Dr. Karina Reiss
Dr. Sucharit Bhakdi

CORONA UNMASKED

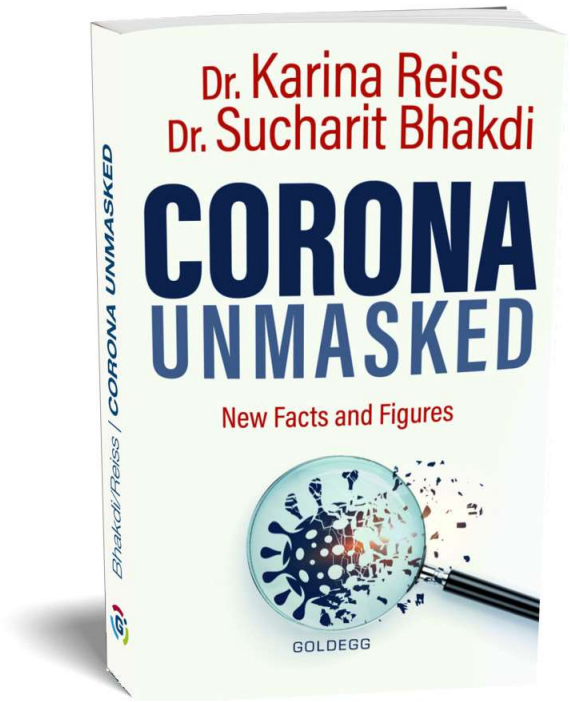
New Facts and Figures

GOLDEGG

This chapter is a preliminary part of the forthcoming book „Corona unmasked“ and is made available by the authors for free download for private use only. To be ordered from the publisher, a bookshop or online.

The authors and the publisher have prepared this work with the utmost care. Nevertheless, any liability of the publisher or the authors is excluded.

Cover: Carolyn Magerle
Foto: iStockphoto/Nastco



German ISBN: 978-3-99060-231-7

www.goldegg-verlag.com

THE VACCINATION CRAZE

This is a pre-publication of a chapter that will be finalized in the forthcoming book «Corona Unmasked« by Sucharit Bhakdi and Karina Reiss.

Will good things come only to those who wait?

Until now, most of the public has accepted and supported the development of vaccines without doubt and hesitation. And rightly so, since vaccinations can save lives. But no vaccination will ever be perfect and free of side effects. Useful vaccines must meet two important requirements: 1. the vaccine must offer protection against a serious or even life-threatening disease; 2. its side effects must be within tolerable and acceptable limits.

On balance, the benefit must be much greater than the risk. Sounds logical, doesn't it? And it is true. Who would get vaccinated against a common cold if this meant taking an incalculable risk of severe side effects?

Furthermore, not every vaccination has to be useful

for every person. Living in Germany, we do not need a vaccination against yellow fever, since it does not occur here.

We already know that COVID-19 puts a clearly defined group of people at risk – namely, those over 70 with serious preexisting conditions. For these people, vaccination against SARS-CoV-2 might possibly make sense. Of course, before such vaccinations could begin, the vaccine's efficacy and potential dangers would need to be examined very carefully. However, the clinical studies conducted thus far have excluded precisely this group of patients, so that efficacy and risks remained unknown before the roll-out of the vaccine.

Does the »killer coronavirus« justify exceptions?

In mid-October 2020, the President of the Robert Koch-Institute (RKI), Lothar Wieler, told the Phoenix television station: "We all assume that vaccines will be approved next year. We don't know yet exactly how they will work, how well they will work, what they will do; but I'm very optimistic that there will be vaccines." He was right about everything. The vaccines are here, and they are being given en masse – yet we don't know if they work, how well they work, or what they do. That is why these vaccines have not been given regular approval by the EU, but only a "conditional approval" for emergency use (1). In the next 2 years, it will be reviewed whether their benefits outweigh the risks. Every

person who gets vaccinated now is part of this huge experiment. But, of course, without any liability! Because with vaccinations under emergency rules, the manufacturers make no guarantees whatsoever – in case of serious reactions, or even in case of death, they are free from any liability.

Especially for completely novel, gene-based vaccines such as the mRNA vaccines against SARS-CoV-2, a careful study of the possible risks would be particularly important, because according to the current state of scientific knowledge, a variety of severe side effects are conceivable.

It is thus all the more astonishing that meaningful studies on the efficacy and safety of these novel vaccines do not exist at all – but at the same time, these same vaccines have already been pre-ordered by European governments for the population in huge quantities. Nor were such studies feasible within the short time available. Three pharmaceutical companies were at the forefront of the mad race for the highly lucrative emergency approval: AstraZeneca with its DNA vector vaccine based on an adenovirus, and Biontech/Pfizer as well as Moderna with their mRNA vaccines. On December 21, 2020, the EU Commission approved the Biontech/Pfizer vaccine, followed shortly thereafter on January 6 by approval of the Moderna vaccine; and on January 29, AstraZeneca received EU approval, too. While careful clinical testing of a new vaccine was previously known to take at least 7–10 years, the whole process has now been shortened to mere months. Could reliable data be on the table in such a short time, so that

the public could weigh risk versus benefit? Of course not. Nevertheless, everything was accepted and bought sight unseen by the authorities in Europe. In contrast, the Indian health authorities said NO to the Biontech/Pfizer vaccine because the safety of the population was not guaranteed (2).

Do current vaccines protect against severe SARS-CoV-2 infection?

As a matter of fact, a protective effect against severe and possibly life-threatening COVID-19 disease could not be shown in monkey models with any of the vaccines (3–5). All of these trials faced the same crucial problem: infected monkeys never became severely ill, either with or without vaccination (6). The monkeys can model infection, but they cannot model the dangerous form of the disease.

What do the human trials say?

Mainstream media jubilantly spread the press releases of the companies without ever asking any critical questions. Thus, from the media we learn that the protection afforded by the vaccines is simply great – with Biontech/Pfizer the level of protection is even 95 percent! That sounds great – bring on the vaccination!

But how do these numbers come about, knowing that healthy people very rarely get life-threatening COVID-19?

In fact, among the 40,000+ test subjects of the Bi-

ontech/Pfizer study (7), just 170 COVID-19 "cases" occurred (about 0.4%). Of these, 8 occurred among the vaccinated (1x severe), whereas 162 in the unvaccinated control group. The 8 cases in the first group equal 5% of the 162 in the second – therefore, 95% protection!?

Considering this small number of cases overall, the evidence must be described as plainly ridiculous from a scientific point of view. Moreover: how did this study define a "COVID-19 case" in the first place? Aha: symptoms like cough, cold, hoarseness and a positive RT-PCR test, which is extremely unreliable, as everyone knows by now. So, what we have here is a vaccination that might possibly prevent cough, cold, hoarseness in 0.7% of the vaccinated. For this breathtaking achievement, hundreds of vaccinated people had to accept severe side effects, some of which led to hospitalization.

The situation is no better for the other vaccine manufacturers. Accordingly, Professor Peter Doshi, writing in the prestigious British Journal of Medicine (8), complains: *"None of the studies currently underway are designed to detect a reduction in severe outcomes in terms of hospitalization, admission to intensive care units, or death.«*

How great is the benefit of vaccination, especially for the group most at risk from the infection? No one knows. Thereby, the justification for the conditional approval is the demonstrated prevention of serious or even deadly events. The conditional approvals for all gene-based vaccines were thus made without any basis whatsoever.

The human trial continues, and everyone who is now enthusiastic about being vaccinated is taking part.

Does the vaccine prevent infection and thus the spread of the viruses?

A widely proclaimed goal of vaccination is not only to prevent COVID-19 disease in the vaccinated persons, but also to prevent the spread of the virus in the population. Already in kindergartens and elementary schools, children are taught that they could unknowingly kill their grandparents because they carry the viruses without being sick themselves. To prevent this, everyone should be vaccinated, including the children. Does this make sense – can a vaccination prevent an infection at all?

Let us start with the first question: does it make sense to try to prevent the spread of viruses that are of little danger to most people in order to supposedly protect a risk group?

First, some basics. Did you know that 90% of Germans carry herpes viruses around without realizing it (9)? The viruses only become noticeable when the immune system is weakened, for example during other infectious diseases, fever, or stress. Strictly speaking, we all carry an astonishing number of possible pathogens onand inside our bodies – yet we are healthy. Coronaviruses have also been known to be carried around by people for decades without causing symptoms. In

the past, these people were called "healthy," and nobody paid any attention to them. Today, they are deemed "asymptomatically infected" and therefore highly dangerous. However, we now know that the same is true for SARS-CoV-2: people without acute symptoms will not spread the severe disease COVID-19 in public (10–12).

When we do develop symptoms, this is a sign that the viruses have found a chance to become active, and also that our immune system has entered the battle. If there is no cough, cold, hoarseness, etc., it means that our body is keeping the viruses at bay from the start. The viral load that a person can release into the outside world without symptoms is too small to endanger other people in public. Therefore, the plan to vaccinate the entire population is a delusional and insane undertaking.

Let us turn to question 2: could the vaccines prevent the spread of SARS-CoV-2 viruses at all? The RKI states that this question is completely unresolved so far (13). To find out, one would have to examine whether 1) vaccinated people can still get an infection and whether 2) in this case, the amount of virus present is sufficient to infect others.

AstraZeneca alone made headlines with the news that vaccinated people were significantly less contagious. However, on closer inspection, it is blindingly obvious that once more no data exist to draw this conclusion. The study in question only looked at part 1 of the question: how many more people get an infection after being vaccinated. How was this checked?

The only criterion was positive RT-PCR tests (14). Now even the WHO says that the PCR test alone is not enough to diagnose an infection (15). So what is the the unsubstantiated claim worth that the spread of infection was massively reduced by the AstraZeneca vaccine? NOTHING.

Anyone who has the slightest idea about infections and immune defense also knows that the mechanistic concept for the SARS-CoV-2 vaccination which is presented to the public is amateurish and naive from the start. The antibodies induced by the vaccination will circulate for the most part in the bloodstream. For an analogy, readers may imagine that they themselves are such antibodies, sitting together in the living room – which represents a blood vessel of the lungs. Now the virus comes to the house – not bothering to ring the bell, it just grabs the door handle and steps into the hallway: the lung cell. How could you possibly stop it from doing so, while sitting in the living room? You can't.

Antibodies can basically only help prevent the further spread of an intruder through the bloodstream. But that is not the primary protection against an attack from the air against the lungs. And that is precisely why there is no truly effective vaccine protection against respiratory infections, including influenza.

If the benefits of vaccinations are more than questionable, what about the risks?

We read in the mainstream media: mRNA vaccines are not new after all. That is true, but they have NEVER been used on humans to fight a viral infection. And humans have never been inoculated with recombinant viral genes, in the form of either DNA or mRNA.

Accordingly, the vaccinations were under a dark cloud from the outset. With all three gene-based vaccines, disturbing immediate side effects were noted – but carefully hidden from general awareness: severe swelling and pain at the injection site, high fever and chills, severe headache, limb and muscle pain throughout the body, diarrhea, nausea, vomiting. Many vaccinated people were so sick that they were unable to work. In the AstraZeneca study, the side effects were so bad that the study protocol had to be changed halfway through: in the later stages, study participants received high doses of the pain- and fever-relieving drug acetaminophen in order to make the vaccination reasonably tolerable (16). Such changes of protocol in the middle of a study are actually not permitted at all. Why was an exception made here?

But that is not all. The AstraZeneca study was interrupted in July and September 2020 because of the occurrence in vaccinees of an extremely rare autoimmune disease, which affects the spinal cord (17). "Transverse myelitis" is associated with paralysis and normally occurs at the very low frequency of approximately 3 per 1 million population, every year. It is surprising,

then, that 2 such cases occurred among a relatively small number of vaccinated individuals. AstraZeneca announced days later: calm down people, the first test person had incipient multiple sclerosis, the second case was purely an unfortunate coincidence. The show will go on! And so it did – AstraZeneca continued to forge ahead. But not only AstraZeneca – so did everyone else. The Biontech/Pfizer vaccine caused acute facial paralysis in 4 participants, and Moderna vaccine in 2, without the cause having been clarified (18). The prevailing attitude was, apparently: Why bother with such details if the race is on to save the world's population from ruin, for better or worse ?

Comparable events occurred with competitors Moderna and Biontech/Pfizer. With both vaccines, volunteers suffered similarly severe general side effects. *This sentence might be moved up to the discussion of general febrile reactions to the AstraZeneca vaccine.*

Such a variety of immediate side effects has never been observed with any other vaccination. In America, when comparing the number of reported side effects of different vaccines over the 2 last years, the COVID-19 vaccine already comes out on top, although it was approved only in December 2020 (19).

Is the mRNA vaccine dangerous?

«No« is the answer that is spread everywhere. This is because 1) the vaccine introduces into our body only

the information for a small part of the virus, for the so-called spike protein, which means that there is no intact virus that could propagate, and 2) the vaccine only imitates what Nature, too, would do. Intact viruses also release their genetic material into our cells when they attack, turning our cells into virus factories. So, no problem there at all, right?

Far from it. A natural respiratory infection typically affects only the respiratory tract itself. If, at worst, cell death occurs, the damage is local and can be repaired relatively easily.

With a vaccine, however, the viral genetic information is injected into the muscle. Many believe that the packaged viral genes remain at the site of injection – that is, within in the muscle. The genes would be taken up by cells at the site, which is where most "virus factories" would be created. Side effects such as swelling, redness and pain at the injection site would be expected because of this, but they would remain relatively harmless and go away after a few days.

What a fatal mistake!

The virus genes in the Moderna and Biontech/Pfizer vaccines are packaged in so-called nanoparticles – which can be thought of as tiny packages, not made of paper, but of fat-like substances. This protects the contents and makes it easier for them to be absorbed by the cells of our body. The packaging itself causes a risk of severe allergic reactions that is many times higher than with conventional vaccines (20). It is thus not without reason that people with allergies are now being warned not to get vaccinated – life-threatening reactions

(anaphylactic shock) could be triggered. In fact, such dangerous side effects did occur in some vaccination volunteers, who required emergency treatment. In addition, nanoparticles can have numerous other harmful effects because they can interfere with the function of our blood cells and clotting system (21).

But it gets infinitely worse. It is part of basic medical knowledge that all soluble substances injected into muscle tissue enter the bloodstream and are distributed throughout the body within a very short time. This is precisely why substances that are supposed to act immediately are injected into the muscles.

It is known that the injected gene packets also enter the bloodstream (22). Which cell types will take them up, process them, and then produce the virus protein?

The answer to this is not known with certainty. We are now witnessing large-scale experiments on humans. This is absolutely irresponsible, especially since there was reason for caution from the beginning. The potential dangers from the "packaging" were already known. More significantly, however, alarming antibody-dependent enhancement – in this case, the antibodies do not prevent uptake of the virus into cells, but rather enhance it – has been observed in animal studies on SARS and other coronaviruses (23, 24). In the decades-long, yet futile effort to develop vaccines against SARS or MERS, this enhancement effect was repeatedly observed, as one among problem among many others (25). With this in mind, should not animal studies have been conducted to clearly rule out this effect for SARS-CoV-2? Physicians who do not alert those willing to be

vaccinated to the risk that vaccination could make the disease worse, not better, are in violation of their duty to inform (26).

And more seriously, could the inoculation of viral genes trigger other novel immune-related enhancement effects? Shouldn't such very elementary things have been considered and tested beforehand?

As a reminder, lymphocytes have a long-term memory – they remember what the «molecular garbage« looks like that is produced in Coronavirus infections. And corona garbage looks pretty much the same no matter which member of the virus family it is derived from. All humans have had training rounds with coronaviruses, and thus they have lymphocytes that will recognize SARS-CoV-2 garbage. People without in-depth knowledge might counter that these cross-reactive killer lymphocytes were detected in only 40–70% of old blood samples, and they reacted only weakly against SARS-CoV-2 (27, 28). However, it is known that only a small proportion of all lymphocytes are in the blood at any given time. The others are just taking a break and resting in the lymphoid organs (including the lymph nodes).

Here, we note an exciting finding: In April 2020, Swedish researchers reported that they had discovered something truly remarkable. Activated and combat-ready T lymphocytes were found in the blood of all people (100%) infected with SARS-CoV-2, regardless of the severity of the disease (29).

This finding is a clear, unmistakable warning.

For context: during an initial confrontation of the

immune system with a virus, the lymphocyte response will be sluggish. Rapid, strong reactions such as that documented by the Swedish team reveal that forewarned troops are already at the ready and can be mobilized on short notice. They will swarm out of the lymphoid organs to fight the enemy. Their main task: extermination of the virus factories – death to the body's own cells that produce the virus particles.

And now back to the new reality: the large-scale experiment on humans. The injected gene packets are taken up locally in muscle cells, but a large part reaches first the local lymph nodes and, after passing through these, the bloodstream. The lymph nodes are where the immune cell team resides. When the viral gene is taken up by any cell there, production of the spike protein gets underway. The corona killer lymphocyte next door wakes up and springs into action – the brotherly battle begins! Lymph node swelling. Pain. The lymphocytes psyche each other up and then emerge from the lymph nodes to seek out more enemies.

Yes – over there – the muscle cells! There they are!!! Attack!!! At the injection site redness, swelling, bad pain.

But now the nightmare.

This is because the substances with small molecules – for example, blood sugar – can easily seep out of the blood into the tissue, whereas large molecules such as proteins cannot. For them, the vessel walls are tight thanks to the lining with a cell layer – the endothelial cells.

What are the gene packages like – large or small?

Right – compared to blood sugar, they certainly are large. Therefore, once they enter the bloodstream, they will remain in the closed network of vascular tubes just like the blood cells. A small part of them is taken up by white blood cells. Presumably, however, most of the virus factories will be established in the endothelial cells, that is, in the innermost cell layer of the blood vessels themselves. This would happen mainly where the blood flows slowly – within the smallest and smallest vessels – because the gene packages can be taken up particularly efficiently by the cells there (30).

The endothelial cells then produce the viral spike protein and place the waste at the door – on the side that faces the bloodstream, where killer lymphocytes are on patrol. This time, the fight is one-sided. The endothelial cells have no defense.

What happens then can only be guessed at. Injury to the vascular lining usually leads to the formation of blood clots. This would likely happen in countless vessels in countless places in the body. If it happens in the placenta, severe damage to the child in the womb could result.

Shudder.

Is there evidence that something like this is taking place? Yes, there is talk of rare blood disorders in which a possible link to vaccination would have to be investigated (31). Strikingly, there are reports of patients in whom a sharp drop in blood platelets (thrombocytes) was observed. This would fit the hypothesis put forward here, because platelets are activated and used up at the sites of blood clot formation.

Could you check if the assumption is correct? Yes. Laboratory findings provide immediate information on whether blood clotting is underway. Autopsies could clarify whether clots have formed in the small vessels. And in the meantime, consideration could be given to whether anticoagulants should be administered to patients as a preventive measure. The administration of cortisone preparations to dampen lymphocyte activity might also be worth considering.

There currently is a continuous stream of reports on deaths happening worldwide in close temporal connection with the vaccination. Officially it is said, of course, that the vaccination has nothing to do with these deaths. It is almost all older people with numerous preexisting conditions, who would have soon departed this world anyway. If that should be actually so, probably no thinking and sympathetic humans can fathom why these poor people still had to be inoculated with a poorly characterized vaccine such a short time before their natural deaths.

What could cause death in a frail person hours or days after vaccination? Several effects are conceivable.

1. stress from the vaccination itself; allergic reactions.

2. autoimmune attack. Lymphocytes are also operational in old age. In elderly people with preexisting disease, the attack on the virus factories could be the straw that breaks the camel's back.

3. It becomes somewhat more complicated when a simultaneous infection with the SARS-CoV-2 also comes into play. In several nursing homes, there have

apparently been COVID-19 outbreaks just in the days after residents were vaccinated. Funny, funny – up until that point, there had been hardly any cases in the entire area, and all hygiene measures had been followed. There were outbreaks even after the second injection of the vaccine (32,33), a clear and expected indication that vaccination does not protect against infection.

I think here one must distinguish between patients with an without preexisting latent infections – it is conceivable (though unlikely) that those without infection are protected, whereas those with the infection are killed.

What is more, it seems that particularly the vaccinated are dying. Is this perhaps the immune-related exacerbation of diseases we have reason to fear? Not caused by antibodies, but by activated killer lymphocytes? And couldn't this happen at any time to anyone vaccinated – tomorrow, the next day, next week, next fall? Because lymphocytes have an elephant's memory. And they recognize something that looks similar in all coronaviruses: the molecular garbage that is produced by the virus-infected cells. That is, the lymphocyte-induced exacerbation of disease progression could arguably occur with any infection with a related virus. In any "successfully" vaccinated person – young or old – and at any time in the near or distant future.

Conclusion

Gene-based vaccines received emergency approval at lightning speed to combat a virus that is no more dangerous than influenza (34). There is now clear evidence that people can become severely ill and die from these vaccinations. No real-world benefit of vaccination has ever been shown. Until reliable and convincing data are available, this high-risk human experiment must not be allowed to continue.

References

(1) www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information_de.pdf
(2) https://m.dw.com/en/india-pfizer-withdraws-covid-vaccine-application-for-emergency-use/a-56462616
(3) https://www.biorxiv.org/content/10.1101/2020.12.11.421008v1
(4) https://www.nejm.org/doi/full/10.1056/NEJMoa2024671
(5) https://www.nature.com/articles/s41586–020–2608-y
(6) https://science.sciencemag.org/content/368/6494/1012.long
(7) https://www.nejm.org/doi/full/10.1056/NEJMoa2034577?query=featured_home
(8) https://www.bmj.com/content/371/bmj.m4037
(9) https://www.bmbf.de/de/90-prozent-der-deutschen-tragen-die-herpes-simplex-viren-vom-typ-1-in-sich-4310.html
(10) https://pubmed.ncbi.nlm.nih.gov/32453686/
(11) https://www.nature.com/articles/s41467–020–19802-w

(12) https://www.nature.com/articles/s41591-020-1046-6
(13) https://www.rki.de/DE/Home/homepage_node.html
(14) https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3777268
(15) https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05
(16) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7445431/
(17) https://www.aerztezeitung.de/Nachrichten/AstraZeneca-stoppt-Corona-Impfstudien-412708.html
(18) https://www.rki.de/DE/Content/Infekt/Impfen/Materialien/Downloads-COVID-19/Aufklaerungsbogen-de.pdf?__blob=publicationFile
(19) https://wonder.cdc.gov/
(20) https://www.nejm.org/doi/full/10.1056/NEJMra2035343
(21) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6829615/
(22) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6383180/
(23) https://jvi.asm.org/content/85/20/10582
(24) https://www.jstage.jst.go.jp/article/jvms/60/1/60_1_49/_article
(25) https://jbiomedsci.biomedcentral.com/articles/10.1186/s12929-020-00695-2
(26) https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13795
(27) https://www.researchsquare.com/article/rs-35331/v1
(28) https://doi.org/10.1016/j.cell.2020.05.015
(29) http://dx.doi.org/10.1016/j.cell.2020.08.017
(30) https://onlinelibrary.wiley.com/doi/abs/10.1002/adma.201906274
(31) https://www.nytimes.com/2021/02/08/health/immune-thrombocytopenia-covid-vaccine-blood.html
(32) https://www.br.de/nachrichten/deutschland-welt/geimpfte-altenheim-bewohner-positiv-auf-corona-variante-getestet,SOLqrXv

(33) https://www.welt.de/vermischtes/article225923129/Landkreis-Osnabrueck-Trotz-zweiter-Impfung-Ausbruch-von-Corona-Variante-in-Altenheim.html
(34) https://www.who.int/bulletin/online_first/BLT.20.265892.pdf