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Subject: Safety of experimental gene technology-based injections against COVID-19 disease caused by SARS-CoV-2 virus (i.e., coronavirus).

Dear Chief Director Eija Pelkonen, Head Liisa Näveri, Director General Markku Tervahauta, Professor Mika Salminen and Chief Physician Hanna Nohynek,

The benefit / risk balance is required for authorized products and they normally have a strong scientific basis established by the authorities. The object of this communication: the gene technology-based products being at an investigational stage, have only been granted a

conditional marketing authorization due to the lack of reliable information on their safety. These are not conventional classical vaccines containing an antigen, an attenuated pathogen, or a protein that trigger the production of antibodies in the body. These are preparations for intramuscular administration containing either mRNA or DNA that trigger the production of the desired spike protein in the cells of the vaccinated. These injections are believed to trigger the production of antibodies against the spike protein produced by one's own cells and to protect those vaccinated from SARS-CoV-2 virus infection in a novel way, not used earlier.

At present, all citizens are very actively encouraged in almost all of our media to take a "corona vaccine" to achieve herd immunity. As these are not conventional vaccines, we will use the term 'gene technology-based injections' or 'injections' for the three genetically engineered products in use in Finland.

We represent physicians, specialists, docents, other health care professionals, and natural scientists from many different fields, who have followed with great concern alarming information from the international literature and government websites about hundreds of thousands of serious injuries and deaths reported in our country and in other countries. At this point, it should be borne in mind that spontaneous reporting on a voluntary basis has been estimated to reveal a maximum of about 10% of the injuries experienced in total. In practice, no one knows the real numbers of serious injuries. As far as we are aware of, the risks of these experimental gene technology-based injections outweigh their benefits. That is why we have drafted the questions below, to which we hope to receive scientifically sound answers. We expect, that in addition to the authorities' own sources of information, the peer-reviewed studies, case reports and other publications collected to this letter that can be found in the medical literature are acknowledged in the response.

The questions concern all conditionally authorized, genetically engineered experimental "vaccines" used in our country, based on a completely new operating principle: mRNA vaccines (Pfizer's Comirnaty and Moderna Spikevax (formerly COVID-19 Vaccine Moderna) and adenoviral vector vaccine (Vaxzevria, formerly COVID-19 Vaccine AstraZeneca). Their potential side effects are largely unknown.

Please note that this letter will be published on the date of submission and the response we will receive from you will also be published on our Let's Save the Children website and on the website of the Corona Realists. Correspondence will also be published translated in English language on international websites.

1. **Identifying serious disadvantages is challenging for many reasons. The statistical power of clinical trials (comprising up to 20,000 subjects per study) does not suffice to detect rare (<1 / 10,000) nor long-term adverse events due to the many confounding factors that occur over time.**
   =>
   a) How many death reports and other serious reports of injury are needed in our country before the Finnish authorities consider it appropriate to suspend the exposure of our citizens to gene technology-based injections?

b) How will it be ensured that injections based on gene technology do not have long-term disadvantages?
c) Are injections based on gene technology a more serious health threat to our citizens, especially children and adolescents, than SARS-CoV-2 virus infection?

Scientific justifications for questions 1 a, b, c:

Responsibilities of the Finnish authorities and the European Medicines Agency:

- The European Medicines Agency grants marketing authorizations, also for conditionally authorized products such as these experimental injections based on genetic engineering. However, we understand that the Finnish authorities have the primary responsibility for pharmacovigilance in our country, especially for conditionally authorized products, i.e., the primary responsibility of national authorities is to protect the lives and health of their own citizens with regard to these injections. This obligation cannot be violated by relying on guidelines at EU level.

Mortality from Covid-19 disease:

- According to statistics updated by THL on 21 July 2021, a total of 978 people with a median age of 82 have died of COVID-19 in Finland since the end of 2019 (https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-covid-19/tilannekatsaus-koronaviruksesta#tilanne).
- According to statistics from Statistics Finland, about 20-1800 people have died each year of influenza in Finland over the last 100 years (https://www.stat.fi/tietotrendit/artikkelit/2020/kuinka-monen-kuoleman-syy-on-influenssa-kertovatko-luvut-kaiken/). The mortality has not increased during the pandemic in our country.
- Global COVID-19 mortality is estimated to be 0.68% (0.53% –0.82%) (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7524446/).
- In addition, the literature suggests that the CDC has exaggerated the number of deaths from COVID-19 in the United States (https://jdfor2020.com/wp-content/uploads/2020/11/adf864_165a103206974fdbb14ada6bf8af1541.pdf).

Development of severe SARS-CoV-2 virus infection:

- In particular, children and adolescents have a low risk of developing serious COVID-19 disease according to the literature (https://pediatrics.aappublications.org/content/145/6/e20200702, https://www.thelancet.com/action/showPdf?pii=S2352-4642%2821%2900066-3).
- Chief Physician Otto Helve also states on the updated THL page on 17 June 2021: "*The need for hospital care for children and young people in Finland has been low so far due to the corona, but we have also had cases requiring hospital care*".
- According to the literature, there is a theoretical risk that vaccinees will develop a more severe COVID-19 disease than unvaccinated, the magnitude of which will only become apparent over time (https://pubmed.ncbi.nlm.nih.gov/33113270/). One concrete case example of this is the recently published case of an elderly man who died within a month of receiving the first dose of Pfizer mRNA vaccine. (https://www.sciencedirect.com/science/article/pii/S1201971221003647). In

Finland, too, there has been a significant number of people vaccinated in hospital in recent months. Fully vaccinated people have become seriously ill and died of COVID-19 in the United States as well (https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html).

Inherent immunity post SARS-CoV-2 virus infection:

- According to the literature, the disease (also mild) can provide a long-term protection against SARS-CoV-2 virus (https://immunology.sciencemag.org/content/5/54/eabf3698, https://www.nature.com/articles/s41586-021-03647-4).
- Gene technology-based injections provide limited protection against variants, as injections of mRNA and adenovirus vectors that trigger cell protein production in the cell result in the generation of antibodies against only one viral spike protein. As the virus inherently seeks to ensure its ability to reproduce, variants develop in which specifically the spike proteins are altered so that they are not recognized by the antibodies generated by the injections and the virus is able to multiply freely in the cells of the infected person. On the other hand, a viral infection disease or a classical vaccine containing an attenuated pathogen triggers a broad immune response in the body, i.e., the production of many different antibodies against dozens of different antigens of the virus, and, thus, provides a broad protection against future variants as well. That is, despite possible individual changes in viral antigens / proteins, resistance to new variants remains good.
- In addition, gene technology-based injections that provide only narrow-spectrum protection against SARS-CoV-2 do not produce as good sterilizing immunity: i.e., they do not prevent the progression of infection or further infections as well as disease or a vaccine containing an attenuated pathogen. Thus, "corona vaccinees" can infect others despite full vaccination protection.

Deaths and other serious adverse reactions reported in Finland from gene technology-based injections:

- The following information can be found on the website of FIMEA updated on 14 July 2021 (https://www.fimea.fi/tietoa_fimeasta/koronavirus-covid-19-/koronarokotteiden-haittavaikutusilmoitukset/viikkoraportti):
    - *" By 13 July 2021, Fimea has processed 96 reports of adverse reactions related to corona vaccinations, in which the patient had died. Nine patients had received Spikevax (formerly COVID-19 Vaccine Moderna), 13 Vaxzevria and the remaining 74 Comirnaty."… " One-third of patients did not show clear symptoms after vaccination, and death was estimated to be primarily related to other diseases. One-third of patients developed symptoms such as fever or decreased general well-being in the days following vaccination. Although they are considered to have died of advanced underlying diseases or their complications, a possible contributing role of the vaccine cannot be completely ruled out. Further reports are expected to provide more information about the course of events and the patient's underlying conditions."*

- *” Corona vaccine notifications are subject to an urgency assessment and notifications containing serious adverse reactions are processed first. The relative share of serious notifications seems to be higher than it actually is, because due to the prioritization of serious notifications, non-serious notifications accumulate pending further processing. There are currently about 5260 non-serious notifications awaiting further processing. "*
- By 13 July 2021, a total of 2,852 reports of injuries have been processed in Finland, of which 1,769 cases have been classified as serious. A total of 4,846,697 doses are reported to have been administered.
- Based on the above figures, about 2 people die in our country and about 36 people suffer serious injury for every 100,000 vaccinated.
- See the number of adverse reaction reports reported elsewhere in Europe and the United States under “Scientific justifications to question 2”.

Myocarditis and other serious side effects described in the literature:

- In adolescents and young adults in particular, an increased risk of myocarditis has been observed, most often within one week of the second mRNA injection. Myocarditis is usually mild, but in isolated cases it has resulted in premature death. This potentially fatal risk has been taken into account by the authorities and case reports have also been published in prestigious medical journals. (https://www.cdc.gov/vaccines/acip/work-groups-vast/report-2021-05-17.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Facip%2Fwork-groups-vast%2Ftechnical-report-2021-05-17.html, https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601, https://pediatrics.aappublications.org/content/pediatrics/early/2021/06/02/peds.2021-052478.full.pdf, https://childrenshealthdefense.org/defender/13-year-old-jacob-clynick-dies-pfizer-vaccine-myocarditis/).
- The website, updated by FIMEA on 14 July 2021, states the following about myocardial and myocardial infections:

  ” *The Pharmacovigilance Risk Assessment Committee (PRAC) of the European Medicines Agency (EMA) has assessed that Comirnaty and Spikevax (formerly COVID-19 Vaccine Moderna) corona vaccines may in very rare cases be associated with myocarditis and pericarditis. Myocardial infarction and pericarditis will be added as new adverse reactions to the product information for these vaccines and more detailed instructions will be sent to healthcare professionals and vaccination centers.*

  The decision is based on global adverse event data and a more detailed assessment of European cases of myocardial infarction and pericarditis in individuals vaccinated with Comirnaty and Spikevax. Inflammations normally appear within 14 days of vaccination, most often in young men and after the second dose of the vaccine. In Europe, five fatal cases have been reported in people who were elderly or have had other illnesses. Myocardial and pericardial inflammation following vaccination are similar in nature to myocardial and pericardial inflammation due to other causes.”

- According to a study by the University of Oxford, Pfizer's and Moderna's Covid-19 vaccines are associated with a similar risk of severe thrombosis as Astra Zeneca's adenoviral vector vaccine https://osf.io/a9jdq/ and FIMEA has also received reports of thrombotic cases from all corona vaccines (https://www.fimea.fi/tietoa_fimeasta/koronavirus-covid-19-/koronarokotteiden-haittavaikutusilmoitukset/viikkoraportti).

Long-term disadvantages of gene technology-based injections?

- It is very likely that the ongoing clinical trials, even at the end of them (2022-2024), will not provide reliable information on the long-term disadvantages of experimental corona vaccines with a completely new mechanism of action. Authoritative medical journals (JAMA, BMJ) report how the continuation of blinded placebo-controlled trials (so that the subject does not know whether they have received a placebo or active vaccine) has been assessed as unethical (https://jamanetwork.com/journals/jama/fullarticle/2776787, https://www.bmj.com/content/371/bmj.m4956). Subjects are considered to have the right to know which vaccine they have received so that placebo recipients can (if they so wish) protect themselves against COVID-19 by taking the active vaccine before the end of the study. Data on intergroup health risks will not be obtained when the blinding is terminated before the end of the studies.
- According to the literature, long-term harm to our immunity is possible (https://ijvtpr.com/index.php/IJVTPR/article/view/23).

The publication policy of scientific journals makes it difficult to assess the benefit / risk of gene technology-based injections:

- A registry-based study was published in the prestigious scientific journal Vaccines at the end of June, based on which the authors thought that disadvantages of corona vaccines outweigh their benefits. According to the analysis, for every 100,000 vaccinated people, 16 serious adverse events and 4.11 fatal adverse events are observed (i.e., results similar to the rough estimates calculated from our own official statistics, see "*Deaths and other serious adverse reactions reported in Finland from gene technology-based injections*" above). After also evaluating the effects of injections in reducing COVID-19 deaths, the authors have come to the conclusion that for every three corona deaths prevented by vaccination, two deaths due to injection have to be accepted. Then, just a few days after the publication of the study, the article was withdrawn from the journal (https://www.mdpi.com/2076-393X/9/7/693/htm) apparently due to disagreements between the authors of the study, the peer reviewers and the editorial board of the journal (https://www.sciencemag.org/news/2021/07/scientists-quit-journal-board-protesting-grossly-irresponsible-study-claiming-covid-19). For the enlightened citizen, it would have been desirable for disagreements to have been openly discussed in the column of the magazine. As this did not happen, we attach the original publication for your evaluation.

2. **Rare adverse reactions (<1 / 10,000) cannot be identified in clinical trials and, on the other hand, adverse reactions reported to the authorities refer only to a temporal causality and not necessarily to a true causal relationship. In order to establish a true causality, the mechanism of action of the adverse effect needs to be unraveled, in addition to the fact that similar symptoms are known to have occurred in several vaccinated individuals and that other possible causes of the symptoms have been excluded (https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/tietoa-rokotuksista/haittavaikutukset-rokotuksista/rokotuksen-ja-oireiden-syy-yhteys). We currently know for gene technology-based injections that three of the criteria set by THL are met: 1. a reasonable causal relationship between the adverse reaction and vaccination, 2. the vaccine is known to have caused similar side effects in the past, and 3. no other more likely explanation for the symptom has been found. In contrast, there is no unambiguous answer to the mechanisms of adverse reactions in the literature.**

   We are dealing with product liability issues related to injections. Product liability for defective and even life-threatening or permanent injury from injections rests with their manufacturers when they do not take the necessary action after becoming aware of defects in the products. The disclaimer granted to vaccine manufacturers does not cover damage caused consciously and intentionally, which should be understood. In terms of product liability damages, each of so-called party in the distribution chain is liable for these intentional damages - also the national authorities. It is, therefore, very important that the national authorities work directly with injection manufacturers and make them aware of the adverse effects that have come to their attention, in order to minimize the health risks to the citizens. However, the responsibility for these decisions always lies with the national authorities in cases where they knowingly continue to distribute defective products that endanger human life or health. No party can be released from this responsibility.
   =>
   a) Have the Finnish authorities required injection manufacturers to investigate the biological mechanisms of the reported serious adverse effects of gene technology-based injections?
   b) If so, within what time frame and have the injection manufacturers already initiated these investigations and taken other necessary measures, such as recalling injections off the market and, if not, have the Finnish authorities requested clarifications on these measures?
   c) What have the Finnish authorities done / intend to do to prevent the growing number of deaths and other serious injuries in the future?

Scientific justifications for questions 2 a, b, c:

Statistics on serious injuries in the European Economic Area and in the United States, VAERS (Vaccine Adverse Reporting System):

- According to EudraVigilance, by 19 June 2021, a total of 15,472 adverse events resulting in death and 1,509,266 injuries had been reported for the four gene technology-based injections. (https://www.technocracy.news/shock-european-union-reports-1-5-million-vaccine-injuries-15472-deaths/).

    - The rising trend of harm reports in the EU can be seen, for example, in a bar chart published by an active citizen and obtained from public authorities' websites https://avoin.media/2021/06/23/eu-puolessa-vuodessa-ilmoitettu-yli-miljoona-k-piikkihaittaa/.
- According to VAERS, the corresponding figures for reports of adverse events in the United States between December 14, 2020 and June 25, 2021 are: all reports 441,931, serious injuries 34,065, and deaths 6,985. A total of 12,674 reports of adverse reactions were made of young people aged 12-17, of which 720 were classified as serious and 13 as fatal (https://childrenshealthdefense.org/defender/cdc-vaers-injuries-400000-following-covid-vaccines/?utm_source=salsa&eType=EmailBlastContent&eId=34e07c49-bc58-4487-9c18-1d39fd80352c).
- Similar disadvantages have been reported for gene technology-based injections in Finland as in other countries, thus meeting one of the criteria required to establish an actual causal link. (https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/tietoa-rokotuksista/haittavaikutukset-rokotuksista/rokotuksen-ja-oireiden-syy-yhteys).

Case reports in which the causality of myocarditis to preceding gene technology-based injection has been evaluated by excluding the other factors and risks associated with myocarditis:

- The authoritative JAMA (Journal of the American Medical Association) has published a study on the incidence of myocarditis in mRNA-vaccinated military personnel (https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601). Myocarditis had developed within 4 days of injection in a total of 23 healthy soldiers. The majority (n = 20) had become ill after receiving the second dose. Other causes and risk factors for myocarditis had been excluded. Myocarditis had been calculated to occur in more (i.e., 23) individuals than would have been expected (0-18 individuals) based on the annual incidence of the normal population (1-22 cases per 100,000 person-years). The authors note that the study populations of clinical trials are too small (approximately 20,000 per study) to detect rare (<< 1 / 10,000) adverse events.
- The peer reviewed Pediatrics has published recently a case series report in which seven healthy men aged 14 to 19 years had developed myocarditis within four days of receiving a second injection of Pfizer-BioNTech COVID-19 (https://pediatrics.aappublications.org/content/pediatrics/early/2021/06/02/peds.2021-052478.full.pdf).

Case report based on autopsy findings:

- German clinicians have published a case report in which a 86-year-old man with dementia, hypertension and venous insufficiency (being asymptomatic despite of his diseases) had developed diarrhea leading to hospitalization and to death because of pneumonia and acute kidney failure within one month of the first Pfizer mRNA injection (https://www.sciencedirect.com/science/article/pii/S1201971221003647). On admission to the hospital, the possibility of SARS-CoV-2 virus infection had been ruled out by two different tests. However, the PCR test repeated one week later (the day before death), had been positive and on the other hand, an expected

immune response (to mRNA vaccination) had been detected by serum antibody test measurement. At autopsy, SARS-CoV-2 virus RNA was found in almost all tissues examined without morphological changes typical of COVID-19 disease.

Can the genetic heritage of gene technology-based injection be transferred to the human genome?

- A U.S. research team has recently published in PNAS (Proceedings of the National Academy of Sciences of the United States of America) its findings, that some of the SARS-CoV-2 virus RNA can be integrated into human DNA (https://www.pnas.org/content/118/21/e2105968118).
- According to a thorough review by Stephanie Seneff and Greg Nigh, it is theoretically possible that even the genome of mRNA vaccines can be transferred to the human genome with unpredictable consequences (https://ijvtpr.com/index.php/IJVTPR/article/view/23/51).

3. **Kary Mullis, a biochemist who received the Nobel Prize in 1993 for the development of a PCR method, has stated that the PCR test is not intended to detect acute SARS-CoV-2 virus infection (https://stateofthenation.co/?p=30880). Since then, independent researchers have confirmed that the PCR method is unreliable (https://2020news.de/en/drosten-pcr-test-study-withdrawal-requested-due-to-scientific-error-and-massive-conflict-of-interest/, https://cormandrostenreview.com/report/). The purpose of the test is to be able to detect very small amounts of previously known RNA, so it has to be amplified several times for the desired RNA to become visible. When the so-called amplification cycle of the sample is> 35 times (as is known to be the case in most EU and US laboratories), then 97% of the positive samples are so-called false positives. This means that only a small percentage (3%) of those who test positive actually have an infection with SARS-CoV-2.**
   =>
   a) Are you aware of the doubts presented about the unreliability of the PCR test in the literature? Is the PCR test method that we have reliable?
   b) Is the number of amplification cycles in Finnish laboratories> 35?
   c) If Finnish laboratories use 25-30 or >35 amplification cycles in PCR testing, are positive PCR test results confirmed by some other method (e.g. sequencing)? If not, why not?
   d) Has the number of amplification cycles been changed since or during the pandemic? If so, why? Is the number of amplification cycles the same in all Finnish laboratories? If not, why not?

Scientific justifications for questions 3 a, b, c, d:

- The number of amplification cycles used affects the number of positive COVID-19 cases, so it must be taken into account when estimating the number of cases. In the event that the number of amplification cycles has been> 25-30 /> 35 and that positive cases have not been confirmed by any other method, only 3% of the positive cases detected are in fact true positive cases. If the number of cycles has been reduced during a pandemic, the reduction in positive cases is due to a change in the PCR test method and not to a reduction in cases due to mass vaccinations.

- According to situation assessment reports by THL, the proportion of positive samples has been 0.1% - 3.9% since 5/2020 (https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-covid-19/tilannekatsaus-koronaviruksesta/koronaviruksen-seuranta):
    - The number of positive cases has clearly exceeded 3% (assumed false positive limit when the number of replication cycles> 35) only once: between May - June 2020 the proportion of positives reported in Helsinki and Uusimaa has been 6.9%, in the rest of the country the proportion of positives has varied between about <0.200% - 3.9%, being mainly <3.0 - 3.5%.
    - The latest progress report on 7 July 2021 https://thl.fi/documents/533963/5860112/COVID-19-epidemian+hybridistrategian+seuranta+tilannearvioraportti+7.7.2021.pdf/b1f11a6b-9ae7-9cca-018d-031b21e1a73d?t=1625725926160 states:

      ” ***Coronavirus testing and the proportion of positive samples***

      The number of coronavirus tests performed decreased during June, but at the turn of June-July (week 26, between June 28 and July 4), almost 97,000 tests were performed, which is about 26,500 tests more than in the previous week. Test volumes may still be replenished retrospectively. The proportion of Covid-19 cases in the samples tested during the previous two full calendar weeks has been higher than in the first half of June, 1.4% at week 25 and 1.3% at week 26 (Graph 2, Table 1). Approximately 0.5% of the positive samples at week 25 were estimated to be positive samples from EM tourists. The corresponding share for week 26 was lower, estimated at about 0.2%. ”

4. **Medical research is regulated by the International Code of Human Testing (https://www.laakariliitto.fi/laakariliitto/etiikka/nurnbergin-saannosto/), which was adopted after the Second World War, and it was considered necessary to enact it so that human testing during Nazi Germany would never be repeated. In addition to this, Finland has its own national law on medical research (https://www.finlex.fi/fi/laki/ajantasa/1999/19990488#L1P3). These provisions are binding on the Finnish authorities. Section 6 of the national law states, with regard to the matter concerning the subject's consent, e.g., the following:” The *subject must be given an adequate explanation of his or her rights, the purpose, nature and methods of the study. She or he must also be given an adequate explanation of the possible risks and disadvantages. The statement must be provided in such a way that the subject is able to make his or her consent in the knowledge of the facts of the study that affect his or her decision-making.*” As Finnish citizens are required to take experimental gene technology-based injections, our interpretation is that those to be vaccinated should be informed about the nature, injuries and risks of gene technology-based injections (designated as “vaccines”) like both the Nürnberg Code and the Medical Research Act require.**
   =>
   a) **Have health care professionals performing mass injections of citizens been verifiably informed of the experimental nature of gene technology-based injections**

and the associated disadvantages and risks, or of the more than 1,600 serious adverse events and nearly 100 fatalities reported to the authorities in Finland today?

b) **Are personnel who inject people, required verifiably to provide information to those who will be vaccinated about the experimental nature of gene technology-based injections and the associated disadvantages and risks?**
c) **Are the experimental nature, disadvantages and risks of the injections being explained verifiably in the above way to guardians or other trustees of incompetent (e.g., for the intellectually disabled) persons and are they verifiably required to give their consent on behalf of their dependents before they allow their dependents to receive experimental, gene therapy-based injections?**
d) **Unless health professionals, vaccinees and relatives of minors or the disabled are verifiably informed of the nature, injuries and risks of experimental, gene technology-based injections and unless they have been asked for written consent so that they have been aware of the actual nature of the situation, hasn't the activity been against Medical Research and Nurenberg Acts?**

Legislative and ethical basis for the issues 4 a, b, c, d:

- When exposing citizens to experimental, genetic engineering-based injections, we understand that one has to comply with the Medical Research Act (update published on 30 June 2021; https://www.finlex.fi/fi/laki/ajantasa/1999/19990488#L1P3) , Section 6 (1) of which states: *" Medical research on humans shall not be performed without the written, informed consent of the subject. This may be waived if, due to the urgency of the matter and the patient's state of health, consent cannot be obtained and the measure is expected to have an immediate benefit for the patient's health. If the subject is unable to write, he or she may give his or her consent orally in the presence of at least one witness independent of the investigation.*" Written consent is possible to obtain in the case of a preventive measure such as the prevention of a corona pandemic through gene technology-based injections. Thus, the exception permitted by law of not seeking informed written consent cannot, in our interpretation, be applied to the use of a gene technology-based product under investigation for the prevention of a pandemic.
- The ethical principles of the Declaration of Helsinki (https://www.laakariliitto.fi/laakariliitto/etiikka/helsingin-julistus/) adopted by the World Medical Association state e.g., the following:
    - *"9. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent."*
    - *"26. In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject*

must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study."

- *"25. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees."*

5. **STM and THL have a significant role in the control of communicable diseases, as stated in section 7 of the Infectious Diseases Act (https://www.finlex.fi/fi/laki/ajantasa/2016/20161227#L2P6):**

   " The general planning, control and supervision of the control of communicable diseases are the responsibility of the Ministry of Social Affairs and Health. The Ministry is responsible for preparing and managing national health care disruptions or their threat.

   Department of Health and Welfare acts as a national expert institute for the control of communicable diseases, which supports the Ministry of Social Affairs and Health and regional government agencies, maintains nationwide epidemiological surveillance systems for the control of communicable diseases, and directs and supports the control of communicable diseases in municipalities, associations of municipalities in hospital districts and social care and health care units.

   The department studies infectious diseases, monitors and investigates the appearance and occurrence of infectious diseases, develops their diagnosis, monitoring and control, informs of them and gives instructions to the population to avoid infection and prevent its spread."

   =>

   a) Have alternatives known to be safe (ivermectin, vitamin D) been considered instead of (or in addition to) experimental, thus, of unknown risks, gene technology-based injections for the control of SARS-CoV-2 virus infection in Finland? If not, why not?
   b) Is there a treatment plan in place in Finland for the treatment of serious SARS-CoV-2 infections with authorized products with known safety profiles (e.g., vitamin C, hydroxychloroquine and / or ivermectin)? If not, why not?

Scientific justifications for questions 5 a, b

- To combat a serious pandemic, the only option currently offered by the government to the citizens, is an experimental, gene technology-based injection with a completely new mechanism of action, misleadingly termed a “vaccine”, the risks of which are unknown due to the exceptionally fast development schedule. All citizens are required to take the vaccine in question and the media have lobbied throughout the pandemic about the importance of the “corona vaccine”, intimidating people into the many harmful consequences of not taking the vaccine. There is almost no media coverage of the serious injuries caused by vaccines and the steady rise in serious injuries and fatal cases reported to the authorities.
- There is research evidence of the preventive effects of vitamin D (https://pubmed.ncbi.nlm.nih.gov/32474141/ , https://pubmed.ncbi.nlm.nih.gov/33744444/) as well as on the therapeutic effects of vitamin C effects (https://pubmed.ncbi.nlm.nih.gov/33537320/).
- There is research evidence of the benefits of ivermectin both in the prevention (https://pubmed.ncbi.nlm.nih.gov/33592050/) of COVID-19 and in the early treatment of the disease (https://pubmed.ncbi.nlm.nih.gov/33278625/, https://pubmed.ncbi.nlm.nih.gov/34073401/, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8101859/, https://pubmed.ncbi.nlm.nih.gov/34145166/).
- On 28 January 2021, in the EU Member State Slovakia, unlike in other Member States, it has been decided to use ivermectin for the prevention and treatment of COVID-19, after which the number of positive cases has clearly decreased so that no new cases have been detected since June 12, 2021, in spite of slow immunization (https://thetruedefender.com/guess-what-happened-after-slovakia-became-the-first-european-union-country-to-approve-ivermectin-as-a-covid-19-treatment/).
- American frontline physicians have had considerable experience with old licensed drugs, available also to us, such as hydroxychloroquine (along with zinc), ivermectin and budesonide (https://americasfrontlinedoctors.org/treatments/).

Finally

Based on the available data, the disadvantages of gene-technology based injections outweigh their benefits. The risk of children developing a serious infection with the SARS-CoV-2 virus is low and mortality from COVID-19 has been shown to be very low at the population level in Finland and elsewhere. Serious adverse event reports and fatalities reported to the authorities, as well as information available in the literature, speak harshly about the safety of these experimental, fast-tracked vaccines. On the other hand, there are alternatives to the prevention and treatment of the disease, i.e., authorized medicines and, thus, known to be safe, from the use of which there has been

considerable experience in the United States and for which research evidence already exists.

- ⇨ Thus, the ongoing research in our country to investigate the benefits and disadvantages of gene technology-based injections in children must be stopped immediately, and
- ⇨ exposing of the general population to potentially irreversibly harmful experimental injections should also be suspended until there is a strong scientific basis for the open questions outlined above and until it has been ensured that vaccinated citizens and children enrolled in the study have an adequate information concerning the nature and the safety of the injection being offered to them.

We expect to receive your scientifically substantiated official responses to the above questions pursuant to Section 8 of the Administrative Procedure Act and in accordance with a good governance by 31 August 2021.

Contact person rauli.makela@protonmail.com

In addition, we hope that this contact will trigger an open and impartial scientific debate between the authorities, professors, researchers, clinicians and our concerned citizens, for example in the form of a seminar, in order to achieve the best possible outcome for all.

We, all the signatories to this letter, believe that our common goal is to find a solution to this global pandemic that has plagued our country for almost two years, because it concerns the lives and health of our citizens.

We look forward to hearing from you.

Helsinki, July 29th, 2021

Respectfully, on behalf of Let's Save the Children campaign,

- *signatures in alphabetical order*

Attachments:

- Save the Children campaign petition and press release
- Reference to a research article in Vaccines approved on 21 June 2021 and withdrawn on 2 July 2021: Walach, H .; Klement, R.J .; Aukema, W. The Safety of COVID-19 Vaccinations — We Should Rethink the Policy.*Vaccines* **2021**,9,693. https://www.mdpi.com/2076-393X/9/7/693

The original letter (in Finnish) can be found from here https://pelastetaanlapset.fi/wp-content/uploads/2021/08/FIMEA-THL-kirje.pdf?fbclid=IwAR3dxVGHfXdJ7CLgT5lsFlnZ6WEWDmF1cC4W4fAfK9kycI3bH2exb7qOeA0