The Ministry of Truth Is on The Horizon And Has A Lot To Do

Description

New data on safety issues of Covid-19 â??vaccinesâ?? and their impurities show this

When I was young and read Orwellâ??s â??1984â?? at school, what Orwell described was about 14 years in the future. An eternity for a schoolboy. Back then, we were all sure that the â??Ministry of Truthâ?? and the social structures described there would only occur under communism. No more could we imagine in 1970 that the Soviet Union could ever end and with it the threat of world communism. Thatâ??s how history works: it amazes you, and faster than you think, because things keep happening that you never thought possible.

Now the Ministry of Truth is on the horizon. Unthinkable just 10 years ago. Anyone who has been paying attention will have noticed that the new Medienstaatsvertrag (â??Federal Media Treaty, a unified regulatory framework agreed upon by the federal states within Germany) already gives the state media authorities the right to criticize and ban published articles. There would be no pre-censorship, but there would be post-censorship. The EU Digital Services Act has been in force since February 17, 2024. It requires operators of digital services, i.e. web platforms, hosting organizations and social media, to independently monitor and remove â??hate speech and disinformationâ??. Who decides what constitutes â??hate speech and misinformationâ??? Good question. In case of doubt, apparently a commission set up by the government.

As always, France is again one step ahead. Macron already had a law against fake news passed in 2018 and recently added to it, as a colleague from France confirmed to me: anyone who advises against medical measures that are scientifically proven and generally recommended will be liable to prosecution and up to three years in prison. The law is apparently intended to combat sectarianism. However, it is easy to see that opposition to medical measures recommended by official government bodies, such as COVID â??vaccinationsâ??, are clearly covered. Thatâ??s why itâ??s called the *Pfizer law* in France.

So anyone who does in future in France what I have been doing for a few years now, namely pointing out the inconsistencies in the government narrative, is liable to prosecution.

Anyone who is not walking around completely blind will realise: Orwellâ??s Ministry of Truth has come true, some 40 years late.

â??What is truth?â??

Pilate is known to have asked Jesus during his trial (John 18:38). He said this because he had realized that the accusation against Jesus was fabricated, at least in Johnâ??s account. He therefore went out afterwards and told the accusers that he found no guilt in him. Nevertheless, the mob won.

And that is the basic problem. What passes for â??truthâ??, especially â??scientific truthâ??, is not easy to determine and is susceptible to human desires, emotional judgements and distortions of all kinds. Daniel Kahnemann, the only psychologist ever to win a Nobel Prize (for economics), has listed many ways in which we allow our assessment of reality to be distorted by emotional judgements, or rather misjudgements [1]. The famous swarm intelligence of social media is precisely not a guarantee of truth, and sometimes a few who keep a clear head and scrutinize carefully can be closer to the truth. The wealth of examples that Kahnemann gives in his work of how quickly we make mistakes, how easily we allow ourselves to be seduced, how easily we neglect essential facts, speaks volumes.

Incidentally, the â??nudgingâ?? concept was derived from this insight [2]. Because Jane and John Consumer are so susceptible to misjudgements, they need to be helped along. Thatâ??s why various governments, such as the UK, have Behavioural Insight Units to help poor governments guide errant citizens back to the path of virtue and youth. And the co-author of Daniel Kahnemann and the â??Nudgeâ?? book, Cass Sunstein, is now the head of the WHOâ??s â??Technical Advisory Group on Behavioural Insightsâ??. He knows how to assert what those in power want to be seen as the truth.

But back to the basic question: What is truth? If it were so easy to answer this question, we would have no problems, no disputes, no wars, no conflicts within families or between states. What is truth, especially scientific truth, can often only be decided from a distance and after long debates. Aristarchus of Samos already knew in the 3rd century BC that the sun is at the centre of our planetary system. However, this was not the majority opinion at the time. So it took almost 2,000 years for this realization to become ready to be established â?? by Galileo. As early as 1847, Semmelweis realized that the doctorsâ?? handling of the dead led to puerperal fever in women giving birth, who were cared for by the same doctors without washing their hands. But he was psychiatrized and probably even killed. It took decades for his realization to prevail.

Truth is precisely not easy to determine. And consensus is not a valid criterion of truth. After all, from around 1930 to 1945 there was a political consensus in Germany that the Aryan race was superior to all others. Strangely enough, the consensus disappeared after 1945. Why? Was it wrong before? Of course, we know today that it was wrong. But why did it exist then? Because it was politically desired and generated by social processes, we would say today. So what will prevent this from happening again in the future? That some politically opportune finding is turned into a â??consensus of truthâ?? through social nudging processes?

Any attempt whatsoever to establish truth through social processes is doomed to failure. It is therefore impossible to achieve even an approximation of truth outside a discourse that is open, free and uncensored. All agencies of fact-checkers or similar social networks are, without them even noticing, subject to the psychological and social distortion factors described by Kahnemann. What protects against this? The one thing that all governments, fact-checking agencies and talk show hosts hate: truly open, uncensored discourse. This is exactly what is abolished by all attempts to establish a Ministry of Truth.

I can understand the political motive behind it. Do we really want pictures of decapitated or otherwise mutilated victims of political or other murderous acts to be buzzing around our childrenâ??s mobile phones? No, of course we donâ??t. But if it were that simple, then the relevant legal texts could speak plainly and clearly outline the cases whose dissemination is generally contrary to good morals and social consensus. Why donâ??t they do that?

Perhaps because they want to seize the opportunity and stir a little power calculation into the sweet juice of political correctness?

The problem is that the texts are so ambiguously worded that in future the relevant commissions will be able to regard anything that displeases those in power as worthy of cancellation or even criminal.

Need a concrete example? Once again: the COVID-19 â??vaccinationsâ??.

The COVID-19 â??vaccinationsâ?? do indeed have several serious problems, as recent studies show

Let me remind you: three years ago, anyone who was not prepared to be â??vaccinatedâ?? against COVID-19 was a social leper. I donâ??t want to repeat the terms people like me were labelled with on social media, even by government officials and others in public life. At the time, it seemed clear that these new vaccination technologies were life-saving, important, scientifically well proven. Warners like me and my colleagues in the MWGFD were labelled Nazis, charlatans, fake news spreaders and worse. We pointed out the poor risk/side effect profile of these procedures with an easy-to-follow analysis [3]. The study was retracted and republished [4]. I was dismissed from my job and the University of Witten-Herdecke felt compelled to use formal arguments to freeze and then cancel my visiting professorship. In the meantime, new data had been published. We pointed out the situation again [5]. And once again the trolls are at work and are taking action against our arguments at Wiley, the publisher of the journal. I would not be surprised if the publisher were to cave in here too and withdraw the paper. I will keep you updated.

Was what we published wrong? No, but what we said went against a broad consensus. The â??vaccine-criticalâ?? group was and is a minority among scientists. But they have good arguments. Recently, three new arguments became known which I present below:

1. A careful analysis in Germany shows a large excess mortality in Germany after the vaccination campaign, which is associated with the vaccination coverage rate
2. Geneticists in various laboratories have proven what I have already briefly mentioned: the modRNA â??vaccinesâ?? are heavily contaminated with DNA plasmids, which also insert themselves into the genome
3. A newly published study of 99 million people in various countries confirms what has been published time and again: so-called â??adverse events of special interestâ?? (AESIs), which were defined as possible safety signals before the start of the vaccination campaign, are in fact significantly more common in â??vaccinatedâ?? people.

Clear safety signals in the largest study on vaccination side effects in 99 million people

A study by an international consortium analysed data from more than 99 million people from 8 countries (Argentina, Australia, Canada, Denmark, Finland, France, New Zealand, Scotland) [6]. â??Adverse Events of Special Interestâ?? (AESI) had been defined by a working group before the start of the campaign and were used here as diagnostic criteria. These were, among others

- Guillain-BarrÃ© syndrome (an inflammation of the nerves that leads to paralysis and symptoms of paralysis)
- Transverse myelitis & acute disseminated encephalomyelitis (autoimmune reactions against the myelin sheaths of the nerves, as seen in multiple sclerosis)
- Facial paralysis
- Fever and other seizures

- Thrombocytopenia (decrease in thrombocytes and therefore blood clotting problems)
- Pulmonary embolism
- Cerebral venous thrombosis
- Myocarditis and pericarditis (i.e. inflammation of the heart muscle and surrounding tissue)

Please note: All other possible side effects were ignored. Deaths were also not investigated.

The authors then used the incidence of these diseases in the same patient cohort in the five years before the pandemic, from 2015 to 2019 (in the case of Denmark only from 2019 to 2020) for the corresponding age and gender cohorts, to calculate expected values, i.e. the expected frequency of these diagnoses. They then counted how often these diagnoses actually occurred in vaccinated people during the vaccination period, up to 6 weeks after vaccination. If these frequencies are standardized in relation to each other, the result should be â??1â?? if there are no differences in frequency, i.e. if the diagnosis occurs equally often after â??vaccinationâ?? and therefore cannot be associated with â??vaccinationâ??. If it occurs more frequently, i.e. the ratio is clearly above 1 and positive, then the diagnosis occurs more frequently after â??vaccinationâ?? and therefore represents a safety signal. Of course, the corresponding 95% confidence intervals were also calculated so that it is possible to see whether the difference is also statistically significant. It is theoretically conceivable that even a large difference is not conspicuous, namely if the confidence interval is very large. This always occurs when the estimate is based on too few data points.

This case has shown that:

All AESIs occur more frequently than by chance after one of the doses of any of the â??vaccinesâ?? examined than before vaccination.

I summarize the most important significant findings in Table 1.

	Astra-Zeneca Vector	BioNTech/Pfizer	Moderna
Guillain-BarrÃ©	2,49*		
Transv. Myelitis	1,91		
Facial paralysis		1,05	1,25
Encephalomyelitis	2,23		3,78*
Thrombocytopenia	1,40	1,08	
Pulmonary embolism	1,20	1,29	1,33
Cerebral venous thrombosis	3,23*	1,49	
Thrombosis in the veins of the portal vein system		1,30	1,53
Myocarditis	1,36	2,78*	6,10*
Pericarditis	6.91*	1,55	2,64*

*Table 1 â?? Significant findings from [6], Tables 3-5 taken from the original publication (selection; see publication for original) for the three most important modRNA â??vaccinesâ?? from BioNTech/Pfizer and Moderna and the vector â??vaccineâ?? from Astra-Zeneca; the ratio of observed to expected frequency of significant values is given; * = statistically particularly conspicuous safety signal*

For the sake of clarity, I have only included those values in this table that are the most conspicuous, omitting the seizure symptoms and idiopathic thrombocytopenia, although there are also conspicuous features here. I have also not differentiated between the different doses. In most cases, the abnormalities are already visible after the first dose, but sometimes even higher values appear with later doses, which I have then indicated.

The table reads like this: Under Astra-Zeneca vector â??vaccineâ??, Guillain-BarrÃ© syndrome is about two and a half times more common than expected as background noise. Myocarditis occurs more than 6 times more frequently than expected after Moderna â??vaccinationâ??. All values in this table are statistically conspicuous. Those marked with an asterisk are particularly conspicuous and represent a safety signal.

As we can see: Based on the number of AESIs, the Astra-Zeneca preparation is the front-runner and produces the most side effects. The Moderna â??vaccineâ?? causes significantly more severe side effects than the Pfizer preparation, which is particularly noticeable in the case of myocarditis.

Of course, this study also has its problems, as the authors mention. Firstly, the study is passive and retrospective. This means that only those cases that are actually reported and recorded in the national health databases can be analysed. Deaths and other potentially serious side effects that were not defined as AESI are also not included in this analysis. Anyone looking at the supplement to this publication will recognize that not all diagnoses were recorded everywhere. Therefore, an under-reporting is likely. Only careful prospective observation could have solved this problem. We had called for this [3-5]. It was not carried out.

So you see, Mr â??Minister of Diseaseâ?? Lauterbach: Your repeated statement: that the vaccines were safe and that we knew this, was a lie. We could have known that back then, there was enough evidence. Now everyone can think for themselves: Is it sensible, socially acceptable and economical for a disease like Covid-19, which is dangerous at best for the elderly and seriously ill patients at risk, to run a campaign in which the majority of the population is talked into a vaccine that is of little use to them, because it protects neither against infection nor against serious illness and certainly not against death. But it does harbour a considerable risk, because it can only help a few, yet the risk is borne by everyone who has been vaccinated. 13.5 billion doses of these preparations have been injected since their introduction.

Anyone can work out how much was transferred from ordinary citizens to manufacturers via taxes. If we calculate USD 20 per dose as consumer costs â?? not including development subsidies â?? then taxpayers worldwide have provided companies with a turnover of around 270 billion. As governments have been nice enough to help companies with development and advertising, much of this is probably net profit.

â??Vaccinatedâ?? hospitalized patients have a higher mortality rate than â??unvaccinatedâ?? patients

The fact that the vaccinations were never intended to prevent infections â?? one of the most important arguments originally â?? has now even been made public by the EMA. That they prevent severe courses of disease was then the subsequent narrative. This is also crumbling. In a monocentric observational study, researchers recently showed that Covid-19 vaccinated patients who came to the university hospital in Ohio with acute respiratory failure had a poorer chance of survival than unvaccinated patients [7]. With 152 patients, the study was not very large. But since the same procedures were used on site and the data came from the in-house database, it is at least consistent. Patients with and without Covid-19-related respiratory failure were compared, and those who were hospitalized before the introduction of the â??vaccinationâ?? and those who were hospitalized after its introduction. While the mortality rates in non-Covid patients differed only insignificantly between the â??vaccinatedâ?? and â??unvaccinatedâ?? (namely 27% vs. 36%), there were significantly more mortality cases in Covid-19 patients among the â??vaccinatedâ?? (70%) than among the â??unvaccinatedâ?? (37%). However you want to explain this, it does not speak in favour of protection against a more severe course. The authors found that a subgroup of IgG antibodies, which mediates immune tolerance, was observed significantly more in the â??vaccinatedâ??. It could therefore be that the â??vaccinationâ?? triggers a boomerang effect in the long term. If the immune system constantly comes into contact with the antigens, because the bodyâ??s cells are constantly presenting new antigens and the immune system has to constantly react to them, then it obviously becomes

blunted.

The â??vaccinesâ?? are contaminated with DNA. The authorities knew this and did not take action

The unconvincing risk-benefit profile is only one side of the coin. For some time now, the accusation has been hanging in the air â?? â??conspiracy theoryâ??! it was called â?? that these modified RNA â??vaccinesâ?? contain DNA fragments, so-called plasmids. Such DNA plasmids originate from the manufacturing process and are impurities. This is because the RNA is produced on the basis of DNA patterns and standard cell cultures are used for this purpose. Unfortunately, these also contain impurities, e.g. gene sequences of the Simian Virus 40 (SV40), a monkey virus and precursor virus of the human immunodeficiency virus (HIV), which is considered to be the cause of AIDS. The peculiarity of this SV40 is that it integrates itself into the genome of the host.

Kevin McKernan publicized this some time ago, first in videos and tweets and later in preprints. My colleagues at MWGFD have translated and subtitled a short video lecture by him in which he sheds light on these connections. He speaks very quickly there, and you have to pay attention, possibly listen more than once. But what he says is crystal clear: these impurities were not initially present, at least not in the data that the manufacturers â?? Pfizer/BioNTech and Moderna â?? submitted to the Federal Drug Agency (FDA). This would suggest fraud, as the data was obviously falsified. This was later proven by him and his group, as well as by independent research groups in Japan, France and Germany. This information is now available to the authorities. But instead of pursuing the matter themselves, they asked the manufacturers for an assessment. McKernan blames this on the change in the legal situation in the USA. In the 1990s, the FDAâ??s funding law was changed under Bush. Since then, the manufacturers, and no longer the taxpayer, have been paying the FDA. This means that the agency is beholden to its â??customersâ??, the companies that ultimately finance it. These abuses have already been described many times [8-10]. McKernan therefore holds the FDA directly responsible for these abuses. â??Either they are completely incompetent or they are complicit to the crime,â?? he says unequivocally. â??Quis custodiat custodes ipsos?â?? â?? â??Who guards the guardians?â?? Juvenal once asked.

Moderna even mentions in its own patent specification that this is a problem. This gives rise to suspicion: They were determined to get these substances into regulation, whatever the cost. And that was only possible if there was an emergency situation.

I recommend this video to everyone. Itâ??s only 15 minutes long, but it contains explosive material. McKernan is someone who knows his trade. He was involved in sequencing the human genome, has many patents and publications and knows what he is doing. The proof that DNA plasmids can be incorporated into the human genome worries me. This means that an intervention that was originally intended as a temporary capture of a few human cells can go on and on.

Excess mortality has risen in Germany since the introduction of vaccination

Christof Kuhbandner, a psychologist colleague from Regensburg, and his co-author Matthias Reitzner, a mathematician from OsnabrÃ¼ck, recently presented their new study in a video seminar, which is available as a preprint [11].

They analyzed excess mortality in Germany during the three pandemic seasons of 2020/21, 2021/22 and 2022/23, always from April of the previous year to March of the following year. They derived the expected values from the mortality data of the last 10 years before the pandemic (2010-2019) and compared the actual mortality values during the three pandemic years. They also compared their values with the socio-demographic data of the federal states and calculated values for each state separately. They found that there was hardly any excess mortality in the

first year of the pandemic, just over 4,000 deaths above the expected value, i.e. within the statistical fluctuation. In the second year of the pandemic, there were just over 19,000 deaths above the expected value and in the third, there were almost 78,000 deaths above the expected value. That is statistically very striking. Letâ??s remember: in the first year, the killer virus was conjured up, which was used to push everyone into the curative â??vaccinationâ?? in the second year, which, because it was good and safe, was supposed to have solved all the problems in the third year, right?

Not at all. The authors also show that there is a direct link between â??vaccinationâ?? and deaths â?? link, mind you, not cause. Causality cannot be proven with such a study, at best it can be made plausible. And I find it plausible that this connection exists. The authors use a clever trick. They correlate the figures in the individual federal states, in which there are different excess mortality rates, but also very different vaccination coverage rates, with various indicators such as mortality, Covid-19 infections and Covid-19 deaths.

There have been various studies that have found a negative correlation between vaccination coverage and mortality, i.e. an indirect indication that the â??vaccinationâ?? probably reduces deaths. The authors replicate this finding for the second year of the pandemic, i.e. the year in which the â??vaccinationsâ?? were introduced. But at the same time, they reduce it to absurdity by correlating the death rate (or other indicators) in the *first* pandemic year with the vaccination coverage rate in the *second* pandemic year. Itâ??s a bit like correlating the pocket money of children aged 5 with their school performance at 13. You wouldnâ??t expect any correlation and certainly no causality, because causality usually leads from the past to the future and not the other way round. I first have to get up and switch on the light, then it gets light, not the other way round. But here the time-reversed correlation shows that it is just as strongly negative, even more so, than the simultaneous correlation between the vaccination rate and the number of deaths in the second year of the pandemic. So there must be something wrong with this analysis. There is probably another variable in the background that we donâ??t know about.

In the third year of the pandemic, all correlations become positive: the higher the vaccination coverage rate, the higher the mortality rate, the infection rate with Sars-CoV-2 and the Covid-19 death rate. This becomes particularly clear when you look at the *increase* in excess mortality from the first to the second and from the second to the third year of the pandemic and correlate these increases with the vaccination coverage rate. These correlations are then very clearly positive. In other words, the higher the vaccination rate, the greater the increase in excess mortality from one year to the next in a federal state. (Figure)

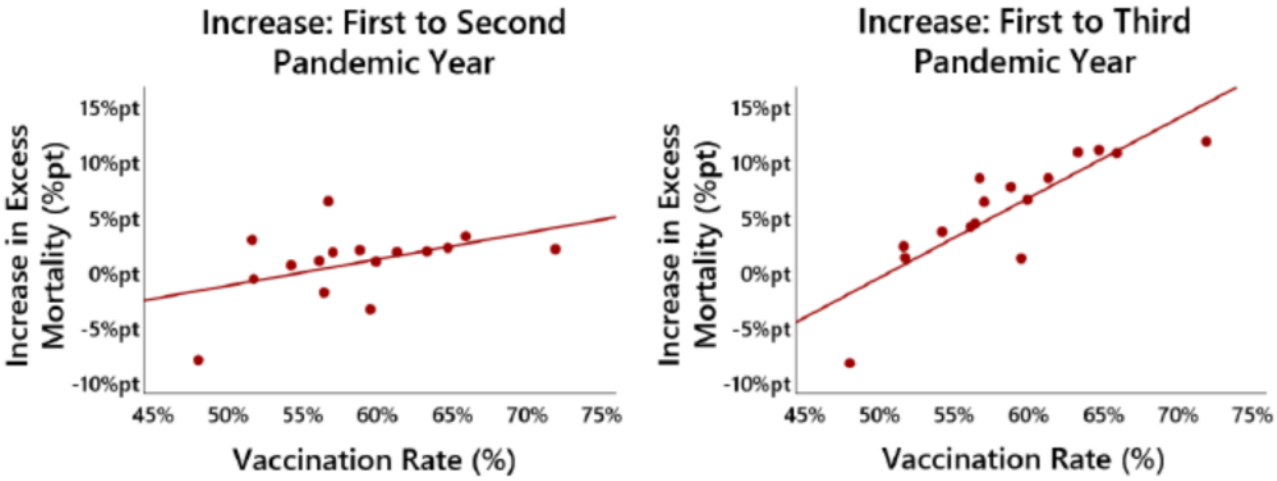

Figure (from [11], p. 16) â?? Correlation between the increase in excess mortality from one year to the next and vaccination coverage in Germany

Each point represents a federal state. The vaccination coverage rate is shown at the bottom and the increase in excess mortality on the y-axis.

The authors carried out a similar analysis for stillbirths. Here, too, a clear correlation can be seen. Stillbirths increase in Germany in pandemic year 3. The correlation with the vaccination coverage rate is clear. This is an issue that is mostly overlooked in the public eye.

None of this suggests that Covid-19 â??vaccinationsâ?? have done anything to prevent the disease or deaths.

The workload of the Ministry of Truth

Letâ??s summarize the findings. The data that I have presented all speak a very clear and very unsavoury language for the political decision-makers. They show that the side effects are higher than they should be and trigger a safety signal. The â??vaccinesâ?? are dangerously contaminated, and it could be that the integrity of the human genome is jeopardized. Meddling with the genome had actually been recognized as unacceptable in long ethical debates. Now itâ??s happening in passing. Bad luck. Across the board, the â??vaccinationsâ?? are not delivering what was promised. They even seem to be causing more deaths and stillbirths, for whatever reason. What can be done? If word gets around, it can be assumed that trust in the political class will dwindle, people will consider taking legal action for damages, etc.

So all we can do is try to regain control of the discourse, because whoever defines what is true and real has the power and control. So what does a Ministry of Truth need to do?

On the one hand, engage fact-checking agencies as much as possible. Itâ??s already happening. The legal foundation has already been created, thank goodness. Also exerting influence on the major publishers so that they withdraw scientific data that contradicts the narrative from circulation as much as possible. Itâ??s already happening. I experienced this twice during the coronavirus crisis. Now itâ??s happened to a few colleagues. Mead and colleagues recently published a very detailed narrative review on the side effects of Covid-19 â??vaccinationsâ??, as revealed by authorization data and other studies [12]. The study was withdrawn by the publisher and has now been retracted. I looked at it very carefully and found nothing objectionable because the study only referred to data that had already been published, i.e. a review. I wrote to the editor and asked him to tell me why the study was retracted, but received no reply.

My suspicion is that the Ministry of Truth has issued a request and the publisher is spurting ahead. Perhaps we have already reached the point where the Ministry of Truth can rely on anticipatory obedience, who knows. The journal, *Cureus*, was originally an independent platform. We also published two papers there [13, 14], and I was very impressed by the uncomplicated and constructive nature of the peer review. The journal has been part of the Springer Nature Group for a year now. Based in New York and the USA.

The authors write that they are suing Springer-Nature for 250 million. Bravo. Finally, someone who spits back. Iâ??m almost certain that the publisher will settle for half. Because it has none of the criteria for retraction in hand and will find it difficult to provide court-proof evidence that the retraction of a published article that does not fulfil any of the classic criteria (plagiarism, false data, false analysis) is justified. I will keep you updated.

So we will have to be counterintuitive: On controversial topics, be sceptical of papers published in mainstream journals and be on the lookout for those published in small organs, perhaps even those originally published in major journals and then retracted. Be particularly wary of the ministry of truthâ??s stooges, fact-checking organizations and truth agencies. They canâ??t help but cement the supposed consensus, no matter how crumbly it is. So these are difficult times for truth seekers.

I would advise the Ministry of Truth to only employ people who are interested in a permanent position and not in truth. Because the truth, or what we believe to be the truth, could change constantly, and the task of adapting the truth to political necessity is a guarantee for eternity.

Sources and literature

1. Kahneman D. Thinking, fast and slow. New York: Farrar, Straus and Giroux; 2011.
2. Thaler RH, Sunstein CR. Nudgeâ?¯: Improving Decisions about Health, Wealth, and Happiness. New Haven: Yale University Press; 2008.
3. Walach H, Klement RJ, Aukema W. Retracted: The Safety of COVID-19 Vaccinationsâ??We Should Rethink the Policy. Vaccines. 2021;9(7):693. doi: https://doi.org/10.3390/vaccines9070693.
4. Walach H, Klement RJ, Aukema W. The Safety of COVID-19 Vaccinations â?? Should We Rethink the Policy? Science, Public Health Policy, and the Law. 2021;3:87-99. doi: https://www.publichealthpolicyjournal.com/general-5.
5. Walach H, Klement RJ, Aukema W. The risk-benefit ratio of Covid-19 vaccines: Publication policy by retraction does nothing to improve it. Clinical and Translational Discovery. 2022;2(1):e35. doi: https://doi.org/10.1002/ctd2.35.
6. Faksova K, Walsh D, Jiang Y, Griffin J, Phillips A, Gentile A, et al. COVID-19 vaccines and adverse events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million vaccinated individuals. Vaccine. 2024;in press. doi: https://doi.org/10.1016/j.vaccine.2024.01.100.
7. Adhikari B, Bednash JS, Horowitz JC, Rubinstein MP, Vlasova AN. Brief research report: impact of vaccination on antibody responses and mortality from severe COVID-19. Frontiers in Immunology. 2024;15. doi: https://doi.org/10.3389/fimmu.2024.1325243.
8. Angell M. Industry-sponsored clinical research: a broken system. JAMA. 2008;300(9):1069-71.
9. Angell M. The Truth About The Drug Companies: How They Deceive Us And What To Do About It New York: Random House; 2005.
10. GÃ¸tzsche PC. Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Health Care. London: Radcliff; 2013.
11. Kuhbandner C, Reitzner M. Differential Increases in Excess Mortality in the German Federal States During the COVID-19 Pandemic. ResearchGate. 2024. doi: https://doi.org/10.13140/RG.2.2.13098.18880.
12. Mead MN, Seneff S, Wolfinger R, Rose J, Denhaerynck K, Kirsch S, et al. COVID-19 mRNA Vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign. Cureus. 2024;16(1):e52876. doi: https://doi.org/10.7759/cureus.52876.
13. Klement RJ, Walach H. Is the Network of World Economic Forum Young Global Leaders Associated With COVID-19 Non-Pharmaceutical Intervention Severity? Cureus. 2022;14(10):e29990. doi: https://doi.org/10.7759/cureus.29990
14. Walach H, Ruof V, Hellweg R. German Immunologistsâ?? Opinion on SARS-CoV2 â?? Results of an Online Survey. Cureus. 2021:e19393. doi: https://doi.org/10.7759/cureus.19393

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