

# Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media.

September 5th 2020



**We, doctors and health professionals, wish to express our serious concern about the evolution of the situation in the recent months surrounding the outbreak of the SARS-CoV-2 virus. We call on politicians to be independently and critically informed in the decision-making process and in the compulsory implementation of corona-measures. We ask for an open debate, where all experts are represented without any form of censorship. After the initial panic surrounding covid-19, the objective facts now show a completely different picture – there is no medical justification for any emergency policy anymore. The current crisis management has become totally disproportionate and causes more damage than it does any good.**

**We call for an end to all measures and ask for an immediate restoration of our normal democratic governance and legal structures and of all our civil liberties.**

'A cure must not be worse than the problem' is a thesis that is more relevant than ever in the current situation. We note, however, that the collateral damage now being caused to the population will have a greater impact in the short and long term on all sections of the population than the number of people now being safeguarded from corona.

In our opinion, the current corona measures and the strict penalties for non-compliance with them are contrary to the values formulated by the Belgian Supreme Health Council, which, until recently, as the health authority, has always ensured quality medicine in our country: "Science – Expertise – Quality – Impartiality – Independence – Transparency".<sup>1</sup>

We believe that the policy has introduced mandatory measures that are not sufficiently scientifically based, unilaterally directed, and that there is not enough space in the media for an open debate in which different views and opinions are heard. In addition, each municipality and province now has the authorisation to add its own measures, whether well-founded or not.

Moreover, the strict repressive policy on corona strongly contrasts with the government's minimal policy when it comes to disease prevention, strengthening our own immune system through a healthy lifestyle, optimal care with attention for the individual and investment in care personnel.<sup>2</sup>

## **The concept of health**

In 1948, the WHO defined health as follows: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or other physical impairment'.<sup>3</sup>

Health, therefore, is a broad concept that goes beyond the physical and also relates to the emotional and social well-being of the individual. Belgium also has a duty, from the point of view of subscribing to fundamental human rights, to

include these human rights in its decision-making when it comes to measures taken in the context of public health.<sup>4</sup> The current global measures taken to combat SARS-CoV-2 violate to a large extent this view of health and human rights. Measures include compulsory wearing of a mask (also in open air and during sporting activities, and in some municipalities even when there are no other people in the vicinity), physical distancing, social isolation, compulsory quarantine for some groups and hygiene measures.

### The predicted pandemic with millions of deaths

At the beginning of the pandemic, the measures were understandable and widely supported, even if there were differences in implementation in the countries around us. The WHO originally reported in March that the death rate among the registered covid-19 cases was 3.4%. Millions of deaths were thus foreseen, and an extremely contagious virus for which no treatment or vaccine was available. This would put unprecedented pressure on the intensive care units (ICUs) of our hospitals.

This led to a global alarm situation, never seen in the history of mankind: “flatten the curve” was represented by a lockdown that shut down the entire society and economy and quarantined healthy people. Social distancing became the new normal in anticipation of a rescue vaccine.

### The facts about covid-19

Gradually, the alarm bell was sounded from many sources: the objective facts showed a completely different reality.<sup>5 6</sup>

The course of covid-19 followed the course of a normal wave of infection similar to a flu season. As every year, we see a mix of flu viruses following the curve: first the rhinoviruses, then the influenza A and B viruses, followed by the coronaviruses. There is nothing different from what we normally see.

The use of the non-specific PCR test, which produces many false positives, showed an exponential picture. This test was rushed through with an emergency procedure and was never seriously self-tested. The creator expressly warned that this test was intended for research and not for diagnostics.<sup>7</sup>

The PCR test works with cycles of amplification of genetic material – a piece of genome is amplified each time. Any contamination (e.g. other viruses, debris from old virus genomes) can possibly result in false positives.<sup>8</sup>

The test does not measure how many viruses are present in the sample. A real viral infection means a massive presence of viruses, the so-called virus load. If someone tests positive, this does not mean that that person is actually clinically infected, is ill or is going to become ill. Koch's postulate was not fulfilled (“The pure agent found in a patient with complaints can provoke the same complaints in a healthy person”).

Since a positive PCR test does not automatically indicate active infection or infectivity, this does not justify the social measures taken, which are based solely on these tests.<sup>9 10</sup>

### Lockdown.

If we compare the waves of infection in countries with strict lockdown policies to countries that did not impose lockdowns (Sweden, Iceland ...), we see similar curves. So there is no link between the imposed lockdown and the course of the infection. Lockdown has not led to a lower mortality rate.

If we look at the date of application of the imposed lockdowns we see that the lockdowns were set after the peak of the virus replication rate was already over and decreasing. The drop was therefore not the result of the taken measures.<sup>11</sup> As every year, it seems that climatic conditions (weather, temperature and humidity) and growing immunity are more likely to reduce the wave of infection.



## Our immune system

For thousands of years, the human body has been exposed daily to moisture and droplets containing infectious microorganisms (viruses, bacteria and fungi).

The penetration of these microorganisms is prevented by an advanced defence mechanism – the immune system. A strong immune system relies on normal daily exposure to these microbial influences. Overly hygienic measures have a detrimental effect on our immunity.<sup>12 13</sup> Only people with a weak or faulty immune system should be protected by extensive hygiene or social distancing.

Influenza will re-emerge in the autumn (in combination with covid-19) and a possible decrease in natural resilience may lead to further casualties.

Our immune system consists of two parts: a congenital, non-specific immune system and an adaptive immune system.

The non-specific immune system forms a first barrier: skin, saliva, gastric juice, intestinal mucus, vibratory hair cells, commensal flora, ... and prevents the attachment of micro-organisms to tissue.

If they do attach, macrophages can cause the microorganisms to be encapsulated and destroyed.

The adaptive immune system consists of mucosal immunity (IgA antibodies, mainly produced by cells in the intestines and lung epithelium), cellular immunity (T-cell activation), which can be generated in contact with foreign substances or microorganisms, and humoral immunity (IgM and IgG antibodies produced by the B cells).

Recent research shows that both systems are highly entangled.

It appears that most people already have a congenital or general immunity to e.g. influenza and other viruses. This is confirmed by the findings on the cruise ship Diamond Princess, which was quarantined because of a few passengers who died of Covid-19. Most of the passengers were elderly and were in an ideal situation of transmission on the ship. However, 75% did not appear to be infected. So even in this high-risk group, the majority are resistant to the virus.

A study in the journal Cell shows that most people neutralise the coronavirus by mucosal (IgA) and cellular immunity (T-cells), while experiencing few or no symptoms<sup>14</sup>.

Researchers found up to 60% SARS-Cov-2 reactivity with CD4+T cells in a non-infected population, suggesting cross-reactivity with other cold (corona) viruses.<sup>15</sup>

Most people therefore already have a congenital or cross-immunity because they were already in contact with variants of the same virus.

The antibody formation (IgM and IgG) by B-cells only occupies a relatively small part of our immune system. This may explain why, with an antibody percentage of 5-10%, there may be a group immunity anyway. The efficacy of vaccines is assessed precisely on the basis of whether or not we have these antibodies. This is a misrepresentation.

Most people who test positive (PCR) have no complaints. Their immune system is strong enough. Strengthening natural immunity is a much more logical approach. Prevention is an important, insufficiently highlighted pillar: healthy, full-fledged nutrition, exercise in fresh air, without a mask, stress reduction and nourishing emotional and social contacts.

### Consequences of social isolation on physical and mental health

Social isolation and economic damage led to an increase in depression, anxiety, suicides, intra-family violence and child abuse.<sup>16</sup>



Studies have shown that the more social and emotional commitments people have, the more resistant they are to viruses. It is much more likely that isolation and quarantine have fatal consequences.<sup>17</sup>

The isolation measures have also led to physical inactivity in many older people due to their being forced to stay indoors. However, sufficient exercise has a positive effect on cognitive functioning, reducing depressive complaints and anxiety and improving physical health, energy levels, well-being and, in general, quality of life.<sup>18</sup>

Fear, persistent stress and loneliness induced by social distancing have a proven negative influence on psychological and general health.<sup>19</sup>

### **A highly contagious virus with millions of deaths without any treatment?**

Mortality turned out to be many times lower than expected and close to that of a normal seasonal flu (0.1-0.5%).<sup>20</sup> The number of registered corona deaths therefore still seems to be overestimated.

There is a difference between death by corona and death with corona. Humans are often carriers of multiple viruses and potentially pathogenic bacteria at the same time. Taking into account the fact that most people who developed serious symptoms suffered from additional pathology, one cannot simply conclude that the corona-infection was the cause of death. This was mostly not taken into account in the statistics.

The most vulnerable groups can be clearly identified. The vast majority of deceased patients were 80 years of age or older. The majority (70%) of the deceased, younger than 70 years, had an underlying disorder, such as cardiovascular suffering, diabetes mellitus, chronic lung disease or obesity. The vast majority of infected persons (>98%) did not or hardly became ill or recovered spontaneously.

Meanwhile, there is an affordable, safe and efficient therapy available for those who do show severe symptoms of disease in the form of HCQ (hydroxychloroquine), zinc and azithromycin. Rapidly applied this therapy leads to recovery and often prevents hospitalisation. Hardly anyone has to die now.

This effective therapy has been confirmed by the clinical experience of colleagues in the field with impressive results. This contrasts sharply with the theoretical criticism (insufficient substantiation by double-blind studies) which in some countries (e.g. the Netherlands) has even led to a ban on this therapy. A meta-analysis in The Lancet, which could not demonstrate an effect of HCQ, was withdrawn. The primary data sources used proved to be unreliable and 2 out of 3 authors were in conflict of interest. However, most of the guidelines based on this study remained unchanged ...<sup>48 49</sup> We have serious questions about this state of affairs.

In the US, a group of doctors in the field, who see patients on a daily basis, united in "America's Frontline Doctors" and gave a press conference which has been watched millions of times.<sup>21 51</sup>

French Prof Didier Raoult of the Institut d'Infectiologie de Marseille (IHU) also presented this promising combination therapy as early as April. Dutch GP Rob Elens, who cured several patients in his practice with HCQ and zinc, called on colleagues in a petition for freedom of therapy.<sup>22</sup>

The definitive evidence comes from the epidemiological follow-up in Switzerland: mortality rates compared with and without this therapy.<sup>23</sup>

From the distressing media images of ARDS (acute respiratory distress syndrome) where people were suffocating and given artificial respiration in agony, we now know that this was caused by an exaggerated immune response with intravascular coagulation in the pulmonary blood vessels. The administration of blood thinners and dexamethasone and the avoidance of artificial ventilation, which was found to cause additional damage to lung tissue, means that this dreaded complication, too, is virtually not fatal anymore.<sup>47</sup>

It is therefore not a killer virus, but a well-treatable condition.

### **Propagation**



Spreading occurs by drip infection (only for patients who cough or sneeze) and aerosols in closed, unventilated rooms. Contamination is therefore not possible in the open air. Contact tracing and epidemiological studies show that healthy people (or positively tested asymptomatic carriers) are virtually unable to transmit the virus. Healthy people therefore do not put each other at risk.<sup>24 25</sup> Transfer via objects (e.g. money, shopping or shopping trolleys) has not been scientifically proven.<sup>26 27 28</sup>

All this seriously calls into question the whole policy of social distancing and compulsory mouth masks for healthy people – there is no scientific basis for this.

## Masks

Oral masks belong in contexts where contacts with proven at-risk groups or people with upper respiratory complaints take place, and in a medical context/hospital-retirement home setting. They reduce the risk of droplet infection by sneezing or coughing. Oral masks in healthy individuals are ineffective against the spread of viral infections.<sup>29 30 31</sup>

Wearing a mask is not without side effects.<sup>32 33</sup> Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus problems, respiratory problems and hyperventilation due to wearing masks. In addition, the accumulated CO<sub>2</sub> leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of an increased transmission of the virus in case of inappropriate use of the mask.<sup>34</sup>

Our Labour Code (Codex 6) refers to a CO<sub>2</sub> content (ventilation in workplaces) of 900 ppm, maximum 1200 ppm in special circumstances. After wearing a mask for one minute, this toxic limit is considerably exceeded to values that are three to four times higher than these maximum values. Anyone who wears a mask is therefore in an extreme poorly ventilated room.<sup>35</sup>

Inappropriate use of masks without a comprehensive medical cardio-pulmonary test file is therefore not recommended by recognised safety specialists for workers.

Hospitals have a sterile environment in their operating rooms where staff wear masks and there is precise regulation of humidity / temperature with appropriately monitored oxygen flow to compensate for this, thus meeting strict safety standards.<sup>36</sup>

## A second corona wave?

A second wave is now being discussed in Belgium, with a further tightening of the measures as a result. However, closer examination of Sciensano's figures<sup>37</sup> shows that, although there has been an increase in the number of infections since mid-July, there was no increase in hospital admissions or deaths at that time. It is therefore not a second wave of corona, but a so-called "case chemistry" due to an increased number of tests.<sup>50</sup>

The number of hospital admissions or deaths showed a shortlasting minimal increase in recent weeks, but in interpreting it, we must take into account the recent heatwave. In addition, the vast majority of the victims are still in the population group >75 years.

This indicates that the proportion of the measures taken in relation to the working population and young people is disproportionate to the intended objectives.

The vast majority of the positively tested "infected" persons are in the age group of the active population, which does not develop any or merely limited symptoms, due to a well-functioning immune system.

So nothing has changed – the peak is over.

## Strengthening a prevention policy

The corona measures form a striking contrast to the minimal policy pursued by the government until now, when it comes to well-founded measures with proven health benefits such as the sugar tax, the ban on (e-)cigarettes and making healthy food, exercise and social support networks financially attractive and widely accessible. It is a missed opportunity for a better prevention policy that could have brought about a change in mentality in all sections of the



population with clear results in terms of public health. At present, only 3% of the health care budget goes to prevention.<sup>2</sup>

### The Hippocratic Oath

As a doctor, we took the Hippocratic Oath:

“I will above all care for my patients, promote their health and alleviate their suffering”.

“I will inform my patients correctly.”

“Even under pressure, I will not use my medical knowledge for practices that are against humanity.”

The current measures force us to act against this oath.

Other health professionals have a similar code.

The ‘primum non nocere’, which every doctor and health professional assumes, is also undermined by the current measures and by the prospect of the possible introduction of a generalised vaccine, which is not subject to extensive prior testing.

### Vaccine

Survey studies on influenza vaccinations show that in 10 years we have only succeeded three times in developing a vaccine with an efficiency rate of more than 50%. Vaccinating our elderly appears to be inefficient. Over 75 years of age, the efficacy is almost non-existent.<sup>38</sup>

Due to the continuous natural mutation of viruses, as we also see every year in the case of the influenza virus, a vaccine is at most a temporary solution, which requires new vaccines each time afterwards. An untested vaccine, which is implemented by emergency procedure and for which the manufacturers have already obtained legal immunity from possible harm, raises serious questions.<sup>39 40</sup> We do not wish to use our patients as guinea pigs.

On a global scale, 700 000 cases of damage or death are expected as a result of the vaccine.<sup>41</sup>

If 95% of people experience Covid-19 virtually symptom-free, the risk of exposure to an untested vaccine is irresponsible.

### The role of the media and the official communication plan

Over the past few months, newspaper, radio and TV makers seemed to stand almost uncritically behind the panel of experts and the government, there, where it is precisely the press that should be critical and prevent one-sided governmental communication. This has led to a public communication in our news media, that was more like propaganda than objective reporting.

In our opinion, it is the task of journalism to bring news as objectively and neutrally as possible, aimed at finding the truth and critically controlling power, with dissenting experts also being given a forum in which to express themselves.

This view is supported by the journalistic codes of ethics.<sup>42</sup>

The official story that a lockdown was necessary, that this was the only possible solution, and that everyone stood behind this lockdown, made it difficult for people with a different view, as well as experts, to express a different opinion.

Alternative opinions were ignored or ridiculed. We have not seen open debates in the media, where different views could be expressed.

We were also surprised by the many videos and articles by many scientific experts and authorities, which were and are still being removed from social media. We feel that this does not fit in with a free, democratic constitutional state, all the more so as it leads to tunnel vision. This policy also has a paralysing effect and



feeds fear and concern in society. In this context, we reject the intention of censorship of dissidents in the European Union!<sup>43</sup>

The way in which Covid-19 has been portrayed by politicians and the media has not done the situation any good either. War terms were popular and warlike language was not lacking. There has often been mention of a 'war' with an 'invisible enemy' who has to be 'defeated'. The use in the media of phrases such as 'care heroes in the front line' and 'corona victims' has further fuelled fear, as has the idea that we are globally dealing with a 'killer virus'.

The relentless bombardment with figures, that were unleashed on the population day after day, hour after hour, without interpreting those figures, without comparing them to flu deaths in other years, without comparing them to deaths from other causes, has induced a real psychosis of fear in the population. This is not information, this is manipulation.

We deplore the role of the WHO in this, which has called for the infodemic (i.e. all divergent opinions from the official discourse, including by experts with different views) to be silenced by an unprecedented media censorship.<sup>43 44</sup>

We urgently call on the media to take their responsibilities here!

We demand an open debate in which all experts are heard.

### **Emergency law versus Human Rights**

The general principle of good governance calls for the proportionality of government decisions to be weighed up in the light of the Higher Legal Standards: any interference by government must comply with the fundamental rights as protected in the European Convention on Human Rights (ECHR). Interference by public authorities is only permitted in crisis situations. In other words, discretionary decisions must be proportionate to an absolute necessity.

The measures currently taken concern interference in the exercise of, among other things, the right to respect of private and family life, freedom of thought, conscience and religion, freedom of expression and freedom of assembly and association, the right to education, etc., and must therefore comply with fundamental rights as protected by the European Convention on Human Rights (ECHR).

For example, in accordance with Article 8(2) of the ECHR, interference with the right to private and family life is permissible only if the measures are necessary in the interests of national security, public safety, the economic well-being of the country, the protection of public order and the prevention of criminal offences, the protection of health or the protection of the rights and freedoms of others, the regulatory text on which the interference is based must be sufficiently clear, foreseeable and proportionate to the objectives pursued.<sup>45</sup>

The predicted pandemic of millions of deaths seemed to respond to these crisis conditions, leading to the establishment of an emergency government. Now that the objective facts show something completely different, the condition of inability to act otherwise (no time to evaluate thoroughly if there is an emergency) is no longer in place. Covid-19 is not a killervirus, but a well treatable condition with a mortality rate comparable to the seasonal flu. In other words, there is no longer an insurmountable obstacle to public health.

There is no state of emergency.

### **Immense damage caused by the current policies**

An open discussion on corona measures means that, in addition to the years of life gained by corona patients, we must also take into account other factors affecting the health of the entire population. These include damage in the psychosocial domain (increase in depression, anxiety, suicides, intra-family violence and child abuse)<sup>16</sup> and economic damage.



If we take this collateral damage into account, the current policy is out of all proportion, the proverbial use of a sledgehammer to crack a nut.

We find it shocking that the government is invoking health as a reason for the emergency law.

As doctors and health professionals, in the face of a virus which, in terms of its harmfulness, mortality and transmissibility, approaches the seasonal influenza, we can only reject these extremely disproportionate measures.

- **We therefore demand an immediate end to all measures.**
- **We are questioning the legitimacy of the current advisory experts, who meet behind closed doors.**
- **Following on from ACU 2020 <sup>46</sup> <https://acu2020.org/nederlandse-versie/> we call for an in-depth examination of the role of the WHO and the possible influence of conflicts of interest in this organisation. It was also at the heart of the fight against the “infodemic”, i.e. the systematic censorship of all dissenting opinions in the media. This is unacceptable for a democratic state governed by the rule of law.<sup>43</sup>**

### Distribution of this letter

We would like to make a public appeal to our professional associations and fellow carers to give their opinion on the current measures.

We draw attention to and call for an open discussion in which carers can and dare to speak out.

With this open letter, we send out the signal that progress on the same footing does more harm than good, and call on politicians to inform themselves independently and critically about the available evidence – including that from experts with different views, as long as it is based on sound science – when rolling out a policy, with the aim of promoting optimum health.

This letter was originally intended for Belgian doctors and health professionals/Belgian citizens.

More and more foreign colleagues reacted as well and wanted to sign the open letter. The objectively substantiated facts and our demand for an immediate end to all further measures appear to have crossed all borders. We decided therefore at one point to definitively open the letter to all doctors – anywhere in the world – who agree with its content.

This way, the open letter becomes an internationally supported document that aims to openly expose the fake pandemic, which is being perpetuated by the media and governments all over the world.

With concern, hope and in a personal capacity.

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