IPSE INTERNATIONAL POLITICAL & SCIENTIFIC ETHICS

NGO - GENEVA - SWITZERLAND

URGENT CALL TO HEALTH AND POLITICAL AUTHORITIES TO RECONSIDER MASS VACCINATION IN THE LIGHT OF RECENT SCIENTIFIC OBSERVATIONS ON SARS-COV-2 AND THE SPIKE PROTEIN.

September 29, 2021

Publication by François Daubé (IPSE Director)

The NGO IPSE has been cleared of any conflict of interest.

URGENT CALL TO HEALTH AND POLITICAL AUTHORITIES
TO RECONSIDER MASS VACCINATION IN THE LIGHT OF RECENT SCIENTIFIC OBSERVATIONS ON SARS-COV-2 AND THE SPIKE PROTEIN.

September 29, 2021

Publication by François Daubé (IPSE Director)

The NGO IPSE has been cleared of any conflict of interest.

I - Introduction

Recent scientific publications providing an initial assessment of the effect of vaccines have drawn our attention.

These studies date back to 2021 and illuminates some critical actions of the spike protein in the body.

These are not opinions, therefore, but the results of research conducted by several scientific teams.

According to these publications, the Spike protein and its pathophysiological effects on endothelial cells can have grave and diverse pathogenic consequences for certain individuals.

This latest knowledge makes it possible to re-assess the benefit/risk ratio and to draw lessons from it in order to re-adjust the vaccination campaign.

Given that it is inoculated massively and mostly on a healthy population, the introduction of this Spike protein into human cells by injection must accordingly be urgently re-evaluated by taking into account the risks we did not fully understand before.

We therefore appeal to the health and political authorities to pay the greatest attention to these publications, a summary of which is presented below, and the references of which are provided in the appendix.

In the light of the recent studies presented below, we ask for an URGENT REVIEW BY AGE CLASS of the safety and expediency of the Sars-CoV-2 vaccines currently used in Switzerland and Europe.

II. – Physiological aspect

SARS-CoV-2 may have effects on the human vascular system, including that of the brain. The primary function of the Spike protein is to allow the entry of the virus into a host cell via binding to the ACE2 receptor located in the cell membrane. ACE2 is a type I integral membrane protein that cleaves angiotensin II in angiotensin I, thus removing angiotensin II and lowering the blood pressure.

In a series of papers, Yuichiro Suzuki in collaboration with other authors, presented a strong argument that the Spike protein by itself can cause a signalling response in the vasculature with potentially widespread consequences. (Suzuki, 2020; Suzuki et al., 2020; Suzuki et al., 2021; Suzuki and Gychka, 2021).

These authors observed that, in severe cases of COVID-19, SARS-CoV-2 generates significant morphological changes to the pulmonary vascular system. Postmortem examination of the lungs of patients who died of COVID-19 uncovered histological features showing thickening of the vascular wall, mainly due to hypertrophy of the tunica media. The hypertrophied smooth muscle cells had become rounded, with swollen nuclei and cytoplasmic vacuoles (Suzuki et al., 2020).

In addition, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 Spike protein S1 subunit was sufficient to promote cell signalling even without the rest of the virus components being present.

Follow-up papers (Suzuki et al., 2021, Suzuki and Gychka, 2021) demonstrated that the Spike protein S1 subunit suppresses ACE2, triggering a condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality.

Worryingly, Suzuki and Gychka (2021) wrote, "Thus, these ‘in vivo’ studies demonstrated that the Spike protein of SARS-CoV-2 (without the rest of the virus) reduces the ACE2 expression, increases angiotensin II levels, and exacerbates lung injury." The ‘in vivo’ studies referred here (Kuba et al., 2005) had shown that SARS coronavirus-induced lung injury was primarily due to the inhibition of ACE2 by the SARS-CoV Spike protein, causing a large increase in angiotensin-II

Suzuki et al (2021) then experimentally demonstrated that the S1 component of the SARS-CoV-2 virus, at a low concentration of 130 pM, activated the MEK/ERK/MAPK signalling pathway to promote cell growth. They hypothesized that these effects would not be limited to the lung vasculature only. The signalling cascade triggered in the vascular system of the heart could cause coronary artery disease, and in the brain, activation could lead to stroke. Systemic hypertension would also be expected.

An interesting study by Lei et. al. (2021) found that pseudovirus — spheres complemented with the SARS-CoV-2 S1 protein but lacking any viral DNA in their nuclei — caused inflammation and damage in both the arteries and lungs of mice exposed intratracheally. They then exposed healthy human endothelial cells to the same pseudovirus particles. Binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation in those endothelial cells, leading to the characteristic pathological changes in the associated tissues. **This study makes it clear that Spike protein alone, not associated with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19 disease.**

Buzhdygan et al (2020) proposed that primary microvascular endothelial cells in the human brain may cause these symptoms. ACE2 is ubiquitously expressed in endothelial cells of brain capillaries. ACE2 expression is upregulated in people with dementia and hypertension, both of which are risk factors for severe disease from SARS-CoV-2.

In an in vitro study of the blood-brain barrier, the S1 component of Spike protein promoted loss of barrier integrity, suggesting that Spike protein acting alone triggers a

pro-inflammatory response in brain endothelial cells, which may explain the neurological consequences of the disease (Buzhdygan et al, 2020).

The implications of this observation are worrisome because mRNA (and the vector-based DNA vaccines as well albeit by a different mechanism) vaccines induce the synthesis of Spike protein, which could theoretically act in a similar way damaging the brain.

The Spike protein generated endogenously by the vaccine could also negatively impact the male testicles, as the ACE2 receptor is highly expressed in testicular Leydig cells (Verma et al., 2020).

Several studies have now shown that the coronavirus Spike protein is able to access testicular cells via the ACE2 receptor, and disrupt male reproduction (Navarra et al., 2020; Wang and Xu, 2020).

A paper on post-mortem examination of the testicles of six male patients with COVID-19 found microscopic evidence of Spike protein in the interstitial cells of the testicles of the patients, testicles which were damaged (Achua et al., 2021).

Puntmann et al. (JAMA Cardiol. 2020;5:1265-1273) showed that a prospective study of 100 recently recovered German COVID-19 patients revealed significant cardiac involvement on cardiac MRI scans in 78% of them, on average 2.5 months after recovery from the acute disease. Two-thirds of these patients were never hospitalized and 60% had ongoing myocardial inflammation. These abnormalities occurred independently of pre-existing conditions, the severity of the initial disease, and the overall course of the acute disease.

Magro et al. (2021) demonstrated that complemented-mediated damage exists even in the skin of individuals with no previous dermal problems, infected by coronavirus (Human Pathology 2020:106:106-116). They also showed (Magro et al. Annals of Diagnostic Pathology 2021:50 in press) that ACE2 receptor expression is highest in the microvasculature of the brain and subcutaneous fat, and to a lesser degree in the liver, kidneys, and heart.

They also demonstrated that the coronavirus replicates almost exclusively in the endothelial cells of the septal capillaries of the lungs and nasopharynx, and that the death of the infected cells and the immune destruction of these cells releases viral capsid proteins that travel through the bloodstream and bind to the ACE2 receptors in other parts of the body - resulting in the activation of complement by mannose-binding lectin that not only damages the microvascular endothelium but also induces the production of numerous pro-inflammatory cytokines.

Meinhardt et al. (Nature Neuroscience 2020, in press) show that the Spike protein in the brain endothelial cells is associated with the formation of micro-thrombi (mini blood clots), and like Magro et al. do not find viral RNA in brain endothelium. **In other words, viral proteins appear to be causing tissue damage without actively replicating virus.**

E.Taglauer describes "Consistent localization of SARS-CoV-2 peak glycoprotein and ACE2 in relation to the predominance of TMPRSS2 in placental villi of 15 COVID-19 positive maternal-fetal dyads.” Parenchymal changes in placentas of COVID-19-infected

mothers have been reported by several groups. Could this be associated with the occurrence of miscarriage in vaccinated women?

Ogata et al. write in their paper "Circulating SARS-CoV-2 Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients" that the Spike protein circulates throughout the body from day 1 after injection and therefore does not remain only at the injection site.

This explains why the neurological symptoms associated with COVID-19, such as headache, nausea and dizziness, encephalitis, and fatal cerebral blood clots, are all indicators of the pathogenic effects of the virus as well as the Spike protein, **and it may explain the many side effects seen in vaccinated individuals.**

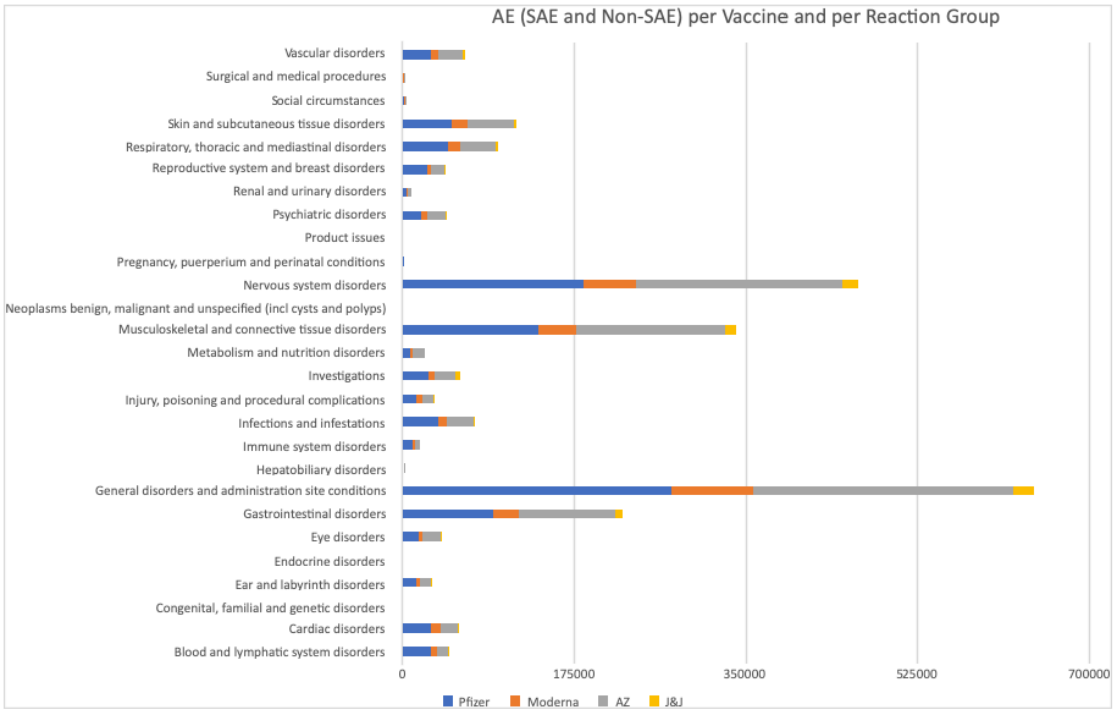
Hansen et al. published the following article in April 2021: First case of postmortem study in a patient vaccinated against SARS-CoV-2. In the "postmortem molecular mapping" viral DNA was identified in almost all organs except the liver and the olfactory bulb.

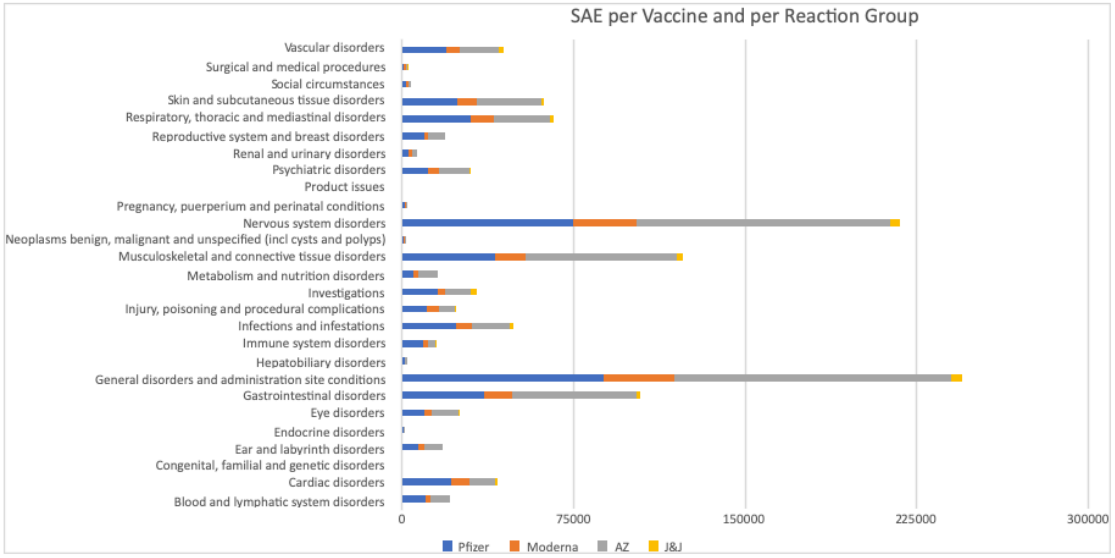
III. Statistics:

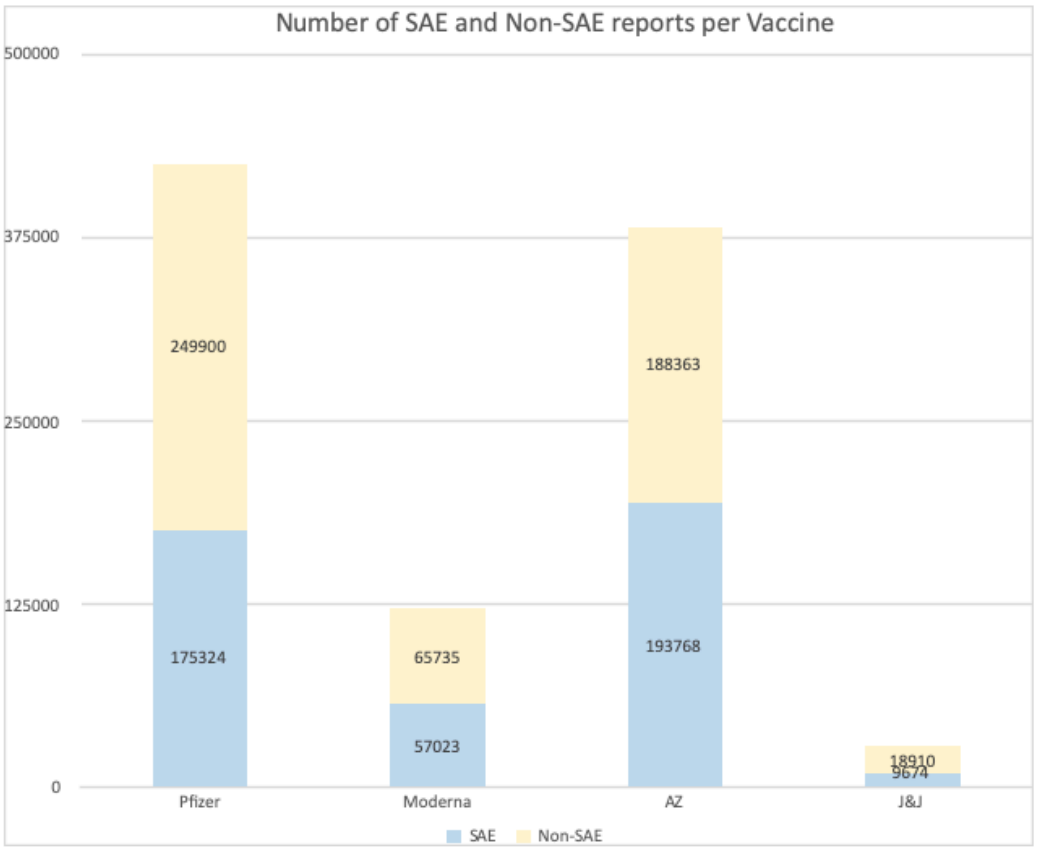
Recorded side-effects following the injection of “vaccines” against COVID-19 in Europe on september 25, 2021

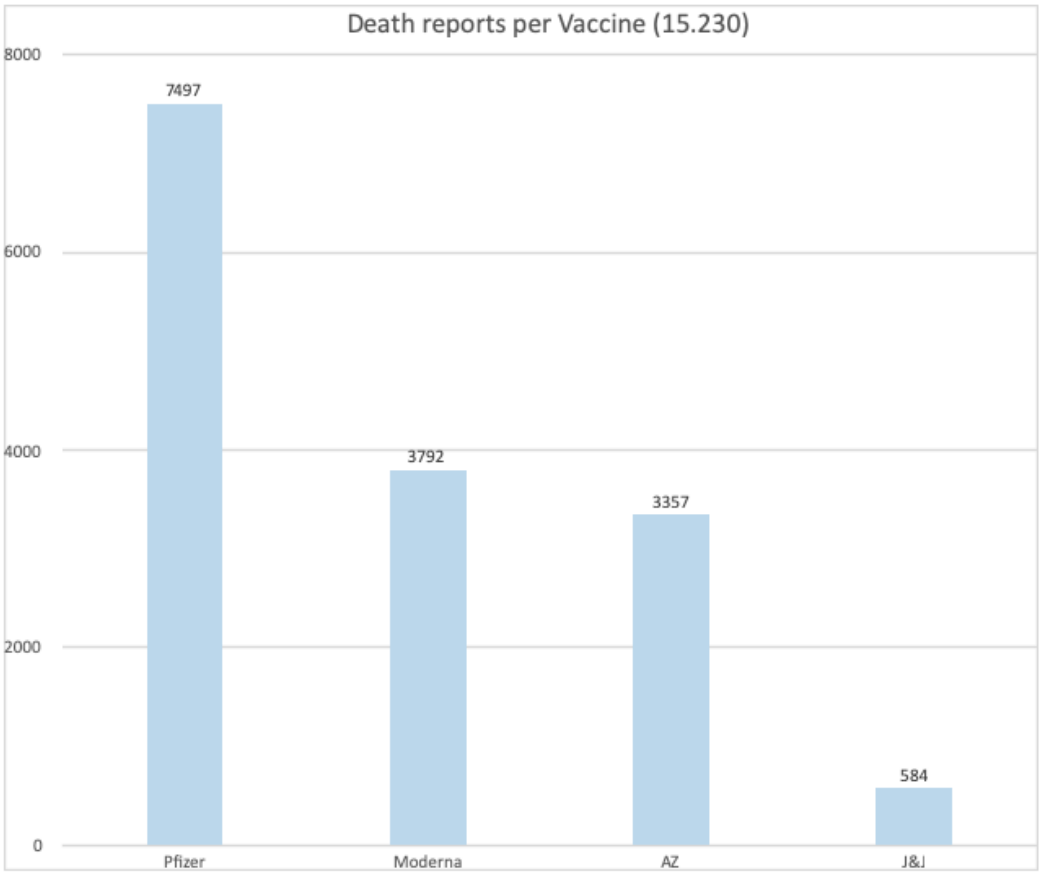
Source: EUDRAVIGILANCE

	Data up to Sep 25							
	TOTAL				Severe			
	Pfizer	Moderna	AZ	J&J	Pfizer	Moderna	AZ	J&J
Blood and lymphatic system disorders	28662	6051	12160	737	10081	2541	8162	470
Cardiac disorders	29569	9283	17334	1315	21733	7873	11212	959
Congenital, familial and genetic disorders	277	122	163	26	243	117	141	26
Ear and labyrinth disorders	14027	3769	11826	687	7227	2615	7742	281
Endocrine disorders	822	248	522	47	635	205	407	34
Eye disorders	16330	4627	17753	1067	9743	3467	11645	583
Gastrointestinal disorders	92590	26405	97985	7102	35901	12121	54406	1630
General disorders and administration site conditions	274633	82564	265482	20536	88282	30647	120992	5218
Hepatobiliary disorders	1186	500	866	98	1031	474	765	91
Immune system disorders	10876	2659	4104	321	9288	2264	3295	276
Infections and infestations	36113	9570	26800	1943	23496	7144	16385	1502
Injury, poisoning and procedural complications	13804	6759	11472	743	10994	5364	6913	560
Investigations	26554	5811	22152	3998	15923	3135	11257	2578
Metabolism and nutrition disorders	7555	2944	11805	465	5031	2342	8076	298
Musculoskeletal and connective tissue disorders	138223	38397	151690	12263	40715	13362	66285	2288
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	837	369	536	37	771	350	423	36
Nervous system disorders	185082	53562	209576	16253	74811	27607	110776	4498
Pregnancy, puerperium and perinatal conditions	1347	583	456	26	1278	567	403	24
Product issues	172	62	164	21	89	39	119	15
Psychiatric disorders	19436	5772	18858	1059	11535	4597	13179	587
Renal and urinary disorders	3605	1772	3752	311	2686	1560	2559	240
Reproductive system and breast disorders	24848	4576	13707	1139	9596	1848	7387	218
Respiratory, thoracic and mediastinal disorders	46177	13315	35537	2786	30023	10311	24407	1784
Skin and subcutaneous tissue disorders	50420	16453	46297	2426	24173	8589	28178	898
Social circumstances	2007	1366	1328	235	1677	1260	871	188
Surgical and medical procedures	1034	1032	1199	572	658	939	888	567
Vascular disorders	28555	7919	24833	2561	19177	6301	16851	2121
Total	1054741	306490	1008357	78774	456797	157639	533724	27970
				2448362				48,037422
	AE Report	Non-SAE	SAE	SAE - Death	SAE - Other	%SAE		
Pfizer	425224	249900	175324	7497	167827	41,2%		
Moderna	122758	65735	57023	3792	53231	46,5%		
AZ	382131	188363	193768	3357	190411	50,7%		
J&J	28584	18910	9674	584	9090	33,8%		
			45,456385(					


AE (SAE and Non-SAE) per Vaccine and per Reaction Group
Vascular disorders
Surgical and medical procedures
Social circumstances
Skin and subcutaneous tissue disorders
Respiratory, thoracic and mediastinal disorders
Reproductive system and breast disorders
Renal and urinary disorders
Psychiatric disorders
Product issues
Pregnancy, puerperium and perinatal conditions
Nervous system disorders
Neoplasms benign, malignant and unspecified (incl cysts and polyps)
Musculoskeletal and connective tissue disorders
Metabolism and nutrition disorders
Investigations
Injury, poisoning and procedural complications
Infections and infestations
Immune system disorders
Hepatobiliary disorders
General disorders and administration site conditions
Gastrointestinal disorders
Eye disorders
Endocrine disorders
Ear and labyrinth disorders
Congenital, familial and genetic disorders
Cardiac disorders
Blood and lymphatic system disorders
0
175000
350000
525000
700000
Pfizer
Moderna
AZ
J&J


SAE per Vaccine and per Reaction Group
Vascular disorders
Surgical and medical procedures
Social circumstances
Skin and subcutaneous tissue disorders
Respiratory, thoracic and mediastinal disorders
Reproductive system and breast disorders
Renal and urinary disorders
Psychiatric disorders
Product issues
Pregnancy, puerperium and perinatal conditions
Nervous system disorders
Neoplasms benign, malignant and unspecified (incl cysts and polyps)
Musculoskeletal and connective tissue disorders
Metabolism and nutrition disorders
Investigations
Injury, poisoning and procedural complications
Infections and infestations
Immune system disorders
Hepatobiliary disorders
General disorders and administration site conditions
Gastrointestinal disorders
Eye disorders
Endocrine disorders
Ear and labyrinth disorders
Congenital, familial and genetic disorders
Cardiac disorders
Blood and lymphatic system disorders
0
75000
150000
225000
300000
Pfizer
Moderna
AZ
J&J


Number of SAE and Non-SAE reports per Vaccine
500000
375000
250000
125000
0
249900
175324
65735
57023
188363
193768
18910
9674
Pfizer
Moderna
AZ
J&J
SAE
Non-SAE


Death reports per Vaccine (15.230)
8000
6000
4000
2000
0
7497
3792
3357
584
Pfizer
Moderna
AZ
J&J

The very sad threshold of 10,000 reported deaths has been exceeded, totalling 13.962 deaths to date. We have a total of 872.300 adverse event reports totalling 2.189.537 adverse events, of which 1.076.917 are marked as serious (49,5%).

IV Discussion :

The genetically engineered "vaccines" against Covid-19 (gene vaccines) have profited from extremely early and exceptional marketing authorization conditions. Despite the preliminary results, conveyed in ways by the manufacturers, as to demonstrate their effectiveness, **the assertions related to this new technology have, in practice, turned into profoundly troubling concerns for several reasons.** One of these, concerns the Spike protein itself, whose manufacture in large quantities in the host cells after introduction of the genetic code seems to be linked to severe and potentially fatal vascular damages. The studies and observations related to this subject bring therefore serious concerns.

While there are still some areas to understand, there is a very strong presumption that the Spike protein, which is the key component of the SARS-CoV-2 vaccine mechanism, is also responsible for damaging organs distant from the injection site, including the brain, heart, lungs, kidneys, and reproductive organs.

As the above presented statistics demonstrates, the vaccines currently in use can trigger potentially fatal short-term adverse effects (more than 10,000 currently in the European Union), some of which most likely being the result of damage to the blood vessels in various organs. Furthermore, while we are not able to know the magnitude of the intermediate let alone surmise the long-term consequences related to, inter alia, the damage to the vascular endothelium, but we can assume that they will be significant.

Before any of these vaccines are officially approved for widespread use in humans in different categories and age groups, it is important to be able to assess more precisely the effects, in vaccinated subjects, of the production of the Spike protein that triggers an immune response.

Based on the celebrated precautionary principle, promoted by all health authorities in handling of the Covid Pandemic, we call for a moratorium to and a re-evaluation of the ongoing vaccination campaign, and await clarification of these serious adverse effects caused by the Spike protein.

Accordingly, with the current information as presented, we cannot allow ourselves to run the risk of finding out later that many healthy people have suffered irreparable iatrogenic damage to their health following these vaccinations, when we actually should suspect them.

V. REQUEST

« We urge Public Health Authorities to immediately reconsider the authorization of mass vaccination pending unequivocal clarification of the safety and efficacy of the available SARS-CoV2 vaccines and impose an immediate moratorium on the covid-vaccine rollout until clarification has been achieved. »

REFERENCES:

Suzuki, 2020 ; Suzuki et al., 2020 ; Suzuki et al., 2021 ; Suzuki et Gychka, 2021.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827936/

Kuba et al., 2005

Buzhdygan et al. (2020)

Verma et al., 2020

Navarra et al., 2020 ; Wang et Xu, 2020

Achua et al., 2021

Puntmann et al. (JAMA Cardiol. 2020;5:1265-1273)

Magro et al. (Human Pathology 2020:106:106-116)

Magro et al. Annals of Diagnostic Pathology 2021:50 in press

Meinhardt et al. (Nature Neuroscience 2020, sous presse)

E.Taglauer *" La localisation cohérente de la glycoprotéine de pointe du SARS-CoV-2 et de l'ACE2 par rapport à la prédominance du TMPRSS2 dans les villosités placentaires de 15 dyades materno-fœtales positives au COVID-19 « .*

Public consultation of the Eudravigilance site on a daily basis:

For each product, click on the link, select the language, then on: "Number of individual cases by reaction group" and then on "by seriousness".

PFIZER: https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV%20DAP%2F_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2=%22Line%20Listing%20Objects%22.%22Substance%20High%20Level%20Code%22&P3=1+42325700

MODERNA: https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV%20DAP%2F_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2=%22Line%20Listing%20Objects%22.%22Substance%20High%20Level%20Code%22&P3=1+40983312

ASRTAZENECA: https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV%20DAP%2F_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2=%22Line%20Listing%20Objects%22.%22Substance%20High%20Level%20Code%22&P3=1+40995439

JOHNSON & JOHNSON: https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV%20DAP%2F_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2=%22Line%20Listing%20Objects%22.%22Substance%20High%20Level%20Code%22&P3=1+42287887