Criminal, unprofessional Corona vaccination hunt

RKI sees vaccine deaths and vaccine damage from the largest medical experiment in human history on rats and mice confirmed

1. vaccine/therapy side effects

Severe vaccine side effects and even deaths after conventional vaccinations are in principle possible and known; they are correlated to the risk of disease and accepted. The novel prophylactic gene therapies against coronavirus, some vector-based and some mRNA-based, have been fraudulently labeled as vaccines for ease of regulatory review. For these, the numbers of serious adverse events (i.e., those requiring hospitalization) and deaths are unknown due to lack of systematic recording. Based on a representative survey, Mark Skidmore estimates about 260-300,000 deaths in the United States by the end of 2021 [1]. Steve Kirsch (external consultant to the Federal Drug Administration of the USA) estimates, based on the far from complete documentation of the VAERS (Vaccine Adverse Event Reporting System), the number of vaccine deaths in SARS-CoV2-"vaccinations" to be 2000 to 4000 times higher than in real, conventional vaccinations [2]. Based on this estimate, the number of vaccine deaths in Germany can be estimated at 20,000 to 40,000 out of 53 million vaccinated persons.

In Taiwan, 865 deaths after vaccination and 845 deaths after corona infection were registered (China Focus, October 13, 2021) [3].

The Paul Ehrlich Institute (PEI) published a safety report in August 2021 that 43 million people in Germany were fully vaccinated [4]. 1,254 suspected cases of fatal adverse events were reported by physicians and relatives; in only 48 of these suspected cases does the institute consider a causal relationship with vaccination possible or probable, including 31 cases involving thrombosis. The total number of adverse reactions reported to the PEI corresponds almost exactly to the number reported to the national authority in the Netherlands, although 82 million people live in Germany and only about 17 million in the Netherlands [5].

For the period from 12/27/2020 to 12/31/2021, the PEI reported adverse events as a percentage related to the number of (148,760,720) injections rather than the number of people vaccinated, resulting in a distorted embellished balance sheet (Dtsch. Ärzteblatt 119, Heft7/ 02/18/2022) [6].

Reports from a health insurer (BKK Provita) of a substantial increase in billed services for "vaccination" side effects were commented on by the PEI as "embarrassing ignorance or deceitful intent". The BKK board member who brought these data to the public has been fired [7].

H. Matthes (Charité, Berlin) assumes at least 70% under-reporting of "vaccination" side effects based on a systematic study of approximately 10,000 individuals (Focus-Online, 04/01/2022). According to this, the true numbers would be higher by a factor of 1.7. This is probably a mild estimate [8].

A physician with extensive vaccination experience reported that he had reported vaccination side effects 2 times in 40 years of practice, but had already reported 6 times since the beginning of "Corona" vaccinations [9].

2. under-reporting of "vaccination" side effects

There are several reasons to assume that the number of unreported cases is high:

- The vaccinating physicians have no motivation to report complications, which also means a certain administrative effort and is not well remunerated compared to the vaccination itself.
- Even if the physician recognizes a "vaccination" side effect, the patient often vehemently resists this knowledge and a report, since this could prove the socially and medially ostracized critics of the Corona policy right.
- In the hospital, the motto is that "such a thing" must not exist. The head physician explains that there can be no "vaccination" connection, the senior physician tells the patient behind his hand that a connection is very likely, but asks him to stay out of it.
- We even know of a case in which an ambitious senior physician had already obtained a power of attorney for publication from the relatives of a patient who had died after vaccination, before efforts were made on the part of the hospital to prevent further investigation of the cause of death. In the end, the casuistry was not published.
- The relatives, who often urged vaccination under domestic dissent, are understandably "psychologically" blocked from admitting a mistake.
- In the case of dissent in the family, many have themselves secretly vaccinated, so that a connection cannot be recognized by third parties (relatives/ doctors).
- In the case of Covid 19 disease that occurred before the "vaccination", it is preferred to have the complications that occurred after the vaccination recognized as "Long COVID" and thus as a BG case (occupational accident) that is easier to compensate.

It is obvious that physicians are reluctant to report deaths as a result of medical intervention, since this shakes the roots of their own self-image.

In addition, the information on the cause of death on death certificates is notoriously unreliable.

A dark figure of more than 90% of unreported possible connections is probably not unrealistic, especially since even conventional autopsies in 80% cannot detect the toxic component of the "vaccine" substance for the death process for methodological reasons - more on this in the next chapter 3.

The lack of compliance of the medical profession with an obligatory reporting requirement is also evident in the case of other diseases, if this means an unpaid effort, is without advantage for the physician or the patient, and the whole thing takes place in a socially taboo area - as "vaccination" has become in the meantime; then it is often omitted, see e.g. the reporting requirement for sexually transmitted infections.[1]

[1] Until the year 2000, some of these infections had to be reported anonymously by the treating physician to the responsible health authority (GeschlkrG). Regarding syphilis, the responsible Robert Koch Institute stated that "an unknown, but not inconsiderable number of unreported syphilis infections, especially among physicians in private practice, must be expected. It is assumed that 30-50% of the actual illnesses did not come to the report."
O. Hamouda , U. Marcus, Syphilis on the rise - New reporting procedure according to the Infection Protection Act, Der Hautarzt 2005, Volume 56, Issue 2, pp 124-132.
And with regard to sexually transmitted infections as a whole: "The reporting obligation according to the (old law) GeschlkrG has been complied with only to a small extent for some time. When evaluating this reporting data, an estimated number of unreported cases in the order of about 90% must be assumed. order of magnitude of about 90%." "In contrast, reports by physicians in private practice, who care for the majority of patients, are likely to have been sporadic. Therefore, the reported data do not reflect a representative picture of the actual
cases of disease, but only a selected section of the morbidity occurrence."
Robert Koch Institute, Epidemiological Bulletin No. 38, 2001.

3. falsification of vaccine effects as "long" COVID.

Since the true corona virus infection and the currently common COVID-19 vaccines both share a common toxic component - namely the spike protein - it is not surprising that there is overlap in the two disease patterns.

The true viral infection produces this toxin essentially for its own needs, i.e. production of further viruses with this docking mechanism, but in addition a broad spectrum of multifactorial cytotoxic mechanisms of action plays a role in the infection programmed for virus replication, against which the immune system is also mobilized (e.g. nucleocapsid antigens).

In contrast, vaccine damage or vaccine sequelae are based on a uni-factorial principle, namely the toxin "spike", which is apparently produced by the body itself in excess and uncontrolled (one also speaks of "spiking").

Particularly perfidious is the increasing classification of severe vaccination injuries and deaths as "Long-COVID". On the one hand, this unjustifiably stirs up the horror of COVID-19 infection, and on the other hand, it misjudges vaccination as the cause of damage. Many patients who have been severely affected by vaccination even see themselves as having been saved from even worse things by vaccination.

Such an unchecked or deliberate misdiagnosis must also be classified as criminal.

4. deaths and autopsies

For methodological reasons, only a small percentage of suspected cases can be clarified beyond doubt with the usual autopsies in forensic medicine and pathology, for example in the case of sinus vein thromboses recognized as a "vaccination" consequence, which are already clearly recognizable macroscopically. Moreover, forensic autopsies are usually limited to macroscopic findings (without histological examination) and release by the public prosecutor's office already in the case of a "plausible" cause of death, which usually exists in over 50-year-olds ("rhythmogenic

heart failure"). Consequently, only macroscopically conspicuous findings are registered as possible "inoculation" consequences - hence the high percentage of deceased with thromboses in the case reports of the Paul Ehrlich Institute.

Burkhardt and Lang re-examined organ specimens preserved in pathology or forensic medicine in 40 cases that had been "cleared" as natural or unexplained deaths in the usual way. In 80% of these cases, a probable connection between the multifactorial death process and the preceding vaccination was established. The findings of the investigations conducted by Burkhardt and Lang have been presented in 2 pathology conferences to date. (https://www.pathologiekonferenz.de/; [9]).

The histo-pathological abnormalities found were macroscopically hardly recognizable changes, mainly inflammations and textural disturbances of the large and small blood vessels (4 cases with aortic rupture), inflammations of the heart muscle (myocarditis, this is macroscopically easy to confuse with heart attacks). It is important to know that the harmful agents contained in the "vaccine" also cross the blood-brain barrier. In addition, excessive autoimmune

autoimmune reactions ("lymphocyte amok"), as well as benign and malignant lymphomas.

Only in 2 cases were macroscopically recognized thrombotic

changes were present. A finding important for understanding the pathogenesis was swollen and detached endothelial cells in blood vessels, a finding that, because of the accompanying

inflammatory reaction, cannot be explained by autolysis alone.

Since the lesions found often correspond to changes observed in toxic exposures and occurred in unusual accumulation and combination, detection for the toxic spike protein, which is produced by the body itself as a result of "inoculation," was performed. In fact, the spike protein was specifically found in the tissue lesions, especially in endothelia and vessel wall inner layers.

Autopsies in forensic medicine and pathology do not usually systematically look for these changes just described. Also, immunohistochemical examination for spike protein expression requires considerable effort to establish the method. However, without these detailed and elaborate investigations, a causal relationship with the previous "vaccination" usually remains undetected.

> Professor Poets, (pediatrician at the University of Tübingen), says of the reliability of medical reports, "Physicians tend to report a definite cause of death even when, on critical reflection, there may be no definite cause" [12].

The clarification of potentially harmful effects of Corona "vaccinations" on the human organism includes toxicological questions in its core. However, these cannot be clarified on stomach contents or body fluids as in the case of orally ingested toxins. Since the toxin(s) is/are produced in a "vaccine"-induced manner in the body's own organs and cells, the evidence must necessarily be provided here, i.e. in the tissues using suitable methods, e.g. immunohistochemistry.

In the autopsy series of Burkhardt and Lang (see above, [10]), the incidental finding of unidentified foreign material in lymph, blood, vessels, and tissues in 7 of 40 cases was also striking.

Schirmacher estimated a correlation between "vaccination" and death in 30 to 40% in over 40 cases of death shortly after vaccination in the optimized autopsies jointly performed by forensic pathologists and pathologists and obligatory histological examinations commonly performed at Heidelberg University Hospitals [12].

This was recently confirmed again by Prof. Schirmacher in an interview of the RheinNeckar-Zeitung with 30% (March 2022) [13].

5 The paradox of vaccination deaths

These findings and figures alone make it urgently necessary to take a critical look at all vaccination modalities. In doing so, one encounters paradoxical circumstances that have not been or are not observed in this way with conventional vaccinations.

1. The vast majority of individuals who showed no or only trivial side effects (i.e., tolerated the vaccination well) contrasts with a small but significant group with the most severe and possibly fatal side effects.
2. Although biological reactions (as in poisoning, for example) are highly individually variable, even under these aspects the almost "all or nothing" or here "nothing or everything" behavior can hardly be explained with a biological scattering.
3. "Hot spots" with significantly increased complication and mortality rates occur. This concerns both the regional distribution and the allocation to the occupational/social environment:
    - According to press reports, deaths have been registered in various old people's homes after vaccination.
    - In otherwise healthy young people, it is mainly muscular people who are affected, in several known cases athletes and active operators of fitness studios with large muscle mass.

In contrast, the complication rate among those vaccinated in the armed forces is apparently almost zero and very low among those vaccinated in doctors' offices.

These paradoxes are so blatant and so obvious that they were also registered in the public and gave rise to "conspiracy theories"; for example, the theory that placebos were distributed with the real vaccination doses in order to initially keep the "intended" mortality rate for population reduction low and to stretch it out in time and thus cover it up from the attention of the public, that the survivors would be recorded in the 3rd or 4th vaccination wave; that the Bundeswehr had a priori received only placebos, and the like.

Six rational reasons could explain this paradox of vaccination deaths:

- Different vaccination batches - so-called death batches
- Different concentrations of the actual active ingredient

- Different admixtures - so-called adjuvants - e.g. lipid nanoparticles.
- Different impurities. Different metals have been detected and affected batches have been destroyed in Japan. In any case, consistent quality of a complex drug cannot be guaranteed if it is manufactured in millions at short notice.
- Different effects and side effects, depending on the tissue structures into which the injection was made and how the vaccine is subsequently distributed in the body. In addition to the targeted intramuscular injection, there are also injections into lymphatic vessels, veins and arteries. This results in a variable distribution of the "vaccine" doses in the body.
- Immunologically individual discrepancies of the injected persons, which would be independent of a dose-effect correlation.

An analysis of the "vaccine batches of COVID vaccine deaths registered in the U.S. VAERS database revealed that only a few batches are responsible for almost all severe and fatal adverse events, so it is estimated that more than 90% of all vaccine deaths are accounted for by only 5% of vaccine batches [14].

In addition, the finding of Burkhardt and Lang is disturbing in that in the autopsy collective they studied, unidentified foreign bodies were found as "incidental findings" in 7 decedents, i.e., were not detected by the naked eye and were only apparent in incidental tissue sections.

6. vaccination hunt

From the beginning, the vaccination procedure and the accompanying vaccination campaign were

The vaccination procedure and the accompanying vaccination campaign aimed from the beginning to discredit any concerns about the safety of the "vaccination", to minimize or deny side effects - even fatal ones - and thus to drive as many "vaccinees" as possible to the syringe:

- In "vaccination streets", the vaccination was sometimes given to people sitting in cars with their sleeves rolled up, the information was provided via videos, and the doctor was only present briefly for the final signature. The injection itself was administered by semi-skilled persons, often students. Payment was usually based on the number of cases, i.e., piecework.
- Mobile "vaccination buses" virtually invaded nursing homes, with similar procedures and often with questionable consent in the case of demented and seriously ill persons.
- Vaccination buses at schools or other institutions followed a similar pattern.

In the German Medical Journal [15], a vaccinator reports that he had a time window of 3 minutes for education and that he had to vaccinate 250 people in 7 hours at a stretch - i.e. less than 2 minutes per person for greeting, education, vaccination, documentation and farewell. He does not think this is morally, legally, or medically defensible.

The current unqualified mass vaccination campaign with inhumane incentives (bratwurst, etc.) on the one hand and draconian pressures on the other, such as are otherwise only used in dog training, as well as irresponsible timing (typical headline: "Over 500 vaccinations in 8 hours: This screams for repetition" headlined the General Anzeiger Reutlingen on 13.01.2021) turn a highly responsible medical intervention into an inhumane paraolympic discipline.

7. public perception

Since the author of these lines was wrongly denigrated as a general "vaccination opponent" on the one hand and on the other hand was pushed into the role of a telephone counsellor with approx. 20 telephone calls daily, he could observe again and again the following pattern also in chronological order:

1. Relatives of the deceased have doubts about the natural cause of death.
2. Living victims find that one cannot talk to the doctors - they only repeat, mantra-like: "No connection with the vaccination".
3. Practice employees/doctor's assistants report that the doctor, a "vaccination rager", carries out a mass "vaccination" on Friday, for example. When 5 deaths then occur the next week, it is dismissed as a "coincidence." They also report undignified treatment of patients who complain about possible "vaccination" side effects, including referral to psychiatry.
4. Physicians face unbearable pressure from the medical board to follow rigid vaccination doctrine. They also often report, "I can't talk to my pathologist."

Consistently, advice is sought in cases of severe side effects. The fact that these side effects are real is proven by the establishment of an outpatient clinic specialized in this field at the University Hospital of Marburg - 200 to 400 patients turn there every day.

Regarding the current development, the letter of a critical colleague dated 16.04.2022 is quoted:

> "If you are interested, I can report from practice that the "vaccination frenzy" has clearly subsided. To my happy surprise, our older patients hardly want any of the 4th "vaccination" anymore.

8. criminal untested injection technique

The following was always noticeable in television reports and videos:

The injection in commercials or reports was done with puncture while looking at the camera and pushing off the syringe. Aspiration after injection was not used. Aspiration means that after the needle has been inserted, the plunger of the syringe is pulled back slightly to check whether a larger blood vessel has been hit. In this case, blood appears in the syringe and a new puncture is necessary or another syringe positioning must be sought.

This procedure - intramuscular injection only with aspiration - has always been (and still is) an absolute obligation for physicians and medical staff and corresponds to the principle: "primum non nocere", to avoid any conceivable harm.

Incidentally, palpation and fixation of the muscle before injection is also part of the procedure. It was with complete incomprehension, indeed downright horror, that one had to take note of the fact that this Golden Rule, which has been and had to be practiced reflexively by every physician up to now, was recommended against by the Standing Commission on Vaccination (STIKO), apparently in accordance with recommendations of the World Health Organization (WHO) and the Center for Disease Control and Prevention (CDC of the USA) in 2016. The RKI argued that "vaccination reduces pain and stress [16].

> "In recent years, several evidence-based recommendations for pain- and stress-reduced vaccination have been published internationally, including guidance on specific injection techniques, age-related distraction methods, and other behaviors. STIKO picked up on this evidence and included guidance on pain- and stress-reduced vaccination in its recommendations for the first time in 2016. STIKO notes that **aspiration prior to injection is not necessary and should be avoided for intramuscular injections** to reduce pain. The blood vessels at the body sites recommended for vaccine injection (vastus lateralis muscle or deltoid muscle) that are within reach of the needle are **too small** to allow accidental intravenous administration. **There are no reports of patient injury due to failure to aspirate."**

Scientifically, a number of questions arise about this, particularly how to make the above recommendations "evidence-based." Studies that would be required to make such a recommendation might look like this, for example:

1. An experimental group with intramuscular injection secured by aspiration, compared with groups with intravenous, intra-arterial or lymphatic injection. However, exactly such an experimental set-up is not possible in humans and was only tested in mice by Japanese scientists after the start of the worldwide "vaccination" campaign (see below).

2. One injects 1000 times intramuscularly without aspiration and checks how often one hits a vessel, e.g. by radioactively labeling substances and documenting their distribution in the body.

Corresponding evidence-based publications in this regard were not submitted and cannot be found; the adoption of the recommendations by the STIKO/PEI was apparently unchecked and eminence-based in disregard of the now indisputably dubious role of the World Health Organization (WHO).

Aspiration to exclude an injection into a vessel is not about avoiding local injuries, but about avoiding harmful effects of the injected drug or vaccine on the whole organism.

Abroad, the author met a physician who administered injections into the gluteal muscle "as a convenience" through the pants he kept on, emphasizing high acceptance and denying complications. Here, one is reminded of cartoon depictions in which a resolute nurse throws the syringe from behind into the buttocks of the person fleeing unwillingly to vaccinate.

To what extent may medical precautions or even medical duties be sacrificed to the desire to accept vaccinations? The aforementioned STIKO/WHO guidance contains only non-medical or borderline medical aspects:

1.Diversionary methods

2.Other behavioral methods (bratwurst?)

3.Stress reduction

4.Pain reduction

The sight of blood and re-stinging are certainly unpleasant, but preferable to a vaccine complication. Interestingly, in early October 2021, a WHO video on malaria vaccination in Africa showed the vaccination of a child, almost provocatively showing aspiration before vaccination. (Tagesschau ARD 19.10.2021).

The formulation of the STIKO "the **body sites** recommended for the injection of vaccines" (with the target muscles in brackets!) is treacherous, because in fact one does not see the muscle from the outside (one can only feel it), but one injects just into a "body site". In average vaccinated persons and normal anatomical conditions (children, adults due to travel vaccination etc.) the muscle is hit with high probability, but in special conditions not with absolute certainty. In old, cachectic, bedridden persons in nursing homes, who literally consist of "skin and bones", hitting the muscle is by no means a certainty.

Here at the "body site" are a few atrophic muscle fibers, and otherwise fatty tissue, connective tissue and just - vessels. Here, the needle absolutely reaches larger blood vessels and even bone. Physicians hopefully know these conditions from the dissection course or from the autopsy during clinical training, but the semi-skilled injection assistants should not be able to understand this.

Another risk group are the "fitness muscle packs", whose muscles have a correspondingly increased blood supply with more numerous blood vessels of larger diameter due to the high oxygen demand. Particularly (but not exclusively) in them are found needleable vessels (see below).

The argument of the "smallness of the vessels", which are supposed to be inaccessible for the needle, is demonstrably false and was apparently neither checked against the literature nor experimentally remeasured by the national responsible authorities - STIKO, PEI - in irresponsible disregard of their obligation.

The vessels in the deltoid muscle have been proven to measure more than 1 mm in inner diameter (measurements on postmortem specimens of several adults by Prof.

Burkhardt and Prof. Lang), the used inoculation needles usually 0.4 - 0.6 mm in outer diameter.

These size ratios make the introduction and circulation of microparticles into the lymph and blood vessels possible. The much smaller nanoparticles contained in COVID "vaccines" can aggregate, i.e., coalesce ("coalesce"), into larger complexes in the body and when exposed to heat. If particles fuse only after injection into the body, the argument that the particles found in the vessels would not have passed through the injection needle would also be invalid.

Already in the first pathology conference on Sept. 20, 2021 (https:// pathologie-konferenz.de/, [10]), Burkhardt and Lang pointed out that a recommendation for injection without aspiration can only be noted with horror as a pathologist who regularly prepares muscles.

Based on their measurements and the finding of probable embolic, unidentified material in the deceased, they strongly cautioned against injection without aspiration in the second conference on December 04, 2021.

There are imponderable and possibly lethal risks of a millionfold use of a new therapy ("vaccination") acting on a genetic manipulative basis with, in addition, a highly questionable vaccination strategy and vaccination practice, which is error-ridden and incompatible with medical practice.

9. lack of monitoring

It is completely unclear whether the main danger lies in the vaccine itself (e.g. spike protein), in impurities of the same, in booster adjuvants, or in the unqualified "vaccination" with misinjection risk and is responsible for severe side effects and death.

The fact that this large-scale human experiment was not documented cleanly and in all details in a comprehensible manner, and was not accompanied by an even halfway functioning side-effect death

/reporting system was put on track from the start, represents an unprecedented violation of medical and political responsibility and morality.

In the U.S., there is a reporting system, albeit an inadequate one, called the Vaccine Adverse Event Reporting System (VAERS). Here, too, it is assumed that there is a considerable underestimation of side effects in spontaneous reports.

In the case of interventions in the human body that are now so banal in comparison, such as hip replacement surgery, which has now become routine with only minimal complications, a voluntary reporting system and register is still in place today in order to ensure quality control, detect weak points in treatment and thus ensure improvements.

In the case of the Corona epidemic, a huge effort is made in contact tracing and testing with questionable sense. Regarding the Corona vaccination, we do not even know the exact number of vaccinations in Germany. It should be possible - and of course should have been planned from the beginning - to implement a comprehensive registry with active tracking of the vaccinated. A system offered on a voluntary basis would be better

than the current blind approach. All vaccinated individuals contacted by the author indicated that they had registered as a matter of course. It should be emphasized here that an immunization registry must serve to detect adverse health effects of vaccination and must not be misused to identify and "vaccine hunt" non-vaccinated persons.

Thus a serious evaluation with improvement possibilities would be possible in a threat moving the whole mankind.

Conceivable result would be that severe vaccination side effects are less frequent in persons vaccinated in medical practices and by older physicians.

The low rate of complications among those vaccinated in the armed forces could be due to the fact that here vaccinations are probably consistently given by troop physicians.

The delegation of the vaccination to veterinarians and pharmacists - who probably do not notice the new vaccination recommendation in the medical journal (see below) - further shows the unreflective hunt for vaccinated persons. The author could observe in these days with the vaccination of his dog by a veterinary surgeon the renouncement of the aspiration; this is apparently usual with animals.

The Corona epidemic was unanticipated, but the vaccination option was predictable for months. In testing and recording vaccination adverse events, one could have had a lead time and done better.

A link between faulty vaccination technique and severe side effects has also been postulated by others [17]:

John Campbell states, "Injection of the vaccine into a blood vessel or intravenously can cause serious cardiac problems... Accidental intravenous injection of COVID-19 mRNA vaccines can cause myopericarditis." He refers to an article in the Oxford University Press Clinical Infectious Diseases Journal (August 2021). Campbell cites a statement from the German Center for Cardiovascular Research, "Safe intramuscular injection with aspiration could be a possible preventive measure of vaccine side effects."

10. long-term effects

Logically, a long time is needed to observe and study long-term effects. The "telescoped" procedures of the emergency approvals of the COVID "vaccines" were intended to suggest that time could be substituted for study size. This is not the case. Logically, we cannot yet have any solid knowledge at all about long-term effects, and only now that the injections have been in use for more than a year will we begin to observe long-term effects.

Severe and fatal side effects in Corona vaccinations are, at least in many cases, due to irresponsible vaccination technique with omission of aspiration before injection. The intravascular injection leads to an immediate flooding of the vaccine and the accompanying substances into the entire organism and thus to higher concentrations

even outside the vaccination site, which could trigger vascular damage and epi-myocarditis in particular.

It is unclear whether the higher concentrations of vaccine components injected intravascularly merely cause the **severe effects to occur earlier and more severely than with the usual predominantly intramuscular injection or to what extent they could be avoided by aspiration.**

Thus, a statement whether **late effects** of vaccination are also avoided by a better vaccination technique and to what extent they are to be expected at all, is denknot necessarily possible, even if some "experts" do not see "what could leave lasting traces in the body, except the intended defense reaction" (Manuel Battegay/University of Basel). The same author makes the following grandiose claim about the state of research: "Never before has so much research been done on vaccines up to the point of approval, never before have the scientific studies been so comprehensive, never before have the efficacy and side effects been reported in such detail and transparently.

side effects have been reported in such detail and transparency. The robustness of vaccination data is unprecedented in the history of medicine" (Weltwoche 43.21, [18]).

This is not even true for the studies **up to approval**, certainly not for the period after the start of the vaccination campaign in humans. The data on this are incomplete and qualitatively questionable: "Are the Robert Koch Institute and other authorities collecting the right data on the coronal pandemic? Are the data at least complete? Currently, doubts are mounting.... Those responsible duck away" (Stuttgarter Zeitung 14.10. 2021).

The designation of himself and the vaccinated population as "guinea pigs" by the chancellor candidate Scholz in an election campaign speech, caused much indignation. In fact, however, it is much worse: the rabbit is meticulously monitored by an experimental protocol, and before the animal experiment begins, the scientists responsible must undergo a rigorous

Before the animal experiment begins, the scientists responsible must obtain ethics committee approvals in a rigorous review process, in which the procedure must be justified in terms of animal welfare and the scientist must demonstrate his or her competence in laboratory animal science to conduct the experiments in an animal-friendly manner.

The human population was sent on a blind flight.

The refusal of vaccination by the soccer player Josua Kimmich, justified with doubts because of missing long-term studies, hit high waves: "Vaccination side effects immediately or never - corona vaccination without long-term consequences".

Thomas Mertens, chairman of the vaccination commission STIKO denies the "expert for soccer" an expertise for vaccines, this one acts due to "pseudo knowledge". **Doubts**, however, together with "ignorance" are the opposite of certainty. Real knowledge usually even leads to an increase in doubt. Therefore, it can be neither knowledge nor pseudo-knowledge.

Rather a "consensus of the science" without doubts can represent pseudo knowledge: " In the science one is united that late occurring side effects after a vaccination do **not** occur, and/or an extremely rare rarity with individual vaccines had been", so Mertens. The first half-sentence is refuted in the second, the alleged "non-occurrence" is thus an illogical and thus pseudological formulation, like when one announces to the people that there is no danger and that this danger is getting smaller and smaller.

Moreover, the statement was made at a time when one could not yet know anything about long-term consequences, since the "long time" necessary for this had not yet passed since the beginning of the vaccination.

Also, late effects of vaccinations are often not perceived as such. The longer the vaccination dates back, the more difficult it is to recognize or prove a connection with the vaccination.

Thomas Mertens further refers to "concomitant" studies, which by definition (due to the lack of a long observation period) are not long-term studies.

long-term studies, and further to 7 billion vaccinated doses as evidence for a lack of side effects - although it is not about number and quantity, but about the time factor.

If you want to test the effects of a drug on pregnancy, you can't observe 9,000 pregnant women in a time-lapse of just one month, but observe 1,000 pregnant women over the entire nine months.

Finally, however, Thomas Mertens concedes, "it is clear that there can be no 10-year observations."

Despite this denknotwendigen admission, the chairwoman of the ethics council, Alema Buyx, explains that the above-mentioned footballer was regarding the missing long-term studies a

"misinformation that **this** form of long-term side effects does not exist.

Long-term side effects do not exist". What forms there are remains open.

The statements on this - from scientists to the Federal Chancellery - are consistently know-it-all and condescending, here the English term "patronizing" best describes it.

None of the vaccination experts addresses the fact that the controversial substances are not classical vaccines, with which one has decades of experience, in the case of smallpox vaccination centuries of experience, but substances with gene-based mechanisms of action, with which one has absolutely no experience so far and cannot necessarily have any. The permanent organ and tissue damage described by Burkhardt and Lang, which in very few cases can be considered reparable, gives rise to the worst fears.

Quoted here again from the letter of a critical colleague dated 16.04.2022:

> "What I can still report is that we really have many patients, of all ages, who only now (3-6 months or longer) develop symptoms after the 3rd injection, some of which are very varied. In the elderly, I observe these hypertensive derailments, tachycardia, extrasystoles, embolisms, shortness of breath, various unclear skin rashes, hair loss [...] **It's enough to make you cry**!"

11. animal model after pandemic human experiment

The responsible authorities - RKI and PEI - have consistently failed to react to the above-mentioned reservations and concerns about the novel "vaccination" in humans, especially the injection without aspiration, which have been convincingly and concretely proven and presented many times.

Only an animal study in mice by Japanese scientists (published August 18, 2021; Li et al, Clin infect Dis 2021, [19]) caused the STIKO after half a year (!) to slightly modify their irresponsible actions (aerzteblatt.de February 18, 2022, [20]), in the printed edition of the German

Ärzteblatt only an inconspicuous note was found:

"STIKO recommends aspiration for COVID-19 vaccination as a precaution:

Berlin - Contrary to general recommendations for vaccinations, the Standing Committee on Vaccination (STIKO) at the Robert Koch Institute (RKI) advises aspiration during intramuscular administration of a COVID-19 vaccine. This is intended to further increase vaccine safety. This is pointed out by the STIKO in the 18th update of the COVID-19 vaccination recommendation of February 15. In animal models, perimyocarditis occurred after direct intravenous administration of an mRNA vaccine. They could be detected both clinically and histopathologically.

Vaccination should be strictly intramuscular, STIKO emphasized in its recommendations. Intradermal, subcutaneous, or intravascular applications should be avoided.

For all other vaccinations, except the COVID-19 vaccination, the STIKO recommends in principle no aspiration during vaccine administration. In the case of intramuscular application, this would reduce pain.

There have been no reports of patients being injured due to lack of aspiration."

However, some telltale phrases stand out (highlighted in italics):

- „*Vaccine* ***substance*** *safety"* is not increased by application with aspiration, because this is not changed, it should be called "vaccine safety".

- "*for all other vaccinations*" except the COVID-19 vaccination proves that this has a special effect and is just not a vaccination, but rather resembles a gene therapy. Since neither STIKO/PEI nor WHO does not see or saw such side effects with the conventional, real vaccines ("all other vaccines") and still does not consider aspiration necessary with these, the deletive effect of the gene "vaccination" must be solely due to the active substance itself or its components.

- "*Patients*" hereby it is admitted that it is a question of a therapy, otherwise the designation "vaccinated" or the like would be correct, because almost exclusively **healthy** persons should be vaccinated.
- "*Injured*" as already in the recommendation from 2016 adopted by the WHO, the STIKO/PEI is apparently ideologically-based not ready to recognize a vaccination in principle as an intervention in the body integrity - and thus as an injury.

12. pathology of vaccination

According to the findings of the Japanese scientists referred to by STIKO, necrotizing myocarditis occurs in mice as early as 2 days after the first intravascular injection, leading to significant damage after the 2nd application.

This confirmed the findings in humans by Burkhardt and Lang (1st and 2nd Pathologists' Conference Sept. 20 and Dec. 04, 2021; https://pathologie-konferenz.de/, [10]), but to which STIKO/PEI make no reference. They showed with their measurements (see above) that direct injections into larger vessels are possible. Of course, the needle is rarely orthograde in the vessel due to the perpendicular needle alignment to the longitudinal vessels.

They and especially the "small vessels" are always ruptured during the puncture and at least small substrate fractions (nano-/microparticles) are directed into lymph vessels and venules via the then dilated interstitium ("interstitial pathway"; its significance is still largely unexplored). The injection is always accompanied by edema and microhemorrhage. It is evident that an increased injection pressure for faster injection leads to increased tissue and vascular destruction in case of time pressure in the inoculation center and thus the same disastrous effect is achieved even without direct intravascular injection. Studies on this are apparently lacking.

Both - micro- and nanoparticles with or without the actual mRNA active ingredient - can cause vascular inflammation, thrombosis, thrombotic vascular occlusion, micro- and even induce microforeign body infarcts, such as those feared in fractures as fat and bone marrow emboli.

An empirical value given by routine physicians who aspirate during vaccination is that in about 5% blood is aspirated, i.e., a vessel is hit. One pediatrician even reports this as 2 out of 5 children, a value of 40%.

It is noteworthy that the STIKO, in the case of these genetically manipulative

"vaccine" substances by aspiration only sees an "increase in vaccine

vaccine safety" and calls for a "strict intramuscular" injection.

However, such absolute safety is only possible in animal experiments and would only be possible in humans after preparation of the muscle with coagulation of all vessels.

Burkhardt and Lang (see above) demonstrated impressive pictures of injured, punctured vessels during the usual supposed intramuscular injections.

Thus, it is clear that an absolutely safe purely intramuscular injection is **impossible** even with prior aspiration and **is not guaranteed in any case**. Only the proportion of the injected material entering the circulation systemically can vary considerably - from 1% to 100%; 0% is not possible because of the incalculable but never avoidable outflow via the "interstitial pathway".

Burkhardt and Lang found previously unidentified particles in venules, lymphatics, and tissues in 7 decedents after vaccination.

If this "other vaccine", in contrast to the conventional vaccines, causes damage when spread systemically, but an absolutely safe purely intramuscular application is impossible in practice in humans, this "vaccination" must be stopped immediately.

The STIKO's statement "There are no reports of injuries to patients due to omitted aspiration" is also incorrect. This may sound harmless, but it exposes in a glaring way on which knowledge basis, ideology, unmedical and conscienceless attitude is decided here about the public health.

In the medical sense, every injection is an injury and by no means a "small prick"; it is always accompanied by tissue destruction, including the rupturing of vessels.

13 Open questions

13.1 Manufacturer PfizerBiontech

From the documents for the attention of the Australian and Japanese regulatory authorities concerning the experimental safety tests of the PfizerBiotech company, many complexes of questions arise which cannot be dealt with in detail here.

It is evident that the pathological-histological examinations were unprofessional, there is talk of "large unstained, unidentified cells" - probably dilated lymphatic vessels according to the examinations in humans - further of "vacuolated hepatocytes - probably lipid". A review or complaint of these blatant ambiguities by our national or European institutions (EMA, STIKO, PEI) obviously did not take place, this in irresponsible violation of due diligence.

Critical written inquiries by Burkhardt and Lang (February 3, 2022, [10]) to the company PfizerBiontech, as well as inquiries by physicists and chemists in this regard, were not answered in essence and further completely inadequately [21].

The basic question in which cells of the body the formation of the toxic spike protein is ultimately induced, the answer was "in the body's own cells" [where else?]. Nor was there any mention of how and when the body's own toxin production, genetically switched on by injection, would be switched off again.

On March 30, 2022, BioNTech submitted a detailed report to the authorities in the USA, which has apparently not yet been reproduced in German-language media.

Some highlights from the: "BionTech annual report to the US Securities and Exchange Commission" March 30, 2022:

BioNTech has only received emergency approval for the vaccine in the US and conditional approval in the EU. They have been required by the authorities to submit the missing efficacy and safety documentation by the end of 2022 in order to receive full approval. On this, BioNTech now writes:

> "We may not be able to demonstrate sufficient efficacy or safety of our COVID-19 vaccine to obtain permanent regulatory approval in jurisdictions where it has been authorized for emergency use or granted conditional marketing approval." (S.6).

"Significant adverse events may occur during our clinical trials or even after receiving regulatory approval, which could delay or terminate clinical trials, delay or prevent regulatory approval or market acceptance of any of our product candidates." (S.6).

> "the durability of immune response generated by our COVID-19 vaccine, which has not yet been demonstrated in clinical trials;" (p.8).

"side effects and other problems may be observed after emergency use authorization that were not seen or anticipated, or were not as prevalent or severe, during clinical trials. We cannot provide assurance that newly discovered or developed safety issues will not arise." (S.9).

> „We and Pfizer intend to continue to observe our COVID-19 vaccine and other variants of a COVID-19 vaccine candidate in global clinical trials. It is possible that subsequent data from these clinical trials may not be as favorable as data we submitted to regulatory authorities to support our applications for emergency use authorization, marketing or conditional marketing approval or that concerns with the safety of our COVID-19 vaccine will arise from the widespread use of our COVID-19 vaccine outside of clinical trials. Our COVID-19 vaccine may not receive approval outside of the emergency use setting in the countries where it is not currently approved, which could adversely affect our business prospects.“(S.12).

„To our knowledge, other than our COVID-19 vaccine and MRNA-1273, no mRNA immunotherapies have been approved or received emergency use authorization or conditional marketing authorization to date by the FDA, the EMA or other comparable regulatory authority.“ (S.29).

> „Our mRNA product candidates are based on novel technologies and any product candidates we develop may be complex and difficult to manufacture.“ (S.41).

„Our planned clinical trials or those of our collaborators may be less efficacious or may reveal significant adverse events not seen in our preclinical or nonclinical studies and may result in a safety profile that could delay or terminate clinical trials, or delay or prevent regulatory approval or market acceptance of any of our product candidates.” (S.36).

The really crucial question about the mRNA Corona vaccine currently in use starts on page 133:

> "W***hy is the mRNA encoding an antigen and not an anti-body?*** If the healthy body cells would produce an anti-body, they would survive and not be destroyed by the own immune system. "
> "We believe our broad portfolio of antibody formats will enable us to produce mRNAs encoding the appropriate antibody format for the individual patient's medical need."

BioNTech acknowledges gene manipulation of its mRNA vaccine when discussing patent rights:

> "Our platform patent filings relevant to our COVID-19 vaccine (BNT162b2), collectively, the "BNT162b2 Platform Filings", include certain mRNA Structure Filings relating to features for increasing translation efficiency and/or stability of mRNA constructs (e.g., certain 3' UTR structures containing a specific sequence element, and interrupted polyA tails)" (p.176)

13.2 Paul Ehrlich Institute

Also the RKI informed on critical inquiry still in March 2021 that the toxin production takes place only locally at the injection site, there is no systemic effect.

Two urgent inquiries to the PEI (March 16 and March 24, 2022) on behalf of a research group cited by the author of this article with detailed documentation of organ damage in people who died after vaccination (40 autopsies) and evidence of the toxic spike protein in the lesions (organs and tissues) still 124 days after the "vaccination", have not been answered to date, although such an authority should have all the data and answers in the drawer.

For people who may be forced to vaccinate, this may be a matter of life and death. Ignoring them is further proof of the irresponsible, even criminal, conduct of an institution that should serve the welfare of the population. The journalist Hendrik Broders judged that "one has the impression that such institutions are created only to fool the population."

14 The Role of Doctors

All currently practicing physicians have been educated in their training about the principles and dangers of manipulating the genome.

Already in 1980, the internationally renowned pathologist Hans Cottier / at that time University of Bern) wrote clairvoyantly in his standard work "Pathogenesis" under the chapter "Possibility and Dangers of Experimental Genetics": "It is not difficult to see that this technique can bring therapeutic possibilities as well as great dangers". .... There is a risk of producing pathogenic nucleic acids or even viruses that could hardly be adequately controlled." Such a risk would be justifiable from a medical point of view only in the case of serious diseases, e.g., cancers that are certain to be fatal. Here, however, a pandemic therapy with unclear risks was aimed at **healthy** (!) persons.

Almost the entire currently practicing medical profession has surrendered uncritically - in a way that is unfortunately not unique in history here - despite the dangers of genetic manipulation that have been known for more than 40 years, to unqualified and criminal recommendations, directives and propaganda, and has once again behaved in a "state-supporting" manner.

Thereby the pressure did not only come from politics and No-COVID-measure-fanatics, but in a contemptible way also and especially from the own "professional representatives", i.e. medical association, so-called
Specialized societies up to the "world physician president" from.

All vaccination physicians, who participate in this manipulation of opinion, are guilty of violating their medical obligation to always **independently** examine their actions on the patient and to prevent harm to the patient.

All physicians are and were capable of this required independent examination due to their training. Reliance on recommendations and instructions or even propaganda is criminal "Vaccination is safe, long-term consequences can be ruled out", alone these mantra-like repeated pseudological statements, recognizable even to the layman, should have caused all doctors to refuse "vaccination".

It is even worse if doctors also omitted the obligatory aspiration and the injection was arranged by non-physicians. The presumption of an omitted and thus malpractice "inoculation" is obvious when more than 2 patients have died in approximately 6 weeks after the last injection by a physician.

This should result in regulatory investigations similar to those applied to the allegedly false mask and vaccination certificates.

In the case of pathologists and legal physicians, it should be noted that, due to their methodology, they were usually unable to identify and clarify the possible "vaccination" consequences. The situation is different with their professional associations, which hindered timely clarification by slandering critical colleagues.

15 Conclusions

Essential and indispensable basic data on the effect and long-term consequences of the novel "vaccine" generation, i.e. prophylactic gene therapy against COVID-19 infection are unknown.

Substantial prompt severe health effects and deaths, initially in humans and now in animals, have been documented in a variety of ways.

Even modification of the vaccination technique with minimization of the intravascular vaccine component cannot avoid the prompt, but especially the expected, late damage.

Late damage from prophylactic gene therapy ("vaccination") due to demonstrated profound tissue texture disruption and persistence of the toxic spike protein is certainly to be expected.

All parties involved in the forced vaccination campaigns, but especially physicians, should critically examine their role and draw the appropriate consequences.
The ongoing vaccination campaign should be stopped immediately. For all messenger RNA or pro-mRNA based drugs that induce synthesis of spike proteins in somatic cells, suspension or withdrawal of marketing authorization is required immediately.

A systematic investigation of the severe "vaccine"-associated side effects and deaths and appropriate compensation are imperative.

Continuation of COVID-19 "vaccinations" is irresponsible and criminal.

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