57 Top Scientists and Doctors: Stop Al Vaccinations

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Image: Peter A. McCullough, MD, MPH is one of the experts. Press photo

A group of 57 leading scientists, doctors, and policy experts has released a report callin the current Covid-19 vaccines and are now calling for an immediate end to all vaccine p

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There are two certainties regarding the global distribution of Covid-19 vaccines. The first is that g mainstream media are pushing with all their might to get these experimental drugs into as many peo willing to face the scorn that comes with asking serious questions about vaccines are critical players i

You can read an advanced copy of this manuscript in preprint below. It has been prepared by nearly f and public policy experts from across the globe to be urgently sent to world leaders as well as all who distribution of the various Covid-19 vaccines in circulation today.

There are still far too many unanswered questions regarding the Covid-19 vaccines' safety, efficacy, a
should be heard by everyone, regardless of their views on vaccines. There aren't nearly enough citizer
follow the orders of world governments, as if they have earned our complete trust. They haven't done
of accountability and the free flow of information on this crucial subject. Please take the time to read

SARS-CoV-2 mass vaccination: Urgent questions or demand answers from international health agencie authorities, governments and vaccine developers

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Abstract

Since the start of the COVID-19 outbreak, the race for testing new platforms designed to confer immu
and unprecedented, leading to emergency authorization of various vaccines. Despite progress on earl
current mandate is to immunize the world population as quickly as possible. The lack of thorough tes
authorization based on safety data generated during trials that lasted less than 3.5 months, raise ques
recently identified role of SARS-CoV-2 glycoprotein Spike for inducing endothelial damage character
is extremely relevant given that most of the authorized vaccines induce the production of Spike glyco
occurrence of adverse effects, and the wide range of types of adverse effects that have been reported t
driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a
and risks of mass vaccination, particularly in the groups that were excluded in the clinical trials. Desp
vaccination have been minimized or ignored by health organizations and government authorities. We
the context of health policies, emphasizing critical questions that require urgent answers if we wish to
science and public health.

Introduction

Since COVID-19 was declared a pandemic in March 2020, over 150 million cases and 3 million death
progress on early ambulatory, multidrug-therapy for high-risk patients, resulting in 85% reductions i
current paradigm for control is mass-vaccination. While we recognize the effort involved in developm
SARS-CoV-2 vaccines, we are concerned that risks have been minimized or ignored by health organiz
for caution [2-8].

Vaccines for other coronaviruses have never been approved for humans, and data generated in the de
elicit neutralizing antibodies show that they may worsen COVID-19 disease via antibody-dependent e
regardless of the vaccine platform and delivery method [9-11]. Vaccine-driven disease enhancement i
MERS-CoV is known to occur following viral challenge, and has been attributed to immune complexe
macrophages, which augment T-cell activation and inflammation [11-13].

In March 2020, vaccine immunologists and coronavirus experts assessed SARS-CoV-2 vaccine risks l
models. The expert group concluded that ADE and immunopathology were a real concern, but stated
trials, although continued monitoring would be necessary [14]. While there is no clear evidence of the
immunopathology in volunteers immunized with SARS-CoV-2 vaccines [15], safety trials to date have
effects (SAE). Given that the follow-up of volunteers did not exceed 2-3.5 months after the second do
been observed. Despite92 errors in reporting, it cannot be ignored that even accounting for the numb
US Vaccine Adverse Effect Reporting System (VAERS), the number of deaths per million vaccine dos
fold. We believe there is an urgent need for open scientific dialogue on vaccine safety in the context o
describe some of the risks of mass vaccination in the context of phase 3 trial exclusion criteria and dis
adverse effect registration systems. We highlight unanswered questions and draw attention to the nee
vaccination.

SARS-CoV-2 phase 3 trial exclusion criteria

With few exceptions, SARS-CoV-2 vaccine trials excluded the elderly [16-19], making it impossible to
eosinophilia and enhanced inflammation in elderly people. Studies of SARS-CoV vaccines showed tha
high risk of life-threatening Th2 immunopathology [9,20]. Despite this evidence and the extremely li
2 vaccines in the elderly, mass-vaccination campaigns have focused on this age group from the start.
volunteers, as well as those with chronic and serious conditions such as tuberculosis, hepatitis C, auto
suppression [16-29], although these recipients are now being offered the vaccine under the premise o

Another criterion for exclusion from nearly all trials was prior exposure to SARS-CoV-2. This is unfor extremely relevant information concerning post-vaccination ADE in people that already have anti-SA knowledge, ADE is not being monitored systematically for any age or medical condition group curren despite a substantial proportion of the population already having antibodies [21], tests to determine S administration of the vaccine are not conducted routinely.

Will serious adverse effects from the SARS-CoV-2 vaccines go u

COVID-19 encompasses a wide clinical spectrum, ranging from very mild to severe pulmonary pathol inflammatory, cardiovascular, and blood coagulation dysregulation [22-24]. In this sense, cases of va be clinically-indistinguishable from severe COVID-19 [25]. Furthermore, even in the absence of SARS endothelial damage and hypertension in vitro and in vivo in Syrian hamsters by down-regulating ang impairing mitochondrial function [26]. Although these findings need to be confirmed in humans, the all vaccines authorized for emergency use are based on the delivery or induction of Spike glycoprotein adenovirus-vectorized vaccines, not a single study has examined the duration of Spike production in cautionary principle, it is parsimonious to consider vaccine-induced Spike synthesis could cause clini be counted as new cases of SARS-CoV-2 infections. If so, the true adverse effects of the current global unless studies specifically examine this question. There is already non-causal evidence of temporary following vaccination in some countries (Fig. 1) and in light of Spike's pathogenicity, these deaths mu they are related to vaccination.

Unanticipated adverse reactions to SARS-CoV-2 vaccines

Another critical issue to consider given the global scale of SARS-CoV-2 vaccination is autoimmunity. proteins, and all but one of its immunogenic epitopes have similarities to human proteins [27]. These autoimmunity [28]. While it is true that the same effects could be observed during natural infection v most of the world population, while it is estimated that only 10% of the world population has been inf Ryan, head of emergencies at the World Health Organization. We have been unable to find evidence t screened and excluded homologous immunogenic epitopes to avoid potential autoimmunity due to p

Some adverse reactions, including blood-clotting disorders, have already been reported in healthy an the suspension or cancellation of the use of adenoviral vectorized ChAdOx1-nCov-19 and Janssen vac proposed that vaccination with ChAdOx1-nCov-19 can result in immune thrombotic thrombocytopen antibodies against Platelet factor-4, which clinically mimics autoimmune heparin-induced thrombocy overlooked when authorizing these vaccines, although adenovirus-induced thrombocytopenia has be a consistent event with adenoviral vectors [30]. The risk of VITT would presumably be higher in thos who use oral contraceptives [31], making it imperative for clinicians to advise their patients according

At the population level, there could also be vaccine-related impacts. SARS-CoV-2 is a fast-evolving RI 40,000 variants [32,33] some of which affect the antigenic domain of Spike glycoprotein [34,35]. Giv synthesis of high levels of anti-SARS-CoV-2-Spike antibodies could theoretically lead to suboptimal r variants in vaccinated individuals [36], a phenomenon known as "original antigenic sin" [37] or antig mutations that affect SARS-CoV-2 antigenicity will become fixed during viral evolution [39], but vacc driving variants with higher infectivity or transmissibility. Considering the high similarity between kn unlikely [32,34] but if future variants were to differ more in key epitopes, the global vaccination strat dangerous virus. This risk has recently been brought to the attention of the WHO as an open letter [4

Discussion

The risks outlined here are a major obstacle to continuing global SARS-CoV-2 vaccination. Evidence
needed before exposing more people to the184 risk of these experiments, since releasing a candidate
resulting impact on health could lead to an exacerbation of the current global crisis [41]. Risk-stratifi
According to the UK government, people below 60 years of age have an extremely low risk of dying fr
Eudravigillance, most of the serious adverse effects following SARS-CoV-2 vaccination occur in peopl
planned vaccination schedule for children aged 6 years and older in the United States and the UK. Dr
teenagers across the country will be vaccinated in the autumn and younger children in early 2022, an
vaccination of 11 million children under 18. There is a lack of scientific justification for subjecting hea
that the Centers for Disease Control and Prevention estimates that they have a 99.997% survival rate
COVID-19 irrelevant as a threat to this age group, but there is no reliable evidence to support vaccine
rule out harmful side effects of these experimental vaccines. In this sense, when physicians advise pat
19 vaccination, there is a great need to better understand the benefits and risk of administration, part

In conclusion, in the context of the rushed emergency-use-authorization of SARS-CoV-2 vaccines, an
safety, the following questions must be raised:

- Is it known whether cross-reactive antibodies from previous coronavirus infections or vaccine206
  unintended pathogenesis following vaccination with COVID-19?
- Has the specific risk of ADE, immunopathology, autoimmunity, and serious adverse reactions bee
  the medical ethics standard of patient understanding for informed consent? If not, what are the re
- What is the rationale for administering the vaccine to every individual when the risk of dying from
  clinical conditions and when the phase 3 trials excluded the elderly, children and frequent specific
- What are the legal rights of patients if they are harmed by a SARS-CoV-2 vaccine? Who will cover
  be settled with public money, has the public been made aware that the vaccine manufacturers hav
  responsibility to compensate those harmed by the vaccine has been transferred to the tax-payers?

In the context of these concerns, we propose halting mass-vaccination and opening an urgent pluralis
SARS-CoV-2 vaccination among scientists, medical doctors, international health agencies, regulatory
developers. This is the only way to bridge the current gap between scientific evidence and public heal
We are convinced that humanity deserves a deeper understanding of the risks than what is currently
dialogue is urgent and indispensable to avoid erosion of public confidence in science and public healt
health authorities protect the interests of humanity during the current pandemic. Returning public h
on a careful evaluation of the relevant scientific research, is urgent. It is imperative to follow the scier

1 https://www.gov.uk/government/publications/covid-19-reported-sars-cov-2-deaths-in-england/cc

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial re
potential conflict of interest.

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Figure legends

Figure 1. Number of new COVID-19 deaths in relation to number of people that have received at least
shows data from the start of vaccination to May 3rd 365 , 2021. A) India (9.25% of population vaccina
vaccinated), C) Colombia (6.79% of population vaccinated), D) Mongolia (31.65% of population vacci
vaccinated), F) Entire world (7.81% of population vaccinated). Graphs were built using data from Ou
https://github.com/owid/covid-19-data/tree/master/public/data/vaccinations

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