They are associated with increased mortality and have many side effects – therefore they should be banned now

Some unpleasant news about the Covid-19 vaccination campaign

A few newspapers reported at the end of November („The Berliner Zeitung„; „Die Weltwoche„) and otherwise mainly internet portals („Die Achse des Guten„; „tkp„) about a letter signed by the head of the European Medicine Agency (EMA), Emer Cooke, in response to a question from some Members of the European Parliament (here the question from Oct. 12, 2023).

The essence of the EMA's letter in response to the parliamentarians' question is a surprise only to those who have not yet informed themselves well enough. Ms. Cooke says bluntly: The Covid-19 vaccines had not been tested from the outset to prevent infection transmission and did not do so. Incidentally, this was stated in the Comirnaty package insert. Even more brazen is the response from Stella Kyriakides on behalf of the Commission: The EMA had already reported this in 2020. Subtext: So why the stupid question and all the excitement?

Where did the question come from? Didn't Ms. von der Leyen claim that we are not only protecting ourselves, but also „our loved ones“, i.e. others? Subtext: because vaccinated people don't get sick and can't pass on an infection. This is wrong and Ms. von der Leyen, in particular, should have known this in 2020. How did Spahn, Lauterbach, Merkel, Scholz, the whole squad of Berlin high politics and the German media world trumpet this? "Anyone who doesn't get vaccinated is a dangerous person, antisocial, should be locked up, must be forced'', etc. Yes, it's easy to forget such embarrassments. But you shouldn't. Because now, a long three years later, it's official. Politicians knew that the „vaccines“ did not protect against transmission, and claimed the opposite. In my view, that is the definition of a lie. And collectively. Also in the German media landscape. It is therefore consistent that the leading media are apparently unwilling to discuss this fact. The fact that the EKD is asleep – see my last blog – comes as no surprise to anyone. But the otherwise so alert sleuths from SZ, FAZ, BILD and co? Well, they just don't like to admit that they've made mistakes, I know.

But now that another wave of infections seems to be rolling in, the talk will get louder again: Vaccination helps, vaccination is good for your health, vaccination helps others above all, if

not me, then grandpa, and maybe vaccination will help the poor animals too …

The data from the Office of National Statistics in England

So let’s take a sober look at some data. My colleague Andreas Sönnichsen and others have just published some data under the title „Current evidence on Covid vaccination“. The Office of National Statistics (ONS) in England can also help.. The authority has published its new dataset on mortality in England in good time, separated into vaccinated and unvaccinated and age-standardized to 100,000 inhabitants, but guaranteed to be uncoordinated with the EU. I looked at this data set and prepared it graphically. I show three graphs below. First, the all-cause mortality in England, age-standardized and calculated per 100,000 inhabitants. (This standardization makes it easy to compare the data, which is not possible with raw mortality data. People keep making this mistake). The second figure shows Covid-19 related mortality, what we call „deaths from and with corona“, i.e. deaths in which there was a positive PCR test or in which someone actually died from a disease caused by the coronavirus. The third figure shows „all other“ deaths.

I divide the graphs into „unvaccinated“; these are the green curves. Single vaccinated, these are the blue curves; the ONS describes the category as „vaccinated once, after at least 3 weeks“. And finally, „vaccinated twice, after at least 3 and up to 6 months“. These are the red curves. The data summarizes the period from April 2021 to May 2023. Other vaccination groupings also exist, but with very little data and many missing values; I omit these because they add little and make the graphs unreadable. The data is no friendlier than that of the red curve.

So the data in Figures 2 and 3 are basically sub-groupings of those in Figure 1, if ONS has clean data.

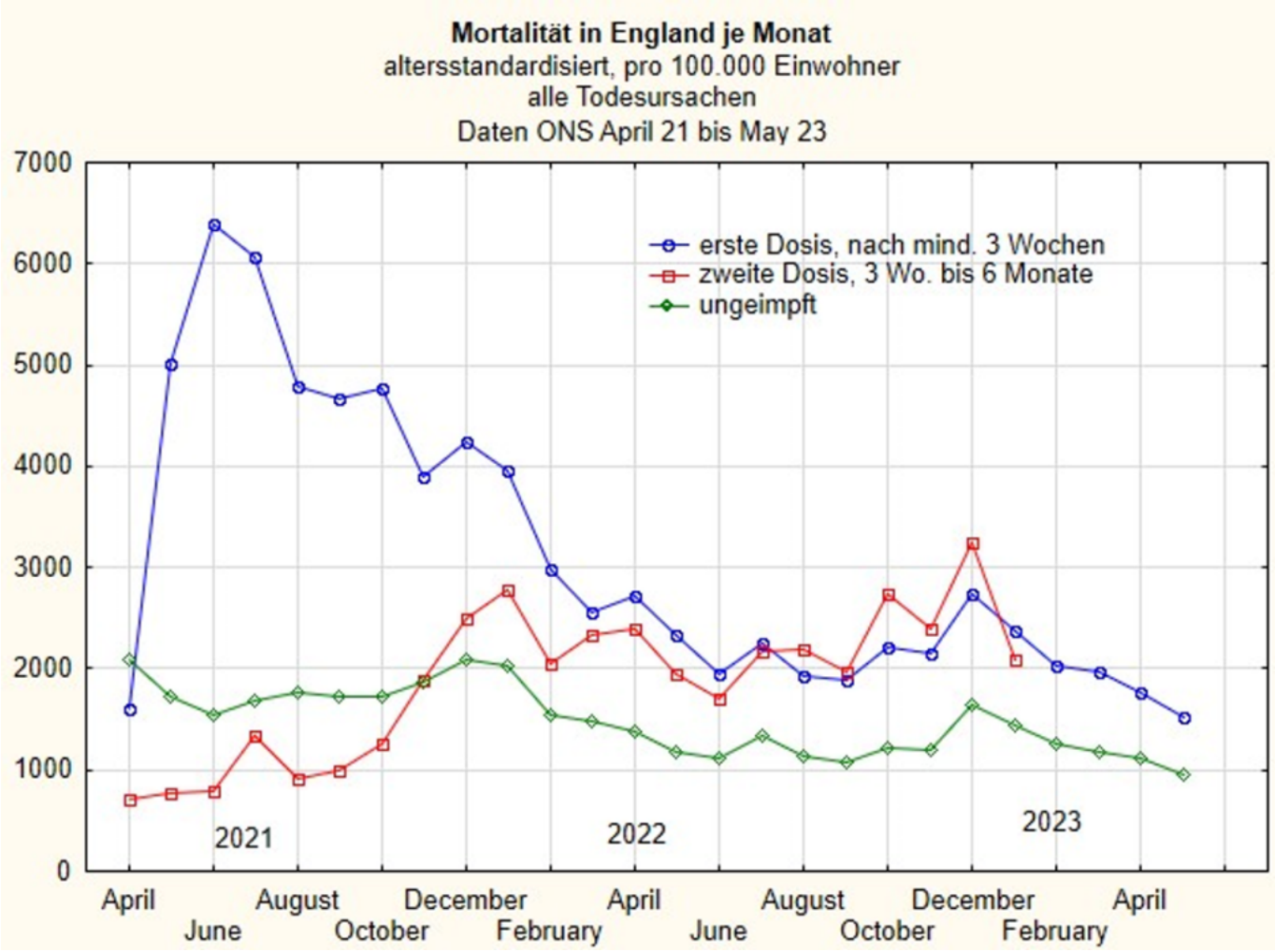

Figure 1 – Overall mortality in England, age-standardized per 100,000 population, divided into unvaccinated (green), vaccinated once (blue) and vaccinated twice (red)

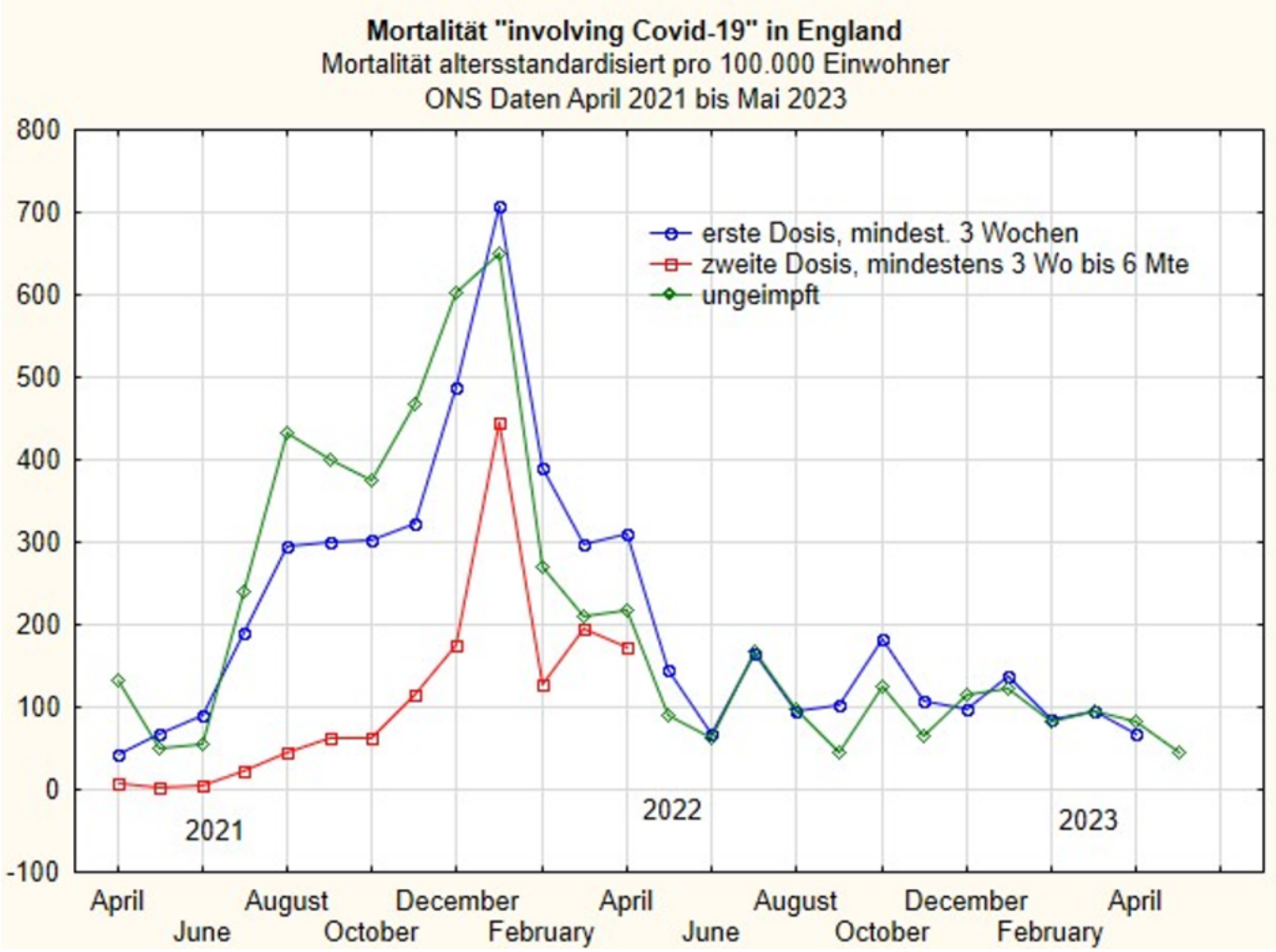

Figure 2 – „Covid-19-related“ mortality in England, age-standardized per 100,000 inhabitants, broken down by unvaccinated (green), vaccinated once (blue) and vaccinated twice (red)

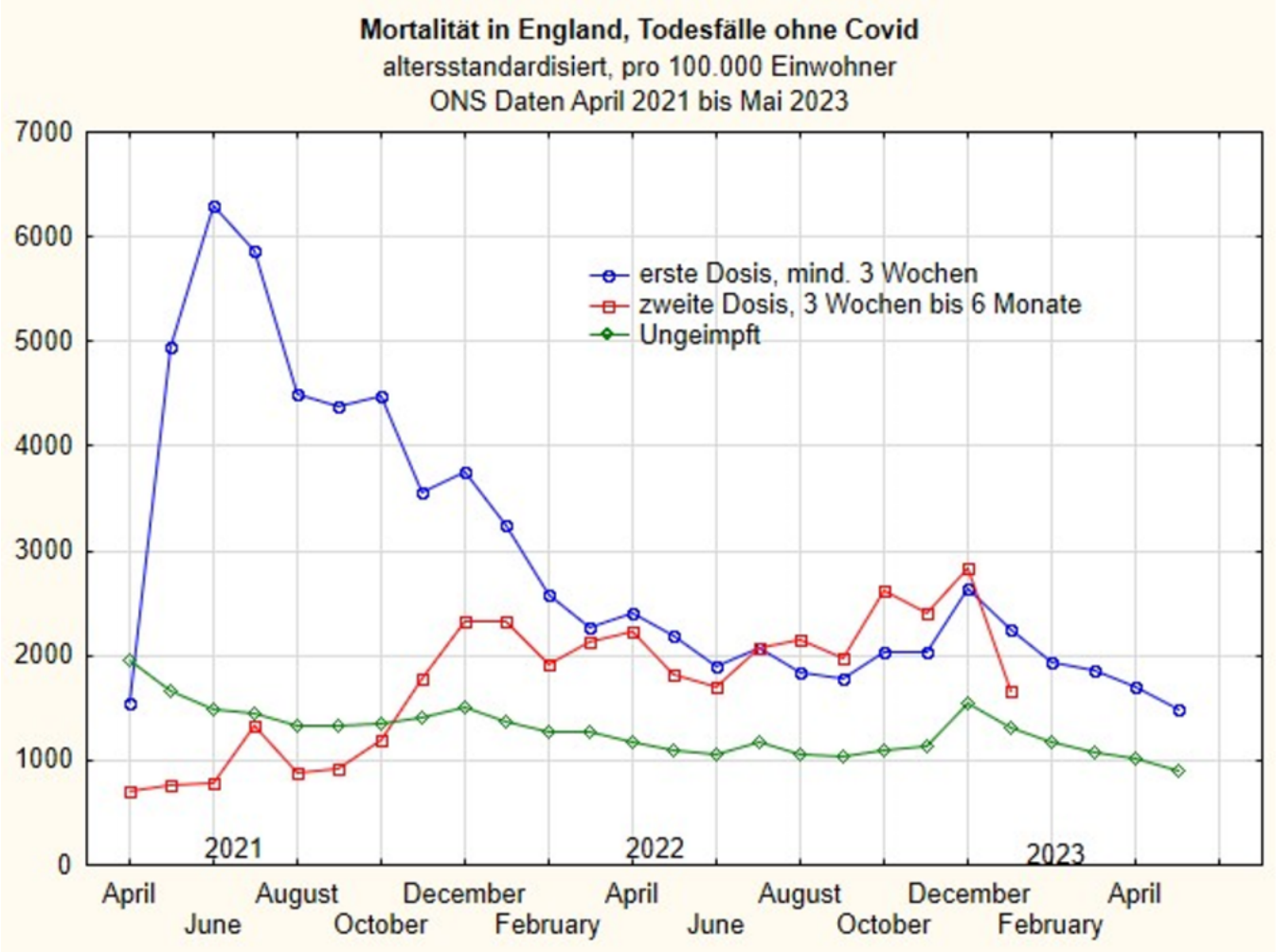

Figure 3 – Mortality from all causes other than Covid-19 in England, age-standardized per 100,000 population, by unvaccinated (green), vaccinated once (blue) and vaccinated twice (red)

What would we expect if the „vaccination“ would ideally be helpful, reduce or prevent mortality from Covid-19 and otherwise have no bad effects, long or short term? Well, foremost, we would expect that, if anything, the first curve of all-cause mortality would change so that in the winter months, during the Covid-19 peaks, the green curve would be above all others, certainly in Figure 2. Neither is the case. What would we expect if the „vaccination“ had no detrimental effect at all? Clearly, that overall mortality and mortality from other causes (Figures 1 and 3) would not be drastically different between the vaccinated and the unvaccinated. This is also not the case.

Let’s first look at Figure 1, the overall mortality rate. What is immediately noticeable is the fact that the mortality of the unvaccinated is always below that of the once vaccinated, except for the first two months. Until November 2021, it is higher than that of the twice vaccinated, after which it is also lower. It is very easy to see: since December 2021 at the latest, the overall mortality rate among the unvaccinated has been at least by a factor of 2,

sometimes by a factor of 3 lower. We’re talking about 2,000 deaths per 100,000 inhabitants versus 4,000 or more, or 1,000 versus 2,000.

In Figure 2 we can see: Although the vaccinated are slightly better off in the first year, especially the twice vaccinated, there is a difference of 100 to a maximum of 350 deaths. The advantage of the once vaccinated disappears in December 2021, after which the unvaccinated are even better off in terms of Covid-19-related deaths than the once vaccinated. The twice vaccinated, on the other hand, have a slight advantage until the curve breaks in April 2022. Why is this happening now? There is no explanation for this, except perhaps the unverified claim that by then word had gotten around that the vaccination is not entirely harmless and therefore fewer and fewer people were taking up the second vaccination. Please note: We’re talking about a few 100 deaths per 100,000 people advantage.

Figure 3 shows us something interesting: Vaccinated people may not die as easily from Covid-19, but from all sorts of other things, e.g. cancer, heart attacks, suicide, who knows. And not, as one might think, in the hundreds per 100,000 inhabitants, no, but in the thousands. The green line of the unvaccinated can be seen as a kind of normal expectation. You can see from it, also in Fig. 1, the slight seasonal increases in the winter months, when the cold, flu and cold waves claim their victims. But otherwise the green curve is relatively steady, as you would expect from normal mortality curves. The other curves literally go out of control. Not only in the winter months, when vaccination should actually provide protection and stability, but especially in summer. It is impossible to say exactly what happened here. But one thing is certain: the supposed protection against SARS-CoV-2 infection, which may well be present for a few weeks, as the approval studies have shown us, comes at a very high price, namely through an increase in mortality elsewhere and with other diseases.

Of course, very complex modeling would have to be carried out and confounding variables such as comorbidity, social factors and health behavior would have to be factored out in order to arrive at a truly fair comparison. This is not possible within the scope of a blog article and with this data. But the data is certainly sufficient to place the myth of vaccination protection in a broader context and make it plausible: “vaccination” is dangerous. Those who are vaccinated may not go to hospital with coronavirus, but they may go to the grave with something completely different.

And, remember, ONS tells us in a footnote to the table: deaths that occurred shortly after vaccination are not included in these statistics. To put it another way, even if someone may have died from and because of the vaccination, these statistics do not reflect that data. In the same way that none of the approval studies fairly reflect the negative effects of the

vaccination, because data was only collected after 2 weeks. Anyone who dropped dead, developed multiple sclerosis or facial paralysis or any other disease the day after vaccination does not appear anywhere in the official publication data, because such data were removed in accordance with the protocol.

Side effects of Covid-19 vaccines are significant but poorly studied

In March 2023, Peter C. Gøtzsche and Maryanne Demasi published a systematic review on the preprint server medRxiv of papers dealing with side effects of Covid-19 vaccinations [1]. The fact that the paper is still not properly published in December shows that scientific journals are much more thorough in their approach to critical papers than those that subscribe to the mainstream narrative. Gøtzsche and his co-author suggest that there is now a body of evidence, even in the peer-reviewed literature, that points to an increased risk of serious side effects from thrombosis, bleeding or neurological disease. They are calling for a randomized study with long-term observation to be carried out independently of the industry. This is well-intentioned, but practically impossible. Who among those who have not yet been vaccinated wants to be vaccinated in a blinded trial? Not me, and I don’t know anyone who would take part.

The new book by Kennedy Jr [2] describes 20 studies comparing vaccinated and unvaccinated cohorts. Unfortunately, apart from the too short and too small registration studies, there are no randomized studies that could give us reliable information. However, the cohort studies of natural groups that are compared with each other all show a higher probability of serious side effects occurring in the vaccinated groups. Here is a selection:

- *Bell’s palsy* (facial paralysis): Approximately 1.8 times more common with BioNTech and 1.5 times more common with Moderna; risk increases with additional vaccination
- *Myocarditis*: the risk is 3-5 times higher, up to a factor of 30 higher in adolescents after the second vaccination; apparently the Moderna vaccine is even more dangerous than the BioNTech vaccine
- Reports of *deaths* in the EMA database are 42-fold higher compared to flu vaccine reports, reports of *hospitalizations* are 45-fold higher and reports of *life-threatening reactions* are generally 56-fold higher
- *Shingles* is 5 times more common compared to the time before vaccination

This is a very rough and incomplete summary. The available studies need to be examined in more detail. But even the rough overview shows: The answer given by EU Commissioner Stella Kyriakides („The authorization of vaccines in the EU is based on a thorough and

comprehensive assessment of safety, quality and efficacy.“) is a lie. The data on the safety of the Covid-19 vaccine did not and does not exist. It did not exist at the time of approval, and it still does not exist today. At least not reliable ones. And the data that various researchers have somehow scraped together because there are no blinded randomized long-term studies are not very reliable, and you need an enormous amount of effort, knowledge and patience to eat your way through the mass of data.

Even at the beginning of the pandemic, an Indian working group took the trouble to look at all the individual case reports from the WHO adverse event database [3]. The study was published on June 11, 2021. Ms. Kyriakides would therefore have had time to adjust her statement. The researchers developed a signal detection system by comparing the reports among Covid-19 vaccines with those of all other drugs. Cardiac arrest is 2.1 times more likely with these genetic prevention drugs, heart attacks are 2.7 times more likely, D-dimers, an indication of clotting problems, are 7.3 times higher and troponin, which is a marker for myocarditis, is 2.6 times higher. This is just one specific example among many.

So anyone who still says today that these substances are safe is either completely ignorant or they are lying.

A few political tidbits to sprinkle on top

One really wonders if the executives of our states were unaware of all this. Interestingly, a Freedom of Information Act request in New Zealand resulted in the information that 11,000 politicians were exempt from vaccination, while Jacinta Ardern, then president of New Zealand, was one of the fiercest advocates. Why do you think that is, when the „vaccination“ is „effective and safe“?

The fog seems to be clearing in the USA. Dr. Robert Kadlec has admitted in a television interview that he actively helped Dr. Anthony Fauci suppress news of his funding of the Wuhan lab by the NIH and American taxpayers. He also helped him set the stage for the vaccines to receive emergency use authorization.

This closes the circle in two respects. Because Kadlec is not just anyone. He is the man who mediates between the military and the CIA, a man with at least two identities. Because his third was a political one: he was Assistant Secretary of Health and Human Services under Trump, i.e. Deputy Secretary of Health and Human Services or a kind of Secretary of State who was responsible for the roll-out of „Warp Speed“, the fast-track approval of vaccines.

According to Kennedy Jr [4], he is an old intelligence warhorse, the man for the dirt when it comes to the pharmaceutical industry and health issues. According to Heiko Schöning’s research [5], he was also active in the 2001 anthrax attack, but that’s going too far into the

dark depths.

What does it mean when a man with a military and intelligence background turns up at the Ministry of Health? At the very least, it means that the military and intelligence services knew exactly what was happening here, namely that a viral bioweapon was on the loose. Whether it came from a Chinese or American laboratory, we'll leave that for another time. If you want to know, you can wait for my coronavirus novel, which is almost finished. There I have processed the findings from my interview study.

Kadlec apparently had the task of steering the mishap, let's call it that, of the unintentional release of a not yet fully grown viral bioweapon into economically useful channels. Because it wasn't intentional, was it? Nobody intended to release a viral bioweapon into the world, did they? Nobody intended to build a wall, did they? It just happened that way. If a mishap has already happened, then you can and should at least use it for good, shouldn't you? Then you quickly help the industry. You choke off simple but effective therapeutic products (I have evidence of this, but I'll cut it short now). You make sure that it all gets blown out of proportion. You activate your friends to start up the vaccination machinery. Since you are well known in political circles, you can also get your own team and, via the services, your friends' teams in line. And off we go. Warp speed. What normally takes 5 years now takes 1.5 years (you have to factor in the covert preparation time). And the „safe and effective“ vaccine is here. Hurray! Even if nobody has the data.

Gradually, the conspiracy narrative is turning. It is no longer those who believe there was a conspiracy at work who are the conspiracy theorists, but those who are still turning a blind eye to reality. They have tacitly conspired to remain blind, to remain mute, to remain deaf, except when they allow themselves to be sprinkled with television propaganda. Incidentally, there is a fairly safe and side-effect-free cure for this: switch off. And don't switch it on again.

And as far as these Covid-19 „vaccinations“ are concerned: they should not be advertised, but banned. Immediately. And permanently. Because we don't need them and they are too dangerous.

Sources and literature

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