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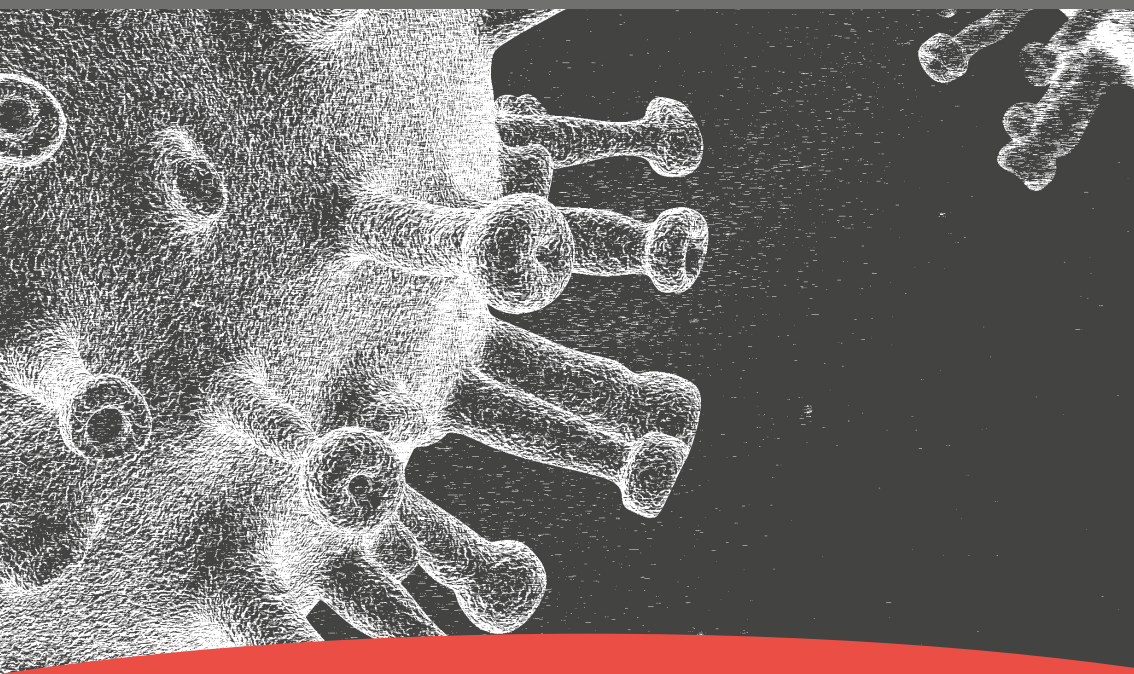
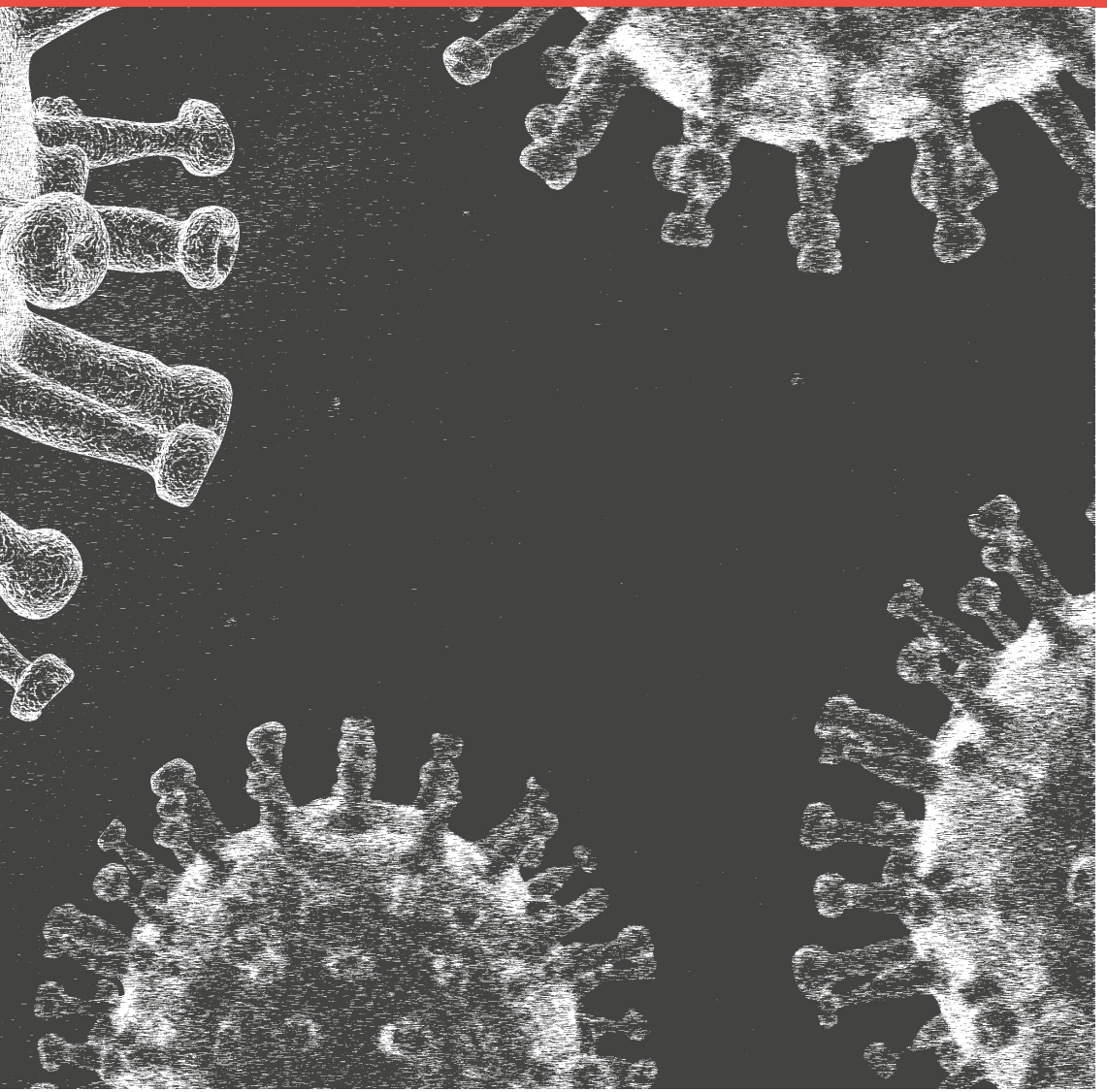


1st International Conference on COVID-19
– Dangers, Lockdowns, Vaccines & Prevention

ONLINE AND NYTORV, COPENHAGEN OLD CITY,
May 17th 2021 – 9.30-13.30 (UCT+2) and May18th 2021 – 10.00-15.00 (UCT+2)



Organizing Committee

Prof. Dr. Sucharit Bhakdi, Germany (Chairman of the Organizing Committee)
Director Dr. Søren Ventegodt, Denmark
Prof. Dr. Niels Jørgen Andersen, Norway
Prof. Dr. Joav Merrick, Israel
Prof. Dr. Dolores Cahill, UK

This conference will seek to answer crucial questions regarding COVID-19 and SARS-CoV-2 viruses

1. We will review the scientific evidence
a)... that SARS-CoV-2 virus exists and can cause the disease COVID 19
b)... that the gene-sequence of SARS-CoV-2 virus is known
c) ... that the events underlying viral invasion are known
d) ... that the PCR-test provides reliable evidence for diagnosis of infection / diagnostic evidence for virus detection

2. We will review the scientific evidence
a) ... that COVID-19 is a well-defined novel disease
b) ... That asymptomatic infected individuals often spread the disease
c) ... that COVID-19 is more dangerous than flu (influenza virus)
d) ... that the excess mortality seen in certain countries is not inevitably due to the virus, but to the life-suppressing, 'state corona' – the political corona measures.

3. We will review the scientific evidence that
a) ... lockdown measures ...
b) ... restriction of social interaction ...
c) ... mandatory mask-wearing ...
... are important for preventing virus spread and represent no substantial risks to our children and to society

4. We will review the scientific evidence
a) ... that our immune system does not recognize the new virus so we need vaccination to obtain protection
b) ... that antibodies against the virus will give us this protection
c) ... that the novel gene-based vaccines have been shown to be effective and safe
d) ... that concerns regarding severe and lethal adverse events caused by the vaccines are unfounded
e) ... that vaccination of the majority of the world population must be attempted
f) ... that vaccination against emerging variants should be performed on a routine basis in the future
g) ... that control measures must be implemented including introduction of digital green certificates

The concluding session will address legal means through which the populace can regain sovereignty in a democratic society.

Please donate to OOC and DFF who are sponsoring and broadcasting the conference

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Copenhagen 2021-05-16

The conference report is primarily based on:

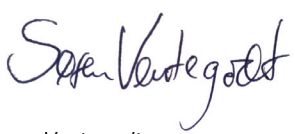
Reiss K, Bhakdi S. Corona: False alarm? Facts and figures. New York: Chelsea Green Publishing, 2020.

This report contains an excerpt of the material presented at the conference. The purpuse is to give everybody who followed the conference a possibility to check the scientific facts for themselves.

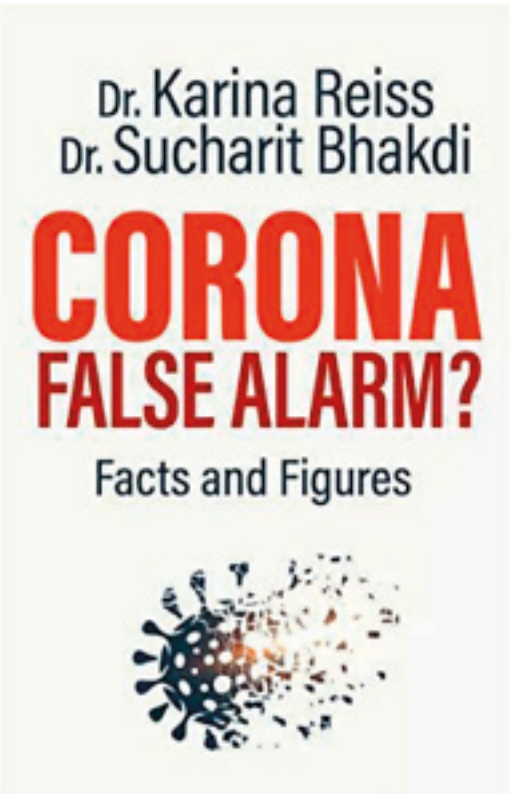
We seek for truth, not for anything else. And we would like the participants in the conference to be critical to everything said and presented, and check all the data and facts for them selves.

I hereby welcome everybody to the 1st International Conference of COVID-19 and I send my deepfelt thanks all participating experts, to the many volunteer workers that have made this conference possible, and I will also thank the the main sponsor OOC and DenmarksFree.TV DFF for livestreaming the conference; you have all done the world a great service. Also thank you for your kind support if you have donated to the OOC or DFF so this conference could be possible.

May this conference serve the world, and all living beings.



Søren Ventegodt,
Director of the Quality-of-Life Research Center (Conference Host)



Conclusion from the 1st International Conference on COVID-19:

All science point to the corona pandemic being a false pandemic.

COVID-19 - the SARS-CoV-2 virus - is not more dangerous than influenza.

We are happy that a Danish professor, Morten Petersen, just recently has published the same result from his analysis (256).

This conclusion also leads to the conclusion, that no vaccination of the general populace is necessary, or even useful.

All kinds of chemical medicine and vaccines have severe adverse effects, and vaccines are know to be very harmful, as we have seen above.

The corona vaccines are causing hundreds of severe adverse reactions, like severe autoimmune diseases that lead to brain damage etc. The vaccine is even deadly, and much more deadly than the corona virus, as we have seen.

The vaccination is more deadly than the virus SARS-CoV-2 and the disease it causes.

But we believe that a more thorough analyses would justify an even stronger conclusion: "In conclusion the vaccination is deadly, while the virus SARS-CoV-2 is not."

We can only encourage governments and medical scientists and researchers in all countries to investigate into this matter of extreme importance and without hesitation. '

While this is examined all corona vaccinations must be immediately halted.

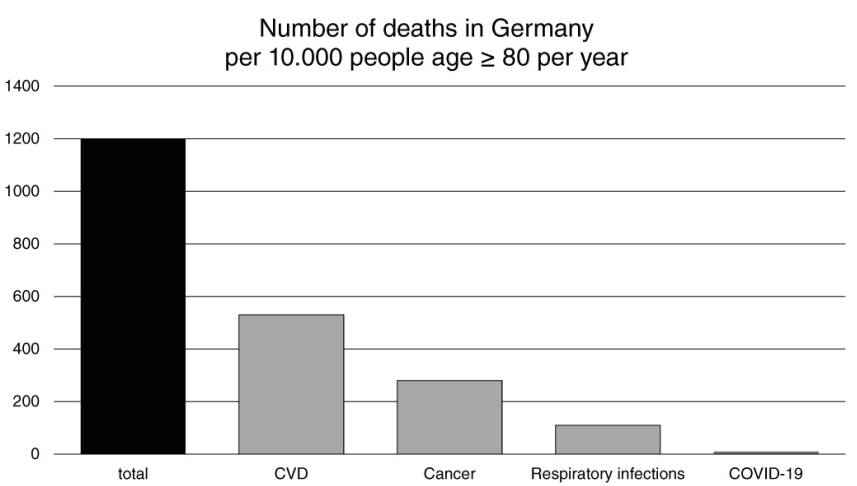
The danger of SARS-CoV-2

A French study, published on March 19, brought first light into the darkness(6). Two cohorts of approximately 8,000 patients with respiratorydisease were grouped according to whether they were carrying everydaycoronaviruses or SARS-CoV-2. Deaths in each group were registered over two months. However, the number of fatalities did not significantly differ in the two groups and the conclusion followed that the danger of "COVID-19" was probably overestimated. In a subsequent study, the same team compared the mortality associated with diagnosis of respiratory viruses during the colder months of 2018–2019 and 2019–2020 (week 47-week 14) in southeastern France. Overall, the proportion of respiratory virus-associated deaths among hospitalised patients was not significantly higher in 2019–2020 than the year before(18). Thus, addition of SARS-CoV-2 to the spectrum of viral pathogens did not affect overall mortality in patients with respiratory disease.

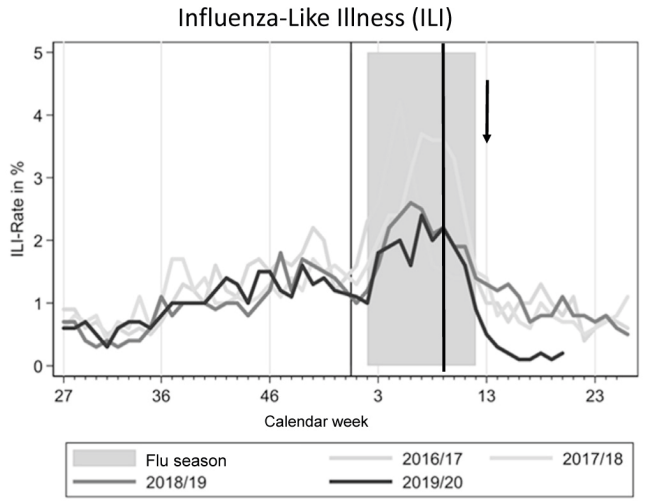
(6) Yanis Roussel et al., "SARS-CoV-2: Fear Versus Data," International Journal of Antimicrobial Agents 55, no. 5 (May 2020): 105947, https://doi.org/10.1016/j.ijantimicag.2020.105947. (

18) Audrey Giraud-Gatineau et al., "Comparison of Mortality Associated with Respiratory Viral Infections between December 2019 and March 2020 with That of the Previous Year in Southeastern France," International Journal of Infectious Diseases 96 (July 2020): 154–56, https://doi.org/10 .1016/j.ijid.2020.05.001.

(46) John P. A. Ioannidis, Cathrine Axfors, and Despina G. Contopoulos-Ioannidis, "Population-Level COVID-19 Mortality Risk for Non-Elderly Individuals Overall and for Non-Elderly Individuals without Underlying Diseases in Pandemic Epicenters," Environmental Research 188 (September 2020): 109890, https://doi.org/10.1016/j.envres.2020.109890.



(From Sucharits Bhakdis book Corona: False Alarm)



(47) "GrippeWeb," Robert Koch-Instituts, https://grippeweb.rki.de.

Stanford Professor John Ioannidis is one of the eminent epidemiologists of our times. When it became clear that the epidemic in Europe was nearing its end, he showed how the officially reported numbers of "coronavirus deaths" could be used to calculate the absolute risk of dying from COVID-19(46). The risk for a person under 65 years in Germany was about as high as a daily drive of 24 kilometres. The risk was low even for the elderly ≥ 80 with 10 "coronavirus deaths" per 10,000 ≥ 80-year olds in Germany (column at the far right).

Calculation of this number is simple. About 8.5 million citizens are ≥ 80 years in Germany. About 8,500 "coronavirus deaths" were recorded in this age group. This leads to an absolute risk of coronavirus death of 10 per 10,000 ≥ 80 year-olds. Now realise that every year about 1,200 of 10,000 ≥ 80-year olds die in Germany (black column, data from the Federal Office of Statistics). Nearly half of them due to cardiovascular diseases (CVD), almost a third from cancer and around 10% (over 100) owing to respiratory infections. The latter have always been caused by a multitude of pathogens including the coronavirus family. It is obvious that a new member has now joined the club, and that SARSCoV- 2 cannot be assigned any special role as a "killer virus".

This is underlined by another observation. Severe respiratory infections are registered by the RKI in the context of influenza surveillance. The vertical line marks the time when documentation of SARS-CoV-2 infections was started. Was there ever any indication for an increase in the number of respiratory infections(47)? No, the 2019/20 winter peak is followed by typical seasonal decline. And note that the lockdown (red arrow) was implemented when the curve had almost reached base level.

Source: Homepage RKI (Fig. 1), https://grippeweb.rki.de/

How does the new coronavirus compare with influenza viruses?

The WHO warned the world that the COVID-19 virus was much more infectious, that the illness could take a very serious course, and that no vaccine or medication was available.

The WHO abstained from explaining that truly effective medication hardly exists against any viral disease and that vaccination against seasonal flu is increasingly recognised as being ineffective or even counterproductive. Furthermore, the WHO disregarded two points that needed to first be addressed before any valid comparison of the viruses could be undertaken. How many people die of COVID-19 compared with influenza? The WHO claimed that 3–4% of COVID-19 patients would die, which by far exceeded the fatality rate of annual influenza(48).

(48) "Coronavirus Disease 2019 (COVID-19): Situation Report–46," World Health Organization, March 6, 2020, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46 -covid-19.pdf.

A great number of high quality studies found that about 0.1-0.2% of the elderly population over 80 died from influenza like disease in spring 2020, which shows that COVID-19 is just a normal flu:

Professor Streeck arrived at an estimate of 0.24% – 0.26% based on the data of his Heinsberg study. The average age of the deceased who tested positive was around 81 years(32). The conclusion that COVID-19 is comparable to seasonal flu has been reached by many investigators in other countries. In an analysis of several studies, Ioannidis showed that, contingent on local factors and statistical methodology, the median infection fatality rate was 0.27%(60). Many other investigators arrived at similar conclusions. All studies to date thus clearly show that SARS-CoV-2 is not a real "killer virus"(61–71).

(32) Hendrik Streeck et al., "Infection Fatality Rate of SARS-CoV-2 Infection in a German Community with a Super-Spreading Event," preprint, medRxiv, June 2, 2020, https://doi.org/10.1101/2020.05.04 .20090076.

(60) John Ioannidis, "The Infection Fatality Rate of COVID-19 Inferred from Seroprevalence Data," preprint, medRxiv, July 14, 2020, https://doi.org/10.1 101/2020.05.13.20101253.

(61) Maryam Shakiba et al., "Seroprevalence of COVID-19 Virus Infection in Guilan Province, Iran," preprint, medRxiv, May 1, 2020, https://doi.org/10.11 01/2020.04.26.20079244.

(62) Eran Bendavid et al., "COVID-19 Antibody Seroprevalence in Santa Clara County, California," preprint, medRxiv, posted April 30, 2020, https:// doi.org/10.1101/2020.04.14.20062463.

(63) Christian Erikstrup et al., "Estimation of SARS-CoV-2 Infection Fatality Rate by Real-Time Antibody Screening of Blood Donors," Clinical Infectious Diseases ciaa849 (June 2020): https:// doi .org/10.1093/cid/ciaa849.

(64) Fadoua Balabdaoui and Dirk Mohr, "Age-Stratified Model of the COVID-19 Epidemic to Analyze the Impact of Relaxing Lockdown Measures: Nowcasting and Forecasting for Switzerland," preprint, medRxiv, May 13, 2020, https:// doi.org/10.1101/2020.05.08.20095059.

(65) "Preliminary Results of USC-LA County COVID-19 Study Released," University of Southern California, April 20, 2020, https://pressroom.usc.edu/preliminary-results-of-usc-la-county-covid-19- study-released.

(66) Lionel Roques et al., "Using Early Data to Estimate the Actual Infection Fatality Ratio from COVID- 19 in France," Biology 9, no. 5 (May 2020): 97, https://doi.org/10.3390/biology9050097.

(67) Carson C. Chow et al., "Global Prediction of Unreported SARS-CoV2 Infection from Observed COVID-19 Cases," preprint, medRxiv, May 5, 2020, https://doi.org/10.1101/2020.04.29.20083485. (

68) Siuli Mukhopadhyay and Debraj Chakraborty, "Estimation of Undetected COVID-19 Infections in India," preprint, medRxiv, May 3, 2020, https://doi.org/10.1101/2020.04.20.20072892.

(69) Robert Verity et al., "Estimates of the Severity of Coronavirus Disease 2019: A Model-Based Analysis," Lancet: Infectious Diseases 20, no. 6 (June 2020): 669–77, https://doi.org/10.1016/S1473-3099(20)30243-7.

(70) Kenji Mizumoto, Katsushi Kagaya, and Gerardo Chowell, "Early Epidemiological Assessment of the Transmission Potential and Virulence of Coronavirus Disease 2019 (COVID-19) in Wuhan City, China, January–February, 2020," BMC Medicine 18 (2020): article 217, https://doi.org/10.1186 / s12916-020-01691-x.

(71) Timothy W. Russell et al., "Estimating the Infection and Case Fatality Ratio for Coronavirus Disease (COVID-19) Using Age-Adjusted Data from the Outbreak on the Diamond Princess Cruise Ship, February 2020," Eurosurveillance 25, no. 12 (March 2020): 2000256, https://doi.org/10.2807/1560- 7917.ES.2020.25.12.2000256.

Is there a difference with the flu? No. It has been known for years that influenza can affect the heart and other organs(84,85). All respiratory viruses can find their way to the central nervous system(86). There is no basic difference with SARS-CoV-2. Once in a while, patients may suffer from long-term consequences. This applies to all viral diseases, and they are exceptions. It is the exception that proves the rule.

What do we learn from all of this? COVID-19 is a disease that makes some people sick, proves fatal to a few, and does nothing to the rest. Like any annual flu.

Of course, it was always necessary to take special care not to bring these agents to elderly persons with pre-existing illnesses. When you feel unwell, refrain from visiting grandma and grandpa, especially if they are suffering from a heart condition or lung disease. And whoever has the flu will stay at home anyway. That is how everything has been and how everything should continue.

Perhaps asymptomatic people are contagious and unknowingly pass the virus on to others. This fear originated from a publication co-authored and widely publicised by Drosten, in which it was reported that the Chinese businesswoman who infected an automotive supplier's staff member during a visit to Bavaria displayed no symptoms herself(87). This publication caused a worldwide sensation with expected effects, for a deadly virus that could be transmitted by healthy individuals was akin to a swift and invisible killer. This fear became the driving force behind many extreme preventive measures – from visiting bans for hospitalised patients all the way to obligatory mask-wearing. In the midst of general panic, a very important fact escaped general attention. The major statement of the publication turned out to be false. A follow-up inquiry revealed that the Chinese woman had been ill during her stay in Germany and was under medication to relieve pain and reduce fever(88). This was not mentioned in the publication(87).

(87) Camilla Rothe et al., "Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany," New England Journal of Medicine 382 (March 2020): 970–71, https://doi.org/10.1056 /NEJMc2001468.

(88) Kai Kupferschmidt, "Study Claiming New Coronavirus Can Be Transmitted by People without Symptoms Was Flawed," Science, February 3, 2020, https://www.sciencemag.org/news/2020/02/paper-non-symptomatic-patient-transmitting-coronavirus-wrong.

Another study that was published in April by the Drosten laboratory also came under international criticism. It concerned the question about the role of children in disease transmission. According to the Drosten study, asymptomatic children were just as contagious as adults. This message caused great concern to the general public and influenced subsequent decisions by the government. In fact, no studies exist to indicate that children play any significant role as vectors for transmission of this disease.

Be that as it may, there was no reason for completely pointless measures like closing schools and day care centres, which are known to do nothing to protect the high-risk groups(89). And no reason whatsoever to drive social life and the economy against the wall.

(89) Russell M. Viner et al., "School Closure and Management Practices During Coronavirus Outbreaks Including COVID-19: A Rapid Systematic Review," Lancet 4, no. 5 (May 2020): 397–404, https:// doi.org/10.1016/S2352-4642(20)30095-X.

What is wrong with the world?

What is wrong with Germany – and this whole world?

Well, all the pictures disseminated so effectively by the international media – from Italy, Spain, England and then even from New York – coupled with model calculations for hundreds of thousands, or maybe even millions of deaths – planted the firm conviction in the general populace: It simply HAS TO BE a killer virus!

The situation in Italy, Spain, England and the USA

Since the end of March, one sensation outdid the next: Italy had the most deaths, the fatality rate shocked us to the core; Spain surpassed Italy (in the number of infections); the United Kingdom broke the sad European record, exceeded only by the US. The press delighted in spreading as much terrifying news as humanly possible.

But let us reflect a little. The impact of an epidemic is dependent not only on the intrinsic properties and deadliness of the pathogen but also to a very significant extent on how "fertile" the soil is on which it lands. All reliable figures tell us we are not dealing with a killer virus that will sweep away

mankind. So what did happen in those countries from which these dreadful pictures emerged?

Problems surrounding coronavirus statistics went totally rampant in Italy and Spain. Elsewhere, testing for the virus was generally performed on people with flu-like symptoms and a certain risk of exposure to the virus. At the height of the epidemic in Italy, testing was restricted to severely ill patients upon their admission to the hospital. Illogically, testing was widely performed post-mortem on deceased patients. This resulted in falsely elevated case fatality rates combined with massive underestimates of actual infections(90).

(90) Pamela Dörhöfer, "Italien leidet unter dem Coronavirus: Sterberate ist erschreckend hoch," Frankfurter Rundschau, April 14, 2020, https://www.fr.de/panorama/coronavirus-SARS-CoV-2-sterberate-italien-deutlich-hoeher-rest-welt-zr-13604897.html.

The fact that no distinction was made between "death by" and "death with" coronavirus rendered the situation hopeless. Almost 96% of "COVID-19 deaths" in Italian hospitals were patients with pre-existing illnesses. Three quarters suffered from hypertension, more than a third from diabetes. Every third person had a heart condition. As almost everywhere else, the average age was above 80 years. The few people under 50 who died also had severe underlying conditions(41).

(41) SARS-CoV-2 Surveillance Group, Characteristics of SARS-CoV-2 Patients Dying in Italy, report based on available data on July 9, 2020, https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_9_july_2020.pdf.

The inaccurate method of reporting "coronavirus deaths" naturally spread fear and panic, rendering the general public willing to accept the irrational and excessive preventive measures installed by governments. These turned out to have a paradoxical effect. The number of regular deaths increased substantially over the number of "coronavirus deaths". The Times reported on April 15: England and Wales have experienced a record number of deaths in a single week, with 6,000 more than average for this time of year. Only half of those extra numbers could perhaps be attributed to the coronavirus(92). There was a well-founded concern that the lockdown may have unintentional but serious consequences for the public's health(93).

It became increasingly clear that people avoided hospitals even when faced with life-threatening events such as heart attacks because they were afraid of catching the deadly virus. Patients with diabetes or hypertension were no longer properly treated, tumour patients not adequately tended to.

(92) Kat Lay, "Coronavirus: Record Weekly Death Toll as Fearful Patients Avoid Hospitals," Times (UK), April 15, 2020, https://www.thetimes.co.uk/article/coronavirus-record-weekly-death-toll-as-fearful-patients-avoid-hospitals-bm73s2tw3.

(93) Paul Nuki, "Two New Waves of Deaths Are about to Break over the NHS, New Analysis Warns," Telegraph, April 25, 2020, https://www.telegraph.co.uk/global-health/science-and-disease/two-newwaves-deaths-break-nhs-new-analysis-warns.

Corona-situation in Germany

"The German populace should have been reassured that this country was well-positioned and that disturbing scenarios similar to those seen in northern Italy or elsewhere need NOT be feared. Instead, the exact opposite happened. The RKI issued warning after warning, and the government embarked on a crusade of fear-mongering that defied description. Anyone who dared to challenge the warning that the world was facing the greatest pandemic threat of all times was defamed and censored."

Two days later, on March 16, further massive restrictions to public life were announced(118). Public life was rapidly shut down. Clubs, museums, trade fairs, cinemas, zoos, everything had to be closed. Religious services were prohibited, playgrounds and sports facilities fenced off. Elective surgery would be postponed. The primary goal: the health care system must not be overwhelmed. While alarmism was expanding here in Germany, someone else raised his voice. Someone who really knows what he is doing and whom we have heard of several times before, Professor John Ioannidis. Here is a summary of his article "A fiasco in the making?"(119):

The current coronavirus disease, COVID-19, has been called a once-in-acentury pandemic. But it may also be a once-in-a-century evidence fiasco. We lack reliable evidence on how many people have been infected with SARS-CoV-2. Draconian countermeasures have been adopted in many countries. During longlasting lockdowns, how can policymakers tell if they are doing more good than harm? The data collected so far on how many people are infected and how the epidemic is evolving are utterly unreliable. Given the limited testing to date, some deaths and probably the vast majority of infections due to SARS-CoV-2 are being missed. We don't know if we are failing to capture infections by a factor of three or 300. No countries have reliable data on the prevalence of the virus in a representative random sample of the general population. Reported case fatality rates, like the official 3.4% rate from the World Health Organization, cause horror – and are meaningless. Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. The one situation where an entire, closed population was tested was the Diamond Princess cruise ship and its quarantined passengers. The case fatality rate there was 1.0%, but this was a largely elderly population, in which the death rate from COVID-19 is much higher. Adding to these extra sources of uncertainty, reasonable estimates for the case fatality ratio in the general U.S. population vary from 0.05% to 1%. If that is the true rate, locking down the world with potentially tremendous social and financial consequences may be totally irrational. It's like an elephant being attacked by a house cat. Frustrated and trying to avoid the cat, the elephant accidentally jumps off a cliff and dies.
Could the COVID-19 case fatality rate be that low? No, some say, pointing to the high rate in elderly people. However, even some so-called mild or common-cold-type coronaviruses that have been known for decades can have case fatality rates as high as 8% when they infect elderly people in nursing homes. In fact, such "mild" coronaviruses infect tens of millions of people every year, and account for 3% to 11% of those hospitalised in the U.S. with lower respiratory infections each winter. ***If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to "influenza-like illness" would not seem unusual this year****. At most, we might have casually noted*

that flu this season seems to be a bit worse than average. The media coverage would have been less than for an NBA game between the two most indifferent teams. One of the bottom lines is that we don't know how long social distancing measures and lockdowns can be maintained without major consequences to the economy, society, and mental health.

(119) John P. A. Ioannidis, "A Fiasco in the Making? As the Coronavirus Pandemic Takes Hold, We Are Making Decisions without Reliable Data," STAT, March 17, 2020, https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisionswithout- reliable-data.

The Medias biased reportings

Regrettably, this voice of reason remained unheard by our politicians and their advisers. Instead, the prediction ventured by Professor Neil Ferguson, Imperial College London, made the headlines: if nothing is done and the virus allowed to spread uncontrolled, more than 500,000 people will die in the UK and 2 million in the US(120). Not only did this make the rounds, it struck fear into hearts and souls.

Incidentally, Ferguson is the same authority who predicted 136,000 deaths due to mad cow disease (BSE), 200 million deaths due to avian flu and 65,000 deaths during the swine flu – in all cases there were ultimately a few hundred(121). In other words, he was wrong every time. Do journalists actually have a conscience and, if so, why do they not check the facts before distributing their news? Naturally, here too it later became apparent that Ferguson's prediction was totally wrong. But this was never reported by the media.

(120) Christian Baars, "Radikale Maßnahmen für viele Monate?," Tagesschau (Hamburg), March 17, 2020, https://www.tagesschau.de/investigativ/ndr/coronavirus-studie-london-101.html.

(121) Matt Ridley and David Davis, "Is the Chilling Truth That the Decision to Impose Lockdown Was Based on Crude Mathematical Guesswork?," Telegraph, May 10, 2020, https://www.telegraph.co.uk/news/2020/05/10/chilling-truth-decision-impose-lockdown-based-crude-mathematical.

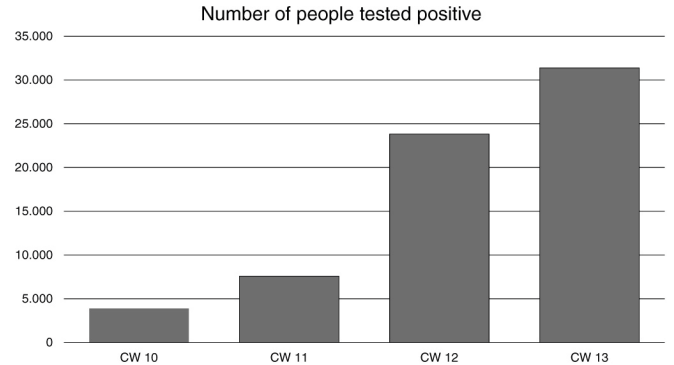
Politicians use of the situation to gain power make things worse

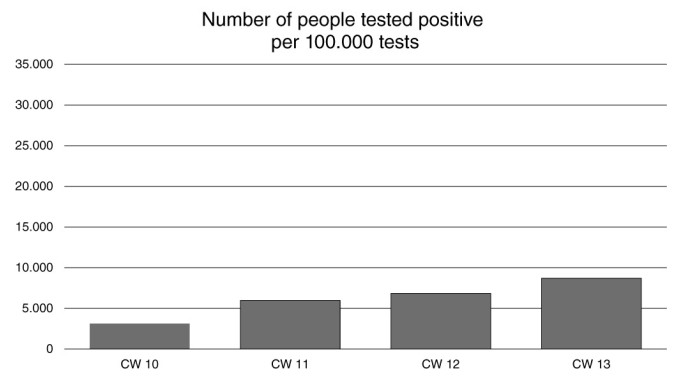
"Politicians entered a race for voter popularity – who could profit the most? Markus Söder, State President of Bavaria, presented himself as "Action Man", emanating force and determination in front of the cameras, and declaring his intent to fight the virus to the finish with all the means at his disposal. Söder surges ahead with the first draconian measures: stay-at-home order for Bavarians as of March 21. No visits to loved ones in hospitals. No church services. Shops and restaurants closed. Among other incredible measures."

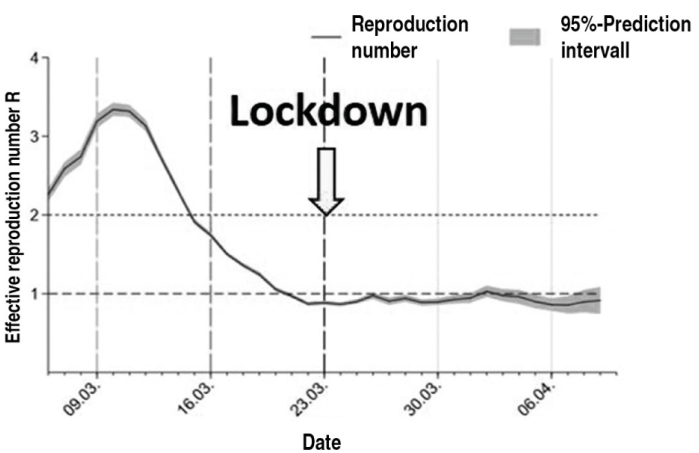
Sucharit Bhakdi

Lockdowns have absolutely no effect

The contents of an internal document of the German Ministry of the Interior (GMI) were then released to the public. There one learned that the worst-case scenario forecast 1.15 million fatalities if the virus was not contained(126,127). If we look at the numbers of reported infections in the first four weeks of March (calendar weeks (CW) 10–13), we can see that this actually looks like exponen-







tial growth, exactly as the RKI proclaimed. And that is how it was presented everywhere.

However, what the RKI did not point out was that in calendar week 12 the number of tests had approximately tripled and increased again the following week. The RKI apparently did not feel duty-bound to truth and clarification towards the population. So therefore, are these figures distorted? Why didn't they correct the numbers? That could have been achieved by stating the number of infections per 100,000 tests as shown in the second diagram.

The RKI text should rather have read as follows: "Dear fellow citizens, our numbers show no exponential increase of new infections. There is no need to worry."

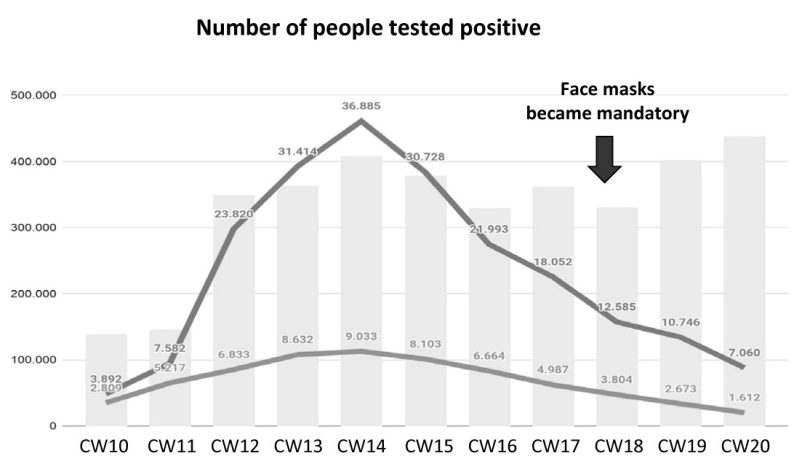
Indeed, the epidemic is literally "over the hill", as you can nicely see from the R-curve of the RKI, which was published on April 15 in the Epidemiological Bulletin 17(128):

WHAT IS GLARINGLY EVIDENT?
1) The epidemic had reached its peak at the beginning to the middle of March, well before the lockdown on March 23.
2) The lockdown had no effect: numbers dropped no further after its implementation.

(126) Ulrich Stoll and Christian Rohde, "Zwischen 'schneller Kontrolle' und 'Anarchie,'" ZDF Heute (Mainz), March 31, 2020, https://www.zdf.de/nachrichten/politik/f21-corona-dokumentinnenministerium- 100.html.

(127) Thomas Steinmann, "Innenministerium warnt vor Wirtschaftscrash," Capital (Hamburg), April 1, 2020, https://www.capital.de/wirtschaft-politik/innenministerium-warnt-vor-wirtschaftscrash.

(128) Matthias an der Heiden and Osamah Hamouda, "Schätzung der aktuellen Entwicklung der SARSCoV-2-Epidemie in Deutschland–Nowcasting," Epidemiologisches Bulletin 17, (April 2020): 10– 16, https://doi.org/10.25646/6692.



4. April 2020: no reason to prolong the lockdown

How did things look in the middle of April when the decision of once again prolonging the lockdown was pending?

Everything was really clear now. Just like the R-value, the number of newly infected cases showed that the peak of infection had passed (Figure: www.cidm .online). The upper curve depicts the number of "newly infected" with the initial increase as officially presented; the lower shows those numbers standardized to 100,000 tests. Columns show the actual numbers of conducted tests.

The fact is that there had never been a danger of hospitals being overwhelmed because there had never been an exponential growth of infection numbers. There were thousands of empty beds. There never was a giant "wave" of COVID-19 patients. Not because the measures were so effective, but because the epidemic was over before they were put in place. But all the hospitals postponed, or even suspended, all elective surgeries and procedures such as hip or knee operations or check-ups for cancer patients. Many hospitals reported occupancy reductions of up to 30% and more. Doctors were put on short-time working hours(129).

(129) Christian Geinitz, "„In den Kliniken stehen Tausende Betten leer"," Frankfurter Allgemeine, updated April 15, 2020, https://www.faz.net/aktuell/wirtschaft/fehlplanung-der-politikin-den-kliniken-stehenbetten-leer-16725981.html.

Mandatory masks

There is simply a lack of clear evidence that people who are not ill or who are not providing care to a patient should wear a mask to reduce influenza or COVID-19 transmission(130). In fact, a large Danish study with 7000 participants proved that face mask do not protect against virus (Det danske mundbind studie ref).

We are not aware of any single scientifically sound and undisputed article that would contradict the following:
1) There is no scientific evidence that symptom-free people without cough or fever spread the disease.

2) Simple masks do not and cannot stop the virus.

3) Masks do not and cannot protect from infection.

4) Non-medical face masks have very low filter efficiency(131)

5) Cotton surgical masks can be associated with a higher risk of penetration of microorganisms (penetration 97%). Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection(132).

In fact, there is no study to even suggest that it makes any sense for healthy individuals to wear masks in public(136,137). **One might suspect that the only political reason for enforcing the measure is to foster fear in the population.**

(130) Using Face Masks in the Community (Stockholm: European Centre for Disease Prevention and Control, 2020), https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-facemasks- community.pdf.

(131) Samy Rengasamy, Benjamin Eimer, and Ronald E. Shaffer, "Simple Respiratory Protection—Evaluation of the Filtration Performance of Cloth Masks and Common Fabric Materials Against 20–1000 nm Size Particles," Annals of Occupational Hygiene 54, no. 7 (October 2010): 789–98, https://doi.org/10.1093/annhyg/meq044.

(132) C. Raina MacIntyre et al., "A Cluster Randomised Trial of Cloth Masks Compared with Medical Masks in Healthcare Workers," BMJ Open 5, no. 4 (2015): e006577, https://doi.org/10.1136 /bmjopen-2014-006577.

(136) Denis G. Rancourt, "Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy," River Cities' Reader (IA), June 11, 2020, https://www.rcreader.com/commentary/masksdont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy.

(137) Pietro Vernazza, "Atemschutzmasken für alle—Medienhype oder unverzichtbar?," Klinik für Infektiologie/Spitalhygiene, Kantonsspital St. Gallen, April 5, 2020, https://infekt.ch/2020/04 / atemschutzmasken-fuer-alle-medienhype-oder-unverzichtbar.

There has never been a deadly viral pandemic

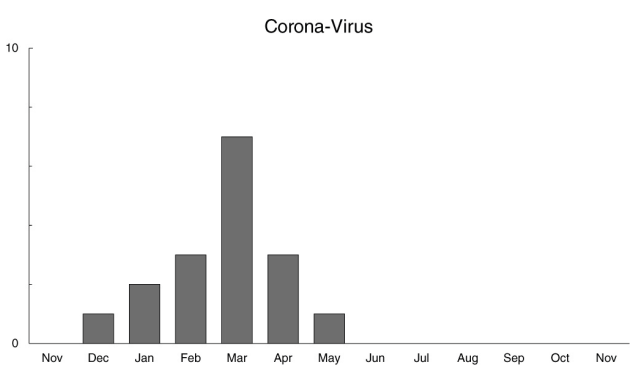
But at the time of the Spanish flu, antibiotics were not available to treat secondary bacterial infections that were the main cause of death(139). People did not die from viral pneumonia, but from bacterial lung infections that most like came from the use of dirty facemasks.

(139) Joachim Czichos, "Erst Bakterien führten zur tödlichen Katastrophe," Welt (Berlin), August 11, 2008, https://www.welt.de/gesundheit/article2295849/Erst-Bakterienfuehrten-zur-toedlichen-Katastrophe .html.

It is clear that viruses change but do not simply disappear. Just as there has always been a flu season, there has also always been a coronavirus season(140). Here we see the typical course of a coronavirus epidemic(141):

Does this look vaguely familiar and reminiscent of our RKI data with the March peak?

So, if any government should decide they want a second wave, all they need to do is to radically increase the number of tests in the annual coronavirus season. This simple manipulation will not fail to trigger the next laboratory pandemic.



(140) Marie E. Killerby et al., "Human Coronavirus Circulation in the United States 2014–2017," Journal of Clinical Virology 101 (April 2018): 52–56, https://doi.org/10.1016/j.jcv.2018.01.019. (141) Mika J. Mäkelä et al., "Viruses and Bacteria in the Etiology of the Common Cold," Journal of Clinical Microbiology 36, no. 2 (February 1998): 539–42, https://doi.org/10.1128/JCM.36.2.539-542 .1998.

...an extension of the lockdown seemed to make sense in the light of a recent article published in Nature, one of the most prestigious scientific journals in the world. Only research groups of high standing have realistic chances of seeing their names in print in this journal. Imperial College London rallied such a group, among whom the name Neil Ferguson may ring a bell. In a remarkable study, the investigators presented a computer-based analysis showing that the global lockdown had saved many millions of lives(147).

Known only to few was the fact that a string of protests by scientists of international standing rained into Nature's office. All pointed to the fundamental flaws in the analysis that had caused false conclusions to be drawn. **Correctly handled, the data actually showed the opposite: the lockdown had had no effect on the course of the pandemic.** Readers who wish to read the paper should not forget to look at these critical comments that follow after the article(148).

(147) Seth Flaxman et al., "Estimating the Effects of Non-Pharmaceutical Interventions on COVID-19 in Europe," Nature 584 (2020): 257–61, https://doi.org/10.1038/s41586-020-2405-7.

(148) Comments section below Flaxman et al., "Estimating the Effects of Non-Pharmaceutical Interventions," https://www.nature.com/articles/s41586-020-2405-7#article-comments.

Leaks of a secret political strategy: fear making

But the RKI kept fostering fear. The "number of intensive care beds will not be sufficient", Wieler, president of the RKI and trained veterinarian, announced at the beginning of April

(153). Why? Wieler explained: *"The epidemic continues and the number of fatalities will keep going up".*

Actually, the real explanation – kept under lock and key at that time – was quite different. It came to light in May, when a previously confidential document appeared on the website of the German Ministry of the Interior(154). The shocking contents confirmed circulating rumours. The document, dating to mid- March, was the minutes of a meeting of the coronavirus task-force. There, one was astounded to learn that fear-mongering was the official agenda created to manage the epidemic. All the pieces of the puzzle then fell into place.

Everything had been planned. The high numbers of infection were purposely reported because the numbers of deaths would "sound too trivial". The central goal was to achieve a massive shock effect. Three examples are given how to stir up primal fears in the general population:

1) People should be scared by a detailed description of dying from COVID- 19 as "slow drowning". Imagining death through excruciating slow suffocation incites the most dread.

2) People should be told that children were a dangerous source of infection because they would unwittingly carry the deadly virus and kill their parents.

3) Warnings about alarming late consequences of SARS-CoV-2 infections were to be scattered. Even though not formally proven to exist, they would frighten people.
Altogether, this strategy would enable all intended measures to be implemented with general acceptance by the public.

HORRIBLE!

RKI: The German Robert Koch Institute

(153) Barbara Gillmann, "RKI: Zahl der Intensivbetten wird nicht reichen," Handelsblatt (Düsseldorf), April 3, 2020, https://www.handelsblatt.com/politik/deutschland/corona-epidemie-rki-zahl-der-intensivbetten- wirdnichtreichen/25712008.html?ticket=ST-3691123-xCgN9jb0yWPZsyeB97s7-ap5.

(154) Bundesministerium des Innern, für Bau und Heimat, Wie wir COVID-19 unter Kontrolle bekommen, March 2020, https://www.bmi.bund.de/SharedDocs/downloads/DE/veroeffentlichungen/2020/corona /szenarienpapier-covid-19.pdf;jsessionid=8FAD89A1832ABFC4DB485C5625C8DE71.2_cid295?_ _blob=publicationFile&v=4.

Shortage of ventilators?

At the commencement of the pandemic, experts contended that invasive ventilation would be a first-line requirement to rescue COVID-19 patients from a horrible death by suffocation. At the same time, this measure would minimize the risk of infection of medical personnel. As a consequence, the German government decided to purchase and store thousands of ventilators in reserve. This turned out to be a very bad bet(157-161).

Artificially ventilated patients require very close attention(162). Oxygen is forced through a tube into the lungs. It is not uncommon for bacteria to hitch a ride and then cause life-threatening pneumonia. The risk of these hospital acquired infections rises by the day, which is why medical students learn that the ventilator should be used no longer than is absolutely necessary.

In contrast, COVID-19 patients were often put on ventilation early and without true need, and kept on the apparatus far longer than they ever should have been. Why? Because it was officially stipulated that invasive ventilation was the best means to reduce the risk of virus spread via aerosol to the personnel. However, aerosols probably play no important role in disease transmission(163). The sole fact that SARS-CoV-2 can be found in aerosol droplets(164) does not mean that it is there in sufficient quantities to cause illness(165).

How many lives were lost because of this advice?

Many specialists later stated that COVID-19 patients were intubated and ventilated for too long and too often(160,161). The risks were high and success more than questionable. Professor Gerhard Laier-Groeneveld from the lung clinic in Neustadt advised that intubation should be avoided in any event. His COVID-19 patients received oxygen with simple respiratory masks and he lost not a single life(160).

(157) Kit Knightly, "COVID19: Are Ventilators Killing People?," OffGuardian, May 6, 2020, https://offguardian.org/2020/05/06/covid19-are-ventilators-killing-people.

(158) "COVID-19: Beatmung—und dann?," DocCheck, March 31, 2020, https://www.doccheck.com/de /detail/articles/26271-COVID-19-beatmung-und-dann.

(159) Martin Gould, "EXCLUSIVE: 'It's a Horror Movie.' Nurse Working on Coronavirus Frontline in New York Claims the City Is 'Murdering' COVID-19 Patients by Putting Them on Ventilators and Causing Trauma to the Lungs," Daily Mail, updated May 14, 2020, https://www.dailymail.co.uk /news/article-8262351/Nurse-New-York-claims-city-killing-COVID-19-patientsputtingventilators .html.

(160) Jochen Taßler and Jan Schmitt, "Mehr Schaden als Nutzen?," Tagesschau (Hamburg), April 30, 2020, https://www.tagesschau.de/investigativ/monitor/beatmung-101.html.

(161) "„Es wird zu häufig intubiert und invasiv beatmet"," Frankfurter Allgemeine Zeitung, April 7, 2020, https://www.vpneumo.de/fileadmin/pdf/f2004071.007_Voshaar.pdf.

(162) Kristin Kielon, "So Funktioniert Künstliche Beatmung," Mitteldeutscher Rundfunk (Leipzig), March 24, 2020, https://www.mdr.de/wissen/so-funktioniert-beatmung-intensivstation-corona-100.html.

(163) "Modes of Transmission of Virus Causing COVID-19: Implications for IPC Precaution Recommendations," World Health Organization, March 29, 2020, https://www.who.int/news-room /commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipcprecaution- recommendations.

(164) Neeltje van Doremalen et al., "Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1," New England Journal of Medicine 382 (April 2020): 1564–67, https://doi.org/10.1056/NEJMc2004973.

(165) Young-Il Kim et al., "Infection and Rapid Transmission of SARS-CoV-2 in Ferrets," Cell Host & Microbe 27, no. 5 (May 2020): 704–9.e2, https://doi.org/10.1016/j.chom.2020.03.023.

What did the government do wrong?

It proclaimed an epidemic of national concern that did not exist

It deprived citizens of their rights It made arbitrary instead of evidence-based decisions

It intentionally spread fear It enforced senseless lockdown and mask-wearing

It devastated the economy and destroyed livelihoods

It disrupted the health care system

It inflicted immense suffering on the populace

Economic consequences

It will strike all countries. The global economic crisis could plunge 500 million people into poverty, so stated in a position paper by the UN(172).

The US Federal Reserve (FED) expects a dramatic decline of up to 30% in American economic performance(173). FED director Jerome Powell assumes a 20% to 25% increase in the unemployment rate. Almost 36.5 million people have lost their jobs. It is "the most traumatic job loss in the history of the US economy," says Gregory Daco,

US Chief Economist of the Oxford Economics Institute(174).

The EU commission predicts a deep recession of historic magnitude for Europe(175).

According to their prognosis, the economy will shrink a good 7% and will not completely recover in the next year.

In Germany too, the economy is starting to crumble. Since the second half of March it is down to 80% of normal economic performance(176). Reduced hours compensation is registered for about 10 million employees. Without short-time work, the unemployment rate would have increased dramatically, similar to the US. In April we have "only" 300,000 additional unemployed(177). But this will not be the end of the story, not by a long shot.

(172) Andy Sumner, Chris Hoy, and Eduardo Ortiz-Juarez, "Estimates of the Impact of COVID-19 on Global Poverty," (working paper, United Nations University World Institute for Development Economics Research, 2020), https://www.wider.unu.edu/publication/estimates-impact-covid-19- global-poverty.

(173) "Amerikas Wirtschaftsleistung sinkt um bis zu 30 Prozent," Frankfurter Allgemeine, updated May 18, 2020, https://www.faz.net/aktuell/wirtschaft/usa-notenbank-federwartet-dramatischen-einbruchder- wirtschaft-16774864.html.

(174) Ines Zöttl, "US-Arbeitsmarkt in der Coronakrise: US-Arbeitsmarkt in der Coronakrise," Spiegel (Hamburg), May 9, 2020, https://www.spiegel.de/wirtschaft/corona-krise-in-den-usa-der-auftakt-dertragoedie- a-532f7a6b-3a0d-4a8f-a38d-db91ead7990b.

(175) "EU vor Rezession von 'historischem Ausmaß," Tagesschau (Hamburg), May 6, 2020, https://www .tagesschau.de/wirtschaft/corona-eurozone-rezession-101.html.

(176) Benjamin Bidder, "'Das wird ein Zangenangriff auf Deutschlands Wholstand,'" Spiegel (Hamburg), May 17, 2020, https://www.spiegel.de/wirtschaft/corona-krise-das-wird-ein-zangenangriff-aufdeutschlands- wohlstand-a-eaf27caa-342d-4aca-bcb1-e84b15ca5a2d.

(177) Britta Beeger, "Warum die Arbeitslosigkeit steigt," Frankfurter Allgemeine, May 4, 2020, https:// www.faz.net/aktuell/wirtschaft/corona-krise-warum-die-arbeitslosigkeit-in-deutschland-steigt16753941. html.

Disruption of medical care

Many who were ill were afraid to visit hospitals for fear of catching the "killer virus".

Often older people would rather not "be a burden" to their doctors, who they thought were battling to save COVID-19 patients.

Patients requiring medical examinations were turned away, all that was not deemed of "vital importance" cancelled or postponed. Medical check-ups were not performed.

Operations were postponed to free up capacity for "coronavirus patients". Domestic violence against women and children increased.

The number of suicides rose.

Drugs and suicide

Following the financial crisis of 2008, the number of suicides rose in countries all over the world. According to the National Health Group Well Being Trust, unemployment, economic downfall and despair could now drive 75,000 Americans to drug abuse and suicide(179).

The Australian government estimates a rise in suicides of 50%(180), a number 10 times higher than the number of "coronavirus deaths". Unemployment and poverty are also predicted to markedly increase suicide rates in Germany(181). Heart attack and stroke Unemployment increases the risk of heart attack to an extent comparable to cigarette smoking, diabetes and hypertension(182). But where did all the patients with heart attacks disappear to? Admissions to emergency care units dropped 30% as compared to the previous month. Not because the patients were miraculously cured but because they were terrified of catching the deadly virus in the hospital. Preliminary symptoms went unheeded, even though such symptoms are often the harbinger of a deadly attack and need to be closely attended to in hospital.

"This is a most dangerous development... There are now 50% fewer patients with mild symptoms in the emergency room," explains Dr Sven Thonke, chief physician at the Clinic for Neurology in Hanau in a newspaper interview(181). Many pending strokes initially cause mild symptoms such as dizziness, speech, visual problems and muscle weakness. Thonke: "There are now 50% fewer patients with mild-symptoms in the emergency room." This is extremely worrisome because more often than not mild symptoms herald the severe stroke that can be rapidly fatal if the emergency is not immediately tended to.

Other ailments

According to the scientific institute of the AOK (German health insurance company), the following diagnoses dropped considerably in April: 51% fewer respiratory diseases, 47% fewer diseases of the digestive tract, and 29% fewer injuries and poisonings(183).

Care of tumour patients was catastrophic. Monitoring of tumour treatment was no longer conducted at the required levels. Control examinations were postponed or cancelled. Patients waited in agony for the next appointment – alone with their fears and the single remaining question: how much time was still left to them.

Cancelled operations

30 million elective surgeries were postponed or cancelled worldwide during the first 12 weeks of the pandemic(184). In 2018, 1.4 million operations were performed on average every month. 50–90% of all scheduled operations were postponed or not performed in March, April and May 2020. This translates to at least 2 million operations that would normally have been performed. The consequences must be profound.

Further consequences for the elderly

In Germany, more than 1,000 people over the age of 80 die every day(185). While we are taking drastic measures to prevent them from dying of COVID-19, we are making their lives less worth living. This cannot but impinge on life expectancy.

Quality of life

Especially in old age – when many friends have

already passed on and the body no longer works the way it once did – life is not about how many more days or years but about a life worth living. That could be accomplished by exercise and remaining active, through social contacts, by taking recreational holidays, visiting events and even shopping sprees, with regular visits to the sauna or a fitness studio or the daily walk to the corner café.

But what happens when, all of a sudden, the café and everything else is closed? No more visits to old friends, no more social events. And no visitors either.

Loneliness and isolation

Functioning social networks safeguard the elderly from loneliness. Five to twenty percent of senior German citizens feel lonely and isolated. After the lockdown, almost all contact with other people stopped for months, which must have worsened these feelings. For those who cannot leave the house unassisted, nursing services arrange "senior social groups", where the elderly are picked up once a week and then taken safely home again. It's not much, but it's so important to be with other people again and devastating when no longer there.

Terminal care

Yes, every individual has the right to reach as old an age as possible. But every person nearing the end of their life should also have the right to decide how they want to go. Most do not fear the end. As the time approaches, people become increasingly detached and willing to embark on their last journey.

When we hear talk about the "older people" and we are told that it is our moral duty to protect them, many picture sprightly seniors who are enjoying their time on ocean liners. In reality, the endangered elderly are multi-morbid individuals at the end of their lives. People who have not been able to leave their beds for days, weeks or months. People whose tumours have spread throughout their bodies and are in constant pain. People who cannot go on anymore and maybe do not want to go on. People who sometimes just wait for a kind fate to relieve them of their suffering.

Amidst all the protective measures for the high-risk groups in retirement and nursing homes, at the end the individual decision should have the highest priority. Most no longer care whether their loved ones bring the coronavirus to them, as long as someone is there to hold their hand, to talk about the past, and to whisper I love you and farewell(186).

Innocent and vulnerable: our children

Children – like the elderly – are the most vulnerable in our society and it is our duty to care for them. Millions of children in the world are suffering acutely from the coronavirus measures. "The coronavirus strikes more children and their families than those who are actually gripped by the infections," says Cornelius Williams, Head of the UNICEF Child Protection League(187).

Mental/psychological stress

Children cannot thrive without social contacts. Separation from key people like grandma and grandpa, auntie and uncle, their best friends – the closed schools, inaccessible playgrounds and barred sports fields disrupt their lives. Social ethicists point out how vital it is for children to be in contact with their peers(188).

Educational deficits

Children have a right to education. Since the schools have been closed, millions of students are lagging behind according to an estimate of the German Teacher Association. Their president, Heinz-Peter Meidinger, sees educational deficits for approximately 3 million children, especially in students from difficult social backgrounds and from impoverished families(189).

Physical violence

Tens of thousands of children in Germany become victims of violence and abuse every year(190). Crime statistics from 2018 show that

3 children die in the aftermath of physical violence every week

10 children are physically or mentally abused every day

40 children are sexually abused every day

And these, of course, are only the known cases. Can you imagine the situation in coronavirus times?

When parents are stressed, on the brink of losing their jobs and facing financial ruin?

When arguments and quarrels become a daily occurrence? With increased alcohol consumption? When children are at home day after day, with no way of escape?

Teachers who normally play important roles in safeguarding endangered children are gone. Who then should notify the youth welfare office should the need arise? The government's commissioner for abuse, Johannes-Wilhelm Rörig, issued an urgent warning. There were indications from the quarantined town of Wuhan that the cases of domestic violence had tripled during the "trapped-at-home" time. There were "equally alarming numbers" from Italy and Spain.

Consequences for the world's poorest

Many in this country took the opportunity to get their house and garden back into shape during the coronavirus crisis. Understandably, since home-office work was only semi-effective for want of equipment and slow internet connections. Actually, the majority of the middle class and the affluent were not doing badly. Well, the neighbour who now has to apply for Hartz IV (unemployment benefits) will surely get back on his feet. People tend to think as far as their front door, maybe a bit beyond, but that's it. Many are not aware that the most severe consequences often affect the poorest of the poor. One must not close one's eyes to the fact that the existence and lives of countless people are threatened.

Existential consequences

In India, there are hundreds of millions of day-labourers, many of whom led a hand-to-mouth existence before the coronavirus restrictions robbed them of their livelihoods. Now they have no more means to survive. They are "protected" against the coronavirus and are in turn left to starve.

In many African countries, coronavirus lockdowns are brutally enforced by police and military. Whoever shows his face on the streets is beaten. Children, who usually survive on their one meal in school, are forbidden to leave the house. They, too, can starve.

At the end of April, the Head of the UN World Food Program, David Beasley, gave a warning before the UN Security Council: because of coronavirus, there is a danger that the world will face a "hunger pandemic of biblical proportions"(191). "It is expected that lockdowns and economic recessions will lead to a drastic loss of income among the working poor. On top of this, financial aid from overseas will decrease, which will hit countries like Haiti, Nepal and Somalia, just to name a few. Loss of revenue from tourism will doom countries like Ethiopia, since it represents 47 percent of national income."

Consequences for medical care and maintenance of health

Medical care is a luxury that only a few in the poorest countries can afford. Advances and positive developments of recent years are now in danger of collapse.

Vaccination campaigns against the measles were suspended in many countries. Although measles rarely cause death in western countries, 3–6% of the infected people in poor countries die, and those who survive often have lifelong disabilities. The virus has claimed 6,500 child deaths in the Congo Republic(192).

Between 2003 and 2013, Zimbabwe succeeded in lowering yearly malaria infections from 155 per 1,000 inhabitants to just 22. Now, and within a short time, there have been more than 130 deaths and 135,000 infections. Two thirds of all fatalities were < 5 year-old children.

According to the WHO, malaria deaths in sub-Saharan Africa could rise to 769,000 in 2020, which would double the number for 2018. If so, they would be thrown back to a "mortality standard" of 20 years ago. The probable reason for this catastrophe is the fact that insecticide-treated mosquito nets can no longer be adequately distributed.

Are the malaria deaths in Zimbabwe and the measles deaths in the Congo only precursors of what is in store for the continent?

Synopsis

With the prescribed measures, was our government able to prolong the lives of people who would leave us in the next days, months or perhaps a few years? Maybe, maybe not. Were many lives saved through these measures? They certainly were not, because these restrictions were imposed when the epidemic was already subsiding.

One thing is certain. The immeasurable grief that these measures have inflicted cannot possibly be put into words or numbers.

(179) Mallory Simon, "75,000 Americans at Risk of Dying from Overdose or Suicide Due to Coronavirus Despair, Group Warns," CTV News (Ottawa), May 8, 2020, https://www.ctvnews.ca/health / coronavirus/75-000-americans-at-risk-of-dying-from-overdose-or-suicide-due-to-coronavirusdespair- group-warns-1.4930801.

(180) Agence France-Presse, "Australia Fears Suicide Spike Due to Virus Shutdown," Telegraph, May 7, 2020, https://www.telegraph.co.uk/ news/2020/05/07/australia-fears-suicide-spike-due-virusshutdown.

(181) "Mehr Tote durch Schlaganfälle, Infarkte und Suizide erwartet," BZ (Berlin), May 7, 2020, https:// www.bz-berlin.de/ratgeber/coronavirus-lockdown-mehr-tote-durch-schlaganfaelle-infarkte-undsuizide- erwartet.

(182) Catharine Paddock, "Heart Attack Risk Higher with Job Loss," Medical News Today, November 20, 2012, https://www.medicalnewstoday.com/articles/252985. (183) Hinnerk Feldwisch-Drentrup, "Warum in der Coronakrise nicht nur das Virus die Gesundheit gefährdet," Der Tagesspiegel (Berlin), May 16, 2020, https://www.tagesspiegel.de/wissen/diegesundheitlichenfolgen- des-lockdowns-jetzt-sind-es-30-prozentwenigerherzinfarkte-doch-spaeterwerden- es-wohlmehr/25834148.html.

(184) COVIDSurg Collaborative, "Elective Surgery Cancellations Due to the COVID-19 Pandemic: Global Predictive Modelling to Inform Surgical Recovery Plans," British Journal of Surgery, May 12, 2020, https://doi.org/10.1002/bjs.11746.

(185) "Anzahl der Sterbefälle in Deutschland nach Altersgruppe im Jahr 2018," Statista, May 2020, https:// de.statista.com/statistik/daten/ studie/1013307/umfrage/sterbefaelle-in-deutschland-nach-alter.

(186) MarieLuise Dr. Stiefel et al., "Corona: Schützen Sie uns Ältere nicht um diesen Preis! Selbstbestimmt altern und sterben!" Change.org, PBC, https://www.change.org/p/bundeskanzlerin-corona- sch%C3%BCtzen-sie-%C3%A4ltere-nicht-um-diesen-preis-selbstbestimmt-altern-undsterben.

(187) "UNICEF: Höhere risiken für Kinder wegen Massnahmen zur eindämmung des Coronavirus," UNICEF, March 23, 2020, https://www.unicef.de/informieren/aktuelles/presse/2020/risiken-fuerkinder- bei-eindaemmung-des-coronavirus/213060.

(188) Peter Dabrock, "„Kinder brauchen andere Kinder"," interview by Anke Schaefer, Deutschlandfunk Kultur (Berlin), April 14, 2020, https://www.deutschlandfunkkultur.de/sozialethiker-kritisiertlangekitaschliessungenkinder. 1008.de.html?dram:article_id=474595.

(189) "Deutschlands Lehrer-Chef: 'Ein Viertel aller Schüler abgehängt," Focus, May 8, 2020, https:// www .focus.de/familie/eltern/meidinger-zuschulschliessungen-deutschlands-lehrer-chef-ein-viertelallerschuelerabgehaengt_ id_11878788.html.

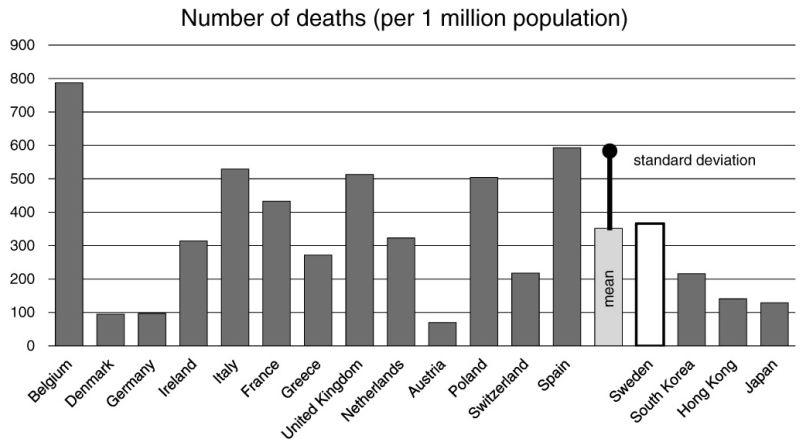
(190) Sue Odenthal and Martina Morawietz, "'Wir sind extrem blind im Kinderschutz,'" ZDF Heute (Mainz), April 28, 2020, https://www.zdf.de/nachrichten/panorama/coronavirus-kinderschutz-jugendamt- 100.html.

(191) Christoph Hein, "Auf Corona folgt der Hunger," Frankfurter Allgemeine, April 22, 2020, https:// www.faz.net/aktuell/wirtschaft/ un-warnt-auf-coronafolgt-die-hungersnot-16736443.html.

(192) Leslie Roberts, "Why Measles Deaths Are Surging—and Coronavirus Could Make It Worse," Nature, updated April 9, 2020, https://www.nature.com/articles/d41586-020-01011-6.

Lockdown is the wrong path

Several critical scientists came to the conclusion early on that lockdown was the wrong path. Among others, Nobel laureate Professor Michael Levitt spoke out. He considered the lockdown a "gigantic mistake" and called for more appropriate measures that should specifically aim to protect the vulnerable groups(201).



Nonetheless, most countries followed the "role model" China. All of Italy was completely quarantined from March 10 by a stay-at-home order. Exceptions applied only in emergencies, for important work orders and for errands that could not be postponed. 60 million people were under house arrest and the streets were totally empty for a whole two months. Other countries like Spain, France, Ireland, Poland undertook similar action. With what effect? The epidemic is over, so let us look at the death toll – keeping in mind that the numbers are grossly inflated because of faulty counting methods and case definition.

(201) "Nobel Prize Winning Scientist Prof Michael Levitt: Lockdown Is a 'Huge Mistake,'" YouTube video, 34:33, interview by UnHerd, posted by "UnHerd," May 2, 2020, https://www.youtube.com / watch?v=bl-sZdfLcEk.

The press relentlessly emphasized that Sweden would pay a high price for its liberal path. In actuality, we see that Sweden without lockdown is not significantly different when compared to countries with lockdown. South Korea, Japan and Hong Kong as well do not conspicuously stand out with an exorbitantly high number of so called "corona deaths". Quite the contrary is the case.

So what do we see: countries without lockdown measures did not slide into a catastrophe.

Were high-risk groups better protected in countries with lockdown?

The simple answer is, No.

Approximately half of the "coronavirus victims" died in care facilities and retirement homes, no matter where you look. In Western countries, these numbers vary from 30% to 60%(202). Countries with relatively drastic lockdowns like Ireland (60%), Norway (60%) or France (51%) have no better figures than Sweden (45%). Nursing homes require specific protection which general lockdown measures can in no way achieve.

A sensible concept for protection of genuinely vulnerable groups compliant with ethical rules and regulations(203) would have solved the problem.

(202) Adelina Comas-Herrera et al., Mortality Associated with COVID-19 Outbreaks in Care Homes: Early International Evidence, LTC Covid, updated June 26, 2020, https://ltccovid.org/2020/04/12/mortality -associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence.

(203) avstoesser, "Falsche Prioritäten gesetzt und ethische Prinzipien verletzt," Pflegeethik Initiative, Deutschland e.V., April 15, 2020, http://pflegeethik-initiative.de/2020/04/15/corona-krise-falscheprioritaeten-gesetzt-und-ethische-prinzipien-verletzt.

Is vaccination the universal remedy?

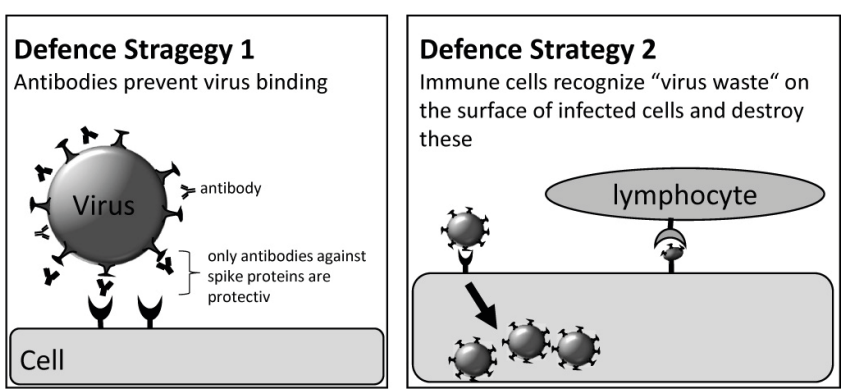
"There can be no return to normality until we have a vaccine," declares Michael Kretschmer, Minister-President of Saxony(206).

More and more voices were raised that we needed a vaccine before we could return to normal life.

At the beginning of June, the German Federal Ministry of Finance issued a plan to boost the economy: Item 53: "The coronavirus pandemic ends when a vaccine is available"(207)! This is hysterical! Since when can a government decide how and when a pandemic ends?

(206) Daland Segler, "„Anne Will": Wie hart trifft uns die „neue Normalität"?," Frankfurter Rundschau, May 29, 2020, https://www.fr.de/kultur/tv-kino/corona-talk-anne-will-ard-hart-trifft-neue-normalitaet -zr-13667631.html.

(207) "Corona-Folgen bekämpfen, Wohlstand sichern, Zukunftsfähigkeit stärken," Federal Ministry of Finance (Germany), June 3, 2020, https://www.bundesfinanzministerium.de/Content/DE /Standardartikel/Themen/Schlaglichter/Konjunkturpaket/2020-06-03-eckpunktepapier.pdf?__blob=publicationFile&v=10.



What does immunity against coronaviruses depend on?

The coronavirus binds via protein projections (so-called spikes) that recognise specific molecules (receptors) on our cell. This can be likened to virus hands grasping the handles of doors that then open to allow entry. After multiplication, viral progenies are released and can infect other cells.

Immunity against coronaviruses rests on two pillars: 1) antibodies, 2) specialised cells of our immune system, the so-called helper lymphocytes and killer lymphocytes.

When a new virus enters the body and causes illness, the immune system responds by mobilising these arms of defence. Both are trained to specifically recognise the invading virus, and both are endowed with the gift of long-term memory. Upon re-invasion by the virus, they are recruited to the new battle sites, their prowess bolstered through their previous encounter with the sparring partner.

Many different antibodies are generated, each specifically recognising a tiny part of the virus. Note that only the antibodies that bind the "hands" of the virus are protective because they can stop the virus from gripping the handles of the door (step 1). Classical viral vaccines are designed to make our immune system produce such antibodies. It is believed that an individual will thus become immune to the virus.

Three points require emphasis.

1. If you are tested for SARS-CoV-2 antibodies and nothing is found this does not mean that you were not infected. Severe symptoms often correlate with high production of antibodies, mild symptoms only lead to low antibody levels and many asymptomatic infections probably occur without any antibody production.

2. If antibodies are found this does not mean that you are immune. Current immunological tests cannot selectively detect protective antibodies directed against the "hands" of the virus. Other antibodies show up at the same time. Testing cannot give any reliable information on the "immune status" of an individual and, as will follow next, is essentially useless.

3. The outcome of an encounter between "protective" antibodies and the virus is not "black or white", not a "now or never". Numbers are important. A wall of protecting antibodies may ward off a small attack – for instance when someone coughs at a distance. The attack intensifies as the person comes closer. The scales begin to tip. Some viruses may now overcome the barrier and make it into the cells. If the cough comes from close quarters, the battle becomes one-sided and ends in a quick victory for the virus.

So even if vaccination is "successful", meaning that production of protective antibodies has taken place, it does not guarantee immunity. To worsen matters, antibody production spontaneously wanes after just a few months. Protection, if any at all, is at best short-lived. So what does "Immunity against coronavirus" really mean? Does "immune" mean that we do not get infected at all? No. It means we don't fall seriously ill. And not getting sick does not rest solely on prevention of infection by antibodies, but more on "putting out the fire". When a new variant appears, many people may get infected but because the fires are quickly extinguished, they will not fall seriously ill. The relative few who fare worse do so because the balance between attack and defence is heavily in favour of the virus. But in the absence of pre-existing illness, the scales tip back again. The virus will be overcome. As a rule, it is only for people with pre-existing conditions that the virus may become the last straw that breaks the proverbial camel's back. This is why coronavirus infections run a mild or even symptom-free course and why an epidemic with any "new" virus is never followed by a second, more serious, wave. Why do annual coronavirus epidemics end in summer? Well, just one speculation. Over 50% of the northern European population becomes vitamin Ddeficient in the dark winter months. Possibly, replenishment of vitamin D stores by sunshine and the shift of activities to outdoors are simple important reasons. What happens to the virus after an epidemic? It joins its relatives and circulates with them in the population. Infections continue to occur but most go unnoticed because of the vitalised immune system. Once in a while, someone will get his summer flu. But such is life.

Can a similar pattern be expected with SARS-CoV-2?

The authors believe that is exactly what we have witnessed. 85–90% of the SARS-CoV-2 positive individuals did not fall ill. Most probably, their lymphocytes extinguished the fires in time to limit viral production. Put very simply: the virus was a new variant and able to infect almost anyone. But immunity was already widespread due to the presence of lymphocytes that crossrecognised the virus.

Does proof exist that lymphocytes from unexposed individuals cross-recognise SARS-CoV-2?

Yes. In a recent German study, lymphocytes from 185 blood samples obtained between 2007 and 2019 were examined for cross-recognition of SARS-CoV-2. Positive results were found in no less than 70–80%, and this applied to both helper and killer lymphocytes(210). A US study with lymphocytes from 20 unexposed donors similarly reported the presence of lymphocytes that were cross-reactive with the new virus(211). In these and another Swedish study it was also found that even non-symptomatic or mild SARS-CoV-2 infections provoked strong T-cell responses(212). We suspect that these unusually vigorous T-cell responses to a first infection represent classical booster phenomena occurring in pre-existing populations of reactive T-lymphocytes.

Could the idea that lymphocytes mediate cross-immunity to SARS-CoV-2 be tested?

The concept of lymphocyte-mediated herd immunity that we present follows from the integration of latest scientific data(209–212) into the established context of host immunity to viral infections. The idea can actually be put to test. Thus, in a recent study, cynomolgus monkeys were successfully infected with SARSCoV- 2(213). Although all animals shed the virus, not a single one fell ill. Minor lesions were found in the lungs of two animals, attesting to the fact that vigorous production of the virus had taken place.

In essence, these findings replicated what has been witnessed in healthy humans. Repetition of the monkey experiment in animals depleted of lymphocytes would show whether herd immunity had indeed derived from the presence of the cells.

(210) Annika Nelde et al., "SARS-CoV-2 T-cell Epitopes Define Heterologous and COVID-19-Induced TCell Recognition," preprint, posted June 17, 2020, https://doi.org/10.21203/rs.3.rs-35331/v1.

(211) Alba Grifoni et al., "Targets of T-Cell Respons-

es to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals," Cell 181, no. 7 (June 2020): 1489–501.e15, https://doi.org/10.1016/j.cell.2020.05.015.

(212) Takuya Sekine et al., "Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19," Cell, (August 2020), https://doi.org/10.1016/j.cell.2020.08.017.

(213) Barry Rockx et al., "Comparative Pathogenesis of COVID-19, MERS, and SARS in a Nonhuman Primate Model," Science 368, no. 6494 (May 2020): 1012–15, https://doi.org/10.1126/science.abb7314.

To vaccinate or not to vaccinate, that is the question

1. When is the development of a vaccine called for? We venture to answer: when an infection regularly leads to severe illness and/or serious sequelae in healthy individuals, as is not the case with SARS-CoV-2. 2. When would mass vaccination not be reasonable? We propose that mass vaccination is not reasonable if a large part of the population is already sufficiently protected against life-threatening disease, as is the case for SARS-CoV-2.

The aim of most vaccines is to achieve high levels of neutralising antibodies against the binding spike proteins of the virus and cellular responses(217,218). Four major strategies are being followed.

1. Inactivated or attenuated whole virus vaccines. Inactivated vaccines require production of large quantities of the virus, which need to be grown in chicken eggs or in immortalised cell lines. There is always the risk that a virus batch will contain dangerous contaminants and produce severe side effects. Moreover, the possibility exists that vaccination may actually worsen the course of subsequent infection(219), as has been observed in the past with inactivated measles and respiratory syncytial virus vaccine(220,221).

Attenuated vaccines contain replicating viruses that have lost their ability to cause disease. The classic example was the oral polio vaccine that was in use for decades before tragic outbreaks of polio occurred in Africa that were found to be caused not by wild virus, but by the oral vaccine(222).

2. Protein vaccines. These will contain the virus spike protein or fragments thereof. Supplementation with immune stimulators, adjuvants that may cause serious side-effects, is always necessary(217).

3. Viral vectors as gene-based vaccines. The principle here is to integrate the relevant coronavirus gene into the gene of a carrier virus (e.g. adenovirus) that infects our cells(217). Replication-defective vectors are unable to amplify their genome and will deliver just one copy of the vaccine gene into the cell. To bolster effectiveness, attempts have been made to create replication-competent vaccines. This was undertaken with the Ebola vaccine rVSV-ZEBOV. However, viral multiplication caused severe side effects in at least 20% of the vaccinated, including rash, vasculitis, dermatitis and arthralgia.

4. Gene-based vaccines. In these cases, the viral gene is delivered to the cell either as DNA inserted into a plasmid or as mRNA that is directly translated into protein following cell uptake.

A great potential danger of DNA-based vaccines is the integration of plasmid DNA into the cell genome(223). Insertional mutagenesis occurs rarely but can become a realistic danger when the number of events is very large, i.e. as in mass vaccination of a population. If insertion occurs in cells of the reproductive system, the altered genetic information will be transmitted from mother to child. Other dangers of DNA vaccines are production of anti-DNA antibodies and autoimmune reactions(224). Safety concerns linked to mRNA vaccines include systemic inflammation and potential toxic effects(225).

A further immense danger looms that applies equally to mRNA-based coronavirus vaccines. At some time during or after production of the viral spike, waste products of the protein must be expected to become exposed on the surface of targeted cells. The majority of healthy individuals have killer lymphocytes that recognise these viral products(210,211). It is inevitable that autoimmune attacks will be mounted against the cells. Where, when, and with which effects this might occur is entirely unknown. But the prospects are simply terrifying.

(217) Michael Barry, "Single-Cycle Adenovirus Vectors in the Current Vaccine Landscape," Expert Review of Vaccines 17, no. 2 (2018): 163–73, https://doi.org/10.1080/14760584.2018.1419067.

(218) Ewen Callaway, "The Race for Coronavirus Vaccines: A Graphical Guide," Nature 580 (April 2020): 576–77, https://doi.org/10.1038/d41586-020-01221-y.

(219) Barney S. Graham, "Rapid COVID-19 Vaccine Development," Science 368, no. 6494 (May 2020): 945–46, https://doi.org/10.1126/science.abb8923.

(220) Vincent A. Fulginiti et al., "Altered Reactivity to Measles Virus: Atypical Measles in Children Previously Immunized with Inactivated Measles Virus Vaccines," JAMA 202, no. 12 (December 1967): 1075–80, https://doi.org/10.1001/jama.1967.03130250057008.

(221) Hyun Wha Kim et al., "Respiratory Syncytial Virus Disease in Infants Despite Prior Administration of Antigenic Inactivated Vaccine," American Journal of Epidemiology 89, no. 4 (April 1969): 422–34, https://doi.org/10.1093/oxfordjournals.aje.a120955.

(222) Cara C. Burns et al., "Multiple Independent Emergences of Type 2 Vaccine-Derived Poliovirus during a Large Outbreak in Northern Nigeria," Journal of Virology 87, no. 9 (April 2013): 4907–22, https://doi.org/10.1128/JVI.02954-12.

(223) Z. Wang et al., "Detection of Integration of Plasmid DNA into Host Genomic DNA Following Intramuscular Injection and Electroporation," Gene Therapy 11 (April 2004): 711–21, https://doi.org/10.1038/sj.gt.3302213.

(224) Barbara Langer et al., "Safety Assessment of Biolistic DNA Vaccination," Biolistic DNA Delivery 940 (2013): 371–88, https://doi.org/10.1007/978-1-62703-110-3_27.

(225) Norbert Pardi et al., "mRNA Vaccines–A New Era in Vaccinology," Nature Reviews Drug Discovery 17, (2018): 261–79, https://doi.org/10.1038/nrd.2017.243.

The Swine flu scandal in 2009

A nationwide vaccination with the hastily produced and barely tested H1N1 vaccine was recommended in 2009, after WHO declared the Swine Flu Pandemic. 60 million doses of adjuvanted vaccine were purchased for the German population. Non-adjuvanted vaccine was obtained only for high members of the government(229).

Again, this all happened when it was clear that the swine flu pandemic had run a light course. The majority of the public decided wisely against the senseless vaccination. What was the end of the story? Trucks loaded with over 50 million expired vaccine doses were disposed of at the Magdeburg waste-toenergy plant. As was taxpayer's money ... no, actually not, the money just changed hands. Estimated profit for the pharmaceutical industry: 18 billion US dollars(230).

Actually, that was not quite the end of the fiasco. Almost forgotten today is that one adjuvanted swine flu vaccine caused side effects that ruined thousands of lives(231,232). The side effects were caused because antibodies against the virus cross-reacted with a target in the brains of the victims. The damage was the result of a classic antibody-driven autoimmune disease. The side-effect was relatively rare. The incidence was probably something in the order of 1 in 10,000, but the outcome was tragic because so many millions received the vaccine, essentially for nothing, since the infection generally ran a mild course. In retrospect, the risk-benefit ratio of swine flu vaccination must be admitted to have been disastrous. This is what happens when mass vaccination is undertaken without need.

(229) "Kanzlerin und Minister sollen speziellen Impfstoff erhalten," Spiegel, October 17, 2009, https://www.spiegel.de/wissenschaft/medizin/schutzvorschweinegrippe-kanzlerin-und-minister-sollenspeziellenimpfstofferhalten- a-655764.html.

(230) Michael Fumento, "Why the WHO Faked a Pandemic," Forbes, February 5, 2010, https://www.forbes.com/2010/02/05/world-health-organization-swine-flu-pandemic-opinions-contributorsmichael- fumento.html.

(231) Clare Dyer, "UK Vaccine Damage Scheme Must Pay £120 000 to Boy Who Developed Narcolepsy after Swine Flu Vaccination," BMJ 350 (2015): h3205, https://doi.org/10.1136/bmj.h3205.

(232) S. Sohail Ahmed et al., "Narcolepsy, 2009 A(H1N1) Pandemic Influenza, and Pandemic Influenza Vaccinations: What Is Known and Unknown about the Neurological Disorder, the Role for Autoimmunity, and Vaccine Adjuvants," Journal of Autoimmunity 50 (May 2014): 1–11, https://doi.org/10.1016/j.jaut.2014.01.033.

The role of WHO – The World Health Organization

It has long been known that the pharmaceutical industry had full control over WHO, and uses WHO as its marketing platform (247).

The corruption of WHO has been exposed; during the Swine Flu Scandal, 5 members of the central advising committee had received over 7 million USD directly from the vaccine industry (247.

The false corona pandemic seems to be created in close collaboration with the WHO, which is the reason for the court cases against WHO, Drosden, and others filed by Reimer Fuellmich, together with 1000 lawyers and 10.000 medical experts (248).

(247) Ventegodt S. Why the corruption of the World Health Organization (WHO) is the biggest threat to the World's public health of our time. J Integr Med Ther 2015;2(1):5.

(248) https://odysee.com/@MyCorrsAndKelly:d/Nuremberg-2.0,-Reiner-Fuellmich:c

Failure of the public media

It's easier to fool people than to convince them that they have been fooled.
(MARK TWAIN)

In a working democracy, the media should provide the public with truthful news, foster opinion formation through critique and discussion, and oversee the action of the government as the "fourth public authority" with impartiality and autonomy. What we have experienced during the coronavirus pandemic is just the opposite(233).

All public broadcasters became servile mouthpieces of the government. The press was no better. Regard for the truth, protection of human dignity, service to the public – the Press Codex disappeared from the scene. Worldwide.

(233) Urs P. Gasche, "Corona: Medien verbreiten weiter unbeirrt statistischen Unsinn," Infosperber, April 26, 2020, https://www.infosperber.ch/Artikel/Medien/Corona-Medien-verbreiten-weiter-unbeirrtstatistischen-Unsinn.

Critical scientists are not herd in the media

Wodarg and many doctors and specialists have been talking strongly against the false pandemic, the absurdity of the WHO estimations and recommendations, and warned the world against the damaging effects of the lockdowns (249-254).

Besides Wodarg, the immunologist and toxicologist Professor Stefan Hockertz pointed out early on that the seriousness of SARS-CoV-2 should be assessed similar to that of the common flu viruses, and that the implemented measures were completely exaggerated. Also involved was Christof Kuhbandner, a professor of psychology, who reiterated several times that there was no scientific basis for these measures(235).

The critical voices in this country were not alone, there were many others worldwide(236,237). Was the public notified? It seemed to have been an easy and successful strategy to simply not report these things; but such a stratagem should have no place in an enlightened democratic state.

This synchronised "system journalism" was obviously apparent to experts. Professor Otfried Jarren voiced his criticism in the Deutschlandfunk(238). "For weeks now, the same male and female experts and politicians make their appearance and are presented as the "crisis managers". But nobody asks who has which expertise and who appears in which role. Furthermore, there are no debates among these experts, but only individual statements."

(235) Christof Kuhbandner, "Von der fehlenden wissenschaftlichen Begründung der Corona-Maßnahmen," Telepolis, April 25, 2020, https://www.heise.de/tp/features/Von-der-fehlenden-wissenschaftlichen- Begruendung-der-Corona-Massnahmen-4709563.html.

(236) "12 Experts Questioning the Coronavirus Panic," OffGuardian, March 24, 2020, https://

off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic.

(237) "10 MORE Experts Criticising the Coronavirus Panic," OffGuardian, March 28, 2020, https://offguardian.org/2020/03/28/10-more-experts-criticising-the-coronavirus-panic.

(249) Reiss K, Bhakdi S. Corona: False alarm? Facts and figures. New York: Chelsea Green Publishing, 2020.

(250) Ventegodt S, Merrick J. A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers. J Altern Med Res 2020;12(2):89-133

(251) Ventegodt S, Andersen NJ, Merrick J. A tribute to the Corona virus Covid-19 (SARS-CoV-2) whistle-blowers. New York: Nova Science, 2020.

(252) Ventegodt S. Corona Overleverens Håndbog. København: Livskvalitetsforlaget. 2020

(253) Bhakdi S, Ventegodt S. Report of the OOC's Scientific Committee: Scientific report on corona number 1 from January 26th 2021. Copenhagen: Quality of Life Research Center, 2021.

(254) Ventegodt S. Covid-19 pandemic, lockdown and other limitations: A qualitative and quantitative evaluation of the of corona virus SARS-CoV-2. J Altern Med Res 2021;13(3): In Print.

Death from corona vaccination / vaxxination

In Denmark we have about 1.5 million people vaccinated against corona virus now; and the death statistics tells us that about (2423+1992=) 4415 people have died from the vaccination (255).

To comparison is the official death number of people who died with COVID-19 since march 2020 only 2499 deaths. If you ask for the number of people who actually died from COVID-19 this number is maybe only 10% of this. If autopsies had been done the same way professor Püschel did his study in Hamburg, a much lower number again would be found. Püschel concluded after his big autopsy study of all people who died with COVID-19 in Hamburg that he found nobody that actually died, where COVID-19 was the real cause of dead.

In conclusion the vaccination is more deadly than the virus SARS-CoV-2 and the disease it causes.

Conclusion from the 1st International Conference on COVID-19

All science point to the corona pandemic being a false pandemic.

COVID-19 and the SARS-CoV-2 virus is not more dangerous than influenza. We are happy that a Danish professor, Morten Petersen, just recently has published the same result from his analysis (256).

This conclusion also leads to the conclusion that no vaccination of the general populace is necessary, or even useful.

All kinds of chemical medicine and vaccines have severe adverse effects, and vaccines are know to be very harmful, as we have seen above.

The corona vaccines are causing hundreds of severe adverse reactions, like severe autoimmune diseases that lead to brain damage etc. The vaccine is even deadly, and much more deadly than the corona virus, as we have seen.
The vaccination is more deadly than the virus SARS-CoV-2 and the disease it causes.

But we believe that a more thorough analyses would justify an even stronger conclusion:

"In conclusion the vaccination is deadly, while the virus SARS-CoV-2 is not."

We can only encourage governments and medical scientists and researchers in all countries to investigate into this matter of extreme importance and without hesitation. '

While this is examined all corona vaccinations must be immediately halted.

(255) Aktindsigt fra Statens Serum Institut 11 maj 2021: 4415 personer er døde i forbindelse med corona vaccination i Danmark.

(256) Morten Petersen. Professor i biologi: Covid-19 kan ikke længere betragtes som farligere end influenza – snarere tværtimod. Dagbladet POLITIKEN. Debatindlæg 13. maj 2021 kl. 08.35 Morten Petersen is professor of biologi at Københavns Universitet

STATENS SERUM INSTITUT

J. nr.: 21/01626
11. maj 2021

Anmodning om aktindsigt

Kære Lars

Du har den 8. februar 2021 via e-mail anmodet om aktindsigt på følgende måde:

"Jeg vil gerne udbede mig aktindsigt i hvor mange vaccinerede personer i Danmark der er døde efterfølgende den igangsatte coronavaccine og alderen på disse personer. Jeg venter stadig spændt på svar fra min tidligere anmodning om aktindsigt i selvmordsantal i 2018-2020."

Indledningsvist skal Statens Serum Institut gøre opmærksom, at instituttet ikke er besiddelse af dokumenter eller oplysninger, der er omfattet af den del af din anmodning, dervedrører aktindsigt i selvmordsantal i 2018 – 2020. Statens Serum Institut har derfor d.d.videresendt denne del af din aktindsigtsanmodning til Sundhedsdatastyrelsen, da det er denne myndighed til atbehandle denne del af din anmodning jf. offentlighedslovens § 36 stk. 1.

Du bedes herefter rette henvendelse til Sundhedsdatastyrelsen, Ørestads Boulevard 5, 2300 København S, kontakt@sundhedsdata.dk, hvis du har spørgsmål til din anmodning om aktindsigt vedrørende antal af selvmord i den angivne periode.

Derudover skal Statens Serum Institut beklage den lange sagsbehandlingstid, som skyldes det meget store antal anmodninger.

1. AFGØRELSE

Statens Serum Institut skal gøre opmærksom på at dødsfald relateret til vaccination defineres som en person, der er død op mod 30 dage efter vaccinationen. Covid-19 er ikke nødvendigvis den tilgrundliggende årsag til dødsfaldet.

Se vedhæftet excel dokument, som viser antal personer i Danmark, der er døde efter covid-19 vaccine og alderen på disse personer i perioden fra start vaccinationsprogrammet (27. december 2020) til d.d. Dataudtrækket udleveres i overensstemmelse med offentlighedslovens § 11.

- 2423 personer er døde op til 30 dage efter de er blevet førstegangsvaccineret (tabel 1).
- 1992 personer er døde op til 30 dage efter de er blevet færdigvaccineret (tabel 2).

2. KLAGEVEJLEDNING

Klage over denne afgørelse om aktindsigt kan ske til Sundhedsministeriet. Du skal dog indledningsvis sende din klage til Statens Serum Institut, Direktionssekretaria@ssi.dk. Hvis din klage ikke giver Statens Serum Institut anledning til at ændre afgørelsen, sender Statens Serum Institut klagen samt sagens dokumenter og herunder afgørelsen til Sundhedsministeriet snarest og som udgangspunkt senest syv arbejdsdage efter modtagelsen af klagen ved Statens Serum Institut, jf. offentlighedslovens § 37, stk. 1 og 2.