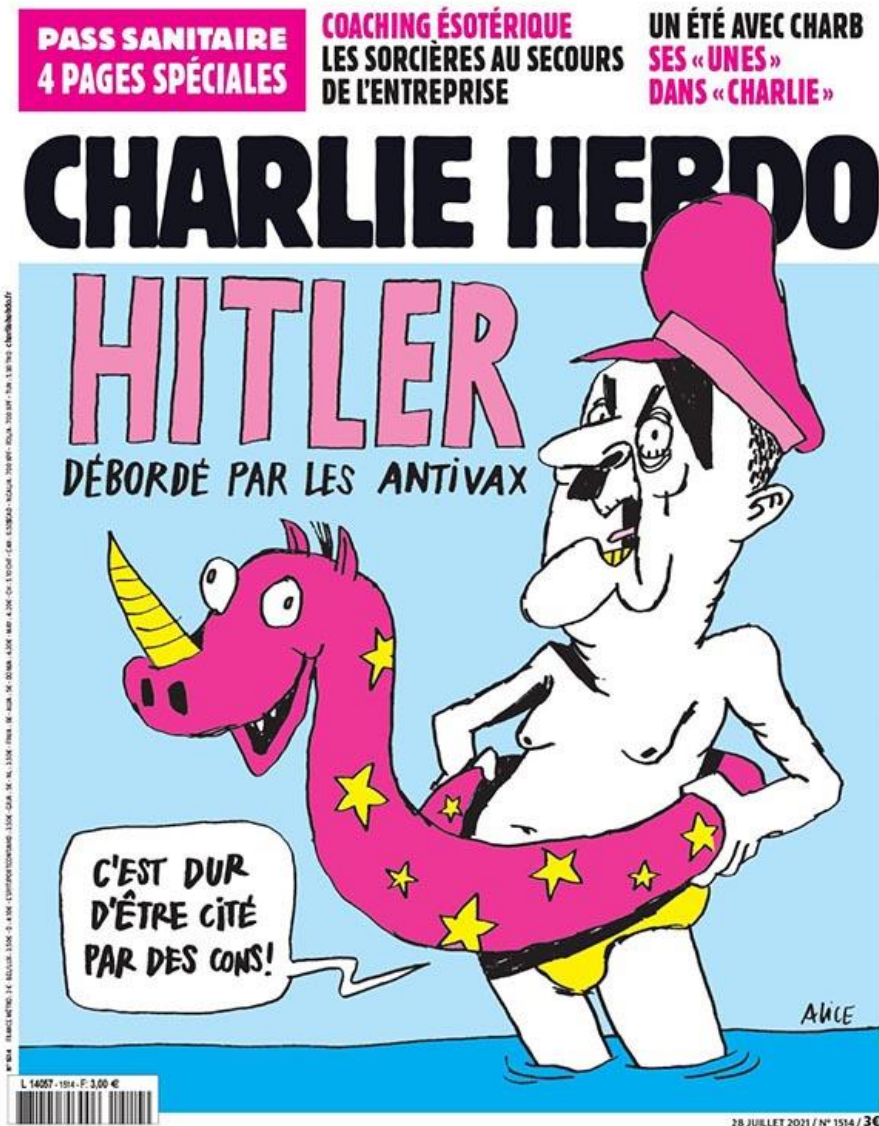


It's hard to be vaccinated by idiots...*

* In reference to the front page of Charlie Hebdo of July 28, 2021 headlined "Hitler overwhelmed by antivax" depicting Hitler at the beach in a unicorn buoy and saying, "It's hard to be quoted by idiots!"



Letter to Charlie about his fascination with vaccines and its reductionist positions vis-à-vis the opponents of the sesame products public health issue.

by Jean-Paul Bourdineaud • 29 July 2021

Dear Charlie

I have been a subscriber since the murderous attack of 2015, out of solidarity. I used to be an avid reader, and I consider the murdered cartoonists, authors, and team members to be friends: I didn't know them first-hand, but their writings, drawings, and ideas permeated me

and occupied a part of my mental world, such as the interaction with friends and the process called innutrition by Montaigne. This preamble to emphasize the fact that the following, in fact a criticism of your pro-vaccine positions, comes from a well-meaning friend and not from an obscurantist with a bull's forehead.

I am a professor at the University of Bordeaux, where I teach biochemistry, microbiology and environmental toxicology. My research focuses on the toxic effects and biochemical and genetic defense mechanisms of organisms exposed to pollutants in their environment. The work published by my collaborators and myself appears on the website of the National Center for Biotechnology Information (pubmed.ncbi.nlm.nih.gov), as soon as you type my name.

In order to be as honest as possible, I must tell you that I am also a member of the scientific council of CRIIGEN (Independent Research and Information Committee on Genetic Engineering - criigen.org). By reciprocity, it would be good if the doctors appearing in the media wanted to reveal their conflicts of interest, and especially that the journalists dared to ask them the question. As for me, and since I am an academic, I have never received any gratuities, prebends, emoluments or bonuses from any industrialist or private organization; my association with CRIIGEN is pure volunteering. And no, we are not anti-vaccinalists: listen for example to my friend Christian Vélot, president of the scientific council of CRIIGEN and lecturer in genetics at the University of Paris-Sud, during his interview on France Soira or his conference censored by Youtubeb. We are explicit about our desire to see a real vaccine, effective, safe, and protective over time.

Neither obscurantists nor conspiracy theorists

In the July 14 issue of Charlie Hebdo, a plate of Foolz's drawings mocks unvaccinated doctors and nurses. Of course, these are caricatures whose very essence is the exaggeration of the features, but all the same, what is taken from this board is that the unvaccinated nursing staff is made up of a bunch of obscurantists totally unreasonable, anti-scientific, even sectarian, and leaning towards the extreme right (the Trumpian one, at least). This is in essence what the title of an article in Libération of July 18, 2021 - about the demonstrations against the health pass - meant according to which Florian Philippot and the extreme right recovered the discontent of the gueux. That same day, on the website of Liberation, Dov Alfon was sorry by a "certain complacency towards Covid skeptics and opponents of science who marched this-weekend in the streets relaying all imaginable conspiracy theories". So what does Mr Alfon mean by complacency? Would he regret that the police had not charged the demonstrators or gouged out their eyes or torn off their hands? Foolz's board is entitled "Antivax in the hospital" and also contributes to the amalgam. This process of putting in the same bag all the currents of opposition to the health pass is lamentable because contemptuous of the opponents without discernment (of the "gueux" according to Libération). We comrades of the scientific council of CRIIGEN, are neither anti-vaccinalists nor conspiracy theorists. I'm not sure what this new insult covers – before, on the left, the insult of "fascist" made it possible to remove a troublemaker from the debate, today it is that of "conspiracy theorist" – and what conspiracy we are accused of (no, we do not think that the pandemic is an invention aimed at depriving us of our freedoms, if that is what the dominant Parisian journalists and Dov Alfon imagine). We put forward scientific and admissible arguments when good faith is required. What is true for us is also true for the vast majority of people rebelling against the health pass.

Vaccine Choice

In this same issue, Gérard Biard in his article "For an inclusive vaccination" (we are moving towards forced vaccination) tells us that today we would have the choice in terms of vaccines since he cites those American, German, English, Russian, Chinese and Belgian. This is the argument of supply: it is plentiful, so why does demand not follow? Well, because in fact we have no choice: we can only receive American or English vaccines, based on recombinant DNA or RNA. As far as I'm concerned, I want a real Pasteurian vaccine: that is to say containing the SARS-CoV-2 virus, and even its different inactivated (killed) variants. Chinese Sinopharm vaccines are one of them¹. In an article published in the Journal of the American Medical Association, on July 6, 2021², preliminary results from phase III clinical trials of the two Sinopharm vaccines, the Beijing vaccine (used in Morocco) and the Wuhan vaccine, show that the Beijing vaccine is 78% effective compared to 72% for the Wuhan vaccine. The WHO validated its emergency use on 7 June. Last May, the EU claimed to want to finally evaluate these Chinese vaccines: while two weeks had been enough to validate the British and American vaccines, we are still waiting for the EU's decision for the Chinese ones. One of the Cuban vaccines (which the mainstream media never talks about) is based on a chimeric protein in which the surface protein S of SARS-CoV-2 is fused with the tetanus toxin, which protects the coronaviral part from degradation. However, we are all vaccinated against tetanus (this is of course a mandatory condition to receive this vaccine) with circulating white blood cells already "erected" against the tetanus toxin and which therefore amplify the response to the viral protein S. The Nantes pharmaceutical company Valneva is currently evaluating a Pasteurian-type vaccine but as the French government did not want to invest in its production, it is carried out in Great Britain which will benefit primarily from the first doses. The French will have to wait until spring 2022. At a time when vaccination is becoming mandatory and candidates for vaccination are being asked to sign a manufacturer's disclaimer, the least we would require would be that we have a real vaccine choice and not just biotech vaccines. So much for the argument of choice.

Criminalization of unvaccinated health workers

In his article, Gérard Biard insinuates that unvaccinated caregivers are responsible for the death of fragile patients. So does he mean that those vaccinated do not transmit the virus? No, because it recognizes that vaccination does not prevent contamination or contagion. So, what do we need to understand? He adds that vaccination greatly reduces risks and effects; perhaps for the vaccinated, but not for fragile patients: the virus transmitted by a vaccinated person is the same as that transmitted by an unvaccinated person. Going through a vaccinated does not reduce the virus. All we can hope for is that a contaminated vaccinee carries a lower viral load and therefore transmits the virus to a smaller number of "naïve" individuals (it would already be necessary to check the production of antibodies in the vaccinated by a serological test, which is never realized; a plausible hypothesis is that the vaccinees transmitting the virus have precisely produced little or no antibodies). By the term naïve individuals, we mean those who have never been in contact with this coronavirus. But the hospitalized patient who receives the virus from a vaccinated person will develop the same pathology as if he had received it from an unvaccinated person (if one refuses any form of magical thinking).

At the end of June 2021, when two residents - yet vaccinated - of a retirement home in the Landes died of covid and several caregivers affected, Minister Véran on a trip to the site dared to incriminate and blame without evidence an unvaccinated caregiver. After protesting from the unions, the Regional Health Agency (ARS) of Nouvelle-Aquitaine mentioned that

the contamination by a caregiver "is more a hypothesis than an assertion", and that it is unlikely to find the patient 0g.

Peut-on réellement parler de vaccin ?

The very term vaccine is somewhat exaggerated. What is a vaccine worthy of this conceptual name? Let's take the example of the tetanus vaccine: administered, it protects against the bacterium *Clostridium tetani* very effectively, surely (there is a setback of several decades with pharmacovigilance at the forefront), and durably, that is to say for twenty years. A reminder every twenty years is enough to protect the whole of life. This is what can be called a real vaccine.

a/ Effectiveness.

According to British and American manufacturers, the vaccines available in France have an efficacy of more than 90%. Let's assume that these vaccines were effective at the beginning of the year against the original Chinese strain and European variant forms. But it is accepted that this effectiveness was almost zero or low against the South African and Brazilian variant forms, and medium against the English variant. Against the Indian delta form, visibly the vaccinated contract it very easily. In Israel, where 58% of the population is vaccinated, 60% of hospitalized patients in serious condition have been vaccinated and Prime Minister Naftali Bennett acknowledges that "we do not know exactly how much the vaccine helps, but it is significantly less than hoped" (Jerusalem Post, on its website on July 17, 2021).

In the Netherlands, the number of vaccinated hospital employees contracting the virus is very high, Dutch virologists warned: at the University Medical Center in Leiden 85% of employees confirmed positive had been fully vaccinated (La Libre, a Belgian newspaper, on its website on July 20, 2021). So how will mandatory vaccination protect vulnerable patients? The Janssen vaccine (Johnson & Johnson) is also much less effective against the delta variant: researchers at New York University have concluded, in a study cited by the New York Times, that it generates five times less antibodies against this mutation of the virus (La Libre, on its site on July 21, 2021).

b/ Term of protection.

The duration of protection conferred by a natural immunization, i.e. after infection with the virus, is about eight months, which is low given the rate of variation of this virus. One study showed that 70 days after the second injection, antibody titre decreased by 50% and 80% relative to day 20 post-vaccination, for Pfizer and AstraZeneca vaccines, respectively³. With the vaccines available in France, this duration is difficult to know exactly since the vaccinated are not monitored by serological tests, but it is unlikely that the protection is superior to that of natural immunization because the Pfizer and Moderna vaccines allow the production of antibodies against only one viral protein (the S protein), while natural immunization targets the five proteins contained in the SARS-CoV-2 virus. In Israel a third dose is already planned, and in France the health authorities are also talking about it, which is a recognition of the fact that the protection lasts little in time. With the flu vaccination, the public knows that this protection lasts only one winter season (when there is protection). We will not be able to be vaccinated every six or eight months since only half of the French population is vaccinated six months after the start of the campaign. At the very least, the supply of vaccines should be increased to attract all audiences, especially those who refuse GMOs or genetic vaccines.

c/ Pharmacovigilance.

In the case of SARS-CoV-2 we are dealing with an experimental treatment in phase III evaluation until the beginning of 2023 (contrary to the lie of Minister Olivier Véran, reframed

by Le Monde the next day). In France, pharmacovigilance is very little vigilant: it records only the most serious cases. Not to mention what is not sought or dosed: we know that vaccines – especially those GMO based on adenoviruses – are causes a low number of thrombosis compared to the number of vaccinations. Markers of thrombotic processes are D-dimers. Blood assay of D-dimers is only performed in cases, fortunately rare, of thrombosis, but Dr. Charles Hoffe (Canada) has decided to routinely test for these markers in his patients who have been vaccinated with S protein RNA. Out of a total of 900 individuals, 62% had abnormally high levels of D-dimers. His interpretation is that not everyone forms large thrombotic clots but many produce micro-clots infiltrating far into the capillaries and therefore deep into the organs. Urologist Diego Rubinowicz also found that levels of PSA antigen, a marker of prostate cancer and inflammation of this tissue, increased in men after vaccination with S protein RNA — meaning that the S protein is produced by prostate cells and not just by muscle cells at the injection site. This spread of the vaccine through the body is corroborated by the statements of Dr. Robert Malone (the creator of the RNA vaccine technology) and by a confidential report from Pfizer where the distribution of the vaccine (nanoparticles including the RNA of the S protein gene) in the bodies of male and female rats was followed for 48 hours. It appears that these biochemical corpuscles are found in all tissues without exception. After the injection site (the gastrocnemius muscle, located in the calf), the highest concentrations are found in the liver (concentration equal to 14.7% of that at the injection site), the spleen (14%), the adrenal glands (11%), the ovaries (7.5%), and the bone marrow (2%).

By closing our eyes (by refusing to perform the corresponding dosages) we hide these side effects which for some could have damaging consequences (micro-clots) in the long term. Now that these observations are published, why are the Ministry of Health and the RHAs not conducting a large nationwide study?

Also, the potential toxicity of protein S is hardly studied. However, SARSCoV-2 causes inflammation of endothelial cells (those lining the surface of the lumen of blood vessels); However, a published study shows that this is due to the toxicity of protein S which because it targets the PROTEIN ACE2 (called receptor of the virus in an abusive way since this is not its physiological function; it is of course parasitized by the protein S of the virus) causes a decrease in the functional level of ACE2 which protects the cardiovascular system⁴. In this study the authors injected and thus infected hamsters with a pseudo-virus carrying the S protein gene (therefore the equivalent of the AstraZeneca and Janssen vaccines). One hypothesis consistent with these results is that part of the pathogenicity of the virus is due to the toxicity of the S protein. Sanofi's vaccine announced for early 2022 is based on a so-called recombinant protein, i.e. produced in reactors by cells and then purified. Its toxicity should be low if nothing is done to get it into our cells; remaining outside the cells, it should be spotted immediately by the immune system. On the other hand, included in lipid nanoparticles, it could enter our cells and exert its toxicity. This last possibility is not excluded when we read Professor Jean-Luc Cracowski, director of the pharmacovigilance center of the University Hospital of Grenoble: "The technique consists in making these Spike proteins and injecting them into the cells of the body to stimulate the immune system" (article by Mayeul Aldebert, Le Figaro, on its website on July 8, 2021p). This statement by Professor Cracowski is somewhat confusing, even disturbing, and it is hoped that it was the journalist who mistranscribed the professor's words, because the immune system that it is to stimulate is made up in part by certain classes of white blood cells circulating outside the cells.

Another side effect that is dogmatically ruled out is the integration of vaccine RNA into the genome of human cells after retro-transcription into DNA. Parisian medical and academic leaders (Professors Fisher and Kahn, for example) told us that this was impossible since the

reverse transcription of RNA into DNA required the action of an enzyme called reverse transcriptase, and that not only SARS-CoV-2 but also RNA vaccines did not contain this enzyme. Antonio Fischetti told us the same thing in Charlie Hebdo (December 9, 2020): "Regarding the GMO side of some of them [vaccines], scientists are formal: there is no risk that the RNA of the virus affects our genome." However, the opposite has been demonstrated in an article published in the prestigious proceedings of the United States Academy of Sciences: SARS-CoV-2 RNA can be retrotranscribed by mobile genetic elements (called retrotransposons) present in human cells and which have a transcriptase-inverse type activity⁵. This explains, and this was the authors' initial question, why individuals who have been naturally infected with this virus remain positive for the PCR test (actually RT-PCR) several weeks after the start of infection in the absence of viral multiplication (negative antigen test). In some individuals, a substantial part of the viral genome is integrated into the genome and contributes to the production of viral RNA long after healing. If the viral genome can be integrated into our cells after infection, the question of the integration into our cells of vaccine RNA under its DNA counterpart becomes relevant, according to the adage "who can do more can do less". However, this hypothesis is neglected and the work necessary to confirm or invalidate it is not undertaken since the dogma is tenacious according to which without viral retro-transcriptase, such an event is impossible.

Playing with people's health while pretending to protect them

We have a very low mortality rate related to vaccination, but finally, out of 162 million people fully vaccinated in the United States we reached in mid-July 2021 more than 12,300 deaths and therefore a rate equal to 0.0076% ($12,313 \times 100/162,000,000$). This number of deaths was given by the "Center of Disease Control" (CDC), the epidemiological watch organization in the United States until July 20, 2021^q. The Mediator caused fewer deaths and yet was banned. Of the 12,300 people who died, how many would have died from Covid without vaccination? There have been in the United States, as of today, 610,000 deaths for 34.3 million cases recorded, a mortality rate equal to 1.8%, which gives a mortality equivalent equal to 219 if these 12,300 people who died of the vaccine had not been vaccinated and had all contracted the virus. So more than 12,000 would still be alive: go tell families that the benefit/risk balance is favorable to the vaccine! Is Charlie's team reassured to know that the risks of death by Islamist terrorism are ridiculously low compared to those related to road traffic? And that by weighing the risks and the benefits it is therefore better to direct the nation's efforts towards road safety rather than towards the protection of journalists and writers threatened by Islamist bigots?

12,300 deaths from the vaccine still represent 2% of the mortality due to the pandemic. And here we are only talking about vaccine mortality to which we should add all the other pathologies. The same CDC has estimated the risks associated with vaccination in young people under 25 years of age: it is 50 cases of heart disease for 100,000 against 15 cases of serious form of covid-19 for 100,000. In this age group, the vaccine risks are therefore three times higher than those of the virus. Therefore, it is not necessary to vaccinate young people! Or only those who are obese or those with pathologies that weaken them, but this is not the decision of the Ministry of Health in France where children are pushed towards vaccination.

Minister Véran also wants the vaccination of pregnant women from the first trimester of pregnancy while Pfizer has planned but has not yet started phase 2 and 3 clinical trials to evaluate "the safety, tolerability and immunogenicity" of its products. How can Véran

unilaterally decide what is good for pregnant women and their fetuses when studies to assess the risks to this particular audience have not yet been concluded?

Very surprisingly, the mainstream media has never mentioned since February 2020, and when it comes to vaccination, the Dengvaxia case. Dengvaxia, produced by Sanofi-Pasteur, is the only vaccine available against dengue. The press had reported on this case in 2019, but has remained silent about it since the beginning of the coronaviral pandemic, while it is a decisive precedent in the discussion about the speed of marketing of a vaccine and its emergency use on entire populations. Only XXI magazine published an article in its autumn 2020 issue 52 ("Dengvaxia, the fiasco of a lab" by Carol Isoux). The title of the general file was explicit: "Autopsy of a vaccine. The race between labs, at the risk of the health scandal." Then France Culture gave a review ("Dengvaxia, the fiasco of a lab" in the show "La fabrique médiatique" by Chloë Cambrelingt, November 14, 2020). In 2015, in the Philippines, under pressure from President Benigno Aquino III, then in the presidential election campaign, it was decided to urgently launch a vaccination campaign for children. The Minister of Health at the time, Janette Garin acknowledges in the ARTICLE OF XXI that: "vaccination against dengue was the priority of my mandate ... It was vital that the vaccination campaign could be set up and announced beforehand." Before what? Before the presidential elections! Beyond the embezzlement and corruption caused by this vaccination campaign, 800,000 children have been vaccinated and 600 children have died after receiving the vaccine. What for? Because of a mechanism called "antibody-facilitated infection" in which paradoxically, antibodies help the virus instead of inactivating it. This mechanism was discovered by Scott Halstead and Edward O'Rourke⁶.

The Filipino children who died were "naïve" about the dengue virus at the time of vaccination. They were infected after vaccination and the antibodies produced against the virus (the result of vaccination) actually facilitated the entry of the virus into the cells during the subsequent natural infection. Could such a phenomenon occur in the case of vaccination against SARS-CoV-2? It is still too early to tell, but this mechanism of facilitating infection through antibodies is known in coronaviruses, including SARS-CoV-1 (severe acute respiratory syndrome, 2002-2004) and MERS-CoV (Middle East respiratory syndrome, 2012), which prevented the production of vaccines during these two previous epidemics⁷. Darrell Ricke, an MIT researcher warns of this possibility in the case of SARS-CoV-2. Very clearly, the individuals vaccinated by biotechnological vaccines during this phase III trial are pure guinea pigs.

The delta variant is at most a "gripette"

In fact the delta variant is not dangerous! In an article by Natalie Grover (The Guardian, on its website on 14 June 2020), Tim Spector, Professor of Genetic Epidemiology at King's College London, states that "Covid behaves differently now, it looks more like a bad cold. People may think they only have a simple seasonal cold, and they keep going to parties... We think that fuels a lot of the problem. What needs to be understood is that since the beginning of May, we have been looking at the most common symptoms, and they are not the same as before. Thus, the number one symptom is the headache... followed by sore throat, runny nose and fever."

If we look at Covid Tracker on Google, cases are increasing but not mortality. For example, in the United Kingdom (55% vaccinated), during the third wave, on 18 January 2021, there was a 7-day average of 44997 daily cases (rate of 6.6 per 10,000 inhabitants) and 1129 daily deaths; on July 22, in the ascending phase of the fourth wave, there was a 7-day average of 45889 daily cases (6.7 per 10,000) and 55 daily deaths. So for the same incidence rate mortality is divided by 20 (it is not specified the relative proportions of the

English and Indian delta forms responsible for these recent deaths but the Indian form represents more than 98% of new cases). Contrary to what is trumpeted, vaccination alone cannot explain such a decrease in mortality since 45% of Britons are not yet vaccinated: if vaccination alone, and not the lower virulence of the Indian delta variant, was the cause of this drop in mortality, we should expect to have a mortality reduced by a factor of 0.45 and not 0.05.

Le vaccin est la seule solution. Vraiment ?

This new viral wave linked to the Indian delta variant is so unspooling that the imposition of sanitary sesame is rendered unfounded, in any case of public utility. If we look at Covid Tracker on Google, and we list the new daily cases of covid and deaths (taking into account the average over the last 7 days) we see after calculating the daily prevalence and death rates that the dynamics of the pandemic show a total decoupling between the level of vaccination and the daily prevalence (Table 1).

• Tableau 1 • Prévalence du SARS-CoV-2 et décès dans une sélection de pays (source : Google, Covid Tracker)						
Pays	% de vaccinés	Date ^a	Cas ^b	Taux ^c	Décès ^b	Taux ^c
Allemagne	48,6	23	1276	0,15	21	0,0025
France	44,4	23	15822	2,3	19	0,0028
Gibraltar	> 99	22	30	9,3	0	0
Islande	70,6	23	54	1,5	0	0
Israël	58,4	23	1125	1,2	2	0,0021
Royaume-Uni	55,0	21	47114	6,9	52	0,0076

^a La date indiquée correspond au jour du mois de juillet 2021.

^b Il s'agit de la moyenne sur 7 jours du nombre journalier de cas ou de décès à la date indiquée.

^c Les taux sont les nombres journaliers (moyenne sur 7 jours) de cas ou de décès pour 10.000 habitants

In Gibraltar, where more than 99 per cent of the population is vaccinated, the daily prevalence rate is significantly higher than in other countries where immunization coverage is lower. In Iceland, where this rate is 70.6% of vaccinated, the daily prevalence is 10 times higher than in Germany, where only almost half of the population is vaccinated. Also, the daily death rate is very low even in countries where less of the population is vaccinated, such as Germany and France. To claim that this is an effect of vaccination is false. On France Info it is Noé Bauduin who commits this blunder dated July 24, 2021 on the website of the radiow. He notes that the mortality rate is indeed significantly reduced now compared to November and December 2020: as the vaccination campaign started in January, he concludes that this improvement is therefore due to vaccination. However, it compares the effects of two distinct viral strains. Intellectual honesty would consist in comparing the current daily death rates between the vaccinated and the unvaccinated, and for each of these two categories of public, disassemble the deaths according to the viral strain responsible. And also, it is necessary to compare the mortality rates of the unvaccinated between the two periods, the only way to assess the comparative virulence of both strains. Mr. Bauduin is careful not to go into such details: another Boeotian who is stinging with scientificity!

In the United Kingdom, the death rate remains higher than in other countries with roughly equivalent populations and vaccination rates such as France and Germany. However, even with a daily death rate equal to 0.0076 per 10,000, it would be necessary to accumulate 100 days at such a rate for covid mortality to be of the same intensity as that by vaccination in the United Kingdom (which is equal in the United States to 0.0076% and therefore 0.76 per 10,000 vaccinated; reliable figures are not available in Europe, and we can admit in the first

approach that the latter is the same as in the United States since the vaccines administered are the same). However, this epidemic outbreak is rapidly running out of steam in the United Kingdom because the acme was reached on July 20 with 46,125 cases and we have since observed a steady decrease with 25,402 cases on July 28 (Covid Tracker, Google). In France, it would be necessary to accumulate 270 days at such a rate (the average recorded between 17 and 23 July) for mortality by covid to join that by vaccination.

Contrary to claims that vaccination is the only solution, and that questioning this strategy would be ascientific or obscurantist, the arguments developed so far in this letter demonstrate that there is no single and irrefutable scientific truth about vaccination. The question cannot be decided in a binary way and in the Manichean way. We do not have to choose between the possibility of vaccination as a single solution or its banishment in favor of drug treatments: there is a possible continuum between these two poles and we can admit overlaps between these two positions. The truth is made up of multiple ins and outs: vaccines alone will not allow the eradication of this viral crisis for the reasons mentioned above (partial effectiveness and too short a duration of protection, in particular). It will be necessary to add to the vaccines (after guaranteeing their safety) drug treatments, prevention and means of diagnosis easy to access and free (the announcement of the end of free detection tests is very bad news for public health). In Luxembourg, the health pass is replaced by a salivary test: this is what should be developed at low cost so that people can test themselves at home when they have a doubt: trust in everyone's responsibility should be privileged rather than suspecting, monitoring and punishing (punishing even if one is not a carrier of the virus since healthy unvaccinated people are excluded from places of conviviality in the absence of preliminary test). What is sad is the lack of adversarial and above all pacified debate on this issue of vaccination and alternative drug treatments. Arguments should be able to be advanced without immediately any opinion contrary to the government doxa being returned to the pole of obscurantism and anti-science. Any reasonable opinion (based on logical reasoning and observable facts or plausible assumptions) should be given the right to be cited.

But there is only one official truth: vaccination as the only solution! Antonio Fischetti had claimed and supported this assertion that has become a government antiphon in an article published in Charlie Hebdo (n° 1481 of December 9, 2020: "Against this virus that poisons us all, there are not thirtysix solutions. But three, no more: containment, herd immunity or vaccine. We know the disastrous economic and health impact of the confinement As for herd immunity, it would result in hundreds of thousands of deaths. So there's the vaccine left"). I do not blame Mr Fischetti for contributing to the government's vaccination propaganda because, after all, he is an acoustic physicist. Okay, it's not very elegant to use the argument of authority, but when you're not a specialist in a scientific discipline, you get information from scientists renowned for their skills. For example, Mr. Fischetti could have investigated with the IHU of Marseille, and since he is an acoustician listen to Professor Raoult and his collaborators. Professor Raoult is the best infectiologist in France and among the best in the world, and he has contributed decisively to the body of knowledge in microbiological and virological sciences. What Didier Raoult and his team in Marseille have produced since the beginning of the pandemic is remarkable in its farsightedness and intelligence: the first to test en masse and systematically, the first to sequence the viral genomes of positive patients and therefore the first to discover that several variants of the virus were circulating, while Karine Lacombe in August 2020 still denied it and mocked it. by Professor Raoult. It took the British to announce their variant for Mrs. Lacombe and all the camarilla of the doctors courtiers (and confits in conflicts of interest) to spread in the media about the variability of this virus as if they were the ones who had demonstrated their existence. It is indeed Professor Raoult's team that has demonstrated the origin of some of

the variants in mink farms. It is in association with the sailors-firefighters of Marseille that they were able to anticipate new local viral waves in Marseille by sampling in the sewers district by district of Marseille. It was his team that first demonstrated that even supposedly asymptomatic individuals nevertheless had lung damage; and it is by administering the treatment combining hydroxychloroquine and azithromycin that the mortality rate at the IHU is from the beginning the lowest in France. Relying on an army of volunteer volunteers, the positive patients treated were confined to their homes and contacted daily by the volunteers. It was his team that first understood the interest of measuring the blood oxygen saturation rate in order to effectively and simply anticipate respiratory distress (with a small miniaturized device, on sale in pharmacies, which patients were provided with and in which you insert your index finger: simple and cheap!) What has been accomplished at the IHU of Marseille is superb and awesome

Instead, Mr. Fischetti preferred to invectivate and insult Professor Raoult in a post published on the Charlie Hebdo website on June 10, 2020: "The Marseille toubib, conceited to gerber, loves to despise journalists while squatting all the time on TV sets. But worse still, his work does not always respect scientific ethics. Would Didier Raoult be a fool? Humanly speaking, no doubt." It would rather be the acoustician Fischetti who crossed the wall of the çon. Dr. Fischetti has published only three scientific papers in his career, referenced in the Web of Sciences (three articles published in Applied Acoustics, two in 1992 and one in 1993). Ideally, in a democracy and in scientific debates, the argument of authority cannot be used and should be equated with an unfair ploy. Only arguments based on good faith and verifiability should be exchanged; but precisely, Mr. Fischetti does not return to Professor Raoult any valid scientific argument and is content to draw on gossip for the sole purpose of vilifying and slandering him, while the IHU of Marseille saves lives. So he deserved this little focus (in a way, the kick of the donkey).

Another low-cost and effective treatment available for SARS-CoV-2 is ivermectin. Numerous clinical trials demonstrate its effectiveness 9 . Ivermectin prevents the penetration of the N protein (the one that makes up the viral nucleocapsid) into the nucleus of infected cells, a step essential for viral multiplication; Another action of ivermectin is to oppose the production of cytokines TNF α and IL-6, which are responsible for the "cytokine storm" that puts the lives of covid patients at risk¹⁰.

Minister V eran wants to push children to vaccinate from the age of 12: this is not only absurd but criminal! The risk of death by vaccination is higher than that of covid in young people under 30 years of age. To calculate it, I had to cross-reference data from two French organizations: INSEE for the structure of the French population, and INED for mortality due to covid. A mistake (or rather a lie in the mouth of some who can not ignore what I will detail) is to say, to take an example, that among the deaths from covid, 0.1% are men belonging to the age group 20 to 29 years (data provided by INED). However, the mortality rate by vaccination (the one issued by the US CDC; there is no reliable figure in France but it will be assumed that the French have the same susceptibility as the Americans) is 0.0076%. And 0.1% is more than 0.0076%: so you have to get vaccinated even when you are young, courting doctors tell us. But this is an intellectual scam, because the 0.1% of covid deaths concerning this age group does not mean that 0.1% of young men aged 20 to 29 have died of covid but that among the 112,000 victims of covid, 0.1%, or 112 young men aged 20 to 29 have died from it. However, these young men number 3,733,191 million (INSEE). The mortality rate in this age group is therefore equal to $112/3.73 = 30$ deaths per million, compared to the mortality by vaccination of 0.0076% i.e. 76 per million. If we do the calculation for the age groups 10 to 19 years and 20 to 29 years by grouping the two sexes, we find mortality rates from covid equal to 6.7 and 45 per million, respectively. So mortality

by vaccination is 11 times higher in 10 to 19 year olds than by covid! Clearly, among young people under the age of 30 there will be more deaths from vaccination than from covid. We therefore want to make young people under 30 take a fatal risk to try to protect the over 70s who represent 83% of deaths by covid. This is unfair and stupid! Especially now with an Indian delta variant that is not very deadly. Vaccination should be offered to young people in a targeted manner, i.e. those at risk (because suffering from pathologies), as well as to the frail elderly public, and to ask these people to continue to wear the mask outside their home and their entourage to respect the basic health rules (masks, alcoholic gel, and frequent hand washing).

Autoritarisme sanitaire

Foolz mocks the demonstrators against the sanitary sesame because one of the leitmotifs launched by the opponents is that of the health dictatorship (Charlie Hebdo n° 1543, July 21, 2021; the title of his drawing board is "Ausweis vaccineal, schnell! France in dictatorship, this time we are there"). He is not the only one in verve, and many in the mainstream media sneer that we are far from the Vichy regime and the Nazi occupation of the country. The media focuses on a few protesters who wore a yellow star, siding that this is also the case in Israel. Of course, we do not risk deportation or death at the end of the road, but it is a form of social death announced, in any case of social relegation.

The unvaccinated and the opponents of the health pass are nevertheless justified in comparing the current situation with the anti-Semitic policy promoted by Vichy before the criminal policy was launched (roundups, internment in the transit camps of Drancy, Mérignac and Pithiviers, deportations and mass murders). Before such abuses, the Felon Vichy regime excluded Jews from the civil service and from many professions. Jewish doctors were not spared either. Today, caregivers are at risk of losing their jobs, but also the staff of bars and restaurants, pending the extension of the list of targeted professions. And just like Nazi and Petainist anti-Semitism, it is indeed the imposition of discrimination against a part of the French population based on purely biological criteria: that is to say the supposed circulation in our blood of anti-SARSCoV-2 antibodies. This is a serious civilizational regression. Two subpopulations, or two new races of French are created ex-nihilo, and this resembles the invention of the Tutsi and Hutu races by the Belgian colonizer in Rwanda and Burundi, with the tragic consequences that we know.

In addition to this distinction on blood criteria (we find the racist fantasy of bad blood defiling that of the pure lineage), the concern concerns the restrictions of freedoms that will make life painful for millions of French people. Minister V éran asked that the amendment according to which the health pass would end at the same time as the pandemic be rejected; he was very explicit: the sesame obligation will end when 100% of French people are vaccinated (will have pure blood, therefore). This dogmatism is mind-boggling, unreasonable and stupid when we know that vaccinated people are also carriers of the virus from then on infected. Antonio Magi, president of the Italian Medical Association said that "the vaccinated are as contagious as the unvaccinated" (interviewed by Giulia Bertotto in RomaIT, website of July 22, 2021z). It is known that the vaccinated are also contagious, but the government and the courtless media keep their propaganda unchanged as if it were not, and the magical thinking prevails that the vaccinated are affected by grace and unharmed in essence. It is no longer even a question of containing the epidemic but of punishing above all: the unvaccinated impure will be excluded from the terraces of bars and restaurants. It's downright silly and nasty.

In reality, it will be better to be wary of the vaccinated than the unvaccinated, because the latter will remain vigilant unlike the former, who by magical thinking believe themselves, and

propaganda pushes them to believe it, protected from the virus. In places where only vaccinated people, households will be present infectious will burst. To this the propaganda will retort – I have already heard this – that unvaccinated people with false health passes are responsible for it.

There is also the problem of the disclaimer of the manufacturer and the state: how can we force people to be vaccinated and at the same time require them to sign a waiver of responsibility? This is unfair. In addition, the unvaccinated are in fact excluded from certain public buildings (museums, theatres, theatres, rail transport), while these taxpayers pay or have paid for their construction through their income taxes and housing tax.

The worshippers of the health pass refuse to admit that the country has entered a health dictatorship, immediately referring to the Nazi occupation as the only possible form of dictatorial regime in our country. But there is not just one form of dictatorship, the Nazi one. There has been and still is a wide variety of dictatorial regimes. In today's world, a gradation in the severity of attacks on individual freedoms can be observed between North Korea, representing the worst of regimes, and Orban's Hungary. With regard to the current period in France, plunged into a Macronian health regime, we can at least speak of health authoritarianism of an anti-democratic nature.

The anti-democratic character is realized by the abundant, massive, and continuous propaganda in the media for more than a year, accompanied by inaccuracies and frequent lies coming from Minister Véran, the attitude of the deputies who are no more than godillots, the governance by decree, the decisions taken by a handful of people, or even only one, and the preponderance of the doctors courtiers in public life (including the so-called security council), a kind of aesculatoocracy that exerts a delusional influence on our President of the Republic, and which furiously recalls Rasputin's grip on Tsar Nicholas II. Widely used in authoritarian regimes is slander with the complicity of the officially dubbed media (what would become of Le Monde and Liberation without the public prebendary?): in France since February 2020, we have witnessed a relegation of anyone critical of the government's health strategy to the camps of the conspiracy theorists and the extreme right, with its procession of contempt, insults, death threats, and exclusion from so-called "social" networks (CRIIGEN has been a victim of censorship on Youtube). The relentlessness of the National Council of the Order of Physicians on Professor Raoult (accused of quackery) and doctors wishing to prescribe freely, the fate of Professor Christian Perronne, sanctioned by his hierarchy and the ARS because he simply gave his opinion in two jubilant books, all these despicable acts recall the methods of the Soviet regime against intellectuals qualified as crazy and deviant. On the other hand, doctors in Elysian court are brought to the pinnacle despite their mediocrity - for example Karine Lacombe, elevated knight of the Legion of Honor in 2020 by the satisfied Macronia, she who paid handsomely by the company Gilead has praised the merits of Remdesivir, marketed by Gilead, a formidable nephrotoxic finally excluded from the pharmacopoeia by the WHO -, and it is reminiscent of Lysenko, a lamentable geneticist who was responsible for the decades-long devastation of Soviet agriculture, and who was adored by the Stalinist regime and received all its rewards. An example? The pseudo scientific study (COMCOR) published in March 2021, carried out at the Institut Pasteur under the direction of Arnaud Fontanet, concluded that the coronavirus was not transmitted on public transport but mainly at home and by close friends, and to a lesser extent at work. In reality, it was a silly opinion poll where infected people were asked where and by whom they thought they had been infected. Meanwhile, Professor Raoult's team was really doing science and demonstrating the origin of certain variants of the virus in mink farms.

For the government, this type of measure is taken in view of the presidential election: if the viral crisis runs out of steam, Macronia will trumpet that it is a consequence of its courageous measures (in reality it is the unvaccinated impure who will have to be courageous); and if even the vaccinated continue to die, it will suffice for them to say that it is the responsibility of the unvaccinated impure, awful band of selfish murderers (the philosopher Michel Onfray, on this point rallied to Macronia, thus qualified the opponents of the sanitary sesame and those who had legitimate questions about vaccination). The amendment voted excluding from the vote in the presidential election the impure without sanitary pass is quite suggestive and revealing: it is a question of discarding those whom Libération calls the "gueux"; Macronia expects that they will not be able to incur the expense of the viral virginity test which will become profitable (in defiance of a real effective public health policy, because part of the population will escape diagnosis and infectious foci will multiply via asymptomatic ignorant of their contagious state).

That's what I had to tell you Charlie. I am sorry that you are sinking into panic and that a virus inspires you with even greater fears than the Islamist bigots. And then what happened to your critical mind, your willingness to think for yourself and not to be under the influence of the dominant opinion? You hold the government measures including this stupid and unfair health pass, and plays, just like the mainstream media, the role of transmission belt of government measures (you are still not Pravda!)

Why don't you investigate the conflicts of interest that are wilting doctors in court and those of the so-called "security" council? And on this strange coincidence where the ban of the antiviral Remdesivir by the WHO was announced the day after the signing of the contract committing the European Union to buy this drug to the tune of billions of euros (can you really believe that the European health authorities were only warned the next day while expert doctors sit both at the WHO and in the health bodies of the EU?) And on this other strange coincidence that is the classification of hydroxychloroquine (HCQ) as a poisonous substance by the Director General of Health, Jerome Salomon, on January 13, 2020, just at the beginning of the pandemic, when he knew well that this drug had just been successfully used in China? The mainstream media alerted us to the extreme dangerousness of this drug, and courting doctors claimed that it caused cardiotoxicity in covid patients. The latter allegation was deliberately false and a subsequent study demonstrated that there were no proven cardiac risks with HCQ excluding overdose¹¹. Why don't you also investigate why the pseudo-therapeutic trials of HCQ against covid were systematically and deliberately carried out outside the Raoultian protocol (without combination with azithromycin, at higher doses, and administered to patients in intensive care when Professor Raoult has always recommended prescribing this combined treatment as soon as a person tests positive, early on the timing of infection)? You could embark on this type of investigation, in short, do your job, instead of just peddling the gossip and gossip already published by Le Monde and Mediapart.

Je reste néanmoins ton ami encore et toujours, Jean-Paul Bourdineaud.

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- <https://vaers.hhs.gov/data.html> Le CDC héberge un « système d'enregistrement des événements indésirables liés aux vaccins » (VAERS, Vaccine Adverse Event Reporting

System). Jusqu'au 20 juillet étaient rapportés 12.313 décès liés à la vaccination, puis à partir du 21 juillet, le chiffre a été revu à la baisse pour ne plus prendre en compte que 6079 décès^{q1}. De plus, la manière de calculer le taux de décès par vaccination est malhonnête car au lieu de diviser le nombre de décès liés à la vaccination par le nombre de personnes vaccinées (162 millions à la mi juillet), c'est le nombre total d'injections qui a été utilisé en tant que diviseur (338 millions)^{q2}, ce qui fait chuter le taux de décès par vaccination par un facteur égal à 2,1. ^{q1}

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