

## Call on Medical Colleagues to End SARS-CoV2 Vaccinations - an open letter

Ladies and Gentlemen,

At the beginning of the pandemic, it was quite understandable that there were calls from various quarters to find a vaccine and distribute it quickly. It was assumed that the COVID-19 disease was dangerous to the general population, and that a vaccine could eliminate that danger. Therefore, regulatory hurdles for these substances were set low and potential danger signals were ignored.

**In the meantime, we have gained a great deal of new insights.** These suggest - as we document in the appendix to this letter - that the situation has changed dramatically since 2020:

- The vaccines offer much less protection than was originally anticipated.
- This low protection comes at the price of far more side effects than had been assumed and that one is willing to accept with other vaccines.
- For children in particular, the disease is only slightly dangerous, which is why vaccination against SARS-CoV2 in children is absolutely contraindicated.
- Fertility was apparently affected by the vaccines. A 14% drop in birthrates - nine months after the start of mass vaccinations - has been confirmed officially.
- **The modRNA technology is not sufficiently evolved** (modRNA: genetically modified mRNA): it is not possible to control how much of a protein is produced at what site in the body. At the same time, spike proteins are known to be toxic (active receptor binding site). A known dose-response relationship which is an essential pharmacological principle cannot be given. Nevertheless, this technology is still being used and in the process of being expanded to other vaccinations.
- One concern was probably to lower the regulatory hurdles for genetic engineering intervention, that is, initially modRNA vaccines or virus vector vaccines.
- However, this technology contributes to the significant side effects.
- This can lead to a situation where, in principle, even promising, carefully tested gene technology interventions are discredited.

We ask that you **listen to differing scientific opinions** and demand that public agencies and policymakers conduct accurate surveys, investigations, and audits **through independent research**.

Perhaps you, too, are facing unsolved worries and issues concerning your patients.

We would like to enter into a dialogue with you. After different experiences and burdens, a dialogue at eye level is crucial for the preservation and maintenance of the medical ethos (Geneva Convention, Nuremberg Code).

Please see the appendix with the scientific documentation for the rationale behind this.

With sincere greetings from colleagues

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## Supporting documentation

### The supposed safety of modRNA vaccines is not true

1. The planning to use modRNA vaccines goes back a long way and was already announced in 2018 at the Berlin World Health Summit by Chancellor Angela Merkel [1] and driven forward by Bill Gates via the collaboration with the German company Curevac [2]. In this political planning, the Covid 19 pandemic was merely a convenient stroke of luck to circumvent existing regulations, because:
2. The German federal government already knew through a BMBF (Federal Secretary of Education and Research) research project in which Prof. Stefan Hockertz was involved that modRNA technology is not safe enough, because it does not fulfill essential basic pharmaceutical requirements:

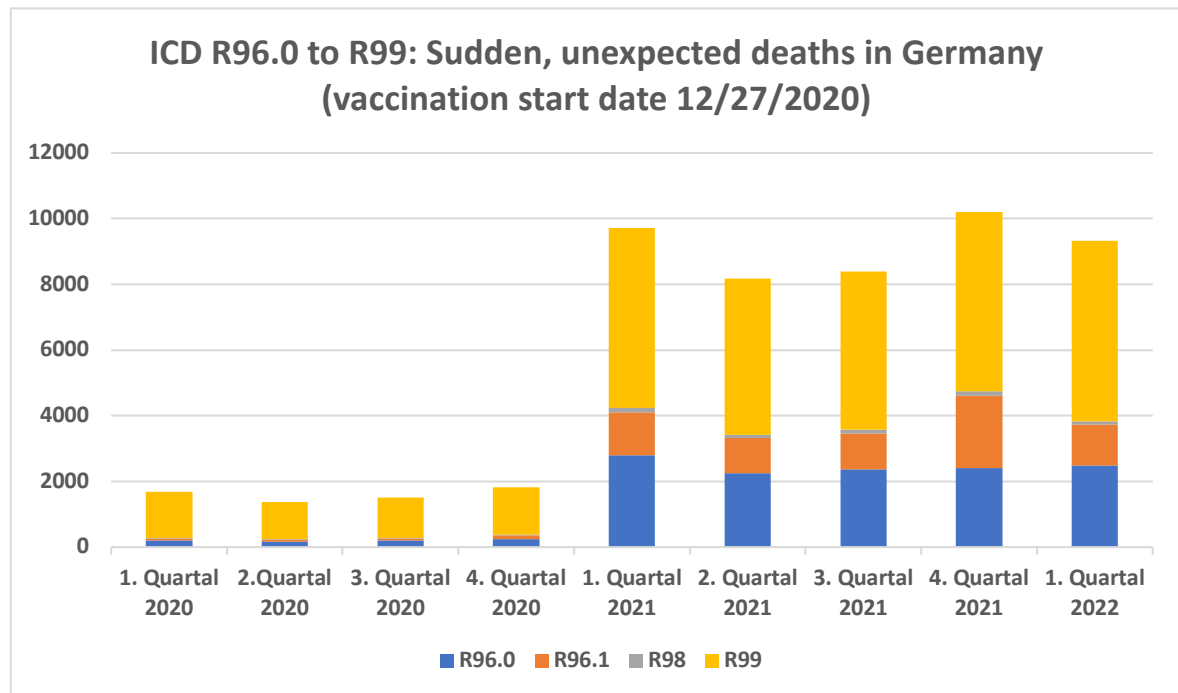
**It is not possible to control at which site of the body how much of the final dose of a substance is produced over what period of time.** (Sources: Interview Harald Walach with Prof. Hockertz, various lectures by Prof. Hockertz).

One reason for this is the stabilization of the mRNA by replacing the component uridine with N1-methylpseudouridine [3]. Furthermore, BioNTech confirmed the rapid spread of modRNA throughout the body after i.m. injection [4]. This causes the production of the spike proteins especially in the endothelium of various organs [5]. (modRNA: genetically modified mRNA).

3. modRNA is packaged in cationic nanolipid particles. These are able to travel through membranes and the blood-brain barrier, as well as proven to be toxic and highly pro-inflammatory. Increased DNA strand breaks in lungs and spleen have been documented. [6-10] Lack of reproductive toxicology studies and PharmEur monographs for the substances SM 102 and ALC 0315 stringently prohibit their use in pharmaceuticals.
4. in order to make the modRNA acceptable for the human organism and the immune system at all, a refined system is used that reduces the activity of the natural immune system for a few days so that it does not immediately eliminate the foreign RNA. This mechanism was already published by Ugur Sahin in 2014 [11] and is an absolute basic requirement for this technology to work [12, 13].
5. In addition, it has been known since 2005 that spike proteins are toxic - **but actually vaccines must be inert**. Various side effects can be explained by the active receptor binding site; the produced spike proteins bind to the receptors ACE2, CD147 and NRP1, among others, and impair cell function. [14-17]
- 6 All this raises concerns: the increase in rapidly escalating cancer cases observed by practitioners could be explained by such suppression of natural immunity following SARS-CoV-2 modRNA "vaccination". If true, an increase in such cases is to be expected. [12] The marked increase in sudden deaths of healthy athletes may also be related [18]. Systematically collected data on the substantial increase in sudden unexpected deaths since Q1 2021 can be found in the billing data of the German

National Association of Statutory Health Insurance Physicians - it is in the tens of thousands! [19]

**Safety signal: the striking increase in unexpected deaths since Q1 2021 needs to be systematically investigated.**



**Note:** The diagnosis codes R96 to R99 represent **unexpected deaths that cannot be further explained** (Y-axis: total number of these deaths per quarter). The basis is the billing data of all German statutory health insurance funds [19]. The abrupt increase coinciding with the start of the vaccination campaign is striking.

7. Pathological investigations by Prof. Arne Burkhardt have proven that, among other things, autoimmune reactions to spike proteins were responsible for death in deceased persons after mod-RNA "vaccinations" [20]. These studies also show that the claim made initially about the safety of modRNA technology, that the modRNA merely remains in the muscle at the injection site, was false. Rather, these and other studies showed that the modRNA is distributed throughout the body [4, 21], is detectable in the lymph nodes and other tissues for a long time, and thus enables the vascular pathologies that are observed as side effects [22-25].

8. Pathologic studies show that autoimmune spike pathology is the sole causal agent in 20% of a cohort of decedents after modRNA vaccination [26].
9. As if that were not enough, the German Federal Institute for Population Research confirms a "strong association between the **onset of vaccination programmes and the fertility decline nine months after this onset.**" [emphasis added by the editors]. For Germany, 14% fewer births are reported, and nearly 10% for Sweden. They point out that people might have postponed having children until after their SARS-CoV-2 vaccination [27] - but shouldn't the drop in the birth rate have then been observed earlier? - After all, recombinant spike proteins - which are known to be toxic [14-16] - have been detected by immunohistochemistry, among others, in testes, ovaries, endometrium, and in a stillbirth after vaccination in the placenta and umbilical cord by Prof. Burkhardt (negative crosscheck for nucleocapsid, i.e., exclusion of covid-19 infection) [28].

**Is it all just a coincidence?**

### **Unacceptably high rates of side effects from modRNA vaccination.**

10. The novel preventive genetic engineering interventions with modRNA, erroneously and euphemistically called "vaccinations", have unacceptably high side effects. These have also been published in high-impact journals and have been observed in large cohorts. [29-41] Very often, these publications compare the increased incidence rate of adverse events - particularly thromboembolism, stroke, and hemorrhage, neutropenia, and myocarditis - with a purported even higher incidence rate of these events under SARS-CoV2 infection and thus frame them as harmless. These comparisons all suffer from the methodological flaw that they surveyed SARS-CoV2 infections during the vaccination period and thus do not distinguish between genuine infections in the unvaccinated and those infections that occur despite modRNA injection. This is so because:
11. The "vaccinated" are not protected from SARS-CoV2 infection, nor are they less likely to pass on this infection, thus not protecting others, nor does this intervention provide long-term protection [29, 42-51].

Against this background, the high adverse event rate of the SARS-CoV2 "vaccines" becomes more significant. A look at the website <https://vaersanalysis.info/2023/06/02/vaers-summary-for-covid-19-vaccines-through-5-26-2023/> (accessed 7<sup>th</sup> June 2023), which analyzes official data from the CDC Vaccine Adverse Events Database, shows: Serious adverse events and vaccine-associated deaths from December 2020 to the present are more than three times higher than all other vaccines combined since the database began in 1990: in the U.S., this is 169 deaths per year for all other vaccines and 6,990 deaths per year for Covid-19 vaccines. The same is true for serious adverse events. For Covid-19 vaccines, these are 5,781 per year, and for all other vaccines combined, these are about 312. So we register 18.5 times more life-threatening adverse events and about 41 times more deaths for Covid-19 vaccines per year than for all other vaccines combined. Because the effectiveness of protection from Covid-19 "vaccines" is short and requires frequent repetition, the potential for harm adds up over time.

In addition, the VAERS database data are merely due to passive monitoring, which is known to underestimate data by as much as 90% compared with active monitoring[52], which was called for early on but never performed [53, 54].

**Generalization of the modRNA platform to vaccines for other diseases must be prevented!**

It can be assumed that, against this background, the emergency of the Covid 19 pandemic was used to reduce regulatory barriers to the approval of modRNA platform technologies in order to increase the acceptance of this technology in the population and the medical profession.

**It should be obvious from what has been said here that this is not due to medical considerations, but above all to economic and political ones.**

Hence it can be assumed that it is intended to expand this technology to already existing vaccinations and diseases, so that standard vaccinations such as those against influenza, measles, chicken pox, mumps, etc., will be carried out in the future using the new modRNA platform to create a new, economically lucrative market expansion in which Germany can once again lead the international market through its companies based here.

**This will be at the expense of public health and safety, and is ethically unacceptable, since it is specifically for approvals for vaccinations, which are after all used on healthy individuals, that heightened safety guidelines must be applied according to current medical standards.**

This fact has apparently remained hidden from the legislature and is being concealed by the executive branch. It can be assumed that only pressure from the users, i.e. the physicians, and the affected people, i.e. the patients, will bring about a change of political direction.

**We therefore call on all those concerned - doctors, health professionals, researchers, scientists and citizens - to put an end to this practice by no longer administering these substances, no longer accepting them and urgently researching the associated potential dangers.**

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