Van: **Unico van kooten** <unicovank@gmail.com>
Date: di 22 jun. 2021 om 14:13
Subject: Betreft: corona vaccinatiebeleid voor kinderen
To: <griffie@amersfoort.nl>

De op 24 december 2020 aan u verstuurde vragen over corona vaccins zijn wederom relevant te beschouwen in afwachting van het advies van de GR op vaccinatie van gezonde kinderen en de nieuwste kritiek van voorname experts op basis van peer review op de huidige mRNA vaccins.

De door het Regenboogteam zorgvuldig ingeleide vragen ten aanzien van de nieuwe vaccins en 'informed consent' is een afgeleide van intensief contact met meerdere wetenschappers en experts en professor op het gebied van genetische microbiologie, immunologie, artsen en juristen die onder andere gespecialiseerd zijn in civiel en gezondheidsrecht, naast de overige aanwezige disciplines. Het team heeft de thematiek op publieke relevantie willen begrijpen om het vervolgens inzichtelijk te kunnen maken voor publiek en beleidsmakers. We moeten met de snelheid van de vaccinontwikkeling en toepassing nieuwe technologieën op het menselijk lichaam uitermate voorzichtig blijven. De TGV onder de vaccins vraagt hierom. Deze inbreng illustreert wederom de noodzaak om de waarde van maatregelen als mogelijk onderdeel van proportionaliteit met urgentie te blijven wegen en onderzoeken ten einde beleid hierop aan te kunnen passen. Deze oproep is inmiddels geland bij de politiek (het centraal station).

Ter attentie van alle gemeenteraden en leden van de Provinciale Staten van Zuid-Holland (alle collega griffies en delegatie volksvertegenwoordigers staan in BCC)

Geachte Griffies en delegatie van raadsleden en leden van de Provinciale Staten,

Zeer gaarne verzoeken wij u onderstaande schrijven zorgvuldig te beschouwen.

Hoogachtend,

G.J.U. van Kooten
Namens een delegatie van het Regenboogteam

---------- Forwarded message ---------
Van: **Unico van kooten** <unicovank@gmail.com>
Date: di 22 jun. 2021 om 13:40
Subject: Betreft: corona vaccinatiebeleid voor kinderen
To: <m.agema@tweedekamer.nl>, <cie.vws@tweedekamer.nl>
Cc: Staaij van der mr. C.G. <C.vdStaaij@tweedekamer.nl>

22 juni 2021, Doetinchem

Geachte Voorzitter van de Vaste Commissie van VWS,
Geachte mevrouw Fleur Agema
Geachte heer M. Esmeijer, de Griffier,

Zeer gaarne verzoek ik u de brief van een delegatie van het Regenboogteam met aangereikte informatie te betrekken bij de weging van het aanstaande advies van de Gezondheidsraad op vaccinatie van kinderen in de leeftijd tussen de 12 en 15 jaar. De Telegraaf schreef er vandaag een opiniestuk over: https://www.telegraaf.nl/watuzegt/1089855141/gezonde-tieners-inenten-is-de-omgekeerde-wereld

Nieuwe inzichten zouden uw commissie kunnen doen besluiten aspecten van het huidige vaccinatieprogramma te heroverwegen. In referte naar de bijlagen in de brief en de bijgevoegde informatie van Professor Byram Bridle.

We sluiten af met een aantal citaten van Prof. dr. med. Thomas Mertens, viroloog en voorzitter van de permanente vaccinatiecommissie in Duitsland en aanvullende informatie van Professor Byram Bridle.

De uitvinder van het mRNA vaccin Robert Malone uit ook zijn zorgen over de eerste generatie mRNA vaccins en is zeer nadrukkelijk geen voorstander van het inenten van gezonde kinderen. Ik heb zijn laatste LinkedIn blogs (en commentaar) bijgevoegd. Mijn LinkedIn account is vandaag verwijderd en u weet dat censuur een debat onmogelijk maakt en serieus te nemen signalen vanuit de maatschappij blokkeert.

Gezien het gegeven dat het Regenboogteam geen schriftelijke reactie heeft ontvangen van het Ministerie van VWS op de zorgvuldig voorbereide vragen rond vaccinatie (afschrift 24 december 2021) zijn wij genoodzaakt deze brief ook aan alle andere bestuurslagen te richten. Ik zal ook het internationale netwerk informeren, zodat uiteindelijk het volk recht gedaan kan worden.

Wij kijken uit naar uw reactie.

Met vriendelijke groet,

Unico van Kooten
Nederlandse

1000 Brussel
België

Citaten Prof. dr. med. Thomas Mertens

■ *“We moeten niet vergeten dat het welzijn van de kinderen het allerbelangrijkste is als we nu met een kindervaccinatie willen beginnen, een algemene kindervaccinatie. Dat moet worden onthouden. Dit betekent dat eerst moet worden verduidelijkt in hoeverre er een medische rechtvaardiging is voor deze vaccinatie.”*

■ *“Eerst moet duidelijk worden gemaakt hoe dringend de kinderen de vaccinatie eigenlijk nodig hebben voor hun eigen gezondheidsbescherming. Omdat ons primaire doel de bescherming en het*

welzijn van kinderen moet zijn. De andere argumenten die vaak naar voren worden gebracht, zoals het openstellen van school of deelnemen aan het leven, of uiteindelijk de kwestie van deelname aan de vakantie van de ouders op dit moment, zijn secundaire en tertiaire argumenten die op zichzelf niet voldoende rechtvaardigen om alle kinderen te vaccineren."

■ *"We mogen niet vergeten dat er tijdens de vaccinatie geen snoep wordt uitgedeeld, maar dat er toch een medische ingreep wordt uitgevoerd."*

■ *"De hoogste prioriteit is het welzijn en de gezondheid van de kinderen."*

Aanvullende informatie van Professor Byram Bridle:
Byram Bridle, Professor Virale Immunologie, Universiteit van Guelph met een uitgewerkt advies voor ouders: https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-children_and_covid-19_vaccines_full_guide.pdf

Professor Byram Bridle, vanaf ongeveer 15:30 minuten, informeert een delegatie van het Canadese parlement. Samen met Dr. Patrick Philips (huisarts en spoedeisende hulp) en Don Welsh (Professor Fysiologie en Farmacologie): https://youtu.be/vUrp5PlnBwQ en https://www.bitchute.com/video/MJz1yNUoWMJL/

■ Bron: https://www.canadiancovidcarealliance.org/

24 juni 2021

Ter attentie van de Vaste Commissie voor Volksgezondheid, Welzijn en Sport (VWS)

Bijlagen:

- inbreng Artsen Covid Collectief 14 juni 2021
- vragen Regenboogteam 24 december 2020[1]
- advies Duitse STIKO[2]
- positionering VK Hartgroup[3]
- Hoogleraar Christine Stabell Benn[4]
- Nieuwe inzichten gebracht door Robert Malone (uitvinder mRNA vaccins)[5] [6]
- Lijst steunbetuigingen

Geachte voorzitter en leden van de Vaste Commissie VWS,

Zeer gaarne steunt een delegatie van het Regenboogteam het op 14 juni jongstleden aan u gerichte schrijven van het Artsen Covid Collectief inzake mogelijke ***coronavaccinatie van gezonde kinderen***.

Tevens roepen wij in herinnering ons schrijven van 24 december 2020 met gerichte vragen over coronavaccins. We constateren dat wij op deze inbreng voor Nederland tot heden geen antwoord hebben mogen ontvangen. Ons verzoek is derhalve aan u om deze antwoorden alsnog te verzorgen, ook in het licht van de bovengenoemde ontwikkeling.

We beginnen onze brief van 24 december 2020 met de uitleg van een Moleculair Geneticus over nieuwe RNA-vaccins, inclusief 11 geïntegreerde vragen. Dit deel van de bijdrage is peer-reviewed door verschillende wetenschappers, experts en een professor. Daarna volgen 7 technische - en aanvullende vragen (8-24) over coronavaccinatie en overheidsbeleid. Het tweede deel is door artsen, microbiologen, immunologen, professoren en juristen getoetst.

Wij kijken uit naar beantwoording van de gestelde vragen, die in het licht van het – aanstaande debat – over het vaccineren van gezonde kinderen, uitermate relevant zijn om te beantwoorden.

Met Hoogachting,

G.J.U. van Kooten
Namens een delegatie van het Regenboogteam

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[1] https://artsencollectief.nl/wp-content/uploads/2021/01/vragen-vaccin-en-Informed-consent-en-Wgbo-combi-1.pdf
[2] https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2021/23/Art_01.html
[3] https://www.hartgroup.org/child-vaccination-irresponsible/
[4] https://overnu.nl/vaccin-hoogleraar-voordelen-pfizer-bij-kinderen-niet-groter-dan-risicos/
[5] https://trialsitenews.com/how-to-save-the-world-in-three-easy-steps/
[6] https://www.rwmalonemd.com/news

Brief Artsen Covid Collectief 14 juni 2021

Geachte leden van de Vaste Commissie voor Volksgezondheid, Welzijn en Sport,

De Gezondheidsraad (GR) heeft afgelopen woensdag geadviseerd om kinderen van 12 tot en met 17 jaar uit medische risicogroepen te vaccineren tegen Covid-19. Het wachten is nu op een advies over het vaccineren van gezonde kinderen. Vooruitlopend hierop, willen wij nu al onze zorg uitspreken.

Het belangrijkste principe van de artseneed is: *primum non nocere*. Ofwel: "In de eerste plaats geen schade doen". Alleen al op basis van dit principe dient te worden afgezien van het vaccineren van gezonde kinderen. De EMA heeft het Pfizer-vaccin voorwaardelijk goedgekeurd op basis van één onderzoek, waarin slechts duizend gevaccineerde tieners zijn vergeleken met duizend controles. Daarbij beperkte het veiligheidsonderzoek zich tot de duur van slechts twee maanden. Over eventuele nadelige gevolgen op de langere termijn is nog niets bekend.

De kans dat kinderen ernstig ziek worden met Covid-19 is zeer klein; de kans te overlijden nagenoeg nul. De overgrote meerderheid krijgt meestal geen of slechts milde klachten. Voor volwassenen hebben de coronavaccins een 'voorwaardelijke' EMA-goedkeuring gekregen vanwege emergency of noodzaak. Voor gezonde kinderen is er echter geen enkele noodzaak of emergency. Kinderen hebben evenmin een belangrijk aandeel in de verspreiding van het coronavirus (zie bijlage: *BMJ*-editorial).

De hamvraag luidt daarmee: moeten we gezonde kinderen met een heel leven voor zich gaan vaccineren om kwetsbare ouderen te beschermen? Jaap van Dissel stelt dat het vaccineren van kinderen helpt om de R-waarde te verlagen. Epidemioloog en kinderarts Patricia Bruijning (UMC Utrecht) zei afgelopen week in *Het Parool*: "Je moet kinderen vaccineren als dat <u>voor henzelf</u> voldoende nut heeft, niet enkel omdat het de R-waarde onder de 1 houdt." Wij zijn het hartgrondig met haar eens. Nog nooit is in Nederland grootschalig een vaccin aan kinderen gegeven waarbij zij zelf niet direct baat hadden. Als kinderen voor het eerst in de historie worden gevaccineerd "voor een ander", dient de veiligheid onomstotelijk vast te staan. Maar die data, en daarmee die zekerheid, zijn er nog niet. Het genoemde onderzoek onder tieners was veel te kort en te beperkt om eventuele bijwerkingen op (middel)lange termijn op te kunnen sporen. Over mogelijke schade op de lange duur tasten we volledig in het duister, en zo wordt met gezonde kinderen een onverantwoord risico genomen. De drama's door het Mexicaanse griepvaccin staan helaas nog in ons geheugen gegrift.

Laten we geen gok nemen met de gezondheid van onze kinderen om de R-waarde onder de 1 te houden. Zij hebben al te veel moeten opofferen de afgelopen anderhalf jaar en de jeugd is de toekomst. Laten we onze kinderen niet als 'schild' gebruiken: wij moeten hen beschermen, en hun lichamelijke integriteit niet opofferen voor volwassenen. Dat is de omgekeerde wereld. Laten we opkomen voor het welzijn en de gezondheid van de generatie die nu opgroeit.

Wij hopen van harte dat u notie wilt nemen van ons standpunt, met het oog op de beraadslagingen die komen gaan na het volgende GR-advies en de uiteindelijke besluitvorming. Graag zouden wij onze expertmening toelichten in een commissievergadering.

Hoogachtend,

Evelien Peeters, internist en voorzitter Artsen Covid Collectief
Mede namens de meer dan 1.500 medisch specialisten aangesloten bij het Artsen Covid Collectief

Lijst met 108 steunbetuigingen:

Mijn ouders tekenen ook mee. Zij willen niet dat de gezonde kinderen (en hun kleinkinderen) zich laten vaccineren met een reden dat zij daarmee ouderen zouden beschermen. Het vaccin moet – zonder risico zijn voor kinderen en - echt alleen geadviseerd worden voor kinderen die een gezondheidsrisico hebben behoorlijk ziek te kunnen worden van het virus, aldus mijn ouders."

Unico van Kooten (G.J.U.)
C.A. van Kooten – Paul
A.W.K. van Kooten
Professor Theo Schetters
Robert Verschuren, Fachartzt für Anästhesiologie by Universität Essen-Duisburg
Hans Erdbrink, arts
Ingrid Walrabenstein
Anouk de Bont
Elly Van de Horst
Annèt van Roest
Michel Schuuring
Marjon Smit
Jan Tuinstra
Hann van Vugt
Joost Schouten
Evert Bergshoeff
Henk Nieuwenhuis
Erik van Roemburg
Marthijn van Balveren
Martine Vriens
Drs. Brenda Koevoets
Anita De Blok
Bert A. Moes
Hester Visser
Erica van Mourik
Jeroen Brands (en echtgenote).
Martin Idema
Miranda Veurink
John Mocnik
Henk van Ginkel
Frans de Beer
Annette van Doorn
Paul Haarman
Ger van Leeuwen
Amanda Boes
Hanneke Hoekstra
Marieke Pruiksma
Roelien van der Haar
Lenie Calf
Manon Onderstal
Janneke Tesser
Brenda Stekelenburg – de Wolf
Dirk van Kessel
Yvonne Dijkstra
Corry Conen
Matthias de Vries
Kiki Schmeink
Suzan Verkuijl
Laura van Rulen – Hommes
Désirée Rooze
Ilona Groen
Marc Bosveld
Jolyn van Vuuren
Joke van Ammers
Stephan Veldhuijsen

Ernest Diepstraten
Peter Pfeiffer
Hildo Nijk
Anne-Marie Ostermeier
Ine Braaksma
Cees Stekelenburg
Roel Wolfert
Janny Haisma
Andrea Jansen
Ronald de Ruiter
Merko Tigelaar
Marsha Pinedo
Henriette de Haas
Wilma van den Brink
Ronald de Jager
Chantal Bieshaar
Ben 't Hart
Dennis Potter
Bernette Venema
Drs Petra Kohrt
Gwendolyn Vermeule
Arjen Speksnijder
Tekla Stegeman
Leoniek Knook
Felix Tangelder
Femke Suir
Hennie Beijeman
René Arns
Joyce Saris
Drs Frank van Rossum RA
Willem Sorm
Sevi Rutgrink
Marijke Klok
Sheila Heerkens
Dominique P. Schön
Esmé Lammers
Micha Kruger
Han van Wees
Jacob Oosterman
Agnita Bok
Erik Stekelenburg
Chantal van Tuin-Nuhaan
Paul Turney (Engelse)
Agnes Boedt (Belgische)
Pascale de Kan
Ton de Goijer
Omid Jafarzadeh
Mathilde van Zalinge
Petra Downs
Frieda Berkelaar-Gresnigt
Mariska Paleari
Monike van Duren
Herman Wassink

Robert Malone statement 21 juni 2021
https://www.linkedin.com/posts/rwmalonemd_sciencefact-activity-6812703149678243841-B3wS



Robert Malone • 1st RW Malone MD, LLC: Consultancy and Analytics in the Biosector 56m • Edited •

56 minutes ago

Once again I feel it necessary to make a clear and unambiguous statement. The data strongly indicate that the experimental genetic vaccines, including the mRNA and recombinant adenoviral vaccines, have saved lives. Many lives.

But it is also increasingly clear that there are some risks associated with these vaccines. Various governments have attempted to deny that this is the case. But they are wrong. Vaccination-associated coagulation is a risk. Cardiotoxicity is a risk. Those are proven, and discussed in official USG communications, as well as communications from a variety of other governments.

Based on what I have seen, I believe that other toxicity risks will become more apparent. These include menstrual irregularities, development of thrombocytopenia, cerebrovascular effects, and reactivation of latent viruses such as clinical shingles.

But we do not know how prevalent these are, and the spectrum of severity is unknown and possibly unknowable because the V-Safe database is not being shared outside of CDC, the VAERS systems is deeply flawed, and we just do not have the comprehensive safety data necessary to accurately evaluate risk/benefit for the various cohorts - elderly, healthy normal adults, immunocompromised, pregnancy, adolescents, children, and infants.



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

34m

At this point, I think that a reasonably objective scientific perspective is that the first generation genetic vaccines for SARS-CoV-2 need to be modified and re-engineered to yield second generation products which do not express biologically active spike protein. There are other antigens - Spike is not the only one. I am concerned that locking spike into a pre-fusion conformation may not have been such a good idea, and that there is a need to investigate the ACE2 binding activity of these engineered spike proteins and their activity relative to native spike for the phenotype of induction of coagulation in animal models. So, we really need to think about re-engineering these genetic vaccines so that they are expressing either spike subunits, engineered spike that is not biologically active, expressing other SARS-CoV-2 antigens etc. And we really need to look hard at the data to determine what we can do in the interim to reduce the risk of these rare adverse events. What could be done? Drop the dose. Go to a single jab. That sort of stuff. But the decisions need to be evidence-based. No more of this "fake it till you make it" decision making!

Evidence - based medicine. Please. Lets get back to normal decision making.



Nik Wells 2nd degree connection 2nd Managing Director Regulatory Index and IPC

48m

I think you make some good points here Dr Malone and it is important that you raise them openly, as there seems to be very little balanced discussion in the mainstream media.

From my analysis of the available data and information (both on the vaccines and disease), there is nothing to warrant the use of the experimental genetic vaccines you refer to in children. And there is clearly no justification for talk of requiring individuals to prove vaccine status to go about their lives.
2 Replies 2 Replies on Nik Wells' comment



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

28m
completely concur regarding pediatric vaccination.



0 suggestions found.



Andrew Lees, Ph.D. 2nd degree connection 2nd Scientific Director at Fina BioSolutions LLC and Owner, Fina BioSolutions LLC

1h
Robert: Thank you for your clarification. The back & forth posts on Linked-in are not always nuanced & it is uncertain who to trust.

It is clear the vaccines work. I have no expertise in the number of people under 65 who were extremely sick, died or had lingering effects (brain fog, etc) from Covid but I know many. The low # of vaccinated in the hospital vs unvaccinated Covid cases is highly indicative of vaccine efficacy. . Vaccine risks should be discussed & studied. The stirring up of distrust and politicizing medical information along with poor understanding of risk add to the communication challenges.

The mRNA vaccines have turned back the devastating tide of the pandemic. A lot of guesses needed to be made in order to roll them out with such amazing speed. As newer & hopefully safer vaccines are developed, they should replace the first generation. I
2 Replies 2 Replies on Andrew Lees, Ph.D.'s comment



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

57m
Hi Andy - second time I have posted this position. I guess I will have to do this weekly, if for no other reason than to mitigate risk of me being booted off of linkedin for openly discussing the science of the vaccines and the associated toxicology data.



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

1h
At this point, I think that a reasonably objective scientific perspective is that the first generation genetic vaccines for SARS-CoV-2 need to be modified and re-engineered to yield second generation products which do not express biologically active spike protein. There are other antigens - Spike is not the only one. I am concerned that locking spike into a pre-fusion conformation may not have been such a good idea, and that there is a need to investigate the ACE2 binding activity of these engineered spike proteins and their activity relative to native spike for the phenotype of induction of

coagulation in animal models. So, we really need to think about re-engineering these genetic vaccines so that they are expressing either spike subunits, engineered spike that is not biologically active, expressing other SARS-CoV-2 antigens etc. And we really need to look hard at the data to determine what we can do in the interim to reduce the risk of these rare adverse events. What could be done? Drop the dose. Go to a single jab. That sort of stuff. But the decisions need to be evidence-based. No more of this "fake it till you make it" decision making!

Evidence - based medicine. Please. Lets get back to normal decision making.
2 Replies 2 Replies on Robert Malone’s comment



Teresa T. 2nd degree connection 2nd Risk Transformation | Collaborative & Transparent Leadership | Aligning Strategy, Talent, Data, Process, Control & IT to Surpass Expectations | Governance | Financial Modeling | ALM | GARP NY Director | CFA, FRM, CAIA

18m
Thank YOU! 🙏

C. R. Rund 2nd degree connection 2nd Anatomical and Clinical Pathologist

14m
Unfortunately I have read nothing from the CDC or FDA that indicates anything more than a fake it till you make it approach. Plus their actions speak volumes with slow walking the "emergency" meeting to review vaccine induced myocarditis as a recent example. They went all in with Operation Warp Speed. Nothing will slow it down. Not even vaccine adverse events.



Nik Wells 2nd degree connection 2nd Managing Director Regulatory Index and IPC

1h
I think you make some good points here Dr Malone and it is important that you raise them openly, as there seems to be very little balanced discussion in the mainstream media.

From my analysis of the available data and information (both on the vaccines and disease), there is nothing to warrant the use of the experimental genetic vaccines you refer to in children. And there is clearly no justification for talk of requiring individuals to prove vaccine status to go about their lives.
3 Replies 3 Replies on Nik Wells' comment



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

1h
completely concur regarding pediatric vaccination.



Scott Oliver 2nd degree connection 2nd Founder of BestSleepDoctor.com and Co-Founder of Best Sleep Magazine

49m
Robert Malone And now this...

A new, totally MORONIC and unscientific reason to vaccinate healthy young people who have zero

chance of dying from this ..

'... it may be worth vaccinating youngsters to stop chaos, warns professor...'

https://www-telegraph-co-uk.cdn.ampproject.org/c/s/www.telegraph.co.uk/news/2021/06/17/scrap-covid-tests-schools-says-oxford-vaccine-pioneer/amp/

Scrap Covid tests in schools, says Oxford vaccine pioneer

Scrap Covid tests in schools, says Oxford vaccine pioneer

telegraph.co.uk



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

15m
roger that



Merko Tigelaar 1st degree connection 1st Toezicht & Advies

1h
Very good and clear. Hope 'they' are listening!



Ari Trachtenberg 2nd degree connection 2nd Professor at Boston University

1h
On what basis do you conclude that the vaccines have saved lives? This would require a proper control, long-term followup, etc.
1 Reply 1 Comment on Ari Trachtenberg's comment

C. R. Rund 2nd degree connection 2nd Anatomical and Clinical Pathologist

12m
Thank you!!! 💯 💯 💯



Shayne Whitehouse 2nd degree connection 2nd Future proofing businesses by guiding them on their journey to the cloud

1h
Dr Malone, have I got this correct? The risk to the average person below 70 with no co-morbities of CoVid is very low both as an infection requiring hospital treatment and even lower for death. If repurposed drugs such as Ivermectin are also available and used there is virtually no risk and not dissimilar to a flu season.

Vaccines lower the risk but its off essentially a very low base. They do however have a known risk that seems to be increasing as we learn more.

2 Replies 2 Replies on Shayne Whitehouse’s comment



Gert Lykkesfeldt 2nd degree connection 2nd Chief Gynecologist, MD, DMSc (ret.)

37m (edited)
I think you have got it right. But even among the best of the genuine expert scientists it is still heresy to indicate that these “vaccines” have saved but a very few, or even ask them to prove that without doubt. I can understand the reasons for that just by looking at the fate of Dr. Byram Bridle (sic!). So they seem to play safe and try to minimize the damage already done and plead for exclusion of kids and pregnant women from the vaccine-roulette. That plea will I fear be ignored by the decision centers. Besides the potential but unknown long term calamities caused by this shoot from the hip “medical” approach are almost never addressed.

ARRs [absolute risk reduction]tend to be ignored because they give a much less impressive effect size than RRRs: 1·3% for the AstraZeneca–Oxford, 1·2% for the Moderna–NIH, 1·2% for the J&J, 0·93% for the Gamaleya, and 0·84% for the Pfizer–BioNTech vaccines.
https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext

COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room

COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the …

thelancet.com



Shayne Whitehouse 2nd degree connection 2nd Future proofing businesses by guiding them on their journey to the cloud

22m (edited)
Gert Lykkesfeldt thanks for your insights. My concern is that we are being taken down a path that Michael Yeardon, the former CSO of Pfizer described as "standing at the gates of hell". If a 30 year expert on vaccination says that I will take note.



Branko Boshkovikj 2nd degree connection 2nd Cyber Security Consultant - Kuwait

1h
Yeah... Guns have also saved many lives .. Vaccines are not going anywhere near me or my family... 😎



Steve M. 2nd degree connection 2nd President | Founder at Combilytics Corp

43m
Glad I got my shingles vax 3 months before my Phizer vax :-)



Niklas Holck 2nd degree connection 2nd Founder & CEO at Tradeworks.vc

1h
Have they saved any lives that e.g. Ivermectin based treatment or prevention protocols couldn't have saved?



Steven Cobley 2nd degree connection 2nd *I help Home/Office/Remote workers thrive using telecoms, technology & ergonomics* *Offering the best options for meeting solutions, large or small* *Teams/Zoom/Starleaf Certified Products* *Less stress-more value*

47m
Robert Malone I know that this will be difficult to answer but I did read that some of the adverse events had something to do with people that had injected Heparin?
My wife, in order to avoid miscarrying injected Heparin as it was found that she had blood clotting factors, Factor V Leiden and Pro Thrombin Gene Variant which I believe 5% of the population has. Might this be a condition where the vaccines are avoided? Particularly bothered that they will want to be injecting my teenager next and he may have this condition.



Krista S. 2nd degree connection 2nd Rare Disease Family Access Manager at Biogen

8m
I'm often baffled at the fear and covert nature of our government agencies to allow us the ability to decide risk/benefit for ourselves and our families. Many have completely lost trust in public health because of it. Thank you for your bravery in sharing facts! The vaccine has saved lives, BUT with that comes risk and many unknowns.



Debbie Black 2nd degree connection 2nd Independent Scientist & Executive. Passionate about Global Health & Environmental Sciences.

1h

We've been assisting long haulers for more than 5 decades. If this really does cause a spike in such cases we will know very early from our own data.



Yama Taj 2nd degree connection 2nd Technical Project Manager at Vestas Offshore Wind

4m

Lets see if these posts will stay here on LinkedIN. I can imagine that some 23 years old with an IT degree will "fact check" them; the posts from a senior scientist who literally invented the mRNA and DNA vaccine technology. Would be laughable.



Chris Nanna 2nd degree connection 2nd Manager, Radiation Oncology Services/ William E Kahlert Regional Cancer Center/ Lifebridge Health

11m

Possibly a. Hard stop on distribution of the shots should be considered until further studies are conducted and science is confirmed?



Claudia Armani 2nd degree connection 2nd Health & Nutrition Coach, TOP10 UK Health Coach Blogs 2018, 2019 & 2020, Pilates Teacher.

1h
Very clear Dr. Malone.

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Your World is
Our World

June 19, 2021

From: Robert W. Malone, MD, MS
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To: Whom it may Concern

I am writing this letter to support Dr. Bridle's good character and his right to freely express his scientific opinion, which is backed up by the literature and well informed deductive reasoning.

I am a US-based physician and scientist with an extensive record of successful innovation in basic and applied science, pathology, molecular virology, immunology, vaccine development, biodefense, project management, clinical development, regulatory affairs, and bioethics. I have been working in this area since 1984, and have been through multiple outbreaks – usually supporting either pharmaceutical clients or the US Department of Defense. I have been granted "secret" clearance for the DoD. I played a key role in advancing the PHAC rVSV-ZEBOV Ebola vaccine candidate and engaging Merck in development, which resulted in the eventual licensure of this very important product of Canadian PHAC research.

I am also the original inventor of mRNA vaccines and DNA vaccines. This claim is substantiated by academic publications as well a large suite of US and worldwide patents with a filing date of 1989.

I have independently assessed most of the data which serves as the basis for Dr. Bridle's communications regarding safety risks associated with the COVID-19 genetic vaccines, concur with his findings, and have independently raised my concerns with the US FDA including speaking directly with CBER director Peter Marks.

I am particularly alarmed and surprised by the bioethical positions being taken by the government of Canada regarding these experimental – stage vaccines, and very surprised. I have always considered the government and people of Canada to be eminently reasonable, almost to a fault. These policies appear contrary to what I have been trained as the bedrock principles of clinical research/human subjects bioethics.

And then there is the censorship of legitimate academic discourse, which brings us back to the specific case of Dr. Bridle. In short, do his accusers have no shame? I am truly shocked. Again, this is contrary to everything I had ever believed about the people and culture of Canada. I guess I will need to re-think my assumptions about Canadian fundamental reasonableness – ey?

Furthermore, these attacks on him will make him a global martyr and amplify his message. Is that really good public policy?

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Please stop. Think about what is going on here. This is not fair. This is not right. This is not proper. Dr. Bridle has examined the data available to him and has drawn reasonable conclusions about the meaning of that data in toto. He is not profiting from this. There are no financial conflicts of interests. He is not someone seeking fame and fortune. He is doing what he can, in good faith, to help protect the people of Canada and the world – and particularly the adolescents and children.

In sum, in regards to COVID-19, I find the general censorship of the government of Canada, the bioethical lapses, and this specific example involving Dr. Bridle to be particularly egregious, and inconsistent with all I had previously believed regarding the fundamental reasonableness and commitment to fairness of Canadian political and social culture.

Please stop politicizing science. The scientific process requires dissent and discussion to arrive at truth. This is a central tenant. Dr. Bridle has spoken truth as he sees it. Others may interpret the data differently. My assessment is very much aligned with that of Dr. Bridle. That does not make it right or wrong. Time will sort this out. But I am quite sure that the attempts to silence Dr. Bridle and damage his career and reputation are fundamentally wrong.

Regardless of your or my individual assessments and opinions, please let science and the scientific process resolve this. These attacks on the credibility of Dr. Bridle and his good faith efforts to provide an alert concerning safety signals associated with these vaccines are highly inappropriate and counterproductive. I suspect that history will not look back on this kindly. Canadians have not always been on the right side of history – witness the indigenous peoples. But in my experience they do try to do the right and proper thing.

So do the right thing here.

Sincerely

Robert W Malone, MD, MS

https://www.rnd.de/gesundheit/mrna-entdeckung-wem-gebuehrt-der-preis-326H6BLRNBAR3GOM43TJLPJ5OQ.html

Newspaper: RedaktionsNetzwerk Deutschland
Google translated

mRNA Discovery: Who Wants the Prize?

- The mRNA vaccines are the main weapon in the fight against the pandemic - but who really invented them?
- The researchers argue about this themselves.
- It's also about who actually deserves the Nobel Prize now.

The serenity that Robert Malone exudes in this video interview on a June morning during the American East Coast: It is definitely deceptive. With his gray, thick beard, narrow eyes and firm voice, the 61-year-old looks like someone who can only be shaken by little. But the story he tells at his home in Madison, Virginia is about pain and disappointment. "It feels," he says, "like a rape."

What Malone means is the feeling of having discovered and described something - perhaps the first, or at least one of the first - and then seeing others who came later and built on it are celebrated and praised. "And that's really painful."

Robert Malone has decided to be radically open, also with regard to himself. A kind of self-therapeutic honesty, as a result of great hurt, that's how it works.

The proof of feasibility

The story he is interested in goes back more than 30 years. In the late 1980s, Malone is a young, fervently ambitious scientist, a PhD student at the Salk Institute in California, a research facility founded by Jonas Salk, the developer of the polio vaccine. Like many researchers of this time, he was inspired by the belief in gene therapy, in the possibility of defeating the great diseases of mankind by interfering with the genome. In 1989 he co-authored and drove a scientific article describing how messenger RNA wrapped in fat globules induces cultured cells to produce certain proteins.

It is the first scientific description of the main features of the technology that is today in the process of saving countless lives and showing mankind a way out of the pandemic: the mRNA vaccines. A “proof of principle”, as it is called in science: the proof of feasibility.

Malone is unknown outside of the specialist world

"Robert Malone was the first to describe this principle and thus described the basis for the development of mRNA vaccines," says immunologist Jan Dörrie, specialist in RNA-based immunotherapy at the University Hospital Erlangen. And yet Robert Malone is hardly known to anyone outside the world of scientific specialists.

Can that be fair? And who does the fame for this technology go to, which might just redeem the world? Or at least that part of the world that can afford this form of salvation?

Nobel Prize is within your grasp

In any case, barely a year and a half after the pandemic began, the fight for fame is in full swing. A fight about money, recognition and prizes. It seems clear in June 2021 that it is the mRNA vaccines in particular that are making the greatest contribution to taking the horror of the coronavirus.

They are all based on the same principle: They contain a messenger RNA, i.e. the blueprint for certain virus fragments, against which the body then forms antibodies. The vaccines from Biontech / Pfizer and Moderna are based on it. According to all studies, these agents are highly effective, quickly produced in large quantities and, on top of that, easily adaptable to new mutants - all advantages that should also occupy the Nobel Prize Committee before the announcement in October. The theme of the award has seldom been as close as this year.

Only: who deserved the grand prize? And does science actually still work today in such a way that in the end one or a maximum of three people can celebrate? Is science still so much a loner?

Katalin Karikó is considered an inventor in the USA

There is already an answer to this in the USA. There, Katalin Karikó is known as the “mother of the mRNA vaccine”. The Hungarian moved to the USA with her family in 1985, has been researching mRNA since the early 1990s - and in 2008, together with her colleague Drew Weissman, described a modification thanks to which the mRNA undermines the immune defense of the cells and is not destroyed so quickly.

Karikó sold her car to emigrate to the USA, and she and her husband hid the savings in their two-year-old daughter's teddy bear - she told the Guardian. It is a story in the style of the American dream embodied by the 66-year-old. Karikó is a researcher at the University of Pennsylvania. The Mainz company Biontech of the German-Turkish vaccine developer Ugur Sahin has secured its services, there she holds a position as Vice President.

Karikó recognizes the merit of his colleagues

In television interviews, as most recently with CNN, Karikó looks as if she would rather retreat to her laboratory and continue researching immediately. But when it comes to awarding the

Nobel Prize, she can count on important advocates. If you ever asked him, said Derek Rossi, co-founder of the pharmaceutical company Moderna, “I would put you right in the middle”.

In the opinion of many research colleagues, it belongs there, in the first row. Just not alone. She sees it that way too. “I have,” she wrote in an email to Robert Malone at the beginning of June, “many reporters about you, Ingmar (Hoerr, co-founder of Curevac), Ugur Sahin (co-founder of Biontech), Stephane Bancel (Moderna) and all the others Sent scientists in this field. "

Your reference tells of the honest attempt to point out the complicated and long history of the origins of mRNA vaccines. It is an attempt that it is not clear whether everyone always makes it with the same verve.

A historical mistake

“The man who reinvented vaccination” is the rather immodest title of a biography about Curevac co-founder Ingmar Hoerr, which has just been published by Aufbau-Verlag. It tells the tragic story of Hoerr: In March 2020, at the beginning of the pandemic, he suffered a stroke and fell into a coma for weeks. Then he had to fight his way back to life - and later see how Curevac lost the race for the first vaccine. To date, the Tübingen-based company does not have all the data required for approval.

Hoerr's scientific achievements are beyond any doubt. He is also a Nobel Prize candidate. Together with other Tübingen researchers, he was able to stabilize the mRNA, whose rapid decay had been the main problem, inoculating the first people with mRNA, founded a company and laid the foundations for mass production.

The starting point for him at the end of the 1990s was a central finding: that an immune reaction can be generated in mice using mRNA, originally a coincidence. "It was then that I realized that I had discovered a fundamental principle: You can vaccinate with mRNA," said Hoerr in May of "Die Zeit".

Previous basics as a basis

But was he really the first? At that time, "it became clear to him that there is a practicable way of actually using RNA as a vaccine on humans," explains Hoerr today when asked.

His discovery was "naturally embedded in the context of the current state of science". Others would have provided important scientific foundations without which his work "would not have been possible in this form," Hoerr mentions among others, Robert Malone. For the researchers before him, however, it was not about the application in humans, but about basic research.

Another pioneer: Peter Liljeström

But others had come a long way in this field - the French Pierre Meulien and Frédéric Martinon, for example, but also Peter Liljeström. In 1994, the scientist from the Karolinska Institute in Stockholm described how he vaccinated mice against influenza in this way and observed a strong, sustained immune response. And whoever calls the now 68-year-old, who was head of the vaccination department of the Swedish epidemic authority for more than 16 years, learns that the actual experiments took place much earlier. "1988", says Liljeström. Originally, he hadn't even planned to publish the results at all - and only did so when he noticed the growing interest in the topic.

Nevertheless, Liljeström seems free of bitterness. “I am very pleased that the mRNA vaccines are being used so successfully today,” he says. “And that we could make a contribution to it.” At that time, he too tried to develop this technology further, but he couldn't find any sponsors. The industry waved it off. "MRNA was considered too risky," says Liljeström. Too unstable, too unreliable, nothing for the future. A historical mistake.

Against all odds

The question of who the first one was can hardly be clarified. “At that time, a lot of people were doing research on the topic at the same time; we were driven by the same questions,” says Liljeström. What they described at the time was the principle of the vaccinations that are used today. "But we were just too early."

But who does the credit for these vaccines go to? The ones who came up with the original idea? Or those who, against all odds, pursued this idea to the end, which ultimately made the production of the vaccines possible? Which they optimized for use in humans?

Andreas Radbruch, immunologist and scientific director of the German Rheumatism Research Center Berlin, counts the work of Hoerr, Karikó and Biontech founder Sahin as one of the decisive steps - and that of Peter Liljeström. It is difficult to say who will actually receive a Nobel Prize - “but in fairness Liljeström would have to be there”.

"In no case would it be appropriate to separate development from those who gave the original impetus," says Erlangen-based immunologist Dörrie.

The search for origins seems endless

"35 years, hundreds of scientists, countless companies, and billions of dollars have led to today's mRNA vaccination," said Philip Felgner, director of the Vaccine Center at the University of California Irvine. “The thanks can be distributed over a large area.” Whereby the origin of the research is in 1984 - the year when those nanoparticles were discovered in his laboratory at the Syntex Institute in Palo Alto, in which genes can be smuggled into cells. A technique that today's vaccines also use.

It's like asking about the origins of vaccines rarely ever comes to an end, like there's still one more lead.

One of the rules of the Nobel Prize is that a maximum of three scientists per category may be awarded. That could become a big problem in this case, and perhaps an obstacle to trying to award the prize for this discovery in the first place.

Malone wants a fair tribute

Incidentally, Robert Malone, the author of the first article, never worked on the subject again. At that time he moved to another institute - and left there after three months due to personal differences. The patents, however, remained with the institute, which then resold them without anyone pursuing them.

Malone has continued to work as a scientist and consultant, on other issues. What remains, however, is its sensitivity if someone's contribution to these vaccines is suppressed. His research was only possible thanks to other forerunners, he emphasizes. It is not about himself, but about a fair appreciation. “We all stand on the shoulders of giants,” he says, following an old Newton quote. This seems to be particularly true in the case of mRNA vaccines.

CANADIAN COVID CARE ALLIANCE
Alliance canadienne pour la prévention et prise-en-charge de la covid

www.canadiancovidcarealliance.org

Why Parents, Teens, and Children Should Question the COVID-19 Vaccine

There is no immediate threat of severe COVID-19 in the majority of Canadian children and adolescents.

As of May 28, 2021, there have been 259,308 confirmed cases of SARS-CoV-2 infections in Canadians 19 years and under. Of these, 0.048% were hospitalized, 0.06% were admitted to ICU, and 0.004% died[1]. Seasonal influenza is associated with more severe illness than COVID-19.[2]

Pfizer BioNTech's clinical data in children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy.

Pfizer BioNTech's study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.

All of the COVID-19 vaccines in Canada are "Authorized under Interim Orders".

This means that continued use of the experimental vaccines is contingent on the collection of additional data from Pfizer BioNTech's on-going study as well as other surveillance systems, including studies that Canadian adolescents are being invited to enroll in at the time of vaccination, to evaluate the safety and effectiveness of the vaccines.

COVID-19 vaccines authorized for use in Canada result in production of virus spike protein.

The Pfizer BioNTech vaccine is injected in a shoulder muscle. It was assumed that spike protein production takes place in white blood cells at this location, and then these cells present the spike protein on their surface so that a full immune response can take place. However, cells of the muscle and other organs also take up the vaccine.

It was assumed that the spike proteins do not end up in circulation; however, this is being challenged by recent studies.

Ogata *et al.*, 2021[3] reported the detection of spike protein in the plasma of 3 of 13 young healthcare workers following vaccination with Moderna's mRNA-1273 vaccine. In one of the workers, the spike protein circulated for 29 days. The data are limited and warrant further investigation for both the Moderna and Pfizer BioNTech COVID-19 vaccines.

Recent studies indicate the spike protein, itself, may potentially be harmful.

Recent studies[4] suggest that the spike protein produced in response to vaccination, may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

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[1] https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html
[2] https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2018-2019/annual-report.html.
[3] https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075
[4] https://www.mdpi.com/2673-527X/1/1/4, ; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827936/; https://jhoonline.biomedcentral.com/articles/10.1186/s13045-020-00954-7

Health Canada authorized the COVID-19 vaccines without biodistribution and pharmacokinetic studies on the virus spike protein.

Given the concerns about the spike protein, it is important that we fully understand:

- which cells are actually involved in the production of the spike protein, seeing that Pfizer's own study submitted to the Japanese authorities shows the deposition of vaccine nanoparticles in various tissues and organs[5];
- whether the spike protein is gaining access to the circulatory system and, if so, for how long;
- whether the spike protein crosses the blood-brain barrier;
- whether the spike protein interferes with semen production or ovulation,
- whether the spike protein crosses the placenta and impacts a developing baby, or
- whether the spike protein is excreted in the milk of lactating mothers.

The same information is needed for the S1 subunit of the spike protein, which is the part that binds to ACE2 receptors; and which has also been detected in the plasma of individuals following mRNA-1273 (Moderna) vaccination (Ogata *et al.*, 2021).

The toxicity studies conducted with the Pfizer BioNTech vaccine do not allow for a safety assessment of the spike protein.

Although Pfizer BioNTech conducted toxicity studies, including a reproductive toxicity study, they used rats as their animal model. Although rats have ACE2 receptors, these receptors have a very low binding affinity for the spike protein. In fact, of 14 mammalian species evaluated[6], ACE2 receptors of rats and mice had the lowest spike protein binding affinities, while ACE2 receptors in humans and rhesus monkeys had the highest. So, while the current toxicity studies have provided useful information on the vaccine components, they provide little value in understanding the safety of the spike protein they code for.

Where our children and adolescents are concerned, it is crucial that we carefully follow a precautionary principle. Children and adolescents have a miniscule risk of severe illness and death from COVID-19. The risk of vaccination, no matter how theoretical, must be fully investigated and understood.

Canadians must question the accelerated and indiscriminate vaccination of all children and adolescents with a vaccine for which critically important biodistribution, pharmacokinetic, and safety data on the SARS-CoV-2 spike protein are missing.

The Canadian government should be called upon to immediately halt the mass vaccination program of children and adolescents until such time as these studies are conducted and the uncertainties about the potential pathogenicity of the spike protein can be addressed.

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[5] https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf#page=16
[6] https://pubmed.ncbi.nlm.nih.gov/32661139/