

# UPDATE mRNA-vaccination: Where are the valid studies?

RADIO MÜNCHEN: Welcome to Radio Munich. I welcome you to a topic that has long been on my mind – as it probably has been on yours. It has wrapped itself around us like an octopus, from all sides, affecting all the issues of our lives. But what exactly is it about the topic of Corona? Is it just a health issue?

More and more people are questioning this, because the collateral damage to health as a result of the response is, in and of itself, becoming overwhelming. And now a prospective SARS-CoV-2 vaccine has us questioning a never-before-approved technique – a genetic intervention in humans called mRNA vaccination. About four months ago, I interviewed the immunologist and toxicologist Prof. Stefan Hockertz on this topic. At that time he was not at all comfortable with the situation and warned of millions of instances of deliberate bodily harm resulting from underdeveloped vaccines that have not been adequately tested. Today, the companies BioNTech and Curevac, for example, are holding out the prospect of their vaccine candidates very soon. What has Prof. Stefan Hockertz been able to learn up until now, about the activities, details of the studies, and approval formalities. Listen now to an update on the Corona vaccine developments. We start with the basic background: What exactly is the vaccine supposed to protect against? Against the disease per se? From a severe course of the disease? Or from infecting others?

PROF. STEFAN HOCKERTZ: Yes, good afternoon, Ms. Schmidt. First of all, thank you very much for making it possible that we can talk to each other again. Your question is not so easy to answer, because we actually know relatively little about this vaccine - and I have already said this in previous interviews. We know almost nothing. And I can quote Mr. Wieler here, who is the well-known president of the Robert Koch Institute, who personally said in an interview on the Phoenix program on October 15, 2020, and I quote: "We all assume that vaccines will be approved next year. We don't know exactly how they work, how well they work, or what they do. But I am very optimistic that there will be vaccines, yes!", end of quote. My dear Ms. Schmidt, when Mr. Wieler says that, how am I supposed to know? We actually really know nothing about these vaccines, except that they contain mRNA. We know that these mRNA are probably supposed to be transported into the cells at the laboratory via lipid droplets or via nanosomes; how that is supposed to happen, BioNTech is also not quite open.

RADIO MÜNCHEN: Has it not been disclosed at all, how it's supposed to work?

PROF. STEFAN HOCKERTZ: Right, it hasn't been disclosed yet, how the whole thing is supposed to work. If we look at what's being reported in the media, that BioNTech first announces a 90 percent effectiveness, then Moderna followed suit two days later with a 95 percent probability of success, then BioNTech responded with ninety-five percent success. Then it seems to me, first of all, that a competition has broken out about who has the highest numbers.

RADIO MÜNCHEN: May I interject here very briefly? There were 43,500 test subjects at BioNTech in a cross-national study, as you said, so first it was only this 90% effectiveness and

shortly thereafter 95%. You are aware about how such studies are conducted. Did you miscalculate beforehand or which studies are those that then lead to such changes?

PROF. STEFAN HOCKERTZ: That is an absolute mystery to me. I don't want to talk about the change but about the number itself, which is absolutely mysterious to me. I have been involved in a whole series of vaccines that have been developed and also approved with my support. This is the field where I come from. If we ever had an efficacy of 30-40% for an influenza vaccine, for example, then we cheered. Efficacy means that, compared to a comparable population that has not been vaccinated, people fall ill thirty to forty percent less often. So far, we have always been miles away from 95%. For me, it is a medical miracle. And with miracles I always have the problem that you have to believe in them. But science doesn't believe, it proves. Not only I am faced with a riddle, but also, for example, in the Heute-Journal on ZDF, a colleague was interviewed, a virologist, who is not one who deals with licensing, but - so what - he was asked how these success figures come about. And he said quite clearly:

"I don't know that". Nobody knows. It can only be a surrogate parameter, because it is impossible to prove whether the vaccinated people will get sick. Now I am not talking about a PCR test, but about an actual illness - whether or not they get sick after they have been vaccinated. There can be no proof of this, and certainly not with the number of test subjects you mentioned - 43,000 - spread over 2 years, for a study that has been going for a maximum of three months at this point.

RADIO MÜNCHEN: Oh, it's not even finished yet.

PROF. STEFAN HOCKERTZ: No. Absolutely not. Both the AstraZeneca trial and the BioNTech trial are designed to last two years, so until August 2022, when the last patient will be enrolled – I always say patient, but it's actually a test subject, forgive me. It's healthy people that are being vaccinated. And when the last test subject has been enrolled, then the study will be evaluated. These are interim evaluations now. They show more of a trend. So in comparison, I say, like in an election, the polling stations are not even closed yet. So we are talking about trends. Of course, that does well in the public eye. In the election, after all, we don't know how the trends come about. In the last elections, we learned that the trends were not correct at all. Not even the projections were correct. It's not even a projection here, it's a trend because all the patients are not yet included – at most ten percent. With AstraZeneca I know exactly: The study was stopped in September, and there were 530 patients included out of 30,000. BioNTech is keeping a bit quiet about how many patients they have included.

RADIO MÜNCHEN: O.K. So now that we can't talk seriously about the actual study mechanisms, let's talk about the side effects. Now the president of the Paul Ehrlich Institute, Prof. Klaus Cichutek, has said that warnings about genetic damage are wrong and would stir up unfounded fears. I read that in a pharmaceutical industry newspaper. And there he describes that a genetic change is not possible because mRNA is only one strand of DNA, and the RNA would have to practically reproduce itself in the DNA or rebuild itself to a DNA, only then you would have something dangerous. What can you say about that?

PROF. STEFAN HOCKERTZ: First of all, my respect for the president of the Paul Ehrlich Institute, but I would also like to point out that he is a 100 percent employee of our federal

government. The Paul Ehrlich Institute is also an institute under the Federal Government. He is not a toxicologist, and therefore he naturally goes out on a limb with statements that, from my point of view, would first have to be substantiated. The claim that mRNA can change the genetic material has never been made by me. I asked the question whether it has been investigated to what extent mRNA, which is artificially supplied to us, is transported into the cells and can, for example, replicate itself. This is possible through an RNA-dependent RNA polymerase. Or to what extent, for example, a secondary infection with a virus that is able to produce DNA from RNA, this RNA then actually produces DNA, and we then actually have genetic damage. That is something, and here I am amazed at the lack of caution on the part of the Paul Ehrlich Institute. All these questions would have to be tested in a normal process of approval for a new vaccination strategy. This is formally a genetic experiment if I add mRNA to the organism, and such things have to be tested. We must first carry out the experiments, on the animals or also on the isolated cells, How is this mRNA degraded, how long it is read, is it in association with a second virus, which has an RNA-dependent DNA polymerase, can a conversion into the genome take place? Only when I have done all these experiments, with significant results according to Good Laboratory Practice, only then may I make such statements as Mr. Cichutek has now made. I ask that they please carry out experiments first, and not simply proclaim religious beliefs.

RADIO MÜNCHEN: Okay, Lets look at another perspective. Could it also happen that the SARS-CoV-2 vaccination itself causes the COVID-19 disease? That is a question that is also frequently asked about other vaccinations.

PROF. STEFAN HOCKERTZ: That's a fair question. That has not been tested either. That is also something that the colleague on ZDF said, that animal experiments have been completely dispensed with. Incidentally, I asked a large American company that is involved in the project for toxicological data, because I did not receive it from BionTech. And this company's senior medical director wrote to me and said: "We don't have any data". In other words, they have no toxicological data, everything is now being tested on 40,000 people, as the colleague on ZDF has already said. Human experiments! There, too, it will be seen, and hopefully also looked at, whether this mRNA vaccination can actually trigger the disease, or what is triggered in our immune system; nobody knows that, either. We have a theory, a working hypothesis, we could also say a conspiracy theory, to the effect that we say that mRNA is read off in the cell, something, and we don't know what, is expressed on the surface by SARS-CoV-2, and the immune system is supposed to react to this. Now, there are very modern papers published that show, for example, what I mentioned earlier, this has now been scientifically proven by a research group from Japan. There it is shown that SARS-CoV-2 is able to produce binding antibodies in addition to neutralizing antibodies. We had already talked about this. Neutralizing antibodies do the job of marking a cell infected with virus and then cause T cells or macrophages to destroy this cell, thus putting an end to the infection. Binding antibodies are not neutralizing, meaning they bind to the surface of the virus or the virus-infected cell, but do not mark it for the immune system, but make it virtually invisible. This means these binding antibodies would be able to make the infection worse than if I didn't have them. If now – and this also has to be tested, Mr. Cichotek – if now these binding antibodies are elicited, for example, by such a vaccination, then we measure antibodies, then we have ninety percent effectiveness, yes, but when the person then comes into contact with the infectious agent, in the case of SARS-COV-2, they have a more severe disease, which means that this vaccination has then really backfired. These are all things that

we don't know. And that is why I keep asking, repeatedly, do your job! And it takes time. A toxicology on a new vaccine to be developed takes 4 to 5 years. And then please go to the clinic first.

RADIO MUNICH: The efficacy or the theoretical efficacy of the new vaccine is very impressive. One more question about the substances that are usually added to vaccinations, as boosters, so to speak. I have read that some scientists, such as Dr. Robert Bell, former Vice President of International Cancer Research at the British Cancer Hospital, think that these adjuvants often cause cancer. So what additives are added in the new Corona vaccine?

PROF. STEFAN HOCKERTZ: Substances must be added that were not necessary in previous vaccines, because ribonucleic acid, meaning single-stranded RNA, as the PEI president correctly said, is highly sensitive. That means our body has enzymes that are really distributed everywhere in the body. These enzymes would be able to degrade free RNA immediately. They are so-called RNAses, which destroy free RNA. Of course, that has to be prevented. It must be prevented that this mRNA, if it is to be expressed and read, is already destroyed on the way there. This can only be done by substances that avoid biological activity, that is, that they protect the RNA in some way. Not much is known about that. It is known, however, that Moderna refers to nanosomes, which are small membrane spheres or cheaply produced small particles to which the mRNA is bound so that it not only does not get destroyed, but also gets into the cell. You have to think of it this way: If vaccination is now carried out, whether via a patch or subcutaneously via a syringe, then this mRNA is initially present between the cells. It is not injected into the cells. However, this means that the mRNA must enter the cell – it must be transported. There are certain carriers that are not uncontroversial, by the way, because they have to be highly specific, they are only allowed to transport into a cell what also belongs into the cell. And the colleague, when he says that these excipients can actually also be carcinogenic, is not wrong. This also has to be tested, and in my opinion it has not yet been tested for the mRNA vaccine. Normally, aluminum is added to normal vaccines as an effect enhancer, and we now know that this can have considerable side effects, especially in children. I have just had a case of a child being given an almost lethal dose of aluminum because he had obviously had a kidney problem as a result of a previous operation. Aluminum is usually not needed by our body, and is then transported through the kidneys to the outside. However, if there is kidney damage, aluminum accumulates in the brain and can lead to severe neurotoxic damage, as happened here. So all the concomitants that are present in the vaccines, are not without cause for concern, and require intensive toxicological evaluation along with the vaccine itself. I can look at those in an isolated way, but that's not enough.

RADIO MÜNCHEN: Okay, Prof. Hockertz, all I have understood so far is that vaccination is supposed to activate the immune system. Without the immune system, there is no vaccination effect. Now our immune system is a learning system, it is formed mainly in childhood and adolescence and continues to learn throughout life. So let's move on to the measures: keeping our distance, covering our mouths and noses, lockdown, meeting as few people as possible. With the measures, we close ourselves off. The children should separate themselves, not put their heads together – meaning they do not learn from each other virally. How long can we do this without harming people, especially in terms of strengthening their immune system? Or am I totally off here?

PROF. STEFAN HOCKERTZ: No, that is completely the right way of thinking. Let me perhaps give you a nice example of what we were allowed to measure once after the reunification between the GDR and the Federal Republic. At that time, the GSF did this in Munich, which was a very interesting approach. About 200 children from Bitterfeld, which is really not a very clean environment, were tested for allergies, along with 200 children from a suburb of Munich, where cleanliness was very important. The frequency of allergies was determined. And yes, who is surprised, the children from Bitterfeld had significantly less allergies than the children from the Munich suburb. Meaning, what you say is correct. Our immune system is learning. It used to say, play outside, and if you fall down, it's not bad. Then your body learns to deal with what has gotten into your body now, dirt, whatever. As long as a disease, and of course we now have to go back to SARS-CoV-2, as long as a disease like Corona is not as deadly as Ebola, like the plague, like dengue fever, and we have death rates of 0.2%, and now even according to WHO already 0.15%, it is good and important that we all, but also the children learn to deal with it. A vaccination is like an insurance. Vaccination is supposed to strengthen our immune system, that's right, but there are other ways to make our immune system strong, such as excellent nutrition, vitamins, vitamin D, for example in winter. That is one of the reasons, the vitamin D deficiency in winter, why respiratory diseases increase. This is the case every year. This is not new to corona. It's like this every year. That is, if we supply vitamin D, if we supply zinc, if we supply calcium, vitamin C, then we strengthen our immune system, and then we can cope with all these stresses relatively well. Letting the immune system learn makes great sense. And the danger of this lockdown – especially the first one, which involved school closures and kindergarten closures – the dangers of this lockdown, in addition to all the sociopathic damage that we are now seeing in the children, is that the children's immune system does not learn to deal with it (and I am currently in the process of writing a book about this, which will be published in January or February). Just in comparison, the reason so many children, so many more children, from Munich's suburbs have suffered from allergies, meaning they have an overactive immune system, is because they have not been able to cope with the normal reactions, compared to the children who come from much more polluted areas.

RADIO MUNICH: A study was published in the New England Journal of Medicine on the effectiveness and effects of lockdowns. It was conducted by the Icahn School of Medicine at Mount Sinai in collaboration with the Naval Medical Research Center, which is just one of several studies now looking at the effectiveness of lockdowns. Is it possible to put such a multifactorial event into perspective, when every population has a different diet, every region has different temperatures, we have been prescribed different measures, it has been communicated differently, and fear has been conveyed differently? Are we even able to intelligently discuss about the effectiveness of the lockdown measures?

PROF. STEFAN HOCKERTZ: Well, you certainly can. And our statistical measures are relatively good, so that you can really do this across societies. The National Bureau of Economic Research did this a month ago. They published over 40 pages, and showed, purely statistically, with wonderful calculations, about which the Robert Koch Institute should actually be pleased, because they are so great, that the so-called NPIs, that's called the non-pharmaceutical interventions, all that was non-pharmaceutical, which was not a treatment, was not a medical treatment, but everything that was prescribed by the government, - everything that was prescribed by the government - had no effect. That applies to China, that applies to the first lockdown in Germany, that applies to the closure of the airport in

Wuhan, just as it applies to the second lockdown that we are now experiencing. Because right now, this normal respiratory disease wave is going through, and it's going to level off, and it's driven, of course, by the frequency of PCR testing. In addition, and this is what you are talking about, the American Institute of Economic Research has done a study with US Marines, a very homogeneous group of people of about the same age, about the same way of life, and has done investigations there with regard to quarantine and masks, and other non-pharmaceutical interventions. And it could be shown that in the people who were kept in quarantine and with masks, even in these rigorously isolated, more infections occurred, that is, more people tested positive, which was then also measured with PCR, because we have to stick to it. In other words, more people tested positive than those who were not kept in rigorous isolation. I think that's a very important statement, that is, this economic catastrophe that we're experiencing now about the lockdown is not just a result of a useless procedure but is the result quite obviously, according to these studies, if you look at the collateral damage, of a damaging experience. And that's already brutal. These are two studies that cannot simply be wiped away. Mrs. Merkel shouldn't wipe them away either, but she will do that. Maybe she doesn't even know them, I can't judge that. But it is definitely important that we take them into consideration.

RADIO MÜNCHEN: To understand more clearly, let me ask you this: I assume that there is a virus and it can reach others via aerosols. Now in this lockdown study, the soldiers were actually separated quite strictly from each other. But then more tested positive. Could it be that virality first develops in the body, because how else could it have developed?

PROF. STEFAN HOCKERTZ: Yes, I am in agreement with my dear colleague and friend Christian Schubert from Innsbruck, who is a psycho-neuro-immunologist, that is the right word, PNI, and I always like to stress the immunology aspect. We know that stress, from such a lockdown, for example, can cause diseases that are latent, we say opportunistic, in our body. And yes, I assume that, and that is also the data that this unfortunate PCR provides us with, by running up the genome millions of times. We are, of course, infested with Corona. I am firmly convinced that almost all people are Corona-positive. But that doesn't mean they are sick. We have other viruses, after all. You have to imagine that over 3 kilograms of our weight are made up by microorganisms, bacteria and viruses. Viruses like bacteria, but also fungi, are opportunists. They only ever appear and make us really sick when we are damaged in some other way.

RADIO MÜNCHEN: If there is an appropriate environment...

PROF. STEFAN HOCKERTZ: When there is an appropriate environment, or colloquially, a rhinovirus infection is called a cold. It's called that because we have weakened our body over cold, and then these viruses that we already have in us for a long time can get going.

RADIO MÜNCHEN: Well, thank you very much. That was again very comprehensive and very interesting.

PROF. STEFAN HOCKERTZ: It was my pleasure!

RADIO MUNICH: You heard an update on the Corona vaccination developments in a conversation with immunologist and toxicologist Prof. Stefan Hockertz. I wish us all a level-headed approach, especially by those responsible for producing, testing, validating, and emphatically recommending and administering this vaccination.

You can listen to this and other conversations with Prof. Hockertz and other experts on the subject, on our homepage [www.radiomuenchen.net](http://www.radiomuenchen.net) and on the usual social media platforms. My name is Eva Schmidt. And I wish you a pleasant day, preferably with Radio Munich. Ciao! Servus!