



Opinion

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COVID-19 And All the Background it Contains

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Abstract

The struggle between man and infectious diseases dates back to the beginnings of civilization. It must be taken into account that the increase of infectious entities has not been, nor is it something casual, but rather, consequences derived from the bad actions and management of the human being on the ecosystems. The objective of this research was to argue the background of the new COVID-19 pandemic. Different aspects are addressed: COVID-19 as a “gain-of-function” and “dual-use” research; mRNA vaccines and the whole web around them; COVID-19: universal vaccine or gain-of-function research; the alliance for vaccines and critical evaluation with its own generalities. It is concluded that the last three and a half years of pandemic should be reviewed with transparency, based on a detailed and science-based debate: What worked, what went wrong, and why? The knowledge gained about COVID-19 should be discussed in an open and transparent manner with a view to the future. Critical questions about vaccine efficacy, side effects and potential long-term harms must be communicated transparently, especially before new “rounds of vaccination” are ordered.

Keywords: Anthropogenic, Coronavirus, COVID-19, Pandemic, Vaccines

Opinion

The claim that COVID-19 is new to humans in Wuhan in 2020 and that pharmaceutical companies have developed an mRNA vaccine against it at lightning speed (Operation Warp Speed) is a fairy tale.

The story of coronaviruses, the spike protein, and COVID-19 in general, is quite different:

- i. The first coronavirus was isolated by Beach and Schalm in 1936. The virus caused poultry bronchitis in newborn chickens.
- ii. The first human coronavirus 229E was discovered in 1962 by Dorothy Hamre at the University of Chicago when she examined tissue cultures from students with colds.
- iii. Two further studies, one published by David Tyrell, the other by Ken McIntosh independently isolated two additional human coronaviruses, B814 and C43. The observation that the surface

of these viruses had characteristic spikes like a “solar corona” definitely gave these viruses the name “coronaviruses” in 1968.

iv. In 1966, US researchers brought coronavirus to the UK and infected 26 volunteers to see if this virus could produce an infection and what that looked like.

And here the opinions are divided: While some call this virological research, David E. Martin criticizes the fact that this virus was brought from the USA to Great Britain and thus healthy volunteers were infected for experimental reasons, which is contrary to the Nuremberg Code. The Nuremberg Code is an ethical guideline for the preparation and conduct of medical, psychological, and other experiments on humans and allows medical experiments to develop therapies, but not experiments to make healthy people sick. In addition, voluntary consent must have been obtained from the patient beforehand.



Gain-of-function research is research to improve function. In virology, gain-of-function research involves experiments to make viruses more infectious and dangerous. Dual-use research is researching whose results can be used for civilian or military purposes, i.e., in ways that are beneficial or destructive to humans. A universal vaccine is one that is effective against many different strains of viruses and makes booster vaccinations unnecessary. The search for a universal vaccine, gain-of-function and dual-use research overlaps and may be difficult to distinguish. This type of research has made great strides with the introduction of “genetic engineering” (1976) and “CRISPR technology” (2002). Thanks to these techniques, the genetic material (DNA) of living beings can be selectively manipulated, altered or assembled in any way, enabling novel and effective medical therapies - but which can also be used in the production of bioweapons.

COVID-19 mRNA Vaccines: General Information

Vaccines are drugs that activate the immune system to protect against infectious diseases. Vaccines are designed to stimulate the body's immune response against disease [1-3]. The person vaccinated against COVID-19 should no longer be able to contract COVID-19, and ideally, he should also no longer be able to pass on the virus. The COVID-19 mRNA vaccines do not meet either condition. Our own clinical experience with vaccinated and unvaccinated people suffering from COVID-19, as well as the scientific literature, show that the COVID-19 mRNA vaccines were able to reduce the probability of becoming severely ill from COVID-19 infection in the 2nd wave [4-7]. The question is at what cost, in which patients, and with what acute and chronic side effects [1,5,8].

Swissmedic's decision at that time to approve the vaccines was based on a rolling submission that included data from Pfizer's Phase 3 study showing 9 % vaccine protection ($p < 0.0001$) in subjects without prior SARS-CoV-2 infection (the study's first primary objective). Vaccine protection was also achieved in subjects with or without prior SARS-CoV-2 infection (second primary objective of the study) [1,4,9,10]. In both cases, vaccine protection was achieved seven days after the second dose. Statistically, this is not tenable because it is the relative risk reduction and not the absolute one, which was only 0.78%! These are common statistical tricks used by the pharmaceutical industry to inflate the risk reduction and the alleged effect of their product. Example: if 9 out of 19'965 vaccinated persons tested positive after two vaccinations, this is 0.045%. In the comparative placebo group, 169 of 20,172 tested positive, i.e., 0.83%. Thus, the Pfizer vaccine reduces the risk of infection (not death or serious illness) by 0.785%. But what Pfizer did: they compared 9 infected people in the vaccinated group with 169 in the placebo group and calculated a 95% efficacy [1,10-13]. Relatively seen this is correct, but absolutely calculated on 40 000 test persons it is not [7,8,10,12].

The mRNA vaccines against the spike protein of COVID-19 were not designed, constructed and brought to market in a very short time [6,11,14]. The pharmaceutical companies knew and know that the search for a vaccine against coronaviruses has been unsuccessful

for decades [14-16]. The fundamental question is whether the production of a universal vaccine that no longer requires booster vaccinations is not a notion born of human hubris, to which the answer is probably yes, given the variability of nature [1,2,5]. Was the COVID-19 pandemic deliberately hyped up in order to finally bring the expensive mRNA vaccines and with them the mRNA technology, even if deliberately flawed, onto the market? Billions had been invested in this research for years - now came the opportunity to collect this money worldwide [4,6,11,17]. The COVID-19 pandemic, a welcome “cash cow” for vaccine manufacturers? The massive redistribution of billions of dollars from the middle class to the already billionaire “elite” suggests a clever business model in which politics, the military, and rich corporations or capital pools and foundations are all involved [18-21]. While medicine and the care for the patients, especially the care for the healthy unvaccinated, played a minor role and, moreover, common sense was eliminated (e.g., never before were there asymptotically ill people, i.e., ill people without symptoms) [15,22,23].

COVID-19 mRNA Vaccines: Side Effects

On September 13, 2023, the European Parliament specifically addressed WHO and the global management of the so-called COVID-19 pandemic. At this session, cardiologist Peter McCullough gave his assessment of mRNA vaccines from. It is worth listening to his dramatic appeal. According to Peter McCullough, there are four main groups of side effects:

- i. Cardiovascular disease: Even two years after vaccination was given, cardiac arrests were observed that could not be attributed elsewhere. Furthermore, myocarditis, an accelerated worsening of arteriosclerotic cardiovascular diseases, an increase in myocardial infarctions, increased ruptures in the aorta (aortic dissections) and atrial fibrillation were found [2,15,24].
- ii. Neurological diseases: Stroke (both ischemic and hemorrhagic), ascending paralysis that begins in the lower extremities and can affect the entire body and lead to death (Guillain-Barré syndrome), as well as diseases of the small nerves that can cause numbness, pain and tingling (small fiber polyneuropathy), numerous different neurological disorders such as fatigue, muscle pain, dizziness, tinnitus and other [24-29].
- iii. Formation of blood clots: unusually large and resistant blood clots that cannot be dissolved with conventional drugs and lead to vascular occlusions of arteries and veins with corresponding infarctions (cerebral infarction, myocardial infarction) as well as fatal pulmonary embolisms [25,30,24,29,13].
- iv. Immunological abnormalities, i.e., pathological reactions of the own immune system, which starts to attack the body's own tissues: so-called auto-immune disorders, which are, among others, a characteristic of the so-called “Long-COVID syndrome” [2,15,31,32,33].
- v. If a pseudovirus is surrounded by spike proteins of the COVID-19 virus, the same damage occurs in the lungs and in the blood vessels - right down to the smallest vessels. In other words, it is not the virus itself that initiates heart attacks and brain infarcts,

as well as inflammation in blood vessels, but the spike protein itself - regardless of whether it sits on the outer layer of a COVID-19 or is injected alone [15,25,27,28,30]. The spike protein does not need a replicating virus - it damages cells by docking to the ACE receptor and damaging and fragmenting the cells' mitochondria (the cells' power plants that produce and provide energy) [6,34,22,23,35,36].

Due to the limited scope of this thesis paper, I cannot go into the broad field of the so-called "long COVID syndrome", which should be well known due to the broad discussion in the public. However, it should be mentioned that the post-COVID symptoms are associated with the persistence of circulating COVID-19 spike protein, which has been detected in all organs of the body for months, although it should be degraded within 14 days [2,15,17,22,34].

Abortions, Excess Mortality, and Health Problems 2020 to 2022/23

Supposedly, vaccination of pregnant women is safe. Between 2020 and 2022, there were no more abortions (unwanted early terminations of pregnancy). So: vaccination is safe. So much for the official claims of the authorities [9,14,26,28,29]. The statements about miscarriages after vaccination seem to be confirmed by a corresponding publication in the "New England Journal of Medicine".

However, the Swiss Prof. Konstantin Beck comes to other conclusions, which can be understood in his presentation. According to Prof. Beck, there was a corona baby boom in 2021 with an increase in births of +3%, in 2022, but a baby gap of -8.5%, which varied in different regions of Switzerland - up to -16%. While in 2021 the rate of miscarriages had decreased, in 2022 it increased significantly. In Germany, the number of stillbirths per 1,000 births increased by +20% at the end of 2021. This does not seem surprising, as the Spikevax package insert states the following: "No adequate and well-controlled studies have been conducted on the use of Spikewax in pregnant women [37-39]. Available data on the use of Spikewax in pregnant women are insufficient to inform on the risks associated with the vaccine during pregnancy. It is not known whether Spikevax passes into breast milk [5,10,15,13,25,40]. No data are available to assess the effect of Spikevax on the breastfed infant or milk production or secretion. Therefore, the use of Spikevax in nursing mothers is not recommended" [41-43].

And: the vaccination is "not recommended for breast feeding mothers - but strongly recommended for pregnant women" [5,10,13,15,37,38]. This seems to be a bad joke. It seems to have been "overlooked" that birth precedes breastfeeding. But Swiss-medical accepted this statement! Like so many other things [5,10,37].

The above-mentioned publication of the "New England Journal of Medicine" says that there was no "safety signal" from vaccination in the third trimester of pregnancies [3,5,10,37,38]. However, there are no data on the first and second trimesters of pregnancy, when the risks to the unborn child are high. Furthermore, the journal says, "the most frequently reported pregnancy-related adverse events were spontaneous abortions"[13,23,37,38]. In other words, based on the figures presented, vaccination caused an increase in miscarriages by +73.1%. Based on data in the literature, it must be

assumed that one in 10 miscarriages is caused by COVID-19 vaccination.

Reportedly, there has been no excess mortality among young people in Switzerland. Vaccination for 0-19-year-olds is safe. So much for the official claims of the authorities. This is contradicted by Prof. Beck's data. Between 1997 and 2016, 19-39-year-olds consistently accounted for the smallest share of the increase in health care costs, but from 2021 they accounted for the largest. Hospitalizations of 0-14-year-olds for pulmonary embolism, cardiac arrest as well as cerebral infarctions increased by 125% in 2021 (virus + vaccination) compared to 2020 (virus only). Question: Why do we vaccinate our children? [18,20,44,45].

The official statistics seem to have hidden the excess mortality among young people with statistical tricks by, among other things, summarizing the excess mortality of 0-64-year-olds - and in this the excess mortality of young people is lost [9,12,16,17,44,46]. The fact according to Prof. Beck is that the mortality rate of 20-39-year-olds decreased by 1% in 2021, but increased by 14% in 2022, even though there were no further waves in 2022 with a similarly aggressive COVID-19 wave as at the beginning of the pandemic in 2020. For 0-19-year-olds, a 14% increase in mortality in 2022 is calculated. Authorities deny excess mortality "thanks to" statistical tricks, while the trend of continued excess mortality is statistically significant, according to Prof. Beck. At the very least, the authorities concede that the health problems of young people would have worsened in 2021 and 2022 - when there were no more aggressive virus variants - precisely because of the higher number of unusual events: pulmonary embolisms, cardiac arrest, and cerebral infarctions - events that usually occur in older patients [5,15,26,27,30].

Nobody seems to pay serious attention to the documented excess mortality in the post-COVID period in many countries, which in England and Wales, for example, is reported to be +20.9%. It would be time to provide transparent figures and to honestly analyse the mechanisms, causes and pathophysiological processes of this excess mortality. Battles between vaccine advocates and critical voices that are blanketly denigrated as conspiracy theorists do not help. "Correlation" is a Canadian non-profit organization that conducts independent research on issues of public interest. The group published an extensive study on September 17, 2023 entitled "COVID-19 vaccine associated mortality in the Southern Hemisphere" and calculated 17 million vaccine related deaths out of 13.5 billion injections based on data from 17 countries, i.e., 1 in 470 vaccinated died from vaccination [16,18,32,42,47]. The same group calculated 3.7 million vaccine-related deaths for every 350 million vaccinations in India; a vaccine-related mortality of 0.6% for those over 80 in Israel and 1% for those over 85 in Australia. For those under 45 years of age, vaccine-related mortality is <0.01% [5,14,16,42,46]. The conclusion was that it was reckless to prioritize vaccinating those thought to need the greatest protection [1,10,35,36,41].

Vaccine Companies, Vaccines and Contracts

As mentioned above, the narrative of hastily developed new mRNA vaccines in the face of a new virus is a fairy tale. Based

on years of research, it was also clear to pharmaceutical companies that there was no effective vaccine against coronavirus and that research in this regard had so far been unsuccessful [1,6,8,11,45,46]. The scientific studies on mRNA vaccination in volunteers were either never published, or they turned out to be manipulated [10,22,23,38,48]. Pfizer in particular has had to pay a \$2.3 billion fine in the U.S. for fraud in its own drugs that were brought to market - not a good reputation for bringing mRNA vaccines to market as safe and effective, especially when many billions in sales and profits beckon [1,8,10,13,23].

The spike protein cannot be passed on to the infant with the mother's milk - but it can. The question of whether spike protein can pass through the placenta and reach the unborn is controversial [4,7,8,11,34,41]. However, the spike protein has been identified in the stool of unborn babies. Whether this is protective for the newborn against COVID-19 infection shortly after birth or whether the spike protein causes harm is unclear, especially when one sees the deleterious effects of spike protein in the human hippocampus [1,7,11,34,41,45]. To be sure, the biology of the vaccines and especially of the spike protein is still unclear and so especially the ratio of benefit and harm is doubtful, given the fact that the current COVID-19 variants are less aggressive [11,34,41,42,46,48]. If a loud CAVE (!) is already appropriate for a single vaccination, one should certainly be more cautious about recommending repetitive rounds of vaccination. In fact, one should refrain from doing so altogether until more and better data are available [10,13,23,46,49].

The vaccine manufacturer contracts between the vaccine manufacturers and the individual countries are a particular source of annoyance. Vaccine manufacturers claim that, given the pace at which they have had to develop vaccines, they cannot take responsibility for the negative effects of vaccination [13,22,46,50,51]. One might try to understand this if the acute and rapid development of a vaccine against a new virus were not a fairy tale. On the website of the FOPH one can see the contracts - they are blacked out in large parts - unworthy of a direct democracy. What is there to hide? That the vaccine manufacturers refuse any responsibility for their products? That the Swiss taxpayer has to pay a higher price for the vaccines than the EU citizens? That the vaccine manufacturers cannot be held liable in case of damage and that the taxpayer even has to pay all the lawyer and litigation costs? The full price must be paid even if the vaccines are withdrawn for whatever reason? And that these rules also apply to supplies with vaccines that have been adjusted when a viral mutation occurs?

Latin American countries have accused Pfizer of "high-level bullying" during negotiations over the Covid-19 vaccine, according to a Bureau of Investigative Journalism report released in collaboration with STAT. Government officials from Argentina and another Latin American country, which has signed a confidentiality agreement with Pfizer and therefore cannot be named, have told the Bureau that Pfizer has sought additional compensation for civil lawsuits filed by citizens related to the Covid-19 vaccine. Pfizer reportedly asked the governments of Argentina and Brazil to deposit government assets, including military bases and government

bank reserves, as collateral for possible future litigation costs [22,38,39,54,55]. Well, that fits the Department of Defense (DoD) better than the Department of Health. It simply begs the question, what Pfizer's involvement with the DoD is if these mRNA vaccines are to be used to develop a universal vaccine [22,38,39,44,45]. And why is Pfizer interested in foreign military bases as a compensation asset?

GAVI - The Vaccine Alliance

Anyone expecting transparency as well as political and scientific reappraisal three and a half years after the first positive COVID-19 patient in Switzerland will be disappointed [18,19,20]. There are important unanswered questions:

i. For which purpose and for which services did the Bill & Melinda Gates Foundation donate 600,000 US dollars to Swiss Medic, the Swiss regulatory authority for medicinal products and medical devices?

ii. Why did the Federal Council in 2009 give a plot of land in Geneva and 30 million Swiss francs of taxpayers' money to GAVI, a global vaccine alliance that aims to take care of vaccine programs in developing countries and is also supported by the Bill & Melinda Gates Foundation? Why do representatives of vaccine suppliers and the Bill & Melinda Gates Foundation sit on the board of GAVI?

iii. Why does the Federal Council grant GAVI quasi-extraterritoriality in the agreement? Why do Swiss authorities and the judiciary have no access rights to the GAVI premises and building? Furthermore, why does the Federal Council acknowledge that no one may access GAVI's data? Why does the organization including the foundation board members and GAVI employees receive immunity from jurisdiction from the Federal Council, i.e., they can freely dispose of all assets without any control?

So, our Federal Council has given extraterritorial status to a private organization without democratic legitimacy, without discussion and vote in parliament - a private organization that has been financed by various governments since 2011 with a total of 23 billion dollars of taxpayers' money and is still making more money with this money by hedging, just like the WHO. Isn't it interesting to see that charitable foundations that donate hundreds of millions of dollars, or even billions at one point, still end up richer than before? [8,16,19,21].

GAVI vaccinates not only against COVID and other diseases, but also against poverty, climate change, for affordable green energy, for gender justice and for peace. GAVI even claims that 14 of the 17 so-called Sustainable Development Goals (SDGs) of Agenda 2030 are achievable through vaccination. The Vaccine Alliance was officially launched in 2000 at the Davos Economic Forum and began its work at that time with funding from the Bill & Melinda Gates Foundation. Also involved are the World Bank, WHO, UNICEF and various vaccine manufacturers. The UN's Agenda 2030 is often compared to the "Great Reset" promoted by Klaus Schwab and his World Economic Forum. Fittingly, the UN and WEF agreed to a "Strategic Partnership" in 2019 - just before the pandemic broke out. The 14 globalist goals GAVI miraculously wants to achieve with

vaccination can easily be read. The whole thing looks more like an endless propagation of vaccination - the cash cow for various players to keep up at all costs [18-21,52].

Critical Assessment

Generalities

COVID-19 is a fatal, not to say lethal, conflation of medicine, politics, economics, and military [19,21,53]. The actual goals of this pandemic - whether accidental or deliberately launched - are not transparent. Critical comments and contrary opinions need to be discussed. The mRNA vaccines have resulted in far more and more severe side effects than predicted [6,11,48,54]. The question is whether this could have been known, and if so, why these vaccines were nevertheless so widely promoted, marketed, and almost forcibly injected. mRNA research is not new and there are numerous research projects in the context of cancer therapies, some of which have been successful [8,7,41,46,55].

The question arises whether the previous research on the therapeutic use of mRNA, e.g., in cancer patients, was also as intensively accompanied by the political-military complex as in the context of COVID-19, where the Department of Defense (DoD), the CIA, DARPA, various NATO generals and so on were involved [53,20]. And where in Germany, the storage, transportation, and distribution of vaccines were in the hands of the military, and the Biosecurity Department in the German Ministry of Health has been in the hands of a Surgeon General since the Corona pandemic. In Switzerland, the contracts with the vaccine manufacturers were signed by the top military officer. But first, let us turn to the critical medical issues [19-21,52].

Medical Aspects

The first question is whether mRNA vaccines are necessary at all. The answer is clear: No, they are not. Thanks to "genetic engineering" and biotechnology, individual proteins can be specifically constructed today. A conventional vaccine consists of injecting a toxin, a virus in an attenuated, inactive form, but containing all the proteins of that virus [1,6,34,11,41]. In the late 1980s, however, it became possible to produce proteins in isolation as vaccines (e.g., against hepatitis B). Novavax has chosen this principle for its COVID-19 vaccine, which does not require mRNA. No mRNA would have been needed at all, but the spike protein itself or a protein of the viral envelope could have been used as vaccine [10,20,34,41].

An mRNA vaccine is capable of infecting any cell in the body and forcing it to produce non-human proteins. Any cell that produces protein foreign to the body sends a signal to the immune system: "I have been hijacked". The cell is recognized as foreign and attacked by its own immune system in the sense of an autoimmune reaction [22,23,39,50,51]. This is one of the reasons that there are various toxic side effects in different organ systems. Another reason is the fact that the mRNA that is taken up into the cell, i.e., into the intracellular space, has been chemically modified in such a way that it cannot be degraded quickly - no one knows how long the mRNA remains in the body. There are no studies and no clinical data on this [39,46,50,51].

The mRNA also infects the cells lining the blood vessels: The endothelial cells, down to the smallest vessels. The mRNA transforms these endothelial cells into a spike protein factory, where the spike proteins do not belong. These cause inflammation, which activates various defense systems of the body and can lead to occlusion of the small vessels [11,46,50,56]. The consequences are heart attacks or cerebral infarctions, as they have occurred even in patients aged 0-14 years. No one knows how long the mRNA stays in these endothelial cells and how long inflammation, acute or low flame chronic, lasts [11,43,46,50]. The issue is twofold: what this inflammation does acutely and what the long-term damage of chronic inflammation does to a degree that is difficult to define clinically. As mentioned above, the spike protein damages even without sitting on the outer layer of a replicating virus: the spike protein is a substance that per se, independent of the virus causes these side effects and diseases because it can attach to the ACE receptor of all cells and destroy the mitochondria of the cells [11,23,45,50,51].

The world has gone off the rails in several ways. It is obvious that COVID-19 has infected not only people, but also our direct democracy, and one cannot help but feel that the WHO Pandemic Treaty and the supplemented International Health Regulations are not intended to deal it a definitive death blow. The multiple aspects of the "COVID-19 pandemic" are complex, opaque and intertwined. They are unlikely to be clarified/declared in the remaining lifetimes of both authors, because the truth must not come out. But that is no reason to dismantle our direct democracy and destroy our constitutional foundations. The consequences are obvious: at the individual level, societies fragment, basic human relationships suffer, people complain of physical exhaustion, and there is a sense of disinterest in their work. Fear of failure spreads for systemic rather than individual reasons, and the loss of trust in policy makers intensifies. The feeling that political demands are not in line with the moral compass is intensifying. Selfishness, depolitization of citizens and an overwhelming feeling that nothing can be done anyway is spreading.

The last three and a half years of the pandemic should be transparently reviewed. A detailed, science-based discussion is expected - what worked, what went wrong, and why? The knowledge gained about COVID-19 over three and a half years should be discussed in an open and transparent manner with an eye to the future. Critical questions about vaccine efficacy, side effects and potential long-term harms must be communicated transparently, especially before new "vaccination rounds" are ordered.

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Conflict of Interest

None.

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