Thoughts and new data on vaccination, lockdowns and other oddities in the Covid-19 debate

The highest good is health, they say. I am not sure if that is true. More precisely, whether this sentence is true probably depends on how we define health. Common definitions assume the absence of disease. More recent thinking tends to suggest that one can live well even with illness, provided one can do what is important. Perhaps, above all, a certain freedom is necessary for this? Namely, freedom from fear – which usually prevents us from doing what we would like to do. Freedom from material worries – which also restrict you a lot. Freedom from worries about the future – which are not exactly helpful either. So maybe freedom is at least as important as health, or more precisely, an important aspect of health? How would we characterize a person who is physically healthy in a cell awaiting the execution of his death sentence, even though he may have been innocently convicted? Healthy? Suffering? That, too, may not be so easy to determine.

With this little thought experiment, I am pointing out that the much-used practice of setting values against each other is not helpful. You cannot set health against freedom and vice versa. The “either-or” style of thinking, as I have often pointed out, almost always leads astray when it comes to complex questions. For the “either-or” that we know from the two-valued, Aristotelian logic which computers use, only helps in solving very firmly defined questions that can be described within a framework of propositional logic. The deep questions of life are usually more complex and require a style of thinking that is inclusive, or dialectical, or perhaps complementary. [1]. In other words, a style of thinking that is capable of thinking about and is somehow including the opposite and thus finding either something new or a synthesis.

Therefore, the simplistic view is also useless: either someone is in favour of the SARS-CoV2 vaccination because they understand that the Corona virus is a danger to all, or they are against it and therefore a Corona denier, a danger to the public, and a liar. One can believe the Corona virus is real, a medical problem, the disease it causes potentially dangerous to those who get it, and still oppose the current vaccination campaign. And not because one ignores the disease, but because one sees that these vaccinations are anything but safe and effective. That would be my personal opinion, now, for example. I sometimes deliberately go further to contradict the prevailing narrative, than I would if I saw more reason and balance in the public discourse. I do this simply because I think it is important that counterweights are created so that in the aggregate there is a chance of balance.

I take the same view of the blanket condemnations of “conspiracy theories” as a priori and always wrong. My colleagues Andreas Anton and Alan Schink have recently published a very

differentiated book on this subject, which I can only recommend to everyone. [2]. In some cases, there are clearly conspiracies, i.e. secret agreements, which often only become visible at a late stage. This was clearly the case, for example, with the triggers that led to the first Gulf War and the second Gulf War. [3]. And there are probably several more. That is why it is also foolish to introduce public bans on thinking via media bashing, fact-checking and "ordre de mufti".

For example, the statement that the corona virus came from a laboratory has long been considered a "conspiracy theory". Personally, it has been clear to me for a long time that this framing is wrong, and gradually the public discourse seems to be tipping over and proving Dr. Wiesendanger right, who argued for the laboratory hypothesis very well a while ago [4]. Those who cried "conspiracy" at that time should have only looked at the scientific literature ("follow the science!" is a popular outcry). For as early as April 2020, French researchers had presented clear evidence that the virus comes from the laboratory. [5] I have been doing an interview study since the middle of 2021. All the experts I have talked to have confirmed this version. Kennedy, in the book I reviewed in my last blog, presented evidence showing that it had been clear, since as early as February 2020, to all those involved who subsequently claimed the opposite, including Christian Drosten, that the virus came from the lab [6]. Conspiracy?

Is everything that happens in the Corona crisis therefore "conspiracy"? Probably not. Again: "Either -or" is not a good cognitive heuristic (i.e. a search strategy) to help us find the truth. We are probably dealing with a complex mix: Stupid coincidences and accidents, bad reactions, a few free riders who quickly decided to create collateral benefits and then promoted disinformation campaigns to increase their own chances of success. So, you don't have to assume that the entire Corona crisis was planned to see that there is a lot going wrong here. For me, the collateral beneficiaries include the producers, applicants and distributors of the so-called vaccines. Also, vaccinations cannot be treated with the categorical either-or – either one is for vaccinations, so one must also be for this SARS-CoV2 vaccination, or one is against it and is then an "antivaxxer". I, for example, have a differentiated attitude: I find some vaccinations very useful and have had them, others less so. I consider this SARS-CoV2 vaccination to be medical nonsense. The side effects are likely to outweigh the benefits.

A colleague who was already researching such m-RNA vaccines 15 years ago, at that time to fight cancer, told me that the principle was not pursued further. Not because it didn't work, but because the production of the target substances could not be controlled. What was true then is still true today: nobody on this earth can control how many spike proteins are produced. Sometimes there might be a few, sometimes just the right number, and sometimes far too many. An analysis by Craig Paardekooper shows that the side effect

potential is very much dependent on the respective batches (https://howbadismybatch.com/pfizertoxicity.pdf). This does not necessarily lead to the theory that vaccination is a bioweapon, as Paardekooper does. But one can see that on a favourable reading there is a lot of variation in the batches, whether intentional or due to sloppiness is difficult to decide. As far as I know, the batch size is not known and fluctuates, so it is difficult to interpret this information at the moment.

Risk and benefit of vaccinations

We have just published a small "Letter to the Editor", in which we point out that our analysis from the summer still stands and is correct. At that time, we calculated: we prevent about 6-8 deaths with Covid-19 vaccination in 100,000 vaccinations and we have to expect 4 deaths. The study came under fire and was withdrawn from the journal; we republished it after a new review process. [7, 8]

The 6-month study by Pfizer has been published for a while now [9]. We point out in our letter that there, in the table in Supplement S-4, the deaths are mentioned, namely 15 in the BioNTech group, 14 in the placebo group. If we take only the deaths associated with Covid-19, two participants died in the placebo group and one in the BioNTech group. Because there are about 20,000 people per group, we can therefore calculate that for every 20,000 people vaccinated, one less person in the vaccination group dies of Covid-19-associated diseases (we disregard the fact that one more dies of other diseases). From this we can calculate: for every 100,000 complete vaccinations, we save 5 lives. If we look at the Adverse Reaction Database, in this case again the Dutch LAREB, we see: 2 deaths are currently associated with 100,000 vaccinations. We disregard the fact that in the study "vaccinated" actually means: received 2 vaccinations. Because if we did that, we would be contrasting 5 deaths prevented by vaccination with 4 deaths associated with vaccination, not 2 (because the ADR databases always extrapolate to individual vaccinations, not to fully vaccinated).

But even if we compare 5 lives saved with 2 vaccine-associated deaths, the risk-benefit ratio is poor. This is because it does not include: the side effects, some of which are severe, the fact that among the dead as a result of the vaccination there are more young people, including children, who would have had little to fear from the disease. This does not include the fact that vaccinations reduce natural immunity and thus increase the risk of other infections and immunological weakening in the long term, for example through the recurrence of cancer or other problems. Because we will only be able to assess these long-term consequences if we look long enough. And that is exactly what was *not* done before the emergency approval was given.

We had previously sent the letter to another journal. They replied that the analysis was "*superficial*". I asked the editor to tell me what was superficial about it. He wrote back that what we were asking for, namely a Europe-wide, active safety monitoring study, already existed. He sent me four links. These links led to three studies that also demanded what we demanded, only a few years earlier and in general, and one link to a Europe-wide active efficacy monitoring study (https://www.ecdc.europa.eu/en/publications-data/interim-analysis-covid-19-vaccine-effectiveness-against-severe-acute-respiratory). However, this "efficacy monitoring" obviously does not include active safety monitoring. One may confidently ask: Why? What would be a really well-founded, rational reason to omit such careful documentation of side effects for a pharmaceutical product that introduces a completely new mode of action that has never been used before in the history of medicine and for which we have no, in numbers 0, empirical data? I am too unimaginative to think of a good reason, and so far none of my readers has been able to give me one. And I do talk to people who don't agree with me from the start.

One of my interview partners told me: the cationic nanolipid particles in which the mRNA is packaged has no monograph, i.e. it is not approved as a drug. Again, here is a novel pharmacological principle that is not really controllable in the final dose it produces, introduced into the body by means of a product that does not have drug approval, because it is dangerous itself. Is that useful? Sensible? Without alternative? Unproblematic? Basis for a legal foundation for compulsory vaccination?

So is this a "conspiracy"? A silent collusion to push through the vaccination technology, the m-RNA platform, with all available force, and thus to have it introduced once, so that it will be available more quickly for other purposes later? Perhaps. That would be conceivable from my point of view. Is it an agreement to avoid possible damage claims? According to the motto: Close your eyes and get through as fast as we can…? The head of the European Medicines Agency, Emer Cooke (https://www.ema.europa.eu/en/news/emer-cooke-nominated-new-ema-executive-director), is a former lobbyist for the pharmaceutical industry (https://www.epochtimes.de/politik/ausland/ema-praesidentin-emer-cooke-war-jahrelang-lobbyistin-der-groessten-europaeischen-pharmaorganisation-a3486580.html). Whose well-being she has in mind above all, I think it is safe to ask. Conflict of interest and a good portion of confirmation bias may explain the situation sufficiently.

In any case, we are currently experiencing an unparalleled fear campaign. Whoever does not get vaccinated is endangering the well-being of the population. He is selfish and contributes to maintaining the status quo and the pandemic, they say.

The data, however, do not support this narrative. It is not only our analysis that is not particularly kind about the risk-benefit profile of the preventive gene therapy called Covid-19 vaccination. A very sobering compilation of some recent studies, published in Lancet Infectious Diseases, concludes that one of the main arguments for vaccination is simply wrong, especially for compulsory vaccination, namely that it would slow down the transmissibility of the disease [10]. Because vaccinated people transmit the infection just as much as unvaccinated people. So once again: vaccination does not prevent the infection from being passed on to others. Therefore, it does not slow down the spread. Therefore, the main argument for compulsory vaccination is invalid. So here, clearly: Compulsory vaccination cannot be justified by scientific data. Only by political willpower. That can be done. But then you should say so and not "science" where you mean "manipulation".

A recently published analysis shows the problems these vaccinations can trigger at different levels [11]. One of the co-authors, McCullough, is one of the most respected cardiologists in the USA. He has published the "Early Treatment Protocol" [12] which we presented in more detail in our MWGFD analysis (https://www.mwgfd.de/das-mwgfd-corona-ausstiegskonzept/). He is one of the most widely published physicians, with over 600 peer-reviewed publications. On the one hand, the authors' analysis is based on the known pathophysiological mechanisms and shows how they interact. In very global terms, the m-RNA vaccines work by temporarily suppressing natural immunity. Sahin, the head of BioNTech, even published this himself years ago. [13] This fact has been known for a long time and is the principle of this technique. [14] Without this temporary suppression of natural immunity, the immune system would simply eliminate these substances. This suppression of immunity can lead to problems we are currently not aware of. In addition, the DNA repair mechanisms are disturbed. [15]. And on top of that, the cationic lipid nanoparticles in which this modified mRNA is packaged, even without containing anything in them, are highly inflammatory. [16] The analysis by Seneff, McCullough et al. calculates, towards the end of the article, that the deaths reported in the US Vaccine Adverse Reaction Database in association with the new SARS-CoV2 genetic prevention substances are about 100 times higher than those of all other vaccines combined (the extrapolation is mine; one has to compare the number of reports associated with the Covid-19 vaccines with the number of cases of the other vaccines normalized to the duration of the observation period; and that is what I have done with this extrapolation). Cancer, especially lymphoma, is about 60 times more common. Other side effects, especially cardiovascular problems, temporary haemophilia ("thrombocytopenia", i.e. a drastic decrease in platelets needed for wound closure), facial paralysis and other problems. They conclude what we also did in our analysis:

"It is imperative that worldwide administration of the mRNA vaccinations be stopped immediately until further studies are conducted to determine the extent of the potential

pathological consequences outlined in this paper. "(p. 21)

All this shows: compulsory vaccination cannot be justified, neither scientifically nor politically. This is also the conclusion of a legal opinion by Prof. Boehme-Nessler of the University of Oldenburg: Compulsory vaccination is unconstitutional (https://individuelle-impfentscheidung.de/fileadmin/Downloads/Gutachten_Corona-Impfpflicht_final.pdf)-.

If you want to find out which vaccine side effects are reported and how many, you can find up-to-date data and a small calculator (https://www.impfnebenwirkungen.net/rechner/impfrisiko.html) on the website impfnebenwirkungen.net (https://impfnebenwirkungen.net/). With this calculator, you can enter your fear level, i.e. your assessment of how likely you think it is that you will contract a dangerous Covid-19 disease, as an a priori probability into a kind of Bayesian calculator and then find out whether the risk of a vaccine side effect or a Covid-19 disease is greater. For most people below my age group of 65, vaccination gives no advantage, on the contrary: the risk of dying from vaccination is higher than the risk of dying from Covid-19.

Of course, not everyone who is vaccinated will experience these drastic side effects. But too many do. Just as not everyone who gets sick with Covid-19 dies. But the perfidy of the public debate is: in one case – Covid-19 disease – the argument is mainly based on individual cases – here a person who died, there a child who fell ill, there an old people's home with 10 people who fell ill. In the case of vaccination problems, reference is made to poor blanket statistics. Jessica Rose estimates that the VAERS database underestimates the potential for side effects by 31%. [17]. I think that's rather low. I have yet to hear or read a single good argument that refutes this estimate.

Review of the "measures" and mandates

Even the policy-makers' favourite actions to pursue "zero-covid policy" – non-pharmacological interventions (NPIs) such as lockdowns, mandatory masks and the like – have recently received a clear, and it seems to me quite definitive, rebuff. A very careful meta-analysis and systematic review from the Johns Hopkins Institute of Applied Economics screened 18,950 studies and, after several passes, included 34 studies and accounted for 24 in a meta-analysis (https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf). [18] By definition, all modelling studies were excluded. The studies were analysed in three groups: There are those that looked at the so-called "policy stringency index"; this is an index adapted weekly by the Institute of Politics at Oxford University that measures the stringency of policy action in a standardised

index per country, ranging from zero to 100. These Policy Sringency Index studies found that lockdowns in the US and other countries around the world reduced Covid-19 related mortality by 0.2%; so really: not at all. One study, which was methodologically weaker, comes to a drastic reduction in mortality of 35%, all others are close to zero. If one calculates a so-called precision-weighted mean value that takes the size of the studies into account, the mean value of the mortality reduction is 0.0%.

The next type of study is the so-called “shelter in place” study. This means that strict curfews were investigated. These studies conclude that curfews slightly reduced mortality, by 2.9%. If one uses the precision-weighted mean, the analysis comes to the conclusion that such curfews actually increased the Covid-19 mortality, namely by 3.7%. The range of these studies is very large. Especially the small studies find strong effects, the larger ones do not.

Other measures also have little effect: Closure of borders has no effect when taking the precision-weighted averages; presumably because they came too late in each case. Lockdowns are most likely to have slightly increased mortality (by 0.6-1.6%). School closures have a minimal effect of 4.4% mortality reduction. However, this is driven by a single study, which is very small.

Face masks show effects and reduce mortality by 21%. However, this effect is mainly due to a study that investigated the use of masks in the workplace. The authors refer to the Cochrane review by Jefferson and colleagues, which I have also mentioned several times before [19]. They found a slight effect on influenza viruses in high-risk situations in hospitals, but the evidence is not good. According to the authors, it could be that face masks have indirect effects and reduce mortality because they would be a tax on social contacts and thus reduce them.

Business and restaurant closures are the most likely to work. They reduce mortality by 10.6%. The authors also point out that one would have to balance these effects with other effects: lockdowns harm many – in the poor countries of Africa and South America, it is mainly the poor who are affected, who lose their livelihoods – and thus secondarily increase overall mortality, for example when necessary medical care is not provided, when people lose jobs and become desperate.

In this respect, the last word has probably not yet been spoken. Because the only thing that will show us in the end whether the political measures were helpful or harmful is an analysis of the total mortality. Such an analysis will probably only make sense towards the end of 2022, when one can compare a Covid-19 year without vaccination with two with vaccination and the other years before that. In any case, the analysis of my colleague Christof Kuhbandner from Regensburg suggests that there is a clear mortality increase in general mortality in the temporal context of the Covid-19 vaccinations in Germany [20].

Kuhbandner's analyses are undoubtedly preliminary and purely visual. They need to be repeated with a larger database across many countries. But this first analysis does not give me much confidence about the safety of these vaccinations.

Why, if all these measures have so little effect, does everyone go along with them? Why is there hardly a country that backs out? There is a simple answer to this, too, based on an analysis of the course of time: the behaviour of neighbouring countries has essentially contributed to whether a country has introduced NPIs and which ones [21]. We humans are social creatures. We do what others do. Whether it's fashion or NPIs doesn't seem to matter. We just shouldn't claim reason and science for it. Because that is not the reason.

In this respect, my assessment has not changed after this new data: I consider the "vaccinations" useless in every respect. I consider them potentially dangerous. And above all, I consider the authorities' and politicians' refusal to engage in discourse in this regard to be negligent, if not criminal. I repeat: it is imperative to organise a careful, active safety monitoring study, because the passive monitoring of the Adverse Reaction Databases sends clear danger signals. We do not even need to talk about a "zero covid policy". This term is as foolish as if one would want to talk about a "zero stupidity policy" or "no wind damage policy" or "zero influenza policy". You will not be able to eradicate corona viruses any more than you will be able to eradicate flu viruses. At best, they will retreat into reservoirs we may not even know about and then reappear when conditions are favourable. All the vaccines in the world have not eradicated flu and never will because the flu virus is constantly mutating, just as the "new" corona virus and other corona viruses are constantly mutating.

The comparison with smallpox is, as I have also said many times before, historically ill-informed. For smallpox has declined primarily because of better social, hygienic and nutritional conditions. The last smallpox vaccination campaigns were called off because the vaccinations had too many side effects [22]. Nevertheless, smallpox has disappeared. Not because of the vaccinations, but in spite of them. It will be the same with Covid-19: if the virus mutated enough times and we didn't keep interfering with it, then it would just get by. Some would get a slight cold now and then. And that would be it. Often, doing nothing and waiting is the best intervention. This is also the case here. That's what all the recent data I described above suggest. So, it's not either, or, but none of the above.

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