The MWGFD press conference of 16.11.22 and a few thoughts on the Corona “vaccination” and the current Corona policy

On the 16th of Nov. 22 the association “Mediziner und Wissenschaftler für Gesundheit, Freiheit und Demokratie” (Physicians and Scientists for Health, Freedom and Democracy), held a press conference on the topic of “Vaccinating children with Covid-19 vaccines”. The press conference can be followed on the MWGFD website (https://www.mwgfd.de/2022/11/pressekonferenz-mwgfd/ or https://ovaltube.codinglab.ch/w/wnnbRmL2iE5citRSZdv2dB). For those in a hurry, here is a brief summary followed by some thoughts:

MWGFD

The MWGFD is an association of doctors and scientists in the health sector. It has over 20,000 supporters who help us and donate money and a core of about 40 members, including myself. The vice-chairman, Dr Ronald Weikl, a gynaecologist and family doctor in Passau, explained all this at the beginning. I know many members personally, and I can say: It is a colourful political mixture, but none of them is, as is often said, “right-wing”, or “revanchist” or shows any proximity to National Socialist ideas. Nothing is more false than that, and the fact that this fairy tale is still being coloured in many channels shows how infamous, crazy and at the same time powerful the modern propaganda machinery is. Those who still don’t believe me that I have nothing to do with radical right-wing thoughts should perhaps take a look at my post on Treblinka. Apart from that, these defamations become obsolete anyway, it seems to me, when one hears the fascistoid expressions that sometimes come across the lips of our men and women in ministerial office.

One of the advisors of the MWGFD was the head of the press conference, Uwe Kranz, former head of the State Criminal Police Office in Thuringia and advisor to Europol. Kranz moderated the event. Ronny Weikl, vice-chairman, said a few words at the beginning.

Compulsory masks

Prof. Martin Haditsch, laboratory physician, hygienist, virologist and infection epidemiologist is head of his own laboratory. He spoke about mandatory masks and pointed out that until recently the rule was that anyone who wanted or had to wear FFP2 masks, for example for professional reasons, had to bring a certificate confirming that they were medically fit to wear such a mask. This is because too much carbon dioxide quickly

accumulates under the mask and thus becomes a health hazard. We have not only shown this for children in our children’s mask study [1], but it has now also been shown with capnography, a measuring method that some critics had demanded of us, in an Italian study on children and adults. They calculated similar CO2 values under FFP2 masks as we had measured [2]. (Capnography measures the CO2 content of the exhaled air at the end of exhalation and extrapolates the inhaled CO2 content from there. The fact that the values for surgical masks were lower is probably because the Italian study measured below the lower lip, we measured above the upper lip). Haditsch explains very clearly that the use of masks in everyday life is not only nonsense, but dangerous, and that is because they show no benefit, but create dangers. I wrote enough about this in my last post. In the past, you had to prove that you were capable of wearing a mask. Today, you have to prove that you can’t. The burden of proof has been reversed. How crazy…

Infant mortality and “vaccinations”

Prof. Werner Bergholz has worked in quality assurance for a long time, is an engineer and is good with numbers. He showed in his contribution that infant mortality has only increased since the “vaccinations”. The probability that this has happened by chance, he said, is 1: 1,000,000, which is very low. He addresses the fact that there is no proper database at all because the Paul Ehrlich Institute has taken its side effect database off the net (see) and argues: Children neither pose a danger to others because they do not play a role as carriers – he quotes some official RKI pronouncements explaining this – nor do children themselves become seriously ill (again RKI as evidence). Therefore, there is no serious danger or disease to protect children from at all. However, because the “vaccinations” are not harmless and bring with them a number of side effects, especially long-term systemic ones, a risk-benefit assessment is not even necessary. Because there is no benefit, because there is no risk. But a risk, however small, should not be taken. Because one can assume that several tens of thousands of children will get serious problems, Bergholz said. Can anybody reasonably explain, why we should accept that?

The pathophysiological pathways of “vaccination” side effects

Prof. Ulrike Kämmerer is a biologist who has worked for a long time on basic biology and virology, including PCR technology. She explains why the problem arises. The reason is that the spike protein, which is packed into nanolipid particles in the mRNA “vaccination”, does not just sit dutifully in the muscle cells, but enters the bloodstream and is transported from there everywhere in the body, even to places where the natural pathogen normally does not reach or only in very rare cases: the brain, the heart and especially the blood vessels. The pathogen hardly gets there because it only penetrates the mucosal barrier in rare and

severe cases. The spike proteins get there much more frequently because the nano-lipid particles ensure that they remain intact for a relatively long time on their journey through the bloodstream.

This explains why there is hardly a side effect that has not been observed and why vascular pathologies, venous thrombosis with simultaneous clotting incapacity, heart muscle inflammation, etc. occur above all. Because the lipid particles that serve as packaging for the mRNA are there precisely so that these spike proteins enter the circulation millions of times over, including the lymph nodes. Ugur Sahin himself has published this, says Ms Kämmerer. Very early on, there were indications that SARS-CoV-2 can also affect stem cells, because these also have ACE2 receptors [3]. This is exactly what can happen with the SARS-CoV-2 “vaccination”.

Indeed, I now put the word “vaccination” in inverted commas in these interventions because they are not really vaccinations. In doing so, I am following Mr Kranz’s suggestion. Because only when it is clear to you that this is a preventive gene therapy and not a vaccination can you assess the whole thing properly. After all, if someone had said at the beginning: “And by the way, we are going to introduce gene therapy as a preventive measure against this disease, which we will administer to you as a preventive measure”, then everyone would have protested. But under the false label of “vaccination” everything was dutifully swallowed or injected. We will talk about the difference below.

And because these very spike proteins go everywhere, so side effects can occur anywhere and quite frequently enough that concerns should arise. In the meantime, such mRNA spike particles have also been found in the breast milk of nursing mothers.

Medical ethics

Because, as the general practitioner Prof. Andreas Sönnichsen pointed out, who was joining us from Oxford, it is something different whether I am prepared to accept severe side effects under certain circumstances because I am seriously ill anyway and am happy if I have a chance of being cured or getting better, or whether I experience side effects as possibly the only consequence of a treatment, although I am completely healthy. This ethical difference is rarely communicated. Sönnichsen pointed out that the first principle of medical ethics is “Primum Nil Nocere”, “first, do no harm”. This must underlie all medical action. It is already found in the Hippocratic Oath. It is contained in the Geneva Convention on Medical Ethics with its various improvements and must be the guiding principle of all action [4]. And because the harm is unquantifiable, if only for the reason that there are no valid studies on children large enough to make a reasonable harm-benefit calculation, intervention is not appropriate either. Again, why does this data not exist? Simply because

“Children are the immune system of our society and our future”.

SARS-CoV2 is so rare in children that no study in the world could prove a benefit of vaccination. You would have to include millions and millions of healthy children and follow them for a long time to even see possible disease prevention in the vaccinated, i.e. to be able to calculate a benefit. And then you would also see a lot of damage. I don’t think anyone wants that. That is why there is no reasonable data, which is why Sönnichsen calls out to his colleagues at the end of his plea that they should remember medical ethics. Because any doctor who performs this “vaccination” on children is acting unethically. And he is also violating the Nuremberg Code, which was established after the crimes of the Nazis. It contains the prohibition of experimentation on humans without their explicit information and consent (see “75 Years of the Nuremberg Code” and this article by me). In this case, no consent can be given at all, because we know far too little. What exactly is a parent supposed to consent to? To try something with the child, with uncertain results and with uncertain risk? Therefore, what happens when children are treated with a preventive gene therapy against SARS-CoV-2 is an experiment on living humans, which violates the Nuremberg Code. Sönnichsen leaves no doubt about that, and I think he is right.

Legal aspects

This was explained in great detail by the lawyer Beate Bahner, with article and paragraph. The information required by law, both under German and European law, can and could never be fulfilled by these interventions because the relevant information was not available. She explained very clearly that the former Minister of Health, Spahn, overruled all laws by decree, exempted all vaccine manufacturers from claims for damages, even enacted the obligation to provide package inserts. Therefore, there are no package inserts for doctors, but also not for patients, so that no information whatsoever was available that would have done justice to the legal situation. Moreover, the information procedure does not comply with the law. After all, a recent court ruling in a completely different matter clearly states that an informed consent must also leave sufficient time for reflection, usually one night, between the informed consent and the intervention. None of this took place. On top of that, all authorization regulations that normally apply – proof of non-toxicity in animal testing, proof that no cancer is triggered, no genetic damage occurs – were suspended in this case. Ms Bahner was confident that this would eventually lead to a very bitter legal repercussion for those responsible.

The danger for our children

was pointed out by Prof. Sucharit Bhakdi once again. He summarized points that were also mentioned by others and headed for the problem for overall health: Our children may be damaged at crucial points in their immune system, because the experimental “vaccine”

substance can attack the stem cells just like the virus in adults and thus cause a possibly long-lasting, fundamental dysregulation of the immune system, sensitivities to trivial illnesses that children normally cope with well. This is because, contrary to popular belief, even newborn children already have very good, mature immune systems and can cope with the vast majority of diseases innately. It should be added: while they are being breastfed, they also have support from maternal antibodies in their mother’s milk. Therefore, the danger to our children comes less from the pathogen than from the intervention that is supposed to be there for protection.

Acknowledging vaccination side effects and dealing with them through criminal proceedings

In the subsequent round of questions from about 25 to 30 guests present – journalists, lawyers – often emotional individual cases were described: Cases of young, healthy athletes who were permanently damaged after being intervened with one of these experimental “vaccines”, one even committing suicide. Stef Manzini, for example, a journalist who founded the stattzeitung at Lake Constance, described such a case on her site. The discussion of this case also showed how difficult it is for people whose health problems are clearly and closely related to the administration of this intervention to find recognition and compensation. The insurance company told the young athlete reported by Manzini that they would recognize her claims if she refrained from titling them as vaccine damage.

I think Uwe Kranz was right when he said that the boss of a health insurance company who had analysed the data should not have been dismissed, but that all health insurance companies should have been asked to analyse the side effects. Then we would know. But we are still groping in the dark with the estimate that about 5% of all “vaccinated” people in Germany, that is about 3 million people, have side effects that require treatment and are billed to the health insurance funds. I wonder how long it will take until someone in politics, the judiciary or responsible offices gets up from their chairs and does something.

Perhaps fear will help, namely the fear of prosecution. This is what Mrs Bahner was referring to. Actually, everyone in this system is liable to prosecution, and not just a little. The example of Switzerland shows that this will not go on forever. Andreas Sönnichsen mentioned in his contribution that he was in Switzerland two days ago for a press conference by lawyer Kruse. For a change, this was picked up by the Swiss quality press, namely the Zürcher Tagesanzeiger. Kruse represents at least 6 “vaccination” victims, more precisely vaccination victims and survivors of those who died after the “vaccination”, and has filed criminal charges: against Swissmedic, i.e. the Swiss equivalent of the Paul Ehrlich Institute, and against the heads of the Inselspital, for negligent bodily injury, negligent homicide and possibly murder. Yes, that is also in the indictment. It is 300 pages long and has been on the senior public prosecutor’s mind since July. He will probably need a while

with all the evidence that comes with it. Because they show: The authorities knew or could have known from the beginning that these substances were dangerous. If they knew it and still aggressively promoted the “vaccinations”, they acted deliberately. If they did not know, but could and should have known, they acted negligently and failed in their duty of supervision.

I am very curious to see how this process will continue in Switzerland and whether there will be similar initiatives in Germany. I think this should be taken forward in order to promote a legal reappraisal. To do this, the victims should get together and file charges through competent lawyers. I have learned from my legally experienced colleagues that this is more effective than civil proceedings: In the case of a criminal complaint with suspicion of a capital offence, and as far as I know negligent homicide is one such case, the public prosecutor has to become active. He can, of course, quash the suspicion. But it could be that he then makes himself liable to prosecution, namely for obstruction of justice in office, and that is a career killer. Prosecution in the Corona case is also a career killer in Germany. So it’s a choice between plague and cholera.

In the meantime, the tide seems to be turning. In the USA, too, as the Australian journalist Maryanne Demasi writes, a review is slowly taking place since the whistleblower Brook Jackson revealed that there had been massive sloppiness, not to say cheating, in the Pfizer study [5]. Now it has become clear: the FDA only visited and inspected 9 of the 153 study sites for the Pfizer study and only 10 of the 99 sites for the Moderna studies. However, such monitoring visits are important, are in all legal regulations and should actually be very dense precisely for such important topics, in my eyes denser than the usual 10-20% of centres. Because during these visits, monitors, i.e. trained study examiners, make sure that all the data are available, that the protocols are kept properly and that the data basis on which the evaluation later rests is in order. None of this happened even remotely cleanly.

Gøtzsche’s conference and book on the virus

Maryanne Demasi gave a detailed presentation on the incompetence, heavy-handedness and incompetence of the US regulatory agency during a paper at Peter Gøtzsche’s conference “Lack of Scientific Freedom: Causes, Consequences & Cures”, which took place in Copenhagen on 24-25.10.2022 and where I also gave a small contribution on my own experiences. The FDA has about 18,000 employees. So it is not because of staff shortages that there is too little supervision. Rather, it is conflicts of interest, directives from above, poor management style and probably all of the above.

At this conference, Peter Gøtzsche presented the central theses of his new book “The Chinese Virus: Killed Millions and Scientific Freedom” [6]: The virus clearly originated in a

laboratory and the Chinese laboratory in Wuhan is the main one to be considered for this. But the US funded this research through Peter Daszak’s Eco-Health Alliance, so they are in on it too. They helped to cover it up and, in retrospect, used their machinery to discredit researchers who asked the wrong questions. You can order the book on Gøtzsche’s website for 33 euros. If I have time, I might do a review of it, since I’m reading it now.

That the virus is a laboratory virus seems to be clear among experts by now. This has also become clear in the expert interviews I have conducted. The evidence is overwhelming, even if the media machinery is still trying to keep it under wraps as long as possible. There are many indicatives that point to China: the proximity of the first index patient to the laboratory, the fact that research was carried out there with corona bat viruses, the fact that Fauci’s documents, which were released by court order, prove that exactly this was discussed before a ban on speaking was imposed by the Ordre de Mufti, and many other indications [7, 8].

It is possible that the Chinese were researching a vaccine at the time because they were worried about an outbreak of a virus that selectively endangered their own population. Because this SARS-CoV-2 virus seems to be more dangerous for East Asian people than for others. The technical details are complex, and I am trying to figure them out. But one piece of the puzzle is this: An infected cell recognized by the immune system is dissected by the immune system and presents the genes of the foreign cell on the surface of the immune cell, a dendritic cell. The so-called HLA, Human Leukocyte Antigens, play an important role in this. They occur in many genetic variants. One variant allows only very little presentation of this particular virus. Interestingly, this variant is most common in China, Thailand and Vietnam, and less common in Germany, France, Switzerland, Belgium, England, Poland, Brazil and the USA. People with this variant are less able to defend themselves against this virus. Therefore, Chinese are particularly at risk. If you want to understand this, you can find a map of the subtype distribution of this antigen across the world here [9], and in this review [10] a synopsis of all genetic variants that are important in the different susceptibility to this virus.

Now the question is: how reasonable is it to assume that the Chinese are researching a virus in their own laboratory that is selectively more dangerous to Chinese people? Conceivable, but only if they are afraid or have to suspect that exactly such viruses are being produced in other countries. Which brings me back to my oft-repeated refrain: Gain-of-function research should finally be widely discussed in public and ultimately outlawed. The latter will only work if the former happens.

“Children are the immune system of our society and our future”.

China’s vaccination strategy

Now for a second small detail that caught my eye: Asian countries, China, Kazakhstan, India, Iran, even Turkey, are among the countries where weakened or killed whole germs are researched, developed and used as immunogenic substances for vaccinations of the traditional kind, and where mRNA and vector vaccinations, i.e. genetic prevention, hardly play a role. There are quite a few of these classical vaccines, including a French preparation [11]. But Chinese companies and researchers have apparently been busy from the very beginning either crafting recombinant vaccines [12] or traditional ones. In recombinant vaccines, parts of the virus are bound to immune cells with the help of an artificial receptor ligand, i.e. a substance that binds to a human receptor, similar to those used in imaging techniques. In this case, it is a receptor ligand that binds to a receptor that mediates inflammation, called a toll-like receptor. In traditional vaccines, killed or attenuated viruses that can no longer replicate are introduced to the immune system. I haven’t followed all the literature on this, but I find it very interesting that China has broken away from the Western path here and doesn’t seem to be pursuing genetic engineering “vaccines” to any great extent, if I’m right. I wonder why? Because China is too stupid to master the technology? Or because China is smart enough to see the problems this technology poses?

There are still many unanswered questions, and anyone who pretends that we know everything is not doing themselves or others any favours. In my view, this is especially true for those responsible in politics and in the regulatory authorities.

I hope that our MWGF event was worthwhile insofar as more public awareness, also more public pressure, is created on what is happening here before our eyes: that the health of our children is being subjected to a medical-political-economic dictate completely unnecessarily. This barely concealed cynicism shows what the future holds: our health system is no longer about the health of people. On the one hand, it is about value creation at the expense of health. And on the other hand, it is about control. Because, we can all bet on it, with the infant and child “vaccination” and the administration of preventive gene therapy to children, the control of this procedure will also come in digital vaccination cards. And these will sooner or later also become social control instruments, as we have already practised during the various lockdowns. Welcome to the brave new world!

Sources and literature

1. Walach H, Traindl H, Prentice J, Weikl R, Diemer A, Kappes A, et al. Carbon dioxide rises beyond acceptable safety levels in children under nose and mouth covering: Results of an experimental measurement study in healthy children. Environmental

Research. 2022;212:113564. doi: https://doi.org/10.1016/j.envres.2022.113564.
2. Martellucci CA, Flacco ME, Martellucci M, Violante FS, Manzoli L. Inhaled CO_2 concentration while wearing face masks: a pilot study using capnography. Environmental Health Insights. 2022;16:11786302221123573. doi: https://doi.org/10.1177/11786302221123573.
3. Ropa J, Cooper S, Capitano ML, Van’t Hof W, Broxmeyer HE. Human Hematopoietic Stem, Progenitor, and Immune Cells Respond Ex Vivo to SARS-CoV-2 Spike Protein. Stem Cell Reviews and Reports. 2021;17(1):253-65. doi: https://doi.org/10.1007/s12015-020-10056-z.
4. Walach H. Psychologie: Wissenschaftstheorie, philosophische Grundlagen und Geschichte. 5. überarb. Aufl. ed. Stuttgart: Kohlhammer; 2020, orig. 2005 2005/ /.
5. Thacker PD. Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial. BMJ. 2021;375:n2635. doi: https://doi.org/10.1136/bmj.n2635.
6. Gøtzsche PC. The Chinese Virus: Killed Millions and Scientific Freedom. Copenhagen: Institute for Scientific Freedom; 2022.
7. Walach H. Book Review: The Real Anthony Fauci by Robert F. Kennedy. Journal of Scientific Exploration. 2022;36(1):188-94.
8. Kennedy Jr. RF. The Real Anthony Fauci. Bill Gates, Big Pharma, and the Global War on Democray and Public Health. New York: Skyhorse Publishing; 2021.
9. Nguyen A, David JK, Maden SK, Wood MA, Weeder BR, Nellore A, et al. Human Leukocyte Antigen Susceptibility Map for Severe Acute Respiratory Syndrome Coronavirus 2. Journal of Virology. 2020;94(13):e00510-20. doi: https://doi.org/10.1128/JVI.00510-20.
10. Zepeda-Cervantes J, Martínez-Flores D, Ramírez-Jarquín JO, Tecalco-Cruz ÁC, Alavez-Pérez NS, Vaca L, et al. Implications of the Immune Polymorphisms of the Host and the Genetic Variability of SARS-CoV-2 in the Development of COVID-19. Viruses. 2022;14(1):94. PubMed PMID: doi: https://doi.org/10.3390/v14010094.
11. Khoshnood S, Arshadi M, Akrami S, Koupaei M, Ghahramanpour H, Shariati A, et al. An overview on inactivated and live-attenuated SARS-CoV-2 vaccines. Journal of Clinical Laboratory Analysis. 2022;36(5):e24418. doi: https://doi.org/10.1002/jcla.24418.
12. Liu H, Zhou C, An J, Song Y, Yu P, Li J, et al. Development of recombinant COVID-19 vaccine based on CHO-produced, prefusion spike trimer and alum/CpG adjuvants. Vaccine. 2021;39(48):7001-11. doi: https://doi.org/10.1016/j.vaccine.2021.10.066.