

Arvoisa vastaanottaja,

Suomessa tarjotaan edelleen aktiivisesti koronarokotteita iäkkäille ihmisille. Nostamme tässä esille harvemmin julkisuudessa esiintuotuja seikkoja.

mRNA-KORONAINJEKTIOIDEN TEHOTTOMUUS

mRNA-koronainjektiot eivät täytä rokotteille asetettuja vaatimuksia. Tiedetään jo, että ne eivät suojaa rokotettua saamasta koronaa, eivätkä ne estä infektion leviämistä ihmisestä toiseen.

EU parlamentissa ryhmä MEPpejä on varmistanut yllä mainitun asian Euroopan lääkevirastolta (EMA). Sen on myös vahvistanut Pfizerin edustaja Janine Small. Hän on myöntänyt, ettei ole voitu osoittaa, että nämä mRNA-valmisteet estävät viruksen tarttumisen ihmisestä toiseen.

Kun selvisi, etteivät mRNA-koronainjektiot pystyneet estämään koronan leviämistä, tuli väite, että ne suojaavat vakavalta taudinkuvalta ja sairaalahoidolta. THL:n oma data osoittaa jo sen, että koronan takia sairaalahoitoon joutui ja kuoli sekä rokotettuja että rokottamattomia, ja vähitellen huomattavasti enemmän rokotettuja kuin rokottamattomia.

mRNA-KORONAINJEKTIOIDEN HAITALLISUUS

mRNA-koronainjektiot aiheuttavat tulehdusreaktioita, edistävät veritulppien muodostamista, heikentävät immuunivastetta ja edistävät ”turbosyöpien” syntyä. Lisäksi koronainjektioiden aloittamisesta on seurannut ylikuolleisuus, elinajan lyheneminen ja syntyvyyden romahdus.

VETOOMUS

Arvoisat luottamushenkilöt, tutustukaa esim. Pfizerin haittavaikutuslistaan, FIMEA:n haittavaikutustilastoon, ”turbosyöpien” tulvaan ja lisääntymiskyvyn heikkenemiseen.

Kun sallitaan tehottomat mRNA-koronainjektiot, jäävät jäljelle vain haitat. Tämä on ihmisten tietoista vahingoittamista ja rikos ihmisyyttä vastaan.

30 elokuuta, 2024

Kollegiaalisin terveisin

Tamara Tuuminen

kliinisen mikrobiologian erikoislääkäri
lääketieteellisen mikrobiologian dosentti

Sylvi Silvennoinen-Kassinen

kliinisen mikrobiologian erikoislääkäri
immunologian dosentti

Viitteet ja Liitteet

”Emme hyödy juurikaan koronarokotteesta. Siitä saa lyhytkestoisen, noin pari kuukautta kestävä ja ehkä 50 prosenttisen suojan tautia vastaan, mutta siihen saattaa liittyä riskejä, kun kovin tiuhaan rokotetaan”, kertoo Helsingin ja Uudenmaan sairaanhoitopiirin ylilääkäri Asko Järvinen:

<https://www.mtvuutiset.fi/artikkeli/edessa-rankka-tautisyksy-laakarit-eivat-kuitenkaan-suosittele-ylimaaraisia-rokotuksia-perusterveille/8993556>

EU-parlamentaarikkojen vaatimus Euroopan lääkevirastolle (EMA) vetää mRNA-koronarokotteet pois markkinoilta:

https://marceldegraaff.nl/wp-content/uploads/2023/10/Letter-suspension-marketing-authorizations-_231005_093400.pdf

EMA:n vastaus EU-parlamentaarikoille:

https://www.ema.europa.eu/en/documents/other/letter-members-parliament_.pdf

EU-parlamentissa puhetilaisuus:

<https://www.youtube.com/watch?v=9L3xxE8AGqE>

Chandler Robert W. (2023): Syntyvyyden laskua maailmassa:

<https://dailycloud.io/report-52-nine-months-post-covid-mrna-vaccine-rollout-substantial-birth-rate-drops/>

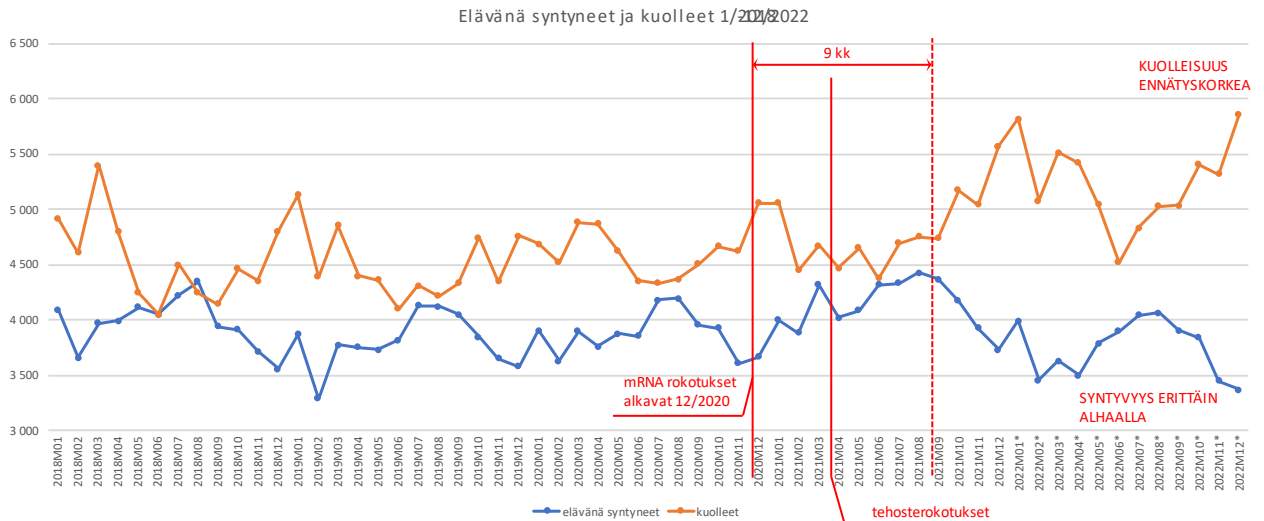
Hagemann Raimund, Lorré Ulf, Kremer Hans-Joachim (2022): Syntyvyyden laskua Euroopassa:

www.initiative-corona.info/fileadmin/dokumente/Geburtenrueckgang-Europe-EN.pdf

Syntyvyys/kuolleisuuskäyrät Tilastokeskuksen maksuttomasta tietokannasta



Suomessaelävänäsyntyneitä kuolleita 1/2018-10/2022



Lähde: Tilastokeskus maksuton tietokanta 2023
https://statfin.stat.fi/PxWeb/pxweb/fi/StatFin_vamuu/statfin_vamuu_pxt_111.px/

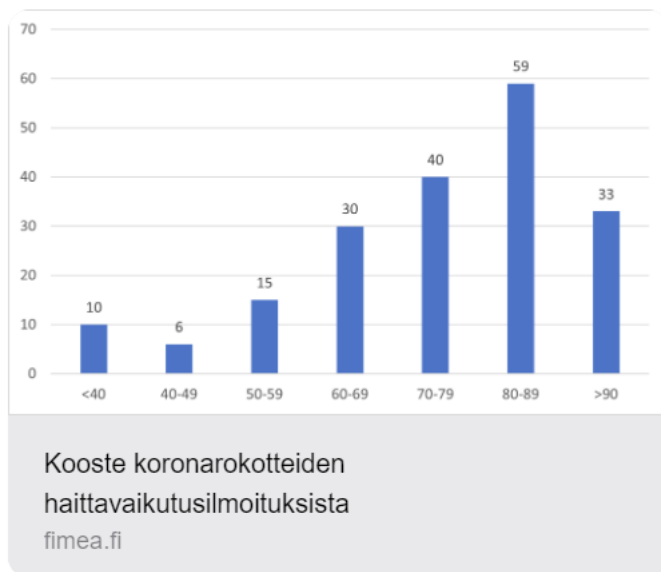
<https://www.stat.fi/uutinen/syntyneita-ennatyskorkean-alkuvuodesta-2022>

Pfizerin tiedossa olleet koronarokotehaitat.

<https://x.com/myhiddenvalue/status/1822025871693377555>

FDA Safety Surveillance of COVID-19 Vaccines : **DRAFT Working list of possible adverse event outcomes** *****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease



Linkki FIMEA:n tilastoihin haittavaikutuksista

<https://dokumentit.neuvontapalvelu.net/Koronarokotteiden-haittavaikutusilmoitukset>

Suomalainen tutkimus C19 rokotteiden haitoista

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Kansainväliset tutkimukset C19 rokotteiden haitoista

Koronarokotteiden vakavista haittavaikutuksista on jatkuvasti laajenevaa ja tarkentuvaa tutkimustietoa, kuten liitteenä olevasta artikkelien listasta voi havaita.

Yhteensä C19 rokotteiden aiheuttamia haittoja on raportoitu noin 3000 julkaisuissa. Alempana on pieni lista niistä.

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Tuorein iso analyysi C19 rokotteiden haitoista



COVID-19 Modified mRNA “Vaccines”: Lessons Learned from Clinical Trials, Mass Vaccination, and the Bio-Pharmaceutical Complex, Part 2

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<https://ijvtp.com/index.php/IJVTPR/article/view/104/286>

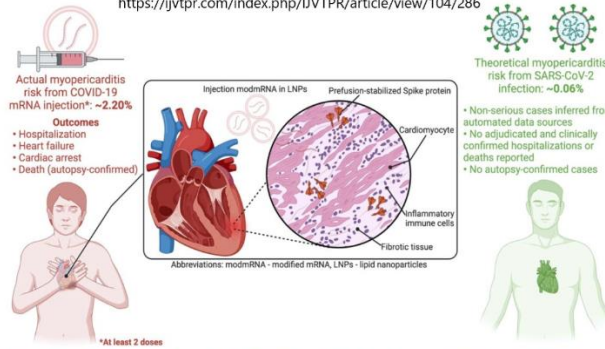


Figure 2. Actual risk of myocarditis in modmRNA-injected individuals (based on prospective studies, with clinical testing for asymptomatic myocarditis) greatly surpasses the theoretical risk of myocarditis in those infected by the wild-type SARS-CoV-2 (based primarily on passive surveillance reporting of symptomatic cases).

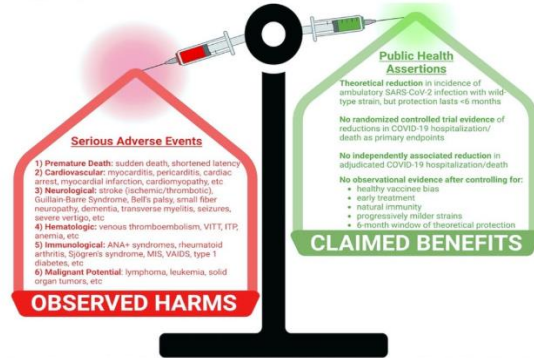


Figure 4. Harm-reward analysis: observed harms vs. claimed benefits of the modmRNA injectables. Serious adverse events include premature death, cardiac arrest, and other well-documented harms ascribed to the COVID-19 modmRNA injectables. The claimed benefits are based on theoretical estimates and extrapolations from clinical trial data, as well as numerous observational studies that claim to support for the “safe and effective” narrative yet cannot be trusted because they contain multiple biases, relying on flawed methodologies and spurious data.

COVID-19 Modified mRNA “Vaccines”: Lessons Learned from Clinical Trials, Mass Vaccination, and the Bio-Pharmaceutical Complex, Part 2. (2024). International Journal of Vaccine Theory, Practice, and Research, 3(2), 1246-1315. <https://doi.org/10.56098/w66wjg87>