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Herrn / Frau
Vorname Name
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Passau, den 6. November 2021

Recent findings and results on COVID-19 vaccination. Reminder of liability information for COVID-19 vaccination

Dear Mr/Mrs Name,

This letter is to remind you that you may be held personally liable for vaccine injuries if you administer any of the gene-based COVID-19 vaccines to your patients. In our previous letter this June, we outlined that these vaccines are all unnecessary, ineffective, and dangerous. The contents of that letter can be found at the following web address:

<https://doctors4covidethics.org/wp-content/uploads/2021/11/nol1-german.pdf>

Along with the June letter, you received a detailed liability notice to make you aware of the legal risks. In the meantime, there have been public attempts to downplay this issue and dismiss our warning as "misinformation". We would like to remind you that the initial situation with the Covid-19 vaccines is completely different than with the swine flu vaccines.

In the current situation, it is not to be expected that the state will take over the injury compensation payments to the people harmed by the Covid-19 vaccinations, as it did after the swine flu. The only thing that is certain is that the manufacturers enjoy "immunity" and cannot be held liable. You are hopefully aware that the contracts and the terms of the contracts contained therein have now become public. At the end of our letter today, we also address the fact that in the meantime, more and more is becoming known about how Pfizer simply falsified and deceived data in the approval process, which adds a completely new dimension to the current situation. Please take our reminder seriously and carefully consider our letter today, as well as the one from June of this year.

We would also like to ask you, beyond the legal level, that you as physicians and also as a human being, once again thoroughly examine whether you can reconcile your attitude and your medical practice with your conscience. Our first principle is that we must do no harm. Please check carefully if you really fully inform your patients before vaccination and if they can really give an understanding consent. Please check to see if patients are being pressured by third parties or are able to make a

true free choice. And in particular, please check as carefully and thoroughly as you can whether you can really ethically and scientifically justify vaccinating pregnant women, adolescents and children.

In the following, we would like to briefly present recent findings and results that reinforce and expand on these points.

1. The vaccines are unnecessary

It should be common knowledge by now that COVID-19 carries only an extremely small risk of death or serious, irreversible damage to health for people without serious pre-existing or concomitant diseases. This is true even for people over 65 years of age, and especially for young people. [1] For example, only a full 11 COVID deaths in the 10- to 19-year-old age group have been reported to the Robert Koch Institute in the period ending July 13, 2021.

The main reason for the very low overall mortality is cross-immunity brought about by previous infection with other beta-coronaviruses. The wide distribution of this immunity [2, 3] and its clinical efficacy [4-7] have been adequately confirmed.

2. The vaccines are ineffective

The reports on the so-called clinical trials that were supposed to prove the effectiveness of the Pfizer and Moderna vaccines [8, 9] are full of contradictions and therefore not credible [10, 11]. However, the failure of the vaccines has now been documented in practice.

The U.S. Center for Disease Control (CDC) published a study that included 469 COVID cases [12] - this number is more than double the sum of cases reported in Pfizer's and Moderna's clinical trials. Of these 469 cases, 74% involved previously vaccinated individuals, whereas only 69% had been vaccinated in the general population during the period. These apparent vaccine failures affected all three vaccines covered, those from Pfizer, Moderna, and Johnson & Johnson. Since the vaccine produced by AstraZeneca is very similar to that produced by Johnson & Johnson, one must assume that AstraZeneca vaccine would not have performed any better.

The ineffectiveness of the vaccines can further be demonstrated by an international comparison. Plotting the number of new COVID cases against the population vaccination rate for 68 countries yields only a weak but positive correlation [13] - even high vaccination rates in the 60-80% range fail to reduce the number of new infections.

If their benefit is zero, the benefit-risk analysis of the "COVID-19 vaccines" is negative even if their adverse side effects are overestimated, which is hardly possible, since experience shows that only about 1-3 % of adverse effects are reported at all.

3. The vaccines are dangerous

As with any other treatment, an honest weighing of benefits and risks is essential for COVID vaccination. The work of Kostoff et al [1] on this topic makes it clear that the harms far outweigh the benefits - and this is true in every age group, even in seniors.

Severe side effects of vaccination are common. Canadian general practitioner Dr. Charles Hoffe wrote an open letter to the British Columbia provincial health minister back in April, pointing out four such cases among a total of 900 patients; these had occurred after the first injection of Moderna vaccine [14]. One of these cases was fatal; the other three had severe, probably permanent, neurological damage. Hoffe has since reported other such cases in the same group of patients.

The U.S. (VAERS) and European Union Vaccine Adverse Event Reporting Sites have recorded tens of thousands of deaths and a much larger number of serious illnesses, mostly vascular and inflammatory. Table 1 summarizes the status for reports in the VAERS database. As expected, the number of deaths recorded so far in 2021 that occurred after administration of other vaccines is about three-quarters the value for the entire previous year. In comparison, the number of deaths following COVID vaccination is huge - it is over 50 times greater.

Table 1: Deaths after vaccination reported to the U.S. Vaccine Adverse Event Reporting System (VAERS) in 2020 and 2021. (As of October 12, 2021; data from [15])

Year:	2020	2021
COVID-19 vaccine:	19	16,291
All other vaccines:	404	307
Total:	423	16,598

Considering that most vaccination incidents go unreported, it becomes clear that the dangerousness of these vaccines has long been established beyond doubt, and that the only possible consequence is the suspension of vaccinations. Recently, the Scandinavian countries and Iceland have taken the first steps in this direction, unfortunately only half-heartedly - they have suspended the use of the Moderna vaccine in young people or, in the case of Iceland, in all people. The main reason for this was the clustered occurrence of myocarditis, especially in young men. [16-18] However, this is not limited to the Moderna vaccine. The case numbers for Pfizer's vaccine are similar. [15] In this context, we also draw attention to a recent article in the British Medical Journal [17] that brings to light scandalous errors in Pfizer's hastily conducted clinical trials:

A regional director employed by Ventavia Research Group told BMJ that the company [Pfizer] falsified data, unblinded patients, used inadequately trained vaccinators, and was slow to follow up on vaccination incidents that occurred in the pivotal Phase III Pfizer trial.

In addition to myocarditis, there are many other serious side effects - strokes, heart attacks, pulmonary embolisms, consumption coagulopathy; miscarriages, epilepsy, and even gastrointestinal bleeding in breastfeeding infants whose mothers had received the vaccine. Transmission of mRNA vaccines with breast milk has now been directly demonstrated. [18] Whether other serious side effects may occur in the medium to long term is still entirely unknown.

We urge you to no longer close your eyes to these serious facts. Draw the necessary consequences now - do not wait until the medical and political authorities come to their senses!

Do not be complicit in the senseless prolongation of this irresponsible vaccination campaign, which has already cost so many people their health and not a few their lives!

With kind collegial regards,

Your medical colleagues from MWGFD e.V., D4CE and ÄfA

<https://www.mwdfd.de/> <https://doctors4covidethics.org/> <https://www.aerztefueraufklaerung.de/>

PS: Important note

In a major development which could have far-reaching consequences, a Hasidic rabbinical court in New York ruled on November 1 that it is 'absolutely forbidden to administer the mRNA Covid-19 vaccine to children, adolescents, young men and women'. The judges ruled that mandatory Covid-19 vaccines transgress Jewish law, which means it could be anti-Semitic to enforce it on religious Jews who have no wish to take it. Given that the rabbinical courts in Israel are part of the formal legal system, further decrees forbidding mandatory Covid-19 vaccines might have the power to dissolve the infamous green pass system.

On the following page the online links are listed as references as well as a note on how to use them.

Important note for the use of the online links

The easiest way to find the online links listed here is to download this document again from the MWGFD e.V. website. (www.mwgfd.de) and open it on your computer. Then simply mark the online link (blue and underlined) and click with the right mouse button on "Open link".

References

1. Kostoff, R.N. et al. (2021) Why are we vaccinating children against COVID-19? [*Toxicol. Rep.* 8:1665-1684](#)
2. Grifoni, A. et al. (2020) Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals. [*Cell* 181:1489-1501.e15](#)
3. Nielsen, S.S. et al. (2021) SARS-CoV-2 elicits robust adaptive immune responses regardless of disease severity. [*EBioMedicine* 68:103410](#)
4. Dugas, M. et al. (2021) Less severe course of COVID-19 is associated with elevated levels of antibodies against seasonal human coronaviruses OC43 and HKU1 (HCoV OC43, HCoV HKU1). [*Int J Infect Dis* 105:304-306](#)
5. Dugas, M. et al. (2021) Lack of antibodies against seasonal coronavirus OC43 nucleocapsid protein identifies patients at risk of critical COVID-19. [*J Clin Virol* 139:104847](#)
6. Yamaguchi, T. et al. (2021) Immunity against seasonal human coronavirus OC43 mitigates fatal deterioration of COVID-19. [*Int J Infect Dis \(Vorabdruck\)*](#)
7. Yaqinuddin, A. (2020) Cross-immunity between respiratory coronaviruses may limit COVID-19 fatalities. [*Med. Hypotheses* 144:110049](#)
8. Anonymous, (2021) [EMA Assessment report/Comirnaty](#).
Anonymous, (2021) [EMA Assessment report/COVID-19 Vaccine Moderna](#).
Palmer, M. et al. (2021) [Expert evidence regarding Comirnaty \(Pfizer\) COVID-19 mRNA Vaccine for children](#).
9. Palmer, M. and Bhakdi, S. (2021) [Expert statement regarding the use of Moderna COVID-19-mRNA-Vaccine in children](#).
10. Brown, C.M. et al. (2021) Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings—Barnstable County, Massachusetts, July 2021. [*MMWR. Morbidity and mortality weekly report* 70:1059-1062](#)
11. Subramanian, S.V. and Kumar, A. (2021) Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. [*Eur. J. Epidemiol. \(Vorabdruck\)*](#)
12. Hoffe, C. (2021) [Open letter to Dr. Bonnie Henry](#).
13. Anonymous, (2021) [OpenVAERS](#).

14. Avolio, E. et al. (2020) The SARS-CoV-2 Spike protein disrupts human cardiac pericytes function through CD147-receptor-mediated signaling: a potential non-infective mechanism of COVID-19 microvascular disease. [bioRxiv \(Vorabdruck\)](#)
15. Kafil, T. et al. (2021) mRNA COVID-19 Vaccination and Development of CMR-confirmed Myopericarditis. [medRxiv \(Vorabdruck\)](#)
16. Li, C. et al. (2021) Intravenous injection of COVID-19 mRNA vaccine can induce acute myopericarditis in mouse model. [Clin. Infect. Dis. \(Vorabdruck\)](#)
17. Thacker, P.D. (2021) Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial. [BMJ p. n2635](#)
18. Low, J.M. et al. (2021) BNT162b2 vaccination induces SARS-CoV-2 specific antibody secretion into human milk with minimal transfer of vaccine mRNA. [medRxiv \(Vorabdruck\)](#)