

DR. HERMAN J. EDELING

NEUROSURGEON / MEDICO-LEGAL PRACTITIONER / MEDIATOR

M.B.,B.Ch.(Wits) : F.C.S.(S.A.)(Neuro) : HPCSA Reg No: MP 180408 : PR 2401002

Consulting Rooms

85 St Patrick Road
Houghton
Johannesburg.

Postal Address

PO Box 1158
Houghton
2041

Gauteng - Republic of South Africa

Telephone : 011-648-5101

Email : edeling@emlct.com

COVID-19 “VACCINES”

“VACCINE” MANDATES – Are they Justifiable on Medical Grounds?

INFORMED CONSENT – What one Needs to Know?

INTRODUCTORY COMMENTS

The following analysis, based on available factual evidence, is provided as a service to the public of South Africa. For clarity and coherence, summaries of the official narrative, relevant facts and conclusions are presented in sections 1 to 5. Active hyperlinks to references are provided at the end.

In relation to Covid-19, the word “vaccines” is deliberately referred to in quotation marks. The reason for this, as explained in our letter to President Ramaphosa, is that the “vaccines” are in fact investigational (experimental) genetic interventions. The analysis below, however, applies irrespective of the naming convention.

1. HOW IMPORTANT ARE COVID-19 “VACCINES” FOR THE HEALTH OF INDIVIDUALS AND THE HEALTH OF THE COMMUNITY?

1.1. Official narrative: *We are all at high risk of contracting Covid-19, which puts us at high risk of becoming ill, of being hospitalised, of being ventilated in ICU and of death. Covid-19 vaccination is therefore very important for the health of individuals and the health of the community.*

1.2. The evidence, however, finds:

1.2.1. The numbers on which these alleged risks are based, are inflated.

1.2.1.1. The PCR test, on which the alleged numbers are based, yields false positive results – i.e. the real numbers are less than alleged.

1.2.1.2. Individuals who have influenza or other respiratory infections are falsely diagnosed with Covid-19.

1.2.1.3. Deaths due to unrelated causes are falsely certified as Covid-19 deaths.

1.2.2. Published infection fatality rates (IFRs) are very low in children and young adults. IFRs increase in the elderly, but can be greatly reduced by safe and effective medical measures of prevention and treatment (see below).

1.2.2.1. IFRs are estimated at 0.002% at age 10; 0.01% at age 25; 0.4% at age 55; 1.4% at age 65; 4.6% at age 75; and 15% at age 85.

1.2.2.2. IFRs can be reduced by up to 75% with the use of appropriate early ambulatory multidrug treatment (e.g. from 1.4% to 0.35%).

1.2.3. The majority of South Africans are already immune to Covid-19.

1.2.3.1. Everybody who has survived Covid-19 has natural immunity to Covid-19.

1.2.3.2. On 1 July 2021, prior to the 3rd wave of Covid-19, the South African National Blood Service found antibodies to SARS-COV-2 in 47% of blood donors.

1.2.3.3. By October 2021 this proportion will of necessity be higher by virtue of all who contracted and survived Covid-19 in the 3rd wave.

1.2.3.4. The chief actuary of Discovery has estimated that as many as 80% of South Africans may have had Covid-19.

1.2.4. Natural immunity to Covid-19 is robust and long lasting.

1.2.4.1. Natural immunity develops against all proteins of the virus (and is not limited to the spike protein).

1.2.4.2. For this reason natural immunity is effective against mutated viruses, such as the Delta variant.

1.2.4.3. For the same reason, by a process referred to as “cross-reactivity”, previously acquired immunity against other coronaviruses provides protection against the SARS-COV-2 virus.

1.2.4.4. Whereas it is natural and necessary for antibody levels to decline after recovery from infection, natural immune responses include the formation of immunological memory cells, which result in rapid and effective responses against subsequent encounters with the same antigen.

1.2.4.5. Immunological memory cells provide long-lasting immunity, which may be lifelong.

1.3. **Conclusion:** The risks associated with Covid-19 are considerably less than claimed. Development of effective and safe “vaccination” is considerably less important than claimed for the health of individuals and the health of the community.

2. ARE COVID-19 “VACCINES” EFFECTIVE? (HOW LIKELY IS IT THAT THEY WILL ACHIEVE THEIR PURPOSE?)

2.1. Official narrative. *The Covid-19 vaccines are effective at protecting individuals, and the community, from (a) carrying the SARS-COV-2 virus, (b) transmitting the SARS-COV-2 virus, (c) developing symptomatic Covid-19, (d) severe illness requiring hospitalisation and (e) death.*

2.2. The evidence, however, finds:

2.2.1. Covid-19 “vaccination” causes increased susceptibility to infection, associated with immune suppression, that persists for a number of weeks.

2.2.1.1. Statistics from 90 countries across the world, as found on <https://ourworldindata.org/coronavirus>, find that mass vaccination has been followed by surges of Covid-19 cases and Covid-19 deaths.

2.2.1.2. “Vaccination” therefore results in a period of significantly increased risks for the individual and for the community, the results of which have been equivalent to “culling” of the elderly and most vulnerable members of the community.

2.2.1.3. For this reason, and long before the appearance of Covid-19, it has been known that it is irrational and contra-indicated to vaccinate during a pandemic.

2.2.2. Subsequent to the period of immune suppression, the “vaccines” provide limited protection against community transmission of the SARS-COV-2 virus.

2.2.2.1. “Vaccines” fail to provide immunity to Covid-19, and even the manufacturers and health authorities do not claim that they provide immunity.

2.2.2.2. “Vaccines” fail to provide meaningful protection from (a) carrying the SARS-COV-2 virus, (b) transmitting the SARS-COV-2 virus and (c) contracting Covid-19, and even the manufacturers and health authorities do not claim that they provide such protection.

2.2.2.3. The advice provided by health authorities, that fully “vaccinated” persons should still employ nonpharmacological protective measures such as masking, social distancing etc., illustrates the health authorities’ belief that protection by “vaccination” is inadequate.

2.2.2.4. These failures alone render any decision to mandate Covid-19 “vaccination” irrational, as the “vaccination” does not protect the public it is intended to protect.

2.2.3. At best “vaccination” protects the individual from (d) severe illness requiring hospitalization and (e) death, but this protection is limited in the following respects:

2.2.3.1. The onset of “vaccine” protection is delayed until after the period of immune suppression.

2.2.3.2. “Vaccine” protection is limited to recognition of the spike protein of the SARS-COV-2 virus (whereas natural immunity recognises all proteins of the virus).

2.2.3.3. “Vaccine” protection against mutated forms of the virus, such as the Delta variant, is poorer than that against the original Alpha strain (whereas natural immunity against variants is robust and effective).

2.2.3.4. The duration of “vaccine” protection wanes significantly by 6 months, as evidenced inter alia by the recommendations for “booster shots” (whereas natural immunity is long lasting).

2.2.4. After a number of months “vaccination” becomes counter-productive.

2.2.4.1. In Israel, which has effectively been a “laboratory” for Pfizer, Covid-19 infections, hospitalizations and deaths have increased dramatically following “vaccination” of 78% or more of the population.

2.2.4.2. Covid-19 “vaccination” induced antibodies may become maladaptive, especially during the period of waning levels, by enhancing entry of viruses into cells and promoting infection rather than protecting against it.

2.2.4.3. This phenomenon is referred to as “ADE” (antibody dependent enhancement).

2.3. **Conclusion:** In the short- and medium term Covid-19 “vaccines” are not effective at protecting individuals, or the community, from (a) carrying the SARS-COV-2 virus, (b) transmitting the SARS-COV-2 virus, (c) developing symptomatic Covid-19, (d) severe illness or (e) death. Whereas it is too early to know what the long term holds, the available short- and medium term evidence predicts a poor long term prognosis.

3. HOW SAFE ARE THE COVID-19 “VACCINES”?

3.1. **Official narrative.** *The Covid-19 vaccines are safe.*

3.2. The evidence, however, finds:

3.2.1. Following Covid-19 “vaccines” early adverse events, which include serious illness, disability and death, are far more frequent than adverse events following traditional vaccines.

3.2.1.1. In July 2021 an analysis of CDC VAERS data found that the reported death rate per 100,000 vaccine doses administered in 2021 was 24 times higher than the previous annual average.

3.2.1.2. On the CDC VAERS system those who die within 2 weeks of “vaccination”, are not listed as “vaccine deaths”. Healthcare practitioners continue to report how their hospitals are hiding vaccine injuries and deaths.

3.2.1.3. Another analysis has found that the Covid-19 “vaccines” kill more people than they save for all age groups.

3.2.1.4. Adverse events following Covid-19 “vaccines” include thrombotic complications such as strokes and heart attacks; autoimmune inflammatory complications such as myocarditis and Guillain-Barré syndrome; as well as first trimester miscarriages and immune dysfunction resulting in other infectious illnesses and cancer.

3.2.2. Investigators have found alarming morphological abnormalities and stacking of red blood cells in the blood of Covid-19 “vaccinated” individuals.

3.2.2.1. Such stacked red blood cells are dysfunctional as they cannot

enter capillary vessels to deliver oxygen to tissues.

3.2.3. Investigators have also found the presence of undeclared and harmful or potentially harmful substances in the blood of Covid-19 “vaccinated” individuals.

3.2.3.1. These same undeclared substances have been found in the vials of 4 different brands of Covid-19 “vaccine”.

3.2.3.2. Scientific analysis of the substances has found that they include graphene oxide, carbon, metals and parasites.

3.3. **Conclusion:** The Covid-19 “vaccines” are far from safe. In the first weeks following “vaccination”, and again in the medium term after some months, the Covid-19 “vaccines” cause more harm than good. Considering the thrombotic and immunological mechanisms of early vaccine injury, the long-term can only be worse.

4. ARE OTHER EFFECTIVE BUT LESS INVASIVE MEASURES AVAILABLE TO ACHIEVE THE SAME PURPOSE?

4.1. Official narrative: *There are no medical measures, other than vaccination, to protect individuals or the community from Covid-19.*

4.2. The evidence, however, finds:

4.2.1. Significant reductions in the risk of contracting Covid-19 have been found with the use of immune boosting nutraceuticals, particularly Vitamin D3, Zinc, Vitamin C, Quercetin and/or Melatonin.

4.2.2. Further reductions in the risk of contracting Covid-19 have been found with the use of repurposed antiviral agents such as Ivermectin.

4.2.3. The following recommendations are based on the available evidence:-

4.2.3.1. For low risk members of the community, provision of Vitamin D3 (1000-3000 IU/day), Zinc (30-40 mg/day) and Vitamin C (500-1000 mg twice per day) would provide good protection.

4.2.3.2. For higher risk members of the community, provision as above of Vitamin D3, Zinc and Vitamin C, plus Quercetin (250 mg per day) and Melatonin (6 mg before bedtime), as well as Ivermectin (0.2 mg/kg per dose – one dose on first day, repeat after 48 hours, then one dose weekly) would provide good protection.

4.3. **Conclusion:** There are safe and effective medical measures, other than “vaccination”, to protect individuals and the community from Covid-19.

5. ARE THERE AVAILABLE EFFECTIVE MEDICAL MEASURES TO TREAT THOSE WHO CONTRACT COVID-19?

5.1. **Official narrative.** *There are no effective medical measures for treating Covid-19. Those who contract Covid-19 should isolate at home without treatment; and only in case of respiratory decompensation should be admitted to hospital for oxygen, injected medications and non-invasive respiratory support, and in some cases ICU management with ventilation.*

5.2. The evidence, however, finds:

5.2.1. During Covid-19 stage 1 (viral proliferation - first 5 to 8 days of symptoms), use of the following is highly effective at assisting natural immune responses in ridding the patient of pathogens and ensuring recovery from the illness:

5.2.1.1. Vitamin D3, Zinc, Vitamin C, Quercetin and Melatonin; plus Ivermectin or Hydroxychloroquine, together with Azithromycin, Doxycycline or Clindamycin.

5.2.2. For the minority who develop Covid-19 stage 2 (inflammo-thrombotic response), addition of the following is highly effective at controlling the cytokine storm and excessive thrombosis, and ensuring recovery from the illness in most cases:

5.2.2.1. Corticosteroids, Colchicine, Antihistamines, Antileukotrienes, Antiplatelet Agents and Antithrombotic Agents; as well home-based support such as Nebulization, CPAP and Oxygen.

5.2.3. Tried and tested effective protocols for such treatments are freely available from those who have pioneered the medical treatment of Covid-19 (see references below). Under the supervision of suitably informed general practitioners, these treatments prevent the need for hospitalization in the vast majority of cases.

5.3. **Conclusion:** There are well-established medical measures for safe and effective home-based treatment of Covid-19, particularly when instituted early following the onset of symptoms.

6. **FINAL CONCLUSION**

6.1. Covid-19 “vaccine” mandates cannot be justified on medical grounds because the existing Covid-19 “vaccines” do not provide any proven benefit to the community they are intended to serve. In fact, emerging evidence finds that the existing Covid-19 “vaccines” cause more harm than good, both to the individual and to the community.

- 6.2. Risks to the health and life of “vaccinated” individuals, that have already resulted from Covid-19 “vaccination”, are far greater than for the vaccines that were approved and in widespread use prior to the onset of the Covid-19 pandemic. Forced Covid-19 “vaccination” of any individual is therefore tantamount to assault, which may result in grievous bodily harm or death.
- 6.3. On the basis of the existing evidence of harm to the individual, as well as harm to the community, any and all coercion or pressure to be “vaccinated” should be terminated forthwith. Any individual contemplating Covid-19 “vaccination” should be fully informed of the above evidence prior to their decision whether or not to give consent.
- 6.4. Considering (a) the high incidence of natural immunity in the community, (b) the low infection fatality rates across most age ranges, and (c) the superiority of natural immunity over the limited and transient protection offered by existing “vaccines”, as well as (d) the effectiveness of available medical measures for protection from and treatment of Covid-19; there is ample time, for those who wish to do so, for proper development of safe and effective vaccines against Covid-19.

REFERENCES

Importance of Covid-19 “vaccines” for the health of individuals and the public

- a) [NN-Lab Alert Changes to CDC RT-PCR for SARS-CoV-2 Testing.](#)
- b) [NN-Covid-19-Fatality-AgeSpecificRates.](#)
- c) [NN-SARS-COV-2-Antibodies-Prevalence-Among-Blood-Donors-In-SA.](#)
- d) [NN-80% of South Africans may have had Covid-19, Discovery says Fin24.](#)
- e) [NN-Natural immunity vs Covid-19 vaccine-induced immunity - Marc](#)

- [Girardot.](#)
- f) [NN-Pre-existing immunity to Covid-19 - Marc Girardot of PANDA unpacks its evolution.](#)
 - g) [NN-Cross-reactive CD4+ T cells enhance SARS-CoV-2 immune responses.](#)
 - h) [NN-Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals Elsevier Enhanced Reader.](#)
 - i) [NN-Infection-fatality-rate-of-COVID-19-in-community-based-elderly-lower-than-earlier-estimates.](#)
 - j) [NN-Is the Virus Fictitious Laboratories in US Can't Find COVID-19 in One of 1,500 Positive Tests.](#)
 - k) [NN-Why children should not receive the Covid shot.](#)
 - l) [NN NE-SARS-CoV-2 Natural Immunity vs Vaccine Immunity.](#)
 - m) [NN-Immunological Memory Cells.](#)
 - n) [NN-NE-NS-RX-N – Robert Kennedy – CHD to FDA VRBPAC 10.22.21](#)
 - o) [NN-NE-NS-Rx-N – An Australian Engineer Speaks Out – The Many Mysteries of Covid](#)
 - p) [NN-NE-NEW-Understanding Relative Risk Reduction \(RRR\) and Absolute Risk Reduction \(ARR\) in Vaccine Trials – PANDA](#)
 - q) [NN-N – Lab Alert Changes to CDC RT-PCR for SARS-CoV-2 Testing](#)
 - r) [NN-N – Longitudinal Analysis Durable Broad Based Natural Immunity](#)

Effectiveness of Covid-19 “vaccines” at promoting the health of individuals and the public

- s) [NE NS RX-Vaccine death report 29 Sept 2021.](#)
- t) [NE-NS-RX-COVID-19-VaccineSafetyElephant-Kirsch](#)
- u) [NE NS-US COVID-19 Vaccines Proven to Cause More Harm than Good - Proper Scientific Endpoint, “All Cause Severe Morbidity”.](#)
- v) [NE-Delta Infections Of Fully Vaccinated Produce 251 Times The Viral Load.](#)
- w) [NE-Israel now has more covid infections per capita.](#)
- x) [NE-Unprotected Mass Vaccination Triggers Covid19 Waves Worldwide.](#)

- y) [NE-VACCINATION vs COVID Morbidity Mortality Correlation – Countries.](#)
- z) [NE NS-Pfizer vaccine Effects-Herve-Seligmann-Eval38-H-signed.](#)
- aa) [NE-coronavirus-spreading-among-the-vaccinated-in-highly-vaccinated-countries-pdf.](#)
- bb) [NE-COVID-19 Deaths Over Age 50-60% Double Vaccinated.](#)
- cc) [NE-Large decline in vaccinated IgG antibodies.](#)
- dd) [NN NE-SARS-CoV-2 Natural Immunity vs Vaccine Immunity.](#)
- ee) [NE-Meeting of the COVID-19 Giants with Geert Vanden Bossche and Robert Malone MD - Robust Natural Immunity vs Limited Transient mRNA Immunity - mRNA Promotion of more infective variants.](#)
- ff) [NE-N-Immunosuppression after measles vaccination – PubMed](#)
- gg) [NE-N-who dscsr991 Measles](#)
- hh) [NE-NS-N-Should COVID-19 be a vaccine disease or a childhood disease - The BMJ](#)
- ii) [NE-N-‘Fully vaccinated’ were the majority of COVID deaths in Sweden, UK in September – LifeSite](#)
- jj) [NE-N-Public Health Scotland – 83% Deaths Vaccinated 21-10-20](#)
- kk) [NN-NE-NS-RX-N – Robert Kennedy – CHD to FDA VRBPAC 10.22.21](#)
- ll) [NE-N-Pfizer-FDA Briefing Document – 95% Claim](#)
- mm) [NE-N – Jansen – FDA Briefing Document](#)
- nn) [NE-NS-N – IFPMA – Vaccine Complex Journey – 2019](#)
- oo) [NE-NS-N- The 5 Stages of Vaccine Development – AIMST University](#)
- pp) [NE-NS-N – Phase 3 clinical trial of investigational vaccine for COVID-19 begins – National Institutes of Health \(NIH\)](#)
- qq) [NN-NE-NS-Rx-N – An Australian Engineer Speaks Out – The Many Mysteries of Covid](#)
- rr) [NN-NE-NEW-Understanding Relative Risk Reduction \(RRR\) and Absolute Risk Reduction \(ARR\) in Vaccine Trials – PANDA](#)
- ss) [NE-NEW – Vaccine surveillance report week 42](#)

Safety and risks of Covid-19 “vaccines”

- tt) [NE NS-US COVID-19 Vaccines Proven to Cause More Harm than Good -Proper Scientific Endpoint, “All Cause Severe Morbidity”](#).
- uu) [NE-NS-RX-COVID-19-VaccineSafetyElephant-Kirsch](#)
- vv) [NE NS RX-Vaccine death report 29 Sept 2021](#).
- ww) [NS-20,595 DEAD 1.9 Million Injured \(50% SERIOUS\) European Union’s Database of Adverse Drug Reactions for COVID-19 Shots - Vaccine Impact](#).
- xx) [NS-PANDA VAERS Presentation – Guetzkow](#).
- yy) [NS-SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children](#).
- zz) [NS-VigiAccess-WHO-C-19 Vaccine 20211004](#).
- aaa) [NS-Blood Analysis Report - Dr Zandre Botha](#).
- bbb) [NS-COVID Vaccine Deaths in America](#).
- ccc) [NS-
Female COVID19 vaccination associates with lower fertility10 1](#).
- ddd) [NS-Graphene Oxide Vaccine Paper-Young](#)
- eee) [NS-Pfizer Vaccines Graphene Prof. P.C. Madrid](#)
- fff) [NE-NS-N-Should COVID-19 be a vaccine disease or a childhood disease - The BMJ](#)
- ggg) [NS-N-SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17 – A Stratified National Database Analysis](#)
- hhh) [NN-NE-NS-RX-N – Robert Kennedy – CHD to FDA VRBPAC 10.22.21](#)
- iii) [NE-NS-N – IFPMA – Vaccine Complex Journey – 2019](#)
- jjj) [NE-NS-N- The 5 Stages of Vaccine Development – AIMST University](#)
- kkk) [NE-NS-N – Phase 3 clinical trial of investigational vaccine for COVID-19 begins – National Institutes of Health \(NIH\)](#)
- lll) [NN-NE-NS-Rx-N – An Australian Engineer Speaks Out – The Many Mysteries of Covid](#)
- mmm) [NS-N-Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines](#)

Other effective but less invasive available measures to prevent Covid-19, and effective early treatment of Covid-19

- nnn) [RX-COVID-19 - GOOD NEWS - July 2021 -RefD](#)

- ooo) [RX-WCH Covid-19-At-Home-Treatment-Guide-For-Healthy-Individuals_1](#)
- ppp) [RX-COVID-Rx-PatientTreatmentGuide-AAPS-Orient](#)
- qqq) [RX-20210728-CovidPatientTreatmentGuide-TFH-6-30-2021](#)
- rrr) [NE NS RX-Vaccine death report 29 Sept 2021](#)
- sss) [NE-NS-RX-COVID-19-VaccineSafetyElephant-Kirsch](#)
- ttt) [NN-NE-NS-RX-N – Robert Kennedy – CHD to FDA VRBPAC 10.22.21](#)
- uuu) [NN-NE-NS-Rx-N – An Australian Engineer Speaks Out – The Many Mysteries of Covid](#)
- vvv) [N-Rx – Detox Protocol COVID Vaccines – Protection From Shedding](#)