Risk warning regarding drug safety: mRNA moratorium

The undersigned scientists, doctors, lawyers and public figures are deeply concerned about the neglect of drug safety. There is more than initial suspicion that mRNA vaccines* can cause significant damage to health. The attached scientifically substantiated overview (appendix) shows that the necessary safety evidence is insufficient or non-existent. A critical reassessment is necessary before genetic vaccines are approved for further applications and replace traditional vaccines on a large scale, which carries a high risk.

The mRNA vaccines approved for use against coronavirus infections (SARS-CoV-2 viruses; disease: Covid-19) should have been subject to particularly strict safety precautions as a risky innovation. Instead, a greatly abbreviated procedure for conditional approval was used. Because of this serious gap in drug safety, scientists warned in the Arzneimittelbrief (German trade journal) in November 2020: "In our opinion, a (...) discourse on the problems of accelerated testing with regard to vaccine safety and a harmonisation of indispensable study endpoints with public hearings of critical experts is necessary."[1] (See explanations 1 - 14 in the appendix).

Those responsible did not heed this obvious demand and warning. Good scientific and evidence-based standards for collecting meaningful data were suspended. As a result, even today, five years after the start of the vaccination campaign, there is still no clarity on essential safety aspects. **There is no evidence-based proof of a positive benefit-risk balance for the new mRNA vaccination technology.**[2] To date, there is also a lack of data on pharmacokinetics and pharmacodynamics, even though these are the foundation of any drug safety(.)[3] Where, how long and how much of the vaccine-induced spike protein is produced in the body remains unclear. Laboratory tests and histopathological findings[4] confirm the possible harmful effects of mRNA vaccines.[5]

With regard to <u>the benefits</u>, there is a lack of evidence from high-quality studies that

1. the novel mRNA technology offers more than dubious protection[6]
2. that it prevents transmission of the virus to others,[7]
3. this significantly reduces the risk of a severe course of infection,[8]
4. repeated genetic vaccinations are sensible and safe,[9]
5. the novel vaccinations are "better" than traditional vaccinations.[10]

With regard to <u>harm</u>, there is a lack of valid evaluation of data on the extent of acute,[11] medium-term[12] and long-term **side effects** and consequential damage[13] caused by mRNA products. The latest epidemiological data and anomalies in the increase in infections, sick leave and nursing care cases, as well as persistent excess mortality, need to be clarified. Impairment of fertility and foetal damage during pregnancy cannot be ruled out at this stage either.[14] The supplementary sheet explains the established pathophysiological and immunological causes of the phenomena, which have not been refuted by either the manufacturers or the regulatory authorities.

We demand a moratorium on all mRNA products until the risk-benefit ratio has been transparently clarified. A possible changeover to childhood vaccinations must be viewed with particular scepticism until it can be guaranteed that they are harmless to the health and lives of our children and grandchildren. The introduction of the self-replicating mRNA vaccines recently approved by the EMA and the EU Commission would also pose a high risk. **Drug safety must no longer be neglected in the development of genetic vaccines.**

Signatories: *Scientists, doctors, lawyers and public figures.*

**This is not a "vaccination" in the classical sense, but is classified as gene therapy by the FDA (USA).*

Accompanying information "Risk warning on drug safety: mRNA moratorium"

Drug safety is achieved through reliability and diligence. Hastiness in development must not come at the expense of careful testing, independent assessment and long-term evaluation of tolerability. Particularly in the case of novel developments such as genetic vaccines, it is essential to conduct careful accompanying research and adhere to established rules of good scientific practice.

The mode of action of mRNA vaccines is undisputed: the injection of a gene transcript (chemically modified mRNA) packaged in lipid nanoparticles (LNP) for the production of foreign proteins (e.g. spike proteins such as those found on the surface of coronaviruses) causes the body's own cells to produce these proteins. The immune system attacks the foreign proteins, but also the cells that produce them, in order to render both harmless, and is thus trained to defend against infection with the pathogenic virus. However, if the foreign protein itself is already toxic (such as the spike protein) and its production is indeterminate and uncontrolled in terms of location, quantity and duration, then this is particularly risky. Permanent activation of the immune system and, in the medium to long term, fatigue of the immune system and the development of immune tolerance are not only possible but, based on the available data, very likely. This can lead to inadequate defence against all viruses, bacteria and pathogenic substances and, as a result, to an increased rate of illness, nursing care and excess mortality.

Epidemiological risk warnings: Since the start of mRNA vaccinations in 2021, the **number of infections** (RKI, Germany), **sick leave** (KKn), **specific diseases**, **nursing care cases** (BGM, Germany) and **excess mortality** (EUROSTAT) in Germany, Austria and European countries with high vaccination and booster rates (ECDC) have been significantly high. Although a temporal coincidence in epidemiological data (correlation) does not prove causality, it should be cause for examining a causal relationship: since the approval studies for the COVID-19 mRNA vaccines, serious risk signals have been reported from various sources, including official ones. The Paul Ehrlich Institute and the manufacturer Pfizer have confirmed cases of serious side effects, including deaths, in connection with the vaccination. The US Department of Health and Human Services has first-hand data and has confirmed the poor risk-benefit ratio of mRNA substances. In view of the disturbing data, a critical, evidence-based reassessment of the risk-benefit ratio is urgently needed.

Before taking the renewed risk of genetic vaccines, the following questions raised by this risk warning must be answered with a clear yes (the sources are listed at www.mwm-proof.com):

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1. Are mRNA vaccines independently and adequately tested and safe?

a) The Arzneimittelbrief (p. 85; 11/2020) warned of, and I quote, "clinical risks as a result of shortened testing phases". b) For the Comirnaty (Pfizer/BioNTech) approval studies, the vaccine was manufactured using a completely different process than the one intended for mass vaccination. The latter contains additional contaminants, such as bacterial DNA: https://www.berliner-zeitung.de/gesundheit-oekologie/chemiker-zu-impfstoff-welche-folgen-haben-ungewuenschte-proteine-li.2179902. c) The Paul Ehrlich Institute only tests a few parameters. Contamination is checked by visual inspection. Production-related anomalies and contaminants – with the exception of endotoxins – are not recorded, but have been found internationally in several independent laboratories.

2. Is the risk-benefit balance clearly positive?

Information on the benefits of the COVID vaccination campaign is based on model calculations and retrospective studies with serious methodological errors and must be confirmed by prospective endpoint studies before a positive benefit-risk balance can be assumed. a) The Paul Ehrlich Institute has registered approximately one million side effects, including fatal vaccine injuries, in 350,000 affected individuals and classified many as "consistent with a causal relationship" with the vaccinations, but has not issued a warning or initiated a cause analysis: https://www.berliner-zeitung.de/gesundheit-oekologie/chemie-professoren-fragen-paul-ehrlich-institut-warum-haben-sie-nicht-gewarnt-li.2283637. b) Serious concerns about the safety and effectiveness of mRNA vaccines are now being documented in review articles: https://pubmed.ncbi.nlm.nih.gov/38390323/

3. Are the quantity, location and duration of the body's production of foreign proteins (e.g. spikes) under control (pharmacokinetics and pharmacodynamics)? When does spike production end?

a) Contrary to the original assumption that complete degradation of mRNA and/or the spike protein would occur after approximately 4–6 weeks at the latest, there are now well-documented cases of detection more than 700 days after vaccination. b) The amount of spikes produced cannot be measured, so the consequences for different weights, genders, ages, individual constitutions and immune responses cannot be estimated. The increased tendency to allergic reactions has been overlooked. c) The toxic spike protein has already been detected histopathologically in all internal organs, including the brain: "Vaccinated – deceased. Histopathological atlas of coronavirus vaccination damage. Memorial publication for Prof. Arne Burkhardt" (Ute Krüger & Walter Lang, 2024).

4. Are the criticisms of vaccine safety refuted by histopathological findings?

On the contrary! Staining reveals severe tissue changes in several organs, the capillaries and the walls of the large blood vessels, which explain a multitude of diseases, some of them fatal.

5. Are there only a few rare adverse effects of mRNA vaccines?

Not at all! The number of reports of side effects alone was many times higher than the usual number of reports following the introduction of a new vaccine. For the reasons mentioned below, an unusually high rate of serious side effects must be assumed. a) The spike protein produced by the body's own cells after Covid mRNA vaccination is highly toxic and can cause a variety of diseases. b) There is reasonable suspicion that mRNA vaccinations can cause cancer: https://publichealthpolicyjournal.com/17-ways-mrna-shots-may-cause-cancer-according-to-over-100-studies/; U. Kutschera: Der Corona-Wahn (The Corona Delusion). 2nd edition, Hamburg, 2023, p. 252 f.

6. Does the mRNA vaccine protect against infection (self-protection)?

a) The vaccine cannot produce effective mucosal immunity and therefore cannot prevent infection with the virus or its transmission: Detlev H. Krüger and Klaus Stöhr in "Angst, Glaube, Zivilcourage" (Fear, Faith, Civil Courage), 1st edition 2025, p. 217/218. b) Surviving a natural infection is superior to vaccination as protection against reinfection, although the coronavirus rules sought to convey the opposite.

7. Do mRNA vaccines protect against transmission of the virus to others (protection of others)?

Pharmaceutical companies had not promised protection against infection of others. At a European Parliament hearing on the COVID-19 pandemic, Pfizer's president of market development admitted that the Pfizer vaccine had never been tested for reducing virus transmission prior to its approval: https://tkp.at/wp-content/uploads/2023/11/2023_10_18_Letter_to_MEP_Marcel_de_Graaff_Request_for_the_direct.pdf; https://weltwoche.ch/daily/pfizer-vertreterin-schockt-mit-aussage-der-covid-impfstoff-sei-nicht-auf-die-uebertragbarkeit-des-virus-getestet-worden/.

8. Do mRNA vaccines prevent severe disease in the event of infection?

a) There is a lack of convincing data from high-quality studies to support this claim. Inferior studies, some with serious methodological flaws, led to this misconception. A long-term study comparing vaccinated and unvaccinated individuals found no positive effect of COVID-19 vaccinations. b) A trend requires urgent clarification. Since the end of 2021, there has been significant excess mortality (including EUROSTAT) in the federal states and nations of Europe that had high vaccination and booster rates (including ECDC). c) An Australian study (2024) also shows high excess mortality in Australian states that had high booster rates. d) Analyses of the federal states in Germany and Austria also suggest that a high vaccination rate correlates with excess mortality: Steyer, R.; Kappler, G. (2021): https://www.rundschau.info/wp-content/uploads/2021/11/Uebersterblichkeit-KW-36-bis-40-in-2021-003.pdf.

9. Is multiple vaccination – "boosting" – advisable?

The data is unclear. There are clear indications of disadvantages. a) Principle of vaccination: as much as necessary, as little as possible. For criticism of multiple vaccinations, see Radbruch, A. (2025): Immunology in the pandemic: infection, vaccination and vulnerability. In "Fear, Faith, Civil Courage"; pp. 227-242.

b) With the frequency of boosters, a shift from the effective IgG1 and IgG2 antibodies to IgG4 antibodies was observed, suggesting a desensitisation effect and the risk of pathogen tolerance. This could be associated with IgG4-associated autoimmune disease and increased susceptibility to SARS-CoV-2 infections.

10. Are the novel mRNA vaccines better than conventional vaccines and natural protective measures in terms of their risk-benefit ratio?

Given the weak protective effect of mRNA vaccines against reinfection, conventional vaccines, whose risk profiles have been known for decades in some cases, should be preferred. Only a clear advantage of a new technology for vaccine recipients can justify a change.

11. Are there only a few acute side effects from vaccination, and are these almost always harmless?
a) Allergic reactions were by no means always harmless and sometimes resulted in anaphylactic shock. b) Heart muscle inflammation (myocarditis) was recorded as an acute vaccine side effect and identified as the cause of several recent deaths through autopsy: https://pmc.ncbi.nlm.nih.gov/articles/PMC9611676/

12. Are there only a few medium-term vaccine side effects, and are they harmless?
The side effects that occurred a few days to a few weeks after vaccination constitute the majority of reported adverse drug reactions. These include post-COVID vaccine syndrome (PCVS), which is pathophysiologically almost identical to post-COVID syndrome (PCS). This distinction, which has been neglected until now, would be essential for evaluating a realistic side effect rate: https://www.aerzteblatt.de/archiv/230502/Post-Covid-und-Post-Vakzin-Syndrom-Die-Pandemie-nach-der-Pandemie.
The triggering mechanisms are associated with the effects of the spike protein: a) Hyper/autoinflammation: mast cell and cytokine activation, ongoing conflict between spike proteins and antibody response; the lipid nanoparticles (LNP) used also have a highly inflammatory effect; b) Neuroinflammation: ongoing inflammation due to direct effects of the spike protein on nerves; c) Microcirculation disorder: autoimmune platelet dysfunction, spike-induced endotheliitis; d) Immune disorder: T/B cell deficiency, TH1/TH2 balance disorder, IgG shift towards IgG4 (↑infections); e) Antagonistic and agonistic autoantibodies: rare autoantibodies, muscular and vegetative disorders: https://dr-wiechert.com/newsletter/agonistische-autoantikoerper-gegen-die-g-protein-gekoppelten-rezeptoren-therapieoptionen; f) Various autoimmune diseases are triggered or reactivated; g) Reactivation of pre-existing infectious diseases: https://pubmed.ncbi.nlm.nih.gov/34719084/. Alzheimer's disease and fast-growing, often multiple cancers are also conceivable in terms of the pathophysiological causal chain of mRNA vaccines and their ingredients (including LNP, DNA quantity), but have not yet been independently verified.

13. Are there really no long-term vaccine injuries after mRNA vaccinations?
a) The latest epidemiological data in Germany, Austria, Europe and worldwide show a highly significant correlation since the end of 2021 and even more clearly from 2022 to the present: the higher the vaccination and booster rate, the higher the excess mortality (Kuhbandner, C.; Reitzner, M.: 2024): https://www.researchgate.net/publication/378124684_Differential_Increases_in_Excess_Mortality_in_the_German_Federal_States_During_the_COVID-19_Pandemic. b) The increase in infections, sick leave, nursing cases and excess mortality since 2021/22 is all the more surprising given that mRNA vaccines were supposed to have an immune-boosting effect, as claimed by some scientists https://www.dak.de/presse/bundesthemen/politik-unternehmensnachrichten/dak-analyse-zeigt-ursachen-fuer-rekordkrankenstand-_88050. All acute and medium-term damage can also have serious long-term health consequences.

14. Can consequential damage to fertility and live births be ruled out?
a) Some studies and epidemiological data indicate that since the vaccination campaigns in 2021, there has been a decline in birth rates in countries that have vaccinated heavily. Destatis also confirms that since 2022, the birth rate in Germany has been declining sharply: Dierich, P. in Seeling, D., 2025, 4th edition in print. b) The correlation between vaccination rates and an increase in stillbirths has been statistically proven to be highly significant in the German federal states: Kuhbandner, C., Reitzner, M. (23 May 2023), Estimation of Excess Mortality in Germany During 2020-2022. Cureus 15(5): e39371.

We consider it negligent to ignore the known safety risks. An immediate halt to mRNA products is vital. The establishment of an expert commission with the participation of the initial signatories is recommended and offered in order to achieve a timely critical examination of the hypotheses listed above.