatment options by targeting the inflammation instead of the virus.

“Drugs that target the virus or suppress inflammatory immune responses have produced inconsistent results and might not be the best treatment for patients with COVID-19,” said Manjili, a member of the Cancer Cell Signaling research program at Massey and a professor in the Department of Microbiology and Immunology at the VCU School of Medicine. “Instead, the use of drugs that modulate inflammation without compromising the adaptive immune response could be the most effective therapeutic strategy.”

“However, when inflammation is not modulated or resolved after serving its purpose, it turns into hyperinflammation or becomes chronic and results in

the inhibition of adaptive immune responses, tissue damage or organ failure, as evidenced in many cases of the novel coronavirus,” Manjili said. “Therefore, understanding and successfully controlling inflammation would be a promising approach for the management of COVID-19.”

<https://neurosciencenews.com/coronavirus-inflammatory-disease-16789/>

Government fear and panic could lead to the next coronavirus disaster

Many western governments are moving forward with plans for widespread coronavirus vaccination of their citizens. When people get vaccinated, they believe they have achieved immunity and act accordingly. Their behavior changes and they carry on with their lives with the confidence that they are invincible to the virus. Unfortunately, they may be getting a false sense of security.

The new N439K strain of the virus is becoming well established. The most up to date info we have confirms this mutant strain is a serious virus, however; the most recent reports are mixed. Some reports claim the current vaccine would be effective against the mutant strain while others say it will not. The N439K strain seems to be a moving target. If nothing else, this contradiction confirms the need for ongoing research and much more data accumulation before any definitive conclusions can be reached.

This N439K has added more unanswered questions:

- What if the mutation has already spread into the human population?
- What happens four months down the road if the antibodies are no longer effective?
- Are neutralizing antibodies even effective at all against the mutant strain or is it antibody resistant?
- What happens if the most recent mutant N439K were to recombine with the earlier 614G mutation?
- We know N439K has stronger binding capabilities and the 614G mutation is more contagious. Could we be looking at another potential MERS or Spanish Flu situation?

Big pharma has very deep pockets and a lot of influence with governments all over the world. Their influence may have been the catalyst for cutting

corners and potentially taking major risks with public safety. There are far too many unknowns for us to be pushing an unproven vaccine through this quickly. I hope my concerns are an overreaction and will be proven wrong, because if they are accurate, we could be on the cusp of a major health catastrophe.

We simply do not have enough information about the virus at this stage to allow us to make claims of the safety and effectiveness of any vaccine. When asked during a recent interview about the length of immunity a person will have from one of the vaccines about to go on the market, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID) said, "We're less than a year into the disease, so you can't say it lasts more than a year—I mean, that would be impossible." Fauci added, "So the bottom line is we don't know right now how long it lasts."

If Dr. Fauci is not sure, why are we even considering the approval of three vaccines? Who is benefiting from pushing out these vaccines so quickly? We continue to see CEO's and other pharmaceutical executives sell off shares of their company stock before their vaccines have even been approved. Are there any conflicts of interest the public needs to know about? **I am predicting a catastrophic number of new cases of the virus early into the new year as a result of U.S. holiday travel from Thanksgiving through Christmas.**

<https://www.msn.com/en-us/health/medical/dr-fauci-says-the-covid-vaccine-will-only-keep-you-immune-for-this-long/ss-BB1bsOiD>

Panicked governments will be committing manslaughter by pushing the vaccines

I have the utmost respect for politicians on both sides of the aisle that have dedicated their efforts into eradicating the coronavirus. One of the challenges is there are still too many unknowns before we can roll out a safe vaccine solution. Do neutralizing antibodies indeed vanish within a few months? Will antibody dependent enhancement (ADE) put those vaccinated in danger? Could a vaccinated person, thinking they are immune to COVID-19 become an asymptomatic carrier and spread the virus? How many doses of the vaccine will people need per year? Some suggest three or four doses per year to be safe. What about side effects?

Will spike protein mutations complicate matters? There are too many unanswered questions that need to be addressed before rushing into mass distribution of a potentially dangerous vaccine with no long- term track record.

Millions of people could die if governments rush to approve any of these unsafe vaccines. A vaccine cannot and must not be rushed. A minimum of two years of data is required and we must have assurances that neutralizing antibodies will last beyond just four months.

Pfizer, Moderna and the other vaccine producers who are making big claims about the effectiveness of their vaccines are doing so with incomplete data. And based on the history of coronaviruses, we know these viruses disable the B memory cells ability to produce neutralizing antibodies. The goal of this article is to point out the scientific reasoning why we should not rush into a potentially unsafe and ineffective vaccine.

Focus on testing not vaccines

Testing, testing, and testing of everyone every three days, and then more testing will be the way back to normalcy. Improving our testing capabilities is much more important than finding a vaccine. Having the ability to test everyone every three days will allow us to return to our pre-coronavirus lives. This could be achieved by providing every business with testing capabilities in the form of a vending machine, capable of conducting a rapid coronavirus test and delivering results in minutes. More resources are needed to increase the availability of tests and testing machines and to improve the time and accuracy of results. Many billions of dollars have been wasted on chasing an ineffective and unsafe vaccine that has now been rendered useless through this latest mutation. That money would have been much better utilized had it gone to improve testing.

New antibody resistant coronavirus mutation N493K

The neutralizing antibodies that patients develop after being infected with a virus or following vaccination are not proving to be effective against this new mutant. The N439K mutation so-far is proving to be resistant to antibodies.

N439K has already been identified in twelve countries and is increasing infection rates in the United States and Europe. As a result, within the next

four weeks we could potentially see death rates increase. Authors of a recent study on the new coronavirus mutant conclude their findings could have consequences, not only on the efficacy of emerging vaccines but also the efficacy of antibody therapeutics.

<https://www.biorxiv.org/content/10.1101/2020.11.04.355842v1>

Today's vaccines are worth less than garbage

At least garbage can be recycled, but these proposed vaccines are dangerous. They can cause great harm and potentially be deadly if a vaccinated person gets reinfected a second time with the virus. The expectations which have been placed on the coming COVID-19 vaccines are meaningless. More research and more time are needed to ensure safety and effectiveness. Pharmaceutical manufacturers could be orchestrating manslaughter and need to stop. As a result, we have people like Alan Joyce, the CEO of Qantas Airlines making an irresponsible and ignorant decision to require all international passengers on his airline be vaccinated for COVID-19.

<https://www.cbsnews.com/news/qantas-airlines-covid-19-vaccine-alan-joyce/>

Rushing this process could have dire consequences, and even more so given the fact these specific vaccines are navigating through uncharted waters. The coronavirus vaccines developed by Pfizer and Moderna are mRNA vaccines, which have NEVER been made before. Rushing to get approval for a new and unproven technology on a complicated and mutating virus is a recipe for disaster. We should never cut corners on safety. Politicians need to support scientists, not place undue pressure on them. Let science dictate the next steps. Is this Solyndra all over again? A failed government investment pushed by some politicians that cost the U.S. taxpayers nearly one billion dollars?

We are not done with the coronavirus, and we may need to learn to live with it as we do with other illnesses and diseases. We also need to ignore the claims that herd immunity is coming. Achieving herd immunity will not be possible with the coronavirus and we need to accept that fact.

Today's vaccine will not work tomorrow because of mutation

Researchers have documented at least two mutations of the coronavirus. In one instance the genetic sequence within the spike protein

changed the position of the “614 G” aspartic acid (contains an amino acid and a carboxylic acid) to an “amino acid glycine.” That single change within the spike protein created a new COVID-19-2.0, far more contagious and deadly than the original. The second mutation was recently discovered in the mink farms of Denmark; two amino acid mutations within the spike protein. It is valid to question whether a vaccine would be effective after a mutation takes place in the spike protein. We do not know when, nor how frequently a mutation will take place, rendering the vaccine ineffective each time. Another important question that needs to be answered is how effective any COVID-19 vaccine will be on a mutated strain of the virus; a COVID-2.0.

Antibody-dependent enhancement

Antibody-dependent enhancement (ADE) is a phenomenon in which binding of a virus to Suboptimal Antibodies Enhances its entry into the host cells. Following a virus, our bodies produce neutralizing and non-neutralizing antibodies. Neutralizing antibodies defend us against reinfection of the same virus, but non-neutralizing antibodies only recognize the virus and attach themselves to it, but they do not kill the virus. ADE takes place when there are insufficient neutralizing antibodies to attack the infection. Non-neutralizing antibodies enhance viral infectivity by binding themselves to virus particles and then they act as a vehicle carrying the virus to the cells so they can infect the host. ADE is a general concern in the development of vaccines and antibody therapy drugs.

<https://www.virology.ws/2009/07/24/virus-neutralization-by-antibodies/>

What does all this mean for the prospects of developing an effective vaccine? Most vaccines work by stimulating the immune system and inducing the body to create neutralizing antibodies. If neutralizing antibodies drastically drop-off after four months, the presence of the non-neutralizing antibodies could speed up the virus’s duplication upon exposure and increase infectivity and in some cases, cause a more severe illness and potentially death. Rather than having an effective vaccine against COVID-19, we could be creating a super-infection. This could lead to catastrophic consequences, especially among the elderly and those with medical conditions which are the most vulnerable to death because of the virus.

Animal tests studying antibody-dependent enhancement, confirmed this theory using similar viruses. Vaccinated rabbits in the study were not only unprotected from the virus for which they were vaccinated, but when re-exposed suffered much more severe lung infection than the first time.

The coronavirus is becoming a permanent fixture in our lives

I hate to be the bearer of bad news but right now there is **ZERO** chance of developing a safe coronavirus vaccine. We can learn a lesson from China about how to get the virus under control. Their measures were drastic, but they subdued the virus without destroying their economy. Unfortunately, the west does not have the will to adopt such tough measures. We are in real trouble and risk losing our quality of life over the coronavirus. Until we get a one-minute standard COVID-19 test and effective therapeutic solutions the virus will be here to stay.

Speculation is not science. We need two years of data

Moderna is now claiming 94.5 % protection efficiency and with no significant adverse effects of their vaccine. Like in the Pfizer/BioNTech announcement there is not much data. The protection was assessed only two weeks after the vaccination was completed (2 shots). That is an inadequate amount of time. We have no information to accurately determine how long the protection lasts, and no information on mid- or long-term side effects. That is true for the Pfizer/BioNtech vaccine as well and will be true for all rushed vaccines,

Neither Pfizer, Moderna nor AstraZeneca know how long a person will be protected after receiving a vaccine. There are numerous studies showing that anti SARS-CoV-2 antibodies vanish quite quickly, for many patients within 2-3 months. It is unknown whether any (sufficient) mid or long-lasting memory B cells are generated.

All the pharmaceutical companies know for sure is that there is **protection for 2 weeks** after the 2nd shot of their vaccine in 90% of volunteers! There is **No Data** yet on the potential for longer lasting protection. Pfizer and Moderna can speculate that there may be memory B cells and there may be neutralizing antibodies a year from now, but that is only speculation since they do not have a year's worth of data to back such a claim. Yes, there may be some residual antibodies in some patients that had SARS or

MERS but it is unclear whether these antibodies protect from SARS-CoV-2. And typically, these antibodies vanish quickly. Antibodies which we have against other corona viruses are not effective for SARS-CoV-2 (and not even long-lasting for these other coronaviruses themselves). So, if the companies make such claims, they are unfounded. Scientific speculation is allowed but must be clearly labeled as such - and has little value for the public.

Most recently, AstraZeneca has also announced promising results from ongoing vaccine trials in their collaboration with Oxford University. They claim their potential COVID-19 vaccine has produced a strong immune response in older adults, but like the others they are rushing to get expedited approval and to get their product to the market as quickly as possible even if that means doing so with incomplete data. According to their own guidelines, volunteers will receive scheduled follow up visits for two years following administration of the vaccine as well as regular phone calls and text messages to check in and ask if they are experiencing any symptoms during this time. They and the others should never receive approval for a vaccine until we have assurances of its safety and long-term efficacy. Instead of waiting the 24 months they are all intent on rushing their vaccines through the process even if it means putting billions of people at risk. **Why are they cutting corners on safety and risking lives in the process? Is it all about money?**

<https://www.reuters.com/article/us-health-coronavirus-oxford-astrazeneca-idUKKBN27Z0PF>

<https://www.uvmhealth.org/medcenter/clinical-trials-and-research/COVID-19-vaccine-study#>

Will the coronavirus vaccines become another Thalidomide tragedy?

Thalidomide is a drug that was first developed in 1950's West Germany to treat many conditions and became widely available worldwide. It is still in use today to treat certain types of cancer and skin conditions. One of the drug's ill-advised early uses was to treat nausea and morning sickness in pregnant women. As a result, in the early 1960's there was a sudden worldwide increase in babies born with severe deformities to women who had taken the drug during pregnancy. By the time researchers realized what had happened, tens of thousands of babies had already been born with birth defects, many severe.

We need to learn from these tragedies and never repeat the same mistakes. Rushing into any drug or vaccine could lead to catastrophic consequences. Do we know for certain that pregnant women can be safely vaccinated for coronavirus without harm to their unborn child? **Can we know for sure that her baby will not be born with a lack of antibodies or an inability to fight future viruses?** It is imperative that we slow down and take measured and cautious steps in order to ensure public safety.

The stock market rises on unsafe vaccines based on insufficient data

In one week, the global markets rose to a record \$95 trillion following an announcement that the joint venture vaccine by Pfizer and BioNtech was 90% effective. One week later the markets rallied again following Moderna's announcement that preliminary trials of their vaccine proved to be 95% effective. These companies are using insufficient data to inflate their stock prices only to see their CEO's and executives sell off large stock positions. One of the guiding principles in stock trading is to do what the insiders do. When they are buying you should buy, and when they are selling, you should sell. Insider selling should scare investors away.

<https://www.cnbc.com/2020/11/12/global-stock-market-value-rises-to-a-record-95-trillion-this-week-on-vaccine-hope.html>

How is it possible that Pfizer and Moderna can project that memory B cells will continue to generate production of neutralizing antibodies three months, six months, one year or two after administration of the vaccine? The data we have on MERS and SARS tells us that neutralizing antibodies are disabled in more than 80% of infected patients.

Pfizer, Moderna, AstraZeneca and others are using vaccine hype to inflate their stock price

The claims being made by Pfizer and their partner BioNtech regarding the effectiveness of their vaccine are completely misleading and dangerous. They are alleging that their vaccine was more than 90% effective in protecting individuals who received two doses, three weeks apart compared to those volunteers who received a placebo.

The timeframe of these trials is not sufficient to determine the vaccine's effectiveness. We know that the coronavirus disables the ability of the memory B cells to generate neutralizing antibodies. Study after study has

shown that within four months of infection there is a drastic drop-off in the number of neutralizing antibodies which are needed to fight off any subsequent infection. Are Pfizer and other vaccine manufacturers hinting that people will need to be vaccinated every 4 months to be protected? The FDA should require two years of data before approving Pfizer's vaccine

How is it scientifically possible for Pfizer to claim its vaccine has a 90% effective rate at this early stage in the vaccine's trial period? I have been saying since this all started that a minimum of one year's worth of data is required before any claims can be made and two years before approving a vaccine. Upon administration of the vaccine, the load of neutralizing antibodies is increased. But the evidence shows there is a drastic reduction of those antibodies within 3 months or so as the viral mechanisms disable the memory B cells ability to produce more neutralizing antibodies. Based on what we have learned about COVID-19, the question is not whether the body produces an antibody response, but how long will that response provide protection against infection. It is very premature and irresponsible for Pfizer to make these claims at this stage of the trials.

Another vaccine manufacturing CEO dumps millions of dollars in stock; it's all a con job!

Once again, we have witnessed another pharmaceutical company CEO dumping millions of dollars of their personal stock after a positive announcement. Within hours of Pfizer's recent announcement of achieving 90% effectiveness in their vaccine trials, their stock price surged to new highs for the year and CEO Albert Bourla sold 62 percent of his stock. That should raise some profoundly serious red flags. If the best is yet to come for Pfizer after the vaccine is released into the market, why would the CEO sell off most of his stock now? Shouldn't the share price be expected to soar even higher as the vaccine is distributed throughout the world in the coming months? Obviously, Mr. Bourla does not really believe his own hype. We saw the same thing play out a few months ago when Moderna executives cashed out of \$90 million worth of stock immediately following a milestone announcement that resulted in a rise in Moderna's price per share. Management does not seem to be confident about the future of their proposed vaccines.

<https://in.news.yahoo.com/pfizer-ceo-sold-62-stock-140400519.html>

Ultra-low temperature storage chain would take years to put into place

Additionally, these vaccines require sub-zero temperatures for transport and storage. Recently, Moderna, Pfizer and BioNTech announced their upcoming coronavirus vaccines will require ultra-low storage temperatures. Moderna announced their vaccine requires a temperature of negative 4 degrees Fahrenheit, while the ones from Pfizer and BioNTech need to be stored in negative 94 degrees Fahrenheit. Pfizer's vaccine specifically requires such low storage temperatures because they are using nanotech components in their vaccine which have never been used before.

<https://www.news-medical.net/news/20200715/Nanotechnology-plays-major-role-in-COVID-19-vaccine-development.aspx>

"These storage conditions would make traditional office or pharmacy administration very difficult," SVB Leerink analysts wrote in a note to investors on Thursday. "These conditions could be met at tertiary hospitals and laboratories and could be accommodated in intensive one-day vaccination events at such sites, but this would still only cover a fraction of the healthy population.

Assuming a vaccine would even be effective in the first place, having to store it under these difficult conditions makes it extremely challenging to out in the warm climate regions of the world like Africa and India. The coronavirus is spreading rapidly throughout the world. By the time the cold storage supply chain is in place that is needed to distribute Pfizer's vaccine, we could have a million more COVID-19 deaths.

Blood clots and blood vessel problems

Among the list of possible long-lasting adverse effects of COVID-19, the Mayo Clinic warns of the potential for lingering circulatory issues.

"COVID-19 can make blood cells more likely to clump up and form clots. While large clots can cause heart attacks and strokes, ***much of the heart damage caused by COVID-19 is believed to stem from very small clots that block tiny blood vessels (capillaries) in the heart muscle.***

Other organs affected by blood clots include the lungs, legs, liver, and kidneys. COVID-19 can also weaken blood vessels, which contributes to potentially long-lasting problems with the liver and kidneys."

<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351>

Several reports suggest that COVID-19 prominently affects the cardiovascular system by exacerbating heart failure in patients with pre-existing cardiac conditions and troponin elevation in critically ill patients. Fulminant myocarditis was suspected in 7% of patients with lethal outcome. The proposed pathophysiological mechanisms of cardiac injury include inflammatory plaque rupture, stent thrombosis, cardiac stress due to high cardiac output, and infection via the angiotensin-converting enzyme 2 receptors causing systemic endothelitis.

A small number of autopsy cases suggest infiltration by interstitial mononuclear inflammatory cells, suggesting myocardial inflammation as the underlying mechanism, and some severe cases of myocarditis have been reported.

In a small study of recovered patients with ongoing cardiac symptoms, cardiovascular magnetic resonance (CMR) imaging revealed cardiac involvement in 58% of patients consisting of myocardial edema and scar by late gadolinium enhancement (LGE). There remains poor insight into the cardiovascular sequelae in unselected patients, including those with no pre-existing conditions, who were not hospitalized, or had no or only mild symptoms. To better understand the prevalence, extent, and type of cardiovascular sequelae, we proactively examined patients with a documented recent COVID-19 infection using serological markers of cardiac injury and highly standardized in-depth imaging with CMR.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7385689/>

It is time for politicians to hand over the reins to an independent scientific committee

We should learn from our past mistakes. Politicians should hand over the reins to an independent scientific committee and allow them to make the decisions based on science. The coronavirus is not going away, vaccines should not be presumed safe absent two years of solid data. The global survival rate across all age groups is 98% with most deaths coming from the elderly population. It is safer to take our chances with the virus than it is to get the vaccine.

The western world is risking financial collapse. The United States and Europe are home to the best scientists in the entire world. Government should stand down and let qualified scientists do their job and stop interfering and politicizing the virus. If an appropriate solution is not found soon the economic downfall could be catastrophic. Politicians will not be the ones that rid us of the coronavirus, nor will it be pharmaceutical CEO's that manipulate the share price of their stock. When a solution is found it will come from the scientific community. We must provide scientists all the necessary resources and trust them to solve this crisis. We cannot reduce or divert their budgets.

Is COVID-19 mutating again in Denmark?

The Chinese/Wuhan coronavirus was originally believed to have come from bats. Since then, we have had one amino-acid mutation 614G spreading in Europe and the United States. The 614G is more contagious and more deadly than the original Chinese/Wuhan virus. This could be the second wave Europe is experiencing now.

We are being told by Danish researchers that another mutation in Denmark is directly linked to mink farms. It is believed to be a mutation of two amino acids. Prof Kåre Mølbak, vaccine expert and director of infectious diseases at Denmark's State Serum Institute said, "The worst-case scenario is that we would start off a new pandemic in Denmark. There's a risk that this mutated virus is so different from the others that we'd have to put new things in a vaccine and therefore [the mutation] **would slam us all in the whole world back to the start.**"

This new mink mutation is also increasing the already existing concerns over the efficacy of a potential vaccine.

Prof Allan Randrup Thomsen, a virologist at the University of Copenhagen told the Guardian newspaper, "This variant can develop further, so that it becomes completely resistant, and then a vaccine does not matter. Therefore, we need to take [the mutation] out of the equation. So, it's serious."

<https://www.theguardian.com/environment/2020/nov/05/danish-covid-19-mink-variant-could-spark-new-pandemic-scientists-warn>

The mink mutation is empowering the organism which is very dangerous and rare. Ferrets and minks have similar immune systems to humans. Reviews are ongoing to examine current immunological data gathered from ferret/mink models across relevant human respiratory diseases with a particular focus on the influenza virus. This mutated strain would have to be considered a departure from COVID-19, becoming a new COVID-20.

What could have caused this new strain?

One theory is that of interspecies transmission of the virus. Danish farm workers infected with COVID-19 passed the virus on to the minks, which then mutated the virus into this new COVID-20 strain. The new strain was able to cross back to humans through zoonosis. This possibility raises even more concerns about a potential vaccine solution as noted by Dutch virologist and zoonosis expert, Wim van der Poel. "It seems the mink-variant mutation is found in the spike protein of the Sars-Cov-2 virus, but we don't really know. And we don't know what kind of vaccine we are going to have. So, a lot more research is needed." Additionally, in an abundance of caution the World Health Organization (WHO) should recommend a complete closing of Denmark's borders; no one goes in and no one comes out.

As a result of this new virus all of Denmark's 17 million farmed minks in their 400 mink farms are being destroyed and 240 or more mink farm workers are currently infected. This latest development provides even more reason why the focus should be on developing more effective therapeutics. <https://www.nytimes.com/2020/11/04/health/covid-mink-mutation.html>

A moral lesson

I have always been an animal lover. It breaks my heart to see these beautiful minks die so that wealthy women in Hong Kong, China and throughout the world can show off their status and garner attention by wearing a mink coat. Similarly, the Chinese and other Asian countries regularly kill dogs, bats, monkeys, and other rare animals for an exotic experience. This newest coronavirus mutation is the spirits of the minks paying us humans back for so much cruelty to their species. If we do not change our behavior towards animals, we may be subject to even more deadly cross species diseases which could one day bring about the extinction of man.

Wearing animal furs for status recognition is downright ugly. It will bring the bad spirits of the beautiful animals and were so senselessly slaughtered. Just as it does with those that recklessly kill sharks for their fins or even worse, those that slaughter male tigers to consume their genitalia as an aphrodisiac and to combat erectile dysfunction. If they have E.D., they should take Viagra and leave the tigers alone.

The hammer and the dance for a new non-political task force

It is necessary to form a national scientific advisory committee that is free from all political influence. The committee would provide two televised updates per week to advise the public of the facts regarding the coronavirus, its spread and what actions need to be taken by each state.

The Hammer

Europe is headed back to total lockdown, referred to as the “hammer” because of the resurgence of coronavirus cases. The virus is back in Europe vigorously, leading government officials to once again shutdown their economies. This radical action will be devastating to businesses and to the overall mental and physical health of Europeans and will hopefully be limited to a very short period.

The Dance

During the hammer period certain actions must be taken to get people back to work:

1. There is an urgent need for continuous testing every three days as well as making COVID-19 testing more widely available through innovative means such as testing vending machines that provide rapid results in one minute. Those that test negative are free to go to work, restaurants and live their lives normally. Those who test positive will seek medical attention and self-quarantine. More simple, rapid self-testing kits are needed.
2. Reconfigure workplaces providing the means for social distancing, disinfectants and mask wearing indoors.
3. Limit the size of indoor gatherings.

4. Indoor locations like restaurants, bars, and conference centers etc. could be retrofitted with air conditioning systems that burn out the virus during circulation cycles.
5. Close down tattoo parlors, massage parlors and prostitution businesses. Those with addictions should be treated in proper medical facilities.

People that do not adjust to the new norms necessary to deal with the virus will be leaving themselves vulnerable to potential infection and risks associated with the virus which includes death.

Will COVID-19 mutate into a SARS, MERS, or both? The three are part of the same viral family

Coronavirus is a large family of viruses that causes various diseases ranging from the common cold to severe acute respiratory syndrome.

MERS (Middle Eastern Respiratory Syndrome) is a viral disease caused by a novel coronavirus (MERS-CoV), first identified in Saudi Arabia in 2012. Symptoms include fever, cough, shortness of breath, and pneumonia, though some MERS patients can be asymptomatic. According to the World Health Organization (WHO), since MERS was discovered there have been 2562 reported cases in 27 countries with 881 deaths, 35%.

<https://www.who.int/emergencies/mers-cov/en/>

SARS (Severe Acute Respiratory Syndrome) is a viral respiratory illness caused by a novel coronavirus called SARS-CoV. It was first discovered in Asia in 2003. SARS symptoms include fever, persistent dry cough, headache, muscle aches and difficulty breathing. According to the WHO, there have been 774 SARS deaths, or 9.6% of all cases.

https://www.who.int/csr/sars/country/table2004_04_21/en/

COVID-19 also is a viral respiratory disease caused by the new coronavirus that emerged from China in December 2019. As of today, there have been more than 42 million COVID-19 cases and more than 1.1 million deaths worldwide representing a 2.7% fatality rate. COVID-19 symptoms include fever, cough, shortness of breath etc. It is a viral disease that can cause deep lung inflammation.

<https://www.worldometers.info/coronavirus/>

There are two important questions we need experts to answer:

Will COVID-19 fade out like MERS and SARS?

Does its present behavior give us cause for alarm that the virus is here to stay, or could mutate into something as deadly as MERS?

Will there ever be a safe coronavirus vaccine?

The scientific data is being manipulated. No one can confirm that a COVID-19 vaccine can make long lasting **neutralizing antibodies** that recognize and kill the virus and can keep the person immune for 10, 20 or even 50 years as other vaccines do. There are three potential scenarios following a coronavirus vaccine:

1. Best case scenario, a vaccinated person that is exposed to the virus will be protected against infection by lasting neutralizing antibodies created by the vaccine.
2. Medium case scenario, a vaccinated person will not benefit from any immunity and will still be prone to infection within a year or less of vaccination.
3. Worst case scenario, a vaccinated person gets reinfected within one year or less and has the potential for serious side effects, organ damage and potentially death because of the aforementioned process of antibody-dependent enhancement (ADE). ADE is a general concern in the development of vaccines and antibody therapy drugs such as Regeneron.

<https://www.virology.ws/2009/07/24/virus-neutralization-by-antibodies/>

As a result of my extensive research on the subject, I believe the worst-case scenario is the most likely to take place. A coronavirus vaccine must not be rushed. We need to accumulate at least 2 years of data before we can determine the safety of a vaccine. The lack of long-lasting neutralizing antibodies is the reason there are no vaccines for MERS and SARS, and the reason there will not be a safe and effective coronavirus vaccine. Why are these “con-demic” pharmaceutical companies now claiming it will be different with COVID-19? Their claims are a sham to steal billions of taxpayer dollars amid the current pandemic crisis. It is unethical and all about money.

Warning: the coronavirus is endemic

The coronavirus is not just a pandemic, it is endemic. Endemic means it is here to stay. The seasonal flu, malaria and HIV are examples of endemic diseases. We better get used to living with the coronavirus forever. The ability this virus has to mutate is a factual phenomenon.

<https://science.sciencemag.org/content/early/2020/10/13/science.abe5960.full>

<https://www.cnbc.com/2020/10/20/covid-19-likely-to-become-as-endemic-as-flu.html>

Two billion people could lose their jobs worldwide within 5 years

It's estimated that COVID-19 will cost the United States \$16 trillion dollars. What about the price tag to the rest of the world, Europe, Asia, South America etc.? Two billion people could be living in poverty worldwide within 5 years

http://www.xinhuanet.com/english/2020-10/13/c_139436698.htm

The velocity of money is the rate at which people spend money and how fast it changes hands. The faster the velocity of money the stronger the economic growth. A person who receives a wage, gets paid and goes to a restaurant or a shopping mall and purchases goods and services with their money from another person who also receives a wage and will go out and use their money to purchase goods and services. This is a healthy economic cycle and a good measurement of the health of the economy. When money is not changing hands rapidly the economy may be contracting. COVID-19 has affected the velocity of money and may bring some additional major industries to a near standstill.

The travel industry is almost dead. People are flying much less, leading airlines to drastically reduce the number of flights. Reduced travel means lots of hotels with many empty rooms. Transportation is suffering as people are traveling shorter distances than before. Many are working from home or have lost their jobs, which means they are spending far less money on gasoline, oil, car repairs and maintenance, and there is no need for them to buy new cars. Not going to an office everyday means offices are closing at a record pace and many buildings have lots of unrented office space. Empty offices mean far less people are going out to eat which leads to restaurants closing in large numbers. Many of those restaurants will never be reopening. There is a huge reduction in spending on luxury goods and cosmetics since there is no one to show off to or dress up for. Shopping malls are bleeding stores and customers. Many of them are shutting down altogether. The housing market continues to suffer huge losses despite the

lowest mortgage interest rates in decades making future projections for the housing market bleak. We in the West are likely to lose the lion's share of the two billion jobs estimated to be lost. This list can go on and on forever. So many jobs and industries are interconnected and when one industry suffers a direct hit, others indirectly suffer just as much or more.

Drastic times call for drastic measures. Many people may need to make big lifestyle changes. Throughout most of civilized history the average person was involved in agriculture, cultivating their own food on a small plot of land. Many people need to get back to that and become more self-sufficient and less dependent on industries for their most necessities.

These drugs do not work according to the WHO Solidarity Trial Results

A study conducted by the WHO shows that several repurposed antiviral drugs were not effective in the treatment of the coronavirus in their study. The study concluded, "**These Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens** appeared to have little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay."

Pharmaceutical companies need to stop manipulating the science for their profits. The EU is set to pay \$1.2 billion for a 6-month supply of Remdesivir. They would be better off flushing them down the toilet before causing harmful side effects to patients. Big pharma is all about making money and the system is hiding the aiding and abetting them. It is a medical farce and a sham

<https://www.who.int/news/item/15-10-2020-solidarity-therapeutics-trial-produces-conclusive-evidence-on-the-effectiveness-of-repurposed-drugs-for-covid-19-in-record-time>

I have also been called overly dramatic by some of my critics. I do not hide the fact that I despise socialism and communism in all its forms. But I also support the idea that the medical system should be freely available to every citizen, whether they are rich, poor or middle class. I feel the same way about education. University education and technical school training should be available for everyone, not just those that can afford it.

Idiotic, Incompetent, Frustrating, Stupid and Total Madness

The economy must be reopened completely, and we need to give up on the delusion of a COVID-19 vaccine. As I have been saying for months, there will not be a safe vaccine, and results from the ongoing vaccine trials backs my assertions.

- AstraZeneca vaccine trials remain on hold leaving their participants in limbo.
- Johnson & Johnson has paused clinical trials after a volunteer came down with a serious unexplained illness.
- Eli Lilly's vaccine trials were paused by the US amid safety concerns.
- Both Moderna and Pfizer have reported that some participants in their vaccine trials have experienced **serious side effects**.
- In spite of having participants come down with **serious side effects**, Pfizer just announced they are expanding their vaccine trials to include children as young as 12 years old.
- The Russian vaccine dubbed Sputnik V has had its trial data called into question by experts. There is growing concern about the safety of the vaccine amid allegations of data suppression regarding serious side effects.

When I wrote my first [COVID-19 op-ed](#) in February of this year, I expressed doubts that a vaccine could be developed within a short period of time. By April, we had learned enough about the virus that I knew a vaccine was never going to happen. From that time until now, all the research and data has further confirmed the fallacy of ever having a safe coronavirus vaccine. Unfortunately, politicians have been badly advised and thus, have placed all their hopes and efforts into a vaccine solution when achieving a vaccine will be impossible.

Change course

Now we know a vaccine will not be the way to get society back to normal. Accordingly, politicians need to switch the focus of their efforts for vaccine development to continuous rapid testing and a therapeutic solution that will be far more effective than what is currently available. We must be prepared to face the next pandemic; a COVID-20, or a mutated form of SARS or MERS etc.

Sadly, this is nothing more than a big money grab by the pharmaceutical companies a “con-demic.” There never has been and there never will be a safe vaccine for any coronavirus. Instead of stealing taxpayer money for a vaccine that will never work, the focus needs to be on therapeutic drug solutions. We cannot be paralyzed waiting for a magic cure. It will come, but in time.

Recently, a Nevada man became the first confirmed case of COVID-19 reinfection in the United States. Sadly, his reinfection was more severe than the original. Without neutralizing antibodies, non-neutralizing antibodies can serve to transport the virus through the body much more rapidly, thus making a subsequent infection often more severe than the original. Additionally, without neutralizing antibodies we will never be able to achieve herd immunity and **coronavirus vaccines could be deadly**. The coronavirus is an endemic disease. It will have a constant presence and is not going away. So far it has not faded as many expected but has gotten stronger.

Continuous rapid testing of everyone every three days will allow the economies to reopen

In the meantime, the only solution to return life to normal is by expanding continuous rapid testing. People should be tested every three days and every business should be equipped with **a testing machine like a vending machine**, capable of conducting a rapid coronavirus test and delivering results in one minute. Continuous rapid testing will achieve two objectives:

- stop us from fearing the virus
- give us control over the virus by allowing us to return to normal

The early European lockdown was a failure

The fact that the President contracted the coronavirus proves this virus has no borders. All the attacks being launched by Democrats accusing President Trump of mishandling the coronavirus are complete rubbish. We need only look towards Europe. European countries were shut down at the onset of the pandemic. Businesses were ordered closed and social distancing and mask wearing was enforced. Today, seven months later most European nations are experiencing a resurgence of COVID-19

cases. Most European countries are now declaring more cases each day than they did during the first wave earlier this year. This completely contradicts those that have chosen to combat the virus by shutting down their economies. This resurgence clearly proves them wrong. It did not work in Europe and will not work in the United States. European countries have had far higher mortality rates than the United States and are once again dealing with a soaring number of cases.

Neanderthal DNA from fifty thousand years ago is linked to severe COVID-19

Stop blaming President Trump; blame the Neanderthal DNA

Neanderthals arose in Europe after pre-humans left the African continent and never made their way back south. As a result, people of European, Asian, and Australasian origin all have at least some Neanderthal DNA, but not people of purely African descent or of Middle Eastern descent.

There is new research that experts need to analyze much more closely. Scientists have found a link between neanderthal genes and severe COVID-19 cases. When researchers compared the genetic profiles of about 3,200 hospitalized COVID-19 patients and nearly 900,000 people from the general population, they found that a cluster of genes on chromosome 3 inherited from Neanderthals who lived more than 50,000 years ago is linked with 60% higher odds of needing hospitalization. According to the Max Planck Institute for Evolutionary Anthropology, COVID-19 patients that had this gene cluster were also more likely to require artificial breathing assistance. The paper titled "**The major genetic risk factor for severe COVID-19 is inherited from Neanderthals**" was coauthored by Svante Paabo and Hugo Zeberg and published on September 30, 2020.

Paabo and Zeberg wrote, "Here, we show that the risk is conferred by a genomic segment ... that is inherited from Neanderthals and is carried by about 50% of people in South Asia and about 16% of people in Europe today."

In a released statement, Zeberg said, "with respect to the current pandemic, it is clear that gene flow from Neanderthals has tragic consequences."

"The probability that humans who inherited this gene variation have to be put on a ventilator when they contract the novel coronavirus Sars-CoV-2 is three times higher".

"It is alarming that a genetic heritage from the Neanderthals can have such tragic consequences in the current pandemic," Paabo said, stressing that more research should be done immediately.

According to the study, the cluster of the gene is most found in Bangladesh, where 63% of the population carry at least one copy of the DNA sequence. 16% of people in Europe today also carry the same gene.

This newly discovered connection could be the reason why people in Europe, the Americas, Asia, India, and Indo-European Iran are more likely to develop a more lethal coronavirus than Africa and the Middle East.

How much Neanderthal DNA is carried today?

It is suggested that 20% of neanderthal DNA survived in modern humans. Today, neanderthal DNA is expressed in hair, skin, and diseases. East Asians seem to have the most neanderthal DNA in their genomes followed by those of European ancestry. Neanderthal DNA is virtually non-existent in Africa. Neanderthal genes might protect us from some pathogens, while making us more susceptible to others like heart disease.

The now extinct homo neanderthalensis were the ancestors to today's homo sapiens. Neanderthals were hunters on the move, compared to today's domesticated homo sapiens that live settled lives cultivating agriculture and producing food.

People of European and Asian descent should consider having their DNA tested. DNA tests are easily accessible today and having that information would be helpful to know if you are at a higher risk of serious complications from COVID-19. I am sure we will be getting much more information as researchers dig deeper into these initial findings.

Our DNA makes up part of our immune system response gene. This is why large numbers of Americans of European ancestry are contracting covid-19. Since its founding in 1948 the Max Planck Society can boast 20 Nobel

Prize winners from among its ranks. In addition, 15 Nobel Prizes were awarded to scientists from its predecessor organization, the Kaiser Wilhelm Society, between 1914 and 1948.

<https://go.nature.com/36lHwnC>

<https://www.today.com/health/how-much-neanderthal-dna-do-humans-have-what-does-it-t126372>

<https://www.republicworld.com/lifestyle/health/neanderthal-dna-in-patients-can-can-make-covid-19-more-severe-study.html>

<https://www.dw.com/en/neanderthal-gene-increases-risk-of-severe-coronavirus-study/a-55112474>

<https://www.msn.com/en-us/health/medical/neanderthal-dna-may-be-to-blame-in-severe-coronavirus-reactions/ar-BB19AAo2>

<https://www.mpg.de/183285/prizes>

Updated November 1, 2020

2021 Will Be Remembered as the Year of the Coronavirus Mutants

Alarming possible immune escapes from COVID-20, 21, 22 etc

COVID-19, or the original Wuhan virus is long gone and mutated, but the current vaccines were designed to deal with the original strain of COVID-19. A non-peer reviewed paper on the subject by a group of prominent scientists needs to be reviewed urgently. Does the South African variant of COVID-19 partially or totally escape the immune system? Put another way, is the new 501YV2 able to escape the concentration of neutralizing antibodies generated by the current crop of vaccines? That question has so far been avoided by vaccine makers, Pfizer, Moderna and Johnson & Johnson, whose vaccines have already been given to millions of people worldwide. Have they been rendered useless and even harmful if the South African variant does indeed escape the immune system like the Brazilian variant does?

A flawed vaccine design

Focusing on the spike protein was the wrong strategy and is already proving to be a failure. Spike protein vaccines are much safer when they are used on structures that are not subject to a high level of mutation. In other words, antibodies that bind to other parts of the virus other than the spike protein will be much more successful. The vaccine strategy used for the coronavirus vaccines is strongly coming into question and the vaccine rollout should be paused pending the acquisition of more data and scientific evidence. Below are links to some so-far, non-peer reviewed articles on the immune escape conclusion. We need to turn our attention away from vaccines and towards therapeutics. Perhaps certain drug cocktails could be the answer.

<https://www.biorxiv.org/content/10.1101/2021.01.18.427166v1.full.pdf>

<https://www.biorxiv.org/content/10.1101/2021.01.15.426849v1>

<https://www.biorxiv.org/content/biorxiv/early/2021/01/13/2021.01.13.426558.full.pdf>

<https://www.biorxiv.org/content/10.1101/2021.01.22.427749v1>

<https://www.medpagetoday.com/infectiousdisease/covid19/90867>

<https://www.wsj.com/articles/new-coronavirus-variants-complicate-the-battle-against-the-pandemic-11611518097>

Statistics on coronavirus infections are misleading

We need to stop being told coronavirus infections are declining. The real numbers are being manipulated. If we are not testing enough people, the case numbers will be lower than what they really are. We cannot afford for any gameplaying when it comes to virus statistics. This strategy will backfire and could result in dire consequences.

My predictions from February 2020 have turned out to be true

All the coronavirus predictions I made in my previous op-eds dating back to February 2020 are becoming serious realities, and many are still being denied by the Western Governments.

[I have added all my op-eds at the end ,please read and be informed with the ugly truth.](#)

Unfortunately, a major misinformation campaign is being spun in order to mislead the public and temper any fears related to the virus's mutations. Our lives have permanently changed as a result of this virus and soon our current standard of living may no longer be sustainable. Serious economic trouble is just ahead. Unless we get a reliable, therapeutic cocktail to moderate the deadly inflammatory lung cascade caused by the virus we will be faced with an economic disaster. That could lead to great internal and external civil unrest and perhaps international military conflicts.

Millions of vaccinated people could become infected beginning in June of this year

I do not understand why so many western governments are fighting to get their entire populations vaccinated, knowing full well that a new variant is taking hold as we speak. Fear is not the solutions to avoid panic; the end result could be devastating. No doctor that has thoroughly researched the vaccines would even consider being vaccinated themselves. Israel could in for a disaster of biblical proportions. Their aggressive vaccination campaign has aimed to vaccinate 25% of their population in just one month. June will be here before you know it.

Poor countries that cannot afford the vaccines are fortunate

Hidden and future side-effects are still being ignored and or manipulated. Previously, I have written about one of my main concerns, the potential for Antibody Dependent Enhancement (ADE) which could greatly speed up the inflammatory reaction once a person is infected.

<https://ceocfointerviews.com/emilmalakoped010421.html>

A 25% death rate could soon become a reality

Both MERS and the Spanish Flu killed about 25% of those infected. The coronavirus could reach that same rate of death because of the mutations that are taking place. We must be prepared for a coming tragedy. Western leaders mean well but have been very poorly advised. Their fear has caused them to rush these vaccines through before acquiring the necessary factual data. Science should only be measured factual data, not by hope and unfounded predictions. They have failed us and sooner or later time will bring all of that to light.