

Covid-19 pandemic

Dismantling our democracy

by Prof Paul Vogt MD,* Switzerland



Paul R. Vogt.
(Picture ma)

The Covid-19 pandemic has been abused politically, economically, and financially. But the long overdue reappraisal is not taking place. Neither the limited effect of the vaccines nor the privileged status of the Gavi vaccination alliance are being discussed.

Was Covid-19 a fake? An organised “nothing”? A worldwide fraud? At the University Hospital Zurich during the 1st and 2nd wave – as elsewhere – a majority of the beds in the intensive care units were occupied by Covid-19 patients, and up to 100 patients were treated on the regular wards. None of my colleagues had ever seen so many patients with the same symptoms, the same findings on CT scans of the lungs, overwhelming our ICU and regular wards. This infection was real.

But the pandemic was politically, economically, and financially abused, fuelled by our sensationalist media. Self-appointed task forces prevented research projects that attempted to treat this infection with a combination of inexpensive drugs – at a time when there was no vaccine. In doing so, they paved the way for vaccines that did not yet exist, which they described as the only option for which there was no alternative – vaccines that did not fulfil the criteria of a vaccination.

The limited effect of the vaccines has been proven: They can neither prevent repeated illnesses nor the passing on of the virus. The question arises as to whether the vaccines are more effective than inexpensive, drug-based combination therapies. After all, they do reduce the likelihood of severe symptoms.¹

There were 9300 deaths in 2020: The first Covid-19-positive patient in Switzerland was discovered on 25 February 2020, the first vaccination took place on 23 December 2020. But what

was done in the period in between? During these ten months (and also afterwards), every possible form of combination drug therapy was suppressed. The authorities showed zero interest in even evaluating such a therapy, even though there were concrete proposals from several top US universities.² The reason for this lack of interest lies in “21 U.S. Code § 360bbb-3”, “Authorisation for Medical Products for Use in Emergencies”, which is de facto also groundbreaking for other countries. It states that an emergency authorisation for a new drug (or a new vaccine) is only permitted if “there is no adequate, recognised and existing alternative to this product”.³

Blacked out purchase contracts

Yet there were the contracts with the pharmaceutical companies Moderna, Pfizer etc. They had known for decades that research into a vaccine against the coronavirus spike protein had been unsuccessful.⁴ These purchase contracts can now be viewed on the website of the Federal Office of Public Health (FOPH); however, they are largely blacked out, which is unworthy of a direct democracy. What is there to hide? That the vaccine suppliers refuse to accept any responsibility for their products, that Swiss taxpayers pay a higher price for the vaccines than EU citizens, that the contractual partners cannot be held liable in the event of damage, that the full price must be paid even if the vaccines are withdrawn (for whatever reason)? And that these rules also apply to supplies of vaccines that have been modified in the event of a virus mutation?

Three and a half years after the first positive Covid-19 case, it is time to disclose the blacked out parts of the contracts, to discuss the value of the vaccines and their price-performance ratio and evaluate the “what next?” for the scenario of a new Covid-19 mutation. Without transparency and without a comprehensive presentation of the numerous side effects, recommending re-vaccination is an absolute no-go in view of the still unclear interference of the vaccine in the physiology of various organs (including the brain). However, anyone expecting transparency in the political and scientific reappraisal after three and a half

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years will be disappointed. Even though there are important unanswered questions:

- For which purpose and for which services did the *Bill & Melinda Gates Foundation* donate 600,000 US dollars to *Swiss Medic*, the Swiss regulatory and supervisory authority for medicinal products and medical devices?
- Why did the Federal Council give a plot of land in Geneva and 30 million Swiss Francs [\$34 million, £27 million] of taxpayers' money in 2009 to GAVI, the global vaccine alliance that aims to take care of vaccine programmes in developing countries and is also supported by the Gates Foundation? Why do representatives of vaccine suppliers sit on GAVI's board?
- Why does the Federal Council grant GAVI quasi-exterritoriality in the agreement? Why do Swiss authorities have no access rights to the GAVI premises and building? Why does the Federal Council grant the organisation, including foundation board members and GAVI employees, immunity from jurisdiction and free disposition of all assets without any control?

Let us reiterate: our Federal Council has granted extraterritoriality to a private organisation without democratic legitimacy, without discussion and vote in parliament. Since 2011, GAVI (*Global Alliance for Vaccines and Immunisation*) has been financed by various governments with a total of 23 billion dollars of taxpayers' money.

Strange pandemic exercises and dismantling democracy

Another point is worth mentioning: in 2017, the *World Health Organisation* (WHO) investigated whether Switzerland was prepared for a pandemic. Interestingly, it assumed an influenza pandemic for which a vaccination would be available within six months. The WHO then made several recommendations: Among others, care should be taken to ensure that false opinions are not promulgated in the context of the pandemic. In February 2019, a pandemic exercise was carried out at the *Munich Security Conference*, and in October 2019, *Event 201* in New York simulated a global coronavirus pandemic. Three months later, a "new" Covid virus appeared completely out of the blue – an incredible coincidence? Moreover, the virus was only officially "christened" Covid-19 by the WHO in April 2020, although documentation on Covid-19 research had already been published in autumn 2019.

The next step should be the signing of the *pandemic treaty*⁵ submitted by the WHO to all

member states and the amended *International Health Regulations* (IHR)⁶ on global pandemic preparedness in May 2024. For Switzerland, this would mean the end of sovereignty in health matters, despite assurances to the contrary. In addition, as a rich member state, Switzerland would also have to contribute to the costs of pandemic prevention and control for developing member states. The WHO also reserves the right to send experts to Switzerland who can oblige our government to isolate recalcitrant citizens at the behest of the WHO. The content of these agreements (treaty and IHR) has never been discussed publicly, not even in parliament.

A stop must be put to the dismantling of direct democracy and the destruction of the constitutional foundations of our free society. The blacked out passages in the contracts with the pharmaceutical companies must be disclosed; the "manoeuvres" in favour of GAVI must be transparently investigated and published; the intended signing of the WHO agreement, which has also been harshly criticised by other countries, must be postponed until the citizens of Switzerland are sufficiently informed to vote on this proposal.

Source: *Schweizer Monat, Sonderpublikation*, p. 16–18, November 2023

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(Translation "Swiss Standpoint")

¹ See also e.g. Sezanur Rahman, Mahfuzur M. Rahman, Mojnu M. Miah et. al.: "COVID-19 Reinfections among Naturally Infected and Vaccinated Individuals". *Sci Rep* 12, 1438, 2022. <https://doi.org/10.1038/s41598-022-05325-5>; Benjamin Bowe, Yan Xie, Ziyad Al-Aly: "Acute and Postacute Sequelae Associated with SARS-CoV-2 Reinfection". *Nature Medicine* 28, 2398-2405, November 2022. <https://doi.org/10.1038/s41591-022-02051-3>; Maria Elena Flacco, Cecilia Acuti Martulluci, Valentina Baccolini et al.: "Risk of Reinfection and Disease after SARS-CoV 2 Primary Infection: Meta-Analysis", *European Journal of Clinical Investigations*, 52:e13845, 2022. <https://doi.org/10.1111/eci.13845>

² See also Peter A. McCullough, Ronan J. Kelly, Gaetane Ruocco et. al.: "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection". *The American Journal of Medicine* 134, No 1, Januar 2021; Peter A. McCullough, Paul E. Alexander, Robin Armstrong: "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)". *Cardiovascular Medicine* 21(4), p. 517–530, 2020.

³ www.law.cornell.edu/uscode/text/21/360bbb-3

⁴ See also e.g. the International Patent Classification of the World Intellectual Property Organization: "International Application Number PCT/US93/0484", 7 Mai 1993.

⁵ apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf

⁶ apps.who.int/gb/wgihr/pdf_files/wgihr1/WGIHR_Compilation-en.pdf