

Subject - **We want to be heard**

We are those who have courageously fought **from day one**, often without equipment, in the heart of a politicized battle of egos and expert opinions that contradict each other over time. We are doctors, scientists, health professionals, civil servants or private agents, retired people, parents, children citizens. Without hesitation, **we have fulfilled our duty**. We did it without flinching; some died because they were possibly ill-treated, while others had the privilege of having been immunized.

Today we write to you because you are the **voice of the people of every group and of all groups**. You are the ones who have **taken it upon yourselves to listen and hear** the factions of the people. You have the **duty of unity**, the duty to defend the groups, the duty to defend the liberties, the duty to control the executive. Above all, you now have the duty to reflect and study with the skepticism of wisdom all points of view away from political pressures.

We fight courageously in the service of the human being at a time when the French have preferred to go fishing to express their distrust rather than voting. What will happen in the future?

We are afraid of this allegory of the cave that some media and some social networks maintain, **contradicted by our observations and our experience...** If we are here writing to you, and if we are afraid, it is perhaps because **we, on the ground, see something else**.

Today, we are afraid of these **injections called "vaccine" which are based on new technologies making extrapolations with other proven vaccines risky, unfounded and dangerous**. In spite of a new and totally different process, they have been granted the safety exemptions usually granted to vaccines, even though **they only have the name in common**.^{1 2}

Today, we are afraid of this **pseudo-science that decides on assumptions, relying on "expert" opinions rather than on scientifically proven data**. This takes us back 60 years to when the medical profession realized the dangers of authoritarian decision making, based on little data, without regard to the pyramids of evidence illustrated in image 1. **Expert opinion is at the bottom of a pyramid** with 9 levels. It is about quantifying the benefit for each group and actively seeking risks in a transparent and prudent manner.

We challenge these "experts" who justify critical health and freedom decisions based on **assumptions and extrapolations** without transparency or auditable data!

The more **they repeat with insistence, arrogance, certainty without leaving room for contradictory debate**, the more **we and millions of others distrust them**. The more **they claim to know the future, the more we distrust them** because we believe in the **humility of science** and the prudence of the scientist. Haven't they been wrong so many times? Are we going to let them cause even more irreversible damage without solid proof of their claims?

We are afraid of these **injections of division, of hatred, of an arrogant authority that pretends to do pedagogy with too limited data, without possible real contradiction**, without fair research or discernment.

We are afraid of the lasting installation in time of this **brutality which claims to have attributed to itself the monopoly of science, of knowledge** and which pretends to know the future while ignoring the long-term risks for young people.

We do not want to support these laboratories and agencies that have become so powerful that they dictate the careers of a part of our elites.

We are angry at the **propaganda, at those who, equipped with a hammer, see the world as nails**. We note that those who **were supposed to convince have failed, once again** like so many others since the beginning of the epidemic. **Devoid of arguments that reach the people, they now propose to coerce**, after having failed by reward or temptation. Shouldn't they bring data, conduct studies, explore all avenues to allow the best solutions to emerge?

We deplore the fact that some, **without proof, announce with a touch of sadism an increased danger for young people or symptoms to the point that we can ask ourselves if they do not take pleasure in weakening us through fear**.

We do not recognize ourselves in this society where one part has a look of disdain and superiority towards another part.

We are stunned to hear from some that the trials and studies are over, being repeatedly wrong since the results of the studies will only be brought in 2022 and 2023 depending on the vaccines under study^{3 4}.

We are frightened by the **lack of wisdom** when we know that in the past clinical trials of gene therapies, drugs or even vaccines have been stopped in phase 3 or phase 4 because over time the benefit-risk balance has evolved, and sometimes toxicity has been discovered at a later stage.

We are frightened and appalled at the idea of injecting people who are already immunized with vaccines that had explicitly excluded them from their clinical trials: they benefit from sufficient natural broad-spectrum protection that lasts for years, as the studies indicate. Indeed, natural immunization, even in weakly symptomatic cases, is both cellular, memory or bone marrow derived. Moreover, it is powerful against the variants and is durable for the protection of the individual and others.^{5 6 7 8 9 10 11} Thus, it seems useless and **dangerous to ask for an injection for people who have had symptoms of covid, when the trials (with Pfizer and Moderna) had explicitly excluded them**^{12 13} and no data on the benefit for them or for others, nor data on the risks, were provided. They are **injected outside the ethical and legal frameworks that require that any experimentation on a target be supervised by a clinical trial** and that there be proven information on the benefit-risk ratio.

Naturally immune people have often acquired this immunity by exercising their duty and are now among the most protective of society. Information from Israel shows that natural immunity to the delta variant is **6.72 times greater than that induced by dual vaccination, including for those immunized in the first wave, further confirming that immunized people provide the most durable, adaptable and powerful protection.**¹⁴

Everything is done to **inject these people anyway despite science, ethics or wisdom by exposing them without interest.** Instead of seeking to identify them or quantify them by their clinical history, serological tests, and cellular tests, everything is done to push them to be injected by recognizing just a pcr test for a short time. Is the goal to expose these people to an injection? The Pfizer trial excluded all people who had symptoms suggestive of covid without time limit with or without PCR test.

How can we possibly vaccinate millions or tens of millions of people¹⁵ who have had covid when they have been excluded from clinical trials, when the literature and the data show a more certain protection than that of vaccines, apart from any presumed benefit and in the face of unknown risks?^{16 17} Everything is being done to avoid their detection and to push them to vaccination anyway after weeks or months, when there are millions or even tens of millions of people who have a lasting cellular and memory immunity capable of protecting them and others?¹⁸

We are afraid of this determination to **multiply the injections (3rd, 4th.....)** in the face of a result of what seems to be a **vaccine immunity that is too narrow, too transient and foreshadowing subsequent failures** that are constantly renewed, as indicated by the data from Israel or Gibraltar where, despite very high vaccination rates, the virus is spreading, including through the vaccinated.

We deplore the denial with certainty of the short and long term effects of the "vaccine" injections as well as the refusal to undertake the analyses that could enlighten us on their extent and allow us to better target, better reassure and better convince.

Indeed, we are afraid of real risks following the vaccination, considering what the official pharmacovigilance centers show (knowing that only 1 to 10% of side effects are reported). These risks must be studied. This is why we ask for the implementation of an active pharmacovigilance required by the conditional MA. We ask for:

- 1) **A retrospective case-control study (vaccinated-non-vaccinated) of 500,000 people with analysis by age group, comparing morbidity, mortality and hospitalization rates.**
- 2) **A more extensive prospective cohort study, stratified by age group, of 10,000 vaccinees assessing subacute symptoms, including microthrombi, migraine and autoimmune disease, to identify risks of developing disease.**
- 3) **Immediate initiation of carcinogenicity studies since these injections represent a novel procedure, these studies have not been done by laboratories and, among other things, the Spike protein appears to interact with the P53 protein, which is involved in many cancers.**^{19 20}
- 4) **A study of SarsCov2 sampling and culture in vaccinated persons evaluating the announced guarantees of non-contamination by the vaccinated over time. This rate of reduction in transmission remains unproven to this day, since it is contradicted by the example of the British Squadron²¹ or the more rapid increase in cases in Great Britain than in all the other European countries, even though they are less vaccinated. The same is true in Gibraltar and Israel.**

5) A public debate on the risks and the measures to evaluate and eventually mitigate them

Given the scale of the campaign, if some of the risks were confirmed, there would still be time to take action to help those who have been vaccinated and who have put their trust in the work of points 2) and 3) above.

We are afraid for our friends, our brothers, our sisters, our parents and even more for our children when we see millions, billions of people vaccinated and so little work done to ensure their safety, their health. "primum non nocere".

The mere fact of undertaking sincere analyses would contribute to reassure us and so many others rather than to constrain them.

Today, some people, under pressure or coercion, to regain their freedom or simply to feed their families, will be injected **without having been convinced. Is this your wish?** How will they react afterwards, humanely, towards **those who forced them to do so?**

A decision as fraught with potential consequences as the injection of a new product without informed consent and under duress cannot **be made on the basis of assumptions or partial data.**

Most of us are more afraid of this injection than we are of the disease it is supposed to fight, of the sanction or even of the restriction of freedom because we refuse to take the risk of being trapped in a sick body. Because some people, out of pride, ignorance or negligence, have not done everything possible to verify its harmlessness. Many of us are in this situation and that is why today the constraint is considered.

We doctors, scientists, health professionals, civil servants or private agents, retirees, parents, children citizens are also afraid for our patients, our friends, our children, our families, our fellow citizens and for you, because like us, you could suffer in your turn.

You, our elected officials, are a bulwark. Therefore, we ask you to exercise your duty of control, of wisdom, of prudence, and to ask for proof as well as to order the security studies so that we can act collectively for the good of all.

You are a bulwark against hatred and division. You have the power to bring about a peaceful and respectful union of all. You are an essential and necessary bulwark to preserve democracy and law rather than hatred, anger and possible new chaos.

We are at your disposal for any clarification you may require as well as for a respectful dialogue with all the data and analysis we know.

To limit the spread, the use of routine salivary testing of all health care workers in contact with the elderly or frail, whether or not they are vaccinated, naturally immune or not. The extent and duration of transmission of the delta variant by vaccinated persons is uncertain. The data suggest that it is probably limited.

Therefore, would it not be more reliable and protective to use a simple, non-invasive salivary test with 80% consistent reliability over time? **Repeated 3 times a week, this reliability would be higher than 95% and would largely exceed the effectiveness of the vaccine in terms of propagation without risks.**

This would be an effective, safe and fair solution that could be complemented by N95 respirators for high risk situations. With this letter, we have faced our fears and will do what our conscience and ethics dictate based on the data of science, but also the implementation of benevolent actions showing a fair search for the truth and the best solutions.

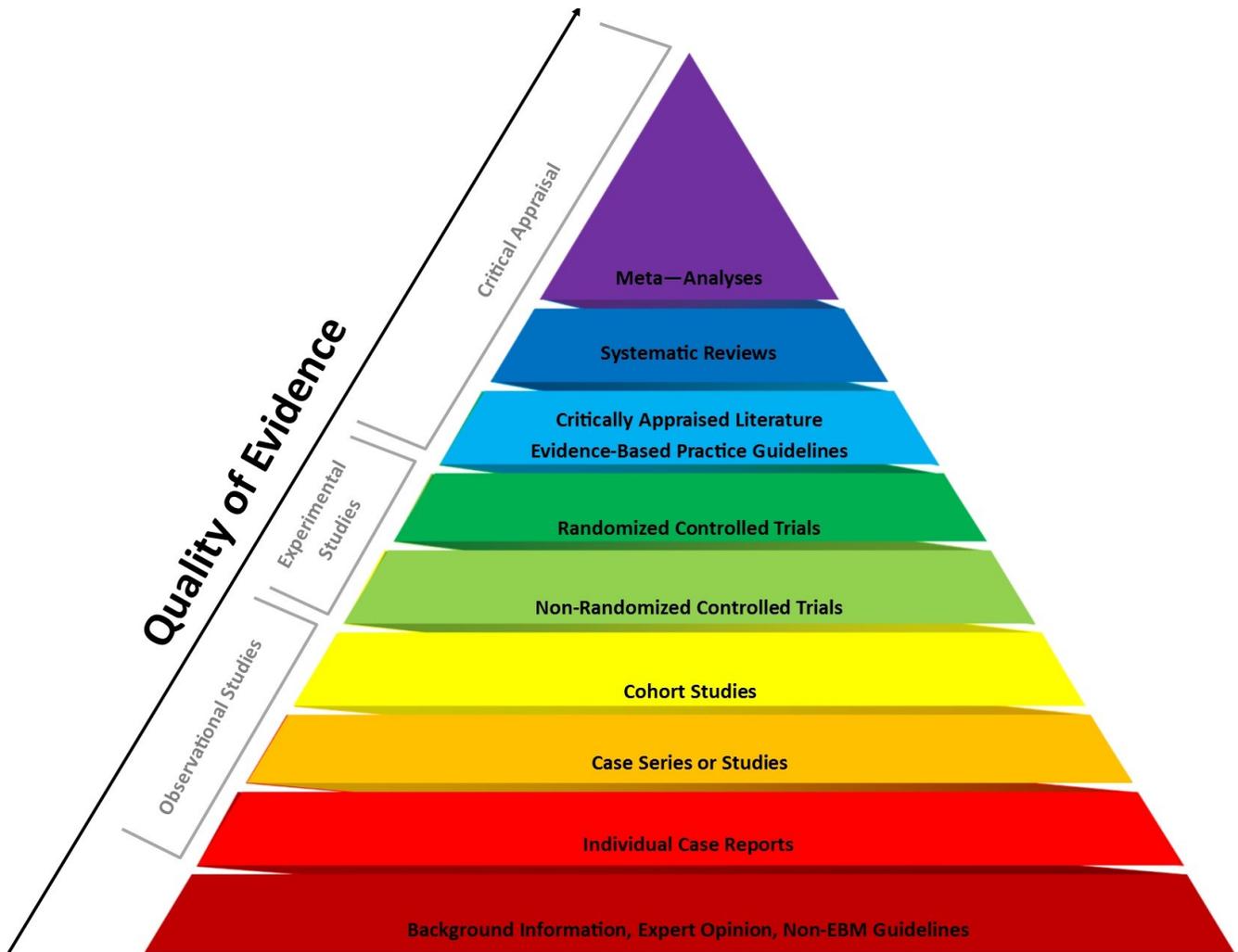
We can assure you that in the coming months we will be numerous, motivated and active as never before in our democracy in the defense and active support of those who will have promoted freedom, unity, wisdom and respect for all.

We end with this text adapted from

The Merchant of Venice: "If you prick us, do we not bleed? If you tickle us, shall we not laugh? If you poison us, shall we not die? And if you scorn us"

Image 1
Pyramid EBM (Evidence Based Medicine)

Experts' opinions are at the very bottom of evidence



- 1 https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf
- 2 https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf
distribution dans le foie, les glandes surrénales, la rate, le sang, la moelle osseuse et les ovaires pour Pfizer ainsi que dans le foie, les glandes surrénales, le cœur, les yeux, les reins, les testicules, le sang, la moelle osseuse et le cerveau pour Moderna
- 3 https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf
- 4 https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf
distribution dans le foie, les glandes surrénales, la rate, le sang, la moelle osseuse et les ovaires pour Pfizer ainsi que dans le foie, les glandes surrénales, le cœur, les yeux, les reins, les testicules, le sang, la moelle osseuse et le cerveau pour Moderna
- 5 Wegene Borena, Zoltán Bánki, Katie Bates, Hannes Winner, Lydia Riepler, Annika Rössler, Lisa Pipperger, Igor Theurl, Barbara Falkensammer, Hanno Ulmer, Andreas Walsler, Daniel Pichler, Matthias Baumgartner, Sebastian Schönherr, Lukas Forer, Ludwig Knabl, Reinhard Würzner, Dorothee von Laer, Jörg Paetzold, Janine Kimpel Follow-up study in the ski-resort Ischgl: Antibody and T cell responses to SARS-CoV-2 persisted for up to 8 months after infection and transmission of virus was low even during the second infection wave in Austria Medrxiv February 2021
<https://doi.org/10.1101/2021.02.19.21252089>
- 6 Alison Tarke, et al. Negligible impact of SARS-CoV-2 variants on CD4+ and CD8+ T cell reactivity in COVID-19 exposed donors and vaccinees BioRxiv March 2021 doi: <https://doi.org/10.1101/2021.02.27.433180>
- 7 SARS-CoV-2 genome-wide T cell epitope mapping reveals immunodominance and substantial CD8+ T cell activation in COVID-19 patients Science Immunology Apr 2021 DOI: 10.1126/sciimmunol.abf7550
- 8 Hall V J et al. SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN) The Lancet April 2021 DOI:[https://doi.org/10.1016/S0140-6736\(21\)00675-9](https://doi.org/10.1016/S0140-6736(21)00675-9)
- 9 Jagannathan P et al. Immunity after SARS-CoV-2 infections Nat Immunol April 2021 <https://doi.org/10.1038/s41590-021-00923-3>
- 10 Dan J M et al. Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection Science Feb 2021 DOI: 10.1126/science.abf4063
- 11 Turner J S et al
SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans
Nature May 2021
<https://doi.org/10.1038/s41586-021-03647-4>
- 12 <https://www.clinicaltrials.gov/ct2/show/NCT04470427>
Clinicaltrials.gov June 2021
- 13 <https://clinicaltrials.gov/ct2/show/NCT04368728?term=Pfizer&cond=covid&age=2&phase=12&draw=2&rank=3>
Clinicaltrials.gov June 2021
- 14 <https://www.israelnationalnews.com/News/News.aspx/309762>
- 15 <https://www.israelnationalnews.com/News/News.aspx/309762>
- 16 <https://www.clinicaltrials.gov/ct2/show/NCT04470427>
Clinicaltrials.gov June 2021
- 17 <https://clinicaltrials.gov/ct2/show/NCT04368728?term=Pfizer&cond=covid&age=2&phase=12&draw=2&rank=3>
Clinicaltrials.gov June 2021
Exclusion : “Previous clinical (based on COVID-19 symptoms/signs alone, if a SARS-CoV-2 NAAT result was not available) or microbiological (based on COVID-19 symptoms/signs and a positive SARS-CoV-2 NAAT result) diagnosis of COVID 19”
- 18 Ioannidis JPA
Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations
European Journal of Clinical investigation
<https://doi.org/10.1111/eci.13554>
- 19 Ogata AF et al.
Circulating SARS-CoV-2 Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients
Clinical Infectious Diseases May 2021
<https://doi.org/10.1093/cid/ciab465>
- 20 Konstantin Fohse F et al.
The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses medRxiv May 2021
doi: <https://doi.org/10.1101/2021.05.03.21256520>
- 21 <https://www.businessinsider.fr/us/2-people-cruise-positive-coronavirus-at-least-95-vaccinated-2021-6?op=1>