

Corona: jab after jab?

With the fall season, the question arises for some as to whether they will take the COVID-19 vaccination (again). From thousands of scientific publications, much is known of the effects corona injections may have. Before getting this injection, you would do well to review the facts (again).

It was initially claimed that the tide of the pandemic could be turned with two jabs. This has not proved to be the case. On the contrary, the effect of the shots lasts for shorter and shorter periods of time.¹ As a result, shots should actually be taken every three months. Does that make any sense? The pros and cons of acting or not acting should be carefully weighed against each other.

Before deciding on any medical intervention, the following points should always be considered:

1. Is medical intervention necessary?
2. How effective is the intervention?
3. What side effects can be expected?
4. What is the risk of serious and possibly permanent consequences?

1. *Is vaccination even necessary?*

From the beginning, the risk of becoming seriously ill and dying from COVID-19 was very low in the vast majority of the population. Originally, the mortality rate (*infection fatality rate*) worldwide for persons under 70 years of age was 0.03%, for the total population 0.15%.² Current variants of Omicron are much more infectious, but also significantly less pathogenic and deadly. The chances of dying after being infected are around 70% lower.^{3 4 5 6 7} Meanwhile, most of the population, with or without a shot, has already had an infection with the SARS-CoV-2 virus. As a result, the human immune system will also recognize a new mutation sooner, so people will not get sick from it or will get less sick from it. It has been irrefutably proven that a natural infection not only provides better protection against new variants of the virus, but also a significantly longer-lasting protection than a shot.

As is well known, the risk of a severe course is higher in frail people such as the elderly (over 70 years of age) and in those with underlying conditions. The most unfavorable factors here are obesity, anxiety (!) and complications from diabetes, which increase the risk by over 25%.⁸

2. *How effective are these vaccinations?*

Even after vaccination, it has been observed, people become infected and can transmit the virus to others unhindered.^{9 10 11 12} The amount of exhaled particles of RNA virus is as high as in those who have not been vaccinated against corona.^{13 14 15}

This invalidates an argument often heard during the vaccination campaign: “You are doing this for those around you”. Vaccination **does not** help protect others who are at greater risk of becoming seriously ill.¹⁶ Furthermore, the European drug agency EMA has admitted that vaccinations **have not** been authorized to prevent virus transmission from one person to another.¹⁷ So it is clear that group immunity to COVID-19 through vaccination will **never** be achievable.¹⁸ Thus, those who get vaccinated do so only to protect *themselves*, not to be able to help their fellow men by doing so. Incidentally, neither does vaccination reduce the risk of developing Long COVID symptoms.^{19 20} Quite on the contrary, what is considered long COVID could well be a direct consequence of vaccinations in many cases (post-vac syndrome).²¹

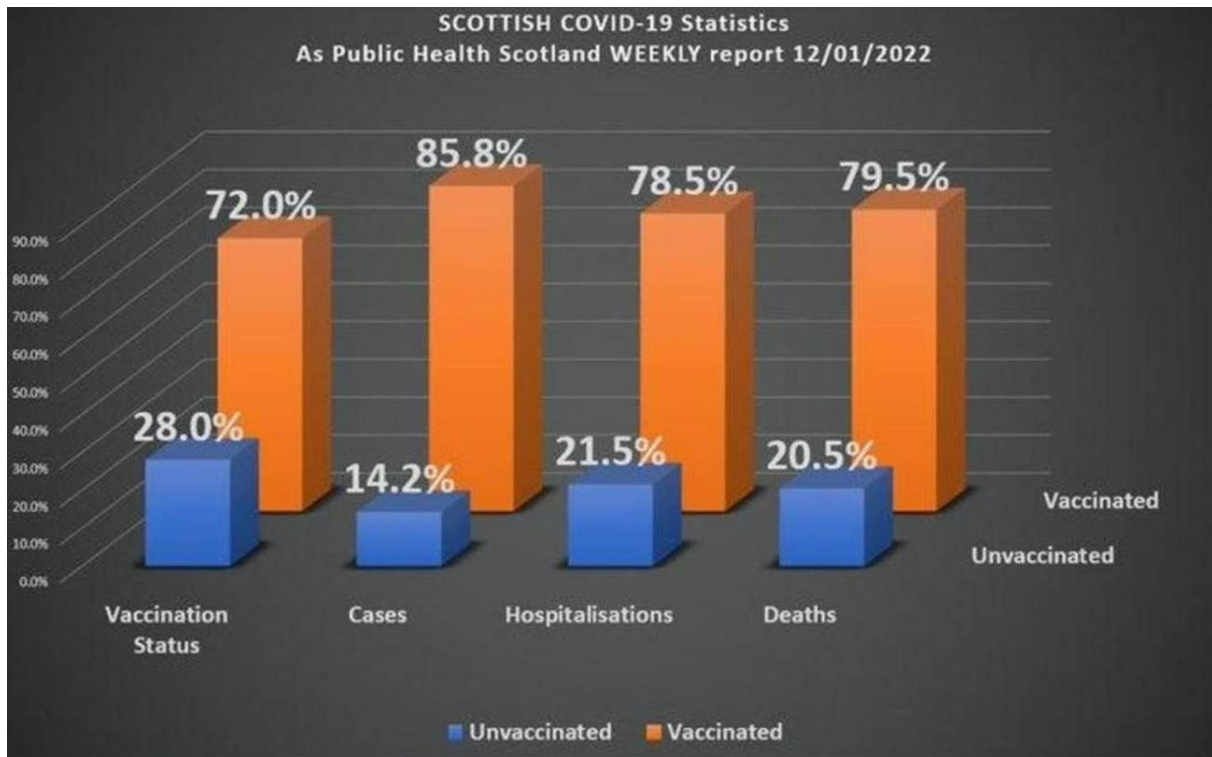
Because the structure of the spike protein of the virus changes rapidly, new mutations can easily bypass the antibodies generated by vaccination.²² Consequently, a large international study showed no relationship between population vaccination coverage and reduced occurrence of new corona cases.²³ In addition, the high levels of antibodies decrease much faster than is the case in persons who have been through an infection.²⁴ The natural defense after infection continues for a much longer period of time than those after two or more vaccinations.^{25 26 27 28 29} Thus, after an infection with corona, there is no need to still have a corona injection.³⁰ ³¹ In fact, after a natural infection there is a greater risk of experiencing side effects from the jab.³²

The much better defense after a natural infection is partly due to the body making antibodies not only against the spike protein, but also against other parts of the virus, such as the N protein.³³ Even if antibodies are no longer detectable in the blood, so-called memory cells can still provide a very good and long-lasting defense.^{34 35 36 37 38 39} Even on the basis of cross-reactivity after previous infections with coronaviruses other than SARS-CoV-2, these specialized cells can provide a form of protection.⁴⁰ It is absolutely safe to state that naturally acquired immunity to COVID-19 is superior to the immunity induced by vaccination.⁴¹ In practice, this is evidenced by the fact that after only a few months another shot is necessary.⁴² It has been shown that after repeated administration of “boosters” the body's immunological response *changes*. There is a very clear shift in the *type of* antibodies produced,⁴³ and this is true even if another infection with the virus occurs after the shot. The immune system is put on the wrong track, as these antibodies are less able to support the body's immune cells in clearing infected cells. In practice, this means that the *susceptibility* to and *infectivity* of corona does not decrease, but rather increases!^{44 45} Thus, a large study from Israel showed that the probability of contracting corona with symptoms again during the delta wave (2021) was 13 times higher in the vaccinated group than in the group that had already had corona but had received no vaccination.⁴⁶

The last remaining argument in favor of the importance of corona vaccinations is that while they cannot prevent infections, they would ensure a less severe course of corona.

This would then lead to fewer hospitalizations and deaths. However, the data needed for this conclusion from hospital records is often lacking because of incomplete record keeping.

The graph below of data from an official report from Scotland shows that in the *vaccinated* group (orange bars) there were not fewer, but proportionately more hospitalizations and more deaths:⁴⁷



https://www.publichealthscotland.scot/media/11076/22-01-12-covid19-winter_publication_report.pdf

The risks and burdens of repeated infections thus increase with each new infection. These include an additional risk of death, but also pulmonary, cardiovascular, hematological, diabetes, gastrointestinal, kidney, mental health, musculoskeletal and neurological disorders.⁴⁸

3. What side effects can be expected?

Possible side effects of the vaccination should, of course, be compared with the risk of complications from going through a natural infection. This risk is certainly low for healthy people under 60 years of age. Most reports of side effects after vaccination with COVID-19, regardless of the type of vaccine used, involve common and transient reactions such as headache, fatigue, malaise, fever, nausea and muscle or joint pains. They usually occur the first or second day after vaccination and last about two or three days. Not everyone suffers (to the same degree). Those who feel very sick for a few days are generally willing to do so if this provided protection against a dangerous infection. In practice, however, many people who have been vaccinated several times

still get corona (even repeatedly) and stay home sick. On top of this, side effects are also reported that are much more questionable. The European Medicines Agency (EMA) lists the most frequently occurring serious illnesses after vaccination against COVID-19 as: vaginal bleeding after menopause, fainting, inflammation of the pericard, pulmonary embolism, inflammation of the heart muscle, thrombotic leg, severe allergic reactions, blood clots, cardiac arrhythmias, clogged blood vessels and brain hemorrhages. A causal link between the occurrence of these syndromes and the vaccinations is very difficult to prove. But shouldn't the burden of proof be reversed and the *safety* of the vaccines demonstrated correctly?

4. What is the risk of serious and potentially permanent consequences?

To date, covid vaccines have not received regular registration and are only conditionally approved. As a result, the manufacturers are not required to provide any guarantee of compensation. In case of severe permanent reactions or death, they are exempt from any legal liability. Is it likely that the vaccine manufacturers themselves are convinced of the safety of their product? The question arises as to who can be held accountable for any damages suffered. Surely one would expect transparency in a matter of public interest. In practice, however, this proves problematic.⁴⁹ An independent analysis of the data from Pfizer's very first study revealed that cardiac death was 3.7 times more common in the group of people vaccinated than in the placebo group.⁵⁰

After Pfizer's COVID vaccine hit the market, further research on its effects was conducted by the manufacturer. The results would not be released to the public until after a period of 75 years. After protests from scientists,⁵¹ the judge had to step in to shorten this period to 8 months.⁵² This post-marketing study by the manufacturer itself provides insight into what side effects were recorded in the first 10 weeks of the vaccination campaign:⁵³

- During this period, a total of 42,086 reports of 158,893 adverse events were received.
- More than half of the reports involved nervous system disorders.
- Cardiovascular disorders (including heart attacks, arrhythmias, heart failure) occurred in 3.3% of reported cases.
- Problems with bleeding due to disorders of the coagulation system occurred in 2.2% of those vaccinated.
- About 2.5% of reports were of autoimmune diseases.
- Of the adverse events recorded, 50-70% were described as *serious*.
- *Fatalities* were reported in 1223 cases.

The symptoms described occurred up to a month after the jab, about half of which occurred within 24 hours of the injection. Furthermore, the side effects were disproportionately common in people aged 31 to 50, and also strikingly more common

in women. Which of these side effects can be attributed to the vaccination, and which of these conditions are simply coincidental? It is not clear from Pfizer's report whether the occurrence of partially very rare health problems is in line with what might normally be expected within a population. Yet for each category of side effect cited, the conclusion invariably follows that these findings raise "no new safety issues." However, there is no mention of what these statements are based on.

According to some authors, the risk-benefit analysis of this vaccine is unfavorable due to a negative side-effect profile.^{54 55 56 57 58 59 60} A German health insurer with nearly 11 million insured persons sounded the alarm in March 2022 about the high number of recorded adverse events after corona vaccinations.⁶¹ After an investigation⁶² by the Dutch CBS⁶³ and RIVM⁶⁴ into the unaccounted excess deaths in 2021, the reassuring news was that there would be no link to the vaccination campaigns. However, based on the quality and accessibility of the available data, this firm conclusion cannot be justified, wrote 16 independent academics who were allowed to act as supervisors.⁶⁵ In 2021-2023, there was an obvious excess mortality in the entire western world that cannot be attributed to deaths from or with the coronavirus.⁶⁶ The European⁶⁷, UK⁶⁸ and US⁶⁹ databases have received very many reports of serious adverse events since the massive vaccination campaigns, including tens of thousands of fatal cases.⁷⁰ A causal link to the vaccinations has of course not yet been proven with this, but on the basis of the high numbers alone, mass vaccination of largely healthy individuals should be discontinued for the time being. It should be borne in mind that usually less than 1 percent of adverse events are reported. Thus, the actual number of adverse events will be many times higher.⁷¹

It is often claimed that possible side effects only occur almost immediately after vaccination. Symptoms and conditions that do not appear until weeks, months or years later could then be unrelated to the vaccination. However, the experimental vaccines based on DNA and mRNA technology cannot be compared with conventional vaccines. The difference is explained in my article *To vaccinate or not to vaccinate against corona: some considerations (April 2021)*.⁷² The spike protein can enter the bloodstream and circulate there for an extended period of time.^{73 74 75 76 77} Up to six months after the shot, mRNA and spike proteins could be detected in various parts of the body.^{78 79} This is certainly no surprise, as Pfizer's own research on rats had previously shown that the nanolipids (the packaging material of the mRNA) end up in various organs such as liver, pancreas and especially ovaries.⁸⁰ In both mice⁸¹ and humans,⁸² the spike protein was also found to enter the brain. The mRNA spike contains (by artificial exchange of one of its building blocks) *modified* mRNA (modRNA), which causes a sustained production of the SARS-CoV-2 spike protein.⁸³ Precisely this spike protein could result in damage to the inner walls of blood vessels⁸⁴ and could be responsible, among other things, for the occurrence of heart muscle inflammation and heart attacks.⁸⁵ Although it is often said that these inflammations of the heart are transient and completely harmless, they are associated

with cardiac arrhythmias, which occur especially in young people and can result in acute cardiac death.^{86 87} In teenagers and adolescents, after the jab changes in the electrical activity (impulse conduction) of the heart were often seen on the electrocardiography (*ECG*),⁸⁸ and complaints of rapid heartbeat, shortness of breath, palpitations, chest pain and high blood pressure were frequently reported.⁸⁹ It is now known that young people in particular can develop the already mentioned inflammation of the heart muscle (*myocarditis*) or the pericardium (*pericarditis*) after vaccination.^{90 91} Scientists therefore indicate that the benefits of the corona injection for this group do not outweigh the risks.⁹² Incidentally, (slight) damage to the heart muscle was observed in 2.8% of people after vaccination, even though they had no symptoms at all.⁹³ Persons without any symptoms showed signs of heart muscle damage on heart scans up to six months after the second corona injection.⁹⁴

It is possible that the occurrence of myocarditis is related to spike proteins circulating freely in the blood.⁹⁵ Moreover, in this form of myocarditis, a derangement of certain immune cells was found, which can cause damage in heart tissue and trigger inflammatory symptoms.⁹⁶ Another possible explanation is that after the mRNA injection, the muscle cells of the heart produce spike proteins, which the body recognizes as foreign. This then causes immune cells to attack and destroy the body's own heart muscle cells, leading to inflammation.¹⁰⁴

In addition to the inflammation of the heart muscle, autopsy revealed inflammation of the brain tissue (*encephalitis*), which can be directly attributed to spike proteins from the inoculation.⁹⁷ According to some researchers, this spike protein acts toxically on the nervous system and impairs repair mechanisms of the human hereditary material. Suppression of the messenger substance interferon could lead to increased risk of infectious diseases, cancer and other unpredictable complex effects.^{98 99} Furthermore, there is evidence that the foreign body nanolipids, which serve as the packaging material of the mRNA, can cause inflammation in the body as well.¹⁰⁰ The vaccine not only induces the production of antibodies against the spike protein, but would trigger a reprogramming of the responses of the innate and acquired immune system.^{101 102} The changes described involve certain types of immune cells, but were also observed in signaling agents that play an important role in defense.^{103 104} As mentioned earlier,⁴³ after two or more jabs the immune system reacts by producing antibodies of a different type than is the case after an ordinary infection.^{105 106} Under normal conditions, this type of antibody (IgG4) is present in comparatively small amounts. However, in response to the corona injections, its concentration is increased by a factor of 10 and predominates in proportion to the other types of antibodies. It has recently been shown that the presence of these IgG4 antibodies has a suppressive effect on the immune system, regardless of what they are directed against.^{107 108} It should be remembered that the immune system plays a very important role in suppressing the development of deranged cells. If the body is less able to recognize and clean up troubled and malignant cells, this increases the chances of developing cancer. But not

only does the massive shift to IgG4 antibodies suppress the immune system, exchanging one of the building blocks of the mRNA with an artificial variant has the same effect. The deployment of altered (modified) mRNA, so-called modRNA, is also associated with an increased risk of cancer.¹⁰⁹ A Japanese study observed a significant increase not only in breast-, pancreatic, throat cancer and leukemia, but also in ovarian and uterine cancers after corona vaccinations.¹¹⁰

Another notable side effect after corona injections is the occurrence of menstrual disorders and abnormal vaginal bleeding. This includes intense and prolonged menstrual periods, intermittent bleeding and also menstruation more often than normal.^{111 112} These symptoms were also reported by women who did not menstruate (anymore), even after menopause.¹¹³

A number of researchers warn that the amount of **DNA** in the vaccine is many times higher than the concentration considered maximum permissible by the European EMA and the U.S. FDA.^{114 115} It is not inconceivable that this *foreign* DNA could be incorporated into human genetic material and alter the DNA of the cell nucleus. This undesirable process is called *mutagenesis* and can lead to the development of cancer (*tumorigenesis*), autoimmune diseases and heart problems, among other things.^{116 117}

Fortunately, so far, a large portion of the population has not noticed any noticeable adverse effects following the corona injections. Danish scientists examined the reported side effects in more than 4 million countrymen, finding that the severity of symptoms showed a correlation with certain batches of the vaccine. Of the injected vaccine, the contents of over 4% of the vials used caused very serious side effects, while in the rest of the people only mild to no adverse effects were reported.¹¹⁸ The above was reason for five professors of physics and chemistry to send several letters to the responsible authorities in Germany with their reservations and questions, which remained unanswered.^{119 120 121 122 123}

In conclusion, the main serious side effects after COVID injections occur in the cardiovascular and nervous systems, but also involve autoimmune reactions.^{124 125 126} An independent analysis of the efficacy study conducted by Pfizer prior to market approval of the drug *Comirnaty* found that “*serious adverse reactions of special concern*” occurred in 1 in 800 people injected.¹²⁷

Since there is already a high degree of immunity in the population and many unanswered questions remain regarding the effectiveness and safety of the corona injections, some scientists emphasize that there is not enough evidence to justify offering even more shots and that it should be weighed carefully first.¹²⁸

Have you ever thought it would be possible that such important research on the efficacy and safety of a vaccine against COVID-19 would not meet strict scientific criteria? ¹²⁹ In a recent article addressing this issue, the authors complain that the pharmaceutical “industry suppresses negative (i.e. for its means unfavorable) trial results, fails to report adverse events, and does not share raw data with the academic research community.”¹³⁰

If you want to further convince yourself of the impressive amount of medical information arguing against the safety of mRNA injections, here is a review of over 3,500 scientific articles, among others.^{131 132 133}

Considerations:

- Children and adolescents generally have a very good defense against the coronavirus. So for their own health, the vast majority of them absolutely do not need the shot. Nor will it protect vulnerable people around them. Therefore, there is no need to jab young people and expose them unnecessarily to the risk of possible side effects.¹³⁴
- By now, there will be very few people who have not been into contact with the coronavirus at least once. So chances are that your body has naturally built up sufficient immunity. Several studies have shown that natural immunity lasts longer and provides better protection against new variants. Do you not belong to a vulnerable group of adults and /or have you already had corona? If so, you should ask yourself whether you will get any benefit from the shot. Also, be aware of the side effects that may occur.
- If you are among the vulnerable risk groups based on your age or significant underlying conditions, what then? In any case, you should remember that while the current omicron variants are very infectious, they cause around 80% less severe disease symptoms. The coronavirus has become much less dangerous over time. It is starting to behave more and more like a normal cold virus, which can certainly cause flu-like symptoms but is much less threatening. The evidence is piling up that the corona jabs cause significantly more serious side effects than other vaccinations. Personally, you need to weigh up whether you need this shot and whether you are willing to accept the risk of serious side effects.

In any case, you decide for yourself what is most important to you personally, because it concerns your own health. There should be no pressure or coercion to get the jab nor, conversely, to prevent you from doing so. Self-determination over your body must remain a fundamental right.

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