

**Study Group AIDS-therapy** c/o F. de Fries Juliastr. 8 8032 Zürich

To people affected  
Their doctors and caretakers  
To organizations and parties  
To Media

Zürich 14<sup>th</sup> June 2021

**Do mRNA vaccines induce changes in the human genome?**

Dear Contemporaries

mRNA vaccines were developed for gene therapy against cancer and other diseases, and ultimately led to the development of vaccines against rubella, measles and mumps which then became the basis for the mRNA vaccines against SARS Cov-2.

They contain genetically modified, synthetic RNA sequences into which nucleosides have been incorporated to reduce the volatility of their effects and have been incorporated into newly developed carrier substances to improve their supply into muscle cells and their following transport into the lymphatic tissue, where they heighten immune responses in antigen -presenting cells, T4 helper cells, regulatory T cells and killer cells, which affect B cells and the formation of antibodies.

Their strong inflammatory effects, which lead to permanently increased immune reactions, are to be cushioned by new, genetically engineered adjuvant substances. How far this succeeds, will only be shown when they are used on a large scale as their promoters announce.

Although mRNA vaccines are partially transcribed into the human genome due to (Human Endosomal Retroviruses (HERV)) which make 8% retroviral of the human genome, there is still no research anywhere in the world to examine the extent of their gene-changing effects.

This has made a group of clinicians, scientists and patient advocates to launch a formal Citizen Petition with the US-Food and Drug administration, asking to delay any consideration of a full approval of a Covid-19 vaccine.

We are part of a group of clinicians, scientists, and patient advocates who have lodged a [formal "Citizen Petition"](#) with the United States Food and Drug Administration (FDA), asking the agency to delay any consideration of a "full approval" of a covid-19 vaccine.

The message of our petition is "slow down and get the science right—there is no legitimate reason to hurry to grant a license to a coronavirus vaccine." We believe the existing evidence base—both pre- and post-authorization—is simply not mature enough at this point to adequately judge whether clinical benefits outweigh the risks in all populations.

<https://blogs.bmj.com/bmj/2021/06/08/why-we-petitioned-the-fda-to-refrain-from-fully-approving-any-covid-19-vaccine-this-year/>

The wide variety of short time side effects that occurred after SARS-Cov-2 mRNA vaccinations are an indication that an effect on the genetic makeup of different genetic constitution types is individually different and accordingly could only be detected by long-term, precise follow-up on each individual case.

Known short-term side effects of the mRNA SARS Cov-2 vaccine such as inflammation of the veins with risk of thrombosis could easily be traced back to previous illnesses such as diabetes regardless of vaccination and, accordingly, would hardly be reported by doctors as vaccination side effects to control institutions such as the Swiss Swissmedic, if they are not occurring immediately after the Vaccination.

Long-term side effects of mRNA vaccinations are difficult to distinguish from symptoms of the chronic diseases such as diabetes, cardiovascular disorders, high blood pressure and obstructive pulmonary diseases, so that an accurate recording of long-term side effects is practically not feasible.

The fact that almost nobody could choose between different vaccine types and that no comparative studies were carried out on the effectiveness and on side effects of different vaccine shows how much administrating national institutions were under influence of national lobbies such as the mRNA-vaccine lobby in Germany and the USA, who in Switzerland campaigned for the Lonza production site in Visp, where Biontech-Pfizer and Moderna vaccines are now manufactured.

The fact that virus-vector vaccines such as Astra Zeneca or Sputnik V could have fewer side effects and could be more effective than mRNA vaccines, has is now admitted, has not been an issue for them Swiss authorities since they did not register these vaccines months ago due to pending data on their effectiveness.

All recovered persons who have developed effective antibodies against SARS-Cov-2 as part of an infection should be

vaccinated after 6 months at the latest, so that everyone (from the point of view of gene therapy) is on the same level». Their self-built antibodies, that remain effective for a longer period of time would significantly increase after a vaccination fourfold compared to those who were vaccinated twice, as studies show, which did not test the flexibility of responses.

According to the Swiss Covid task force and our health ministry monoclonal antibodies and new Covid-19 drugs, which have now been bought for millions, should only be reserved for seriously ill patients and should not be an alternative to mRNA vaccinations. Beta-interferon, which had shown to be effective in the treatment of acutely ill patients, is just as little an issue as the administration of NAC as a preventive measure or at infusion with ventilation.

The Covid Taskforce, Swissmedic and the FOPH have obviously long since decided in favor of a type of vaccine that everyone should now receive ...so that when its effects evaporate after 6-8 months, in the sense of gene therapy with a new booster vaccine can be reacted, which should then correct new virus mutants and effects attributed to it, by which at least severe disease courses could be avoided in the future, as its promoters now state.

The fact that mass vaccinations can promote the formation of mutants through pressure on existing virus types, so that, as Christian Drosten announces, "in the end, all those who have not been vaccinated, will be infected with SARS-Cov-2 viruses" is not issue in the vaccination campaign.

The fact that vaccinated people can suffer reinfections after a few months which they can pass on to others due to decreasing effectiveness of antibodies, especially under the influence of drugs against chronic diseases, could give rise to a preputium-mobile of infections by mutants and reinfections.

Although after only 6 months the long-term side effects of these gen-therapy vaccines are still completely unknown, as Prof. Manuel Battegay from the University Hospital Basel and Dr. Christoph Berger, as head of the Swiss Vaccination Commission have repeatedly stated, they want to administrate mRNA vaccines as soon as possible in young people from the age of 12, who hardly show any serious illnesses and are proven not to be super-spreaders.

In a worldwide mass test with a gen-therapy vaccine, which has to be updated every 6-8 months by booster vaccinations, a worldwide herd immunity against SARS-Cov-2 is to be achieved, which should only come about if all groups of the population, including children and young people, join in.

Thanks to the millions of doses of vaccines given for free to countries of the developing world, the billion-dollar business with mRNA vaccines, tests, analyzes and respiratory masks is to be expanded around the world, which is presented to us on all channels as a selfless humanitarian charity gesture without alternative. The gift of viral vector vaccines to countries in Africa and South America by Russia and China, on the other hand, is referred to as a gesture that only serves power-political interests.

In all the other areas that are responsible for the severe course of Covid-19 and the formation of new mutants, such as air pollution by particulate matter, nitrogen oxides, sulfur dioxide, CO2 and high ozone values, dirty water as well as malnutrition, no coordinated activities by state Institutions and international organizations have been brought under way.

Even after a year and a half of pandemic, the fact that the virus spreads via sewage into the environment and from there to wild animal and farming animals from where it reaches keepers on farms again, is no reason for coordinated measures or joint strategies for them.

In contrast to government agencies in Germany including the Max Planck Institute, which today attribute a quarter of all Covid-19 deaths to air pollution, relevant bodies in Switzerland continue to deny any connection between Covid-19 and air pollution in principle.

The connection between particulate matter emissions and global warming, which has long since become apparent, is not being addressed by politicians around the world.

They first want to get the Covid-19 pandemic under control thanks to vaccines, before they take short-term effective measures against PM- emissions (e.g., by alternating driving bans for cars in city centers), which block the defense reactions in the epithelial tissues of the lungs, the cardiovascular system and internal organs, which lead to the severe course of Covid-19. A strategy that, as the rapidly growing number of mutants now shows, does not lead to the desired success.

The helplessness of such policies can be seen from the list of the most recent measures termed as easing steps from the Swiss Federal Council, the Federal Office of Public Health and the Covid Task Force. They dispose:

- That operators in the catering, cultural, and sports or leisure businesses are free to make the certificate mandatory for a visit. In return, they benefit from further easing.

-That more customers can be admitted to sports, cultural and leisure activities with a vaccination certificate. This can be obtained 24 hours after an antigen test and 72 hours after a PCR test. As well as half a year from recovery and full vaccination.

-that home office is compulsory where it is possible to work from home without disproportionate effort. The obligation can only be lifted with a test concept in the company.

-that in future, only those who have neither been vaccinated nor recovered will receive free self-tests in pharmacies.

-that an exception is made to the quarantine obligation for those returning from trips abroad from risk countries for those who have been vaccinated and those who have recovered, as it is currently assumed that a vaccination is effective against all known virus variants. Should new variants emerge, again which vaccines are not effective, quarantines could again be ordered for those who have been vaccinated and those who have recovered.

In addition to the quarantine list of the Federal Office of Public Health, there is a second list for risk countries, which today includes all countries outside the Schengen area with a few exceptions. Since the outbreak of the pandemic, citizens of these third countries have been fundamentally prohibited from making tourist or private visits to Switzerland.

However, vaccinated people are now to be exempted from this ban. However, should a virus variant spread in a third country against which the vaccination does not protect, the exception could be lifted again.

The ambassadors of the EU countries decided on an "emergency brake" in Brussels on Friday, the reintroduction of test and quarantine obligations even for travelers who have been completely vaccinated with the EU's digital corona certificate. "Exceptionally and temporarily", this is also possible for "holders of vaccination certificates or recovery certificates", it says in the text. They could also be required "to undergo a test for a SARS-CoV-2 infection and / or quarantine / self-isolation". As far as possible, "such measures should be limited to the regional level".

As was the case with the declared HIV retrovirus, which was held responsible for the severe course of more than 30 different infectious diseases, the new virus that has not yet been completely isolated, is now held to be solely responsible for the severe course of Covid-19, although the causes and mechanisms of this disease have been presented, which cannot be successfully treated by vaccinations and require other types of therapy and prevention.

As was the case with HIV, which for decades was treated with seriously damaging substances seemingly without any alternative, other causes of illness and treatment options were not being investigated in detail and other perspectives are not being discussed in a public debate.

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Felix de Fries

### **[Do RNA vaccines obviate the need for genotoxicity studies?](#)**

### **[A comparison of plasmid DNA and mRNA as vaccine technologies](#)**

[\[PDF\] mdpi.com](#)

### **[Mechanism of action of mRNA-based vaccines](#)**

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### **[\[PDF\] mRNA-based vaccines and mode of action](#)**

[\[PDF\] ucv.ve](#)

### **[Recent advances in mRNA vaccine technology](#)**

[\[PDF\] researchgate.net](#)

### **[Self-assembled mRNA vaccines](#)**

[\[HTML\] nih.gov](#)

### **[Comparison of DNA and mRNA vaccines against cancer](#)**

[\[PDF\] thums.ac.ir](#)

### **[mRNA-enhanced cell therapy and cardiovascular regeneration](#)**

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### **[Differential durability of immune responses to measles and mumps following MMR vaccination](#)**

[\[HTML\] nih.gov](#)

**[HTML] Humoral responses to the measles, mumps and rubella vaccine are impaired in Leigh Syndrome French Canadian patients**

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**[HTML] Protective adaptive immunity against severe acute respiratory syndrome coronaviruses 2 (SARS-CoV-2) and implications for vaccines**

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**SARS-CoV-2 Immuno-Pathogenesis and Potential for Diverse Vaccines and Therapies: Opportunities and Challenges**

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**[HTML] The long road toward COVID-19 herd immunity: vaccine platform technologies and mass immunization strategies**

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**SARS-CoV-2 mRNA vaccines: immunological mechanism and beyond**

[\[PDF\] mdpi.com](#)

**The dawn of mRNA vaccines: The COVID-19 case**

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**Synthetic messenger RNA-based vaccines: from scorn to hype**

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**Role of nanotechnology behind the success of mRNA vaccines for COVID-19**

[\[HTML\] nih.gov](#)

**[HTML] Antibody responses in seropositive persons after a single dose of SARS-CoV-2 mRNA vaccine**

[\[HTML\] nejm.org](#)

**[HTML] Glucocorticoids and B Cell Depleting Agents Substantially Impair Immunogenicity of mRNA Vaccines to SARS-CoV-2**

[\[HTML\] medrxiv.org](#)

**[Substantial Impact of Post Vaccination Contacts on Cumulative Infections during Viral Epidemics](#)**

[PDF] [medrxiv.org](#)

**[Susceptibility to COVID-19 in populations with health disparities: Posited involvement of mitochondrial disorder, socioeconomic stress, and pollutants](#)**

[PDF] [wiley.com](#)Full View

**[\[HTML\] Network analysis and transcriptome profiling identify autophagic and mitochondrial dysfunctions in SARS-CoV-2 infection](#)**

[HTML] [frontiersin.org](#)

**[\[HTML\] Sex differences in inflammation, redox biology, mitochondria and autoimmunity](#)**

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