– the MWGFD symposium on WHO, some data on vaccine adverse effects and beyond

My colleagues at the MWGFD (Physicians and Scientists for Health, Freedom and Democracy) held a press conference in Munich yesterday where some specialists talked about the changes to the WHO statutes, about which I already wrote a blog. This press conference is an important document. On the MWGFD site there is a press kit and on Rumble you can listen to the symposion; Youtube has deleted it. You learn a lot of important details, especially from lawyer Kruse, who spoke at the end and backed up the statement with hard documents, that the WHO is indeed planning a dictatorial grip on our health. It may not even be the WHO, but mainly those who promote it. For the promoters, as one learns at this conference, are also the ones who are allowed to send their representatives to the decisive committees and therefore have a say in how health will be defined, regulated, monitored and prescribed in the future. After all, if the regulations pass national parliaments or are ratified by governments, then these regulations and changes become binding and have an international regulatory character.

I noticed at this press conference that the acronym WHO, when turned upside down and mirrored, results in the term “OHM”.



Ohm, as hobbyists from the electronics kit know, is the name for electrical resistance. I thought it was great when I was a kid that you could pack thousands of ohms into a small resistor. Maybe we should put millions of ohms into the resistance to this craziness?

At this press conference I also learned: there is now a new disease category: namely “being unvaccinated for various reasons”. This now has an ICD code: Z 28 as a chapter under the heading “Persons with potential health risks regarding communicable diseases”. Let this sink in. For example, anyone who, like me, has not been vaccinated against Covid-19 thus becomes a health risk, can be defined as “sick” and, depending on what the future versions 15 and 16 and whatever else of the Protection against Infection Act will look like, such people can then expect all kinds of bans or prohibitions. Children without chickenpox vaccination are then not healthy, but sick. This is a free pass to make vaccinations the new health regulation instrument. Uwe Kranz, former head of the State Criminal Police Office of Thuringia and one who helped build Europol, talks about these problems in his lecture, openly and clearly.

Sucharit Bhakdi presents new findings on mRNA technology and explains why it is so dangerous. Not only, as I have explained many times before, because the nanolipid particles in which the mRNA is packaged are highly pro-inflammatory. Not only because the spike proteins that the mRNA codes for also migrate into other cells and are carried everywhere in the bloodstream. Because of all that, too. But also because DNA plasmids were found in the vaccine batches. Why they are there, no one knows. Maybe as impurities in the manufacturing process. But that they are there, at least in some batches, is clear. These DNA plasmids can certainly migrate into the genetic material. So we have exactly what everyone said would never happen: a direct intervention in the genes of the cells, without the people concerned knowing it, without them having consented to it and without them being aware of the implications of it. That is exactly what is forbidden under the Nuremberg Code: a medical experiment on human beings without knowledge and consent. And that, I say again, is part of the definition of torture.

“My colleague Christian Schubert, psychotherapist and neuroimmunologist from Innsbruck, has found very clear words to explain what has transpired during the Corona crisis, and he substantiates them excellently with our knowledge of the connection between the psyche and the immune system, as well as with new investigations: The machine model of the human being that is widely accepted, the purely materialistic-reductionist view of the human being that I have been writing against for many decades [1-3], leads exactly to the paradoxes that we have observed: the attempt to reduce infections through harsh measures leads exactly to the opposite, namely to more diseases and more susceptibilities. To anyone who doesn’t believe this, I recommend Christian Schubert’s lecture.

Werner Bergholz is a quality assurance specialist and engineer by trade. He has done quality assurance all his life, audited quality assurers and has his own office for it. He has used the International ISO 9001 standard for organizations to ask whether WHO meets the basic principles of quality assurance. No, it doesn’t. Not only because it is not democratic;

because it is not really accountable to anyone; because it escapes all controls; because it is constituted by the organizational chart like an empire whose emperor, Tedros, the WHO Secretary-General, can do as he pleases; because there are no functioning controls; but also because it has never evaluated a single one of its interventions and learnt from the results.

This was pointed out very nicely by Wolfgang Wodarg, whom we have to thank for the fact that the swine and bird flu hysteria did not already lead to what we have now seen with Covid-19 in the early 2000s. Because he intervened in the EU Parliament and in public at that time and was heard. It is worth listening to this story again and understanding the reasons why it was different this time: there was no relevant press to raise voices of dissent this time. Wodarg also names horses and riders: the problem is corruption and venality. The WHO is corrupt to the bone. What is corruption? The fact that someone who has money can influence an authority that has a control and regulatory function, and that this authority allows itself to be influenced so that it initiates those regulations and laws that appear desirable to the donor. This is exactly what happens. The second-largest donor is the Bill and Melinda Gates Foundation. Other foundations and NGOs like GAVI also play a role. Companies can donate money. And anyone who donates money has the right under the new statutes to send observers and experts to the panels. The experts on the panel that advises the WHO secretary-general on whether to declare a pandemic are mostly paid by industry or foundations.

Therefore, it is very useful if as many as possible take note of this information. When one does so, one wonders how it is that our elected representatives are going about business as usual. A committee to investigate? Nah, we don't need one. Sack a health minister who lies (German only)? No, where would we end up then? All this can really only be explained by the fact that the people's representatives are badly informed. Therefore, it is the duty of the press. I hope that more and more people wake up and also look for other sources of information than the mainstream media outlets. That is why the MWGFD has built the New Media Portal, a portal site where you can get to various New Media that have not had their brains washed by the "conspiracy theory" narrative.

Those who want to take action can join the Hippocratic Oath Medical Association's letter-writing campaign and write old-fashioned letters to our politicians. Here is the information and templates (German only).

That this is relevant we can see from the fact that still and again official political representatives and high-ranking press people spread the fairy tale that the Covid-19 "vaccines" are safe, that there has been no significant harm and that all the fuss about mRNA vaccination is "conspiracy theory". Why, then, does the Paul Ehrlich Institute stop

reporting on Covid-19 vaccine side effects, cheekily claiming that it just reports to the EMA and first has to adapt its own site to the new conditions? And this has been going on for over a year? Why, then, is the EMA's reporting method so cryptic, that one has to dig through many Word document tables to find out which side effects appear? Why do professors of mathematics like Norman Fenton and his group accuse the UK Office of National Statistics, one of the few agencies in Europe that provides reasonable public data, of operating with false data? Why is there still this discussion? Are all those who have been singing the same song about the problem of vaccines for two years, like me and my colleagues, stupid and renitent? We do it even though we, like me, have lost jobs, or like Hockertz, money, or like others, had to experience house searches. Why do you think we do it, dear press people? Because we are too stupid? Because we like to argue? Because we can't read numbers? Because we are too poorly educated? Because we want to get back at someone?

That legal action is also slowly being considered can be seen from the fact that lawyer Lucenti meticulously lists the policy's misconduct and omissions in the Neue Zeitschrift für Verwaltungsrecht. They concern the first phase, with insufficiently justified, ineffective and unevaluated measures [4] and vaccinations [5] (both German only).

The CDC's side-effects database

There is a very good site that analyses the VAERS database. VAERS is probably the only database in the world that analyses vaccine adverse events in a publicly available way. VAERS stands for "Vaccine Adverse Events Reporting System" and is a passive monitoring database maintained in the US by the Centers for Disease Control. It accepts reports from all over the world, but is probably mainly representative of the USA. You can generate good reports from it with some expertise, and the page "VAERS-Analysis" does this. Weekly. Here is the link to the latest analysis.

I copy here some figures from this analysis, in Figure 1 the number of deaths after Covid-19 "vaccinations", age-standardized and standardized to the number of vaccine doses:

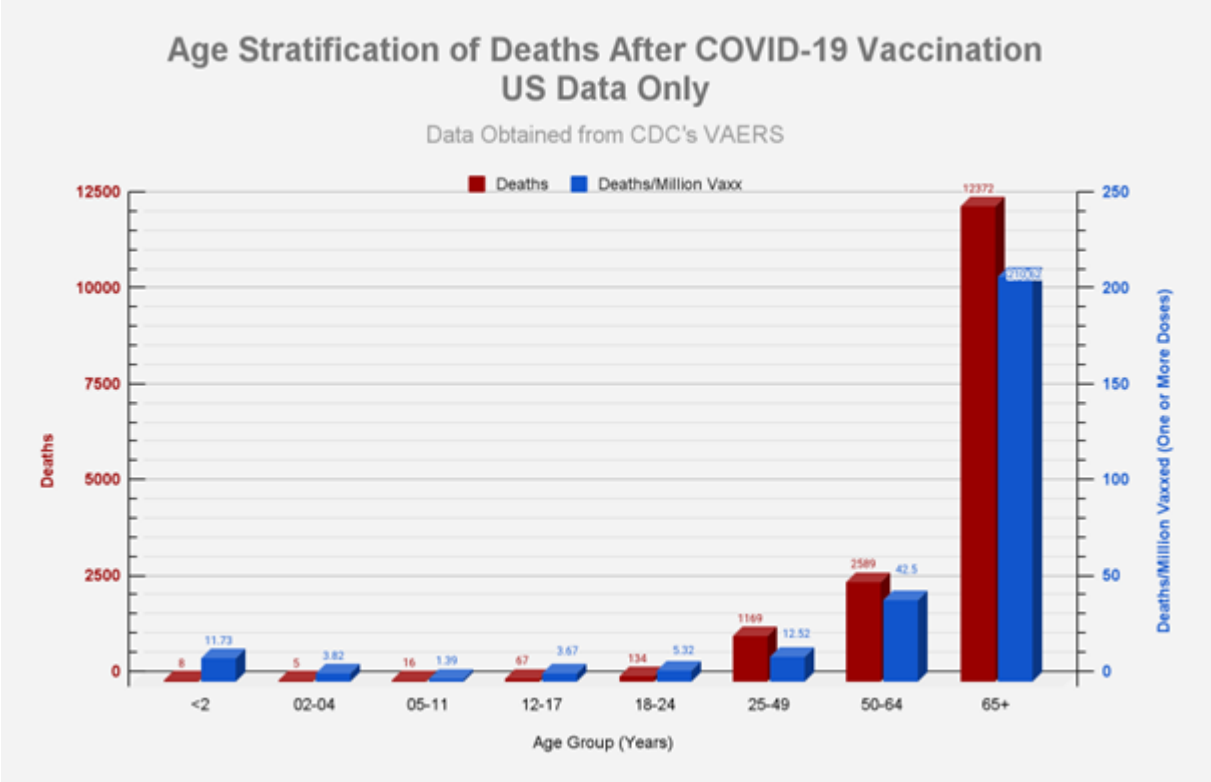


Figure 1 – Age-standardized number of Covid 19 "vaccination" deaths in the US – absolute (red, left scale) and standardized per million vaccinations (blue, right scale); Source: https://vaersanalysis.info/2023/05/05/vaers-summary-for-covid-19-vaccines-through-4-28-2023/

There is a generally accepted convention that vaccines are safe if there is less than 1 death in 1 million vaccinations. You can tell if this is the case by taking the scale on the right and the blue bars. They count how many deaths have been recorded for every 1 million vaccinations. The blue numbers above the bars give the exact number. For infants under two years of age, 11.73 deaths per million vaccinations are reported. Safe? For those over 65, there are 210 deaths per 1 million vaccinations. Safe?

One last picture makes it even clearer, because it puts Covid-19 "vaccinations" in comparison with all other vaccinations:

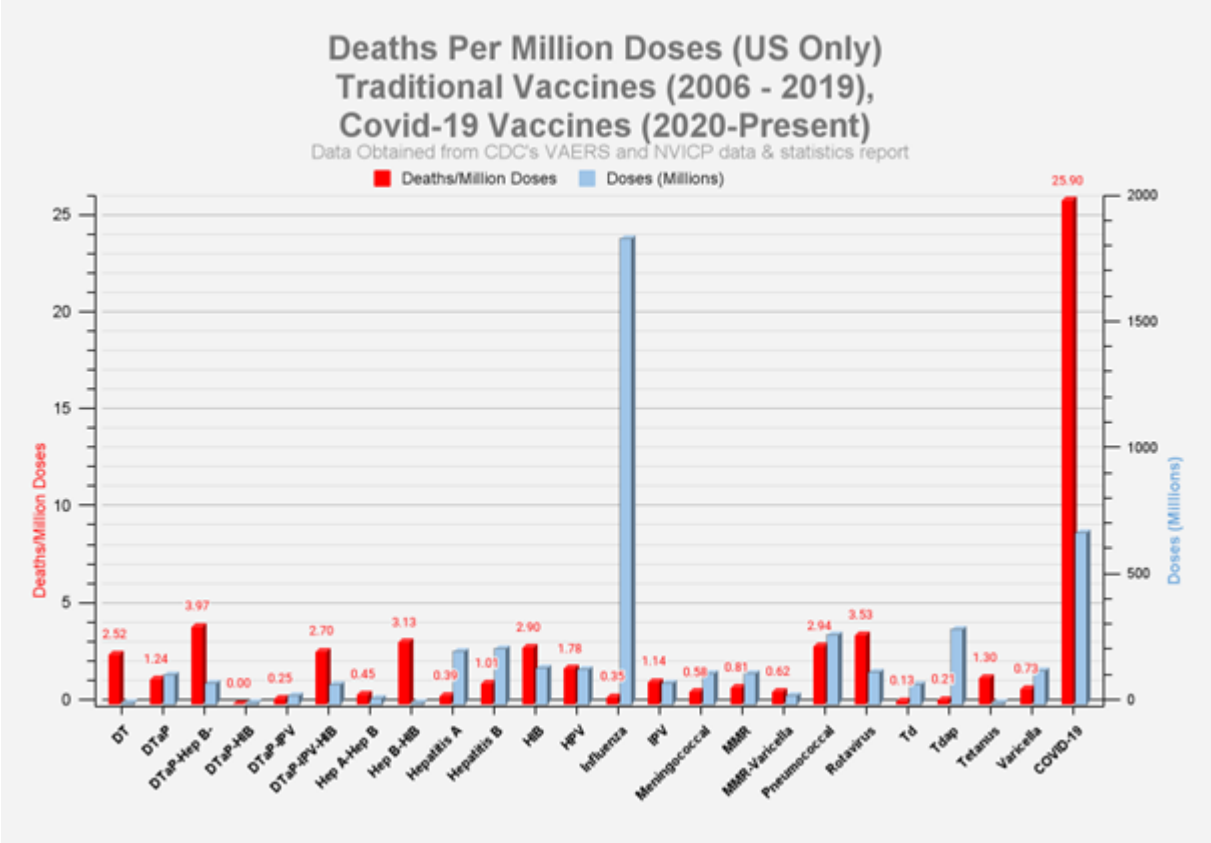


Figure 2 – Deaths per million vaccine doses in the US per vaccination; red: deaths per million vaccine doses (left scale); blue: number of vaccinations in millions (right scale); source: https://vaersanalysis.info/2023/05/05/vaers-summary-for-covid-19-vaccines-through-4-28-2023/

If you look at the large blue bar in the middle in Figure 2, you can see that by far the most vaccine doses were administered for influenza, about 1.9 billion doses, from 2006 to 2019, a period of 13 years. Deaths kept below 1 per 1 million vaccine doses, namely 0.35, or 3.5 deaths per 10 million vaccine doses.

Going to the right-hand column, we see that of the Covid-19 “vaccinations” between 2020 and April 2023, i.e. in just under 2.5 years, about 650 million vaccine doses were administered, but almost 26 deaths per million vaccine doses were counted. By far the highest number. It is also the highest number cumulatively, as you can see from the next figure 3. That concludes my excursion to this website. If you don’t believe the numbers, you can pull and prepare them yourself from the VAERS database page. The preparation is, in my view, clear and clean and done by specialists.

You have to keep in mind what I have said many times before: These passive monitoring systems are conservative. A lot of things go unreported. Empirical studies have shown that they document a maximum of 5-10% of true cases, thus showing a drastic underestimation [4]. So it is not likely to be 35,000 deaths in the US to date, but probably a factor of 10

more. Auf the preprint of my colleagues Mörl, Günther and Rockenfeller, I have already referred to it and do so again here. Their conservative estimate of deaths attributable to Covid-19 “vaccination” in Germany is at least 11,000 deaths, more likely about 17,000. This estimate is derived from their very robust mortality model over the last 20 years and an excess mortality estimate derived from it.

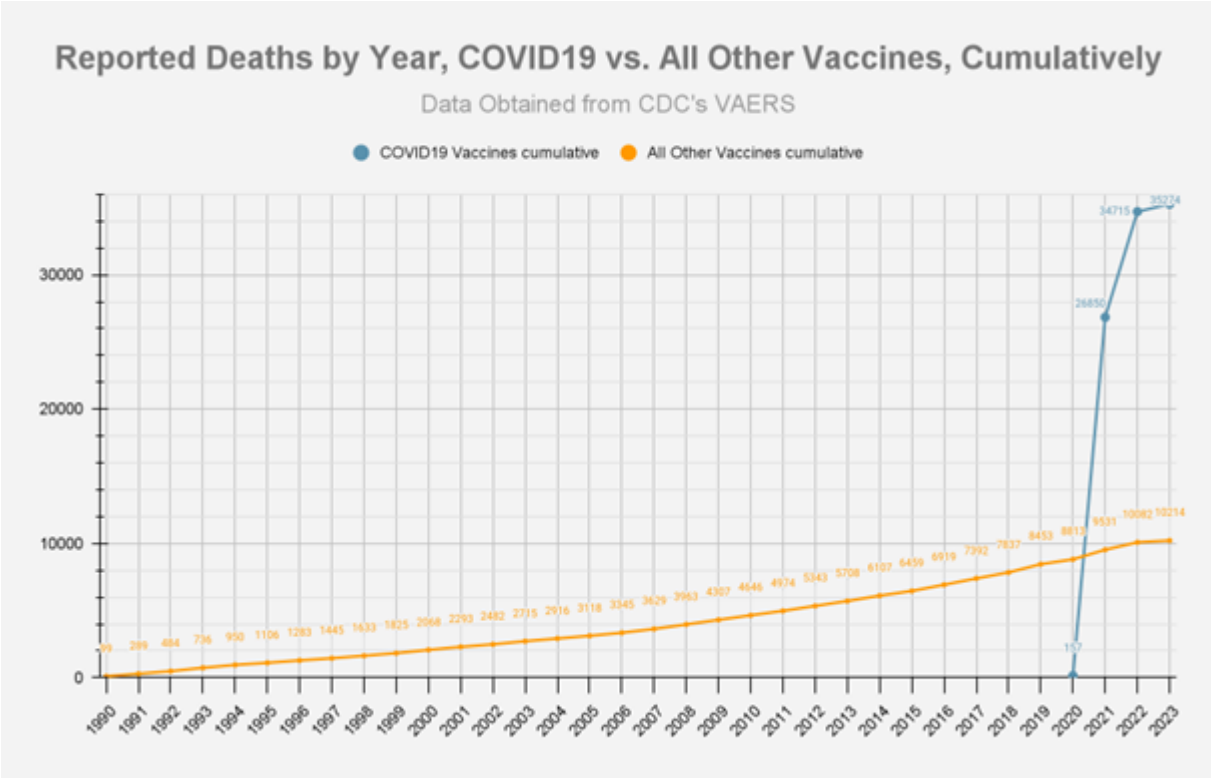


Figure 3 – Cumulative absolute number of deaths reported for Covid-19 “vaccines” and for all other vaccines; cumulative means: added up over the years; source https://vaersanalysis.info/2023/05/05/vaers-summary-for-covid-19-vaccines-through-4-28-2023/

That’s well over 1 death per million vaccine doses. (If we calculate 84 million people in Germany, of whom about 70% should have been vaccinated, then about 60 million people would have received at least one dose). Since many received more doses, let’s say another 40 million vaccinations for simplicity’s sake. Then we would have 17,000 deaths per 100 million doses of vaccine. Then we would have 170 deaths per 1 million vaccine doses. And even if it had been 300 million vaccine doses, that would still be 56 deaths per 1 million vaccinations.

The conclusion: the mRNA vaccines are not safe. This has been apparent for a long time. We pointed this out very early on and were punished for it with a “retraction” [5-7] and I did not get my contract renewed. Since this whole thing was apparent very soon and dissenting voices were fought with all means, fierce opposition and very unfairly, only one conclusion remains if one does not practice self-censorship:

The whole thing was a dry run for what is now to come, namely a total assault on our health and that of our children in the name of a supposed prevention of the danger of infection. Therefore, all those who do not want to go along with this are defined as “sick people” – I remind you: ICD code Z 28 – and the mRNA platform becomes the new vaccination machine. Normal vaccinations will probably be gradually abolished and replaced by this new machine. I remember: Chancellor Scholz said as a candidate for chancellor that Germany will be the vaccination world champion, just as it used to be the car manufacturing world champion.

That speaks for the fact that there were agreements and arrangements. No one is saying this kind of thing can’t happen. It can. The composition of Greek fire, the Byzantine wonder weapon, remained secret and the secret was so well-kept, that it perished with the Byzantine Empire [8]. But that won’t matter in the future. Because if the WHO can get what it wants to be done, everything can be done openly. It will even be legal, even necessary. And anyone who then writes such things as I do will become a terrorist. I’m afraid I’ll live to see that if resistance doesn’t arise. Therefore, remember: WHO, read backwards and mirrored results in OHM, the abbreviation for resistance.

Sources and literature

1. Walach H. Agenten statt Patienten (Editorial). Deutsche Zeitschrift für Akupunktur, 2012;55:4-6.
2. Walach H, Loughlin M. Patients and agents – Or why we need a different narrative: A philosophical analysis. Philosophy, Ethics and Humanities in Medicine. 2018;13(13). doi: https://doi.org/10.1186/s13010-018-0068-x.
3. Walach H. Heilung kommt von innen: Selbstverantwortung für die eigene Gesundheit übernehmen. München: Knaur Verlag; 2018.
4. Alatawi YM, Hansen RA. Empirical estimation of under-reporting in the U.S. Food and Drug Administration Adverse Event Reporting System (FAERS). Expert Opinion on Drug Safety. 2017;16(7):761-7. doi: https://doi.org/10.1080/14740338.2017.1323867.
5. Walach H, Klement RJ, Aukema W. Retracted: The Safety of COVID-19 Vaccinations—We Should Rethink the Policy. Vaccines. 2021;9(7):693. doi: 10.3390/vaccines9070693. PubMed PMID: doi: https://doi.org/10.3390/vaccines9070693.
6. Walach H, Klement RJ, Aukema W. The Safety of COVID-19 Vaccinations — Should We Rethink the Policy? Science, Public Health Policy, and the Law. 2021;3:87-99. https://www.publichealthpolicyjournal.com/general-5
7. Walach H, Klement RJ, Aukema W. The risk-benefit ratio of Covid-19 vaccines: Publication policy by retraction does nothing to improve it. Clinical and Translational Discovery. 2022;2(1):e35. doi: https://doi.org/10.1002/ctd2.35.

8. Roland A. Secrecy, technology, and war: Greek fire and the defense of Byzantium 678-1204. Technology and Culture. 1992;33:655-79.

